

Mauritania

Population (in millions) (2011)	3.5
Country classification (2012)	Low-income
Gross national income per capita (PPP int \$) (2011)	\$2400
Total health expenditure as % of GDP (2010)	4.41%
Per capita total health expenditure (PPP int \$) (2010)	\$79.01
Per capita government health expenditure (PPP int \$) (2010)	\$41.96
Life expectancy at birth (in years) (2009)	58
Human Development Index (2011)	0.453
Median age (in years) (2010)	20
Total fertility rate per woman (2010)	4.5

The Government of Mauritania reports as follows.

National coordination

There is a written national strategy or plan that focuses exclusively on the prevention and control of viral hepatitis. It includes components for raising awareness, surveillance, vaccination, prevention in general, prevention of transmission via injecting drug use, prevention of transmission in health-care settings, treatment and care, and coinfection with HIV.

There is a designated governmental unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities: Programme National de Lutte contre les Hépatites. It has three staff members. There are three full-time equivalent staff members who work on hepatitis-related activities in all government agencies/bodies.

The government has a viral hepatitis prevention and control programme that includes activities targeting the following specific populations: health-care workers (including health-care waste handlers), prisoners, people living with HIV and indigenous people.

Awareness-raising and partnerships

The government held events for World Hepatitis Day 2012 but has not funded other viral hepatitis public awareness campaigns since January 2011.

The government collaborates with the following in-country civil society group to develop and implement its viral hepatitis prevention and control programme: Association Mauritanienne de Lutte contre les Infections Virales.

Evidence-based policy and data for action

There is no routine surveillance for viral hepatitis.

There are no standard case definitions for hepatitis. It is not known whether deaths,

including from hepatitis, are reported to a central registry. Of all hepatitis cases, 10%–20% are reported as “undifferentiated” or “unclassified” hepatitis.

Liver cancer cases and cases with HIV/hepatitis coinfection are registered nationally.

The government publishes hepatitis disease reports.

It is not known whether hepatitis outbreaks are required to be reported to the government. There is inadequate laboratory capacity nationally to support the investigation of viral hepatitis outbreaks and other surveillance activities.

There is a national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are not conducted regularly.

Prevention of transmission

There is a national policy for hepatitis A vaccination.

It is not known whether the government has established the goal of eliminating hepatitis B.

Nationally, no newborn infant in a given recent year received the first dose of hepatitis B vaccine within 24 hours of birth and 73% of one-year-olds (ages 12–23 months) in a given recent year received three doses of hepatitis B vaccine.

There is a national policy that specifically targets mother-to-child transmission of hepatitis B (Annex B).

There is a specific national strategy and/or policy/guidelines for preventing hepatitis B and hepatitis C infection in health-care settings. Health-care workers are not vaccinated against hepatitis B prior to starting work that might put them at risk of exposure to blood.

There is a national policy on injection safety in health-care settings, which recom-

mends single-use syringes for therapeutic injections. Single-use or auto-disable syringes, needles and cannulas are always available in all health-care facilities.

Official government estimates of the number and percentage of unnecessary injections administered annually in health-care settings are not known.

There is a national infection control policy for blood banks. All donated blood units (including family donations) and blood products nationwide are screened for hepatitis B and hepatitis C.

There is a national policy relating to the prevention of viral hepatitis among people who inject drugs.

The government does not have guidelines that address how hepatitis A and hepatitis E can be prevented through food and water safety.

Screening, care and treatment

Health professionals obtain the skills and competencies required to effectively care for people with viral hepatitis through schools for health professionals (pre-service education) and postgraduate training.

There are no national clinical guidelines for the management of viral hepatitis. There are national clinical guidelines for the management of HIV, which include recommendations for coinfection with viral hepatitis.

Information was not provided on whether the government has national policies relating to screening and referral to care for hepatitis B or hepatitis C.

People testing for both hepatitis B and hepatitis C register by name; the names are kept confidential within the system. Information was not provided on whether hepatitis B or hepatitis C tests are free of charge for all individuals or compulsory for members of any specific group.

Publicly funded treatment is not available for hepatitis B or hepatitis C.

No drug for treating hepatitis B or hepatitis C is on the national essential medicines list or subsidized by the government.

The Government of Mauritania welcomes assistance from WHO in one or more areas of viral hepatitis prevention and control (Annex C).