Distr.
LIMITED
E/ESCWA/SDD/2016/CP.2
16 November 2016
ORIGINAL: ENGLISH

Economic and Social Commission for Western Asia (ESCWA)

Social Protection Country Profile: Mauritania

United Nations
Beirut, 2016

16-00305

This report presents a comprehensive profile of social protection in Mauritania. It covers pensions, health care, cash transfers and food and energy subsidies, as well as other social insurance and social assistance programmes in place in Mauritania.

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The author also extends her appreciation to Mr. Mohamedou M'Haimid, Programme Coordinator, National Programme of Social Transfers, National Agency TADAMOUN, for his expertise and support.

Feedback from readers would be welcomed, and comments and suggestions may be sent to sps-escwa@un.org.

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Abbreviations and acronyms

CLEISS	Centre des liaisons européennes et internationales de sécurité sociale (Centre of European and International Liaisons for Social Security)
CNAM	Caisse nationale d'assurance maladie (National health insurance fund)
CNSS	Caisse nationale de sécurité sociale (National social security fund)
CSLP	Cadre stratégique de lutte contre la pauvreté (Strategic framework of the fight against poverty)
ECF	Extended credit facility
ESCWA	Economic and Social Commission for Western Asia
GDP	Gross domestic product
HIPC	Heavily indebted poor country
ILO	International Labour Organization
IMF	International Monetary Fund
ISSA	International Social Security Association
LPG	Liquid petroleum gas
MAED	Ministère des affaires économiques et du développement (Ministry of Economic Affairs and Development)
MASEF	Ministère des affaires sociales, de l'enfance et de la famille (Ministry of Social Affairs, Childhood and Family)
MDG	Millennium Development Goal
MRO	Mauritanian ouguiya
OHCHR	Office of the High Commissioner for Human Rights
PRSP	Poverty Reduction Strategy Paper
SNPS	Stratégie nationale de protection sociale (National social protection strategy)
UNICEF	United Nations Children's Fund
WHO	World Health Organization

I. EVOLUTION OF SOCIAL PROTECTION POLICIES IN MAURITANIA

In order to place the current social protection policies in Mauritania in a broader historical context, the trajectory of their evolution shall briefly be outlined. The current Constitution of Mauritania, which was approved by public referendum in 2006, is an amended version of the 1991 Constitution.[1] It references social security as a domain of the law.[2] It furthermore guarantees "economic and social rights" and affirms that "the State and the society protect the family".[3] Mauritania is also a signatory to the International Labour Organization (ILO) Social Security Convention of 1952 (No. 102).[4]

The issue of social protection as a cross-cutting area for development has gained a more central place in the Mauritanian policies and development discourse during the past decades.[5] This has occurred in a context of rapid urbanization, with only 14.6 per cent of the population living in cities in 1970 compared with 59.9 per cent in 2015.[6] This process continues to transform the Mauritanian society and is leading to the erosion of traditional safety nets based on mutual aid.[7] A series of droughts has additionally enhanced the scale of urbanization, increasing pressure on the job market, social infrastructure and social services.[8] The sedentarization of nomadic populations, who represented 60 per cent of the population in 1965 as opposed to 5.1 per cent in 2000, is another aspect of the social transformations which characterize the contemporary Mauritanian society.[9]

In 2013, Mauritania launched the National Social Protection Strategy (SNPS) to "create a coherent and integrated system of social protection".[10] It recognizes social protection as a human right and is aligned with the principles of the Social Protection Floor Initiative.[11] The strategy is built around the following axes: food security, nutrition, environment and climate changes; access to health and education services; social security and work/employment; improvement of living conditions; and social assistance and promotion of vulnerable groups.[12]

The institutions that are in charge of implementing the SNPS include a pilot committee, a technical committee and a social protection cell. These committees are coordinated by the Ministry for Economic Affairs and Development (MAED) and the Ministry for Social, Childhood and Family Matters (MASEF).[13]

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1 See the English translation of the Mauritanian Constitution on Constituteproject.org (Constitute, 2012).

2 Ibid., article 57.

3 Ibid., Preamble and article 16, respectively.

4 International Labour Organization (ILO), 1952.

5 International Monetary Fund (IMF), 2007, p. 107.

6 World Bank, 2016b.

7 Watson and Fah, 2010, p. 7.

8 Mauritania, 2000, p. 29.

9 Watson and Fah, 2010, p. 7.

10 Mauritania, Ministry of Economic Affairs and Development (MAED), 2012, p. xi.

11 Office of the United Nations High Commissioner for Human Rights (OHCHR), 2016.

12 MAED, 2012, p. 26f.

13 Mauritania, 2013, Joint order No. 094.

The current social protection policies in Mauritania are embedded in the national efforts to reduce poverty. Poverty reduction and the complementary improvement of living standards have been declared a national priority.[14] This is expressed in the third Poverty Reduction Strategy Paper (PRSP-3) for the period 2001-2015, which was adopted under the anti-poverty framework Law No. 050/2001 of 25 July 2001. The document was issued to provide a long-term basis for economic and social policy making and to facilitate the achievement of the Millennium Development Goals (MDGs). The PRSP was drawn up in the context of the Enhanced Heavily Indebted Poor Countries (HIPC) Initiative to bring the country's external debt burden to sustainable levels.

The issue of social protection has significantly gained prominence throughout the three phases of the PRSP. In the 2001-2004 PRSP-1, social protection was not explicitly mentioned,[15] whereas the 2006-2010 PRSP-2 recognized the importance of social protection for development as "an area of and an approach to poverty reduction".[16] In PRSP-3, it was allocated a central role in the fight against poverty. This last action plan announced that the Government's "major concern in combating exclusion and poverty would take the form of significant efforts in the area of social protection. These efforts would encompass all measures designed to protect the population, in particular the most disadvantaged groups, from social risks of all kinds".[17] The plan declared as the main areas of focus the provision of assistance for the poor and poverty management; insurance; and job security.[18]

The evaluation of the last PRSP concluded that the country has achieved considerable progress in recent years, but several development challenges remain. To address these issues, the Government published the General Policy Statement for the 2015-2019 period, which, among other priorities, envisaged the development of a national social protection strategy to provide targeted support to vulnerable groups, namely the chronically ill, children and persons with disabilities.[19]

In 2010, public social protection expenditure amounted to 5 per cent of the gross domestic product (GDP). Four fifths of this spending was on health care.[20]

II. SOCIAL INSURANCE

A. SOCIAL INSURANCE SCHEMES AND LEGISLATION

The Mauritanian social insurance system is divided into a scheme for the public sector and a scheme for the private sector.

The scheme for the public sector was established in 1961. Separate legislations regulate the pension schemes for members of the military and the parliament. All public sector programmes used to be managed by a single pension fund, namely the Caisse des retraites de la République Islamique de Mauritanie, until 2003, when a second implementing agency was created in order to administrate the pensions of parliamentarians, which is the Caisse de retraite parlementaire.[21] These schemes are grounded on the principle of repartition and

[14] IMF, 2011a, p. 85.

[15] Mauritania, 2000, p. 2. PRSP-1 lists a number of measures which belong to the realm of social protection, such as the development of a health insurance system (ibid., p. 37) and the provision of access to basic social services (ibid., p. 2).

[16] IMF, 2011a, p. 123.

[17] Ibid., pp. 121f.

[18] Ibid., p. 122.

[19] Mauritania, 2015.

[20] ILO, 2011a.

[21] M'Haimid, 2016.

solidarity between generations, with active members of the labour market and their employers financing the pensions of retired members.[22]

The complementary scheme for the private sector was instituted in 1967 and has subsequently been adapted. The National Social Security Fund (CNSS) is its implementing agency. It covers paid workers, employees of the State if they are not eligible for coverage under another protection scheme, and students of vocational schools, trainees and apprentices. The CNSS is funded through contributions from the covered populations and from their employers, with the latter responsible for the largest part of the sum. The scheme thus takes the form of a fully contributory pay-as-you-go system with defined benefits. Further details on the scheme are provided in the relevant subsections below.

B. PUBLIC SECTOR

1. *Beneficiaries*

Beneficiaries of public sector insurance schemes include civil servants and magistrates of the judiciary, members of the military and parliamentarians. In the event that the person who was eligible for a pension dies, this right is passed on to their dependents, including widows, orphans, or, in some cases, parents.[23] On 31 December 2015, the number of beneficiaries in public sector programmes amounted to 23,889.[24]

Law No. 61-016 of 1961 continues to be the principal that which regulates the pension scheme for civil servants and magistrates of the judiciary, while Law No. 67-018 of 1967 governs the pensions for members of the military. The pensions of parliamentarians are regulated by Law No. 92-007 of 1992. Parts of these laws have been completed or modified through subsequent texts.[25] Unless indicated otherwise, the information in the present section about the public sector is based on these laws.

2. *Contributions*

Regarding the contributions of civil servants and magistrates of the judiciary, 6 per cent is deducted from the employee's salary, excluding bonuses and other allowances such as family benefits, in order to fund the insurance scheme. In addition to that, the State as employer contributes the equal or double amount.

3. *Benefits*

The benefits comprise family allowances during the time of service[26] and old-age, proportional, disability, survivors' or cumulated pensions.[27] The right to a pension is automatically obtained once the beneficiary fulfils the conditions laid out by the relevant law. Pensions are paid out each trimester. Where information is available, the terms and conditions are presented in more detail in the subsections below.

(a) *Old-age pension*

For an old-age pension, civil servants and magistrates of the judiciary must have reached age 55, completed 30 years of service and ceased any paid activity. The calculation of service duration takes into

[22] Ibid.

[23] Ibid.

[24] Ibid.

[25] M'Haimid, 2016.

[26] This is confirmed for civil servants and magistrates of the judiciary as well as parliamentarians.

[27] M'Haimid, 2016.

account activities from age 18, as well as any military service from age 16. Under certain conditions, the above-stated minimum of completed years or age may be reduced. For men, this is the case if they served in a war, and for women it is related to giving birth. The maximum number of service years that can count towards the final pension salary scheme is 40. The pension is calculated on the basis of the salary for which the beneficiary was eligible during the last six months before retirement. If the beneficiary was promoted less than six months before that date, the previous salary is taken into account. Old-age pensions amount to 1.8 per cent of the final reference salary for each year of pensionable service, with certain regulations governing the minimum amount of the pension. Old-age and disability pensions increase by 10 per cent if the beneficiary raised at least three children from birth until the age of 16, and by 5 per cent for every additional child. The total pension cannot exceed 80 per cent of the reference salary. Parliamentarians receive pensions and family benefits as well.[28]

(b) *Proportional pension*

Civil servants and magistrates of the judiciary can obtain a proportional pension if:

- A member of the scheme reaches the age limit for public officials (58 years),[29] without having completed enough years of service for an old-age pension;
- The official concerned has completed 15 years of service;
- The retirement is mandatory due to a disciplinary measure. The calculation of proportional pensions then follows the calculation of old-age pensions.

Proportional pensions are also available for military members who are not yet eligible for an old-age pension but have served civil or military services for at least 15 years and have reached a minimum age of 33 years (for officers) or 31 years (for non-officers).[30] Scheme members also automatically receive a proportional pension under other conditions, including if they reach the age limit of their rank without being eligible for an old-age pension.[31]

(c) *Disability pension*

Civil servants and magistrates of the judiciary receive a disability pension if they are permanently unable to continue their work because of an impairment caused during their service.[32] The amount of the disability pension is calculated in line with the extent of disability incurred.[33] The reference salary on which the pension is calculated is the salary that the beneficiary received on the day of the accident that led to the disability, irrespective of the duration for which they had held that position.[34]

Members of the military have the right to a disability pension[35] if the infirmity was caused or aggravated during a period of active service, such as in the context of war events, operations to maintain order and

[28] Mauritania, 1992, Order No. 92-007.

[29] Mauritania, 1978, Order No. 28.

[30] Mauritania, 1978, Law No. 78-027.

[31] Ibid.

[32] If the disability is due to an event that is unrelated to the service, the beneficiary receives a proportional pension.

[33] Mauritania, 1961, Law No. 61-016.

[34] Special terms apply if the official retires with a disability degree of 66 per cent or more following an assassination or fighting which took place while the official was exercising his/her functions. In this case, the pension equals that of someone who completed 40 years of service.

[35] Mauritania, 1968, Law No. 68-211.

service-related accidents.[36] The amount of the pension varies according to the disability degree, which must be at least 10 per cent. There are permanent and temporary disability pensions. The latter is granted in cycles of three years. After nine years, it is no longer renewable and either removed or, if incurability is confirmed, transformed into a permanent pension. The pension rate is calculated on the basis of the annual salary in line with the degree of disability.[37] Special benefits are granted if there is need for hospitalization or permanent assistance from a third person. Additionally, beneficiaries with children receive family benefits. Disability and old-age pensions can be combined.

(d) *Survivor's pension*

If the main beneficiary passes away, survivors of civil servants and public officials have the right to a survivor's pension if they fulfil certain conditions.[38] A surviving spouse[39] receives 50 per cent of the old-age or proportional pension that the deceased person was receiving or would have been eligible to receive on the day of death. If the deceased spouse received a disability pension, half of its amount is added to the survivor's pension. The same applies to child allowances. Orphans until the age of 20 receive 10 per cent of the pension,[40] which may be increased by 10 per cent of the disability pension if applicable. The total amount received by widows and orphans may not exceed the amount of the reference pensions.[41] If the spouse passes away or remarries, the rights of the spouse are passed on to the children. If the main beneficiary disappears for more than one year but has not yet officially been declared dead or absent, the spouse and children can claim a provisional pension, which corresponds to the survivor's pension.[42] If there are several spouses, the pension is equally shared among them.

Survivors of military members are eligible for a pension[43] if the main beneficiary died in a service-related event or received a disability pension for a disability of 75 per cent or more. Non-remarried widows receive 50 per cent of the reference pension and each orphan 10 per cent until the age of 20.[44] If the widow dies, her rights are passed on to the children. Family benefits are added if applicable. If the main beneficiary was unmarried at the time of death, 50 per cent of the pension is divided between the parents under the condition that they have Mauritanian nationality and are at least 60 (for men) and 55 (for women) years old. This right also applies if one of them has an incurable disease or a disability degree of 60 per cent or more.

[36] If the service was interrupted for more than 90 days, this right is presumed only after the ninetieth day after which they took on active service again.

[37] The value is rounded up by a multiple of four, but the degree of disability is defined in increments of five.

[38] Mauritania, 2012, Law No. 2012-003.

[39] Under the condition that the marriage was entered within a certain time before the main beneficiary's death.

[40] This age limit does not apply to orphans who, on the day of the insured person's death, had a permanent disability that prevented them from accessing gainful employment. If the orphan starts exercising a profession, obtains a study scholarship or, in the case of girls, gets married before reaching the age of 20, the right to the pension automatically ceases.

[41] If this is the case, the orphans' pension is temporarily reduced.

[42] The same rule applies to orphans in the event that the beneficiary spouse disappears for more than one year.

[43] Mauritania, 1968, Law No. 68-211.

[44] The right to this pension ends if the orphans exercise a paid activity, obtain a full study scholarship or, in case of female orphans, get married. The age limit does not apply if they have a permanent disability which prevents them from accessing gainful employment.

C. Private sector and the CNSS

1. *Structure and legislative framework*

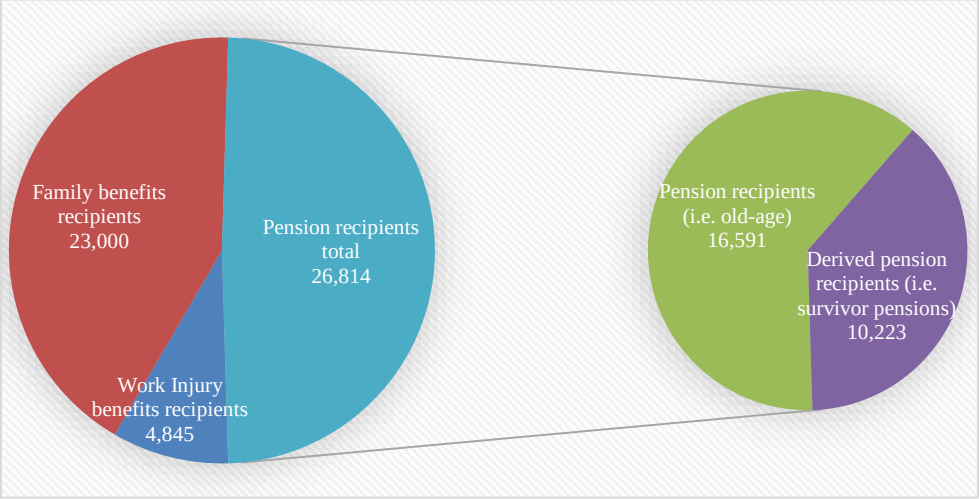
The CNSS was instituted based on Law No. 67-039 of 1967, which lays out the general structure of the fund. It is regulated by Decree No. 464 of 1967, Decree No. 445 of 1968, Decree No. 116 of 1974, and Decree No. 81-021 of 1981. The fund provides insurance in three domains: pensions (old-age, disability, survivor), family benefits and employment injury. The terms and benefits for the concerned populations are specified below and summarized in table 1 for clarity.

The fund operates at the national level and is placed under the administrative supervision of the Minister of Labour and under the financial supervision of the Minister of Finance. The CNSS is administrated by a tripartite managing committee, which consists of representatives of the State, employers and workers.

According to the latest figures published by the CNSS on their website,[45] in 2013, the total contributions received by the agency amounted to 5,719 million Mauritanian ouguiya (MRO).[46] No recent information could be found concerning the number of contributories to the scheme. ILO states that, in 2005, 17.2 per cent of the labour force contributed to an old-age contributory scheme,[47] which corresponded to 9.4 per cent of the working-age population.[48]

In 2013, MRO1,991 million of the above-mentioned total amount were spent on the pension branch, which benefited 21,780 pension holders; MRO134,3 million were allocated to the work injury branch; and MRO289,3 million were spent on family benefits, reaching 19,000 beneficiaries with 85,000 dependent children. By 2016, the number of beneficiaries drawing old-age, disability or survivors' pensions increased to 26,814, of which 10,223 were recipients of derived pensions. A total of 4,845 recipients fell under the work injury branch. Finally, there were 23,000 beneficiaries in the family benefit branch with about 80,000 dependent children (figure 1).[49]

Figure 1. Composition of CNSS beneficiaries, 2016



Source: M'Haimid, 2016.

45 CNSS, 2013.

46 As of 24 August 2017, $1 was equivalent to approximately MRO359.

47 ILO, 2011b.

48 ILO, 2011c.

49 M'Haimid, 2016.

TABLE 1. OVERVIEW OF THE CNSS INSURANCE SCHEME

Population covered	Legal basis	Mandatory/ optional	Family benefits	Employment injury benefits	Old-age pension	Early retirement	Disability pension	Survivor's pension
Workers covered by the Labour Code or the Merchant Shipping Code	Law 67-039	Mandatory	Yes	Yes	Yes	Yes	Yes	Yes
Persons employed by the State if not covered by special social security scheme	Law 67-039	Mandatory	Yes	Yes	Yes	Yes	Yes	Yes
Students of vocational schools	Law 67-039	Mandatory	No	Yes*	No	No	No	No

* With the exception of daily allowances in case of temporary disability.

2. *Beneficiaries*

The scheme[50] applies to workers covered by the Labour Code or the Merchant Shipping Code if they are mainly employed in the territory of Mauritania[51] and to persons employed by the State if they are not covered by a special social protection scheme. In addition, the scheme includes students of vocational schools, trainees and apprentices. Students and apprentices are only covered by the work injury branch.[52] For the concerned populations, registration with the CNSS is mandatory. Voluntary coverage can be requested by persons who were previously insured for at least six consecutive months.[53]

3. *Contributions*

Contributions to the social insurance system are paid on a monthly or quarterly basis as detailed below. These contributions are divided between the employer[54] at 13 per cent and the employee at 1 per cent. The employees' contributions are all directed to the pension branch.[55] Another 2 per cent are due for the employer in order to finance occupational health measures, managed by the National Office for Occupational Medicine. The contributions of workers are calculated on the basis of both their base wage and their variable wage, including any additional forms of compensation such as commissions, bonuses and special allowances, as well as the value of remuneration in kind.[56] The monthly payroll constitutes the base for the calculation of the

[50] If not indicated otherwise, the following description of the CNSS is provided on the basis of Law No. 67-039 of 1967.

[51] Decree No. 116 of 1974 mentions that domestic workers and temporary and occasional workers are also covered by the scheme. It is unclear which regulation established their eligibility for social insurance. The Labour Code does not explicitly refer to these population groups (Mauritania, 1974, Order No. 116).

[52] If they are non-remunerated, they are exempted from daily allowances in the event of temporary disability.

[53] International Social Security Association (ISSA), 2015.

[54] The term "employer" refers both to public and private natural or legal persons employing a person who belongs to the relevant categories. The term furthermore includes any person in charge of the training and education of persons who are covered by the scheme.

[55] Amrani, 2012, p. 10.

[56] Excluding sums that have the character of expense reimbursement.

employer's contribution.[57] Total earnings of temporary and occasional workers registered with the CNSS also have to be declared each trimester. If a worker is employed by two or more employers, each employer pays contributions in proportion to the employee's salary. Decree No. 2004-027 of 2004 establishes that the highest possible amount to be taken into consideration for the calculation of contributions is MRO70,000 per month.[58]

Table 2 provides an overview of the contribution rates and shows how they are channelled to the scheme's different branches.

TABLE 2. CONTRIBUTIONS TO THE CNSS

Branch	Insured person's contribution	Employer's contribution
Family benefits	-	3 per cent of covered monthly payroll
Work injury	-	3 per cent of covered monthly payroll, reduced to 2.5 per cent if the employer provides medical care and disability benefits
Old age, disability and survivor's pension	1 per cent	8 per cent

Source: International Social Security Association (ISSA), 2015.

Special terms and, in case of non-remuneration, reduced contribution rates apply to the calculation of employers' contributions for students of vocational schools, trainees and apprentices who are covered by the scheme.[59]

4. *Benefits*

(a) *Family benefits*

Covered workers who have one child or more receive family benefits of MRO300 per dependent child for the months during which the worker completed a minimum of 18 days or 120 hours of work and received a wage equal to the guaranteed minimum occupational wage.[60] This applies to unmarried children until the age of 14 who are living with the insured person and are not gainfully employed. The eligibility extends to the age of 21 if the child is a student, an apprentice or unable to exercise a gainful activity due to a disability. Further conditions are that the child must be registered in the registry of births and, if school-aged, attend school or provide medical certificates. Family benefits are paid to the mother.

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[57] The total contribution rate for the employer equals one hundredth of the product obtained by multiplying the sum of the contribution base with the sum of the rate of each of the three branches (family benefits, professional risks and pensions).

[58] Mauritania, 2004, Decree No. 2004-027.

[59] **Trainees** in a business, in vocational re-education, or in retraining are included in the scheme and fall under the category of workers. **Students of vocational schools**: The contribution rate is calculated on the basis of half of the Mauritanian minimum wage. If the students receive a higher remuneration, this amount is used. Students of vocational schools are exempted from contributions to the pension branch. **Persons who are retraining**: Contributions are calculated based on the same remuneration that has been used to calculate the daily allowance allocated to the beneficiary for the duration of the special treatment. **Paid apprentices**: The calculation base for the contribution rates for paid apprentices is determined by the employer; it may be less than the minimum wage. **Unpaid apprentices:** The rate is calculated on the basis of MRO300 for ages 14-18, MRO600 for ages 18-20, and MRO1,000 for ages 20 and more. For **trainees at vocational re-education centres**, contribution rates are calculated in line with the income bracket for the profession that the trainee is expected to graduate into. If the trainees receive a higher remuneration, this sum is taken into account.

[60] The minimum wage in Mauritania, which serves as the minimum reference salary in the social insurance scheme, is MRO30,000 per month for a weekly working time of 40 hours since September 2011 (Centre des liaisons européennes et internationales de sécurité sociale (CLEISS), 2016).

The family benefit branch also covers benefits related to maternity. Such benefits include a prenatal allowance of MRO240 per month of pregnancy for every insured woman, including the wives of insured workers.[61] In addition, for 14 weeks around the date of giving birth, employed women receive a daily allowance under the condition that they cease paid activities during that time and have been registered with the CNSS for 12 months before the presumed date of confinement. They must furthermore have completed a minimum of 54 working days or 360 hours of work during the three preceding months. The amount of this daily allowance equals 100 per cent[62] of the woman's monthly average wage.

(b) *Work injury benefits*

In the event of temporary disability arising from a work injury, the social insurance scheme covers the medical treatment and a daily benefit starting from the day after the accident occurred. This benefit amounts to two thirds of the victim's average daily remuneration. If the work injury leads to the victim's death, the dependent survivors receive a death grant that equals 30 times the worker's average daily remuneration.

(c) *Pensions*

(i) *Old-age pension*

Men who have reached the age of 60 and women who have reached the age of 55 are eligible for old-age pension. In order to become beneficiaries, workers must have contributed to the CNSS for a minimum of 20 years. They must have completed 60 insurance months in the course of the 10 years preceding retirement, and they must cease any paid activity. The rate of the pension equals 20 per cent of the insured person's average monthly remuneration. If the total number of insurance months exceeds 180, the pensionable rate is increased by 1.33 per cent for each additional 12-month insurance period. The rate must at least amount to 60 per cent of the Mauritanian minimum wage of MRO30,000, but should not exceed 80 per cent of the insured person's average remuneration.

An insured person who has completed a minimum of 12 insurance months, reached the age of 60 for men or 55 for women, and who ceases to engage in gainful employment before fulfilling the conditions for an old-age pension, receives a pension settlement. This takes the form of a lump sum equal to the insured person's average remuneration multiplied by the number of 12-month insurance periods credited to them.

(ii) *Early retirement*

Early retirement is available when due to physical or mental reasons to insured men who have reached age 55 and insured women who have reached age 50 and are unable to continue working. The worker must have been registered with the CNSS for at least 2 years. They furthermore must have completed 60 months of insurance over the 10 preceding years. The rate of this pension corresponds to the calculation described for old-age pensions above.

(iii) *Disability pension*

In order to be eligible for a disability pension, an insured person must have a disability following a disease or a non-occupational accident.[63] His/her age must be lower than that required for the old-age pension. In addition, she/he must have been registered with CNSS for at least five years and completed six insurance months in the course of the last 12 months before the onset of the disability. The rate of this pension corresponds to the calculation described for old-age pensions above.

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[61] ISSA, 2015.

[62] Mauritania, 1987, Order No. 87-296.

[63] For pensions in case of occupational accidents, refer to the section on employment injury benefits above.

(iv) *Survivor's pension*

In case of death of a person entitled to an old-age, early or disability pension, the dependants have the right to a survivor's pension. Eligible for such a pension are also survivors of a person who did not receive a pension, but, on the date of death, had fulfilled the conditions for an old-age or disability pension or had completed a minimum of 180 months of insurance. Beneficiaries include widows whose minimum age is 50 and widowers with a disability who are dependent on the insured person. The widow or widower receives 50 per cent of the pension to which the insured person was entitled or would have been entitled. In case there is more than one wife, the sum is split up equally. Dependent half-orphans receive 25 per cent of the pension, whereas full orphans receive 40 per cent.

If an insured person had not completed a total of 180 insurance months at the time of death, the beneficiary's widow is entitled to a survivor's grant. This grant takes the form of a lump sum, which equals the monthly rate of the old-age pension that the insured person would have been entitled to after 180 insurance months, multiplied by the number of six-month insurance periods that the insured person had completed at the time of death. Multiple widows share this sum equally between themselves. Family allowances continue to be paid.

D. Social insurance challenges

One of the biggest challenges regarding social insurance is its limited coverage due to high informality rates in the labour market. Compared with the regional situation, the unemployment rate in Mauritania has been relatively low, standing at 12.8 per cent in 2014,[64] however, the majority of the active and employed population are informal workers. It is estimated that 86 per cent of employed persons are in the informal sector.[65] The lack of formal employment often results in the exclusion of the most vulnerable groups from State-provided social insurance measures, as only those who are employed in the public sector or in the formal economy of the private sector are covered. The most pressing challenge, therefore, seems to lie in enlarging the system to cover non-formal workers, implementing unemployment benefits to cover those unemployed and creating employment opportunities to bring people into paid labour and ensure decent working conditions.

Disaggregated data by gender shows that the unemployment rate in 2012 was higher among women (13 per cent) than among men (9 per cent).[66] If the generation dimension is added to the lens, particularly high unemployment rates among young people and a disparity between the situation of women and men becomes even more apparent: urban unemployment figures reached 50.8 per cent for young men and 69 per cent for young women in 2012.[67]

Regarding gender aspects of the scheme, it should be noted that widowers are only eligible for a survivor's pension if they have a disability and are, therefore, dependent on their deceased insured wife, whereas widows only have to fulfil an age requirement in order to receive a survivor's pension. This additional social protection aspect for women might reinforce the traditional distribution of paid and unpaid labour between spouses, as it may seem more rational to families that the main insured person is male. The regulation might therefore contribute to women's financial dependency on their husbands. The fact that survivors' pensions are split up but not increased in the case that the deceased had several wives might lead to poverty among the survivors.

64 African Economic Outlook, 2016, p. 301.

65 United Nations Economic Commission for Africa (ECA), 2016.

66 ILO, 2011a.

67 African Economic Outlook, 2012, p. 2.

Existing social insurance programmes face challenges due to budgetary constraints and unfavourable economic conditions.[68] Figures published by the CNSS for 2013 also pose the question of the financial sustainability of the scheme, in particular in view of the structural ageing of the pension branch, which faces increasing expenses because there are more pensioners. The implementation of social insurance schemes would furthermore benefit from strengthening governance and administrative capacities, as has been observed for the whole West and Central African region.[69] Finally, it has been remarked that the legal framework of the national social protection system is complex, to the extent that it cannot always be understood and interpreted clearly. This may also undermine the system.[70]

A comparison between the private and public sectors in terms of pension reveals significant inequality, as the cost of the pension scheme in the public sector amounts to around 3.5 times its cost in the private sector.[71] The average spending per beneficiary is MRO25,268 in the public sector and MRO7,618 in the private sector, the former being 3.32 times higher.

The requirements for early retirement indicate further inequalities between the private and public sector pension schemes: while those who are covered by the CNSS have to reach at least age 55 (for men) or 50 (for women), members of the military only need to reach age 33 or 31, and public officials can also retire early, as the condition is completion of 15 years of service.[72]

In addition, in the public sector, only officials and staff members of the civil service, who are paid by the Central Payment Service, effectively contribute to the pension scheme because their contributions are taken directly from their salaries. Contributions from beneficiaries from the other categories are irregular and poorly monitored.[73]

III. SOCIAL ASSISTANCE

In recent years, the Mauritanian Government has undertaken efforts to reform fuel, electricity and food subsidies and replace these measures by ones that better target poor populations. Details on these reforms and on the introduction of a cash transfer scheme are presented in the subsections below. In addition to these programmes, children in public schools benefit from free access to school cafeterias, provided that their school

[68] Amrani, 2012, p. 13.

[69] Watson and Fah, 2010, p. 62.

[70] Mauritanian News Agency, 2014.

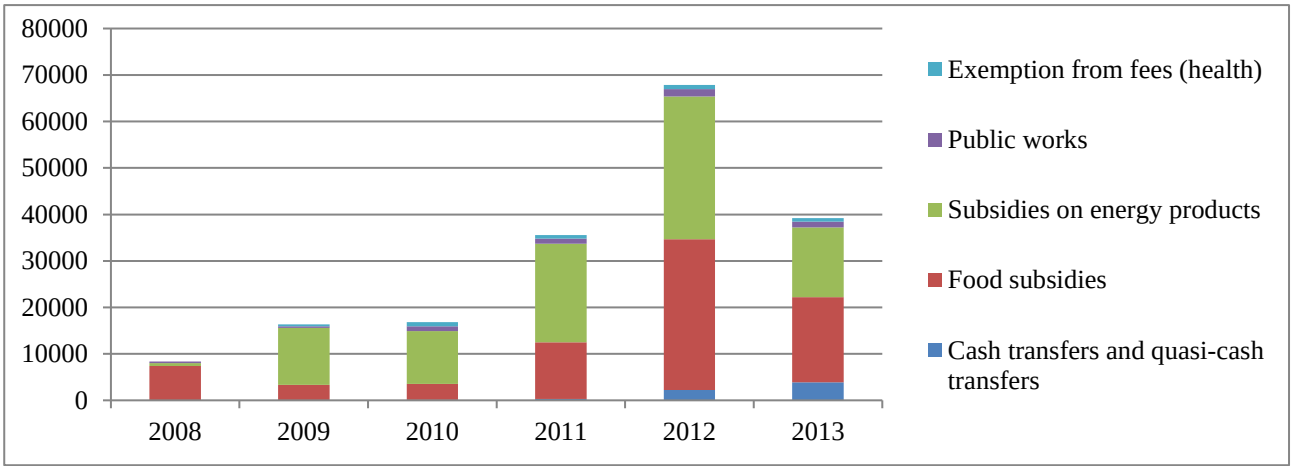
[71] Calculated on the basis of the figures provided in the relevant previous sections: total expenditures on pension in the private sector were MRO1,991,110,221 in 2013, which corresponds to MRO165,925,851.75 per month. The expenditures for pensions in the public sector were MRO603,637,561 per month in 2015. This sum divided by the monthly amount spent on the private sector scheme results in 3.64. Numbers of beneficiaries in both sectors are similar for the respective time frames (23,889 in the public sector and 21,780 in the private sector). If one accounts for the fact that the work injury branch of the private sector scheme also covers disability pensions, and therefore combines the costs of the pension and work injury branches, the amount spent monthly is MRO177,116,635.75. In this case, the money spent on the public sector pension scheme is still 3.41 times as much. Exact numbers of disability pension holders from the private sector are not available for 2013, but their number was 4,845 in 2016. This number is likely to have been relatively similar in previous years; thus, the difference in the resources which are used for public sector and private sector pensions is still striking. Family benefits, which are part of the public sector scheme, are not included in this calculation because their value is unclear.

[72] There was also a complaint by the association of Mauritanian judges about the fact that the age of access to public service is 25 years for them instead of 18 for other public officials. The association contested this regulation, arguing that it would cause judges to retire early with low pensions, resulting in low motivation and constituting a threat to the judges' impartiality (Club des magistrats mauritaniens, 2015).

[73] M'Haimid, 2016.

has one.[74] The International Monetary Fund (IMF) stated that the Government aims to extend such programmes, in addition to food-for-work programmes and support for pregnant women.[75]

Figure 2. Expenditures of the Mauritanian Government on social assistance, 2008-2013
(*million MRO*)



Source: Cellule de la protection sociale, n.d.a.

Note: 2013 figures are based on budget previsions.

A. ENERGY SUBSIDIES

With international fuel prices rising after 2008, the Mauritanian Government's costs for universal subsidies on fuel products (diesel, liquid petroleum gas (LPG) and electricity) rose in order to mitigate the effects of price increases on the population. The Government had already largely increased public spending after an oil discovery in 2006, which actually turned out to be of much less value than expected.[76]

In the context of such fiscal pressures, the Government decided to cut the universal fuel subsidies and freeze fuel prices in order to shift social assistance schemes towards more targeted programmes. This decision was also made after the observation that universal subsidies generally benefited rich households at the expense of the neediest: In Mauritania, around 80 per cent of the universal fuel subsidies went to the richest 40 per cent of households and hence contributed to inequality instead of mitigating it.

Given the impact that fuel subsidies nevertheless had on low-income households, the abrupt price increase in fuel products (prices of petroleum products increased by 17.5 to 20 per cent in late June 2008) was met with strong opposition. This eventually contributed to the instability that resulted in the military coup of August 2008. After this event, all price increases were suspended. Thus, the initial plans to reform the fuel subsidy system did not lead to the envisaged results.

In 2012, the Government launched another attempt by establishing a new diesel price formula. The price increases that followed were largely accepted by the population. This is attributed to the mitigating measures that formed part of the new energy subsidy reform strategy. By June 2012, domestic fuel prices were at international levels. This could, however, not be maintained consistently. In 2013, the Mauritanian Government planned to establish a cap of 3 per cent on adjustments in the event that the price formula would suggest a bigger change.

[74] United Nations Children's Fund (UNICEF), 2011.

[75] IMF, 2013, p. 34.

[76] The section on energy subsidies is based on information and data from IMF (2013).

Reforms also concerned electricity tariffs and gas prices. According to the IMF, electricity tariffs in Mauritania used to rank extremely low compared with other countries in the region and were more than 30 per cent below cost recovery prices. Rises in international prices additionally increased subsidy costs in this field.

B. FOOD SUBSIDIES

As a reaction to peaks in international fuel prices, severe drought and subsequent food insecurity, the Government in Mauritania implemented emergency relief measures in 2011, known as the Emel programme.[77] The financial means invested into these measures amounted to MRO40 billion, corresponding to 3.4 per cent of GDP.[78] In comparison with other oil-importing countries in the region, this emergency plan was the largest in relation to the GDP. The programme was implemented by an interministerial commission presided over by the Prime Minister[79] and monitored by monitoring committees at interministerial, technical, regional and departmental levels, as well as through sectoral coordination.

The programme primarily consists of subsidized food shops, the so-called Boutiques Emel. In addition to the establishment of these shops and other measures to ensure human nutrition, such as emergency food distribution and restocking cereal banks, the Emel programme comprised livestock support.[80]

Emel shops are spread all over the country and there are currently more than 1,000 of them.[81] They are funded by the Government and are intended to provide populations with products to fulfil their basic needs, such as wheat, rice, sugar, and oil. Spending on them amounted to MRO32.7 billion in 2012, between 12.9 and 14.4 billion MRO in 2013 and MRO21 billion in 2015. For 2016, the costs are expected to be MRO21.8 billion.

Regarding access to the subsidized shops, a report by the Office of the High Commissioner for Human Rights (OHCHR)[82] indicates a disparity between rural and urban areas. It mentions that rural regions are less developed and have higher poverty rates, and that the access to Emel shops is better in urban areas. In addition to this challenge of access, the following challenges have been observed: even though food is subsidized, prices are still too high for the extremely poor; operating costs are disproportionately high; and the programme may pose corruption risks. The quality of distributed products has furthermore been described as low.[83]

There is general consensus between the Government and international financial institutions that the programme is not fully successful in alleviating poverty, as it does not reach the most needy households in rural areas. Some have also judged the programme as "excessively expensive".[84] In the long term, the subsidized food shops will be replaced by well-targeted cash transfer schemes on which the Government is currently working.[85]

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77 "Emel" means hope in Arabic.

78 IMF, 2013, p. 34.

79 IMF, 2011b, p. 13.

80 IMF, 2011c.

81 OHCHR, 2016.

82 Ibid.

83 Elhourriya, 2015.

84 OHCHR, 2016.

85 IMF, 2013, p. 34.

C. Cash transfer programme

A cash transfer programme is a social assistance programme that transfers cash to poor households, which can be contingent upon pre-specified conditions, often in the area of education or health. In Mauritania, cash transfer programmes with both unconditional and conditional components are being implemented by the Government in cooperation with the World Bank.[86] While the ministry in charge describes parts of the programme as conditional, the observations made by the OHCHR Special Rapporteur on extreme poverty and human rights indicate that the imposition of such conditions on the receipt of cash transfers is neither realistic nor foreseen, given that the available health-care and education facilities cannot ensure that these conditions can actually be met by beneficiaries.[87]

Originally, this programme targeted 10,000 vulnerable households in Nouakchott. Each benefitting household received MRO15,000 per month and half of the official minimum wage via bank transfer. The IMF recognized that such access to financial services was a positive "side effect". In 2012, 15,000 households in rural areas with high food insecurity were added to the scheme.[88]

In April 2015, the Mauritanian Government and the World Bank's International Development Association set up a plan for a cash transfer programme at a larger scale. The lead Government agency tasked with eradicating poverty, TADAMOUN, administrates the programme.[89] The cost of this cash transfer scheme is projected to be MRO29 million for a period of five years. This is to be divided between the World Bank ($15 million), the Sahel Adaptive Social Protection Programme Trust Fund ($4 million from the United Kingdom) and the Mauritanian Government ($10 million). The programme is envisaged to fully replace the Emel programme in the long term. This had, however, not been settled as of May 2016.[90]

The project plan lays out two phases: one to establish a targeting mechanism, and one in which the first cash transfers will be provided to the beneficiaries. In phase one, a national registry of vulnerable households is to be established. In phase two, 100,000 of the registered households will be filtered out to receive cash transfers of MRO15,000 every three months.[91]

The registry will take the form of a database which compiles profiles of the poorest and most vulnerable households. The identification of the respective households is based on a national targeting system.[92] The registry is envisaged to encompass the poorest 150,000 households in the country. The methodology supposed to enable the collection of relevant data consists of geographical quotas for the number of poor households that can be included; targeting committees in each geographical area to complement the quota; and proxy-means testing, which takes the form of questionnaires that serve to identify poor households.[93] A complaint mechanism in the form of a telephone hotline is supposed to correct exclusion errors.

An OHCHR report stresses the importance of taking the dimension of ethnicity into account when targeting, which is so far not being done. It strongly recommends that the Mauritanian Government should consider ethnicity and language in its data sets, which is described as extremely important in the local context and a precondition for effective policy design. OHCHR furthermore questions the accuracy of the targeting

86 Cellule de la Protection Sociale, n.d.b.

87 OHCHR, 2016.

88 IMF, 2013.

89 OHCHR, 2016.

90 Ibid.

91 Ibid.

92 Cellule de la Protection Sociale, n.d.c.

93 OHCHR, 2016.

method for the cash transfer programme and points out that it provides opportunities for "discrimination and conflicts between villages and villagers" due to the way in which villages are grouped to establish regional quotas. The report expresses concerns regarding the capacity of the mechanism to prevent exclusion errors, either due to such discriminatory practices or to limited consultation in the selection process. It also calls into doubt whether the complaint mechanism in the form of a hotline is able to balance these difficulties in an independent and effective way.[94]

Doubts have furthermore been expressed as to whether the amount of the cash transfers is adequate, given that MRO15,000 per three-month period corresponds to around one third of the national poverty line of MRO169,445 per year. This point is especially critical when taking into consideration that this sum is the same for each beneficiary household, irrespective of its size. It has also been noted that neither the existence of the cash transfer programme and the eligibility criteria, nor the complaint mechanism are guaranteed by any law, which opens up the possibility to withdraw the benefits at any time. The same uncertainty exists regarding future funding and programme sustainability.[95]

The Government will have spent an estimated MRO22 billion on the Emel programme in 2016, whereas the costs for the cash transfer programme will presumably have amounted amount to MRO6 billion only, not accounting for administrative costs. Strong concerns have been expressed that the savings that would be made through replacement of the Emel programme with the cash scheme would lead the Government to significantly decrease its budget for social assistance, rather than scale up cash transfers or channel the money into other programmes.[96]

D. Social assistance challenges

In addition to the specific challenges related to the social assistance schemes detailed above, broader challenges will be outlined in the present section.

Regarding the issue of targeting and coverage of vulnerable populations through social assistance programmes, the World Bank underlines a general difference between rural and urban areas: 20.5 per cent of the population's poorest quintile in rural areas and 30.9 per cent of the same group in urban areas, respectively, were reached by social assistance programmes in 2008.[97] Given the introduction of the Emel and cash transfer programmes since then, these numbers may have increased in the meantime.

Social assistance measures in Mauritania have been described as generally fragmented and not fully coherent. A 2010 study therefore recommended the development of a strategy to unify the schemes and to ensure more structured coordination and a comprehensive monitoring system.[98] The National Social Protection Strategy of 2013 sought to strengthen coordination of the different schemes but efforts were deemed "dysfunctional" and "without a clear 'owner' among line ministries".[99] Overall, a significant gap between the Mauritanian authorities' vision and its implementation seems to remain. OHCHR has emphasized the importance of changing the perception of social assistance policies as 'acts of charity' and adopting a rights-based approach.

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94 Ibid.

95 Ibid.

96 Ibid.

97 World Bank, 2016.

98 Watson and Fah, 2010, p. 184.

99 OHCHR, 2016.

Further impediments to social action include limitations of financial, human, material and logistic resources, as well as limited data on vulnerability and poverty, which would allow for improved targeting.[100] The report that stated these points dates back to 2010, the creation of a national registry of vulnerable households might therefore be considered a step towards a solution of the latter challenge.

IV. HEALTH

In 2005, an obligatory basic health insurance system was instituted for the first time in Mauritania. Its creation marked an important step in the development of social protection for the Mauritanian population. The scheme is managed by the National Health Insurance Fund (CNAM), which is described in more detail below. After a series of coverage extensions, beneficiaries currently include several categories of workers.[101] The scheme is funded through contributions and based on the principles of risk sharing.

In 2011, public health expenditure corresponded to 3.3 per cent of GDP and 10.9 per cent of government expenditure.[102]

A. CNAM

CNAM was created in 2007 as a public institution through Order No. 2005-006. Health-care coverage was extended to further groups based on Law No. 2010-018 and Law No. 2012-007. Details and modalities are furthermore defined in a number of decrees and joint decisions (table 2).[103] The fund is overseen by the Ministry of Health and the Ministry of Finance.[104] It is fully funded by contributions from the insured persons and their employees. Rates are specified in the relevant section below.

Before the extension to all public institutions in 2009, an estimated 250,000 persons were covered.[105]

A study from 2010 states that 30 per cent of the budget of CNAM was spent on operating costs, 25 per cent on treatments abroad in the framework of evacuations, and the rest on health care at the national level.[106]

The fund has signed agreements with 226 medical and pharmaceutical institutions, as well as 64 medical centres and 450 health facilities in all regions. For medical treatment abroad, CNAM has contracted 13 institutions in France, Morocco, Senegal and Tunisia.[107] Recently, an agreement has also been signed with a hospital in Turkey.[108]

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[100] Watson and Fah, 2010, p. 184.

[101] Amrani, 2012, p. 6.

[102] ILO, 2011d.

[103] Decree No. 2006-135, Decree No. 2006-144, Decree No. 2007-031, Decree No. 2007-038, Decree No. 2007-042, Decree No. 2010-081, Decree No. 2015-089, Decree No. 2015-088, Decree No. 2014-106, Joint Decision No. 0971, Joint Decision No. 0583/MS/MF/MDN/MFPTMA, Joint Decision No. 1798/MS/MEF/MFPE, and Joint Decision No. MS/MF/MFPMA modifying Joint Decision No. 1798/MS/MF/MFPE.

[104] Mauritania, 2010, Law No. 2010-018.

[105] Watson and Fah, 2010, p. 66.

[106] Ibid.

[107] Ibid.

[108] CNAM, 2013.

TABLE 3. BENEFICIARIES OF AND CONTRIBUTIONS TO CNAM

Population covered	Legal basis	Mandatory/ optional	Contributions
Parliamentarians	Order 2005-006	Mandatory	5 per cent employee, 5 per cent employer
Civil servants and State officials	Order 2005-006	Mandatory	4 per cent employee, 5 per cent employer
Active personnel of the armed forces	Order 2005-006	Mandatory	4 per cent employee, 5 per cent employer
Employees of public institutions and State-owned enterprises and legal entities of public law	Law 2010-018	Mandatory	4 per cent employee, 5 per cent employer
Members of professional associations	Law 2010-018	Optional	4 per cent employee, 5 per cent employer
Employees of local authorities and their public institutions; employees of projects and other administrative structures who benefit from financial autonomy	Law 2012-007	Mandatory	4 per cent employee, 5 per cent employer
Persons exercising a white-collar profession	Law 2012-007	Mandatory	4 per cent employee, 5 per cent employer
Employees from the private sector, associations under private law, or other civil society organizations	Law 2012-007	Mandatory	4 per cent employee, 5 per cent employer
Journalists and staff of the private press	Law 2012-007	Mandatory	4 per cent employee, 5 per cent employer
Self-employed workers exercising a revenue-generating activity of any kind	Law 2012-007	Mandatory	9 per cent employee
Pension holders from the above groups	Order 2005-006, Law 2010-018, Law 2012-007	Mandatory	2.5 per cent pension holder, 5 per cent employer

1. *Beneficiaries*

The original scheme covered parliamentarians, civil servants and State officials, and active personnel of the armed forces. After 2009, coverage was extended to employees of public institutions, State-owned enterprises and legal entities of public law.[109] The extension furthermore gave members of professional associations the option to be included in the programme. In 2012, the scheme was again extended to cover the employees of local authorities and their public institutions;[110] employees of projects and other administrative structures who benefit from financial autonomy; persons exercising a licensed profession; employees from the private sector, associations under private law and other civil society organizations; journalists and staff of the private press; and self-employed workers exercising a revenue-generating activity of any kind.[111] The long-term vision is to provide universal medical insurance.

The scheme covers directly insured persons and their dependants. This includes spouses, children up to the age of 21, children without age limit if they have a disability that prevents them from exercising a gainful activity, as well as parents and grandparents.

[109] Mauritania, 2010, Law No. 2010-018.

[110] It is unclear whether the 2012 extension law has already been implemented, as the website of CNAM does not yet mention the relevant groups in their list of beneficiaries.

[111] Mauritania, 2012, Law No. 2012-007.

2. *Contributions*

Contributions to CNAM are paid on a monthly basis by the employee and quarterly by employers. The contribution rate for the employer is 5 per cent of the employees' gross salary including allowances and bonuses. The rate for employees is 4 per cent, with the exception of parliamentarians who contribute 5 per cent and pension holders of the covered professional groups, whose contribution rate is set at 2.5 per cent of the total amount they receive through pension schemes.[112] Special terms apply to the case of self-employed persons, who cover the totality of contributions themselves (9 per cent of their gross income).

3. *Benefits*

The health insurance scheme covers the risks and treatment costs related to diseases, accidents, pregnancy, as well as physical and functional rehabilitation. Covered services encompass prevention, cure and rehabilitation through out-of-hospital care, hospital and post-hospital care.[113] The percentage of costs that are directly covered or reimbursed ranges from 80 to 100. In addition, benefits include 67 per cent of the costs of listed medications with a co-payment cap of MRO1,500 per medication. If the treatment required by the patient's medical condition is not available in Mauritania, the scheme may cover evacuation to other countries in the region or, in special cases, to France.[114] Details regarding the benefits are provided in table 4.[115]

TABLE 4. HEALTH INSURANCE BENEFITS OF CNAM[116]

Percentage of costs covered	Type of treatment	Co-payment conditions
80	Consultations, biological and radiological check-ups, functional re-education sessions in private health-care institutions	20 per cent co-payment
90	Consultations, biological and radiological check-ups, functional re-education sessions in public health-care institutions	10 per cent co-payment capped at MRO10,000 per benefit
67	Medications and medical consumables	33 per cent co-payment capped at MRO1,500 per medication
90	Hospitalization	10 per cent co-payment capped at MRO10,000 per hospitalization
90	Hearing aids	10 per cent co-payment capped at MRO10,000 per device
90	Orthopaedic and similar equipment	10 per cent co-payment capped at MRO10,000 per equipment
90	Radiotherapy	10 per cent co-payment capped at MRO10,000
100	Haemodialysis sessions	–
100	Medical treatment abroad	–
100	Transport in case of sanitary evacuation from one place to another within the national territory	–
Flat rate	Corrective glasses	–

[112] An exception here is the case of supplementary pensions.

[113] Mauritania, 2014, Decree No. 2014-106.

[114] Ibid.

[115] Excluded from benefits are plastic surgery, thermal treatments, acupuncture, treatments related to alternative and traditional medicine, homeopathy, dental prostheses, orthodontic treatments, thalassotherapy, mesotherapy and phytotherapy.

[116] Mauritania, 2014, Decree No. 2014-106.

B. INDIGENT HEALTH COVERAGE

People who are destitute and suffer from a chronic health condition or cancer can apply for coverage under a non-contributory indigent health coverage programme.[117] Any Mauritanian national is potentially eligible for this scheme. In reality, however, beneficiaries have always been from the capital Nouakchott. Applicants are requested to provide a certificate from their commune showing their socioeconomic situation, a national identification card and a medical certificate issued by a specialist in the relevant field.

Benefits include free health care in the form of grants to national hospitals, which enables them to provide services to the programme beneficiaries. In addition, medical treatment in Morocco is covered if the disease cannot be treated in Mauritania. In this case, beneficiaries receive a special cash allowance of MRO200,000 to provide for living expenses during their stay abroad. In 2012, unconditional cash transfers became part of the scheme with the aim of improving the beneficiaries' living conditions. The value of this annual transfer ranges between MRO30,000 and 50,000.

In 2015, beneficiaries totalled 603 persons, out of whom 99 suffered from chronic illnesses, 210 from cancer, 153 needed dialysis and 141 were treated abroad. Total expenditures were MRO1,035,000,000.

The scheme is managed by the Direction de l'assistance sociale et de la solidarité nationale of the Ministry of Social Affairs, Children and Family, in collaboration with the Ministry of Health. In order to improve monitoring, a database has been created to which dialysis patients submit information on a weekly basis.

C. HEALTH PROVISION CHALLENGES

The Mauritanian health system is generally considered to have witnessed significant developments in recent years. The health insurance scheme has been extended to include more population groups. However, in 2009, health protection schemes covered only 6 per cent of the total population.[118] This percentage is likely to have increased following the extensions of the scheme in 2010 and 2012, but presumably remains low.

More reforms will be needed to reach the long-term goal of universal coverage. A World Bank report[119] points out that marginalized population groups have limited or no access to health services, because there is a lack of programmes covering the poorest.[120] Despite significant progress in the last decade, 31 per cent of the population lived in poverty in 2015,[121] which makes it difficult for them to afford health insurance contributions despite their relatively low rate. Solutions have to be provided for those working in the informal sector and in subsistence agriculture. As in other West and Central African countries, challenges concern the coverage of populations with unstable or limited revenues.[122]

[117] Cirillo and Tebaldi, 2016, p. 85.

[118] ILO, 2011f.

[119] World Bank, 2011a, p. 14.

[120] Non-State micro-insurance schemes play an important role in Mauritanian society and may provide security to some populations who are not yet included in the formal insurance system. As this report focuses on Government programmes, its scope does not allow for a detailed description of these schemes. For more information, see Watson and Fah, 2010, p. 51.

[121] African Economic Outlook, 2016.

[122] Ibid.

Statistics show a disparity between health coverage in rural and urban areas. Whereas the legal health coverage deficit in rural areas was estimated at 97.2 per cent in 2009, it was a bit less in urban areas, namely 89.4 per cent.[123] The differences in health care provision become especially apparent in the maternal mortality ratio, which was 74.5 per 10,000 live births in rural areas and 32.3 in urban areas in 2007.[124]

OHCHR and the World Bank state the general scarcity and precarious condition of health facilities in some rural areas, and the obstacles in terms of distance and travelling costs that inhabitants face when attempting to access health services.[125] About 33 per cent of the population live more than five kilometres away from a functioning health facility. Quantitative and qualitative shortages also concern the medical personnel, capacity development (education), and the management of the personnel (including motivation and promotion criteria).[126] Availability of medications and quality of treatment pose further challenges. The complete absence of pre- and post-natal care for women in many regions is reflected in maternal mortality rates, which range among the highest in the world.[127]

According to the World Health Organization (WHO), total health expenditures per capita amounted to $148 in 2014.[128] This equalled 3.8 per cent of the GDP, compared with an average spending of 5.06 per cent of the GDP in member countries of the Economic and Social Commission for Western Asia (ESCWA).[129] Regarding the share of public expenses allocated to the health sector, Mauritania, with 10.7 per cent, ranked second to last in comparison with its neighbouring countries in 2010.[130]

It has also been suggested that there is potential for enhancing efficiency in the utilization of financial resources in the health sector. Reasons lie in delays and difficulties regarding budget implementation and in challenges related to the management of health facilities.[131] The World Bank notes that the money is not always spent for the benefit of the poor, even though they are classified as such in the budget. It also remarks that there is a discrepancy between the distribution of resources within the health sector and the declared objectives. Between 2005 and 2010, only 21 per cent of these resources were allocated to primary care facilities, whereas 41 per cent went into tertiary services such as hospitals, and 18 per cent were spent on administration.[132]

Regarding CNAM, the allocation of one quarter of the fund's budget to treatment abroad in the context of medical evacuations, as noted in Watson and Fah (2010), may be questioned in terms of proportionality. As with social insurance challenges, governance challenges and limited administrative capacity also resulted in difficulties in the management of the health insurance scheme. Finally, it has been remarked that a further challenge to the scheme lies in the time that passes until refunds reach the beneficiary. However, the refund time witnessed significant improvement when it was shortened from three months to four days through the introduction of a system which uses mobile phone messages in 2011.[133]

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123 ILO, 2011g.

124 ILO, 2011h.

125 OHCHR, 2016, p. 3.

126 These observations were made in 2010 (see World Bank, 2011a, p. 13).

127 OHCHR, 2016, p. 3.

128 WHO, 2016a.

129 This average is calculated based on data from WHO, 2016b. Data on Palestine was not available.

130 World Bank, 2011b, p. 15. The countries which were taken into consideration were Benin, Burkina Faso, Chad, Guinea, Mali, Niger, Senegal and Togo.

131 World Bank, 2011a, p. 14.

132 Ibid., p. 16; and Mauritania, Ministry of Health, 2011.

133 IMF, 2011c, p. 33.

V. CONCLUSION

The outline of the social protection system in Mauritania illustrates significant developments in social assistance, social insurance and social health provisions in the recent years. Social protection has become a growing national priority and social support programmes have been introduced and expanded. Despite strengthened government efforts to reduce poverty and increase living standards, however, reforms of the social protection system are yet to achieve effective, equitable and universal access and coverage.

Low coverage, cost inefficiencies and administrative leakages in the form of fragmentation and weak coordination characterize social assistance programmes and should be addressed. The high informality rates in the labour market and the absence of unemployment benefit schemes leave out the most vulnerable and those in the informal economy from adequate social protection coverage. In addition, the provision of social protection has been found to differ between rural and urban areas.

The envisaged creation of a national registry of vulnerable households could tackle the challenges related to weak targeting. Strengthening of governance, monitoring and administrative capabilities is also necessary to improve social insurance and social health provisions. The extremely low social health-care coverage calls for an extension of social health services to additional population groups, especially the poorest and those in the informal sector with unstable or limited income. Lastly, to fully achieve a rights-based approach to social protection in the country, it will be necessary to pay special attention to the differences in rural and urban realities.

Annex

LAWS AND REGULATIONS CITED IN THE DOCUMENT

Mauritania (1961). Loi No. 61-016 du 30 janvier 1961, fixant le régime des pensions civiles de la caisse de retraite de la République Islamique de Mauritanie, modifiée par la Loi No. 65-074 du 14 avril 1965.

_____ (1967). Loi No. 67-018 du 21 janvier 1967 accordant aux militaires le bénéfice de pensions de retraite.

_____ (1967). Loi No. 67-039 du 3 février 1967 instituant un régime de sécurité sociale en Mauritanie.

_____ (1967). Arrêté No. 464 du 04 septembre 1967, portant règlement du service des prestations de sécurité sociale.

_____ (1968). Loi No. 68-211 du 6 juillet 1968 portant Code des pensions militaires d'invalidité.

_____ (1968). Arrêté No. 445 du 22 août 1968 règlementant le Fonds d'Action Sanitaire et Sociale de la CNSS.

_____ (1974). Arrêté No. 116 du 17 septembre 1974 déterminant les modalités d'affiliation des employeurs et le paiement des cotisations de sécurité sociale.

_____ (1978). Loi No. 78-027 du 31 janvier 1978 modifiant la Loi No. 67-018 du 21 janvier 1967 accordant aux militaires le bénéfice de pensions de retraite.

_____ (1978). Ordonnance No. 28 du 31 décembre 1978 modifiant certaines dispositions de la Loi No. 61-016 du 20 janvier 1961 fixant le régime des pensions civiles de la caisse des retraites.

_____ (1979). Ordonnance No. 79-182 du 20 juillet 1979 portant modification des dispositions de l'article premier de la Loi No. 78-027 du 31 janvier 1979 accordant aux militaires le bénéfice de pension de retraite.

_____ (1981). Arrêté No. 021 du 21 mars 1981 portant organisation financière et comptable de la CNSS.

_____ (1987). Ordonnance No. 87-296 du 24 novembre 1987 portant modification de l'alinéa 4 de l'Article 39 de la Loi no 67-039 du 3 février 1967 instituant un régime de sécurité sociale.

_____ (1992). Ordonnance No. 92-007 du 5 avril 1992 portant loi relative aux indemnités des membres du parlement.

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