



Economic and Social Council

Distr.: General
29 November 2017
English
Original: French

Commission for Social Development

Fifty-sixth session

31 January–7 February 2018

**Follow-up to the World Summit for Social Development and
the twenty-fourth special session of the General Assembly:
priority theme: strategies for the eradication of poverty to
achieve sustainable development for all**

Statement submitted by L'Observatoire Mauritanien des Droits de L'Homme et de la Démocratie, a non-governmental organization in consultative status with the Economic and Social Council*

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* The present statement is issued without formal editing.



Statement

Poverty eradication strategy in Mauritania

L'Observatoire Mauritanien des droits de L'Homme et de la Démocratie is a not-for-profit organization granted consultative status with the United Nations Economic and Social Council in 2015.

I. Context

Poverty reduction: the poverty rate is declining steadily: from 51 per cent in 2000 to 46.70 per cent in 2004, 42 per cent in 2008 and 31 per cent in 2014.

Although this remarkable improvement is positive, thanks to the Government's policy for the eradication of poverty in Mauritania, there are still major problems: uncontrolled urbanization, lack of reliable statistical data and the private sector's limited participation in the employment marker and small contribution to the State budget.

Health problems created by uncontrolled urbanization

An analysis of the urbanization process in Mauritania's main towns provides a telling picture of the interactions between health and urban environment. Access to vital services such as clean water, sanitation and household waste collection affects the development of certain pathologies that expose urban populations to numerous health risks. The health problems experienced by the population and the most frequent diseases in the neighbourhoods studied are a good illustration of the situation of widespread environmental pollution in cities. The health risks faced by the inhabitants are caused by unfavourable environmental conditions in the urban neighbourhoods studied that have high rates of poverty and precarity. Many diseases are spread because of inadequate sanitation in and near homes and poor hygiene. The most unsanitary places, exposed to environmental risks, are those which have the most health problem and recurring diseases. The fact that patterns of disease mirror environmental patterns is proof of the interaction between health and environment in urban areas in Mauritania. In addition, the development of urban pathology would appear to be linked to the interaction between inadequate sanitation and people's lifestyles, which are largely influenced by social conditions because of the phenomenon of poverty. Thus the consequences of urban space mismanagement for the health of the population are extremely dramatic. However, a cross-cutting survey has its limitations and may often reflect the circumstances of the observation period.

Effect of uncontrolled urbanization on economic development

The urbanization rate increased from 22.7 per cent in 1977 to 48.3 per cent in 2013 — in other words it doubled over 36 years. According to projections of the United Nations Population Division, Mauritania will become a predominantly urban country around 2025. It will have a population of 4,690,927 by that time and of 5,278,457 in 2030. Thus, if nothing is done to check this urbanization, there is a risk of unexpected food insecurity.

This means that the urbanization process is continuing to the detriment of pastureland and cultivable land. This will have a considerable effect on the animal husbandry and agriculture sector and thus reduce job opportunities, overburden the mining sector, fisheries and the public sector and saturate the informal sector.

II. Poverty eradication strategy for 2030

Despite some progress, various problems remain: (i) education; (ii) health and prevention of malnutrition and food insecurity; (iii) poverty, particularly in rural areas; and (iv) gender inequality.

A poverty eradication strategy must therefore address these problems by immediately rethinking land use policy to protect pasturage and cultivable land from misuse and expand job supply, by providing continuing education and enhancing the monitoring capacity of labour inspectors.

The lack of an efficient statistical policy is trapping the government in an endless vicious circle, preventing it from introducing country-wide mechanisms of statistical analysis to study variations in economic and demographic data that would assist decision-making.

However, if poverty eradication policy is to be efficient, it must include eradication of social exclusion. This requires a monitoring and coordination mechanism for setting goals, measuring poverty using a set of indicators and reference values, providing guidelines for the Government and all stakeholders, as well as formulating national action plans to combat poverty.

As regards governance, work must be done to improve tax revenue and streamline management of public expenditure. Similarly, improvements are needed in the area of political, democratic and environmental governance.

A. Education

According to the 2014 National State Report on the Education System (RESEN), access to pre-school education increased from 5.0 per cent in 2004 to 9.3 per cent in 2014–2015. Basically, the gross enrolment rate was estimated at 72.4 per cent in 2013 compared with 68.4 per cent in 2000 and 44.7 per cent in 1988, according to data from the General Population and Housing Census (RGPH). Since 2000, girls have a higher gross enrolment rate. At the general secondary level, according to the same source, the gross enrolment rate was 30.9 per cent in 2013, compared with 24.2 per cent in 2000.

The availability of technical and vocational training improved considerably over the past decade (according to the 2014 RESEN, the number of students increased from 1,902 in 2004 to 7,602 in 2014), which is an average annual increase of almost 15 per cent. Of the students accepted, 30.5 per cent were attending private institutions.

There are 12 public institutions of higher education. According to the 2014 RESEN, in 2014 there were 25,454 students pursuing higher education, compared with 11,474 in 2004, or an annual increase of 8.3 per cent over the period.

According to the RGPH, the illiteracy rate was 36.3 per cent in 2013, compared with 46.9 per cent in 2000, or a reduction of more than ten (10) percentage points (41.0 per cent for women and 31.3 per cent for men).

B. Health and nutrition

Despite the efforts made, problems still exist, particularly as regards maternal and infant mortality, disease control, organization of health services, recruitment and management of human resources, supplies of quality medicines, reagents, consumables, vaccines and products and as regards sector financing.

The 2008 and 2014 Ongoing Survey of Household Living Conditions (EPCV) show an overall improvement in the nutritional status of children under five, particularly in urban areas.

C. Social welfare

There is a need for a long-term programme and for a road map for the creation of an integrated social welfare system. This could involve the creation of a social register to be used for the various social welfare projects targeting the poor, the elderly and persons with mental or physical disabilities.

D. Housing and public buildings

In general, the sector is facing difficulties connected with: (i) the lack of a national strategy for land use, regional development and housing in all its aspects; and (ii) the inadequacy of infrastructure, making it difficult for urban and rural inhabitants to access the market and basic services.

III. Recommendations

- Diversification of the economy and promotion of the private sector in order to reduce the country's vulnerability to external economic shocks and its dependence on official development assistance (ODA);
 - Human resource capacity-building and modernization of the administration;
 - Improvement of basic health and maternal and child health;
 - Improvement of the quality of education and training and their alignment with job market needs;
 - Job offers for young people;
 - Poverty eradication and access to other basic social services (clean water, electricity, etc.);
 - Social cohesion and welfare.
-