

SENEGAL



AT A GLANCE

Population (2016):
14.3 million¹

Population at risk of malaria
(2014): **100%²**

Malaria incidence/1,000
population at risk (2013): **128³**

Under-five mortality rate (2015):
59/1,000 live births⁴

- 1 U.S. Census Bureau, International Data Base 2015
- 2 World Health Organization (WHO), *World Malaria Report 2015*
- 3 WHO, *World Health Statistics 2016*
- 4 Demographic and Health Survey (DHS) 2015

The President's Malaria Initiative (PMI)

Malaria prevention and control is a major U.S. foreign assistance objective, and PMI's strategy fully aligns with the U.S. Government's vision of ending preventable child and maternal deaths and ending extreme poverty. Under the PMI Strategy for 2015–2020, the U.S. Government's goal is to work with PMI-supported countries and partners to further reduce malaria deaths and substantially decrease malaria morbidity, toward the long-term goal of elimination.

Country Context

Regarded as one of Africa's model democracies, Senegal has made substantial improvements since the 1960s. However, indicators of human development remain low, and poverty and unemployment are high. Senegal's healthcare pyramid is built upon informal health huts that are managed by communities and cover about half of the country's population. In 2014, the Ministry of Health adopted a new strategic plan to improve linkages between the community level and the formal health system, increase ownership by communities, and improve coordination of activities.

While the number of reported malaria cases has dropped in recent years (due in part to a change in case definition), malaria is still a major cause of morbidity and mortality and a high priority for the government. Malaria is endemic throughout Senegal, and the entire population is at risk. Transmission occurs seasonally and is affected by rainfall and persistent flooding, especially in peri-urban areas. *Plasmodium falciparum* is the major cause of infection.

Senegal has made significant progress against malaria and remains a leader in piloting and scaling up new recommendations and innovative strategies. The National Malaria Control Program has adopted a National Strategic Plan for 2016–2020, which strives to achieve the pre-elimination of malaria (defined as annual incidence < 5 cases per 1,000) by 2020. Under this plan, malaria interventions will continue to be targeted to the different transmission zones. In addition to the standard interventions, low transmission areas (pre-elimination zones) are eligible for case investigation and reactive case detection, while the highest transmission regions (control zones) receive seasonal malaria chemoprevention and are prioritized for home-based management.

As a result of the scale-up of malaria control interventions, parasitemia in children under five has fallen from 6 percent nationwide in 2008 to 1.2 percent nationwide in 2014. The 2015 continuous DHS showed that under-five mortality continued to fall in Senegal from 121 deaths per 1,000 live births in 2005 to 59 in 2015 – a 51 percent drop.

Progress to Date

The following table provides information on the major indicators used by PMI to measure progress in malaria prevention and treatment activities in Senegal.

Senegal Malaria Indicators	PMI Baseline	MIS 2008*	DHS 2010	DHS 2012–2013	DHS 2014	DHS 2015
All-cause under-five mortality rate	121/1,000 (DHS 2005)	85/1,000	72/1,000	65/1,000	54/1,000	59/1,000
Proportion of households with at least one ITN	36% (MIS 2006)	60%	63%	73%	74%	77%
Proportion of children under five years old who slept under an ITN the previous night	16% (MIS 2006)	29%	35%	46%	43%	55%
Proportion of pregnant women who slept under an ITN the previous night	17% (MIS 2006)	29%	37%	43%	38%	52%
Proportion of women who received two or more doses of intermittent preventive treatment for pregnant women (IPTp) during their last pregnancy in the last 2 years	49% (MIS 2006)	52%	39%	41%	40%	49%

* MIS - Malaria Indicator Survey

PMI Contributions Summary

Senegal is currently in its tenth year as a PMI focus country. With support from PMI and its partners, malaria control interventions are being implemented, and vital commodities are being distributed to vulnerable populations. The following table shows PMI contributions for fiscal year 2015 and cumulatively across the key intervention areas.

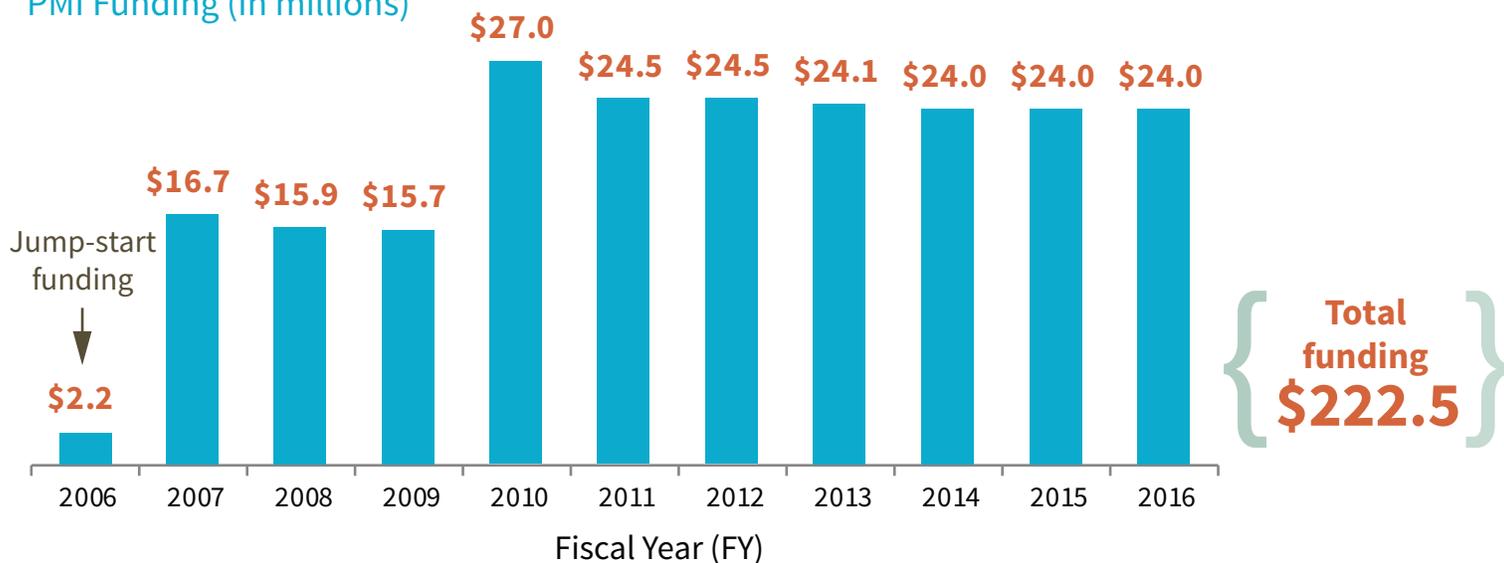
		PMI CONTRIBUTIONS ¹	FY 2015	CUMULATIVE
Insecticide -treated Nets		ITNs procured	1,003,600	9,388,050
		ITNs distributed	498,286	6,159,633
		ITNs procured by other donors and distributed with PMI support	0	2,882,364
Indoor Residual Spraying		Houses sprayed	130,170	n/a ²
		Residents protected	514,833	n/a ²
Rapid Diagnostic Tests		RDTs procured	2,555,750	3,555,750
		RDTs distributed	1,890,500	2,890,500
Artemisinin-based Combination Therapy		ACTs procured	220,800	3,426,820
		ACTs distributed	529,672	2,594,723
		ACTs procured by other donors and distributed with PMI support	0	275,000
Health Workers		Health workers trained in treatment with ACTs	1,474	n/a ³
		Health workers trained in malaria diagnosis	1,555	n/a ³
		Health workers trained in IPTp	309	n/a ³

1 The data reported in this table are up to date as of September 30, 2015. Please refer to Appendix 2 of the [2016 PMI Annual Report](#) for year-by-year breakouts of PMI contributions.

2 A cumulative count of the number of houses sprayed and residents protected is not provided since many areas were sprayed on more than one occasion.

3 A cumulative count of individual health workers trained is not provided since some health workers were trained on more than one occasion.

PMI Funding (in millions)



For details on FY 2016 PMI activities in Senegal, please see the [Senegal Malaria Operational Plan](#).



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