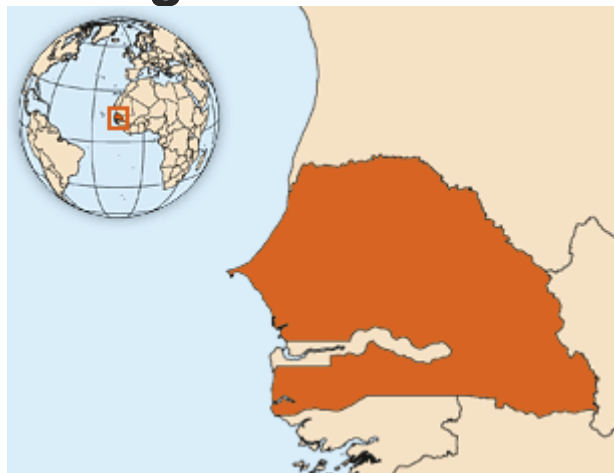


## Senegal



<http://www.who.int/countries/en/>

WHO region	Africa
World Bank income group	Lower-middle-income
<b>CURRENT HEALTH INDICATORS</b>	
Total population in thousands (2015)	15129.3
% Population under 15 (2015)	43.8
% Population over 60 (2015)	4.5
Life expectancy at birth (2015)	64.6 (Male) 68.6 (Female) 66.7 (Both sexes)
Neonatal mortality rate per 1000 live births (2015)	20.8 [14.8-29.1]
Under-five mortality rate per 1000 live births (2015)	47.2 [34.3-64.7]
Maternal mortality ratio per 100 000 live births (2015)	315 [214 - 468]
% DTP3 Immunization coverage among 1-year-olds (2014)	89
% Births attended by skilled health workers (2012-2013)	50.5
Infants exclusively breastfed for the first 6 months of life (%) (2010-2011)	39
Density of physicians per 1000 population (2008)	0.059
Density of nurses and midwives per 1000 population (2008)	0.42
Total expenditure on health as % of GDP (2014)	4.7
General government expenditure on health as % of total government expenditure (2014)	8.0
Private expenditure on health as % of total expenditure on health (2014)	48.2
Adult (15+) literacy rate total (2007-2012)	50
Population using improved drinking-water sources (%) (2015)	67.3 (Rural) 92.9 (Urban) 78.5 (Total)
Population using improved sanitation facilities (%) (2015)	33.8 (Rural) 47.6 (Total) 65.4 (Urban)
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2011)	29.6
Gender Inequality Index rank out of 155 countries (2014)	118
Human Development Index rank out of 188 countries (2014)	170

Sources of data:  
Global Health Observatory May 2016  
<http://apps.who.int/gho/data/node.cco>

### HEALTH SITUATION

The implementation of the National Health Development Plan for the period 2009-2018 has enabled Senegal to score major successes such as significantly decreasing malaria morbidity and mortality, maintaining a low rate of prevalence of HIV in the general population (0.7% in 2014), reducing neonatal, infant and child mortality, improving protection for children through the introduction of new vaccines, interrupting transmission of wild poliovirus in 2004 and ensuring that no cases of measles-related death have been recorded in the country since 2004.

To improve its health indicators further, Senegal must meet the challenge of reducing its high rate of maternal mortality and improving its tuberculosis detection rate and the management of multidrug-resistant tuberculosis. It must strive to manage emerging noncommunicable diseases more effectively, ensure that the distribution of health workers between rural and urban areas is more balanced, address shortcomings in the monitoring and evaluation system, and scale up high-impact interventions. In addition, it must boost its efforts to address malnutrition and strengthen the health system and health security. Improving coordination of different interventions in the health sphere is also a challenge.

It is thus essential to address the principal determinants of health, namely poverty, social inequalities, regional disparities, sociocultural barriers and changing lifestyles.

### HEALTH POLICIES AND SYSTEMS

A number of points should be noted, for example the Emerging Senegal Plan to structurally transform the economy through consolidation of current development growth drivers, brings about an improvement in living conditions by addressing social inequalities, and strengthening security, thereby promoting social peace and creating conditions for the development of opportunity.

In addition, the National Health Development Plan for the period 2009-2018 seeks to create a high-quality health service with ready access for individuals, households and communities. Regular meetings are held between the coordinating bodies for the Plan and the bodies that coordinate the work of the technical and financial partners of the health sector.

Support has been forthcoming for the ongoing development of the multi-year expenditure programme document for the period 2015-2017, the comprehensive strategic plan for sexual, reproductive, maternal, neonatal, child and adolescent health (SRMNIA) for the period 2016-2020, the implementation of the emergency plan to reduce maternal and neonatal deaths, the m-Diabetes project, the effective response to the nutrition crisis in northern regions of the country, the completion of the new health map, the incorporation of District Health Information System 2 (DHS 2) into the health information system, and the extension of sentinel surveillance sites for nutrition.

Other priority areas include the Organ Transplant Act, the private-sector health alliance, stop smoking campaigns and decrees on enforcing the new Tobacco Control Act, and the national survey on tobacco use by adults.

Mention should also be made of the Universal Medical Coverage Agency (ACMU), which facilitates access to health services; sectoral policy for development bulletins; the Health Emergency Operations Centre (COUS); and the STEPS survey on noncommunicable diseases.

### COOPERATION FOR HEALTH

Senegal is a party to various regional and subregional health initiatives and is a member of different steering bodies at international level (the West African Health Organisation (WAHO), Roll Back Malaria, Harmonization for Health in Africa (HHA), IHP+, Muskoka, Global Fund, GAVI, RMNH, Compact, Busan, Every Woman Every Child, etc.). It is the beneficiary of the technical and financial assistance mobilized by these initiatives.

A number of technical and financial partners are supporting the Ministry of Health and Social Welfare, namely the United Nations, bilateral and multilateral cooperation bodies, and NGOs. A number of frameworks and mechanisms are in place to coordinate action by these partners, for example the United Nations Development Assistance Framework (UNDAF) 2012-2018, joint programmes, the health thematic group, G12, and G50.

An RSS platform has just been set up.

The Global Health Security and Regional Disease Systems Enhancement Project (REDISSE) have been launched to strengthen health security.

## WHO COUNTRY COOPERATION STRATEGIC AGENDA (2009–2015)

Strategic Priorities	Main Focus Areas for WHO Cooperation
<p><b>STRATEGIC PRIORITY 1:</b> Health system and health policy strengthening; Universal Health Coverage; health information management; access to essential medicines and health products</p>	<ul style="list-style-type: none"> <li>• Support for establishment of regulatory frameworks</li> <li>• Support for decentralization of health services and operational capacity-building at district level</li> <li>• Support for accessibility of high-quality care across all age groups</li> <li>• Support for advocacy to increase the share of the national budget allocated to the Ministry of Health</li> <li>• Support for access to essential medicines and strengthening of regulatory instruments</li> <li>• Strengthening the technical and teaching capacity of training institutions, harmonizing data collection and processing facilities, and disseminating health information</li> </ul>
<p><b>STRATEGIC PRIORITY 2:</b> Mother and child health; reproductive health</p>	<ul style="list-style-type: none"> <li>• Support for planning, quality and accessibility of care for mothers, newborns, children and adolescents, including within a comprehensive reproductive health framework</li> </ul>
<p><b>STRATEGIC PRIORITY 3:</b> Health and environment</p>	<ul style="list-style-type: none"> <li>• Support for the development and implementation of initiatives to promote healthy environments and guarantee safe water and food by promoting basic hygiene and sanitation measures; support for the biomedical waste management plan</li> </ul>
<p><b>STRATEGIC PRIORITY 4:</b> Disease control</p>	<ul style="list-style-type: none"> <li>• Communicable diseases: support for mobilization of resources, planning and implementation of monitoring and evaluation (specifically HIV/hepatitis, tuberculosis and malaria)</li> <li>• Noncommunicable diseases: support for the prevention and management of chronic diseases; support for improvement of the mental health care framework</li> <li>• Neglected tropical diseases: support for epidemiological surveillance</li> <li>• Vaccine-preventable diseases: support for regulation, coordination and supply; eradication of poliomyelitis</li> <li>• Support for management of interventions offering additional protection against epidemic- and pandemic-prone diseases through effective surveillance</li> <li>• Support for preparedness and management of crises and emergencies; IHR</li> </ul>

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