SEMA
REPRODUCTIVE HEALTH

SEMA Senegal Assessment and Recommendations Summary

Expanding access to sexual and reproductive health and rights in Senegal

OCTOBER 2023

Increasing equitable access to Sexual and Reproductive Health (SRH) products is critical to saving lives, promoting gender equality, and advancing communities.

About SEMA

Global efforts in the last decade have enabled 60 million additional women and girls to access SRH products. However, these efforts still fall short at meeting consumer needs, particularly the needs of communities in Lower and Middle Income Countries (LMIC).

To address these challenges, a multi-stakeholder Steering Committee undertook a consultative process from 2020 to 2021. The committee engaged with over 100 stakeholders globally to envision how to support healthier, more equitable, and more resilient markets for SRH. The group consisted of country leaders, public and private implementers, civil society members, donors, and market representatives who came together to create Shaping Equitable Market Access for Reproductive Health, or SEMA Reproductive Health.

SEMA was announced in July 2021, during the Generation Equality Forum in France, and is currently being incubated within Amref Health Africa. The initiative received support from country governments in Burkina Faso, Nigeria, and Uganda, as well as strategic partnerships from the United States Agency for International Development (USAID), the Foreign, Commonwealth and Development Office of the United Kingdom (FCDO), the United Nations Population Fund (UNFPA), and the Reproductive Health Supplies Coalition (RHSC). Additionally, the Children's Investment Fund Foundation, Gates Foundation and the French Ministry for Europe and Foreign Affairs provided initial funding for SEMA.

SEMA currently acts as a collaborative platform and financing vehicle that works with partners across the entire ecosystem of SRH. The initiative aims to better coordinate donor investments, leverage existing expertise, build additional capacity, and optimize limited resources to support healthier markets. By fostering collaboration and coordination, SEMA seeks to optimize resources and achieve greater impact in pursuit of our shared goals.

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List of Acronymns

AcDev	Action pour le Développement
ADEMAS	Agence pour le Développement du Marketing Social
ARP	Agence Sénégalaise de Regulation Pharmaceutique
CHAI	Clinton Health Access Initiative
CIFF	Children's Investment Fund Foundation
CPR	Contraceptive Prevalence Rate
CSNPF	National Family Planning Strategic Framework
CSO	Civil Society Organization
DHIS2	District Health Information Software 2
DHS	Demography and Health Survey
DSME	Direction de la Sante de la Mère et de l'enfant/Department of Maternal and Child Health
ECPSS	Continuous Surveys on the Delivery of Health Care Services
ERPX3	Enterprise Resource Planning X3
FCDO	Foreign Commonwealth and Development Office
FP	Family Planning
FP2030	Family Planning 2030
HMF	Healthy Markets Framework
GFF	Global Financing Facility
ICPD+25	International Conference on Population and Development
IPM	Informed Push Model
IUD	Intrauterine Device
LMIC	Low and Middle Income Countries

mCPR	Modern Contraceptive Prevalence Rate
MMR	Maternal Mortality Rate
MoH	Ministry of Health
MSI	Marie Stopes International
NGO	Non-Governmental Organization
PNDSS	National Health and Social Development Plan
PRA	Pharmacie Régionale d'Approvisionnement/Regional Supply Pharmacy
QAT	Quantification Analytics Tool
RH	Reproductive Health
RHSC	Reproductive Health Supplies Coalition
RMNCAH	Reproductive Maternal, Neonatal, Child and Adolescent Health
RMNCAH-N	Reproductive Maternal, Neonatal, Child and Adolescent Health, and Nutrition
SDG	Sustainable Development Goals
SEN-PNA	Senegalese National Supply Pharmacy
SHOPS	Sustaining Health Outcomes through the Private Sector
SMO	Social Marketing Organization
SPSR	Reproductive Health Products Safety
SRH	Sexual and Reproductive Health
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WAHO	West African Health Organization

01
Introduction

Access to SRH services and products can transform the lives of women and girls and improve communities. This access is currently hampered by a range of factors, including inadequate funding, restrictive policies, weak health systems and infrastructure, misinformation, poor counseling, and social stigma. In addition to these obstacles, market issues such as insufficient product availability, price inequality and choice are also key and growing constraints to faster progress in many countries.

Shaping Equitable Market Access for Reproductive Health (SEMA) was created to transform public and private markets for SRH products. SEMA envisions a world where SRH markets in LMICs are healthy, equitable and resilient. In this future state, all individuals, especially women and adolescent girls, can access the SRH products they need.

SEMA collaborates with national partners - governments, civil society, private companies - to identify market challenges that restrict access to SRH products, analyze root causes and recommend market interventions to address these challenges. This assessment of Senegal was carried out by the Clinton Health Access Initiative (CHAI) and SEMA, in consultation with various local stakeholders. Through this work, SEMA aims to catalyze action to transform private and public markets to better meet SRH needs.

02
Background

Senegal: Key statistics

Population (2022)[1]	17,738,795
Women of reproductive age (15-49) (2022)[2]	4,323,262
Maternal Mortality Rate (MMR) (2019)[3]	236 per 100,000 live births
CPR for married women (2019)[4]	27%
mCPR for married women (2019)[5]	26%
Projected funding for the procurement of contraception in the public sector (2023)[6]	$4,036,047
Government's projected contribution to the financing of contraceptive product procurement[7]	$471,584
Unmet need for family planning(2019)[8]	22%

Note: *SRH services involve a range of SRH commodities related to family planning (FP), maternal health, the prevention, and management of sexually transmitted infection, and more. This initial market assessment focuses predominantly on contraceptives, which was SEMA's initial focus, with the aim of expanding to other market areas over time.*

SRH commodities in Senegal

The West African country of Senegal has been a politically stable democracy since its independence in 1960. The country's demographics have evolved rapidly, with a current population of nearly 18 million,[9] almost 5.5 times the population in 1960.

Like many countries in the sub-region, Senegal has a burgeoning youth population with a median age of 19 years and 4,323,262 women are of reproductive age (15-49 years old). Addressing the challenges associated with rapid population growth and capturing the demographic dividend has made FP a critical issue for Senegal.

The Senegalese government has defined maternal, newborn, child, and adolescent/youth health as a priority. Various strategic documents were developed to enhance their state of health. In addition, the implementation of the National Health and Social Development Plan (PNDSS) boosted impact indicators. Between 2010 and 2017, MMR improved significantly. It decreased from 392[10] to 236 deaths per 100,000 live births, a reduction of 39.8%.[11] From 2017 to 2019, the infant and child mortality rate dropped significantly, from 56 to 37 per 1,000 live births.[12] According to Sustainable Development Goal (SDG) 3, by 2030, global MMR is expected to fall below 70 maternal deaths per 100,000 live births, and the child mortality rate is expected to fall below 25 per 1,000 live births. Significant progress has been made, but efforts are still needed to achieve SDG3.

[1] Agence Nationale de la Statistique et de la Démographie. Annuaire de la population du Sénégal. 2022. Available online at : https://www.ansd.sn/sites/default/files/2023-04/ANNUAIRE%20POPULATION%202022_vf_DSDS.pdf
[2] Ibid
[3] Agence Nationale de la Statistique et de la Démographie (ANSD) & The DHS Program. Enquête Démographique et de Santé Continue au Sénégal (EDS-Continue) 2019. 2020. Available online at: https://dhsprogram.com/pubs/pdf/FR368/FR368.pdf
[4] Ibid
[5] Ibid
[6] Workshop for the quantification of contraceptives needs. CPTs March 2023.
[7] Ibid
[8] Agence Nationale de la Statistique et de la Démographie &The DHS Program. Enquête Démographique et de Santé Continue au Sénégal (EDS-Continue) 2019. 2020. Available online at: https://dhsprogram.com/pubs/pdf/FR368/FR368.pdf
[9] Agence Nationale de la Statistique et de la Démographie (ANSD). Annuaire de la population du Sénégal. 2022. Available online at: https://www.ansd.sn/sites/default/files/2023-04/ANNUAIRE%20POPULATION%202022_vf_DSDS.pdf
[10] Agence Nationale de la Statistique et de la Démographie (ANSD) &The DHS Program. Enquête Démographique et de Santé à Indicateurs Multiples au Sénégal (EDS-MICS) 2010-2011. 2012. Available online at: https://dhsprogram.com/pubs/pdf/fr258/fr258.pdf
[11] Agence Nationale de la Statistique et de la Démographie (ANSD) &The DHS Program. Enquête Démographique et de Santé Continue au Sénégal (EDS-Continue) 2017. 2018. Available online at: https://dhsprogram.com/pubs/pdf/FR345/FR345.pdf
[12] Agence Nationale de la Statistique et de la Démographie (ANSD) &The DHS Program. Enquête Démographique et de Santé Continue au Sénégal (EDS-Continue) 2019. 2020. Available online at: https://dhsprogram.com/pubs/pdf/FR368/FR368.pdf

Strong political commitment to family planning policies and availability of contraceptive products

Senegal has made significant progress in improving its modern contraceptive prevalence rate (mCPR) from 12% in 2010-11 to 26% in 2019. This progress has encouraged the country to set a target of increasing its mCPR from 26% in 2021 to 46% in 2028 for women in union.

The government is committed to various international and regional development agendas that provide opportunities to accelerate progress in FP. These include the Ouagadougou Partnership, the International Conference on Population and Development (ICPD+25), Family Planning 2030 (FP2030) and the Global Financing Facility (GFF). These commitments are reflected in various strategic documents. For example, the country is finalizing its third generation budgeted national action plan for FP 2024-2028 and has begun an evaluation of the Reproductive Maternal, Neonatal, Child and Adolescent Health (RMNCAH) 2016-2020 strategic plan to develop the next Reproductive Maternal, Neonatal, Child and Adolescent Health; and Nutrition Plan (RMNCAH-N) which covers 2024-2028.

The successive programs and the changes in laws and regulations related to SRH reflect the government's ongoing efforts to create a more enabling legal, political and social environment for FP. Since 2011-2012, these efforts have been consolidated and initiatives to reposition FP have multiplied. Senegal has maintained its recent international commitments to FP. One of the country's major commitments for FP2030 is to increase the government's contribution from 500 million XOF to one billion XOF to guarantee the accessibility and availability of contraceptive products to the population.[13]

In 2012, the Reproductive Health Division was transformed into the Reproductive Health and Child Survival Directorate, which became the Direction de la Santé de la Mère et de l'Enfant (DSME) in 2016. DSME comprises a Family Planning Division, responsible for coordinating and overseeing the implementation of various planning interventions, and a logistics unit. These two units work under the leadership of the Director to ensure the accessibility and availability of reproductive health (RH) products. In addition, DSME is attached to the General Directorate of Public Health and collaborates with the National Supply Pharmacy (PNA) for the acquisition, storage and distribution of contraceptive products in the country. In 2023, PNA became a national company under the name SEN-PNA, retaining its procurement prerogatives, but also participating in local production of medicines and pharmaceutical products.

Expenditure on the 2012 National Family Planning Action Plan exceeded the budget by 74%. However, a strong focus on procurement implied that other priority areas including advocacy, expansion of community services and expansion of the private sector were not sufficiently funded to meet targets. The 2016 National FP Strategic Framework (CSNPF) experienced a sharp decline in donor funding. Between 2016 and 2017, funding from technical and financial partners decreased by 61% and 28%, respectively. Over the same period, public funding increased by 27%, although this was not sufficient to achieve the CSNPF's targets.[14]

This increase in public spending is partly explained by the commitment of municipalities and authorities to allocate funds for FP programs at the local level, including the purchase of contraceptives.[15] The Senegalese government has also launched several financing policy initiatives aimed at reducing the price of contraceptive products, such as the elimination of import duties on FP and the exemption of taxes on contraceptive products.

[13] FP2030. Engagements FP2030 – Gouvernement du Sénégal. FP2030. Available online at: https://fp2030.org/senegal
[14] Ministère de la Santé et de l'Action Sociale (MSAS), Direction de la Santé de la Mère et de l'Enfant (DSME). Évaluation de la mise en œuvre du Cadre Stratégique National De Planification Familiale 2016-2020.
[15] Ibid

Health system organization

Administrative structure: the organization of the public healthcare system is pyramidal, based on the administrative structure of the country. It comprises:

- **Central level**. This includes the Minister's Office, the General Secretariat, the General Directorates and the National Directorates. The central level entities involved in the RH products market are the SEN-PNA, the Agence Sénégalaise de Régulation Pharmaceutique (ARP) and DSME.

- **Intermediate level**. This includes regional health directorates, regional hygiene brigades and regional social action directorates. The regional health directorates host the Regional Supply Pharmacies (PRA), which are attached to the SEN-PNA. SEN-PNA is the only wholesaler in the public sector and is responsible for supplying public health structures with RH products. Products are distributed from the SEN-PNA to the PRAs, then to the peripheral level. There has been a PRA in each region since 2023.

- **Peripheral level.** This includes health districts, hygiene sub-brigades and departmental social action services. Each health district has a drug depot managed by a pharmacist.

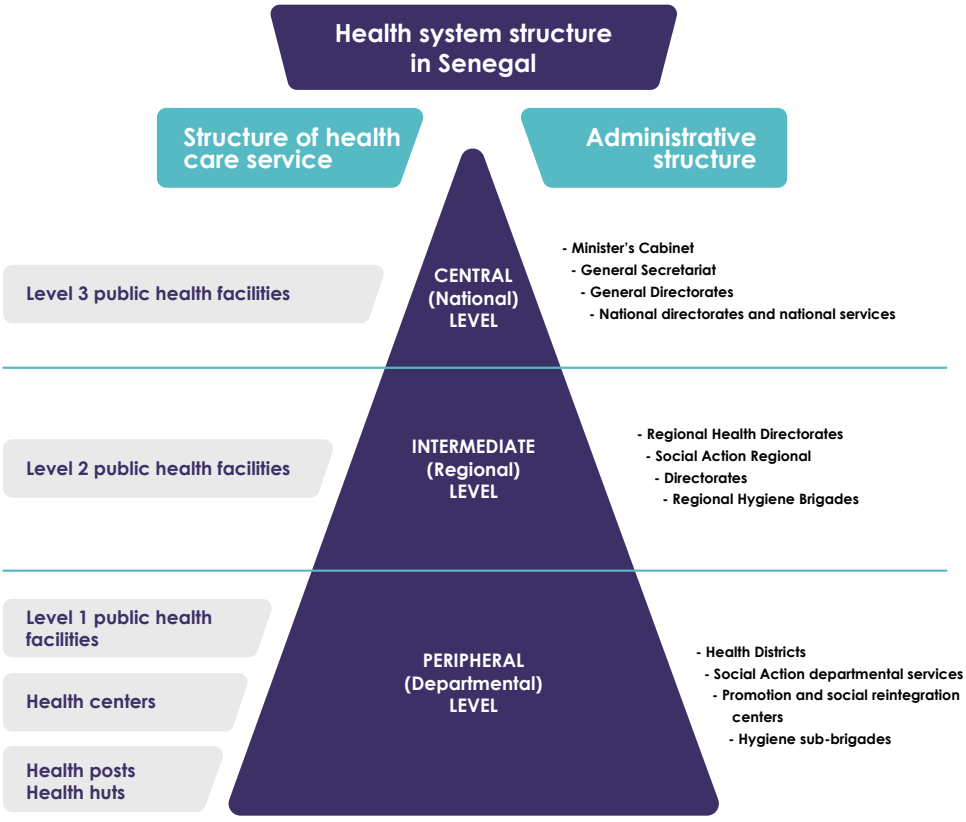

Figure 1: *Structure of Senegal's public healthcare system*
Data source: *PNDSS (2019-2028)*

Available contraceptive products: Senegal has a wide range of contraceptive products included in the RMNCAH essential products list. This range includes the oral progestin-only pill (Microlut), the combined oral pill (Microgynon), progestin-only injectables (Depo-Provera, Sayana Press), implants (Jadelle, Implanon Nxt), the hormonal and copper intrauterine device (IUD), the male condom, the female condom, cycle beads, and the emergency contraceptive pill. The same categories of contraceptives are sold in the private sector, but they offer a wider range of product brands, as well as the hormonal IUD, which is available in some private pharmacies.

Public sector FP services: FP services are available in different types of health facilities:

- **Public health establishments** with 40 hospitals offering the full range of modern FP methods, including surgical methods (tubal ligation, vasectomy).

- **Health districts**. According to the 2021 health map report, Senegal has 79 health districts, 110 health centers, 1,531 health posts and 2,283 health huts. Health centers and health posts offer all long-acting reversible methods, as well as short-acting methods. Some health centers with surgical units offer surgical methods. Each care unit has a drug depot managed by dedicated staff.

Role of the private sector: as of 2017, there were an estimated 2,754 private health structures in Senegal. These private healthcare facilities fell into two categories: (1) **medical/paramedical structures** (e.g., private clinics, dental centers, diagnostic facilities) and (2) **pharmaceutical structures** (including pharmacies and drug depots). Over the years, the private healthcare sector has seen significant growth. For instance, the number of private health posts increased from 76 in 2004 to 111 by 2017. Similarly, the number of for-profit pharmacies rose from 767 in 2008 to 1,063 in 2017.[16]

The private sector also contains social marketing organizations (SMOs) such as Marie Stopes International (MSI), DKT, and Agence pour le Développement du Marketing Social (ADEMAS) as well as confessional and non-confessional organizations that provide direct service provision.

Although there is little visibility on recent private sector data and contribution to the provision of SRH services, Senegal's Continuous Surveys on the Delivery of Health Care Services (ECPSS) 2012-2019 shows a decline in the percentage of private sector facilities offering modern FP services between 2018 and 2019, from 60.4% to 18%. This points to the need for an in-depth analysis of the private sector's role in FP service provision.

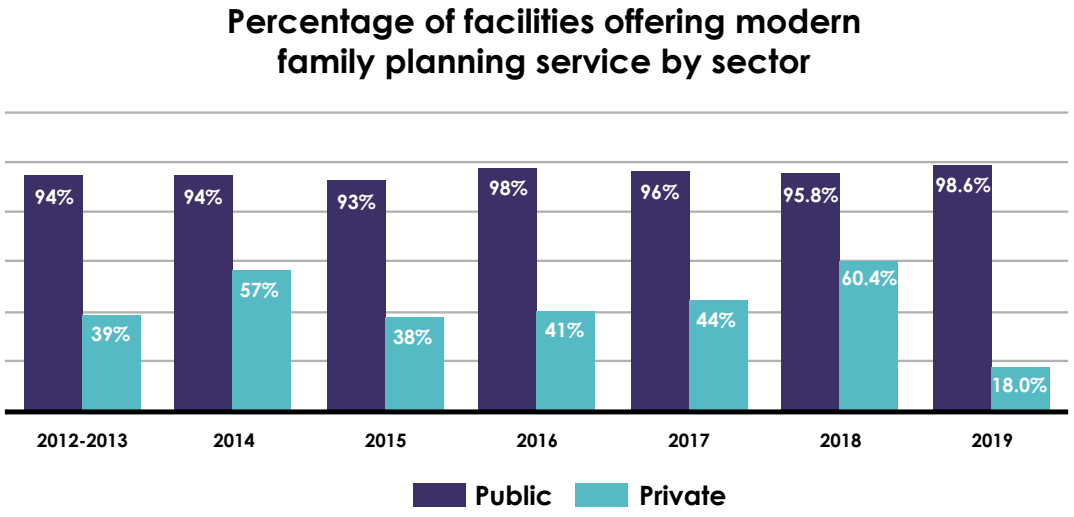

Figure 2: *Percentage of facilities offering modern family planning services by sector.*
Data source: *ECPSS Senegal (2012-2019)*[16a]

[16] Ministère de la Sante et de l'Action Sociale, USAID: SHOPS PWIus. Cartographie du secteur privé de la santé au Sénégal 2016-2017. 2018. Available online at: https://www.sante.gouv.sn/sites/default/files/Cartographie%20du%20secteur%20priv%C3%A9%20de%20la%20sant%C3%A9%202016-2017.pdf

[16a] Generated from ECPSS reports from 2012 to 2019 available at: https://www.ansd.sn/Indicateur/rapport-des-enquetes-continue-sur-la-prestation-des-services-de-soins-de-sante-ecpss

Market overview

Demand and use of contraceptive methods: Senegal has recorded remarkable trends in the increase of satisfied demand and use of contraceptive methods. Satisfied demand is the proportion of women of reproductive age (15-49) who do not intend to become pregnant in the near future using a modern contraceptive method. Satisfied demand for FP services increased from 23.5%[17] in 2005 to 53% in 2019. At the same time, the mCPR rose from 10.3% to 26% between 2005 and 2019, largely driven by the expansion of injectables and implants. These figures and statistics show that the market has become increasingly capable of meeting the different needs of contraceptive users, although there is still work to be done to meet unmet need, which remained at 22%[18] for women in union in 2019.

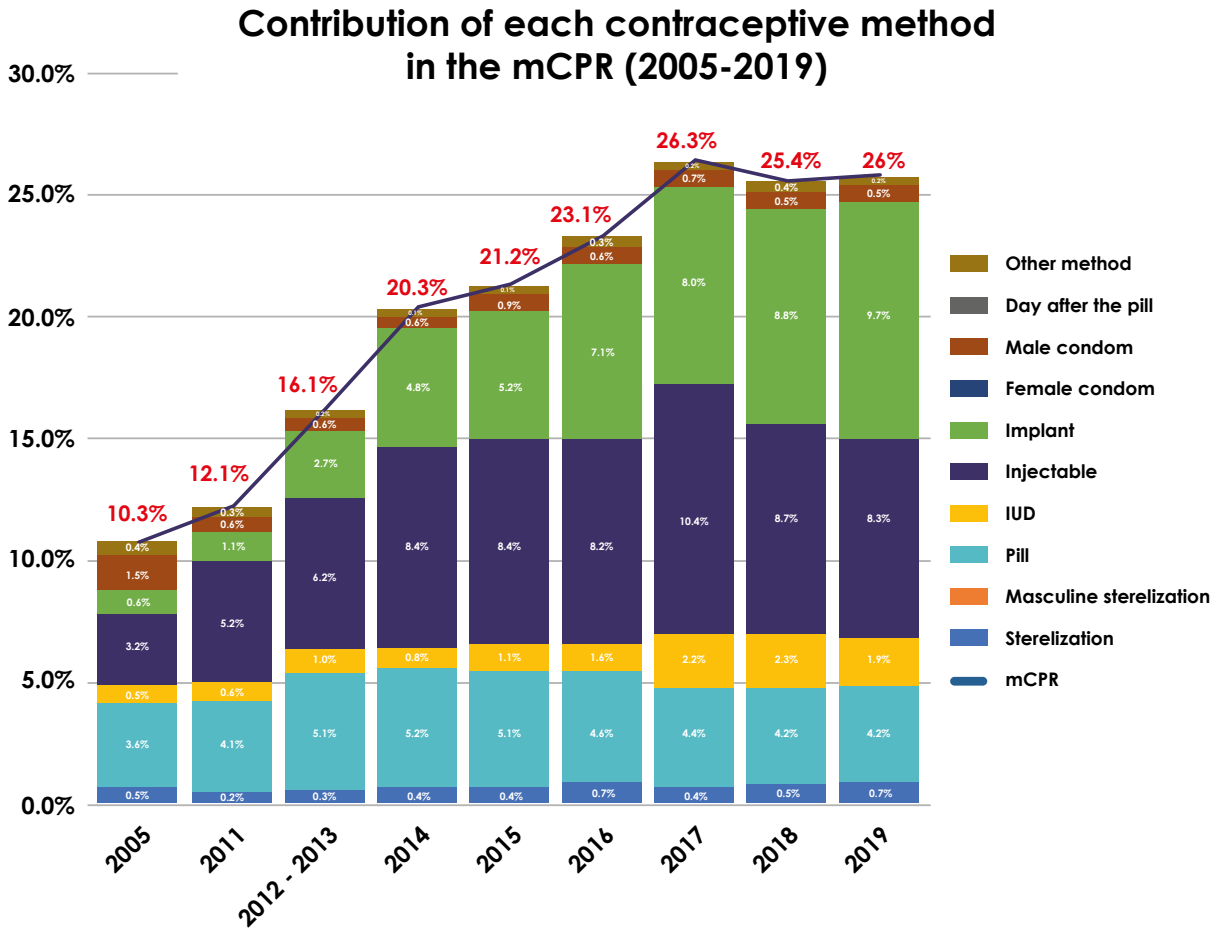

Figure 3: *Contribution of each contraceptive method in the mCPR (2005-2019)*
Data source: *Enquêtes Démographiques et de Santé Senegal (2005-2019)*[18a]

Price to user: The "arrêté interministériel n° 000188/MSHP/DPM du 15 janvier 2003" decree fixes the margin/price for the distribution of contraceptives between each level of the public sector. In the public sector, condoms are free and other methods are heavily subsidized. However, the cost of services is not regulated and can vary between service delivery points. Like the public sector, the private sector is subject to fixed margins, although prices are not fixed. Private sector wholesalers can apply a 15% markup on medicines, and pharmacies, in turn, can sell products with a 28% markup of what they pay to wholesalers.

[17] Ministère de la Santé et de la Prévention Médicale & Centre de Recherche pour le Développement Humain. Enquête Démographique et de Santé au Sénégal (EDS) 2005. 2006. Available online at: https://dhsprogram.com/pubs/pdf/fr177/fr177.pdf
[18] Agence Nationale de la Statistique et de la Démographie (ANSD) &The DHS Program. Enquête Démographique et de Santé Continue au Sénégal (EDS-Continue) 2019. 2020. Available online at: https://dhsprogram.com/pubs/pdf/FR368/FR368.pdf
[18a] Generated from ECPSS reports from 2012 to 2019 available at: https://www.ansd.sn/Indicateur/rapport-des-enquetes-demographiques-et-de-sante-eds

Financing of RH programs: Current expenditure on RH has increased over the period, rising from 73.8 billion in 2017 to 82.1 billion in 2021, with a peak of 100.6 billion in 2019[19]. The 2017-2021 Health Accounts report shows that the sources of funding for current FP expenditure are technical and financial partners, households, public administration, non-governmental organizations (NGOs), and businesses. From 2017 to 2019, FP expenditure increased from XOF 6.2 billion to XOF 11.9 billion. However, a drop of almost 6 billion was noted in 2020, before settling at 16.5 billion in 2021.

For the years 2017 to 2019 and 2021, the main source of FP funding were the technical and financial partners, with an average of 7.3 billion per year, or 68.6% of current FP healthcare expenditure. Household spending on FP consists mainly of purchasing contraceptive methods and paying consultation fees. These expenditures increased steadily over the period, rising from 1.5 to 2.2 billion XOF between 2017 and 2021, although their share in the overall expenditures fell in 2019 and 2021 to 16.6% and 13% respectively. This decline can be explained by the significant contribution of technical and financial partners in these two years. However, we can see a considerable allocation from the government in 2020 with 1.2 billion, or 20.8% of the shares of current FP expenditure.

Financing of contraceptive products: The purchase of contraceptive products represents 28.5% of the country's FP expenditure and is mainly funded by the government (through the SEN-PNA), UNFPA and USAID. The West African Health Organization (WAHO) has also recently been introduced as a funding source and has committed to purchasing contraceptives for Senegal starting in 2024.

Senegal planning for procurement financing is done on an annual basis. Once per semester, DSME organizes a workshop with all key partners to identify the contraceptive needs for the upcoming years. Once these needs are quantified, the government, UNFPA and USAID allocate funding to purchase FP commodities. In the past, donors have managed to mitigate any funding fluctuation and have covered 100% of the financing gaps in the country. As a result of this quantification approach, Senegal has faced no financing gap for the purchase of contraceptives.

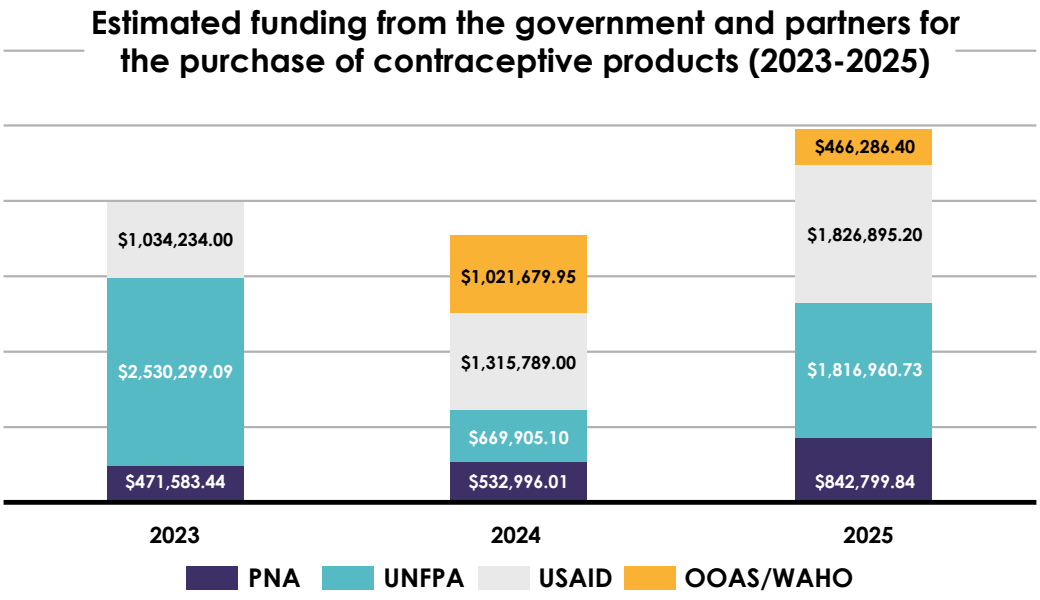

Figure 4: *Estimated funding from the government and partners for the purchase of contraceptive products (2023 - 2025)*
Data source: *Data analysis from the workshop for the quantification of contraceptive needs (2023)*

[19] Ministère de la Santé et de l'Action Sociale (MSAS). Rapport des comptes de la santé 2017-2021. 2022.

For 2023-2025 all funding requirements are expected to be covered by key donors and the government. Total financing requirements are estimated at $12,529,359. The breakdown is as follows: $4,036,046 in 2023, $3,540,370 in 2024 and $4,952,942 in 2025.[20] The projected shares of partners' contributions to the purchase of contraceptive products varies over the same period, as shown in Figure 5. SEN-PNA's contribution will increase steadily over the 2023-2025 period, reflecting the governments' efforts.

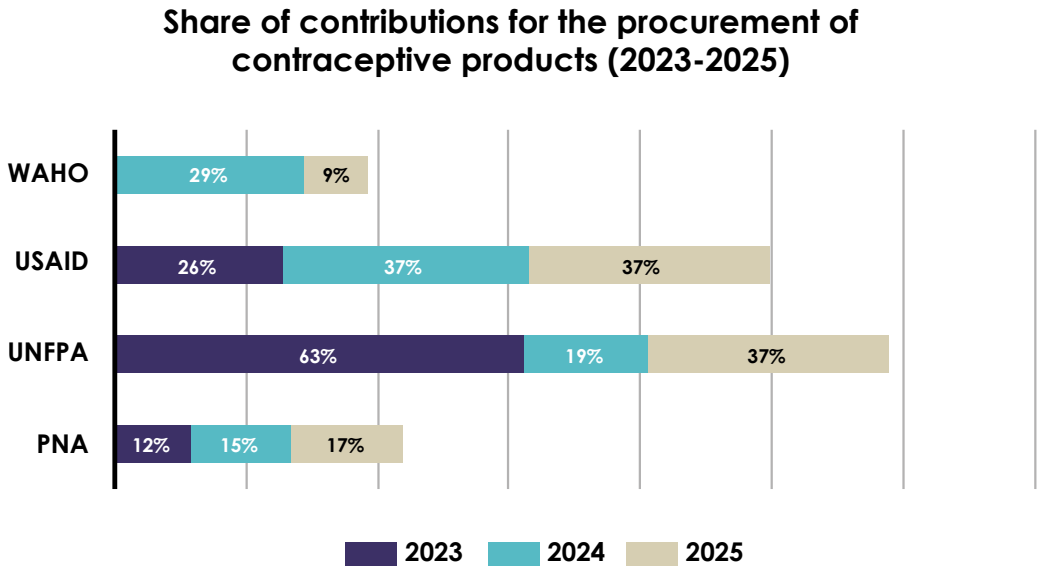

Figure 5: *Share of contributions for the procurement of contraceptive products (2023-2025)*[21]
Data source: *Data analysis from workshop for the quantification of contraceptive needs (2023)*

For the private sector, there is a lack of visibility on funding sources and projected sales of contraceptives. However, in 2017 the Sustaining Health Outcomes through the Private Sector (SHOPS) Plus mapping reported that financing was a key constraint to the development of private facilities. Equity and savings were the main financing source. Most private health structures declared that they never received a bank loan, although many also reported not contacting a bank for a loan. These private health structures cite various challenges in getting bank loans including (i) lack of credit needs (40.4%) (ii) interest rates deemed too high (36.1%) and (iii) the complexity of bank formalities (16.3%).[22]

[20] Data analysis: Workshop for the quantification of contraceptive needs. CPTs March 2023.
[21] Data analysis: Workshop to develop contraceptive procurement tables in Senegal. CPTs March 2023.
[22] Ministère de la Sante et de l'Action Sociale, USAID : SHOPS Plus. Cartographie du secteur privé de la santé au Sénégal 2016-2017. 2018. Available online at: https://www.sante.gouv.sn/sites/default/files/Cartographie%20du%20secteur%20priv%C3%A9%20de%20la%20sant%C3%A9%202016-2017.pdf

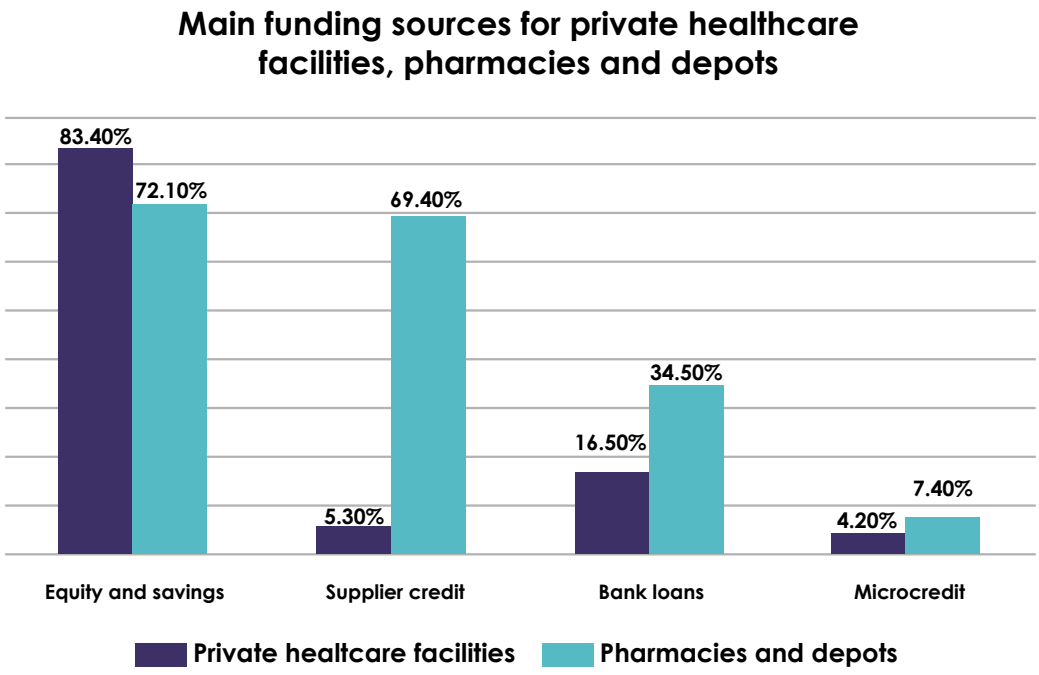

Figure 6: *Main funding sources for private healthcare facilities, pharmacies, and depots*

Data source: *Cartographie du secteur privé de la santé au Sénégal (2016-2017)*[22a]

Procurement of contraceptive products: Procurement of products from the public sector is mainly managed by three entities. UNFPA and USAID purchase products using their respective funds, in coordination with the Senegalese government. The government in turn allocates a budget to the SEN-PNA, which then uses the funds to purchase products from manufacturers and manage the supply chain and distribution. Products purchased by donors for SMOs are distributed through their distribution channels.

Asia is the leading zone for SEN-PNA imports of essential products and medicines, including countries such as India, South Korea, Pakistan, the United Arab Emirates, China and Malaysia. Africa comes second as a region for import, followed by Europe in third place.[23] This confirms the country's dependence on imports and the insufficiency of local production, despite the existence of six pharmaceutical production units: Valdafrique, Pasteur, West Africa Pharma, Teranga Pharma (Ex Pfizer Production Unit), Medis (Ex Sanofi Winthrop Unit) and Parenterus. However, the country is committed to implementing a roadmap for the local production of medicines and pharmaceutical products through the establishment of the ARP and the SEN-PNA.

Supply chain for contraceptive products in the public and private sectors: Distribution channels in the public and private sectors are different. In the public sector supply chain, products are distributed from the central SEN-PNA warehouse to the PRA, which then distributes them to health district depots. Products are then transported to the peripheral level, where they are made available to consumers.

[22a] Ministère de la Sante et de l'Action Sociale, USAID : SHOPS Plus. Cartographie du secteur privé de la santé au Sénégal 2016-2017. 2018. Available online at: https://www.sante.gouv.sn/sites/default/files/Cartographie%20du%20secteur%20priv%C3%A9%20de%20la%20sant%C3%A9%202016-2017.pdf

[23] Système d'approvisionnement en produits de santé : Organisation et perspectives. Pharmacie Nationale d'Approvisionnement (PNA). Salon El Djazair Healthcare. 2022.

Between 2012 and 2015, Senegal succeeded in eliminating gaps in the availability of contraceptive methods in all regions through the implementation of the Informed Push Model (IPM), which involved guaranteeing supplies to service delivery points monthly, by involving private distributors. In 2017, implementation was entrusted to SEN-PNA under the name Yeksi Naa. Yeksi Naa used third-party logistics services to deliver products from health district depots to service delivery points, as well as a complementary system, Jegesina, through which PRAs transport medicines and essential products from their depots to health district depots. From 2016 to 2020, Yeksi Naa expanded IPM to 350 products. Yeksi Naa used the same model as IPM, except that service delivery points were required to remit 25% of margins from the sale of FP products to SEN-PNA to cover costs. Meanwhile, delays in the reimbursement of products covered by universal health coverage led to delays in paying the SEN-PNA for the stocks of FP products it had distributed. This led to a cycle of indebtedness; particularly high in Diourbel and Louga, which experienced major stock-out problems. The 25% levy was waived in 2019, although challenges remained. The system ended in July 2019 due to a lack of funding. Since the end of Yeksi Naa, service delivery points have relied on the previous Jegesina model. In March 2023, out of 79 health districts, only 42 are in Jegesina. 37 districts, or 47%, are obliged to find ways to collect their products from the PRAs. This often causes major difficulties, as some districts do not have sufficient resources and their agents are not motivated enough to collect FP products.

In the private sector, there are four main private wholesalers: UBIPHARM, LABOREX, SODIPHARM and DUOPHARM. They purchase from international manufacturers and sell their products only to private pharmacies. There is room for private market growth, including pharmaceutical distribution channels. Wholesalers sell RH products to private pharmacies, which then supply service outlets such as clinics and hospitals, as well as private depots. Modern contraceptives, except for emergency contraceptives and condoms, require a prescription to be purchased in pharmacies.

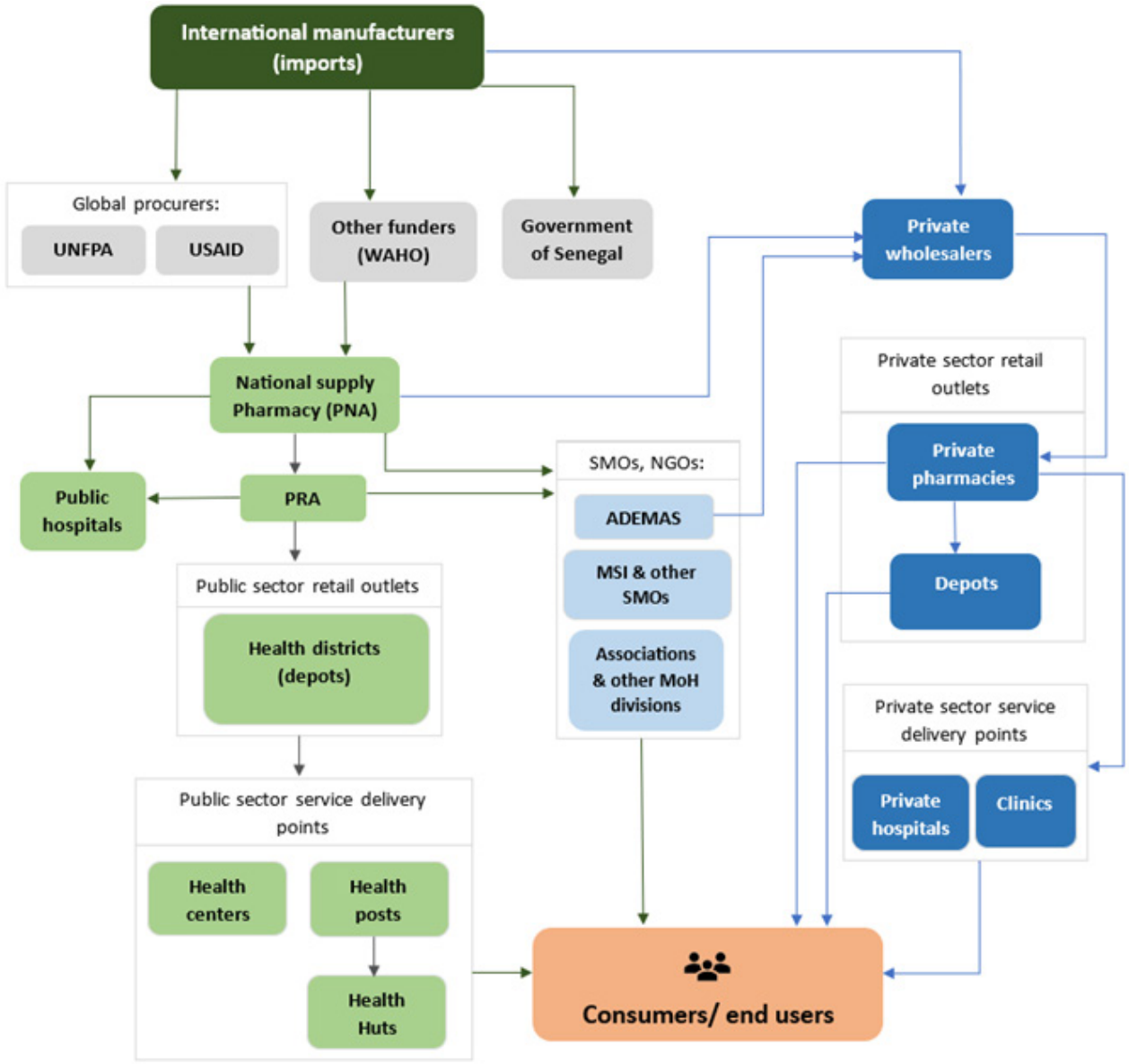

Figure 7: *RH/FP supply chain in Senegal*

Regulations: Senegal has introduced laws and regulations to improve access to RH services, although effective implementation has hindered the achievement of these objectives. In 2005, the National Assembly adopted law no. 2005-18 of August 5, 2005[24]. According to this law, everyone has the right to receive RH care without discrimination based on age, gender, marital status, ethnicity, or religion. However, as the law has no implementing decree, it cannot serve its initial purpose which was to remove obstacles to the provision of and access to RH services. It has had an impact on the Ministry of Health's (MoH) '3D' policy: **Decentralization**, so that contraceptives are available at all levels of the health system; **Demedicalization**, by removing barriers to access to contraceptives; and **Democratization**, to involve everyone at all levels. This strategic orientation has enabled the country to implement the delegation of FP services since 2010, enabling nurses to offer long-acting reversible methods (IUDs and implants) and community health workers to offer the pill (2010) and injectables (2012). This vision is not fully covered, as Article 72 of the Code of Ethics for Pharmacists prohibits the practice of consultations or medical acts in a pharmacy, thus preventing pharmacists from administering injections.[25] These restrictions limit the government's efforts to involve pharmacies in extending the supply of long-acting contraceptives and injectables.

[24] Journal officiel de la République du Sénégal. Available online at: https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/111034/138296/F730152293/SEN-111034.pdf
[25] Ordre des pharmaciens. Code de déontologie. Décret n° 81-039 du 2 février 1981 portant Code de déontologie des pharmaciens.

03
Methodology

SEMA's healthy market framework

SEMA strengthens SRH country and product markets to improve SRH outcomes. To support this goal, SEMA developed a Healthy Markets Framework (HMF)[26] for assessing the health of national and product markets using different qualitative and quantitative indicators. The HMF seeks to reflect all major dimensions of market health. For SEMA, healthy markets have the following dimensions:

- Adequate supply capable of meeting funded demand and to ensure a range of products are available at the service delivery point.
- Resilient financing that meets system demand, which in turn meets consumer demand.
- Ability to meet consumer demand and preferences across the product mix.
- Prices that ensure a sustainable level of affordability and equity across all channels, geographies and social groups while maintaining manufacturer economic viability.
- High product quality.
- An effective product adoption pathway for introducing innovations in a timely and rational manner.
- Adequate market foundations for market management, regulation, procurement and market data and analytics.

The HMF includes a list of indicators to facilitate the assessment of market dimensions. The indicators guide a data collection process for developing composite scores of 1-5 (with 1 being 'unhealthy' and 5 being 'very healthy'). These are then used to populate a simple visual representation of overall market health.

The market assessments are intended to serve as a platform for building consensus on key market challenges, as well as opportunities for action and investment among stakeholders. SEMA recommends that assessments be routinely updated to monitor results and track progress towards healthier market conditions.

The approach in Senegal

CHAI Senegal adopted a participatory and inclusive approach to conducting this evaluation to ensure country ownership of the results. A key element of the work in Senegal was to inform the government and stakeholders about SEMA, its approach, and activities in the country. Establishing this base of understanding and expectations was important to SEMA's success in Senegal. CHAI had the opportunity to participate in several national workshops for the quantification of contraceptive needs and the elaboration of national policies for FP and RMNCAH-N, as well as other important meetings.

CHAI first conducted a stakeholder mapping with all market actors, then carried out a literature review and finally organized key informant interviews with government entities (SEN-PNA, DSME), development partners, civil society organizations (CSOs), international organizations and the private sector. Interactions with the DSME, and key stakeholders enabled the team to gather feedback on the assessment tool and process, but also complete the scoring and obtain a new version of the HMF, adapted to country context.

The HMF rating was carried out in the form of a workshop bringing together key stakeholders in three stages: an individual rating, a discussion of individual ratings and then a consensus rating. Analysis of the results provided strategic findings and recommendations.

[26] For detailed descriptions of the HMF and its intended use, see SEMA Healthy Markets Framework Overview. This assessment was undertaken using SEMA's original HMF, which has subsequently been updated to reflect the learnings from this and other assessments.

04
Findings and recommendations

Assessment scores

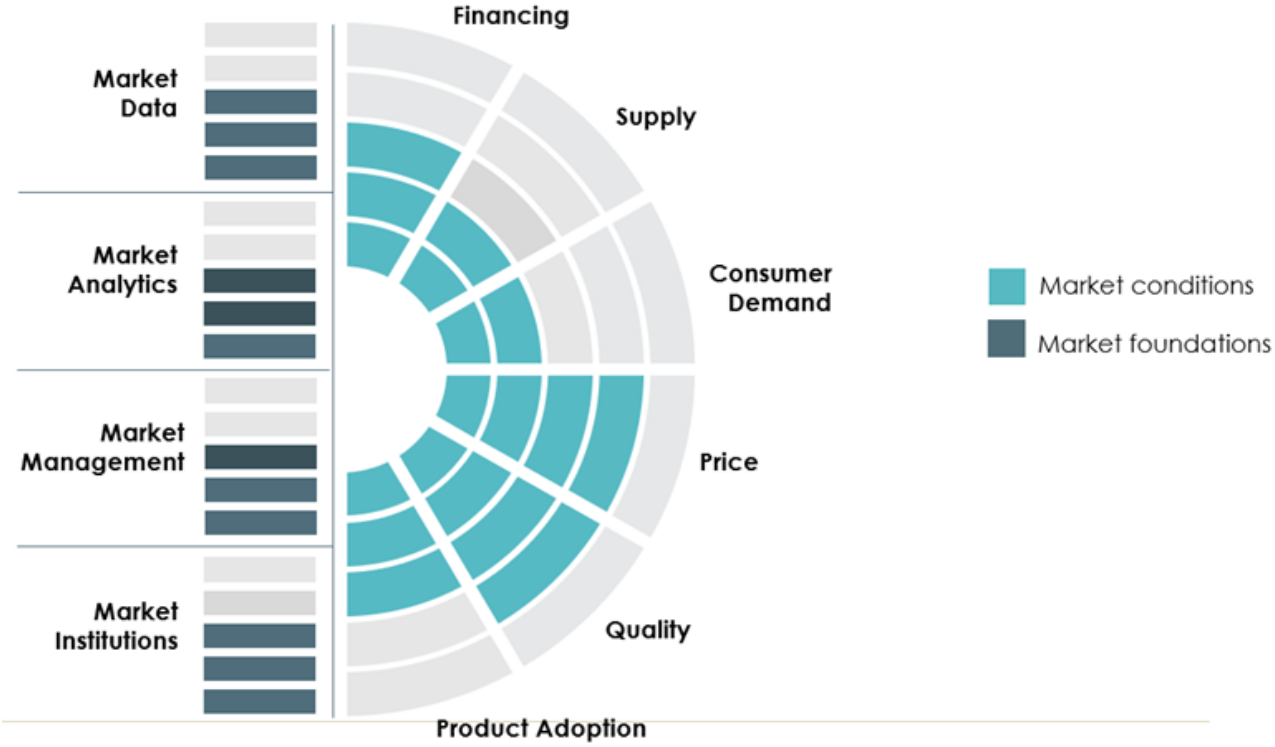

Figure 8: *Scoring of the HMF for Senegal (see Appendix for details)*

Assessment findings

This assessment identified several key challenges which are set out below.

1. Low availability of quality data to understand market trends and guide strategies.
Market data is fragmented between the SEN-PNA, DSME, technical and financial partners, PRA and service providers.

- Technical and financial partners use the FP Visibility Analytics Network for data related to contraceptive procurement at the global level and to monitor distribution at country level. Distribution data refers to the volume of contraceptive products supplied to health district depots.
- DSME uses various tools to manage the logistics of contraceptive products including (i) Pipeline software for monitoring and planning supplies (ii) District Health Information Software 2 (DHIS2) for tracking product consumption at service delivery points and (iii) distribution data transmitted by SEN-PNA.
- The SEN-PNA uses Enterprise Resource Planning X3 (ERPX3) software to track contraceptive stock at regional and district level, as well as revenues from contraceptives sales down to health district level. Only 53% of health districts have access to ERPX3, which means that 37 health districts out of 79 conduct supply management manually.
- Regional health directorates and health districts use ERPX3 to track stocks and revenues from contraceptive sales. They also use DHIS2 to track contraceptive consumption data at service delivery points.
- Service delivery points fill in stock report forms in DHIS2 to report their consumption of contraceptive products.
- Private sector data (distribution, stocks, and consumption) are not always integrated into DHIS2, although there is a tacit agreement between the MoH and private health facilities to enter their data into DHIS2. There are no written texts imposing penalties in case of non-reporting.

This data fragmentation hinders DSME's ability to monitor trends in the national contraceptive market and make decisions to improve contraceptive availability. For example, the quantification of contraceptive needs is based on distribution data and sometimes results in stock levels that do not match real needs (higher or lower stock levels).[27] This approach could be improved by using consumption data, enabling the analysis of historical trends in method adoption.

2. Insufficient understanding of consumer and provider needs impacts effective provision of FP products and services.
DSME does not have recent information on consumer preferences for FP, although some studies targeting adolescents were conducted in the past. With the evolving socio-cultural environment in the country, the availability of routine market information regarding women's contraceptive preferences would enable stakeholders to adopt and procure products and design programs to meet women's needs more effectively. Furthermore, with the introduction of high-impact practices, notably the post-partum IUD and DMPA-SC self-administration, providers need to be fully capacitated to ensure informed choice and quality services for beneficiaries.

3. Limited cost recovery and revenue for FP products may inhibit provision at service delivery points. Pricing limitations in the public and private sector may undermine resupply of low margin products. In the public sector, service delivery points rely upon a cost-recovery scheme, so they have incentives to stock high margin products (e.g., antibiotics) rather than FP products. Similarly, the fixed prices/sales margin on contraceptives in the private sector encourages providers to sell more profitable products rather than contraceptives, or branded contraceptives instead of generics. This may limit consumer access and/or the variety of products available.

4. Donor dependency and lack of diversity in funding sources undermine financial resilience. Financing for contraceptives remains heavily dependent on two sources, UNFPA and USAID, although a new source of funding was recently introduced (WAHO). UNFPA or USAID withdrawal would pose considerable risks and undermine the government's sustained efforts to strengthen the RH market and health system.

Historically, donors have managed fluctuations in funding, but the future of this mitigation strategy is uncertain. For example, in 2021 FCDO made an estimated 85% funding cut to UNFPA Supplies, which led UNFPA to lower its spending on contraceptives during the same year in Senegal.[28] USAID stepped in to mitigate the cuts. However, USAID's "Journey to self-reliance" policy encourages Senegal and other governments to increase their procurement contributions. It therefore remains uncertain whether global donors will fill gaps when there are funding cuts or if they will continue allocating as much resource to contraceptive procurement in the coming years.

Furthermore, USAID funding for SMOs is uncertain beyond 2024. This is an emerging issue, given that for organizations such as ADEMAS, 80% of its budget is funded by USAID, and the remaining 20% is financed by sales revenues from distributors (DIDY and SCOOPS laboratories). The projected funding requirements for ADEMAS in terms of contraceptive purchases are $295,738 in 2023, $471,904 in 2024 and $482,806 in 2025.[29]

5. High dependence on imports can create supply risks.
Senegal remains vulnerable to shocks in the global supply chain given a high reliance on imported SRH products. Political, health and security crises can cause international transport instability. For instance, during COVID-19, one of the main challenges for procurers was the cost of freight (by air and sea) and transport as well as the extended delays for product delivery. Importing can also create risks related to delivery times and obtaining import authorizations. Hopefully, with ARP newly in place, challenges related to long waiting periods for import authorizations will be solved, as delays could be of 3 weeks or more in some cases.

[27] Workshop on the quantification of contraceptive products. CPTs March 2023.
[28] Family Planning Market Report. Clinton Health Access Initiative & Reproductive Health Supplies Coalition. 2022.
[29] Data analysis: Workshop to develop contraceptive procurement tables in Senegal. 2023.

The monopolistic position of certain suppliers of specific contraceptive products can also lead to market disruption in case of product non-compliance. The Pharmaceutical Regulation Agency conducts quality controls of products on the market, and in cases of non-compliance, products are withdrawn. This monopolization may also restrict the country's ability to negotiate on the acquisition price of the product(s) concerned.

6. Insufficient involvement of the private sector in FP product markets limits access. In terms of **regulation,** Article 72 of the pharmacists' code of ethics prohibits the practice of consultations or medical procedures in pharmacies. This represents a major constraint in engaging pharmacies for the offer of RH services and contraceptives such as injectables and several long-acting contraceptive products. In collaboration with DSME and other partners, the local NGO Action pour le Développement (AcDev) has recently developed advocacy messaging aimed at the Minister of Health and Social Action to engage pharmacies in the provision of SRH services.

In terms of **coordination**, ideally, the public sector would coordinate with the private sector to leverage its infrastructure and resources to meet community needs. According to the 2017 SHOPS Plus mapping of the private healthcare sector[30], approximately 28.1% of private healthcare structures were involved in coordination meetings, and less than 25% shared their activity reports with public authorities or were involved in campaigns. In addition, approximately 20% received supervisory visits from the public sector. Among the private health care structures surveyed and claiming to collaborate with the public sector, 83.9% would refer their clients to the public sector if necessary. And only 37.6% would attend training courses organized by the public sector. [31]

Recommendations

Through a review of various options to address market constraints, the following interventions were prioritized by stakeholders.

Priority market shortcomings	Potential market interventions
Low availability of quality data to understand market trends and guide strategies.	1. Develop and test cost-effective strategies to understand and collect data on utilization trends in the private sector (e.g., improved training and incentives for reporting; leveraging inventory management software systems to provide regular information). 2. Support analytics to understand when public sales are either above/ below expected target ranges to provide input for future procurement and planning purposes. The approach should rely on a robust methodology and data generated through the analysis of historical trends, accuracy of previous forecasts, shifts in uptake, and long-term objectives. 3. Introduce the Quantification Analytics Tool (QAT) developed by USAID to improve analysis and quantification to guide market decisions (e.g. long-term procurement strategies, financial planning). 4. Implement an integrated logistics information management system for RH and contraceptive products, to facilitate decision-making. This system should provide decision-makers with dashboards on the availability and use of RH products to monitor market trends.

[30] Ministère de la Sante et de l'Action Sociale, USAID : SHOPS Plus. Cartographie du secteur privé de la santé au Sénégal 2016-2017. 2018. Avai lable online at: https://www.sante.gouv.sn/sites/default/files/Cartographie%20du%20secteur%20priv%C3%A9%20de%20la%20sant%C3%A9%202016-2017.pdf
[31] Ministry of Health and Social Action, USAID: SHOPS Plus. Mapping the private health sector in Senegal 2016-2017. 2018.

Priority market shortcomings	Potential market interventions
Insufficient understanding of consumer and provider needs impacts effective provision of FP products and services.	5. Collaborate with partners to identify cost-effective strategies to gather data on consumer preferences as input for market strategies. For example, studies on FP consumer insights could be conducted every two years leveraging existing surveys or customer sentiment platforms. 6. Support analytics that integrate consumer preference trends, public market sales and private market sales to guide demand forecasting quantification and market planning strategies. 7. Set up mechanisms to facilitate the introduction of contraceptive methods based on the knowledge of user needs.
Limited cost recovery and revenue of FP products may inhibit provision at service delivery points.	8. Extend ERPX3 to districts not yet covered and use interoperability between DHIS2 and ERPX3 to improve data quality. Leverage data to monitor the availability and resupply of FP products.
Donor dependency and lack of diversity of funding sources undermine financial resilience.	9. Develop different scenarios of demand and supply and associated financial requirements (via public and private channels) to mitigate the risks of any political, socio-economic, and health crisis. Such analyses will be beneficial for planning as donors reduce their contribution and the government's contribution increases. 10. Explore alternative strategies to increase national funding to meet financial needs. For example, this could involve accelerating efforts to include contraceptive products in the list of products partially reimbursed by universal health coverage.
High dependence on imports, which can create supply risks.	11. Convene partners to understand economic, technical, infrastructural, financial, and other barriers to attract local or regional manufacturing of RH products. 12. Examine opportunities to improve trade and tax policies and any other environmental conditions to increase incentives for suppliers to register or establish manufacturing capacity in Senegal. Senegal's general tax code specifies that health services are exempt from value-added tax, but corporate income tax (30%) and customs duties discourage private companies and health facilities from manufacturing or offering FP products, especially as the profits from the sale of FP products are too low to motivate them. 13. Pursue regional and global dialogues under the leadership of WAHO to identify opportunities to attract a local or regional supplier for high-supply risk RH products.
Insufficient involvement of the private sector in the FP products market, which limits users' access to services.	14. Explore reforming policies and regulations that impede private service providers (e.g., pharmacists) from providing different products to better engage them in the MoH's '3Ds' policy: Decentralization; Demedicalization; and Democratization. 15. Include contraceptives in the list of products that SEN-PNA can supply to private-sector structures. 16. Convene a roundtable with the private sector umbrella organizations to understand the barriers preventing them from increasing their supply of FP products and services, but also on how to strengthen the collaboration with the public sector. 17. Set up a mechanism for continuous mapping of the role of the private sector in the availability of contraceptive products.

05
Next Steps

Building on the findings of this assessment, the following next steps will be delivered:

- Disseminate the results of this assessment to all stakeholders in the SRH market in Senegal, to ensure ownership of the findings and the continuous use of the HMF.
- Advocate with decision-makers to ensure adoption of the recommendations, with the goal of improving market conditions.
- Develop a market shaping roadmap for the period 2024-2028 with all stakeholders.

06
Appendix

This synthesized market assessment is based on a scoring system of 1-5 for each dimension of the HMF. A perfectly performing market would score five on all dimensions.

Criteria	Score /5	Supporting information
Market data	3	**Public Sector:** The public sector depends on distribution and inventory data from the national and regional levels for its planning and forecasting. Consumption data is not collected due to a lack of human and financial resources and gaps in training on how to record and properly enter data into DHIS2. This is a challenge to effective estimation of needs which would inform strategic demand forecasting. Since the end of the Yeksi Naa program, consumption data is difficult to obtain. Thus, forecasting is informed by distribution data. Once the needs and stocks are estimated, a supply plan is developed. However, since 47% health districts are still not on Jegesina, there is no visibility on real time stock levels. It is important to note that these systemic issues with data availability and quality are not limited to FP products. **Private sector:** Historically there has been very little to no visibility regarding private sector data. While the private sector (including pharmacies and drug depots) has the possibility to record data into DHIS2, this is not done systematically. This is because some facilities still do not have proper access to the platform to register their data and not all private sector health workers in charge of reporting and data entry are trained on the DHIS2. Other market data that could be improved includes consumer preferences and end user pricing, for both the public and private sector.
Market analytics	3	Within the public sector, many analytical tools and budgeting processes exist, however strategic demand forecasting could be improved through evidence-based projections supported by analysis of historical trends or linking forecasts to longer term objectives. Over time, it will be useful to also monitor and analyze public and private issues related to financial requirements, supplier diversity/risk, and financial scenarios. Such analyses would be useful in better informing decision-makers, helping them understand the market and better allocate resources.
Market manage-ment	3	Market management (e.g., understanding of market issues, designing solutions, and coordination of solutions) occurs among different bodies and committees, such as the Reproductive Health Products Safety (SPSR) committee and the FP committee, that have the capacity to take greater ownership of the market. Currently, they are public-sector focused without significant involvement from the private sector. Also, there is some level of duplication in the organization of committees. For example, each of the national programs (FP, malaria, HIV/AIDS, etc.) has a sub-committee on supply chain. Structural changes could render the coordinating mechanisms more effective while freeing up resources for non-functioning committees.

Criteria	Score /5	Supporting information
Market institutions	3	There is mixed performance of market institutions (e.g., supply chain, legal/ regulatory etc.). This influences the enabling environment for health markets. Other sections share details on supply chain management performance. Regarding the legal and regulatory institutions, while the broader legal and institutional frameworks and bodies are in place, entities and mechanisms need more resources and capacity to fulfill their mandates and responsibilities. There are multiple regulatory, legal and policy barriers to improving consumer access such as: • Pharmacists and other personnel are not able to deliver what are legally considered medical acts such as injections despite receiving training as part of their certification. • A licensed health professional may only have ownership of a single pharmacy. This means there is no possibility for pharmacy chains or franchise models, thereby limiting the growth and number of pharmacies. This also disincentives pharmacists from opening a pharmacy in areas that while potentially profitable may not be as profitable as an urban area like Dakar. If there was the opportunity to open multiple pharmacies, these underserved areas would be of greater interest. • All FP products except for emergency contraceptives and condoms, require a prescription. Thus, there are several factors that constrain the role of pharmacies in improving the offer of FP products and services.
Financing	3	The government has committed to budgetary sovereignty in the procurement of FP products by 2030 with 20% annual increases. There is a continuous increase in SEN-PNA projected shares over 2023-2025 (12% in 2023, 15% in 2024 and 17% in 2025). However, the funding of contraceptive procurement remains dependent on a select few external funders in the public sector. The two main sources are UNFPA and USAID, although WAHO was recently introduced as a new source of funding. Any decreases from the external funders poses considerable risks. Both UNFPA and USAID have had funding fluctuations in recent years. In the past, they have managed to mitigate these funding fluctuations. For example, in 2021, due to COVID-19, the United Kingdom made significant cuts to its development funding, which included an approximate 85% cut to UNFPA Supplies. This led to lower contributions of UNFPA for the procurement of contraceptives in 2021, although USAID was able to step in and mitigate funding cuts in Senegal. However, USAID is implementing its 'Journey to self-reliance" policy, which will gradually decrease funds allocated for contraceptive procurement. This poses a risk for the future financing of contraceptives.
Supply	2	Senegal is heavily dependent on imports for all FP products, and this presents a risk of unsustainability, especially since the country does not make direct purchases. Global-level shocks (as seen with the COVID-19 pandemic) have downstream effects on Senegal. Moreover, private health structures are required to procure their supplies from wholesale distributors only. They cannot procure products from existing local suppliers unless they have regulatory approval.

Criteria	Score /5	Supporting information
Price	4	The "arrêté interministériel n° 000188/MSHP/DPM du 15 janvier 2003" decree fixes the margin/price for the distribution of contraceptives. The public sector freely distributes condoms, while other methods are heavily subsidized. The price of contraceptives has therefore been fixed since 2010. Based on Demographic Health Survey (DHS) data between 2011 and 2018, affordability has been a very minor reason (less than 1%) for discontinuing the use of contraceptives, indicating price is not a major barrier to continued use. However, the fixed margins have consequences for product availability. Under the current cost recovery scheme, health providers and health facilities make money on the margin between what the product was acquired for and what it is sold to consumers for (in all sectors). Given the fixed low prices for contraceptives, providers prioritize stocking higher margin products such as antibiotics. In the private sector, they prefer selling branded contraceptives instead of generics.
Consumer Demand	2	There are few studies on women and girls' knowledge and preferences regarding the SRH. Most of the studies conducted so far have focused on the knowledge of young people aged 10 to 24. Research is still needed to better understand the needs of consumers and to provide the government and key stakeholders with the most appropriate strategies. Although efforts are made to recruit new FP users, DHS reports a high discontinuation rate. As a result, the increase in mCPR remains minimal. For example, in 2019, the recruitment rate was 6.8%, whereas DHS revealed mCPR was 25.4% and 25.5% (rounded to 26%) in 2018 and 2019 respectively, representing an increase of just 0.1 percentage points. The 2018 DHS found key reasons for discontinuation included the desire to have children (for 35% of respondents) and concerns over secondary effects (for 29.3% of respondents). Often these concerns are caused by lack of information, misperception, or lack of counseling. However, counseling in FP services is an essential step in guiding the client's choice of FP method. As a result, DSME has put an emphasis on counseling in its new FP strategy.
Quality	4	In the public sector, quality risks are controlled. Structures such as ARP, SEN-PNA, and the quality control laboratory ensure products comply with regulatory policies and quality-assurance procedures that guarantee that they meet the necessary standards and requirements. However, in the private sector there is a lack of visibility on the distribution channel. In 2022, ARP was created as the new regulatory body for medical products replacing the Department of Pharmacy and Medicines. ARP is an independent authority funded directly by the government, but under the MoH. There is optimism that ARP will address previous challenges in terms of regulation. If a digitized national database on the quality of FP products existed, it would facilitate ARP's assurance quality work.
Product adoption	3	There are opportunities for innovation within the national market, however the process of obtaining authorization for new products is lengthy and challenging. Innovation in the market is mostly donor-driven, even though it could be based on national research on consumer preferences and knowledge of different FP methods. Innovations such as the postpartum IUD, Sayana Press and the upcoming introduction of the hormonal IUD demonstrate the government's willingness to introduce new products to the market to expand choice. The government has made numerous efforts to make a wide range of products accessible. Now, additional efforts are needed to promote the different types of products.

07

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- ARP
- DKT
- Forum of African and Arab Parliamentarians for Population and Development
- IntraHealth
- MSI
- National Coalition of Civil Society Organizations for RH and FP
- PATH
- Senegalese Women's Network for the Promotion of Family Planning
- SEN-PNA
- UNFPA
- USAID

NB: This list is not exhaustive.

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