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U.S. Support for Women's and Family Health in Senegal

A Report of the
CSIS TASK FORCE ON WOMEN'S AND FAMILY HEALTH

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CSIS | CENTER FOR STRATEGIC & INTERNATIONAL STUDIES

THE CSIS TASK FORCE ON
WOMEN'S & FAMILY HEALTH
Charting a Vision for U.S. Global Leadership

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Executive Summary

> *When you're in a country like Senegal, everything is a priority, and it's difficult to focus on only one thing. But we have decided that maternal and child health will be our priority, and we will link everything we're doing to that.*—Dr. Awa Marie Coll Seck, Senegal's minister of health and social action, interview with CSIS delegation, February 11, 2016

Senegal is a key country for U.S. investments in women's and children's health, demonstrating the impact of support for strong national leadership and targeted U.S. health resources. The U.S.-Senegal partnership has led to significant health gains, notably rises in immunization and contraceptive prevalence rates. However, that progress is still fragile and significant challenges remain, including high maternal mortality, weak health systems, and reaching young people. This is a critical time for the United States to support Senegal in accelerating its momentum and assuming greater control of its health financing and implementation. Success is not only essential to advance women's and children's health in Senegal, but also holds important lessons about how U.S. engagement can have a measurable and sustainable impact on women's and children's health in other priority countries.

To understand the lessons from Senegal's recent experience, a delegation from the CSIS Task Force on Women's and Family Health visited Senegal in February 2016.[1] The delegation focused on the following overarching questions:

- How have U.S. investments in women's and family health—through bilateral health programs and engagement in multilateral health partnerships—supported Senegal's progress in family planning and maternal and child health?

[1] The members of the delegation were Julie Becker, senior vice president, Rabin Martin; Janet Fleischman, senior associate, CSIS Global Health Policy Center; Renee Gamela, senior adviser and communications director, Office of U.S. Representative Richard Hanna; Jennifer Kates, vice president and director of global health & HIV policy, Kaiser Family Foundation; and Cathryn Streifel, program manager and research associate, CSIS Global Health Policy Center. For additional information on the task force, see http://vision2017.csis.org/.

- What has been the impact of integrating family planning with other maternal and child health services at the facility and community levels?

- What has been the role of the private sector and public-private partnerships in developing innovative approaches to address Senegal's persistent health challenges?

- What are the prospects for family planning and maternal and child health programs in Senegal to transition to sustainable financing?

This report examines the U.S. partnership with Senegal to advance women's and family health, and finds that the United States can play an important role in furthering Senegal's capacity to sustain its health gains, build its investment case for international financing, and navigate the complex challenges ahead. To consolidate gains, the report argues that the United States should elevate attention and resources for integrated services to improve access to family planning and child health services. In addition, the report highlights the ongoing challenge of maternal mortality, which will require U.S. support to go beyond program-specific funding in order to accelerate efforts to strengthen health systems and human resources for health. Finally, the report calls for the United States to assist Senegal as it develops plans for a gradual, phased transition away from external support to more sustainable financing of health programs through the government of Senegal, the private sector, and new international financing mechanisms.

Recommendations

Despite serious gaps and challenges, Senegal is poised to build on its recent progress in improving health outcomes for women and children. To continue the momentum of the U.S.-Senegal partnership in women's and children's health and carry forward lessons for other countries, key recommendations for the United States include:

- **Elevate attention, resources, and accountability to reduce maternal mortality.** Support Senegal's Ministry of Health and Social Action's new emergency plan and strengthen the continuum of care from communities to facilities, through a focus on quality health care and increased skilled human resources for health. Ensure that both the U.S. programs and the Senegalese government are held accountable for how these new resources are used.

- **Accelerate support for the integration of family planning with other maternal and child health services and address the needs of young people.** Strategically integrate family planning with other maternal and child health areas at the facility and community levels through vaccinations, malaria prevention, antenatal and postnatal care, nutrition, and adolescent/youth services. New resources for young people to access information and services on reproductive health and family planning will require going beyond "youth friendly" clinics to support safe spaces that address their needs.

- **Provide support for Senegal's absorption and expansion of the successful contraceptive commodity supply chain, the Informed Push Model, from a public-private partnership to the Senegalese government.** The supply chain should integrate other essential commodities beyond contraceptives, ensuring that products continue to reach the lowest-level dispensaries where the need is greatest and stockouts of commodities have been the most serious. Addressing the funding gaps in this transition will require coordinating closely with the Bill & Melinda Gates Foundation and Merck for Mothers, the main funders.

- **Expand support for private-sector programs in women's and children's health, including through public-private partnerships, to increase access to family planning and maternal and child health services in rural and urban areas.** Private-sector health providers and organizations have important roles to play in reaching those not accessing the public health system, as well as participating in public-private partnerships that show innovative ways to extend the reach and quality of health services. This is an increasingly important area for development in Senegal.

- **Develop a plan for gradual, phased transition of U.S.-supported health programs to the Senegalese government, with clear technical and financial benchmarks and timeframes to ensure that progress continues and backsliding is avoided.** Targeted support will be necessary to strengthen Senegal's financial and technical capacity during these transitional years, recognizing that U.S. financial assistance will remain critical for the medium term. In addition, the United States should capitalize on the opportunity presented by the Global Financing Facility to assist Senegal in developing its investment case for family planning, maternal and child health, and for sustainable health financing.

U.S. Strategy for Women's and Children's Health in Senegal

As a politically stable and democratic country in an increasingly insecure part of West Africa, Senegal is an important partner for the U.S. government. The United States and Senegal are increasing their security partnership, including U.S. training for Senegalese military, allowing access for U.S. forces such as during the Ebola crisis, and participation in counterterrorism exercises.[2] While security, democratization, and economic growth are the three main U.S. priorities in Senegal, the U.S. ambassador to Senegal, James P. Zumwalt, told the delegation that "Without a healthy population, Senegal cannot achieve its goal of vibrant economic growth, nor sustain the strength of its democratic institutions."

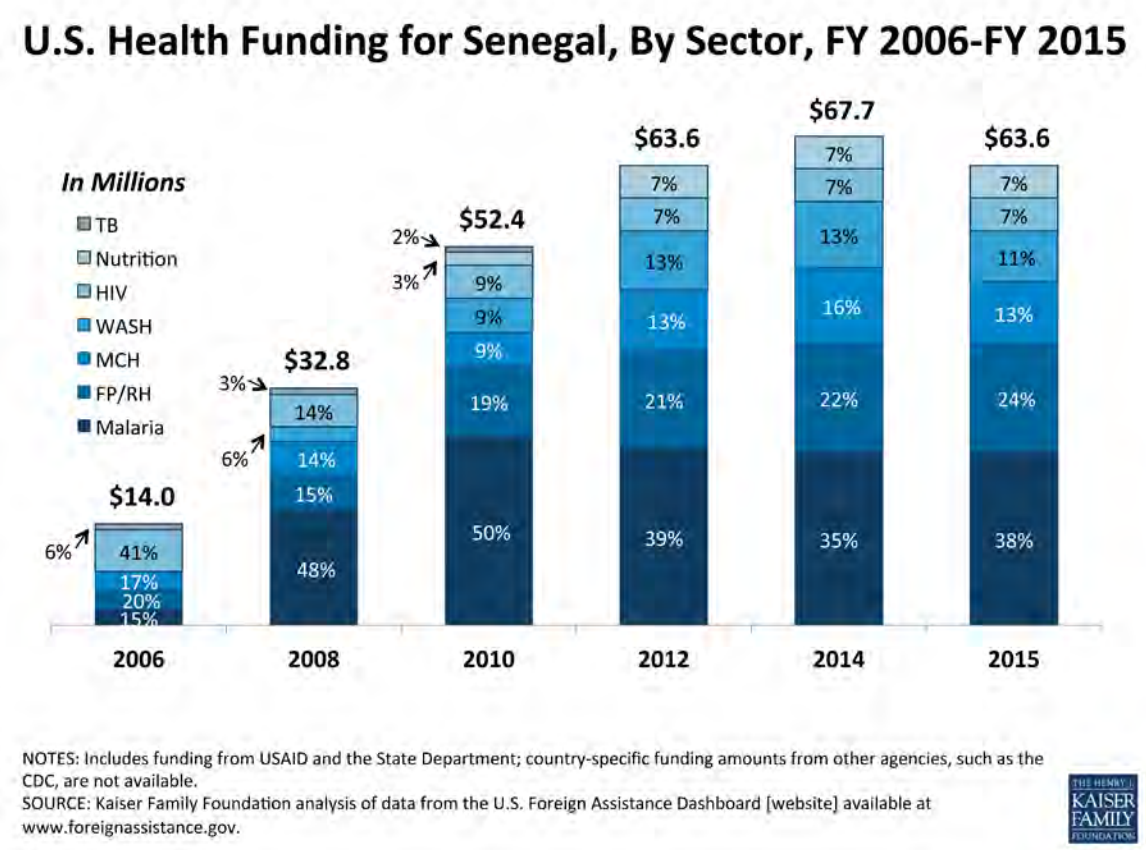
[2] Eric Schmitt, "Americans and Dutch Train Senegal Commandos as Fears of Terrorism Grow," *New York Times*, February 15, 2016, http://www.nytimes.com/2016/02/16/world/africa/americans-and-dutch-train-senegal-commandos-as-fears-of-terrorism-grow.html?_r=0.

The United States is the largest donor to health in Senegal, providing close to half a billion dollars ($491 million) in global health funding over the past decade.[3] Global health funding accounts for the largest share of U.S. assistance to Senegal, and within that, malaria is the largest program at $24 million in FY 15,[4] followed by family planning and reproductive health at $15 million, maternal and child health at $8.5 million, and nutrition and HIV/AIDS each at $4.5 million. Senegal is a U.S. Agency for International Development (USAID) priority country for both maternal and child health and for family planning, and is a focus country for the President's Malaria Initiative (PMI). Senegal is also a Feed the Future country, with programs on agriculture and nutrition. Together, these investments are aimed at the U.S. goal of ending preventable child and maternal deaths by 2030. For immunizations, the United States provides bilateral support through maternal and child health funding and through the Centers for Disease Control and Prevention (CDC), but the main U.S. support comes from multilateral institutions, notably its contributions to Gavi, the Vaccine Alliance,[5] and to a lesser extent to UNICEF. In addition, Senegal is slated to receive $18 million in U.S. funding through the Global Health Security Agenda.[6]

USAID's current health program in Senegal operates in all 14 regions of the country and throughout all levels of the health system—centrally, with the Ministry of Health and Social Action, as well as the hospitals, health centers, health posts, and health huts around the country. Great progress in reducing under-five mortality rates has been driven by the President's Malaria Initiative, which USAID describes as the "motor" to strengthen the health system.

USAID's approach to Senegal has shifted over time to align more directly in support of national priorities and plans, including providing direct funding to the Senegalese Ministry of Health and Social Action and focusing on health care delivery at the regional, district, and community levels. USAID is more intentionally integrating its health strategy to address maternal child health and family planning, ensuring that its implementing partners work together as part of an integrated regional plan through one regional office. Part of this involves having each USAID implementing partner focus on a specific piece of the integrated package of quality health services across family planning, maternal, newborn and child health, malaria, HIV/TB, and nutrition. The partners are divided into the categories such as: health system strengthening (Abt), community health (Childfund), service delivery (IntraHealth), HIV/AIDS (FHI360), and health promotion (ADEMAS).

[3] Henry J. Kaiser Family Foundation (KFF), "Senegal Funding Analysis," January 2016. Received directly from KFF.
[4] Additional malaria funding goes through the Global Fund to fight AIDS, Tuberculosis, and Malaria.
[5] Since 2002, the Gavi total disbursement to Senegal was US$95.3 million. With Gavi support, Senegal introduced six vaccines (pentavalent, pneumococcal conjuguate vaccine, measles-rubella, rotavirus, human papillomavirus demonstration, and inactivated polio vaccine).
[6] The Global Health Security Agenda (GHSA), launched in February 2014, is an international initiative involving the United States, over 40 other nations, international organizations, and private stakeholders working toward accelerating progress in global health security. The initiative prioritizes the three key objectives of prevention, detection, and response to infectious disease infection. The GHSA prioritized 14 countries in addition to Guinea, Liberia, and Sierra Leone, as "Phase One," including Senegal.



NOTES: Includes funding from USAID and the State Department; country-specific funding amounts from other agencies, such as the CDC, are not available.
SOURCE: Kaiser Family Foundation analysis of data from the U.S. Foreign Assistance Dashboard [website] available at www.foreignassistance.gov.

USAID in Senegal has placed an emphasis on improving access, quality, and integration of services, with interventions at all levels.

- At the national government level, USAID aims to help build the capacity to implement maternal, neonatal and child health programs, including policy development, technical assistance, health financing, and data for decisionmaking.

- At the facility level, USAID works to improve the quality of maternal, neonatal, and child health services with training and equipment, as well as providing most of the contraceptive commodities in the public sector. TutoratPlus[7] has been a successful approach to provide continuing health education and site-specific mentoring for healthcare providers to improve service delivery.

- At the community level, USAID supports training of community health workers to provide information about prenatal and postnatal care and safe delivery. An important feature involves training for task shifting that now allows community health workers to provide injectable and oral contraceptives, misoprostol to prevent postpartum hemorrhage, and integrated community case management of child illnesses such as malaria, acute respiratory infections, and diarrhea.

[7] TutoratPlus is a performance improvement approach that focuses on supportive supervision and individual coaching of health providers to improve the quality of services and delivery of integrated services.

- USAID coordinates with Feed the Future to provide information and care around malnutrition at health facilities and health huts.

USAID is also using new strategies to address human resources for health. For example, the United States has hired 55 midwives and pays their salaries, but negotiated up front with the government that it would absorb these health providers as new midwives are recruited for the public health system. Reports indicate that the government adhered to its commitments to hire some of these health workers in 2015. USAID supports Marie Stopes International's mobile outreach teams to reinforce the health workforce, especially midwives, and reach underserved populations with family planning services.[8]

U.S. investments have made an important contribution to improving access to family planning information and services in Senegal. USAID provides some 80 percent of all contraceptives for the public sector, amounting to $3.5 million per year. The United States also supports the Ministry of Health and Social Action's Department of Reproductive Health and Child Survival in its planning and policy work, training and capacity building at the facility and community levels, and a youth clinic at Cheikh Anta Diop University.[9] Through the private sector, USAID also supports family planning programs and services, such as Marie Stopes International's (MSI) Bluestar network of socially franchised clinics,[10] and the social marketing work of ADEMAS.[11]

In 2016, USAID launched its next five-year strategy for addressing health in Senegal, which will run from October 2016 to 2021.[12] This new strategy represents a shift in USAID's approach, designed to accelerate health progress while strengthening the government's financial and technical capacity. The biggest change involves targeting funding to areas with greater need, by separating the country's regions into two categories: the seven most in need of assistance, called concentration regions, and the remaining seven higher-performing regions in need of targeted technical assistance, called consolidation regions.

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[8] Marie Stopes International mobile outreach teams travel to hard-to-reach and underserved peri-urban and rural communities to offer the full range of family planning methods available, with a strong emphasis on long-acting reversible family planning methods and conduct screenings and referrals for sexually transmitted infections, breast cancer, and cervical cancer. With U.S. funding for their work in the regions of Diourbel and Kaffrine, mobile outreach teams travel to health huts and health posts to complement the range of available methods. Long-acting reversible contraceptive methods include intrauterine devices (IUDs) and contraceptive implants. Because these methods provide effective contraception for an extended period of time without requiring user action, they are more cost effective and have higher compliance rates than other methods.

[9] This youth center, run by Marie Stopes International, provides family planning and reproductive health information and services to university students, many of whom lack access to these services.

[10] Marie Stopes International launched the Blue Star social franchise network in Senegal in November 2012. Under this service delivery model, existing private providers pay a small fee and agree to have their services closely monitored for quality assurance. In exchange, they receive the necessary equipment and materials for the supply of high-quality FP services, training in reproductive health services and counseling, and the ability to provide long-acting reversible family planning methods.

[11] L'Agence pour le Développement du Marketing Social (ADEMAS) markets a range of products including Protec and Fagaru condoms, Securil oral contraceptives (the highest-selling brand), Securil Press, Milda mosquito nets, and Aquatab water purification tablets. To generate demand, ADEMAS implemented *Moytou Nef,* a communication campaign that encouraged birth spacing.

[12] USAID, "USAID/Senegal Health Project 2016–2020: Redacted Project Appraisal Document (PAD)," August 2015, https://www.usaid.gov/sites/default/files/documents/1860/USAID%20Senegal%20Health%20Redacted%20PAD%20DRAFT%2011-August-2015.pdf.

The aim is to improve access to and integration of high-quality services at public health facilities and at the community level in the concentration regions, including addressing barriers to care—financial, geographic, healthcare staff capacity and retention, and stockouts of essential commodities (HIV, malaria, tuberculosis, and essential medicines). In the seven consolidation regions, the approach involves technical assistance for women's and children's health issues and expanding government-to-government (G2G) assistance, both strategies geared toward transitioning to greater local financial and technical capacity. In addition, the new USAID strategy places greater emphasis on gender and youth, as well as the private sector.

New U.S. Financing Mechanisms: Government-to-Government and Results-Based Financing

Unlike other donors, the United States does not provide sector or budget support in Senegal, and historically has largely worked through implementing partners. However, USAID in Senegal is now providing some government-to-government (G2G), or direct financing, as well as results-based financing (RBF), where payment is made after achievement of specified results.[13] Both of these are being implemented on a pilot basis as a way to build capacity and sustainability in the health system. This mode of health financing represents a new way of operating for USAID, since it allows the United States to work directly with the Senegalese government and not through the U.S. implementing partners.

G2G enables USAID to directly finance the Senegalese Ministry of Health and Social Action at the central level and is being piloted at the regional level in Kaffrine,[14] based on an agreed set of milestones. In the only hospital in Kaffrine region, for example, G2G financing amounts to $40,000 and focuses on milestones relating to the management of obstetrical and neonatal emergencies. The financing allowed the hospital to train midwives and nurses on resuscitation of newborns and family planning counseling, and to purchase new equipment.[15]

While many Senegalese health providers and the minister of health and social action expressed support for the flexibility allowed by G2G financing, it also entails some complications. In particular, USAID officials noted that G2G has been difficult for USAID—one official went so far as to call it "painful"; without implementing partners, the USAID mission is not set up to handle the management and financial oversight of those contracts. Direct grants have proven to be time consuming for USAID, although they offer a new way to build local capacity and accountability and to show results.

[13] Results-based financing, which is a collaboration between USAID and the World Bank, is focused on improving health indicators, quality of care in health facilities, and motivation for health workers. For example, the Kaffrine hospital achieved the agreed results, which then led to a payment that allowed the hospital to purchase ultrasound equipment and repair hematology equipment, while incentive payments were provided to the health care workers and other staff at the facility.
[14] Kaffrine is a rural region southwest of Dakar with a population of over half a million and many areas that are far from the health facilities.
[15] Presentation by Dr. Bineta Diop, Kaffrine hospital director, February 8, 2016.

Government of Senegal Plans and Programs

The government of Senegal has put in place national plans that highlight its commitment to improving women's and children's health outcomes.[16] However, as is true in many countries, Senegal's expenditures in health are difficult to track, making it equally hard to determine what percentage of its budget is devoted to health.[17]

Senegal has made strong progress in reducing under-five mortality, achieving its Millennium Development Goal (MDG) target of reducing this rate to one-third of its 1990 level. These results are due in part to successful activities to control malaria and expand children's access to immunizations. The government of Senegal has increased its investment in immunizations so that children are able to benefit from free vaccinations against 12 preventable diseases, and children under five have access to free health services.[18] The results have been impressive, including under-five child mortality decreased from 72 deaths per 1,000 live births in 2010 to 54 in 2014.

Senegal's recent progress in family planning—its modern contraceptive prevalence rate increased from 12 percent in 2010 to 20 percent in 2014[19] (although francophone West Africa as a region still lags behind most of the continent[20])— can be attributed in part to the Ministry of Health and Social Action's focus on expanding access to family planning information and services. In 2012, it established the Directorate of Reproductive Health and Child Survival and launched the National Family Planning Action Plan (2012–2015), which set the goal of increasing the contraceptive prevalence rate to 27 percent.[21] The ministry also mobilized additional domestic resources for contraceptives, and recently announced its ambitious new goal of increasing the contraceptive prevalence rate to 45 percent by 2020.

Despite these successes, Senegal's maternal mortality ratio has remained stubbornly high. With an estimated maternal mortality rate of 392 deaths per 100,000 live births,[22] Senegal remains a long way off from its MDG target of 130 deaths per 100,000 live births. The government sees addressing maternal mortality as a priority and, at this writing, it is

[16] The health section of Senegal's poverty-reduction strategy (2011–2015) and Senegal's National Health Plan (2009–2018) both identify reducing maternal and child morbidity and mortality and reducing the total fertility rate as priorities.
[17] While the share of the annual budget dedicated to health is unclear (estimates are around 6.8 percent for 2015), Senegal has not met its 2001 Abuja Declaration commitment of dedicating 15 percent of its budget to improving the health sector.
[18] To accelerate progress in child health, the minister of health and social action launched the National Plan on Accelerated Child Survival (2013–2015), which aims to save the lives of an additional 10,000 children by 2015.
[19] Agence Nationale de la Statistique et de la Démographie (ANSD) and ICF International, *Enquête Continue du Sénégal: Deuxième Phase 2014: Rapport de Synthèse* (Rockville, MD: ANSD and ICF International, 2014).
[20] While 25 percent of married women in East Africa use modern family planning methods, this is only the case for 9 percent of their West African counterparts. See *Family Planning: Francophone West Africa on the Move, a Call to Action*, http://www.prb.org/pdf12/ouagadougou-partnership_en.pdf.
[21] Babacar Mané, Nafissatou Diop, Nancy Termini, Saumya Ramarao, and Heather Clark, *Country Mapping: Senegal* (New York: Population Council, 2012), http://www.popcouncil.org/uploads/pdfs/2012RH_PVRMappingReport_Senegal.pdf.
[22] ANSD and ICF International, *Senegal Demographic and Health and Multiple Indicator Cluster Survey (EDS-MICS) 2010–2011* (Rockville, MD: ANSD and ICF International, 2012).

developing an emergency plan to strengthen the systems that could address these high rates of maternal mortality.

Community health is at the center of the government's efforts to improve women's and family health, outlined in the National Strategic Community Health Plan (2014–2018). The lowest level of Senegal's health structure are the community-led health huts,[23] which cover approximately 50 percent of the population, and are managed by local communities and staffed by community health workers.[24] Health huts provide a basic package of services that includes treatment for malaria, nutrition, acute respiratory infections, and short-term family planning services, including pills and more recently, training of community health workers to provide injectable contraceptives.

Integration of Services

In order to address distance and geographic barriers to healthcare access, several mobile outreach programs are being implemented in Senegal that focus on providing integrated services. Senegal implements a *Stratégie Avancée Integrée*, or Integrated Mobile Outreach, where a midwife or nurse from a health post will travel to a health hut twice a month to expand and complement the services available at health huts. During an outreach session, the health provider will conduct activities around vaccination, child health, malaria, and nutrition. In addition, a family planning component is integrated, so that women coming for their children are able to access information and services about the full range of family planning methods, including long-acting reversible methods.

[23] Senegal's health system is decentralized into 76 health districts. Each district has at least one health center and a number of health posts staffed by chief nurses and midwives. Health posts provide antenatal and postnatal care, perform deliveries, and offer vaccination and family planning services.
[24] Additional health hut staff includes *matrones*, who are trained birth attendants, *relais*, who are trained to serve as health educators, and *Bajenu Gox*, who are trained as community health workers (literally, community aunts). See Babacar Mane, Nafissatou Diop, and Saumya RamaRao, *Task Sharing in the delivery of family planning services: Experiences from Senegal* (New York, NY: Population Council, 2015), http://www.popcouncil.org/uploads/pdfs/2015RH_CVRTaskSharing_Senegal.pdf; and President's Malaria Initiative, "Senegal: Country Operational Plan FY 2016," 2016, http://reliefweb.int/sites/reliefweb.int/files/resources/fy-2016-senegal-malaria-operational-plan.pdf.

Box 1: Integrated Mobile Outreach

The delegation visited the Horé health hut during an integrated mobile outreach session. Horé is in a remote area, 17 kilometers down unpaved, dirt roads from the closest health post, with high malnutrition rates. Families residing in several nearby villages traveled to the health hut to access services during the outreach.

Following a nutritional cooking demonstration for mothers with young children, the head nurse from the health post, Aminata Diouf, led an interactive discussion about the links between family planning/birth spacing and women's health, and described the range of contraceptive methods. She asked the women, "What challenges do you face in pregnancy and delivery?" Several women responded about issues including anemia, high blood pressure, malaria, postpartum hemorrhage, the dangers of home deliveries, and the long distance to the higher-level health facilities. The nurse then asked them: "What can you do to avoid these challenges? Family planning is one solution, to help women with birth spacing." She continued: "Family planning is about your own health and the health of your children. . . . It is not only the concern of women; it benefits the father, the children, the whole community." Following this information session, women could have a private consultation to learn additional information and choose a contraceptive method.

These integrated outreach activities are often timed to coincide with a vaccination session. The nurse or midwife will conduct an interactive information session about the benefits of family planning and birth spacing before the vaccinations begin, and women can then choose to access additional information or services at that site. Integration of family planning with immunizations, which are well accepted and nationwide, is a critical entry point to increase uptake in family planning.

Role of the Private Sector and Public-Private Partnerships

The private sector involved in health in Senegal includes for-profit companies, as well as professional associations, nongovernmental organizations, and faith-based groups. Private health programs range from for-profit companies with social responsibility programs about malaria, to retired health providers opening a private office, to private pharmacies providing family planning commodities. Eighty percent of the private-sector health facilities are located in the capital.[25]

According to the minister of economy, finance, and planning, Amadou Ba, there is an important need for better data sharing with the private sector. He noted that the private sector does a lot in the health area, "but we don't get the data."[26] Some estimate that nonregistered private facilities may account for up to 40 percent of all private facilities.

[25] USAID, World Bank, Ministère de la Santé et de l'Action Sociale, SHOPS, "Senegal Private Health Sector Assessment of Specific Health Products and Services," January 2016.
[26] Interview with Minister of Economy, Finance, and Planning Amadou Ba, February 11, 2016.

Government regulations control the entry of private providers into the health sector and securing an authorization to practice can be a lengthy process. Several observers raised the need to reform legislation to allow private pharmacies to provide certain health services. In particular, many noted that while government approval of task shifting has allowed community health workers to provide injectable contraceptives and increase family planning access for rural women, higher-educated private pharmacists are not permitted to provide injectables.[27]

Support for private-sector health services and products to reduce maternal and child mortality is also an aspect of USAID's program. In addition to supporting social marketing programs for contraceptives, water, sanitation, and hygiene (WASH), and malaria commodities and expanding access to private health providers through social franchise networks, USAID is signing a $5 million Development Credit Authority[28] to help stimulate the private sector, with a particular focus on lower-threshold providers. USAID will also support Senegal's efforts toward universal health coverage through community-based health insurance organizations.

Box 2: The Informed Push Model

A particularly interesting example of a public-private partnership in Senegal is the Informed Push Model (IPM), a commodity distribution model supported by the Bill & Melinda Gates Foundation and Merck for Mothers and implemented by IntraHealth to address the perennial problem of stockouts of family planning commodities in the public sector. By working with private logistics operators who regularly delivered ("pushed") commodities to all levels of the health system, and then restocked supplies based on the consumption that they have recorded, stockouts were dramatically reduced, from over 80 percent to under 2 percent.[1] Payment is based on consumption, as opposed to the earlier system, when providers at health facilities had to manage and forecast the stocks and pay for the commodities upon ordering ("pull"). In addition, health facilities had to pick up the commodities from warehouses at their own expense. The Push Model now operates in 1,375 health sites.

The success of the Push Model raised two key questions: first, how the program could be transitioned from a pilot to government control under its pharmaceutical agency (Pharmacie Nationale D'Approvisionnement or PNA); and second, how other essential commodities beyond contraceptives could be integrated into the system. The government is currently piloting three different approaches, and is expected to determine which it will adopt. Whether the new approach will prove to be a sustainable system remains to be seen.

[27] As a result, clients have to obtain a prescription for an injectable from a public health facility, travel to the pharmacy to have it filled, and then return to the health facility to have the method injected. In practice, however, many pharmacists undoubtedly provide injections. Similarly, private providers are not permitted to stock family planning products. This raises many concerns, and also impacts access for young people, since they often prefer private-sector providers.

[28] The Development Credit Authority allows USAID Missions to partially guarantee loans issued by private-sector lenders to subsovereign borrowers (private companies and municipalities). This encourages sustainable private-sector investment in sectors currently underserved by formal financial institutions. See USAID, "Development Credit Authority," https://www.usaid.gov/what-we-do/economic-growth-and-trade/development-credit-authority-putting-local-wealth-work.

Addressing the Gaps and Challenges

Maternal mortality and the Government of Senegal's Emergency Plan

Persistently high maternal mortality rates have been identified as one of the central challenges for Senegal's health system. According to UN officials in Senegal, four women die every day due to complications related to childbirth. The reasons are clear, and relate to the "Three Delays"—delay in deciding to seek care; delay in reaching care; delay in receiving adequate care.[29]

Reducing maternal mortality will require addressing a range of factors in the community and at the health facility: getting pregnant women to quality antenatal care; ensuring that they deliver at a health facility with skilled personnel; putting in place transportation options so they can get to a health facility in time; recruiting and retaining skilled healthcare workers; ensuring availability of equipment and supplies; and increasing access to family planning, so women can plan and space their pregnancies.

To address these issues, the ministry is launching an emergency plan, what they call "an exceptional mobilization effort."[30] The plan, which was first presented to donors in February 2016, is expected to cost $10 million, to which the government would contribute $2 million in the form of ambulances. The plan identifies key interventions, including: recruiting human resources, including specialists; strengthening health services; increasing demand for services; and expanding universal health coverage.[31] While the plan is still being developed, the ministry's proposed budget seems considerably lower than would be required to address these systemic issues, and risks missing the opportunity to present maternal mortality as a true emergency. It is also unclear whether Senegal's key donors will all be willing to contribute.

Siloed Funding

While siloed, program-specific funding by the United States has shown good results in Senegal, this approach also poses challenges. U.S. officials point out that siloed or vertical funding makes it difficult to address the combination of health issues that women and children face that underpin the health system. As one USAID official explained, donor funding is vertical, but the needs of the Senegalese people are horizontal. USAID is unable to fund health-systems strengthening unless it can show a direct impact in one of the program-specific areas, such as maternal child health, family planning, or malaria.

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[29] Many observers questioned how the situation could be so bad, given all the investments in health in Senegal, and signs of improvement in other areas, such as childhood immunization rates. Even the recent increases in contraceptive prevalence rates have not yet shown a significant impact on maternal mortality, largely because the rates are still low, particularly in rural areas. For instance, use of modern methods of contraception among married women in Kaffrine increased from 5 percent in 2010 to 11 percent in 2014, still a very low number and well below the national average of 20 percent.

[30] Interview with Dr. Papa Amadou Diack, director general of health for the Ministry of Health, Dakar, February 11, 2016.

[31] Dr. Bocar Mamadou Daff, Direction de la santé, de la reproduction et de la survie de l'enfant (DSRSE), "Plan d'Urgence SMNIA 2016," February 11, 2016.

As a result of siloed funding, core areas of a health systems approach—such as health financing, human resources for health, health information systems, commodity supply chains, and management of health systems—remain underfunded. Yet as many pointed out, the Ebola crisis underscored the importance of a strong global health system capable of detecting emerging diseases and a robust health system able to handle it. As one senior USAID Mission staff explained, "The systems have to move away from vertical programs. Vertical programs recognize the importance of building resilient health systems, but they are limited in the support they can provide. Malaria or vaccination programs won't [by themselves] solve the issue."[32]

Adolescents/Youth

In Senegal, unmet need for family planning among unmarried women reaches 69 percent.[33] Yet young people, especially if they are unmarried, face significant barriers to accessing family planning information and services. While there are no formal restrictions based on age or marital status for obtaining family planning services in Senegal, some providers turn away young women whom they consider to be too young or who are unmarried, leaving them vulnerable to unplanned pregnancy and its potential consequences, including unsafe abortion.[34] Because young women in rural areas tend to be married, this is particularly problematic for those residing in urban areas. Additionally, young Senegalese often avoid accessing family planning services at public health facilities out of fear of being seen by a relative or neighbor. The lack of youth-friendly services, providers trained to meet young people's particular needs, and safe spaces for adolescent girls and young women to access information and services, remains a significant challenge.

While both the government of Senegal and USAID have identified reaching young people as a priority in this next phase, there is no clear plan to do so at the scale required. A key challenge to successfully reaching youth is that it requires a multisectoral program. For instance, because USAID's education strategy focuses on early-grade reading, any U.S.-supported efforts to reach youth in schools would have to rely on family planning funding. Another barrier is the coordination between and among ministries, making it difficult for the Senegalese Ministry of Health and Social Action to collaborate with the Ministry of Education, the Ministry of Youth, Employment and Promotion of Civic Values, and the Ministry of Women, Families, and Children.

Religious Cultural Barriers

Muslim religious leaders represent an important channel of communication in Senegal about health and social issues. Indeed, engaging the top religious leaders of the top two brotherhoods (Tijanyia and Mouride) and mobilizing their existing faith infrastructures on

[32] Interview in Dakar, February 10, 2016.
[33] Kerry L. D. MacQuarrie, "Unmet Need for Family Planning among Young Women: Levels and Trends," DHS Comparative Reports No. 34, ICF International, 2014, http://www.dhsprogram.com/pubs/pdf/CR34/CR34.pdf.
[34] Guttmacher Institute, "Health Care Providers in Senegal Restrict Young Women's Access to Modern Contraception," January 7, 2015, https://www.guttmacher.org/media/nr/2015/01/07/IPSRH-4004.html.

women's and children's health could reach 70 to 80 percent of the Senegalese population. In recent years, there have been efforts to engage these leaders about the importance of birth spacing for the health of mothers and children. Today, more imams in Senegal speak publicly to their communities in favor of increasing access to family planning for birth spacing, although some high-level religious leaders still oppose modern methods of contraception.

One of the religious leaders supportive of family planning is Imam Mouhamadou Kane, the head Imam of Kaolack. He told the delegation that he supports family planning, saying, "I defend family planning because I believe it doesn't go against Islam." He uses verses from the Qur'an that call for a woman to live with her parents for two years after childbirth, seeing this as a traditional form of family planning. He argues that just as we accept modern methods of communication such as the telephone, we should also accept modern methods of family planning.[35]

Strengthening Human Resources

Trained health workers are essential to a functioning health system. Senegal has challenges recruiting and hiring adequate healthcare workers, although the Ministry of Health and Social Action has committed to hiring more every year. Indeed, with just four nurses and midwives for every 10,000 people and only one physician for every 10,000, Senegal is a long way off from employing the minimum 23 providers for every 10,000 people recommended by the World Health Organization.[36]

Ironically, there are 2,500 unemployed midwives in Senegal, whom the government does not have the resources to hire. Additional challenges include geographic disparities, with rural areas being particularly underserved and challenges retaining health workers in remote areas. As a result, the government of Senegal has relied heavily on unpaid community health workers and implemented task shifting to expand the capacities of lower-level healthcare workers.

Toward Sustainable Financing

Senegal is facing new opportunities and challenges in developing the financial and technical capacity to build sustainable financing for its health program. The government of Senegal is keen to become a middle-income country, but several observers pointed out the financial challenges that this may present. Once Senegal achieves middle-income status, it will trigger a shift in the international support it receives, which one UN representative in Senegal said could be "catastrophic." In particular, he pointed to the challenges of sustainably financing immunization coverage after graduating from Gavi support. [37]

[35] Interview with Imam Kane, Kaolack, February 7, 2016.
[36] World Health Organization (WHO), *World Health Statistics 2015* (Geneva: WHO, 2015), http://apps.who.int/iris/bitstream/10665/170250/1/9789240694439_eng.pdf?ua=1&ua=1l.
[37] Interview in Dakar, February 10, 2016.

Senegalese officials point out that the international donors' tendency to fund pilots and then move on to other projects does not contribute to continuity and sustainability in health; some referred to Senegal as a country of pilots, and noted that international donors often distract the government from scaling up pilots that work. The minister of economy, finance, and planning underscored this problem, citing the example of HIV/AIDS funding and then extrapolating to other health issues: "Programs start and end, and it's difficult for us. We're a fragile country, and we need to keep investments going to keep [HIV] prevalence down." He continued: "We have to maintain our priorities, and we can't stop with HIV, we also need reproductive health for women, but we lack the resources. . . . [W]e need to have continuity in our programs."[38] Minister Ba pointed to the phaseout of programs as the hardest part, and suggested that donor funding be reduced gradually to allow the government to add its own resources. He also emphasized the important links between health goals and agriculture, financial inclusion, women's economic roles, and family planning.

The Global Financing Facility (GFF)

The Global Financing Facility (GFF), announced in September 2014 and launched at the Financing for Development conference in Ethiopia in July 2015, aims to finance the unfinished agenda on women's and children's health under the UN secretary general's "Every Woman Every Child" initiative. Targeting low-income countries transitioning to middle-income status, the GFF is supposed to help mobilize and align resources—development assistance, private sector, and domestic resources—for these areas as these countries prepare to transition away from external support.[39] The goals are highly ambitious—to prevent 3.8 million maternal deaths, 101 million child deaths, and 21 million stillbirths by 2030 in high-burden countries[40]—and to develop sustainable financing. The GFF is coordinated by the World Bank and aims to assist 62 high-burden countries, with Senegal one of the second wave of GFF countries.[41]

Despite these lofty goals, many questions remain about the GFF, notably where the necessary resources will come from, how the financing will be rolled out to all the countries that could eventually be included, and whether the World Bank will be capable

[38] Interview with Minister of Economy, Finance, and Planning Amadou Ba, February 11, 2016.
[39] Part of the GFF resources are supposed to come from countries' willingness to use loans and grants for women's and children's health. The GFF will leverage International Development Association (IDA) credits (a mix of grants and concessional loans) and the International Bank for Reconstruction and Development (IBRD) loans, and draw upon incentive grants from a multidonor GFF Trust Fund established by Canada, Norway, and the Bill & Melinda Gates Foundation, as well as other international, domestic, and private resources, in support of the country's Investment Case. The aim is to mobilize $3 to $5 from private capital markets for every dollar invested in the GFF.
[40] Global Financing Facility in Support of Every Woman Every Child, "Business Plan," June 2015, vii, http://pubdocs.worldbank.org/pubdocs/publicdoc/2015/7/598311437686176148/1515268-GFF-Business-Plan.pdf.
[41] The first round of GFF countries are the Democratic Republic of the Congo (DRC), Ethiopia, Kenya, and Tanzania; the second wave of GFF countries are Bangladesh, Cameroon, India, Liberia, Mozambique, Nigeria, Senegal, and Uganda. See World Bank, "Global Financing Facility Launched with Billions Already Mobilized to End Maternal and Child Mortality by 2030," press release, July 2015, http://www.worldbank.org/en/news/press-release/2015/07/13/global-financing-facility-launched-with-billions-already-mobilized-to-end-maternal-and-child-mortality-by-2030.

of effectively running the program. While the GFF is potentially a significant new mechanism in financing for maternal child health and family planning, and for closing the estimated $33 billion annual funding gap,[42] much of this remains in the realm of ambition and vision. Many observers also expressed concerns that the World Bank control of the GFF could slow down and complicate the process. Unlike the Global Fund to fight AIDS, Tuberculosis and Malaria, or Gavi, the GFF is not set up as a fund to be periodically replenished by donors.

According to those who attended the GFF meeting in Senegal in early 2016, the expectation is that the funding would amount to $40 million from International Development Association (IDA) loans, and $5 million for civil registration from the Trust Fund. In theory, other donors and the private sector are expected to contribute. USAID in Senegal indicated that there was no clear guidance yet from Washington about whether the United States would contribute, or if funding might be shifting from other areas, which would impact other programs. In general, government officials, implementing partners, and other international donors had more questions than answers about how the GFF might operate in Senegal and whether it would represent a significant shift in the financing landscape.

AFRIVAC

AFRIVAC is a public-private partnership established by Senegal to prepare the country to finance its immunization programs in advance of its transition from Gavi support, when they reach the threshold of $1,600 per capita GNP. As Senegal moves toward this threshold and middle-income status, expected in about five years if economic growth continues, this issue of how it will sustain the progress on childhood vaccines and how the private sector can contribute is critical.

AFRIVAC was launched in Senegal in 2014, with a high-level governing council that includes the minister of heath and social action, Dr. Awa Marie Coll Seck, as the honorary president, and retired officials from the African Development Bank and the Central Bank of West African States. The group aims to engage 200 private partners to support Senegal's goal of sustainable vaccine independence.[43] The Bill & Melinda Gates Foundation is supporting AFRIVAC in Senegal, and UNICEF and WHO are also participating members.

Universal Health Coverage

While various forms of health insurance have existed in Senegal for decades, they received renewed attention in 2012, when President Macky Sall launched a universal health coverage national development plan (2013–2017). Senegal's approach to achieving universal health coverage involves: strengthening existing social health insurance schemes that cover formal sector employees and their dependents; strengthening or expanding

[42] The GFF is designed to address this gap through the combination of efficiencies gained through smart financing in high-impact interventions (including family planning and nutrition), see Global Financing Facility in Support of Every Woman Every Child, "Business Plan," 6.
[43] See AFRIVAC, http://afrivac.org.

coverage policies so that pregnant women, children under age five, and the elderly receive free health care; and expanding the number of community-based health insurance organizations (*mutuelles de santé)* to at least one per department to improve access to health services for informal sector employees, rural populations, and other vulnerable groups. The plan's overarching goal is to expand basic health coverage from 20 percent in 2012 to 75 percent in 2017. With only 32 percent of the population covered by some form of health insurance, Senegal is still a long way off from its goal.[44]

Other Donors and Partnerships

Numerous donors are active in the area of women's and children's health in Senegal. Donor coordination and alignment with the government's health strategies are perpetual challenges, and the situation in Senegal is no different. Despite efforts to align with the Ministry of Health and Social Action's plans and strategies, and reports that the ministry is creating a coordination mechanism as part of its GFF investment case, this remains an area to be strengthened. The government has not exerted the kind of leadership necessary to oversee all the donors and to determine how all the programs fit together to support its own objectives.

After the United States, the Global Fund and Gavi were the largest contributors to health funding in Senegal in 2014, at 20 and 10.4 percent respectively ($34.46 million and $17.92 million).[45] In addition to the United States, the key bilateral donors in Senegal include France, Canada, Belgium, Japan, and Luxembourg. Although many of their investments go through multilaterals such as Gavi and the Global Fund, some of them also provide direct financial support to the government. Among private foundations, the Bill & Melinda Gates Foundation has been the principal funder, and the William and Flora Hewlett Foundation has supported family planning and the Ouagadougou Partnership. Among the UN agencies, UNICEF focuses on child survival and development, WHO provides technical support to the Ministry of Health and Social Action, and UNFPA focuses on reproductive rights for women and adolescents/youth and works with USAID to provide most of the contraceptive commodities for Senegal. The World Bank has a $40 million project in health and nutrition in Senegal, focused on increasing utilization and quality of maternal, neonatal, child health and nutrition, working with USAID on results-based financing for health, and supporting universal health insurance schemes and maternal health vouchers.[46]

To accelerate progress in family planning in the francophone West African region, the Ouagadougou Partnership was formed in 2011,[47] with the goal of reaching an additional 1

[44] Cheikh Mbengue, "Universal Health Coverage (UHC) in Senegal: Implementation Status and Outlook" (presentation at Financial Protection and Improved Access to Health Care: Peer-to-Peer Learning Workshop, Accra, Ghana, February 18, 2016), http://www.slideshare.net/HFGProject/universal-health-coverage-uhc-in-senegal-implementation-status-and-outlook.
[45] Kaiser Family Foundation, "Senegal Funding Analysis," January 2016. Received directly from KFF.
[46] World Bank, "Senegal Health & Nutrition Financing," http://www.worldbank.org/projects/P129472?lang=en.
[47] The partnership includes nine francophone West African countries (Benin, Burkina Faso, Cote d'Ivoire, Guinea, Mali, Mauritania, Niger, Senegal, and Togo), civil society coalitions, private-sector representatives, and a group of donors and technical partners, including USAID, the French government, the Bill & Melinda Gates Foundation, the William and Flora Hewlett Foundation, and UNFPA.

million women with modern family planning methods by 2015.[48] Between 2012 and 2014, donors invested an additional US$29 million in the region, which corresponded to a 36 percent increase in funding.[49]

Conclusion

Senegal's recent experience offers important lessons for U.S. engagement on women's and children's health, including how national leadership and targeted U.S. resources can advance health outcomes. As the largest donor to health in Senegal, the United States should ensure that its investments facilitate ongoing progress in program-specific areas such as immunizations and family planning, while promoting greater integration of services for women and children and elevating attention and resources to address maternal mortality. The U.S. government is well placed to continue its constructive role in women's and children's health in Senegal, but the implementation of the new USAID health strategy should be closely monitored and adjusted to ensure positive results. At a time when sustainable financing for women's and children's health is being recognized as a global challenge, Senegal's ability to mobilize domestic, private-sector, and international resources could provide lessons for other countries and for the development of international financing mechanisms.

Senegalese health officials acknowledge that ongoing financial and technical support from the United States and other donors is necessary in the near term, but the country is preparing its health sector to stand on its own later. "We face a double challenge," Minister Coll Seck reflected. "To maintain what we've gained and to identify the gaps . . . and not fall back."[50] As Senegal moves forward, the United States has a critical role to play in strengthening the country's capacity while supporting its momentum in improving women's and children's health.

[48] By December 2015, member countries exceeded their collective goal by reaching an additional 1.18 million women with modern family planning methods, with Burkina Faso, Côte d'Ivoire, and Senegal being key drivers. The partnership set a new collective goal of reaching an additional 2.2 million with modern family planning methods by 2020.
[49] Sara Stratton, "Seven Tactics That Are Leading Francophone West Africa toward a Contraceptive Revolution," Ouagadougou Partnership, January 14, 2016, http://www.intrahealth.org/blog/seven-tactics-are-leading-francophone-west-africa-toward-contraceptive-revolution#.VucnAPkrIdU.
[50] Interview in Dakar, February 11, 2016.

Appendix: Trip Agenda

Saturday, February 6, 2016: Dakar

Site visit: Centre de Santé Grande Yoffe 2, to see vaccination-family planning integration activities, in a public-sector clinic with Marie Stopes International mobile midwives

Working lunch: overview of U.S. investments in women's and family health in Senegal. Participants: Bryn Sakagawa, health office director USAID; Ramatoulaye Dioume, senior adviser for MCH/RH/FP, USAID; Hawa Tall, deputy chief of party/ family planning adviser, Intrahealth; Anne Lancelot, country director, Marie Stopes International; Cheikh Sarr, executive director, ADEMAS; Aida Tall, technical associate, Child Fund

Working dinner: discussion of family planning and reproductive health challenges and opportunities in Senegal. Participant: Bocar Mamadou Daff, director, Reproductive Health and Child Survival Division, Ministry of Health and Social Action

Sunday, February 7, 2016: Dakar and Kaolack

Working breakfast: overview of Senegalese politics, economy, and society. Participants: Molly Melching, executive director, Tostan; and Mabingue Ngom, regional director, UNFPA

Meeting: religious support for family planning and maternal child health activities, birth spacing, and male involvement. Participant: Imam Mouhamadou Kane

Working dinner: integrated approaches to improving health outcomes at the community level in Kaolak and Kaffrine region. Participants: Dr. Mamadou Aw, regional program manager, and Mamadou Sow (Intrahealth), Bassirou Fall (FHI360), and Henri Moussavou (ADEMAS)

Monday, February 8, 2016: Kaolack and Kaffrine

Meeting: discussion of health challenges in Kaffrine and the new government-to-government funding pilot project and performance-based financing. Participant: chief district medical officer, Dr. Amadou Doucouré, and team

Site visit: Hospital EPS 1

Site visit: mobile outreach site Toune Mandakh, with MSI outreach team

Site visit: Centre de Santé de Birkelane, with Dr. Pape Birahim Seck, chief district medical officer and team

Working dinner: discussion with Peace Corps volunteers on challenges and opportunities at the community level

Tuesday, February 9, 2016: Kaffrine, Fatick, and Dakar

Site visit: Health Hut Horé, Stratégie Avancée Integrée

Site visit : Poste de Santé Diouroup, to see Informed Push Model

Working dinner: role of the private sector in addressing family planning and maternal and child health in Senegal. Participants: Philippe Guinot, country director, Path; Dr. Oumy Ndao, technical director of Integrated Project Management (IPM) project, Intrahealth; Babacar Gueye, country director, Intrahealth; Dr. Ardo Boubou Ba and Oumar Sy, Alliance du Secteur Prive; Sanou Gning, program director, Marie Stopes International

Wednesday, February 10, 2016: Dakar

Meeting : role of civil society in mobilizing domestic resources and engaging communities. Participants: Association des Jeunes Avocats Sénégalais (AJAS); Association des Juristes Sénégalaises (AJS); Association des Journalistes en Santé, Population et Développement (AJSPD); Association Sénégalaise pour le Bien-être Familial (ASBEF); Réseau Siggil Jiggéen (RSJ)

Site visit: Cheikh Anta Diop University's youth center, run by Marie Stopes International

Working Lunch – United Nations support for family planning and maternal and child health and coordination with U.S. agencies. Participants: Andrea Diagne, UNFPA representative; Deo Nshimirimana, World Health Organization representative; Laylee Moshiri, UNICEF representative

Working Dinner: sustainable financing and donor coordination. Participants: Fatimata Sy, director of the Ouagadougou Partnership; Papa Amadou Sarr, technical adviser, Ministry of Economy and Finance; Lisa Franchett, mission director, USAID

Thursday, February 11, 2016: Dakar

Meeting: domestic and international resource mobilization for health. Participant: Minister of Economy, Finance, and Planning Amadou Ba

Working Lunch: donor support for family planning and maternal and child health and coordination with U.S. agencies. Participants: Dominique Polycarpe, Ambassade de France; Evariste Lodi, Luxdev

Meeting with U.S. Ambassador to Senegal James P. Zumwalt

Working dinner: opportunities and challenges in reproductive, maternal, and child health in Senegal. Participants: Awa Marie Coll Seck, minister of health and social action; Dr. Bocar Mamadou Daff, director of reproductive health and child survival; Dr. Marieme Ndiaye, FP division head; Dr. Papa Amadou Diack, directeur général de la santé

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