

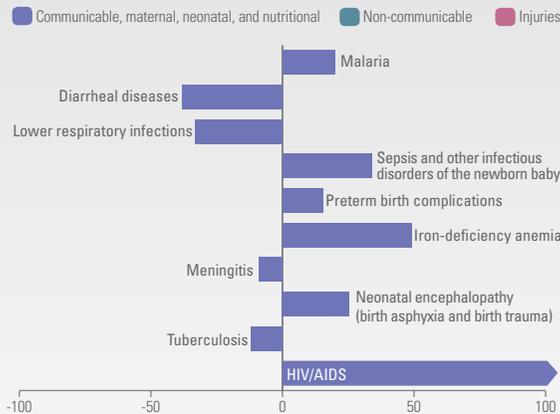
SENEGAL

About 20% of the population is covered through the compulsory health insurance scheme for formal-sector workers or through private health insurance, mainly in the form of *mutuelles*. Health services are available free of charge in public facilities. Out-of-pocket expenditure, mainly for medicines and for private services, accounts for 34% of the national health expenditure. A compulsory universal insurance scheme, a priority for the President of the Republic, is in the process of being created, as a strategy for improving equity in access to health services. Senegal has made progress towards achieving Millennium Development Goal 4 and maternal mortality rates have been reduced, but Millennium Development Goal 5 is unlikely to be achieved. Skilled health personnel attended 65% of births between 2005 and 2012, but this varies considerably according to place of residence, economic status and educational level. The National Health Plan 2009–2018 recognizes that measures are needed to tackle the scarcity of health personnel and disparities in distribution across regions, by increasing training capacity at the national level and adopting measures to promote workforce retention.

POPULATION AND HEALTH

Population [all (000s); proportion under 15 (%); proportion over 60 (%)]	13; 44; 4	(2010)
Average annual rate of population change (%)	2.9	(2010–2015)
Population living in urban areas (%)	43	(2011)
Gross national income per capita (PPP int. \$)	1940	(2011)
Population living on <\$1 (PPP int. \$) a day (%)	–	
Total expenditure on health as a percentage of gross domestic product (%)	6.0	(2011)
General government expenditure on health as a percentage of total expenditure on health (%)	58	(2011)
External resources for health as a percentage of total expenditure on health (%)	14.0	(2011)
Life expectancy at birth (years) [all; female; male]	61; 62; 60	(2011)
Total fertility rate (per woman)	4.8	(2010)
Neonatal mortality rate (per 1 000 live births)	26	(2011)
Infant mortality rate (per 1 000 live births)	47	(2011)
Under-five mortality rate (per 1 000 live births)	65 [59–91]	(2011)
Maternal mortality ratio (per 100 000 live births)	370 [230–640]	(2010)
Births attended by skilled health personnel (%)	65.1	(2011)
Antenatal care coverage - at least one visit (%)	93.3	(2011)
Antenatal care coverage - at least four visits (%)	50	(2011)
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%)	83	(2011)
Postnatal care visit within two days of birth (%)	68	(2011)

Top 10 causes of morbidity and mortality (DALYs)



Disability-adjusted life years (DALYs) quantify both premature mortality (YLLS) and disability (YLDs) within a population. The top 10 causes of DALYs are ranked from top to bottom in order of the number of DALYs they contribute in 2010. Bars going right show the percent by which DALYs have increased since 1990. Bars going left show the percent by which DALYs have decreased.

HUMAN RESOURCES FOR HEALTH

AVAILABILITY

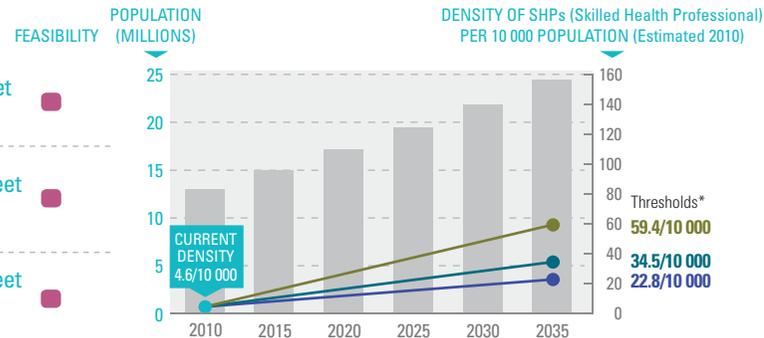
Feasibility of achieving thresholds: ■ Most likely ■ Somewhat likely ■ Least likely

TO MEET THRESHOLDS BY 2035, REQUIRES:

803% increase to meet 22.8/10 000 threshold

1307% increase to meet 34.5/10 000 threshold

2323% increase to meet 59.4/10 000 threshold



ACCESSIBILITY

■ SUB-NATIONAL LOW ■ NATIONAL AVERAGE ■ SUB-NATIONAL HIGH

GEOGRAPHICAL DISTRIBUTION OF PHYSICIANS

(density per 10 000 population)

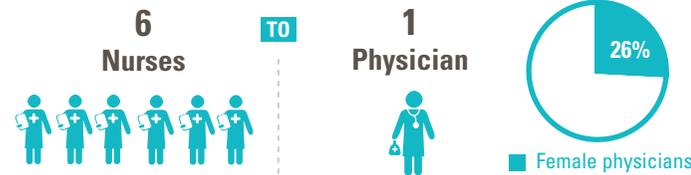
0.2
Physicians

0.6
Physicians

4.3
Physicians

ACCEPTABILITY

The ratio of nurses to physicians is **ABOVE** the OECD average.



QUALITY

Is there evidence that the country has mechanisms in place to:

ACCREDIT training institutions for:

Dentists	?
Midwives	✓*
Nurses	✓*
Pharmacists	?
Physicians	?

REGULATE:

Dentists	✓*
Midwives	✗
Nurses	✗
Pharmacists	✓*
Physicians	✓*

LICENSE/RE-LICENSE:

Dentists	✓*
Midwives	✓*
Nurses	?
Pharmacists	✓*
Physicians	✓*

HRH GOVERNANCE

Is there evidence that the country is adopting recommended good practices on HRH:

Leadership and Partnership

Is there government leadership on health workforce policy and management? ✓

Is there intersectoral and multi-stakeholder partnership to inform health workforce policy and management? ✓*

Policy and Management

Is existing health workforce policy and human resource management:

related to population health needs? ✓

informed by data and strategic intelligence? ✓

addressing pre-service education? ✓*

addressing geographical distribution and retention? ✓*

addressing health workforce performance (e.g. competence, responsiveness and productivity)? ✓*

addressing international mobility of health workers; and where relevant the WHO Code of Practice on the International Recruitment of Health Personnel? ✓/?

Strategy/Plan and Finance

Is there a national HRH strategy/plan resulting from the above mechanisms? ✓*

For which period? 2009–2018

Does the strategy/plan account for the financial costs and resource requirements to implement it? ?

✓ = Yes ✓* = Partial ✗ = No ? = Insufficient data

*See Annex 1 for full explanation on country profile methods and sources.