

Demographic context

The population of Senegal progressively increased from 15 million to 17 million between 2017 to 2022. Infants less than 12 months and children under five years old accounted for less than 7% and 16% of the entire population respectively.

Economic context

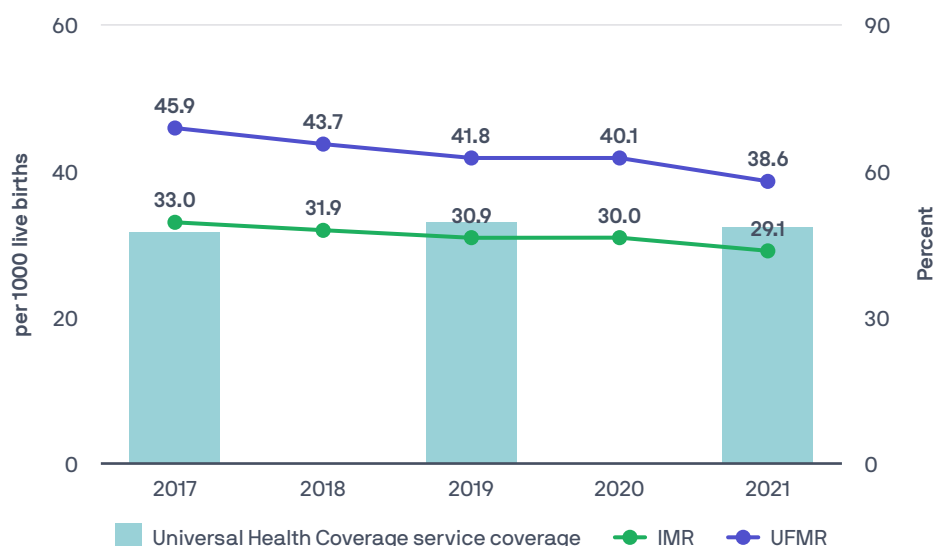
The Gross National Income per capita increased from USD 1350 to USD 1560 during the period of analysis. This matches the preparatory transition phase for Gavi eligibility (Gavi, 2022). The Tax to GDP ratio was between 16% and 18% between 2017 and 2022. It thus met the regional 15% threshold for adequacy of financing public services.

Health system context

The top three causes of death amongst the general population were neonatal conditions, lower respiratory tract infections and Ischemic Heart Disease. Neonatal disorders, diarrheal diseases, respiratory infections and malaria were the main causes of under-five mortalities.

There was a steady decline in both the Infant Mortality Rate (IMR) and Under-five Mortality Rate (UFMR) over the period of analysis. IMR declined from 46 to 39 deaths per 1000 live births, while the UFMR declined from 33 to 29 deaths per 1000 live births as shown in figure 1.

FIGURE 1. Health system performance in Senegal



HIGHLIGHT

The rising debt levels in Senegal beyond the regional threshold highlights potential risk of debt repayments crowding out expenditures on other essential public services including health and immunization.

The relatively high Tax to GDP ratio in Senegal point to a fairly reliable tax administration system that ought to be strengthened to ensure fair, predictable and improved revenue mobilization to finance public services including health and immunization.

The Universal Health Coverage (UHC) Service Coverage index in 2021 was 50% implying that half of the population in Senegal had access to quality essential services including reproductive, maternal, newborn and child health, infectious diseases, and non-communicable disease services.

Immunization coverage

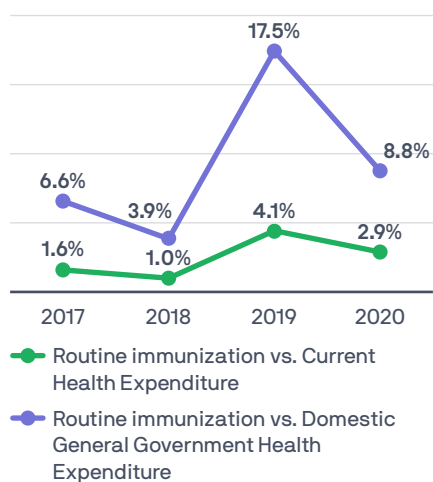
Overall, the national immunization coverage rates showed a decline from 2019 particularly Meningococcal Conjugate Vaccine (MCV) 1 and Diphtheria, Pertussis, and Tetanus (DTP) 1, which suggests challenges in access possibly due to contextual factors such as COVID-related restrictions. Measles 2 coverage increased from 59 to 75% during the period of analysis.

Immunization financing

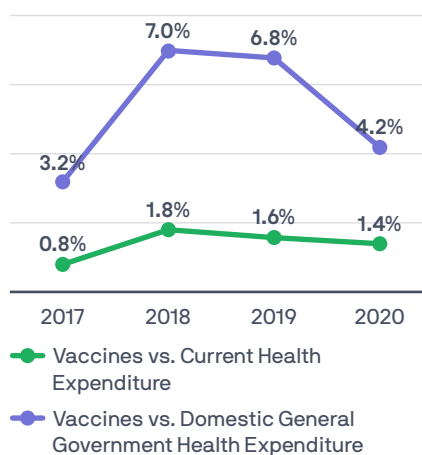
Expenditures on Routine Immunization in Senegal progressively increased during the period of study. Routine immunization accounted for between 1% and 4% of the Current Health Expenditure (CHE); and between 4% and 17.5% of the Domestic General Government Health Expenditures between 2017 and 2020. Vaccine related expenditures accounted for less than 2% of the CHE, and between 3% to 7% of the Domestic General Government Expenditures (Figure 2).

FIGURE 2. Prioritization of immunization and vaccines in Senegal

Immunization prioritization

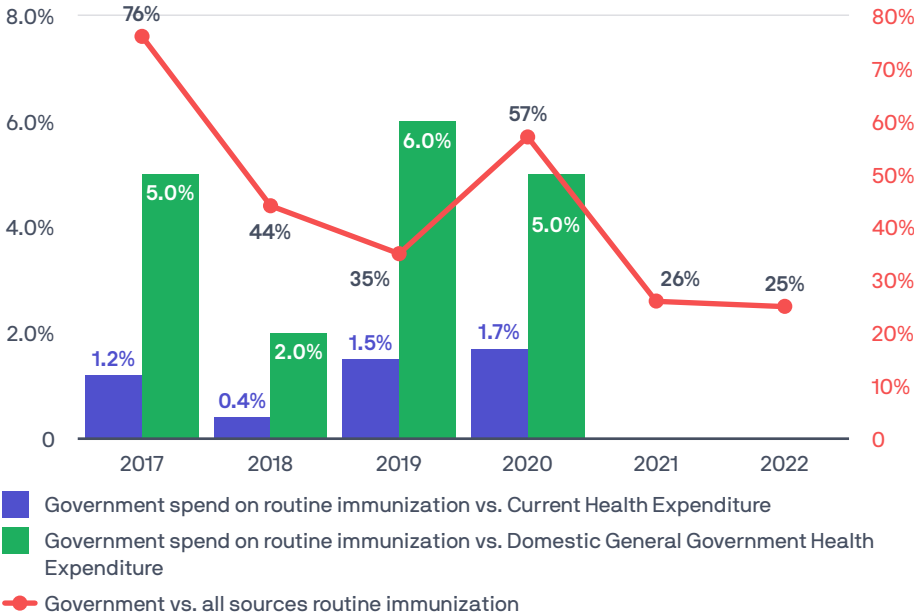


Vaccine prioritization



Government funding as a source of immunization financing declined from 76% to 25% between 2017 and 2022. This accounted for less than 2% of Current Health Expenditures and below 6% of the Domestic General Government Health Expenditure (Figure 3).

FIGURE 3. Government prioritization of immunization



HIGHLIGHT

There is significant donor dependence for immunization financing in Senegal. This threatens sustainability of immunization services. Progressive increments in government financing of health and immunization will help mitigate against donor dependence and financial hardship among households as they seek for immunization services.

Recommendations towards improving immunization services

1. **Access and geographic barriers:** Establish mobile immunization clinics, increase the number of healthcare workers, and improve transportation infrastructure.
2. **Vaccine hesitancy:** Increase public awareness through targeted campaigns, engage with community leaders, and provide accurate information about vaccines.
3. **Socioeconomic factors:** Increase public awareness through targeted campaigns, provide free or subsidized vaccines, and improve access to education and healthcare.
4. **Security challenges:** Increase security in conflict-prone areas e.g., Sahel, provide adequate protection for healthcare workers, and establish contingency plans for immunization services.
5. **Cultural and religious factors:** Engage with religious and community leaders, provide accurate information about vaccines, and address cultural and religious beliefs that discourage vaccination while developing culturally appropriate immunization programs.
6. **Inadequate government funding:** Increase government funding for immunization programs, establish a predictable funding mechanism, and reduce dependence on external donors.

Recommendations towards improving immunization financing

1. **Inadequate government funding:** Increase budget allocation for immunization programs, prioritize immunization spending, and improve budget transparency.
2. **Dependency on donor funding:** Diversify funding sources, establish predictable long-term partnerships with donors and private sector, and develop contingency plans for funding fluctuations.
3. **Financial mismanagement:** Improve financial management systems, establish accountability mechanisms, and increase transparency in financial reporting.
4. **Healthcare infrastructure costs:** Increase budget allocation for healthcare infrastructure, prioritize infrastructure development in underserved areas, and establish public-private partnerships for infrastructure development.
5. **Health insurance coverage:** Expand health insurance programs to cover immunization costs, establish public-private partnerships for health insurance, and increase awareness of health insurance benefits.
6. **Economic challenges:** Strengthen Public Finance Management systems, establish contingency plans for economic fluctuations, prioritize immunization spending during recessions, and increase public-private partnerships for immunization financing.
7. **Coordination and accountability:** Strengthen central and decentralized immunization coordination among government agencies, donors, and implementing partners, with stronger accountability mechanisms to ensure funds are used effectively.

References

GAVI. (2022). *Gavi Alliance Eligibility and Transition Policy Version 4*. <https://www.gavi.org/types-support/sustainability/eligibility>

McIntyre, D., Meheus, F., & Rottingen, J. A. (2017). What level of domestic government health expenditure should we aspire to for universal health coverage? *Health Economics, Policy and Law*, 12(2), 125–137. <https://doi.org/10.1017/S1744133116000414>