

HIV/AIDS in Senegal

A USAID Brief

Senegal is often presented as a developing world success story in HIV prevention. The country has maintained one of the lowest HIV prevalence levels in sub-Saharan Africa, and HIV prevalence has stabilized since 1997. The Senegalese Ministry of Health reports a 1.4 percent prevalence, with 70,000 persons living with HIV/AIDS. The Joint United Nations Programme on HIV/AIDS (UNAIDS), however, estimated adult HIV prevalence in Senegal at .5 percent at the end of 2001. Both estimates indicate a stable, low-level epidemic.

Senegal's comparatively low HIV/AIDS prevalence in relation to other African countries has been attributed to cultural norms promoting responsible sexual behavior, comprehensive strategic approaches to controlling the epidemic, and continued commitment from Senegalese authorities. An analysis conducted by UNAIDS in 1997 and again in 2000 attributed the low prevalence of HIV/AIDS among the general population to the following factors:

Conservative cultural norms regarding sex.

Premarital sex is relatively less common in Senegal than in other countries in the region. For women in urban areas, the probability of first sexual encounter before the age of 20 years is 20 percent, compared with 30 or 40 percent in neighboring countries.

Creation of safe blood supply for transfusion.

The national blood supply system, which has systematically tested for syphilis and hepatitis since the 1970s, was reinforced in 1987 to prevent the transmission of HIV through blood transfusion. National and regional blood banks have appropriate equipment and personnel trained for HIV testing in the country's 10 regions.

Registration and regular medical check-up of commercial sex workers.

Since 1969, registered commercial sex workers have been required to undergo quarterly health check-ups and receive treatment for curable sexually transmitted infections (STIs). This system of registration has provided a framework to approach this target group with educational and health campaigns.

Promotion of condom use.

Condom promotion is a major component of the National AIDS Control Program strategy. Condoms are distributed free of charge to commercial sex workers, patients with STIs, youth, and employees of the unformed services. In addition, condom social marketing programs sold 3.6 million condoms in 2001 through 2,200 sales points across Senegal.



Information, education, and communication interventions.

Comprehensive information, education, and communication programs through nongovernmental organizations (NGOs) have targeted specific groups such as commercial sex workers, youth, female domestic workers and vendors, truck drivers, and spouses of migrant workers. In addition to mass media campaigns and massive production of information materials, significant efforts have been made to reach youth and women through special events such as World AIDS Day, Youth Week Against AIDS, and Women's Week Against AIDS.

Active involvement of community, political, and religious leaders.

Senegal is fortunate to have thousands of experienced associations, movements, and community organizations working in the health field. As early as 1989, the government collaborated with religious organizations to discuss its AIDS prevention strategy. In 1995, a national conference of religious leaders resulted in an active proclamation of support for HIV prevention and a partnership between Christian and Muslim leaders in the fight against AIDS.

Strengthening syndromic management of STIs.

A syndromic approach to STI treatment has contributed to improving service quality and increasing awareness about STIs among the general population. Major activities include a district-level needs assess-

ment and ethnographic studies, training and intensive supervision of health personnel, and continuous evaluation of the quality of STI management services at the health district level.

Monitoring seroprevalence on a continuous basis.

Sentinel surveillance of HIV started in 1987 and provides useful and regular information on the evolution of the epidemic.

NATIONAL RESPONSE

As indicated above, the Senegalese government demonstrated its political commitment to confront HIV/AIDS soon after the epidemic began. In 1986, the government collaborated with the World Health Organization (WHO) to establish the Programme National de Lutte contre le SIDA et les MST (changed in April 2002 to Conseil National de Lutte contre le SIDA et les MST, or CNLS). Strategies employed by CNLS to maintain low HIV/AIDS prevalence include measuring the scope of the epidemic; guaranteeing the safety of blood transfusions; promoting education activities for the prevention of sexual transmission of HIV; supporting the psychological and clinical needs of persons living with HIV/AIDS (PLWHA); and reinforcing prevention efforts for all STIs.

Since 1989, prevention strategies for HIV and STI have been integrated. From the start of the epidemic, civil society and religious groups, and political

Estimated Number of Adults and Children Living with HIV/AIDS (Ministry of Health)	70,000
Total Population (2001)	9.7 million
Adult HIV Prevalence (Ministry of Health)	1.4 %
HIV-1 Seroprevalence in Urban Areas	
Population at High Risk (i.e., sex workers and clients, STI patients, or others with known risk factors)	6.1%
Population at Low Risk (i.e., pregnant women, blood donors, or others with no known risk factors)	.4%

Sources: Ministry of Health, UNAIDS, U.S. Census Bureau

leaders have been actively involved in HIV/AIDS prevention activities. In 2000, the government made antiretroviral drugs available to pregnant women at three sites in Dakar.

The CNLS has adopted a multisectoral strategy for 2000-2006, including the following components: 1) increased information, education and communication/behavior change activities; 2) improved HIV epidemiological surveillance; 3) reinforcement of the blood screening program; 4) management of STI cases; and 5) care and support of PLWHA.

USAID SUPPORT

USAID/Senegal supports interventions at the national, central, and district/community levels. At the national level, USAID provides training and supervision in application of service delivery norms and protocols throughout the country. At the central level, the Mission supports policy dialogue, research, monitoring and evaluation, and information dissemination and communication. At the district/community level, USAID supports local health services and systems support including development, implementation, and monitoring and evaluation of local health action plans.

USAID supports the following country programs:

Behavior change

Initiatives target high-risk groups, particularly commercial sex workers, female workers, and mobile populations, and encourage behavior change through multiple communication channels. Community-based organizations and local NGOs are supported to develop outreach activities to reach these groups.

Capacity development

Specific objectives of the USAID program include the enhancement of high-level political support for HIV/AIDS prevention and the reinforcement of high-level policy dialogue within neighboring countries. USAID works with members of Parliament to address the legal and regulatory framework surrounding HIV/AIDS.

Activities in the workplace consist of operations research to integrate micro-credit activities with

HIV prevention among fisherman and transporters, and publication of an information bulletin for wide-spread distribution among business leaders, ministries, and unions. USAID programs focus on building a sustainable partnership with various media outlets, enhancing their role in increasing public awareness, and supporting advocacy for HIV/AIDS prevention. In addition, USAID supported a sub-regional meeting of decision makers and opinion leaders from neighboring countries in order to build linkages between organizations implementing HIV prevention activities and promote a favorable environment for HIV/AIDS prevention at the regional level.

USAID also works with private companies to ensure HIV/AIDS activities and services are made available for employees, and with the national telephone company to provide an AIDS information hotline service.

Care and support

Linking prevention and care has been found to be an effective means to reinforce community responses to HIV and increase the involvement of PLWHA. The linkage between these services and community participation for care is an essential component of the USAID strategy as are increased access to care for PLWHA and increased involvement of PLWHA in prevention activities.

USAID provides assistance to the National AIDS Council to assess the care and support situation in Senegal and design a national strategy for decentralization of the care continuum. In addition, USAID programs reinforce the national unit of the center for ambulatory care for PLWHA. Finally, USAID and its partners are working to reinforce networks of PLWHA, identify partnerships that need to be developed, geographically expand the model support network for PLWHA developed by USAID's community mobilizing partners, and link them to voluntary counseling and testing services.

Condom promotion

Since 1985, USAID has provided the National AIDS Control Program with more than 10 million condoms for distribution to CSWs, STI patients, youth, and adults through clinics and during AIDS-related

event days. In addition, since 1995, USAID has promoted social marketing efforts with a local NGO that works through 2,200 pharmacies and non-traditional outlets.

Monitoring and evaluation

In collaboration with the Centers for Disease Control and Prevention, USAID plans to help the National AIDS Program build its capacity and infrastructure to more effectively monitor and evaluate both the evolution of the epidemic and the effectiveness of various interventions. There is an urgent need to reorient the surveillance system to better track pregnant women and groups at high risk of HIV infection, such as truckers and fisherman, and collect behavioral information as a means of informing trends in HIV/AIDS across the country. Specific objectives of the program are to develop and implement a second generation surveillance system and establish a laboratory quality assurance and control program at both the national and local levels.

Reaching in-school youth

USAID carries out a two-pronged approach aimed at primary, secondary, literacy, and technical/vocational students to: establish a positive environment for HIV/AIDS prevention among educational personnel; and encourage positive behavior for HIV/AIDS prevention among targeted youth groups through innovative channeling of messages.

Voluntary counseling and testing

USAID plans to increase access to high-quality voluntary counseling and testing (VCT) services, establish a quality assurance mechanism for testing sites, and establish an effective and broad-based network linking testing facilities to basic care and support services for persons with HIV/AIDS. Currently, three VCT centers are open; USAID plans to support the opening of three additional centers in 2002.

CHALLENGES

According to *Senegal and HIV/AIDS*, a 1999 summary produced by Family Health International/Impact, major constraints to HIV/AIDS control include:

- Poverty and lack of resources to address HIV/AIDS and other health and development problems, particularly in rural areas;
- Weak social position of women, which continues to place women at higher risk of infection due to lack of resources and education, and inability to negotiate safe sex;
- Migration to and from neighboring countries where HIV prevalence rates are high; and
- Centralized bureaucratic structures in the health sector, which can produce administrative obstacles and delays in implementing activities.

SELECTED LINKS AND CONTACTS

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