

Country Profile | President's Malaria Initiative (PMI)

SENEGAL

April 2008



At a Glance: Malaria in Senegal

Population: 12.8 million¹

Life expectancy at birth:
56 years (male), 58.5 (female)¹

Population at risk of malaria: 100%²

Under-5 mortality rate: 121/1000,
or approximately 1 in 8 children³

¹ US Census Bureau

² Roll Back Malaria 2005 World Malaria Report

³ DHS 2005

Background

All Senegalese are at risk of contracting malaria. Malaria is responsible for up to 30 percent of outpatient visits, 20 percent of hospital admissions, and 25 percent of hospital deaths among children under 5.

Senegal is one of four second-round target countries to benefit from the President's Malaria Initiative (PMI), a five-year, \$1.2 billion program led by the U.S. Agency for International Development (USAID), in conjunction with the Department of Health and Human Services (Centers for Disease Control and Prevention), the Department of State, and the White House.

Goal

The goal of PMI is to cut malaria deaths by 50 percent in 15 countries in Africa by reaching 85 percent of the most vulnerable groups – principally pregnant women and children under 5 years of age – with lifesaving services, supplies, and medicines.

PMI coordinates with national malaria control programs and international partners, including the World Health Organization; the Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Bank Malaria Booster Program; the Roll Back Malaria partnership; the Bill and Melinda Gates Foundation; nongovernmental organizations, including faith-based and community groups; and the private sector.

Key Interventions

In support of Senegal's national malaria control program, PMI backs four key intervention strategies to prevent and treat malaria:

- Spraying with insecticides (“indoor residual spraying,” or IRS)
- Insecticide-treated mosquito nets (ITNs)
- Lifesaving drugs
- Preventive treatment for pregnant women (“intermittent preventive treatment,” or IPTp)

Results to Date

Senegal has completed its first year as a PMI focus country. With support from PMI and its partners, malaria control interventions are being implemented, and vital commodities are being distributed to vulnerable populations.

Mosquito nets: Sleeping under a long-lasting ITN provides protection from malaria-carrying mosquitoes. The nets are nontoxic to humans and do not need re-treatment with insecticide for up to four years. Using a variety of approaches, PMI has supported the distribution of hundreds of thousands of ITNs to the people of Senegal. A total of 196,872 long-lasting ITNs were distributed free of charge; 134,413 were distributed through a voucher system requiring a small copayment; and 158,060 were sold at full cost through retail outlets that received PMI support. In addition, 125,632 nets were re-treated through a community-based campaign, making them effective once again.

Insecticide spraying: IRS involves the coordinated, timely spraying of the inside walls of homes with insecticides. Mosquitoes are killed when they land on these sprayed walls and pick up the residual insecticide. In 2007, 76,279 homes were sprayed with insecticide, protecting 678,971 people. This represents 98 percent of the targeted houses for the first round of spraying.

New medicines: Derived from the *Artemisia* plant, a Chinese herb, artemisinin-based combination therapies (ACTs) are new medicines that are hugely effective against new malaria strains and have virtually no side effects. In Senegal, PMI has supported training for 1,020 community health workers, representing 656 local health huts in nine regions, on how to administer ACTs. An additional 2,705 community health educators from 117 health huts were trained to disseminate messages on malaria prevention and prompt care-seeking. Eighty laboratories in all districts and some regional-level facilities have been furnished with new microscopes and laboratory consumables.

Malaria in pregnancy: Pregnant women are particularly vulnerable to malaria as pregnancy reduces a woman's immunity to malaria, making her more susceptible to malaria infection and increasing the risk of illness, severe anemia, and death. With PMI support, expectant mothers receive malaria treatments given at regular intervals during pregnancy through antenatal care services. The prescribed IPTp regimen, accurate record keeping, and the diagnosis and treatment of malaria in pregnancy have been taught to 43 health care workers in two regions.

PMI Funding

For fiscal year 2008, PMI allocated \$15.9 million in funding for malaria prevention and treatment in Senegal.

Upcoming PMI Activities

- Ensure that health workers at all levels adhere to new diagnostic and treatment guidelines
- Improve communication and coordination among all malaria control partners in Senegal by re-activating the National Malaria Steering Committee
- Work with the National Malaria Control Program (NMCP) to implement a large-scale distribution of long-lasting ITNs, integrated with other child health activities, with PMI contributing more than 700,000 long-lasting ITNs
- Improve the quality, management, and analysis of data being reported through the routine NMCP system to more accurately reflect the impact of malaria control interventions