

Senegal

HIV/AIDS epidemiological summary

HIV-1 and HIV-2 surveillance information on antenatal clinic women has been available from Senegal since the mid-1980s. In Dakar, the major urban area in Senegal, HIV-1 prevalence among antenatal clinic women has been 1% or less for all years up to 1998. In only two years—1990 and 1995—1% of antenatal clinic women tested positive for HIV-1 and, in 1998, 0.5% of women tested positive. Outside the major urban areas, HIV-1 prevalence among antenatal clinic women has also remained low, ranging from 0% and 0.8% between 1986 and 1998. HIV-2 prevalence in Dakar decreased from almost 2% in 1990 to 0% in 1997. Outside Dakar, HIV-2 prevalence ranged from 0.2% to 1.7% in 1997.

Although HIV-1 prevalence has remained very low among antenatal clinic women in Dakar, prevalence among sex workers has increased gradually from less than 1% in 1986 to 13% in 1995. Since then, HIV-1 prevalence has declined and, in 1998, 7% of sex workers tested were HIV-1-positive. HIV-1 prevalence among sex workers outside of Dakar, in Kaolack and Ziguinchor, continues to increase, from 0% in 1986 and 1989 to 20% in 1998.

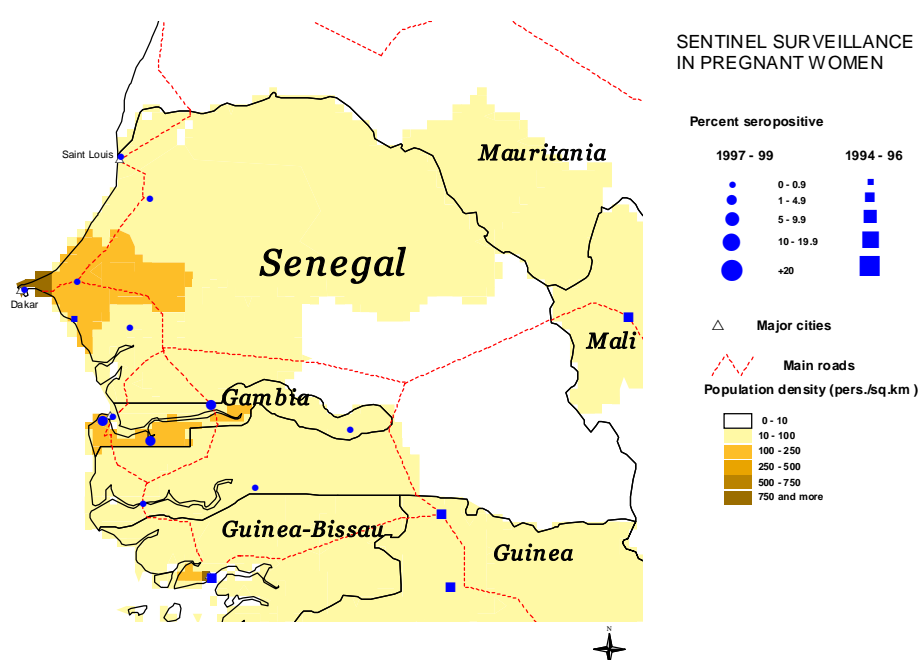
Since 1989, HIV-1 prevalence among male STI clinic patients in Dakar increased from 1% to nearly 5% in 1993. In 1998, 3% of male STI clinic patients tested positive for HIV-1 or HIV-1+2. Outside Dakar, HIV-1 prevalence among male STI clinic patients increased from no evidence of HIV infection in 1989 to 3% in 1994.

Estimated number of people living with HIV/AIDS, end 1999	Adults and children	Adults (15-49)	Adult rate (%)	Women (15-49)	Children (0-14)
Source: UNAIDS/WHO, June 2000	79 000	76 000	1.77	40 000	3300

Demographic impact of HIV/AIDS	Year	Estimate	Source
Children who lost their mother or both parents due to HIV/AIDS at age 14 or younger since the beginning of the epidemic	1999	42 000	UNAIDS/WHO June, 2000
Estimated AIDS deaths	1999	7800	UNAIDS/WHO, June, 2000

Behavioural indicators	Year	Age group	Male	Female
Reported condom use during most recent intercourse with a non-regular partner (%)	1998	13-62	58.0	82.0
Reported non-regular sexual partnership over a 12-month period (%)	1998	18-62	23.0	-

Measured HIV prevalence	Year	Median	Min.	Max.
Women in antenatal care clinics – major urban areas (%)	1998	0.5	0.5	0.5



Economic impact of HIV/AIDS

Summary of the economic impact of HIV/AIDS

No empirical data on the economic impact of AIDS in Senegal were found in the literature review carried out. However, a modelling exercise carried out for the World Bank calculated the annual costs of scaling-up AIDS programmes to meet the current need to be between US\$ 30 million and US\$ 50 million. This represents a per-capita cost of around US\$ 3 – US\$ 5 and 1.1% of GDP. In the education sector, the current primary school enrolment is 60%. A model developed by UNAIDS and UNICEF shows how increasing mortality rates have led to discontinuity, with many pupils losing or having a change in their teachers. This discontinuity, along with the burden of school fees, increasing numbers of orphans and children's growing responsibilities as a consequence of AIDS in the household, is likely to erode the achievements in this area, reducing enrolment and, hence, literacy rates. Likewise, the potential impact on other sectors, including agriculture, households and firms, shown in other African nations to increase costs and expenditure, reduce savings and shift productivity patterns due to labour losses, needs to be carefully monitored in future studies (1)(2).

Macroeconomic impact

Not available

Economic impact of HIV/AIDS on households

Not available

Economic impact of HIV/AIDS on agriculture

Not available

Economic impact of HIV/AIDS on firms

Not available

Economic impact of HIV/AIDS on education

Supply: A model developed by UNAIDS and UNICEF in 2000 shows that, of around 900 000 primary school students, 2000 would have lost a teacher to AIDS in 1999 (3).

Demand: Not available

Economic impact on the health sector

Supply: Not available

Demand: Not available

Resource gap: The annual cost of scaling-up HIV/AIDS programmes is estimated to range from US\$ 30 million to US \$50 million.

Management and implementation of the national response to HIV/AIDS

Policy formulation

Existence of national HIV/AIDS policy (either a written document or part of one)

Yes	No
X	

Comments/Key elements: "Programme national de lutte contre le SIDA", issued in 1986, includes a political declaration and strategic interventions. But the document needs to be updated to include current priorities: mother-to-child transmission, voluntary counselling and testing.

Source: WHO Focal Point

Date: 3 July 2000

Existence of HIV/AIDS policy in the following sectors:

Sector	Yes	No
Agriculture		X
Education		X
Health	X	
Military		X
Workplace		X
Sports		X
Others		X

Comments/Key elements: There are no sectoral strategy documents. Sectoral interventions focus on prevention as an activity in support of public health.

Source: WHO Focal Point

Date: 3 July 2000

Existence of HIV/AIDS-specific legislation against discrimination on the grounds of HIV

Yes	No
	X

Comments/Key elements:

Source: WHO Focal Point

Date: 3 July 2000

Organizational structure**Existence of high-level structure in support of the national response**

(e.g. National AIDS Committee/Commission, Inter-Ministerial Committee, Presidential-level bodies)

Yes	No
X	

Comments/Key elements: "Comité Interministériel de Lutte contre le SIDA" is an Inter-Ministerial Committee in charge of coordinating the national response. This committee needs to be strengthened.

Source: WHO Focal Point

Date: 3 July 2000

Planning and programming**Existence of national strategic plan on HIV/AIDS**

Yes	No
X	

Comments/Key elements: The current National Strategic Plan runs until 2001.

Source: WHO Focal Point

Date: 3 July 2000

National strategic plan on HIV/AIDS includes clearly identified priorities

Yes	No
X	

Comments/Key elements: Priorities are the following: blood transfusion security, vulnerable groups, voluntary counselling and testing, mother-to-child transmission, surveillance, access to therapy, PLWHA, STI, IEC and behavioural change.

Source: WHO Focal Point

Date: 3 July 2000

Existence of budget for implementation of the national strategic plan

Yes	No
X	

Comments/Key elements: Three financial sources are considered: the state, local authorities and development partners.

Source: WHO Focal Point

Date: 3 July 2000

General demographic and socioeconomic indicators

Demographic indicators	Year	Estimate	Source
Total population (thousands)	1999	9240	UNPOP
Population aged 15–49 (thousands)	1999	4262	UNPOP
Annual population growth (%)	1990–1998	2.6	UNPOP
% of population urbanized	1998	44	UNPOP
Average annual growth rate of urban population (%)	1990–1998	3.8	UNPOP
Economic Indicators	Year	Estimate	Source
GNP per capita (US\$)	1998	520	UNDP
GNP per capita average annual growth rate (%)	1996–1997	2.5	World bank
Human Development Index rank (HDI)	2000	155	UNDP
% population economically active	-	-	-
Unemployment rate	-	-	-
Education Indicators	Year	Estimate	Source
Total adult literacy rate	1995	33	UNESCO
Adult male literacy rate	1995	43	UNESCO
Adult female literacy rate	1995	23	UNESCO
Male secondary school enrolment ratio	1996	19.7	UNESCO
Female secondary school enrolment ratio	1996	11.9	UNESCO
Health Indicators	Year	Estimate	Source
Crude birth rate (births per 1000 pop.)	1999	39	UNPOP
Crude death rate (deaths per 1000 pop.)	1999	13	UNPOP
Maternal mortality rate (per 100 000 live births)	1990	1,200	WHO
Life expectancy at birth	1998	64	UNPOP
Total fertility rate	1998	4.7	UNPOP
Infant mortality rate (per 1000 live births)	1999	60	UNICEF/UNPOP
Contraceptive prevalence rate (%)	1990–1999	13	UNICEF/UNPOP
% of births attended by trained health personnel	1990–1999	47	UNICEF
% of one-year-old children fully immunized (DPT)	1995–1998	65	UNICEF

References

- (1) Diop, I., Bollinger, L., and Stover, J. *The Economic Impact of AIDS in Senegal*. The Policy Project, Futures Group International in collaboration with Research Triangle Institute and the Centre for Development and Population Activities. 1999.
- (2) The World Bank. HIV/AIDS: its impact on development. 2000.
- (3) UNICEF. *The Progress of Nations*. Background paper. New York, UNICEF, 2000.