

# Fact sheet on the financing of reproductive health in Senegal



## Health spending in Senegal

In 2022, the per capita public expenditure on health was:

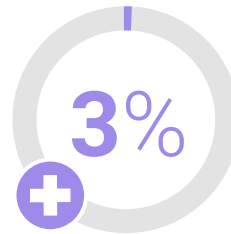
**22,206\*** FCFA  
/\$US 37.1



An annual public expenditure of at least **US\$86** per capita is needed for LMICs to deliver an essential package of services.<sup>2</sup>

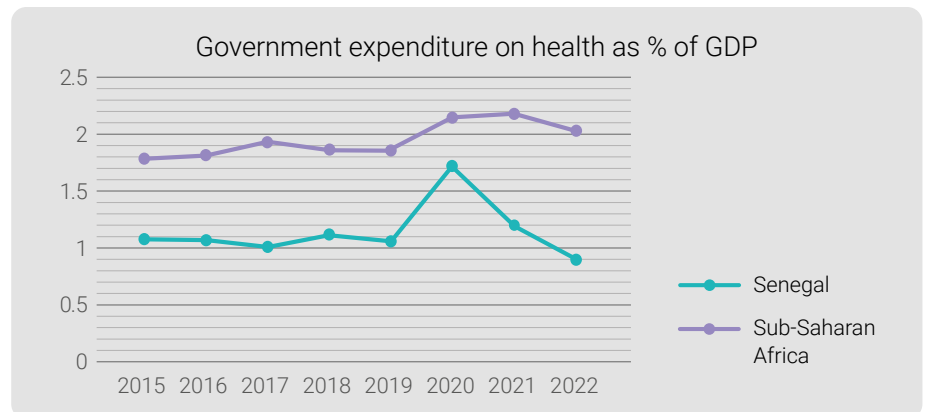
\*with 1 dollar estimated at 600 FCFA.

Public spending on health accounted for **3%** of total public expenditure in 2022.<sup>3</sup>



In 2001, African Union (AU) member states committed to allocate at least 15% of their national budgets to health.<sup>4</sup>

Public expenditure on health accounted for 0.9 of GDP in 2022<sup>5</sup>

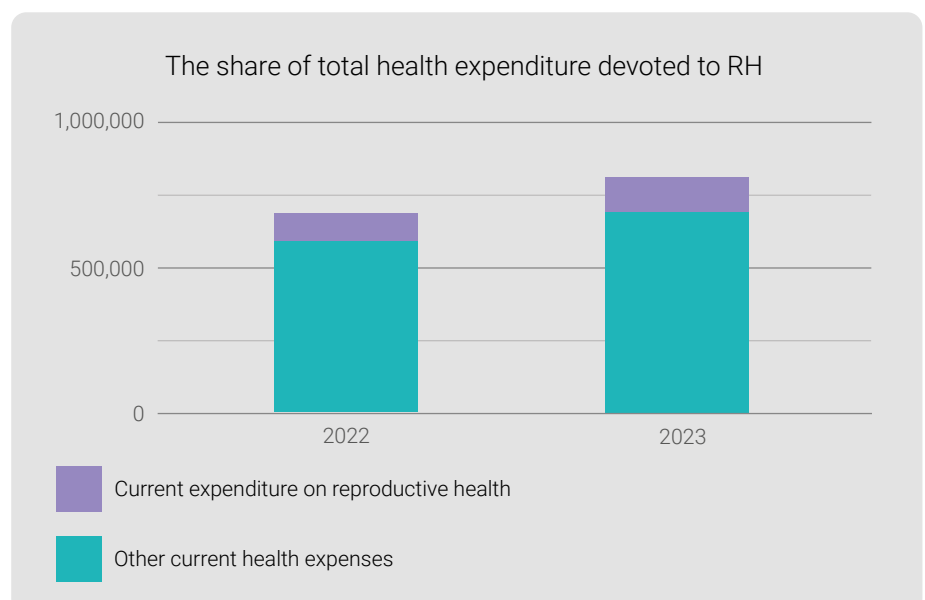


It is widely accepted that achieving UHC requires governments to spend **at least 5 – 6%** of their GDP on health care<sup>6</sup>.

## Reproductive health spending in Senegal

In 2023, reproductive health (RH) accounted for **15%** of total recurrent health expenditure, compared to **14%** in 2022. This represents an increase of 22% in real terms.<sup>7</sup>

However, the majority of RH funding in 2023 was for childbirth (37%) and maternal health (17%), with only **8%** for FP.



## Where did most of the funding for reproductive health come from in 2023?<sup>7</sup>

### Households



**27%**

**[+37% from 2022 to 2023]**

Households remain an important and growing source of RH funding, exposing vulnerable populations to catastrophic expenditures.

### Technical and financial partners (TFPs)



**27%**

**[+17% from 2022 to 2023]**

Increased reliance on TFPs undermines the sustainability of funding for RH programmes, especially in the context of significant reductions in ODA.<sup>9</sup>

### Government



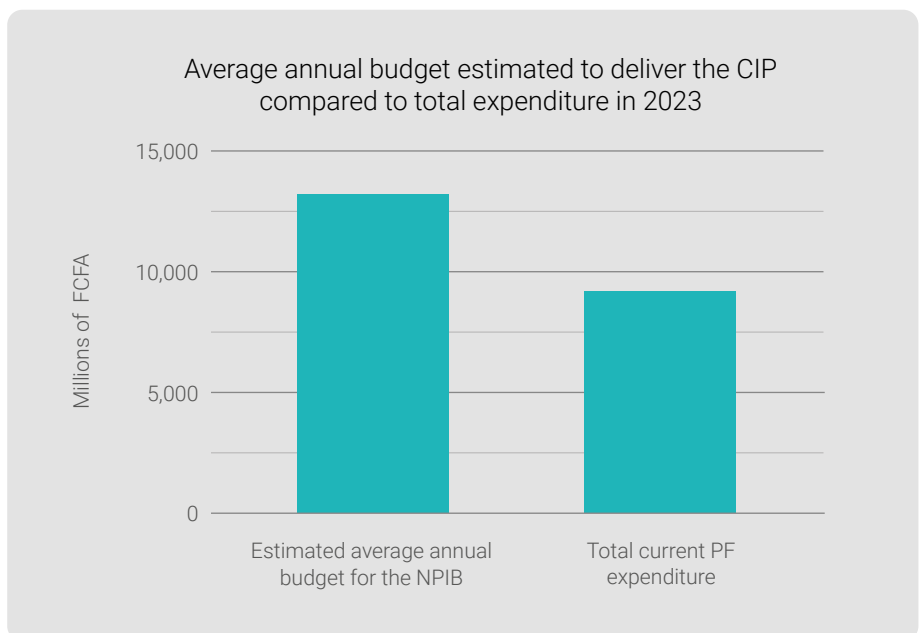
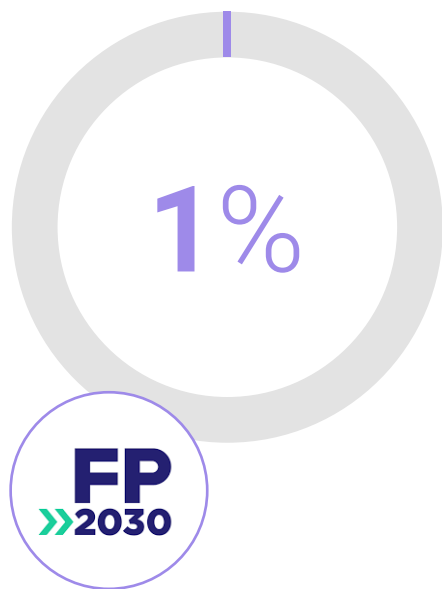
**30%**

**[+53% from 2022 to 2023]**

The share of public funding is increasing, reflecting growing political commitment. However, the contribution remains small compared to need.

## Family planning spending in Senegal

In 2022 and 2023, FP accounted for **1%** of total health expenditure.<sup>7</sup>



The National Costed Implementation Plan for FP (FP-CIP) 2024-28 requires an average budget of 13.3 billion CFA francs per year<sup>8</sup>. In 2023, total current expenditure on family planning was 9.2 billion CFA francs, or **69%** of the declared needs.<sup>7</sup>

**FP2030 commitment:** By 2030, Senegal has committed to ensuring annual fiscal sovereignty, through a 20% increase in the state's contribution estimated at 500 million CFA francs for the accessibility and availability of contraceptives.<sup>10</sup>



## Where did most of the funding for family planning come from in 2023?<sup>7</sup>

### Technical and financial partners (TFPs)



**74%**

**[+43% from 2022 to 2023]**

TFPs are the main source of financing for FP. Their strong involvement helps to ensure the availability of contraceptive products and communication programs, but also leads to structural fragility.

### Households



**20%**

**[+3% from 2022 to 2023]**

The contribution of households in FP financing remains significant. This exposes a risk of inequities in access and exposes vulnerable populations to catastrophic expenditures.

### Government



**4%**

**[no change from 2022 to 2023]**

The share of public funding for FP has remained very low and stagnant. At total of 354 million CFA francs in 2023, this amount remains significantly lower (-41%) than the FP2030 commitment of 500 million CFA francs per year.

Changes in the international financing landscape are a major obstacle to achieving Senegal's goals under the FP2030 agenda. For example, between 2017 and 2022, USAID provided a total of 36 million products worth US\$8 million. The closure of USAID and the reduction of funding from other donors leaves a significant funding gap.<sup>11</sup>

## What were current budgets for family planning spent on?<sup>7</sup>

### Employee remuneration

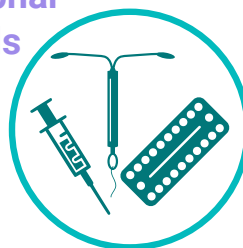


**22%**

**[+45% from 2022 to 2023]**

The payment of health personnel is a significant and growing item of expenditure, but it remains insufficient to ensure the quality and availability of services, especially in rural areas.

### Contraceptives and other pharmaceuticals



**39%**

**[+2% from 2022 to 2023]**

The relatively high expenditure on contraceptive commodities is positive but must be accompanied by a balanced investment in demand creation (communication, advocacy).

### Non-health services



**32%**

**[+75% from 2022 to 2023]**

Non-health services, which include operating costs such as the management, administration and distribution of supplies, account for 1/3 of expenditure and have increased significantly from 2022 to 2023.

## Key messages:



Strengthening public financing for health (to 5% of GDP) is essential to guarantee health sovereignty and to reduce the financial burden on households.



Increased priority needs to be given to RH and FP within the health budget, in line with FP2030 commitments, especially in the context of reduced external funding.

## Urgent actions:



Strengthen advocacy for national government and local authorities to increase their contribution to RH, by:

- Developing an investment case for FP, demonstrating its importance in reducing health costs<sup>12</sup> and contributing to health outcomes and socio-economic development
- Organising round tables to build support for FP/RH investment with the participation of the media, civil society and the National Assembly.



Within the framework of the National Multisectoral RH Steering Committee, ensure budget monitoring in order to improve governance and accountability to optimize the use of resources and strengthen donor confidence.



Explore opportunities to generate revenue (e.g. through Corporate Social Responsibility (CSR) and local governments) and improve equity (e.g. expansion of health insurance or subsidies to NGOs).

## References

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Women's Integrated Sexual Health (WISH2) West and Central Africa (WACA) is a joint program delivered by MSI Reproductive Choices, Ipas, Options, RAES, Sightsavers, and WiLDAF-AO and funded by UKID.