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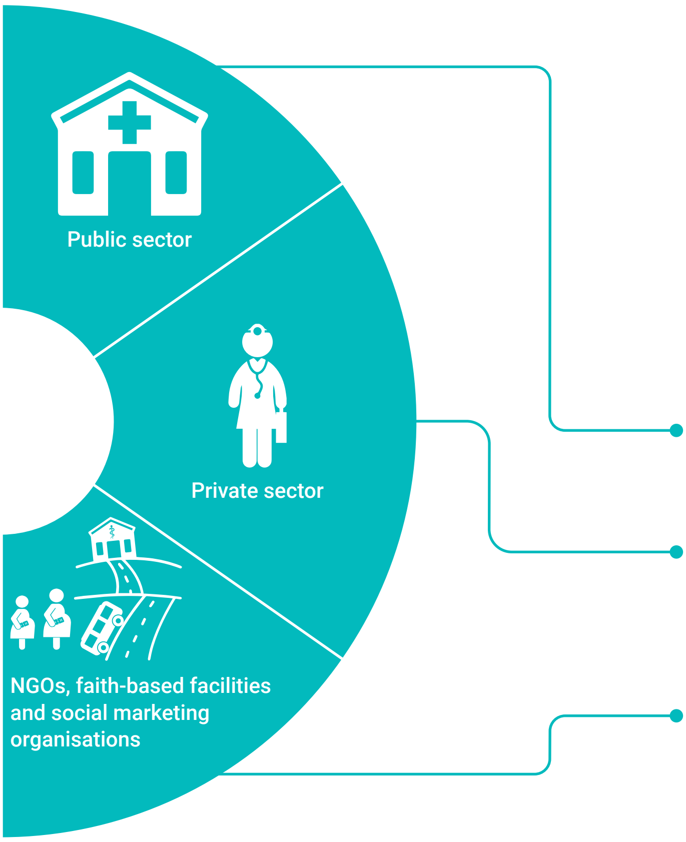
Strategic Vision and Roadmap for a Total Market Approach to Family Planning in Senegal (2025 – 2028)

Summary Brief

The Family Planning (FP) market in Senegal remains heavily reliant on the public sector, which serves the majority of users through free services. The private sector, though active in urban areas, remains underutilised and constrained by pricing variability, limited reach, and weak integration into national planning and reporting systems. Market inefficiencies, affordability barriers, and equity gaps persist, particularly for youth, people with disabilities, rural populations, and unmarried women. To address these persistent challenges and ensure sustainability, Senegal has committed to adopting a Total Market Approach (TMA), a government-led, data-driven strategy that leverages the strengths of public and private actors to deliver equitable, efficient, and sustainable access to contraceptive services. This document summarises the Ministry of Health and Public Hygiene's (MHSP's) TMA vision and roadmap, which have been informed by a market analysis, political economy analysis and stakeholder consultation.



What is a Total Market Approach?

Total Market Approach is a government-led, evidence-driven framework that mobilises the collective strengths of all market actors to meet the full range of FP needs in an equitable, efficient, and sustainable manner. At its core, TMA recognises that no single sector can meet all FP needs on its own. Instead, it promotes market segmentation, ensuring that each sector plays a role suited to its comparative advantage and user segment:

- **Public sector** resources and subsidies are directed toward low-income, rural, and vulnerable populations who rely on free or low-cost services;
- **Private sector** providers, including pharmacies and clinics, serve middle and higher-income users who value convenience, privacy, and choice; and are often willing and able to pay;
- **NGOs, faith-based facilities and social marketing organisations** bridge gaps in underserved areas through targeted outreach, demand generation, and affordable products.

Under the TMA, market segmentation is guided by robust data on users' ability and willingness to pay, method preferences, and service access barriers. This allows policymakers to align service delivery channels and pricing strategies with population needs, preventing overlaps and ensuring that public subsidies are not used by those who can afford private options. The approach depends on strong government stewardship, where the MSHP takes a leadership role coordinating multi-sector efforts to avoid duplication, regulating market functions, allocating resources based on population priorities and integrating data systems to capture information from all sectors for planning and decision-making.

The evolution of TMA in Senegal

The last 10 years has seen considerable progress towards improved understanding of the FP market in Senegal. A situation analysis of TMA was carried out in 2015, followed by a market assessment and roadmap in 2022 and 2023. These all provided valuable insights into market segmentation, pricing, and sector roles. Yet, several recommendations from these earlier exercises remain only partially implemented. A Political Economy Analysis was therefore undertaken in 2025 to explore the barriers to implementing a TMA and the political, institutional and behavioural levers to moving it forward. These findings, along with an updated market analysis, formed the basis of the TMA Vision and Roadmap 2025-2028.

Alongside these analyses, there have been a number of policy commitments that seek to strengthen the equity, efficiency and sustainability of the FP market in Senegal. Notably among these are the renewed FP2030 commitments and the FP Costed Implementation Plan (FP-CIP), 2024-2028.

Institutional arrangements for TMA in Senegal

Senegal's FP environment is supported by three main technical and operational institutions which together form the backbone of FP governance and implementation, though implementation and coordination gaps remain:

The Department of Maternal and Child Health (DSME) sets FP policy and leads program implementation but lacks the formal authority and the resources to drive market shaping and regulate performance across all sectors.

The SEN–National Supply Pharmacy (SEN-PNA) oversees public-sector commodity procurement and distribution yet struggles with last-mile delivery and integration of private sector needs.

The Directorate of Planning, Research, and Statistics (DPRS) manages planning and data systems and is well-placed to institutionalise market intelligence and monitor equity outcomes and strengthen links with UHC and mutual health insurance reforms.

In addition, coordination platforms such as the Multisector Technical Committee for Family Planning (MTCFP) facilitate cross-sector dialogue but are constrained by limited authority, resources, and accountability mechanisms. Donor funding, while critical to service expansion, often exacerbates fragmentation through vertical programming, parallel supply chains (e.g. NGO), and project-based monitoring systems that bypass national structures.

Senegal's Family Planning Market

Access: Senegal has made steady progress in expanding access to FP over the past decade, with the modern contraceptive prevalence rate (mCPR) among married women rising from 12% in 2010 to approximately 26% in 2022. However, despite these gains, contraceptive use remains uneven across population groups, with high unmet need persisting among adolescents, unmarried women, and rural poor. Despite the policy of free FP in the public sector, access barriers persist, including stock outs, informal and irregular fees, provider bias, and limited youth-friendly services.
Method mix: The method mix remains skewed, with injectable and implants accounting for the majority of modern contraceptive use. Access to long-acting reversible contraceptives (LARCs) has expanded in the public sector but remains limited in many private and rural facilities due to provider shortages and supply chain constraints. Emergency contraception and newer methods like self-injectable are gaining traction but are not yet widely available. Access to a full method mix remains uneven, with pronounced disparities between urban and rural areas, with urban regions offering a wider array of contraceptive methods.
Market Share: The FP service delivery landscape is dominated by the public sector, which provides 65 to 70% of contraceptive services through health facilities and community-level programs such as Bajenu Gox. The private for-profit sector, comprising pharmacies, clinics, and private providers remains under-leveraged, serving about 20-25% of users. NGOs and social marketing organisations play a critical role in reaching underserved populations through outreach, subsidised products, and behaviour change initiatives. However, their efforts are often short-term and donor-dependent, with limited institutional integration.
Market segmentation: Low-income women in Senegal, particularly those residing in rural and peri-urban areas, rely overwhelmingly on public sector and community-based channels to access FP services. In contrast, women in higher income brackets, particularly those living in urban canters are significantly more likely to use private clinics or pharmacies. Adolescents and young people (15 to 24) continue to experience high unmet need, driven by stigma, provider bias, limited youth-friendly services, and sociocultural barriers. Unmarried women and youth are underserved in both public and private sectors, highlighting the need for more inclusive and youth responsive service models.
Pricing: While Senegal's pharmaceutical regulator has established general mark-up guidelines for essential medicines, contraceptive pricing in the private sector remains inconsistently applied and weakly monitored, particularly for socially marketed products. As a result, prices, especially for socially marketed and over-the-counter methods, vary considerably by provider type, region, and method, often in the absence of transparent pricing benchmarks or effective regulatory enforcement.
Ability and Willingness to pay (AWTP): Low-income groups are sensitive to direct costs (e.g., method prices, consultation fees) and indirect costs (e.g., transport, time away from work). Many middle-income and urban users, on the other hand are willing to pay for FP services when they perceive added value, such as convenience, confidentiality, provider quality, or reliable product availability. This opens opportunities encourage wealthier segments to use private sector, freeing public resources for the poorest. Despite this potential, Senegal currently lacks comprehensive AWTP data disaggregated by segment.
Regulation: The Senegalese Pharmaceutical Regulatory Agency (SPRA) oversees the approval, registration, and quality control of contraceptive products. While regulatory frameworks exist, enforcement is inconsistent. There are no dedicated pricing regulations, reference pricing mechanisms, or quality audits systematically applied across public and private channels. Furthermore, regulatory oversight of product promotion and provider licensing remains underdeveloped, limiting the ability to ensure method quality and ethical service delivery.

Strategic Vision

Drawing on insights from the market assessment and political economy analysis, the MHSP has developed a TMA vision that seeks to shift Senegal's FP market from donor reliance and fragmented delivery toward a self-reliant, balanced, and future-ready system that empowers individuals with choice and equitable access. In doing so, it contributes directly to broader national goals under FP2030, the BANB 2024–2028, UHC reforms, and Vision 2050.

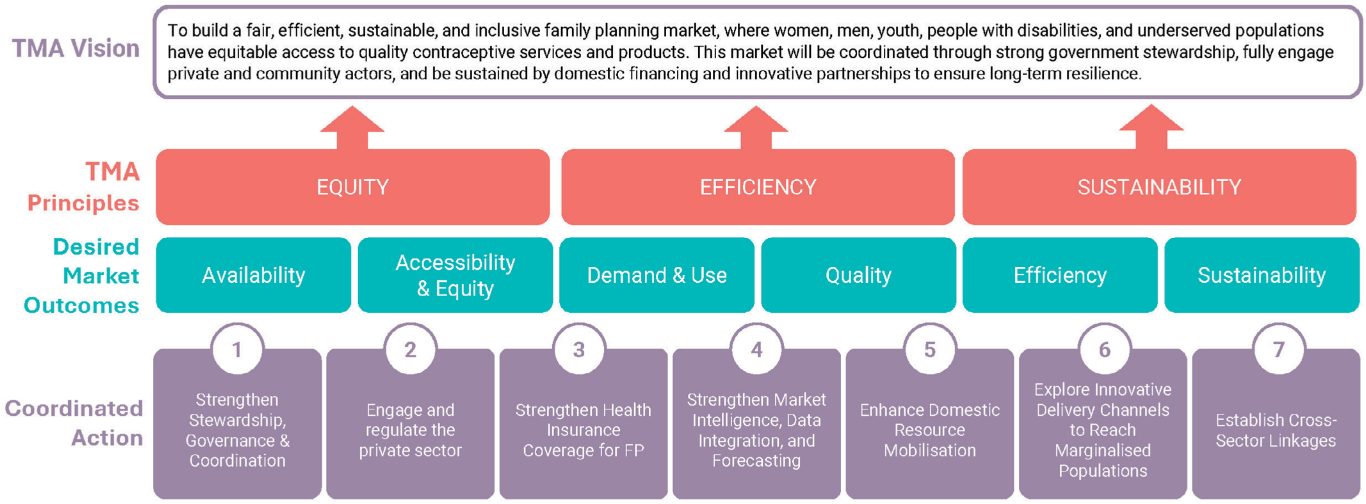
Senegal's TMA vision is to build a fair, efficient, sustainable, and inclusive family planning market, where women, men, youth, people with disabilities, and underserved populations have equitable access to quality contraceptive services and products. This market will be coordinated through strong government stewardship, fully engage private and community actors, and be sustained by domestic financing and innovative partnerships to ensure long-term resilience.

The FP system will be guided by the principles of **equity, efficiency, and sustainability**:

- Equity will be pursued by integrating FP services into universal Health Coverage (UHC) benefit packages and promoting mutual health insurance enrolment, ensuring that the most vulnerable are financially protected.
- Efficiency will be achieved through strengthened stewardship, clearer sector roles, and the use of data to optimise resource allocation.
- Sustainability will be built on diversified financing, reduced donor dependency, stronger private sector engagement and strengthened institutional capacity.

The TMA Roadmap

The TMA vision will be operationalised through a roadmap built around **seven coordinated actions** to address the gaps identified, as set out in the figure below. The success of the vision will be measured against the achievement of **six market outcomes**, each of which will be tracked through a set of defined indicators. Together, these actions along with the proposed monitoring framework, provide a coherent pathway to translate Senegal's TMA vision into practice.



The roadmap is divided into four key phases as outlined in the figure below:

A robust monitoring and learning framework will underpin continuous performance improvement. National and regional platforms should track progress against TMA objectives, assess market performance, and adjust strategies in response to evidence. This requires harmonised indicators, regular multi-stakeholder reviews, and transparent reporting to maintain accountability and momentum toward the TMA vision.

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