

## SENEGAL

### Assessment of the Epidemiological Situation & Demographics

#### Estimated percentage of adults living with HIV/AIDS, end of 2001

These estimates include all people with HIV infection, whether or not they have developed symptoms of AIDS, alive at the end of 2001: 1%

#### Estimated number of deaths due to AIDS

Estimated number of adults and children who died of AIDS during 2001: 2,500

#### Estimated number of orphans

Estimated number of children who have lost their mother or father or both parents to AIDS and who were alive and under age 15 at the end of 2001: 15,000

- **Senegal is considered one of the developing world's success stories in HIV prevention.** In the major urban area of Dakar, HIV-1 prevalence among antenatal clinic attendees has been stable at about 1% or less up to 2000/2001.
- Outside of the major urban area, HIV-1 prevalence among antenatal clinic women has also remained low, ranging from 0% to almost 1% between 1986 and 1998. In 1999, median HIV prevalence from 9 sites in 6 regions was 1.3% and ranged from 0.3% to 2.2%. In 2000/2001, the median HIV prevalence at 12 sites remained at around 1.3%, with rates ranging from 0.2% to 2.3%.
- HIV-1 prevalence among **sex workers** in Dakar increased rapidly from 0.1% in 1986 to more than 10% in 1994 and 19% in 1997 before declining to 6% in 1998; prevalence in 2001 was 18.5%. In **Kaolack**, HIV prevalence increased from 0% in 1986 to almost 25% in 2000. In **Zinquinchor**, HIV prevalence increased from 0% in 1986 to 20% in 1999 and almost 25% in 2000. In **Saint Louis**, rates in 1999 were more than 20%, while in **Mbour** the prevalence was about 25%.
- An analysis conducted by UNAIDS in 1997 and again in 2000 attributed the low prevalence of HIV/AIDS among the general population and the reduction among risk groups (e.g. sex workers) to the following factors:
  - Conservative cultural norms regarding sex
  - Creation of safe blood supply for transfusion
  - Registration and regular medical checkups for commercial sex workers
  - Promotion of condom use. For example, men reported using a condom 67% of the time during casual sex in 1997, compared with almost zero before the AIDS epidemic.
  - Information, education, and communication interventions
  - Active involvement of community, political, and religious leaders
  - Strengthening the management of sexually transmitted infections
  - Monitoring HIV prevalence on a continuous basis

Sources: Joint United Nations Program on AIDS (UNAIDS)/ World Health Organization (WHO) epidemiological fact sheet – Senegal (2002), United States Agency for International Development (USAID) - HIV/AIDS in Senegal, Pisani, E et al., UNAIDS, "Acting early to prevent AIDS: The case of Senegal," UNAIDS, Geneva, Switzerland, 1999.

### The National and Multisectoral Response

- The *Conseil National de Lutte contre le SIDA et les MST* (National Council for the fight against AIDS and Sexually Transmitted Diseases), established in 1986, has adopted a multisectoral strategy for 2000–2006, including the following components: 1) increased information, education, communication, and behavior change activities; 2) improved HIV epidemiological surveillance; 3) reinforcement of the blood screening program; 4) management of sexually transmitted infections; and 5) care and support of persons living with HIV/AIDS.
- From the start of the epidemic, **civil society and religious groups**, as well as political 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 and has increased access to antiretrovirals. At the end of 2002, 1,300 persons living with HIV were treated with antiretrovirals, which were available in the Dakar, Thies, and Kaolack regions.
- International donors, such the World Bank, and USAID support the following interventions at the national, central, district, and community levels: behavior change, capacity development, care and support, condom promotion, Mother-to Child Transmission, monitoring and evaluation, reaching out to youth, Voluntary Counseling and Testing (VCT), and prevention of HIV/AIDS among **transport workers**.

Sources: *The World Bank, UNAIDS, USAID*

### The private sector

- If a company operates within a low prevalence country but its operations are vulnerable to the AIDS epidemic (most vulnerable sectors include: Agriculture, extractive industries, construction, transportation, small and medium enterprises), it can focus its efforts on preventing incidence rates (new infections) among its workforce from increasing.
- In such cases, the company should undertake the following actions:
  - Revise occupational health and safety procedures in its clinics (if applicable)
  - Integrate Sexually Transmitted Disease (STD) and HIV education as part of safety briefings and/or health education
  - Promote the use of condoms
  - Focus on prevention of STDs
  - Work with risk groups, both inside and outside the company e.g. miners, migrant labor, and truck drivers.
- However, companies should avoid implementing stand-alone HIV awareness, education, and prevention activities, because of the stigma and discrimination associated with the disease. They should rather approach the issue as part of their health education and management. This is a cost-effective strategy in terms of new infections prevented for every dollar spent.

Source: *IFC Against AIDS*

## SELECTED LINKS AND CONTACTS

1. Programme National De Lutte Contre Le Sida (PNLS), Contact person: Ibrahim N'Doye, BP 3435, Dakar.  
Tel: (221) 822 90 45, Fax: (221) 822 15 07, Email: [ibndoye@telecomplus.sn](mailto:ibndoye@telecomplus.sn)
2. USAID/Senegal, B.P. 49 Hotel Ngor Diarama, Ngor/Dakar.  
Tel: (221) 869 6100, Fax: (221) 869 6101, Website: [http://www.usaid.gov/pop\\_health/aids/Countries/africa/senegal.html](http://www.usaid.gov/pop_health/aids/Countries/africa/senegal.html)
3. PharmAccess International, Keizersgracht 394, 1016 GB Amsterdam, The Netherlands.  
Tel: (31) 20 521 0700, Fax: (31) 20 521 0799, E-mail: [info@pharmaccess.org](mailto:info@pharmaccess.org), Website: <http://www.pharmaccess.org>
4. Senegal National Network of People Living with HIV/AIDS, Contact person: Souadou Seck, 54 rue Carnot, Dakar.  
Tel: (221) 820 2473, Email: [ancs@enda.sn](mailto:ancs@enda.sn)
5. African Council of AIDS Service Organizations (AFRICASO), Contact person: Daouda Diouf, Gibraltar 3 n° 32, BP: 28366, Dakar.  
Tel: (221) 842 3798, Fax: (221) 823 6615, Email: [africaso@enda.sn](mailto:africaso@enda.sn), Website: [www.africaso.net](http://www.africaso.net)
6. African Network on Ethics, Law and HIV/AIDS, C/O UNDP, BP 154, Dakar.  
Tel: (221) 823 0001, Fax: (221) 823 4834, Email: [hivregun@telecom-plus.sn](mailto:hivregun@telecom-plus.sn)
7. Enda Tiers Monde, Contact person: Cheikh Hamidou Kane, BP 3370, Dakar.  
Tel: (221) 821 6027, 822 42 29, Fax: (221) 822 2695, Email: [se@enda.sn](mailto:se@enda.sn), Website: [www.enda.sn](http://www.enda.sn)
8. HIV Testing Center, Centre de Promotion de la Santé - Extention Cité Keur Damel, B.P. 15314, Dakar-Fann.  
Tel: (221) 835 3407, Fax: (221) 835 3408, Email: [cpserv@sentoo.sn](mailto:cpserv@sentoo.sn)
9. Society for Women and AIDS in Africa (SWAA), Contact person: Soukaye Dieng, BP 7504, Dakar.  
Tel: (221) 824 5178, Fax: (221) 824 5178, Email: [swaa@telecomplus.sn](mailto:swaa@telecomplus.sn)

**IFC Against AIDS**  
**Fax: +1-202-974-4343**  
**Email: [ifcagainstaids@ifc.org](mailto:ifcagainstaids@ifc.org)**  
**Website: <http://www.ifc.org/ifcagainstaids>**

Sabine Durier, Program Leader  
 Gillette Conner, Program Officer  
 Vlasios Tigkarakis, Program Analyst

Tel: +1-202-473-4176, Email: [sdurier@ifc.org](mailto:sdurier@ifc.org)  
 Tel: +1-202-473-4040, Email: [gconner@ifc.org](mailto:gconner@ifc.org)  
 Tel: +1-202-473-1394, Email: [vtigkarakis@ifc.org](mailto:vtigkarakis@ifc.org)