

Country Profile: Senegal

Introduction

Senegal, a West African nation, is recognized for its vibrant culture and strong public health commitments, exemplified by initiatives such as the *Badiénou Gox* community health program,^{1,2} as well as strengthened midwifery training and performance-based financing to improve the quality of maternal care. However, Senegal continues to grapple with high rates of maternal anemia and low birthweight. According to the World Health Organization's Global Health Observatory, the national prevalence of anemia among pregnant women in Senegal was 50.9% (169,600) in 2023.³ Additionally, 17.7% of women were underweight in 2022.⁴ The compounded effects of anemia and poor living conditions during pregnancy extend beyond maternal health, significantly affecting birth outcomes. The data on birth outcomes indicate that Senegal's stillbirth rate stood at 18.03 per 1,000 total births in 2023,⁵ and the infant mortality rate reached 30.2 per 1,000 live births in 2023,⁶ both exceeding global targets.^{7,8}

The percentage of pregnant women who took at least 90 tablets of daily iron and folic acid (IFA) supplements was 67.1 % in 2020. The country benefits from a high antenatal care (ANC) coverage rate of 98.5% and robust community networks, which could support effective service delivery.⁹ Approximately 60% of pregnant women had at least 4 ANC visits in 2023.¹⁰ However, challenges remain, including funding gaps and the need for stronger coordination among stakeholders.^{9,11} While IFA supplementation has been the standard of care, its limited impact on broader nutritional gaps should prompt national stakeholders to explore Multiple Micronutrient Supplements (MMS) as a more comprehensive solution.

Nutrition International's policy brief on cost-effectiveness presented a strong case for transitioning from IFA to MMS. In Senegal, shifting from IFA to MMS is projected to prevent 181,893 disability-adjusted life years (DALYs) over a decade, save the lives of an additional 2,288 children, and yield benefits 153 times the cost. Therefore, MMS is not only safe and effective but also highly cost-efficient, aligning with WHO guidelines for cost-effectiveness and offering a significant return on investment.¹²

This country profile presents a concise overview of Senegal's status in transitioning from IFA supplementation to MMS for pregnant women. This document aims to inform policymakers, partners, and stakeholders about the current progress, challenges, and opportunities for scaling MMS within maternal nutrition and health strategies.

MMS Policy and Regulatory Status

Senegal is currently in the initial phase of MMS implementation, focusing on foundational planning and system readiness. MMS has already been integrated into national strategies, supported by the establishment of a technical working group and a detailed roadmap.^{9,11} Senegal's Multisectoral Strategic Nutrition Plan (MSNP) 2024-2029 is one of the key policies related to maternal nutrition, including MMS. However, the policy highlights the need for further research among pregnant women and for providing them with nutritional supplements.¹³

Between April and August 2024, Nutrition International, in collaboration with the Government of Senegal, conducted a landscape analysis to assess opportunities and challenges associated with a potential transition to MMS. The Eleanor Crook Foundation (ECF) and The Waterloo Foundation (TWF) funded this work. This analysis provides key findings and recommendations on policies and protocols, service delivery, products and supply, and financing, as well as next steps for the potential introduction and scale-up of MMS through the public ANC platform in Senegal.¹⁰ The landscape research also notes that in March 2024, a new task force was established to work specifically on the transition from IFA to MMS in Senegal. This task force includes representatives from technical and financial partners (TFP) as well as the Ministry of Health and Social Action.¹⁰ The landscape analysis also explored MMS delivery through the lens of existing IFA delivery and ANC platforms in the context of a potential introduction of and transition to MMS.

Implementation Status

Complementary implementation research initiatives began in mid-2024 to generate contextual evidence for the next phase of MMS roll-out. Helen Keller International (HKI) launched a one-year implementation research project, funded by the Church of the Saint, to assess the integration of MMS into ANC service packages and communication strategies in selected regions.¹⁰ In parallel, HKI, with UNICEF, initiated a maternal nutrition capacity-building program across the regions of *Saint-Louis, Matam, Louga, Tambacounda, and Diourbel*. The objective of the program is to strengthen, provide training, and behavior-change communication on MMS and maternal nutrition.¹⁰ Additionally, Solthis, supported by the Gates Foundation, began a study in August 2024 in 13 health facilities in the Thiès region, piloting the free provision of MMS to pregnant women to assess the transition process from IFA to MMS.¹⁰

Thus, formative activities spanning nutritional situation assessment, policy/regulatory assessment, delivery platform assessment, stakeholder mapping, and implementation research have been completed in Senegal. The government is focusing on building an enabling environment, evidence, and institutional capacity before national implementation and scale-up.¹¹

Key Program Actors and Partners

At the national level, leadership is provided by the DSME under the Ministry of Health, with support from academic institutions such as the University of Saint-Louis, the University of Thiès, and the University of Bambey.⁹ A national Task Force on Nutrition, along with sub-task forces on anemia and MMS, has been established to coordinate initiatives among 37 partners for the transition from IFA to MMS. Multiple international partners are supporting the country's potential transition to MMS. The list of key national and international partners is provided in Table 1.

Table 1: List of national and international partners working to scale up MMS in Senegal^{11,13}

National Partners	International Partners
Conseil National de Développement de la Nutrition (CNDN)	Action Against Hunger
Institut de Technologie Alimentaire (ITA)	Clinton Health Access Initiative (CHAI)
University of Bambey	Counterpart International
University of Saint-Louis	Eleanor Crook Foundation (ECF)
University of Thiès	Global Affairs Canada
	Helen Keller International (HKI)
	Nutrition International
	Solthis
	The Waterloo Foundation (TWF)
	The Hunger Project
	UNICEF
	USAID
	World Food Programme (WFP)
	World Health Organization (WHO) – Senegal Office

Monitoring, Evaluation, and Research

National regulatory authorities manage quality control mechanisms, while supply chain monitoring has been enhanced through digital initiatives such as “Jegesinaa” and the Health Management Information System (HMIS).^{9,11} The District Health Information Software (DHIS2) serves as Senegal’s primary health data platform, capturing service-delivery indicators, including ANC visits and maternal nutrition services. However, as noted in the Nutrition International 2024 Landscape Analysis, data from September to October 2022 revealed gaps in DHIS2 reporting, with several health facilities retaining ANC data locally rather than uploading it to the system.¹⁰

Research initiatives led by Nutrition International, HKI, and Solthis have generated evidence on MMS acceptability, adherence, and integration into ANC service packages. These studies emphasize the need for standardized indicators to track coverage, adherence, and stock levels within national systems. Lessons learned from these initiatives highlight the critical importance of early policy integration, community engagement, strong partnerships, and efficient supply chain management to ensure the sustainable national-scale up of MMS.^{9,11}

Financing and Sustainability

Financing for MMS is currently reliant on development partners. Nevertheless, plans are being developed to incorporate MMS into national budgets.^{9,11}

Challenges and Next Steps

While Senegal has made significant progress toward introducing MMS, several challenges and priority actions remain to ensure sustainable national implementation. Key barriers include insufficient funding for MMS procurement and monitoring, limited coordination across implementing partners, and the absence of MMS from the EML.¹⁰

Healthcare providers have limited training in MMS supplementation, and concerns remain about potential costs, product availability, and acceptance among both health workers and communities. Harmonization of existing policies and protocol documents on anemia prevention, detection, and treatment is urgently needed to facilitate a smooth transition from IFA to MMS within ANC services.¹⁰

Technical and programmatic support are required in several key areas. These include assessing the safety and benefits of MMS for specific populations such as adolescents and lactating women. Support for integrating MMS into national health financing schemes and procurement frameworks will be critical to sustainability. Likewise, support in improving coordination with pharmaceutical suppliers and strengthening local supply and manufacturing capacity is essential.¹³

The next steps involve formulating priority research questions, sharing protocols and results, conducting targeted studies, advancing the political introduction of MMS, assessing supply chains, organizing MMS coordination meetings, evaluating conditions for scaling, and revising maternal nutrition guidelines. Thus, landscape analysis, policy integration and harmonization, and piloting are necessary to further scale up MMS programming in Senegal.

MMS Tools and Resources

1. Costing and Economic Analysis Tools

These resources guide policymakers and health program managers considering a transition from IFA to MMS. They offer practical tools and costing aids to support effective decision-making and planning.

- a) [A tool to aid decision-making transitioning from IFAS to MMS](#)
- b) [A policy brief: Senegal Cost-Effectiveness of Transitioning from Iron and Folic Acid to Multiple Micronutrient Supplementation for Pregnancy, Nutritional International, October 2019](#)
- c) [Results for Development. "Multiple Micronutrient Supplements \(MMS\) Introduction and Scale-up Roadmap Costing Tool."](#)

2. Publications (guidance documents, IEC, reports, policy briefs, case studies, implementation research)

This comprehensive report assesses policy, regulatory, and delivery readiness for MMS in Senegal. [Landscape analysis of opportunities and challenges related to the potential transition to MMS in Senegal, Final report](#)

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The information and country-level data provided herein were received from our partners as of 2025 and are shared with permission for public dissemination. This profile will be updated periodically. If you have updates or additional information to share, please [fill out this feedback form](#). For questions, contact us at HMHB@micronutrientforum.org.

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