HHS/CDC Global AIDS Program (GAP) in Senegal – FY 2003

About the Country of Senegal

Capital City: Dakar
Area: 196,190 sq km (75, 749 sq mi)
Population: 10.04 million

The HIV/AIDS Situation in Senegal

HIV Infected: 27,000[1]
AIDS Deaths: 2,500[2]
AIDS Orphans: 15,000[3]

The HIV/AIDS epidemic in Senegal is categorized as "concentrated" due to its relatively low prevalence in the general population contrasted by relatively high levels of infection among high-risk groups. HIV prevalence among pregnant women is estimated at 1.0% compared to 17% prevalence for commercial sex workers (CSWs). This pattern has remained relatively stable since the start of the national HIV surveillance program. Behavioral surveillance surveys designed to measure HIV and sexually transmitted infection (STI) risk behaviors among specific population groups have been conducted throughout the country. Senegal's success in maintaining its low prevalence rate is largely due to the confluence of strong political leadership, stabilizing social norms, and early and appropriate public health interventions. Other factors which have contributed to the maintenance of a relatively low prevalence rate include a conservative cultural norm regarding sexual practices, the creation of a safe blood supply for transfusion, regular medical exams of "registered" CSWs, and promotion of condoms. Approximately 11% of tuberculosis (TB) patients in Dakar are HIV-positive. In 2002, syphilis prevalence among pregnant women ranged from 1.7% in Ziguinchor to 1.6% in Dakar. Syphilis prevalence among male STI patients in Dakar remained relatively low at 5.0% or less during 1999-2001.

About the Global AIDS Program in Senegal

Year Established: 2000
FY 2003 Budget: $580,000 USD
In-country Staffing: 1 Locally Employed Staff[4]

Program Activities and Accomplishments

In FY 2003, GAP Senegal achieved the following accomplishments in the highlighted areas:

[1] Figure represents a 2001 estimate taken from unpublished data in the GAP M&E Annual Report.
[2] Figure represents a 2001 estimate taken from the CIA World FactBook.
[3] Figure represents a 2001 estimate taken from unpublished data in the GAP M&E Annual Report.
[4] Figure represents a May 2004 census taken by GAP staff; staffing subject to change.

HIV Prevention

- Began translating voluntary counseling and testing (VCT) materials into French to facilitate better in-country use.
- Provided technical assistance, equipment, lab supplies, reagent, and salaries to five VCT centers.

Surveillance and Infrastructure Development

- Analyzed 2002 sentinel surveillance and wrote and disseminated a report by the second quarter. Results are published in the seroepidemiological bulletin of HIV Surveillance.
- Expanded sentinel surveillance to achieve coverage of all 11 regions in Senegal.
- Collaborated with the consulting firm HYGEA and the Laboratory of Bacteriology and Virology of Le Dantec to conduct a pilot study of combined surveillance (biological and behavioral) in fishermen, military personnel, and truck drivers in Dakar.
- Improved the quality of surveillance activities by increasing supervision of operations and training all surveillance staff in laboratory technique and data management.
- Provided technical assistance to Le Dantec's Laboratory of Bacteriology and Virology. GAP Senegal also provided reagents for the rapid tests.
- Provided laboratory equipment to all surveillance sites in the 11 regions.
- Continued Phase II (field-based) of an evaluation of four selected rapid HIV tests in three selected sites.
- Worked with Conseil National de Lutte contre le SIDA (CNLS), partners, and regional representatives to support the Laboratory of Bacteriology and Virology of Le Dantec in organizing a workshop. Recommendations were made with regard to: (a) algorithm for testing in VCT, Preventing Mother-to-Child HIV Transmission (PMTCT), and diagnostics of symptomatic patients; (b) distinction, or lack thereof, between HIV 1 and HIV 2 in VCT sites; (c) confirmation of rapid test results at VCT sites; and (d) timeframe to turn out test results in VCT sites.
- Supported the procurement of hardware and software for national surveillance activities based at central and regional sites.
- Supported the training of the STI/HIV/AIDS Division's VCT program trainer, who is waiting for the completion of the French translation of the training material in order to begin training trainers in-country.
- Supported a Family Health International (FHI) Monitoring and Evaluation (M&E) Officer to attend an M&E training organized by FHI in January 2003 in Lusaka, Zambia.
- Supported the training of program staff in VCT, surveillance, laboratory, informatics, and M&E.
- Trained technical teams in 3 sites.
- Supported the training of the FHI/CDC liaison officer in M&E, organized by CDC in August 2003 in Capetown, South Africa.

Challenges

- Senegal has adopted a syndromatic management approach for STI care. To strengthen this strategy, it is important to implement STI Surveillance in order to detect any change that calls for an update of the national algorithms and guidelines, especially among pregnant women at antenatal clinics and for those women receiving family planning consulting.
- It is difficult to finalize the pilot combined surveillance report including pertinent recommendations relative to its feasibility and cost. As there is a Demographic Health Survey (DHS) in 2004 with a biological component, it may be unrealistic to do a combined survey in 2004. It may be better to await the DHS completion and dissemination.