



Financing community health in Senegal, 2023–2024: Mapping and Analysis of Subnational Community Health Financing: Sources, Allocations, and Expenditure Patterns

INTRODUCTION

Community health (CH) is a central pillar of Senegal’s health system, delivered by more than 51,000 Community Health Actors across nearly 8,000 service delivery points. Senegal has demonstrated strong institutional commitment by integrating community health into national policies and strategic plans, supported by coordination mechanisms at all levels. As community health expands, financing sustainability becomes increasingly important. Clear visibility of how resources are mobilised, allocated, and executed is essential to sustain service delivery and strengthen primary health care resilience.

PROBLEM STATEMENT

While governance structures for community health are well established, subnational financing arrangements remain complex and fragmented. CH funding originates from multiple sources and is reflected across different planning and budgeting instruments, yet there is no consolidated mapping of financing flows at regional level.

Without a comprehensive view of how resources are structured and channelled, it is difficult to assess financing coherence, alignment with national priorities, and long-term sustainability within primary health care.

METHODOLOGY

The evaluation applied a descriptive and comparative analysis of the 2023–2024 Annual Work Plans from seven regions. Data on planned, allocated, and executed budgets, funding sources, and alignment with PSNSC priorities were collected during a technical workshop with Regional and District Health Directors and consolidated into a harmonised database. The dataset was validated against regional planning and financial records and analysed to assess financing patterns, expenditure performance, and regional variation.

OBJECTIVES AND SCOPE

The objective of this evaluation was to map and analyse subnational community health financing to strengthen evidence for resource mobilisation, allocation, and sustainability. The analysis examined funding sources, allocation patterns, and expenditure performance across seven regions: Kédougou, Kolda, Saint-Louis, Sédhiou, Tambacounda, Thiès, and Ziguinchor.

It assessed how resources are mobilised, structured, and executed to inform planning and financing decisions within primary health care.

KEY RESULTS

Finding 1: Community health financing remains at risk

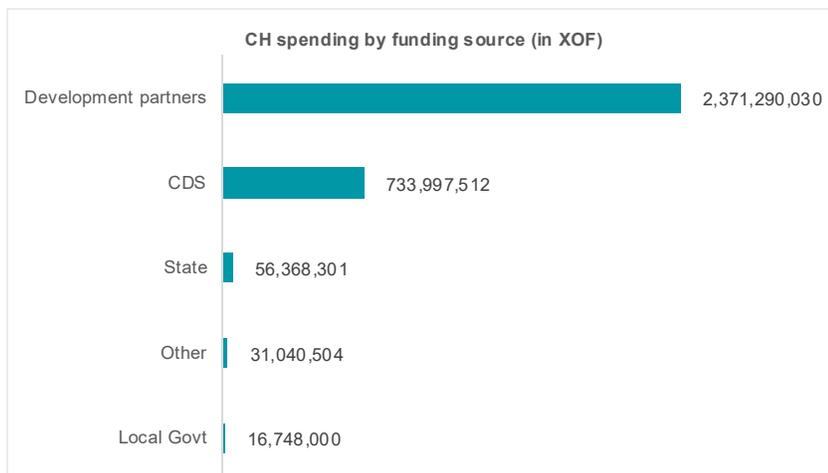


Figure 1: Breakdown of CH financing by funding source

Almost three-quarters of the funding was provided by development partners (donors & NGOs) (~74%), while CDS contribute 23%. Local Government authorities (less than 1%) and the State (2%) play a very marginal role in financing community health program. This structure reflects a heavy reliance on external funding which poses a risk to the sustainability of community health financing.

Finding 2: Limited budget allocation for CH within regional health Directorate annual workplans

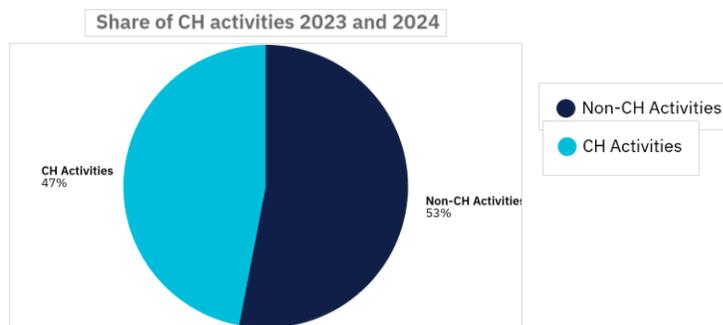


Figure 2: Share of community health activities as a proportion of all activities

Although community health activities constituted a significant portion (nearly half), they remained a minority compared to all planned actions. Less than 40% of the total budget is allocated to CH, despite its essential role in improving service delivery.

This suggests the potential for expanding community health activities within regional health directorate annual workplans.

Finding 3: Community health financing is unevenly distributed across regions

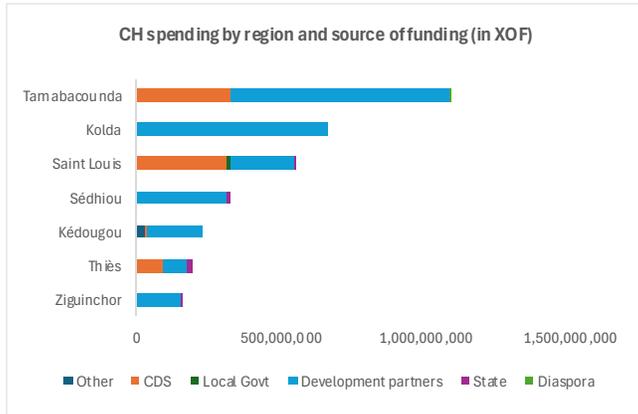


Figure 3: Community health spending by region and source of funding in the year 2023-2024.

Disparities between regions were also noted: Tambacounda accounts for over 90% of the activities in its regional annual work plans, while in other regions, the share of community health activities in the plans varies between 12% and 40%.

Finding 4: Budget execution is generally high where resources are available

There was a strong overall budget execution rate, showing that Regional Health Directorates (DRS) and District Health Directorates (DS) were able to effectively use the resources available to them, with execution rates above 90% in Saint Louis, Ziguinchor, Thiès, and Tamba.

The lower performance in other regions indicated the need to strengthen performance-based budgeting and improve monitoring of Annual Work Plan (AWP) implementation to promote more equitable and sustainable financing.

Strategic Axis 2 of the 2020–2024 PSNSC, which focuses on improving access to and quality of service delivery, receives the largest spending share, with particularly high allocations in Tambacounda and Saint Louis. This suggests that development partners tend to prioritize investments in areas where short-term operational results are more visible and aligned with external funding objectives..

This suggests the need to advocate for a better rebalancing of funding.

Finding 5: Financing is concentrated in a narrow set of vertical programmatic areas

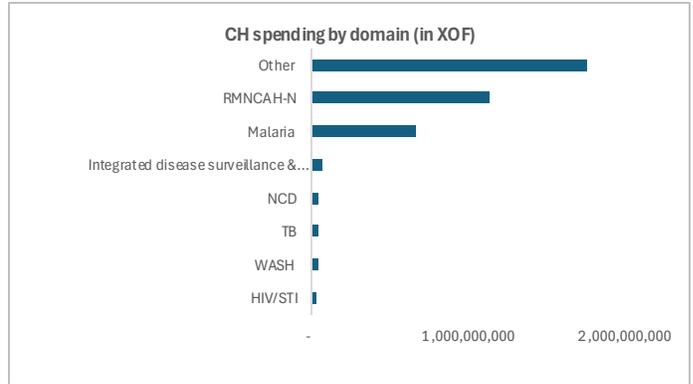


Figure 4: Breakdown of Community Health Spending by disease focus (in XOF) in 2023-2024

CH spending is heavily concentrated in the RMNCAH-N and Malaria programs. This shows that these 2 areas are the main strategic priorities for most development partners. The limited funding allocated to other areas points to an imbalance within the sector and highlights the need for more integrated community health interventions to promote equity.

Funding is largely focused on prevention and promotion, accounting for more than 95% of spending, which aligns with national priorities. However, curative and rehabilitation services receive very limited funding. While this reflects a strong focus on prevention, it also highlights the need to better balance investments to ensure continuity of care, including treatment and rehabilitation services. This trend is particularly strong in the regions of Tambacounda, Kolda, and Saint Louis, which show significantly higher preventive spending compared to other regions.

ACRONYM

AWP – Annual Work Plan

CDS – Comités de Développement Sanitaire (Health Development Committees)

CH – Community Health

DRS – Regional Health Directorate (Direction Régionale de la Santé)

DS – District Health Directorate (District Sanitaire)

FAH – Financing Alliance for Health

MoH – Ministry of Health and Public Hygiene (Ministère de la Santé et de l'Hygiène publique)

PHC – Primary Health Care

PNDSS – National Health and Social Development Plan (Plan National de Développement Sanitaire et Social)

PSNSC – National Community Health Strategy (Programme Stratégique National de Santé Communautaire)

RMNCAH-N – Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition

UHC – Universal Health Coverage

Priority Actions to Strengthen Community Health Financing

The recommendations resulting from this evaluation are listed in the following table:

Problems identified	Proposed priority actions	Justification
Community health financing data are not systematically integrated into national planning and monitoring tools.	Integrate community health funding mapping into national budget planning and monitoring tools (DPRS, CSSP).	Improves comparability of data, strengthens national oversight, and enables consistent monitoring of community health financing across regions.
Inconsistent identification and monitoring of community health activities within regional Annual Work Plans (AWPs).	Improve the quality of AWPs by clearly identifying community health activities and ensuring quarterly and annual budget monitoring.	Enhances transparency, reduces discrepancies between planned and executed budgets, and supports more accurate allocation decisions.
External financing is not consistently aligned with regional and national community health priorities.	Strengthen dialogue and alignment of external funding with regional and national priorities; create local consultation tables.	Promotes complementary investments, reduces fragmentation, and supports more balanced territorial coverage.
Absence of an institutionalized mechanism for annual consolidation of community health financing data.	Institutionalize an annual update of the funding mapping and expand coverage to all levels of the health system.	Provides a dynamic and comprehensive view of financing trends to inform strategic planning and sustainability discussions.
Limited systematic documentation of regional financing practices and lessons learned.	Document and capitalize on regional feedback with each edition of the mapping.	It improves methodology and promotes collective and continuous learning among stakeholders.

PROPOSED IMPLEMENTATION PRIORITIES

(Short–Medium Term)

1. Institutionalize annual consolidation of community health financing data to ensure a comprehensive and up-to-date national view of planned, allocated, and executed resources.
2. Integrate community health financing into national and regional planning and budgeting tools, with clearer identification within Annual Work Plans and routine monitoring.
3. Progressively increase domestic and local government contributions to reduce reliance on external partners and strengthen long-term sustainability.
4. Promote more balanced and equitable allocation across regions and programmatic areas, supporting integrated primary health care delivery.

CONCLUSION

This evaluation provides a consolidated view of subnational community health financing across seven regions in Senegal. It shows strong implementation where resources are available but highlights three structural challenges.

First, community health financing remains heavily dependent on external partners, creating sustainability risks. **Second**, community health is not yet fully embedded within regional planning and budget structures, limiting coherence in allocation. **Third**, financing is concentrated in a narrow set of vertical programmes and unevenly distributed across regions, constraining integrated service delivery.

Strengthening domestic contributions, improving integration within planning frameworks, and promoting more balanced allocation will be essential to reinforce sustainability and align financing with the priorities of the 2025–2029 PSNSC. Continued collaboration between government and partners will be key to protecting and advancing community health investments.

AUTHORSHIP & CONTRIBUTIONS

This policy brief was prepared by the Ministry of Health and Public Hygiene, Senegal in collaboration with the Financing Alliance for Health.

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