Strategies for equitable health

Identifying and monitoring social determinants of health in Senegal

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Key messages

Local context matters: The social determinants of health (SDoH) in Senegal vary according to the local context. Strategies that can be adapted to local socioeconomic and environmental conditions, are needed to address these determinants.

In Senegal, the most influential SDoH are environmental exposure, limited access to quality health services and socioeconomic disparities: These determinants disproportionately affect vulnerable populations, resulting in persistent inequities in maternal health, child nutrition and chronic disease outcomes.

Overhaul monitoring systems: Existing SDoH monitoring systems in Senegal are fragmented and lack the comprehensive, multisectoral data required to inform effective action on SDoH. Strengthening these systems is critical to improving equity-focused planning and evaluation.

Target modifiable social determinants: In addition to system-level reforms, targeting modifiable social determinants – such as individual behaviour, lifestyle choices and living conditions – offers an opportunity to improve health outcomes more rapidly. These factors can be more directly influenced by targeted interventions at the community or household level.

Promote enabling environments: Encouraging healthy behaviours and improving socioeconomic and environmental conditions through targeted policies and legislative frameworks, such as social housing schemes, school feeding programmes, tobacco taxation and clean water and sanitation laws, can significantly improve health outcomes and reduce disparities.

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Executive summary

Current status of SDoH in Senegal

The available data in Senegal, suggest that social determinants such as education, income level and geographical location (urban versus rural) are strongly associated with key health outcomes, particularly with regard to maternal and child health. However, monitoring systems remain fragmented and lack the comprehensiveness required to fully assess SDoH status and trends across populations. Further investment in multisectoral data collection and integration is required to capture the full extent of inequities.

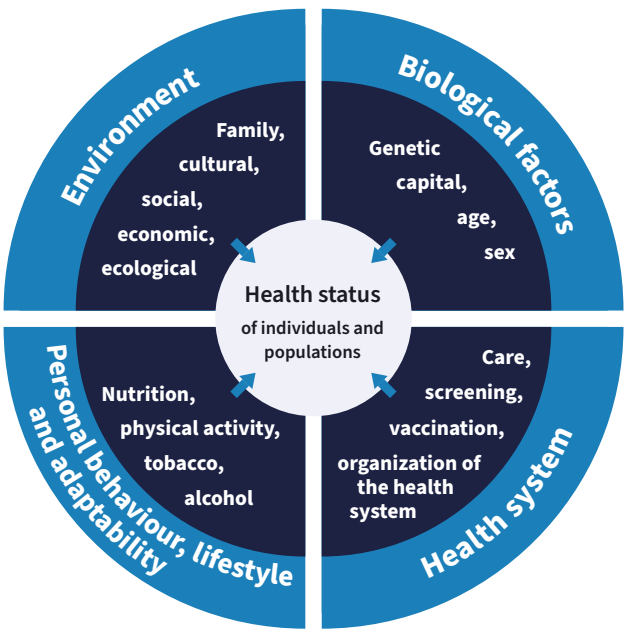
Obstacles to managing SDoH in Senegal

Weak health information systems and a lack of interoperability between these systems obstruct public policy assessments of the impact of SDoH impact. This lack of contextualized analysis, coupled with the lack of intersectoral collaboration due to limited funding, impedes effective SDoH management.

Proposed solutions

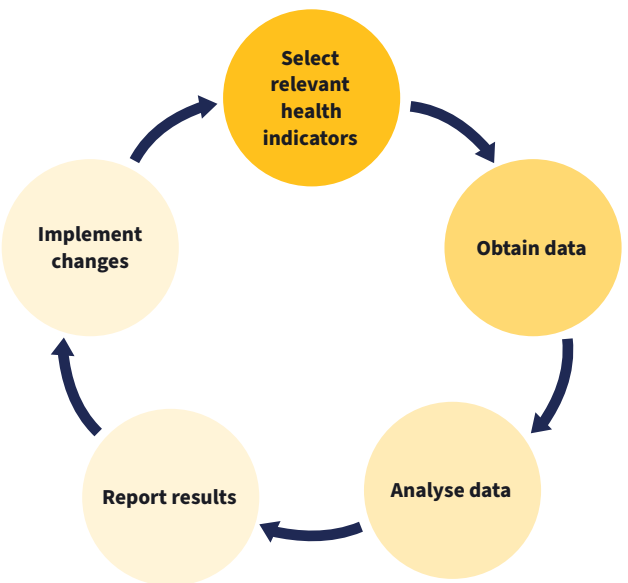
Policymakers need evidence on SDoH that is specific to the context of Senegal to shape policies aimed at tackling health inequalities and achieving universal health coverage (UHC). This brief proposes a list of SDoH indicators relevant to Senegal, along with the monitoring methods for each indicator. To operationalize this list, community engagement is necessary to ensure that community experiences shape the final list of selected indicators. Monitoring of the selected SDoH indicators could be integrated into the broader Sustainable Development Goals (SDGs) monitoring, in line with World Health Organization (WHO) recommendations. The evidence gathered through this monitoring could then inform policies to guide the adaptation of the health system to improve SDoH management and health outcomes.

Figure 5: Social determinants of health



Source: Authors' construction

Figure 6: Process of monitoring SDoH



Source: WHO, 2008a

Policy implications

The following recommendations are proposed to integrate SDoH into the Senegalese health system and managing them effectively:

Institutional strategies

- Integrate SDoH indicators and disaggregated data into national health information systems, focusing on gender, geography and socioeconomic status.
- Strengthen interoperability among health, education, social protection and environmental monitoring systems to support joint planning and accountability.
- Provide the DGAS with a substantial budget allocation to enable it to take account of the available data when devising strategies and to establish an effective monitoring and evaluation mechanism at the central and decentralized levels.

Policy and governance

- Include SDoH metrics in key policy instruments such as the national budget, development plans and performance frameworks.
- Allocate ring-fenced funding to multisectoral initiatives aimed at reducing social and health disparities, particularly in underserved regions.

Multisectoral collaboration

- Establish permanent inter-ministerial bodies that will be tasked with coordinating SDoH actions and that are supported by clear mandates and shared performance indicators.
- Foster partnerships with civil society, academic institutions and the private sector to co-create inclusive policies and monitor their implementation.

Community and capacity-building

- Engage communities through participatory assessments and co-design of interventions to ensure cultural appropriateness and sustainability.
- Invest in local research institutions and public health training programmes to build long-term capacity for SDoH analysis and evidence-based policymaking.

Next steps

- **Short-term (6-12 months):** identify priority SDoH (for example, early childhood development and rural sanitation) and implement targeted pilot projects in selected regions. Establish baseline indicators and coordination platforms.
- **Medium-term (1-3 years):** develop and institutionalize a national SDoH monitoring and evaluation framework. Integrate findings into health and social policy revisions and annual national performance reviews.
- **Long-term (3-10 years):** institutionalize multisectoral action on the Health in All Policies approach through implementation framework legislation, sustainable financing and leadership development. Promote resilience through cross-sectoral investment in education, housing, climate change and health.

Conclusion

In summary, this policy brief emphasizes the vital role of SDoH in shaping health outcomes and addressing health disparities. It stresses the need to understand and manage SDoH in order to improve the health of the population and ensure equitable access to quality health services.

In Senegal, the MHPH, through its DGAS and SNH, plays an essential role in taking account of SDoH in efforts to improve health equity and access to care for vulnerable populations. A multisectoral approach is required to successfully implement policies that combat health disparities and promote sustainable development through social protection and gender equity initiatives.

Various socioeconomic and environmental factors in Senegal contribute to health disparities. Effective monitoring and evaluation strategies are required to inform health policies aimed at reducing inequalities and improving health equity.

The integration and effective management of SDoH in the Senegalese health system are hampered by internal limitations, such as inadequate data coordination and governance, and external challenges, including rigid departmental interventions and funding constraints. Addressing these issues through targeted strategies can improve health outcomes by promoting healthy behaviours and improving living conditions.

Tackling SDoH is both a moral imperative and a practical strategy for building a healthier, more equitable Senegal. By moving beyond sectoral silos and prioritizing inclusive, data-driven policies, Senegal can accelerate progress towards UHC, socioeconomic development and national resilience. This transformation will require strong political will, intersectoral governance and community ownership.

About AHOP

The African Health Observatory - Platform on Health Systems and Policies (AHOP) is a regional partnership that promotes evidence-informed policy-making. AHOP is hosted by the WHO Regional Office for Africa through the integrated African Health Observatory. National Centres include Addis Ababa University, Ethiopia; KEMRI Wellcome Trust, Kenya; the Health Policy Research Group, University of Nigeria; the University of Rwanda; and Institut Pasteur de Dakar, Senegal. AHOP draws on support from the European Observatory on Health Systems and Policies (EURO-OBS), the London School of Economics and Political Science (LSE), and the Bill & Melinda Gates Foundation (BMGF).

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Further information

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