AFRICAN RENAISSANCE

Community-based health insurance, digital enrolment and the informal sector strategy

Senegal

Community-based health insurance, digital enrolment and the informal sector strategy

Senegal

This exemplar looks at how Senegal used digital enrolment, payment systems, and targeted subsidies to strengthen community mutuelles and extend coverage in the informal sector. The emphasis is on what helped the model gain traction and where the next phase of reform must go.

Core exemplar

Digital enrolment and payments into community mutuelles, linked with targeted subsidies for poor and vulnerable households.

Why it matters for ALM: It shows how digital systems, social protection linkages, and larger risk pools can expand coverage in the informal sector while reducing friction in enrolment and claims.

Primary ALM contribution: Equity and financial protection, more health for the money, and stronger governance through digitalization and pooling reform.

Replicability potential: High for countries using community insurance models and seeking to improve informal-sector coverage through digital payments and targeted subsidies.

1. Context: Expanding Coverage in the Informal Sector

In September 2013, President Macky Sall personally launched Senegal's Couverture Maladie Universelle (CMU) programme and placed UHC at the centre of the Plan Sénégal Émergent. At that point, roughly 80% of the population had no health coverage at all. Formal social insurance mainly protected salaried workers in the modern economy, leaving the larger informal sector and much of the rural population outside any meaningful risk-pooling arrangement.

The Agence Nationale de la CMU (ANACMU) was established in January 2015 as the main institutional vehicle for the reform, followed by a National Health Financing Strategy in 2017. The system was designed around two tracks: mandatory social health insurance for formal-sector workers through the IPM system, and community-based mutuelles de santé for informal and rural populations. Under the Diomaye Faye administration, CMU has remained a priority and ANACMU's 2023–2027 strategy now serves as the main operational roadmap.

2. Mechanism: Community Insurance, Subsidies and Digital Enrolment

The CMU operates through non-profit community-based mutuelles de santé. The financing structure is deliberately pro-poor:

•For those able to pay: Annual premiums of 7,000 FCFA (~USD 11) per person, subsidized at 50 % by the state (effective cost: 3,500 FCFA / ~USD 5.50).

•For vulnerable populations: 100 % state-funded coverage (zero contribution), linked to the Bourse de Sécurité Familiale (BSF) cash transfer programme (quarterly XOF 25,000 / ~EUR 38), which automatically enrolls recipients into their local mutuelle.

•Free targeted initiatives: Free deliveries and caesareans, free care for the elderly (Plan Sésame, integrated into CMU from 2013), and free care for children under five and people with disabilities.

Since 2018, Senegal has pushed two major structural changes. First, risk pooling has shifted from individual commune-level mutuelles to departmental unions in order to create larger and more viable pools after weaker results under the earlier municipal model. By the end of 2023, nearly 40 departmental CBHIs had been launched, and ANACMU's current strategy aims to cover all 46 departments. Second, SUNUCMU—an integrated digital platform for enrolment, premium collection, and claims processing—was rolled out from 2019. With support from the Better Than Cash Alliance, digital payment volumes increased sixteen-fold between December 2019 and 2020, helped in part by contributions from the diaspora.

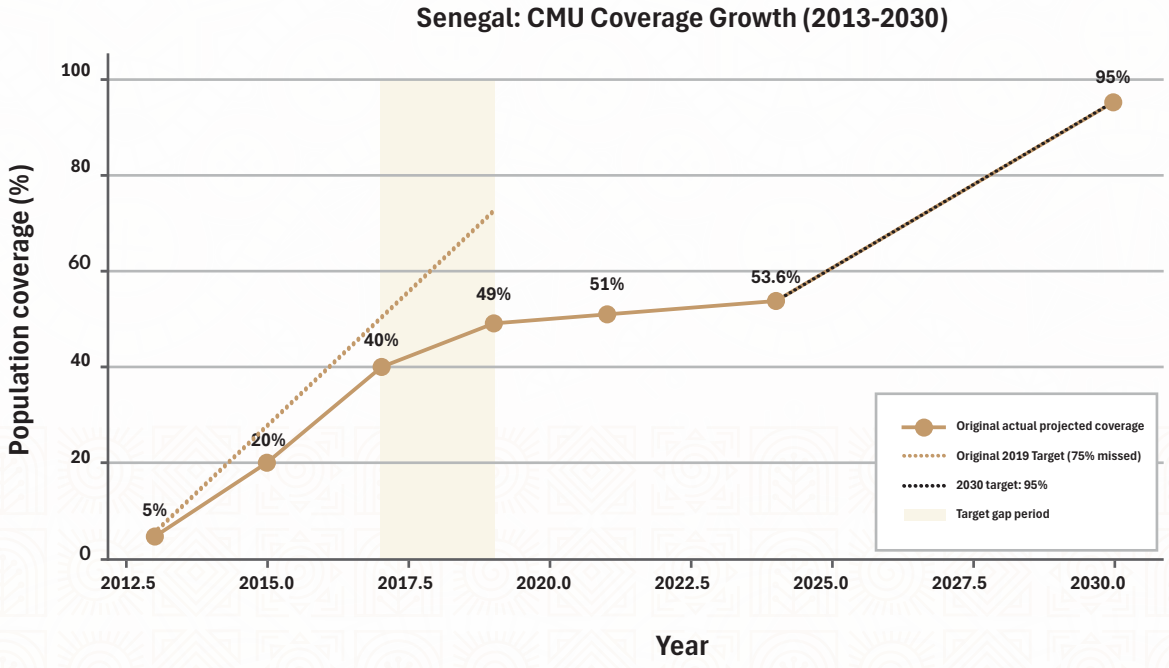

Figure S-1. Senegal: CMU Coverage Growth (2013–2030). Coverage rose from ~5 % at launch to 53.6 % in 2024; the original 2019 target of 75 % was missed, but ANACMU's 2030 target of 95 % assumes the shift from voluntary to mandatory enrolment.

3. Outcomes: Coverage Expansion and Institutional Reform

From a baseline of about 5% population coverage in 2013, Senegal had expanded to an estimated 53.6% by 2024, with more than 700 community mutuelles operating across every commune and 19 departmental mutual-health funds established. The original target of 75% by 2019 was missed, but the overall direction of reform has held across three administrations. ANACMU now plans to move toward mandatory, automated enrolment in order to push coverage beyond 95% by 2030. CMU has also been integrated into Senegal's social-security code, giving the reform stronger institutional protection.

Alongside the mutuelle system, Senegal has maintained several equity-focused public health programmes, including free care for children under five, Plan Sésame for older people, free delivery and caesarean services, and coverage for wards of the nation through the ONPN agreement. These measures work as demand-side protections alongside the insurance system itself. Senegal is also developing the mandatory health insurance information system, SIAMO, with support from Expertise France under ICAMO.

Key Vulnerability

- **What is at risk:** Breaking through from registered coverage to consistently active coverage—especially as Senegal shifts from voluntary to mandatory enrolment.

- **Why it matters (evidence)**: Many mutuelles still have low active membership rates, and benefit portability across communes remains limited. Plan Sésame (elderly care), despite integration into CMU, does not yet deliver full free care in all facilities. Informal-sector premium collection remains structurally difficult without employer intermediation. A 2023 national survey found broad acceptance of mandatory CBHI in principle, but translating that principle into compulsory membership is politically sensitive—and will be the decisive test for CMU's long-term viability. The 2025 PEPFAR/USAID freeze also disrupts assumptions about HIV service integration and financing stability.

- **What would reduce the risk**: Stronger enforcement and automation mechanisms for mandatory enrolment, deeper pooling/portability reforms, and a clearer informal-sector contribution pathway—paired with continued digitalisation (SUNUCMU/SIAMO) to reduce friction for members and providers.

4. Senegal on the ALM Scorecard

Senegal's ALM scorecard reflects steady institution-building progress, with five commitments rated On Track and five rated Partial. The strongest areas are sustained political commitment, a credible partner-alignment model, and a practical equity-oriented approach to coverage expansion through mutuelles, subsidies, and digital enrolment. The Partial ratings reflect the operational challenges of scaling community-based insurance, including weak risk pooling, informal-sector contribution collection, and the still incomplete transition from voluntary to mandatory enrolment. Overall, the scorecard is consistent with a reform path that is well established but not yet complete.

ALM Scorecard Heat-Map	
Country	**Senegal**
1. Political Agenda	
2. Leverage Partners	
3. Domestic Mobilization	
4. Private Sector	
5. PMPA Harmonization	
6. Operational Undertakings	
7. Monitoring & Reporting	
8. Accountability Framework	
9. Hosting Role	
10. Leveraging AU Support	

Legend:
- Green = On Track
- Amber = Partial
- Red = Off Track

5. Key Lessons and Policy Implications

- High-level political launch can help protect reform through later changes in government. In Senegal, presidential sponsorship gave CMU a status that outlived the administration that introduced it.
- Linking social protection to insurance enrolment is powerful. Senegal used the BSF cash-transfer programme as a direct pathway into mutuelle coverage for poorer households.
- Digital payments reduced friction and expanded reach, especially for informal and diaspora contributions. That was one reason the system scaled faster than earlier paper-based approaches.
- Department-level pooling addressed one of the main weaknesses of earlier community insurance models: risk pools that were too small to be stable.
- The next real test is the move from voluntary to mandatory enrolment. That transition will determine whether Senegal's model can move beyond partial coverage and become durable at scale.

Editorial Oversight: Caroline Kwamboka N.
Technical review: Matthias Brucker
Technical writer: Chris Alando

Key words: Equity and financial protection, more health for the money, Governance and accountability; Community-Based Health Insurance; digitalization; pooling reform; social participation, Senegal, Western Africa

References

World Health Organization. (2025, December). Global Health Expenditure Database. https://apps.who.int/nha/database
UNAIDS. (2025). AIDSinfo: Global data on HIV epidemiology and response. https://aidsinfo.unaids.org
World Bank. (2025). World Development Indicators. https://databank.worldbank.org/source/world-development-indicators
AUDA-NEPAD. (2024). Africa Scorecard on Domestic Financing for Health. https://africascorecard.nepad.org
République du Sénégal. Agence Nationale de la CMU (ANACMU) Strategic Plan 2023–2027 [Internet]. Dakar: Ministère de la Santé; 2023 . https://www.cmu.gouv.sn/ressources/plan-strategique
Mbow NB, Senghor I, Ridde V. The resilience of two professionalized departmental units of mutual health insurance in Senegal to the effects of the COVID-19 pandemic. Front Public Health. 2024;12:1-11. https://doi.org/10.3389/fpubh.2024.1266201
Institut Pasteur de Dakar. Madiba initiative: scaling up vaccine manufacturing to 300 million doses/year [Internet]. Dakar: IPD; 2024 . https://www.pasteur.sn/en/madiba
KIMBOCARE. Sénégal — la CMU en 2024: 53,6 % de couverture [Internet]. 2024 . https://www.kimbocare.com/fr/blog/senegal-cmu-2024

ALM score card sources: Senegal (5/10 On Track, 5 Partial)
C1: Political agenda — **On Track** Indicators: CMU constitutional commitment; ANACMU Strategic Plan 2023-2027 Sources: ANACMU Plan (cmu.gouv.sn); Senegal Constitution 2001
C2: Leverage partners — **On Track** Indicators: WB, Global Fund, Gavi, AFD, IPD Madiba 300M doses/year Sources: WB Senegal HSS; IPD Madiba (pasteur.sn/en/madiba)
C3: Domestic mobilisation — **Partial** Indicators: CMU 53.6% (2024); missed 75% 2019 target; ~$32 per capita; informal sector difficulties Sources: KIMBOCARE CMU 2024 (kimbocare.com); BOS PSE
C4: Private sector — **Partial** Indicators: IPD expansion flagship; limited formal PPPs in delivery Sources: IPD investor disclosures; MoH Senegal
C5: PMPA — **On Track** Indicators: ARP Senegal functional; ECOWAS WAHO harmonisation; IPD = Francophone vaccine hub Sources: ARP Senegal (arp.sn); ECOWAS WAHO; AU AMA Treaty
C6: Operational — **On Track** Indicators: ANACMU 2023-2027; 46 departmental mutuelles; 2030 mandatory enrolment 95% Sources: ANACMU Strategic Plan; Senegal HFS
C7: Monitoring — **Partial** Indicators: Annual CMU reports; DHIS2 deployed; mutual data quality varies Sources: ANACMU Annual Reports; Mbow et al. 2024 Front Public Health
C8: Accountability — **Partial** Indicators: ANACMU board; parliamentary oversight; 75% target miss = weak accountability Sources: ANACMU governance; Cour des Comptes
C9: Hosting role — **Partial** Indicators: ECOWAS Health Ministers meetings; IPD continental reference; not ALM-branded Sources: ECOWAS WAHO records; IPD engagement
C10: Leveraging AU — **On Track** Indicators: AVMA eligibility for IPD; AU AMA early adopter; ECOWAS HF Hub Sources: Gavi AVMA; AU PAVM Framework; ECOWAS RHFH

African Renaissance Trust
2nd Floor, Jumuia Place 1, Lenana Road
P.O. BOX 18332 Nairobi, Kenya 00100 GPO
dialogue@the-african-renaissance.org
www.the-african-renaissance.org