

Benin



This map is an approximation of actual country borders.

Total population	7 839 914
Rate of increase °°	3.25 %
Life expectancy at birth °°	59.2 years
Breakdown of the population : % of the rural population °°	61.1%
Monetary poverty index	37.40%
Percentage of children suffering from weight insufficiency °	18.4%
Literacy rate °	45.6%
Ratio girl/boy in primary and secondary education	0.75%
Infant mortality rate °	67.6 %
Mortality rate of children under 5 years of age °	125 for 1000
Percentage of the population having access to a source of drinking water °	66.3 %
Percentage of households not equipped with latrine or sanitary facilities °	62 %
% of health public expenditure compared with total public expenditure	8%
Health total expenditure in % of GDP °°°	4.7%

Sources:

° Population survey and health, Benin 2006

°° Third general population census and housing

°°° <http://www.who.int/nha/country>

Located in West Africa in the Gulf of Guinea, the Republic of Benin has a population of 7 839 914, with a rate of growth of 3.25 %. The population of Benin is mainly composed of youths, with 49% aged less than 15 years of age. Mean reproduction rate is 5.7 children. The Republic of Benin achieved independence since 1960 and has been enjoying a political stability for about two decades. Gross domestic product (GDP) per capita was US\$314 in 2006. 1/3 of the population lives under poverty line. The economy is based upon agriculture which is a source of income for 56% of the population. Trade balance is in deficit. Human development index (HDI) is 0.437; which sets Benin at the 163rd rank out of a total of 177 countries. The rate of poor households is estimated at 52.2%. The country is made up of 12 territorial divisions and 77 local subdivisions.

HEALTH & DEVELOPMENT

General mortality and morbidity: The Republic of Benin is characterized by a high population growth of 3.25%, a decentralisation of the health system and a good distribution of health infrastructure across the country. As a matter of fact, 77% of the population live at less than 5 km from a health establishment, with a low frequenting rate of 44 %. Health financing is mostly provided by households up to 52%. The country is currently in epidemiological transition, with the existence of communicable diseases, the emergence of noncommunicable diseases and the growing relevance of health problems related to the environment.

Maternal and child health: In Benin, maternal, newborn and child health situation is characterized by a slow drop and a permanently high level of mortality and morbidity indicators, notwithstanding a satisfactory provision of maternal, child and adolescent health care. Maternal mortality ratio is estimated at 397 cases of maternal deaths for 100 000 live births in 2006. Nonetheless 9 women out of 10 use antenatal consultation services. About 22 % of childbirths still occur at home, especially in the north of the country, in rural areas (26 %) and in the poorest households (43%). Needs for satisfactory emergency obstetrical care are still low; that is to say 22.9%. Contraceptive prevalence remains low, that is to say 6.2 per cent in 2006. Such Practices as female genital mutilations which prove to be harmful to women's and young girls' health are still current. Child and adolescent mortality dropped from 166.5 to 125 for 1000 live births during the same period.

Communicable diseases: Over 70% of morbidity are attributable to communicable diseases. Malaria remains the first cause of medical consultation in health establishments (39,7%), followed by acute respiratory infections (13,8%), gastro-intestinal complaints (6,6%) and traumas (5,6%). The mean incidence of serious malaria was 28.6 for 1000 inhabitants in 2006. Mean mortality nationwide is 6.2 for 1000 cases, as regards serious malaria against **14 for 1000 in 2005**. 56.3% of children under 5 years of age and 54.8% of pregnant women slept under insecticide-treated mosquito nets in 2008. Even though epidemic cases of measles are sometimes recorded, the overall trend did show a reduction in the number of cases by more than 60% in 2006-2008, compared with the year 2001. HIV/AIDS prevalence levelled off around 2 per cent from 2002 to 2005 before going down to 1.2 per cent in 2006. The number of people suffering from AIDS and who are under ARV therapy went up from 500 in 2003 to 9765 as of 31st December 2007. Tuberculosis incidence is 44 cases for 100 000 inhabitants. The rate of successful therapies is 87 per cent. The number of Buruli ulcer cases went up from 291 in 2000 to 1203 in 2007

Noncommunicable diseases: The main noncommunicable diseases constitute a major concern due to the frequent occurrence thereof and the deaths they cause. Hospital prevalence of cerebrovascular accidents is 13.86 per cent; that of hypertension is 27.5 per cent in adults; those of obesity and excess weight are respectively 9.4 per cent and 20.5 per cent. Tobacco consumption prevalence is 16 per cent, that of alcoholism is 2.9 per cent and that of physical inactivity is 8.3 per cent.

Health and environment: 66 % of households have access to running water. Only 38% of households are equipped with sanitary facilities. Air pollution is high with a daily emission of 83 tons of carbon monoxide in the major towns of the country.

Health system: The Republic of Benin is composed of 34 health zones, half of which is functional. The development of health services is adequate: 77% of the population live at less than 5 km from a health establishment. However, only 44% of this population resort to these health services. The share of the general State budget allocated to the health sector was 11% in 2009. The health sector financing is mainly based upon households up to 52%. There is a shortage of specialists, especially in health zones and an unequal breakdown of the staff. The health system decentralisation which commenced several years ago is still under way.

PARTNERS

In Benin the health sector is backed up by several partners. The main partners are: bilateral partners, the Swiss Cooperation, the French Cooperation, the Belgian technical Cooperation, the Dutch Cooperation, the Canadian Cooperation, the United States Agency for International Development (USAID). Multilateral co-operations are the following: the European Union, the World Bank, the United Nations Food Funds, the United Nations Development Programme, UNICEF, UNFPA, WHO, the West African Health Organisation (WAHO), the African Development Bank. Also lend their support to the sector other partnerships including the World Fund for Aids, Malaria and Tuberculosis Control, the Presidential Malaria Initiative (PMI), GAVI, the World Bank Malaria Booster Programme. Also work in the sector various nongovernmental organisations including Care International, Oxfam Quebec, Plan Benin, Catholic Relief Service, the Beninese and Bavarian Red Cross, Doctors Without Borders, the French Association of Peace Volunteers, the Peace Corps, Africare. The Republic of Benin has set up a consultation framework for the Ministry of health together with development partners of the sector who hold a meeting every six months. Other consultation mechanisms have been put into place for specific areas such as the UNAIDS theme Group and the group of partners for the Initiative called "Getting Malaria under Control". Health sector partners have established a consultation framework and hold regular meetings with chairmanship turnover. There is also a consultation framework at the level of the United Nations Agencies. The Country Common Assessment (CCA) and UNDAF are perfect examples of a good coordination of the activities.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> • Strong political will • Poverty Reduction Strategic Paper • National Plan for Health Development 2008-2017 • Decentralisation of the State resource allocation • Existence of initiatives conducive to poverty reduction such as the Poverty Fund, health care to children under 5 years of age and Caesarian section being free of charge • Availability of various sources of financing at international level such as the Global Alliance for Vaccines and Immunization (GAVI), the Global Fund, PMI • Greater commitment of partners at local level to backing up the country as part of the Paris Declaration • Partners coordination mechanisms (UNDAF, UNAIDS, etc.) 	<ul style="list-style-type: none"> • Strengthening health system and enhancing the use thereof through the promotion of Primary Health Care • Reducing morbidity and mortality rate especially in pregnant women and children under 5 years of age • Reducing risks and assuring a better management of disasters and emergencies as well as promoting a healthy environment • Assuring good governance and the financing of the sector. • Enhancing the consumption level of the resources put at the disposal of the sector • Making all stakeholders adhere to a sectorial approach to health (IHP+/HHA) • Enhancing the involvement of civil society organisations and the private sector in the planning, implementation and monitoring/assessment of the activities of the Ministry of Health

WHO STRATEGIC AGENDA (2009-2013)

In Benin WHO strategic plan takes on board the vision of Benin's health in the achievement of the Millennium Development Goals. It also takes into account the strategic orientations and the priorities defined in the National Policy Paper (PNDS 2008-2017) as well as the actions of the other partners for complementarity purposes. Five major strategic orientations are therefore defined for WHO cooperation in Benin. These are the following :

1. Strengthening of health system and improvement of use thereof for primary health care purposes: WHO will lend its support in the following areas:

Institutional strengthening ;
Establishment of operational health zones and implementation of primary healthcare;
Effective operational establishment of orientation systems, referral, reference and counter reference;
Development of the health workforce;
Health information management ;
Strengthening of the policy and management of medicines and biological products

2. Disease prevention and control

WHO support will be focused upon the following areas : i) Strengthening of the integrated disease surveillance and its impact ; ii) Control of preventable disease through immunization ; iii) Strengthening the control of neglected tropical diseases and geo-helminthiasis; iv) Control of non-communicable diseases ; v) Scaling up of the actions for HIV/AIDS, malaria and tuberculosis control for a global access and vi) Provision of health and sanitary services in cases of emergencies, disasters, crises and conflicts as well as the management of their socio-economic impacts.

3. Strengthening of mother, newborn, child and adolescent health as well as sexual and reproductive health

The targeted areas are the following: i) Strengthening of the initiative for Safer Pregnancy; ii) Strengthening maternal and youth health; iii) Promotion of sexual and reproductive health, gender and women's health.

4. Health promotion and environmental protection

WHO support will be centred upon the following areas: i) health promotion and risk factor reduction; ii) the promotion of a healthy environment , primary prevention development and public policy change ; iii) the improvement of essential nutrition and food safety

5. Partnership for health and resource mobilization

WHO support is connected with these three orientations: i) Strengthening of health partnerships and coordination thereof; ii) Strengthening private sector and civil society involvement; iii) Mobilization of internal and external resources.



The Head of State is administering drops of polio vaccine in April 2009



People showing how to use a mosquito net



Second edition of the Heart March 2008



Pollution caused by bike exhaust fumes in Cotonou town

ADDITIONAL INFORMATION

WHO country page <http://www.who.int/countries/ben/en/>

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