BENIN'S HEALTH SECTOR



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1. Country Overvie

Benin, formerly Dahomey, is located in West Africa. The country includes 75 miles of the Niger River, which forms part of Benin's northern border with Niger. Benin is bordered to the northwest by Burkina Faso, east by Nigeria and west by Togo. Its official capital city is Porto-Novo. However, Cotonou is the largest city, the chief port and the administrative capital of the country. Benin was colonised by the French who reigned over the county from late 19th century until 1960^{[1].}

With a total geographical coverage of about 44,310 m2, the country has a population of 12,397,107^{[2].} The annual population growth rate stands at 3.25% which will see the population increase to approximately 16,776,000 by 2030. The formal language used in the country is French, spoken by about four million people and accounting for almost 35% of the entire population. Other indigenous languages spoken are Fon, Dendi, Mina, Yoruba and Bariba^{[3].}

Benin is among the 30 poorest countries in the world. Its economy is heavily dependent on agriculture, which employs approximately 80% of the population. Crops are grown for export as well as domestic use. Cotton is a key commodity sold at high prices, which increases the export earnings for the country. Private foreign investment is minimal, and foreign aid accounts for most investment made in infrastructure projects. The Port of Cotonou is the largest contributor to the economy of Benin, with revenues projected to account for more than 40% of its national budget.

Developed in 2001, Benin's privatisation policy continues in the sectors of telecommunications, water, electricity and agriculture. The country has appealed for international assistance to mitigate piracy against commercial shipping within its territory. Pilferage has dropped significantly as the Port of Cotonou continues to make progress aimed at implementing the International Ship and Port Facility Security (ISPS) Code to sustain its competitiveness. There have been four projects launched as part of Benin's \$307 million Millennium Challenge Corporation (MCC) compact (2005-2011), which were designed to increase investment and private sector activity through improving key institutional and physical infrastructure. The four projects focused on increasing access to land, financial services, justice and markets (including modernisation of the existing port). Realising the country's economic full potential will require more effort to upgrade the infrastructure, reduce the cases of corruption and scale up access to foreign markets^{[4].}

In 2019, Benin's GDP was estimated at \$14.4 million while the real GDP increased by an estimated 6.4%. The country is currently the 140th largest goods trading partner of the United States with \$42.75 million in total goods trade during the 2019 financial year. The

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United States foreign direct investment (FDI) in Benin (stock) amounted to \$2 million in 2019 [5]. Additionally, the United Nations International Fund for Agricultural Development loans support the government in reducing poverty and improving the livelihoods of the 56% of the population living in rural areas.

In mid-2020, the World Bank approved \$160 million credit from the International Development Association (IDA) to help Benin improve productivity and market access for agri-food value chain competitiveness project. The project was aimed at improving productivity and market access for pineapples and cashew nuts, and promoting new value chains with strong market potential, particularly fresh produce. About 10,000 hectares of pineapples and 135,000 hectares of aging cashew nut plantations were replaced or newly developed with high-yielding plant material provided to the producers of these crops.

Benin has been a member of the World Trade Organisation (WTO) since 1996 and a member of the General Agreement on Tariffs and Trade (GAAT) since 1963 [6]. Additionally, it is a member of the Economic Community of West African Countries (ECOWAS). The government has been active in incorporating the Sustainable Development Goals (SDGs) into its national planning frameworks and engaging in strategies to accelerate the progress. The country presented Voluntary National Review (VNRs) of the progress against the SDGs to the United Nations in 2017 and 2018. Benin is one of two African countries that took part in a costing exercise on financing needed to achieve the SDGs in education, water, sanitation and health. The International Monetary Fund (IMF) estimates that an additional 21.3% of real GDP needs to be spent every year for the SDGs to be achieved in Benin^[7].

1.1. Key Country Statistics

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63 yrs females, 60 yrs males ^{[9] [10]} Life expectancy at birth, 2018



6.87^[8] 29.63 [11] Export GDP growth of goods and (annual %), services as a % 2019 of GDP, 2019

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34.05 ^[12] Import of goods and services as a % of GDP, 2019



128 out of **196 countries** GDP ranking (2018)



Balance of trade. 2019

2. COVID-19

As of May 3rd, 2021, there had been 821 COVID-19 infection cases, 99 deaths, and 7,580 recoveries reported in Benin. The first COVID-19 case was diagnosed at the Viral Haemorrhagic Fever Laboratory in the capital of Benin in March 2020. At that time, the facility was the only one able to test for the virus. By the end of 2020, the country had increased its testing centres to 13. The country is included among the 12 countries in the World Health Organisation (WHO) African Region carrying out more than 10 tests per 10,000 in a week. A range of strategies are in the pipeline for boosting its response to COVID-19. These include setting up testing centres across the country's 77 communes as well as health facilities, airport, and land border crossings. Mobile testing teams also carry out diagnosis in government offices and in private companies, while a hotline provides the needed COVID-19 information and assistance to the population ^{[15].}

In April 2020, the World Bank Group board of directors approved \$10.4 million from IDA to support Benin in the fight against COVID-19. This amount was in addition to an initial \$30 million provided by the World Bank. It has also assisted Benin with preventive measures such as equipping the isolation centres, training health workers and rapid response teams and purchasing masks, laboratory testing kits, ventilators, thermal cameras and emergency medical equipment and material ^{[16].}

By March 2021, restrictive measures put in place remained constant. Businesses, shops, places of worship and schools remain open, and local public transport, sporting and cultural events have all been allowed to resume operations. However, everybody is strictly required to maintain social distancing in public spaces in addition to wearing face masks. Gatherings of over 50 people remain banned in the country as precaution to prevent a massive spread of the virus ^[17].

3. Health Overview

Benin is known for its high population growth of about 3.25%, a decentralised health system and good distribution of infrastructure across the country. 77% of the population live less than 5km from a health facility with a low frequenting rate of 44%. Communicable diseases attribute for over 70% of morbidity in the country. The main incidence of a serious malaria case was reported to be 28.6 per 1,000 inhabitants in 2006.

Benin's National Health Development Plan 2009-2018 (NHDP) focused on five areas that included prevention and combating primary diseases, improvement of quality of health care, strengthening human resources, fostering partnerships, promotion of medical responsibility, improvement of financing mechanisms and management. The country successfully implemented the Human Resources for Health Plan in 2015 as well as the Multi-Year Plan for Immunisation in 2018. Having joined the Universal Health Coverage (UHC) partnership in 2018, the partnership built on the NHDP priorities and supported initiatives towards UHC in the country. This support included strengthening the national health strategy, supporting standardisation and organisation of service delivery, and development of a strategy for capacity building and mobilisation of human resources for the benefit of public health facilities ^[18].



Imported goods, 2019: Rice (\$570M), petroleum oils and oils obtained from bituminous minerals **(\$363M)**. electrical energy (\$140M) [12]



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Exported goods, 2019: Raw cotton (\$450M), coconuts, brazil nuts and cashew nuts (\$76M), oil seeds and oleaginous fruits (\$56M)

Deficit of \$2.05B^[14]





The government has established the Insurance for Strengthening Human Capital (ARCH) project. The project aims to achieve four major reforms including health insurance to support the realisation of UHC in the country. The Africa Collaborative for Health Financing Solutions (ACS) equally deployed the Health Insurance-ARCH (AM-ARCH) component in support of Benin's quest to achieve UHC. The objective is to provide high quality health services to the entire population of Benin. AM-ARCH is in its pilot phase and offers free health insurance to the part of the population that is extremely poor in three health zones identified as the most vulnerable ^[19].

The ministry of health is responsible for the design and implementation of all activities emanating from government policies relating to the management of health in Benin. The ministry changed its name from the ministry of public health to emphasise the major role that the private sector plays in ensuring quality and timely provision of healthcare to the population of Benin.

For a long time, the healthcare system in Benin has primarily depended on the public sector, which has a history of strict regulatory measures and centralised decision-making. The country has 12 states each divided into 34 health zones. These health zones contain one to four communes that are managed by health zone committees and appointed management teams. Each zone consists of department health centres, commune health centres, and a hospital. A health zone office oversees all public and private health entities within a given zone, including private and public hospitals, clinics, and pharmacies.

The private sector is undergoing an expansion due to accelerated urbanisation and poor access and quality of public services. Services provided by the private sector include individual medical cabinets or clinics, mid-wife led maternities, nurse-run clinics and other general and specified medical practices. The private health sector is currently a significant source of treatment for illnesses among children under five years of age for health issues such as diarrhoea and fever.

Over the past two years, the private sector has proved to be a critical player in the country's health sector. This is because the public sector does not have the requisite capacity to respond to the growing demand for quality healthcare services in the urban and peri-urban areas of the country. This could result in the expansion of private healthcare facilities operated by professional medical providers in the country ^[20].

To improve the provision of healthcare services in the country, political officials and medical professionals are constantly developing and monitoring innovative solutions in the health sector. An example is the KEA Medicals software application, which acts as a database for individualised health records and history, which is vital information that can be used to save lives during emergencies. Patients are prompted to create an account on the platform by providing basic information about their health such as identity, next of kin details, known allergies, chronic illnesses, blood type, among others. Once registered, the patient receives an individual signature in the form of a Quick Response (QR) barcode that can be scanned by any doctor to access this vital information before attending to a patient^[21].

The top 10 causes of death are: ^[22]



Benin has the one of the highest infant mortality rates in the world. Currently, the rate stands at 52.8 deaths per 1,000 live births. This places the country 23rd in the world ranking of infant mortality rates. In response, the government of Benin has made several attempts to address the health problems that lead to the shortened lifespan of its population. It continues to work with foreign aid organisations to improve the social support systems and overall health of the country's population. One recent effort was a donation of \$50 million from the World Bank towards supporting programs related to early childhood development and nutrition^[23].

3.1 Key Health Statistics ^[24]

2.49 • () • Current health expenditure as a % of GDP, 2018

59.20

9)

Private health expenditure as a % of current health expenditure, 2018



Out-of-pocket expenditure as a % of current health expenditure, 2018

512 (national estimate per





Diarrheal diseases



Ischemic heart diseases



Congenital defects



19.69

Government health expenditure as a % of current health expenditure, 2018



Maternal mortality ratio 100,000 live births), 2014 Under five mortality rate (per 1,000 live births), 2019



4. Challenges Facing the Private Health Sector

- The private sector involvement in the establishment and rollout of the UHC plan of the country, otherwise known as Régime d'Assurance Maladie Universelle (RAMU) is very minimal, yet the aim of this plan is to increase financing available to private providers and create an opportunity to widen the market share of health insurance in the private sector [25].
- In 2018, a study conducted in both the private and public sector indicated that there is poor performance in uncomplicated malaria case-management by care providers in private health facilities in the country. Strategies to improve access and utilisation of malaria case-management supplies need to be reviewed in both public and private health facilities.
- The formal private health sector still faces other major challenges such as access to finance, corruption and unfair taxes. These constraints are mostly attributed to structural problems within the government.

5. Opportunities for the Private Sector to Invest

- Support the public health sector in curating and managing sustainable technologies to manage healthcare, which has been ineffective in the public sector. These challenges are rampant in low-income countries like Benin because the majority of the technology is imported, and resources are constrained to a greater extent. An assessment conducted in the country discovered that previous policies deployed have failed to produce better quality of care for the population and cost-effectiveness for the government ^{[26].}
- Train and hire more health workers to fill the workforce gap that currently exists in the public sector. Benin only has 0.15 physicians per 1,000 people^{[23].}
- The private sector can invest in putting up more healthcare facilities in the rural areas of the country. There are large discrepancies related to healthcare access and culture between the urban and rural areas. Rural areas lack the social service infrastructure such as hospitals and pharmacies that are easily accessible in urban areas ^{[23].}
- Efficiently utilise public-private partnerships to foster growth in the sector. To encourage this, the government of Benin launched two major reforms in its pursuance of UHC, including the creation of new regulation authorities overseeing the ministry of health and a reinforcement of public-private partnerships in the country.

Do you need more indepth information on Benin's health sector and how your project or business can contribute?

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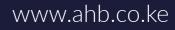


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