Primary Healthcare in Benin
40 years after Alma Ata

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Benin, in brief

- Population: 11,527,412 (in 2018, +2.7% per year)
- Surface: 112,622 Km²
- Life Expectancy: 60 years
- Urbanization: 44% in 2015
- Economy: tertiary sector (50% GDP), agriculture (25% GDP of Labor force)
- Poverty: 40.1% in 2015
- Stable and democratic country since 1990
Key steps in PHC history in Benin

1980s

- **Adoption** of Primary Health Care (PHC) strategy
- **Successes**: Pahou pilot project
  - genuine community participation multi-sectoral approach
- **However**
  - Lack of resources
  - Lack of practical strategies

1987

- **Bamako Initiative**
  - Introduction of co-payment
  - Introduction of co-management
  - Notion of **minimum** package of care
  - Introduction of essential drugs

2000

- **Creation of Health District**
  - First line health centers+ District Hospital
  - Deconcentration of management with District Management Teams
State of the PHC in Benin in 2018

- Overview on the health system
- Understanding of PHC in Benin
- Political commitment for PHC
- Strengths and challenges of PHC
- Threats and opportunities for improvement
Overview on the health system

- University hospital
- Regional Hospital
- District hospital
- Health centres
- CHWs
- Community

- Ministry of health
- DHMT
- Regional direction
- Health programs
- Local governments
- CSO
- Other sectors
- Private Health facilities
- Academics, research institutions
- International community, funders
- Government, other Ministries

Other sectors include:
- International community, funders
- Academics, research institutions
- Private Health facilities
- Other sectors
Understanding of PHC in Benin

- Alma Ata principles well stated in National Health Policy
  - Equity
  - Community participation
  - Multi-sectoral collaboration
  - Quality care for all

- Care provided at community and first-line health facilities ++

- PHC = Bamako initiative
  - Essential drugs
  - Health committees
  - Community financing
  - Minimum package of activity
Political commitment for PHC

• PHC officially a priority
  – National vaccination / PHC agency
  – Soon a National PHC council
  – National policies related to PHC community health, health promotion
  – Many programmes EPI/PHC program, Integrated Management of Childhood Illnesses, malaria, HIV, TB, NCD, etc.

• But

37%
government health spending dedicated to PHC (2013)
“PHC is a neglected strategy despite the fact that there is a Directorate for PHC at the National agency for vaccination and PHC. It is as if this strategy (PHC) is only applied for vaccination and its scope is limited to this agency”

Public Health Doctor, District.Team Benin, October 2018
Many good results

91% People living 5 km (2016)

92% ANC (2016)

80% Institutional delivery (2016)

80% Vaccine availability (201)

Affordable Essential drugs
“Useful” community participation

Community Health Workers (CHWs)

Improved financial viability of health facilities
Several challenges

- 33% appropriate care for children with diarrhea
- 23% for ANC4
- 50% children completely vaccinated

- 62% people face barriers due to treatment cost
- 40% essential drug availability
- Human resources

- “Laisser-aller” in private sector
- Poor commitment of municipalities and other sectors

- Health committee lack capacities
- CHWs: exclusively health systems activities
PAYEZ D'ABORD.

ET SI JE VOUS LAISSE MON OUTIL APRÈS ?
Threats

- Poor human resource management
  ➔ need of the right guidance
- Overall poor governance and poor leadership
- Financial schemes not well defined
- High focus on hospital care
- Context rapidly changing
- Social determinants of health:
  - 52% literacy rate in 2012
  - high under-employment rate (63% in 2013)
  - more than 53% living on under 1.90 US dollars/ day
• International momentum for PHC
• Ongoing health system and social reforms in Benin
• “ARCH” (social protection scheme) : opportunity to advocate for comprehensive PHC and involve other sectors
• Current achievements (community health...)
• Initiatives for better citizen participation(TOPICs, Saga Santé...)
• Recent reorganization of first line facilities
• Ongoing researches: assess performance of PHC actors, provide guidance
Conclusion

• PHC implementation in Benin reflects to some instance general understanding of actors.

• Many achievements

• However, need for contextually adapted implementation strategies of comprehensive PHC
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