



Primary Healthcare in Benin 40 years after Alma Ata

Kefilath Bello, MD, MPH, PhD Student

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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

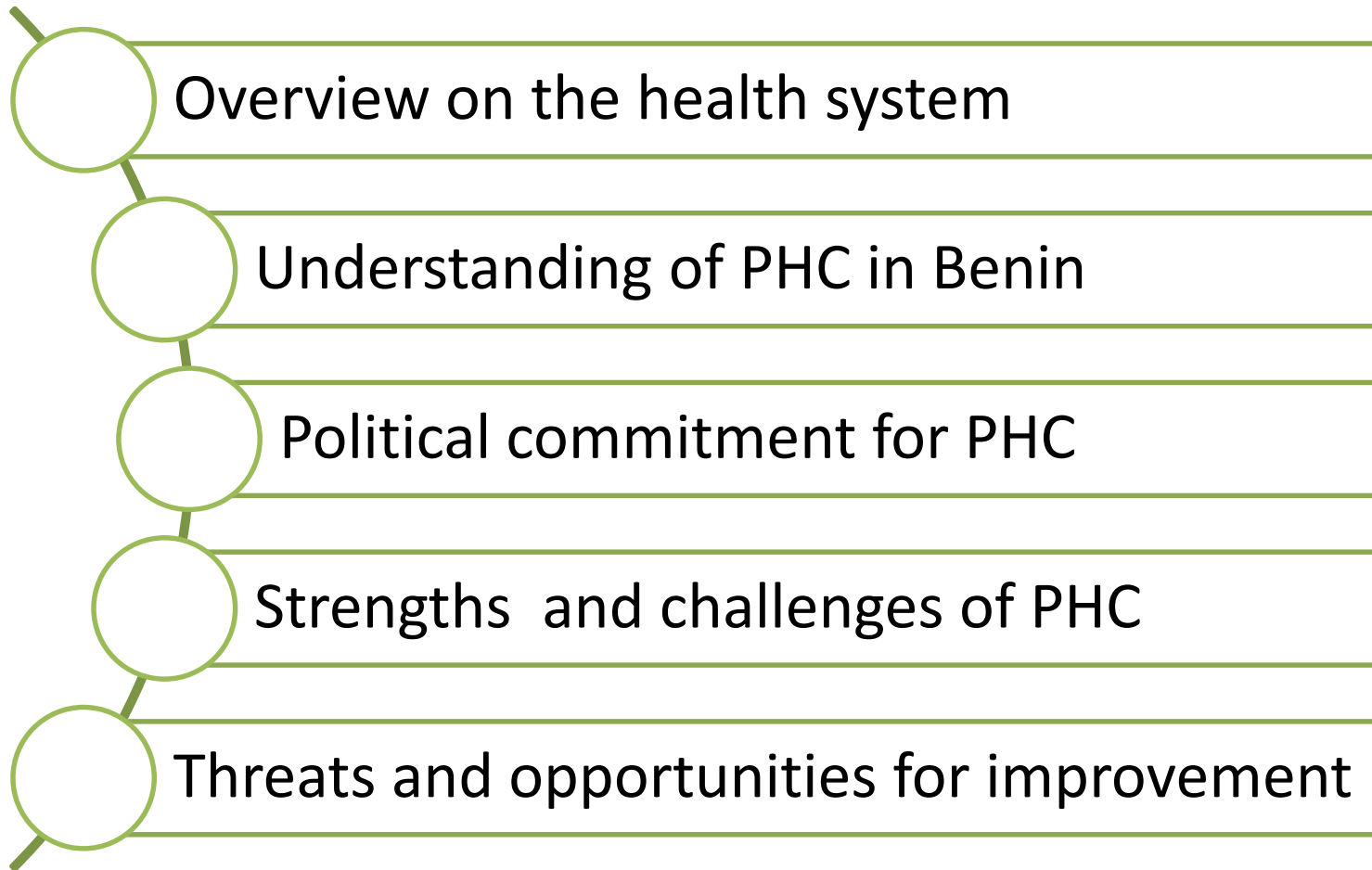
1987

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

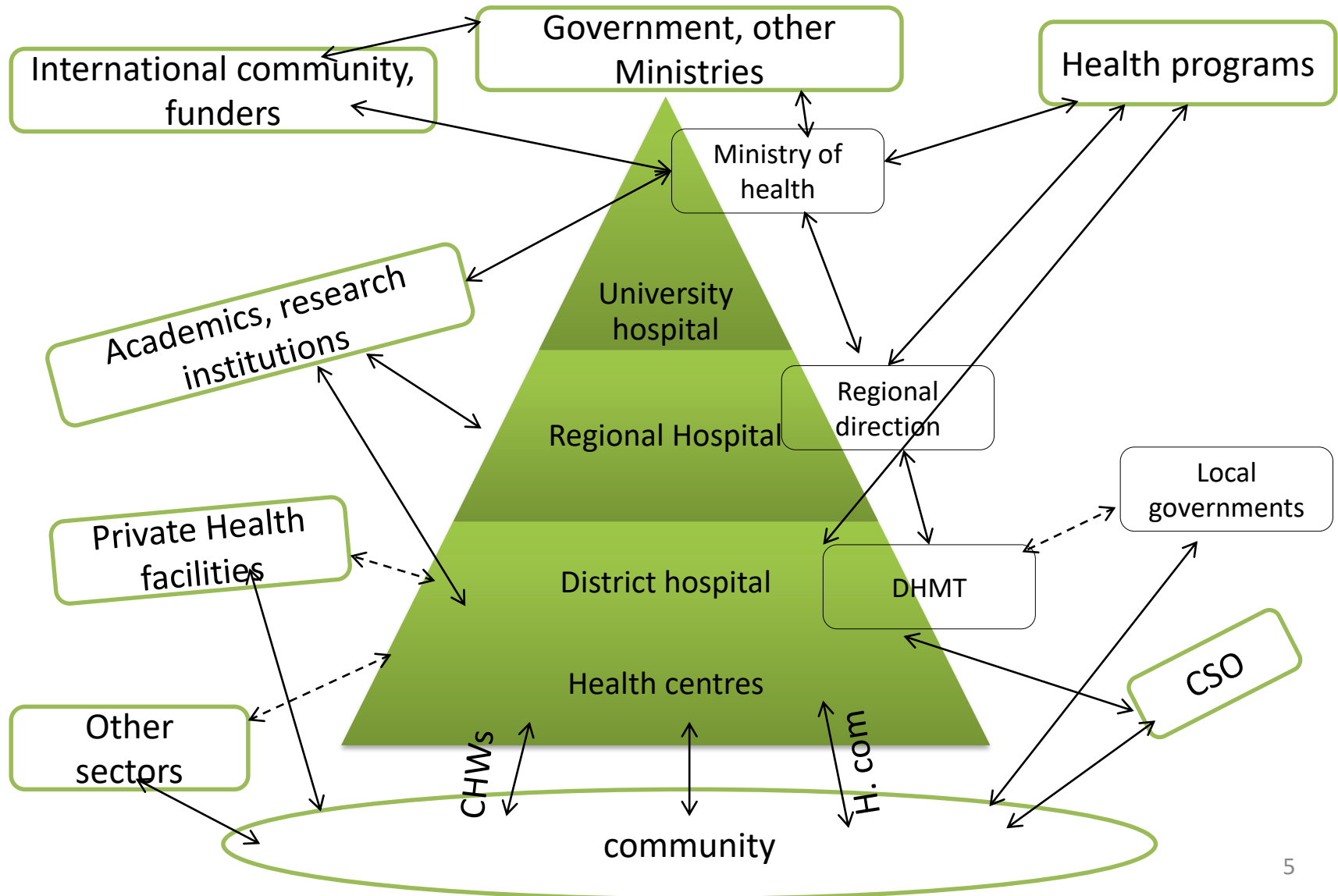
2000

- **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



REALITY

- 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**

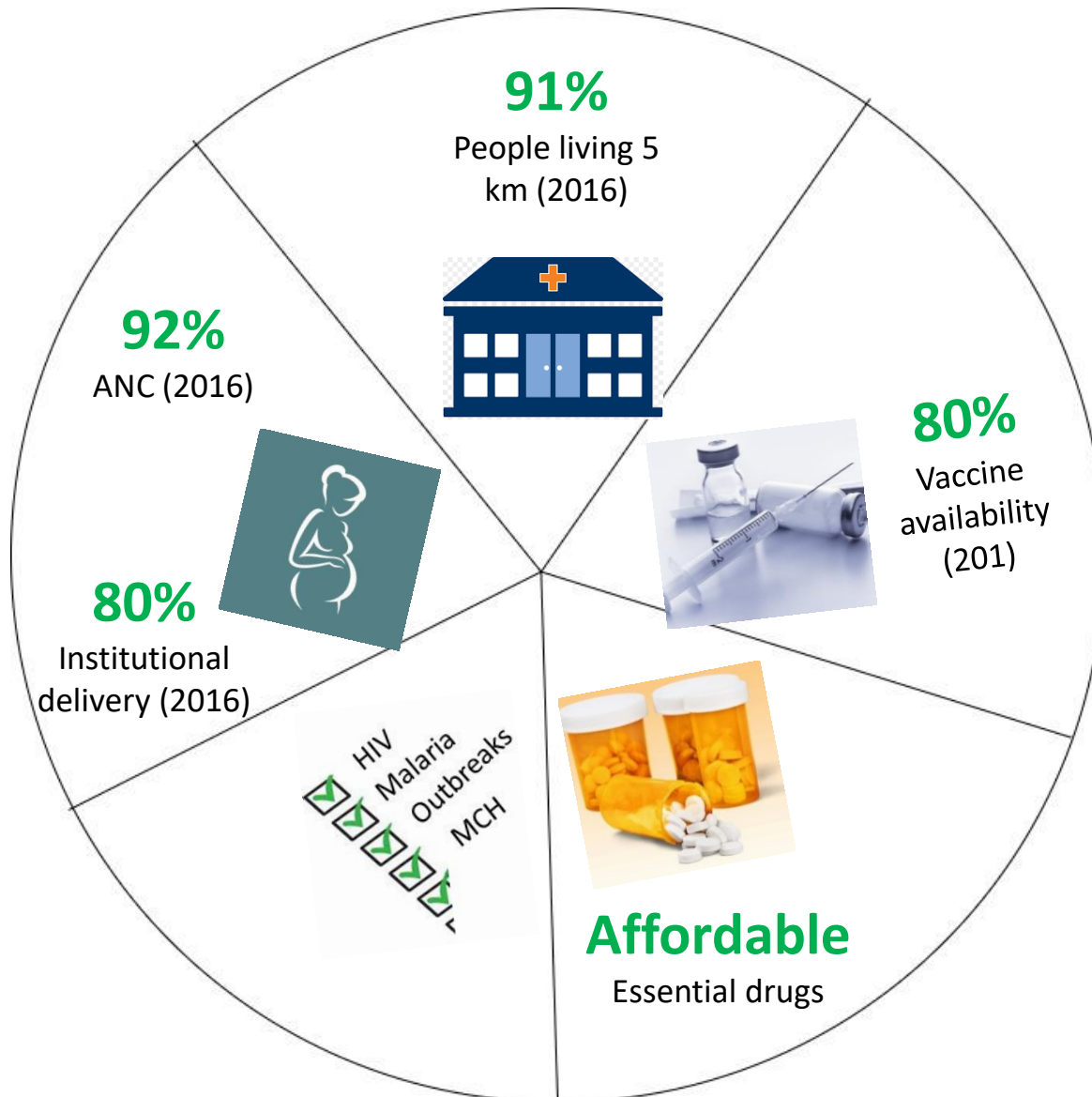
37%

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



“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

Poor quality of care

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

Barriers to access

Poor coordination & collaboration

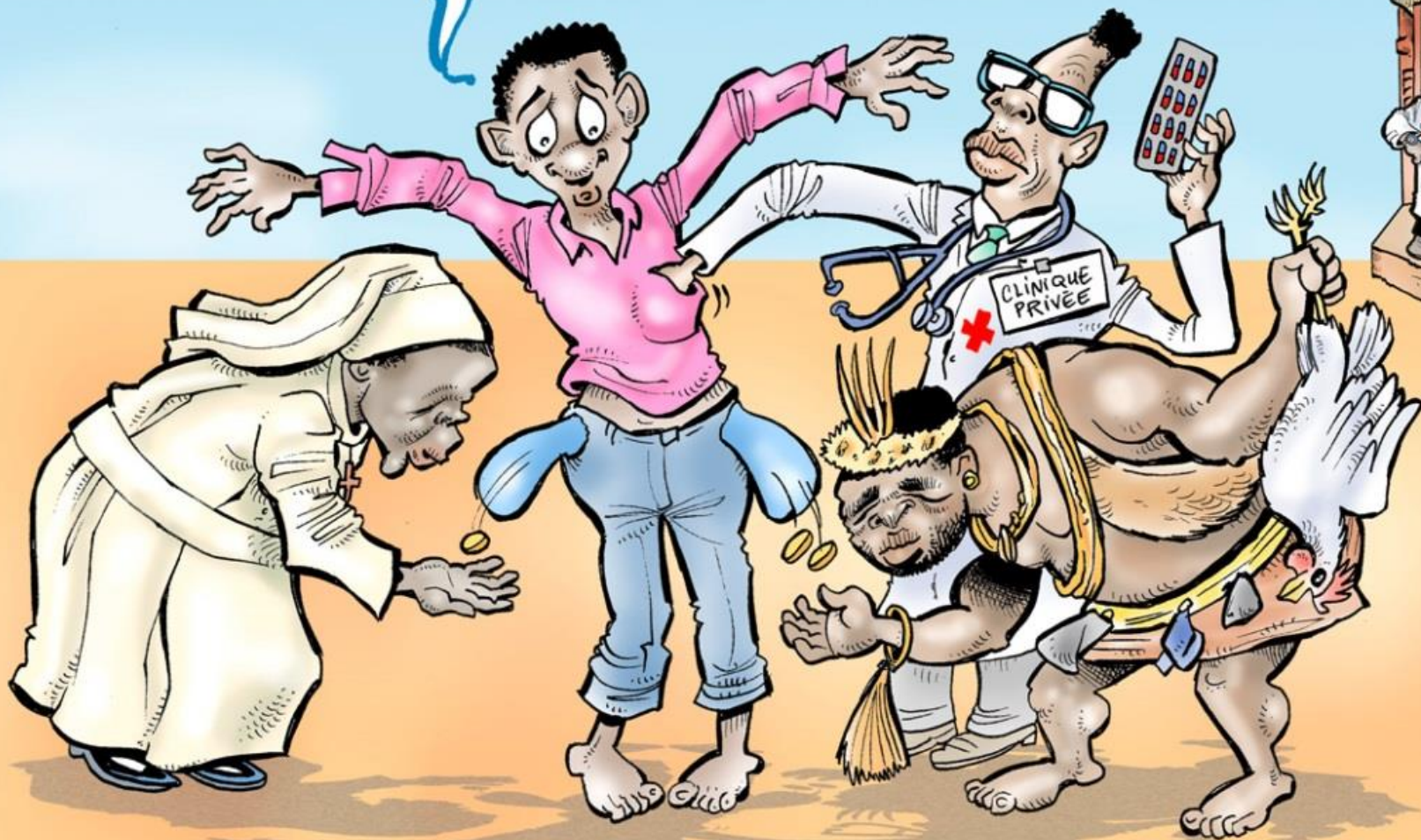
- “Laisser-aller” in private sector
- Poor commitment of municipalities and other sectors

Paternalist community participation

- Health committee lack capacities
- CHWs : exclusively health systems activities



C'EST QUELLE AUSCULTATION ÇA ?



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



Thank you

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