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## Health care in Benin: provision and providence

*Richard Gerster\**

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Chaudo Zoamaron is barely two years old and suffers from severe malaria. As he also suffers from anaemia, complications arise. From remote Kaki-Koka in the North of West African Benin his parents have brought him to Boko hospital, some 80 km away. Without treatment his prospects would have been bad. But now that he is receiving infusions and his survival should be ensured.



*The little boy Chaudo Zoamaron is attended to in Boko hospital.*

### **Low levels of maternal mortality**

Boko hospital is really a private hospital founded by an order of the catholic church. However, in 2000 the state declared it to be a district hospital. The central government had neglected the central and northern regions of the country for such a long time, that missionary hospitals stepped in. Instead of making them compete with state hospitals, they were integrated into the official health system. Since then, Boko hospital receives staff and subsidies for its operations. While the scant 47'000 US dollars (23,5 mio CFA) in 2008 only amount to a tenth of the hospital's overall income, the tendency is increasing.

The regional directorate of the health ministry in Parakou confirms this trend. Since 2005 the financial resources provided by the capital Cotonou have increased consistently and have now reached some 1,8 mil-

lion dollars (890 mio CFA). Maternal mortality decreased significantly in the Parakou-N'Dali health district where the Boko hospital is situated. While five years ago 410 of 100'000 women died when giving birth, only 112 did so in 2007. This is an impressive achievement, even if not all regions can report equally positive numbers and the corresponding number in Switzerland, namely five, is out of league.

The government's health services cover barely half of the country. In spite of progress it is uncertain whether Benin will reach the Millennium Development Goals of significantly reduced maternal and child mortality until 2015. Over the years, Swiss development cooperation has contributed considerably to the expansion of the network of rural health centres. The four health zones benefiting directly from Swiss support cover a quarter of Benin's area and almost one million people. Nobody be further than a one hour of walk respectively 5 km away from the next health centre. But there are still places where this distance is up to 50 km. Furthermore, the quality of the medical services leaves much to be desired, says Christophe Dossouvi from the non-governmental organisation BEST which supervises the health sector on behalf of Switzerland. Benin's poverty reduction strategy lists the badly functioning health system as one of the main reasons for the high rates of child mortality.

### **Growing budgets, new challenges**

The amounts which the government has allocated to the health sector have continuously increased in recent years. "At least ten percent of the budget should be at the disposal of this vital area", says Valère Goyito, secretary general in the health ministry. In 2007, the amount was some 125 million dollars (62 bn CFA), equivalent to almost nine percent of the state budget. One year later, in 2008, the amount was



*Patients' families are waiting in a hospital.*

already some 143 million dollars (71 bn CFA). The majority is financed with Benin's own income. A little less than one third is provided by foreign aid sources. Apart from contributions earmarked for specific programmes in the health sector, Switzerland and seven other countries and institutions such as the World Bank contribute around ten percent to Benin's general budget, with which the health system is financed. This direct budget support is tied to specific requirements and permits discussions with the government about reforms which reach far beyond the health sector.

Personnel issues for example are an eye of a needle for the improvement of state ser-

vices – in the health and educational sectors as much as in other areas. Budget support offers a platform for dialogue beyond individual ministries. Personnel managers do not have an easy life. "If we need a nurse, for example, they will send us a statistician from the capital or the other way around", reports a member of a regional health directorate. "And we have no way of removing unable or unwilling collaborators." A posting to rural areas is considered unattractive and the salary level in government positions is hardly competitive compared to the private sector, self-employment or migration. Which is why "more medical staff from Benin is working in the municipal area of Paris than in the entire country", says Christophe Dossouvi. Personnel planning at the national level identifies an unmet need of some 3294 nursing staff, 495 midwives and 657 medical doctors. This challenge cannot be met by the health sector alone. Motivational issues among and the salary level for medical staff can only be improved with better employment conditions for the public service in general.

A considerable further problem is the fact that very often approved budgets are not fully exhausted. In 2007, forty percent of the money available for medication, mate-



*Disbursing medication in Boko hospital.*

rial or investments in the health sector remained in the cash box due to bureaucratic and other hurdles. “This way budget increases are undone”, states the self critical assessment in a memorandum which has been elaborated jointly by the government and the donors after the 2008 annual budget support conference. Training, as well as changing the rules for public procurement are required. A lot of money is involved when it comes to building hospitals or buying medication. Strict rules are needed in order to not provide a contact surface for corruption. These rules, however, should not be an unnecessary hurdle for daily purchases. The department of Borgou-Alibori proudly points out that 99 percent of its budget are exhausted. Thanks to organisation and training they are in a position to make effective use of the money.

### **Health mutuels**

The private, but jointly financed provision through health mutuels (“Mutualité” as health insurance is called in Benin) is facilitating the population’s access to the health system, particularly poor people’s. 22-year

old Tonragui Sabi old reports: “I was in Boko hospital for almost a year due to a severe gastrointestinal illness and had to be operated. I could not have afforded that if it were not for the health mutual.” About a dozen people came from the village of Koriguea in order to talk about the blessings of their health mutual. “Opening a health mutual means helping yourself!” “If you are healthy and still pay your premiums, you help those who are ill.” These arguments have convinced 67 families (363 people) in the village so far. The annual costs of barely 3.50 dollars (1700 CFA) per person and a retention of 25 percent are not cheap. Members of health mutuels are well treated in the hospitals since the institutions can be sure that their costs will be paid – because there are also patients who walk away after being cured.

With the current nutritional crisis it is not easy to find new members for the health insurance due to the financial burden. In Colette Orou Dama’s family her father first only took out an insurance for his most immediate family, because the others were not interested. Then he fell critically ill and the hospital bill amounted to 240 dollars



Members of a health mutual are proudly displaying their membership cards.

(120'000 CFA). Without the health mutual this would have been unpayable. This incident convinced the entire family of 39 people – Colette can hardly stop listing names. The women also know a way to make the health mutual more popular: They want to install a health centre in the village of Komiguela, so that the long way – one hour by foot – becomes unnecessary. Health specialist Sylla Abdul-Rachid has found a more fundamental change in attitude towards health. Some people used to say that “Provide for the case of illness means calling it.” These times are over. Cultural change is also needed in order to improve access to and the quality of the health system.



*It is important to know how health mutuals work.*



*Prevention: AIDS is spreading along long-haul truck routes.*

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