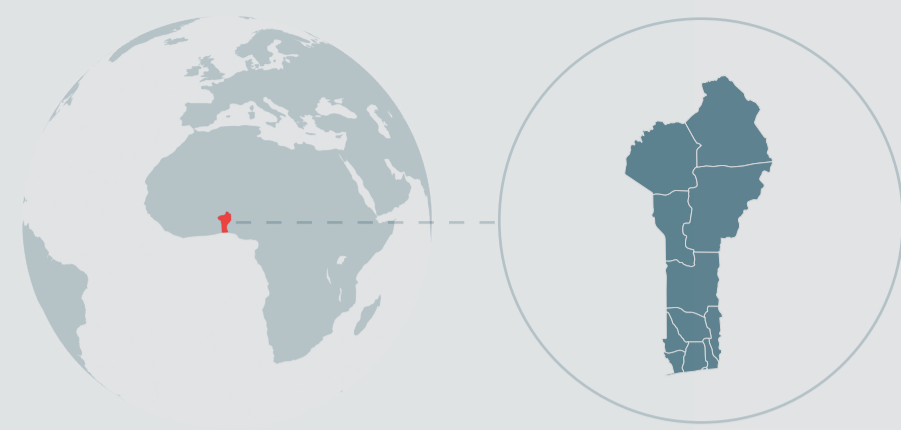


EVOLUTION OF UHC IN

BENIN

Countries learning from each other to achieve and maintain Universal Health Coverage (UHC)



Capital
Largest city
Official language
Indigenous languages
Ethnic groups

Porto-Novo
Cotonou
French
Fon, Yoruba
39.2% Fon
17.6% Yoruba
12.1% Ottamari
9.2% Bariba
8.2% Aja & Mina
6.9% Fula
4.0% Yoa-Lokpa
2.5% Dendi
0.4% other

GENERAL INFORMATION

Bénin is bordered by Togo, Nigeria, Burkina Faso and Niger and has 121 kilometers of coastline along the Gulf of Guinea. Its population is mainly young and female and was estimated to be 11.2 million in 2017. At the political level, Benin benefits from a stable democratic regime, even though the legislative elections of April 2019

were marked by violence. In economic terms, a sustained economic growth (6% in 2018) was recorded, which is driven by rising public investment. Still, poverty remains widespread in the country, which is marked by a national poverty rate of 40.1% in 2015.



NATIONAL UHC
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towards
SDG 3.8.2

HEALTH EXPENDITURE

CFA **172.05 BN**

In 2012 Benin's total current health expenditure was 172.05 billion CFA francs.

Four main sources contributed to the financing of these expenditures:

Household funding:

42.22%
of health expenditure

Funding by Technical and
Financial Partners:

29%
of total expenditure

State funding:

24%
of total expenditure

Funding by Technical and
Financial Partners:

5%
of total expenditure

2000 - 2003

INDIGENT HEALTH FUND (FSI)

2000

Setup of the Indigent
Health Fund (FSI)

An average annual amount of one billion CFA francs were provided for the health care of destitute people throughout the whole country.

2003

First health accounts were drawn up

Households were the primary source of income.

52.10%

2008 - 2015

UNIVERSAL HEALTH INSURANCE PLAN (RAMU)

2008

Implementation of a decree to establish the Universal Health Insurance Plan (RAMU)

Appointment of a RAMU focal point at the Ministry of Health.

Free caesarean section and free malaria treatment for children between 0-5 years and pregnant women.

2012

Setup of the National Agency of Health Insurance (ANAM)

Establishment of a Technical Working Group on RAMU.

Households were the primary source of income.

42.22%

2013

Launch of a pilot phase for the RAMU in the informal sector and poor parts of the population.

2015

Adoption of the National Health Financing strategy

Establishment of a high-level steering and monitoring committee for the Universal Health Insurance Plan

DEPARTMENTAL DIRECTORS FOR HEALTH

They carry out health activities in departmental hospitals and are in charge of the implementation of the health policy defined by the ministry, the planning and the coordination of all the activities of the peripheral health services.

HEALTH ZONES

They are located on the operational level and represent the most decentralized operational entity of the health system.

MINISTRY OF HEALTH

It operates on the central or national level and ensures the implementation of the Health Policy defined by the government.

PYRAMIDAL STRUCTURE OF THE BÉNIN'S HEALTH SYSTEM

HEALTH FINANCING

Public sources

- Direct taxation (e.g. personal income tax, wage contributions)
- Taxation on indirect/ consumption (on goods and services/ VAT)
- Non-tax revenues

External funding

- Donations (bilateral/ multilateral)
- Loans (bilateral/ multilateral)

Private sources

- Direct payments (cost sharing, co-payment, informal payment)
- Voluntary prepayments (e.g. private insurance, mutual insurance)
- Sickness savings accounts

2016 - 2019

2016

March 2016:
Adoption and promulgation of the Universal Health Insurance Act (RAMU)

April 2016:
A new regime took power in Benin and led to changes in social and helath care protection. The RAMU has been suspended to make room for the Insurance for Human Capital Development (ARCH) which is a product integrated into four services: health insurance, training, micro-credit and the retirement for stakeholders in the informal economy.

2016-2019

Creation of the National Agency for Social Protection (ANPS) responsible for the management and governance of the ARCH.

Development of an ARCH guidance document.

Identification of the extreme poor with a view to their full coverage by the Government.

DEFINITION OF A PACKAGE OF SERVICES TO BE GUARANTEED BY THE ARCH

The basic package includes:

- diarrrheal diseases
- itestinal parasitosis
- malaria
- dermatological treatments
- respiratory infections and other infections for children under five
- birthcontrol
- visceral surgery
- surgical emergencies and trauma

2019

Launch of a pilot of the ARCH in three health zones for the benefit of the extreme poor.

Elaboration of the draft law on the ARCH which will soon be transmitted to the parliament for adoption.

8.6%

of the population is covered by health insurance

The purchase and supply of medicines remain the responsibility of the patients.

Law No. 2015-42 which established the Universal Health Insurance Plan (RAMU) in the Republic of Benin is still in effect, but will be repealed as soon as the law on Insurance for the Strengthening of Human Capital (ARCH) is adopted.

Public funding schemes are channelled through regulatory means on behalf of health system stakeholders.

The right to the benefits is non-contributory for the populations. These funds are generally used for the purchase of vaccines, drugs, to pay health personnel in the context of the administration of care or services to the population

OUTLOOK

WHAT NEEDS TO BE DONE:

- Reduction of household health expenditure
- Implementation of free treatment (PEC) for malaria for children under the age of five and pregnant women
- Expansion of medical and health care services
- Integration of the informal sector into social protection measures
- Application of contributive equity in mutual health services

"The current health system in Benin has proved its worth, but now deserves to be reformed in order to facilitate access for all to quality health care and to give even more satisfaction to the populations, especially the informal and agricultural sector.

Characterized by the direct payment of care, Benin's current health system only allows an average of 0.5 contacts per person per year. To guarantee at least one contact per person per year is a goal that the country could achieve if it truly embarks on Universal Health Coverage (UHC). In this sense, some progress has already been made. It remains to speed up the process by involving all actors in the implementation. The social and economic context is propitious, the political will for UHC exists and human resources to carry the process are available. It remains to mobilize resources and define a good approach for implementation."



Mr. KOTO-YERIMA Aboubakar
Coordinator of the NGO Actions for Social Protection (APROSOG) and President of the National Council of Social Mutual Support Structures (CONSAMUS) on Benin's current health system.