

P4H Coordination Desk Mission Report - Benin / 5 to 11 February 2012

I. History of P4H introduction and involvement

July 2011: After a lengthy process of internal consultations over the last two years, the intersectoral technical committee of the Régime d'Assurance Maladie Universelle (RAMU) - Comité Technique interministériel (CTI-RAMU) in French - drafted a first "Milestone Report on RAMU" (Rapport d'étape in French) and circulated it with several development partners and the P4H Coordination Desk (P4H CD).

October 2011: The Minister of Health issued a request to the P4H network asking for technical support in the implementation process of the RAMU. Following the open network approach of P4H, this request was shared with other development partners in the country like USAID and Belgium. Despite not being part of the network at global level yet, both development partners expressed interest to join the P4H approach in Benin.

November 2011: Release of the second "Milestone Report on RAMU", officially endorsed by the Government. This second report was circulated among the P4H network in January 2012.

19th December 2011: The RAMU was formally launched by the President of the Republic of Benin who committed to make universal coverage a reality in his country.

5 - 10th February 2011: Joint P4H scoping mission comprised of WHO, WB, France, Switzerland, USAID/Abt, BTC and the P4H-CD.

II. Terms of reference of the P4H mission

- 1/ To analyze the Government of Benin proposals to implement its Universal Health Coverage (UHC) scheme (called RAMU) and provide feedback on its architecture, its technical and financial feasibility and the proposed roadmap
- 2/ To make recommendations on all issues related to RAMU
- 3/ To identify support needs and draft a first P4H joint support plan

Specific objectives of the P4H coordinator

- 4/ To provide information about the P4H network to USAID and BTC
- 5/ To explore opportunities of collaboration at global level with the Embassy of Belgium

III. Institutions met

Minister of Health (and Minister's office, SG, SGA, FSI, PNL, ANG), Prime Minister's office, Ministry of Finance (DG Budget, Dir. Insurance, FNRB), Ministry of Labour and Civil Servants (Minister's office, SG), Ministry of Family and Social Affairs (SG, Dir. Social Affairs), Ministry of Development and Planning (Minister's office, SG, several dir.), Comité Technique Interministériel RAMU (CTI-RAMU)

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Agence Nationale d'Assurance Maladie (ANAM), Mutuelle de Sécurité Sociale (MSS), Caisse Nationale de Sécurité Sociale (CNSS), several Unions, representatives of MD and pharmacists

IV. Results

4.1. Situation analysis

Strengths

- Benin demonstrates very strong political will to progress towards UHC. The President of the Republic got personally involved and is closely monitoring the developments;
- The country can draw on good experiences in health financing instruments like CBHI or exemption schemes (ANGC, etc.);
- Several development partners are committed to support Benin in their transition towards UHC.

Weaknesses

- Limited strategic steering of the RAMU: no national HF strategy, lack of intersectoral government coordination, insufficient involvement of all concerned stakeholders (CBHI, healthcare providers, local government units);
- Very fragmented HF landscape at the moment, with very limited and inequitable coverage;
- Low level of public funding (and lack of costing studies of RAMU) in a context of limited contributing capacity of the informal sector;
- Several important characteristics of the RAMU still not clarified: legal issues, benefit package, payment mechanism;
- Lack of available quality health services.

4.2. Recommendations

- To set up a high level RAMU steering committee chaired by the institution in charge of government coordination
- To simplify the RAMU architecture in 2 blocks (formal and informal) and for the ANAM to absorb all exemption mechanisms in stages
- To adjust and pass the RAMU bill and to swiftly prepare all other required legal documents
- The newly created ANAM to start its operations as soon as possible
- To allocate significant amounts for RAMU in the next and following government budgets to be able to heavily subsidize the informal sector
- To work immediately on RAMU financial projections, ID system and CBHI networks restructuring

4.3. P4H joint support plan

- Support to the HF strategy drafting (WHO)
- Actuarial projections: SimINS, etc. (WHO)
- Support to ANAM (World Bank and Swiss cooperation)

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- Support to the CBHI networks restructuring and capacity development (USAID, Swiss cooperation and BTC)
- Improvement of health services (France-AFD)

4.4. P4H coordination specific objectives

- USAID Benin expressed its satisfaction about the collaboration with the P4H network in Benin.
- The Embassy of Belgium welcomed as well the collaboration with P4H and will provide feedback to the Ministry of Cooperation in Brussels.

V. P4H Coordination Desk comments

Ownership of the UHC process: The ownership of the UC process in Benin is very strong (see situation analysis section - strengths).

National UHC Strategy: So far, there is no actual UHC strategy document available in Benin. The second milestone report on RAMU provides parts of a future UHC strategy but the general architecture is not yet agreed upon and several important issues like additional public resources or healthcare providers' payment mechanisms have not been discussed and agreed on in detail.

Intersectoral approach: At technical level, the Comité Technique interministériel is clearly intersectoral and has been so for many years. Nevertheless, the question arises why the latest administrative order related to the mandate and composition of the CTI has been issued by the MoH rather than another ministry in charge of government coordination. Additionally, the political / strategic level is missing so far when it comes to intersectoral government coordination. Furthermore, there is uncertainty at the moment about which institution is in charge of government coordination: the "Primature" (Prime Minister) that was newly created but does not appear in the Constitution of Benin or the Ministry of Development and Planning that was previously playing this role.

P4H network: Networking among development partners in Benin has a solid foundation. The inclusion of USAID and BTC in the national P4H network as well as the good coordination between the P4H group and the present health sector group leader (UNFPA), before and during the P4H mission, are good indicators of the readiness of involved development partners to collaborate.