Primary Health Care improvement in Benin: let’s start by an introspection !

Kefilath Bello, Jean-Paul Dossou

# Background

The Sustainable Development Goals (SDGs) attainment needs effective and contextually sound Primary Health Care (PHC) implementation. The latter requires that countries build on inner resources and strengths. In Benin, where many reforms are conducted to attain the SDGs, a deep analysis of PHC implementation is thus crucial.

# Objective

Our objective is to conduct PHC analysis in Benin to provide a good basis for improvement strategies.

# Methods

This is a case study that uses both qualitative and quantitative data. We conducted a non-systematic literature review. Part of the information was obtained through online discussions with health system’s actors and informal discussions with actors from other sectors. Data were collected and analyzed by using the four pillars proposed by the World Health Report 2008 for supporting PHC improvement: public policy, service delivery, universal coverage and leadership.

# Findings

Key facts regarding the PHC policy in Benin include the adoption of Bamako Initiative in 1987 and the implementation of several programs to improve access to PHC (fees exemption, WASH, “Zero Hunger” initiative..). Yet, these programs are ill-integrated and the contribution of sectors outside the health sector aren’t properly harnessed for ensuring comprehensive PHC to the population.

The strengths of PHC service delivery include the existence of quite successful strategies (e.g. high impact interventions) to tackle infectious diseases and for mother and child health (MCH). Positive results include 91% geographical coverage, 84% institutional deliveries, 80% vaccine availability, effective community health programs…

But many weaknesses exist: low quality of care (quasi-inexistent patient-centered care, only 51% children under 23 months completely vaccinated…) and huge financial barriers (only 8% people having social protection). Essential drugs availability is only 40% and respectively 54 % and 29% households don’t have access to toilets and improved water source.

There is a good political commitment for PHC. However, only 37% of government health spending is dedicated to PHC. Furthermore, health programs push for a selective implementation of PHC with a focus on immunization, MCH and some health promotion activities. This is partly because health system’s actors tend to reduce PHC principles to those of the Bamako Initiative (community participation, minimum package…). Other leadership problems are weak accountability systems, instrumental community participation, and problematic human resource management

# Conclusion

In Benin, a selective and fragmented implementation of PHC led to mitigate results. Fortunately, there is a good political commitment and the country can build on many praiseworthy achievements to move forwards.