

WHO COUNTRY COOPERATION STRATEGY 2023-2027



INTRODUCTION

The WHO Country Cooperation Strategy (CCS) is the medium-term strategic framework for WHO's collaboration with each of its Member State, in support of the country's National Health Development Policy, Strategy, and Plan. The WHO-Benin Country Cooperation Strategy (2023-2027), was developed through extensive consultations with the Ministry of Health, other health-related line ministries, United Nations agencies, the private sector, development partners, civil society etc., to objectively identify factors hindering effective health service delivery and recommend solutions.

The four strategic priorities of the WHO-Benin CCS (2023-2027) are based on WHO's comparative advantage and are aligned with the Government Action Program 2021-2026, National Development Plan (2018-2025), the National Health Development Plan (2024-2030), the United Nations Sustainable Development Cooperation Framework (2022-2026) and WHO's General Programme of Work (GPW).

ABOUT US

The WHO Country Office in Benin has been established since September 1971. In addition, WHO has inaugurated its first sub-office in the northern country in 2024 to support health districts in North Benin. The WCO belongs to CPCP typology D. As of 2024, the office has 23 staff with 2 additional CPCP staff.

In the past biennium the total funding received by the Country Office was US\$ 13,262,142 and the utilization rate was 98,26%.

PARTNERSHIP ENVIRONMENT

WHO collaborates actively with several development partners ranging from the UN Country Team, to bilateral actors and multilateral organizations, all supporting the health sector in Benin.

COUNTRY CONTEXT

The Republic of Benin is divided into 12 administrative departments and subdivided into 77 municipalities. In 2020, Benin's population was estimated at 12,220,528 inhabitants with an annual intercensal growth of 3.5%. Women represented 51% of the population, of which 23.9% of childbearing age, while children under five years old were 17%.

Benin is currently transitioning to the category of lower middle-income economies. As of 2022, its GDP per capita was 1303,22 US\$. The annual health budget has increased from 3.68% in 2018 to 5.1% in 2020 followed by a regression to 3.86 in 2022 due to COVID-19. The total health expenditure accounted for about 3.85% of the annual GDP. The public sector health expenditure accounted for 46.03% of the total health expenditure. Benin is committed to achieving the Sustainable Development Goals (SDGs) and contributing to the WHO's GPW Targets.

PROGRESS ON HEALTH OUTCOMES

The country had made significant progress in health outcomes. Life expectancy has increased from 59.2 years in 2002 to 63.4 years in 2018. The country became wild-polio free in 2015 and has eliminated three neglected tropical diseases: dracunculiasis, human African trypanosomiasis, and trachoma. Although Benin has a high burden of communicable and non communicable diseases, there has been a declining trend in the prevalence of HIV. Despite this progress, the country has not yet achieved the 95-95-95 goal. Malaria remains a public health problem with an incidence rate of 0,14 new cases per 1,000. In its efforts to achieve UHC, Benin initiated an ambitious insurance scheme (ARCH/AM) to extend access to health insurance, starting with the extremely poor.

KEY CHALLENGES

Some key health challenges in the country include limited access to quality, integrated health services resulting in high preventable morbidity and mortality. Out-of-pocket expenditure remains high. Low health budgetary allocation, geographical imbalance of human resources for health and limited inter-sectoral collaboration for health, at all levels, has impeded accelerated progress towards the health-related SDGs.

OUR STRATEGIC PRIORITIES & DELIVERABLES



Strengthening health system's pillars towards Universal Health Coverage

01

STRATEGIC DELIVERABLES

- Strengthening multi-sectoral coordination and “health in all policies” approach;
- Strengthening protective legislation and the strategic framework for the protection of vulnerable people including older people and persons with disabilities, to leave no one behind.
- Developing of National Health Workforce Accounts;
- Conducting studies and Analysis of the Labor Market in the health sector (HLMA) and projections (education, supply, demand, WISN, budget analysis and financial feasibility);
- Develop a functional system for the national response to prevent and combat antimicrobial resistance (AMR) with a “One Health” approach;
- Strengthening the national regulatory system for medicines, vaccines and medical devices to achieve maturity level 3;
- Developing National health sector financing policies and costed strategic plans,

EXPECTED OUTCOMES

- The country has developed a National Health Strategic Plan/Policy (NHP);
- Increased public health financing and improved density of active health workers per 10,000 inhabitants;
- Improved pharmaceuticals and health products manufacturing and regulation to meet local needs;
- Decreased population with household expenditures on health greater than 10% of total household expenditure or income;
- Availability of a functional antimicrobial resistance (AMR) governance mechanism under the “One Health” initiative.

Improving the quality of health services and care for all

02

STRATEGIC DELIVERABLES

- Addressing population-specific health needs and barriers to equity across the life course;
- Improving quality and access to services across the life-course improved, with a targeted focus on integrated Reproductive, Maternal, Newborn, Child, Adolescent Health, Elderly and Nutrition (RMNCAHEN);
- Conducting surveys of coverage of essential care and services (availability, accessibility, effectiveness, efficiency) at different levels of the health pyramid.

EXPECTED OUTCOMES

- Decreased rate of maternal, neonatal or under-five mortality rates;
- Increased proportion of births attended by skilled health personnel;
- Decreased mortality, morbidity and disability due to high-impact diseases.

Strengthening health emergency preparedness, prevention, response and resilience

03

STRATEGIC DELIVERABLES

- Monitoring and evaluation of the implementation of the International Health Regulations (IHR 2005);
- Strengthening Integrated Disease Surveillance and Response including community-based surveillance and event-based surveillance;
- Strengthening laboratory capacities for the early detection of cases of diseases with epidemic potential;
- Strengthening health risk assessment according to the “One Health” approach with dedicated tools (STAR, JRA, etc.);
- Developing and implementing of the multi-risk plan and preparedness and response plans as well as contingency plans for health emergencies;
- Strengthening the resilience of the health system to epidemics through continuity of services;
- Supporting laboratory capacity to facilitate rapid and accurate diagnosis of diseases.

EXPECTED OUTCOMES

- Increased country's International Health Regulations capacities
- Increased number of IHR core capacities (indicators) least at level 3 based on the IHR Annual Report (SPAR);
- Increased number of health zones that implement IDSR (indicator-based surveillance, event-based surveillance and community-based surveillance);
- Increased number of health zones with an emergency plan for all hazards (multi-risk plan).

Strengthening health promotion and education for a healthy environment

04

STRATEGIC DELIVERABLES

- Reviewing national plans and policies aligned with the updated WHO Global Food Safety Strategy 2022-2030 and guideline on prevention and management of wasting and nutritional oedema;
- Strengthening national legislation and capacity on Codex Alimentarius standards;
- Strengthening multisectoral mechanisms and, health in all policies;
- Strengthening health education, health literacy and community empowerment and voice;

EXPECTED OUTCOMES

- Decreased stunting prevalence among children under 5 years;
- Decreased age-standardized prevalence of current tobacco use among persons aged 15 years and older;
- Existence of a national plan for implementing multilateral instruments that integrate “whole-of-government” approach to health, “Health in all policies” and “One Health”;

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