An excerpt from:
Better Health & Social Care: How are Co-ops & Mutuals Boosting Innovation & Access Worldwide?
An International survey of co-ops and mutuals at work in the health and social care sector (CMHSC14)
Volume 2: National Cases

For the research framework, the analysis of the national cases, and other research components, including a description of the research team members, refer to Volume 1: Report.

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BENIN[1]

2014

HEALTH SYSTEM

The data related to the health system in Benin poses some challenging issues linked with the question of accessibility to health services. In 2000, only 5% of the economically active population in Benin had health care coverage. Based on 2004 data, 52% of the total expenditure in health was by households and 76% of these expenses were for pharmaceuticals. Up to 37% of the population lives in poverty.

A 2014 report from the World Health Organization (WHO) states that, "A STEP study conducted in 2008 has clearly demonstrated that non communicable diseases are a real public health threat, but adequate policies and strategies to tackle the issue are still to be adapted and implemented in the country. Moreover, there "is an inequality between rural and urban areas as well as between the different poverty quintiles."[2]

In 2011, Benin launched a universal health coverage program under the name Régime d'assurance maladie universel (RAMU) with the support of many international financial and technical partners (PTF).[3] Nevertheless, "The development of the last triennial plan 2013-2015 has just been completed. Out of the 34 health zones, 30 are fully functional at the moment. Health coverage is quite high at 77%, although this rate covers inequity in the distribution of the health centres, rural areas being less provided with health services. On the other hand, despite the availability, the utilization rate is quite low at 44%."[4]

Population (in thousands): 10,051

Population median age (years): 18.3

Population under 15 (%): 42.95

Population over 60 (%): 4.54

Total expenditure on health as a % of Gross Domestic Product: 4.5

General government expenditure on health as a % of total government expenditure: 10.3

Private expenditure on health as a % of total expenditure: 48.5

HEALTH COOPERATIVES

Two bodies supporting health cooperatives have been identified.

The **Collectif des cliniques coopératives de santé du Bénin** (CCCB), founded in 1992 and comprising nine cooperative health clinics in six departments. All are producer-owned cooperatives, i.e., they are owned by doctors and nurses. Their intention is to provide comprehensive health care, including preventive health care and promotion activities. The cooperatives received start-up grants from both the United Nations Development Programme (UNDP) and WHO. Currently they employ 200 health care providers, who are also members of the cooperative. Approximately 50,000 people use its facilities every year.

The CCCB's main purpose is to act as a hub at which the member cooperatives can exchange experiences and resolve challenges. It is financed by the monthly fees of its member organizations. One of its main functions is to provide temporary administration of cooperatives which experience management difficulties. In addition, it serves as central point of contact between the cooperatives and the authorities. However, a study by the International Health Cooperative Organisation (IHCO) indicates that the engagement of the clinics with the CCCB is declining.

The government played an important role in the facilitation of cooperatives by establishing the legal framework for public-private cooperative partnership, mediating with health care professionals and signing agreements with such international organizations as the UNDP and the WHO. However, the IHCO study indicates that currently the CCCB and the authorities disagree regarding plans to enlarge and extend the project. Unfortunately, the study fails to explain why there is this disagreement.[5]

A programme of the **Cooperative Pan-African Conference** (CPC)[6] to promote Clinic Health Cooperatives (CHCs) has been implemented in Benin. A CHC is a private clinic founded by graduates of the health sector and other related sectors. It is a team of about a dozen people who organize themselves to provide quality services at affordable prices to lower-income populations. Generally, they are excluded from services of private health facilities and anxious to avoid the bad reception and poor quality of service available from the public sector.

The focus of the CHC is clinical: primary health care (preventive service, curative, and promotion). Specifically, it involves general medicine, maternal health (labour and consultation, pre- and postnatal), laboratory services, and social services. Depending on the needs of its customers, the CHC can provide the services of external specialists.

In 2014, there are nine CHCs in Benin with beneficiaries who number approximately 500. The annual turnover of a well-managed CHC may be in the order of $2,000-3,000 USD.

MUTUAL HEALTH ORGANIZATIONS[7]

In its 2009 Regulations the West African Economic and Monetary Union (WAEMU) defines the Mutual Health Organization (MHO) as a social group which, through contributions from its members, proposes to conduct in their interest and in the interest of their assigns an action of foresight, support, and solidarity for the prevention of social risks related to the person and to repair their consequences.

Data concerning MHOs in Benin have been collected from an interim (unpublished) report prepared by BlueSquare, a Belgian NGO.[8] In 2012, 308 MHOs were identified across the country. The following table gives the distribution of MHOs (all producer organizations) across the different departments of Benin. In addition, there are in total just over 108,000 MHO members in Benin, who have registered nearly 600,000 beneficiaries.

Department	Number of registered MHOs	Number of members	Number of beneficiaries
ALIBORI	46	7,125	27,045
ATACORA	36	9,352	26,869
ATLANTIQUE	26	11,787	54,353
BORGOU	31	15,515	256,122
COLLINES	60	12,791	81,339
COUFFO	18	3,716	6,612
DONGA	16	6,087	25,149
LITTORAL	1	8,040	14,568
MONO	22	12,246	44,947
OUEME	11	6,237	23,486
PLATEAU	3	2,131	2,605
ZOU	38	13,237	35,399
TOTAL	308	108,264	598,494

Coverage Rate

Based on the preliminary results of the 2013 general census of population and housing, MHOs in Benin cover about 6% of the total population. Coverage drops to 1.3 % if we take into account only those beneficiaries who are up to date with their monthly contributions.

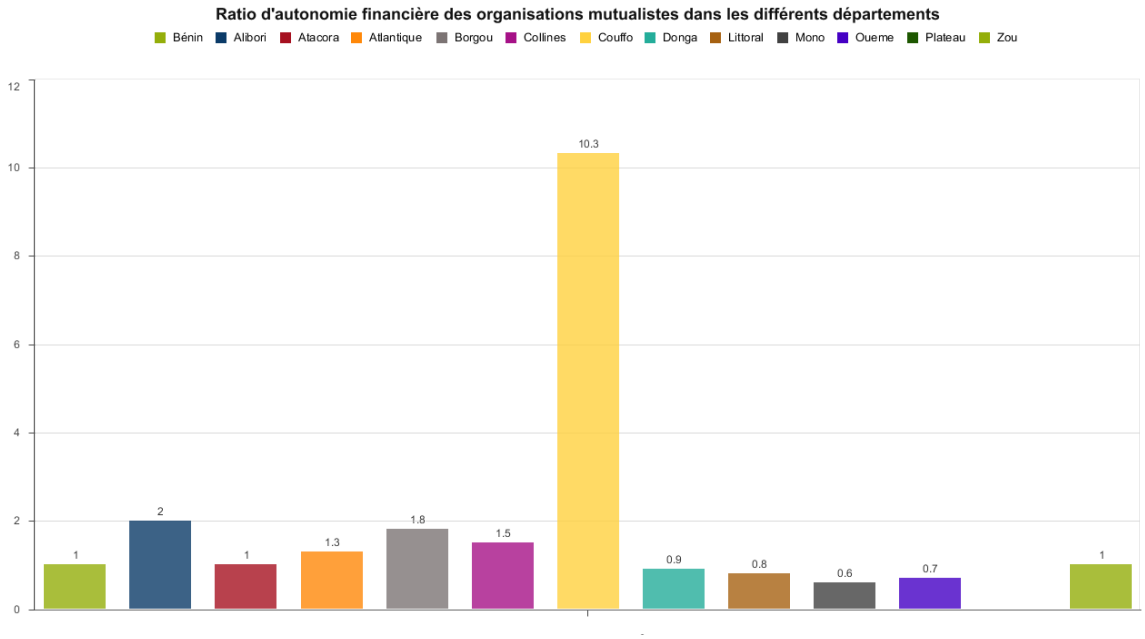
Maintaining continuous financial contributions from members remains a huge challenge in Benin. Indeed, it should be noted how small a number of beneficiaries had their dues paid-up in late 2012: about 125,000 (21%) had actually made their contribution. The following table shows the distribution of beneficiaries and paid-up beneficiaries across the country's various departments.

Department	Beneficiaries	Beneficiaries up to date with contributions	% beneficiaries up to date with contributions
ALIBORI	27,045	5,888	22%
ATACORA	26,869	13,291	49%
ATLANTIQUE	54,353	4,947	9%
BORGOU	256,122	21,459	8%
COLLINES	81,339	8,851	11%
COUFFO	6,612	618	9%
DONGA	25,149	21,034	84%
LITTORAL	14,568	9,760	67%
MONO	44,947	8,518	19%
OUEME	23,486	5,801	25%
PLATEAU	2,605	1,950	75%
ZOU	35,399	23,098	65%
TOTAL	598,494	125,215	21%

Financial Viability

Financial Autonomy Ratios are used to assess the ability of MHOs to fund their activities on the basis of the fees collected from their members. The ratio is calculated at 1 for the country as a whole (just consistent with WAEMU standards).[9] WAEMU recommends that this ratio should be greater than or equal to 1. The figure on the next page shows the ratios of financial viability per department.

However, MHOs also receive financial assistance from donors. The total amount of grants received in 2012 was approximately $180,000 USD. The table on the next page also shows the percentage of that total received in each of Benin's departments. Note that some MHOs have received no assistance while others have received a great deal.



Department	Total grants received (in USD)	Geographical Distribution of grants (%)
ALIBORI	1,505.89	0.83%
ATACORA	45,569.38	25.17%
ATLANTIQUE	3,810.60	2.10%
BORGOU	17,190.07	9.49%
COLLINES	5,267.74	2.91%
COUFFO	6,105.41	3.37%
DONGA	63,618.89	35.14%
LITTORAL		0.00%
MONO	16,975.68	9.38%
OUEME		0.00%
PLATEAU		0.00%
ZOU	21,022.29	11.61%
Total	$181,060.78	100.00%

SOURCES

[1] A more detailed version of this case is available upon request.
[2] World Health Organization. 2014. "Country Cooperation Strategy at a glance: Benin." Retrieved August 19, 2014 (http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_ben_en.pdf).
[3] World Health Organization, Regional Office for Africa. 2011. "Les Béninois disposent désormais d'un Régime d'Assurance Maladie Universelle (RAMU)." Communiqué de Presse, No. 30, December 21.Retrieved August 19, 2014 (http://www.afro.who.int/en/benin/press-materials/item/4279-les-b%C3%A9ninois-disposent-d%C3%A9sormais-d%E2%80%99un-r%C3%A9gime-d%E2%80%99assurance-maladie-universelle-ramu.html).
[4] World Health Organization 2014.
[5] Bussière, Geneviève, and Catherine Larouche. 2007. "Health Co-ops Around the World: Benin." International Health Cooperative Organisation (IHCO) (http://www.usherbrooke.ca/irecus/fileadmin/sites/irecus/documents/ihco_jean pierre_girard/coops_world_anglais/benin_anglais.pdf).
[6] Mr. Gabriel Gbedjissokpa, Director of Programs and Projects at the Cooperative Pan-African Conference.
[7] For more details on MHOs in Benin, contact Mr. Koto Yérima Aboubacar, Coordinator Promusaf-Benin kotoyerimaa@yahoo.fr
[8] Blue Square. 2014. Website. Retrieved August 19, 2014 (http://www.bluesquare.org).
[9] See Annex 6 on this subject in Volume 1: Report.