



HEALTH PROFILE: BENIN

HIV/AIDS

Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	68,000 (low-high estimates 38,000-120,000)
Total Population (2004)	6,918,000
Adult HIV Prevalence (end 2003)	1.9%
HIV-I Seroprevalence	
Population most at risk (i.e., sex workers and clients, patients with sexually transmitted infections, or others with known risk factors)	47.4%*, 8.3%†
Population least at risk (i.e., pregnant women, blood donors, or others with no known risk factors)	2.3%*, 5.7%†
*Urban areas, †Rural areas.	

Sources: UNAIDS, U.S. Census Bureau.

The number of adults and children living with HIV/AIDS in Benin in 2003 was estimated by the Joint United Nations Programme for HIV/AIDS (UNAIDS) to range between 38,000 and 120,000, with nearly equal numbers of males and females. A recent study conducted by the National AIDS Control Program estimated the number of people living with HIV/AIDS to be 71,950. In 2003, an estimated 6,140 adults and children died of AIDS. Benin has a well-functioning system of antenatal HIV surveillance; in 2002, the median HIV prevalence at 36 antenatal clinics was 1.9%. Another study in 2002 showed an overall prevalence of 2.3% among adults in Cotonou, Benin's capital and largest city.

Heterosexual intercourse and mother-to-child transmission (MTCT) are the primary modes of HIV transmission in Benin. HIV prevalence is relatively low compared with rates in most other countries in sub-Saharan Africa, but the virus is spreading steadily among young adults and vulnerable populations. In a 2002 study, an HIV prevalence of 44.7% was found among sex workers in four urban areas. In 2002, another study showed that HIV among sex workers in Cotonou, while still very high, had declined from nearly 60% in 1996 to 50% in 1999 and to 39% in 2002.

At the end of 2003, approximately 5,700 children aged 14 or younger were living with HIV/AIDS, mainly as a result of MTCT of HIV. At the end of 2003, nearly 34,000 children under age 17 had lost one or both parents to AIDS, and only 1,000 of these had received assistance such as food aid, health care, protection services, or psychosocial support.

Although knowledge of HIV and modes of transmission and prevention is widespread in Benin, prevention communication efforts have not led to a corresponding shift in behavior. The rising incidence of HIV is due primarily to poverty, migration, unsafe sexual practices, misperceptions regarding risk, and the low status of women, 80% of whom are illiterate.

NATIONAL RESPONSE

Benin is a very poor country. More than a third of the population lives in poverty. Adult illiteracy, especially among women, and under-five child mortality are both high. Population growth is making it difficult for Benin to achieve sustainable social and economic development.

November 2004



USAID provides more than \$7.5 million a year to Benin in bilateral aid for integrated family health activities, which are complemented by its multination West Africa Regional Program.

- Improve the quality and management of HIV-prevention services
- Increase the public's access to HIV/AIDS services and products
- Increase the demand for HIV/AIDS services, products, and prevention measures

USAID supports activities that improve epidemiological surveillance, reinforce prevention and case management of sexually transmitted infections (STIs) through training and supervision, and provide educational programs for specific vulnerable populations.

In collaboration with the Ministry of Health, USAID works to develop and improve policies and guidelines on family health issues, to improve management and planning systems, and to strengthen the partnership between the public and private sectors. These national interventions are complemented by an integrated family health program in the Borgou and Alibori regions of northern Benin, where the health statistics are worse than the national averages, access to services is limited, and the quality of services is low.

The president and other political leaders have publicly supported the fight against HIV/AIDS. National funding for HIV/AIDS activities, derived from the federal budget and debt-relief funds, totaled approximately \$3.2 million in 2003.

With the current plan for the period 2001–2005, Benin is nearing the end of its fourth intermediate national strategy to control HIV/AIDS. The plan calls for promoting greater awareness of HIV/AIDS through a variety of public information, education, and communication efforts. Prevention, care, support, and treatment efforts are aimed at youth, women, migrants, sex workers, and persons living with HIV/AIDS. Benin receives multinational support for HIV/AIDS activities from the United States; the five-country, World Bank-led HIV/AIDS Abidjan-Lagos Transport Corridor project; the World Health Organization (WHO) 3x5 Initiative; and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). Still, Benin faces a financial gap of approximately \$32 million to fully implement its national strategic plan.

USAID SUPPORT

The U.S. Agency for International Development (USAID) provides more than \$7.5 million a year to Benin in bilateral aid for integrated family health activities, which are complemented by its multination West Africa Regional Program. U.S. assistance to Benin for health services is divided into four interrelated program areas:

- Promoting better child survival and maternal health
- Promoting better family planning and reproductive health
- Controlling infectious diseases
- Preventing HIV

USAID spends more than \$2 million annually in Benin for HIV/AIDS activities, which are part of a broad effort by the government and donors to curb the epidemic. Projects that receive support are designed to increase health-seeking behaviors and to reduce risky behaviors by promoting a supportive policy and program environment. The objectives of the HIV-prevention program in Benin are to:

Prevention

Prevalence has been consistently high among commercial sex workers and truck drivers, but sentinel surveillance statistics showing prevalence of nearly 2% among pregnant women indicate that the epidemic has progressed to a generalized epidemic. The United States-led HIV/AIDS-prevention program combines condom social marketing with focused behavior change communications strategies. In 2002, nearly 8.4 million condoms were distributed in Benin, which covered only 9% of the estimated need. In at least one education project, Africare is promoting HIV prevention by providing basic HIV/AIDS information to mobile populations such as truckers, shippers, and dockworkers.

In another project, through its *Amour et Vie* (Love and Life) integrated behavior change communication program, Population Services International (PSI) is targeting Beninese youth over the age of 14 with HIV/AIDS-prevention messages and information. The program produces a bimonthly youth magazine with a comic strip that focuses on the French version of the ABCs (*Abstinence, Bonne Fidélité, et Condoms*) of HIV prevention and on other adolescent reproductive health issues. In January 2004, the *Amour et Vie* program instituted a weekly radio call-in program during which listeners raise reproductive health issues.

PSI also manages a project that focuses on addressing the vulnerabilities of mobile populations, such as long-distance truck drivers and sex workers, via the *Prevention du SIDA sur les Axes Migratoires de l'Afrique de l'Ouest* (PSAMAO) project. Through PSAMAO, local nongovernmental organizations (NGOs) use USAID funds to carry out behavior change communication activities along the Benin-Nigeria border, along the Benin-Togo border, in the transportation and commercial hub of Cotonou, in the northern city of Parakou, and at a new site along the Benin-Niger border.

Treatment

GFATM recently disbursed \$5.5 million to Benin for an \$11 million, three-year program to expand prevention programs to the general public, to expand HIV-counseling and testing programs, to reduce the level of MTCT, and to provide antiretroviral drugs to individuals needing them.

Care and Support

Benin has a shortage of trained health service providers. USAID/Benin and other donors have invested considerably in training health service providers, only to see trained providers transferred away from the most disadvantaged parts of Benin where their skills are in greatest need. Training efforts are further hampered by a lack of high-quality preservice training in reproductive health in medical and nursing schools. A key to sustaining commitment and interest in stemming the HIV epidemic will be to ensure continued high-level support from the government. Benin's low HIV prevalence compared with those in other countries in East and Southern Africa has tended to lull Benin's leaders into a false sense of security. USAID continues to press the Government of Benin to act with a greater sense of urgency across all sectors, but particularly health and education.

Strategic Information

Benin enjoys a reputation as a democratic model for the West Africa region. Municipal elections in December 2002 marked a critical step in decentralizing the government and giving the Beninese people a greater voice in managing their affairs. In partial support to this effort, USAID has contracted with University Research Co. to implement a project titled PROSAF Transition Phase, part of which involves implementing health systems improvement activities in the northern departments of Borgou and Alibori. One goal of the project is to increase access to family health services and products by ensuring that clinics offer an integrated package of family planning, maternal and child health services, and services to prevent HIV and STIs, primarily through better training for staff and better drug supply systems.

Through its Benin HIV/AIDS Prevention Program (BHAPP), Africare staff and consultants are working with staff at Benin's National AIDS Control Program to develop HIV-prevention policies and strengthen relationships with local NGOs involved in HIV/AIDS work. In the same way, the BHAPP is supporting the National AIDS Control Program to implement the behavior surveillance survey every two years as well as to strengthen their management/planning capacity. Data collected

from this study are expected to identify risky behaviors and the impact of prevention programs in adoption of safe behaviors by the populations most vulnerable to HIV/AIDS.

IMPORTANT LINKS AND CONTACTS

USAID/Benin Web site: <http://www.usaid.gov/bj>

USAID Web site:

http://www.usaid.gov/our_work/global_health/aids/Countries/africa/benin.html

Ambassade Americaine, 01 B.P. 2012, Cotonou, Benin

Tel: 229-30-0500, Fax: 229-30-1260

Prepared for USAID by Social & Scientific Systems, Inc., under The Synergy Project

For more information, see http://www.usaid.gov/our_work/global_health/aids