

Country Profile | President's Malaria Initiative (PMI)

BENIN

April 2009



At a Glance: Benin

Population - 2009: 8.8 million¹

Life expectancy at birth - 2009:
58 years (male), 60 years (female)¹

Population at risk of malaria - 2002:
100%²

Under-5 mortality rate - 2007:
123/1,000 live births, or approximately
1 in 8 children³

¹ US Census Bureau, International Data Base 2009

² WHO/AFRO Malaria Country Profile 2004

³ UNICEF State of the World's Children 2009

Background

Malaria is a major health problem in Benin, where the entire population lives in areas with malaria transmission. Malaria is a leading cause of morbidity and mortality among children under five, accounting for 44 percent of outpatient visits and 40 percent of all hospitalizations.

Benin is one of 15 countries benefiting from the President's Malaria Initiative (PMI), a five-year, \$1.2 billion program led by the U.S. Agency for International Development (USAID) and implemented together with the Centers for Disease Control and Prevention (CDC).

Goal

The goal of PMI is to reduce malaria deaths by 50 percent in 15 countries in Africa by reaching 85 percent of the most vulnerable groups – principally pregnant women and children under five years of age – with lifesaving prevention and treatment measures.

PMI coordinates with National Malaria Control Programs (NMCPs) and international partners, including the World Health Organization (WHO); the Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Bank Malaria Booster Program; the Roll Back Malaria partnership; the Bill and Melinda Gates Foundation; nongovernmental organizations (NGOs), including faith-based and community groups; and the private sector.

Key Interventions

In support of Benin's NMCP, PMI backs four key intervention strategies to prevent and treat malaria:

- Insecticide-treated mosquito nets (ITNs)
- Indoor residual spraying with insecticides (IRS)
- Intermittent preventive treatment for pregnant women (IPTp)
- Diagnosis of malaria and treatment with artemisinin-based combination therapy (ACT)

Results to Date

Benin is in its second year as a PMI focus country. With support from PMI and its partners, malaria control interventions are being implemented and vital commodities are being distributed to vulnerable populations.

Insecticide-treated mosquito nets: Sleeping under a mosquito net treated with insecticide provides protection from malaria-carrying mosquitoes. The nets are nontoxic to humans, last up to three years, and do not need re-treatment. Benin's NMCP strategic plan emphasizes ITN use by pregnant women and children under five. The NMCP supports a multipronged approach to net distribution, including free distribution via campaigns and routine visits to vaccination and antenatal clinics, and the

commercial sale of nets. PMI supports these activities as well as the sale of highly subsidized, socially marketed nets. Since Benin became a focus country in December 2006, PMI has procured more than 606,000 long-lasting ITNs, more than 261,000 of them have been distributed through various channels.

Indoor residual spraying: IRS kills or shortens the lives of adult female malaria-carrying mosquitoes when they rest on the sprayed inside walls of homes after feeding, cutting transmission rates. During 2008, PMI supported one round of IRS in southern Benin, protecting 500,000 people. This was the first large-scale IRS program in Benin in 30 years. Due to high levels of pyrethroid resistance, a non-pyrethroid insecticide (bendiocarb) was used. PMI is working with the Centre de Recherche Entomologique de Cotonou to monitor and map mosquito resistance to pyrethroid through the establishment of six entomologic surveillance sites in various ecological settings throughout the country. PMI is also supporting operations research to better understand how mosquito resistance impacts the effectiveness of pyrethroid-based malaria control measures in Benin.

Malaria in pregnancy: Pregnant women are particularly vulnerable to malaria, since pregnancy reduces a woman’s immunity to malaria. Unborn children also suffer the consequences of maternal malaria infections, which can result in low birthweight and a higher risk of death early in infancy. With PMI support, expectant mothers receive preventive malaria treatments given at regular intervals during pregnancy through antenatal care services. While attendance of pregnant women at antenatal clinics (ANC) is high in Benin (88 percent of pregnant women make at least one ANC visit, according to the 2006 Demographic and Health Survey), only 3 percent reported receiving the recommended two doses of sulfadoxine-pyrimethamine (SP) during pregnancy. Since beginning work in Benin, PMI has procured more than 767,000 SP treatments, which have arrived in country and are being distributed to health facilities. In 2008, PMI also supported training more than 1,200 health workers on how to administer IPTp.

Diagnosis and treatment: ACTs are highly effective against malaria parasites and have few or no side effects. Large-scale implementation of ACTs did not begin in Benin until 2008. Under the NMCP’s policy, any child under five years of age with a fever should receive presumptive antimalarial treatment, either at a health facility or at the community level. The World Bank Malaria Booster Program is covering the bulk of needs for rapid diagnostic tests (RDTs) and some of the ACT needs; money from the Global Fund is being used to implement ACT distribution at the community level. And PMI is complementing these efforts through the procurement of ACTs, support for training health workers, and support to NGOs working at the community level. To date, PMI has purchased more than 1.4 million ACT treatments, of which more than 480,000 have been distributed to health facilities. In addition, 178,400 RDTs have been procured and distributed. With PMI support, more than 600 health workers have been trained in ACT use and malaria diagnostics.

PMI Funding

For fiscal year 2009, PMI allocated \$13.8 million in funding for malaria prevention and treatment in Benin. Of this amount, 14 percent will support malaria diagnosis and procurement of ACTs, 42 percent ITN programs, 19 percent IRS, 2 percent IPTp, and 6 percent monitoring and evaluation activities. About 49 percent of the total budget will be spent on commodities.

	FY 2007 Jump start funds	FY 2008	FY 2009
Budget	\$3.6 million	\$13.8 million	\$13.8 million

For details on 2009 PMI activities in Benin, please see the Malaria Operational Plan at http://www.pmi.gov/countries/mops/benin_mop-fy09.pdf.