

BENIN



AT A GLANCE

Population (2017):
11.2 million¹

Population at risk of malaria
(2016): **100%²**

Malaria incidence/1,000
population at risk (2015):
293.7³

Under-five mortality rate (2014):
115/1,000 live births⁴

1 World Bank, Population Estimates & Projections 2017
2 WHO, World Malaria Report 2017
3 WHO, World Health Statistics 2017
4 Multiple Indicator Cluster Survey (MICS) 2014

The President's Malaria Initiative (PMI)

Malaria prevention and control is a major U.S. foreign assistance objective, and PMI's strategy fully aligns with the U.S. Government's vision of ending preventable child and maternal deaths and ending extreme poverty. Under the PMI Strategy for 2015–2020, the U.S. Government's goal is to work with PMI-supported countries and partners to further reduce malaria deaths and substantially decrease malaria morbidity, toward the long-term goal of elimination.

Country Context

Benin's national health system has a pyramid structure with three levels: central, intermediate, and peripheral. Community health workers serve at the peripheral level and are trained in malaria treatment and high-impact interventions. A recent national study found that 70 percent of all antimalarial sales take place in the private sector. Almost half of private sector clinics are unregistered yet efforts are underway to reform the registration process to better align private providers' practices with national standards.

Malaria is endemic to Benin, and while transmission is stable, it is influenced by several factors, including: vector species, geography, climate, and hydrography. The primary malaria vector in Benin is *Anopheles gambiae* s.s., but secondary vectors are also important to transmission. Entomological monitoring has confirmed insecticide resistance to carbamates among mosquito vector populations in parts of the country.

Malaria is the leading cause of mortality among children under five years of age and morbidity among adults in Benin. Malaria accounts for 40 percent of outpatient consultations and 25 percent of all hospital admissions. Malaria places an enormous economic strain on Benin's development. The World Bank estimates that households in Benin spend approximately one-quarter of their annual income on the prevention and treatment of malaria.

Large-scale implementation of artemisinin-based combination therapies (ACTs) and intermittent preventive treatment for pregnant women (IPTp) began in Benin in 2007 and has progressed rapidly with support from PMI and partners. Rapid diagnostic tests, ACTs, and IPTp are being used in public health facilities nationwide and are being introduced into registered private clinics. More than 6 million long-lasting insecticide-treated nets have been distributed through mass and continuous distribution channels. Benin has shown significant improvements in several key malaria indicators, such as net ownership and usage and uptake of IPTp. Benin's long-term vision is to reduce the burden of malaria in order to improve national socio-economic development.

Progress to Date

The following table provides information on the major indicators used by PMI to measure progress in malaria prevention and treatment activities in Benin.

Benin Malaria Indicators	PMI Baseline (DHS 2006)	DHS 2011	MICS 2014 ²
All-cause under-five mortality rate	125/1,000	70/1,000 ¹	115/1,000
Proportion of households with at least one ITN	25%	80%	77%
Proportion of children under five years old who slept under an ITN the previous night	20%	70%	73%
Proportion of pregnant women who slept under an ITN the previous night	20%	75%	47%
Proportion of women who received two or more doses of IPTp during their last pregnancy in the last 2 years	0%	23%	38%

1 The final report of the DHS 2011-2012 notes that, while mortality among children under five in Benin has declined, there may have been significant under-reporting of neonatal and child deaths by respondents.
2 MICS - Multiple Indicator Cluster Survey

PMI Contributions Summary

Benin is currently in its eleventh year as a PMI focus country. With support from PMI and its partners, malaria control interventions are being scaled up, and vital commodities are being distributed to vulnerable populations. The following table shows PMI contributions for fiscal year 2017 and cumulatively across the key intervention areas.

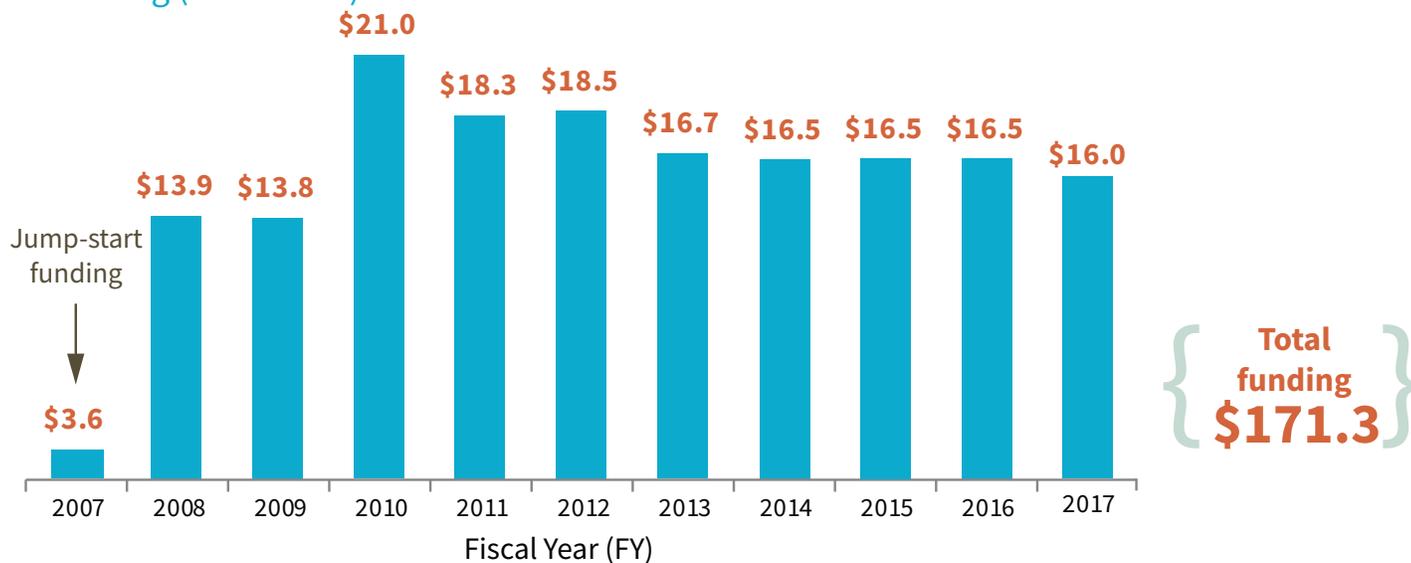
		PMI CONTRIBUTIONS ¹	FY 2017	CUMULATIVE
Insecticide-treated Nets		ITNs procured	801,800	8,702,497
		ITNs distributed	750,000	6,651,832
Indoor Residual Spraying		Houses sprayed	384,761	n/a ²
		Residents protected	1,227,536	n/a ²
Rapid Diagnostic Tests		RDTs procured	0	7,958,400
		RDTs distributed	115,097	5,342,847
Artemisinin-based Combination Therapy		ACTs procured	0	9,243,360
		ACTs distributed	1,728,499	8,973,553
Sulfadoxine-pyrimethamine		SP treatments procured	0	5,238,874
		SP treatments distributed	538,453	3,383,112
Health Workers		Health workers trained in treatment with ACTs	645	n/a ³
		Health workers trained in malaria diagnosis	667	n/a ³
		Health workers trained in IPTp	47	n/a ³

1 The data reported in this table are up-to-date as of September 30, 2017. Please refer to Appendix 2 of the [PMI Annual Report](#) for year-by-year breakouts of PMI contributions.

2 A cumulative count of the number of houses sprayed and residents protected is not provided since many areas were sprayed on more than one occasion.

3 A cumulative count of individual health workers trained is not provided since some health workers were trained on more than one occasion.

PMI Funding (in millions)



For details on FY 2018 PMI activities in Benin, please see the [Benin Malaria Operational Plan](#).



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U.S. President's Malaria Initiative