

BENIN

April 2011



At a Glance: Benin

Population (2011): 9.3 million¹

Population at risk of malaria (2009): 100%²

Estimated annual malaria deaths/100,000 population (2008): 105³

Under-five mortality rate (2006): 125/1,000 live births, or approximately 1 in 8 children die before their fifth birthday⁴

¹US Census Bureau, International Data Base 2011

²WHO World Malaria Report 2010

³WHO World Health Statistics 2011

⁴Demographic and Health Survey 2006

Background

Malaria is a leading cause of morbidity and mortality among children under five in Benin. Data from Benin's health management information system and the most recent nationwide health survey (Demographic and Health Survey [DHS] 2006) also suggest a high burden of morbidity from anemia, much of which is likely caused by malaria. Malaria is reported to account for 40 percent of outpatient consultations, 25 percent of all hospital admissions, and about 32 percent of deaths of children under five.

The President's Malaria Initiative (PMI)

Benin is one of 17 focus countries benefiting from the President's Malaria Initiative (PMI), which is led by the U.S. Agency for International Development and implemented together with the Centers for Disease Control and Prevention. PMI was launched in 2005 as a five-year (fiscal year [FY] 2006–2010), \$1.265 billion expansion of U.S. Government resources to reduce the burden of malaria and help relieve poverty on the African continent. The 2008 Lantos-Hyde Act authorized an extension of PMI funding through FY 2013. With congressional authorization and the subsequent launch of the U.S. Government's Global Health Initiative, PMI's goal was expanded to achieve Africa-wide impact by halving the burden of malaria in 70 percent of the at-risk populations on the continent (i.e., approximately 450 million residents), thereby removing malaria as a major public health problem and promoting development throughout the African region.

To reach its goal, PMI works with national malaria control programs (NMCPs) and coordinates its activities with national and international partners, including the Roll Back Malaria Partnership; The Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Health Organization; the World Bank; numerous nongovernmental organizations, including faith-based and community groups; and the private sector.

Key Interventions

In line with Benin's national malaria control strategy, PMI supports four major malaria prevention and treatment measures.

- **Insecticide-treated mosquito nets (ITNs):** Sleeping under a long-lasting ITN provides protection from malaria-carrying mosquitoes. The nets are nontoxic to humans but can repel and kill mosquitoes for up to three years. Benin's NMCP supports distribution of long-lasting ITNs through multiple approaches, including free distribution through antenatal and childhood vaccination clinics; distribution of highly-subsidized nets through community-based channels; free distribution through mass campaigns; and the sale of nets in the commercial sector. With FY 2011 funding, PMI will procure approximately 410,000 long-lasting ITNs for free distribution to pregnant women at antenatal clinic

visits and to children at vaccination clinics, as well as for social marketing through the private sector. In addition, PMI will support behavior change communication activities, including mass media and community-level approaches (e.g., local radio stations and women’s groups) to increase demand for and promote correct and consistent utilization of mosquito nets.

- **Indoor residual spraying (IRS):** IRS involves spraying the inside walls of houses with insecticides to kill mosquitoes that land on the sprayed walls, thereby reducing malaria transmission. PMI led the first large-scale spraying program in Benin in 2008 and has supported three rounds of IRS since then. With FY 2011 funding, PMI-supported IRS will be shifted to Benin’s north, which is better suited to IRS because it has lower ITN coverage, lower pyrethroid resistance rates among vector mosquitoes, higher child mortality rates and only one seasonal transmission peak. Meanwhile, in the formerly sprayed areas in the south, PMI will support efforts to ensure universal coverage and regular use of ITNs, as well as entomological and malaria case surveillance.
- **Intermittent preventive treatment for pregnant women (IPTp):** IPTp is a highly effective means of reducing the serious consequences of malaria in both the pregnant woman and her unborn child, which include maternal anemia and low birth weight babies. It consists of the administration of at least two doses of the antimalarial drug sulfadoxine-pyrimethamine (SP), which is given at least one month apart during the second and third trimesters of pregnancy. In most countries, SP needs for IPTp are being met by national governments and other donors. During the past year in Benin, PMI provided components for ANC kits distributed in public and private health clinics. To improve the quality of IPTp services, more than 1,200 midwives and nurses from both public and private clinics have been trained. In addition, PMI will provide support for behavior change communication activities to promote ANC attendance and educate pregnant women about the risks of malaria in pregnancy, the need for early and regular ANC visits and the benefits of IPTp.
- **Diagnosis and treatment:** Effective case management of malaria depends on early, accurate diagnosis with microscopy or rapid diagnostic tests (RDTs) and prompt treatment with an effective drug. Artemisinin-based combination therapies (ACTs) are the recommended first-line treatment for uncomplicated *Plasmodium falciparum* malaria in most malaria-affected regions of Africa. ACTs are extremely effective against malaria parasites and have few or no side effects. With PMI’s support, staff from all 12 departments in Benin were trained and are serving as national trainers and supervisors in malaria diagnostics in 60 health facilities. Three rounds of supervision have been completed; a supervision checklist has been developed, and new registers for data collection have been distributed. With FY 2011 funding, PMI will procure 1 million RDTs to cover nationwide needs, validate and disseminate a new diagnostic algorithm, and provide support to a comprehensive diagnostics strengthening program. PMI will also procure 1.2 million ACT treatments, supervise and support training of health workers on malaria case management and license private sector drug sellers. PMI, alongside Africare, Catholic Relief Services and UNICEF, is working to increase access to malaria treatment in rural communities through a nationwide community-case management program. In 2010, PMI trained more than 1,000 community health workers, who are currently providing an integrated treatment package for malaria, pneumonia and diarrhea to children under five in rural settings.

Progress to Date

The table below shows key results from a 2006 Demographic and Health Survey (DHS), which provides nationally representative, household-level data on the health status of the population and on malaria indicators and serves as the PMI baseline. Another nationwide household health survey will be conducted in 2011.

Benin Malaria Indicators	PMI Baseline (DHS 2006)
All-cause under-five mortality rate	125/1,000
Proportion of households with at least one ITN	24%
Proportion of children under five years old who slept under an ITN the previous night	20%
Proportion of pregnant women who slept under an ITN the previous night	20%
Proportion of women who received two or more doses of IPTp during their last pregnancy in the last two years	0.1%

Benin is in its fourth 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.

PMI Contributions	2007	2008	2009	2010	Cumulative
IRS: Houses sprayed ¹		142,814	156,223	166,910	
IRS: Residents protected ¹		521,738	512,491	636,448	
ITNs procured	221,000	385,697	875,000	634,000	2,115,697
ITNs distributed	215,627	45,840	879,415	315,799	1,456,681
IPTp treatments procured		766,666			766,666
IPTp treatments distributed			307,121	150,000	457,121
ACTs procured		1,073,490	215,040	1,002,240	2,290,770
ACTs distributed		326,544	812,232	1,002,600	2,141,376
RDTs procured	178,400			600,000	778,400
RDTs distributed	73,815	104,585			178,400
Health workers trained in IPTp ²	605	1,267	146	80	
Health workers trained in ACT use ²	605		762	1,178	
Health workers trained in diagnostics ²	605		24	583	

¹ A cumulative count of the number of houses sprayed and residents protected is not provided since some areas have been sprayed on more than one occasion.
² A cumulative count of individual health workers trained is not provided since some health workers have been trained on more than one occasion.

PMI Funding

	FY 2007 Jump start funds	FY 2008	FY 2009	FY 2010	FY 2011
Budget (in millions)	\$3.6	\$13.8	\$13.8	\$21.0	\$18.3

For details on FY 2011 PMI activities in Benin, please see the **Benin Malaria Operational Plan:**

http://www.pmi.gov/countries/mops/fy11/benin_mop-fy11.pdf.



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