

*Health co-ops
around the world*

BENIN



Coordination of the global project

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MAKING A DIFFERENCE IN NOVA SCOTIA COMMUNITIES

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Introduction

Health co-ops around the world are a series of publications showing the contribution of health co-ops in the health system from a national perspective. The project has been conducted under a mandate of the International Health Co-operative Organisation (<http://www.ica.coop/ihco/>).

Each case includes a snapshot of the national health system, information on the presence of health co-operatives and practical references. It is based on a survey conducted in 2007 with the kind collaboration of many people involved in health co-ops and other relevant organisations located in targeted countries. The series includes the following national cases:

- ✓ Canada
- ✓ United States of America
- ✓ Benin
- ✓ Uganda
- ✓ Mali

The relation between this research project and the very important study conducted in 1995 and 1996 by the United Nations (published in 1997 under the name *Cooperative Enterprise in the Health and Social Care Sector A Global Survey*), as well as the methodological framework are presented in the document:

- ✓ Global background and trends from a health and social care perspective.

Country Statistics¹

Total population: 8,439,000

Gross national income per capita (PPP international \$): 1,110

Life expectancy at birth m/f (years): 52/53

Healthy life expectancy at birth m/f (years, 2002): 43/45

Probability of dying under five (per 1 000 live births): 150

Probability of dying between 15 and 60 years m/f (per 1 000 pop.): 394/358

Total expenditure on health per capita (Intl \$, 2004): 40

Total expenditure on health as % of GDP (2004): 4.9



Figures are for 2005 unless indicated. Source: [World Health Statistics 2007](#)

¹ Statistics extracted from: World Health Organization (WHO) – Benin: <http://www.who.int/countries/ben/en/>, viewed 15/02/2007 and reviewed 12/2007.

Snapshot of Benin's Health System²

Organizational Structure of the Health System

The national health system of Benin is organized according to the administrative divisions and is defined by a three level pyramid structure: the central or national level, the intermediate or departmental level and the peripheral level.

At the central level, the Department of Public Health insures the management of the system and is in charge of carrying out the government's health policy. It initiates action in the health sector, plans, coordinates and controls its implementation.

At the intermediate level, the delivery of the national health policy is ensured by the Departmental Health Authority according to the strategy adopted at the central level.

At the peripheral level, the Health Zone is the most decentralized operational entity of the Beninese health system. It consists of a network of public primary health services: Village Health Units (UVS), Communal Health Complex (CCS), Health Center of the Sub-Prefecture (CSSP), Urban District Health Centers (CSCU) and private health facilities. They are supported by a first reference hospital, public or private, which serves between 100 and 200.000 of the population.

In 1999, nineteen health zones were implemented out of the twenty-nine planned for the reorganization of Benin's health system. This strategy is to assure the viability and quality of the services offered and at the same time support decentralization, community participation and partnerships between the public and private sectors.

Health Care Financing and Expenditure³

In Benin, the total health care expenditure represented approximately 4.9% of the GDP in 2004. Government expenditure represented 51.2% and private expenditure 48.8% of the total expenditure on health. Of the total private expenditure, 99.9% came from out-of-pocket payments.

Health Care Provision

The health care infrastructure, clinics, hospitals, etc., are distributed according to the health system pyramid which is based on territorial divisions.

² Information extracted directly from the Benin Embassy in France website and freely translated. Ambassade du Bénin en France: <http://www.ambassade-benin.org/article61.html>, 11/2007.

³ WHO statistics – Core health indicators (2007), http://www.who.int/whosis/database/core/core_select.cfm, viewed 11/2007.

At the national or central level we can find the National Hospital and University Center (CNHU). At the intermediate level, there is the Departmental Hospital Complex (CHD). With the new administrative division, the country will pass from 6 to 12 departments and a new dynamic will be brought to these infrastructures.

At the peripheral level is the Sub-prefecture or Urban District Health Centers (CS-SP/CU), of which some have hospitalization units, the Communal Health Complex (CCS) and the Village Health Units (UVS).

In 2004, the physician density per 1000 population in Benin was of 0.04 and the nurse density, 0.72. Hospital beds per 10 000 population totaled 5.0 in 2005.

Developments and Issues

Health is not only defined by an absence of disease. It is also a state of physical, mental and social well-being. This is why Benin has implemented a new vision of what health centers will promote. They are called the Centers of Action and Solidarity for the Evolution of Health (CASES). According to this new vision, the Health Center will not only support maternity functions, but will also support a Center for Literacy, a Leisure and Reception Center and a Children's Center, in order to ensure a holistic approach to the individual.

Faced with many hardships, the Beninese state has proved to be innovative in setting up a partnership system with actors from the medical field and the government and priority given to the Health Department, education establishments at the university and collegiate levels and the UNDP and the WHO at the international level.

Health co-operatives in Benin

In the 1980's, Benin, along with many other countries facing economic hardships, was subjected to strict Structural Adjustment Programs (SAP). Many crises shook the socio-economic system of the country and the health sector was one of the hardest hit. The country then underwent a severe reform of its system through an innovative project based on the co-operative entrepreneurship developed in the country since the Marxist revolution.

The project consisted in setting up co-operative health clinics in disadvantaged areas in order to make up for the absence or inefficiency of public hospitals, to offer a remedy to the high unemployment rate of medical professionals and to overcome the competition of poorly-regulated private sector clinics. The government's role in this project was to set up the legal framework for an innovative public-private co-operative partnership, to mediate with health professionals and to sign specific agreements with international bodies such as the World Health Organization (WHO) and the United Nations Development Program (UNDP) which contributed financial support and technical assistance for the

establishment of the first co-operative health centers in the 1990's.⁴

Fifteen years after their inauguration, the assessment of Benin's co-operative health clinics shows an entrepreneurial dynamic that was not anticipated. This dynamic can be seen in the strongest co-operative clinics where income has increased and the clients have been constant.⁵

Benin's Collective of Co-operative Health Clinics⁶
(*Collectif des cliniques coopératives de santé du Bénin*)

The apex organization that groups together the co-operative health clinics in Benin is the *Collectif des cliniques coopératives de santé du Bénin* (CCCB). It was founded in 1992 and groups together nine⁷ co-operative health clinics spread through six departments, all of which are provider-owned. The oldest co-operative was founded in 1991 and the most recent in 1993. They employ a total of 200 provider members and approximately 50 000 people use their services per year.

The CCCB's main purpose is to be a hub - a place for the co-operatives to exchange experiences and solve common and individual challenges. All nine of its member co-operatives are involved in health promotion activities, as well as preventive, curative, rehabilitative and palliative health care services. Health care providers become members of the co-operatives in order to benefit from advantages associated to being collective owners of their enterprise, such as shared risk and responsibility and being involved in decision making.

The creation of the CCCB was motivated by the risk of losing certain health co-operatives where resources were more precarious. Some of its main functions include: the temporary administration of co-operatives experiencing management difficulties, the reimbursement of an important part of the start-up funds allocated to the clinics by the UNDP and the establishment of its own ultrasound unit. The CCCB is financed through the monthly fees of its member co-operatives, donations and contributions received during annual seminars.

The CCCB identifies its main strengths as being able to resolve conflicts and problems associated with each clinic, co-coordinating common interests, negotiating power with the state, and being the national coordinating body with the Department of Health. As for its weaknesses, the CCCB refers to the disagreement between them and the state with regards to the extension of the project, the loss of one of the co-operative clinics and the growing disengagement of the clinics with regards to the CCCB.

The CCCB faces the major challenge of improving its image by focusing on the original vision and enlarging the circle of co-operative health clinics. Also, it needs to periodically educate cooperators on co-operative spirit and action.

For the future, the CCCB anticipates growth and the reinforcement of the health co-operative sector within the state.

⁴ AGUEY, Kpati (not dated) « Les Alternatives au désengagement de l'État dans les secteurs névralgiques : cas des cliniques coopératives du Bénin – facteurs de réussite, transférabilité. » pages 2-4.

⁵ Ibid, page 6.

⁶ Information collected from the survey completed by the CCCB in September 2007.

⁷ There used to be 10 co-operatives, one was lost recently.

Contact Information

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