

Country Profile | President's Malaria Initiative (PMI)

BENIN

April 2010



Background

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

The President's Malaria Initiative (PMI)

Benin is one of the 15 original countries benefiting from PMI, which was launched in 2005 and is led by the U.S. Agency for International Development and implemented together with the Centers for Disease Control and Prevention. As a key component of President Obama's Global Health Initiative and with the Lantos-Hyde Act of 2008, PMI's funding has been extended through Fiscal Year 2014 and a new six-year malaria strategy has been developed. Under the new strategy, the goal of PMI is to work with partners to halve the burden of malaria in 70 percent of the at-risk populations of sub-Saharan Africa (approximately 450 million residents), thereby removing malaria as a major public health problem and promoting development throughout the Africa region.

PMI works with national malaria control programs 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; Malaria No More; the Bill and Melinda Gates Foundation; 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 key interventions to prevent and treat malaria:

- **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.
- **Indoor residual spraying (IRS):** IRS involves the coordinated, timely spraying of the inside walls of houses

At a Glance: Benin

Population - 2010: 9 million¹

Life expectancy at birth - 2010:
58 years (male), 61 years (female)¹

Population at risk of malaria - 2002: 100%²

Under-5 mortality rate – 2008:
121/1000 live births, or approximately
1 in 8 children die before their fifth birthday³

¹ US Census Bureau, International Data Base 2010

² WHO/AFRO Malaria Country Profile 2004

³ UNICEF State of the World's Children 2009

with insecticides. Mosquitoes are killed when they land on these sprayed walls, reducing malaria transmission.

- **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. IPTp consists of the administration of at least two doses of the anti-malarial drug, sulfadoxine-pyrimethamine (SP), given not less than one month apart during second and third trimesters of pregnancy. In most countries, SP needs for IPTp are being met by national governments and other donors.
- **Diagnosis and treatment:** Effective case management of malaria depends on early, accurate diagnosis with microscopy or rapid diagnostic tests and prompt treatment with an effective drug. Artemisinin-based combination therapies (ACTs) are the recommended first-line treatment for uncomplicated *P. falciparum* malaria in most malaria-affected regions of Africa. ACTs are extremely effective against malaria parasites and have few or no side effects.

Progress to Date

Benin is in its third 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.

PMI-Supported Activities	2007	2008	2009	2010 (As of April 30)	Cumulative
IRS: Houses sprayed¹	-	142,814	156,223	166,910	-
IRS: Residents protected¹	-	521,738	512,491	636,448	-
ITNs: Procured	221,000	385,697	875,000	344,000*	1,825,697
ITNs: Distributed	215,627	45,840	879,415	340,815	1,481,697
SP Treatments: Procured	766,666	-	-	-	766,666
SP Treatments: Distributed	-	-	307,121	86,400 (est.)	393,521
ACTs: Procured	1,465,170	-	215,100	1,002,240 [†]	2,880,510
ACTs: Distributed	153,884	326,544	812,232	215,100	1,507,760
RDTs: Procured	178,400	-	-	-	178,400
RDTs: Distributed	73,815	104,585	-	-	178,400
Health workers trained in IPTp use²	605	1,267	146	-	-
Health workers trained in ACT use²	605	-	762	-	-
Health workers trained in diagnostics²	605	-	34	357	-

* 284,000 shipped and expected in Cotonou mid-June 2010, with an additional 60,000 procured by PSI for distribution through social marketing

[†] Delivery expected in Cotonou end-May 2010.

¹ The cumulative counts of houses sprayed and residents protected are not applicable as some areas have been sprayed on more than one occasion.

² A cumulative count of individual health workers trained is not available, since some health workers have been trained on more than one occasion.

PMI Funding

The proposed budget for fiscal year (FY) 2010 for PMI/Benin is \$ 21 million. Of this amount, 29 percent is planned for the procurement and distribution of long-lasting ITNs; 37 percent for IRS; 15 percent for pharmaceutical management, procurement of ACTs, drugs for severe malaria, and improved laboratory diagnosis of malaria; 2 percent for IPTp; and 3 percent for monitoring and evaluation. Of the total, 45 percent of FY10 funding will be spent on commodities.

	FY 2007 Jump start funds	FY 2008	FY 2009	FY 2010
Budget	\$ 3.6 million	\$ 13.8 million	\$ 13.8 million	\$ 21 million

For details on FY 2010 PMI activities in Benin, please see the **Benin Malaria Operational Plan:** http://www.pmi.gov/countries/mops/fy10/benin_mop-fy10.pdf

