



HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
Total Population*	9.1 million (mid-2010)
Estimated Population Living with HIV/AIDS**	64,000 [58,000–73,000] (end 2007)
Adult HIV Prevalence**	1.2% [1.1–1.4%] (2007)
HIV Prevalence in Most-at-Risk Populations**	FSWs: 25.5% (2006)
Percentage of HIV-Infected People Receiving Antiretroviral Therapy***	49% (end 2007)

*U.S. Census Bureau **UNAIDS and DHS 2006 *** WHO/UNAIDS/UNICEF *Towards Universal Access*, 2008

pregnant women attending antenatal clinics found that HIV prevalence fell by almost half between 2001 and 2007, from 4.1 percent to 2.1 percent. However, there are substantial regional differences in prevalence, with a more than ninefold variation (from 0.4 percent to 3.8 percent) among pregnant women in different regions, according to Benin’s Ministry of Health (MOH). UNAIDS estimated 64,000 people in Benin were HIV positive at the beginning of 2008.

Most-at-risk populations include mobile populations and female sex workers (FSWs). Among FSWs, 25.5 percent were found to be HIV positive in 2006. According to 2008 survey data reported in the 2010 United Nations General Assembly Special Session (UNGASS) report, substantial differences in seroprevalence exist among sex workers by region, although there is little difference between urban and rural populations. The survey also provided estimates for clients of sex workers (3.9 percent prevalence) as well as for truck drivers (1.5 percent), with drivers over age 30 the most likely to be infected (2.6 percent). In general, women (1.5 percent prevalence) are twice as likely to be infected as men (0.8 percent), according to UNAIDS. HIV risk is significantly higher for women who are widowed (10.6 percent prevalence) and divorced (7.3 percent) than for women who are married (1.3 percent) or single (0.5 percent), according to UNAIDS. Young people and children are also particularly vulnerable. Young women ages 15 to 24 (0.9 percent prevalence) are three times more likely to be infected than young men (0.3 percent). An estimated 5,400 children under age 15 are HIV positive, and Benin has 29,000 children under age 18 who have been orphaned by AIDS.

Available data about the knowledge and behavior of Benin’s young population (ages 15 to 24) highlight the country’s continued risk of an expanded HIV epidemic. Only 14 percent of young men and 8 percent of young women are able to correctly identify ways to prevent HIV, according to UNAIDS. Approximately 90 percent of young men and 36 percent of young women had sex with a casual partner in the 12 months preceding a study cited by UNAIDS, but only 34 percent of young men and just 19 percent of young women reported using a condom the last time they had casual sex. Compounding such high-risk behaviors among youth is the limited access to prevention services in the general population. Sexual health programs, such as male and female condom distribution, treatment of sexually transmitted infections (STIs), HIV/AIDS screening, and sex education at school, do not meet the population’s needs.

Risk behaviors persist among other vulnerable groups as well. According to a rapid study of injecting drug users in Benin’s three major cities, condom use at last sex was 23 percent, and use of sterile equipment was reported at just 36 percent. Another survey cited by UNGASS found inconsistent condom use among 75 percent of sex workers surveyed. This survey also found positive results among sex workers, with increases in knowledge of HIV status and seeking STI treatment.

Benin’s first case of HIV appeared in 1985. According to the 2006 Demographic and Health Survey (DHS) and estimates of the Joint United Nations Program on HIV/AIDS (UNAIDS), Benin has a generalized epidemic, with 1.2 percent of the adult population estimated to be HIV positive as of 2007. However, concentrated HIV epidemics also exist among at-risk populations, particularly sex workers and their clients, truck drivers, blood donors, young people, and tuberculosis (TB) patients. Estimates based on the 2006 DHS show HIV prevalence rates to be lower than past UNAIDS estimates, and, in recent years, the epidemic appears to have stabilized.

According to UNAIDS, sentinel surveillance of



People with HIV are particularly vulnerable to developing drug-resistant TB because of their increased susceptibility to infection and progression to active TB. Benin has a TB incidence of 92 cases per 100,000 population, according to 2008 data from the World Health Organization (WHO). As of 2008, 17 percent of new TB patients were co-infected with HIV. This high rate of HIV-TB co-infection increases the difficulty of treating both diseases.

National Response

Benin's National AIDS Control Committee (CNLS), chaired since 2002 by the head of state, coordinates the national AIDS response. The Committee unites actors involved in the AIDS response, including government ministries; networks of national nongovernmental organizations (NGOs), including Young Beninese for AIDS Control; international NGOs; people living with HIV/AIDS (PLWHA); religious and traditional leaders; the private sector; and development partners. CNLS has decentralized units at the department, commune, arrondissement, and village levels.

An institutional and regulatory framework relating to interventions for the prevention of mother-to-child HIV transmission (PMTCT) was set up by ministerial order in June 2003. Infected women have since benefited from antiretroviral therapy (ART) to reduce their viral load and the risk of mother-to-child transmission. The percentage of pregnant women receiving ART has more than doubled since 2005. However, only 40 percent of HIV-infected pregnant women in Benin received antiretroviral drugs for PMTCT in 2008, according to the 2009 WHO/UNAIDS/UNICEF *Towards Universal Access* report.

In 2001, Benin officially opted for an ART access strategy that included young children, and triple combination ART became a reality beginning in February 2002. In December 2004, the Government declared ART would be provided free of charge. As of the end of 2007, 49 percent of HIV-infected people were receiving ART, according to the 2008 WHO/UNAIDS/UNICEF report.

In 2006, a national HIV network of young people was established, and work on AIDS was integrated with other programs in reproductive health (RH), TB, and nutritional support. The country's second National Strategic Framework (2007–2011) is being implemented, with the midterm evaluation now under way. Aimed at universal access, the Framework focuses on intensifying prevention for young people and specific groups, such as sex workers, mobile populations, and uniformed personnel; improving and increasing access to PMTCT, management of STIs and safe blood transfusions; expanding evidence-based interventions for prevention and care; defining better-targeted prevention strategies for youth and vulnerable populations, including support for orphans and vulnerable children; and operationalizing the "Three Ones" for well-coordinated support of all partners and the development of a single system of monitoring and evaluation.

The Global Fund to Fight AIDS, Tuberculosis and Malaria recently approved a ninth-round grant of \$58.3 million for Benin to intensify and improve the fight against HIV/AIDS. Since 2003, nearly \$39 million has been disbursed for HIV/AIDS funding. The U.S. Government (USG) provides nearly 30 percent of the Global Fund's total contributions.

USAID Support

Through the U.S. Agency for International Development (USAID), Benin received \$2.0 million in fiscal year (FY) 2009 for essential HIV/AIDS programs and services. USAID's HIV/AIDS programs in Benin are implemented as part of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Launched in 2003, PEPFAR is the USG initiative to support partner nations around the world in responding to HIV/AIDS. Through PEPFAR, the USG has committed approximately \$32 billion to bilateral HIV/AIDS programs and the Global Fund through FY 2010. PEPFAR is the cornerstone of the President's Global Health Initiative (GHI), which commits \$63 billion over six years to support partner countries in improving and expanding access to health services. Building on the successes of PEPFAR, GHI supports partner countries in improving health outcomes through strengthened health systems, with a particular focus on improving the health of women, newborns, and children.

USAID activities in Benin have focused on addressing some of the major challenges facing the CNLS. Activities include improving the quality of HIV and STI prevention and case management services; increasing demand for services through mass media and educational programs for specific groups; strengthening institutional management; and working toward the decentralization of HIV/AIDS control activities.

Training activities in PMTCT increased the number of USG-supported service delivery sites from eight to 67, which allowed more women to benefit from voluntary counseling and testing services. In 2009, more than 40,000 pregnant women received counseling, and more than 29,900 were tested and received their results. In addition to training activities, quality improvement initiatives were launched for PMTCT and expanded for integrated HIV/RH/family planning services. The improved quality of the integrated services resulted in increased use, and the approach has now been expanded to 10 private clinics. Expansion will continue in 2010.

Mass media campaigns and community outreach activities promoted products and services through radio, television, and a youth magazine, as well as community awareness and education activities. Nearly 300 NGO staff, community members, theater groups, and students were trained to promote HIV/AIDS prevention and conduct interpersonal and group activities focused on delaying the start of sexual activity, correct and consistent condom use, and reducing the number of sexual partners. Community outreach activities reached about 270,000 people, and radio, television, print, and phone messaging reached more than 1 million.

High-risk group activities focused on sex workers and consistent condom use with their regular nonpaying partners. To complement this effort, the availability of condoms was increased in night clubs, bars, and guest houses, and a "blitz" of activities created new sales points within a five-minute walk of all targeted sites. As a result of these activities, which focused on geographic areas with low levels of coverage, condom distribution outlets increased from about 19,400 in 2008 to 22,000 in 2009. Given the density of condom availability, CNLS will conduct a market study in 2010 to determine the potential market for condom social marketing. "KOOOL," a new brand of condoms marketed to youth that includes a variety of colors and flavors, has been developed and was launched in February 2010. New activities are being developed for truckers, as results from a 2009 study indicate that despite increases in HIV/AIDS knowledge, risk behaviors appear to have worsened, as the percentage of truckers with occasional partners increased from 37 to 63 percent, while condom use with occasional partners declined from 65 to 57 percent from 2008 to 2009.

Technical assistance allowed the CNLS to restructure its secretariat, develop normative documents, report on accomplishments, and plan future activities. With USG support, CNLS was able to organize an annual activity monitoring meeting; quarterly meetings for technical working groups; and three meetings with technical and financial partners. Together, these activities allowed the National AIDS Control Program to identify weaknesses in program activities and submit a successful ninth-round proposal to the Global Fund for HIV/AIDS and health systems strengthening activities.

In collaboration with the MOH, USAID also works to develop and improve policies and guidelines on key family health issues, including HIV/AIDS; improve management and planning systems; and strengthen the partnership between the public and private sectors. In support of CNLS, USAID has funded the five-year Integrated Project to Promote Family Health and Prevent HIV/AIDS project since October 2006. The project carries out social marketing of family planning and HIV/AIDS prevention products; improves knowledge of target groups to increase use of products and influence behavior change; promotes integrated HIV/RH services; and strengthens CNLS capacity to promote, manage, and implement programs and policies that facilitate social marketing and the involvement of the private sector and civil society to increase availability of health services.

Important Links and Contacts

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Tel.: 229-30-0500; Fax: 229-30-1260
Web site: <http://www.usaid.gov/bj>

USAID's HIV/AIDS Web site for Benin:
http://www.usaid.gov/our_work/global_health/aids/Countries/africa/benin.html.

For more information, see USAID's HIV/AIDS Web site: http://www.usaid.gov/our_work/global_health/aids.