**BENIN**

**2016 IHP+ MONITORING ROUND**

**National performance review**

HOW TO READ THE COUNTRY PROFILE

All data presented on this visual aid are self-reported by the Ministry of Health (MoH), development partners (9 DPs out of 13 participated), civil society organisations (12 CSOs participated) and private sector representatives (13 PS participated) supporting the health sector. All data provided by DPs, CSOs and PS have in principle been validated by MoH.

The 8 Effective Development Cooperation (EDC) practices in health are captured in 4 commitments. The first three commitments present the performance of the government and DPs against 6 EDC practices. The last commitment also includes the opinion of the CSOs and PS on the EDC practices relevant to their engagement.

Where possible, trends in performance are documented over 4 monitoring rounds (2007, 2011, 2013 and 2015). When relevant, a comment relative to the EDC practice is provided in a text box.

For more detailed and disaggregated information on the data presented please visit www.internationalhealthpartnership.net/benin.

### NATIONAL HEALTH EXPENDITURE

Total health expenditure per capita $37.89

Sources of national health expenditure

DOMESTIC 74%

PUBLIC 49%

EXTERNAL 26%

PRIVATE 51%

Source: WHO, National Health Accounts 2014

### Alignment of support against the Health Sector Strategy

100% of participating DPs confirm they align their support with the national (or sub-national/sector) Health Sector Strategy.

**Stakeholders that supported the joint assessment**

- **PD**: 56%
- **OSC**: 65%
- **SP**: 70%

### MUTUAL ACCOUNTABILITY IS STRENGTHENED

A national M&E plan for the National Health Strategy exists?

Target 100%

56% of participating DPs only use national health sector indicators to monitor their support.

**89% of participating DPs confirm they participated in the mutual accountability processes**

### COMMITMENT

**TO ESTABLISH STRONG HEALTH SECTOR STRATEGIES WHICH ARE JOINTLY ASSESSED, AND STRENGTHEN ACCOUNTABILITY**

### PARTNERS SUPPORT A SINGLE NATIONAL HEALTH STRATEGY

**Was the national health sector plan jointly assessed?**

Target 100%

### COMMITMENT

**TO IMPROVE THE FINANCING, PREDICTABILITY AND FINANCIAL MANAGEMENT OF THE HEALTH SECTOR**

**Health development cooperation is more predictable**

Government funds disbursed according to agreed schedules

DP funds disbursed to the government according to agreed schedules

Predictability of funds for the future

Rolling 3 year budget or Mid-Term Expenditure Framework in place:

- 2005/07
- 2010/11
- 2012/13
- 2014/15

33% of participating DPs have communicated their planned resources for the next 3 years to the MoH.

### HEALTH AID IS ON BUDGET

% of DP funds reported on budget

- 2014/15: 65%
- 2012/13: 56%
- 2010/11: 68%

**LEGEND**

Data colour codes

- Government
- Private Sector

Symbols

- Yes
- No
- Unknown or not applicable
**COMMITMENT**

**TO ESTABLISH, STRENGTHEN AND USE COUNTRY SYSTEMS**

**PUBLIC FINANCIAL MANAGEMENT (PFM) SYSTEMS ARE STRENGTHENED AND USED**

Are PFM systems of sufficiently good quality?

<table>
<thead>
<tr>
<th>Category</th>
<th>2005</th>
<th>2010</th>
<th>2012</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>4%</td>
<td>3.5%</td>
<td>3.5%</td>
<td>3.5%</td>
</tr>
</tbody>
</table>

Percentage of DP funds using PFM systems

- 0% (2005/07)
- 5% (2007/11)
- 15% (2012/13)
- 8% (2014/15)

Source: World Bank, CPIA data 2014

**PROCUREMENT AND SUPPLY SYSTEMS ARE STRENGTHENED AND USED**

A government plan for national procurement and supply exist?

- Yes (33%)

33% of participating DPs confirm that sufficient support on procurement or supply systems strengthening and capacity building is in place.

**TECHNICAL SUPPORT IS COORDINATED AND SOUTH-SOUTH COOPERATION SUPPORTS LEARNING**

An agreed national TA plan exists?

- Yes (56%)

56% of participating DPs provide TA in line with the national plan.

Does the Ministry of Health benefit from south-south cooperation?

- Often (89%)

89% of participating DPs support South-South cooperation.

**COMMITMENT**

**TO CREATE AN ENABLING ENVIRONMENT FOR CIVIL SOCIETY ORGANISATIONS AND PRIVATE SECTOR PARTICIPATION IN THE HEALTH SECTOR**

**CIVIL SOCIETY ORGANISATIONS ENGAGEMENT**

What space does the government provide for CSOs to effectively participate in health sector policy, planning and monitoring? (Sources: Government qualitative survey and CSO online survey)

- Government consults CSOs in the design, implementation or monitoring of national health policies: 20% of CSOs confirm they are consulted
- Government provides financial resources: 55% of CSOs receive financial resources
- Government provides training support: 55% of CSOs receive training support

How effectively is the participation of CSOs in national health policy processes supported by development partners? (Sources: DP qualitative surveys and CSO online survey)

- 56% of DPs consult CSOs when developing their cooperation programme
- 100% of DPs provide financial resources
- 89% of DPs provide technical assistance

**PRIVATE SECTOR ENGAGEMENT**

The private sector does not participate in the programming and monitoring of health policies in Benin.

Participants all believe that the private sector needs to be reorganised and consolidated.

Professional activities in the private sector are in line with policy priorities and are aligned.

The MOH needs to review its perception of the private sector and the Public-Private Partnership must be effective.

Private facilities have never been inspected by the MOH.

An accreditation programme is set up as part of the private sector platform.

The national regulatory and legislative framework that promotes the development and active involvement of professional associations and trade unions in health policy exists but is not very functional.

The platform alone is not enough to reorganise the private sector, other structures are needed to promote and recognise the private sector.

http://www.ihplusresults.net/benin