



Refugee Documentation Centre (Ireland)
LEGAL AID BOARD

Benin – Researched and compiled by the Refugee Documentation Centre of Ireland on 20 May 2010

Re: What facilities or provision of medical treatment are available to sufferers of Hepatitis B and HIV/AIDS in the Republic of Benin?

Information on the availability of medical treatment for persons in Benin suffering from Hepatitis B or HIV/AIDS was scarce among sources available to the Refugee Documentation Centre.

In a paragraph headed “Medical Emergencies” an *Overseas Security Advisory Council* report states:

“Health care in Benin does meet western standards. Most hospitals and medical facilities do not have the supplies and necessary drugs for treatment of major illnesses and injuries.” (Overseas Security Advisory Council (10 May 2010) *Benin 2010 Crime & Safety Report*)

In a paragraph headed “Medical Conditions in Benin” a document published on the *Project Bokonon* website states:

“The majority of the health services budget must be supplemented by donor funding, as government expenditures on health add up to a mere 4.4% of Benin’s Gross Domestic Product (GDP). Benin’s national budget only allows for approximately one (1) doctor per 19,000 people – a figure significantly lower than the ratio considered acceptable by the World Health Organization (one physician per 10,000 people). The health care situation is even more severe than it appears at first glance, as over 33% of health care personnel in Benin work in National University Hospital in the country’s capital of Cotonou. With such a large concentration of medically-trained individuals residing in one urban area, the actual proportion of doctors is even lower in most of the country.” (Project Bokonon (undated) *Medical Conditions in Bénin*)

The opening paragraph of a document published on the *World Education* website states:

“The HIV pandemic was relatively slow to reach Benin, but has recently made alarming gains. The percentage of people living with HIV in Benin is now estimated at over 4%, with some areas estimated at almost 10%. Even in the zones with the lowest incidence of AIDS, however, certain groups—such as prostitutes and truck drivers—are severely affected. To combat the epidemic, the Benin government created a nationwide program with a mandate to coordinate the national policy and other programs among government ministries and NGOs. Resources are very limited, however, and despite a proactive and progressive outlook, it has yet to be taken seriously by decisionmakers.” (World Education

(undated) *Benin: Breaking the Silence in Schools - HIV and AIDS Activities in Benin*)

In a paragraph headed “Specific Priority Diseases” an assessment submitted to the *US Agency for International Development (USAID)* states:

“The prevalence of HIV/AIDS is currently measured at 2 percent nationally. A system of treatment, prevention of maternal-to-child transmission, testing and counseling, and prevention has been established within 40 sites throughout the country. As of 2005, 4,298 patients are under treatment with antiretrovirals (of an estimated 13,190 people needing antiretroviral treatment).” (Adeya, G., A. Bigirimana, K. Cavanaugh, and L. Miller Franco. (10 February 2007) *Rapid Assessment of the Health System in Benin, April 2006*, p.38)

In the section titled “Status At A Glance” a *UNAIDS* report states:

“In 2001 Benin officially opted for an antiretroviral (ARV) access strategy that included young children, and triple therapy became a reality from February 2002; there are now 43 medicine distribution sites and 4,022 patients receiving treatment. Clinical and biological criteria were established for the commencement of treatment, which distinguish between children under 18 months and over 18 months. From 10 December 2004, ARV treatment was declared free. However, a recent study shows that access remains far from being free.” (UNAIDS (Joint United Nations Programme on HIV/AIDS) (2006) *Benin UNGASS Report 2005*, p.6)

In the section titled “Annex 3: Evaluation Scope Of Work” a *USAID* report states:

“Although the HIV prevalence rate is relatively low (2.0%; cf. PNLIS-2004) compared to other countries in the sub-region, it could rise rapidly without a coordinated and appropriate response. Segments of the population remain inadequately served by the public health system. While public health service coverage remains low, the private health sector, both profit and non-profit, has grown rapidly, especially in urban areas.” (USAID (United States Agency for International Development) (June 2006) *Lessons Learned from the Bénin HIV/AIDS Prevention Program (BHAPP)*)

References:

Adeya, G., A. Bigirimana, K. Cavanaugh, and L. Miller Franco. (10 February 2007) *Rapid Assessment of the Health System in Benin, April 2006*
<http://healthsystems2020.com/content/resource/detail/1917/>
(Accessed 20 May 2010)

Overseas Security Advisory Council (10 May 2010) *Benin 2010 Crime & Safety Report*
<https://www.osac.gov/Reports/report.cfm?contentID=117155&print>
(Accessed 20 May 2010)

Project Bokonon (undated) *Medical Conditions in Bénin*
<http://www.projectbokonon.org/purpose/benin.medinfo.html>
(Accessed 20 May 2010)

UNAIDS (Joint United Nations Programme on HIV/AIDS) (2006) *Benin UNGASS Report 2005*
http://data.unaids.org/pub/Report/2006/2006_country_progress_report_benin_en.pdf
(Accessed 20 May 2010)

USAID (United States Agency for International Development) (June 2006)
Lessons Learned from the Bénin HIV/AIDS Prevention Program (BHAPP)
http://www.initiativesinc.com/resources/publications/docs/BeninHAPP_Evaluation.pdf
(Accessed 20 May 2010)

World Education (undated) *Benin: Breaking the Silence in Schools - HIV and AIDS Activities in Benin*
http://www.worlded.org/WEInternet/features/breaking_silence.cfm?type=print
(Accessed 20 May 2010)

This response was prepared after researching publicly accessible information currently available to the Refugee Documentation Centre within time constraints. This response is not and does not purport to be conclusive as to the merit of any particular claim to refugee status or asylum. Please read in full all documents referred to.

Sources Consulted:

Electronic Immigration Network
European Country of Origin Information Network (ECOI)
Google
Informa Healthcare
Lexis Nexis
Medecins Sans Frontieres
Refugee Documentation Centre Query Database
UNAIDS
UNHCR Refworld
USAID
World Health Organisation