

RTHC BENIN COUNTRY REPORT

(Executive summary)

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Introduction

The Right to Health Campaign (RTHC) is PHM's initiative to assess the implementation of the RTH at country level guided by the UN HR covenants such as the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Alma Ata Declaration and the national laws that are relevant to the right to health (RTH). The RTHC aimed at sensitizing people about their rights. Each participating country assesses and reports on the RTH and on the social determinants of health followed by some recommendations. Testimonies have been gathered in different places in Benin following the human rights-based approach of programming during public hearings with different groups (the young, women, urban poor, migrants, island dwellers, HIV positive persons, peasants, students, workers, etc.) The campaign produced spots and posters; a document review was carried out by partners involved in the process; data was gathered through the media and public hearings. The Benin RTHC is led among others by ReJPoD, POPDEV Benin, Groupement Femmes et Santé de Reproduction...

I- Policies

Benin has signed several international conventions and declarations and voted some laws at the national level. Examples are the Alma Ata Declaration (1978) and the International pact on economical, social and cultural rights (1966). Benin's Poverty reduction strategy paper was validated in 2002 by the National Commission for development and poverty reduction and the Government. The PRSP, as well as the Population policy declaration (approved in 1996), were adopted by the World Bank and the International Monetary Fund. But in 2007, the new government set up a Growth Strategy for poverty reduction to replace the old PRSP. The new document has been built around a strategic axis and specific themes (gender, human rights, environment, HIV, population and health) were worked through during workshops with stakeholders participation². The ratio health budget/ national budget was in decrescendo from 1995 to 2004. Since 2007, it has grown and is around 10% since 2009. In 2005, 82% of the health budget was from internal resources and only 18% came from donors and external partners like WHO, the Belgian Government, the Global Fund, the European Union, Swiss Cooperation, USAID and UN agencies among other. Contributions and internal resources help the government to implement several programs. The national Vaccine Program covers several diseases: poliomyelitis (90-100% coverage), tuberculosis (90%), measles (90%) and the target date to eradicate poliomyelitis is 2013 according to the government. In 2008, around 1,4 million

mosquito-nets were supplied to the 77 municipalities of Benin. In April 2008, the Minister of Health announced that cesareans will be free of charge for all pregnant women in need ³. Although ARVs are free of charge for HIV positives, there is a lack of treatment centers and some of the beneficiaries suffer of malnutrition. Benin has a national hospital and university Center in Cotonou and has six district level centers, but some treatments are available only at national level and rarely at district level. In 2003, the health services coverage rate was 86,4% and a health center served 18,857 inhabitants. *During our public hearings, Eugenie, a 40 year old woman told us how she lost her 2 days old daughter after an adult antibiotic had been injected to her by a health worker in Mènonin, a cartier of Cotonou. A special accent should be put on health workers training said Eugenie.* The under 5 mortality rate is 76,19 per 1,000 and the maternal mortality is around 474 per 100,000. According to WHO, 80 % of people of Benin don't go to health centers preferring, most of the time, traditional care and street medicine. Poverty and lack of health centers hinder some people getting access to adequate, efficient health care. Beliefs also play an important role. For example in Tchaorou and in Djougou, two cities of the north of Benin, people refuse anti poliomyelitis vaccine arguing that it is dangerous for children. In Zou province some people say no to vaccine, because of the uniforms the vaccine providers wear; in this region, dead persons are dressed like this before being buried, so they find it curious that do gooders wear such bad omen dresses! Corruption is one of the causes of the lack of resources and health services. A report on corruption by a government commission has revealed that 70 billion FCFA ⁴ were either unaccounted for or were embezzled. If corruption, illiteracy and poverty are the main local impediments to the RTH implementation, some international agreements such as the WTO's General agreement on trade tariffs, the Structural adjustment programs of the Bretton Woods institutions ⁵ and free trade agreements also play a major role ⁶.

II- Conclusion

After Yayi's?? arrival in 2006, the health budget has grown and is now at around 10% of the general budget as recommended by WHO. Other good points are:

- The 15 km green walk of the head of state against corruption
- Cesareans are now free of charge for pregnancy women
- Microcredit for 5 thousand women
- 1,5 millions mosquito nets supplied

Even if these show some progress, that should not allow the trees not let us see the forest; the gap between poor and rich is still enormous:

- some 29% of people live below the poverty line
- The maternal and infant mortality rates are high
- Hospitals and comprehensive primary health care centers are only found in urban areas
- There is a serious shortage of health workers.
- 85% of people do not go to health centers
- Counterfeit medicines are sold despite of the Pierre Fabre contract with the

government to fight the informal health sector that sells these

-Corruption is still rampant

-There is a dearth of reproductive health information centers.

In Benin, people's RTH is violated and the social determinants of health are disregarded every day everywhere and the thousands of persons we interviewed during our hearings have certified it. Testimonies show that there are everyday deaths on the way to hospital, deaths due to wrong prescription and use of injections, people unable to pay health care fees. These violations will continue if we do not stand up, lobby our rulers and make civil society organizations (CSO) demand needed changes. The United Nations, donors, as well as experts also need to be lobbied decisively. PHM Benin has a role to play here. We will now convene a national workshop to present our results and to prepare a plan of action to tackle the main RTH violations now documented.

III- Some recommendations ⁷

To demand from the government

-Implement a RTH and social determinants of health (including the right to education, the right to food and to housing.) national action plan including the formulation of a national RTH policy and the establishment of a network of UN, CSO, media, and other actors for the promotion of the RTH.

-Refuse EPA, SAP, WTO's GAT and all other health-detrimental agreements

-Keep on fighting against poverty and for the achievement of the MDGs

To demand from Parliament

Pass a law on the RTH to insure free health care to the poorest and marginalized

For civil society organization

Implement the RTH action plan and continue popular education, RTH documentation and staking claims on the government.

Demand from UN agencies and donors

-Raise their voices for health and against WTO's health detrimental agreements

-Insist on vulnerable people's participation in the development process and train them accordingly

For the the general population

-Organize and join CSOs fighting for the RTH, get informed and trained on RTH issues

-Demand a participation in the development process.

¹ The country's capital is Porto Novo.

² The objectives are to give the same attention to economic growth and to human development.

³ Before this measure, pregnant women had to pay around 300 USD for a caesarian.

⁴ One Euro equals 655 FCFA

⁵ Many public companies have been privatized since 1987 cutting employment for hundreds of people

⁶ Economic partnership agreements (EPA) between the European Union and West African countries that should have been come in force a couple years ago but African head of states has postponed it.

⁷ The full RTH Benin country report and recommendations are available in French in www.phmovement.org and will be ratified in the action plan workshop.