

Benin

HIV/AIDS epidemiological summary

HIV prevalence information among antenatal clinic attendees has been available since the mid-1980s in the major urban areas of Cotonou, Atlantique and Porto Novo. HIV prevalence among antenatal women tested in these areas increased from no evidence of infection in 1986-87 to 4% in 1998. In 1998, HIV prevalence ranged from 3% to 6%. Outside major urban areas, sentinel surveillance information is available from various sites, since 1990. Median HIV prevalence among antenatal women tested at these sites increased from less than 1% in 1990 to 2% in 1998. The range of HIV prevalence in 1998 from 26 sites was from no evidence of infection to 14% of antenatal women tested.

HIV prevalence among sex workers tested in Cotonou and other towns increased from 5% in 1987 to 54% in 1996. In 1990, 23% of sex workers tested in Zou Province were HIV-1- and/or HIV-2-positive. In 1995-96, 47% of sex workers tested in Atacora, Borgou, Mono and Zou Provinces tested positive for HIV-1.

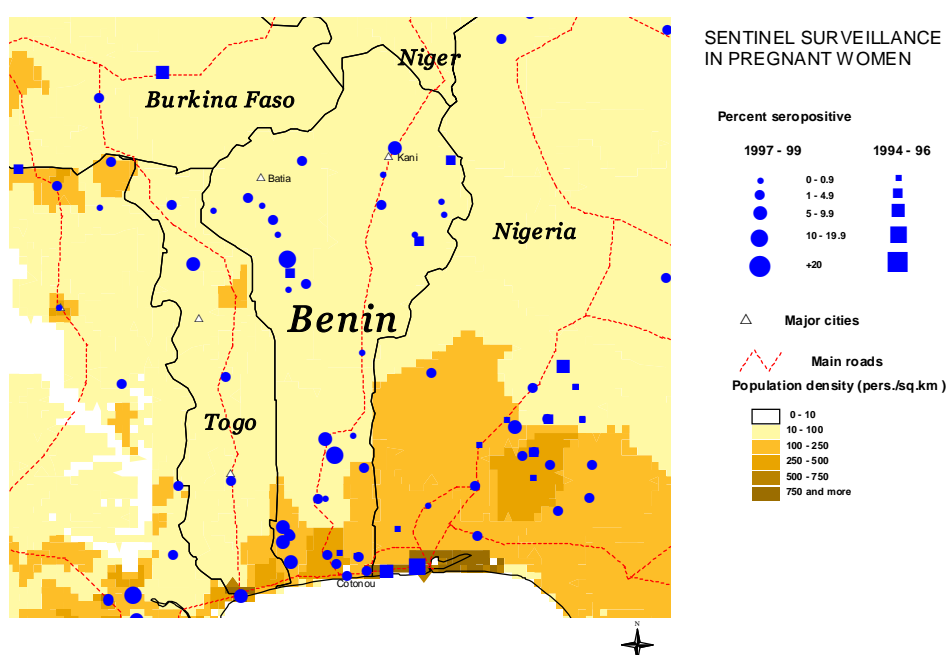
In 1989-90, 14% of male STI patients tested in Cotonou were HIV-positive. In 1998, 3% of STI patients tested in Cotonou were HIV-positive. Between 1995 and 1997, HIV prevalence among STI patients tested in Borgou and Mono Provinces increased from 4% to 9%. In 1998, HIV prevalence ranged from 4% to 32% of STI clinic patients tested at three sites.

Estimated number of people living with HIV/AIDS, end 1999	Adults and children	Adults (15-49)	Adult rate (%)	Women (15-49)	Children (0-14)
Source: UNAIDS/WHO, June 2000	70 000	67,000	2.45	37 000	3000

Demographic impact of HIV/AIDS	Year	Estimate	Source
Children who lost their mother or both parents due to HIV/AIDS at age 14 or younger since the beginning of the epidemic	1999	22 000	UNAIDS/WHO, June 2000
Estimated AIDS deaths	1999	2613	UNAIDS/WHO, June 2000

Behavioural indicators	Year	Age group	Male	Female
Reported condom use during most recent intercourse with a non-regular partner (%)	-	-	-	-
Reported non-regular sexual partnership over a 12-month period (%)	1997	15-49	31.7	11.8

Measured HIV prevalence	Year	Median	Min.	Max.
Women in antenatal care clinics – major urban areas (%)	1998	3.71	2.94	5.94



Economic Impact of HIV/AIDS

Summary of the economic impact of HIV/AIDS

Data on the economic impact of HIV/AIDS in Benin are limited. Most available studies focus on the impact of the epidemic on health, not on the economic impact on the household in rural areas and on agriculture. One survey on businesses shows the important impact HIV/AIDS is having on inflating costs in this sector. In the education sector, the current primary school enrolment is 65.6% and a steady loss of teachers to AIDS mortality is likely to impede future gains to be made in enrolment figures and lead to a discontinuity in teaching. The health sector studies demonstrate that there is a large gap in funding to meet the full needs of a scaled-up care and prevention programme, equivalent to US\$ 2–3 per capita and 0.9% of GDP.

Macroeconomic impact

Not available

Economic impact of HIV/AIDS on households

In a 1998 survey of employees in 14 firms, a loss in savings, a reduction in hours at work or bankruptcy as a result of AIDS were identified in 84% of the 68 families affected by an AIDS death (1).

Economic impact of HIV/AIDS on agriculture

Not available

Economic impact of HIV/AIDS on firms

Supply: In a 1998 survey of 14 firms, AIDS was found to increase costs in six of these firms, and lead to a decrease in profits for the remaining eight (1).

Economic impact of HIV/AIDS on education

Supply: A model developed by UNAIDS and UNICEF in 2000 shows that, of around 750 000 primary school students, 1800 would have lost a teacher to AIDS in 1999 (2).

Demand: Not available

Economic impact on the health sector

Supply: Not available

Demand: In 1995, a model showed total costs of AIDS to the health sector to increase from 97 million FCFA in 1995 to between 448.3 million FCFA (low case) and 815 million FCFA (high case) by 2025 (3).

Resource gap: The annual cost of scaling-up HIV/AIDS programmes nationwide is calculated to be between US\$ 12 million and US\$ 18 million (4).

Management and implementation of the national response to HIV/AIDS

Policy formulation

Existence of National HIV/AIDS policy (either a written document or part of one)

Yes	No
X	

Comments/Key elements: MTP II, 1996 – 2001

Source: UNAIDS

Date: June 2000

Existence of HIV/AIDS policy in the following sectors:

Sector	Yes	No
Agriculture		
Education		
Health		
Military		
Workplace		
Sports		
Others		

Comments/Key elements: No specific sectoral policy, but many partners have developed sectoral projects.

Source: UNAIDS

Date: June 2000

Existence of HIV/AIDS-specific legislation against discrimination on the grounds of HIV

Yes	No
	X

Comments/Key elements:

Source: UNAIDS

Date: June 2000

Organizational structure**Existence of high-level structure in support of the national response**

(e.g. National AIDS Committee/Commission, Inter-ministerial Committee, Presidential-level bodies)

Yes	No
	X

Comments/Key elements: High-level location of structure in support of national response being explored.

Source: UNAIDS

Date: June 2000

Planning and programming**Existence of national strategic plan on HIV/AIDS**

Yes	No
	X

Comments/Key elements: Under development

Source: UNAIDS

Date: June 2000

National strategic plan on HIV/AIDS includes clearly identified priorities

Yes	No
	NA

Comments/Key elements:

Source:

Date:

Existence of budget for implementation of the national strategic plan

Yes	No
	NA

Comments/Key elements:

Source:

Date:

General demographic and socioeconomic indicators

Demographic Indicators	Year	Estimate	Source
Total population (thousands)	1999	5937	UNPOP
Population aged 15-49 (thousands)	1999	2681	UNPOP
Annual population growth (%)	1190-1998	2.7	UNPOP
% of population urbanized	1998	39	UNPOP
Average annual growth rate of urban population (%)	1990-1998	4.3	UNPOP

Economic Indicators	Year	Estimate	Source
GNP per capita (US\$)	1997	380	World Bank
GNP per capita average annual growth rate (%)	1996–1997	2.7	World Bank
Human Development Index rank (HDI)	2000	157	UNDP
% population economically active	-	-	-
Unemployment rate	-	-	-
Education Indicators	Year	Estimate	Source
Total adult literacy rate	1995	37	UNESCO
Adult male literacy rate	1995	49	UNESCO
Adult female literacy rate	1995	26	UNESCO
Male secondary school enrolment ratio	1996	23.4	UNESCO
Female secondary school enrolment ratio	1996	10.3	UNESCO
Health Indicators	Year	Estimate	Source
Crude birth rate (births per 1000 pop.)	1999	41	UNPOP
Crude death rate (deaths per 1000 pop.)	1999	13	UNPOP
Maternal mortality rate (per 100,000 live births)	1990	990	WHO
Life expectancy at birth	1998	53	UNPOP
Total fertility rate	1998	5.8	UNPOP
Infant mortality rate (per 1000 live births)	1999	86	UNICEF/UNPOP
Contraceptive prevalence rate (%)	1990–1999	37	UNICEF/UNPOP
% of births attended by trained health personnel	1990–1999	60	UNICEF
% of one-year-old children fully immunized-DPT	1995–1998	81	UNICEF

References

- (1) Ministère de la Santé Publique. *Impact Socio-Economique du VIH/SIDA sur les Secteurs Porteurs de l'Economie au Bénin*. Cotonou, Programme des Nations Unies pour le Développement, 1998.
- (2) UNICEF. *The Progress of Nations 2000*. Background paper. New York, UNICEF, 2000.
- (3) Le Programme National de Lutte contre le SIDA. *Le SIDA au Bénin*. L'Unité de Planification de la Population, le Ministère de la Santé, de la Protection Sociale et de la Condition Féminine, et le Ministère du Plan, de la Restructuration Economique et de la Promotion de l'Emploi, 1998.
- (4) World Bank and UNAIDS. *Costs of Scaling HIV Programmes to a National Level for Sub-Saharan Africa*. Draft report, 2000.