DEFINITION OF THE MAIN ENVIRONMENTAL PROBLEMS

In Benin, urban pollution is generally caused by poor management of excreta evacuation services, deficient drainage, and inadequate evacuation of solid and industrial wastes. In Cotonou, the largest city in Benin, the water table is continually polluted by floods, waste dumping in the marshes, and dumping of sewage from cesspools and latrines. An environmental action plan has been developed that includes a series of recommendations to fight against pollution. However, these recommendations have not yet been applied.

Generally speaking, poor evacuation of excreta results in pollution of underground water and greater likelihood of transmission of diseases transmitted by fecal mater, such as diarrheas of various sorts including cholera, dysentery, ancylostomiasis, schistosomiasis and other parasites.

Organization of control processes

The Department of Basic Hygiene and Sanitation (DHAB) is responsible for defining norms and standards for basic hygiene and sanitation. In this context, a Public Hygiene Code as well as a Water Code exist and have been applied since 1987. These two codes are not sufficiently popularized, and thus these norms and regulations are not often respected by the population.

Enforcement of the Public Hygiene Code requires implementation of a sanitation police force to popularize the Hygiene Code and bring the population to observe elementary hygiene and sanitation practices. This sanitation police force must be supported by a vast educational, informational and advertising campaign on hygiene and sanitation.

Organization of the fight against disease

The fight against disease is conducted through a series of programs of a technical and educational nature. These measures are carried out through campaigns to construct latrines in schools and health centers as well as markets. They are also supported by a permanent educational, informational and advertising campaign that focuses primarily on schools and health centers. The private sector and NGOs are also involved in implementing this program.

Main ongoing developments in the areas discussed above

In the sanitation sector, new latrine construction technologies have been introduced in Benin, such as the low-cost family flat-slab latrines. Thus, to further develop sanitation construction projects, the Ministry of Public Health has begun construction of one thousand (1,000) flat-slab family latrines in poor communities throughout the country. Development partners such as the WHO and UNICEF are also working to promote this sub-sector. Of note is the implementation of the PADEAR project (Projet d'assistance au Développement de l'Alimentation et en eau potable et de l'Assainissement en milieu rural - Project to assist development of drinking and sanitation water supplies in rural areas) that has improved availability of water and sanitation in the Atlantic and Zou departments following the new strategy of the sector. Thus, in the

framework of this project financed by the World Bank, over 324 community projects have been completed, with 204 in rural hydraulics and 120 in rural sanitation.

DESCRIPTION OF MAIN CHALLENGES AND QUESTIONS

- Eliminate diseases transmitted by water and fecal matter (cholera, dysentery, schistosomiasis, and so forth);
- Improve availability of the supply system;
- Improve access to sufficient quantities of good-quality drinking water;
  Popularize the texts covering the sector;

Accomplishing these goals requires implementation of a certain number of projects:

- A pilot project to support management of solid waste in the large cities of Benin; (400,000,000 F CFA)
- A pilot project to support management of biomedical waste from health facilities (360,000,000 F CFA)
- A project to develop and implement an Integrated Health Education plan into the new educational programs developed by the Ministry of National Education and Scientific Research.
- School sanitation. (1,450,000,000 F CFA)
- Construction project for a national laboratory to analyze water and sanitation quality. (400,000,000 F CFA)
- Project to create a database on sanitation in Benin. (120,000,000 F CFA)
- Project to strengthen human resources capacities in the sector.
- (60,000,000 F CFA)

Currently ongoing reform plans and their importance to the future development of public health services

A public health reform plan does exist. In this plan, Area Hospitals (Hôpitaux de Zones (HZ)), Sub-prefecture Health Centers (Centres de Santé Sous-Préfectures - C/SSP), Municipal Health Centers (Centres de Santé de Circonscriptions Urbaines - CSCU) and community health centers (Centres Communaux de Santé - CCS) have been defined. Each level handles a wide variety of activities, equipment, and a number of staff.

While the plan is implemented, strengthening of decentralized hygiene and sanitation services will also be carried out.

II Family Health

Observations from The Department of Family Health (La Direction De La Sante Familiale)

PRIMARY HEALTH CARE: Page 8

How are prevention services such as vaccination, screening and other activities organized?
(Mention family planning (FP), as this is one of the strategies to improve maternal mortality rates whose principle causes include: premature, repeated, late or multiple pregnancies, abortion).

Response: The policy has been developed at a central level that handles the main coordination role. These services are implemented in outlying areas (operational level) in such a way as to be integrated into curative activities.
Planning, follow-up, and supervision of implementation are ensured at an intermediate level.

Main developments

Adoption of a new concept of Reproductive Health (RH) in 1994 at the CIPD
Adoption on 2 May 1996 of the Population Policy Declaration (Déclaration de Politique de Population).
Implementation of a demographic and health survey to determine the situation in 1996.
Definition development policies and strategies for the health sector from 1997 to 2001.
Definition of minimum RH activity package and revision of policies and norms and standards in Family Health that take into account the four aspects of reproductive health, as follows:

Maternal health;
Treatment of gynecological disorders and menopausal disorders;
Promotion of least-risk maternity with obstetrical and emergency neonatal care;
Post-partum and post-abortion contraception.

Child health;
Neonatology, supervision of healthy children;
Integrated treatment of childhood diseases, etc.

Young people's health
Education on family living and parental responsibility;
Follow-up on RH for adolescents and young people, including prevention of high-risk behavior;
Prenuptial consultations and marriage counseling, the fight against unwanted pregnancies, early maternity and abortion.
Men's health
Treatment of sexual dysfunctions, screening and treatment of genital cancers.

Main challenges and questions

To contribute to improvement of living conditions for the population of Benin following DEPOLIPO objectives. To accomplish this goal, the Ministry of Public Health seeks to:

- reduce the maternal mortality rate from 498 per 100,000 live births in 1996 to 200 per 100,000 live births by the year 2016; (maternal mortality rate - MMR);
- reduce infant and juvenile mortality from 166.5 per 1,000 in 1996 to 90 per 1,000 in the year 2016 in order to reduce the infant mortality rate (IMR) to 50 per 1,000 and the juvenile mortality rate (JMR) to 42 per 1,000;
- encourage 50 % of adolescents and young people to behave in a sexually responsible way.
- obtain cooperation from men, specifically in RH.
- from the present to 2016
- Increase coverage of prenatal consultations from 67% to 90 %;
- Increase the rate of assisted childbirth from 50 % to 80 %;
- Ensure effective treatment of complicated pregnancies and childbirth at 80%;
- Increase the rate of post-natal consultations from 32.3 % to 60 %;
- Increase the rate of children between the ages of 12 and 23 months completed vaccinated against the six (6) main childhood diseases for which vaccination is indicated from 50 % to 80 %;
- Reduce by 50 % infant and juvenile mortality from the four main childhood killers (malaria, acute respiratory infections, diarrhea, malnutrition).
- Bring 50 % of mothers to breastfeed exclusively until the age of 4 months.
- Reduce the rate of early pregnancies from 26 % to 15 %.
- Bring 50 % adolescents and young people to use the RH/FP services.
- Increase the rate of modern contraceptive use from 3 % to 40 % by the year 2000
- Eliminate neonatal tetanus and measles
- Eradicate poliomyelitis
- Integrate the yellow fever vaccine into the Extended Vaccination Program
- Eliminate disorders related to deficiencies in vitamin A and iodine.
- Carry out operational research on the needs of young people and adolescents in terms of health and reproduction. This sexually active target group is at risk in terms of overall health and sexual and reproductive health. This research is one of our priorities in developing a specific program of reproductive health for young people.
- Ensure effective, integrated treatment of childhood diseases.
- Ensure operational status for the minimum RH activity package in all health facilities.

CURATIVE PRIMARY HEALTH SERVICES:

These services are provided at all levels of the health pyramid according to the norms and standards applicable at each level. The levels are as follows:

- community health complex,
- sub-prefectorial or municipal district health centers,
- health zone.
- The CHD level (Centre Hospitalier du Département - Departmental Hospital Center)
- The CNHU level (Centre National Hospitalier et Universitaire - National Hospital and University center - central level)

Range of health care

Infant care

- Neonatal intensive care
- Neonatal examinations
- Neonatal care
- Consultations for healthy children (1 to 3 years)
- Nutritional supervision
- Monitoring of psychomotor and weight/height growth
- PCIME (prise en charge intégrée des maladies de l'enfant - integrated treatment of childhood diseases - for children up to the age of 15 years). These include acute respiratory infections, diarrheal disorders due to malnutrition, measles.
- Treatment of drepanocytosis
- Vaccination.

Family Planning

- I.E.C / FP.
- Community-based services
- Clinical services. These are integrated into the center's activities, and include screening and treatment for STD and infertility. (Screening and treatment of infertility will not be available in all reference centers due to lack of equipment and qualified personnel).
- NB: There is a need for equipment in first-level reference center laboratories.

Obstetrical care

- Monitoring of pregnancies and treatment of at-risk pregnancies
- Monitoring of childbirth
- Treatment of obstetrical emergencies and screening and referral.
- Post-natal monitoring
- Prevention and treatment of post-abortion complications

Prenatal care

- Pregnancy diagnosis and monitoring.
- Screening and treatment of at-risk pregnancies.
- Counseling to prepare the future mother for childbirth.
- Preparation of the mother for the post-natal period.
- Importance of family planning
- Exclusive maternal breastfeeding and post-natal supervision
- Vaccination against tetanus.

Supply of emergency drugs

Additional questions:

- Do the available infrastructures (box) meet the needs of preventive and curative care?
- What are the current needs to ensure availability of quality health care services?

Vaccination

1 Observations to improve the questionnaire

Preventive care in general and the Vaccination Service in particular may be included in sections 6,7, and 8 of the chapter "Primary Health Care" in the questionnaire as follows:

- How are prevention services such as vaccination organized?
- What are the main recent developments in the above-mentioned areas?

Description of the principle challenges and questions.

The question could be asked as follows:

- What are the organization, objectives, strategies, results, problems and perspectives of the Benin Vaccination Service?

Such a question would provide complete information on the Extended Vaccination Program by clarifying what measures have been taken and problems that require the assistance of a partner with an awareness of our difficulties.

Response to this question

The Vaccination Service of the Department of Family Health organizes prevention for six diseases -- tuberculosis, measles, diphtheria, pertussis, neonatal tetanus, and poliomyelitis -- by vaccinating children between the ages of 0 and 11 months against these maladies via the Extended Vaccination Program integrated in Primary Health Care (PEV/SSP) launched on April 7, 1987.

2.1 Organisation

Central level: the Vaccination Service ensures the planning and coordination of the Extended Vaccination Program.

Intermediate level: the Family Health Services of the Departmental Directions of Public Health (Directions Départementales de la Santé Publique) handle activity coordination at a departmental level.

Peripheral level: Sub-prefectorial and municipal district Health Centers (Centres de Santé de Sous-Préfecture et de Circonscriptions Urbaines) and the Community Health Complexes (Complexes Communaux de Santé) provide health care at this level.

2.2 Objectives

General objectives

- To contribute to the reduction of infantile and infantile/juvenile morbidity and mortality
- To contribute to the reduction of maternal mortality

Specific objectives

- To attain and maintain the following rates of vaccination coverage:
  - * DTCP3 80 %
  - * Measles and VAT in pregnant women 90 %
- To eradicate poliomyelitis during the year 2000
- To eliminate neonatal tetanus during the year 2000
- To control measles

2.3 Strategies

- Vaccination from a fixed site on a daily basis at contact cost
- Vaccination as an advance strategy
- Active research and screening
- Door-to-door
- Searches

2.4.Results

	1990	1995	1998
BCG	94%	96%	92%
DTCP3	78%	89%	81%
Measles	72%	82%	82%
VAT + Pregnant women	-	81%	74%

These satisfactory results can be improved. To accomplish this, the prevailing logistical problems must be resolved.

2.5 Problems

- Deterioration of the cold chain
- Insufficient vehicle availability:
  - motorcycles for managers of health facilities to permit advance strategies
  - supervisory vehicles for head doctors in health centers.

2.6 Perspectives

- Introduction of the yellow fever vaccine in the Extended Vaccination Program (PEV)
- Introduction of self-blocking syringes in routine vaccinations.

These two measures could provide a continuing source of *revenue through user charges.*

III Pharmacies and Laboratories

General Objectives

1 - To describe situations and evaluate policies;
2 - To identify problems and diagnose causes;
3 - To suggest specific studies for more in-depth analysis;
4 - To contribute to policy design;
5 - To propose solution strategies;
6 - To develop a model for preparation of a Strategic Health Care Plan.

MEETING WITH DIRECTORS OF THE DRUG AND PHARMACY CONTROL DIVISION (DEPARTMENT OF PHARMACIES AND LABORATORIES).

QUESTIONS	ANSWERS
1°) Drug administration level and significant trends.	The Benin pharmaceutical market is estimated in terms of imports at over 8 billion in 1999. This trend is on the increase.
2°) National Policies to encourage use of less expensive drugs.	- Drafting and adoption of a National Pharmaceutical Policy in 1991; - Drafting and adoption of a National Pharmaceutical Strategic Plan (NPSP) and a Three-Year Priority Action Plan (TPAP) in March 1993. A revision of the National Pharmaceutical Policy and the NPSP and TYPAP are ongoing. - Implementation of a National Program of Essential Drugs in 1990; - Adoption of an Essential Generic Drug List in 1990, revised every two (2) years.
3°) Is there a Essential Drug List?	An Essential Generic Drug List was adopted in 1989 and revised every two years. The latest version adopted by Bylaw N° 2327/MSP/SGM/DPHL/SPM dated 18 November 1997 represents the National Essential Generic Drug List of the Republic of Benin.
4°) Is there a Promotion Policy for the Use of Essential Generic Drugs?	The National Pharmaceutical Policy developed in 1991, the National Pharmaceutical Strategic Plan and the Three-Year Priority Action Plan from 1994-1996 include the promotion of the rational use of Essential Generic Drugs.
5°) Is there a list of good or bad drugs (approved or non-approved by the Government)?	No! For non-approved drugs, refer to the proceedings of the Technical Drug Commission.
6°) Are efforts being made to influence prescription in the formal and informal sectors?	- Organization of seminars, conferences and days for reflection on drugs and medical prescription for health care personnel at all levels; - Publishing of health care forms; - Popularization of the National List of Essential Generic Drugs at the health facility level; - Study and assessment of medical prescription in Benin.
7°) Level and status of procurement	No supervision and control of procurement and distribution structures at either a central or peripheral level. Drug storage and handling/packaging conditions in health facilities are very far from complying with norms and recommendations..

QUESTIONS	ANSWERS
8°) Organizational structure of the pharmacy sector and methods of drug distribution to the population.	The Department of Pharmacies and Laboratories is the central organization. Among others, it ensures the following tasks: - Enforcement of applicable pharmaceutical legislation, international conventions relative to psychoactive substances and narcotics; - Control of procurement and distribution of drugs, equipment, reagents, and medical supplies in all health facilities; - Pharmacy inspections. The pharmaceutical sub-sector includes: - A private sector with 113 pharmacies and 249 pharmaceutical warehouses (as of 1 January 1997) that are supplied almost exclusively with imported pharmaceutical prescription drugs. - The public sector includes the Centrale d'Achat des Médicaments Essentiels et des Consommables Médicaux, or CAME (the Purchasing Agency for Essential Drugs and Medical Consumables) in Cotonou which supplies not-for-profit private and public healthcare centers throughout the country. - NGOs and semi-independent consulting organizations. - Black market: difficult to combat

QUESTIONS	ANSWERS
9°) Public and private institutions involved in Drug distribution in the context of relevant governmental regulations.	<u>Drug distribution</u> Public institutions: CAME; Private institutions: GAPOB, SOPHABE, PROMOPHARMA, UBPHAR. <u>Drug manufacture</u> PHARMAQUICK, SOPAB, BIOBENIN. Their activities are regulated by: - Law N° 97-020 dated 17 June 1997 defining conditions governing private practice for medical and para-medical professions; - Ordinance N° 73-68 dated 27 September 1973 defining importation regulations for pharmaceutical products and dressings in Dahomey; - Bylaw N° 2723/MSP/DC/SGM/DNPS dated 07 May 1999 and Decree N° 127/MSP/DC/SGM/ dated 03 May 1999 defining the creation and nomination of members of the Technical Commission responsible for examination of authorizations for private practice and creation of health establishments for the medical and para-medical professions.; - Bylaw N° 0088/MSP./DC/SGM/DPHL/SPM dated 05 January 1999 defining the conditions for opening a pharmacy; - Bylaw N° 0087/MSP/DC/SGM/DPHL/SPM dated 05 January 1999 instituting the Pharmaceutical Card and Programming of Pharmacy Creation Areas for the Republic of Benin for the years 1999-2001. - Departmental order N° 631/MSP/LFE/MCAT/DGM/DPH/SSSP dated 16 December 1985 on the declaration of pharmaceutical and dressing product imports into the Republic of Benin; - Decree N° 89-370 dated 10 October 1989 on regulations governing import, distribution, and sale of chemical products and laboratory reagents.

QUESTIONS	ANSWERS
10°) Problems relating to medical prescription	- Presentation of the medical prescription, poorly-written medical prescription; - Lack of training/information among prescribing agents and patients; - High cost of prescriptions compared to the patients' purchasing power; - Non-inclusion of the private sector in the National Pharmaceutical Policy; - Problems of availability and accessibility to drugs prescribed in health facilities; - Absence of laws and penalties for guilty agents.
11°) Current reforms or expectations relative to future promotion of drugs	- Reinforcement of the regional integration mechanism through an invitation to sub-regional economic entities to integrate certain aspects of the Pharmaceutical Policy into their Common Pharmaceutical Policy; - Greater implication of regional financial institutions in the Essential Drug policy; - Encouragement of Development Partners associated with Drug Policies to continue support of the process; - Harmonization of registration procedures and systematic use of model tender specifications; - Development of cooperation between the Purchasing Agencies for Essential Drugs and Medical Consumables (CAME); - Application of regional and not only national preferences; - Intensification of the fight against the black market and self-medication; - Training for health personnel in medical prescription; - Implication of opinion-leaders, communities, development associations, and NGOs in the Drug Policy; - Regulation of medical prescription; - Drug quality control; - Training for laboratory technicians, construction engineers, doctors, and pharmacists.

IV Purchasing Agency for Essential Drugs and Medical and Consumables

Drugs

There is a list of essential drugs that is revised every two (2) years.
The Government has implemented a generic drug promotional program (information campaign with the public, professional training, and consumer awareness).
There is a list of drugs authorized for sale in the country.
There are information and awareness sessions for prescribers in the informal sector.
Distribution in the public sector is ensured by CAME and health facilities.
In the private sector, there are pharmaceutical wholesale companies, pharmacies, and private warehouses.
Problems with prescription

- irrational prescribing
- prescription of brand-name products (especially in the private sector)

Expected reforms

- Regulation of the right of substitution to encourage use of generics and increase accessibility
- Introduction of generic drugs in the formal private sector.

V Structures in the Private Health Care System

Professional organizations for physicians in the private sector, the Medical Association, professional organizations for pharmacists in the private sector, the Pharmacists Association, the Midwives Association, and the Nurses Association.

Objective 5: Action Plan Steps
Draft a report of the mission that would include a plan of action for the development of a revised checklist, sequencing of the areas of the health sector to be covered, a report template and guidelines for carrying out such a health sector review.

The review exercise for field testing the draft checklist has highlighted the need to draft a plan of action for the development of the revised checklist into a questionnaire format that could, either be directly used by the team of consultants when required to carry out a relatively rapid assessment of the health sector or, adapt the questionnaire in collaboration with a MOH team and then carry out a detailed health sector review and assessment using the checklist as a guide for the development of detailed instruments for each of the areas that needs to be examined. The checklist/questionnaire could also serve as a template for reporting the findings as they relate to the areas and issues and serve as a basis for examining options and eventually drafting a ToR for authorizing Master Health Plan Development exercise for a specified country.

Annex 1 includes the revised checklist that has been sequenced looking from the systemic to the specific, starting with the macro context at the social, political and economic levels and then looking at the organization and structure of the health in terms of the MOH, the public health infrastructure, the private sectors, its management, the financing of the sector and eventually looking at the services and health related activities.

The following summarizes the main steps of a Plan of Action for carrying out a review of the health sector of a country and drafting a report based on the review leading to developing a ToR for a Master Health Plan Development Exercise.

Main Steps of an Action Plan

1. Develop criteria for selection of countries for carrying out a Health Sector Review.
2. Using the criteria, select the countries and prioritize
3. Confirm this selection with appropriate authorities and agencies and obtain authorization to proceed
4. Select a team for preparing for a health sector review exercise and draft a plan of action with a budget based on the following:
    - Carry out a desktop review of the literature and other documents on the health sector of the selected country.
    - Summarize the findings using the checklist and list the areas in which there are gaps in the information and those areas where the information needs to be updated.
    - Draft objectives for the health sector review exercise and obtain approval based on the report of the desktop review.
    - Contact the health authorities of the selected countries and share with them a brief summary of the findings of the desktop review and the gaps in the information and share the objectives of the proposed review exercise.
    - Review the checklist and questionnaire and send copy of this to the selected country for their preparation and translation if required.
    - Prepare a plan of action to visit the selected country that includes the list of activities to be carried out, persons to be met, items of information required, time required, dates for travel and a budget.
    - Make the necessary logistic arrangements for travel and complete preparation for the visit.
    - Document the various stages and steps of the review exercise for later review for conversion to guidelines and instruments.
5. Collate the information obtained from the questionnaire and interviews and review the documents and reports obtained during the visit.
6. Link these to the desktop review and the gaps in information identified.
7. Analyze the data collected and categorize the findings and conclusions
8. Draft the report using the checklist and report template.
9. Summarize the key findings and conclusions and highlight areas that need assistance and support.
10. Draft the ToR for a Master Health Plan Development Exercise based on the health sector review report.
11. Submit the report and the ToR for review and approval to a group of experts for feedback and review.
12. Revise and submit final report.

Each of these steps would need to be further elaborated so that detailed guidelines and tools would be developed and then used for developing relevant training exercises and materials.

To do this a second trip would be required to Benin to review this report and the steps and then in consultation with the MoH team involving the donors using a workshop format to elaborate the guidelines and tools including a final revision of the health sector review checklist and questionnaire. The conclusions of the workshop would then be converted in a manual that would both serve as a guide and be used for training events. This manual would then be shared with key consultant groups who may be interested and field-tested. A subsequent meeting would be held where the feedback on the use of the manual would be sought, the checklist and manual reviewed and revised and then adopted by the MOHW and JICA for general use for Health Master Plan Development exercises.

Summary of Findings

The findings could be summarized in two sections: 1) Findings pertaining to the current situation of the health sector in Benin and its needs and 2) findings pertaining to the process for carrying out a situation analysis of the health sector, the usefulness of the draft checklist and the development of the ToR for Master Plan Development.

Situation of the Health Sector in Benin

The Government of Benin (GoB) is currently in the process of implementing the national 5-year plan covering the period 1996-2001 and the Ministry of Public Health has been assigned 5 main objectives. These are:

- Improve the coverage of the National Health Insurance Scheme
- Encourage traditional medicine and pharmacopoeia
- Establish a national social security system
- Fight illegal trafficking of medicaments and drugs
- Promote behavioral changes that would lead to improved lifestyles

A framework to achieve these objectives has been defined and actions have been taken especially regarding the infrastructure development, upgrading and procurement of medical and technical equipment, training of health personnel, recruiting of additional staff, reinforcement and targeting of bilateral and multilateral cooperation and improved partnership with the private sector.

The MOPH is also exploring the concept of a common basket of funds to which the donors would contribute and the MOPH would implement the activities using the principles of a Sector Wide Approach the development of the Health Sector.

The situation of the health sector in Benin, prior to 1996, was characterized by a variety of tropical diseases with a predominance of endemic and epidemic infections. There was widespread inadequacy in the availability of potable water and sanitary services and facilities were very inadequate, especially in rural areas. This low rate of access to potable water was partially related to the consumption habits, which continued to promote the use of traditional water sources to the detriment of "modern" water sources.
The administration of human resources also presented difficulties because of its decentralization on one hand and the absence of a clear career policy for staff on the other hand. One could observe:

- an insufficiency of generalist doctors in peripheral health training
- an insufficiency of administrative staff, especially in strategic management
- an inequitable distribution of personnel between urban and rural areas
- lack of collaboration between the public and private sectors

The distribution of health infrastructures and organization of the health pyramid followed political and administrative priorities that did not always take into account the distribution and density of population. In 1996, there were 799 public health facilities and 523 private health facilities.

However the situation of the health sector and the Ministry of Public Health since 1996 showed that addressing some of the above-mentioned insufficiencies and inadequacies would necessitate the elaboration of new policies and strategies that would include better administration of the health sector. Thus, the following policies and strategies were formulated:

- Strategies for the development of the health sector (1997-2001)
- National policies on costing of basic health care services and essential drugs (1999-2001)
- Policies regarding blood transfusion
- Policies regarding the reorganization of the basis of the health pyramid
- Norms and standards for the establishment of sanitary zones
- Legal framework of collaboration with NGOs working in the health sector
- Master Plan for Departmental Management of Public Health
- Budget programs
- Triennial plan of Development (2000-2002)

All of these new policies and strategies point out to areas that will need technical, materials and financial support to extend the gains made so far.

Process for carrying out a situation analysis of the health sector

Overall, the use of the draft checklist was very welcome both by the government of Benin and by the international community as it signified to the government and the international donors the willingness and ability of the Japanese ODA inputs to be synchronized and integrated into the overall efforts in health development.

The checklist also served as a useful basis for interviews with the senior staff within the ministry and with staff in other sector ministries. However there were times because of lack of structure and sequencing of the draft checklist, resulted in a repetition and unnecessary questions.

The report from the Director of Planning clearly indicated that the review of the checklist even in its basic form was a useful tool for these senior staff to carry out a rapid assessment of their departments and to discuss and examine options for the future.

It also assisted the directors to become aware of the various areas and to lee linkages between the different areas and task that the MOH had to carry out. The checklist also gave the planning and monitoring department the framework to look at the development of the health sector as a whole especially in view of the common basket approach and SWAp.

The checklist needs to be re-sequenced to follow a logical order and the issues and questions should be clearly allocated to a specific sector. All duplicate questions and redundancies should be eliminated and transportation and infrastructure should be included as specific areas. A list of possible sources of information should be listed to guide the reviewers to ask for related documents.

Adequate advance notice and sharing of the checklist, questionnaire and persons to be met and data and information sources to be examined should be communicated to the respective authorities and NGOs.

Sufficient time should be allocated so that the exercise is not a mere superficial re-collation of data already collated in existing documents but is a detailed dialogue and in-depth discussion with various stakeholders in the health sector so that process and trends are better understood in light of the epidemiological and health management data. A clearer understanding of the agendas of the various donors would also then be possible, as many meetings with other donors and stakeholders outside of the formal public sector have generally been mere protocol.

Conclusions

There is clear evidence from the exercise that the process of reviewing the sector to contributed to a deeper understanding of the health development issues involved at the country level.

Traditionally assessments were confined to prioritized areas within the health sector and did not reflect the sectoral context that was the background against which all project activities were carried out. Hence the project identification and design followed the classical old development paradigm orientation. The overall health sector development priorities were largely ignored because of the process employed. A project orientation was the norm and projects and activities were carried out often with little or no coordination with other agencies within the MoH and international donors.

The additional preparation in carrying out a more detailed and focused review of the health sector resulted in a more candid determination of government priorities. While key international donor agencies were also met, lack of time (only 4 working days in Benin) prevented a detailed assessment of their activities in the health and related sectors. However, a deeper understanding of the health development issues involved at the country level was obtained following discussions with various MoH and international donor agency staff (UNICEF, WHO, WB, USAID, GTZ, etc.) and that would eventually guide the development of the ToRs for development surveys, Master Health Plan Development, projects and programs.

Another outcome of the use of the checklist was the opportunity for the directors to review the role of their departments vis-à-vis the development of the health sector and the reform processes currently underway despite the fact that some of the areas in the checklist were not directly applicable. It also served as a guide to the directors especially in the administrative sections of the MOH to examine issues connected with health sector reform and development that they would not have taken into consideration in the course of the normal routine activities.

At the international donor level, the approach was warmly welcomed and they looked forward to more substantial technical and issue-based participation of JICA staff (direct and contract staff) in the discussions between the donors themselves and with the MOH in responding to health needs government health priorities and concerns.

Preparation for the mission was more comprehensive and integrated and contributed greatly to a more cohesive approach to the assessment of the health sector so that the information gathered reflected the overall and specific objectives of the mission. This contributed to an integrated and focused approach to interviews and data gathering including identification and selection of documents and eased the process of the writing report that were analytical as well as descriptive.

As the report template was still in its early stages the report is presented in objectives and findings format for ease of use. A report format will be developed and finalized in accordance with the proposed action plan to operationalise this approach after its review and acceptance.

All the parties in the government and in the donor agencies expressed **considerable concern that review and assessment exercises carried out prior to the project design activities are of a very short duration and therefore cursory**. There were strong expressions that significantly more time be set aside for the review and assessment exercise that is supposed to set the stage for targeted and focused project identification and design such that these would be in harmony with government priorities, health needs and donors concerns and the development perspective described and adopted by MoFA in its recent White Paper on development orientation in ODA.

Overall impression from the MoH staff and the donors was that such a systematic approach by JICA in developing master health plans and building projects and programmes based on mutual discussions would be most welcome and would bring a valuable resource into the roundtables and discussions in the reform and development of the health sector.

Objective 6: Recommendations
Make recommendations to MOH and JICA proposing the field-tested systematic approach for preparing for development surveys and health master plans.

Recommendations

It is therefore recommended

1. That JICA utilize more frequently and systematically the expertise provided by the MoHW in the development of the ToRs for the master health plans through systematic sector reviews using the proposed approach.
2. That as a result of the new framework for carrying out the system wide sector reviews and situation analysis, more focused and relevant ToRs be developed that would link the various approaches to development surveys and harmonize the various avenues for doing situation analyses and needs assessment so that project identification, development and planning are more coordinated and integrated despite the major agencies involved. This will contribute to increased transparency (for the recipient governments) in the project development process and increase the likelihood for developing targeted and relevant projects and programmes in line with overall MoH priorities, health needs and donor assessment.
3. That following approval of this approach, a series of review exercises be carried out, using the checklist, report template and guidelines, in selected countries to develop ToRs for Master Health Plan development, the actual development of Master Health Plans and subsequent design of projects based on the Master Health Plan for the country using an integrated project development process.
4. That the approach be further refined and developed based on experience gathered through a mid term review exercise involving a meeting that would include representatives from participating countries, appropriate agencies in Japan and the implementing agency.
5. That based on the review of the checklist, report template and guidelines, training materials be developed and a systematic process of capacity building be initiated by which experts and consultants and host country counterparts would be trained to become familiar with the use of the process.
6. Review the whole exercise and make recommendations for a system wide application of the process should the approach be considered appropriate and successful in targeting and focusing ODA in the health sector.

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