



# Transforming Health Policy in Benin: A Post-COVID Agenda for Equity and Inclusion

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## Executive Summary

Benin's health sector has evolved through successive reforms shaped by colonial legacies, post-independence ideals, structural adjustment, and more recently, targeted interventions. While these efforts have sought to expand access and improve the health of the citizens of Benin, they have often been poorly designed or implemented, resulting in persistent and sometimes deepening inequalities, especially for women, children, and rural communities. Research conducted as part of the Gender Equitable and Transformative Social Policy for Post-COVID-19 Africa project found that during the colonial era health services prioritised Europeans and military personnel, introducing Western medicine but creating structural inequalities in access. In the post-independence period, governments expanded free healthcare and disease control measures, yet regional and socio-economic disparities persisted due to weak sustainability and quality. As a result of the structural adjustment reforms and the Bamako Initiative, cost-sharing and partial privatisation measures were introduced, making access to quality care largely unaffordable for the poor, particularly women and rural dwellers. In recent times, however, free healthcare policies have targeted pregnant women and children but disproportionately benefited wealthier households.

Also, efforts toward universal health insurance remain fragmented and under-resourced, perpetuating inequities. So, despite political commitment and donor support, health policies in Benin have reinforced rather than reduced inequalities. The most vulnerable populations continue to face barriers to quality care, while institutional and financial weaknesses undermine progress toward equitable and inclusive health coverage. To move towards a more inclusive, gender-sensitive, and equitable health system in the post-COVID era, we recommend the following actions:

- Policymakers and legislators should ground reforms in evidence, strengthen legal frameworks, and address regulatory gaps to ensure women's health needs are met.
- The Ministry of Health should develop effective multisectoral coordination, strengthen institutional capacities, and put in place robust monitoring and evaluation systems.
- The Ministry of Finance and Development Partners should increase health expenditure, prioritise women and rural populations in spending, and promote sustainable financing mechanisms.

## Introduction

Over the past two decades, a series of overlapping crises have deeply affected the social fabric and public institutions of many African nations such as Benin. The legacy of the 1990s Structural Adjust-

ment Programmes (SAPs), which were characterised by stringent austerity measures, left lasting scars on public welfare systems, contributing to widespread socio-economic decline.

These policies, often externally imposed and poorly adapted to local realities, triggered a deterioration in living conditions and fueled social unrest across the continent.

As was the case in other countries, the COVID-19 pandemic compounded existing vulnerabilities in Benin, disrupting livelihoods, deepening inequalities, and exposing the fragility of the country's health and social systems. For many communities already struggling under the cumulative weight of previous crises, COVID-19 magnified existing disparities and underscored the urgent need for stronger, more inclusive social policies.

Against this background, health policy emerges as of critical importance for reducing inequalities and improving universal health coverage. Yet, the trajectory of social health policies in Benin—from colonial to contemporary times—reveals persistent gaps and shortcomings. Addressing this requires not only technical solutions but also a deliberate commitment to equity, inclusivity, and gender-sensitive approaches.

This policy brief examines the evolution of Benin's social health policies, assesses their effectiveness in the face of recurring crises, and makes recommendations towards a more just and inclusive health system in the post-COVID era.

## Methodological Approach

The brief is underpinned by research conducted as part of the Gender Equitable and Transformative Social Policy for Post-COVID-19 Africa project. The primary method of data collection was an extensive documentary review, complemented by archival research. Archival materials were analysed as evidence of health-sector social policies implemented across different historical periods.

This approach allowed for a nuanced analysis of the evolution of health sector policies in Benin, tracing their ideological underpinnings, guiding principles, and defining characteristics. Through this historical lens, we identified key continuities, disruptions, and divergences in the evolution of Benin's health sector and assessed the extent to which past and present policies have addressed, or failed to address, issues of gender equity and social inclusion.

## Findings

### Key Points

- **Colonial Legacies:** Health policies under colonial rule promoted Western medicine to fight endemic diseases but entrenched deep inequalities in access to care.
- **Post-Independence Free Healthcare:** Introduced as a social investment, free healthcare services improved access temporarily but proved unsustainable, leading to declining quality and long-term benefits skewed toward the wealthy.
- **Structural Adjustment Reforms:** The introduction of direct payment under the Structural Adjustment Programmes turned access to healthcare into a privilege of the wealthy, further excluding rural populations and women.
- **Struggles with Health Insurance:** Current efforts to expand health insurance face major obstacles, including chronic underfunding and weak institutional coordination between ministries, limiting progress toward universal coverage.

### Colonial Foundations of Health Inequality (1900–1960)

During the colonial period, health policies in Dahomey (now Benin) were primarily designed to serve European settlers, military personnel, and a small group of indigenous collaborators. This led to the institutionalisation of Western medicine as the dominant healthcare model. However, this system entrenched deep inequalities in terms of who had access and where services were located, leaving the majority of the population excluded from quality care.

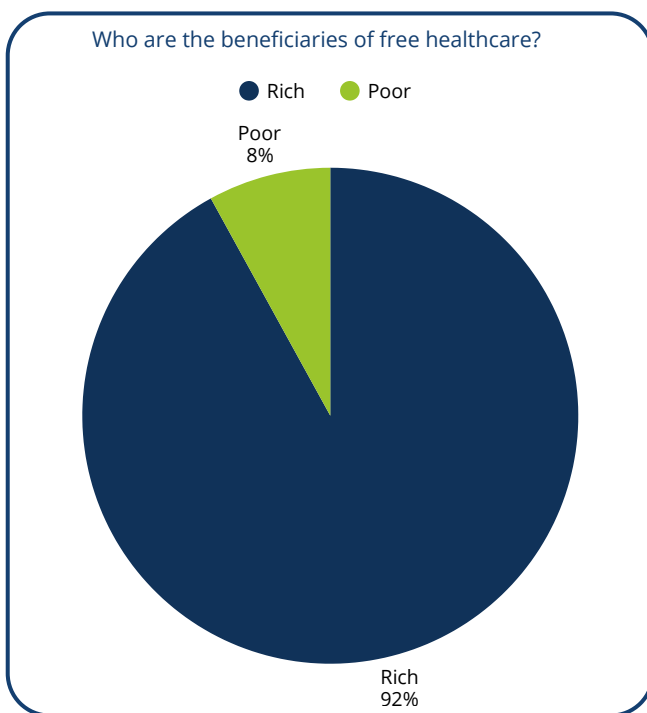
### Post-Independence Solidarity and Persistent Gaps (1960–1980)

Following independence, the government of Benin prioritised health as a pillar of national development. Efforts focused on combating tropical diseases and expanding access through free healthcare initiatives. While these measures aimed to improve public health, they lacked sustainable financing mechanisms, hence failed to ensure quality services and address deep-rooted regional disparities. Consequently, rural populations and urban poor continued to face barriers to quality care.

## The Era of Structural Reforms: Cost-Sharing and Privatisation (1980–2000)

In line with Structural Adjustment Programmes and continental reforms, Benin adopted the Bamako Initiative, which introduced cost-sharing and privatisation in healthcare delivery. These reforms marked a departure from earlier equity-focused approaches, making healthcare increasingly unaffordable for low-income groups. Women and rural dwellers were disproportionately affected, as access to essential services became contingent on financial capacity.

## Targeted Free Healthcare and Uneven Benefits (2005–Present)



Recent social policies by the government of Benin have reintroduced free healthcare for vulnerable groups, notably pregnant women and children under five. However, data from FEMHealth reveals that only 8 percent of beneficiaries are poor, while 92 percent are wealthy. Moreover, efforts to establish a universal health insurance system have faltered due to disjointed planning and the lack of a coordinated, multisectoral strategy that addresses the broader social determinants of health. Such findings suggest that free healthcare programmes are not effectively reaching the intended populations, and may inadvertently reinforce existing inequalities.

## Conclusions

Despite political and economic challenges, Benin has made commendable efforts, often with international support, to implement social health policies. However, many of these initiatives have been poorly designed or executed, leading to entrenched inequalities across geographic locations, genders, and generations. A transformative approach is urgently needed to ensure that health policies are inclusive, equitable, and responsive to the needs of the most vulnerable.

## Recommendations

Our analysis of Benin's health policies reveals gaps in legal and regulatory frameworks, inadequate financing, poor coordination across sectors, and unequal access, particularly for women, children, and rural populations. To move toward a more inclusive and equitable health system in the post-COVID era, we propose the following targeted actions:

### For policymakers and legislators

- **Ground policies in evidence:** Ensure new health policies are based on thorough situation analyses and lessons learned from past reforms.
- **Strengthen the legal framework:** Develop and adopt laws and regulations before programme implementation to clearly define objectives, strategies, stakeholder roles, and performance indicators.
- **Close regulatory gaps:** Ensure women's health needs—including reproductive and maternal health—are fully covered in legal provisions.

### For the ministry of health and related agencies

- **Enhance coordination:** Establish effective multisectoral coordination mechanisms that bring together relevant ministries.
- **Strengthen institutional capacity:** Build the technical and managerial capacities of health institutions to support integrated policy implementation.
- **Improve monitoring systems:** Set up robust monitoring and evaluation frameworks to track progress, ensure accountability, and inform adaptive decision-making.

## For the ministry of finance and development partners

- **Increase public health financing:** Raise the share of health expenditure in the national budget and prioritise allocations toward women, children, and rural populations to reduce inequalities in access and outcomes.

- **Support sustainability:** Ensure financial strategies are designed to mobilise resources sustainably and avoid overreliance on short-term donor funding.

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