

Accelerating the Reduction of Malaria Morbidity and Mortality (ARM3) | BENIN

ARM3: Summary of Key Achievements



CONTEXT

Malaria takes an enormous toll on Benin's population and economy.

It is the leading cause of morbidity and mortality among pregnant women and children under five.

In addition, the World Bank estimates that Beninese households spend 25 percent of their income on preventing and treating malaria.

SUSTAINABLE BY DESIGN:

In 2014, ARM3 transitioned from an implementing to an advisory role.

Thanks to the vision and concerted efforts of both ARM3 and NMCP personnel, the NMCP is now in charge of implementing malaria interventions throughout Benin.



Benin's National Malaria Strategy calls for eliminating malaria as a public health threat by 2030. ARM3 was developed to measurably and significantly speed up progress toward that goal.

OVERVIEW

Donor: USAID/PMI

Period: 2011–2018

Primary objective: To assist the Government of Benin (GOB) to rapidly and significantly reduce both the number of malaria cases and malaria-related mortality as part of its efforts to bring malaria deaths to zero and eliminate malaria as a public health threat by 2030.

Main approach: ARM3 technical experts worked closely with Benin's National Malaria Control Program (NMCP) to intensify malaria interventions and surveillance at all levels, with continuous capacity-building including training, coaching and mentoring of NMCP and health-facility staff.



National implementers: National Malaria Control Program (NMCP) of Benin with technical assistance from Medical Care Development International (MCDI) and other partners.

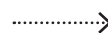
Population reached: Over 11 million—the entire population of Benin—in all 34 health zones

The bottom line:

The mortality rate from malaria plummeted.

12%

IN 2011



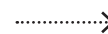
1%

IN 2017

The percentage of pregnant women who received at least two doses of IPTp tripled.

23%

PREGNANT WOMEN WHO
RECEIVED IPTp2, 2011



67%

PREGNANT WOMEN WHO
RECEIVED IPTp2, 2017

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CONCLUSION

With the support of USAID and PMI, ARM3 has enabled the NMCP to dramatically reduce malaria and malaria-related mortality rates by upgrading the country's malaria interventions in prevention, diagnostics, case management, and the supply chain. Just as important is the fact that the NMCP takes responsibility for the whole system and, with technical assistance from ARM3, is equipped to sustain and even surpass current results. Benin is on track to eliminate malaria as a public health threat by 2030.

www.mcdinternational.org



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Prevention: Malaria education, behavior change communication, and community-level interventions

- 12.3 million** bed nets distributed
- 2,384** doctors, nurses and health facility staff trained in malaria education
- 1,214** community health workers trained in malaria education
- 15** radio stations broadcast malaria messages
- 4.5 million** Beninese reached with malaria messages on the radio
- 1,456** community health workers trained in case management, including rapid diagnostic testing and when to refer patients to a health facility for severe illness

Percentage of households that received bed nets: 95.5% in 2014 and 96.6% in 2017



Estimated share of total malaria patients diagnosed



Diagnostic laboratories with reference documents on malaria



Supply Chain: The right commodities in the right place at the right time

Creation of a common pool for all malaria commodities, coupled with a training/mentoring system called "100% Supervision" led to better forecasting and continuous availability of both rapid diagnostic tests (RDTs) and malaria treatments (ACTs). Improved use of the Logistics Management Information System (LMIS) was also instrumental, as was using average monthly consumption for annual quantification.

Private Sector: An estimated 65% of Beninese seeking treatment for malaria visit private health facilities, many of them informal. With ARM3, the National Malaria Control Program began to bring these facilities into alignment with the standards, reporting systems, training and even subsidized commodities used in private health facilities to ensure better quality and availability.

- 404** private health care practitioners trained in case management and the Logistics Management Information System (LMIS)
- 145** private health facilities accredited by the NMCP
- 102** private health facilities complied with pricing, stock management, case management and reporting guidelines as of 2018