

General Country Information:

The Republic of Benin is located in western Africa, and borders Burkina Faso, Niger, Nigeria and Togo with a south coast along the Atlantic Ocean. Benin is divided in 12 departments and 77 communes. Porto Novo is the capital but the largest city and the seat of government is Cotonou (located in the department of Littoral).

Also known as the former kingdom of Dahomey, Benin became a French colony between 1899 and 1960 and gained its independence in August 1960. It was renamed The People's Republic of Benin in 1975 under a Marxist government that was to last until 1980. Benin is nowadays a multiparty republic.

During late April 2005, following a presidential election held in a tense climate, clashes in Lomé (Togo) lead to the exodus of 25 000 Togolese to Benin. The refugees lived both in local communities (15 000) and in camps (10 000 in Come and Lokossa). The camp in Come closed in August 2006, however the one in Lokossa remains open with an estimate of 6,000 refugees as of August 2007.

Benin's Human Development Index is 134 over 179 (2010). It is located in the meningitis belt and suffers from regular outbreaks of meningococcal disease.

Cholera Background History:

The first cholera outbreak in Benin was reported when the current pandemic hit the African continent in 1970.

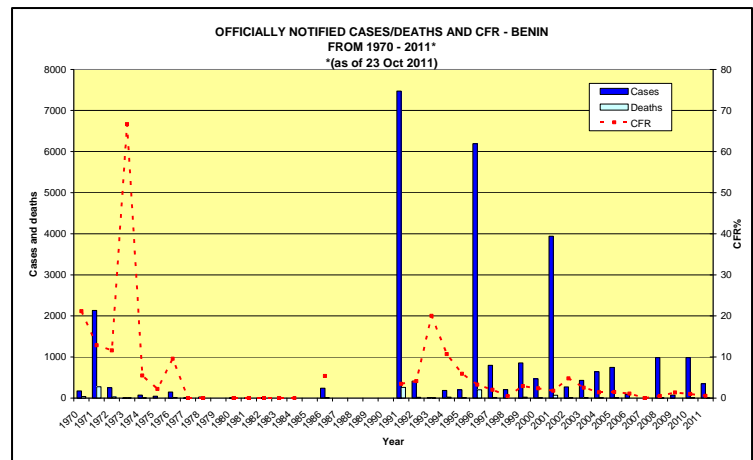
Major outbreaks occurred in 1991, 1996 and 2001. In 1991, the largest outbreak in the country accounting for 7 474 cases and 259 deaths (case fatality rate of 3.47%) was reported. In 1996, 6 190 cases and 203 deaths were reported (CFR 3.28%).

In 2001, an outbreak accounting for 3 943 cases and 71 deaths (CFR 1.8%) was recorded. The outbreak started in July in the department of Borgou which reported 732 cases and 43 deaths during the first 3 weeks. The epidemic further spread in the departments of Zou (18 cases between 30 July and 5 August 2001) and Atlantique.

In 2005, between 1 January and 13 November, a total of 749 cases including 11 deaths (CFR 1.46%) were reported from 5 departments out of 12: Atlantique, Littoral, Mono, Ouémé and Zou. The outbreak started in Cotonou in June. By August it had spread to the department of Ouémé and by September Zou was also affected. Cotonou and its closest department Atlantique reported most of the cases (510), Zou reported 106 cases, Mono and Ouémé reported respectively 17 and 73 cases with no death.

Communications between Cotonou and the departments of Atlantique, Ouémé and Zou involve both the rivers and roads.

In 2006, Benin reported 91 cases and 1 death (CFR of 1.1%) in the south of the country (departments of Mono, Atlantique and Ouémé) and in 2007, no cholera case was reported.

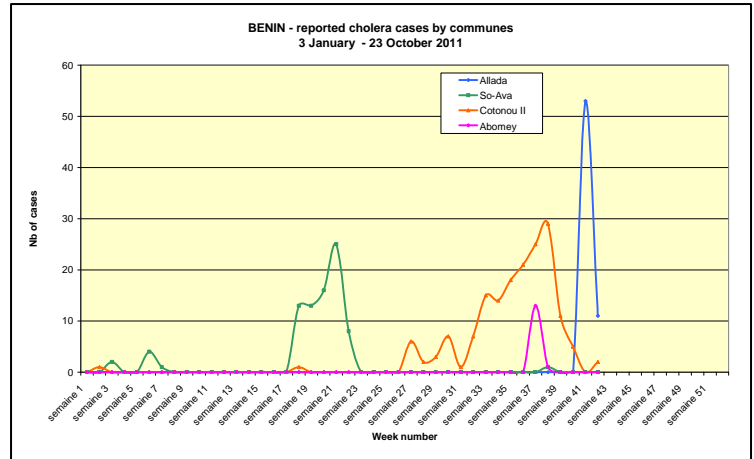
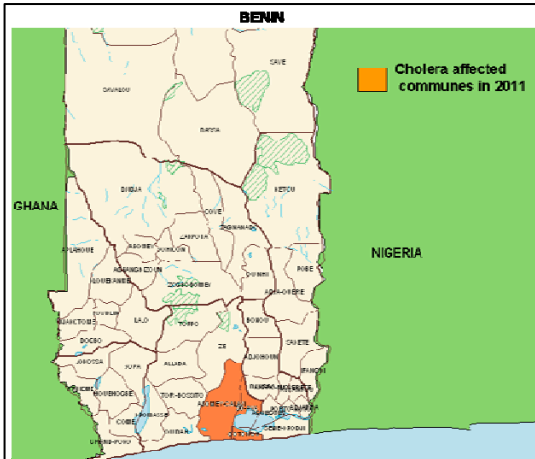


During 2008, Benin reported 985 cases including 5 deaths, (CFR 0.51%). As of 15 September, Atlantique department reported 469c and 2d, and 20 cases were reported in Ouémé.

In 2009, Benin reported 74 cases including 1 death from the commune of Athiémé in the Mono department.

In 2010, Benin reported 983 cases including 8 deaths. Cases were reported from Atlantique (>800 cases) during 2 epidemics : from January to mid-April and from end of June to end of the year. In Ouémé, the outbreak was reported in January 2010.

As of 23 October 2011, Benin reported 350 cases including 2 deaths (CFR 0.57%). The majority of cases (95%) were reported from the Atlantique department (communes of Allada and So-Ava) and Littoral department (Cotonou II). 15 cases were reported from the department of Zou.



MoH-WHO Support Actions in 2005:

- Community mobilization to improve hygiene conditions
- Chlorination of water wells
- Free case management and treatment of patients

Demographic and Socio-Economic Data: Sources for Document: WHO, UN (MDG), UNHCR, UNICEF, UNDP

Geography	Total surface	112 622 km ² (coastline of 121km)
	Capital	Porto Novo (population in Porto Novo: 4 799 432)
	Departments	12
	Official Language	French
Environment	Climate	Hot and humid
	Rainy season	April-July and September-November but relatively little rain
	Floods and droughts	Inadequate supplies of potable water; poaching threatens wildlife populations;
	Desertification	Deforestation; desertification
Demographics	Natural resources	Small offshore oil deposits, limestone, marble, timber
	Population	8 935 000
	Religions	30% Christian, 20% Muslim and 50% indigenous religions
	Ethnic groups	Fon 39.2%, Adja 15.2%, Yoruba 12.3%, Bariba 9.2%, Fulani 7%, Ottamari 6.1%, Yoa-Lokpa 4%, Dendi 2.5%, other 1.6% (includes Europeans)
Economy	Migrants	7000 refugees mostly from Togo (as at January 2011)
	Industry	Textiles, food processing, construction materials, cement
Health Indicators	Farming	Cotton, corn, cassava (tapioca), yams, beans, palm oil, peanuts, cashews; livestock
	Per capita total expenditure on health	65 Int\$ (2009)
	Life expectancy birth (yrs)	54 (m) 60 (f) (2009)
	Under-five mortality rate (probability of dying by age 5 per 1000 live births)	118 (2009)
Communicable Diseases	<i>Food or waterborne diseases:</i> bacterial and protozoal diarrhea, hepatitis A, and typhoid fever	
	<i>Vectorborne diseases:</i> malaria, yellow fever	
	<i>Respiratory disease:</i> meningococcal meningitis (2007)	
	HIV prevalence (2005): 1.63%	
Risk Factors for Cholera	Population using improved drinking-water sources	75% (2008)
	Population using improved sanitation facilities	12% (2008)
	Chronic Malnutrition	12% (2002-2004)



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