

## Health Research for Development in Benin – a summary

Benin is situated in West Africa and covers a territory of 114,764km<sup>2</sup>. It has a population of 6.8 million, of which some 73% live in a rural environment. The economy is dominated by agriculture, with some 33% of the population living below the poverty line. The mortality rate is 15.6 per thousand and mortality among children less than 5 years of age is 116.2 per thousand. Life expectancy is at 48.7 years. Benin is considered one of the least developed countries.

During the colonial period research was based on the interests of the colonial authorities. It was focussed on epidemics and on agronomic research. Research stations were set up as early as 1904 and several followed in the next twenty years. After independence in 1960, the State paid greater attention to research. The Directorate for Scientific and Technical Research (DRST) was set up in 1976. With a view to better defining and implementing a national research policy, the National Council for Scientific and Technical Research was established in 1986, as well as the Benin Centre for Scientific and Technical Research. Certain ministries also created research structures.

The opening of the University in 1971 allowed the Faculty of Health Sciences to gradually develop health research, especially clinical research. The creation of the Institute for Public Health in 1977 and the Regional Centre for the Development of Health in 1983 contributed to research into health systems, behaviours, attitudes and practices of certain groups of the population towards certain diseases.

Serious problems of applying research findings persisted in the absence of a proper coordination mechanism, despite the creation of the Institute for Advanced Biomedical Science, which, with the support of WHO, was intended to be the reference centre for the subregion. Organizational and financial problems, however, prevented it from achieving its targets.

The adoption in 1991 of the ENHR strategy opened new horizons for health research in the country. Benin was the first francophone West African Country to adhere to the ENHR strategy. Priorities were set and structures at the national, community and district levels were put in place. Training to elaborate research protocols was also organized. But ENHR in Benin has known its ups and downs. In the mid 90s lethargy set in as a result of major constraints that contributed to a general slow-down in health research in the country. They included an insufficient number of researchers; a weak motivational system; inadequate equipment and logistics; a lack of information due to poor communications; an absence of networking and cooperation at all levels, and poor financing of health research.

Since 1998, however, ENHR has enjoyed a new lease of life in the country. The health sector is undergoing reform, based on decentralisation of administrative and financial management, the participation of the district and community levels in managing hygiene training and creating health zones to improve access to primary health care. The new national structure will be based within the Ministry of Public Health and work closely with the National Board on Scientific and Technical Research, as well as the Benin Centre for Scientific and Technical Research. Priorities have been redefined and a 10-year plan of action was drawn up. Political support appears to be on the increase through the National Strategic Plan for Health. The national budget for health increased from 3.22% in 1992 to 6.72% in 1998, although the funds earmarked for health research are still insufficient. To this national effort we must add the important contributions from various partners, such as WHO, UNICEF and bilateral aid from European and North American countries. But to date the private sector has not been encouraged to invest in the country's health research.

The development of health research suffers from the lack of adequate human resources, a lack of incentives, the brain drain, an inadequate supply of equipment and laboratories and, more fundamentally, to the absence of a national capacity development plan and poor leadership in the management of research.

The research, which is done, is seldom translated into practical applications for health care services, because of the lack of communication between researchers and research institutes, on the one hand, and policy makers and other end users, on the other. The dissemination of research findings is hindered by difficult access to specialized journals and a lack of knowledge about where and how to publish.

In general, scientific and technical research, and health research in particular, are progressively evolving in the country. There is a growing awareness of the importance and usefulness of research in the process of national development, reflected in the reawakening of interest in ENHR. The way ahead holds a number of key challenges to improve the country's research capacities, to ensure adequate research funding and to provide better government support in general. If ENHR is to succeed, there must be more advocacy at the national level and a national strategic plan, which seeks solutions in accordance with available resources.

The country, therefore, looks forward to a better development of scientific and technical research in the 21<sup>st</sup> century, especially in the health sector. The recent establishment of the Directorate for Research in Health and Development within the Ministry of Public Health augurs well in this context.