

**Contribution of Prevention Mother To Child HIV/AIDS Transmission (PMTCT) program to the local health system strengthening in the region of Atacora/Donga (Benin)**

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**Context:**

Many Global Health Initiatives have been focusing on disease control and ignored the health systems in which their programmes were working. Given the need of strong health systems for effective disease control, often goals were not reached as expected. As a result, most of the projects and programs have now adopted a “health systems strengthening” (HSS) approach in their implementation strategy.

The PMTCT programme is among the most important programmes in Benin. Even if HSS is a very new approach for this program (HSS has been integrated in the national plan only in 2012), we analyzed the contribution of the PMTCT programme to strengthening of the health system in order to learn and identify new HSS strategies for the programme, with a specific focus for the local health system level. We propose a framework to analyze HSS by disease control programmes and apply this to the district of Atacora/Donga.

**Methods:** We used the case study design, focusing on the region of Atacora/Donga in Benin as our case. We began with a literature review and developed a framework to analyze HSS, inspired by the dynamic vision of the health system (van Olmen and al. 2012) and reflections of Van Damme and al. 2011 (1) and Marchal and al. 2011 (2). Our framework is based on three main scenarios (“Do no harm”; “selective health system strengthening” and “comprehensive health system capacity strengthening”). We set out with five hypotheses of HSS by disease control programmes.

**Results:** The literature reviews showed that there is little documented evidence of HSS by PMTCT programmes in countries like Bénin. We found that in our case, most PMTCT interventions led to situations of “do no harm” and “selective health system strengthening”. These results don’t surprise because the programme did not priorities HSS until 2012. Our results, however, point to some gaps in the current HSS approach adopted by the programme since 2012. We noted a considerable lack of data at operational level.

**Conclusion:** We recommend the Benin HIV/AIDS Control Programme to improve collaboration with health district teams, other programmes and services and to strengthen the governance capacity at all levels of health system as a condition for its new vision of the HSS to go beyond selective HSS.

**References:**

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