

Assessing Gender intentionality of health financing reforms: findings from the design and implementation of AM-ARCH in Benin

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Executive Summary

Benin launched L'Assurance Maladie pour le Renforcement du Capital Humain (AM-ARCH) as a comprehensive social protection program with social health insurance as one of anchor programs, this was aimed at strengthening equity. By targeting the informal sector, this program seeks to close long-standing gaps in access, strengthen human capital, and reduce vulnerabilities due to poverty and illness. At its core, the program is designed to ensure that no group especially those historically excluded from formal systems is left behind in the pursuit of universal health coverage and social protection.

To position the AM-ARCH health insurance scheme as one that truly reduces health inequalities from a gender lens, we recommend the following; mandate comprehensive gender analysis to provide evidence that informs the design of the health benefit packages and strengthens the implementation strategies, ensuring they address not only the population health needs but also the socio-economic realities across genders; adopt and enforce gender responsive budgeting principles as a proactive measure to guarantee gender equity; strengthen gender inclusive governance across the different levels of decision-making and oversight; optimize gender-sensitive monitoring and evaluation that goes beyond foundational sex-disaggregated data to incorporate gender equity indicators and accelerate continuous progress towards achieving gender equity for all.

Background

Despite this noble goal, AM-ARCH health insurance, as currently designed and implemented, lacks explicit gender intentionality. This poses significant risks to its ability to reduce the existing health systems inequalities. However, like many health financing reforms in sub-Saharan Africa (SSA), its design and implementation overlooked critical gender dimensions. Persistent inequalities threaten to undermine the scheme's gender equity goals. With 38% of Benin's population living below the poverty line and maternal disorders remaining the leading cause of death for women of reproductive age, gender-intentional policies are essential for achieving meaningful UHC.

This policy brief examines a critical gap, the lack of systematic gender intentionality in AM-ARCH's design and rollout. Drawing on original research conducted during the scheme's pilot phase, we demonstrate how gender-blind approaches risk reinforcing the existing health disparities. Our analysis provides actionable solutions to ensure AM-ARCH revisits its promise of equitable coverage for all Beninese citizens, aligning it with both national gender policies and global UHC commitments. The brief's objective is to stimulate immediate policy action by presenting evidence-based strategies for embedding gender intentionality at all levels of health financing reform.

Benin at a Glance

- ▶ Population (Source; World-Bank,2024): **14,462,724**
- ▶ Gross Domestic Product (GDP) per capita (Source; World-Bank,2024): **\$1,485.4**
- ▶ Poverty headcount at \$2.15/day: **38%**
- ▶ Poverty headcount ratio at \$3.00 a day (2021 PPP) (% of population) - Benin (Source; World-Bank,2021): **27.2%**
- ▶ Life expectancy at birth (Source; World-Bank,2023): **61 years**
- ▶ Current health expenditure (CHE) per capita (Source; World-Bank,2022): **\$105.52**
- ▶ Domestic government expenditure as % of CHE (Source; World-Bank,2022): **19.24%**
- ▶ Out-of-pocket expenditure as % of CHE (Source; WHO,2022): **42.50%**
- ▶ External expenditure as % of CHE (Source; WHO,2022): **32%**

Methodology

This policy brief is based on a study that employed a descriptive single case study design to examine the application of gender intentionality in the design and implementation phases of the AM-ARCH health insurance scheme. Data collection took place between August and December 2024 and included 50 document reviews and 8 key informants' interviews. Additionally, a stakeholder workshop was conducted at the end of the data collection stage to validate the reliability of the findings. Data analysis was guided by a co-created analytical framework, inspired by the Gender-Responsive Assessment Scale framework, the International Union for Conservation of Nature's gender-responsive criteria for assessing gender intentionality in Nationally Determined Contributions, and from the Strategic Purchasing Africa Resource Center Strategic Health Purchasing progress tracking framework.

Findings/Results

AM-ARCH has yet to fully integrate gender considerations into its framework, which may limit its effectiveness and uptake. In its current state, AM-ARCH would benefit from gender analysis to course correct its implementation. Then the funding stream, separate for each gender, could be linked to measurable equity outcome such as maternal mortality rate.

The integration of gender considerations into the AM-ARCH scheme is not merely policy compliance. It is a strategic approach to enhance its effectiveness and adoption. The findings from this study offer evidence that can be used to fast track the implementation of gender intentional policies. As next steps actions we suggest to AM-ARCH agency to:

1. **Mandate comprehensive gender analysis** to provide evidence that informs the design of the health benefit packages to account for women, girls and boy's health and strengths the implementation strategies ensuring that it addresses not only the population health needs but also the socio-economic realities across genders.
2. **Adopt and enforce gender responsive budgeting principles** as a proactive measure to guarantee gender equity; strengthen gender inclusive governance across the different levels of decision-making and oversight.
3. **Optimize gender-sensitive monitoring and evaluation** that goes beyond foundational sex-disaggregated data to incorporate gender equity indicators and accelerate continuous progress towards achieving gender equity for all.
4. **Position Benin as a regional leader on gender intentional UHC model** by sharing its experience on west African regional platforms

Conclusion

Achieving meaningful UHC requires gender-intentional policies, especially given that maternal disorders remain the leading cause of death for women of reproductive age in Benin. The integration of gender considerations is not merely policy compliance but a strategic approach to enhance AM-ARCH's effectiveness and adoption. To position AM-ARCH as a scheme that genuinely reduces health inequalities, immediate policy action is required. By embedding gender intentionality at all levels of health financing reform, Benin can ensure that AM-ARCH delivers on its promise of equitable coverage for all citizens, aligning with national policies and global UHC commitments.

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