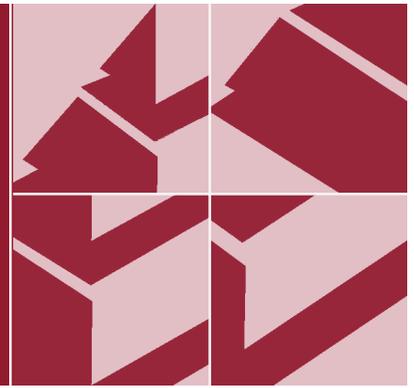




Partners for Health Reform *plus*

PHR *plus*

in brief en bref en breve



The Potential for Community-Based Health Financing Schemes to Address HIV/AIDS Needs in Sub-Saharan Africa

With varying degrees of “success,” Community-Based Health Financing (CBHF) schemes (Mutual Health Organizations or MHOs in West Africa) have taken hold in sub-Saharan Africa as a community response to meet critical community health care needs.

CBHF schemes are voluntary associations. Members make regular contributions into a common fund to pay for health services. Members also determine the services covered by a scheme and the contribution rate. When the schemes develop from community groups, they often make contracts with providers for services at agreed prices. Schemes begun by provider facilities invite community members to join.

The growing movement of CBHF schemes has arisen in response to the need to develop alternative financing mechanisms to improve access, quality, efficiency, and equity in health care services. PHR*plus*' examination of CBHF schemes as a potential mechanism for

meeting HIV needs goes along with recent trends to promote a more active role for community-based organizations. As the WHO Commission on Macroeconomics and Health reported, “community financing is effective in reaching a large number of low-income populations who would otherwise have no financial protection against the cost of illness.” (Jakab and Krishnan 2001).

Curbing the HIV/AIDS epidemic has become one of the most urgent health care needs in the same countries where the CBHF movement is growing rapidly. HIV/AIDS poses many problems for these communities due to the dynamic nature and pattern of the disease's transmission, the complexity of treatment regimens, the challenges of prevention, and the costs of delivering HIV/AIDS services.

PHR*plus* has developed a “thought piece” that examines the suitability of CBHF schemes in meeting critical HIV/AIDS needs in sub-Saharan Africa and suggests potential topics for further in-

Jakab, Melitta and Chitra Krishnan. October 3, 2001. *Community Involvement in Health Care Financing: Impact, Strengths and Weaknesses: A Synthesis of the Literature*. Washington, DC: World Bank.

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vestigation. The paper provides a preliminary, descriptive, limited review of existing information on the efforts by CBHF schemes in sub-Saharan Africa to address HIV/AIDS either implicitly or explicitly. Findings are based on an inventory of schemes in Uganda, Tanzania, Kenya, and Rwanda and a survey of MHOs in Ghana and Senegal.

The paper finds that CBHF schemes know little about the prevalence of HIV in their membership pool and little about the impact that HIV/AIDS is having on their members. Certain surveyed schemes implicitly cover the costs for HIV-positive patients in that they cover all health care expenses up to a certain sum of money regardless of specific disease. Other schemes refer those perceived as having HIV/AIDS to national AIDS control programs. In general, CBHF schemes do not specifically cover HIV/AIDS services, but some do encourage prevention through activities such as Information, Education, Communication sessions and health education and outreach. Those schemes that do offer some coverage for HIV/AIDS services, such as Chogoria Hospital in Kenya, cap the benefits and limit the amount of services available. Many MHOs in Ghana and Senegal work in collaboration with NGOs and providers supported by the national AIDS control programs. They refer HIV/AIDS patients to the NGOs, encourage HIV testing, and provide health education and AIDS prevention information at the provider and/or scheme level.

One potential for these schemes is that they may be able to contract with home-based care agencies for HIV/AIDS patients, as the schemes have experience with contracting with providers. In terms of weaknesses, the costs of HIV/AIDS services could threaten the financial sustainability of CBHF schemes and the schemes' ability to provide quality health services to those living with the disease. As community organizations, CBHF schemes face limitations in their ability to handle complex management challenges. Hence, they may not be ready to contract with multiple types of providers (e.g., the usual curative care providers and home-based care groups) and the monitoring and evaluation requirements for such contracts.

Based on the schemes studied, this paper recommends two areas for further research and investigation:

1. Conduct research to examine whether it is feasible and/or desirable for international donors and governments to contract with CBHF schemes in order to pay for the provision of HIV/AIDS services; and
2. Explore various aspects of incorporating HIV prevention, care, and support services into benefits packages of CBHF schemes and investigate whether and how the experience of some CBHF schemes in linking up with NGOs providing HIV/AIDS services might be expanded.

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