Kenya

Tanzania

Zambia

Mozambique

Malawi

Tanzania

Community Health Fund (CHF) is a voluntary pre-payment scheme that is funded by household contributions which are matched by the government.
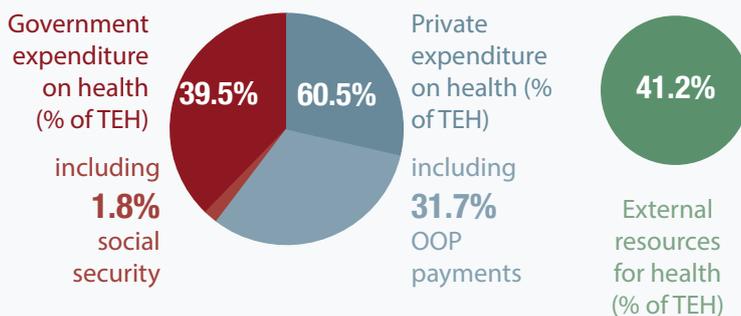
Key information

45m
Population[1]

$530
GDP per person[1]

7.3%
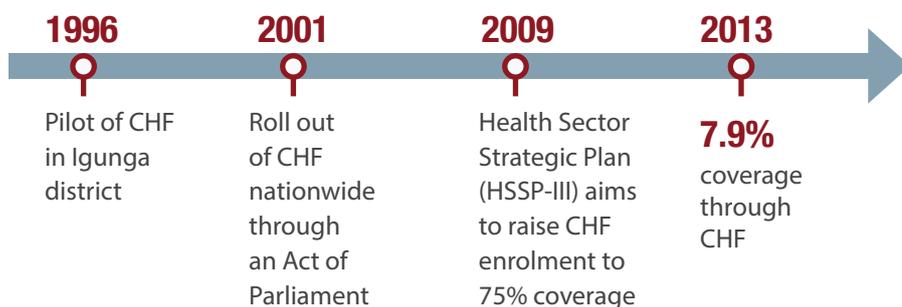Total expenditure on health (TEH) as % of GDP[2]

Health indicators

59 years
Life expectancy[2]

54
<5 mortality rate per 1,000 live births[3]

460
Maternal mortality ratio per 100,000 live births[2]

Sources of health financing[2]

Government expenditure on health (% of TEH)

including **1.8%** social security

39.5% **60.5%**

Private expenditure on health (% of TEH)

including **31.7%** OOP payments

41.2%

External resources for health (% of TEH)

Source: [1]UNdata, 2010; [2]WHO, 2011; [3]WHO, 2012

Evolution of CHF

1996
Pilot of CHF in Igunga district

2001
Roll out of CHF nationwide through an Act of Parliament

2009
Health Sector Strategic Plan (HSSP-III) aims to raise CHF enrolment to 75% coverage

2013
7.9% coverage through CHF

Plans to improve coverage

• Harmonise management and administration of CHF with the National Health Insurance Fund (formal sector scheme).

• Engage non-government providers to improve service availability.

• Increase investment in primary health care.

• Introduce facility bank accounts.

• Develop a national health financing strategy.

Measures to cover the informal sector: Community Health Fund

Population coverage

• The CHF covers approximately 7.9% of the population, although coverage varies across districts.

• Membership is voluntary and managed at the district level.

Service coverage

• Households register at one primary health care facility of their choice and access is limited to this facility.

• Variations across districts, e.g. some include district hospitals.

• CHF funds are mainly used by facilities to purchase drugs and supplies and for renovations.

Cost coverage

• Financed through household contributions (between US$4.2 and US$12.7 per year), as agreed by members of the community.

• The government matches members' contributions by 100%.

• CHF have high administration costs (approx 30% of revenue).

Targeting the poor

• The CHF targets the poor and those living in rural areas.

• The idea is that households can pre-pay for health care during harvest time and use services throughout the year.

• Waivers for the poor, although in practice this rarely happens partly because of difficulties in identifying the poor.