**Topic**

ASSESSMENT OF THE FEASIBILITY OF COMMUNITY=BASED HEALTH INSURANCE (CBHI) SCHEME FOR FINANCIAL RISK PROTECTION IN THREE AFRICAN COUNTRIES: A SYSTEMATIC REVIEW

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**Abstract**

**Background, Aim and Objective:** *Of all the risks facing poor households, health risks pose the greatest threat to their lives and livelihoods. One of the ways that poor communities manage health risks, in combination with publicly financed health care services, is community-based health insurance scheme (CBHI). Health care financing through CBHI is a growing concept in the sub-Saharan Africa, and this study has the objective of assessing the effectiveness of three of these schemes to see if they improved access to health care and reduced financial burden for their members in the case of illness and if they stabilized members incomes and helped to preserve assets when they fall sick.*

**Methods:** To enable this systematic review, studies of primary data with proven concerns for methodology and design were selected which included enrolment in the community-based health insurance scheme and how much they performed in providing financial risk protection to members in times of need in Africa. **Data identification:** The following databases were searched: Google Scholar, Pub-Med, and Embase/Medline. **Selection criteria:** The inclusion criteria for studies for review include: 1) clear reasons for the establishment of the CBHI; 2) the effectiveness of the programme as a financial risk protector in times of need among others. **Extraction of Data for Analysis:** Using a data extraction form adapted from Greenhalgh *et al* (2005), the selected studies were summarized based on their study design, the research questions, and the research context on coverage, findings and validity of their conclusions. The electronic search yielded 521 references. Papers merited their full scrutiny after the consideration of their title and abstract. Of the articles identified as potentially relevant to the research questions, 41 were reviewed which consequently produced 3 papers *from the countries of Senegal, Rwanda and Nigeria* that met all the inclusion criteria.

**Results:** *The results of the review were mixed. Results seem to confirm the researchers’ hypothesis that community-financing through pre-payment and risk-sharing reduces financial barriers to health care. The ‘‘upper income’’ strata tend to participate more than the average group, for inability to afford the required insurance premium. Limited coverage offered by the schemes constitutes a threat of catastrophic illness, which is enough to drive individuals and families into poverty.*Improving on the acceptability of community-based health insurance (CBHI) which expands enrolment and broader risk pools must be considerate factors to enable implementation and sustainability.