## Faith based health providers are less affordable to access for PLHIV, a comparative study from North Tanzania

**Background:** The third sustainable development goal emphasizes on improving individual’s access to needed health services and protecting them from financial catastrophes and impoverishing health care costs. While access to HIV care is a complex concepts that interact with different socio-economic factors, little is known on how these may differ between different health providers. Faith based health providers(FBHP) represent an important source of care for all socio-economic groups especially for those in the rural areas due to their affordability, availability and acceptability. This study investigated the relationship between health facility ownership and access to HIV care in Northern Tanzania.

**Methods:** We conducted a patient-cost study in two purposively selected HIV/AIDS care and treatment centers, a faith-based and a state-owned. A total of 618 clinic exit interviews were conducted; 336 from the faith-based health facility and a total of 282 from the public hospitals. Three dimensions of access (affordability, acceptability and acceptability) were evaluated using patient exit interviews. We then compared the three access dimensions according to the health provider using the Pearson x2 , Fischer exact and Mann-Whitney U tests were appropriate.

**Results:** Only 22% of the participants had any form of health insurance cover with a larger proportion in the FBHP (109 [32.4%] vs 27 [9.6%], P = 0.000). The total direct costs paid to the hospital per visit was high in the FBHP ($ 1.6[SD 1.4] vs $ 0.1[SD 0.8], P = 0.000) with a slightly larger proportion of participants from the FBHP suffering catastrophic health expenditures from direct costs paid out of pocket compared to those from PH at a 10% threshold (115 [34.2] vs 86 [31%] P= 0.324).60% (97/336) of the participants with chronic illness in the FBHP received care from the same clinic compared to 37% (43/282) from the public hospital. Most of the participants 546 [82.4%] had never experienced negative judgement from the health workers and there was no difference between the providers (282 [83.9%] vs 227 [80.5%] P= 0.136).

**Conclusion:**

FBHPS are generally less affordable compared to public providers with high costs of services and access, although this is more complex when assessed closely. Services for chronic diseases other than HIV/AIDS were readily available in the FBHP.Contrary to previous notions, both providers have high level of acceptability. Interventions and policies addressing access barriers need to concentrate on health provider’s models of access that protect patients from high out-of-pockets and catastrophic health expenditures.