

The impact of Mutual Health Insurance schemes on access to prevention and treatment services for HIV/AIDS positive patients in rural Boyo, Cameroon

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Abstract

Background: Limited financial resources impede access to healthcare services especially for the rural poor including people living with HIV/AIDS (PLWA) in Boyo. Although PLWA have access to free antiretroviral therapy (ART), they still have to pay for a number of treatment related services whose cost deprives many of them from obtaining ARTs. The Boyo Mutual Health Organization (BMHO) is an insurance scheme created in 2007 to enhance access to quality healthcare services by reducing heavy expenditures for the local population including PLWA. Considering the fact that PLWA need regular care, the objectives of this study were to investigate the impact of the scheme on prevention and treatment services for PLWA, uncover the challenges likely to compromise benefits and to explore the reasons why despite the outstanding benefits, some PLWA have not joined the BMHO.

Method: A qualitative study was conducted in the Catholic Hospital and community of Njinikom between October, 2012 and May, 2013. Guided by the purposive sampling theory, in-depth interviews were conducted with PLWA (n=21), nurses (n=5), expert patients (n=03) and BMHO scheme operators (n=03). Additionally, two focus group discussion sessions were conducted with 6 men and 6 women recruited from two single sex support groups for PLWA. The data was transcribed and analyzed using content analysis. Ethical approval for the study was obtained from the Cameroon Bioethics Initiative (CAMBIN) and informed consent was obtained from individual participants

Results: PLWA who are updated members of the BMHO are benefiting from regular prevention counseling services, increased status acceptance and disclosures leading to lesser stigmatization. It also led to an increase in the rate of preservatives, prevention of mother to child transmission, increased willingness to do the CD4 count test, avoidance of risky behaviors like smoking, alcoholism and unprotected sex. Regarding treatment, updated members, besides the general package, benefit additionally from free monthly consultation, one free CD4 count test annually and free laboratory test for opportunistic infections. These benefits have increased treatment adherence,

reduced infections and triggered an influx of patients to treatment centers. The challenges include; persistent ruptures of stock of ARTs, for the past six months, limited finances of patients and some undisciplined behavior of patients. Some patients have not joined BMHO due to lack high cost of registration, ignorance, lack of trust and influences from cultural beliefs and practices.

Conclusion and Recommendation: Prevention and treatment services are made more accessible for PLWA who are active members of BMHO than their peers who are non members and lack the necessary finances to seek care. However, educating PLWA and the rest of community members on the importance of becoming a member of the BMHO has to be intensified, while a sustainable financing mechanism for the scheme has to be designed and implemented. The government has to honor its commitment to ensure uninterrupted universal access to ARTs for PLWA given that the scarcity of these drugs is a gross violation of the health rights of patients.

Keywords: Mutual Health insurance, Access, Prevention, Treatment, PLWA, Cameroon