



“Community solidarity for quality health”

COMMUNITY-BASED HEALTH FINANCING IN UGANDA

Status, Evolution, Current Landscape,
and Future Perspectives



Prepared by
Save for Health Uganda (SHU)

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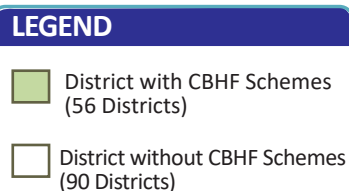
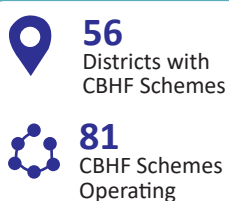


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The status report

Report Title

Community-Based Health Financing in Uganda: National Status Report 2026

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1. Executive Summary

Uganda has made significant progress in developing Community-Based Health Financing (CBHF) as a complementary mechanism for improving financial protection and access to healthcare, particularly for populations outside formal health insurance arrangements. Over nearly three decades, CBHF has evolved from the first pilot scheme established at Kisiizi Hospital in 1996 into a diverse national landscape involving communities, healthcare providers, civil society organizations, government institutions, and development partners.

CBHF enables individuals and households to contribute to healthcare costs through voluntary prepayment and risk pooling before illness occurs. Uganda's experience demonstrates its potential to reduce reliance on unpredictable out-of-pocket payments, strengthen community participation, improve access to healthcare services, and enhance partnerships between communities and healthcare providers.

The current CBHF landscape comprises 81 schemes operating in 56 districts and providing financial protection to 146,277 people through 118 healthcare facilities. While scheme numbers and geographic coverage have expanded from 57 schemes in 37 districts in 2022, population coverage declined from 164,094 to 146,277 people, highlighting persistent challenges in member enrolment, retention, affordability, and scheme sustainability. The sector includes three main models: member-managed, healthcare provider-managed, and third-party-managed schemes.

Important progress has been made in strengthening the policy environment for CBHF. Growing recognition within national health financing reforms and the development of the Ministry of Health Draft Community-Based Health Financing Guidelines provide opportunities to improve governance, coordination, standardization, and integration of CBHF within Uganda's health financing system.

Despite this progress, CBHF coverage remains limited relative to national need. Key challenges include small risk pools, irregular premium payments, affordability constraints, limited reserves, governance and management capacity gaps, fragmented implementation, and limited evidence generation. Addressing these challenges will require stronger institutional systems, improved digital information management, innovative financing approaches, and coordinated action among stakeholders.

Uganda's experience demonstrates that CBHF is not a substitute for national health insurance or public health financing, but an important complementary mechanism for extending financial protection to underserved populations. With continued policy support, stronger institutional capacity, sustainable financing approaches, and effective partnerships, CBHF can make an increasingly important contribution to equitable access to healthcare and Uganda's progress towards Universal Health Coverage.

2. Community-Based Health Financing in Uganda: 2026 Status at a Glance

Indicator	Current Status
Years of CBHF experience in Uganda	30 years (since 1996)
CBHF schemes identified	81 schemes, an increase from 57 in 2022
Districts with CBHF schemes	56 districts out of 146 districts in Uganda, an increase from 37 districts in 2022
People currently covered	146,277 people, a decrease from 164,094 in 2022
Healthcare facilities providing services to CBHF schemes	118 facilities
CBHF management models	3 models: member-managed, healthcare provider-managed, and third-party-managed
Member-managed schemes	6 schemes covering 15,051 people
Healthcare provider-managed schemes	73 schemes covering 125,605 people
Third-party-managed schemes	2 schemes covering 5,621 people
First CBHF scheme in Uganda	Kisiizi Hospital Community Health Insurance Scheme (1996)
National CBHF coordination platform	Annual National Community Health Financing Conference hosted by Save for Health Uganda
National policy milestone	Ministry of Health Draft Community-Based Health Financing Guidelines (2026)
Main contribution of CBHF	Expanding financial protection, reducing reliance on out-of-pocket payments, and improving access to healthcare

3. Introduction

Achieving Universal Health Coverage (UHC) requires health financing systems that enable everyone to access needed healthcare services without financial hardship. In Uganda, where most people work in the informal sector and out-of-pocket payments remain a major source of health financing, expanding financial protection continues to be a national priority.

Community-Based Health Financing (CBHF) has become an important complementary mechanism for improving financial protection, particularly for populations not covered by formal health insurance. Through voluntary prepayment, risk pooling, and partnerships with healthcare providers, CBHF has helped households access healthcare while promoting community participation, solidarity, and shared responsibility.

Over nearly three decades, CBHF in Uganda has evolved from a single pilot scheme into a diverse landscape of member-managed, healthcare provider-managed, and third-party-managed schemes supported by healthcare providers, civil society organizations, faith-based institutions, communities, government, and development partners. This experience has generated valuable lessons on governance, healthcare provider partnerships, digital innovation, resource mobilization, and sustainability, while informing national discussions on health financing reforms.

This report provides an updated overview of the status of Community-Based Health Financing in Uganda. It reviews the evolution of CBHF, describes its current landscape and management models, examines the policy and institutional environment, highlights emerging opportunities and challenges, and outlines the contribution of Save for Health Uganda (SHU) to advancing community-based health financing. The report is intended to inform policymakers, government institutions, development partners, healthcare providers, researchers, civil society organizations, and other stakeholders supporting Uganda's progress towards Universal Health Coverage.

4. Understanding Community-Based Health Financing

Community-Based Health Financing (CBHF) refers to voluntary financing mechanisms through which individuals, households, and communities mobilize, pool, and manage financial resources to improve access to healthcare while reducing the financial burden of illness. In Uganda, CBHF has evolved over nearly three decades as a practical response to the healthcare financing needs of populations—particularly those in the informal sector—with limited access to formal health insurance.

The most common form of CBHF in Uganda is Community Health Insurance (CHI), also known as Community-Based Health Insurance (CBHI). Under this model, members make regular contributions before illness occurs, creating a pooled fund that finances an agreed package of healthcare services through contracted healthcare providers. By replacing unpredictable out-of-pocket payments with prepayment and risk pooling, CHI improves financial protection and access to healthcare.

Uganda's CBHF landscape comprises three main management models: member-managed schemes, healthcare provider-managed schemes, and third-party-managed schemes. Although these models differ in governance, financing arrangements, and operational structures, they share the common objective of improving financial protection through collective resource mobilization and risk sharing.

Across these models, CBHF schemes generally share the following characteristics:

- Voluntary membership;
- Regular prepayment of premiums or contributions;
- Pooling of financial resources and health risks;
- Defined healthcare benefit packages;
- Contractual partnerships with accredited healthcare providers;
- Transparent governance and accountability mechanisms; and
- Shared responsibility among members, scheme managers, healthcare providers, and other stakeholders.

Unlike commercial health insurance, which is primarily market-driven, CBHF is founded on the principles of solidarity, mutual support, and community participation. Beyond financing healthcare, many schemes have strengthened community engagement, improved relationships between communities and healthcare providers, and promoted greater local ownership of health services.

Uganda's experience also demonstrates that successful CBHF extends beyond premium collection. Long-term sustainability depends on effective governance, competent management, adequate risk pooling, sound financial management, reliable information systems, strong healthcare provider partnerships, and a supportive policy environment. These factors have become increasingly important as CBHF has expanded and matured.

5. Historical Evolution of Community-Based Health Financing in Uganda

The evolution of Community-Based Health Financing (CBHF) in Uganda reflects three decades of efforts to improve financial protection and access to healthcare, particularly for populations outside formal health insurance. From a single pilot initiative, CBHF has grown into a diverse national movement involving communities, healthcare providers, faith-based institutions, civil society organizations, government, and development partners. Its development has been shaped by changing health financing policies, institutional innovation, and lessons from implementation, positioning CBHF as an important complementary mechanism within Uganda's pursuit of Universal Health Coverage (UHC).

A. Pioneering Community Health Insurance (1996–2000)

Uganda's first Community-Based Health Insurance (CBHI) scheme was established in 1996 at Kisiizi Hospital in Rukungiri District as a Ministry of Health pilot supported by the United Kingdom's Department for International Development (DFID). Introduced to address high out-of-pocket healthcare costs and limited public financing, the scheme demonstrated that voluntary prepayment and risk pooling could improve financial protection, increase healthcare utilization, and strengthen partnerships between communities and healthcare providers.

The success of the Kisiizi model stimulated interest in similar initiatives across the country. To coordinate these emerging schemes, the Uganda Community-Based Health Financing Association (UCBHFA) was established in 1998 to promote technical support, networking, advocacy, and knowledge sharing among CBHF stakeholders.

B. Policy Change and Expansion (2001–2009)

The abolition of user fees in public health facilities in 2001 marked a significant shift in Uganda's health financing landscape. Although this improved access to public services, persistent challenges such as medicine stock-outs, resource constraints, and variable service quality meant many households continued to seek care from private not-for-profit and private for-profit healthcare providers. CBHF therefore remained relevant by enabling members to access more reliable healthcare services through contracted providers while complementing public health financing.

During this period, CBHF expanded beyond hospital-based schemes through partnerships involving healthcare providers, faith-based institutions, civil society organizations, and development partners. Organizations such as Save for Health Uganda (SHU), Health Partners Uganda, Integrated Community Based Initiatives (ICOBIs), the Uganda Protestant Medical Bureau (UPMB), and the Uganda Catholic Medical Bureau (UCMB) played important roles in establishing schemes, strengthening governance and management systems, and expanding community participation.

C. Institutional Strengthening, Innovation, and Policy Recognition (2010–2019)

As CBHF expanded, attention shifted from establishing new schemes to improving their quality, sustainability, and institutional capacity. Greater emphasis was placed on governance, financial management, accountability, healthcare provider partnerships, and member confidence, while digital innovations and improved management systems enhanced operational efficiency and transparency.

A major milestone during this period was the establishment of the annual National Community Health Financing Conference by SHU, now in its eighth edition. The conference has become Uganda's principal platform for knowledge exchange, bringing together government, healthcare providers, development partners, researchers, civil society organizations, and CBHF practitioners to share experiences, strengthen collaboration, and inform policy dialogue.

Growing recognition of CBHF was further reflected in the National Health Insurance Bill, 2019, which acknowledged Community-Based Health Financing as an important component of Uganda's evolving health financing architecture and a complementary mechanism for extending financial protection, particularly to populations outside formal employment.

D. National Recognition and Systems Strengthening (2020–2026)

The current phase of CBHF development has been characterized by stronger policy recognition, institutional coordination, digital transformation, and increased evidence generation. National dialogue on health financing has increasingly recognized CBHF as a practical mechanism for extending financial protection to informal sector populations and supporting progress towards UHC.

At the local government level, Luwero District Council resolved in 2019 to establish a district-wide Community-Based Health Financing scheme, building on the success of existing Community Health Insurance initiatives in the district. The initiative demonstrates growing local government ownership and the potential to scale CBHF beyond individual schemes.

Another major milestone has been the development of the Ministry of Health Draft Community-Based Health Financing Guidelines (2026), Uganda's first national framework for strengthening the governance, coordination, reporting, and implementation of CBHF schemes. The Guidelines provide an

important foundation for harmonizing implementation and strengthening the contribution of CBHF to Uganda's health financing system.

The latest national mapping by Save for Health Uganda identified 81 CBHF schemes operating in 56 districts, providing financial protection to approximately 146,277 people through 118 contracted healthcare facilities. Compared with the 2022 mapping, which identified 57 schemes in 37 districts serving 164,094 people, the findings indicate substantial expansion in the number of schemes and geographic coverage but a decline in the number of beneficiaries. This highlights persistent challenges related to enrolment, member retention, and the long-term sustainability of CBHF schemes.

Today, Uganda's CBHF landscape comprises member-managed, healthcare provider-managed, and third-party-managed schemes supported by communities, healthcare providers, faith-based organizations, civil society organizations, government institutions, and development partners.

Within three decades, CBHF has evolved from a single pilot initiative into an established component of Uganda's health financing landscape. This evolution reflects continuous adaptation to changing health system needs, policy reforms, institutional innovation, and community priorities, providing valuable lessons for strengthening financial protection and advancing UHC.

6. Current Community-Based Health Financing Landscape in Uganda

A. Overview of the Current Landscape

Uganda's Community-Based Health Financing (CBHF) landscape comprises a diverse range of community-led and institutionally supported financing mechanisms designed to improve access to healthcare and strengthen financial protection. Although schemes differ in ownership, governance, operational arrangements, and benefit packages, they share a common objective of enabling individuals and households to access healthcare through prepayment, risk pooling, and partnerships with healthcare providers.

The diversity of CBHF reflects Uganda's varied social, institutional, and healthcare delivery contexts. Some schemes are community-owned and governed, while others are managed by healthcare providers or independent organizations offering specialized administrative services. Together, these models demonstrate how CBHF can be adapted to different populations while maintaining its core principles of solidarity, shared responsibility, and financial protection.

B. CBHF Ownership and Management Models

Uganda's CBHF landscape is organized into three main ownership and management models: member-managed schemes, healthcare provider-managed schemes, and third-party-managed schemes. These models differ in governance, financing, and administration, but all seek to improve access to healthcare through organized risk pooling and partnerships with healthcare providers.

B.1. Member-Managed Community Health Insurance Schemes

Member-managed schemes are owned and governed by the communities they serve. Members contribute premiums, participate in governance, and oversee scheme operations, including financial accountability and engagement with healthcare providers. In Uganda, this remains the second most common CBHF model and reflects the original community solidarity principles on which CBHF was established.

Current status

Promoter	Schemes	Number of people covered	Districts covered
Save for Health Uganda (SHU)	4	13,586	11
Kitojo Integrated Development Action (KIDA)	1	1,165	2
Happy Health Insurance (HHI)	1	300	1
Total	6	15,051	14

Member-managed schemes demonstrate strong community ownership and accountability but require continued investment in governance, financial management, leadership capacity, member retention, and long-term sustainability.

B.2. Healthcare Provider-Managed Schemes

Healthcare provider-managed schemes are established and administered by healthcare institutions, which manage enrolment, premium collection, claims administration, and healthcare service delivery. This model is widely implemented by private not-for-profit healthcare providers, strengthening both financial protection for members and the financial sustainability of participating health facilities.

Current status

Promoter	Schemes/Healthcare facilities	People covered	Districts covered
Uganda Protestant Medical Bureau (UPMB)	50	102,140	30
Uganda Health Partners Cooperative (UHPC)	11	10,842	10
Kabale Diocese Health Insurance Scheme	8	5,399	6
Kitojo Integrated Development Action (KIDA)	1	2,515	2
Integrated Community Based Initiative (ICOB)	3	4,709	2
Total	73	125,605	50

Provider-managed schemes benefit from close integration between financing and service delivery, enabling stronger oversight of quality of care, claims management, and the member experience. However, this arrangement also creates an inherent conflict of interest because the healthcare provider manages both financing and service provision. Without robust governance, transparency, and independent oversight, financial incentives may influence clinical or administrative decisions, potentially resulting in overcharging, under-provision of services, under-prescription, or other practices that disadvantage members. Strong accountability mechanisms are therefore essential to safeguard members' interests and maintain public trust.

B.3. Third-Party-Managed Schemes

Third-party-managed schemes are administered by independent organizations that provide professional management services on behalf of communities or organized groups. Their responsibilities typically include member administration, premium collection, healthcare provider contracting, claims verification, financial reporting, and overall scheme oversight.

Current status

Promoter	Schemes	Number of people covered	Districts covered
Save for Health Uganda (SHU)	1	486	4
Ishaka Health Plan (IHP)	1	5,135	2
Total	2	5,621	6

Third-party-managed schemes demonstrate how professional administration can strengthen efficiency, accountability, and scalability while maintaining the principles of community-based financing. Their long-term sustainability depends on sound contractual arrangements, transparent governance, and responsiveness to members' needs.

B.4. Distribution of CBHF Models in Uganda

The distribution of schemes across these three models demonstrates that Community-Based Health Financing in Uganda is not a single approach but a range of complementary models adapted to different institutional and community contexts. Despite their differences, all models are founded on the principles of solidarity, voluntary prepayment, risk pooling, and shared responsibility for improving financial protection.

C. Healthcare Provider Partnerships

Partnerships between CBHF schemes and healthcare providers are central to the Ugandan model. Through formal contractual arrangements, providers deliver agreed benefit packages while schemes finance services for enrolled members. These partnerships improve continuity of care, strengthen provider accountability, and create more predictable financing for healthcare facilities.

Their effectiveness depends on clear contracts, agreed service standards, timely claims settlement, effective communication, and mechanisms for addressing member concerns.

D. Operational Features of CBHF Schemes

Most CBHF schemes operate through structured systems linking member registration, premium collection, pooled funds, contracted healthcare providers, defined benefit packages, and claims management. Although operational arrangements vary across models, these core functions underpin scheme performance and accountability.

Increasing adoption of digital technologies is improving member registration, premium tracking, financial management, reporting, communication, and operational efficiency, strengthening transparency and the capacity of schemes to manage larger membership populations.

E. Contribution of CBHF to Uganda's Health Financing Landscape

CBHF plays an important complementary role in Uganda's health financing system by extending organized prepayment and risk pooling to populations outside formal insurance arrangements. By reducing reliance on unpredictable out-of-pocket payments, CBHF improves financial protection while expanding access to healthcare.

Beyond financing healthcare, CBHF strengthens community participation, enhances relationships between communities and healthcare providers, and promotes greater local ownership of health services. Although it is not a substitute for national health insurance or public financing, Uganda's experience demonstrates that CBHF provides valuable lessons for building more inclusive, responsive, and sustainable health financing systems in support of Universal Health Coverage.

7. Policy and Institutional Environment Supporting Community-Based Health Financing in Uganda

The development and sustainability of Community-Based Health Financing (CBHF) in Uganda are shaped by the country's evolving health financing policies, institutional arrangements, and commitment to Universal Health Coverage (UHC). Although CBHF has largely grown through community initiatives, healthcare providers, civil society organizations, and development partners, its contribution to improving financial protection has increasingly positioned it within national health financing reforms.

With most Ugandans employed in the informal sector and therefore excluded from contributory health insurance, CBHF provides an important complementary mechanism for extending financial protection to populations that continue to rely heavily on out-of-pocket healthcare payments.

A. Alignment with Uganda's Health Financing Priorities

CBHF aligns with Uganda's health financing priorities by promoting prepayment, risk pooling, financial protection, and improved access to quality healthcare. It complements public health financing by enabling communities to mobilize resources, access contracted healthcare services, and participate more actively in decisions affecting their healthcare.

B. Recognition of CBHF in National Health Financing Reforms

Uganda's experience with CBHF has increasingly informed national discussions on health financing reform, particularly the proposed National Health Insurance Scheme. The recognition of CBHF within these reforms reflects its demonstrated potential to extend financial protection to populations outside formal employment while complementing broader health financing mechanisms.

It also underscores the need for appropriate policy and regulatory frameworks to strengthen coordination, quality assurance, accountability, and integration of community-based financing within the national health financing system.

C. Ministry of Health Draft Community-Based Health Financing Guidelines

A major milestone in strengthening Uganda's policy environment is the Ministry of Health Draft Community-Based Health Financing Guidelines (2026), currently under approval. Once adopted, the Guidelines will provide Uganda's first national framework for the governance, coordination, implementation, and reporting of CBHF schemes.

The Guidelines are expected to address longstanding challenges, including fragmented implementation, inconsistent operational practices, limited documentation, and variable management capacity, while promoting greater standardization, institutional strengthening, and accountability across the sector.

D. Institutional Roles and Coordination

The successful implementation and sustainability of CBHF depend on coordinated action by multiple stakeholders.

The Ministry of Health provides policy leadership, technical guidance, and national coordination, ensuring that CBHF remains aligned with Uganda's broader health financing agenda. Emerging initiatives, such as the proposed district-wide CBHF scheme in Luwero, also demonstrate increasing local government commitment to community-based financing.

Healthcare providers, particularly private not-for-profit and faith-based institutions, remain central to CBHF implementation by delivering healthcare services and supporting scheme operations. Civil society organizations and development partners continue to contribute through technical assistance, innovation, advocacy, research, and institutional capacity strengthening.

Communities and scheme members remain the foundation of CBHF through their financial contributions, participation in governance, and oversight of scheme performance.

E. Emerging Policy Opportunities

The current policy environment presents important opportunities to strengthen and expand CBHF in Uganda, including:

- Growing recognition of CBHF within national health financing reforms;
- The forthcoming Ministry of Health Guidelines to improve coordination and standardization;
- Stronger collaboration among government, communities, healthcare providers, and development partners;
- Opportunities to integrate CBHF within broader health financing reforms; and
- Increased use of digital systems and data to improve accountability, monitoring, and performance.

Together, these developments provide a strong foundation for strengthening CBHF as a coordinated component of Uganda's health financing system. Realizing this potential will require continued investment in institutional capacity, effective coordination, evidence generation, and sustainable implementation aligned with national health financing priorities.

8. Opportunities and Challenges for Community-Based Health Financing in Uganda

Community-Based Health Financing (CBHF) has demonstrated its potential to improve financial protection and access to healthcare, particularly for populations outside formal insurance arrangements. As CBHF becomes increasingly recognized within Uganda's health financing system, its future development will depend on leveraging emerging opportunities while addressing persistent structural and operational challenges.

A. Opportunities for Strengthening CBHF in Uganda

A.1. Growing Policy Recognition and Institutional Support

Increasing recognition of CBHF within Uganda's health financing reforms provides opportunities for stronger coordination, legitimacy, and integration into the national health system. The proposed National Health Insurance reforms and the Ministry of Health Draft Community-Based Health Financing Guidelines create a stronger foundation for improving governance, standardization, accountability, and collaboration among stakeholders.

A.2. Expanding Local Government and Community Engagement

Growing interest from local governments and communities presents opportunities to expand CBHF through stronger local ownership. Initiatives such as the proposed Luwero District-wide Community-Based Health Financing Scheme demonstrate how district leadership can strengthen coordination, mobilize communities, and scale community-based financing beyond individual schemes.

A.3. Increasing Demand for Financial Protection

The continued reliance on out-of-pocket healthcare payments, particularly among informal sector households, creates sustained demand for organized prepayment and risk-pooling mechanisms. CBHF provides an opportunity to improve financial protection by enabling households to contribute affordable premiums before illness occurs while strengthening community participation, accountability, and access to quality healthcare.

A.4. Digital Transformation and Information Systems

Digital technologies offer significant opportunities to improve the efficiency, transparency, and accountability of CBHF schemes. Increasing adoption of member information systems, mobile money, online banking, and digital reporting is strengthening member registration, premium collection, claims management, financial reporting, and communication. Improved data systems also provide better evidence for decision-making, performance monitoring, and policy development.

A.5. Stronger Partnerships and Innovation

Uganda's CBHF experience has been built on collaboration among communities, healthcare providers, government, civil society organizations, financial institutions, and development partners. Continued partnerships provide opportunities to strengthen institutional capacity, promote innovation, share lessons, and expand successful models, including professionally managed schemes and new financing approaches.

B. Challenges Affecting CBHF Sustainability and Scale

B.1. Limited Coverage Relative to Population Size

Despite nearly three decades of progress, CBHF coverage remains small relative to Uganda's population and the large number of households without health insurance. While the latest mapping shows continued expansion in the number of schemes and districts reached, overall coverage remains limited, particularly among informal sector populations that continue to rely on out-of-pocket payments.

Expanding coverage will require greater public awareness, improved affordability, stronger community trust, enhanced scheme management, better member retention, and closer alignment with Uganda's broader health financing reforms.

B.2. Financial Sustainability of Schemes

Maintaining financial sustainability remains a major challenge. Many schemes operate with small risk pools, limited financial reserves, irregular premium payments, and continued dependence on external technical support. Long-term sustainability requires adequate membership, realistic premiums and benefit packages, sound financial management, reliable contribution collection, and effective partnerships with healthcare providers.

B.3. Governance and Management Capacity

The performance of CBHF schemes depends on strong governance and competent management. While community ownership remains a major strength, some schemes continue to face challenges in leadership, financial oversight, record keeping, strategic planning, and operational management. Continued investment in governance and management capacity is essential for improving accountability and sustainability.

B.4. Fragmentation and Coordination

The diversity of CBHF models has encouraged innovation but has also resulted in fragmented governance, reporting systems, benefit packages, and operational practices. Strengthening coordination, harmonizing standards, and improving information systems will enhance consistency while preserving the flexibility needed to respond to local contexts.

B.5. Affordability and Household Priorities

For many households, particularly those in the informal sector, healthcare contributions compete with other essential needs such as food, education, housing, and livelihoods. Irregular incomes further affect premium payment and member retention. Addressing these challenges will require flexible contribution mechanisms, stronger links with livelihood programmes, and targeted support for vulnerable households.

B.6. Limited Evidence Generation

Although Uganda has accumulated considerable experience in CBHF implementation, evidence generation, research, and documentation remain limited. More systematic evidence on scheme performance, cost-effectiveness, member experiences, health outcomes, and sustainability is needed to strengthen policy decisions, improve learning, and demonstrate the contribution of CBHF to Uganda's health financing system.

C. Future Priorities

Uganda's experience demonstrates that CBHF can make an important contribution to financial protection and Universal Health Coverage when supported by effective governance, sustainable financing, strong partnerships, reliable information systems, and an enabling policy environment.

Future priorities should focus on expanding coverage, strengthening institutional capacity, improving coordination, accelerating digital transformation, generating evidence, promoting innovative financing approaches, and aligning CBHF more closely with national health financing reforms. With sustained investment and collaboration, CBHF can continue to evolve as an important complementary mechanism for improving equitable access to healthcare in Uganda.

9. Save for Health Uganda's Contribution to the Development of Community-Based Health Financing in Uganda

Save for Health Uganda (SHU) has been a leading contributor to the development and strengthening of Community-Based Health Financing (CBHF) in Uganda for over two decades. Since its establishment in 2002, SHU has supported the design, implementation, and strengthening of CBHF through technical assistance, institutional capacity building, digital innovation, evidence generation, and policy engagement. Beyond supporting individual schemes, SHU has helped strengthen Uganda's broader CBHF ecosystem.

A. Strengthening CBHF Models and Institutional Capacity

SHU has supported the establishment and strengthening of member-managed and third-party-managed CBHF schemes across Uganda. Its technical assistance has focused on scheme design, premium setting, governance, financial management, healthcare provider contracting, and institutional capacity development, contributing to improved scheme performance and sustainability while generating lessons for the wider sector.

B. Advancing Digital Innovation and Evidence-Based Management

SHU has promoted the use of digital technologies to improve the efficiency, transparency, and accountability of CBHF schemes. The Community Health Insurance Information Management System (CHI IMS), together with digital payment and banking platforms, has strengthened membership management, reporting, financial accountability, and evidence-based decision-making. These innovations have also improved the availability of operational data to support scheme management and policy dialogue.

C. Supporting National Learning and Policy Development

SHU has played a central role in promoting knowledge sharing and policy dialogue on CBHF. Through the annual National Community Health Financing Conference, it has provided a national platform for government, healthcare providers, development partners, researchers, and CBHF practitioners to exchange experiences, share innovations, and strengthen collaboration.

SHU has also contributed technical expertise to national policy processes, including supporting the Ministry of Health in developing Uganda's Draft Community-Based Health Financing Guidelines. This has helped translate implementation experience into national policy and institutional strengthening.

D. Looking Ahead

Building on more than 20 years of experience, SHU remains committed to supporting the continued development of CBHF through institutional strengthening, digital transformation, research and evidence generation, strategic partnerships, and innovative approaches that improve sustainability and expand financial protection.

Through these efforts, SHU continues to contribute to the evolution of CBHF as a coordinated, evidence-informed, and sustainable component of Uganda's health financing system.

10. The Future Direction of Community-Based Health Financing in Uganda

Uganda's experience demonstrates that Community-Based Health Financing (CBHF) has evolved from small-scale community initiatives into an important complementary mechanism for expanding financial protection and improving access to healthcare, particularly for populations outside formal insurance arrangements. As Uganda advances towards Universal Health Coverage (UHC), the future of CBHF will depend on strengthening sustainability, institutional capacity, coordination, and alignment with national health financing reforms.

The next phase of CBHF development should focus on scaling successful models while improving their quality, efficiency, and long-term sustainability. Priority actions include strengthening governance and management capacity, expanding digital information systems, improving evidence generation, and enhancing collaboration among communities, healthcare providers, government, civil society organizations, and development partners.

The implementation of the Ministry of Health Community-Based Health Financing Guidelines presents an important opportunity to strengthen coordination, harmonize operational standards, and create a more enabling environment for CBHF. At the same time, innovative approaches—including professionally managed schemes, stronger private-sector partnerships, and integration with livelihood initiatives—can help expand coverage and improve sustainability.

As Uganda continues to pursue Universal Health Coverage, CBHF should be positioned as a complementary component of the national health financing system. By expanding access to prepayment and risk-pooling arrangements, strengthening community participation, and improving financial protection for underserved populations, CBHF can make an increasingly important contribution to equitable and sustainable healthcare financing.

11. Conclusion: The Future Role of CBHF in Uganda's Health Financing System

In three decades, CBHF in Uganda has evolved from a single pilot initiative into an established and increasingly recognized component of Uganda's health financing landscape. Although coverage remains limited relative to national need, CBHF has demonstrated its value in improving financial protection, expanding access to healthcare, and strengthening partnerships among communities, healthcare providers, government, civil society organizations, and development partners.

The growing recognition of CBHF within national health financing reforms, together with the Ministry of Health Draft Community-Based Health Financing Guidelines, provides an important opportunity to strengthen governance, improve coordination, harmonize implementation, and enhance the sustainability of CBHF schemes. At the same time, addressing challenges related to enrolment, member retention, financial sustainability, governance, institutional capacity, and evidence generation will be critical to expanding the sector's contribution.

Uganda's experience demonstrates that CBHF is a practical complementary mechanism for extending financial protection to populations outside formal insurance arrangements. Continued investment in stronger institutions, digital innovation, partnerships, and evidence-based policy implementation will enable CBHF to play an increasingly important role in advancing equitable healthcare financing and supporting Uganda's progress towards Universal Health Coverage.

Annexes

Annex 1: National Mapping of CBHF Promoters, Schemes, Healthcare Providers, and Coverage

Promoters	Name of CHI scheme	Type of scheme	Ownership of the scheme	People covered	Districts of operation	Healthcare service providers		
						Name	Level	Type/Network
Save for Health Uganda	Munno mu Bulwadde Union of Schemes Organisation (MBUSO)	Member managed	Community	7,810	Luwero	Bishop C. Asili	Hospital	PNFP/UCMB
						St Luke Namaliga	HC IV	PNFP/UCMB
						St Mary Mother of Jesus – Kalule	HC IV	PNFP/UCMB
						St. Matia Mulumba Mulajje	HC III	PNFP/UCMB
						Holy cross kikyusa	HC III	PNFP/UCMB
						St. Kizito Nattyooole	HC III	PNFP/UCMB
						St. Mary's Kasaala	HC III	PNFP/UCMB
						Good Samaritan Katikamu	HC III	PNFP/UCMB
						Kaludo	Pharmacy	PNFP/UCMB
						Kiwoko Hospital	Hospital	PNFP/UPMB
					Nakaseke	Nakaseke	Hospital	GOVERNMENT
						St Francis Kijjaguzo	HC III	PNFP/UPMB

	Western Ankore Tweragurize Schemes Organisation	Member managed	Community	1,014	Nakasongola	St Jerome-Cove	HC II	PNFP/UPMB
						Yaffe	Pharmacy	PFP
						Franciscan	HC IV	PNFP/UCMB
		Member managed	Community	1,014	Bushenyi	Our Lady of Lourdes	HC III	PNFP/UCMB
						Ishaka Adventist	Hospital	PNFP/UPMB
						Bitooma	HC III	PNFP/UCMB
		Member managed	Community	1,014	Sheema	Kitagata Hospital	Hospital	GOVERNMENT
						Mushanga	HC III	PNFP/UCMB
						Hope Medical Centre/ AMG Bugongi	HC III	PNFP/UCMB
	Busoga Region Asociation of Tweidhandhabe Schemes (BURATS)	Member managed	Community	4,294	Iganga	Nyakatsiro	HC III	PNFP/UCMB
						Musana Community	HC III	PNFP /Community
						Hope and Healing	HC IV	PNFP
	Munno Mu Bulwadde Schemes	Member managed	Community	468	Mityana	Kiwanyi	HC II	PNFP/UJMMB
						Ibulanku Community	HC III	PNFP/Community
						St. Francis Hospital Buluba	Hospital	PNFP/UCMB
					St. Francis Holy Family Naluggi	HC IV	PNFP/UCMB	
						HC II	PNFP/UCMB	

	Cooperation Mechanism					Kassanda	St. Gabriel Mirembe Maria	HC III	PNFP/UCMB
	Central Region Urban Munno Mu Bulwadde scheme – Luwero (CRUMBS-L)	Third-party-managed	Community	486		Masaka	Kitokolo	HC II	PNFP/UCMB
						Luwero	Bishop C. Asili	Hospital	PNFP/UCMB
						Nakaseke	Kiwoko	Hospital	PNFP/UPMB
						Nakasongola	Franciscan	HC IV	PNFP/UCMB
Uganda Protestant Medical Bureau	Kisiizi	Provider managed	Healthcare provider	41,000		Rukungiri	Kisiizi	Hospital	PNFP/UPMB
	Bwindi	Provider managed	Healthcare provider	26,623		Kanungu	Bwindi Community	Hospital	PNFP/UPMB
	Rugarama	Provider managed	Healthcare provider	1,794		Kabale	Rugarama	Hospital	PNFP/UPMB
	Ruharo	Provider managed	Healthcare provider	6,350		Mbarara	Ruharo	Hospital	PNFP/UPMB
	St. Johns	Provider managed	Healthcare provider	82		Mbarara	St. Johns	HC III	PNFP/UPMB
	Kikamba	Provider managed	Healthcare provider	312		Buhweju	Kikamba	HC II	PNFP/UPMB
	Katungu Mission	Provider managed	Healthcare provider	8,108		Bushenyi	Katungu Mission	Hospital	PNFP/UPMB
	Kagando	Provider managed	Healthcare provider	2,433		Kasese	Kagando	Hospital	PNFP/UPMB
	Kuluva	Provider managed	Healthcare provider	521		Arua	Kuluva	Hospital	PNFP/UPMB
	St. James Masiriba	Provider managed	Healthcare provider	120		Kibooga	St. James Masiriba	HC III	PNFP/UPMB

St. John's Kayoro	Provider managed	Healthcare provider	1,351	Tororo	St. John's Kayoro	HC III	PNFP/UPMB
Karin	Provider managed	Healthcare provider	265	Gulu	Karin	HC III	PNFP/UPMB
Ibanda Mission	Provider managed	Healthcare provider	1,828	Ibanda	Ibanda Mission	HC III	PNFP/UPMB
Nyakatare	Provider managed	Healthcare provider	89	Kanungu	Nyakatare	HC III	PNFP/UPMB
Faith Mulira	Provider managed	Healthcare provider	90	Wakiso	Faith Mulira	HC III	PNFP/UPMB
Kisyo	Provider managed	Healthcare provider	445	Isingiro	Kisyo	HC II	PNFP/UPMB
Makonge	Provider managed	Healthcare provider	72	Buikwe	Makonge	HC III	PNFP/UPMB
Bishop Bamunoba	Provider managed	Healthcare provider	180	Ntungamo	Bishop Bamunoba	HC III	PNFP/UPMB
Mitandi	Provider managed	Healthcare provider	230	Bunyangabu	Mitandi	HC III	PNFP/UPMB
Amudat	Provider managed	Healthcare provider	120	Amudat-Karamoja	Amudat	Hospital	PNFP/UPMB
Muko	Provider managed	Healthcare provider	363	Rubanda	Muko	HC III	PNFP/UPMB
Goli	Provider managed	Healthcare provider	50	Nebbi	Goli	HC IV	PNFP/UPMB
Ebenezer	Provider managed	Healthcare provider	157	Bundibugyo	Ebenezer	HC III	PNFP/UPMB
Kabizii	Provider managed	Healthcare provider	230	Buikwe	Kabizii	HC III	PNFP/UPMB
Kiwoko	Provider managed	Healthcare provider	805	Nakaseke	Kiwoko	Hospital	PNFP/UPMB

Busaru	Provider managed	Healthcare provider	231	Bundibugyo	Busaru	HC IV	PNFP/UPMB
Rapha	Provider managed	Healthcare provider	432	Gomba	Rapha	Medical Center	PNFP/UPMB
Kanywamaizi	Provider managed	Healthcare provider	289	Isingiro	Kanywamaizi	HC II	PNFP/UPMB
Stella Maris	Provider managed	Healthcare provider	940	Ntoroko	stella Maris	HC II	PNFP/UCMB
Karungu	Provider managed	Healthcare provider	50	Kiryandongo	Karungu	HC III	PNFP/UPMB
Rwenjeru Katungu HC	Provider managed	Healthcare provider	372	Bushenyi	Rwenjeru Katungu	HC II	PNFP/UPMB
Rurama Hc	Provider managed	Healthcare provider	95	Mitooma	Rurama	HC II	PNFP/UPMB
Nyakazinga HC	Provider managed	Healthcare provider	235	Mitooma	nyakazinga	HC II	PNFP/UPMB
Bukwiri	Provider managed	Healthcare provider	56	Kyankwanzi	Bukwiri	HC II	PNFP/UPMB
Kabasekende	Provider managed	Healthcare provider	80	Kibaale	kabasekende	HC III	PNFP/UPMB
Bujuni	Provider managed	Healthcare provider	320	Kibaale	Bujuni	HC III	PNFP/UPMB
Hope Again	Provider managed	Healthcare provider	751	Kyenjojo	Hope Again	HC III	PNFP/UPMB
Beverly	Provider managed	Healthcare provider	143	Buhweju	Beverly	HC III	PNFP/UPMB
Namitsu	Provider managed	Healthcare provider	103	Bududa	Namitsu	HC II	PNFP/UPMB
Newlife	Provider managed	Healthcare provider	120	Kitgum	Newlife	HC III	PNFP/UPMB

	Macfarland	Provider managed	Healthcare provider	109	Kyenjojo	Macfarland	HC III	PNFP/UPMB
	Mantoroba	Provider managed	Healthcare provider	229	Bundibugyo	Mantoroba	HC II	PNFP/UPMB
	Ishaka Adventist Hospital	Provider managed	Healthcare provider	-	Ishaka	Ishaka Adventist	Hospital	PNFP/UPMB
	KIDA	Provider managed	Healthcare provider	1,253	Fortportal	KIDA	Hospital	PNFP/UPMB
	Bushikori Christian Health Center	Provider managed	Healthcare provider	566	Mbale	Bushikori Christian	HC III	PNFP/UPMB
	Ngora	Provider managed	Healthcare provider	40	Ngora	Ngora	Hospital	PNFP/UPMB
	Kolonyi	Provider managed	Healthcare provider	1,328	Mbale	Kolonyi	Hospital	PNFP/UPMB
	Nabitende	Provider managed	Healthcare provider	452	Iganga	Nabitende	HC III	PNFP/UPMB
	Bukaya	Provider managed	Healthcare provider	178	Buikwe	Bukaya	HC III	PNFP/UPMB
	Makonzi	Provider managed	Healthcare provider	150	Mityana	Makonzi	HC II	PNFP/UPMB
Ishaka Health Plan	Ishaka Health Plan	Third-party-managed	Community	5,135	Bushenyi,	Ishaka Adventist	Hospital	PNFP/UPMB
						Kampala International	Hospital	PFP
					Sheema,			
					Mitooma,			
					Buhweju			
					Rubirizi			

Happy Health Insurance scheme	Happy Health Insurance scheme	Member Managed	Community	300	Ntungamo	Happy Clinic	HC II	PNFP/NGO
Uganda Health Partners cooperative	West Ankole Diocese Health Cooperative	Provider managed	Community	6,555	Bushenyi,	Katungu Mission hospital project	HC III	PNFP/UPMB
					Sheema,			
					Mitooma,	Nyakizinga	HC II	PNFP/UPMB
						Rurama	HC II	PNFP/UPMB
					Buhweju	Katunga	HC II	PNFP/UPMB
	Uganda Health Cooperative	Provider managed	Healthcare provider	127	Bushenyi,	Comboni	Hospital	PNFP/UCMB
						Bitooma	HC III	PNFP/UCMB
						Nyakatsiro	HC III	PNFP/UCMB
					Mitooma	B&S Medical Centre	HC III	PFP
	Arch Diocese of Mbarara	Provider managed	Community	802	Kiruhura	Kyeibuza	HC III	PNFP/UCMB
					Isingiro	Kyabirukwa	HC III	PNFP/UCMB
						Buhungiro	HC III	PNFP/UCMB
						Kakoma	HC III	PNFP/UCMB
					Ntungamo	Kagamba	HC III	PNFP/UCMB
	Kabale Diocese Pre-Health Cooperative	Provider managed	Community	415	Buhweju	Kikamba	HC II	PNFP/NGO
						Butare	HC III	PNFP/UCMB
					Rukiga	Kitanga	HC III	PNFP/UCMB
						Muko (NGO)	HC III	PNFP/UCMB
					Rubanda	Nyakishenyi	HC III	PNFP/UCMB
						Kibirizi	HC II	PNFP/UCMB
					Kabale	Buhara NGO	HC III	PNFP/UCMB

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								Kacumbala Mission	HC II	
	Serere District	Provider managed	Healthcare provider	144	Serere	Doctor's	Clinic	PFP		
	Pallisa	Provider managed	Healthcare provider	86	Pallisa	St. Richard's	Medical Center	PFP		
Kabale Diocese Health Insurance scheme	Buhara NGO	Provider managed	Healthcare provider	1072	Kabale	Buhara NGO	HC III	PNFP/UCMB		
	Kitanga	Provider managed	Healthcare provider	1308	Rukiga	Kitanga	HC IV	PNFP/UCMB		
	Muko	Provider managed	Healthcare provider	174	Rubanda	MUKO	HC III	PNFP/UCMB		
	Kinanira	Provider managed	Healthcare provider	220	Kisoro	Kinanira	HC III	PNFP/UCMB		
	Nyakashozi	Provider managed	Healthcare provider	456	Kanungu	Nyakashozi	HC III	PNFP/UCMB		
	Kibiriizi	Provider managed	Healthcare provider	45	Rukungiri	Kibiriizi	HC III	PNFP/UCMB		
	Nyakishenyi	Provider managed	Healthcare provider	187	Rukungiri	Nyakishenyi	HC III	PNFP/UCMB		
	Rushorooza	Provider managed	Healthcare provider	1937	Kabale	Rushorooza	Hospital	PNFP/UCMB		
	KIDA Community Health insurance Plan	Provider managed	Healthcare provider	2,515	Kabarole	KIDA	Hospital	PNFP/NGO		
	KIDA Saving For Health Scheme	Member Managed	Community	1,165	Bunyangabu	Open				
KITOJO Integrated Development Action (KIDA)										
KIDA SAVING										

Integrated Community Based Initiatives	Bushenyi Medical Center (BMC)	Provider managed	Healthcare provider	2,047	Bushenyi	BMC	HC III	PFP
	Kabwohe	Provider managed	Healthcare provider	542	Sheema	Kabwohe Clinical research Center	HC III	PFP
	School Health Made Easy	Provider managed	Healthcare provider	2,120	Bushenyi	BMC	HC III	PFP
					Sheema	Kabwohe Clinical research Center	HC III	PFP
	TOTAL MEMBERSHIP				146,277			

Methodology

The findings presented in this report are based on primary data collected from Community-Based Health Insurance implementers across Uganda between June and July 2026, complemented by a review of relevant policy documents and SHU reports.

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