

Financing Health Care at Village Level in Guinea-Bissau

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In Oio, the second largest region in Guinea-Bissau, the first community health units (CHU) were opened in 1982 following the Alma Ata declaration on primary health care. These CHU received an initial stock of essential drugs for treatment of the most common diseases. Thereafter, the village was responsible for financing drugs through *abota* i.e. a common village health insurance scheme. In 2010, only a few of the totally 106 constructed CHU had a limited amount of drugs financed through *abota*, common cashew fields or user fees. As a result most villagers relied on health services provided by health centers, which often have a rupture of drugs. Thus, people are pushed into buying drugs up to ten times more expensive at private pharmacies. Today international organization and NGOs are showing increased interest in revitalizing CHU in the country and an important aspect is the question of financing of drugs. There is a focus on sustainability where the aim is that recipients should be able and willing to sustain the CHU after withdrawal of funding. In this paper I will examine the tactics villagers use in order to have access to and finance drugs with particular attention given to their opinion on and use of private pharmacies. The opinions of government officials and representatives of international organizations and NGOs on financing of drugs will also be explored. The data presented is based on anthropological fieldwork in Guinea-Bissau during a period of 16 months between the years 2009 and 2011. Semi structured interviews were taken with representatives of international organizations and NGOs, responsible people at the Ministry of Health, the regional health board, the regional hospital, 14 health centers, 20 health units and with villagers. Participant observation and surveys were conducted in one village with a focus on use of services, access to services, health seeking behavior and cost of care. Also, participant observation was done during various trainings of community health workers and supervision by the regional health board. A meeting was attended at the Ministry of Health with international organizations and NGOs discussing the future of community health care and financing of drugs.