



POLICY BRIEF

How much is Invested in Community Health in the Central African Republic? Sustainable Financing for CHWs Is Critical to Achieving Universal Health Coverage

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Context

The Central African Republic (CAR) adopted a Community Health Strategy (2019–2030) to expand access to essential health services, especially in rural and hard-to-reach areas. This strategy is a core component of CAR's commitment to strengthening primary health care and achieving Universal Health Coverage (UHC).

Community Health Workers (CHWs) are central to this effort. Positioned within their own communities, CHWs deliver frontline services including health promotion, treatment of common illnesses, and maternal and child health care. They play a particularly vital role in supporting pregnant women, young children, and other vulnerable populations, often in areas with no regular access to health facilities.

As CAR seeks to accelerate progress toward UHC, the role of CHWs is increasingly recognized as essential to improving equity, extending the reach of the health system, and ensuring continuity of care at the community level. Ensuring the long-term sustainability of this workforce is therefore a key consideration for health system strengthening and policy implementation.

Problem Statement

Health indicators in CAR remain among the most severe in the region. Neonatal mortality is 28 per 1,000 live births, and nearly 40% of children under five suffer from chronic malnutrition. Preventable diseases like malaria, pneumonia, and diarrhea remain the leading causes of death of children.

These challenges underscore the urgent need to strengthen community-based care through sustained investment. Without domestic funding, CAR's Community Health Strategy cannot reach its goals, and the most vulnerable communities will remain underserved.

To support national decision-making, this study was conducted to identify practical and sustainable financing solutions for community health. It focused on three key questions:

- *How much funding is needed to implement community health services nationwide?*
- *Where does current funding come from?*
- *What practical steps can strengthen domestic financing and reduce dependence on external partners?*

These questions are critical to closing the funding gap for community health, reducing health disparities, and building a more resilient, nationally led community health system aligned with CAR's UHC goals.

SUMMARY

Objective

To support long-term sustainability of CAR's community health system by assessing current financing sources, estimating total funding needs, and identifying practical steps can strengthen domestic financing and reduce dependence on external partners.

Methodology

A mixed-methods study was conducted, combining:

- Budget and expenditure analysis (2023–2026)
- Partner and government document review
- Interviews with Ministry of Health officials, CHWs, and key stakeholders



Key Findings

- **77% funding deficit:** Only USD 24M was secured out of the USD 105M needed for 2023–2026.
- **99.4% of funding was from development partners.** Dependence on donors may threaten program continuity.
- **Inconsistent CHW pay:** CHW compensation varies widely; some receive no financial support.
- **Need for standardized CHW remuneration** (lack of which leads to unequal service delivery).
- **Without dedicated public funding,** community health remains donor-dependent and unpredictable - limiting long-term impact on population health.

Recommendations

To ensure the sustainability of community health - First, increase the Ministry of Health's budget allocation by establishing a **dedicated budget line for community health** to ensure stable and predictable financing. Second, improve consistency in CHW support by **implementing a standardized national compensation framework**, helping reduce disparities and strengthen motivation across workforce. Third, explore the **potential for allocating funds to local governments**, where feasible, to enable more responsive and accountable community health service delivery. Finally, **develop a long-term financing strategy** to reduce donor dependency by mobilizing domestic resources, strengthening financial governance, and promoting community engagement and ownership.

Objective & Scope

To address the challenge of unsustainable financing for community health in CAR, this study was carried out to better understand how community health services - especially those delivered by CHWs - are currently funded and how they might be financed more sustainably in the future. The study aligns with and supports one of the key pillars of the national Community Engagement Policy and Strategy (2019–2030): ensuring sustainable delivery of community-based health services through CHWs.

While the policy outlines a broad vision for strengthening community engagement, this study focused specifically on the financing component—generating evidence and insights to help make CHW-related goals more financially feasible and actionable.

The study had four main objectives:

- Identify existing sources of funding for community health
- Assess how CHW programs are financed, including the mechanisms used
- Estimate the overall cost (and gap) of delivering community health services across the country
- Explore practical steps to strengthen domestic financing and reduce dependence on external partners

Methodology

The study used a mixed-methods, combining both quantitative and qualitative data to assess how community health services are financed in CAR.

Quantitative Component - Budget and expenditure data were collected for the years 2023 and 2024, with projections for 2025 and 2026. The analysis focused on planned versus actual spending on community health. Data were analyzed using Excel to calculate trends, averages, and the share of funding allocated and spent on CHW-related services.

Qualitative Component - A desk review was conducted using government documents, program reports, partner publications, and relevant academic articles. This was complemented by key informant interviews with Ministry of Health and Population officials, Staff from other relevant ministries, Community health program teams, Development partners, CHWs All interviews were conducted with the necessary approvals from the Ministry of Health.

Stakeholder Engagement - Stakeholders played an active role in validating findings, interpreting financial trends, and discussing potential solutions. Their perspectives ensured that the study was grounded in the realities of community health delivery and financing in CAR.

By combining financial data with insights from practitioners and policymakers, the study provided a well-rounded understanding of existing financing mechanisms, current gaps, and possible entry points for strengthening sustainability.



Findings

1. A 77% Funding Gap threatens sustainability and scale of service delivery

Between 2023 and 2026, the community health program in CAR requires approximately USD 105 million for full implementation. However, only USD 24.4 million has been secured - leaving a funding gap of over USD 80 million, or 77% of total needs.

Without closing this gap, the program cannot reach its intended scale or sustain its core services. This directly threatens the availability, quality, and reach of care provided by Community Health Workers (CHWs), who are the first point of contact for millions of people in underserved areas.

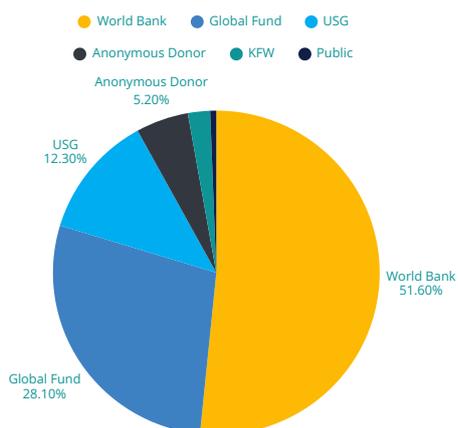


Figure 2: Distribution of funds for community health by source

3. Varied CHW Compensation

The study observed that compensation for CHWs varied across programs and regions, often depending on the implementing partner or funding arrangement. This has sometimes led to differences in how CHWs are supported - including cases where some receive regular stipends and others operate voluntarily.

Developing a national framework for CHW compensation, supported through predictable financing channels, presents an opportunity to strengthen the workforce. A harmonized approach, led by government and aligned with partner efforts, can enhance fairness, workforce stability, and long-term sustainability.

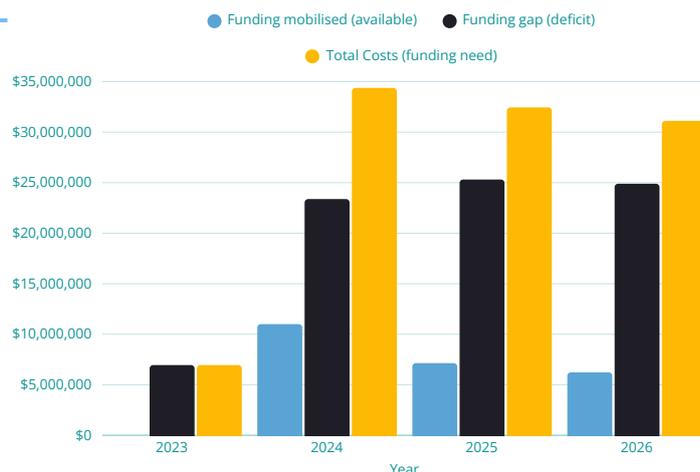


Figure 1: Available funding, costs, and gap for community health annually from 2023 to 2026

2. Funding for CHW program coming from a few development partners

Of the funding that was secured, over 99% comes from external development partners, while the government contributes only 0.6%. This indicates a dependence on a small group of donors. This structure leaves the entire program exposed. Any reduction or delay in external support could cause service disruptions, undermine CHW operations, and reverse progress in health access for vulnerable populations.

To avoid collapse and ensure long-term sustainability, it is essential to increase domestic financing and diversify funding sources. Strengthening ownership through greater investment is critical to protect and scale the community health system.

4. Budget line for Community Health

The study highlighted the absence of a dedicated budget line within the national health budget for community health. While development partners currently funded many core components, such as CHW stipends, supervision, and operational costs, this support varied by region and was not embedded in national systems. As a result, key aspects of the program remained dependent on short-term external funding.

A dedicated budget line for community health in the national health budget would help institutionalize the program, improve coordination, and bring in more resources long-term. It would also send a strong signal of national commitment to frontline health services and accelerate progress toward universal health coverage.

Recommendations

To make community health more sustainable and resilient in CAR, this study recommends four priority actions. These recommendations are based on the funding challenges identified, the role of CHWs in delivering frontline care, and the country's broader goals under the Community Engagement Strategy and UHC.

1. Establishing a dedicated government budget line for Community Health

Community health in CAR was almost entirely funded by development partners due to the limited fiscal space in the country like many other countries in Africa. Establishing a dedicated line in the national health budget would institutionalize domestic investment in core program functions - including CHW stipends, supervision, logistics, training, and operational support.

Why this matters: Without a dedicated line, financing remains fragmented and uncertain, limiting the government's ability to plan and sustain services. A protected budget line ensures more predictable funding, reduces dependence on external sources, and supports long-term expansion of services - particularly in rural and hard-to-reach areas.

2. Standardizing CHW Compensation

CHW support currently varies widely by geography and partner. Developing a national approach to CHW compensation - with defined roles, expectations, and minimum support levels - can help align efforts and reduce disparities.

Why this matters: Inconsistent compensation undermines CHW motivation, performance, and retention, weakening the frontline delivery system. Standardized support improves workforce stability, equity, and accountability, laying the foundation for reliable and sustained service delivery across the country.

3. Developing a long-term financing plan

Without a national financing roadmap for community health, there is risk of fragmented and short-term funding. A long-term strategy would guide the transition to more sustainable financing by defining domestic resource mobilization targets, partner alignment mechanisms, and system accountability structures.

Why this matters: Without a financing strategy, the program cannot plan beyond current project cycles or absorb future shocks. A clear, government-led roadmap will support a coordinated investment approach - ensuring that community health becomes a lasting pillar of primary health care and drives measurable improvements in health outcomes over time.

4. Exploring decentralised options to channel resources toward community health

At present, funding for community health is centrally managed, which may be limiting flexibility at the local level. Exploring options for channeling resources to sub-national authorities - where consistent with national policy - could improve responsiveness and execution.

Why this matters: Local implementers are often closer to service delivery challenges but have limited control over resources. Decentralized financing, where feasible, can improve efficiency, responsiveness to local needs, and community engagement—resulting in better reach and quality of services where they're needed most.

