

The trend of community-based health insurance in Jimma administrative zone, Western Oromia, Ethiopia.

Authors Details

Kena Zerihun Ayenew^{1*}

Student at Jimma University, school of Medicine.

Telile Adamu Olkeba²

Student at Jimma University, School of Public Health.

Taye Teshome³

A Lecturer at Jimma University, College of Business and Economics, Department of
Management.

Corresponding Author: Kena Zerihun Ayenew

ABSTRACT: Most nations adopt health insurances in order to finance health care services, enhancing healthcare resources and decreasing the risk of household financial crisis. Hence, Ethiopia is among those nations which have been implementing community-based health insurance that aims at targeting the very large rural agricultural sector and small and informal sector in urban settings. Hence, this study aims to analyze the trend of community-based health insurance in Jimma administrative zone. The methodology employed in this study was document-review design which is based data that is obtained from office of community-based health insurance of Jimma administrative zone. The analyzed data covers the records for the study period of the year 2016 up to 2025. Finally, the study reveals, The analysis reveals that Jimma administrative zone community accepted CBHI scheme from its inception in 2016 and able to adopt to mass coverage nearly within a decade, the highest gap exists in between paying and non-paying beneficiaries, and the scheme is being financing health care services, enhancing healthcare resources and decreasing the risk of household financial crisis, besides there is an

improvement in healthcare facilities in the zone, Finally, the study recommends To get a smooth sailing of the system, there should be maintenance of stakeholder's mobilizations, besides, it is also advisable to exert a consolidated efforts to strengthen the service quality, coverage of the scheme and beneficiary retention are essential to sustain these gains in a wider range. It is advisable to regional states to enhance coverage among vulnerable households, raising the level of awareness programs in a consolidated fashion and increasing equity in healthcare utilizations

Keywords: *Community based health Insurance, health care facilities, beneficiaries, stakeholders*

Introduction

As per Maximillian Kolbe Domapielle (2014) reveals that the developing nations have been implementing different health insurance schemes. Besides, they acquire useful lessons that give them a knowledge of remodeling the schemes that best fit to their real experiences. That means, they could address the clumsy challenges faced by the poor. Of course, achieving universal coverage will be long and frustrating for most developing countries, however, making health care services more accessible and acceptable to the poor only requires designing and implementing the right policies at the right time.

Reshmi B. et al., (2021) reveal that the poor or Low-income and middle-income countries (LMICs) constitutes to nearly 84% of the world population and 90% of the global burden of disease. Besides, most of the people who live in low-income nations settle their healthcare expenses on out-of-pocket payments, which may in turn lead to huge financial burden for households to maintain healthcare services.

Nowadays, developing nations are introducing different schemes of health insurances to improve access to healthcare for poor households. This made them tackle the level of poverty and illness. Besides, research reveal that health insurance schemes enhance access to healthcare services in wider range (Maximillian Kolbe Domapielle,2014)

Most research reveal that in most developing nations Community-based health insurance (CBHI) is the most widely adopted scheme of health care financing. This has come into being due to governments' inability to reach the informal sector and rural populations, demanding communities mobilize and secure financial protection against the cost of illness

for groups of individuals and households not covered by existing insurance schemes (Normand and Weber, 2009a, Ceri and Anna, 2013).

Statement of the problem

Most nations adopt health insurances in order to finance health care services, enhancing healthcare resources and decreasing the risk of household financial crisis. Hence, Ethiopia is among those nations which have been implementing community-based health insurance that aims at targeting the very large rural agricultural sector and small and informal sector in urban settings.

It is obvious that health systems across Africa encountered multifaceted competing priorities amidst pressing resource constraints. Hence, Expansion of health insurance coverage offers promise in realizing sustainable healthcare financing for many of the health systems in the region. Despite this, still the broader policy implications of expanding health insurance coverage have not been fully investigated and contextualized to many African health systems (Tom Achoki & Abaleng Lesego ,2017). The research also revealed that despite the effort exerted by nations in increasing prospects of financial resources available for health service delivery, expansion of health insurance has also encountered clumsy challenges. Therefore, it is advisable to decision-makers to view health financing reform through the holistic lens of the health system and its interactions with the population, in order to anticipate its potential benefits and risks. But, failure to embrace this comprehensive approach would potentially lead to counterproductive results. That means, it would be more advisable if nations give due focus on health financing reform through those ways that center the population to be benefited in aggregate.

Bereket & Mahlet (2025) reveal that both CBHI members and non-members continue to bear out-of-pocket (OOP) expenses, being giving aside the financial protection intended by the CBHI scheme, still it is possible to infer that the scheme covers some level of financial relief and also there are some gaps in coverage

In addition, Bedasa., et al., (2022) reveal out that those who had larger family size and under-five children were with higher odds of being covered by health insurance. Hence, this should be maintained as it increases the utilization of primary health care by larger families and under-five children and community mobilizations targeting households of

small family size should also be emphasized. Generally speaking, to achieve the national targets of health insurance coverage, implementation strategies that take into account the aforementioned factors would help increase the insurance coverage at a higher rate.

It is worth mentioning the bottlenecks of Community-based health insurance. These include: the fiscal space, the ability to raise additional funds in order to cover the majority of the population and lack of capacity to coordinate the scheme. That means, poor coordination leads to gaps in coverage and access to health services and the poor are the hardest hit (Maximillian Kolbe Domapielle, 2014). Hence, this study aims to analyze the trend of community-based insurance in Jimma administrative zone

Objective

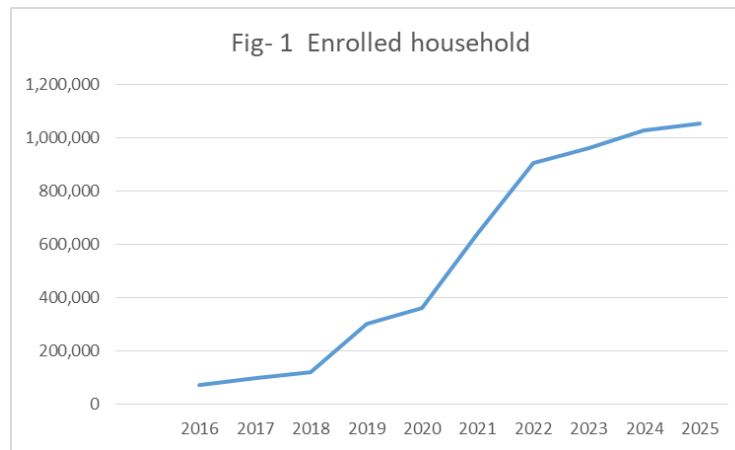
The objective of this study is to analyze the trend of community-based health insurance in Jimma administrative zone

Methodology

The methodology employed in this study was document-review design which is based on data that is obtained from the office of community-based health insurance of Jimma administrative zone. The analyzed data covers the records for the study period of the year 2016 up to 2025. Hence, the study depicted the analysis focusing on the trend of enrollment, Inpatients, those who visit health facilities by paying and non-paying and outpatients, those who visit health facilities by paying and non-paying. Data was systematically extracted from the administrative records and official reports being employed by structured checklists and then checked for consistency and completeness in order to make the process of analysis smoother. Also, the findings were presented in graphs and then the pattern of community-based health insurance and healthcare –service utilization of the Jimma administrative zone community was well narrated. Besides, ethical clearances and access to administrative records were attained from appropriate officials and the data was aggregately analyzed to keep its confidentiality.

Results and Discussions

The following figure depicts the enrollment trend of community-based health insurances at Jimma administrative zone

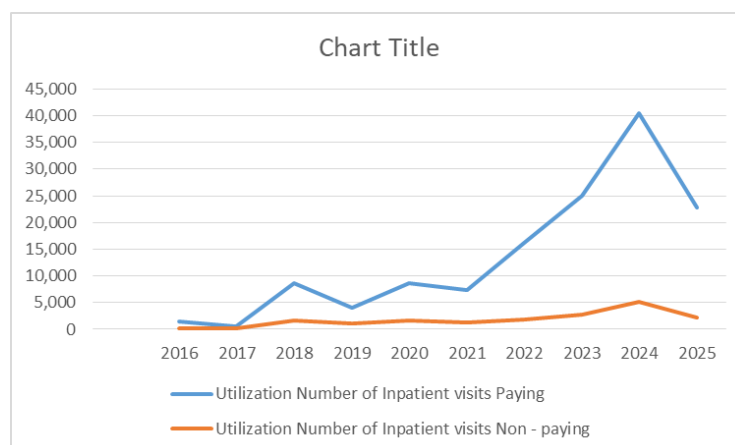


The above graph shows the trend households who were enrolled in Community-Based Health Insurance (CBHI) in Jimma Administrative Zone, from 2016 up to 2025. Hence, as it is clearly shown in the above line graph, the enrollment has shown increased in each year, that means, the total household, which is enrolled in 2016, were 73952, and then reached 1054,837 households in the zone, in the year 2025. Generally, it is possible to infer the following: The highest increment shown in year 2019 onwards could depicted great effort was exerted in expanded community mobilization and also the level of awareness of the community about scheme is raised at an alarming rate. In addition, the flattening shown after 2022 reveals that most target households have already enrolled in the scheme.

Inpatients those who visit health facilities by paying and non-paying

The following line graph illustrates inpatients who visit health facilities by paying and non-paying

Figure 2 - inpatient visits to health facilities

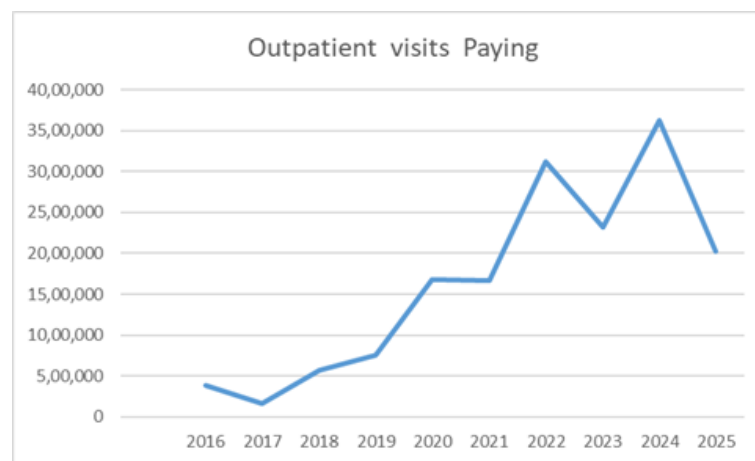


The above figure shows those inpatients who visit health facilities being by paying and non-paying in the years 2016–2025. Hence, as it is illustrated, there is an increasing trend

for both groups, though paying members show a much larger number of inpatient visits than non-paying members. Accordingly, in early years the utilization shows some fluctuations for both groups and then tends to show an increment of highest level in 2024 and then shows declining in 2025, though it remains much higher than pre-2022 levels. This may show that the number of enrollments on the scheme highly increases, the level of awareness raised increases, an increasing trend of healthcare- seeking behavior and the pattern of membership and renewal rates improved at alarming rates.

Outpatients those who visit health facilities by paying

The following line graph illustrates outpatients who visit health facilities by paying

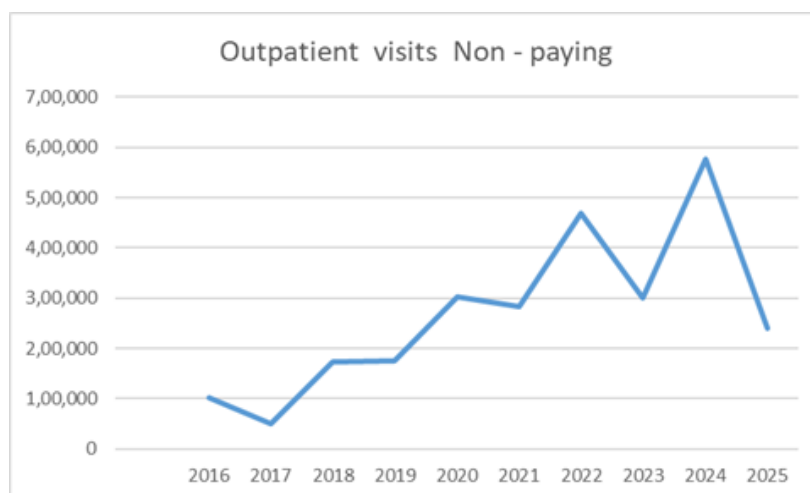


The above figure shows outpatients who are members of the scheme who visit health facilities by paying visits being paid in the years 2016 to 2025. Overall, it depicts increasing trend' That means, despite some fluctuations, paying outpatient utilizations increased from 3,808,722, in the year 2016 and nearly over 3.6 million at 2024 which is significant growth in health care service provision of the scheme. That is, it shows an increasing tendency of the scheme, and then a tremendous improvement of the provision of healthcare facilities and services in a wider range.

Besides, the provisional drop in 2017 is supposed to be due to: attrition of membership, inadequacy in service accessibility, some administrative or reporting issues, and may be due to initial implementation challenges within the scheme. In addition, the increasing trend shown after 2017 that the aforementioned challenges were likely to be addressed over time.

Outpatients those who visit health facilities by non-paying

The following figure illustrates outpatients those who visit health facilities by non-paying



The above figure illustrates the tendency of outpatients who visits the health facilities non-paying beneficiaries of the scheme the years 2016 to 2025. That means, it shows an increasing trend over the years studied, though it shows also several fluctuations.

Besides, the decrement seen in the year 2017 is due to the reason that minor problem encountering in implementing the scheme. Also, a slight decline occurs in 2021 and provisionally in 2023. Nonetheless, later there is tremendous progress in implementations of the program and, reduced financial barriers to seeking treatment.

Discussions and conclusions

The analysis reveals that Jimma administrative zone community accepted Community Based Health Insurance (CBHI) scheme from its inception in 2016 and able to adopt to mass coverage nearly within a decade. It is also possible to infer the population has shown growth. Also, the study conducted by Bedasa., et al., (2022) reveals that among the population of Ethiopia, less than one-third were covered by health insurance. Furthermore, factors such as: Socio-economic and demographic factors were found to associate with health insurance coverage. In addition, regional states, wealth index and place of residence were significantly associated with health insurance coverage. Besides, they argued that, enhancing health insurance coverage should be made by emphasizing contextualized implementation strategies across the regional states, for example, for pastoralists

dominated regions such as Afar, Somali, Gambella, and Benishangul Gumuz the government should arrange premium subsidization and employ a wide range of promotion activities. Therefore, customizing the approach in line with the living standards of regional states would make the scheme more fruitful indeed.

In addition, the study found out that the highest gap exists between paying and non-paying beneficiaries shows there should be enhancing coverage among vulnerable households, raising the level of awareness programs in a consolidated fashion, increase equity in healthcare utilizations. Furthermore, in Jimma administrative zone, CBHI scheme played paramount role in letting inpatients get healthcare provisions in a wider range. Besides, Bedasa., et al., (2022) reveals that though the current scheme of community-based health insurance targets those who earn low-income rural majorities, those with higher wealth indices were more likely to be covered by it and this implies the need to more subsidies for poor households by applying differential rate system to contributed by each. In additions, it is found that male and older age headed household were more likely to be covered by health insurance, hence it is advisable for the government to reconsider its implementation strategies to increase its coverage being uptaking of the younger and female headed households (Bedasa., et al., 2022)

The study reveals that the scheme is being financing health care services, enhancing healthcare resources and decreasing the risk of household financial crisis, besides there is an improvement in healthcare facilities in the zone. This is also justified by Bereket & Mahlet (2025) who reveals that in Ethiopia, the rationale behind introducing Community-Based Health Insurance (CBHI) schemes is to improve healthcare accessibility to people at large and then to overcome financial barriers to healthcare accesses being providing protection against out-of-pocket (OOP) expenses. Despite this, as per some institutional experiences of insured patients is very limited. That means, the coverage of Community-Based Health Insurance in its infant stage, though it was commenced in 2011 (Bereket & Mahlet, 2025)

The study found out that the scheme is being financing health care services, enhancing healthcare resources and decreasing the risk of household financial crisis, besides there is an improvement in healthcare facilities in the zone, in additions, this was justified by some researches which reveal that community financing schemes offer financial protection by

minimizing out of pocket (OOP) spending and by improving access to drugs increasing access to health services; primary care, including more advanced hospital care (Dave, 1991, Preker et al., 2002). It is also argued that Health insurance is a vital means to boost universal health care coverage through providing financial protection and better health care utilization (Reshmi B, et al., 2021)

Recommendations

To get smooth sailing of the system, there should be maintenance of stakeholder's mobilizations, besides, it is also advisable to exert consolidated efforts to strengthen the service quality, coverage of the scheme and beneficiary retention are essential to sustain these gains in a wider range.

It is advisable to regional states to enhance coverage among vulnerable households, raising the level of awareness programs in a consolidated fashion and increasing equity in healthcare utilizations

It is advisable to the government to exert efforts in making the scheme is being financing health care services, enhancing healthcare resources and decreasing the risk of household financial crisis, besides improving healthcare facilities in the zone.

Reference

1. Bedasa Taye Merga, Bikila Balis, Habtamu Bekele and Gelana Fekadu (2022) Health insurance coverage in Ethiopia: financial protection in the Era of sustainable development goals (SDGs) 12:43, PP. 1-7, available at: <https://doi.org/10.1186/s13561-022-00389-5>
2. Bereket Alemayehu Admasu, and Mahlet Yigeramu Gebremariam (2025) Assessment of Health Insurance's Role in Reducing Financial Barriers to Health Service Access: Perspective from a Resource Limited Setting, The Journal of Health Care Organization, Provision, and Financing, SAGE, Volume 62: PP. 1–7, Available at: DOI: 10.1177/00469580251333636
3. Dave, P. (1991) Community and self-financing in voluntary health programmes in India. Health Policy and Planning, 6 (1), 20-31.

4. Maximillian Kolbe Domapielle (2014) Health insurance and access to health care services in developing countries, Journal of Government and Politics Vol.5 No.1, pp. 80-91 available at: <http://dx.doi.org/10.18196/jgp.2014.0007>
5. Preker, A. S., Carrin, G., Dror, D., Jakab, M., Hsiao, W. and Arhin-Tenkorang, D. (2002) Effectiveness of community health financing in meeting the cost of illness. BULLETIN-WORLD HEALTH ORGANIZATION, 80 (2), 143-150.
6. Reshmi B, Unnikrishnan B, Parsekar SS, et al. (2021) Health insurance awareness and its uptake in India: a systematic review protocol. BMJ Open 2021;11: e043122. doi:10.1136/bmjopen-2020-043122
7. Tom Achoki and Abaleng Lesego (2017) The imperative for systems thinking to promote access to medicines, efficient delivery, and cost-effectiveness when implementing health financing reforms: a qualitative study, International Journal for Equity in Health (2017) 16:53, pp. 1-13, available at: DOI 10.1186/s12939-017-0550-x