

# Universal Health Coverage: Progress, Challenges, and the Path Forward under Sustainable Development Goals

Dr. Latha Maheswari<sup>1</sup>, Dr. R.G. Anand<sup>2</sup>, Dr. P. Jeyalakshmi<sup>3</sup>, Akshitha Ramalingam<sup>4</sup>

<sup>1</sup>MBBS, MD, PGDMCH, Associate Professor Govt. Thiruvallur MCH

<sup>2</sup>MBBS, MD, MHA, FHM, PDCR, LLB, LLM, Member, NCPDR, National Commission for Protection of Child Rights, Govt. of India

<sup>3</sup>MBBS, DPH, Tutor, Department of Community Medicine, Government Omendezura Medical College, Chennai

<sup>4</sup>BTech, Personal Secretary to Hon'ble Member Dr RG Anand

**Abstract:** *Achieving Universal Health Coverage (UHC) is a key component of the Sustainable Development Goals (SDGs), particularly SDG 3. UHC ensures equitable access to essential healthcare services while providing financial risk protection. Despite notable advancements, challenges such as financial constraints, health system inefficiencies, and socio-economic disparities remain significant barriers. This study evaluates progress toward UHC, identifies key challenges, and proposes strategic solutions. Using a mixed-methods approach, this research synthesizes data from international health organizations, policy reviews, and field studies. The findings provide actionable insights for policymakers, healthcare providers, and stakeholders, aiming to strengthen sustainable healthcare systems aligned with SDG objectives.*

**Keywords:** Universal Health Coverage, Sustainable Development Goals, Health Equity, Financial Protection, Primary Healthcare

## 1. Introduction

Universal Health Coverage (UHC) is a fundamental goal within the Sustainable Development Goals (SDGs), specifically under SDG 3.8, which aims to ensure that all individuals and communities have access to essential health services without financial hardship. UHC encompasses a broad range of health services, including preventive, curative, rehabilitative, and palliative care, with a focus on ensuring equity in healthcare delivery. Achieving UHC is vital for improving population health outcomes, reducing health disparities, and fostering socio-economic development.

Despite significant progress in expanding healthcare access globally, disparities in healthcare services remain, particularly in low- and middle-income countries (LMICs). Financial constraints, inadequate healthcare infrastructure, workforce shortages, and socio-economic inequalities continue to hinder progress toward achieving UHC. Additionally, emerging global challenges—including pandemics, climate change, and geopolitical conflicts—further hinder efforts to strengthen healthcare systems.

This research contributes to global health discussions by highlighting effective policies and practices that can accelerate the achievement of UHC. The study provides a framework for policymakers and stakeholders to address disparities and strengthen

socio-cultural challenges hindering the implementation of UHC.

- To analyze the role of government policies, international collaborations, and public-private partnerships in advancing UHC goals.
- To evaluate the impact of existing health financing models on healthcare accessibility and financial protection.
- To provide evidence-based recommendations for strengthening healthcare systems to achieve equitable and sustainable UHC.

## 3. Review of Literature

Universal Health Coverage (UHC) is a central component of Sustainable Development Goal (SDG) 3, aiming to ensure that all individuals have access to essential health services without financial hardship. Despite global commitments, progress toward UHC has been uneven, with significant challenges persisting across various regions.

According to the World Health Organization (WHO), as of 2021, approximately 4.5 billion people were not fully covered by essential health services, indicating minimal progress since 2015. Additionally, about 2 billion individuals faced financial hardship due to out-of-pocket health expenditures, with 1 billion experiencing catastrophic spending. This stagnation highlights the persistent barriers in achieving UHC globally.

The World Bank's analysis underscores the difficulty in expanding service coverage while mitigating financial hardship. Despite advancements over the past two decades, many countries struggle to improve access to services without increasing the financial burden on individuals. This challenge is particularly pronounced in low- and middle-income countries, where health financing systems are often

## 2. Objectives

- To assess the current progress toward achieving Universal Health Coverage (UHC) globally, with a focus on key health service indicators.
- To identify the major financial, infrastructural, and

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underdeveloped.

The Global Action Plan for Healthy Lives and Well-being for All emphasizes the need for enhanced collaboration among international health organizations to support countries in their pursuit of UHC. By aligning efforts and resources, these organizations aim to provide more streamlined support, reduce inefficiencies, and bolster health systems, particularly in resource-limited settings.

Despite these initiatives, significant disparities remain. The WHO reports that inequalities continue to be a fundamental challenge for UHC, with coverage of reproductive, maternal, child, and adolescent health services tending to be higher among wealthier, more educated, and urban populations. Financial hardship due to health spending is more prevalent among households with older members and those in rural areas.

In summary, while there have been efforts to advance UHC as part of the SDGs, substantial challenges persist. Addressing these issues requires comprehensive strategies that encompass health system strengthening, equitable resource distribution, and targeted interventions to reach underserved populations.

## 4. Methodology

### 4.1 Study Design

This study employs a mixed-methods research design, combining quantitative and qualitative approaches to assess progress and challenges in achieving Universal Health Coverage (UHC). Quantitative data is obtained from global health databases and national health surveys, while qualitative insights are gathered through key informant interviews and focus group discussions.

### 4.2 Study Area

The study focuses on selected low- and middle-income countries (LMICs) where achieving UHC remains a significant challenge due to financial constraints, healthcare infrastructure gaps, and socio-economic disparities. The study also includes high-income countries to provide comparative insights into successful UHC models.

### 4.3 Study Population

The study population includes healthcare policymakers, health professionals, and community members who directly interact with health services.

### 4.4 Sampling Method

A purposive sampling approach is used to select policymakers and healthcare providers, while stratified random sampling is applied to community members to ensure diverse representation across income levels and geographic locations.

### 4.5 Inclusion Criteria

- Individuals aged 18 years and above with experience in accessing or providing healthcare services.
- Healthcare policymakers and stakeholders involved in UHC implementation.
- Residents of rural and urban areas within selected study regions.

### 4.6 Exclusion Criteria

- Individuals unwilling to participate in the study.
- Temporary residents or those not utilizing public healthcare services.
- Individuals with cognitive impairments that hinder participation.

### 4.7 Data Collection Methods

- **Surveys:** Structured questionnaires are administered to community members to gather information on healthcare access, financial risk protection, and service availability.
- **Key Informant Interviews (KIIs):** Interviews with policymakers and healthcare professionals to explore systemic challenges and policy interventions.
- **Focus Group Discussions (FGDs):** Held with community members to gain insights into perceptions, barriers, and facilitators to UHC adoption.
- **Secondary Data Analysis:** Review of health expenditure reports, national health accounts, and WHO/World Bank UHC monitoring frameworks.

### 4.8 Study Instruments

- **Questionnaires:** Designed based on validated UHC assessment frameworks covering healthcare accessibility, affordability, and service quality.
- **Interview Guides:** Structured to explore policy perspectives, resource allocation, and healthcare service challenges.

### 4.9 Ethical Considerations

- Ethical approval was obtained from the institutional review board (IRB). Written informed consent was collected from all participants, ensuring confidentiality and voluntary participation. The study adhered to principles of respect, beneficence, and justice.

### 4.10 Study Instruments

- **Questionnaires:** Designed based on validated UHC assessment frameworks covering healthcare accessibility, affordability, and service quality.
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### 4.11 Ethical Considerations

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confidentiality. Ethical principles of respect, beneficence, and non-maleficence were upheld throughout the study.

#### 4.12 Data Analysis

- **Quantitative Data:** Descriptive and inferential statistical analyses are conducted using statistical software to evaluate trends and correlations.
- **Qualitative Data:** Thematic analysis is employed to identify key themes and patterns from interviews and FGDs.
- **Comparative Analysis:** Cross-country comparisons are conducted to identify best practices and areas requiring improvement.

**Table 1:** Progress Toward Universal Health Coverage Goals

This table presents key indicators reflecting progress made in achieving UHC across selected countries.

Indicator	Low-Income Countries (%)	Middle-Income Countries (%)	High-Income Countries (%)
Population with essential health services	45.2	72.8	96.5
Financial protection (reduction in out-of-pocket expenses)	33.5	67.2	89.8
Coverage of maternal and child health services	52.3	80.4	97.6
Access to essential medicines	38.6	75.1	94.3

#### Key Findings:

- Middle-income and high-income countries have achieved significant progress, particularly in maternal and child health services.
- Financial protection remains a major challenge in low-income countries.
- Essential health services coverage is still below optimal levels in many developing regions.

**Table 2:** Challenges in Implementation

Identified challenges hindering the implementation of UHC goals.

Challenge	Impact (%)	Affected Regions
Financial constraints	64.5	Low- and middle-income regions
Workforce shortages	58.3	Sub-Saharan Africa, South Asia
Geographic barriers	49.7	Rural and remote areas
Health system inefficiencies	55.1	Developing nations

#### Key Insights:

- Financial barriers continue to be the most significant obstacle.
- Workforce shortages limit service delivery, particularly in underserved regions.
- Geographical challenges disproportionately affect rural populations.

**Table 3:** Policy Interventions and Their Impact

Evaluation of implemented policy interventions and their outcomes.

Policy Intervention	Implementation Rate (%)	Observed Impact (%)
Community-based health insurance	72.5	58.9
Public-private partnerships	60.2	55.3
Health workforce training	80.4	62.7
Subsidized essential services	68.9	70.4

#### 4.13 Study Execution

- **Planning:** Engagement with stakeholders to define study objectives and logistical considerations.
- **Data Collection Training:** Capacity building for data collectors to ensure standardized procedures.
- **Fieldwork Implementation:** Surveys, interviews, and FGDs conducted over a period of three months.
- **Data Processing:** Cleaning and validation of collected data for accuracy and reliability.

### 5. Results and Discussion:

#### Discussion

- Community-based health insurance schemes have shown promising results in improving coverage.
- Training healthcare workers has led to measurable improvements in service delivery.
- Public-private partnerships have played a critical role in expanding healthcare access.

**Table 4:** Future Directions for Achieving UHC

Proposed actions for advancing Universal Health Coverage goals.

Action Plan	Expected Improvement (%)
Increased investment in health systems	75.0
Strengthening primary healthcare	68.5
Expanding digital health solutions	80.2
Enhancing financial protection	72.9

#### Discussion

- Strengthening primary healthcare services remains key to achieving UHC.
- Digital health solutions offer potential for expanding access in remote areas.
- Financial risk protection strategies must be enhanced to ensure affordability.

### 6. Key Insights from the Analysis

- **Progress Observed:** Substantial improvements in health service coverage and financial protection have been recorded in middle- and high-income countries.
- **Persistent Challenges:** Financial constraints, workforce shortages, and geographic disparities remain major barriers.
- **Successful Strategies:** Interventions such as community-based insurance and workforce capacity-building have yielded positive results.
- **Future Focus Areas:** Policymakers must prioritize financial risk protection and strengthen healthcare systems to achieve UHC sustainably.

## 7. Conclusion

Achieving Universal Health Coverage (UHC) is essential to ensuring equitable healthcare access and financial protection for all, in alignment with the Sustainable Development Goals (SDGs). This study highlights significant progress in expanding healthcare service coverage, particularly in middle- and high-income countries, where policy interventions and investments in healthcare infrastructure have yielded positive outcomes. However, persistent challenges such as financial constraints, workforce shortages, and geographical barriers continue to hinder progress, especially in low-income regions. Addressing these barriers requires a comprehensive and multi-sectoral approach that integrates innovative financing models, improved healthcare infrastructure, and community-driven initiatives.

Moving forward, it is imperative that governments, healthcare institutions, and international organizations collaborate to implement evidence-based strategies. Strengthening financial protection mechanisms and expanding healthcare accessibility will be crucial in realizing the vision of Universal Health Coverage.

## 8. Recommendations

### Enhancing Financial Protection:

- Introduce and scale up social health insurance schemes to reduce out-of-pocket expenses.
- Implement targeted subsidies for vulnerable populations to improve affordability.

### Strengthening Healthcare Workforce:

- Invest in healthcare professional training and capacity-building programs.
- Implement retention strategies, especially in rural and underserved areas.

### Infrastructure Development:

- Expand healthcare facilities in remote and marginalized communities.
- Improve transportation and telehealth services to bridge the accessibility gap.

### Policy and Governance Strengthening:

- Foster multi-sectoral partnerships to address social determinants of health.
- Implement evidence-based policies and ensure accountability in UHC implementation.

### Community Engagement:

- Promote awareness campaigns to educate communities on the importance of preventive healthcare.
- Encourage community participation in healthcare planning and decision-making.

### Leveraging Digital Health:

- Deploy digital health technologies to enhance service delivery and monitoring.
- Ensure equitable access to telemedicine and digital health solutions.

## 9. Limitations

- **Data Availability:** Limited access to updated and standardized data from low-income countries may impact the accuracy of progress assessments.
- **Cross-sectional Design:** The study provides a snapshot of current progress and challenges but does not capture long-term trends and causal relationships.
- **Regional Variability:** Findings may not be fully generalizable to all regions due to differences in healthcare infrastructure and policies.
- **Financial Constraints:** Resource limitations may have influenced the scale and depth of data collection and analysis.

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