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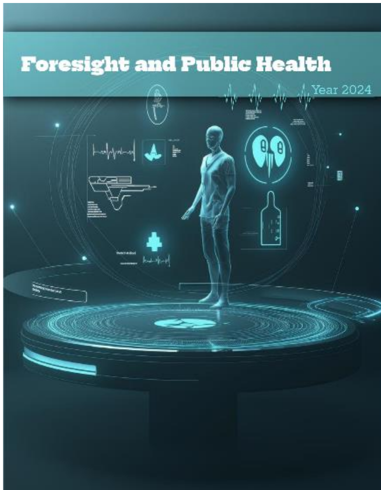

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Exploring the Challenges of Implementing Universal Health Coverage: A Qualitative Approach

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ABSTRACT

This study explores the challenges in implementing Universal Health Coverage (UHC). This qualitative research employed an exploratory design, utilizing semi-structured interviews with 26 participants, including policymakers, healthcare administrators, public health professionals, and frontline providers. Participants were recruited through online announcements and platforms, and interviews were conducted until theoretical saturation was achieved. Thematic analysis was performed using NVivo software to identify key challenges in UHC implementation. The results revealed four major challenges in UHC implementation. Financial barriers were a significant concern, with high out-of-pocket expenditures, insufficient funding, and inefficient resource allocation limiting healthcare accessibility. Infrastructure and service delivery challenges included a shortage of healthcare professionals, unequal distribution of facilities, and inconsistencies in care quality. Policy and governance issues such as weak regulatory frameworks, political instability, and fragmented implementation strategies were identified as key impediments to UHC progress. Socio-cultural and behavioral factors, including public mistrust in health systems, low health literacy, and cultural barriers, further restricted healthcare utilization. These findings highlight the multidimensional nature of UHC challenges, emphasizing the need for comprehensive policy interventions. Achieving UHC requires overcoming financial, infrastructural, policy, and socio-cultural challenges through strategic reforms. Sustainable healthcare financing, enhanced infrastructure investment, governance improvements, and culturally sensitive public health strategies are essential for ensuring equitable healthcare access. Future research should focus on evaluating financing models, digital health solutions, and governance frameworks to enhance UHC implementation globally.

Keywords: Universal Health Coverage, healthcare financing, policy implementation, healthcare infrastructure, health equity, public health governance.

Introduction

Universal Health Coverage (UHC) is a global health priority aimed at ensuring that all individuals and communities receive the healthcare services they need without experiencing financial hardship (Organization, 2022). The World Health Organization (WHO) defines UHC as a system in which people have access to essential health services, including preventive, promotive, curative, rehabilitative, and palliative care, without facing financial barriers (Reynolds et al., 2023). Despite significant policy efforts to implement UHC in many countries, achieving universal access to quality healthcare remains a formidable challenge, particularly in low- and middle-income countries (LMICs) (Abdullahi, 2023).

While UHC has been associated with improved health outcomes and economic stability, several structural, financial, and governance-related barriers hinder its full realization (Gilks & Alemu, 2024). These barriers not only impact the delivery of healthcare services but also exacerbate health inequities, disproportionately affecting vulnerable populations (Olu et al., 2024).

One of the critical challenges in implementing UHC is the financial burden associated with healthcare services. Many healthcare systems struggle with inadequate funding, leading to high out-of-pocket (OOP) expenses that deter individuals from seeking timely medical care (Marwa & Chamwali, 2024). The reliance on OOP payments often results in catastrophic health expenditures, forcing households into poverty (Brown, 2024). Several studies have highlighted that UHC financing models vary widely across countries, with some adopting tax-based systems while others rely on social health insurance schemes (Le et al., 2023). However, achieving sustainable healthcare financing remains a challenge due to economic instability, inefficient resource allocation, and corruption in many healthcare systems (Perdana et al., 2022). In countries where public financing is inadequate, the burden of healthcare costs shifts to individuals, undermining the fundamental goal of UHC (Pisarenko & Thi, 2021). The financial barriers to UHC are particularly pronounced in LMICs, where fiscal constraints and external donor dependencies further complicate healthcare access (Alinia & Lahijan, 2019).

In addition to financial constraints, infrastructure and service delivery challenges significantly hinder the effective implementation of UHC. Many healthcare systems face shortages of medical facilities, particularly in rural and underserved regions, exacerbating disparities in healthcare access (Ramadhan et al., 2020). Geographic barriers, coupled with the uneven distribution of healthcare professionals, create significant obstacles for patients seeking medical care (Khanal & Regmi, 2020). For instance, a study on UHC implementation in Indonesia found that healthcare infrastructure gaps, particularly in remote areas, led to delays in service delivery and increased patient mortality rates (Wasir et al., 2019). Another critical issue in service delivery is the shortage of healthcare workers, which affects the quality and efficiency of healthcare services (Sundeep et al., 2019). Many countries implementing UHC struggle with inadequate training, low workforce retention, and the migration of skilled healthcare professionals to higher-paying countries (Ramya et al., 2019). Without addressing these workforce-related challenges, the expansion of UHC may result in increased patient loads, provider burnout, and declining healthcare quality (Rim & Tassot, 2019).

Policy and governance challenges further complicate UHC implementation, as weak regulatory frameworks and inconsistent policy enforcement hinder healthcare system efficiency (Rosyidah, 2022). Political instability has been a major barrier to the continuity of UHC programs, as frequent changes in government lead to shifting healthcare priorities and policy reversals (Orjingene et al., 2022). In several countries, UHC policies are introduced without adequate stakeholder engagement, resulting in resistance from healthcare providers and policymakers (Chiheb & Sbihi, 2021). For example, studies from African and Asian healthcare systems indicate that fragmented governance structures contribute to inefficient policy implementation and poor coordination between public and private healthcare sectors (Saraan et al., 2024). Additionally, corruption and bureaucratic inefficiencies further weaken healthcare governance, limiting the effectiveness of UHC programs (Mitra, 2018). Strengthening institutional frameworks and ensuring policy stability are crucial steps in addressing these governance-related barriers to UHC implementation (Chen et al., 2023).

Socio-cultural and behavioral factors also play a significant role in shaping UHC adoption and effectiveness. Public mistrust in health systems, driven by misinformation and negative past experiences, often results in low participation in healthcare programs (Reynolds et al., 2023). Mistrust is particularly evident in regions where government healthcare initiatives have been historically associated with inefficiency or substandard service delivery (Ramadhan et al., 2020). Cultural barriers, including traditional beliefs and gender-related restrictions, further limit healthcare access, particularly for marginalized populations (Sundeep et al., 2019). In many contexts, women and elderly populations face greater difficulties in accessing care due to societal norms and structural inequities (Marwa & Chamwali, 2024). Furthermore, health literacy gaps contribute to delayed healthcare-seeking behavior, as individuals with limited knowledge of healthcare systems struggle to navigate insurance schemes and available medical services (Le et al., 2023). Improving health education and fostering trust in healthcare institutions are essential components of UHC strategies aimed at increasing healthcare utilization and equity (Ramya et al., 2019).

The challenges associated with UHC implementation are complex and multifaceted, requiring comprehensive policy interventions and strategic reforms. Ensuring financial sustainability, strengthening healthcare infrastructure, improving governance mechanisms, and addressing socio-cultural barriers are crucial steps toward achieving UHC goals (Pisarenko & Thi, 2021). Countries that have successfully implemented UHC, such as Vietnam and Iran, have adopted a combination of tax-based financing, public-private partnerships, and targeted social health insurance schemes to expand coverage and enhance healthcare quality (Alinia & Lahijan, 2019). However, even in these countries, ongoing policy adjustments are necessary to address emerging challenges and ensure long-term sustainability (Khanal & Regmi, 2020).

Given the significant obstacles to UHC implementation, qualitative research is essential in understanding the lived experiences of stakeholders and identifying context-specific solutions. Previous studies have primarily focused on quantitative assessments of UHC outcomes, such as healthcare utilization rates and financial protection indicators (Olu et al., 2024). However, there is a growing need for in-depth qualitative analyses that explore the challenges faced by policymakers, healthcare providers, and beneficiaries in achieving UHC objectives (Chen et al., 2023). This study employs a qualitative approach to investigate the key barriers to UHC implementation.

Methods and Materials

This qualitative study employs an exploratory design to examine the challenges of implementing Universal Health Coverage (UHC) through the perspectives of key stakeholders. The study utilizes a phenomenological approach to capture the lived experiences and insights of individuals involved in healthcare policy and administration. A total of 26 participants were selected using purposive sampling, ensuring diversity in perspectives. The inclusion criteria required participants to have direct experience with UHC implementation, including policymakers, healthcare administrators, public health professionals, and healthcare providers. Recruitment was conducted through online announcements and professional platforms, allowing for the inclusion of participants from diverse geographic and institutional backgrounds. Theoretical saturation was the guiding principle in determining the sample size, ensuring that data collection continued until no new themes emerged.

Data collection was conducted through semi-structured interviews designed to explore participants' experiences, challenges, and perspectives on implementing UHC. An interview guide was developed based on a review of existing literature and refined to address key dimensions of UHC, including financial sustainability, accessibility, equity, and quality of care. The interviews were conducted online to accommodate participants from different locations and minimize logistical constraints. Each interview lasted approximately 45 to 60 minutes and was recorded with participants' consent. Transcriptions were generated verbatim to maintain accuracy and preserve the nuances of participants' responses.

Data analysis was performed using NVivo software, employing a thematic analysis approach. The transcripts were systematically coded to identify recurring themes and sub-themes related to the implementation challenges of UHC. The coding process followed an inductive approach, allowing themes to emerge organically from the data rather than being imposed a priori. Initial open coding was conducted to categorize broad concepts, followed by axial coding to establish relationships between themes. Selective coding was then applied to refine the central themes and develop a coherent narrative of findings. The rigor of the analysis was enhanced through investigator triangulation, where multiple researchers reviewed the coding framework to ensure reliability and validity. To maintain trustworthiness, member checking was performed, allowing participants to review and validate key themes derived from their interviews.

Findings and Results

The demographic characteristics of the 26 participants in this study reflected a diverse representation of stakeholders involved in Universal Health Coverage (UHC) implementation. Among the participants, 12 were policymakers (46.2%), 6 were healthcare administrators (23.1%), 4 were public health professionals (15.4%), and 4

were frontline healthcare providers, including physicians and nurses (15.4%). The sample included 15 males (57.7%) and 11 females (42.3%), with ages ranging from 32 to 61 years (M = 44.6, SD = 7.8). In terms of educational background, 18 participants (69.2%) held postgraduate degrees in health policy, public health, or related fields, while 8 participants (30.8%) had undergraduate qualifications in healthcare administration or clinical practice. Geographically, 11 participants (42.3%) were based in urban areas with established healthcare systems, whereas 15 participants (57.7%) had experience working in rural or underserved regions. The participants had an average of 15.2 years (SD = 6.1) of experience in healthcare systems, with tenure ranging from 7 to 28 years. This demographic diversity ensured a comprehensive exploration of the challenges associated with UHC implementation, incorporating perspectives from various levels of healthcare governance and service provision.

Table 1. Categories, Subcategories, and Concepts

Category	Subcategory	Concepts
Financial Barriers to UHC	Insufficient Funding	Budget constraints, limited government resources, dependency on external aid
	High Out-of-Pocket Costs	Financial hardship, catastrophic health expenditures, lack of insurance coverage
	Inefficiencies in Resource Allocation	Mismanagement of funds, corruption, bureaucratic delays
	Lack of Sustainable Financing Models	Unstable revenue sources, inadequate tax-based funding, donor dependency
Infrastructure and Service Delivery Challenges	Shortage of Healthcare Facilities	Limited hospital infrastructure, rural-urban disparities, lack of primary care centers
	Workforce Shortages	Insufficient healthcare workers, high workload, migration of skilled professionals
	Inconsistent Quality of Care	Variability in treatment standards, outdated medical equipment, lack of clinical guidelines
	Barriers to Technological Integration	High costs of digital health systems, resistance to change, lack of technical expertise
	Geographic and Regional Disparities	Unequal distribution of services, remote area accessibility, transportation difficulties
Policy and Governance Issues	Weak Regulatory Frameworks	Lack of enforcement, outdated policies, fragmented governance
	Political Instability	Changing health policies, lack of long-term commitment, political interference
	Inconsistent Policy Implementation	Policy-practice gap, bureaucratic inefficiencies, resistance from stakeholders
Socio-Cultural and Behavioral Factors	Public Mistrust in Health Systems	Skepticism towards government programs, misinformation, lack of awareness
	Cultural Barriers to Healthcare Access	Traditional beliefs, stigma around certain diseases, gender-related access issues
	Resistance to Mandatory Health Insurance	Perceived financial burden, preference for out-of-pocket payments, distrust in insurance schemes
	Health Literacy Gaps	Limited understanding of healthcare rights, low awareness of preventive care, difficulty navigating the system

The findings of this study identified four main challenges in the implementation of Universal Health Coverage (UHC): financial barriers, infrastructure and service delivery challenges, policy and governance issues, and socio-cultural and behavioral factors. Within these themes, several subcategories emerged, highlighting the specific difficulties encountered in achieving equitable and sustainable healthcare access.

Financial barriers were a dominant concern among participants, with insufficient funding cited as a major constraint. Many interviewees noted that "the healthcare budget is always stretched too thin, making it impossible to cover essential services for all" (Participant 12). High out-of-pocket costs further exacerbate financial hardship, as citizens often struggle with catastrophic health expenditures, forcing them to forgo necessary treatments. One respondent emphasized, "Many people delay seeking care because they simply can't afford it, even when they have insurance" (Participant 7). Inefficiencies in resource allocation were also a recurring theme, with complaints about mismanagement of funds, corruption, and bureaucratic delays. According to one policymaker, "Funds are allocated, but they don’t always reach the facilities that need them the most" (Participant 3). Finally, the lack of sustainable financing models was evident, as healthcare systems often rely on unstable revenue sources, inadequate tax-based funding, and donor dependency. As one administrator stated, "We need a long-term financial strategy rather than short-term emergency funding solutions" (Participant 19).

Infrastructure and service delivery challenges were another significant barrier, particularly the shortage of healthcare facilities. Participants highlighted disparities between urban and rural areas, noting that "in remote regions,

people have to travel hours just to see a doctor" (Participant 5). Workforce shortages also emerged as a critical issue, with many facilities experiencing high workloads and insufficient healthcare professionals. One nurse shared, "We are understaffed, overworked, and constantly trying to do more with less" (Participant 9). Inconsistent quality of care was frequently discussed, with concerns about variability in treatment standards, outdated medical equipment, and lack of clinical guidelines. A doctor explained, "Some hospitals have state-of-the-art technology, while others barely have functioning X-ray machines" (Participant 16). Barriers to technological integration further hindered service efficiency, as the high costs of digital health systems, resistance to change, and lack of technical expertise were widely reported. One healthcare IT specialist noted, "There is potential for technology to transform UHC, but the upfront investment is a major hurdle" (Participant 21). Geographic and regional disparities also posed challenges, with inadequate transportation and an unequal distribution of services preventing marginalized populations from accessing care. "Patients from rural areas often arrive too late because they couldn't afford transport," noted one community health worker (Participant 14).

Policy and governance issues were frequently cited as obstacles to effective UHC implementation. Weak regulatory frameworks were a key concern, with a lack of enforcement and outdated policies contributing to fragmented governance. "There are policies in place, but no one ensures they are followed consistently," said one policymaker (Participant 4). Political instability further complicates healthcare reform, as frequent changes in government result in shifting priorities. One respondent lamented, "Every new administration introduces a different health agenda, making it hard to maintain continuity" (Participant 2). Inconsistent policy implementation was also highlighted, with bureaucracy and resistance from stakeholders slowing progress. "Even when good policies are introduced, the gap between legislation and execution remains huge," stated a public health official (Participant 10).

Socio-cultural and behavioral factors significantly influence the success of UHC, particularly public mistrust in health systems. Participants noted that skepticism toward government programs, misinformation, and lack of awareness deter people from utilizing services. "There's a perception that free healthcare means low-quality care, which is simply not true," said a healthcare advocate (Participant 23). Cultural barriers to healthcare access were also evident, with traditional beliefs, stigma around certain diseases, and gender-related access issues limiting participation. "Women in some communities still need their husband's permission to visit a doctor," shared one social worker (Participant 8). Resistance to mandatory health insurance schemes was another common issue, as individuals viewed it as a financial burden or lacked trust in insurance providers. One respondent explained, "People feel forced into insurance programs without fully understanding the benefits" (Participant 6). Finally, health literacy gaps were a significant concern, as many individuals struggled to understand their healthcare rights, preventive care measures, and how to navigate the system. "Patients often don't know where to go for the services they need, leading to delays in treatment," stated a primary care provider (Participant 17).

Discussion and Conclusion

The findings of this study highlight several significant challenges in the implementation of Universal Health Coverage (UHC), categorized into financial barriers, infrastructure and service delivery challenges, policy and governance issues, and socio-cultural and behavioral factors. The results suggest that despite global efforts to expand healthcare access, UHC implementation continues to be hindered by structural deficiencies, inconsistent policies, and socio-economic disparities. Participants emphasized that financial constraints remain the most critical obstacle, with high out-of-pocket (OOP) expenditures, inefficient resource allocation, and unsustainable financing models significantly limiting healthcare access. Additionally, infrastructure and service delivery challenges, including healthcare workforce shortages, geographic disparities, and inconsistent quality of care, were frequently cited as major impediments. Policy and governance issues, such as weak regulatory frameworks and political instability, further complicate efforts to ensure equitable healthcare provision. Finally, socio-cultural factors, including public mistrust in healthcare systems, health literacy gaps, and cultural barriers, contribute to disparities in healthcare utilization and access.

The financial constraints identified in this study align with previous research highlighting the economic challenges of UHC implementation. Studies indicate that in many low- and middle-income countries (LMICs), inadequate healthcare financing mechanisms force individuals to bear a significant share of healthcare costs, leading to catastrophic health expenditures and increased poverty rates (Gilks & Alemu, 2024; Marwa & Chamwali, 2024). Similarly, the reliance on donor aid and external financial assistance has been criticized for creating dependency and undermining the long-term sustainability of healthcare systems (Abdullahi, 2023). Countries that have successfully implemented UHC, such as Vietnam and Iran, have relied on tax-based financing models and social health insurance schemes to mitigate financial barriers (Alinia & Lahijan, 2019; Pisarenko & Thi, 2021). However, even in these cases, concerns regarding the adequacy of healthcare funding and the efficiency of financial management persist (Brown, 2024). The findings of this study reinforce the importance of developing sustainable financing models that ensure equitable healthcare access while minimizing financial hardship for individuals.

The infrastructure and service delivery challenges identified in this study also correspond with previous research on UHC implementation difficulties. Numerous studies have documented the uneven distribution of healthcare facilities and workforce shortages as significant barriers to achieving universal healthcare access (Khanal & Regmi, 2020; Ramadhan et al., 2020). A study on UHC expansion in Indonesia revealed that rural populations face considerable challenges in accessing healthcare due to limited medical infrastructure and a lack of trained healthcare professionals (Wasir et al., 2019). Similarly, healthcare systems in Africa and South Asia continue to struggle with resource shortages, leading to long wait times, provider burnout, and inconsistent quality of care (Olu et al., 2024; Reynolds et al., 2023). The integration of digital health solutions has been suggested as a potential strategy for addressing these service delivery challenges, particularly in remote areas (Upreti et al., 2024). However, as highlighted in this study, the cost and complexity of implementing such technologies often limit their adoption. Addressing these challenges requires targeted investments in healthcare infrastructure and workforce development, particularly in underserved regions.

Policy and governance issues emerged as another major theme in this study, with participants frequently citing weak regulatory frameworks, inconsistent policy implementation, and political instability as key barriers to UHC. Previous studies have similarly emphasized the impact of governance-related challenges on healthcare system efficiency (Orjingene et al., 2022; Rosyidah, 2022). The lack of long-term political commitment and frequent changes in government policies have been found to disrupt UHC implementation efforts in several countries (Chen et al., 2023; Saraan et al., 2024). Inconsistencies between policy formulation and execution have also been widely reported, with bureaucratic inefficiencies and resistance from healthcare stakeholders limiting the effectiveness of reforms (Chiheb & Sbihi, 2021). A study examining UHC policy implementation in Morocco highlighted similar governance-related barriers, including fragmented regulatory structures and misaligned policy priorities (Brown, 2024). Strengthening institutional frameworks and promoting policy stability are essential for ensuring the successful and sustainable implementation of UHC initiatives.

Socio-cultural and behavioral factors, such as public mistrust in health systems and health literacy gaps, were also identified as significant challenges in this study. These findings align with previous research emphasizing the role of trust and awareness in healthcare utilization (Perdana et al., 2022; Ramya et al., 2019). In many regions, individuals are hesitant to participate in government-led healthcare programs due to skepticism regarding service quality and transparency (Le et al., 2023). Cultural barriers further exacerbate disparities in healthcare access, particularly among marginalized groups, including women and rural populations (Sundeep et al., 2019). Research on UHC expansion in India found that traditional beliefs and gender norms often prevent individuals from seeking timely medical care, leading to increased disease burdens (Reynolds et al., 2023). Health literacy has also been identified as a critical determinant of healthcare engagement, with low levels of awareness about insurance schemes and preventive care contributing to delayed treatment-seeking behaviors (Ramadhan et al., 2020). Addressing these socio-cultural barriers requires targeted public health campaigns and community engagement strategies to enhance trust and awareness in healthcare services.

The findings of this study contribute to the growing body of knowledge on UHC implementation challenges by providing a qualitative perspective on the lived experiences of key stakeholders. By identifying the financial, infrastructural, policy, and socio-cultural barriers to UHC, this study underscores the need for comprehensive and

context-specific policy interventions. The results highlight the importance of sustainable financing, improved healthcare infrastructure, effective governance mechanisms, and culturally sensitive health promotion strategies in overcoming the obstacles to UHC.

Despite the valuable insights generated by this study, several limitations must be acknowledged. First, the study relied on a qualitative research design with a relatively small sample size of 26 participants. While theoretical saturation was reached, the findings may not fully capture the perspectives of all stakeholders involved in UHC implementation. Additionally, the study focused on participants recruited through online platforms, which may have limited the inclusion of individuals from rural and underserved areas who experience the most significant barriers to healthcare access. Furthermore, self-reported data from interviews are inherently subjective and may be influenced by participants' personal experiences and biases. Future research incorporating mixed-methods approaches, including quantitative surveys and policy analysis, could provide a more comprehensive understanding of UHC challenges.

Given the complexity of UHC implementation, future research should explore the effectiveness of different financing models in ensuring equitable healthcare access. Comparative studies examining the sustainability of tax-based versus insurance-based UHC systems could provide valuable policy insights. Additionally, research on the impact of digital health technologies in improving service delivery, particularly in rural areas, is needed. Further investigation into the role of governance structures and political stability in UHC success could also inform strategies for strengthening institutional frameworks. Longitudinal studies tracking the progress of UHC implementation over time would help assess the impact of policy interventions and identify areas for improvement.

To enhance the successful implementation of UHC, policymakers should prioritize the development of sustainable healthcare financing models that reduce out-of-pocket expenditures while ensuring adequate funding for essential services. Strengthening healthcare infrastructure and workforce capacity, particularly in underserved regions, is crucial for improving service delivery. Governance reforms aimed at increasing policy consistency and reducing bureaucratic inefficiencies should be pursued to enhance regulatory effectiveness. Additionally, public health campaigns focused on increasing awareness and trust in healthcare systems could address socio-cultural barriers to healthcare utilization. By adopting a multi-faceted approach that integrates financial, infrastructural, policy, and behavioral strategies, healthcare systems can move closer to achieving truly universal health coverage.

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Authors' Contributions

All authors equally contributed to this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. Written consent was obtained from all participants in the study.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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