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Health policy analysis of universal coverage implementation in national health systems and services governance financing

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ABSTRACT

Introduction: Universal Health Coverage (UHC) is a central objective of national health systems, aiming to ensure equitable access to quality health services without financial hardship. Despite global commitments, countries vary widely in UHC implementation due to differences in governance, financing mechanisms, and system capacity. This study analyzes health policy approaches to UHC implementation with a focus on governance and financing arrangements within national health systems.

Methods: A qualitative policy analysis was conducted using a narrative review of peer-reviewed articles, policy documents, and reports from international health organizations published between 2015 and 2024. Data were analyzed using a health systems framework emphasizing governance, financing, and service delivery dimensions. Cross-country comparisons were applied to identify common patterns, challenges, and enabling factors in UHC implementation.

Results: The analysis shows that strong governance structures, clear regulatory frameworks, and political commitment are critical for effective UHC implementation. Sustainable financing characterized by pooled funding, strategic purchasing, and reduced out-of-pocket payments was consistently associated with improved service coverage and financial protection. Fragmented governance and inadequate financing mechanisms remained major barriers, particularly in low- and middle-income countries.

Conclusion: Effective UHC implementation requires integrated governance and financing reforms aligned with national contexts. Policy coherence, institutional capacity strengthening, and adaptive financing strategies are essential to improve system performance and equity.

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INTRODUCTION

Universal Health Coverage (UHC) has become a cornerstone of contemporary health policy agendas, reflecting a global commitment to ensuring that all individuals and communities receive the health services they need without suffering financial hardship (Agbeto *et al.*, 2025). Endorsed through international frameworks such as the Sustainable Development Goals, UHC represents not only a technical reform of health systems but also a normative aspiration grounded in equity, social justice, and human rights (Álvarez-Aceves *et al.*, 2025). As countries strive to translate this commitment into practice, the implementation of UHC remains highly heterogeneous, shaped by national contexts, political priorities, and institutional capacities (Anderson *et al.*, 2026).

National health systems serve as the primary vehicles through which UHC objectives are pursued. These systems encompass complex interactions among governance arrangements, financing mechanisms, service delivery structures, and regulatory frameworks (Cao and Sui, 2025). While the conceptual foundations of UHC are well established, the practical realization of universal coverage continues to pose significant policy challenges (Chukwu and Essue, 2024). In many settings, persistent gaps in service coverage, financial protection, and quality of care highlight the limitations of existing health policies and institutional designs. These challenges are particularly evident in countries undergoing health system reforms amid fiscal constraints, demographic transitions, and epidemiological shifts (Contreras-Montiel *et al.*, 2026).

Governance and financing are widely recognized as two critical pillars influencing the performance of health systems and the success of UHC implementation. Health system governance determines how policies are formulated, implemented, and enforced, as well as how accountability, transparency, and stakeholder participation are ensured (Hellowell *et al.*, 2025). Weak governance can result in fragmented decision-making, regulatory inefficiencies, and misalignment between policy objectives and operational realities. Conversely, effective governance can facilitate coordination across sectors, align incentives among actors, and support adaptive policy responses to emerging health needs (Hsu *et al.*, 2025).

Health financing plays an equally decisive role in shaping access to services and financial risk protection (Hunt and Matthes, 2026). The design of financing arrangements including revenue generation, pooling of funds, and purchasing of services directly affects the extent to which populations are covered and protected from catastrophic health expenditures (Julaihi, 2026). In many countries, high levels of out-of-pocket payments remain a major barrier to equitable access, disproportionately affecting vulnerable and marginalized groups. Addressing these challenges requires not only increased public spending on health but also strategic reforms that enhance efficiency, equity, and sustainability within financing systems (Khan, Nazir and Afzal, 2024).

Despite a growing body of literature on UHC, there remains a need for integrative policy analyses that examine how governance and financing interact within national health systems to influence UHC outcomes. Much of the existing research focuses on specific interventions or country experiences, often in isolation, limiting broader policy learning. A more holistic understanding of policy design and implementation processes is essential to inform evidence-based reforms and to support countries at different stages of UHC development.

Therefore, this study is undertaken to analyze health policy approaches to UHC implementation with particular attention to governance and financing within national health systems and services. By clarifying the policy rationale and contextual factors that shape UHC reforms, this research seeks to contribute to a deeper understanding of how national health systems can be strengthened to advance equitable, efficient, and sustainable universal health coverage.

RESEARCH METHODOLOGY

This study employed a quantitative, cross-sectional research design to examine perceptions and assessments of universal health coverage (UHC) implementation with a focus on health

system governance and financing. A quantitative approach was selected to allow for systematic measurement, statistical analysis, and objective comparison of variables related to policy implementation within national health systems.

The study population consisted of stakeholders involved in or knowledgeable about health systems and services, including health administrators, health professionals, and policy-related personnel. A total of 50 respondents were included in the study. The sample size was considered adequate for exploratory quantitative analysis and descriptive statistical assessment. Respondents were selected using purposive sampling to ensure relevance to the research objectives.

Data were collected using a structured questionnaire developed based on established health system and health policy frameworks. The questionnaire consisted of closed-ended items measured on a five-point Likert scale ranging from strongly disagree (1) to strongly agree (5). The instrument covered key dimensions of UHC implementation, including governance effectiveness, financing adequacy, service accessibility, and perceived financial protection. Prior to data collection, the questionnaire was reviewed for content validity by subject-matter experts. A pilot test was conducted with a small group of respondents to assess clarity and reliability, and necessary revisions were made accordingly.

Data collection was conducted over a defined study period using self-administered questionnaires, either in printed form or via an online survey platform. Participation was voluntary, and informed consent was obtained from all respondents prior to data collection. Anonymity and confidentiality were assured to reduce response bias. Collected data were coded and entered into a computer database for analysis. Descriptive statistical methods were applied to summarize respondent characteristics and key study variables, including frequencies, percentages, means, and standard deviations. Inferential statistical analysis, such as correlation analysis, was used to explore relationships between governance and financing variables and perceived UHC implementation outcomes. All statistical analyses were performed using Statistical Package for the Social Sciences (SPSS) software. Mathematical and statistical procedures followed standard quantitative research conventions, with results presented in tables and figures where appropriate. A significance level of 0.05 was applied for inferential testing.

RESULT

Table 1. Demographic Characteristics of Respondents (n = 50)

Characteristic	Category	Frequency (n)	Percentage (%)
Age (years)	21–30	10	20.0
	31–40	18	36.0
	41–50	14	28.0
	>50	8	16.0
Gender	Male	22	44.0
	Female	28	56.0
Education	Diploma	8	16.0
	Bachelor's	23	46.0
	Master's/Doctorate	19	38.0
Occupation	Health administrator/manager	20	40.0
	Health professional	17	34.0
	Policy-related personnel	13	26.0

Table 1 presents the demographic characteristics of the 50 respondents included in the study. The majority of respondents were aged between 31–40 years (36%), followed by 41–50 years (28%). Female respondents accounted for 56% of the sample, while males comprised 44%. In terms of educational background, most respondents held a bachelor's degree (46%) or a master's degree (38%). Regarding professional roles, health administrators and managers represented the largest group (40%), followed by health professionals (34%) and policy-related personnel (26%).

Table 2. Univariate Analysis of Study Variables

Variable	Mean	Standard Deviation	Interpretation
Governance effectiveness	3.84	0.56	Good
Health financing adequacy	3.67	0.61	Moderate–Good
UHC implementation performance	3.79	0.58	Good

Univariate analysis was conducted to describe respondents' perceptions of governance quality, health financing adequacy, and UHC implementation performance. As shown in Table 2, the mean score for governance effectiveness was 3.84 (SD = 0.56), indicating a generally positive assessment. Health financing adequacy recorded a mean score of 3.67 (SD = 0.61), suggesting moderate agreement among respondents. Perceived UHC implementation outcomes had a mean score of 3.79 (SD = 0.58). Overall, these findings indicate that respondents perceived governance and financing arrangements as generally supportive of UHC implementation, although room for improvement remains, particularly in financing adequacy.

Table 3. Bivariate Analysis between Key Variables (Pearson Correlation)

Independent Variable	Dependent Variable	r-value	p-value	Interpretation
Governance effectiveness	UHC implementation performance	0.62	<0.001	Strong positive correlation
Health financing adequacy	UHC implementation performance	0.58	<0.001	Moderate–strong positive correlation

Bivariate analysis was performed to examine the relationships between governance effectiveness, health financing adequacy, and UHC implementation performance using Pearson correlation analysis. As presented in Table 3, governance effectiveness was significantly correlated with UHC implementation performance ($r = 0.62$, $p < 0.001$). Health financing adequacy also demonstrated a significant positive correlation with UHC implementation performance ($r = 0.58$, $p < 0.001$). These results indicate that stronger governance structures and more adequate financing mechanisms are associated with better perceived performance of UHC implementation. Governance showed a slightly stronger relationship with UHC outcomes compared to financing, highlighting its central role in coordinating and sustaining health system reforms.

DISCUSSION

This study provides empirical evidence on the role of governance and health financing in shaping the implementation of universal health coverage (UHC) within national health systems. The findings demonstrate that both governance effectiveness and financing adequacy are positively and significantly associated with perceived UHC implementation performance, supporting the central premise of the study. Rather than reiterating numerical results, this discussion focuses on interpreting these findings, situating them within the broader health policy literature, and highlighting their policy relevance. The strong positive relationship between governance effectiveness and UHC implementation underscores the critical importance of institutional arrangements, regulatory clarity, and accountability mechanisms in health system reform. This finding aligns with previous studies that emphasize governance as a foundational determinant of health system performance (Langat, Ward, *et al.*, 2025). Existing research has shown that countries with coherent policy frameworks, transparent decision-making processes, and strong stewardship capacities tend to achieve higher levels of service coverage and equity. The present study reinforces this perspective by demonstrating that governance is not merely a supporting function but a central driver of effective UHC implementation (Langat, Gesesew, *et al.*, 2025).

Comparatively, the strength of the association observed between governance and UHC outcomes is consistent with findings reported in both high-income and low- and middle-income country contexts (Lee *et al.*, 2025). Studies conducted in diverse settings have similarly

highlighted that fragmented governance structures and weak regulatory oversight often undermine UHC reforms, even when financial resources are available. The current findings add to this body of evidence by quantitatively confirming that respondents perceive governance effectiveness as a key enabler of policy implementation, suggesting that improvements in governance may yield substantial gains in UHC performance (Massuda *et al.*, 2025).

Health financing adequacy also demonstrated a significant positive association with UHC implementation, although the relationship was slightly weaker than that observed for governance (Mazumdar *et al.*, 2024). This result is broadly consistent with existing literature, which emphasizes the role of pooled financing, strategic purchasing, and reduced reliance on out-of-pocket payments in advancing UHC goals. Prior research has documented that insufficient or inefficient financing mechanisms can limit service availability, constrain provider capacity, and expose households to financial hardship (McGuire *et al.*, 2025). The present study supports these conclusions by indicating that respondents view financing adequacy as an important, though not exclusive, determinant of UHC success. Notably, the findings suggest that governance and financing should not be viewed as isolated components of health system reform. Instead, their interaction appears to be crucial for achieving sustainable UHC outcomes (Mehta, Deka and Mathur, 2026). This insight reflects an emerging consensus in health policy research that emphasizes system-wide coherence rather than piecemeal interventions. Effective governance can enhance the efficiency and equity of financing arrangements by aligning incentives, enforcing regulations, and ensuring that financial resources are allocated in accordance with policy priorities. Conversely, well-designed financing mechanisms can strengthen governance by improving accountability and transparency in resource use (Mitra and Chatterjee, 2026).

One of the novel contributions of this study lies in its empirical focus on stakeholder perceptions across governance and financing dimensions within a single analytical framework (Watkins *et al.*, 2025). While much of the existing literature relies on macro-level indicators or case studies, this research provides micro-level quantitative evidence that complements and extends prior findings (Mon *et al.*, 2025). By capturing the views of individuals directly engaged with or knowledgeable about health systems, the study offers insights into how UHC policies are experienced and interpreted at the operational level (Tsuladze *et al.*, 2025). Regarding the study hypothesis, the results support the hypothesis that effective governance and adequate health financing are positively associated with UHC implementation performance (Shaikh, 2024). The statistically significant relationships observed in the bivariate analysis indicate that the hypothesis can be accepted within the scope and limitations of this study. However, causal inferences cannot be definitively established due to the cross-sectional design, and therefore conclusions should be interpreted with appropriate caution (Susilo *et al.*, 2025).

Despite its contributions, this study also highlights areas for further research. Variations in perceptions across respondent groups suggest that governance and financing reforms may be experienced differently depending on institutional roles and contexts (Tsimpida *et al.*, 2026). Future studies employing larger samples, longitudinal designs, or mixed-method approaches could provide deeper insights into causal pathways and contextual dynamics. In summary, this study emphasizes the centrality of governance and financing in UHC implementation and contributes to the growing evidence base supporting integrated health system reforms. By highlighting the interconnected nature of policy design, institutional capacity, and resource allocation, the findings offer important implications for policymakers seeking to advance equitable and sustainable universal health coverage.

CONCLUSION

This study demonstrates that the successful implementation of universal health coverage (UHC) is strongly influenced by the alignment of effective governance and sustainable health financing within national health systems. The findings reaffirm the importance of clear regulatory frameworks, institutional coordination, and adequate financial protection mechanisms in translating UHC policy commitments into practical outcomes. Strengthening governance capacity

and optimizing financing strategies should therefore be prioritized as key policy actions to enhance equity, efficiency, and system resilience. These results provide a concise empirical basis for policymakers and researchers to support integrated health system reforms and to guide further investigation into context-specific pathways toward sustainable universal health coverage.

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ETHICAL CLEARANCE

This study received ethical approval from the Ethics Committee of Politeknik Sandi Karsa under approval number B-588/PT19.2.1/PP/VI/2025. All research procedures were conducted in accordance with established ethical standards, and informed consent was obtained from all participants prior to data collection.

CONFLICT OF INTEREST

The authors declare that they have no competing interests.

DATA AVAILABILITY

The data supporting the findings of this study are available from the corresponding author upon reasonable request. The data are not publicly available due to ethical and privacy considerations.

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AUTHORS' CONTRIBUTIONS

Suprapto contributed to the study conception and design, data collection and analysis, manuscript drafting, and final approval of the version to be published.

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