

Universal Health Care Coverage for Aging Population

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ABSTRACT

The term Universal Health Coverage (UHC) refers to a situation wherein “all people (both males and females, boys and girls) have access, without financial hardship, to the full range of type of quality health services when and where they need them, now and at times”. The UHC envisages coverage of the full range of essential health care services: from health promotion to (1) ‘Prevention’, (2) ‘Treatment’, (3) ‘Rehabilitation’, and (4) ‘Palliative care’ [aimed at improving quality of life of people (adults and children) and their families confronted with life-threatening illness]. It is pertinent to note that the UHC aligns with the SDG (Sustainable Development Goal) Target 3.8: achieve universal health coverage. The UHC is, thus, global commitment. However, in to deliver this promise, national governments and inter-governmental organizations need to have health systems that are rooted in the locations communities they serve. Also, such health systems need to be

- Need-based,
- Efficient, and
- Equitable.

The author of this review paper argues that Primary Health Care (PHC) is the most effective and cost-efficient way to reach out to people with the UHC, with consideration of “*need-based approach*”. Further, it is due to this consideration of need-based theory that every country, with its own socio-economic and demographic profile, adopts a different strategy for the purpose of achieving the UHC. Furthermore, national governments decide what to cover, depending on the needs of their populations, including availability of health infrastructure (resources). Investment in the scientifically designed UHC programs has the potential to ensure that health needs of people are (a) ‘Identified’, (b) ‘Prioritized’, and (c) ‘Addressed’.

The conceptual framework of the UHC is of increased relevance for aging population (individuals above the age of 65). The author of this work is of the considered research view that objective of achieving the SDG-3.8 target cannot be fully and adequately realized without transforming health care system that has significant impact on functional ability in older age people (or aging population). Objective of this evidence-based review paper is to investigate into significance and implications of the UHC for aging population. Also, it briefly outlines renewed strategies needed for the UHC for aging population. Secondary data (largely ‘*qualitative*’ in nature) have been used. The method of data analysis is ‘*descriptive*’, involving non-statistical (mathematical) techniques. The paper briefly concludes that scientifically-designed mechanism for offering the UHC for older people, without financial burden, is crucial. It is important that health financing systems of the national governments are designed to cater to health needs of older people, thereby enabling them to access the UHC services when (and where) they need, while protecting them from financial catastrophe (by abolishing “*out of pocket spending*”).

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Introductory Comments

The dynamic changes taking place in the world, today, have direct and significant implications for the health care sector. Although the 21st century has witnessed increased advancements in medical technology, unlike previous century, it also has unique problems and challenges, which make it necessary for health care providers to adapt. Recent emergence of the Covid-19 pandemic, that resulted in breakdown of health care infrastructure, in all countries and regions (continents) of the globe, is one glaring example of health care challenges in the 21st century. It has been found that

hospitals, clinics, and other health care institutions are striving to be prepared for the changing needs in the health care sector [1].

It is in view of above considerations that the need for the UHC has been realized for all countries, regions and continents of the globe. The conceptual framework of the IHC implies that everyone on the planet has access to type of quality health services they need at a given point (in terms of when services are required). In addition, an important consideration in the UHC is cost, in the sense that people should be able to receive the health care services “*Without Financial Hardship*”. Cost aspect of the UHC gains increased significance in view of the fact that people (including youth and elderly population) are denied of health care services due to involved high costs, especially in countries and economies that are marked by (a) “*Wide-Spread Poverty*”, and (b) “*Poor or*

Inadequate Health Infrastructure” [2].

In-built component of the UHC is provision of timely and need-based essential health services that aim to ensure prevention, treatment, rehabilitation, and palliative care (across the life course) for all, irrespective of their age, sex, religion, ethnic background, and other socio-economic and demographic profile. In this context, it also pertinent to note that protecting people from the financial burden of health services (that are out of reach of their pockets) results in a situation wherein they are pushed into poverty. This is because of the fact that involved costs needed for health care services and treatments procedures compel many people to (a) use up their life savings, (b) sell assets, and/or (c) borrow money from others (who are in their network). All these factors, together, damage their futures, including of their children [2].

The author of this research paper opines that these considerations in implementation of the UHC programs are applicable in case of ageing population also. This aspect requires special attention by the health care providers and other involved stakeholders in view of growing size of aging population in some countries of the globe. There are estimates that the number of ageing population will increase by 56% from 900 million to 1.5 billion by the year 2030. For instance, according to projections, the size of aged people is expected to double to nearly 100 million by the year 2060 in the United States of America [1]. This demographic trend in the aging population has implications for the UHC initiatives. Health care providers need to continuously learn and update their practices in order to meet the health care needs of the ageing population. According to research views of the author of this research work, population ageing (a process that refers to “a significant increase in the number of people above the age of 65 years in comparison to the younger population”) is one of the most significant demographic transformations of the twenty-first century, thereby emphasizing increased need for the UHC for elderly people (as depicted in image-1 below). It has significant implications for all developmental sectors, including the PHC programs and initiatives [3].



Figure 1: Universal Health Care for Aging Population is Need of the Hour, Now and at All Times

Description presented above in the introductory part outlines significance of the UHC for ageing population. The author presents below description on objectives and research methodology used in this work.

Objectives and Methodology

Objectives

Prime objective of this (evidence-based) review paper is to present discussion on significance and implications of the UHC for aging

population. Also, it briefly outlines renewed strategies needed for the UHC for aging population, now and for all times, including discussion on the way forward. Relevant aspects of the program management in implementation of the UHC initiatives have been researched into. For the purpose of this work, the author defines the term “*ageing population*” as those who are 65 years of age, although some definitions envisage people of 60 years. In this context, it is pertinent to note that there is difference in connotations in two similarly looking terms: “*Ageing Population*” and “*Senior Citizens*”.

Method of Data Analysis

Secondary data (largely ‘*qualitative*’ in nature) have been used. The method of data analysis is ‘*descriptive*’ [involving non-statistical (mathematical) techniques]; data have been analysed in a manner that aligns with the objectives, as outlined above. The author has used “*desk-based research approach*” for the purpose of data analysis.

Sources of Data

The author collected the needed data from secondary sources, such as: books, book chapters, journal articles, and publications of inter-governmental developmental agencies [such as the United Nations (UN), the World Health Organization (WHO), and the General Assembly of the United Nations]. For the purpose of data collection in this work, systematic and scoping review of relevant literature was undertaken by the author. A scoping review is conducted in order to examine the extent, range and nature of research activities in a particular area. Data sources are quoted, both in the text, as well as under reference section.

Description of Key Terms

The author has used these terms interchangeably: work, paper, review paper, research work (they all carry the same meaning). Again, four terms, namely, “*older people*”, “*older persons*”, “*elderly people*”, and “*aged people*” (used frequently in this paper), have been used interchangeably. They have same definition (meaning). The author has presented brief description on conceptual framework of other key terms [e. g., Universal Health Coverage (UHC), Primary Health Care (PHC), and Aging Population] used in this paper in the relevant sections of the text.

Scope and Significance

In terms of significance, findings of this paper will provide meaningful insights on strategies for further improving the UHC initiatives for the ageing population. Conclusions derived from data analysis will be useful tool in the hands of health care providers and involved program managers; with renewed strategies, suggested by the author, they can expand the scope of the UHC programs at national, sub-national, regional (provincial), and community levels.

Apart of analysis of data (collected from various sources), this research work also benefitted from the experiences resulting from interaction of the author with academicians, experts, researchers, and other stakeholders involved in health care programs: both in India and other countries [including Pakistan, Sweden, USA, UK, Philippines Tanzania, Australia, Tajikistan, Austria, Hungary, Turkey, France, Greece, Vietnam, Egypt, and South Africa (where the author travelled, in the past, in connection with international academic and research workshops, seminars, and conferences)].

Limitations and Research Ethics

In this section of the work, the author makes two specific points

- Plagiarism, to some extent, may be detected in this research

(which is based on secondary data), as changing the style of presenting the key scientific facts results in loss of intended meaning. The author is well-informed about plagiarism ethics in research work.

- The author has not presented description on review of literature (as expected in research papers). This happened because of the fact that this work attempts to study the significance and implications of the UHC in the context of ageing population. The author did not find any published work on similar subject area. The present paper is exploratory in nature, with presentation of author's perspective on the UHC for ageing population.

Discussion

UHC for Ageing Population- Significance and Context

Significance of the UHC for the ageing population has received attention at several national and international platforms. It is for this reason that as part of the 2030 Agenda for Sustainable Development (ASD), all national governments have committed to achieve the UHC by the year 2030 [4]. The achievement goals include:

- Financial risk protection;
- Access to quality essential health-care services; and
- Access to safe, effective, quality and affordable essential medicines.

As outlined in introductory section of this work, the UHC necessarily envisages that all people and communities (irrespective of their socio-economic and demographic background) receive the needed quality health services in a timely manner, without being confronted with financial hardship. It gains increased significance for ageing population, as this section of the population is faced with added health risks. However, there are barriers to the UHC achievement for aged people. Some of the key barriers include

- Poor infrastructures, and availability of basic amenities
- Out of pocket payments and catastrophic expenditures
- Shortages and mal-distribution of qualified health workers
- Expensive good quality medicines, and new medical products
- Low access to digital health and innovative technologies [4].

Importantly, it is possible to (a) adequately address each of the barriers (outlined above), and (b) find viable solutions that can result in realization of the UHC goals. Also, such solution-finding interventions (measures) have potential to (1) boost the economy, and (2) have positive impact on initiatives aimed at meeting other sustainable development goal (SDGs) [4]. More specifically, following SDGs get favourably impacted

- SDG-1 (end poverty),
- SDG-4 (quality education),
- SDG-5 (gender equality),
- SDG-8 (decent work and economic growth),
- SDG-10 (infrastructure), Goal 10 (reduce inequality),
- SDG-16 (justice and peace), and
- SDG-17 (partnerships).

In view of description presented above, the UHC is (1) catalyst for socio-economic development; and (2) key contributor to equity, social justice and inclusive economic growth. Such strategic interventions enable national governments boost initiatives aimed at furthering the UHC programs for ageing population. *Importantly*, the UHC delivers on the human right to health and social well-being of aged people (in the broader context of human rights agenda [4].

Implications of UHC for Aging Population & Addressing Barriers

According to considered research view of the author of this review paper, investment in Primary Health Care (PHC) has potential to ensure that health care needs of all aged people are (a) '*Identified*', (b) '*Prioritized*', and (c) '*Addressed*' (in an integrated way). There is need for robust and equipped health care workforce that can bring in realization of the UHC goals for aged population. This, *in turn*, will (1) benefit all sectors of ageing population of society, and (2) contribute to confronting environmental and socio-economic factors that affect physical and mental health (including social well-being). Also, it will enable aged people prepare for responding to and recovering from emergencies resulting from health crisis situations [5].

In view of increased need for the UHC for ageing population, national governments and inter-governmental organization, including community level non-governmental organizations (NGOs) are striving to meet the goal of the UHC (through adequately designed need-based programs) [6]. However, the international community is off track to make meaningful (and desired) progress towards the UHC for ageing population (that pertains to UHC SDGs target 3.8 by the year 2030 [7]. The fact remains is that significant improvements in required health care services have stagnated since 2015. Again, the proportion of ageing population faced with out-of-pocket health spending has increased. This alarming concern is evident in almost all countries, regions, and continents of the globe. In order to build back better, it is recommended to '*re-orient*' (and '*re-design*') health care system(s) in a manner that will ensure realization of the UHC for ageing population. It is possible with use of use of "*Primary Health Care (PHC) approach*" [8].

Role of Primary Health Care (PHC) in the UHC Initiatives for Ageing Population and Global Commitments

The author of this paper argues that the fundamental premise of primary health care (PHC) is that everyone has the right to achieve, everywhere, the highest attainable level of health. PHC is a "*whole-of-society approach*" that attempts to effectively organize and strengthen health systems to reach out to the aged people (closer to communities) with health care services and wellbeing. This institutional mechanism (PHC) has the potential to addresses the health needs (pertaining to physical and mental, as well as, social well-being) of ageing population, throughout their lifetime [9].

PHC is, thus, the foundation for the UHC. The author of this work argues that "*PHC-oriented health care system model*" can provide quality services for ageing population that are (1) '*Comprehensive*', (2) '*Continuous*', (3) '*Coordinated*', (4) '*Cost-Effective*', and (5) '*Need-Based*'. With these strategic interventions (accompanied by increased emphasis on '*prevention*' and '*promotion*'), it is possible to reduce inequities in health care delivery system for ageing population, especially for those confronted with chronic health conditions (e. g., non-communicable diseases, mental health crisis) [4].

Achieving the UHC, with involvement of PHC, is one of the goals the national governments, from across the regions of the globe, are striving to achieve. This is in line with the 2030 SDGs, adopted in the year 2015. In the year 2019, participating countries reaffirmed that health is a precondition for and an outcome of indicator of socio-economic and environmental dimensions of sustainable development. This global commitment was made at the United Nations (UN) General Assembly High Level Meeting

on UHC. In addition, Thirteenth General Programme of Work of the World Health Organization (WHO) aims that 1 billion more people should benefit from the UHC by the year 2025 [2].

Realization of UHC and Ageing Population-Strategic Intervention Required

As outlined in previous sections of this work, the UHC programs for ageing population are confronted with several challenges. In view of this, the author of this paper makes a point that there is need to ensure that all sections of ageing population (in all communities of the globe) receive the quality services that they need most. Also, they need to be protected from health threats, without being confronted with financial hardship. Current demographic trends indicate that population ageing will have significant implications in realization of goal of the UHC. This is because of the fact that the UHC will not become reality at the ground level without due consideration to physical and mental health needs (including social care needs) of the ever-increasing proportion of older people (in many parts of the globe) [10].

Further, it is equally pertinent to note that SDG-3 (“ensuring healthy lives and promoting well-being for all at all ages”) cannot be achieved without adequately transforming health care and social systems. This will require increased (special) focus on disease ‘control’, and ‘prevention’. This institutional mechanism paves the way for provision of integrated and person-centred (need-based) health care for ageing population. It has significant impact on functional ability of people during older age. Furthermore, this transformation in the health care delivery system for ageing population requires key strategic interventions [10]. The intervention areas are outlined below

- Taking initiatives in order to respond diverse levels of physical and mental capacities (including needs and preferences) of older people;
- Extending coverage of the UHC services to all older people (in view of the fact that several of older people, particularly those who have been in the informal workforce or who have filled caregiving roles, have inadequate access to even basic services);
- Institutionalising (in-built) mechanism to ensure that coverage further extends to services needed for maintaining intrinsic capacity and functional ability among older people [e. g., (1) “Person-Centred Assessment and Care plans”, (2) “Restorative Surgery”, (3) “Supplemental Nutrition”, (4) “Multimodal Physical Exercises”, and (4) “Special Here Care”, including assistive products and caregiving];
- Designing and implementing “sustainable financing mechanisms” (this can protect older people, including their families, from financial burdens resulting from ever increasing health care costs); and
- Institutionalising system incentives for provision of health care services older people need most [10].

Renewed Strategy-Extending UHC for Older People

In this section of the paper, the author makes a specific point that today’s world situation is marked by ever increasing health crisis, and emergence of new infectious diseases (in all parts of the globe), unlike previous decades. After recovery from Covid-19 pandemic, monkeypox [or ‘Mpox’ (caused by the monkeypox virus; which can spread to humans from an animal host, such as rodents or non-human primates, such as monkeys)] is another health risk. These health threats have added challenges for older people. In view of these considerations, the author of this work is of the considered research view that there is need for re-designing the UHC programs, at all levels, and in all countries in Asian, African,

European, and Caribbean regions. In terms of renewed needed strategy, there is need for extending UHC for older people, at all levels: national, sub-region, and regional (community levels). Most importantly, what is of increased significance is that there is need for re-designing “age-friendly benefit packages”. This is important to extend coverage of need-based health care services for older people, which has greatest influence on healthy ageing trajectories [11].

It has been found that many of current health social insurance schemes cover older employees working in the formal sector. Its scope has to be widened. More specifically, scope of coverage needs to be extended to include other sections of the ageing population. Such (vulnerable) groups include

- Those who have retired,
- Older people having spent all their lives in the in-formal sector,
- Those who are self-employed, and
- Older women.

Another important dimension of renewed strategy for the purpose of extending the UHC for older people is that there is urgent need for ensuring that programs and initiatives at universal coverage for health (including long-term care for older people) are sustained. The UHC for ageing population is still a distant ambition in many parts of the globe. Thus, special attention need to be given to the links between (a) the UHC, and (b) population ageing. This is pre-requisite for the purpose of achieving the goal of healthy ageing, now and at all times. Also, there is need for health care providers to work to develop the UHC service package for long-term care. This mechanism will provide countries with a minimal list of long-term care services to be included in age-friendly benefits packages [10].

Way Forward

In terms of way forward, the author of this work suggests that there is need for the integrated care for older people (ICOPE). It is common to witness that several physiological changes take place in the lives of people as they grow older [12]. With aging process, older people are at increased risks of experiencing physical and mental health complications. These are reflected in the form of following indicators

- Visual impairment,
- Hearing loss,
- Cognitive decline,
- Malnutrition,
- Mobility loss,
- Depressive symptoms,
- Urinary incontinence, and
- Frequent falls [12].

The health crisis situation, as outlined above, require specialized and dedicated attention for older people. Answer to question on how to addressing special health care needs among older people lies in the ICOPE model. This approach is reflection of continuum of care that will help to re-orient physical and mental health (including social services) geared towards “more person-centred, need-based, and coordinated model” [12]. With the ICOPE model, health care providers, in all countries and regions of the globe, can look forward to better health outcomes, under the umbrella term ‘UHC’, among older people, now and at all times. Again, since several of community health and care workers need support on effectively assessing needs of older people, the ICOPE approach can be a useful tool in their hands.

Concluding Comments

The author, in this work, presented in-depth (and research-based) description on significance and implications of the UHC for aging population, besides outlining renewed strategies needed for the UHC for aging population. There are several lessons that have been learnt in implementation of the UHC programs. In the context of experiences gained over the years and the way forward, the author comments that viewing health as an investment (rather than an expense) has the potential to unlock human capital and economic dividends for older people in all countries [13]. By adopting affordable, integrated and person-centred service delivery models and comprehensive systems of long-term care, based in the communities where older people live, health care providers can accelerate progress towards the UHC and the SDGs [10]. As per the provisions of the universal declaration, it is the responsibility of governments to ensure that (a) health costs never force people into poverty, and (b) health care is always affordable or free, especially for the poorest and most vulnerable (including older people) [14]. The author makes below recommendation for the purpose of expanding the scope of the UHC for elderly people

- “Person-Centred” and “Need-Based” service delivery system that addresses health care needs of older people (not limited to a single disease in isolation);
- Adequate availability health care workers with skills required to meet the needs of older people;
- Provision of health information systems (without age limitations);
- Access to essential medicines and assistive products for common health ailments during old age;
- Availability of free services at the access point for people of all ages; and
- Inclusion of right to health and long-term care into national law, with the explicit inclusion of the needs of older people [14].

Most importantly, program managers responsible for implementing the UHC initiatives for aged people should ensure that gender equality a central pillar of the UHC. This recognition has come into existence in view of the fact that women (in many parts of the world) bear an unequal burden in accessing health care services across the life course [14].

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Declarations by the Author

- I am sole author of this review paper.
- I, herewith, declare that the present research work has not been sent elsewhere for publication.
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