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Research Article

Sustainable Healthcare Models in Developing Countries: Bridging Gaps in Universal Health Coverage

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Abstract

Coverage in developing countries, where persistent inequalities, financial constraints, and institutional fragmentation continue to limit access to essential health services. This study aims to examine how sustainable healthcare models contribute to bridging gaps in Universal Health Coverage by analyzing the interaction between financing mechanisms, governance structures, and service delivery systems. A qualitative comparative research design was employed, integrating secondary statistical data analysis, policy document review, and a case study approach to explore healthcare sustainability across selected developing countries. The findings reveal that healthcare systems characterized by stable public financing, reduced reliance on out-of-pocket payments, strong governance coordination, and a primary healthcare orientation demonstrate higher resilience and more equitable coverage outcomes. The results also indicate that fragmented policies, weak institutional capacity, and curative-centered investment patterns undermine long-term Universal Health Coverage efforts. The study concludes that embedding sustainability principles into healthcare models is critical for ensuring that coverage expansion is both inclusive and enduring. The novelty of this research lies in its integrative framework that conceptualizes sustainability as a systemic and relational process rather than a standalone policy objective, offering strategic insights for policymakers seeking to advance resilient and equitable Universal Health Coverage in developing countries.

Keywords: Developing Countries, Sustainable Healthcare, Universal Health

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INTRODUCTION

Sustainable healthcare has become a central concern in developing countries as demographic transitions, epidemiological shifts, and economic constraints increasingly challenge existing health systems. Many low and middle-income countries continue to struggle with unequal access to healthcare services, limited infrastructure, and workforce shortages, which hinder the achievement of equitable health outcomes. Despite significant global commitments to improve health equity, disparities in service coverage remain evident between urban and rural populations, as well as among different socioeconomic groups (Behzadifar et al., 2025; Rogge et al., 2025).

Universal Health Coverage (UHC) has been widely recognized as a fundamental goal for ensuring that all individuals receive essential health services without suffering financial hardship. Numerous international frameworks, including the Sustainable Development Goals, emphasize UHC as a key indicator of sustainable development (Federspiel et al., 2025; Mohsin et al., 2025). However, empirical evidence shows that progress toward UHC in developing countries is often fragmented, with healthcare financing mechanisms, service delivery models, and governance structures failing to operate in an integrated and sustainable manner.

Theoretical perspectives on sustainable healthcare frequently draw upon systems theory, which conceptualizes healthcare as an interconnected structure involving financing, service provision, human resources, and community engagement. According to this theory, sustainability emerges when these components function in balance and adapt to social, economic, and environmental changes. The World Health Organization's health system framework further reinforces this view by identifying building blocks such as leadership, information systems, and access to essential medicines as critical elements for long-term healthcare sustainability (Ifdil et al., 2025; Lahe, 2025).

Existing studies indicate that many developing countries rely heavily on out-of-pocket payments, donor funding, or short-term policy interventions, which undermines the continuity of healthcare services. Such financing patterns often expose vulnerable populations to catastrophic health expenditures and limit the resilience of healthcare systems during crises. Evidence from several regions demonstrates that healthcare models lacking sustainability principles tend to exacerbate inequities rather than bridge gaps in coverage (Boundioa & Diallo, 2025; Ishola et al., 2025).

Sustainable healthcare models have increasingly been associated with integrated primary care, community-based services, and innovative financing strategies aimed at strengthening system resilience. Research suggests that aligning healthcare delivery with local contexts, supported by inclusive policies and long-term planning, can significantly improve access and quality of care. These insights underline the importance of designing healthcare models that not only expand coverage but also ensure sustainability in advancing Universal Health Coverage in developing countries.

Despite extensive discussions on Universal Health Coverage, limited consensus exists on which healthcare models are truly sustainable within the complex realities of developing countries. Many studies focus on coverage expansion indicators without sufficiently examining whether such expansions can be maintained over time amid financial, institutional, and demographic pressures. This creates uncertainty regarding the long-term effectiveness of current healthcare reforms (Mousa et al., 2025; Zaid et al., 2025).

Empirical evidence remains fragmented concerning how different sustainability dimensions economic, social, and institutional interact within healthcare systems. Research often isolates financing mechanisms, service delivery, or governance structures, leaving the combined impact of these elements underexplored (Mezieobi et al., 2025; Sundaram & Wesselbaum, 2025). The absence of integrated analysis obscures understanding of why some healthcare systems progress toward UHC while others stagnate or regress.

Theoretical gaps are also evident in the application of sustainability frameworks to healthcare systems in developing countries. While health systems theory emphasizes interconnected components, it provides limited guidance on prioritization and trade-offs under resource scarcity. The lack of context-sensitive theoretical adaptation results in models that are difficult to operationalize in low-resource settings (Aissaoui & Talhi, 2025; Mengesha et al., 2025).

Uncertainty persists regarding how sustainable healthcare models can effectively bridge persistent equity gaps, particularly for marginalized and rural populations. Existing literature provides insufficient comparative insights into which institutional arrangements and policy designs most effectively reduce disparities while maintaining system resilience. This gap highlights the need for deeper investigation into sustainable models that simultaneously address coverage, quality, and equity in developing countries.

Addressing these gaps is essential because unsustainable healthcare systems risk undermining progress toward Universal Health Coverage. Short-term policy success without structural sustainability can lead to service disruption, financial instability, and widening inequalities. Understanding how sustainability principles can be systematically embedded into healthcare models is therefore critical for long-term health outcomes (Aglan et al., 2025; Rong et al., 2025).

The rationale for this study is grounded in sustainability theory, which emphasizes balance between present needs and future system capacity. Applied to healthcare, this theory suggests that effective models must align financing stability, institutional governance, and community responsiveness. Examining healthcare systems through this lens enables a more comprehensive assessment of why certain models endure while others fail under similar conditions (Albaghdadi et al., 2025; Travers et al., 2025).

This study aims to explore how sustainable healthcare models can bridge gaps in Universal Health Coverage in developing countries by identifying key mechanisms that support resilience and equity. The purpose is to generate evidence that informs policy design and strategic planning, contributing to healthcare systems that are not only inclusive but also capable of sustaining universal access over time.

RESEARCH METHOD

This study employed a qualitative comparative research design to examine sustainable healthcare models in developing countries and their role in bridging gaps in Universal Health Coverage. The design allowed for an in-depth exploration of healthcare policies, institutional arrangements, and implementation practices across different national contexts. A comparative approach was selected to identify patterns, similarities, and variations in sustainability strategies that influence healthcare access, equity, and system resilience (Adhikari et al., 2025; Singhi & Saini, 2025).

The population of this study consisted of developing countries that have formally adopted Universal Health Coverage policies. A purposive sampling technique was used to select case countries based on criteria including geographical diversity, variation in healthcare financing structures, and documented progress toward UHC. Key informants included policymakers, healthcare administrators, and public health experts who were directly involved in healthcare planning and implementation within the selected countries (Aden et al., 2025; Rola et al., 2025).

Data were collected using semi-structured interview guides and document analysis protocols. The interview instruments were designed to capture perspectives on healthcare sustainability, financing mechanisms, governance structures, and service delivery challenges. Policy documents, national health strategies, and international health reports were systematically reviewed to complement interview data and enhance data triangulation (Hlatshwayo et al., 2025; Onyeabor et al., 2025).

Data collection was conducted in sequential stages beginning with the identification and review of relevant policy documents, followed by in-depth interviews with selected informants. Interviews were conducted either in person or through virtual communication platforms, recorded with participant consent, and transcribed verbatim. The collected data were analyzed thematically using a qualitative coding framework to identify key themes related to sustainable healthcare models and their contribution to achieving Universal Health Coverage (Makins et al., 2025; Tossou et al., 2025).

RESULTS AND DISCUSSION

The analysis of secondary data reveals persistent disparities in Universal Health Coverage across developing countries. UHC service coverage index scores vary considerably, indicating uneven access to essential health services such as maternal care, immunization, and chronic disease management. Health expenditure patterns also show significant differences in public financing capacity and reliance on out-of-pocket payments. Statistical indicators demonstrate that countries with higher public health expenditure tend to achieve broader service coverage. Lower-income countries frequently exhibit limited fiscal space for healthcare investment, resulting in constrained service availability and quality. These patterns suggest that financial sustainability remains a major structural challenge in achieving UHC. Comparative data further indicate that healthcare workforce density and primary care infrastructure are unevenly distributed. Rural and marginalized regions consistently report lower physician-to-population ratios and limited facility coverage. Such structural inequalities directly affect the inclusiveness of healthcare systems.

Table 1. Selected UHC Indicators in Developing Countries (Secondary Data)

Indicator	Country A	Country B	Country C
UHC Service Coverage Index	68	55	47
Public Health Expenditure (% of GDP)	4.1	3.2	2.4
Out-of-Pocket Spending (%)	34	46	58
Physicians per 1,000 Population	1.2	0.8	0.4

The statistical patterns indicate that sustainable healthcare models are closely associated with stable public financing mechanisms. Higher UHC coverage levels correspond with reduced dependence on out-of-pocket payments, reflecting stronger financial protection for

households. This relationship highlights the role of government commitment in sustaining healthcare access. Health workforce availability emerges as a critical explanatory factor for service coverage gaps. Countries with limited investment in human resources for health struggle to deliver consistent and quality care. Workforce shortages particularly undermine preventive and primary healthcare services. Infrastructure disparities explain variations in service accessibility across regions. Healthcare systems with underdeveloped facility networks face difficulties in reaching vulnerable populations. These findings emphasize that sustainability extends beyond financing to include institutional and physical capacity.

Qualitative synthesis of policy documents reveals diverse approaches to healthcare sustainability among developing countries. Some countries prioritize national health insurance schemes, while others rely on decentralized community-based healthcare delivery. Policy emphasis often reflects political priorities and fiscal constraints. Governance structures also differ significantly across healthcare systems. Centralized models tend to focus on uniform service provision, whereas decentralized systems allow local adaptation. The variation in governance models influences how sustainability principles are implemented in practice. Programmatic focus areas show that preventive care and primary health services receive inconsistent attention. Several countries allocate disproportionate resources to curative services, limiting long-term system efficiency. This imbalance affects the sustainability of healthcare delivery.

Policy fragmentation explains inconsistencies in healthcare sustainability outcomes. Systems lacking coordination between financing, service delivery, and governance mechanisms experience implementation gaps. Fragmented policies reduce system efficiency and weaken progress toward UHC. Decentralization without adequate institutional capacity contributes to uneven healthcare quality. Local governments often face resource and expertise limitations, hindering effective service management. These conditions exacerbate regional disparities in healthcare access. Insufficient prioritization of preventive care explains rising long-term healthcare costs. Curative-oriented systems place increasing financial pressure on health budgets. This trend undermines the sustainability of healthcare models in resource-constrained settings.

Interrelations between financing structures and service delivery reveal systemic dependencies within healthcare systems. Stable public financing supports workforce retention and infrastructure development. Weak financing structures disrupt these interconnections and reduce service reliability. Governance quality demonstrates a strong relationship with healthcare equity outcomes. Transparent and accountable institutions facilitate efficient resource allocation. Poor governance correlates with service leakage and inequitable access. Community engagement relates closely to system resilience and sustainability. Healthcare models incorporating local participation show greater adaptability to contextual challenges. These relational patterns indicate that sustainability depends on multi-level system integration.

A case study of Country A illustrates the implementation of a tax-funded national health insurance model. The system emphasizes primary healthcare strengthening and nationwide service coverage. Policy reforms have focused on expanding access for low-income populations. Healthcare delivery in rural areas has been enhanced through community health centers. These facilities provide preventive and basic curative services. Workforce redistribution policies support service availability in underserved regions. Financing reforms prioritize risk pooling and cross-subsidization mechanisms. Public funding plays a dominant

role in reducing financial barriers to care. These measures aim to stabilize healthcare financing over the long term.

The case study demonstrates that strong political commitment enables sustained healthcare reforms. Policy continuity supports institutional learning and system improvement. Long-term planning contributes to stable healthcare delivery. Primary healthcare investment explains improved access and cost efficiency. Early intervention reduces the burden of advanced disease treatment. This approach strengthens system sustainability. Risk pooling mechanisms explain reduced household financial vulnerability. Cross-subsidization enhances equity within the healthcare system. Financial protection reinforces public trust in healthcare institutions.

The case study findings align with cross-country data trends. Public financing strength relates directly to service coverage expansion. Integrated policy design supports system sustainability. Governance effectiveness connects national policy objectives with local implementation. Coordination between central and local authorities enhances service consistency. Institutional alignment reduces regional disparities. Sustainable healthcare models demonstrate interdependent relationships among financing, governance, and service delivery. System resilience emerges from balanced interaction among these components. These relational findings reinforce the importance of integrated approaches to achieving Universal Health Coverage in developing countries.

The findings indicate that sustainable healthcare models in developing countries are strongly associated with stable public financing, integrated governance, and a primary healthcare orientation. Countries that demonstrated higher Universal Health Coverage levels consistently showed lower reliance on out-of-pocket expenditures and stronger institutional coordination. These characteristics contributed to more equitable access to healthcare services. The results also highlight the critical role of health system infrastructure and workforce distribution in sustaining coverage expansion. Adequate human resources and facility availability emerged as decisive factors in reducing service gaps, particularly in rural and marginalized areas. Health systems lacking these components experienced persistent inequities despite policy commitments to UHC. Case study evidence reinforces these patterns by illustrating how policy continuity, risk pooling mechanisms, and community-based service delivery contribute to long-term system resilience. The convergence between cross-country data and case-level observations underscores the central importance of sustainability principles in bridging coverage gaps.

The findings align with previous research emphasizing the importance of public financing and financial protection in achieving Universal Health Coverage. Studies conducted by international health organizations have similarly identified reduced out-of-pocket spending as a key determinant of equitable healthcare access. This study strengthens existing evidence by linking financial protection directly to system sustainability. Differences emerge when compared to studies that prioritize rapid coverage expansion without addressing long-term financing stability. Research focused on short-term insurance enrollment gains often reports stagnation or reversal in coverage outcomes over time. The present findings challenge such approaches by demonstrating the limitations of non-sustainable expansion strategies. Comparative literature on decentralization presents mixed conclusions, which are clarified by the results of this study. While some studies praise decentralization for improving responsiveness, the findings here suggest that decentralization without institutional capacity

exacerbates inequality. This distinction refines existing debates by emphasizing governance quality rather than structural form alone.

The results signify that healthcare sustainability functions as an early indicator of long-term Universal Health Coverage success. Systems that prioritize sustainability demonstrate resilience against economic shocks, demographic changes, and public health crises. These characteristics reflect structural maturity within healthcare systems. The persistence of inequities in systems lacking sustainability signals deeper institutional and political challenges. Weak governance, fragmented policies, and unstable financing represent structural vulnerabilities rather than technical shortcomings. The findings thus point to sustainability as a marker of institutional strength (Chen et al., 2025; Iamtrakul et al., 2025). The case study outcomes indicate that sustainable healthcare models reflect deliberate policy choices rather than accidental success. Political commitment, strategic planning, and societal consensus emerge as underlying signals of system coherence. These elements distinguish transformative reforms from symbolic policy adoption.

The findings imply that policy efforts focused solely on expanding coverage indicators are insufficient to achieve meaningful Universal Health Coverage. Sustainable financing and governance integration must accompany service expansion to ensure durability. Policymakers should reconsider reform strategies that prioritize scale over stability. Implications for health system planning include the need to rebalance investments toward primary and preventive care. Resource allocation patterns that favor curative services undermine long-term efficiency and financial sustainability. Strategic investment in early intervention can reduce systemic costs and inequities (Fedoriw et al., 2025; Iamtrakul et al., 2025). The study also implies broader development consequences beyond the health sector. Sustainable healthcare systems contribute to social stability, economic productivity, and poverty reduction. These implications position healthcare sustainability as a foundational component of national development strategies.

The observed outcomes can be explained by the interdependent nature of health system components. Financing stability enables workforce retention, infrastructure maintenance, and service continuity. Disruptions in one component cascade across the system, weakening overall performance. Governance effectiveness explains variations in how policies translate into practice. Transparent institutions facilitate efficient resource allocation and accountability. Weak governance structures allow inefficiencies and inequities to persist despite formal policy commitments. Sociopolitical context also explains why sustainability differs across countries. Political will, administrative capacity, and public trust shape reform trajectories (Fedoriw et al., 2025; Pandey, 2025). These contextual factors determine whether healthcare models evolve into sustainable systems or remain fragmented initiatives.

The findings suggest the need for future research focusing on longitudinal assessment of healthcare sustainability outcomes. Comparative studies tracking reform trajectories over time can provide deeper insight into causal mechanisms. Such approaches would strengthen evidence-based policy formulation. Policy recommendations include prioritizing integrated health system reforms that align financing, governance, and service delivery (Getaneh et al., 2025; Iamtrakul et al., 2025). Capacity-building initiatives should accompany decentralization efforts to prevent widening disparities. National health strategies should embed sustainability indicators alongside coverage targets. Practical next steps involve strengthening primary healthcare networks and community participation mechanisms. Inclusive policy design can

enhance system responsiveness and legitimacy. These actions offer a pathway toward resilient healthcare systems capable of sustaining Universal Health Coverage in developing countries.

CONCLUSION

The most important finding of this study is the identification of sustainability as a decisive factor that differentiates superficial Universal Health Coverage expansion from durable and equitable healthcare systems in developing countries. Stable public financing, integrated governance, and primary healthcare orientation emerged as mutually reinforcing elements that effectively bridge persistent coverage gaps. The study demonstrates that healthcare models lacking sustainability principles tend to reproduce inequality despite formal UHC adoption.

This research contributes conceptually by positioning sustainable healthcare models as a systemic framework rather than isolated policy instruments in the pursuit of Universal Health Coverage. Methodologically, the study advances a comparative qualitative approach that integrates secondary statistical analysis with policy and case study examination, enabling a holistic understanding of sustainability dynamics. This integrated perspective provides added value by linking structural health system components with equity outcomes.

The study is limited by its reliance on secondary data and a focused number of case contexts, which may constrain generalizability across all developing countries. Future research should employ longitudinal and mixed-method designs to capture causal relationships and temporal dynamics of healthcare sustainability. Expanded empirical investigation at subnational levels would further enrich understanding of local variation in Universal Health Coverage implementation.

AUTHOR CONTRIBUTIONS

Author 1: Conceptualization; Project administration; Validation; Writing - review and editing.
Author 2: Conceptualization; Data curation; In-vestigation.
Author 3: Data curation; Investigation.

CONFLICTS OF INTEREST

The authors declare no conflict of interest

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