

TECHNICAL BRIEF

Creating healthy life trajectories: universal health coverage and a life course approach

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Universal health coverage (UHC) enables all people to obtain the health services they need without suffering financial hardship.

Countries can tailor UHC packages towards national priorities and resources but should include services that: 1) promote health, address protective and risk factors, and tackle major diseases (through promotion, prevention, treatment, rehabilitation and palliative care); 2) are provided across every life stage; and 3) adequately prepare people for the next stage of life.

These packages represent a life course approach, and facilitate healthy life trajectories. They should expand over time, with increasing quality and technical efficiency, to reach all populations in need, and the financial burden of accessing these services must be reduced for all age groups.

Key messages

- A life course approach aims to optimize health trajectories, connecting healthy development in the first decades of life with better health in middle and old age. This brings multiple benefits including reducing inequalities and increasing people's ability to contribute to society.
- A life course approach strengthens all objectives of UHC, namely: 1) including people of all ages – including citizens, immigrants, migrant workers and refugees – to achieve 100% population coverage in benefit packages; 2) identifying and delivering high-quality, person-centred health services for each life stage and critical periods according to need; and 3) assessing and reducing financial burdens by life stages, household composition and interrelated vulnerabilities throughout the life course.
- A life course approach in practice requires new ways of investing in health. It means re-organizing health systems to focus on person-centred goals that not only manage disease, but also produce good health. This means going beyond survival objectives and supporting individuals to thrive. Moreover, a person-centred approach focusing on capacities and abilities helps to align actions that take place across multiple sectors.
- In order to follow a life course approach, more research, evidence and partnerships are needed to inform the delivery of services, including those provided in communities and at home.
- Multisectoral actions are required to facilitate determinants of good health and optimize health and well-being across the life course.

Background and challenges

The 2019 United Nations General Assembly High-Level Meeting's Political Declaration puts a life course approach at the core of UHC, but neglects the crucial concept of healthy life trajectories (1).

Healthy trajectories connect each life stage, recognizing that experiences at each stage, and the critical transitions between them, strongly influence current and future health and well-being.

Early risks to health and well-being in pregnancy, childhood and adolescence are associated with 70% of mental health illnesses and noncommunicable diseases in later years, as well as a 25% decrease in social and economic contributions to society (2–8). A life course approach emphasizes maternal, child and adolescent health, recognizes broader social determinants of health, and includes interventions and services that set people up for a lower burden of disease – thereby optimizing trajectories of health (Figure 1) (9,10).

The revitalization of primary health care (PHC) seeks to change traditional paradigms of health systems and services with a narrow focus on prevention and management of diseases, thus ensuring good health overall. However, more work needs to be done in **re-orienting health systems to promote healthy development and healthy ageing, using a person-centred approach** to optimize physical and mental capacities at every age.

While global initiatives such as the Global Strategy for Women's, Children's and Adolescents' Health (11) and the United Nations Decade of Healthy Ageing (2021–2030) (12) promote a life course approach, these focus only on initial decades and later life, respectively. Additionally, the review of intervention packages from 284 WHO global guidelines since 2009 identified only two with recommendations addressing the whole life course, highlighting the need to link each life stage (Figure 2) (13).

Data from 133 countries show that the poorest households, and particularly those with older, dependent adults, have the highest **financial burden from accessing health services** (14). In addition, households with people of reproductive age may incur significant financial burdens when faced with conditions such as infertility or a need for caesarean section (15,16). To ensure a fair allocation of resources across all ages, investments and coverage of UHC at every stage needs to be improved (10,17–19).

As people generally live longer, physical, social and economic environments strongly influence an individual's health at every age, calling for a person-centred approach with multi-sectoral actions beyond health services (20). For example, early childhood development interventions, and programmes to improve adolescent well-being, yield benefits throughout life that exceed by many times original investments (5–7,21).

In particular, addressing determinants related to gender inequalities – including violence against women, harmful gender norms and practices, and a high burden of formal and informal care work – can alter the life course trajectory of women and girls. Likewise, offering older adults flexibility and life-long learning opportunities can result in improvements in life expectancy, subjective well-being and functional abilities (13).

Key actions and policy recommendations

Governments

- Create PHC that focuses on keeping people healthy across the life course, with appropriate referral services for secondary and tertiary care, and integration with social services.
- Examine national benefit packages, financing and service delivery to ensure effective health and multisectoral interventions for people of all ages – during critical periods or after unexpected events
- Reduce out-of-pocket payments, recognizing the unequal burden to households with younger or older people.
- Lead efforts to integrate services and programmes across different sectors to achieve the highest attainable level of health for every individual. For example, through age-friendly cities and communities, and social care, that enable older persons to stay at home (22).
- Recognize that financing of health and well-being is an investment, not a cost.
- Identify and change legal, social and cultural inequalities in health.

Health and multilateral development agencies, including WHO

- Drive global dialogue on an actionable framework for implementing a life course approach.
- Identify interventions that take a life course approach to health and well-being, and include them in a menu of interventions for benefit packages and financing strategies (23).
- Generate more research and practical guidance to inform implementation of person-centred, flexible and coordinated services within PHC.
- Generate investment cases for health and social services, especially for actions with a focus on long-term impacts.
- Ensure packages of health interventions include services that are needed at different life stages and by those with diverse needs, such as indigenous populations, migrants and refugees.



Service providers and professional associations

- Invest in high-quality services and examine new evidence-based innovations that can be implemented at scale, for example, the framework on nurturing early child development (24) and guidance on integrated care for older persons (25).
- Improve referral systems linking individuals to a range of services.
- Advocate for a person-centred approach considering people's physical and mental capacities, in services relating to health, labour, education and social protection and the environments in which they live.
- Strengthen the measurement and monitoring of capacities, abilities and well-being throughout the life course, and track whether people who need care receive effective services (26).

Figures

Figure 1. Optimizing health trajectories: recognizing the social determinates of health, and connecting healthy development and healthy ageing

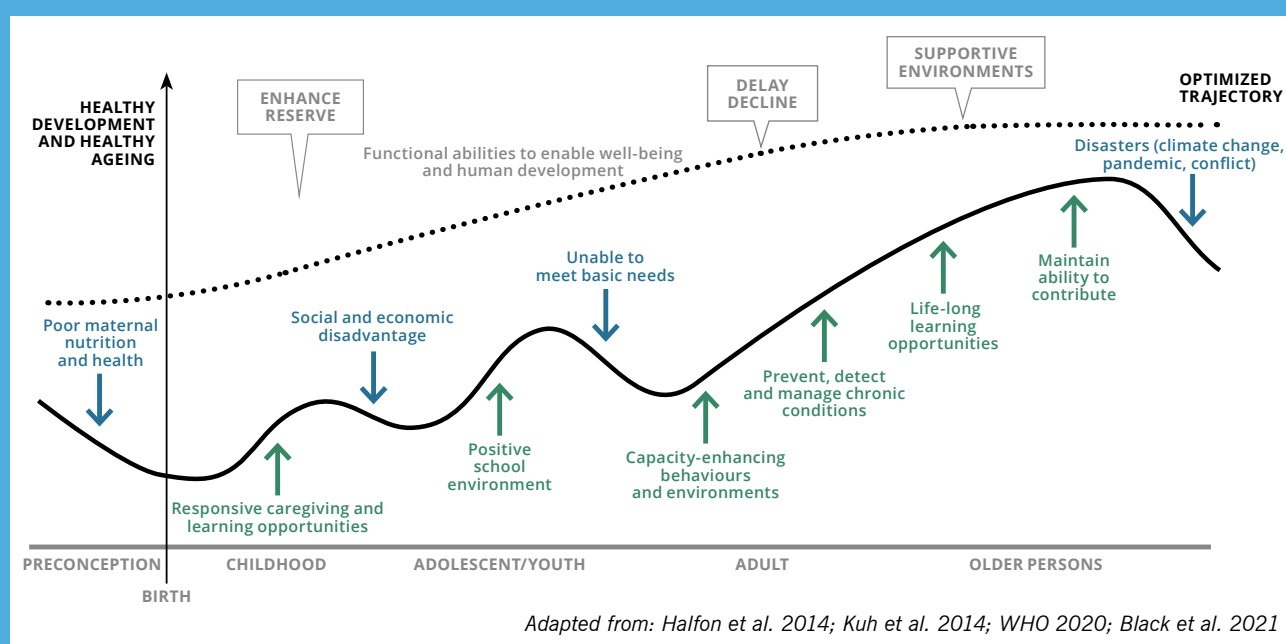
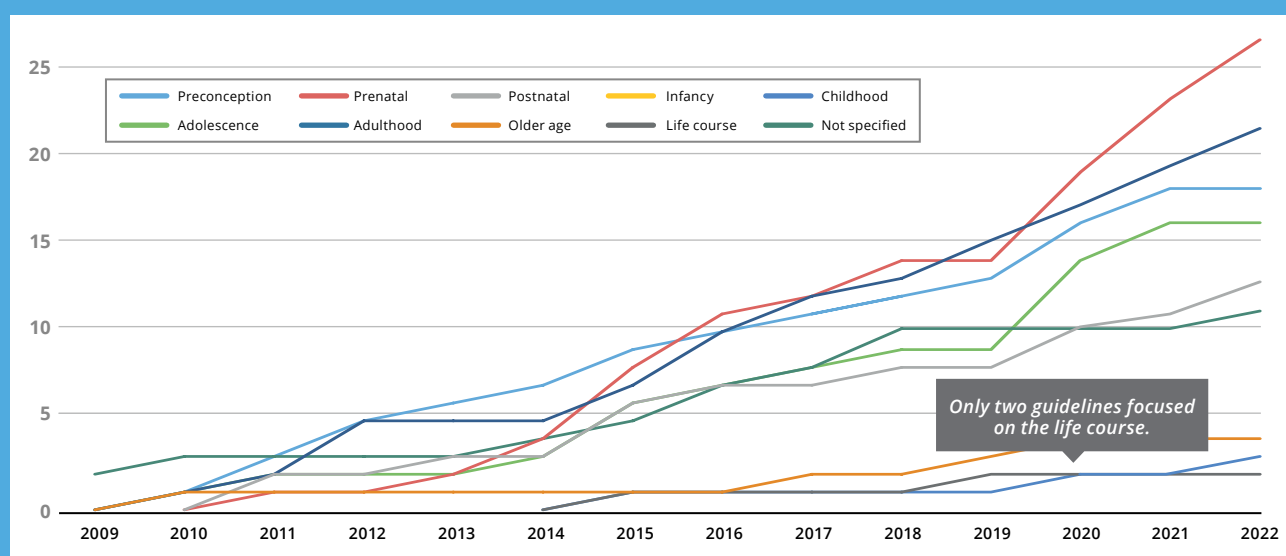


Figure 2. Cumulative number of WHO guidelines addressing intrinsic capacities (physical, cognitive, psychological) by life stage, 2009–2022



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