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RESEARCH ARTICLE

Cross-Border Healthcare Challenges and Implications for Universal Health Coverage in Mizoram, India

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Abstract

Universal Health Coverage (UHC) aims to ensure that all individuals have access to essential healthcare services without experiencing financial hardship. However, achieving UHC remains a significant challenge in geographically remote and border regions such as Mizoram, India. Mizoram shares international borders with Myanmar and Bangladesh, leading to cross-border migration and increased healthcare demands. This study examines the healthcare challenges associated with cross-border movement and their implications for achieving Universal Health Coverage in Mizoram. A qualitative research design was adopted using secondary data analysis from government reports, World Health Organization publications, and academic literature. Thematic analysis was used to identify key healthcare challenges affecting service accessibility and delivery. The findings reveal major challenges including healthcare infrastructure limitations, shortage of healthcare professionals, communication barriers due to linguistic differences, increased disease burden, and financial and administrative constraints. Cross-border populations often face difficulties in accessing healthcare services due to documentation issues and lack of policy clarity. Additionally, communication barriers between healthcare providers and patients contribute to misdiagnosis, poor treatment adherence, and reduced healthcare outcomes. These findings highlight the need for improved healthcare infrastructure, culturally sensitive healthcare delivery, cross-border health policies, and enhanced social work interventions. Strengthening healthcare systems in border regions is essential for achieving Universal Health Coverage and ensuring equitable healthcare access for all populations.

Keywords: Universal Health Coverage, Cross-Border Healthcare, Mizoram, Healthcare Access, Communication Barrier, Health Inequality, Border Health, Public Health.

Introduction

Universal Health Coverage (UHC) has emerged as a global public health priority aimed at ensuring that all individuals have access to necessary healthcare services without facing financial hardship. The World Health Organization defines Universal Health Coverage as the ability of individuals and communities to receive promotive, preventive, curative, rehabilitative, and palliative healthcare services of sufficient quality while ensuring financial protection (World Health Organization, 2010). Universal Health Coverage is a central component of Sustainable Development Goal 3, which focuses on ensuring healthy lives and promoting well-being for all at all ages (United Nations, 2015). Achieving Universal Health Coverage requires strengthening healthcare infrastructure, improving healthcare accessibility, ensuring an adequate healthcare workforce, and addressing social determinants of health.

Despite global efforts, achieving Universal Health Coverage remains a major challenge, particularly in low-resource settings and geographically isolated regions. Border regions face unique healthcare challenges due to population mobility, migration, and cross-border healthcare utilization (World Health Organization, 2017). Cross-border migration often increases pressure on existing healthcare systems, particularly in regions with limited healthcare infrastructure. Migrants and cross-border populations frequently encounter barriers such as lack of documentation, language differences, cultural differences, and limited awareness of healthcare services, which affect their access to healthcare (International Organization for Migration, 2020).

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India has made significant progress toward achieving Universal Health Coverage through initiatives such as the National Health Mission and Ayushman Bharat, which aim to improve healthcare access and reduce financial burden (Government of India, 2017). However, disparities in healthcare access persist, especially in remote and border states. The northeastern region of India, including Mizoram, faces significant healthcare challenges due to geographical isolation, difficult terrain, and limited healthcare infrastructure (National Health Systems Resource Centre, 2022).

Mizoram is a northeastern state of India that shares international borders with Myanmar and Bangladesh. The state's geographical location makes it vulnerable to cross-border migration and population movement. Many individuals cross the border for economic, social, and healthcare-related reasons. Cross-border populations often seek healthcare services in Mizoram due to better healthcare availability compared to neighboring regions. This increased demand places additional pressure on Mizoram's healthcare system, which already faces resource limitations.

Healthcare infrastructure in Mizoram has improved over the years, but challenges remain in ensuring adequate healthcare access for all populations. The state has limited tertiary healthcare facilities, and many rural areas lack adequate healthcare services. Additionally, Mizoram faces a shortage of healthcare professionals, including doctors, nurses, and specialists, which affects healthcare delivery (Ministry of Health and Family Welfare, 2021). Healthcare workforce shortages are more severe in remote and border areas, where healthcare facilities are often understaffed.

Communication barriers also significantly affect healthcare delivery in cross-border settings. Many cross-border migrants speak different languages, which creates challenges in communication between healthcare providers and patients. Effective communication is essential for accurate diagnosis, treatment adherence, and patient satisfaction. Language barriers can result in miscommunication, delayed treatment, and poor health outcomes (Flores, 2006). Communication barriers also affect healthcare providers' ability to understand patients' symptoms, medical history, and healthcare needs.

Cross-border movement also increases the risk of communicable disease transmission. Border regions are particularly vulnerable to the spread of infectious diseases due to population mobility and limited disease surveillance systems (World Health Organization, 2017). Mizoram has reported cases of tuberculosis, HIV, and other communicable diseases associated with cross-border movement (National AIDS Control Organization, 2021). Managing infectious diseases in border regions requires coordinated efforts between countries and strong healthcare systems.

Financial constraints also affect healthcare access for cross-border populations. Many migrants lack health insurance or financial resources to pay for healthcare services. This creates additional financial pressure on healthcare systems and affects the sustainability of Universal Health Coverage initiatives.

Understanding healthcare challenges in border regions such as Mizoram is essential for improving healthcare access and achieving Universal Health Coverage. This study aims to examine the healthcare challenges associated with cross-border movement and their implications for Universal Health Coverage in Mizoram.

Materials And Methods

Research Design

This study adopted a qualitative research design using secondary data analysis to examine cross-border healthcare challenges and their implications for Universal Health Coverage in Mizoram, India. A qualitative approach was considered appropriate because it allows for an in-depth understanding of healthcare system challenges, healthcare accessibility, and structural barriers affecting healthcare delivery in border regions. Qualitative research is widely used in public health research to explore complex social and healthcare issues, particularly in settings where healthcare accessibility is influenced by geographical, political, and socio-cultural factors (Creswell, 2014).

The study utilized thematic analysis to systematically analyze existing literature, government reports, and international health organization publications related to healthcare access, cross-border migration, and Universal Health Coverage. Thematic analysis is a widely recognized qualitative method that enables researchers to identify patterns, themes, and key issues within qualitative data (Braun & Clarke, 2006). This method was appropriate for this study as it allowed for the identification and interpretation of key healthcare challenges affecting border populations in Mizoram.

Study Area

The study was conducted focusing on Mizoram, a northeastern state of India. Mizoram shares international borders with Myanmar to the east and south and Bangladesh to the west. Due to its geographical location, Mizoram experiences frequent cross-border movement for economic, social, and healthcare purposes. The state has a predominantly rural population, and many areas are geographically remote with limited healthcare infrastructure.

Mizoram's healthcare system includes primary health centres, community health centres, district hospitals, and referral hospitals. However, access to healthcare services remains uneven, particularly in remote and border areas. Cross-border populations often seek healthcare services in Mizoram due to better availability of healthcare facilities

compared to neighboring regions. This cross-border healthcare utilization increases the burden on Mizoram's healthcare system.

Data Sources

This study was based entirely on secondary data collected from credible and reliable sources. Secondary data analysis was selected because it allows researchers to analyze existing information and generate meaningful insights without conducting primary fieldwork. Secondary data also provide access to a wide range of national and international healthcare data.

Data were collected from the following sources:

- World Health Organization (WHO) reports on Universal Health Coverage and border health
- Government of India health policy reports and National Health Mission publications
- Ministry of Health and Family Welfare reports
- National Health Systems Resource Centre publications
- National AIDS Control Organization reports
- Mizoram State Health Department reports
- Peer-reviewed journal articles related to border health, migration, and healthcare access
- Reports from international organizations such as the International Organization for Migration (IOM)

Census of India data

Published research studies related to healthcare challenges in Northeast India

These sources were selected because they provide reliable, relevant, and updated information related to healthcare systems, migration, and Universal Health Coverage.

Inclusion and Exclusion Criteria

The following inclusion criteria were used in selecting literature and reports:

- Studies related to Universal Health Coverage
- Studies related to cross-border healthcare and migration
- Studies related to healthcare access in border regions
- Studies related to Mizoram or Northeast India
- Studies published in peer-reviewed journals
- Reports published by government and international organizations
- Studies published in English language

The following exclusion criteria were applied

- Studies not related to healthcare
- Studies unrelated to border regions
- Non-scientific or unreliable sources
- Opinion-based articles without evidence

Data Analysis

The collected data were analyzed using thematic analysis. Thematic analysis involves identifying patterns and themes within qualitative data. The process involved the following steps:

Familiarization with data

The researcher carefully read and reviewed all collected literature, reports, and documents to understand the content.

Coding

Important healthcare challenges and issues were identified and coded. Coding helps in organizing data into meaningful categories.

Identifying themes

Codes were grouped into major themes such as healthcare infrastructure challenges, communication barriers, workforce shortages, and healthcare accessibility.

Reviewing themes

Themes were reviewed to ensure they accurately reflected the healthcare challenges affecting cross-border populations.

Interpretation

Themes were interpreted to understand their implications for Universal Health Coverage.

Thematic analysis was selected because it provides a systematic approach to analyzing qualitative data and allows researchers to identify healthcare system challenges effectively (Braun & Clarke, 2006).

Ethical Considerations

This study was based entirely on secondary data, and no human participants were directly involved. Therefore, ethical approval was not required. However, ethical research practices were followed throughout the study.

All data were obtained from publicly available and credible sources. Proper citation and referencing were used to acknowledge original authors and sources. The study maintained academic integrity and avoided plagiarism.

Reliability and Validity

Reliability and validity were ensured by using credible and authoritative sources such as WHO reports, government publications, and peer-reviewed journals. Using multiple sources helped in cross-verifying information and ensuring accuracy.

Secondary data analysis enhances reliability because the data are collected by recognized institutions using standardized methods (Johnston, 2017).

Observation / Results

The analysis of secondary data revealed several significant healthcare challenges affecting healthcare delivery and Universal Health Coverage in Mizoram. Due to its international borders with Myanmar and Bangladesh,

Mizoram faces unique healthcare system pressures influenced by cross-border population movement, healthcare accessibility issues, workforce limitations, and communication barriers. These findings highlight structural and systemic challenges that affect healthcare preparedness and service delivery.

Healthcare Infrastructure Challenges

One of the major findings of this study is the limited healthcare infrastructure in Mizoram, particularly in rural and border areas. Mizoram is a geographically mountainous state, and many villages are located in remote and difficult-to-access areas. This geographical isolation affects the availability and accessibility of healthcare services.

Although the state has district hospitals, community health centres, and primary health centres, healthcare facilities are unevenly distributed. Border areas often have fewer healthcare facilities compared to urban areas. This creates challenges for both local residents and cross-border populations seeking healthcare services.

Healthcare facilities in Mizoram also experience increased patient load due to cross-border healthcare utilization. Individuals from neighboring countries such as Myanmar often seek healthcare services in Mizoram because of better healthcare infrastructure and availability of treatment. This increases the burden on existing healthcare facilities, leading to overcrowding, longer waiting times, and strain on healthcare resources.

Limited availability of specialized healthcare services is another significant challenge. Advanced medical facilities and specialized treatment options are mainly available in major hospitals, which may not be easily accessible for people living in remote areas.

Healthcare Workforce Shortage

Another major finding is the shortage of healthcare professionals in Mizoram. Healthcare workforce availability is an essential component of Universal Health Coverage, as it directly affects the quality and accessibility of healthcare services.

Many healthcare facilities, especially in rural and border areas, face shortages of doctors, nurses, and trained healthcare workers. This shortage affects healthcare delivery and increases the workload on existing healthcare professionals. Healthcare workers in border areas often face challenging working conditions, including limited resources, geographical isolation, and high patient load.

The presence of cross-border patients further increases the workload on healthcare workers. Healthcare professionals must manage a higher number of patients, which can affect service quality and efficiency.

Workforce shortages also affect preventive healthcare services, health education, and disease monitoring. Limited healthcare personnel reduces the healthcare system's capacity to provide comprehensive healthcare services.

Communication Barriers

Communication barriers were identified as a significant challenge affecting healthcare delivery in Mizoram, particularly for cross-border populations. Effective communication between healthcare providers and patients is essential for accurate diagnosis, treatment, and healthcare management.

Cross-border patients may speak different languages or dialects, which can create communication difficulties between patients and healthcare providers. Language differences can lead to misunderstandings regarding symptoms, medical history, and treatment instructions.

Communication barriers can also affect healthcare compliance. Patients may not fully understand treatment instructions, medication usage, or follow-up care requirements. This can result in poor treatment outcomes and increased healthcare risks.

Cultural differences also contribute to communication challenges. Different cultural beliefs and healthcare practices can influence healthcare-seeking behavior and treatment acceptance. Healthcare providers may face challenges in explaining medical procedures or treatment plans to patients from different cultural backgrounds.

Communication barriers can also affect healthcare documentation and patient record management. Accurate documentation is essential for effective healthcare delivery and disease monitoring.

Accessibility Challenges

Geographical and transportation barriers significantly affect healthcare accessibility in Mizoram. Many border areas are located in remote mountainous regions, making transportation difficult.

Limited transportation infrastructure makes it difficult for patients to reach healthcare facilities. Poor road connectivity and long travel distances increase healthcare accessibility challenges.

Emergency healthcare access is particularly affected by geographical barriers. Patients in remote areas may experience delays in receiving emergency medical care, which can affect health outcomes.

Cross-border populations may also face legal and administrative challenges in accessing healthcare services. Lack of proper documentation or legal status can create barriers to healthcare access.

Risk of Disease Transmission

Cross-border population movement increases the risk of communicable disease transmission. Border regions are particularly vulnerable to infectious diseases due to frequent movement of people.

Studies have shown that border areas often experience higher risks of diseases such as tuberculosis, HIV/AIDS, and malaria. Cross-border movement can facilitate disease

transmission if proper health screening and monitoring systems are not in place.

Healthcare systems in border regions must manage both local and cross-border disease risks. This increases the importance of disease surveillance and healthcare preparedness.

Limited healthcare resources and workforce shortages can affect disease monitoring and response capacity.

Financial and Resource Burden on Healthcare System

Cross-border healthcare utilization increases the financial burden on Mizoram's healthcare system. Healthcare resources such as medical supplies, hospital beds, and healthcare personnel are limited.

Providing healthcare services to cross-border populations increases healthcare system costs. This can affect healthcare service availability for local populations.

Healthcare funding limitations can also affect infrastructure development, workforce recruitment, and healthcare system strengthening.

Healthcare Preparedness Challenges

Healthcare preparedness is essential for managing healthcare system challenges and ensuring Universal Health Coverage. However, Mizoram faces several preparedness challenges.

Healthcare infrastructure limitations, workforce shortages, and resource constraints affect healthcare preparedness. Border areas require strong healthcare systems to manage healthcare demands effectively.

Disease surveillance, emergency preparedness, and healthcare planning are essential components of healthcare preparedness.

Healthcare preparedness also requires effective coordination between healthcare institutions and government agencies.

Impact on Universal Health Coverage

Universal Health Coverage aims to ensure that all individuals have access to healthcare services without financial hardship. However, the findings of this study indicate several barriers affecting Universal Health Coverage in Mizoram.

Healthcare accessibility challenges, workforce shortages, communication barriers, and healthcare infrastructure limitations affect healthcare access and service delivery.

Cross-border healthcare utilization increases healthcare system pressure and affects healthcare resource availability.

Addressing these challenges is essential for strengthening healthcare systems and achieving Universal Health Coverage in Mizoram.

Discussion

The present study explores healthcare challenges in Mizoram, particularly in the context of cross-border healthcare utilization, and evaluates their impact on the attainment of Universal Health Coverage (UHC). The findings indicate that geographical isolation, communication barriers, limited healthcare infrastructure, workforce shortages, and financial constraints collectively affect the delivery and accessibility of healthcare services in the state. These challenges mirror broader global healthcare concerns, especially in border regions and low-resource settings.

Healthcare Infrastructure and Accessibility

The study highlights that Mizoram's healthcare infrastructure, while improving, remains insufficient in remote and border regions. This finding aligns with studies conducted in other northeastern states of India, where geographical barriers significantly reduce healthcare accessibility (Raju & Mohanty, 2019). Remote villages often require several hours of travel to reach primary health centers or district hospitals, limiting timely access to care and preventive services.

Globally, healthcare access in rural and border areas poses similar challenges. For example, a study in Myanmar's border regions showed that mountainous terrain and limited healthcare facilities contribute to delayed diagnosis and treatment of communicable diseases (Tun et al., 2020). In Mizoram, the combination of rugged terrain and dispersed population contributes to poor healthcare coverage, particularly for maternal and child health services.

Furthermore, cross-border patient inflow exacerbates healthcare accessibility challenges. Individuals from neighboring countries, seeking better healthcare services in Mizoram, increase patient loads in district hospitals and primary health centers. This is consistent with findings from global health studies, which indicate that cross-border patient mobility can strain healthcare infrastructure, leading to overcrowding and resource shortages (WHO, 2017).

Workforce Shortages and Its Implications

Workforce scarcity is another critical challenge affecting healthcare delivery in Mizoram. The present study found that border areas, in particular, face acute shortages of doctors, nurses, and trained health workers. This results in increased workload, limited patient-provider interaction, and potential burnout among healthcare staff.

According to the National Health Profile (2023), India faces an average shortage of 15% in doctors and 22% in nurses in rural areas, with northeastern states experiencing higher deficits. Mizoram, despite a relatively higher health worker-to-population ratio than some other northeastern states, still struggles with workforce distribution, particularly in border areas. This uneven distribution reflects a broader global pattern, where healthcare workers are concentrated in urban centers, leaving rural and border populations underserved (WHO, 2020).

The shortage of trained personnel affects preventive healthcare delivery, patient counseling, and health education, which are critical for UHC. The present study's

findings echo research in sub-Saharan Africa, where workforce deficits in rural regions significantly impede the delivery of primary healthcare and disease prevention services (Campbell et al., 2019).

Communication Barriers

Communication barriers emerged as a major impediment in healthcare service delivery, particularly for cross-border populations. Language differences, dialect variations, and cultural practices complicate patient-provider interactions. Patients often find it difficult to articulate symptoms, understand medical advice, and adhere to prescribed treatment regimens.

This finding aligns with international research emphasizing the importance of effective communication for healthcare outcomes. A study in the Thailand-Myanmar border highlighted that language and cultural barriers hinder proper diagnosis and treatment adherence, leading to suboptimal health outcomes among migrant populations (Krause et al., 2018). In Mizoram, communication barriers not only affect treatment adherence but also compromise the accuracy of medical records and continuity of care.

To mitigate these challenges, healthcare systems must adopt multilingual communication strategies, employ trained interpreters, and integrate culturally sensitive healthcare practices. These interventions are aligned with WHO recommendations for improving healthcare accessibility in multilingual and multicultural settings (WHO, 2019).

Financial and Resource Constraints

The study also identified financial and resource limitations as significant barriers to healthcare delivery. Cross-border patients increase the demand for healthcare services, which places additional pressure on state resources. Hospitals face increased expenditure on medical supplies, pharmaceuticals, and operational costs.

Financial constraints also impact infrastructure development and workforce recruitment. Limited funding for rural and border health centers reduces the capacity to expand services, hire adequate staff, and provide specialized treatment. A study by the Ministry of Health and Family Welfare (MOHFW, 2022) emphasizes that resource allocation disparities between urban and rural regions in India continue to affect healthcare equity.

Globally, resource constraints in border regions are common, as seen in the Bangladesh-India border areas, where insufficient healthcare financing limits the provision of essential services to cross-border populations (Islam et al., 2021). Efficient resource management and targeted government interventions are therefore essential for strengthening healthcare delivery in Mizoram.

Impact on Disease Management and Prevention

Healthcare challenges in Mizoram significantly impact disease management and prevention efforts. Cross-border movement increases the risk of infectious disease transmission, including tuberculosis, malaria, and HIV/AIDS. Healthcare workforce shortages, communication barriers, and limited infrastructure reduce the system's ability to monitor, prevent, and manage these diseases effectively.

The findings correspond with WHO reports on cross-border health threats, which emphasize that border regions require specialized surveillance systems and proactive healthcare strategies to mitigate disease outbreaks (WHO, 2018). The lack of integrated disease monitoring in Mizoram, combined with population movement, poses challenges for achieving UHC goals related to infectious disease control.

Achieving Universal Health Coverage (UHC)

Universal Health Coverage aims to ensure that all individuals have access to essential healthcare services without financial hardship. However, the findings of this study reveal that UHC implementation in Mizoram is constrained by infrastructure, workforce, communication, and resource limitations.

Healthcare access disparities, particularly in border regions, hinder the realization of UHC goals. Remote populations face barriers in reaching healthcare facilities, and cross-border patients strain local health resources, affecting service quality for local residents. These findings mirror global evidence, where UHC implementation in border and rural regions is often challenged by similar factors (World Bank, 2020).

Addressing these challenges requires a multifaceted approach

Infrastructure Development: Expansion of healthcare facilities in remote areas, including community health centers and mobile health units.

Workforce Strengthening: Recruitment and retention of healthcare workers in border areas, provision of training, and equitable workforce distribution.

Communication and Cultural Sensitivity: Implementing multilingual healthcare communication strategies and cultural competence training for healthcare providers.

Resource Allocation: Targeted funding for border healthcare facilities, adequate medical supplies, and efficient resource management.

Cross-Border Collaboration: Coordinated efforts with neighboring countries for disease surveillance, referral systems, and emergency healthcare management.

Integration with Previous Literature

The findings of this study are consistent with previous research on healthcare challenges in northeastern India. Raju & Mohanty (2019) highlighted the role of geography in limiting healthcare access, while Tun et al. (2020) emphasized cross-border healthcare dynamics in Southeast Asia. The study also supports WHO recommendations on border health systems, communication strategies, and workforce

strengthening for effective UHC implementation (WHO, 2017; WHO, 2019).

International studies further reinforce these observations. Research in border regions of Africa and Southeast Asia indicates that workforce shortages, communication barriers, and resource limitations are primary obstacles to healthcare delivery and UHC attainment (Campbell et al., 2019; Krause et al., 2018). Mizoram's challenges are therefore part of a broader global pattern observed in border and low-resource regions.

Implications for Policy and Practice

The study has several implications for policy and practice. Policymakers must prioritize healthcare infrastructure development, particularly in border and rural areas. Workforce distribution strategies must focus on recruiting and retaining skilled healthcare professionals in underserved regions.

Cultural and linguistic competence training is critical for healthcare providers to reduce communication barriers and enhance patient-centered care. Cross-border collaboration is also necessary to address the shared healthcare challenges of border populations and ensure effective disease surveillance.

Implementing these strategies can strengthen Mizoram's healthcare system, improve service delivery, and advance progress towards UHC.

Limitations of the Study

While the study provides comprehensive insights into healthcare challenges in Mizoram, certain limitations must be acknowledged. The study primarily relies on secondary data, which may limit the granularity of findings. Additionally, the dynamic nature of cross-border healthcare utilization means that healthcare challenges may vary over time. Future research should incorporate primary data collection, patient perspectives, and longitudinal studies to provide more nuanced insights.

Discussion

The present study provides an in-depth analysis of healthcare challenges in Mizoram, emphasizing the impact of cross-border patient mobility on healthcare delivery and Universal Health Coverage (UHC) implementation. The findings reveal multiple interrelated barriers, including geographic isolation, inadequate infrastructure, workforce shortages, communication difficulties, and resource constraints, which collectively hinder timely access to healthcare services, particularly in remote and border regions.

Cross-border patient inflow emerged as a critical factor, adding strain to limited healthcare resources and creating challenges for equitable healthcare delivery. Patients from neighboring countries frequently seek medical care in Mizoram due to comparatively better healthcare facilities, resulting in increased patient loads and extended waiting times. This highlights the importance of cross-border health collaboration, integrated disease surveillance, and regional healthcare planning (Tun, Aye, & Win, 2020; Krause, Sringernyuang, & Nosten, 2018).

Workforce scarcity remains a persistent challenge, particularly in rural and border health centers. The shortage of doctors, nurses, and allied health professionals not only increases workload but also compromises service quality, patient counseling, and preventive care delivery (Campbell et al., 2019). Effective recruitment, retention strategies, and incentives for healthcare professionals in border and rural areas are crucial to strengthen Mizoram's health system.

Communication barriers were another significant impediment. Language differences, dialect variations, and cultural practices limit patient-provider interactions, affecting treatment adherence, health education, and accurate record-keeping (Flores, 2006). Addressing these barriers through multilingual health communication strategies, culturally sensitive practices, and trained interpreters is essential for improving healthcare outcomes.

Resource limitations, including financial constraints and insufficient medical supplies, further exacerbate healthcare challenges. Targeted government funding, efficient resource management, and prioritization of healthcare infrastructure development are necessary to mitigate these issues (World Bank, 2020; Ministry of Health and Family Welfare, 2022).

The study's findings resonate with global evidence on border healthcare challenges, illustrating that remote and cross-border regions face similar obstacles worldwide. Lessons from Thailand, Myanmar, and sub-Saharan Africa underscore the importance of infrastructure expansion, workforce strengthening, and culturally competent care in improving healthcare accessibility (Islam, Rahman, & Hossain, 2021; WHO, 2018).

Achieving Universal Health Coverage in Mizoram requires a multifaceted approach, integrating infrastructure development, workforce enhancement, communication improvements, resource allocation, and cross-border collaboration. These strategies can improve healthcare delivery, reduce inequities, and ensure that both local and cross-border populations receive timely and adequate care.

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