

Study reveals striking disparities in health care access and quality across most nations

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While health care access and quality have improved generally over the past several years, advancements in many countries have been slow or nonexistent as compared to the previous decade, according to a new scientific study.

In addition, the first-ever assessment at the state or provincial level reveals striking disparities across most nations, most prominently China and India.

“Our findings are quite alarming,” said Dr. Christopher Murray, director of the Institute for Health Metrics and Evaluation (IHME) at the University of Washington, whose organization coordinated the study. “These results highlight the imperative that nations dedicate funding for improving access to and quality of health care. Not all nations can rank in the 90s on a scale of one to 100, but it is inexcusable that we have countries ranking below 20. Government leaders need to step up progress if they expect to meet the United Nations’ Sustainable Development Goals just 12 years away.”

The study, published today in the international medical journal *The Lancet*, rates nations on a health care access and quality (HAQ) index. This index is based on 32 causes from which death should not occur in the presence of effective health care, such as tuberculosis, diarrheal diseases, and various cancers. In 2016, HAQ Index scores spanned from 97.1 in Iceland, followed by 96.6 in Norway and 96.1 in the Netherlands, to values as low as 18.6 in the Central African

Republic, 19.0 in Somalia, and 23.4 in Guinea-Bissau.

After making progress between 1990 and 2000, some countries, such as the United States and some Latin American countries, witnessed stagnating results between 2001 and 2016. Nine countries and territories did not see significant increases in their health care access and quality between 1990 and 2016: Fiji, Solomon Islands, Vanuatu, Central African Republic, Lesotho, Swaziland, Zimbabwe, and South Sudan.

In contrast, China, the Maldives, Lebanon, Turkey, and South Korea were among those nations with the largest overall increases from 1990 to 2016. China and Turkey, as well as Vietnam and Nepal, recorded substantial rates of progress over each time period.

Of the seven countries with subnational assessments, in-country gaps varied significantly: China – 43.5 points, India – 30.8 points, Brazil – 20.4 points, Mexico – 17.0 points, England – 16.9 points, United States – 11.0 points, and Japan – 4.8 points.

In addition, estimates were drawn from the most recent Global Burden of Disease (GBD) study and were computed using a Socio-demographic Index (SDI) based on rates of education, fertility, and income. SDI is more comprehensive than the historical “developed” versus “developing” nations framework.

These findings revealed that many low-to-middle SDI countries saw progress substantially accelerate from 2000 to 2016, particularly in sub-Saharan Africa and Southeast Asia. These include Rwanda, Ethiopia, Bangladesh, Myanmar, Bhutan, Cambodia, and Laos.

In addition, several countries in Eastern Europe and Central Asia, including Russia, Belarus, and Kazakhstan, saw improvements increase from 2000 to 2016, after stagnating or faltering performances from 1990 to 2000.

In many countries, accelerated progress from 2000 to 2016 was driven by gains related to vaccine-preventable diseases, some infectious diseases (such as diarrheal diseases), maternal and child health, and a subset of non-communicable diseases.

The study's lead author, Dr. Rafael Lozano of IHME, noted the value of the study, as well as the SDI and HAQ Index, for improving health care access and quality in the future. "Now is the time to invest to help deliver better and more comprehensive health systems for the next generation, and to accelerate progress in the Sustainable Development Goal era."□

Source:

<http://www.healthdata.org/>