Key results on personal healthcare access and quality

- Globally, personal healthcare access and quality, as measured by the HAQ Index, improved from 40.7 in 1990 to 53.7 in 2015, on a scale of 0 to 100. For Brazil, personal healthcare access and quality increased from 50.1 in 1990 to 64.9 in 2015.

- Despite overall gains in personal healthcare access and quality, the gap between the highest and lowest levels increased from 1990 to 2015. Among countries in the same GBD region as Brazil (Tropical Latin America), 2015 HAQ Index values ranged from 60.4 in Paraguay to 64.9 in Brazil.

- Given a country’s resources and development, the gap between its HAQ Index and frontier represents how much untapped potential exists for improving personal healthcare access and quality.

- Globally, the gap was 20.1 in 2015, changing minimally since 1990. For Brazil, this gap was 13.8 in 1990 and 9.8 in 2015, reflecting progress in improving healthcare access and quality alongside gains in development.

Tracking personal healthcare access and quality in Brazil from 1990 to 2015

Mapping personal healthcare access and quality worldwide in 2015
Progress in narrowing the gaps in personal healthcare access and quality with increasing development, 1990–2015

Understanding the gap between a country’s HAQ Index and what could have been achieved (the HAQ Index frontier), given its socio-demographic development, has major policy implications. This gap highlights the untapped potential for improving healthcare based on a country’s current resources. Where this gap is small or exceeds levels achieved by countries of similar development, opportunities may exist for advancing healthcare access and quality with gains in development. A large or growing gap could be viewed as a warning sign that improved healthcare access and quality is not an inevitable result of increased development. This figure shows changes in the HAQ Index frontier gap for Brazil and three comparator countries.

Definitions

Healthcare Access and Quality (HAQ) Index
Provides a summary measure of personal healthcare access and quality for a given location. This measure is based on risk-standardized mortality rates from causes that, in the presence of high-quality healthcare, should not result in death – also known as amenable mortality.

HAQ Index Frontier
Represents the highest personal healthcare and access achieved at a given level of development. The difference between a country’s HAQ Index and its frontier is the “gap.”

Source

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