Monitoring national levels of healthcare access and quality is critical to understanding where countries can improve health service delivery. Researchers used findings from the Global Burden of Disease (GBD) study to estimate a summary measure of personal healthcare access and quality, the Healthcare Access and Quality (HAQ) Index, for 195 countries and territories from 1990 to 2016. Key results for Ethiopia are highlighted here, while all results can be found at bit.ly/HAQ-GBD2016.

Key results on healthcare access and quality

- Globally, healthcare access and quality, as measured by the HAQ Index, improved from 37.6 in 1990 to 54.4 in 2016, on a scale of 0 to 100. For Ethiopia, healthcare access and quality increased from 10.6 in 1990 to 28.1 in 2016.

- Despite overall gains in healthcare access and quality, the gap between the highest and lowest levels increased from 1990 to 2016. Among countries in the same GBD region as Ethiopia (Eastern sub-Saharan Africa), 2016 HAQ Index scores ranged from 19.0 in Somalia to 39.5 in Kenya.

- From 2000 to 2016, the global pace of progress accelerated for the HAQ Index, improving by an average of 1.6% per year. From 1990 to 2000, the world saw overall healthcare access and quality improve by an average of 1.2% per year.

- For Ethiopia, HAQ Index performance improved at an average rate of 4.4% per year from 2000 to 2016. From 1990 to 2000, Ethiopia recorded, on average, a 2.9% per year gain in healthcare access and quality. However, this average change was not statistically significant.

Tracking healthcare access and quality in Ethiopia from 1990 to 2016

The vertical bar represents the range of HAQ Index values found in 195 countries and territories for each year. Values close to 100 reflect the highest levels of personal healthcare access and quality achieved.

Mapping healthcare access and quality worldwide in 2016

Ethiopia HAQ Index in 2016

28.1
Comparing the pace of progress on healthcare access and quality from 1990 to 2016

Understanding how quickly – and consistently – a country improved its HAQ Index performance over time has major policy implications. Accelerated progress in more recent time periods may reflect the effects of health investments, whereas slowed or stalled gains provide a warning sign that health system advances may not keeping pace with population health needs.

This figure shows the HAQ Index for Ethiopia and three comparator countries in 1990, 2000, and 2016, as well as the average rate of change per year from 1990 to 2000 and 2000 to 2016. Stars indicate the average rate of change was statistically significant for that time period.

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 or mortality-to-incidence ratios from causes that, in the presence of quality healthcare, should not result in death – also known as amenable mortality. HAQ Index performance is shown on a scale of 0 to 100, with 0 reflecting the worst observed levels across countries from 1990 to 2016 and 100 being the best observed during this time.

Source


Contact

healthdata.org  
engage@healthdata.org  
+1-206-897-2800