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 Kenya are highlighted here, while all results can be found at bit.ly/HAQ-GBD2016.

• 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 Kenya, healthcare access and quality increased from 32.4 in 1990 to 39.5 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 Kenya (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 Kenya, HAQ Index performance improved at an average rate of 1.3% per year from 2000 to 2016. Between 1990 and 2000, Kenya recorded little change in healthcare access and quality (an average of 0.0% per year).

**Kenya HAQ Index in 2016**

39.5

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.
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 Kenya 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**


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