

USING GBD TO ASSESS COUNTRIES' HEALTH PROGRESS

The GBD approach affords countries a unique opportunity to explore their success in improving health outcomes over time. GBD can also be used to better understand how fast a country's health is improving relative to similar countries. This type of progress assessment is called benchmarking. Benchmarking is a tool that can help countries put their health achievements in context and identify areas for improvement. IHME invites countries interested in collaborating on benchmarking exercises to contact us.

As an example of a benchmarking exercise, Figure 26 shows levels of premature mortality in the US ranked relative to countries with similar levels of health expenditure in 2010. The columns are arranged from left to right by the top 30 causes of premature death in the US. The countries are ordered according to levels of premature mortality, with the country having the highest levels of premature mortality at the bottom (the US) and the lowest levels at the top (Sweden). Levels of premature mortality are measured using age-standardized years of life lost. For each cause, rankings are coded to reflect each country's level of premature mortality relative to the others. The best performers for each cause are in green while the worst performers for each cause appear in red. The US performed best in brain cancer (first) and colorectal cancer (third) in comparison to the 18 other countries, while it performed better than average for prostate cancer (fifth), stroke (fifth), falls (seventh), and breast cancer (eighth). Relative to the other countries shown in Figure 26, the US was the worst (nineteenth) performer for conditions including COPD, diabetes, interpersonal violence, preterm birth complications, chronic kidney disease, cardiomyopathy, hypertensive heart disease, poisonings, and kidney cancers.

To further illustrate how benchmarking can be implemented at the country level, IHME is currently working with public health experts in the UK to explore changes in population health over time and to compare its health performance to other countries with similar and higher levels of health spending. Through close collaboration with decision-makers at the National Health Service and Public Health England, the IHME-UK benchmarking project is examining the context in which health progress has occurred, such as the UK's provision of universal health coverage and its implementation of numerous public health interventions.

For the UK, GBD estimates of life expectancy and healthy life expectancy (HALE), years lost due to premature death (YLLs), years lived with disability (YLDs), and healthy years lost (DALYs) will provide a detailed and comprehensive picture of changes in health outcomes over time. Comparing GBD estimates across countries will elucidate areas of health where the UK performs both better and worse than its peers. In addition, analysis of potentially modifiable risk factors can shed light on ways that public health policy could address major causes of ill health and premature death. The IHME-UK benchmarking study aims to identify key opportunities to speed up the pace of health improvements in the nation.

Figure 26: Leading years of life lost, United States relative to comparison countries, 2010

