

What is behind our WHO health care system ranking?

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The World Health Organization (WHO) published a ranking in [2000 of the health care systems](#) of 191 countries in the world. The United States ranked 37th. Our WHO ranking has been used as proof by some that we need fundamental change to health care in America—along the lines of nationalized health care. Our WHO ranking of 37th out of 191 countries causes people to rethink our existing health care system until the components of the ranking are uncovered.

The WHO ranking is more directly related to equity and less related to quality of health care. To rank based on equity assumes that it is the government's job to provide health care. The battle over nationalized health care in the United States is directly related—do we want government to tax and regulate our country's health care so that there is equity? Europeans and Canadians have decided they do want the government to play that role. But, America is split pretty much down the middle on the same question. Many Americans do not want government to be arbiters of equity just as other Americans see it as the only way.

The [Cato Institute](#) has a paper breaking up the WHO ranking into the five factors and the weight each factor was given in the ranking:

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WHO rankings

Components	Weight	Columbia	America	Canada	France	England
Health Level	25%	74th	24th	12th	3rd	14th
Health Distribution	25%	44	32	18	12	2
Responsiveness	12.5%	82nd	1st	7th	16th	26th
Responsiveness Distribution	12.5%	93-94	3-38	3-38	3-38	3-38
Financial Fairness	25%	1st	54th	17th	26th	8th

By viewing the components, the weight each component is given, and comparing our system with other countries, we can see how some components might be seen as more important.

- America is ranked 1st in Responsiveness—a health care system in which waits are short for appointments, where doctors can be self-selected, where there are modern amenities, and where there is a higher satisfaction level of the health care system. However, this component is only 12.5% of the total ranking. In essence, quality is given less weight than quantity.
- Columbia ranks 1st in Financial Fairness—it is the spreading out of costs where the rich and poor pay more equal portions of their income for health care. Basically, this is the measure of the extent a country has nationalized health care and how many of its inhabitants get the same level of care. Columbia distributes the costs equally and everyone gets equally poor health care. However, this component gets a full 25% of the total ranking.

The health distribution and responsiveness distribution used in the ranking account for 37.5% of the total ranking and yet do not really tell much. According to the [Cato Institute's paper by Glen Whiteman](#):

There is good reason to account for the quality of care received by a country's worst-off or poorest citizens. Yet the Health Distribution and Responsiveness Distribution factors do not do that. Instead, they measure relative differences in quality. To account for the quality of care received by the worst-off, the index could include a factor that measures health among the poor, or a health care responsiveness to the poor.

There are a few other interesting comparisons that were in the [2000 WHO report](#):

Life expectancy (176) in all the countries listed above: America has a 70 year life expectancy, Canada's is 72, France's is 73.1, England's is 71.7, and Columbia's is 62.9.

Out-of-pocket expenditures as percentage of total expenditures on health (192): America's is 16.6%, France's is 20.4%, Canada's is 17.0%, England's is 3.1%, and Columbia's is 25.9%.

The WHO has compiled many worthy snapshots measuring various health-related data in its 2000 report and the WHO's concern for the health of the world is admirable. However, the components they chose to put together and highlight seem driven by an idea that large, all-encompassing governments are the only answer the world's health problems.

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