

# Five million deaths a year due to poor-quality health care

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A new analysis published in the *Lancet* this month reveals what can only be described as an epidemic of poor-quality health care in the world's low- and middle-income countries (LMICs). Researchers found that of the 8.6 million deaths worldwide treatable by health care, poor-quality care is responsible for an estimated 5 million deaths per year, more than the 3.6 million resulting from insufficient access to care.

These findings are part of a two-year project of The Lancet Global Health Commission on High Quality Health Systems, which is the work of 30 academics, policymakers and health systems experts from 18 countries. The new analysis exposes that while some LMICs have made progress in improving access to care, this access is no guarantee of improved health. The total number of deaths attributed to poor-quality care is estimated to be five times higher than annual global deaths from HIV/AIDS.

Researchers found that poor and more-vulnerable segments of the population in LMICs are far more likely to lack access to high-quality health care. "Quality care should not be the purview of the elite, or an aspiration for some distant future; it should be the DNA of all health systems," said Dr. Margaret E. Kruk of Harvard T.H. Chan School of Public Health, Boston, who chairs the commission and is one of the study's authors.

The analysis shows that as social inequality continues to widen and the super-rich become increasingly richer, millions are dying because adequate resources are not allocated to promote public health and properly train medical professionals. The 8 million deaths in LMICs due to overall poor-quality health systems led to economic welfare losses of US\$6 trillion in 2015 alone.

The deadly impact of poor-quality care is found across Latin America, Africa, Asia, and eastern Europe,

with India and Southern and Central Africa seeing the highest death rates. The researchers note that these are most likely conservative figures.

- In India, an estimated 1.6 million deaths were due to poor-quality health care, with an additional 838,000 deaths due to insufficient access to care.
- In China, 630,000 deaths per year were due to poor-quality care, with 653,000 deaths due to poor access.
- In Brazil, 153,000 deaths per year were due to poor-quality care, with 51,000 due to insufficient access.
- In Nigeria, 123,000 deaths per year were attributed to poor quality care, with 253,000 due to insufficient access.

Dr. Kruk notes: "The impact of poor-quality care goes well beyond mortality, but can lead to unnecessary suffering, persistent symptoms, loss of function, and a lack of trust in the health system." In other words, in addition to the estimated 5 million people who die annually due to poor-quality care, there are millions more who are living in misery as a result of diseases and conditions that are potentially treatable.

Vulnerable groups such as refugees and prisoners are less likely to receive high-quality care, as are people with stigmatized health conditions, such as HIV/AIDS, mental health and substance abuse disorders.

News of this epidemic of poor-quality health care and its deadly impact in LMICs comes as the wealth of a group of "ultra high net worth" (UHNW) individuals is soaring to new heights globally. Individuals with a minimum \$30 million in wealth collectively own \$31.5 trillion, increasing by 16.3 percent between 2016 and 2017.

In Asia, where millions of people die each year due to poor-quality health care, there were 68,970 UHNW individuals in 2017. The wealth of these oligarchs shot up 26.7 percent from the previous year. The Asian

group is not far behind the ultra-wealthy in the United States, which had 90,440 UHNW individuals, with a combined total wealth of \$11 trillion.

At the same time, recent World Bank/World Health Organization research shows that in 2017, half the world's population could not access needed health services, while 100 million people are plunged into extreme poverty each year due to health care expenses.

The World Health Assembly and the United Nations General Assembly have postured as leaders of the universal health care (UHC) movement, calling on countries to “urgently and significantly scale up efforts to accelerate the transition towards universal access to affordable and quality healthcare services.”

Such bodies, however, accept the domination of capitalism and imperialism over the LMICs, as well as the rule of capital in the wealthiest industrial countries. The *Lancet* analysis shows that the stated goals of various international organizations for the provision of global UHC are a fraud, as they do not take into account how quality care would be provided even if this aim were achieved.

With similar cynicism, the World Bank Group identifies its “twin goals” as “ending extreme poverty and increasing equity and prosperity” around the world. In reality, this banking group's *raison d'être* is assuring policies that subordinate the economies of the oppressed countries to the interests of international finance capital through loans and “grants.”

The resources do indeed exist for providing high-quality health care to every individual on the planet. This will necessitate confiscating the trillions hoarded by the super-rich to be allocated to meet the basic needs of the world's population. This requires a revolutionary solution to the health care crisis and the establishment of truly socialized medicine.



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