

[They're lying to you, you know](#) [1]

Written by [Tim Worstall](#) [2] | Sunday 15 June 2008



We tend to take international statistics as being both fair and true: those nice international bureaucrats are not subject to the stresses and strains of our nasty, brutish domestic politics after all. So if the OECD says that we should do something about poverty, or the UN Human Rights Commission says we must be more careful, then that's taken almost as being a statement which cannot be argued with in any way. That the OECD at times defines poverty as relative and thus they might be talking about inequality, or the UNHRC might be talking about positive liberties rather than negative, both of which subjects are very much part of our domestic political debate, seems to pass many by.

Glenn Whitman has done a lot of work looking at one of these particular *pronuciamentoes* by such an international bureaucracy: the WHO's rankings of various health care systems. A brief overview [here](#) [3], the full paper [here](#) [4]. These rankings are the ones that, for example, say that the US, for all the money it spends on health care, only ranks 37th in the world. France is rated best and our own dear NHS at 18th (that's from the 2000 version). The problem, as he explains it, is that the rankings are making a number of highly questionable value judgements rather than actually measuring anything so simple as the quality of the health care system at delivering treatment.

The most obvious bias is that 62.5% of their weighting concerns not quality of service but equality. In other words, the rankings are less concerned with the ability of a health system to make sick people better than they are with the political consideration of achieving equal access and implementing state-controlled funding systems.

The US does indeed have inequalities of access and of funding: but that's what this ranking method is measuring, not whether it makes sick people better or not.

It's not much of a surprise really, when an index which is designed to make egalitarian systems look good makes inegalitarian ones look bad, now is it?

But the really alarming thing is, our own dear NHS ticks all of the right boxes about equality of financing and of access. All and every one of them. So how come it's only 18th on the list? Is the actual service it provides really that appallingly bad by international standards? Sadly, I think we do have to say yes there.

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