



Health Care Around the World

The quality of care in other developed countries is comparable with that in the United States—patients have access to similar drugs, diagnostic tests, and other technology for preventing, diagnosing, and treating disease. Patients in Canada, the United Kingdom, Western Europe, and Japan use primary care physicians for most health problems. Patients are sent to specialists for more serious conditions, and may receive care in hospitals and nursing homes.

The major difference is in the way other developed countries pay for health care. Private health insurance pays for most care in the United States. About 90 percent of Americans have private health insurance. Employers usually pay a portion of the premium, or cost, as part of the benefits provided to employees besides their salaries.

Most European countries have a national health insurance plan that provides free care. Taxes paid by citizens pay the cost. In Canada, the central government and the provinces share costs for medical care. Individuals usually contribute a certain amount through payroll deductions. The central government does not own most health care facilities in these countries.

China and other countries have a completely socialized health care system. The government owns all health care facilities. Physicians and other health care personnel are government employees. The former Soviet Union established the world's first socialized medical system in the 1920s. But Russia and other independent republics, formed when the Soviet Union broke up in 1990, are experimenting with private health insurance and other financing methods.

Billions of people in developing countries suffer greatly because medical care is not readily available and is poor in quality. Governments in many poor countries in sub-Saharan Africa and Asia spend only a few dollars per person on health care each year. Trained people, equipment, and medicines needed to provide the most basic medical care are in grave shortage. Families in these countries typically earn only a few hundred dollars each year. They must rely on the government, international aid organizations, missions, or charities for health care.

Health care personnel and facilities are not evenly distributed among the world's population. Wealthy industrialized countries have more physicians and hospital beds per person than poorer developing countries. In the mid-1990s, the United States had one physician for every 400 people and Canada one per 454 persons. In comparison, the African country of Malawi had one physician per 45,736 people; Nigeria had one per 5,207 people; and India had one physician per 2,459 people. Hospital facilities are also distributed unequally. The United States has one hospital bed for every 244 people compared with one per 196 in Canada; one per 949 in

Honduras; one per 1,252 in Haiti; and one per 1,270 in India. Major imbalances in the amount of money spent on health care also exist. The poorest developing countries spent less than \$10 per person per year on health, compared to several thousand per person in developed countries.