

Health

EXPANDING COVERAGE AND PREVENTING DISEASE: CHALLENGES FOR AN AGEING SOCIETY

- ▶ While there is much to praise in Chile's health system, the country is still facing a number of serious challenges.
- ▶ Chile has the fifth highest out of pocket payments among OECD countries, high catastrophic spending (out-of-pocket expenditure exceeding 30% of household's capacity to pay), and increasingly unequal access to care.
- ▶ An ageing population and chronic disease risk factors – especially high levels of obesity – are growing challenges.

What's the issue?

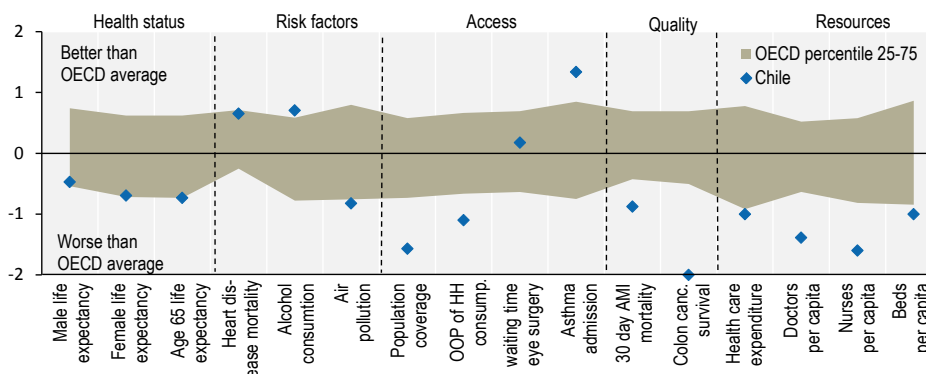
Health system reform across a number of areas – to promote access and quality, to strengthen primary care, to prioritise public health care – must be a priority in Chile to assure effective health care for the whole population. At present, it is estimated that almost two million Chileans are waiting for specialised care.

Chile has, rightly, focused on building primary care capacity as a way to improve comprehensive access to care. Recent reforms have strengthened the primary health care sector to put greater emphasis on health promotion, disease prevention, and rehabilitation. Nonetheless, an effective and well-resourced primary care system will be critical to tackling the health challenges that Chile will face in the years to come, notably an aging population and significant levels of overweight and obesity.

Indeed, while Chile has so far taken an effective and well-organized approach to addressing obesity, the dual challenges of helping the population towards a healthier weight and contending with the burden of obesity-related non-communicable diseases would strain any health system. To seek to reduce the obesity rate, the current administration introduced a range of policies, including of a food labelling scheme on packaged food, a move to ensure that food consumed in schools is healthier, and comprehensive weight-loss services led by primary care. Chile now need to rigorously implement and monitor these existing programmes and further fine-tune them (e.g. healthy school meals, physical activity promotion). The President-Elect's health care reform plan sets out a number of priorities, including shortening waiting lists; improving access, care and quality;

On many health indicators, Chile lags behind other OECD countries

Chile's performance on key health indicators relative to other OECD countries



Note: OOP of HH consump. = out-of-pocket health expenditure as percentage of household consumption;
 AMI = acute myocardial infarction.
 Source: Health at Glance 2017: OECD Indicators.

modernizing the network of primary health centres and clinics; lowering the price of medicines; creating insurance against catastrophic illnesses; and promoting public health. In addition, a reform to the private insurance sector – ISAPRES – is proposed. Within this ambitious reform agenda, it is now crucial for Chile to first focus on priority policies that would bring maximum population benefits.

Why is this important for Chile?

The average life expectancy in Chile has risen faster than the OECD average in the past forty years, to 79.1 years in 2015, just behind the OECD average of 80.6 years. Chile currently lags behind OECD peers in terms of health outcomes, with survival rates for cancer and heart attacks below average (see Figure). Further, access to care and financial risk protection remain low. Out-of-pocket payments represent 33% of health spending, the 5th highest share among OECD countries, affecting the poor and elderly disproportionately. Available human resources for health are also low by OECD standards: Chile has fewer doctors and nurses per population than the OECD average, and spends less per capita on health care. The demographic and epidemiological transition compound these challenges, as chronic diseases and long-term care for an ageing population (by 2050 23.9% of Chileans will be over 65) put additional stress on the health system, with risk factors like obesity on the rise (67% of adults and 39% of children are obese or overweight).

What should policy makers do?

- ▶ To expand coverage and improve access to care, ensure more standardised contracts across the ISAPRES, including clear regulations on the benefits covered, on who is covered (open enrolment), on premium setting and on co-payments.
- ▶ Further standardize the benefit basket at coverage conditions across ISAPRES and FONASA to ensure better risk pooling, improved access, lower catastrophic health expenditure and lower out-of-pocket payments for Chileans.
- ▶ To strengthen the impact of existing policies to reduce obesity, expand the healthy food programme for school meals to cover all the canteens in public institutions, and put a limit on unhealthy products sold around schools.
- ▶ Maintain the focus of existing policies to improve healthy eating, while paying more attention to promoting physical activity.
- ▶ Ensure that the primary care workforce is sufficient by training sufficient General Practitioners and by developing enhanced roles for other medical professionals such as nurses, pharmacists, and community health workers, in tandem with modernising primary care centres and practices.
- ▶ Strengthen the health surveillance system, in particular by undertaking the National Health Survey on a more regular basis, and report better health spending data.



Further reading

OECD (2017), *OECD Reviews of Public Health: Chile*, OECD Publishing. <http://www.oecd.org/health/health-systems/OECD-Reviews-of-Public-Health-Chile-Assessment-and-recommendations.pdf>

OECD (2015), *Health at a Glance – How does Chile compare?*, Chile country note, OECD Publishing. <https://www.oecd.org/chile/Health-at-a-Glance-2015-Key-Findings-CHILE.pdf>

OECD (2017), *Caring for Quality in Health*, OECD Publishing. <http://www.oecd.org/els/health-systems/Caring-for-Quality-in-Health-Final-report.pdf>