Universal Health Coverage in Chile
2017

Monitoring the Progress of Universal Health Coverage in APEC Region:
Towards “Healthy Asia-Pacific 2020”
CONTENTS

BACKGROUND
• Chilean health system
• Chile: demographic and epidemiological profile

EMBRACING UHC
• Extending to non-coverage
• Reducing cost sharing and fees
• Including other services

UPCOMING CHALLENGES
Chile is still a country with great inequalities

“Social justice is a matter of life and death. It affects the way people live, the chance of becoming ill, and the risk of death”.

*WHO, Social Determinants of Health 2008*
SOCIODEMOGRAPHIC AND EPIDEMIOLOGICAL PROFILE
Sociodemographic and epidemiological profile

## Selected indicators

<table>
<thead>
<tr>
<th></th>
<th>2015-2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross National Income</td>
<td>21,590</td>
</tr>
<tr>
<td>(In International Dollars, 2013, WB)</td>
<td></td>
</tr>
<tr>
<td>Poverty (%)</td>
<td>11.7</td>
</tr>
<tr>
<td>Urban population (%)</td>
<td>87</td>
</tr>
<tr>
<td>Accessing drinking water (%)</td>
<td>96</td>
</tr>
<tr>
<td>Unemployment rate (%)</td>
<td>6.2</td>
</tr>
<tr>
<td>GNI per capita</td>
<td>US$13,792</td>
</tr>
<tr>
<td>School enrolment (% gross)</td>
<td>100</td>
</tr>
<tr>
<td>Gini index</td>
<td>0.50</td>
</tr>
</tbody>
</table>

The economic and social policies implemented have contributed to enhance socioeconomic conditions and move the country to a higher stage of development. However Chile shows deep socioeconomic inequalities.

Source: Ministry of Social Development. World Bank data. INE.
Gini index in OECD countries
The demographic transition and particularly the reduction in the fertility rate and increase in life expectancy have led to an aging population, and as a result, the profile of diseases has changed.

### Percentage of deaths by selected groups of causes. Chile 1960 and 2011

<table>
<thead>
<tr>
<th>Indicator</th>
<th>1960</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infectious diseases</td>
<td>41.8</td>
<td>2.0</td>
</tr>
<tr>
<td>Cancers</td>
<td>5.2</td>
<td>24.9</td>
</tr>
<tr>
<td>Circulatory system diseases</td>
<td>12.3</td>
<td>27.1</td>
</tr>
<tr>
<td>External causes of mortality</td>
<td>3.3</td>
<td>8.5</td>
</tr>
</tbody>
</table>
Epidemiological profile

• Aging population: 2,600,000 people are over 65 years old.
• High prevalence of chronic diseases, such as cancer, diabetes, hypertension.
• High prevalence of risk factors, such as alcohol and tobacco consumption, obesity, sedentary lifestyle and poor eating habits or unhealthy lifestyles.
• Existence of psychosocial determinants that impact that diseases and have consequences on vulnerable population.
Prevalence of ah and md by socioeconomic level: inequities in health

Chile also shows significant socioeconomic inequalities in health. Social gradients can be observed in prevalence and mortality rates.

*Statistically Significant Difference at higher educational levels.
Chilean Health System

• Throughout its history, Chile has made systematic efforts to improve health coverage.
• In 1952 was created the national health system and in 1979 the Ministry of Health System was restructured emerging the new National System of Health Services, that unified the Health Services, the FONASA or National Health Fund (responsible for the financing function), the CENABAST or National Supply Centre and the National Institute of Public Health.
• Later, after social reforms, Chile has a mixed health system, where about 98% of population has health insurance coverage (80% in public insurance and 18% in private insurance).
• Despite these advances, structural constraints such as low public expenditure in health and fragmentation in public providers, prevent further progress in UHC.
EMBRACING UNIVERSAL HEALTH COVERAGE
Towards universal coverage: WHO framework

In order to assess current coverage levels and devising strategies to increase coverage, countries need to answer three questions (WHO):

• Who is covered?
• What services are covered (and at what level of quality)?
• How much financial protection do citizens have when accessing services?

Source: WHO. Arguing for Universal Health Coverage
EMBRACING UHC: EXTENDING TO NON-COVERAGE
Health insurance coverage in Chile

- 80% of the population in Chile is affiliated to the Public Insurance (FONASA).
- FONASA provides health coverage to more than 13.5 million people, without exclusion of age, sex, income level, number of family burdens or pre-existing diseases.
- 15% of the population is affiliated to a private insurance (ISAPRE) and 2.9% to Army Force Health System.
Population pyramid of the beneficiaries by type of health insurance in older than 15 years, Chile 2014

Inequalities between health insurances are observed in Chile. The public insurance has a higher proportion of population, with a higher percentage of older people and women than private insurances.

Source: Own elaboration based on information from FONASA.
Lack of specialists: gap between Chile's public and private health care sectors

Chile has 37,000 Medical Doctors. 50% are specialists.

40% of them work in the public sector, where 80% of the population receives medical attention.
Hospital beds per 1000 inhabitants

Source: OECD, HEALTH AT A GLANCE, 2011.
Doctors for every thousand inhabitants

1. Data include not only doctors providing direct care to patients, but also those working in the health sector as managers, educators, researchers, etc. (adding another 5-10% of doctors).

2. Data refer to all doctors licensed to practice (resulting in a large over-estimation of the number of practising doctors in Portugal).


• The most ambitious Government Plan of the history of Chilean Public Health in strengthening Primary Health Care, specialist training, health infrastructure, access to medicines and quality of work in Public Health.

• Foundations for a new model of society with Public Health strengthened, with access and dignity centered on the right to health, addressing the structural gaps of our current system.
Medical doctors and specialists admission and retention plan

The government program of President Bachelet contemplates training 4,000 new specialists and 1,480 medical doctors contributing in the Primary Attention of Health.

Currently there are **3,965 new specialists** in training programs and **1,081 in the Primary Attention of Health.**
Physicians Rate per 1,000 population, Chile and OECD average comparison, 2010-2016

Source: OECD.
Investment plan

• This plan is equivalent to more than 4,000 million dollars.
• This amount is a state effort aimed at building and renovating health infrastructure.
• The commitment is to build 20 hospitals in March 2018, while another 40 will be in the process of construction, tendering, technical pre-investment studies or design works.
Hospitals, July 2017

1. Hospital de Alto Hospicio (MOP)
2. Hospital de Calama (85%)
3. Hospital de Antofagasta (94%) (Concesionado)
4. Hospital de Copiapó
5. CDT de La Serena
6. Hospital de Ovalle (36%)
7. Hospital de Salamanca
8. Hospital de Quillota-Petroca (MOP)
9. Hospital Philippe Pinel (45%)
10. Hospital Gustavo Fricke 1ª etapa (61%)
11. Hospital Marga Marga de Viña del Mar
12. Hospital Claudio Vicuña de San Antonio
13. Torre Vallen 72%
14. Hospital Exequiel González Cortés
15. Hospital Salvador Geriátrico (3%) (Concesionado)
16. Hospital Félix Buines (61%) (Concesionado)
17. Hospital Barros Luco
18. Hospital de Melipilla
19. Hospital de Rancagua
20. Hospital de Chimbarongo (94%)
21. Hospital de Curicó (4%) (MOP)
22. Hospital de Linares
23. Hospital de Talca
24. Hospital de Penco-Lirquén
25. Hospital de Laja
26. Hospital de Los Ángeles
27. Hospital de Ñuble
28. Hospital Higueras de Talcahuano
29. Hospital de Florida (84%)
30. Hospital de Angol (9%)
31. Hospital de Carahue (64%)
32. Hospital de Lautaro
33. Hospital de Curacautín
34. Hospital de Malloche
35. Hospital de Padre Las Casas (4%)
36. Hospital de Pitrufquén
37. Hospital de Conuco (74%)
38. Hospital de Lanco
39. Hospital de Quillacahue (77%)
40. Hospital San Juan de la Costa (71%)
41. Hospital de Queilén
42. Hospital de Futaleufú
43. Hospital de Ancud
44. Hospital de Quellón (MOP)
45. Hospital de Puerto Aysén
46. Hospital de Cochrane (20%)
47. Hospital de Puerto Natales (MOP)
48. Hospital de Porvenir (MOP)
49. Hospital de Puerto Williams

Legend:
- 10 FINISHED HOSPITALS
- 17 HOSPITALS UNDER CONSTRUCTION
- 14 BIDDING PROCESS
- 6 EXTRA PLAN FINISHED
- 2 EXTRA PLAN UNDER CONSTRUCTION
Total hospital beds, Per 1,000 population, Chile and OECD average comparison, 1999-2015

Source: OECD.
Investment plan

In the area of Primary Care, 332 Health Centers will be available:

- **132** will be **Primary Care Services of High Resolution** (new devices designed to improve the opportunity, resolution and quality in medical care of urgency).
- **100** will be **Family Health Centers** (provides care to 35 thousand people).
- **100** will be **Community Health Centers** (provides care to 5 thousand people).
"Unless a people-centered and integrated services approach is adopted, health care will become increasingly fragmented, inefficient and unsustainable. Without improvements in the provision of services, people will not be able to access high quality health services that meet their needs and expectations". (WHO, 2015)
EMBRACING UHC: INCLUDING OTHER SERVICES
System of financial protection against high cost treatments: Ricarte Soto Law

High cost drugs, food and medical devices

**UNIVERSAL COVERAGE AND NO COPAYMENT**

With the entry into force of the Law are expected to treat 4,309 potential beneficiaries

**FINANCIAL RESOURCES**
- US $45.8 mill. for 2015
- US $91.6 mill. for 2016
- US $152.7 mill. for 2017 and for the coming years

**COVERED DIAGNOSES:**
- Mucopolysaccharidosis type I, II and VI
- Tyrosinaemia type I
- Adults Rheumatoid Arthritis refractory to standard treatment
- Multiple Sclerosis treatment refractory to usual
- Gaucher Disease
- Fabry Disease
- Pulmonary Arterial Hypertension group I
- Extreme preterm infants with bronchopulmonary dysplasia
- HER2+ Breast Cancer
- Crohn disease
- Severe Unstable Type 1 Diabetes
- Prolonged Enteral nutrition
Pharmacy fund

Guarantees the delivery of medicines, for the treatment of hypertension, diabetes, cholesterol and high triglycerides, increasing effective coverage

Country level compliance: 43 million recipes delivered in time for 5 million people during 2016.
Oral health programs 2016

• Dental care program for children (Sembrando Sonrisas – Planting Smiles): 346 thousand children under the age of 5 have received dental care.

• Dental care program for adolescents: 52,000 have received dental care.

• Dental care program for women (Más Sonrisas para Chile – More Smiles for Chile): 100,000 women every year have received dental care.
Explicit Health Guarantees “AUGE” Plan (since 2005)

**Health Guarantees**

- **Access**
  Obligation of the insurers (public and private) to grant the health benefits

- **Opportunity**
  Timeliness for granting of benefits guaranteed in diagnosis, treatment and monitoring

- **Financial Protection**
  Copayment based on the beneficiary’s income level and health insurance

- **Quality**
  Benefits provided by an accredited and certified providers

**80 Health conditions**

- **PREVENTION**
  Preventive exams and interventions

- **DIAGNOSIS**
  Consultations and examinations

- **TREATMENT**
  Rehabilitation
  Palliative care
  Medicines
  Surgeries
  Bed-days

- **MONITORING**
  Controls and Testing
Explicit Health Guarantees System “AUGE” Plan

• 10 million people have been benefitted, 60% of the disease burden of all Chilean men and women. To date a total caseload of 25 million health problems have been solved.
• Unified treatment protocols and allowing follow-up of diagnostic results, which was not previously a right.
• Provides better financial coverage for highly prevalent pathologies among people of greater economic vulnerability.
• Reduced gallbladder cancer with the introduction of preventive cholecystectomy.
• Provides access to HIV/AIDS treatment to all people who need it. Today, there is greater detection, more treatment and a lower mortality rate.
Explicit Health Guarantees Plan

Cummulative cases resolved, public and private sector. Chile 2005 to 2016

% of compliance with opportunity guarantee between 2009 and 2016

Source: FONASA/ SUPERINTENDENCIA DE SALUD.
EMBRACING UHC: REDUCING COST SHARING AND FEES
Public expenditure on health in Chile has increased steadily in the last few years, but it remains below OECD countries average.

Source: OECD.
Total tax revenue, % of GDP, 2015. OECD Countries

Tax revenues in Chile are also below OECD average.

Source: OECD.
Government expenditure as a share of GDP in Chile has become similar to private expenditure in 2016.

Source: OECD.
The growth rate of the public health expenditure has been over the GDP growth rate, demonstrating that health has been a priority for governments.

Source: OECD.
## Expenditure on health by type of financing, 2014, OECD countries

<table>
<thead>
<tr>
<th>Country</th>
<th>General Government</th>
<th>Private out-of-pocket</th>
<th>Private Insurance and others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Norway</td>
<td>14.0</td>
<td>92.6</td>
<td>3.4</td>
</tr>
<tr>
<td>Germany</td>
<td>13.0</td>
<td>88.3</td>
<td>8.7</td>
</tr>
<tr>
<td>Denmark</td>
<td>14.0</td>
<td>81.6</td>
<td>4.4</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>13.0</td>
<td>86.2</td>
<td>0.8</td>
</tr>
<tr>
<td>Sweden</td>
<td>13.8</td>
<td>85.0</td>
<td>1.2</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>15.5</td>
<td>75.7</td>
<td>8.8</td>
</tr>
<tr>
<td>Iceland</td>
<td>17.5</td>
<td>71.9</td>
<td>6.6</td>
</tr>
<tr>
<td>Netherlands</td>
<td>12.5</td>
<td>80.7</td>
<td>6.8</td>
</tr>
<tr>
<td>Slovak Republic</td>
<td>18.0</td>
<td>75.5</td>
<td>6.5</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>14.8</td>
<td>73.6</td>
<td>1.8</td>
</tr>
<tr>
<td>France</td>
<td>14.4</td>
<td>76.8</td>
<td>6.8</td>
</tr>
<tr>
<td>Turkey</td>
<td>14.4</td>
<td>71.4</td>
<td>4.2</td>
</tr>
<tr>
<td>Belgium</td>
<td>14.6</td>
<td>76.3</td>
<td>5.0</td>
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<tr>
<td>Austria</td>
<td>14.6</td>
<td>75.7</td>
<td>5.1</td>
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<td>Italy</td>
<td>14.4</td>
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<td>5.5</td>
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<tr>
<td>Estonia</td>
<td>13.1</td>
<td>79.5</td>
<td>7.4</td>
</tr>
<tr>
<td>Finland</td>
<td>19.1</td>
<td>66.0</td>
<td>13.3</td>
</tr>
<tr>
<td>OCDE</td>
<td>72.0</td>
<td>22.5</td>
<td>5.5</td>
</tr>
<tr>
<td>Poland</td>
<td>13.0</td>
<td>71.5</td>
<td>15.5</td>
</tr>
<tr>
<td>Slovenia</td>
<td>13.0</td>
<td>71.5</td>
<td>15.5</td>
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<tr>
<td>Canada</td>
<td>14.3</td>
<td>74.7</td>
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<td>Spain</td>
<td>15.4</td>
<td>70.6</td>
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<td>Switzerland</td>
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<td>Latvia</td>
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<tr>
<td>United States</td>
<td>11.5</td>
<td>49.0</td>
<td>32.1</td>
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<tr>
<td>Chile</td>
<td>18.2</td>
<td>39.2</td>
<td>41.5</td>
</tr>
</tbody>
</table>

*Out-of-pocket payment in Chile is higher than OECD average*

Source: OECD.
Despite government expenditure on health has increased, there is still a significant burden of out-of-pocket payment.

Source: OECD.
UPCOMING CHALLENGES
Upcoming challenges

• Implementation of changes in health system contributing to diminish inequalities between subsystems (solidarity among public and private health funds).
• Raise public health expenditure, in order to reduce the share of out-of-pocket payment.
• Increase resources available for health, including human, physical infrastructure and financial resources, with an equity focus.
• Increase financial risk protection by raising the number of health conditions covered by the System of financial protection against high cost treatments.
Upcoming challenges

• Improvement in Explicit Health Guarantees System benefits according to new technologies.
• Expand financial coverage for medicines, in a context of rational use.
• Improve quality of care to expand effective coverage, with a focus on priority services.
• Embracing climate change (emerging diseases, natural disasters).
• Promote and improve research and monitoring UHC.
• A new Reform of Health System with focus on Sustainability and Governance for UHC.