



Health at a Glance 2015

How does Chile compare?

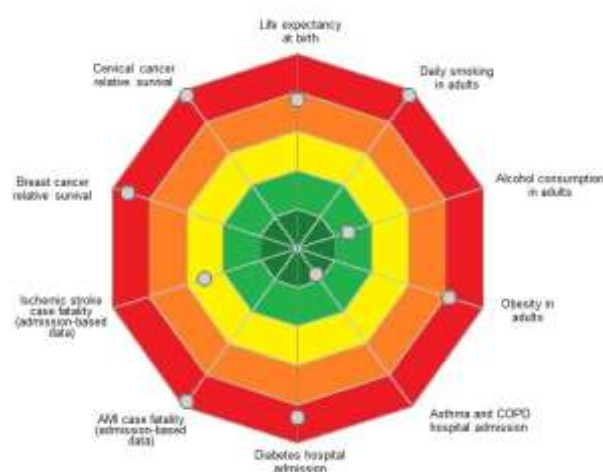
KEY FINDINGS

- Life expectancy in Chile has increased faster than in most OECD countries over the past few decades, although it still remains almost two years below the OECD average. Further progress in reducing risk factors to health (notably smoking and obesity) and improving access to high-quality health care would help achieve further gains in population health status.
- Although health spending has increased rapidly in Chile in recent years, it still remains lower than in most other OECD countries, on a per capita basis and as a share of GDP. Despite strong increases in government spending on health, less than 50% of all health spending is publicly-funded in Chile and a large share is paid directly out-of-pocket by households. Current health financing in Chile remains inefficient and inequitable.

The gap in life expectancy between Chile and the OECD average has narrowed considerably over the past few decades, as life expectancy in Chile has increased more rapidly than in most other OECD countries. Whereas life expectancy used to be 8 years lower than the OECD average in 1970, this gap is now down to less than two years (78.8 years in Chile in 2013 compared with 80.5 years for the OECD average). Still, further gains in life expectancy in Chile might be achieved in reducing important risk factors to health and improving access to high-quality health care.

While alcohol consumption in Chile is relatively low, smoking rates among adults are the 2nd highest among OECD countries (after Greece), and unhealthy diets and sedentary lives result in one in three children being overweight or obese and one in four adults being obese. Governments can use a range of policy levers to reduce tobacco smoking and obesity rates, including raising taxes on tobacco and unhealthy food, strengthening regulations on labelling and marketing, and promoting greater counselling by physicians and dieticians for smoking cessation and improving eating habits.

How Chile compares with other OECD countries on selected indicators of health status, risk factors to health and quality of care (2013 or nearest year)



Note: The closer the dot is to the center "target", the better the country performs. The countries in the inner circle are in the top quintile among the best performing OECD countries, while those in the outer circle are in the bottom quintile. Source: OECD Health at a Glance 2015 (chart design: Laboratorio MeS for OECD).

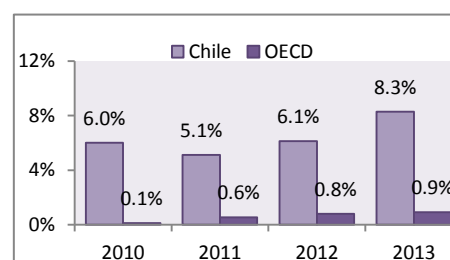
The quality of care in Chile is generally lower than in most other OECD countries. So-called ‘avoidable’ hospital admissions for chronic conditions such as asthma and diabetes can be used as indicators of access to quality primary care. While Chile has relatively low hospital admissions for asthma and COPD, it has one of the highest admission rates for diabetes among OECD countries. This highlights the need to strengthen access to good primary care in Chile.

While the survival rate of patients admitted to hospital for stroke in Chile is close to the OECD average, the percentage of patients surviving a heart attack (AMI) is much lower in Chile than in nearly all other OECD countries. Chile also has relatively low survival rates for people diagnosed with different type of cancer such as breast cancer and cervical cancer. Improving these cancer outcomes requires both promoting earlier detection and improving treatments. Although progress has been achieved in increasing mammography screening over the past decade, Chile still has the 2nd lowest breast cancer screening rate among OECD countries (after Mexico).

Health spending has increased rapidly in Chile in recent years, but health care financing is still characterised by high out-of-pocket spending

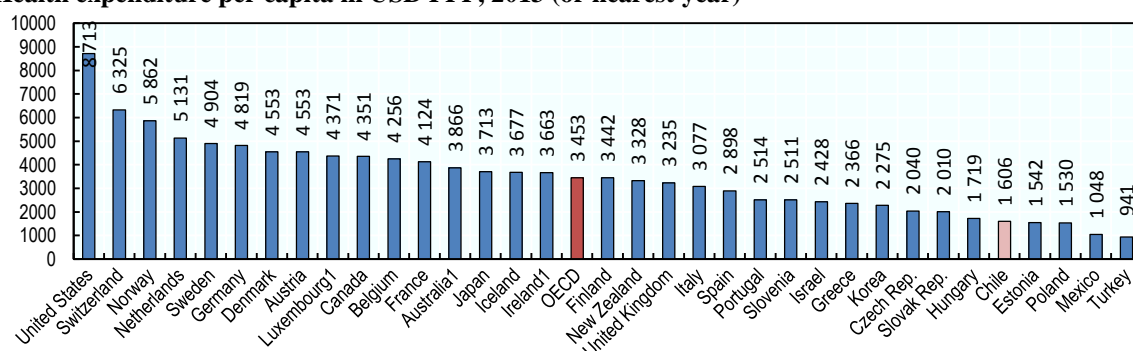
Health expenditure in Chile has increased more rapidly than in any other OECD country since 2009. Nevertheless, per capita expenditure on health in Chile remains only about half the OECD average (1 606 USD in 2013, adjusted for purchasing power parity, compared with an OECD average of 3 453 USD per capita).

Annual health spending growth*



*Per capita spending in real terms
Source: OECD Health Statistics 2015.

Health expenditure per capita in USD PPP, 2013 (or nearest year)



Note: Expenditure excludes investments.

(1) Data refers to 2012.

Source: OECD Health Statistics 2015.

Although the share of direct out-of-pocket expenditure by households in total health spending has decreased slightly since 2009, out-of-pocket costs still accounted for one-third of total health spending in Chile in 2013, the 3rd highest share among OECD countries. Many Chileans rely on private health insurance, such that it contributes to 20% of total health expenditure, second only to the United States. Private insurers in Chile compete in a poorly regulated market, selecting good risks and differentiating the premiums paid by insurees (women and the elderly pay more, for example). Many people cannot afford private health insurance. Thus, the system is triggering inequalities in access to health care.

Health at a Glance 2015 provides international comparisons of health status, risk factors to health, health expenditure, access to care and quality of care. For the first time in 2015, the publication also includes a set of dashboard indicators summarising the comparative performance of OECD countries on these different dimensions of population health status and health system performance.

More information on *Health at a Glance 2015* is available at <http://www.oecd.org/health/health-at-a-glance.htm>.

For more information on OECD's work on **Chile**, please visit <http://www.oecd.org/chile>.