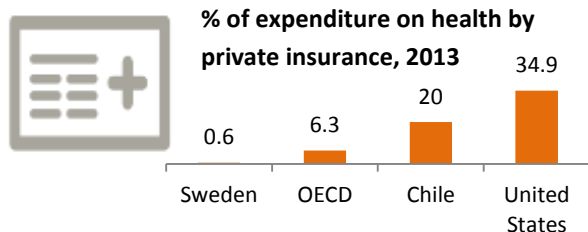


Despite achieving near universal health coverage with a basic benefit package that all health payers must provide, health financing in Chile remains inefficient and inequitable. The public system overwhelmingly covers the poorest while competing private insurers select good risks and apply different premiums, sometimes penalising those with greater needs. There is room for improving the system by moving towards a unified, equitable social security system for the entire population.

Resolve financial barriers to access health care services

► **Chile reports the second highest amount of private insurance expenditure on health in the OECD, only surpassed by 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 often pay more.

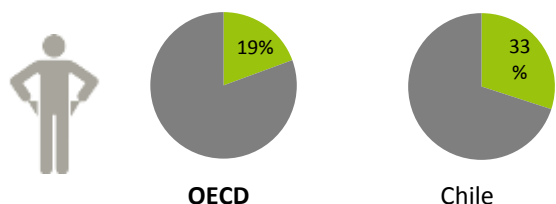


The system risks triggering inequalities in access to health care because of limited risk-pooling between those with high health care needs and those with fewer needs, and limited cross-subsidisation between those with greater financial resources and those without.

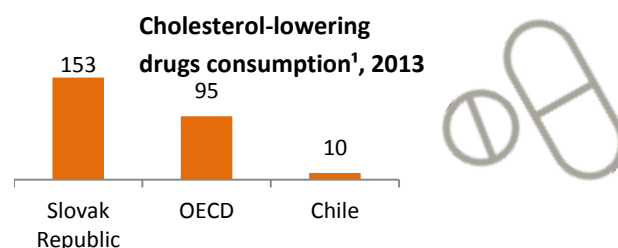
► **Private out-of-pocket expenditure on health in Chile is the 3rd highest among OECD countries**

The high burden of out-of-pocket (OOP) spending creates barriers to access health care services (outside of the basic benefit package), particularly for low-income groups and highlights the need to progressively expand affordable health service coverage.

OOP as percentage of total health expenditure, 2013



► **Pharmaceuticals are mostly paid through private out-of-pocket expenditure, with little public aid, preventing population access to proper treatment**



What can be done?

- Better regulate the private insurance market through open enrolment, standardisation of benefits and regulation of premiums
- Introduce a single pool across private insurers, coupled with risk equalisation mechanisms
- Formulate a clearer distinction between basic benefits and supplementary insurance
- In the longer term, create a unified social security system for the entire population
- Regulate growth in private pharmacies offering medical consultations
- Reduce co-payments on prescribed pharmaceuticals, particularly for groups with least disposable income

(1) Defined daily dose per 1 000 people per day

To read more about our work:

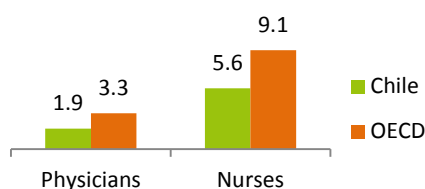
[‘Better Policies’ Series: Chile Policy Priorities for Stronger and More Equitable Growth](#) and [Health at a Glance 2015](#)

Address health care workforce shortages

► **The density of doctors and nurses in Chile is well below the OECD average**

The lack of health workers puts a lot of pressure on the healthcare system and may limit its ability to provide high quality care.

Density of physicians and nurses per 1 000 inhabitants, 2013



What can be done?

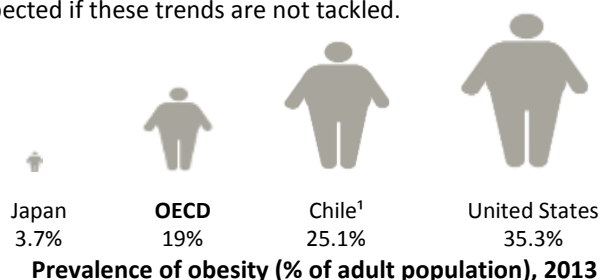
- Use incentives to attract more students to medical faculties
- Retain workers by creating secure and attractive pay and working conditions, including opportunities for continuing professional development

To read more about our work: [Health at a Glance 2015](#)

Tackle rising obesity levels

► Obesity rates in Chile are now among the highest in the OECD

1 in 4 adults in Chile were obese in 2009. Although less than the United States (35.3%) and Mexico (32.4%), obesity is now more prevalent in Chile than the OECD as a whole (19%). Increasing healthcare costs should be expected if these trends are not tackled.



(1) Data from 2009

To read more about our work: [Health at a Glance 2015](#) and [Obesity and the Economics of Prevention: Fit not Fat](#)

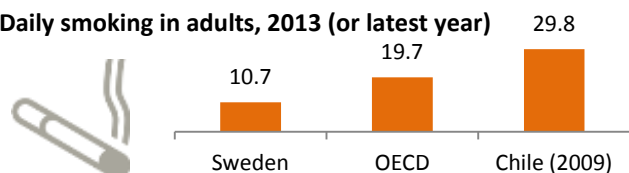
» What can be done?

- Help consumers make informed choices through compulsory food labelling (using front-of-package guidelines)
- Strengthen the industry's regulation of food advertising (particularly advertising directed to children)
- Support worksite and school-based health promotion programmes targeting different age groups and determinants of obesity
- Encourage intensive counselling of individuals at risk in primary care
- Provide fiscal incentives, such as increasing the price of food with high fat and/or high sugar content
- Promote active traveling alternatives like walking, bicycling and mobilisation by public transport to increase physical activity

Reduce tobacco consumption

► Chile has the 2nd highest prevalence of smokers amongst adults in the OECD, almost three times as high as in Sweden

Daily smoking in adults, 2013 (or latest year)



In recent years, stringent legislation on tobacco products was passed in Chile, including prohibition of smoking in all enclosed public spaces, strict advertising bans, prohibition of sales of single cigarettes and tax increases. These are all impacting the sales of tobacco products – but more can be done.

» What can be done?

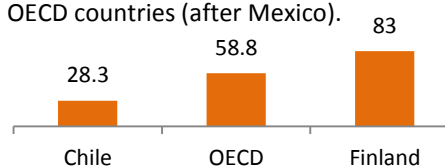
- Further increase excise tax to the WHO Benchmark of 75% of retail price
- Prohibit point of sale product display
- Introduce plain packaging combined with large graphic warning labels (80%) on tobacco product packaging
- Control the illicit cigarette market
- Improve healthcare workforce support to help patients quit smoking
- Offer high quality national smoking quit-line

To read more about our work: [Health at a Glance 2015](#) and [Cardiovascular Disease and Diabetes: Policies for Better Health and Quality of Care](#)

Improve quality of cancer care

► Chile has relatively low survival rates for people diagnosed with different type of cancer such as breast cancer and cervical cancer

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).



Mammography screening in women aged 50 – 69, 2013

Improving cancer outcomes survival rates requires both prevention, promoting earlier detection and improving treatments.

» What can be done?

- Pursue a consistent and ambitious National cancer control plan and develop a national clinical guideline in order to reduce the likelihood of unacceptable variations in care standards
- Offer high-quality systematic screening of at risk populations where it is proven to reduce mortality
- Ensure sufficient investment in cancer care facilities, professionals, diagnostic and therapeutic technologies and medications

To read more about our work: [Health at a Glance 2015](#) and [Cancer Care: Assuring Quality to Improve Survival](#)