OECD Reviews of Public Health: CHILE
A healthier tomorrow
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Chile: successes but significant public health challenges...
Significant improvements in Chileans’ health

Life expectancy at birth, 1970 and 2015 (or nearest year)

Disease burden in line with OECD

Death per 100,000 population

Low health expenditure per capita compared to OECD average

Health expenditure per capita, 2016 (or nearest year)

**But significant public health challenges**

<table>
<thead>
<tr>
<th><strong>Smoking rates</strong></th>
<th>are 60% higher than the OECD average: 33.7% of Chilean men and 26% of women smoke¹</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alcohol consumption</strong></td>
<td>is low but rising, running contrary to the general OECD trend</td>
</tr>
<tr>
<td><strong>Cancer incidence</strong></td>
<td>is a third lower than the OECD average but mortality only 5% lower</td>
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<tr>
<td><strong>Obesity</strong></td>
<td>25% of adults are obese, and 39% of children are obese or overweight (50%: primary school children)</td>
</tr>
</tbody>
</table>

¹Chilean data is from 2009 while OECD data is from 2015. Recent Chilean data suggest similar rates of smoking.
Spending on prevention is low (and first thing to be cut) across OECD

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Inpatient care</td>
<td>2.0</td>
<td>1.3</td>
</tr>
<tr>
<td>Outpatient care</td>
<td>4.0</td>
<td>2.3</td>
</tr>
<tr>
<td>Long-term care</td>
<td>6.0</td>
<td>3.2</td>
</tr>
<tr>
<td>Pharmaceuticals</td>
<td>2.3</td>
<td>-0.5</td>
</tr>
<tr>
<td>Prevention</td>
<td>4.6</td>
<td>-0.2</td>
</tr>
<tr>
<td>Administration</td>
<td>2.2</td>
<td>-0.1</td>
</tr>
</tbody>
</table>

The Public Health System can be further strengthened.
4 main areas of action

1. Strengthen Chile’s Public Health System
2. Tackle obesity, unhealthy diets and physical activity
3. Better cancer screening and prevention
4. Leverage genetic medicine for better public health
1. Strengthen Chile’s public health system

- Maintain the robust public health system and leadership
- Renew the good co-ordination between Ministries and levels of government
- Address tobacco consumption more robustly
- Involve civil society, NG actors, and strengthen surveillance
Reduce tobacco consumption

- Plain packages for tobacco products
- A ban on menthol cigarettes
- More smoke-free public spaces
The US’ annual National Health and Nutrition Examination Survey (NHABES) records the health and nutritional status of adults and children.

Each year the Health Survey for England (HSE) asks about 8,000 adults and 2,000 children about their health status.

Mexico’s health survey (ENSANUT) takes place every 4 years and includes measures of height and weight.

The annual Korea National health and Nutrition Examination Survey (KNHANES) asks a representative sample questions about behaviour and health.
2. Addressing obesity and overweight must be a priority
Obesity & overweight among highest in the OECD

Measured overweight and obesity in persons aged 15 and over, 2015 (or latest year)

Note: Data refer to the following years: 2008 (France and the Slovak Republic); 2009 (Chile); 2010 (the Czech Republic); 2011 (Finland and Turkey); 2012 (Germany); 2013 (Canada); 2014 (Australia, Belgium, Estonia, Hungary, Luxembourg and the United States); 2015 (Ireland, Japan, Korea and the United Kingdom); 2016 (Latvia, Mexico and New Zealand).

Especially in children

Measured overweight (including obesity) in children, 2010 (or latest year)

% overweight (including obesity)

Boys  Girls  Total

Note: The numbers in parentheses refer to the age of the children surveyed in each country.
A comprehensive set of policies is needed to address obesity

Estimated population-level impact (Life Years) of different interventions (average effects per year)

- Multiple-intervention strategy*
- School-based interventions
- Food advertising self-regulation
- Food labelling
- Worksite interventions
- Physician-dietician counselling

* Five interventions: compulsory food labelling, self-regulation of food advertising, worksite and school-based programmes, and intensive counselling

Source: OECD, Obesity and the Economics of Prevention: Fit not Fat; 2010
Tackle obesity and unhealthy diets

- Good national laws on marketing, labelling and sugar taxes
- Comprehensive set of policies to tackle unhealthy behaviors associated with obesity
- More Chileans could benefit from healthy food programmes
- Private insurers are disengaged from efforts to reduce obesity
Strengthen the current set of prevention policies

- HIGHER sugar-sweetened beverage tax
- EXPANDED food labelling system
- MORE healthy meals
Learn from other OECD countries

The City of New York has implemented mandatory menu labelling in chain restaurants, and on prepared foods sold in convenience and grocery stores.

The School Fruit and Vegetables Scheme of the European Union provides free fruit to 11.7 million children in 79,903 schools.

Hungary has introduced a Public Health Product Tax, which applies to a range of food products and drinks.

The Vitality programme in South Africa is run by a private insurer and encourages healthy behaviours through financial incentives and rewards.
3. More can be done to prevent and detect cancer
3. Improve cancer screening and prevention

Cervical cancer screening has contributed to falling mortality rates

Breast cancer screening has increased early-stage diagnosis

Coverage of breast and colon screening is weak

Coverage outside urban areas and for more disadvantaged groups is lower
### 3. Improve cancer screening and prevention

<table>
<thead>
<tr>
<th>Chile</th>
<th>OECD Average</th>
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<tbody>
<tr>
<td><strong>35% of women screened in 2014</strong></td>
<td>Mammography screening in women aged 50-69 within the past 2 years</td>
</tr>
<tr>
<td><strong>75.5% 5-year survival for the period 2010-2014</strong></td>
<td>Breast cancer five-year net survival</td>
</tr>
<tr>
<td><strong>18.6 deaths per 100 000 population in 2014</strong></td>
<td>Breast cancer mortality in women</td>
</tr>
<tr>
<td><strong>51.5% 5-year survival for the period 2010-2014</strong></td>
<td>Colon cancer five-year net survival</td>
</tr>
<tr>
<td><strong>34.0% 5-year survival for the period 2010-2014</strong></td>
<td>Rectal cancer five-year net survival</td>
</tr>
<tr>
<td><strong>19.2 deaths per 100 000 population in 2014</strong></td>
<td>Colorectal cancer mortality</td>
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</table>
Target cancer screening

Improve uptake of cancer screening:

• Inform the population about the benefits of cancer screening
• Use data registries to target cancer screening invitations
• Send personalised and informative invitations letters to screening with a fixed screening date
• Improve access to screening through new technologies
4. Leverage the potential of genetic medicine
Serious thought already given to the future of genetics and genomics in Chile.

Chile has a goal of becoming a regional genetics leader.

Chile has a (small) specialist genetics workforce who also give clinical genetics consultations to other medical specialists.
Next steps for genetic medicine in Chile

Build a genetics-savvy health workforce:
• a bigger specialist workforce
• improve genetics literacy and training amongst health professionals

Protect personal data:
• Genetic data needs to be shared to advance research, but individual privacy must be protected
The devil is in the detail: policies must be well-targeted; well-implemented; well-evaluated.

Expand coverage of policies: reach more Chileans, strengthen impact

Engage stakeholders: bigger role for civil society; demand more from ISAPRES; dialogue with industry players