OECD Reviews of Public Health: CHILE

A healthier tomorrow

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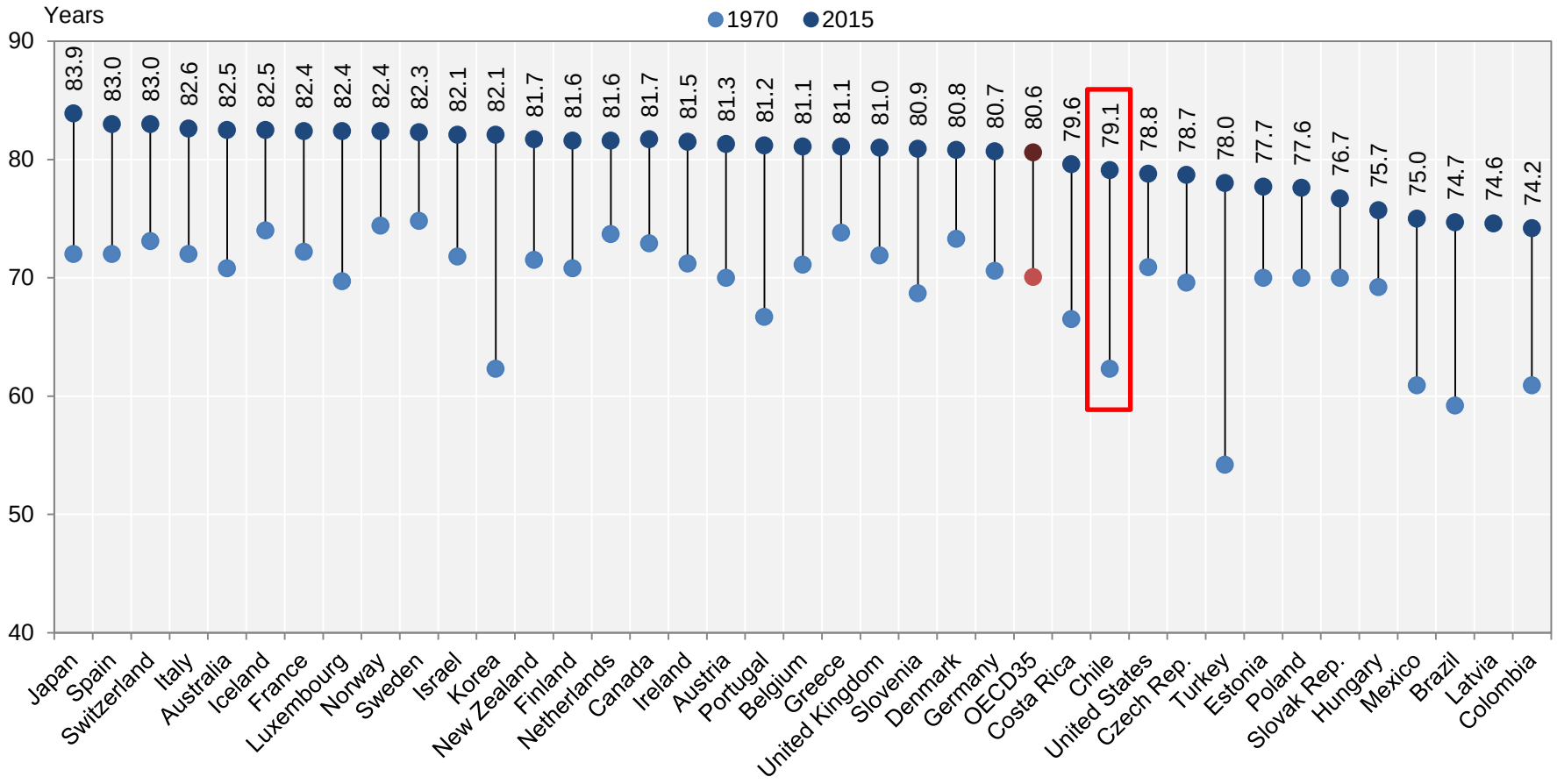
Chile: successes but significant public health challenges…

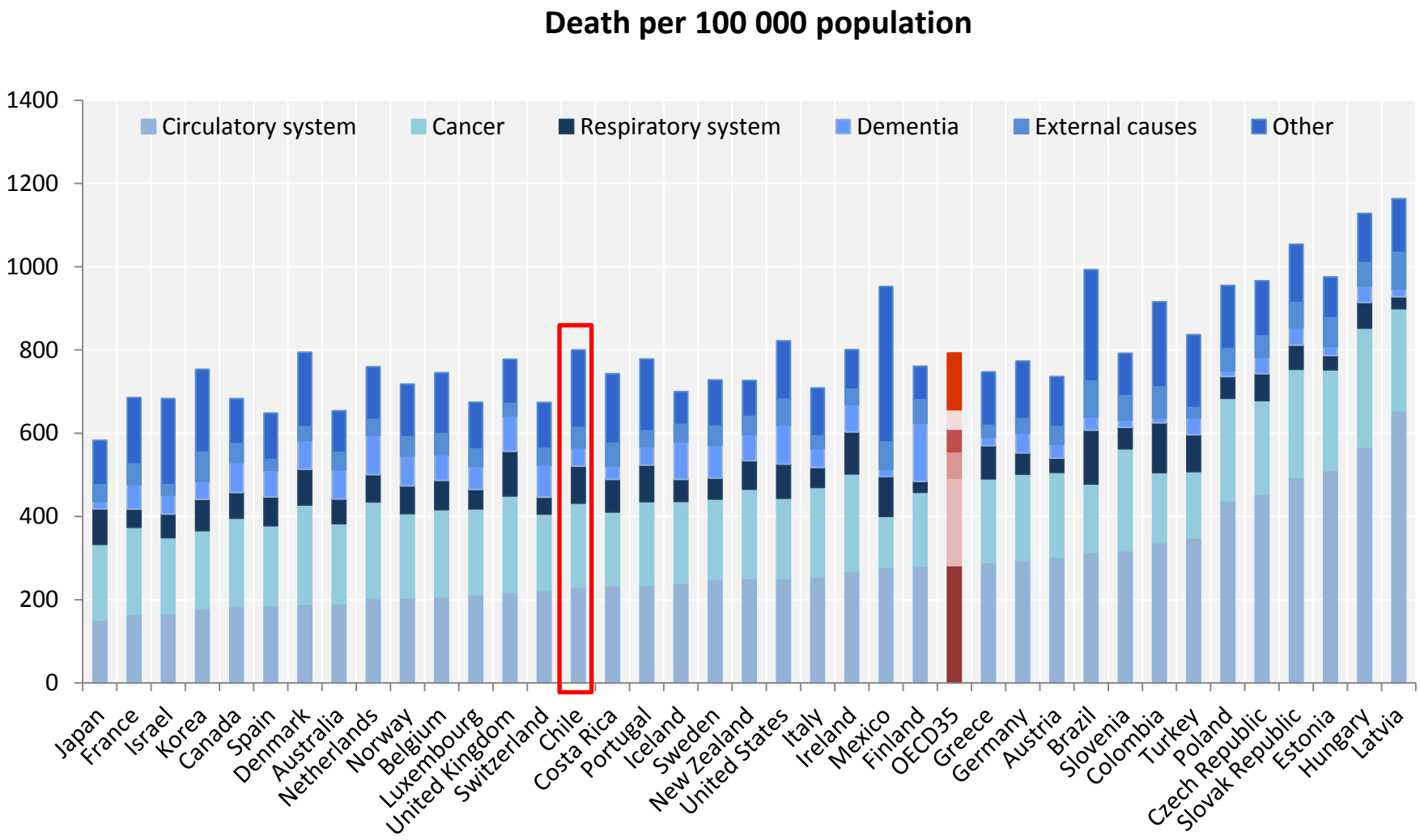
Significant improvements in Chileans' health

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



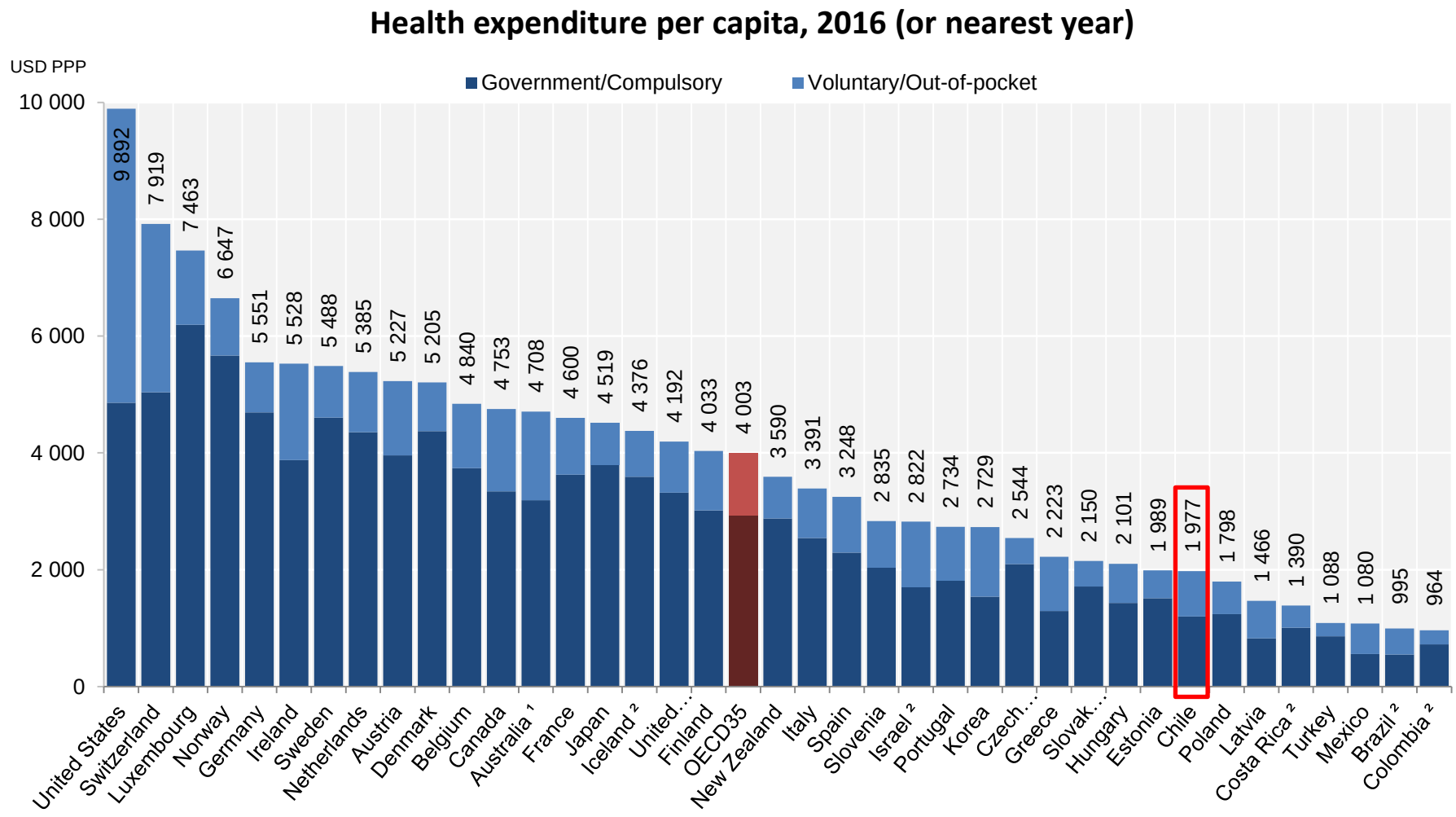
Source: OECD Health Statistics 2017.

Disease burden in line with OECD



Source: OECD Health Statistics 2017.

Low health expenditure per capita compared to OECD average



Source: OECD Health Statistics 2017, WHO Global Health Expenditure Database.

But significant public health challenges

Smoking rates are **60% higher than the OECD average**: 33.7% of Chilean men and 26% of women smoke[1]

Alcohol consumption is low but rising, running contrary to the general OECD trend

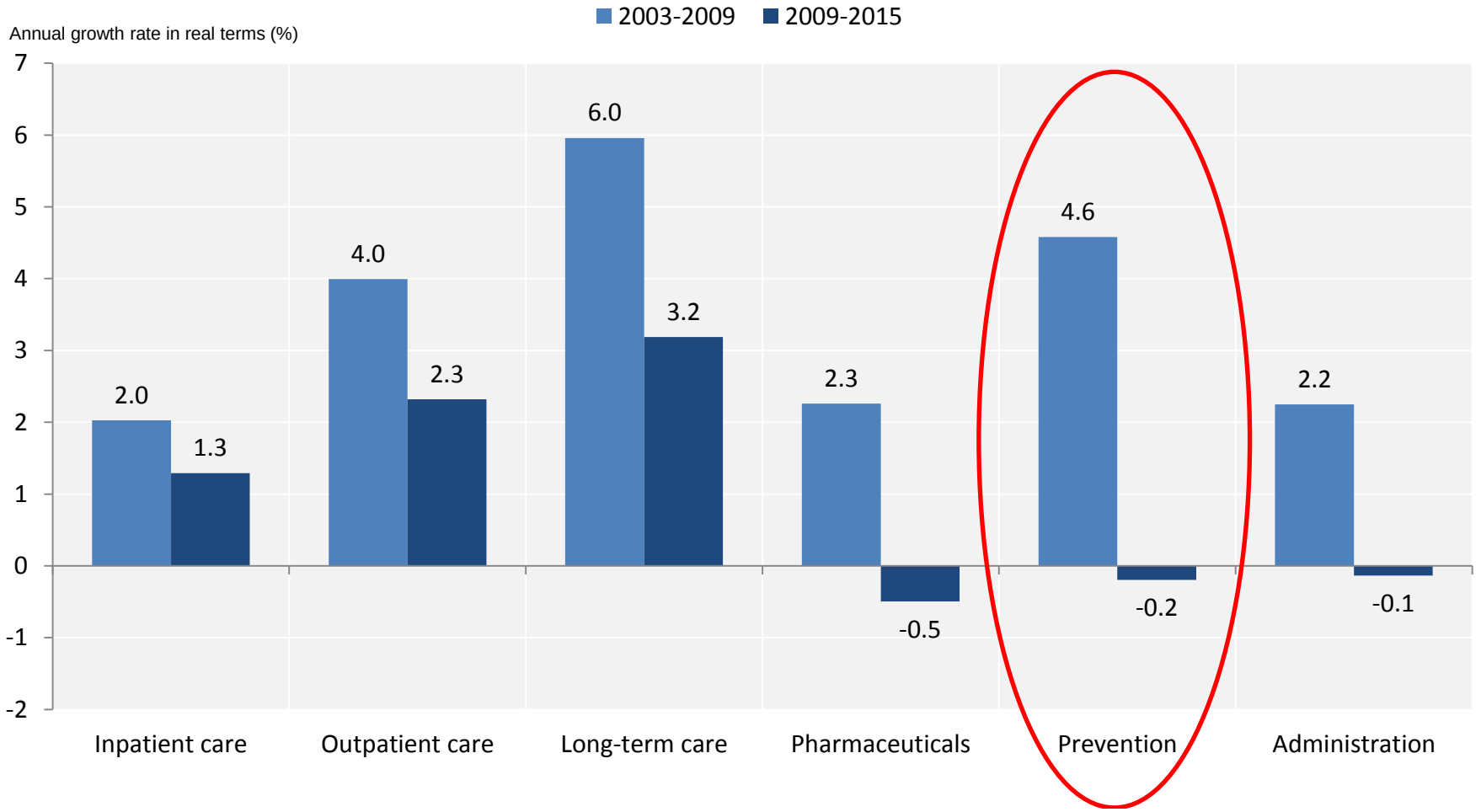
Cancer incidence is a third lower than the **OECD average** but **mortality only 5% lower**

25% of adults are **obese,** and **39% of children** are **obese or overweight (50%: primary school children)**

[1]Chilean 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

Growth rates of health expenditure per capita for selected services, OECD average, 2003-15



Source: OECD Health Statistics 2017, WHO Global Health Expenditure Database.

The Public Health System can be further strengthened

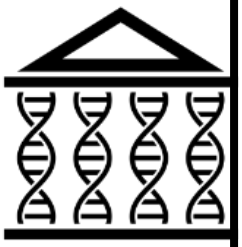
4 main areas of action

Strengthen Chile's Public Health System

Tackle obesity, unhealthy diets and physical activity

Better cancer screening and prevention

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

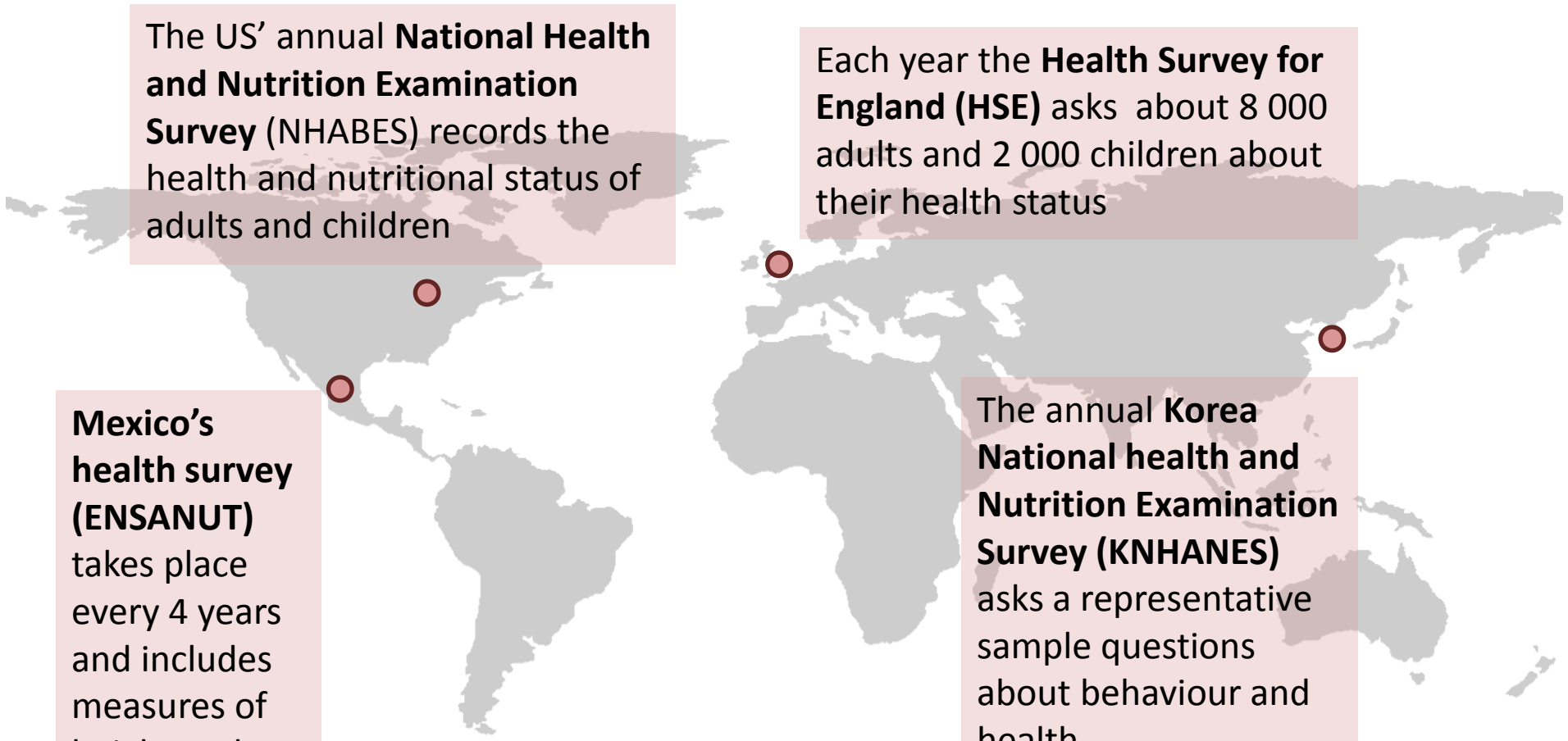
Involve civil society, NG actors, and strengthen surveillance

Reduce tobacco consumption

- Plain packages for tobacco products

- A ban on menthol cigarettes
- More smoke-free public spaces

Strengthen epidemiological surveillance



The US' annual **National Health and Nutrition Examination Survey** (NHABES) records the health and nutritional status of adults and children

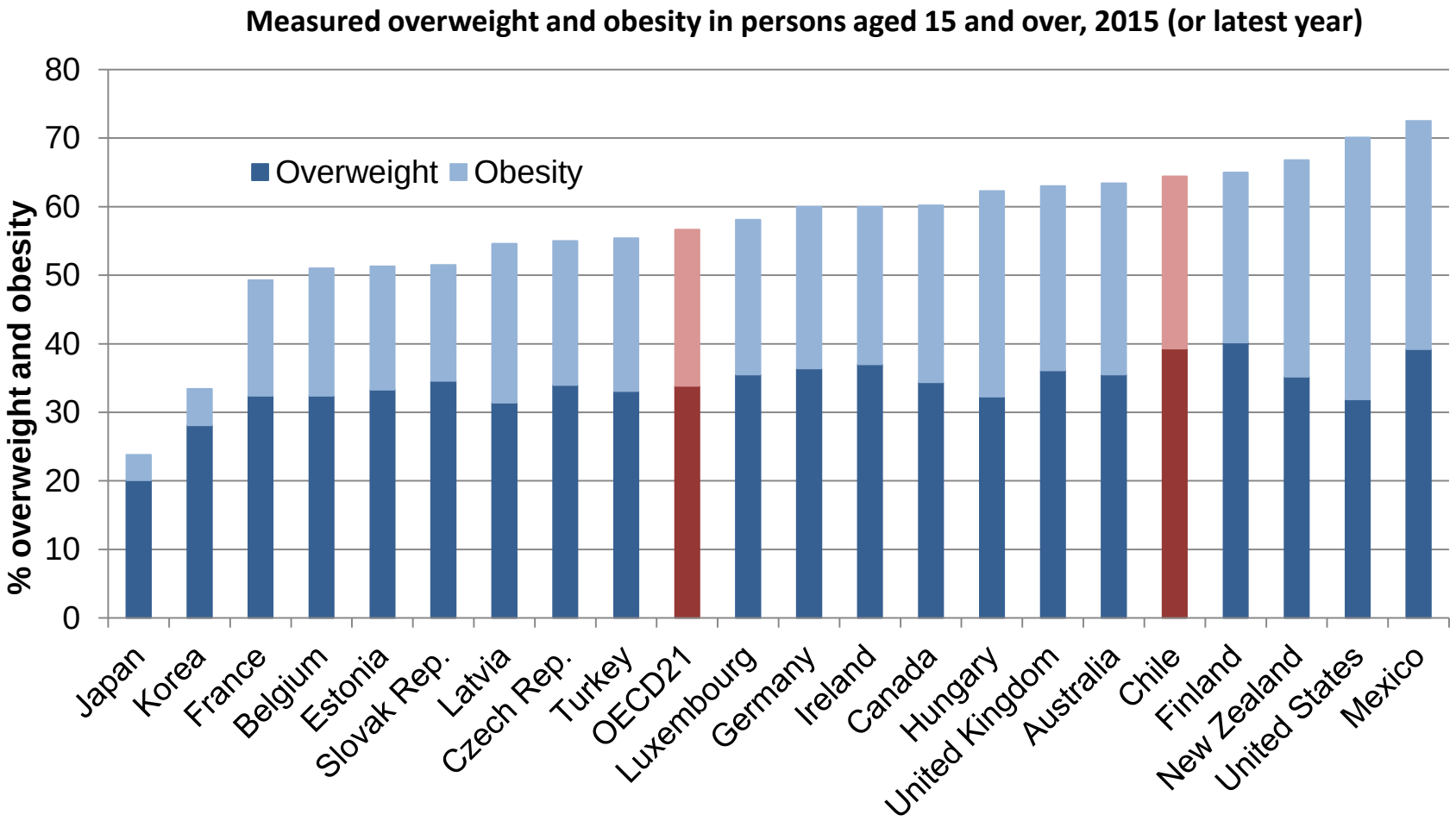
Each year the **Health Survey for England (HSE)** asks about 8 000 adults and 2 000 children about their health status

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

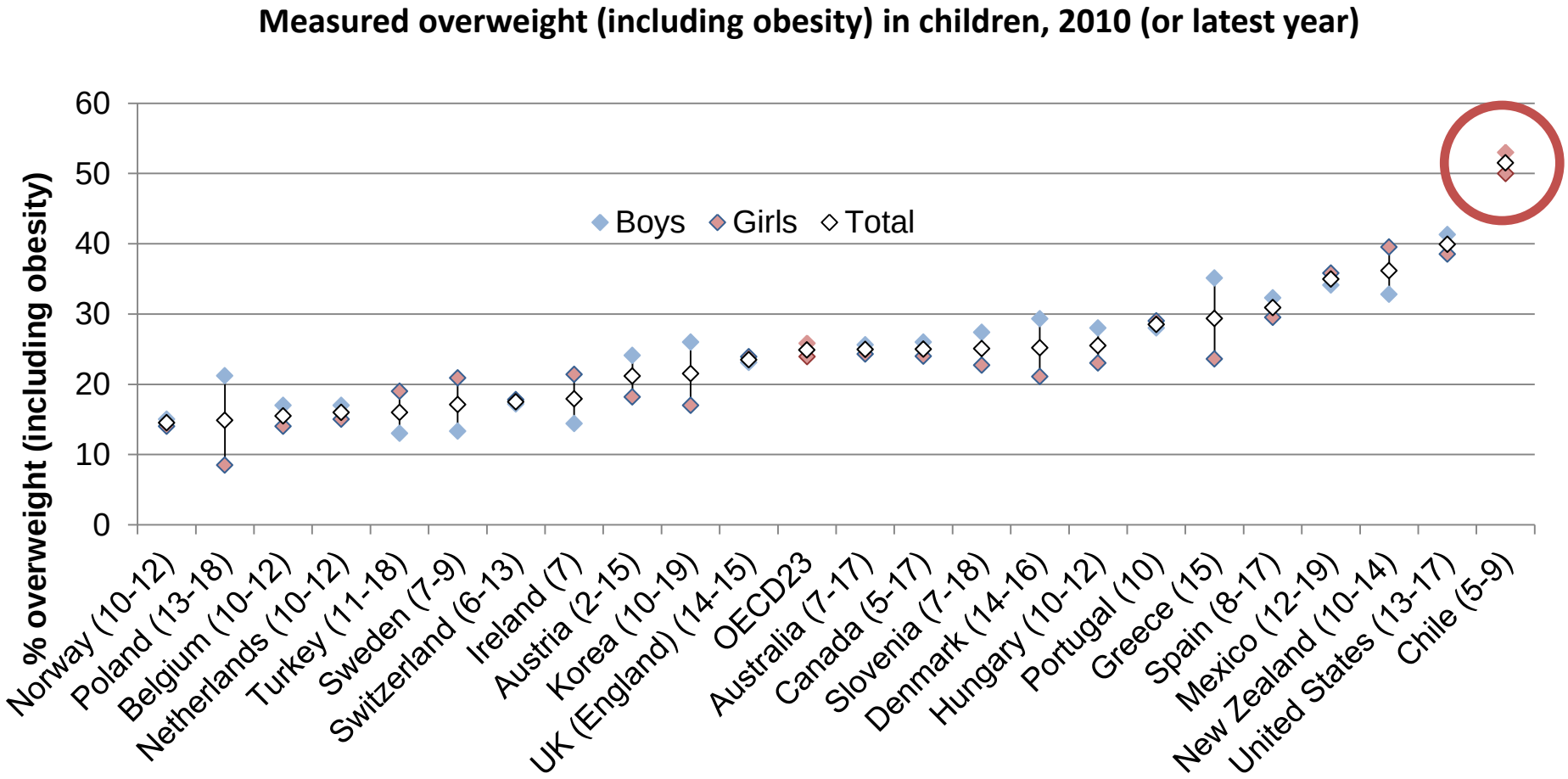
Obesity & overweight among highest in the OECD



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).

Source: OECD Health Statistics 2017.

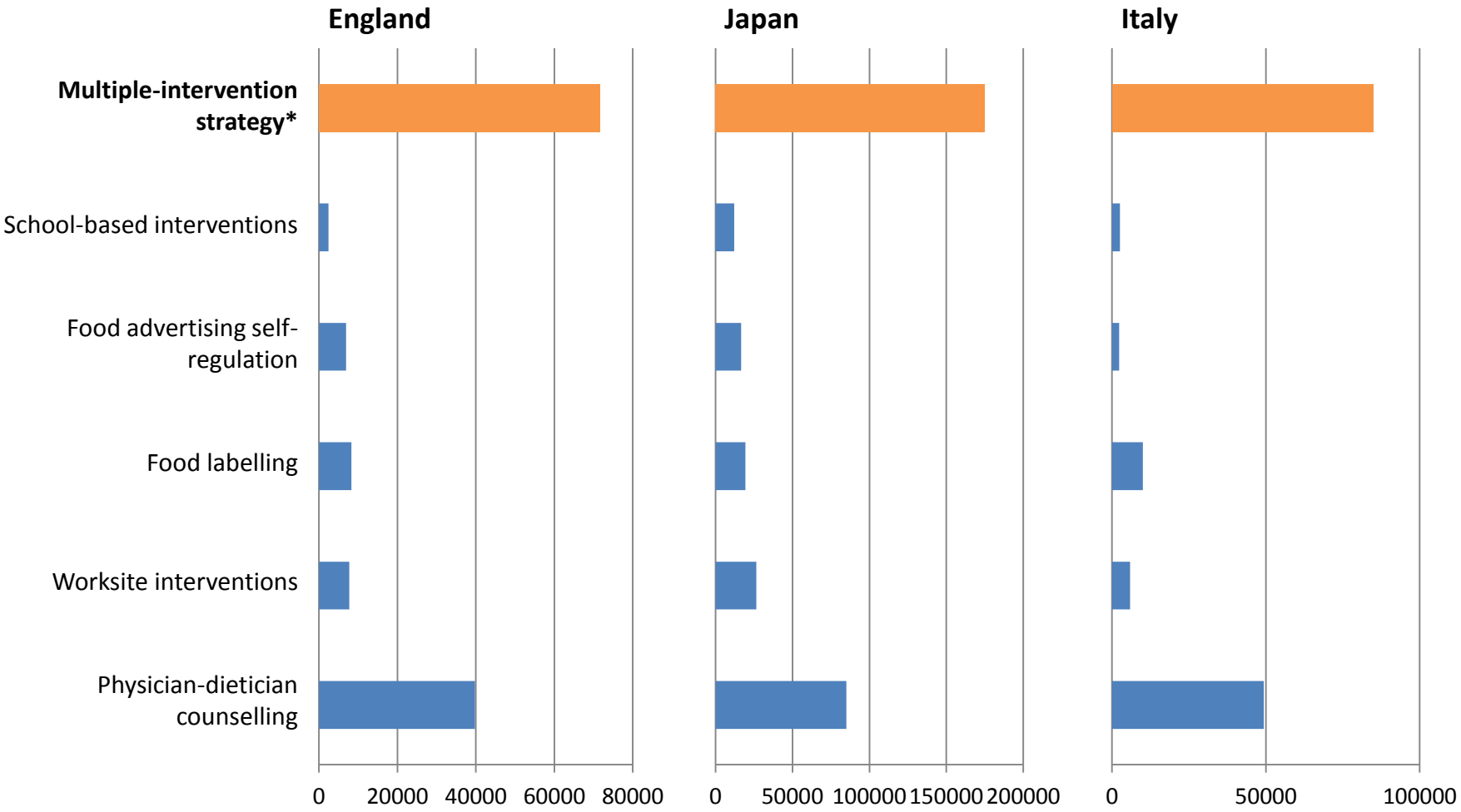
Especially in children



Note: The numbers in parentheses refer to the age of the children surveyed in each country.
Source: Health at a Glance 2017 (forthcoming).

A comprehensive set of policies is needed to address obesity

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



* 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 to obesity

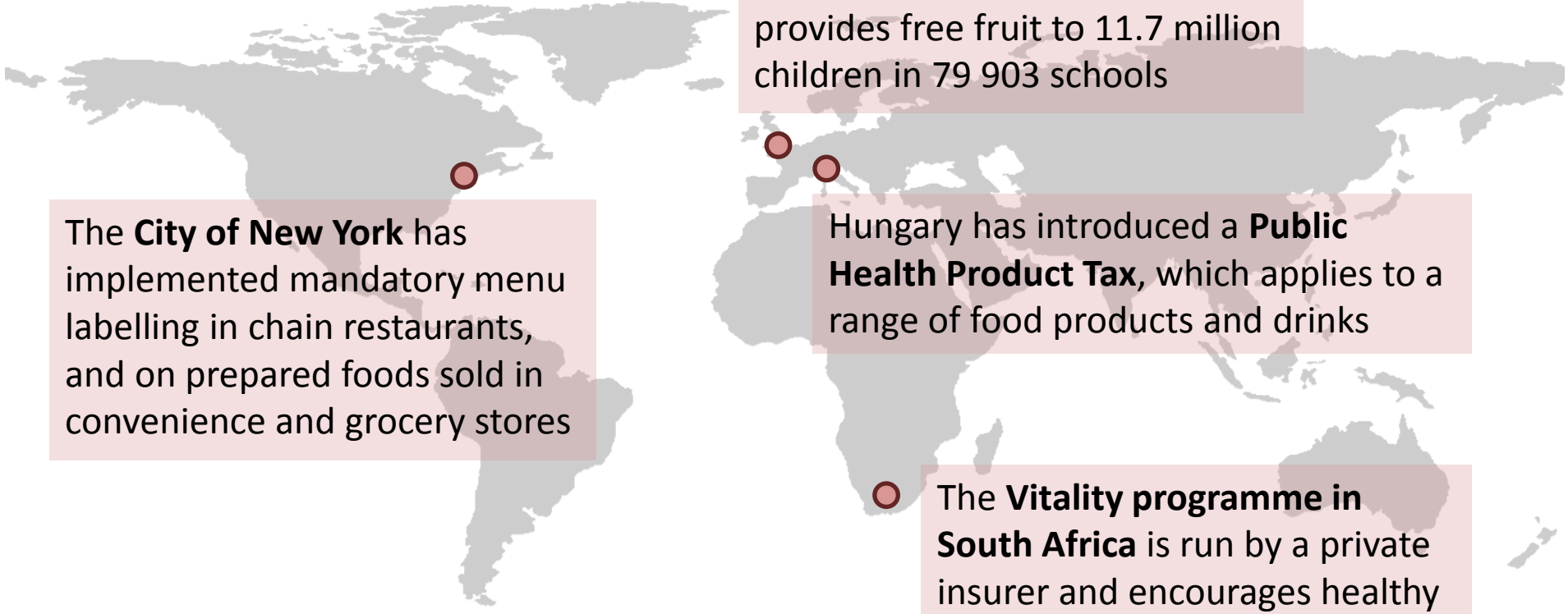
More Chileans could benefit from healthy food programmes

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

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

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

Chile		OECD Average
35% of women **screened** in 2014	**Mammography screening in women aged 50-69 within the past 2 years**	**60.8%** of women **screened** in 2015
75.5% 5-year survival for the period 2010-2014	**Breast cancer five-year net survival**	**85% 5-year survival** for the period 2010-2014
18.6 deaths per 100 000 population in 2014	**Breast cancer mortality in women**	24.9 deaths per 100 000 population in 2015
51.5% 5-year survival for the period 2010-2014	**Colon cancer five-year net survival**	**62.8% 5-year survival** for the period 2010-2014
34.0% 5-year survival for the period 2010-2014	**Rectal cancer five-year net survival**	**61.1% 5-year survival** for the period 2010-2014
19.2 deaths per 100 000 population in 2014	**Colorectal cancer mortality**	**23.9 deaths** per 100 000 population in 2015

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

4. Chile understands 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**

KEY PRIORITIES FOR CHILE

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

Find out more!

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