

Chilean health care, new challenges and opportunities in connection with others

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A LITTLE BIT OF BACKGROUND



CHILE A DEVELOPING COUNTRY

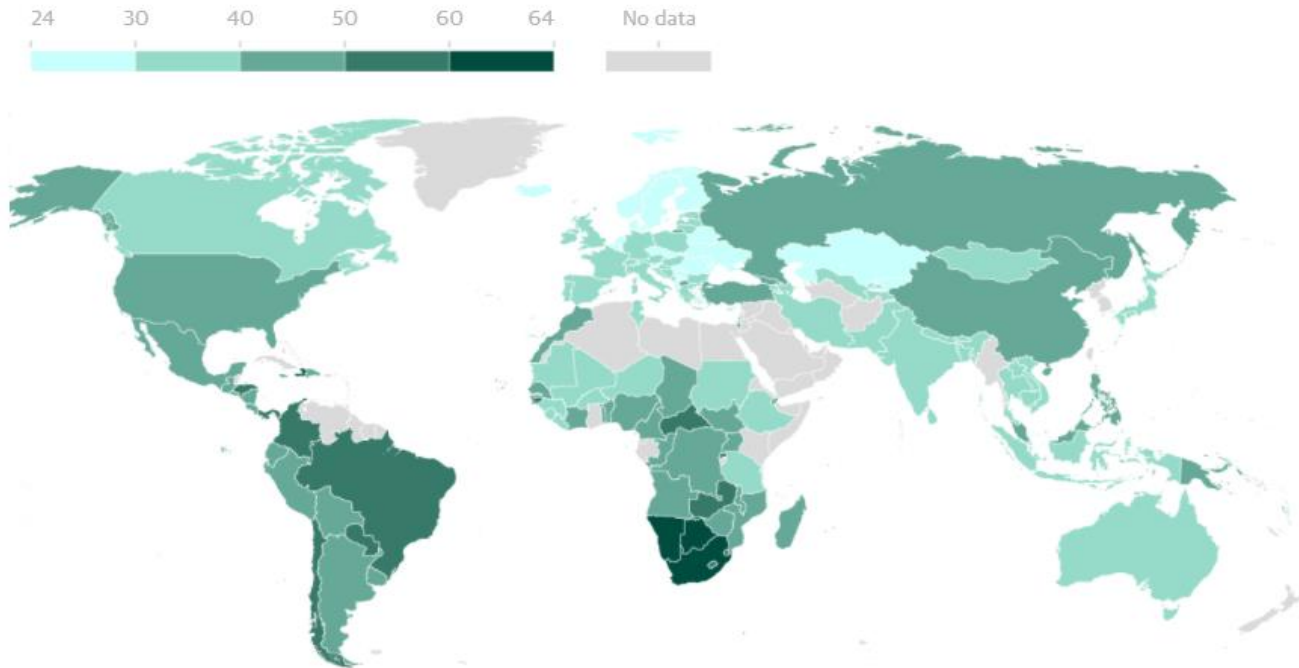


Gross Domestic Product Per Capita: 24,710

High Income Country

WHAT DOES THIS MEAN IN THE WORLD AND LATIN AMERICA?

Gini index for income inequality ranges from zero (absolute equality) to 100



The World Bank, 2018

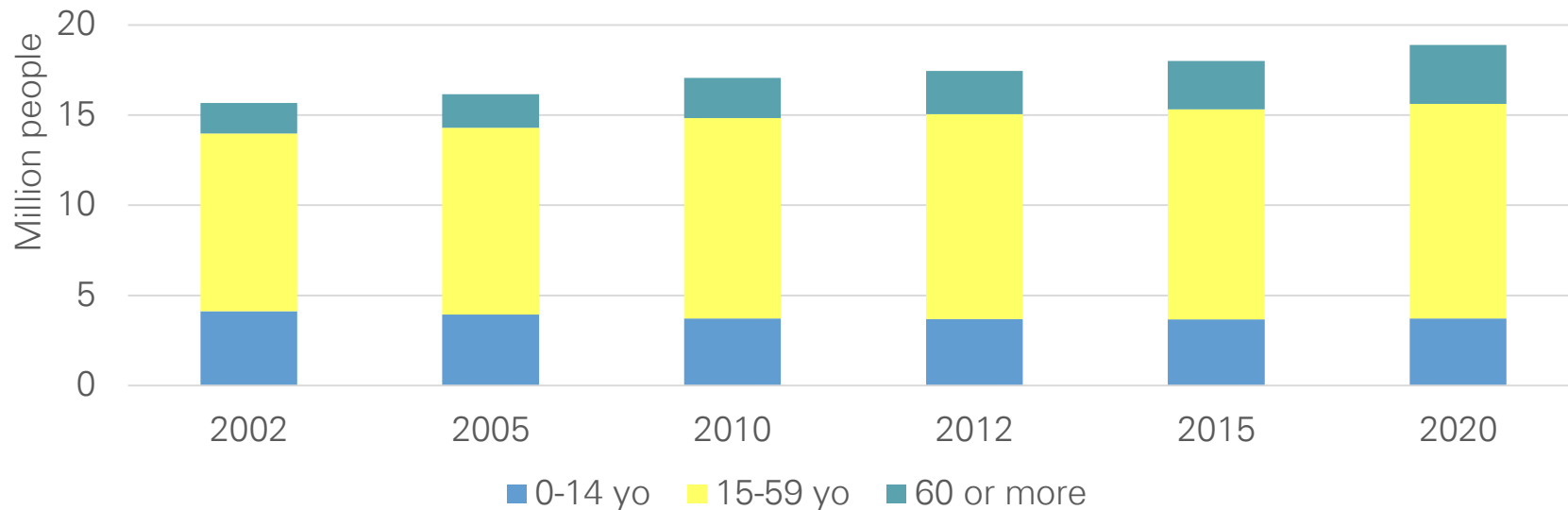
WHAT DOES THIS MEAN WITHIN CHILE?

Huge Social Inequalities



WHO ARE WE?

POPULATION BY AGE GROUPS

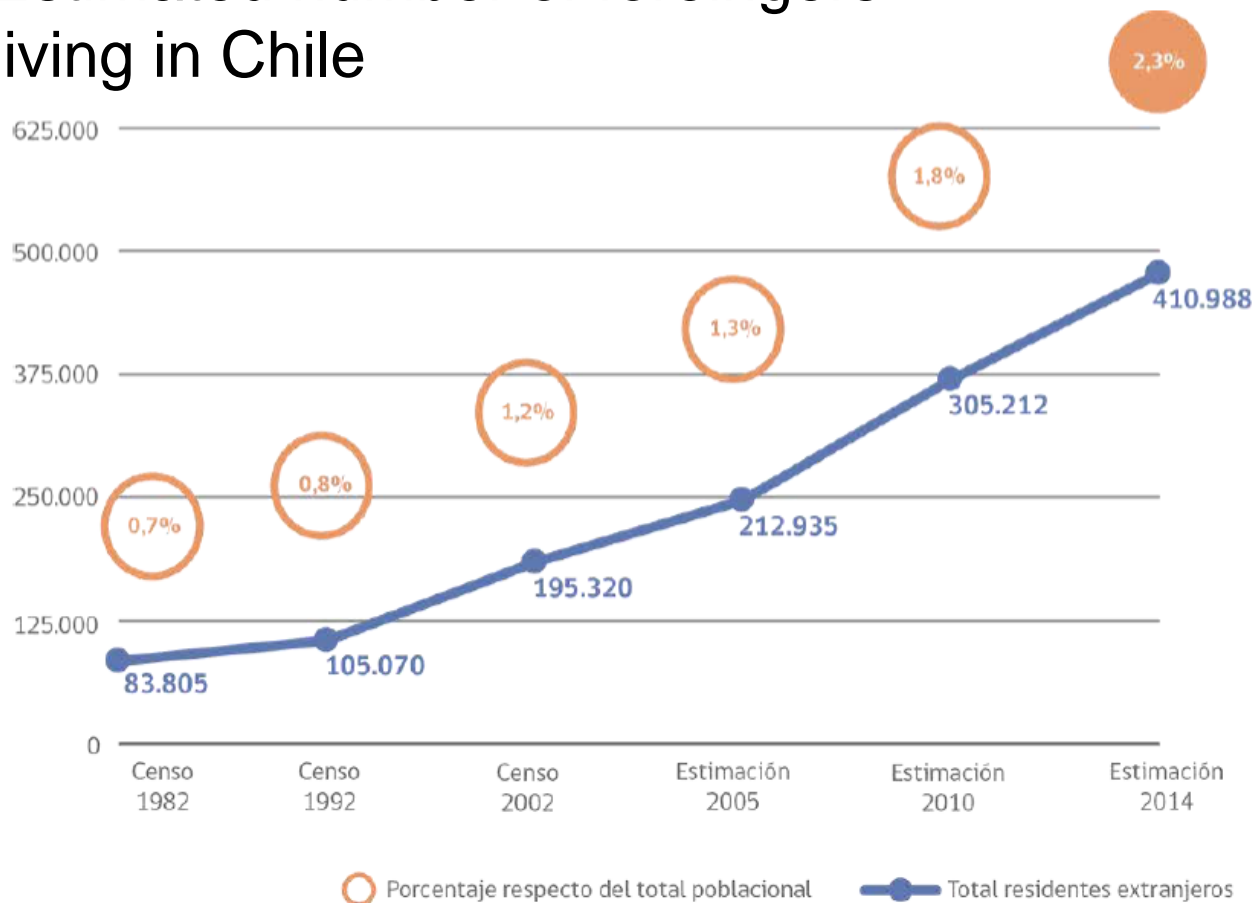


CHILEAN POPULATION IS CHANGING



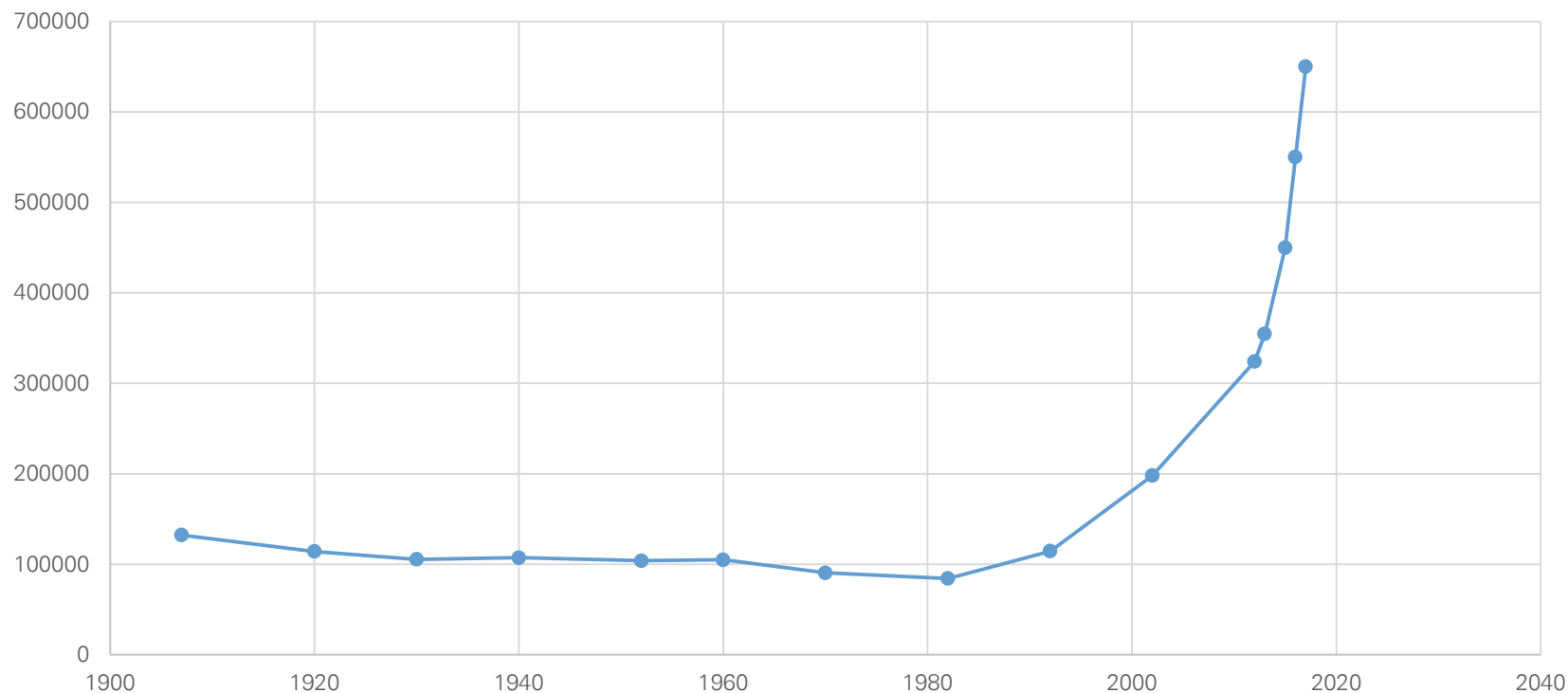
MULTICULTURAL ENVIRONMENT
IMMIGRANTS 2.3% OF TOTAL POPULATION TODAY

Estimated number of foreigners living in Chile

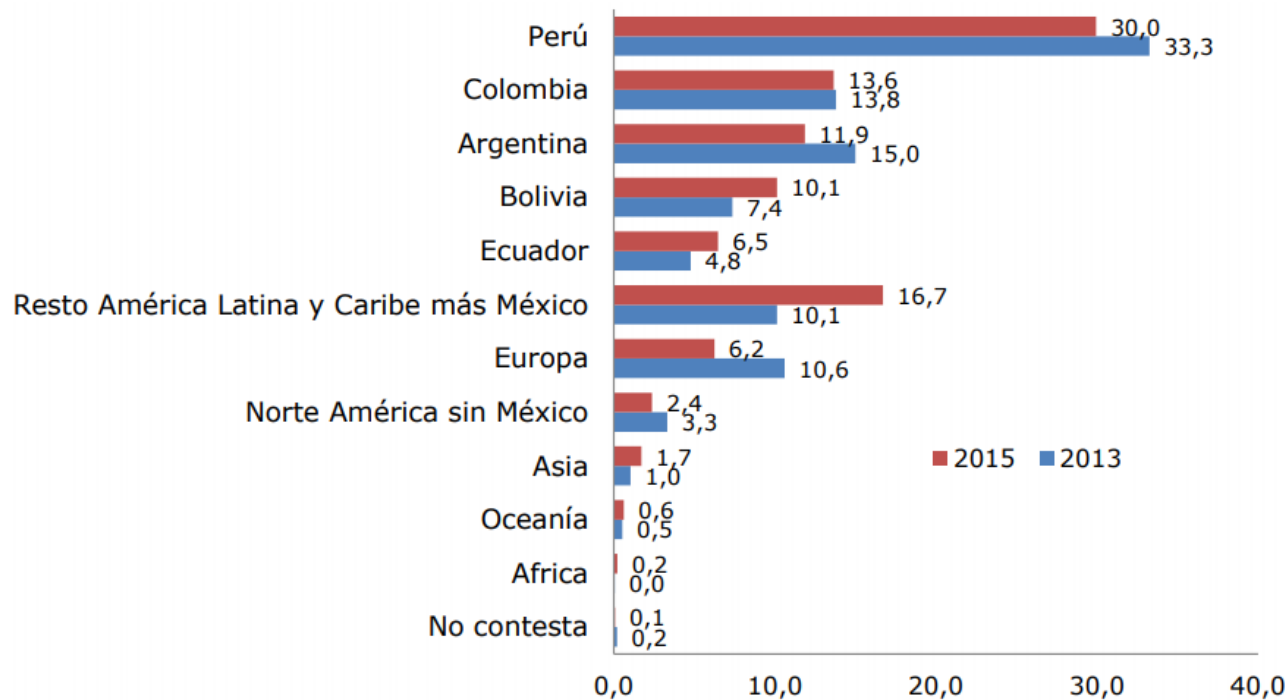


INTERNATIONAL MIGRANTS IN CHILE

Datos censales 1902-2012, CASEN 2013, DEM 2015 y 2017

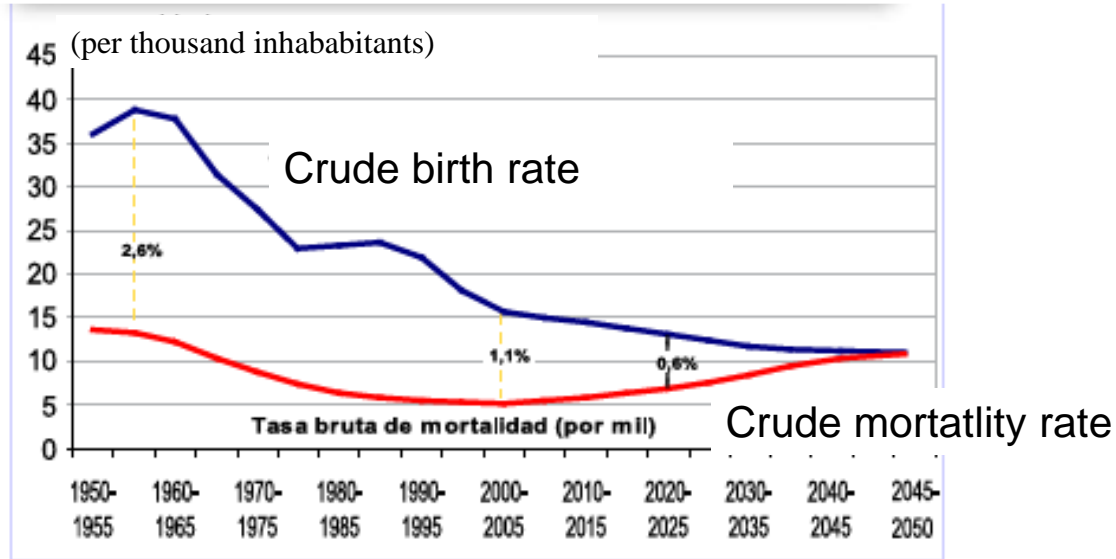


COUNTRY OF ORIGIN

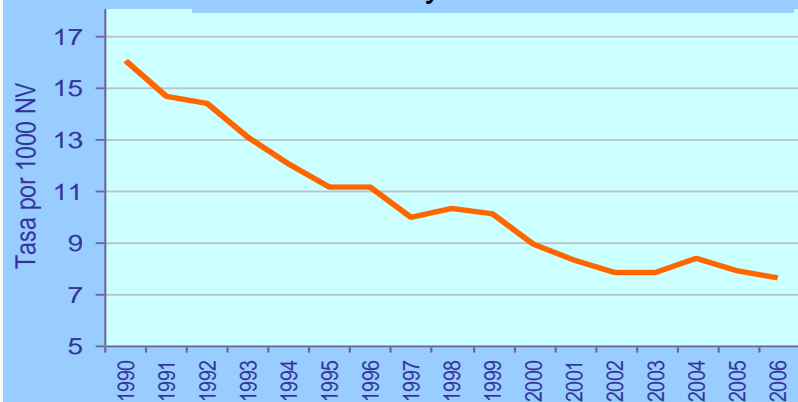


WHAT HAPPENS IN TERMS OF
HEALTH?

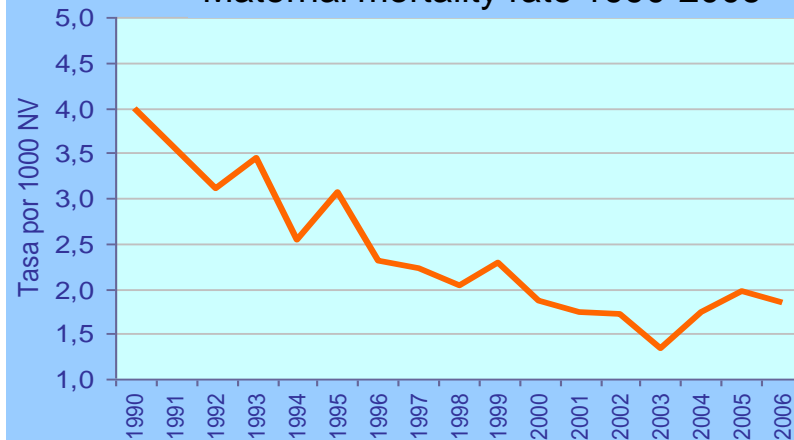
NATALITY / MORTALITY



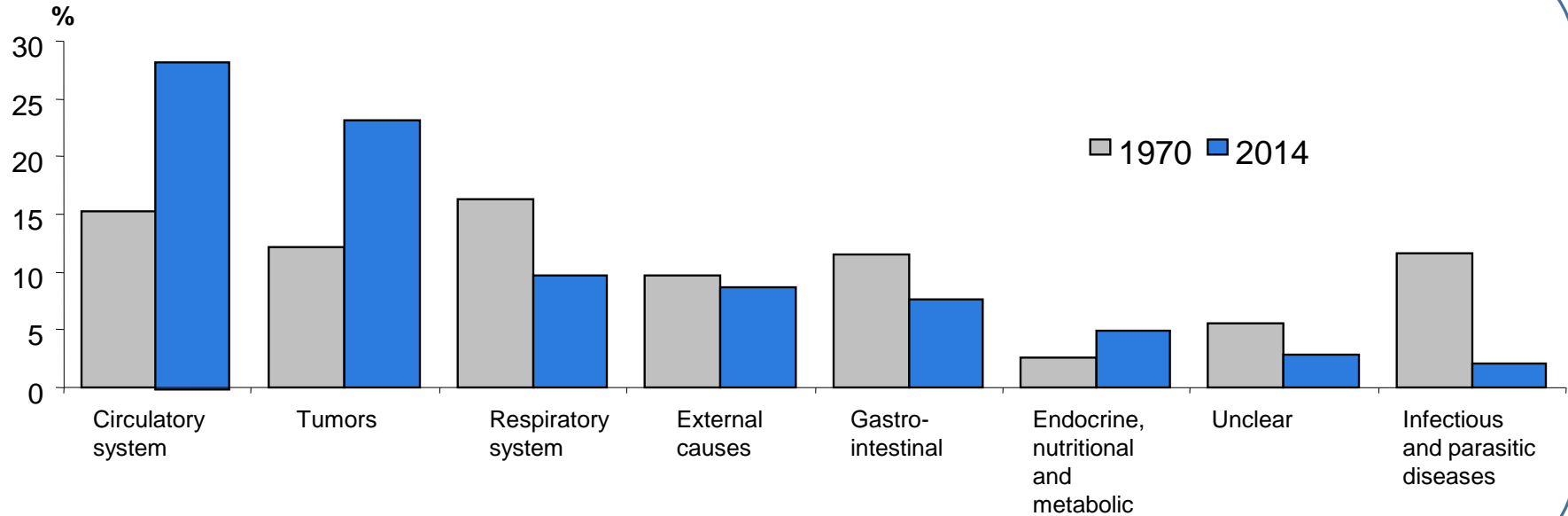
Child mortality rate 1990-2006



Maternal mortality rate 1990-2006



CAUSES OF DEATH



TOBACCO AND ALCOHOL



Población no fumadora, ENS 2016-17

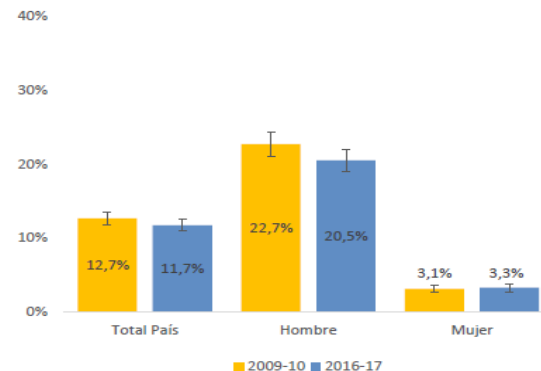
66,7% nacional



Población fumadora, ENS 2016-17

33,3% nacional

11,7% Nacional



NUTRITION

Estado nutricional, prevalencia total país.



Underweight

1,3%
Enflaquecido



Normal weight

24,5%
Normal



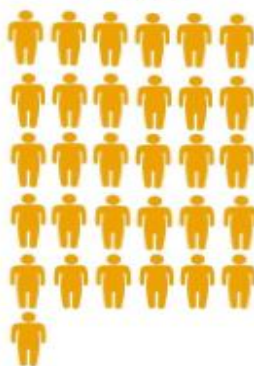
Pre-obesity

39,8%
Sobrepeso



Obesity class I & II

31,2%
Obeso



Obesity class III

3,2%
Obeso mórbido



Categorías realizadas a partir de cálculo de índice de masa corporal (IMC) (IC 95%):
Enflaquecido: IMC < 18,5

SEDENTARISMO

Sedentarismo en e
total país y según

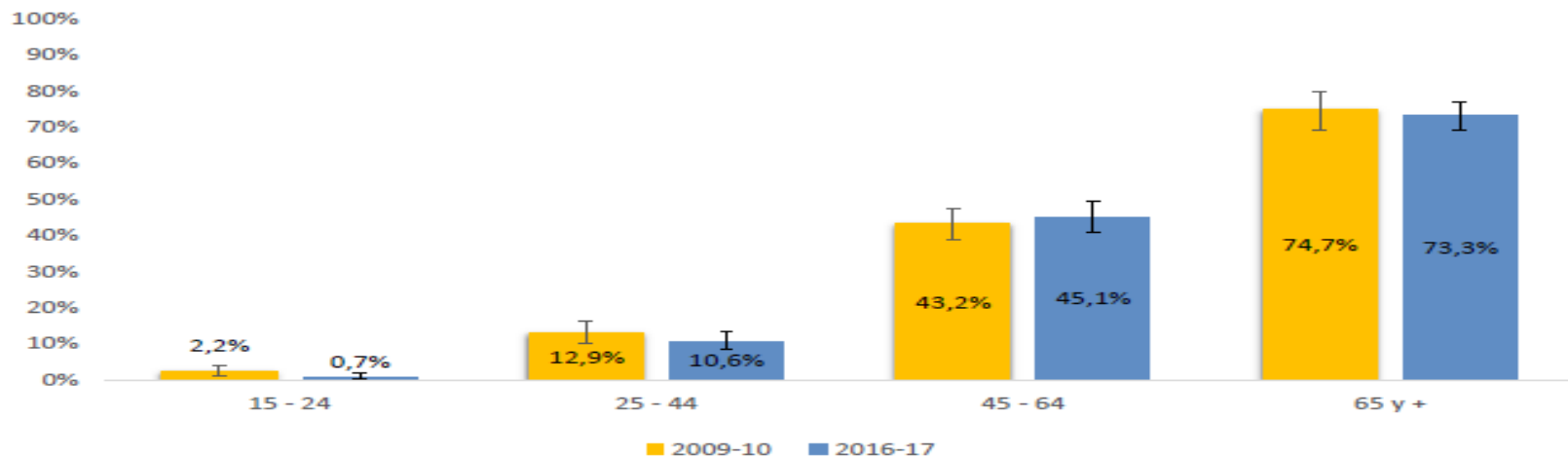
86,7% Nacional



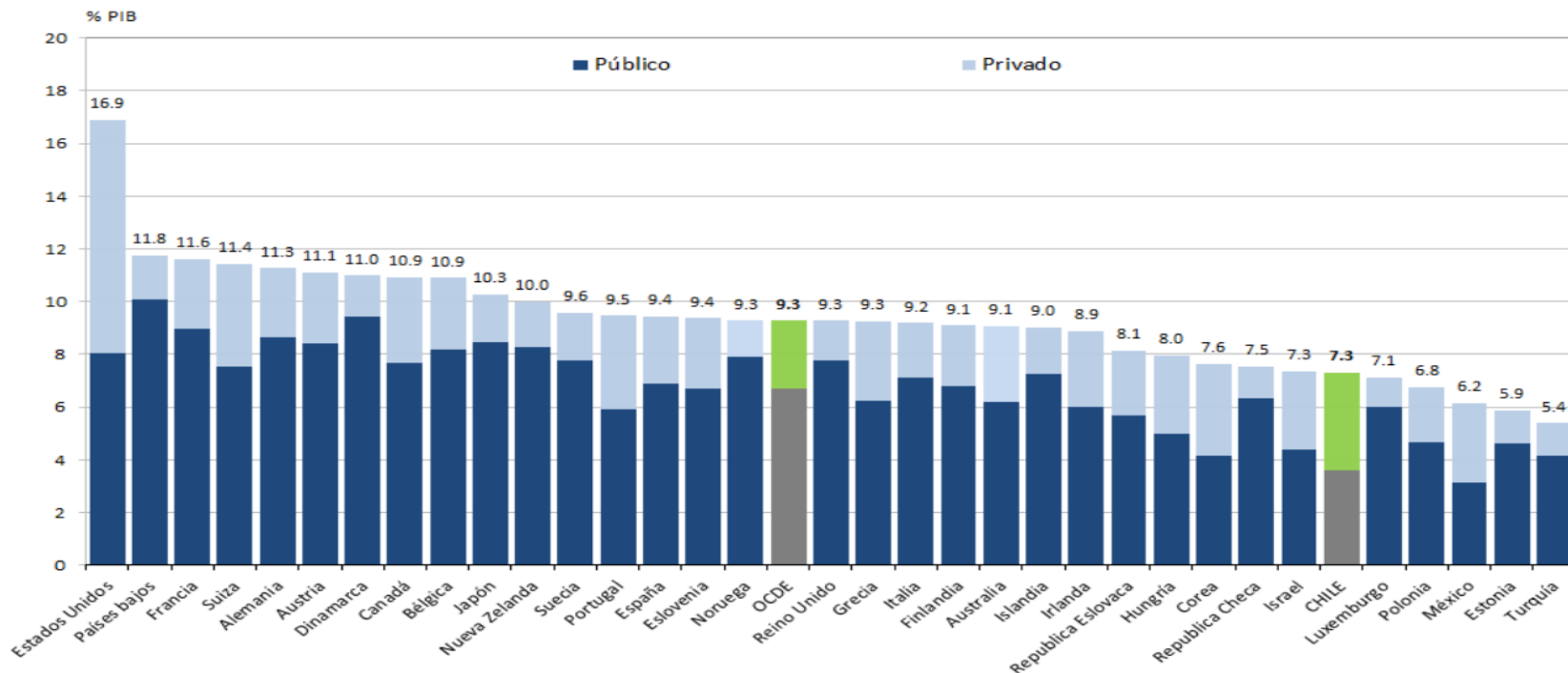
HTA

Sospecha de HTA según grupos de edad.
ENS 2009-10 y 2016-17

Encuesta
Nación
Salud
2016-2



Total expenditure on health, % of GDP



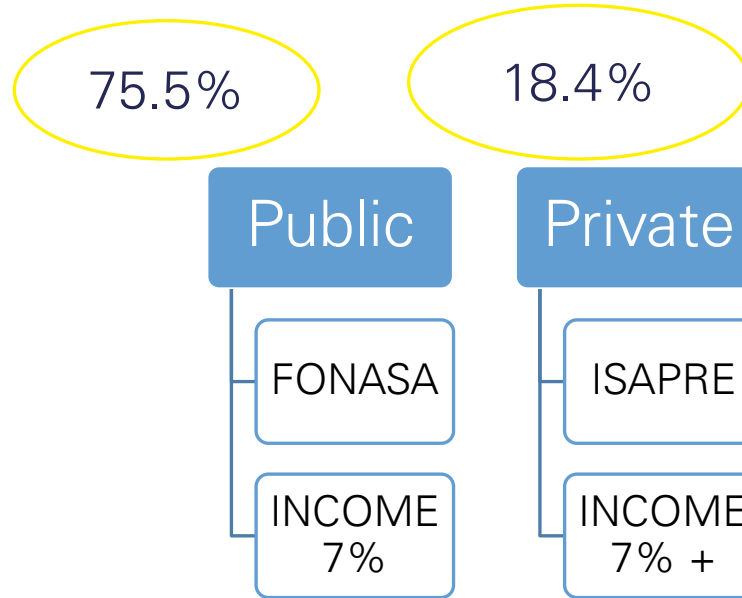
Relevant figures

Country	PIB per capita (2016)	GINI index (2015)	Health total expenditure (2014)	Maternal mortality ratio	Child mortality ratio
Switzerland	76,691.1	32.5	11.7	5	4
USA	52,364.2	41.0	17.1	28	6
Chile	15,019.6	47.7	7.8	22	6

The World Bank Group

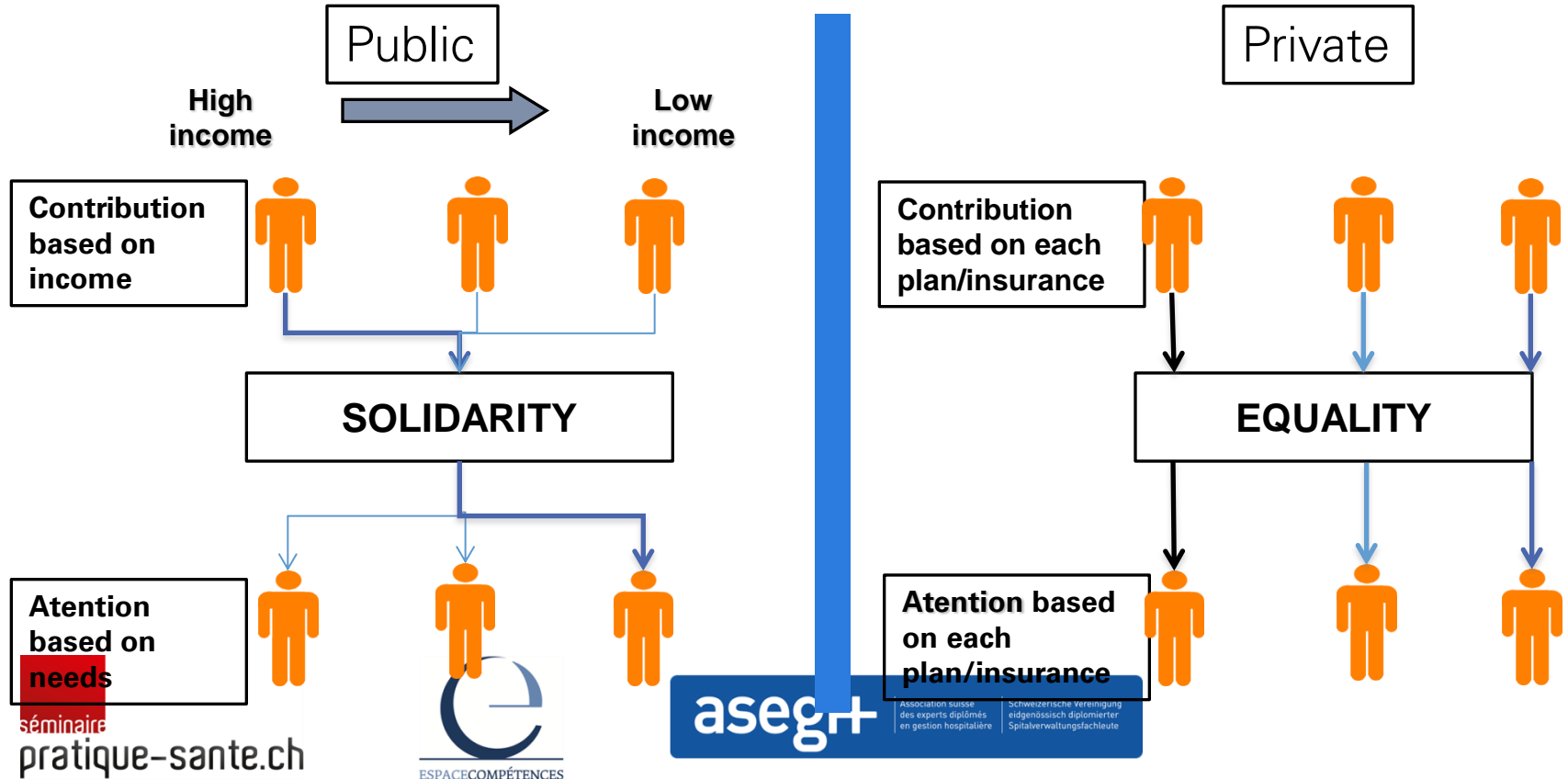
OUR HEALTH CARE SYSTEM

MIXED SYSTEM

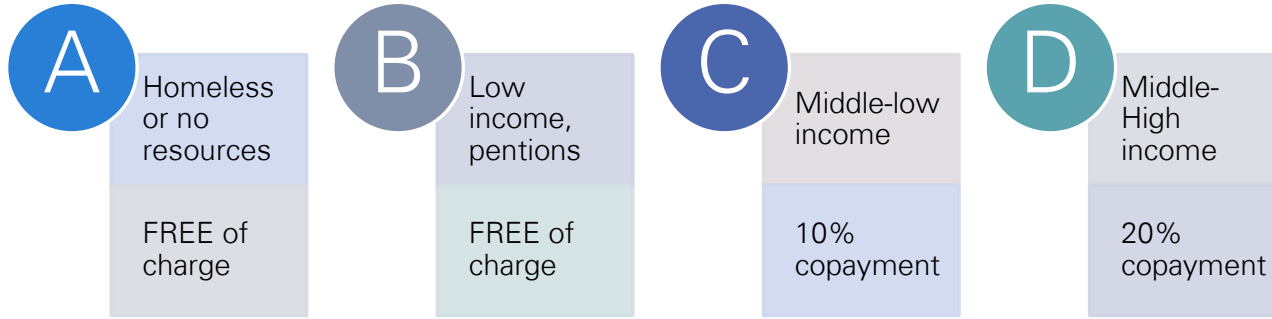


Armed Forces 5.2%

PRINCIPLES



FONASA



ENTRY



Primary level of attention
Geographically assigned



Secondary and tertiary
levels of attention
At main hospitals

HEALTH CARE REFORM

OBJECTIVES

- 1) To improve the population's health level, increasing life expectancy and healthy years of life
- 2) To reduce inequities in health
- 3) To improve health in disadvantaged groups

LEGAL BASIS OF THE REFORM

- Patients' rights and duties law
- Financing law ↑1% gral taxes
- Explicit health guarantees
 - Access
 - Quality
 - Opportunity
 - Financial protection

GES

YEAR	ADDED PATHOLOGIES	TOTAL PATHOLOGIES
2005	40	40
2007	16	56
2010	13	69
2013	11	80

DO WE HAVE EVERYTHING SORTED?

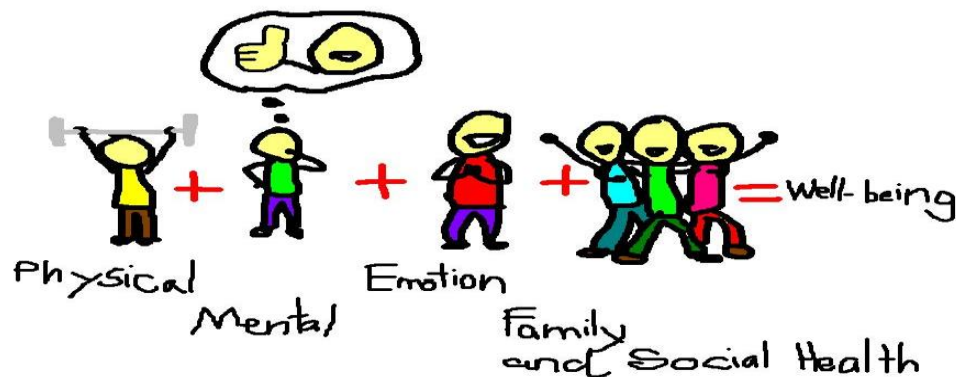
Good health indicators

What happens with people's well being?

MENTAL HEALTH?

CHALLENGES

- Health indicators, are they accurate enough?



- How do people define health today?

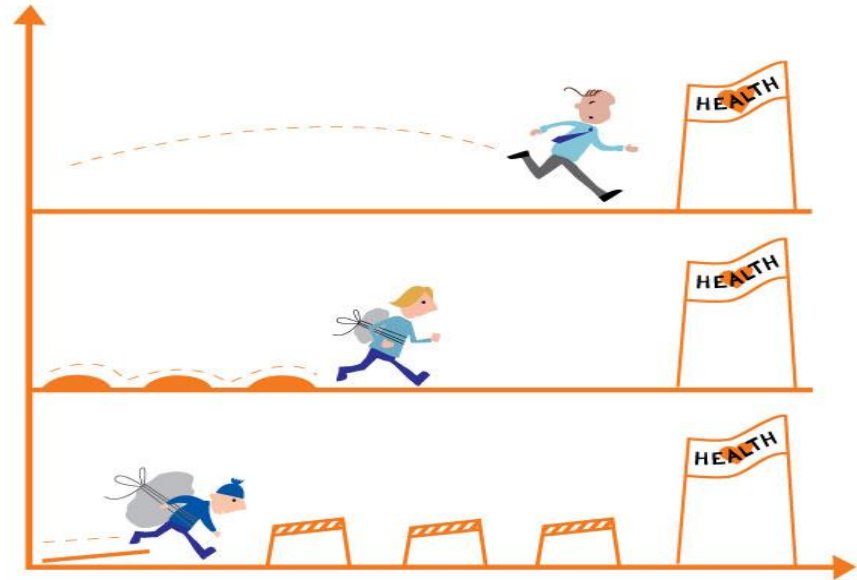
CHALLENGES



OPPORTUNITIES

OPPORTUNITIES

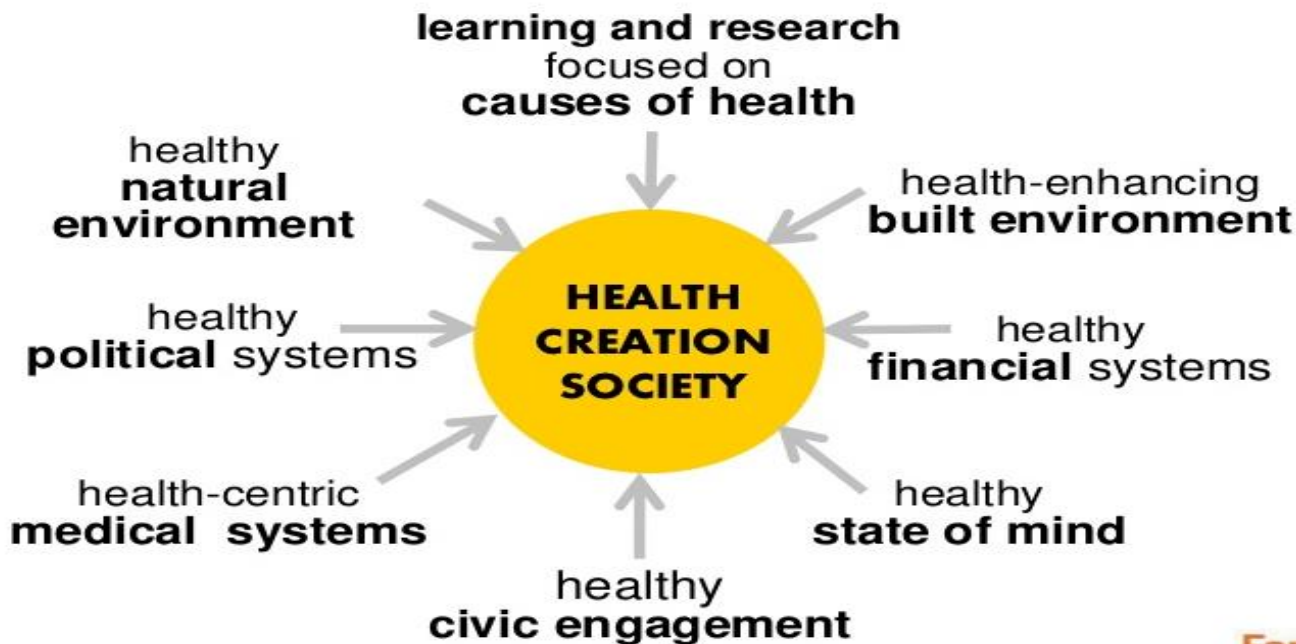
- Social Determinants of Health and Inequalities



OPPORTUNITIES

- Access (the case of HIV in Chile). Non traditional definition
- Resolution. How are we evaluating outcomes?

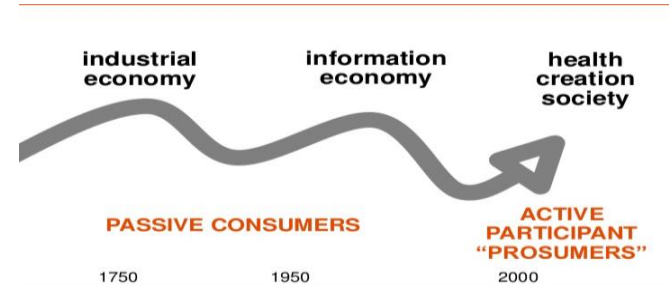
OPPORTUNITIES: CHANGE THE PARADIGM



Farrow

CHALLENGES

- Overall, participation
- From “desk-based policies” to “with-people definitions”
- Health Promotion



“...I think this outcome has to do with the difference between *medical care* and *health care*. We are not creating health and we do not create well being simply by medicating people at the ends of their lives. We are adding millions of jobs in the healthcare industry, but we cannot build an economy based on medical care. Eventually, we have to grow things and produce products that add to authentic **wealth of the nation.**”

Jackson, R. J., & Sinclair, S. (2012). Designing healthy communities. *Health Affairs*, 31, 4

THANK YOU