



# **Public health impact of Covid-19: Chile**

**Carolina Velasco**

**November 2020**



# Agenda

01



Organization of health system in Chile

02



Evolution of Covid-19 and actions taken in Chile

03



Lessons and final comments

# 1. Organization of health system in Chile

- Insurance based. Mix of public and private initiatives.

Layers	Description
<b><u>Layer 1</u></b>	<b><u>Mandatory insurance</u></b> <ul style="list-style-type: none"><li>• Executed by Fonasa (1 public insurer) and Isapres (12 private insurers - 6 compete).</li><li>• Coverage: in general hospital and outpatient care, inpatient pharmaceuticals and a group of services associated to 85 health conditions, which are guaranteed (GES services) in access, opportunity (timely access), financial coverage, quality.</li><li>• Regulated by the government.</li><li>• Supervised by Superintendence of Health.</li></ul>
<b><u>Layer 2</u></b>	<b><u>Voluntary insurances</u></b> <ul style="list-style-type: none"><li>• Executed by private insurance companies.</li><li>• Coverage: copayments of mandatory insurance, catastrophic expenses (after a deductible), assistance in medical facilities, other benefits.</li><li>• Regulated as any other insurance company.</li><li>• Supervised by Superintendence of Securities and Financial Services.</li></ul>

Source: own elaboration.

# 1. Organization of health system in Chile

- Chile combines different types of health insurance systems, facing the problems associated to them (waiting times, exclusion, risk selection)



## National health service and insurance (Beveridge).

State centralizes planning, collection and financing (**mainly through taxes**). Provision can differ (public / private).



**Fonasa**  
(state insurer)

## Private insurances.

Insurance market.  
Risk rated premiums, freely set by the insurer.



**Isapres** (private insurers, with many regulations, that intend to assimilate them to a SHI system, i.e. GES services)



## Social health insurance (von Bismarck).

**Health insurance is mandatory.** There are many (regulated) third party payers (insurers) and **payment is not related to risk.**

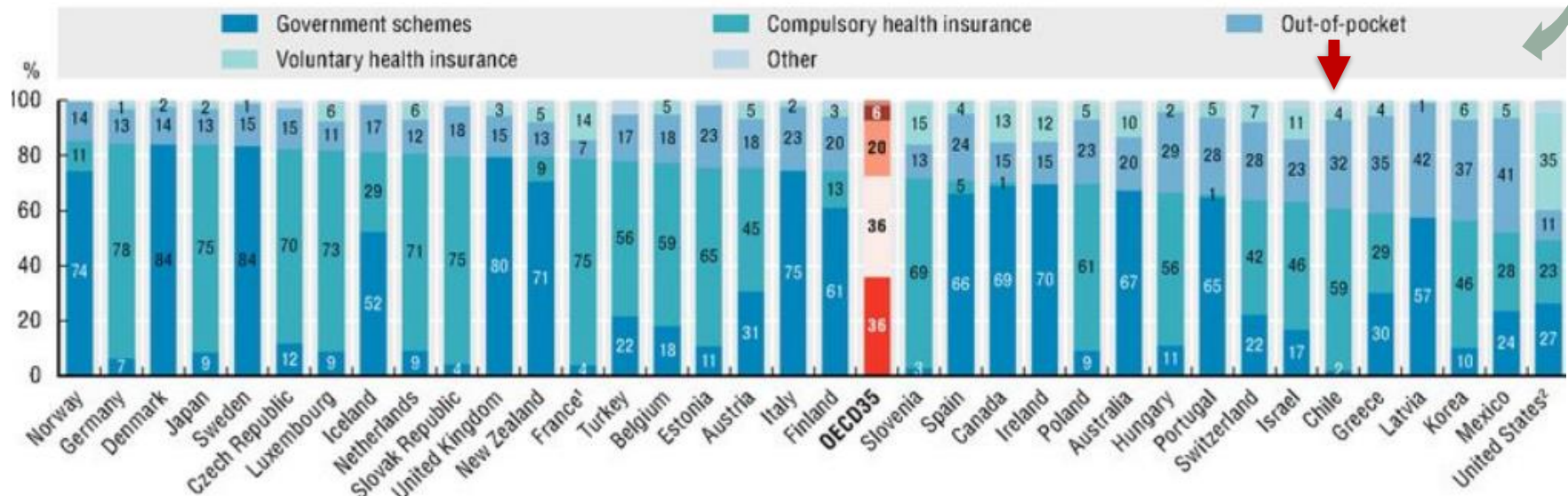


# 1. Organization of health system in Chile

## Universal coverage still not achieved

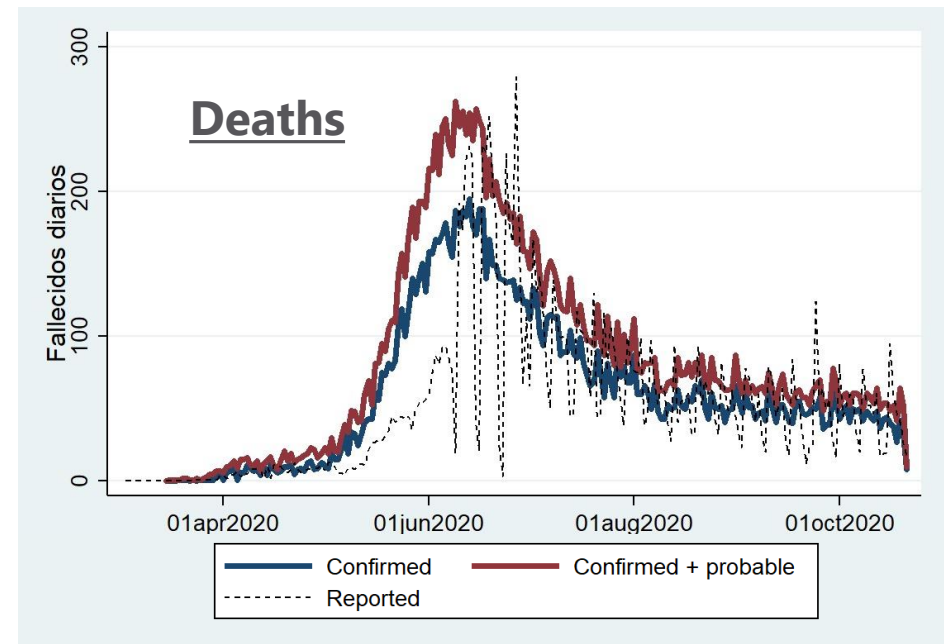
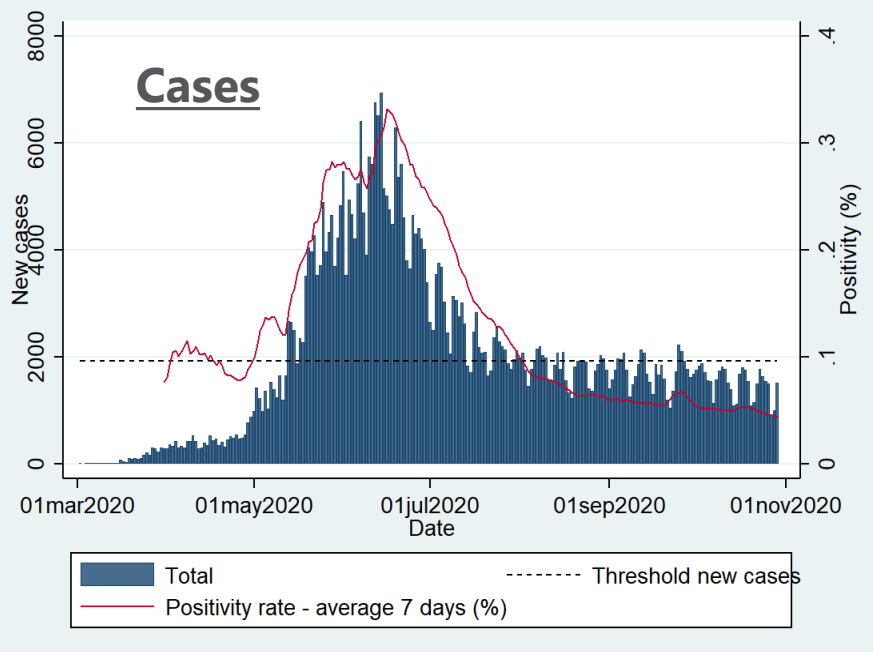
- (i) **Who** is covered: 92,4% with insurance
- (ii) **What services** are covered: excludes outpatient pharmaceuticals and other services (more expensive treatments and drugs).
- (iii) **How much** is covered: there are co-payments, that can be important.
- (iv) **Quality** of the covered services: for those who get the services quality is quite good, but there are important waiting lists.

## OOP / THE



## 2. Evolution of Covid-19 and actions taken in Chile

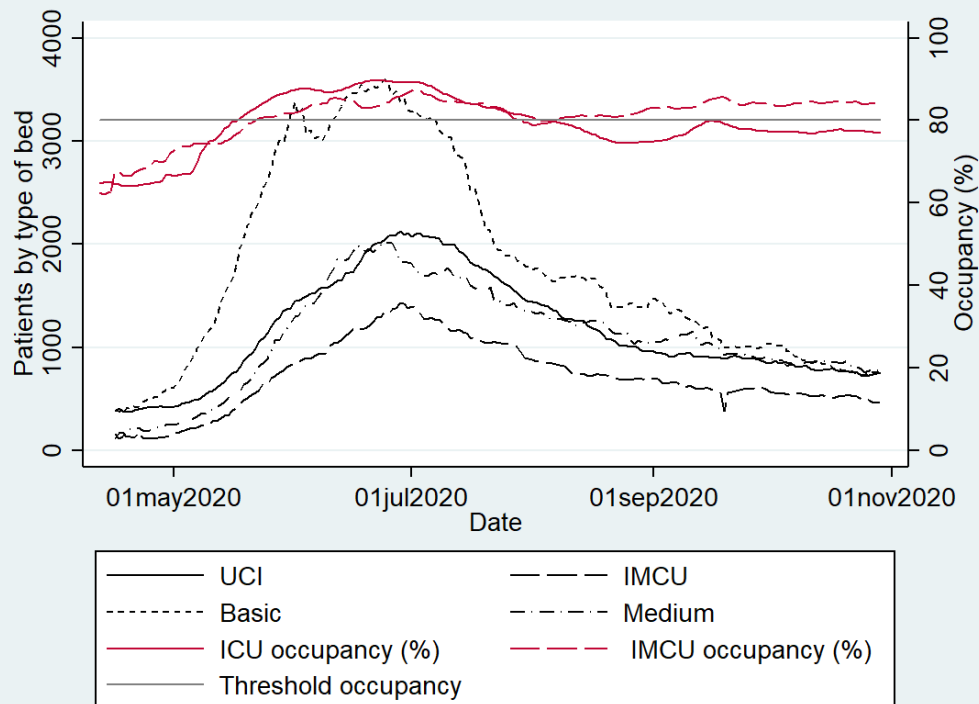
- Rapid increase from May onwards with a peak in June
- Uniform behavior from September onwards (mild downward trend)



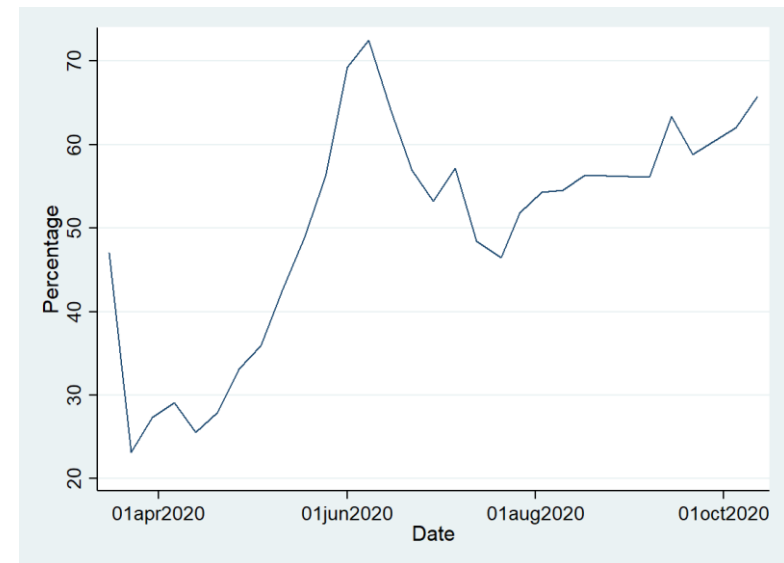
## 2. Evolution of Covid-19 and actions taken in Chile

- In June and July occupation rates were high, as well as proportion of deaths related to hospital discharges.
- Probably related to lower quality of care when ICU and ITU where full.

Hospitals (beds) occupancy



Proportion of deaths to Covid-19 hospital discharges per week

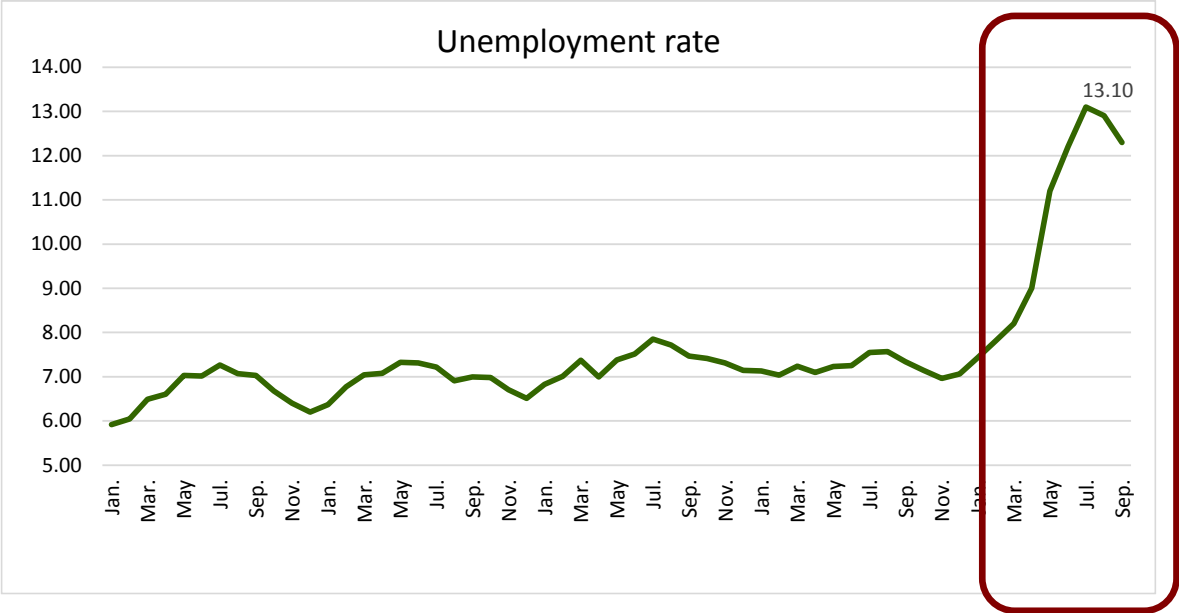


Source: own elaboration.

# 2. Evolution of Covid-19 and actions taken in Chile

- Social and economic impact.

Source: INE (2020).



Source: Bicentenario 2020 (July)

## Mental health

	Total	Male	Female	18-34 years	35-64 years	65+ years	Income level		
							High	Medium	Low
% with serious psychological stress	15	9	21	12	17	18	2	15	19



## 2. Evolution of Covid-19 and actions taken in Chile

### **The Chilean strategy** (OCDE, IDB frame, 4 aspects)

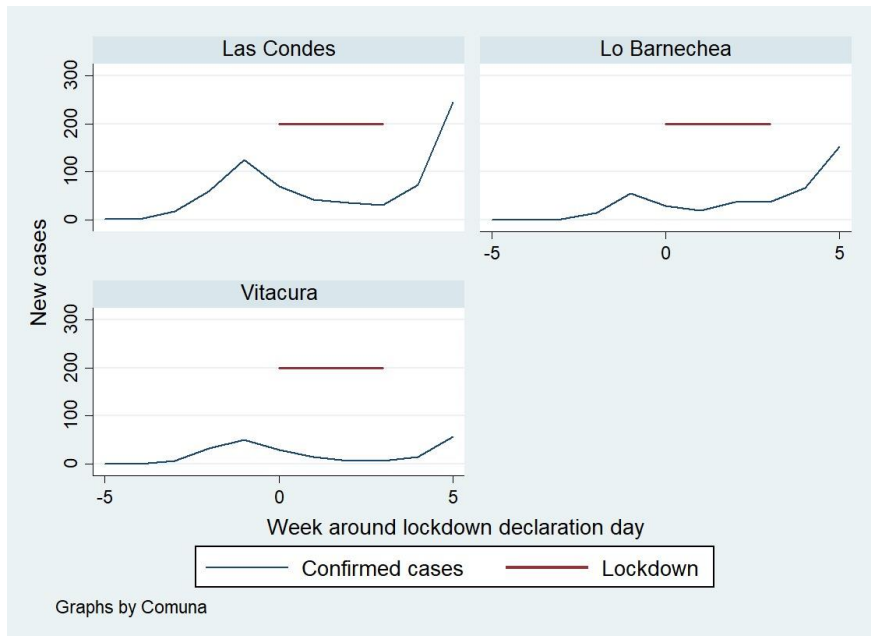
- There was not a previous plan.
- **Mitigation and containment measures:**
  - Early closures.
  - Moving and selective local quarantines (according to sanitary criteria).
- **Economic support:**
  - Early measures to increase liquidity.
  - Gradual economic support for workers and families. Late support for the informal sector and the poor.
- **Pandemic management (coordination and communication):**
  - Initial misleading information. Gradual increase and improvement in the delivery of information and communication of risk to the population.
  - Poor intra and extra governmental coordination.
- **Health response:**
  - Strong effort to strengthen health system capacities (complex beds, ventilators).
  - Gradual increasing testing capacity and labs.
  - Poor tracking and isolation.

## 2. Evolution of Covid-19 and actions taken in Chile

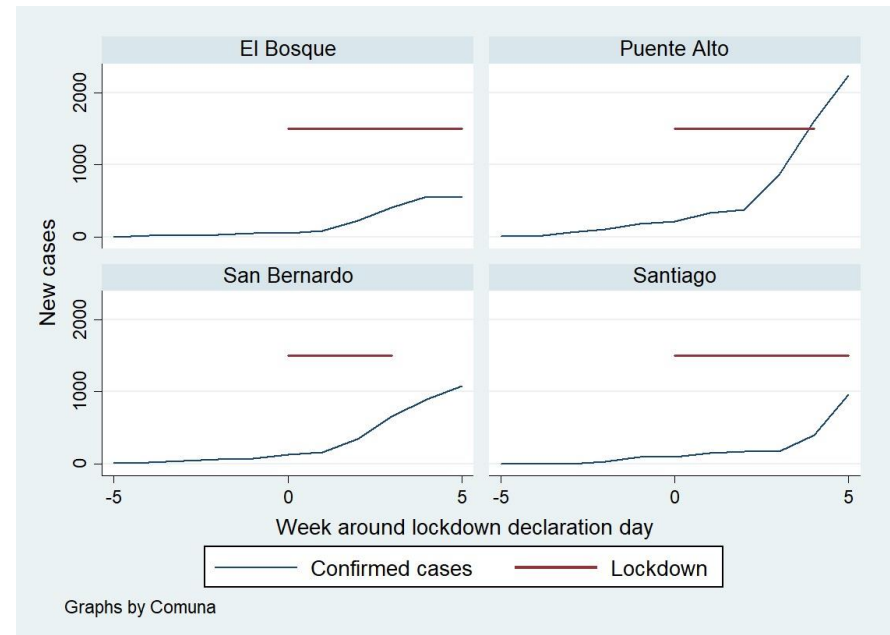
### 1) Mitigation and containment

- Impact of quarantines differed according to socioeconomic level of neighborhoods

High SE level



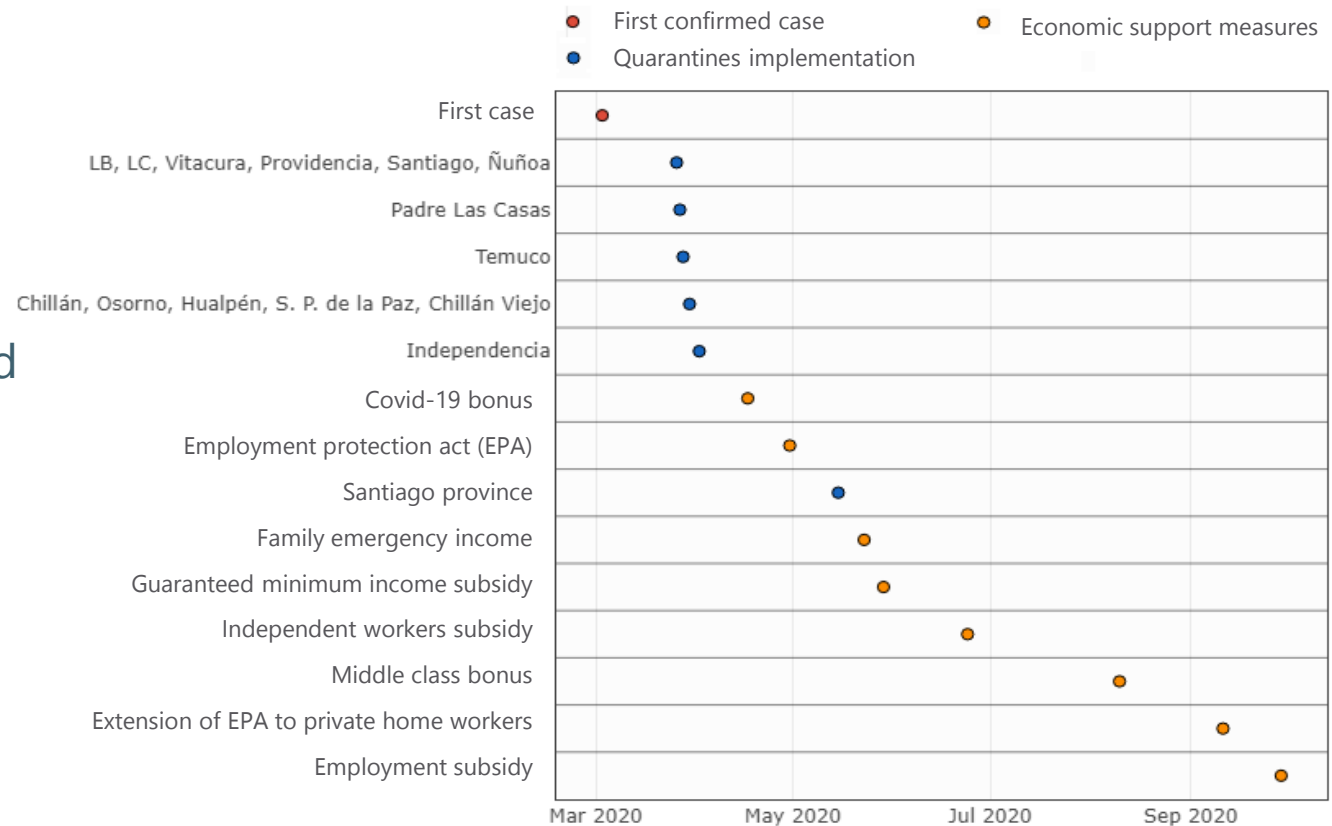
Low SE level



## 2. Evolution of Covid-19 and actions taken in Chile

### 2) Economic support

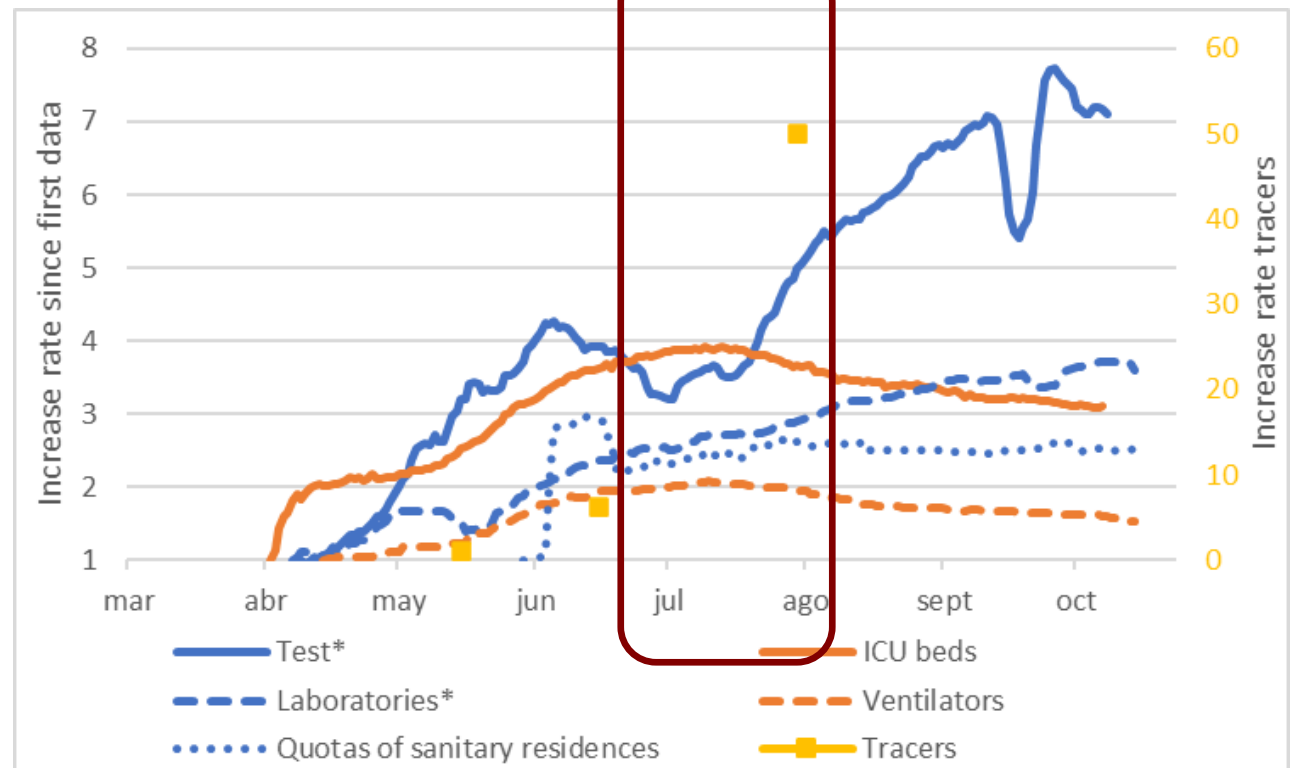
- Not timely, particularly to informal workers and the most vulnerable.



## 2. Evolution of Covid-19 and actions taken in Chile

### 4) Health response

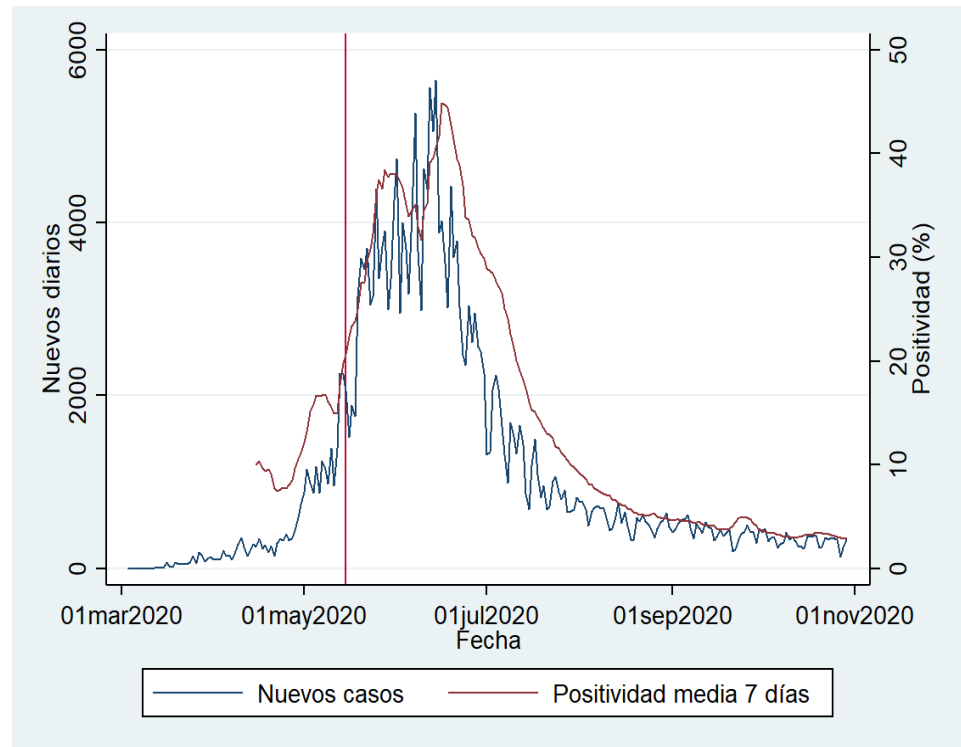
- Gradual and early Increase in testing, labs., beds, ventilators.
- Late increase in tracers.
- Low use of sanitary residences



Source: own elaboration.

### 3. Lessons and final comments

- Integral response is needed
- Sustained decrease in cases after massive quarantine but not immediately after.
- It coincides with implementation and strengthen of TTI measures, economic support and better communication and coordination.



Source: own elaboration.

### 3. Lessons and final comments

- Plan to face emergencies like this one.
- Early and sufficient economic support:
  - Specially for the informal sector and the most vulnerable to help compliance.
- Health response:
  - Testing, tracking and isolation should start earlier. Incorporation of primary care and private providers in the strategy.
  - Better use of sanitary residences (for people unable to self isolate).
  - Innovation in the delivery of healthcare (telemedicine, mobile clinics, delivery of medicines) for other illnesses.
- Management (communication and coordination):
  - More intra governmental coordination as well as with other institutions.
  - Communication must be improved. Integrating and involving all stakeholders and health related “actors”.

### 3. Lessons and final comments

- Living with Covid-19:
  - Active surveillance (testing riskier groups and places, pool testing), since daily cases reduction in the last month had been very mild.
  - Massive routine testing to address second wave.
- Health system:
  - Increase in health resources (beds, healthcare workers).
  - Address risk factors (obesity, smoking).
  - Integrated and online information system in health.
  - Reform of health system:
    - Already being discussed in Congress, specially for Fonasa (76% of population and important waiting times).
    - Others like separation of functions in health.