Public health impact of Covid-19: Chile

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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.

<table>
<thead>
<tr>
<th>Layers</th>
<th>Description</th>
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</table>
| **Layer 1** | **Mandatory insurance**  
- Executed by Fonasa (1 public insurer) and Isapres (12 private insurers - 6 compete).  
- 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.  
- Regulated by the government.  
- Supervised by Superintendence of Health. |
| **Layer 2** | **Voluntary insurances**  
- Executed by private insurance companies.  
- Coverage: copayments of mandatory insurance, catastrophic expenses (after a deductible), assistance in medical facilities, other benefits.  
- Regulated as any other insurance company.  
- Supervised by Superintendence of Securities and Financial Services. |

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).

**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 Bismark).**
- 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**

Source: OECD
2. Evolution of Covid-19 and actions taken in Chile

- Rapid increase from May onwards with a peak in June
- Uniform behave 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 were full.

**Source:** own elaboration.
2. Evolution of Covid-19 and actions taken in Chile

- Social and economic impact.

### Mental health

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>18-34 years</th>
<th>35-64 years</th>
<th>65+ years</th>
<th>Income level</th>
</tr>
</thead>
<tbody>
<tr>
<td>% with serious psychological stress</td>
<td>15</td>
<td>9</td>
<td>12</td>
<td>17</td>
<td>18</td>
</tr>
</tbody>
</table>

Source: INE (2020).

Source: Bicentenario 2020 (July).
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

Source: own elaboration.
2. Evolution of Covid-19 and actions taken in Chile

2) Economic support

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

Source: own elaboration.
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.