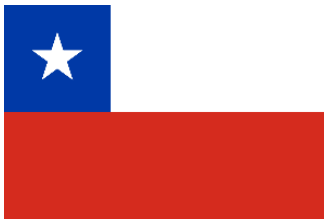

Obesity Health System Country Report Card

Chile

Economic Classification

High income[1]

In 2017, Chile had a 6.8% unemployment rate according to national definitions and coverage[2].

Health System Summary

Since the 1980's, Chile has adopted a mixed public/private health insurance system that together provides universal health coverage. All workers must pay 7% of their income to health insurance but individuals can choose to contribute to the public insurance provided by *Fondo Nacional de Salud* or private insurance provided by In*stituciones de Salud Previsional.* The majority of the population are covered by the former[3]. It should be noted that the two insurances are not identical, there are differences between and within them based on income level.

General taxation and out of pocket expenditure are used to supplement the insurances. Still, out of pocket expenditure remains high (at approximately 38% of total health expenditure), so financial protection is considered to be poor[4][5].

Significant efforts have been made in Chile to tackle high obesity rates but this is not well reflected in the health system. Some work has been is being done in terms of prevention and promotion of lifestyle changes, but access to obesity treatment is generally poor in both the public and private system.

Overall summary

Where your country's government in the journey towards defining 'Obesity as a disease'? (🟢: Defined as disease, 🟠: Partial, 🔴: No, ⚪: Not known)	🟠
Where is your country's healthcare provider in the journey towards defining 'Obesity as a disease'? (🟢: Defined as disease, 🟠: Partial, 🔴: No, ⚪: Not known)	🔴
Is obesity treatment largely covered by government funding, insurance or out of pocket expense? This indicates how the obesity treatment financing mechanisms facilitate equitable access to care.	⚪

[1] World Bank economic classification by GNI per capita (June 2018) https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups (last accessed 09.11.2018)

[2] https://www.un.org/development/desa/dpad/wp-content/uploads/sites/45/WESP2018_Annex.pdf (last accessed 08.11.2018)

[3] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5433787/#fnb (last accessed 08.11.2018)

[4] https://www.sciencedirect.com/science/article/pii/S0168851017300568?via%3Dihub (last accessed 08.11.2018)

[5] https://www.paho.org/salud-en-las-americas-2017/?p=2518 (last accessed 09.11.2018)

(🟢: Government, 🟠: Insurance, 🔴: Out of pocket expense, ⚪: Not known)	
At what level of obesity are people usually eligible to access healthcare? (🟢: BMI ≥30, 🟠: ≥ 35, 🔴: ≥35 + co-morbidities or ≥ 40 kg/m², ⚪: not defined or not known)	
Is there a system for training health professionals to recognise, treat and manage obesity? (🟢: Yes, 🟠 : Partial, 🔴: No, ⚪: Not known)	
Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas (e.g. endocrinologists, bariatric surgeons)? (🟢: Yes, 🟠 : Partial, 🔴: No, ⚪: Not known)	
Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas (e.g. endocrinologists, bariatric surgeons)? (🟢: Yes, 🟠 : Partial, 🔴: No, ⚪: Not known)	
Have any fiscal measures have been put in place to protect/assist/inform the population around obesity? (🟢: Yes ,🟠 : Partial, 🔴: No, ⚪: Not known)	
Has any government body published any obesity-related treatment recommendations or guidelines for adults? (🟢: Yes, 🟠: Partial, 🔴: No, ⚪: Not known)	
Has any government body published any obesity-related treatment recommendations or guidelines for children? (🟢: Yes, 🟠: Partial, 🔴: No, ⚪: Not known)	

Findings from stakeholders[6]

Overview of stakeholder feedback

Stakeholders acknowledge that Chile has adopted and implemented a range of initiatives and laws to tackle obesity (particularly childhood obesity). The following were highlighted: advertisement and labelling of foods and restricted access to children in schools. In this respect, stakeholders considered the government to be on their way to defining obesity as a disease.

However, stakeholders also recognised that the availability and financing of obesity treatment is poor in both the public and private system. Obesity treatment was considered to be better provided for in the private system as other ailments took priority in the public system and there were better trained professionals in the private system. It was suggested that those with obesity would become eligible for pharmacological treatment when their BMI was above 27-30 kg/m², with people entering the system via primary care in the public system and by going straight to a specialist in the private system. Long waiting lists in the public system were noted as a reason for people falling out of the system.

[6] Note that this section is based on interviews and/or survey returns from 3 stakeholders.

The majority stakeholders noted that there are no guidelines or recommendations for obesity treatment for adults nor children, and obesity did not feature heavily in any non-communicable disease strategies. They also highlighted that there are limited to no specialist obesity training available for health professionals, with SCOPE seemingly the only notable option. The availability of suitably trained, qualified professions was therefore considered limited in urban areas but worse in rural areas.

One particular programme highlighted by a stakeholder was the *Elige Vivir Sano* (i.e., Choose Healthy Living) programme".

Top barriers to be obesity treatment

Stakeholders believed the following to be the top barriers to obesity treatment in Chile[7]:

1. Coverage of treatment by private and public insurance
2. Lack of training/awareness of physicians
3. Short time in general medical practice
4. Inadequate public education on nutrition
5. Lack of education programmes in schools
6. Easy access to fast food and big portion sizes
7. Sedentarism
8. Long working days
9. Lack of space for sports and design of cities

[7] In no particular order