Committee: World Health Organization

Country: Chile

Delegate: Kaitlyn Poluzzi

Until the 1980s, Chile's health system was predominantly publicly funded, and health care publicly delivered, though eventually higher-income public-system patients could use vouchers to cover some costs of private care. The system was highly effective by Latin American standards; it significantly improved communicable disease rates, nutrition, and maternal and child health, and Chile's health status was among the best in the region. The infant mortality rate, which had been 136 per 1000 live births in 1950, dropped to 33 per 1000 live births by 1980, and the prevalence of malnutrition among children under 6 years of age declined from 37% to 11.5%.(1) In 1990, after 17 years of dictatorship, the Republic of Chile started rebuilding its political system with a focus on improving social conditions and health care access.

Chile has maintained a dual health care system under which its citizens can voluntarily opt for coverage by either the public National Health Insurance Fund or any of the country's private health insurance companies. Currently, 68% of the population is covered by the public fund and 18% by private companies. The remaining 14% is covered by other not-for-profit agencies or has no specific coverage. Chilean nationals and residents have access to public healthcare through the government-run Fondo Nacional de Salud (FONASA) scheme with additional cover via privately run health insurers. (2) The healthcare systems in the Republic of Chile also focus on combating non-communicable diseases. Noncommunicable diseases, in particular, cannot be addressed effectively without action on social determinants of health and obesity provides a good example for this. Since 1980, obesity rates have more than doubled in the world. This is due to an increased intake of energy-dense foods that are high in fat, salt and sugars but low in vitamins, minerals and other micronutrients.(3) Emphasis on this issue has been put in place with several initiatives, one of the most recent being the so-called 13 Pasos hacia la equidad (13 steps to equity), that ran between 2008 and 2010. Another significant project inspired by the Commission on the Social Determinants of Health is, Chile Crece Contigo (Chile Grows with You), an initiative launched in 2007 by former president Michelle Bachelet. Its goal is to provide services to children and pregnant women through the public health facility network. This initiative goes beyond the scope of many public health programs in that it takes an integrated approach by including home visits, education groups on parenting skills and child development, child care, health care, counselling and referral services. (4)

The Republic of Chile proposes a three part plan, which will include equal opportunities for healthcare, and methods of implementing and informing individuals with needed medical assistance. The first part of the plan will reassure the right of every human being to the enjoyment of the highest attainable standard of physical and mental health, without distinction as to race, gender, religion, political belief, economic or social condition, and the right of everyone to a standard of living adequate for the health and well-being of oneself and one’s family, including food, clothing, housing and medical care. Secondly, the plan will recognize the important role of national and subnational legislative and executive bodies, as applicable, in further reforms of health financing systems with a view to moving towards universal health coverage. Finally, the last portion of the plan would to implement informational health related classes and programs to countries in need of spreading awareness about non-communicable and communicable diseases. This portion of the plan can be funded by the help of NGOs.

Resources

1. Jimenez J, Romero MI. Reducing infant mortality in Chile: success in two phases. Health Aff (Millwood) 2007;26:458-465
2. <http://www.expatarrivals.com/chile/healthcare-in-chile>
3. <http://www.who.int/bulletin/volumes/89/10/11-094870/en/>
4. <http://www.who.int/bulletin/volumes/89/10/11-041011/en/>