

Executive summary

Health at a Glance: Latin America and the Caribbean 2023 provides a cross-country assessment of national health systems performance in 33 Latin America and the Caribbean (LAC) countries with a comprehensive set of indicators on health and healthcare, and in-depth analyses in two special thematic chapters.

The first thematic chapter analyses the impact of the COVID-19 pandemic on LAC healthcare systems, and the second one focuses on climate change and health. While these two topics are different, together they illustrate a common thread: the vital importance of health systems resilience. With the hindsight of three years since the beginning of the pandemic and as countries emerge out of the crisis, COVID-19 has revealed the human, social, and economic costs that major health shocks can cause when health systems are not resilient enough. Looking towards the future, the ongoing climate change crisis has created major threats to natural environments and societies, with the potential for massive disruption to health systems which need to prepare accordingly.

As it is customary in the *Health at a Glance* series, the remaining seven data chapters in the report present health and health systems indicators across the LAC region. The main facts and findings of this publication, summarised below, highlight the urgency of addressing the structural challenges to health in LAC and the need to prepare health systems better to face emerging threats.

COVID-19 was tragic for LAC, but the loss of life would have been even higher in the absence of wide-scale public health measures and strong population adherence to preventive measures

- Combining 2020 and 2021, there were 2.3 million estimated excess deaths in LAC (the difference between expected and estimated deaths from all causes), representing 15% of the global excess deaths in a region that has 8.5% of the world's population. The excess mortality rate per 100 000 population in LAC for this period was of 174, higher than the OECD average of 114.
- Most excess deaths in LAC occurred among men (60% of the total) and people aged 60 or older (75%). Argentina, Venezuela, Chile, Cuba, Costa Rica, Panama, Uruguay, Jamaica, and Trinidad and Tobago had lower excess mortality, averaging 34% fewer excess deaths than the OECD average. Peru, Bolivia, Mexico, Ecuador, Saint Vincent and the Grenadines, and Guyana had high mortality, totalling 48% of the excess deaths in LAC while accounting for 29% of its population.
- Most countries with low excess deaths increased or maintained the strictness of their containment measures from 2020 to 2021. Countries with low excess deaths led the region in COVID-19 vaccination coverage by the third quarter of 2021, with coverage rates above 25%. On average, 80% of the LAC population accepted vaccination in 2021, and 78% of the population reported using a facemask all or most of the time when in public in mid-2020.

The severity of climate-related threats to health is growing faster than the capacity of LAC health systems to mitigate and adapt to a changing climate

- Yearly deaths of adults aged 65 and over attributable to heat exposure in LAC increased on average by almost 240% from 2000-04 to 2017-21. Between 2012 and 2021, the basic reproduction number (R0) for dengue increased by between 0.32 and 0.46, depending on the mosquito species, compared to the 1951-60 baseline.
- Only seven out of 25 LAC countries reported having ever conducted climate change and health vulnerability and adaptation assessments, which are vital for collecting and analysing data, conducting continuous situational analyses, and informing adequate action plans needed to build climate-resilient health systems.
- Climate-informed health early warning systems are essential tools for anticipating and preparing for climate hazards affecting health, but only four of 23 LAC countries reported having an early warning system in place for heat-related illness.

Under-resourced healthcare systems amplified the challenge of COVID-19, with severe health workforce shortages creating a bottleneck in healthcare delivery during the pandemic

- On average, in 14 LAC countries during 2020, 16% of urban households and 21% of rural households could not access any type of healthcare services when needed. In Ecuador, Peru, and Bolivia, these percentages were above 27% for urban households and reached 40% for rural households in Peru.
- There are, on average, two physicians per 1 000 people in LAC. Only Cuba, Uruguay, Trinidad and Tobago, and Argentina are above the OECD average of 3.5. Similarly, LAC has on average 3.6 nurses per 1 000 people, while the OECD average is 10.3.
- LAC countries have on average: 4.2 dentists per 10 000 people, below the OECD average of 7.2; 3.4 pharmacists per 10 000 people, lower than the OECD average of 8.8; and 4.4 community health workers per 10 000 people.

Quality of care was deeply disrupted by the pandemic, compounding a long-term dearth of data on quality of care

- In 2021, only 11 LAC countries complied with the minimum recommended immunisation level of DTP (90%), and only nine countries did so for measles. The average coverage was 82% and 83% for DTP and measles, respectively.
- The average five-year survival rate of lung cancer in LAC is 13.3% for patients diagnosed between 2010 and 2014, compared to 17.1% in the OECD. The LAC average five-year survival rate for stomach cancer stands at 23.7%, also below the OECD average of 29.6%.
- Age-sex standardised in-hospital case fatality of acute myocardial infarction within 30 days of admission was reported as low in Colombia (5.6%) and is highest in Mexico (27.5%) in the five countries that provided data. However, greater efforts are needed to develop appropriate health system information infrastructure and monitor care quality of care systematically.

Long-term improvement in life expectancy in LAC remains unequally distributed, and maternal and child health is much worse than the OECD average

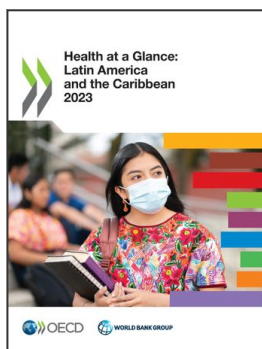
- Despite COVID-19, life expectancy in LAC reached 75.1 years in 2021, an increase of 4 years since 2000, but below the OECD average of 80.4. Women have 5.5 years longer life expectancy than men, where 83.7% of new-born females are expected to live to age 65, and 74.2% of new-born males are expected to live as long.
- Highest life expectancies are in Chile (81.0 years for men and 83.8 for women) and Costa Rica (80.8 for men and 83.3 for women), both above the OECD average, while lowest life expectancies are in Haiti (64.3 for men and 66.5 for women) and Guyana (70.0 for men and 73.2 for women).
- Between 2000 and 2020, the average infant mortality rate has fallen by 38% from 24.2 to 15 per 1 000 live births in LAC but remains 2.7 times higher than the OECD average. The average maternal mortality ratio in the region was 97 deaths per 100 000 live births in 2020, 10 times higher than the OECD average.

Overweight, obesity, and rapid population ageing are driving a fast epidemiological transition towards non-communicable diseases

- Overweight is one of the most pressing health risk factors in LAC. The average body mass index increased between 2000 and 2017, reaching 26.9 for both men and 28.3 for women, above the threshold of 25 for overweight and approaching the obesity threshold of 30.
- The share of the population above 65 years old is expected to more than double by 2050, reaching over 18% of the LAC population. This is significantly lower than the 27.7% expected among OECD countries on average but ageing in the LAC region will dramatically affect healthcare. The share of older population will be particularly large in Barbados, Chile and Cuba, surpassing 25% in 2050.
- Non-communicable diseases were the most common cause of death in LAC, being responsible for almost 77% of all deaths. Cardiovascular diseases are the leading cause of death, with 218 deaths per 100 000 population in 2020, 61% higher than the OECD average. Cancer mortality has decreased in LAC by 2.3% since 2000, but not as fast as the 15.4% decrease observed in the OECD on average.

While health expenditure relative to GDP has increased in LAC, it remains insufficient and relies excessively on private spending

- Between 2010 and 2019, health expenditure per person in LAC grew faster than the average economic growth. On average, health spending grew 4.9% per year, while gross domestic product (GDP) grew 3.1% yearly. However, average health spending in LAC (USD PPP 1 155 per capita) still lags far behind the average level of spending of the OECD (USD PPP 3 999 per capita). As a share of GDP, health spending accounted for 6.9% in LAC on average in 2019, compared to 8.5% on average in OECD countries.
- Government and compulsory health insurance represented 57% of current expenditure on health in LAC in 2019, far below the average 74% in the OECD. Voluntary payment schemes reached 11% of health expenditure in 2019 compared to 6% on average in the OECD.
- On average, 32.4% of health spending in LAC was paid out-of-pocket in 2019, well above the OECD average of 20%. While most LAC countries decreased the share of out-of-pocket health spending between 2010 and 2019, approximately 1.7% of the population became poor because of it, and 12.7% of the population was pushed further below the poverty line.



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