

Executive summary

Health at a Glance: Latin America and the Caribbean 2020 presents key indicators, collected before the onset of COVID-19 crisis, on health and health systems in 33 Latin America and the Caribbean (LAC) countries, including on equity, health status, determinants of health, health care resources and utilisation, health expenditure and financing, and quality of care.

Overall population health status has improved, but progress remains unequal across and within countries

- Life expectancy in LAC increased by almost four years between 2000 and 2017. Given these trends, the share of the population above 65 and 80 years old is expected to reach over 18% and 5%, respectively, by 2050.
- Infant mortality fell by 35% and under age 5 mortality has declined by 46% between 2000 and 2017. However, countries such as Venezuela and Grenada experienced increases in both indicators.
- Maternal mortality has been reduced by 26% between 2000 and 2017, a lower reduction than the 40% in the OECD. In five countries, maternal mortality has increased in the same period (Saint Lucia, Dominican Republic, Haiti, Venezuela and Jamaica).

Improvements in non-communicable diseases outcomes have been slower in LAC than in OECD countries, while communicable diseases and injuries persist as relevant health issues

- Cardiovascular diseases and cancers were responsible for over 82% of all deaths, while 10% was due to communicable diseases, maternal and perinatal illness, and 8% due to injuries. Interpersonal violence was the type of injury with the largest growth, having increased by 33% between 1990 and 2017.
- Deaths attributable to high blood glucose between 2010 and 2019 increased by 8% in LAC while it decreased by 14% in the OECD, although still with higher rates in the latter. The prevalence of both diabetes and mortality attributable to high blood glucose are higher than the LAC average in Antigua and Barbuda, Barbados, Belize, Brazil, Guyana, Jamaica, Saint Lucia, Saint Vincent and the Grenadines, Suriname and Trinidad and Tobago.
- Tuberculosis incidence has been reduced by 10% between 2000 and 2018; nevertheless, in 12 out of 33 countries it has either maintained or increased in the period. The largest increase was observed in Grenada and El Salvador (over 100%) followed by Suriname and Uruguay (over 50%).
- Between 2010 and 2018, HIV incidence has increased in five countries in the region: Chile, Brazil, Costa Rica, Bolivia and Uruguay, but they remain below the regional HIV prevalence average. The

region stands at 55% of antiretroviral coverage among people living with HIV, substantially below the goal of 90%.

Smoking, alcohol drinking and especially overweight are critical risk factors for poor health in LAC

- Overweight is one of the most relevant risk factors for health in LAC, representing a high burden in the present and for the future. Overweight is present in almost 8% of children under age 5, 28% of adolescents, and in over 53% of adult men and more than 61% of adult women.
- Regarding unhealthy behaviours, 35% of the adult population do not engage in enough physical activity; daily consumption of fruit and vegetables is under the recommended 400 grammes per person per day in all countries; and sugar consumption is much higher than the recommended 50-grammes per person per day, which is surpassed simply by considering the intake of sweetened beverages.
- Nearly one in four men and close to one out of ten women aged 15 and above smoke daily, both slightly lower than the OECD average. Among adolescents aged between 13 and 15 years old, tobacco use prevalence for men was 15% and almost 12% for women.
- Although average alcohol consumption in LAC is lower than in the OECD, it has increased by 3% between 2010 and 2016. Among people who drink, one in two men and one in five women declared to have had a heavy drinking episode in the last 30 days. Almost 35% and 22% of road traffic accidents among men and women, respectively, are attributable to alcohol.
- In 2017, on average one out of four people living in rural areas and one out of eight people living in urban areas lacked access to basic sanitation. However, rural and urban basic sanitation can be lower than 50% in some countries.

Quality of care is the missing link in the unrealised promise of universal health coverage in LAC

- Twelve out of the 33 LAC countries fall short of attaining the minimum immunisation levels recommended by the WHO to prevent the spread of diphtheria, tetanus and pertussis (90%) and 21 out of 33 fail to meet this target for measles (95%).
- In terms of acute care in hospitals, according to data from six LAC countries, the case-fatality rate for acute myocardial infarction was 54% higher than in the OECD, while for ischemic stroke was 50% higher.
- Survival rates for cancer reflect quality of preventive and curative care. Among six LAC countries with data, women with early diagnosis for breast cancer had a 78% probability of surviving at least five years, while for colon cancer it was 52% and for rectum cancer it was 46%, all lower than the 85%, 62% and 61% survival respectively in OECD countries. Cervical cancer survival in LAC was 60%.

While health expenditure has grown in LAC, it remains well below that of OECD countries and it is more dependent on private spending

- Between 2010 and 2017, health expenditures per person have outpaced economic growth in LAC. On average, health spending grew 3.6% per year, while gross domestic product (GDP) grew 3% per year. However, spending on health was about USD 1 000 per person in LAC, one fourth of what was spent in OECD countries (adjusted for purchasing power). As a share of GDP, this accounted for 6.6% of in LAC in 2017 and 8.8% in OECD countries in 2018.

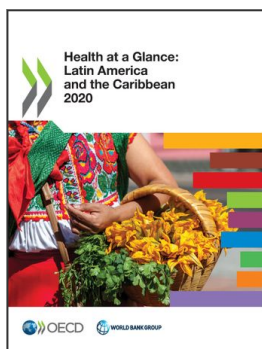
- Government and compulsory health insurance represented an average of 54.3% of current expenditure on health in LAC in 2017, lower than 73.6% in the OECD in 2018. The remaining are covered by voluntary private insurance and out-of-pocket expenditures by households.
- In the LAC region, 34% of all health spending is paid out-of-pocket, well above the OECD average of 21%, and progress in reducing it has been slow, only by 1.5 percentage points between 2010 and 2017.
- Nearly 8% of the population in 16 LAC countries spend more than 10% of their household consumption or income in health. Furthermore, 1.7% of the population of 15 LAC countries is pushed below the poverty line due to out-of-pocket health care expenditures compared to 1.2% in OECD countries.

Poor allocation of health spending is slowing down if not halting the path towards universal health coverage in LAC

- The average of caesarean section rates among 27 LAC countries is 32 per 100 live births, above the OECD average of 28, and twice as high as WHO's recommendation of no more than 15.
- Antibiotics are often used inappropriately in LAC countries, which does not add benefits to many patients and causes harm in the form of antimicrobial resistance. Brazil, Bolivia and Paraguay consume more antibiotics per capita than the OECD average.
- Health technology assessment is a tool that ensures that public financing is prioritised and made available for those drugs, devices and procedures that have demonstrated effect in improving health and other outcomes. However, only 5 out of 21 LAC countries report to use it systematically to make coverage decisions and none report to use it for reimbursement purposes.
- Health systems fragmentation in LAC is a key source of waste, given that most countries have subsystems with duplicate functions of governance, financing and services provision.
- Weak health information systems contribute to a lower understanding of public expenditure and the results that are being obtained. Across 22 LAC countries, an average of 10% of all deaths are never reported in public mortality databases.
- Forty two percent of the people across 12 LAC countries considers the health sector to be corrupt, higher than the 34% in 28 OECD countries. Moreover, bribery rates in public health centres reaches 11% across 18 LAC countries.

Bottlenecks of human and physical resources prevent an effective response to people's health care needs

- LAC has an average of two doctors per 1 000 population, and most countries stand below the OECD average of 3.5. The region has less than three nurses per 1 000 population, three times lower than the OECD average of almost nine.
- The average number of hospital beds in LAC is 2.1 per 1 000 population. In LAC, only Argentina, Barbados, and Cuba have more hospital beds than the OECD average of 4.7.
- The LAC region has a much lower availability of medical technologies than the OECD: more than three times less of computed tomography scanners; more than five times less of MRI units; almost half less of mammography units; and more than five times less of radiotherapy units.
- Resources for mental health care are scarce. The availability of psychiatrists is almost five times lower than in the OECD, while the availability of nurses and beds for mental health care are around three times lower.



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