

**MEMO EX PRESIDENT MICHELLE BACHELET JERIA**  
**INTERAMERICAN CONGRESS OF CARDIOLOGY**

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I want to thank the InterAmerican Heart Foundation for the “Science of Peace Award” that they’ve presented me. It is an award that encourages me to continue working with strength and conviction to better everyone’s health.

Secondly, I want to express my appreciation for inviting me to present at the InterAmerican Congress of Cardiology, a space where we can share experiences and challenges that we have as a country and a continent regarding non-communicable diseases.

As you probably know, at this time I am a candidate for President of Chile, and campaign activities kept me from being there with you all personally. But I am also speaking as the ex-President of Chile and the ex-Minister of Health. I have had the opportunity to fully understand the reality of health in my country, and in the region, which allows me to lay out some challenges from a broader perspective.

I wanted to talk to you from my position as a doctor and a public health worker for many years. And I am doing it from the deep conviction that has stayed with me throughout my professional and political development: in order for a country to develop, it should boast a strong public health foundation. And so that there are no ambiguities: I understand development as the way of overcoming the enormous underlying inequality in my country and in many countries in the region; this huge obstacle hinders benefits of progress from reaching everyone.

All of us here know that in the area of health these differences can end up being profound. And for this reason I am convinced that the battle that we should fight is to rescue health as a right. It is the State’s duty to guarantee a chance at having this right through quality, opportunity and financial protection.

In Chile this conviction is backed up by more than 65 years of organizing our healthcare services based on three priorities: 1) improve the health situation for everyone 2) respond to the citizens' expectations and 3) avoid financial catastrophes derived from excessive out of pocket costs for healthcare. On a journey that hasn't been without frustrations, today we can see better results than those in countries that, even when spending more, haven't prioritized this way.

We have known how to make health policies real policies of the State that go beyond governmental terms. It has allowed us to evaluate achievements over time and make changes as necessary.

With the panorama of challenges that we are facing today as a country and as a region, we shouldn't forget past experiences. Hence the great importance of meetings like this, not only to share lessons learned, but also to build common agendas that allow us to progress collectively.

The High-Level meeting of the United Nations on non-communicable diseases (New York, September 2011) allowed all of the participating countries to put public health concerns on their agenda in order to address chronic illnesses: combat risky behaviors such as tobacco, unhealthy diets, physical inactivity and abusive alcohol consumption.

**And we have moved from a paradigm of blaming patients and making them responsible for these risky habits to a new perception: understanding risk factors that lead to illness.**

Beyond specific treatment for the health problem, or actions to prevent these risks, we should concern ourselves with the form in which modern life is structured. This is not limited to socioeconomic factors. We should also consider working conditions, self-esteem, alexithymia, the ability to resolve problems that one has, and more.

And that is where we should put the State's focus.

We can no longer work exclusively with healthcare. We should propel comprehensive and transversal programs. We should also consider the life

cycle of people in the design and implementation of policies, beginning with infancy and considering through old age.

And this was exactly the perspective that we adopted during my government.

We created a Social Protection network that allowed us to put together policies from diverse public key players. That is how we confronted the inequality that, as we all know, in itself is a health risk factor, from newborns to the elderly.

I am still convinced that we chose the correct path. Non-communicable diseases are the biggest threat to health and human development, causing the greatest number of deaths and disabilities worldwide. 3 out of every 5 deaths in the world is caused by this type of illness. I am talking about the 4 main diseases: cardiovascular diseases, cancer, chronic pulmonary illness and diabetes<sup>1</sup>.

In addition to mortality, we must add the socioeconomic damage that chronic diseases cause for countries, especially developing countries.

A key piece of information: almost 80% of deaths caused by chronic illness happen in low- and middle- income countries. Moreover: within countries, there is a higher percentage of these deaths in those sectors of the population with the lowest income.

**So how is it not going to be a ‘do or die’ topic in our countries to introduce better equality in all public policies!**

**And allow me to speak to you about the case I know best: that of my country.**

Chile is a country that has a medium-high income. In 2008, it was determined that chronic illnesses caused 83% of the total deaths, which is consistent with global figures. Within this total, cardiovascular diseases represent a lower

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<sup>1</sup>WHO 2008

percentage (30%) than the global average (48%); the same as with respiratory diseases<sup>2</sup>. With regards to cancer and diabetes, the figures are similar.

In order to continuously reduce these numbers, the Chilean healthcare system prioritized confronting the most prevalent illnesses and to fortifying the entire network. **It considers a system of explicit guarantees that assure timely and quality attention, as well as financial protection. And it includes hypertension and diabetes programs through primary health care.**

**In terms of prevention,** we have developed local plans to promote health and specific strategies concerning healthy eating and the fight against obesity, both in healthcare facilities and public education establishments. In addition, in 2009 we created the National Food Safety Agency which allows us to advance institutionally in food control in order to protect the health and safety of citizens.

**We have also supported legal initiatives** against tobacco consumption and strict regulations on Nutritional Information and advertising unhealthy foodstuffs.

**In terms of diagnosis,** we rely on the National Health Survey (2000 and 2009) and the Quality of Life Survey (2000 and 2006), that have allowed us to monitor happenings and provides us with evidence that supports regulatory interventions and special programs to combat the damages that we hope to prevent.

We have, of course, important challenges with respect to the treatment of chronic illnesses. Among them, strengthen the investments in infrastructure and equipment with better technology, as well as to guarantee that medications are received, which is what we are proposing for the next Government term. We should also train more specialists and retain them in the public health system, which tends to 80% of Chile's population.

**But we know that, despite these efforts, there is still a lot to be done.**

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<sup>2</sup>WHONCDDCountry profiles. 2011

**According to the latest National Health Survey (2009), chronic illnesses in Chile are the main health problem. And the most worrisome: there is a higher level of prevalence among women with lower levels of schooling and in rural areas.**

In other words, the differentiated and unjust results in health isn't only explained by socioeconomic divides, but also with gender inequality.

**And this is an aspect that I would like to speak more about.**

Gender differences are strongly expressed in three topics:

- Teen pregnancy
- Mental health
- Malnutrition

Teen pregnancy occurs most frequently in girls from the lowest socioeconomic classes. Among girls between 15 and 17 years of age who belong to the lowest income quintile, modern contraceptive<sup>3</sup> usage is just under 40%, while for the highest quintile that usage exceeds 70%. This affects the mental health and self-esteem of women, as well as their educational, occupational and family development possibilities. In other words, in many cases it interferes with their personal development as a whole, thus affecting their state of health.

But not all news is disheartening! Chile has the lowest maternal death rate in Latin America and the Caribbean. **This is the result of uninterrupted public policies in place for more than five decades, which include high levels of primary care coverage with professional child delivery services and complementary nutrition programs.**

However, there is still an enormous deficiency in women's pre-conception and post reproductive stage health. It's a pending task. We should reevaluate the Woman's Program, taking into account the complete life cycle, comprehensive health and the changes that have occurred regarding women's

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<sup>3</sup>Birth control pills, IUD and sterilization. Source: CEPAL 2006 (Procesamiento especial II Encuesta de Calidad de Vida).

role in society. I want to say that despite heightened rates of participation in the labor force in our country today- and it is the lowest in Latin America- women continue to be responsible for domestic housework and responsibilities and caring for children, the elderly and the ill. This makes women more prone to chronic stress, mental health illness and depression.

**I want to add another factor, one that is especially worrisome in Chile. The socio-economic gaps, as well as the gender differences that I mentioned, have an impact on another condition of risk: I'm referring to malnutrition.**

In many Latin American countries nutritional risks are still a predominate contributor to the health of many young and adolescent girls. In other countries, like Chile, malnutrition comes in the form of girls being overweight or obese. This has resulted in an increase in metabolic illnesses that bring with them a long list of non-communicable diseases, like diabetes and hypertension.

The prevalence of overweight and obese adolescents is 30.3% and 25.1%, respectively. There is one figure that reminds us that fighting obesity is an enormous job to be tackled: today in Chile one person dies every hour from the sequelae of obesity.

We are entirely aware of the numerous challenges that continue to affect our society in terms of health. Our position insists that we take a multisectoral look at the entire life cycle of a person. One of the programs that best captures this perspective is the "Chile Grows with You" Program that we bolstered during my government and that involves comprehensive intervention directed at early childhood.

Why? Because evidence shows that there are 1,000 critical days for human development and that they are also crucial for determining predisposition to chronic illnesses (pregnancy and the first 2 years). This is the reason our intervention focuses on:

- Promoting breastfeeding
- Healthy nutrition

- Steadily increase weight gain during pregnancy
- Physical activity stimulation

Our goal today is to continue to increase investments in the first 6 years of life. We now know the positive impact that comprehensive interventions during the beginning stages of development have on the future health conditions of a population.

Lastly, it is the stage of life where we can act directly upon the psychological determinants that influence the main risk factors for non-communicable diseases, like physical activity and a balanced diet.

If I mentioned this case, it's because I believe that it clearly shows us where we can confront the roots of inequality in our countries. Non-communicable diseases are a visible face, one of many, of the negative consequences of inequality.

We don't have the right to forget that what is at risk is the health and life of our countries. We have the imperative ethical responsibility to act with a broad vision on these needs from the position or role that each of us plays in the future of health in the region.

Thank you.