Background: The Chilean health reform aimed to expand universal health coverage (UHC) with equity. Aim: To analyze progress in health system affiliation, attended health needs (health visit for a recent problem) and direct payment for services, between 2000 and 2011. Material and Methods: We evaluated these outcomes for adults aged 20 years or older, analyzing databases of five National Socioeconomic Characterization Surveys. Using logistic regression models for no affiliation and unattended needs, we estimated odds ratios (OR) and prevalences, adjusted for socio-demographic characteristics. Results: The unaffiliated population decreased from 11.0% (95% confidence interval (CI) 10.6-11.4) in 2000 to 3.0% (95% CI 2.8-3.2) in 2011. According to the model, self-employed workers had a higher adjusted prevalence of no affiliation: 27.4% (95% CI 24.1-30.6) in 2000 and 7.8% (95% CI: 5.9-9.7) in 2011. The level of unmet needs decreased from 33.5% (95% CI 31.8-35.1) to 9.1% (95% CI 8.1-10.1) in