ECUADOR

Ecuador is a Constitution-governed state with a population of 14,666,000, of which 67% live in urban areas. The demographic density is 52.3 inhabitants per square kilometer. The country is a multi-ethnic and pluricultural nation, comprised of first-nation peoples, Afrodescendants, back-country people of inland coastal areas (montanitos), mestizos and whites. Since 2007, when the administration of President Rafael Correa came into office, political and financial stability is being consolidated, with capacity building of the State in key sectors of the economy. There is a new breakdown of the country's territory, with seven zones/regions, aimed at promoting decentralization and empowering local governments.

HEALTH & DEVELOPMENT

Over the past four years, US$4.9 billion have been invested in the social sector, with US$4.7 billion in 2010. Implementation of the Ministry of Public Health's budget, which as of October 2010 amounted to US$705.8 million, accounts for 56.7% of the US$1,243,700,000 allocated from the general budget of the State. In terms of social security, major strides have been undertaken, such as the establishment of the Guaranteed Set of Services (Conjunto Garantizado de Prestaciones—CGP), which is the main support of the Right to Health System and which was drawn up on the basis of a list of priority health conditions. The health system is fragmented, there is a shortage of human resources, distribution of benefits is inadequate and even coverage is insufficient. The policy of providing services free of charge has led to an increase in welfare pressure on services.

In 2008, the primary causes of death were: diabetes mellitus (25.4 per 10,000), cerebrovascular disease (2.47) and hypertensive heart disease (23.7), pneumonia (23.1) and ischemic heart disease (20.0), land traffic accidents (19.5) and homicides (18.0). The main causes of maternal mortality are hemorrhaging (38%), high blood pressure and eclampsia (26%), and sepsis (21%). The main causes of infant mortality are directly related to neonatal events (disorders stemming from length of pregnancy, low weight at birth, pneumonia, bacterial infections of the newborn, respiratory difficulties of the newborn born).

Chronic malnutrition declined from 31.7% in 1999 to 25.8% in 2006. In urban areas, it declined from 22.3% to 19.2%, whereas in rural areas it fell from 42.8% to 35.5%. Prevalence among the indigenous population is twice the country's overall average.

Regarding communicable diseases, the country has the fourth highest number of tuberculosis (TB) cases in the Americas. In 2008, TB led to 56 deaths per month in the country. The upward trend of the HIV/AIDS epidemic has continued during the first decade of the 21st century, albeit more steeply over the past two years. There has been noteworthy progress in controlling malaria. The sixth Millennium Development Goal (MDG) has been achieved, highlighting the drop from more than 100,000 cases in the preceding decade to less than 3,000 cases in 2010. Ecuador is the second country in the Americas to halt the transmission of onchocerciasis (river blindness). Twenty years have elapsed in the country without any case of polio, 13 years without measles, and 9 without yellow fever. Since 2008, there has been no report of any case of diphtheria, rubella, congenital rubella syndrome or Hib meningitis.

As for noncommunicable diseases, the rise in the prevalence of diabetes mellitus (DM), from 63 to 488 per 100,000 inhabitants, in 1999 and 2009, is noteworthy. Prevalence of high blood pressure rose from 142 per 100,000 inhabitants in 1994 to 1,084 in 2009. Regarding malignant neoplasias, according to Quito's national tumor registry, in 1994, there were 1,084 cancer cases in women and 1,084 in men. In 2007, three locations of cancer in women were the breast, skin and cervix, whereas in men they were the prostate, skin and stomach.

On May 23, 2007, the government transformed the “Barrier-Free Ecuador” Program of the Office of the Vice-President of the Republic into a State policy in response to the neglect of one of the most vulnerable groups of the population. The Manuela Espejo Solidarity Mission conducted the first bio-psycho-social, clinical and genetic study of disabilities in the country, visiting 1,286,331 households. The percentage of persons with disabilities requiring priority services from the government is 2.43%.

The country is highly vulnerable to natural disasters. Weather in the coastal region is variable and is very sensitive to the El Niño Phenomenon. In the Andean region, threats of high rainfall with the landslides and mudflows are compounded by exposure to high winds, earthquakes and tremors, and volcanic eruptions.

<table>
<thead>
<tr>
<th>Total population (2011)</th>
<th>14,666,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Population under-15 (2011)</td>
<td>30</td>
</tr>
<tr>
<td>Population distribution % urban (2011)</td>
<td>67</td>
</tr>
<tr>
<td>Life expectancy at birth</td>
<td>76</td>
</tr>
<tr>
<td>Total Male</td>
<td>73</td>
</tr>
<tr>
<td>Female</td>
<td>79</td>
</tr>
<tr>
<td>Maternal mortality ratio per 100,000 live births (2011)</td>
<td>110</td>
</tr>
<tr>
<td>Under 5 mortality rate per 1,000 live births (2011)</td>
<td>23</td>
</tr>
<tr>
<td>Total expenditure on health as % of GDP (2010)</td>
<td>7.9</td>
</tr>
<tr>
<td>General government expenditure on health as % of general government expenditure (2011)</td>
<td>7.7</td>
</tr>
<tr>
<td>Gross Domestic Product (GDP) per capita US$ (2011)</td>
<td>8,510</td>
</tr>
<tr>
<td>Human Development Index rank out of 186 countries (2012)</td>
<td>89</td>
</tr>
<tr>
<td>Adult (15+) literacy rate (2011)</td>
<td>92</td>
</tr>
<tr>
<td>% population with sustainable access to improved drinking water (2011)</td>
<td>92</td>
</tr>
<tr>
<td>% population with sustainable access to improved sanitation (2011)</td>
<td>93</td>
</tr>
</tbody>
</table>

Sources:
1. World Health Statistics 2013

OPPORTUNITIES

- New Constitution promoting a National Social Inclusion and Equity System and providing the features of a National Health System based on the principles of universality, equity and free-of-charge services.
- There is a National Development Plan, called the 2009-2013 National Plan for the Good Way of Living, whose third goal is to propose intersectoral coordination and human rights and implemented by a comprehensive and integrated protection and service provision system.
- Priority given by the government to social investment by reducing the amounts aimed at paying the country’s debt and increasing social spending, including health.
- The PAHO/WHO team of Ecuador has benefited from managerial, technical and administrative capacity building, governed by results-based management.

CHALLENGES

- Securing a legal framework to facilitate enforcement of the National Health System and to build up the leadership of the National Health Authority.
- Tackling the fragmentation and segmentation of the National Health System to achieve comprehensive public health service networks.
- Setting up and making progress in the implementation of the free-of-charge policy promoted by the government as stipulated by the 2008 Constitution.
- Consolidating the health promotion programs encompassing social and environmental factors.
- Guaranteeing continued progress in controlling communicable diseases.
- Comprehensive approach to tackling chronic noncommunicable diseases and their risk factors using a strategic approach.
- Consolidating the implementation of the 2005 International Health Regulations.
- Enforcement of the law on disabilities in response to the social policy drawn up by national authorities.
PARTNERS

The Technical Secretariat for International Cooperation is in charge of coordinating and monitoring international cooperation in the country. The most important international cooperation players are the United Nations system, including PAHO/WHO; the German Technical Cooperation (GTZ); the Inter-American Development Bank (IDB); the United States Agency for International Development (USAID); the Spanish Agency for International Development Cooperation (AECI); and the Swiss Agency for Development and Cooperation (SDC).

PAHO/WHO STRATEGIC AGENDA

The priorities of PAHO/WHO cooperation with Ecuador, included on the Strategic Agenda for 2010-2014, are as follows:

1. Support for the development of the legal, regulatory and policymaking framework as required by the new Constitution and the National Development Plan, to achieve the goals of universal access to health with a progressive shift to free-of-charge services. A) organic law on the health system and its regulations, b) health career stream; c) food sovereignty law, and d) other laws.

2. Support for the health sector transformation process as the leading vehicle for channeling and coordinating health actions, by means of its components, as well as national, provincial and local participatory processes, in the framework of national, provincial and canton councils, user committees and other entities.

3. Capacity building of Ministry of Public Health administrative and management processes, to develop a horizontal, decentralized, efficient and effective organizational and managerial model contributing to achieving health sector transformation goals.

4. Promotion of the building, development and consolidation of Comprehensive Public Provider Networks in the framework of equity in health, contributing to expanding coverage and facilitating greater access of the population to healthcare services, including services for the disabled, guaranteeing high-quality and humane management and provision of healthcare services, so that users can participate in promoting health and can receive ongoing preventive and curative services, depending on their needs over time and at various levels of the health system, with emphasis on the vulnerable population.

5. Promotion of the development of a new Comprehensive Healthcare Service Model, in the framework of the Renewed Primary Healthcare Strategy, including the Social Determinants of Health approach fostering the horizontal integration of health programs and services, active social participation, and the achievement of health lifestyles and environments to contribute to the achievement of millennium goals and targets, in a framework of inter-culturalism, inter sector coordination, gender equality, decentralization and democracy.

6. Foster, facilitate and participate in aligning the training of human resources with the needs of the Health Sector Transformation process and the development of the new healthcare service model.

7. Development and capacity building of the health sector and other sectors and institutions in environmental risk monitoring, development of healthy spaces, emergency and disaster preparedness, and risk management, with the social determinants of health approach, promoting inter-program, inter-sector and inter-agency coordination work, with the participation of local governments and civil society to improve living, environmental and health conditions and achieving the MDGs.

8. Institutional capacity building to promote, prevent and control communicable and noncommunicable diseases by developing comprehensive programs in the healthcare service model, promoting inter-sector coordination actions, an environmental regulatory framework, health education, and social participation, developing and enforcing the international health regulations, and improving the quality of information.

9. Institutional capacity building to ensure that the gender and intercultural approach becomes a cross-cutting factor for all health sector policies and programs.

ADDITIONAL INFORMATION

WHO country website: http://www.who.int/countries/
Website of the PAHO/WHO Country Website: www.opsecu.org and www.paho.org

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