Ecuador

Ecuador is located on the northwest coast of South America and has a land area of 256,370 km^2. It borders Colombia to its north, Peru to its south and east, and the Pacific Ocean to its west. The Andes mountains define the country's coastal, mountain, and Amazon regions, and the island region consists of the Galápagos archipelago. Quito is the capital city and there are 24 provinces, 226 cantons, and some 1,500 urban and rural parishes. In May 2010 the country underwent a political and administrative reorganization that created seven administrative regions, the Quito and Guayaquil metropolitan districts, and the Special Galápagos Reserve.

In Ecuador, a middle-income country, the urban population accounts for 60.43% of the total population. Racial and ethnic composition of the population is 71.9% mestizo, 6.1% white, 6.8% indigenous, 7.2% afro-Ecuadorian, and 7.4% Montubia.

Life expectancy is 75.4 years (72.5 for men and 78.5 for women). The fertility rate is 2.6 children per woman.

In 2010, unemployment was 5%, with 56.8% underemployment. The basic wage rose from US$ 170 per month in 2007 to US$ 264 in 2011. The emigration phenomenon that began during the last decade has had a significant social and economic impact in terms of remittances, which occupy second place in the balance of payments.

Public health expenditure in 2009 was 2.9% of the gross domestic product (GDP), while national health expenditure was 7%.

Selected basic indicators, Ecuador, 2008–2010.

Indicator	Value
Population 2010 (millions)	14.5
Poverty rate (%) (2009)	36.0
Literacy rate (%) (2009)	84.2
Life expectancy at birth (years) (2010)	75.4
General mortality rate (per 1,000 population) (2009)	5.2
Infant mortality rate (per 1,000 live births) (2010)	14.6
Maternal mortality rate (per 100,000 live births) (2009)	69.7
Physicians per 1,000 population (2008)	1.7
Hospital beds per 1,000 population (2009)	1.5
DPT3 immunization coverage (%) (2010)	100.0
Births attended by trained personnel (%) (2008)	71.4

MAIN ACHIEVEMENTS

Health Determinants and Inequalities

Between 2008 and 2010, poverty declined from 41.7% to 37.13%. Nationally, the proportion of households in extreme poverty declined to 13.4% in 2010, dropping from 10.3% to 7.4% in urban areas and from 42.9% to 34.9% in rural areas.

According to the 2010 census, 79% of the urban population was connected to the public water system, but only 46% of the rural population was. The proportion of households with access to garbage collection services was 77% nationwide and 45% in rural areas.

The Environment and Human Security

Risk management is addressed in the constitution as the right of citizens to be protected from the effects of disasters of natural or human origin. The National Secretariat for Risk Management was created as a platform for intersectoral risk management and coordination.

Health Conditions and Trends

Malaria began to decline in 2003 with the strengthening of the control program and the modernization of patient management. Between 2006 and 2010, the number of malaria cases declined from 8,957 to 1,888, with an incidence of 14 per 100,000 population, which was the lowest rate among the countries of the Amazon basin. If this trend were to continue, Ecuador would eradicate malaria nationwide.

Dengue is endemic in Ecuador. It is seasonal in nature and is most common in coastal provinces, during the rainy season, and where temperatures exceed 28 °C. Cutaneous leishmaniasis occurs in rural areas in 23 of the country's 24 provinces; some 1,500 annual cases are reported (with underreporting in remote areas). Chagas' disease declined from 0.15 per 100,000 population in 2006 to 0.03 in 2010. No cases of yellow fever have been reported since 2002.

There was an increase from 1,070 cases of HIV and 474 of AIDS in 2005 to 3,966 and 1,301 cases in 2010, respectively. However, mortality associated with AIDS has stabilized since 2005 at approximately 700 deaths annually.

Health Policies, the Health System, and Social Protection

The Ministry of Public Health has initiated the "Sectoral Transformation of Health in Ecuador." Its purpose is to build an integrated, coordinated, and collective system that does not require direct payments from users. The system would guarantee equity and universal access, progressively and free, to quality services through a public provider network using a care model that prioritizes health promotion, disease prevention, and primary care.

The Ministry of Health is the main public-sector provider. Other public providers include the Ecuadorian Social Security Institute, Rural Social Security, the Armed

Sectoral Transformation of Health in Ecuador

The National Constitutional Assembly wrote a new constitution that was approved by referendum on 30 September 2008. A development plan titled the 2009–2013 Plan for Healthy Living was drafted, which links policies, management, and public investment as a way to strengthen the plurinational and intercultural nature of the State.

The Ministry of Health has promoted what is called the "Sectoral Transformation of Health in Ecuador" in order to reorganize the sector and build an integrated and universal health system that does not require direct payment by users.

Among the most important achievements in health are (1) the incorporation into the constitution of the right to health, guaranteed by the State within a framework of social inclusion and equity, (2) the increase in the Ministry of Health's budget, and (3) the gradual move toward free health care services, including medicines.

Forces, and the National Police. In 2010, social security benefited some 3.8 million Ecuadorians. Private entities that act as public-sector service providers include the Guayaquil Welfare Council, Guayaquil Child Protection Council, Cancer Prevention Society, and Ecuadorian Red Cross.

The comprehensive health care model carries out its operations using basic health care teams; more than 4,600 personnel were contracted between 2007 and 2010.

The Expanded Program on Immunization (EPI) has a legal framework that guarantees immunization as a public asset. Progress is reflected in 95% coverage for all vaccines.

Efforts are under way to provide free medicines through the development of the Unified System of Drug Management. Regulations on pharmaceuticals have been strengthened by updating procedures for registration and through good manufacturing practices, pharmacovigilance, and control of promotion and publicity. The Commission on Drugs of the National Health Council updated the National List of Essential Medicines and the Therapeutic Registry.

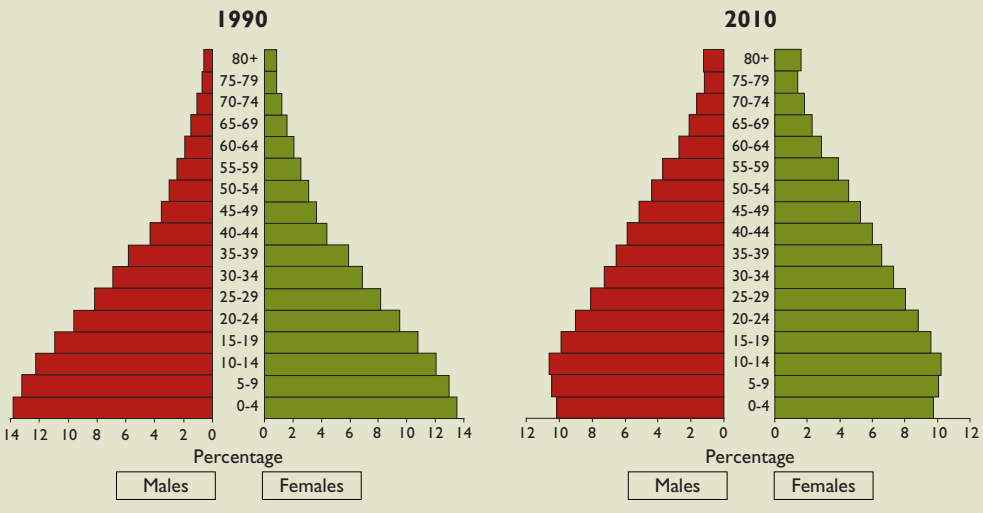
KNOWLEDGE, TECHNOLOGY, AND INFORMATION

The Ministry of Health has redefined health research priorities. The National Secretariat of Higher Education, Science, Technology, and Innovation was established in 2010. Universities have modified the health career curriculum, establishing primary care as a main subject and making scientific research a priority.

In 2007, the Ministry spearheaded a process that set health research priorities. There is now a National Directory of Health Researchers. In 2010 universities in Loja initiated a proposal to build a National Health Research System. The proportion of spending on science and technology in 2008 was 0.62% of GDP (0.37% for the activities and sciences component and 0.25% for research and experimental development).

In 2008, a project was launched to strengthen the health information system and improve vital statistics. Work is under way to implement a plan to strengthen the health information system, which includes the goals, tasks, and targets based on the results of an evaluation carried out in 2009.

Population structure, by age and sex, Ecuador, 1990 and 2010.



MAIN CHALLENGES AND PROSPECTS

Despite the country's progress, significant inequalities persist in Ecuador. In 2010, the provinces of Los Ríos and Manabí had the highest proportion of poor households (59% and 55%, respectively), while Pichincha had the

lowest proportion (13%). The 2010 census revealed that the vast majority of the illiterate population (59%) lives in rural areas.

According to ethnic self-identification, in 2010, white and mestizo populations had greater access to the public water system (81% and 75%, respectively) than indigenous and Montubia populations (49% and 41%, respectively).

Ecuador is vulnerable to volcanic eruptions, floods, earthquakes, droughts, and tsunamis. In 2008, floods affected 275,000 people and 15,822 took refuge in shelters. Losses were close to US$ 1.2 billion. The volcanic events of 2009 and 2010 directly affected 3,792 people and indirectly affected another 1.5 million. The 2009 drought had an impact on 32,000 families of farmers and livestock producers.

The quality of water from the public supply system is not reliable. The National Statistics and Census Institute (INEC) indicates that 33% of the population consumes untreated water.

The principal sources of river pollution are effluent from industrial waste (unquantified), domestic solid waste (uncollected in 23% of households), and wastewater. Ten percent of households do not have toilet facilities. Of the wastewater collected through the sewage system (66.6%), only 5% is treated.

Ecuador ranks fourteenth in Latin America and the Caribbean in per capita emissions of CO_2 and eighth for total emissions. Monitoring of air quality is carried out in Quito, Guayaquil, and Cuenca.

The rate of poisonings per 100,000 population increased from 14.4 in 2010 to 17.4 in 2011. In 2011, 49% of poisonings were from pesticides, but the number of chronic poisonings from these substances is unknown.

The rates of maternal and infant mortality are difficult to establish in Ecuador due to the diversity of sources and underreporting of live births. Ecuador's National Statistics and Census Institute estimated a rate of 69.7 maternal deaths per 100,000 live births and an infant mortality rate of 14.6 deaths per 1,000 live births.

In 2010, the mortality rate for children under age 5 was estimated at 14.9 per 1,000 live births. Almost half of the 24 provinces had under-5 mortality rates higher than 15 per 1,000 live births, with the highest rates recorded in Los Ríos (17.5) and Santo Domingo de los Tsáchilas (17.7).

The incidence of tuberculosis in 2010 was estimated at 8.24 per 100,000 population. The disease is concentrated in the province of Guayas (more than 70% of cases), specifically in Guayaquil.

The leading causes of death in 2010 were hypertensive disease (30.3 per 100,000 population), followed by diabetes (28.3) and influenza and pneumonia (23.7).

In 2006, chronic malnutrition affected 25.8% of children under age 5, with greater proportions in provinces with high indigenous populations.

The delivery of health services is characterized by fragmentation and segmentation. There is a large supply of public and private services that function through various entities, but without much coordination.

The challenge for the Expanded Program on Immunization (EPI) is to reach populations in locations that have poor access to services, where susceptible persons are concentrated. Another challenge for EPI is to strengthen surveillance systems.

Chronic diseases pose an increasingly serious challenge. The country faces a significant disease burden in neoplasms and cardiovascular diseases, which have been on the rise and will likely continue to increase.

Political and economic stability, the promotion and consolidation of a health system that increases the coverage of care, increasing insurance coverage for the children and spouses of social security beneficiaries, guaranteed availability of medicines, and the implementation of a disease prevention and health promotion policy bode well for improving the health and living conditions of the nation's most vulnerable populations.