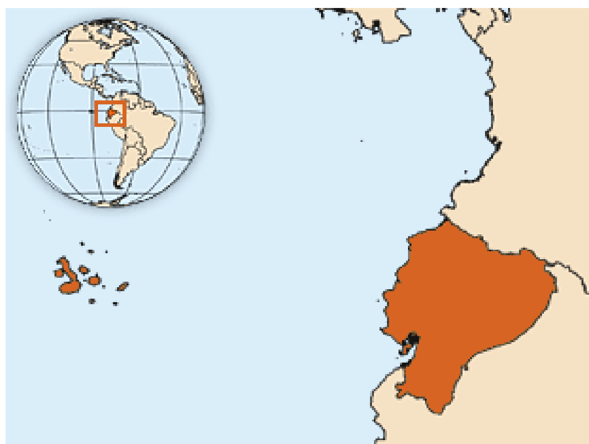
World Health Organization

Country Cooperation Strategy *at a glance*

Ecuador



http:// www.who.int/countries/en/

WHO region	Americas
World Bank income group	Upper middle income
Child health	
Infants exclusively breastfed for the first six months of life (%) (2011-2012)	43.8
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	83*
Life expectancy at birth (years) (2016)	76.4 (average) 73.7 (M) 79.1 (F)
Population (in thousands) total 2016	16385
% Population under 15 (2016)	29
% Population over 60 – over 65 (2016)	7%
Poverty headcount ratio at $1.25 a day (PPP) (% of population) (2012)	3.9**
Literacy rate among adults aged >= 15 years (%) (2015)	94.5***
Gender Inequality Index rank (2014)	83
Human Development Index rank (2014)	88
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	4.5 (public) 4.7 (private)
Private expenditure on health as a percentage of total expenditure on health (2014)	50.8
General government expenditure on health as a percentage of total government expenditure (2014)	10.2
Physicians density (per 10000 population) (2014)	20.4
Nursing and midwifery personnel density (per 10000 population) (2014)	10.1
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2014)	4.5
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2014)	10.9
Maternal mortality ratio (per 100 000 live births) (2014)	49.2
Births attended by skilled health personnel (%) (2015) - Hospital births	77.0
Public health and environment	
Population using improved drinking water sources (%) (2015)	84.5 (average) 93 (urban) 76 (rural)
Population using improved sanitation facilities (%) (2015)	84 (average) 87 (urban) 81 (rural)

Sources of data:
Global Health Observatory May 2016
http://apps.who.int/gho/data/node.cco
Indicadores básicos – Situación de Salud 2016, OPS/OMS
* Inmunizaciones - Ministerio de Salud Pública Ecuador
** http://hdr.undp.org/es/countries/profiles/ECU. Fuente primaria: Banco Mundial http://iresearch.worldbank.org/PovcalNet/index.htm
*** Source: Encuesta Urbana de Empleo y Desempleo – INEC.
http://www.siise.gob.ec/agenda/index.html?serial=13

HEALTH SITUATION

- In 2016, the national vaccination coverage with pentavalent vaccine was 83%, increasing 5 points compared with 2015 (78%) and reversing the observed trend of decline, since 2013. Despite this increase in global coverage, 51% of municipalities reported coverage of pentavalent vaccine below 80%.
- In 2016, were reported 30 cases of leprosy, 47 cases of Chagas disease, 1 218 cases of cutaneous leishmaniasis and no case of plague.
- In 2016, 1050 cases were reported of malaria: 370 P. falciparum and 680 vivax, that represent an increase of 153% compared with 2015. Greater number of cases is located in places where illegal mining, social conflicts, and border areas exist.
- The challenge in TB is to increase the case capture through the improvement of the diagnostic capacity and the systematic detection of multidrug-resistant TB. The detection is currently of 65% with respect to the estimate by WHO (5200 reported cases of 8600 estimates. 80% of the cases concentrated on 12 of the 24 provinces). The treatment stock is sufficient for the number of cases detected.
- The main challenge in HIV consists in changing the algorithm for diagnosis, consonant with the standard of the region, for the purpose of closing the case-finding gap. An estimated prevalence of 29000 cases and an incidence of 3500 cases were found in 2016. The treatment stock is sufficient and stock-outs have not been observed.
- In 2016, were reported 2 939 cases of zika, 237 pregnant women were diagnosed with zika, 110 children born from women with zika without evidence of congenital malformation. 14 150 cases of dengue, 4 deaths and 1 860 cases of chickungunya, no serious complications were reported.
- Reduction in maternal and infant mortality, although the 2015 target in maternal mortality has not yet been reached. Reducing neonatal mortality remains a challenge.
- High mortality due to NCDs such as diabetes and high prevalence of childhood obesity (29.9% in children aged 5-11 years).
- Stunting in children under 5 years persists, despite a reduction of eight percentage points (from 33.5% to 25.3%) between 2004 and 2012.
- Interpersonal violence and traffic accidents are among the leading causes of noncommunicable disease. According to the National Transit Agency, in 2015 were reported 2138 deaths and 25234 injured by traffic accidents. Alcohol consumption is an important risk factor of premature mortality.

HEALTH POLICIES AND SYSTEMS

- State-guaranteed right to health was incorporated in the 2008 Constitution; as of that year the health services are completely free, that meant 300% increase in the budget allocated to the Ministry of Health and major investments in infrastructure and medical equipment. This led to an increase in the demand for health care and in coverage.
- There is a shortage in health personnel and their competencies and skills must be upgraded in response to the new conditions established by the Constitution and the objectives of the Plan Nacional del Buen Vivir; in 2012, the Ministry of Health started a health reform process aimed at strengthening the Ministry of Health's steering role, developing its regulatory capacity, consolidating the public health services provision network, improving the quality of care and expanding health coverage. In order to achieve these goals, a new organizational chart was devised to allow for the reorganization of the Ministry of Health.
- Two regulatory agencies were devised: one for the control of products for human consumption, Agencia de Regulación y Control Sanitario (ARCSA) and the other one for the quality of the provision of health services, Agencia de Control de la Calidad de los Establecimientos de Salud (ACCES).
- Political and financial support to care for people with disabilities: New Disability Act (2012) incorporating the UN Convention on the Rights of Persons with Disabilities.
- Regulation has been strengthened in relation to consumption of alcohol and tobacco and important work has been done in relation to the regulation of unhealthy food.
- In line with Global Action Plan for the Prevention and Control of Noncommunicable Diseases and PAHO's Plan of Action for the Prevention of Obesity in Children and Adolescents, Ecuador is a pioneer country in implementing mandatory graphic labelling for processed foods.
- Ecuador included leprosy, Chagas disease, helminthiasis, leishmaniasis, tuberculosis, malaria, acute diarrheal diseases, and plague in the Strategy and Plan of Action of the National Plan of eradication of the poverty 2015-2019, in order to control and eliminate them.
- National Strategy for Road Safety 2016-2020 approved; it incorporate key health issues.

COOPERATION FOR HEALTH

- Ongoing joint activities and coordination with the UN system: PAHO has included issues related to health determinants, maternal and child health, universal health coverage, health inequities and NCDs within the UNDAF 2015-2018. The United Nations System signed the 2015 - 2018 UNDAF, on 16 June 2014.
- A joint agenda of the agencies of United Nations is developed in order to promote the SDGs at the highest political and technical level.
- In the context of PAHO's collaboration with UNICEF, an agreement was signed with the National Assembly in order to provide technical cooperation for legislation in health.
- Ongoing joint activities between various agencies of the United Nations for a project of sustainable development in chronic malnutrition and prospects for joint work in the framework of a National Plan for Violence Elimination.
- A conceptual note was approved by the Global Fund in order to work the HIV issue in the next 3 years, starting in January, 2017.
- The CCS, formulated in 2010, ended in 2014. The formulation of the CCS has been postponed for 2016, due to political changes and presence of adverse events as: activation of the volcano Cotopaxi, located in the capital, presence of the phenomenon of El Niño, and the earthquake which occurred on 16 April, 2016 in the Ecuadorian Coast Region; and change in authorities in the period 2014 - 2016 (three Ministers of Health).

Sources of data: Information system of the Ministry of Public Health (2016)
http://www.salud.gob.ec/centro-nacional-de-enlace/

World Health Organization

Country Cooperation Strategy

at a glance

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2010–2014) Extended	
Strategic Priorities	**Main Focus Areas for WHO Cooperation**
STRATEGIC PRIORITY 1: Support to the health system reform process in Ecuador	• Support for the development of 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. • 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. • Redefinition of the financing model, including the mechanisms for allocating financial resources in the territory and the establishment of a National Health Fund and a fund for catastrophic diseases to ensure adequate risk pooling and sound fund distribution.
STRATEGIC PRIORITY 2: Promotion of the development of a new Comprehensive Healthcare Service Model	• Support the implementation of MAIS (Integrated Model of Care) towards achieving universal coverage: 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. • 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. • Developing comprehensive programs in the healthcare service model for strengthening comprehensive actions to reduce maternal mortality, teen pregnancy, and unwanted pregnancy.
STRATEGIC PRIORITY 3: Promoting inter-sector coordination actions, an environmental regulatory framework, health education, and social participation with the social determinants of health approach	• Promote the development of regulatory frameworks that support healthy public policies in line with the approach of health in all policies. • 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. • Promoting inter-programme, inter-sector and inter-agency coordination work, with the participation of local governments and civil society to improve living, environmental and health conditions. • Institutional capacity building to ensure that the gender and intercultural approach becomes a cross-cutting factor for all health sector policies and programs. • Support policies and strategies to reduce maternal mortality, emphasizing action on the social determinants of health.
STRATEGIC PRIORITY 4: Support the development of the National Human Resource Policy	• 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. • 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.
STRATEGIC PRIORITY 5: Institutional capacity building to promote, prevent and control communicable and noncommunicable diseases	• Integrated and intersectoral response against noncommunicable chronic diseases and childhood obesity and support in the formulation and implementation of public policies for the prevention of obesity and NCDs. • Capacity building for surveillance and control of communicable diseases (HIV, TB, malaria) and integrate their management to the new health care model. • Moving toward the control and elimination of neglected tropical diseases in line with efforts to eradicate poverty. • Maintaining the eradication of polio and elimination of measles and rubella CRS, and control of preventable disease immunizations. • Access to medicines (TB, HIV, NCDs), vaccines and strategic medical supplies. • Developing and enforcing the international health regulations.
STRATEGIC PRIORITY 6: Strengthen PAHO's advocacy and summoning role, forge partnerships and promote resource mobilization for health.	• To contribute to the achievement of the country's results in health, emphasizing an integrated cooperation and the implementation of activities in the territories. • Mobilization of resources in order to cover gaps in cooperation, through the identification of new donors and project management in priority themes for the country.

© World Health Organization 2017 - All rights reserved.
The Country Cooperation Strategy briefs are not a formal publication of WHO and do not necessarily represent the decisions or the stated policy of the Organization. The presentation of maps contained herein does not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delineation of its frontiers or boundaries.

WHO/CCU/17.01/Ecuador

Updated May 2017