



**Ecuador: Health
System, Adolescent
Health, and You**

Tonight's discussion

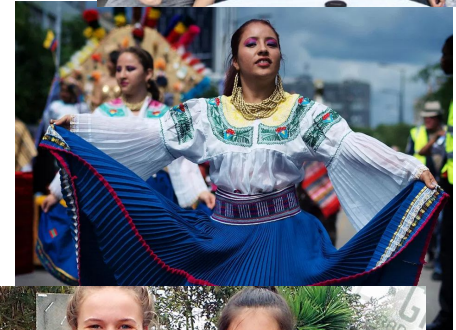
- Global Health
- Health Systems in Ecuador
- Health Issues in Ecuador
- Adolescent Health in Ecuador
- Your Role



Ecuador Global Service Immersion

What are components of your immersion trip?

- ★ Mutually beneficial outcomes
- ★ Human connectedness
- ★ Cultural sensitivity - Ecuadorian culture
- ★ Humble and informed approach to international service
- ★ Spanish language
- ★ Ecuadorian health
 - Systems
 - Adolescent health and sex ed
 - Oral health



Global Health: Definition



“The area of study, research and practice that places a priority on improving health and achieving equity in health for all people worldwide.”

Koplan et al. (2000)

Global Health: Interdisciplinary



Vanderbilt Institute for Global Health (VIGH)

Our mission:

To provide leadership in interdisciplinary
education, research, service,
and advocacy for health and development in
resource-limited settings around the world.

Global Health Service Trips

- Embody cultural humility
 - Bidirectional participatory relationships
 - Build local capacity
 - Create long-term sustainability
-

Ecuador

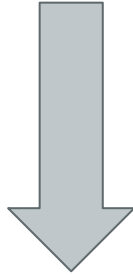


Image credit:

https://upload.wikimedia.org/wikipedia/commons/thumb/5/5c/Flag_of_Ecuador_%281900-2009%29.svg/1200px-Flag_of_Ecuador_%281900-2009%29.svg.png

El Buen Vivir

Hierarchy



Balance of economic,
cultural, social, and
environmental issues

Inspiration for **newest revisions in constitution**

Quichua values

The importance of **servicing local needs**

A **development theory** as well as a way of life

Opposes idea of **natural capital**

Health System



Health Care Systems

Public

Free to all

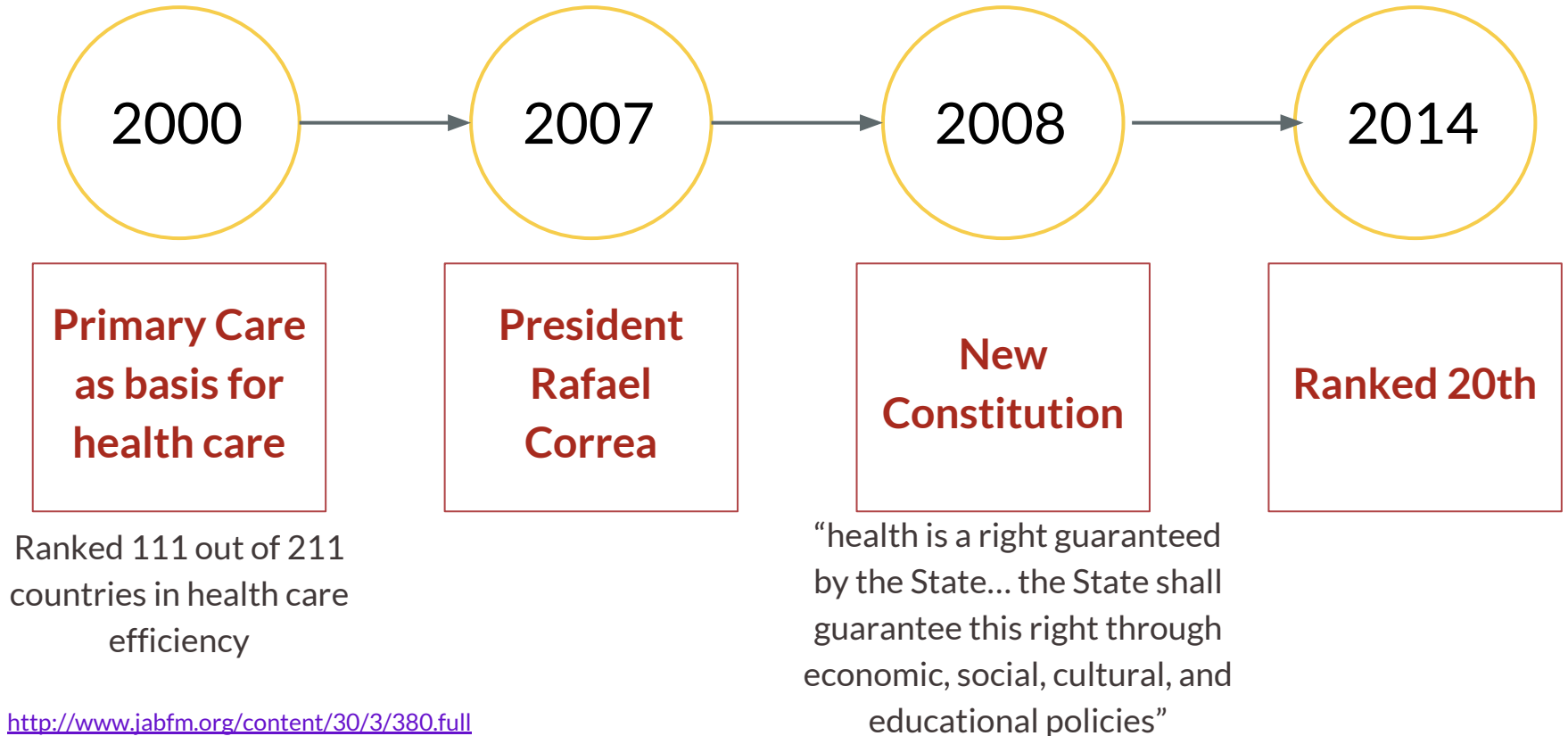
Social Security

Pay into system
through payroll
deduction

Private

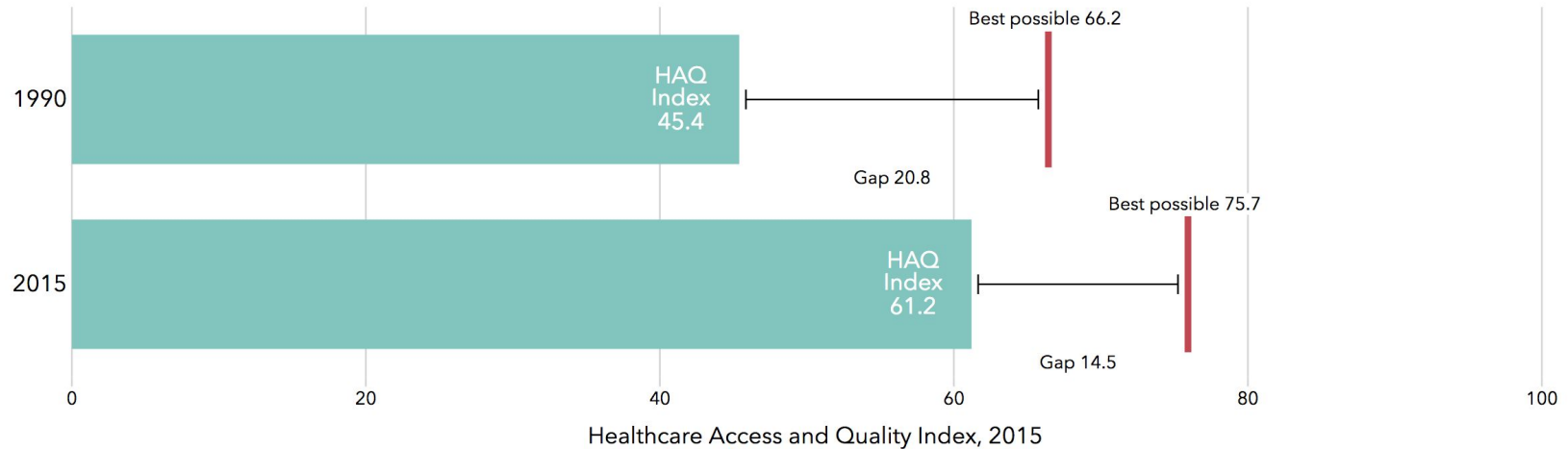
Expensive,
utilized by
middle- and
upper-classes
(~3%)

Background



Health Care Potential

How does personal healthcare access and quality measure up against what is considered "best possible"?



Source: bit.ly/amenable-mortality

The Healthcare Access and Quality (HAQ) Index provides a summary measure of personal healthcare access and quality on a scale from 0 (lowest) to 100 (highest). This measure is based on risk-standardized mortality rates from causes that, in the presence of high-quality healthcare, should not result in death.

"Best possible" represents the highest personal healthcare and access achieved at a given level of development. The gap between the HAQ Index and "best possible" represents how much untapped potential exists for improving personal healthcare access and quality given a location's resources and development status.

Mental Health in Ecuador



Caja de herramientas de Salud Mental hacia el Buen Vivir

Atención primaria en salud mental

Fundamentos de la prevención en materia de drogas

Guía de abordaje del tabaquismo en atención primaria de salud

Manejo del estrés

Manual de atención primaria en salud mental

Violencia buen trato

Ubicación de ambulatorio intensivos y CETAD para comunicación

Guía de Salud Mental Comunitaria

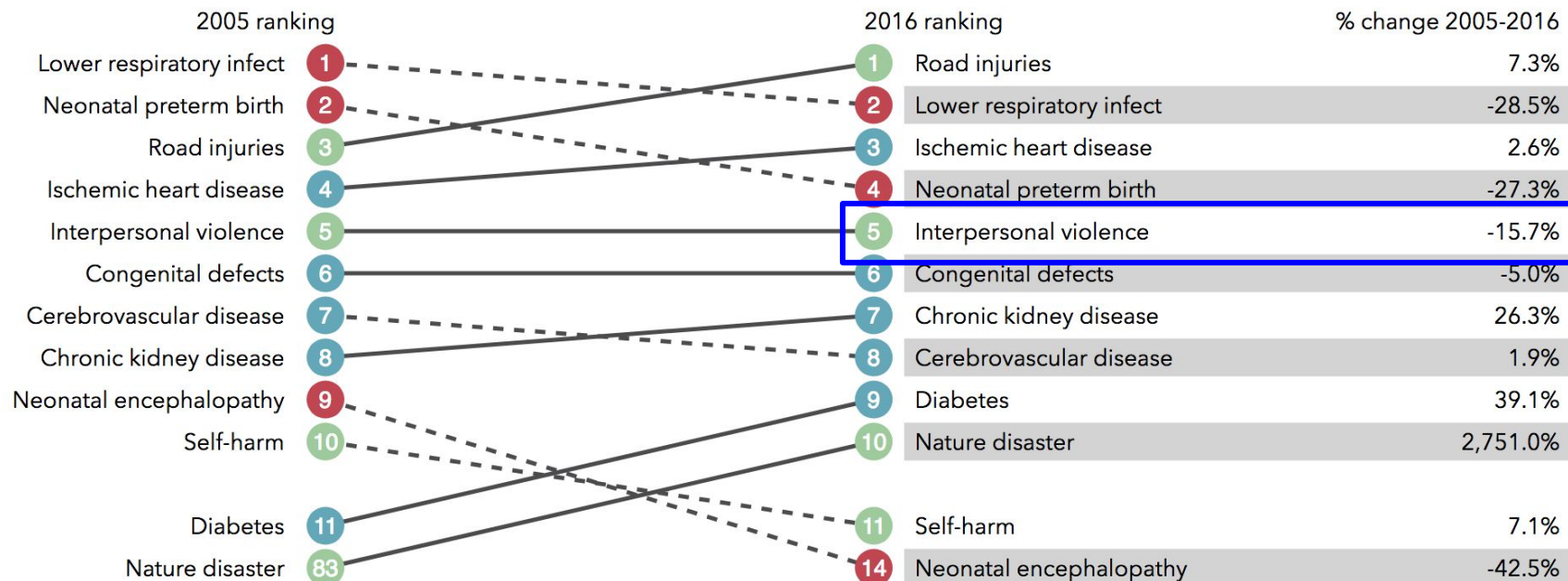
Health Issues



What causes the most premature death?

Institute for Health Metrics and Evaluation, <http://www.healthdata.org/ecuador>

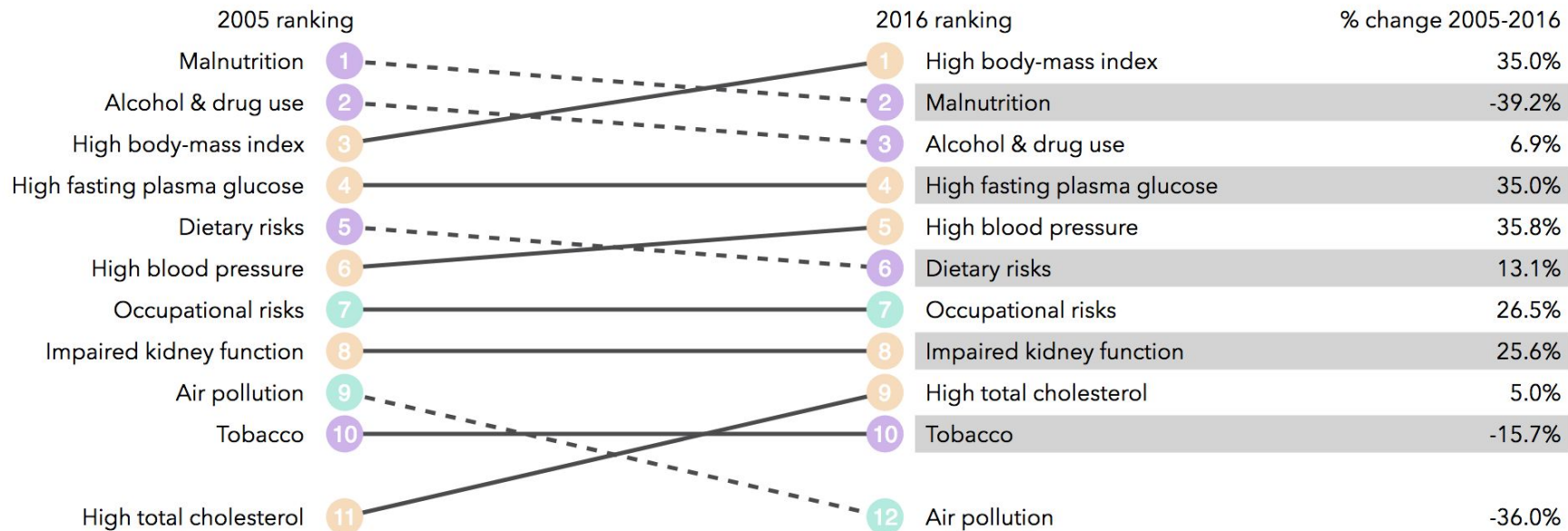
- Communicable, maternal, neonatal, and nutritional diseases
- Non-communicable diseases
- Injuries



Top 10 causes of years of life lost (YLLs) in 2016 and percent change, 2005-2016, all ages, number

What risk factors drive the most death and disability combined?

- Metabolic risks
- Environmental/occupational risks
- Behavioral risks



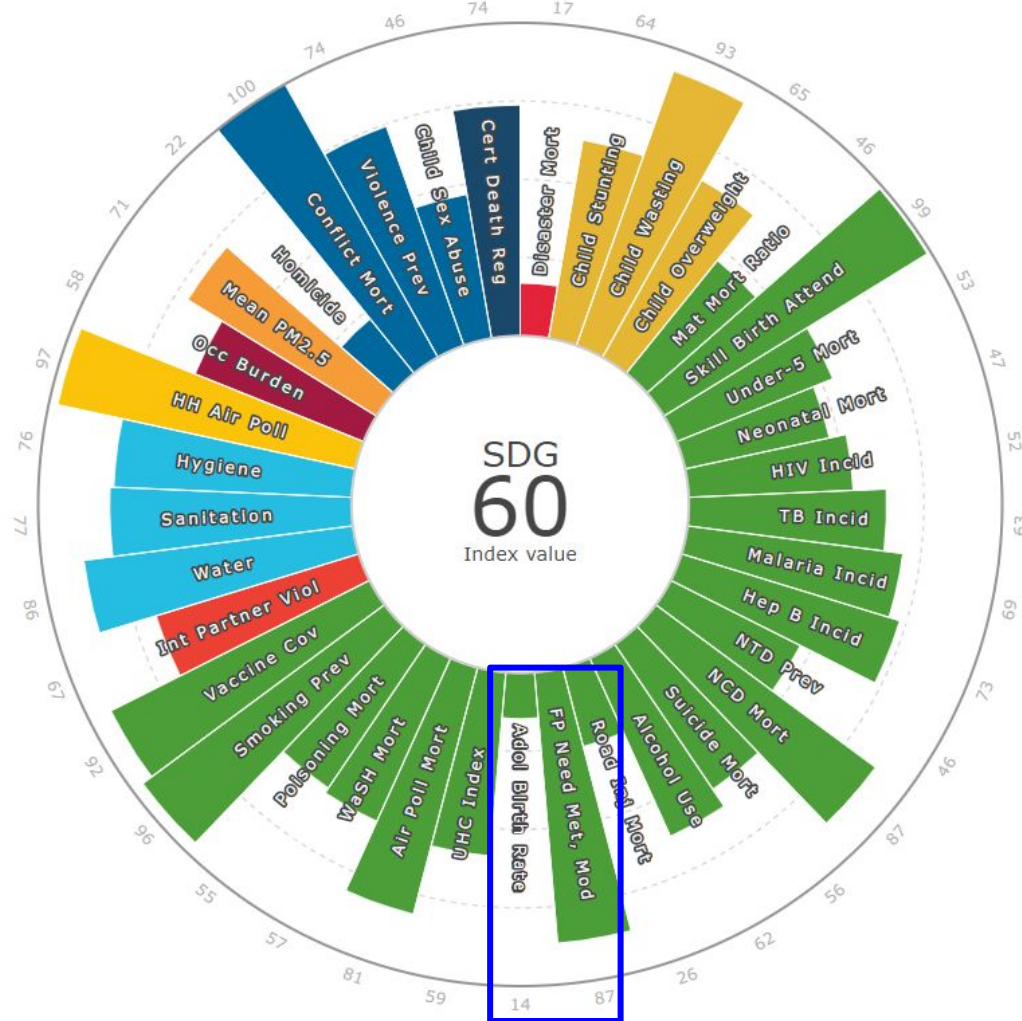
Top 10 risks contributing to DALYs in 2016 and percent change, 2005-2016, all ages, number

Country Benchmarking of Burden of Disease

Ranking of leading age-standardized rates of disability-adjusted life years (DALYs) relative to comparator countries in 2010

Country	Road injury	Lower respiratory infections	Interpersonal violence	Ischemic heart disease	Low back pain	Major depressive disorder	Iron-deficiency anemia	Stroke	Preterm birth complications	Diabetes	Congenital anomalies	HIV/AIDS	Anxiety disorders	Chronic kidney disease	Neck pain	COPD	Alcohol use disorders	Other musculoskeletal	Self-harm	Diarrheal diseases	Falls	Cirrhosis	Neonatal encephalopathy	Epilepsy	Drowning
Colombia	7	5	14	5	9	13	12	4	9	4	13	12	14	5	6	12	5	12	7	10	1	4	10	13	8
Dominica	9	7	5	3	3	10	13	6	14	12	10	9	5	7	8	1	12	8	5	4	11	5	14	10	11
Belize	12	9	13	9	2	9	15	8	8	13	7	15	4	11	7	3	9	9	9	11	9	9	9	7	14
Thailand	15	11	11	4	1	8	3	7	4	7	3	13	3	10	3	13	4	3	14	5	3	7	3	3	15
Peru	4	14	4	2	7	6	11	2	10	3	4	8	12	6	9	5	8	10	4	7	2	10	13	12	5
Azerbaijan	3	15	7	14	8	3	10	11	13	8	12	5	8	8	12	10	6	6	3	9	7	14	15	9	4
Tunisia	14	2	2	11	5	14	7	9	11	9	14	7	6	3	2	8	1	1	2	6	5	3	5	1	2
Ecuador	13	12	12	1	4	4	14	3	7	6	8	11	13	12	11	6	11	7	10	12	8	8	7	11	10
Bosnia and Herzegovina	1	1	1	10	11	1	1	12	3	5	1	3	7	2	15	11	13	5	12	1	15	6	1	4	1
Algeria	6	4	3	8	13	15	9	10	15	11	9	6	15	9	1	4	2	2	1	8	12	2	11	2	3
El Salvador	11	8	15	7	6	11	6	1	6	10	11	10	9	14	10	2	15	13	13	13	4	13	4	14	9
Albania	8	10	8	12	15	7	2	13	1	1	2	4	11	4	13	7	3	4	6	2	14	1	2	6	6
Ukraine	10	3	6	15	14	2	5	14	2	2	15	14	1	1	14	9	14	11	15	3	13	15	8	5	13
Marshall Islands	5	13	10	13	10	12	4	15	12	15	6	1	10	15	4	15	10	15	11	15	10	12	12	15	12
Tonga	2	6	9	6	12	5	8	5	5	14	5	1	2	13	5	14	7	14	8	14	6	11	6	8	7

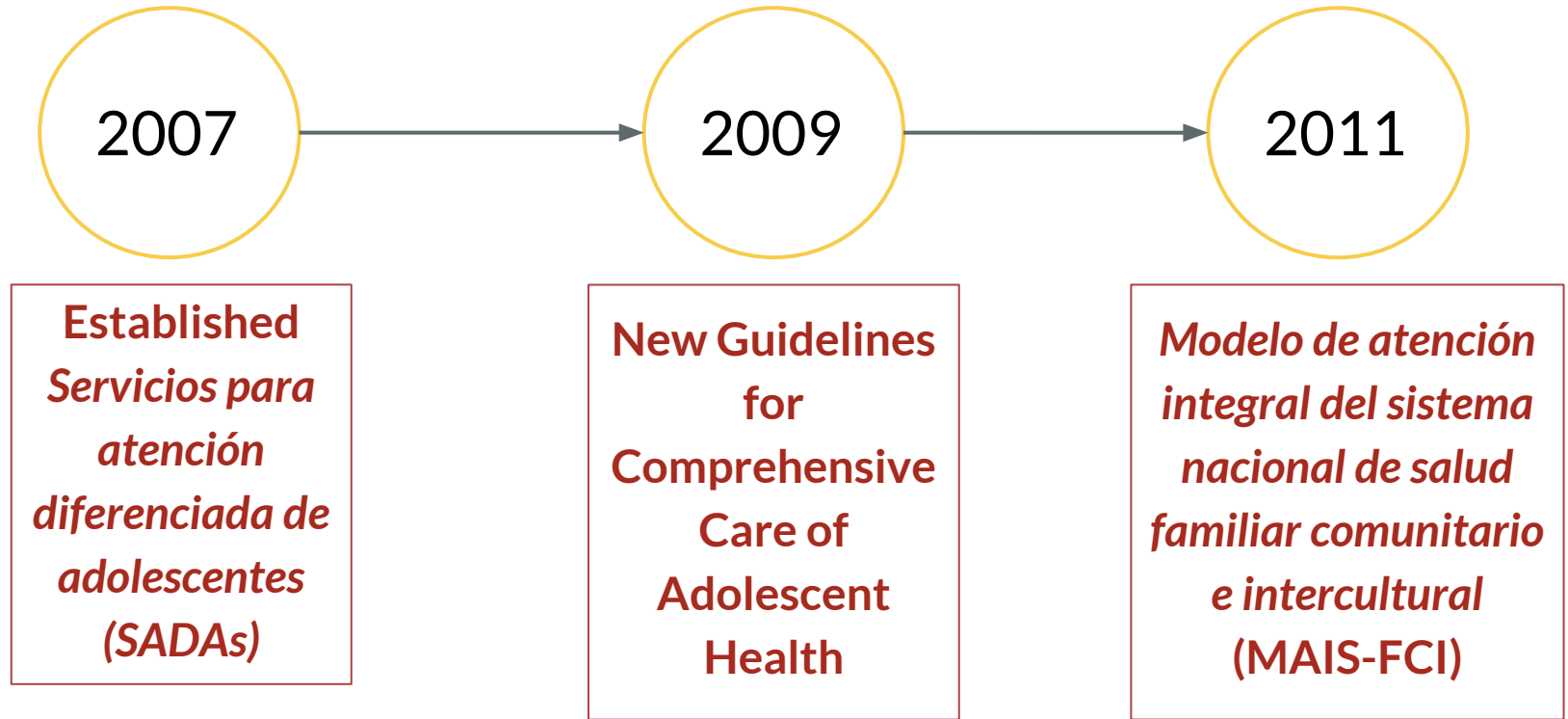
Sustainable Development Goals



Adolescent Health



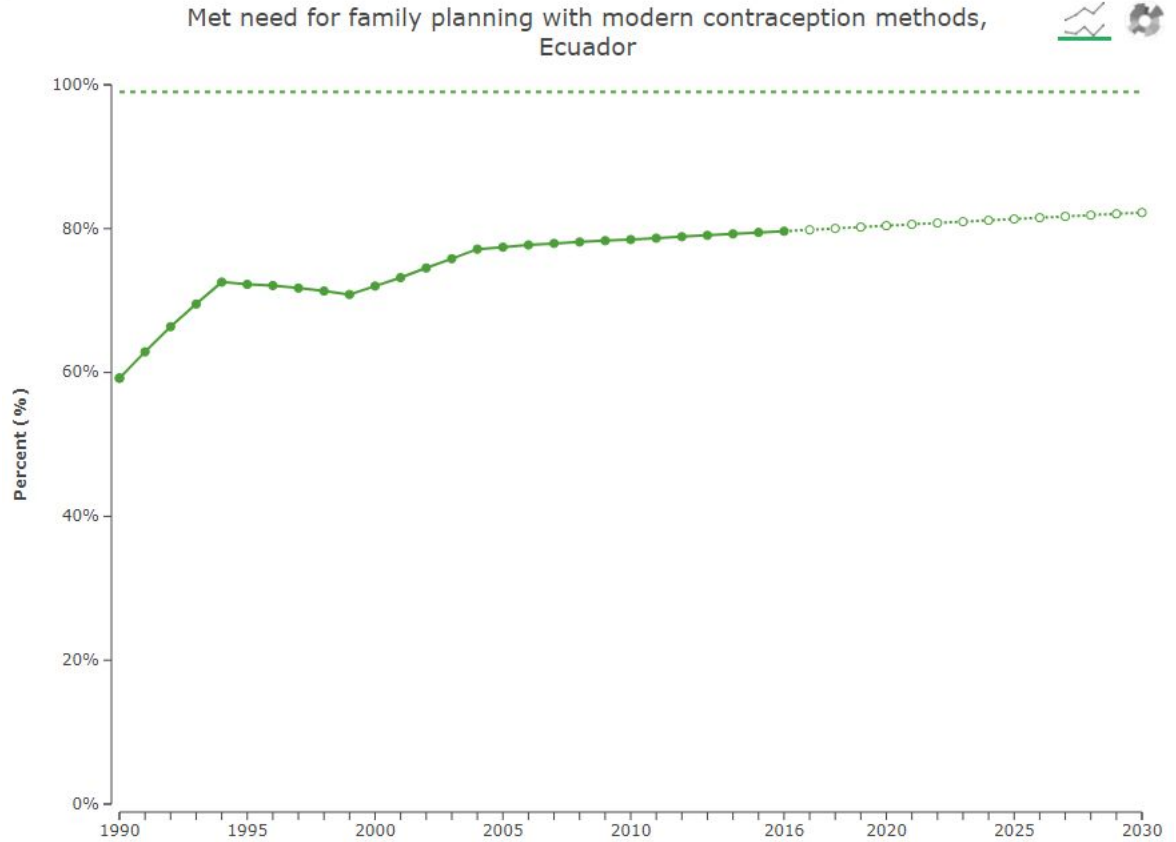
Background



Family Planning Needs

Target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

Goal 3: Ensure healthy lives and promote well-being for all at all ages.

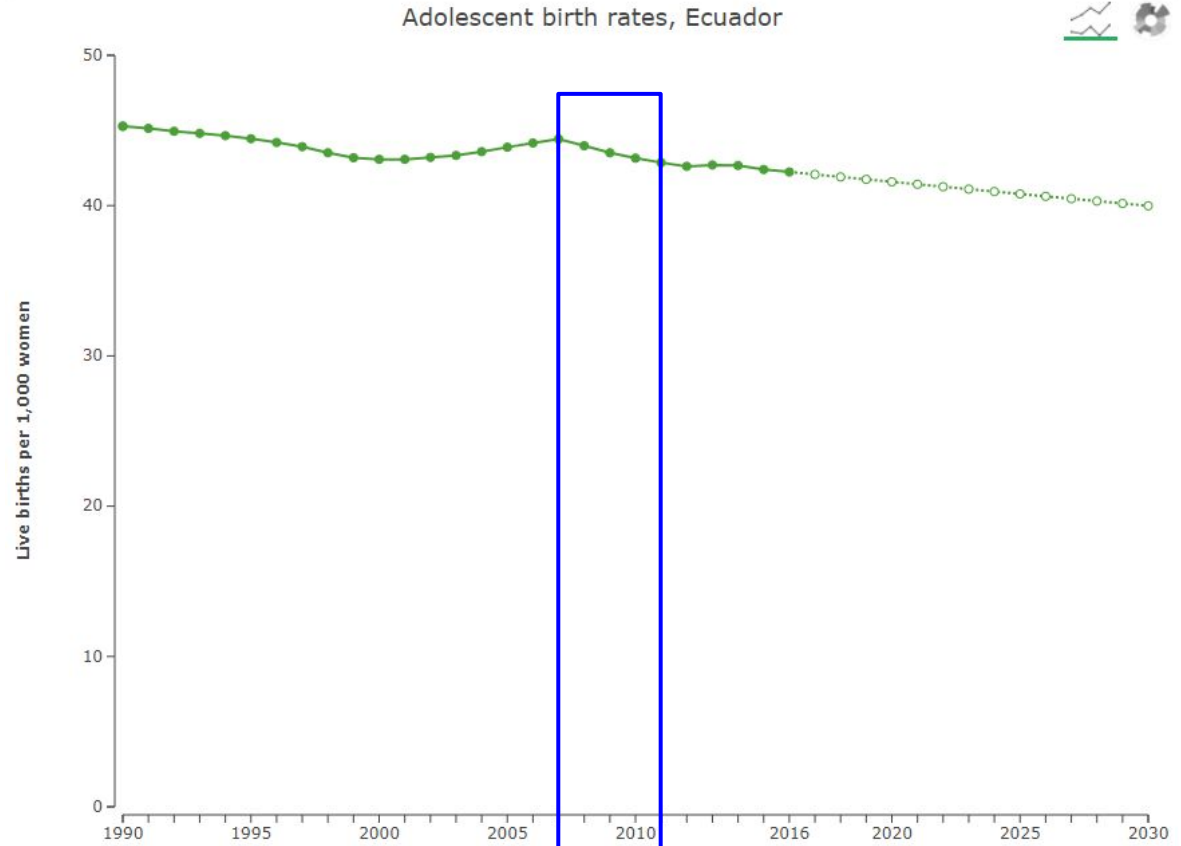


Indicator 3.7.1: Proportion of women of reproductive age (15 to 49 years) who have their need for family planning met with modern contraception methods.

Adolescent Birth Rates

Target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

Goal 3: Ensure healthy lives and promote well-being for all at all ages.



Indicator 3.7.2: Number of live births per 1,000 women aged 10 to 14 years and women aged 15 to 19 years.

Implications of Health Issues

Your Role and Interactions

True or False:

- Doctors are highly esteemed.
- Patients ask a lot of questions.
- Significant use of spiritual and natural treatments.
- Homeopathic (natural) medicines require a prescription.
- Education is compulsory through age 18.

Questions??

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Other Resources

<http://www.who.int/gho/countries/ecu.pdf?ua=1>

<https://cuencahighlife.com/health-care-and-health-insurance-for-ecuador-expats-big-improvements-and-big-changes-change-the-landscape/>

http://www.healthdata.org/sites/default/files/files/country_profiles/GBD/ihme_gbd_country_report_ecuador.pdf

<http://www.salud.gob.ec/>

<http://www.jabfm.org/content/30/3/380.full.pdf+html>

<https://vizhub.healthdata.org/sdg/>

<http://www.paho.org/ecu/>