

Ecuador

The Government of Ecuador reports as follows.

National coordination

There is a written national strategy or plan that focuses exclusively on the prevention and control of hepatitis B. It includes components for vaccination and treatment and care.

There is no designated governmental unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities. It is not known how many people work full-time on hepatitis-related activities in all government agencies/bodies.

The government has a viral hepatitis prevention and control programme that includes activities targeting the following specific populations: health-care workers (including health-care waste handlers) and sex workers.

Awareness-raising and partnerships

Information was not provided on whether the government held events for World Hepatitis Day 2012. It has not funded other viral hepatitis public awareness campaigns since January 2011.

The government does not collaborate with in-country civil society groups to develop and implement its viral hepatitis prevention and control programme.

Evidence-based policy and data for action

There is routine surveillance for viral hepatitis. There is a national surveillance system for the following types of acute hepatitis: A, B and C, but not for any type of chronic hepatitis.

There are standard case definitions for hepatitis. Deaths, including from hepatitis, are reported to a central registry. Information was not provided on the percentage of hepatitis cases reported as “undifferentiated” or “unknown” hepatitis.

Liver cancer cases are registered nationally. It is not known whether cases with HIV/hepatitis coinfection are registered nationally.

The government does not publish hepatitis disease reports.

Hepatitis outbreaks are required to be reported to the government but are not further investigated. There is adequate laboratory capacity nationally to support outbreak investigations and other surveillance activities for hepatitis A and hepatitis

Population (in millions) (2011)	14.7
Country classification (2012)	Upper-middle-income
Gross national income per capita (PPP int \$) (2011)	\$8510
Total health expenditure as % of GDP (2010)	8.06%
Per capita total health expenditure (PPP int \$) (2010)	\$653.17
Per capita government health expenditure (PPP int \$) (2010)	\$243.08
Life expectancy at birth (in years) (2009)	75
Human Development Index (2011)	0.720
Median age (in years) (2010)	26
Total fertility rate per woman (2010)	2.5

B. Information was not provided regarding whether this is the case for hepatitis C and hepatitis E.

There is no national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are not conducted regularly.

Prevention of transmission

There is no national policy on hepatitis A vaccination.

The government has not established the goal of eliminating hepatitis B.

Nationally, 16.3% of newborn infants in a given recent year received the first dose of hepatitis B vaccine within 24 hours of birth and 100% of one-year-olds (ages 12–23 months) in a given recent year received three doses of hepatitis B vaccine.

There is a national policy that specifically targets mother-to-child transmission of hepatitis B (Annex B).

There is a specific national strategy and/or policy/guidelines for preventing hepatitis B and hepatitis C infection in health-care settings. Health-care workers are vaccinated against hepatitis B prior to starting work that might put them at risk of exposure to blood.

There is a national policy on injection safety in health-care settings, which recommends auto-disable syringes for therapeutic injections. Single-use or auto-disable syringes, needles and cannulas are always available in all health-care facilities.

Official government estimates of the number and percentage of unnecessary injections administered annually in health-care settings are not known.

It is not known whether there is a national infection control policy for blood banks. All donated blood units and blood products nationwide are screened for hepatitis B. It is not known whether all donated blood units (including family donations) and blood products nationwide are screened for hepatitis C.

There is no national policy relating to the prevention of viral hepatitis among people who inject drugs.

It is not known whether the government has guidelines that address how hepatitis A and hepatitis E can be prevented through food and water safety.

Screening, care and treatment

Health professionals obtain the skills and competencies required to effectively care for people with viral hepatitis through schools for health professionals (pre-service education).

It is not known whether there are national clinical guidelines for the management of viral hepatitis.

The government does not have national policies relating to screening and referral to care for hepatitis B or hepatitis C.

People testing for both hepatitis B and hepatitis C register by name; the names are kept confidential within the system. Hepatitis B tests are free of charge for all individuals, but not hepatitis C tests. Hepatitis B and hepatitis C tests are not compulsory for members of any specific group.

Publicly funded treatment for hepatitis B is available to some segments of the population, but information was not provided on who is eligible and the amount spent by the government on such treatment. Publicly funded treatment is not available for hepatitis C.

The following drug for treating hepatitis B is on the national essential medicines list or subsidized by the government: lamivudine. No drug for treating hepatitis C is on the national essential medicines list or subsidized by the government.

The Government of Ecuador welcomes assistance from WHO in one or more areas of viral hepatitis prevention and control (Annex C).