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Demand for long-term care services

Population aging process

Population aging processes are occurring around the globe, especially in Latin America and the Caribbean, and Ecuador is no exception. The country's demographics are rapidly shifting, and the growth of the older segment of its population is driven by multiple factors, such as reduced mortality and fertility rates, among others.

Young people and working-age adults make up a significant share of Ecuador's population structure. Working-age adults have composed a majority of the country's population since 2010, and the average age in Ecuador is 29. Currently, 62.2% of the population falls between the ages of 15 and 64 (INEC, 2010). The demographic dependency ratio fell from 76% to 66% between 1990 and 2001, before dropping to 61% by 2010. These statistics show that Ecuador has entered

a demographic dividend phase, in which the age balance offers a window for development, including an opportunity to design and implement care policies. The population aging index¹, which weighs those over age 60 against those under age 15, is 89 older people per 100 children. This indicator is expected to nearly double by 2050, reaching 165 older people per 100 people under age 15.

Life expectancy at birth in Ecuador has risen by 63.4% since the middle of last century, jumping from

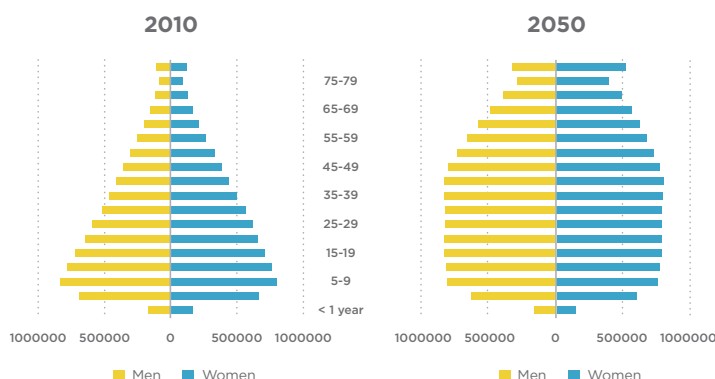
¹ This index is interpreted as the number of older people per youth. For the purposes of this publication, an older person is anyone over age 60, in line with the WHO definition, and a youth is anyone under age 15. To calculate the aging index, the population of those over age 60 is divided by the population aged 0-14, and the quotient is multiplied by 100.



48.6 years in 1950 to 76.7 years today. This increase slightly exceeds the average for the region (United Nations, 2019). Higher life expectancy at birth means older people make up a greater share of the total population. It also results in more protracted old age, meaning more people fall into the higher age groups (over age 80).

These indicators reveal a demographic structure of an aged population that is expected to continue aging over the next decades, as shown in Figure 1, which presents Ecuador's population pyramid in 2010 and a projected pyramid for 2050. The young segment makes up a significant share of the pyramid in 2010: 50% of the population is under 25, 31.3% is under age 15, and 6.5% is over age 65. In line with the trends described above, the overall proportion of older people in the population is expected to increase significantly by 2050.

Figure 1.
Ecuador's population pyramid 2010/2050



Source: Prepared by the author using data from the National Institute for Statistics and Censuses [Instituto Nacional de Estadística y Censos—INEC], based on the Censo de Población y Vivienda [Population and Housing Census] (2010).

Care dependence, disability, and chronic diseases

Age and dependence on long-term care are closely correlated: the older a person is, the more likely they are to develop care dependence (IMERSO 2006). Ecuador

does not have complete data on care dependence; it only has metrics for the populations that use State-run care services. The profiling done by the Ministry of Economic and Social Inclusion [Ministerio de Inclusión Económica y Social—MIES] shows that of the older people who receive services, 5.8% are totally care dependent, 26.1% are severely care dependent, and 68.1% are moderately care dependent (MIES, 2020).

Due to the lack of data on care dependence, this section also includes the available data from Ecuador on disability, though it is important to note that disability and care-dependence, while linked, are separate concepts.

Ecuador has seen an increase in the number of people with disabilities, just like the rest of the world. There are currently 478,131 people with disabilities (meaning people whose limitations restrict their ability to do daily activities by at least 30%), or 2.7% of the total population. Of this group, 55.9% are men (Consejo de Discapacidades, 2019). Physical disabilities are the most common type (accounting for 47.1% of people with disabilities), followed by intellectual disabilities (22.0%) (MSP, 2019). The higher prevalence of the different types of disabilities in the older population translates directly to a rise in care dependence in older people.

According to the Health, Well-being, and Aging [Salud, Bienestar y Envejecimiento—SABE]² survey conducted by the Ministry of Economic and Social Inclusion, one of every three older people has some type of chronic disease (INEC, 2009). The diseases detected most frequently among people over age 60 in Ecuador are osteoporosis, heart problems, and diabetes. Mortality attributable to chronic diseases rises along with older people's age. In 2012, chronic diseases were the cause of approximately 70% of all deaths among older people (MIES, 2012), a percentage that rose to 87.5% by 2017 (GBD, 2017). Additionally, a large proportion of older people have visual impairments, hearing impairments, and disorders that negatively affect their quality of life or daily functioning.

The government's role in long-term care

Ecuador has expressed a clear interest in strengthening the care component of its policies, starting with those



implemented by the MIES, ensuring the importance of that component and emphasizing a perspective that encompasses the whole life cycle.

As a first step, Ecuador has added care for children. Next, it focused on disability and older people. However, there is poor coordination between these three systems (care for children, people with disabilities, and older people), especially in the relationship between the government offices in charge of the systems and the on-the-ground implementation of the policies and programs. Ministry representatives claim this lack of coordination can drain resources and lead programs to fail to take advantages of opportunities for complementarity. Based on this observation, MIES set establishing a national, coordinated care system as a priority.

The international agreements that Ecuador has signed lay the groundwork for developing its public policies. In the specific case of care dependence among older people, there is a set of agreements that aim to emphasize the importance of protecting the respect and dignity of older people and people with disabilities, preserving their autonomy and independence, and ensuring the protection of their fundamental rights at all times. Three agreements deserve special mention: 1) the Inter-American Convention on the Elimination of All Forms of Discrimination against Persons with Disabilities; 2) the Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto; and 3) the Inter-American Convention on Protecting the Human Rights of Older Persons.

As for the national legal basis for the policies, the Ecuador's constitution specifically establishes the component of fostering autonomy, a crucial part of long-term care policies for older people in countries that have developed national care systems. It also specifies that providing care and fostering autonomy are the State's responsibility. The Constitution also recognizes rights associated with care and support for care for people with disabilities.

The 2017–2021 National Development Plan, known as the Lifelong Plan [Plan Toda una Vida], prioritizes the rights of older people and people with disabilities,

organizing the efforts of public institutions to consolidate a social protection floor through “missions.” The My Best Years [Mis Mejores Años] missions take measures to protect older people, and the Las Manueles missions focus on people with disabilities.

Meanwhile, the Organic Law on Older People, which has been in force since May 2019, aims to promote, govern, and ensure the full enjoyment, dissemination, and exercise of the rights specific to older people, under the principle of priority and specialized care, which are articulated in the Constitution of the Republic, international human rights instruments, and related laws, through an approach that respects gender, human mobility, generational, and inter-cultural considerations.

Supply of long-term care services

The analysis that was performed found seven types of benefits and services for older people in Ecuador that form part of the social protection system and that were found to include components of long-term care.

The benefits and services were:

Nº	Benefits and services
1	Services in residential care settings for older people.
2	Services at day centers for older people.
3	Services in active socializing and gathering spaces for older people.
4	Home care services for older people.
5	Home and community care services for people with disabilities.
6	Services at integral development day centers for people with disabilities.
7	Services at referral centers and shelters for people with disabilities.

Long-term care services are administered in four different ways: 1) public services directly administered by MIES; 2) services provided through an agreement with MIES; 3) public services without MIES funding, and 4) private services without MIES funding.



There is limited information on the operational status and scope of public or private services without MIES funding, though the agency is currently undertaking a process of planning and collecting data regarding this aspect. However, in April of 2020, the Sub-Secretariat of Intergenerational Management [Subsecretaría de Gestión Intergeneracional] gathered information on 101 public or private centers without MIES funding that provide care to older people, serving a total of 1927 older people.

According to information furnished by the MIES, private centers face significant difficulties when seeking operating licenses, so some institutions operate without authorization. There is no official data on the number of institutions operating illegally or on the number of people they serve.

Public services that provide care directly and those providing care through agreements with the MIES include, in the case of older people, services in residential care settings, day centers, in-home personal assistance services, and services in active socializing and gathering spaces for older people. There is a similar set of services for people with disabilities. However, these services prioritize care for older people in poverty and extreme poverty, as well as recipients of the non-contributory pension, so their coverage is limited.

In general, and as is the case in most countries around the world, most long-term care is provided by unpaid caregivers within the home. More than 75% of adults (over age 18) who receive long-term care at home are cared for by an unpaid family member or friend, generally wives or adult daughters. Another 14% receive a combination of care from their family and paid services, and only 8% receive all of their care from a paid caregiver.

Analysis of and perspectives on the care services

Ecuador urgently needs to design policies and programs that create care systems for the care-dependent population, especially older people. Due to the aging of its population structure and the growth of the population segment over age 80, and given the

speed at which this shift will take place, Ecuador will soon experience a significant increase in demand for care. Additionally, smaller family sizes and, in particular, the reduced availability of women as caregivers due to their incorporation into the formal labor market will progressively constrict the traditional supply of care. This trend poses a policy challenge.

Over the last five years, Ecuador has recognized the need to develop care services, and it has built these services on the social protection system targeting poverty and extreme poverty under the authority of the Ministry of Economic and Social Inclusion (MIES). It started the process by reviewing existing services and creating laws and regulations for those services. The MIES has made progress toward creating the beginnings of a national care system. It has strong regulations, although steps need to be taken to reinforce the institutional structure that provides support in response to the needs and challenges of implementing a care system.

There are many obstacles to improving the implementation of Ecuador's emerging care system, in various areas of internal management. The MIES' lack of internal coordination regarding its services is replicated at the inter-sectoral coordination level. Coordination first needs to be improved internally, then externally. This task essentially consists of organizing the care and assistance services into networks according to their characteristics and geographic distribution, as well as the capacity of the public sector, private sector, and community. This organizational processes requires data to facilitate planning processes. The lack of data on long-term care is one of the main obstacles to designing policies on the matter. While both the MIES and the Ministry of Health, as well as the Lifelong Plan Secretariat, have taken small steps to collect this data, their actions need to be structured around standardized definitions that allow data to be analyzed using shared frameworks. This information would allow policymakers to identify the population's care needs, classifying them by type of care, and thus optimize the decision of which services the system should provide based on care-dependent people's needs for assistance (supervision, help, total care dependence).



For more details, read the full publication at <https://publications.iadb.org/es/envejecimiento-y-atencion-la-dependencia-en-ecuador>



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