# Telemedecine the the Context of COVID-19 in Ecuador

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# **EXECUTIVE SUMMARY**

The improvement in the delivery of healthcare services in geographically remote and rural areas is one of the most promising and clearly demonstrated applications of information and communication technology (ICT) in sustainable development. ICT provides considerable benefits and capabilities when applied to disease prevention and response efforts during epidemics and pandemics. The expansion of the COVID-19 outbreak that began in Wuhan, China alerted all the countries of the world from the beginning of 2020 and reached Latin America in mid-February 2020. In this chapter, VERIS, an Ecuadorian successful practice of telemedicine during the COVID-19 times, is presented. VERIS allows remote consultation with a certified doctor, following the WHO protocol, and other relevant services provided also remotely. The VERIS experience is particularly relevant during the present COVID-19 pandemic because it eliminates the risks of contagion deriving from visiting hospitals in person and could be particularly useful for emerging economies with practical implications for mature ones.

# THE COUNTRY UNDER COVID-19

## Impact

The expansion of the COVID-19 outbreak that began in Wuhan, China, alerted all the countries of the world from the beginning of 2020 and reached Latin America in mid-February 2020. Ecuador, in the northwest corner of South America, has a population of 17.6 million; it has so far (May 2021) had around 410,000 cases of COVID-19 (2.36% of its population), with 20,000 deaths (0.12% of its population).

In Ecuador the announcement of the first COVID-19 case occurred on February 29, 2020 by the Ministry of Public Health, dealing with a 71-year-old woman, who arrived in the country on February 14 2020 from Madrid, Spain. Since then, there has been a progressive increase in cases (See Table 1).

	July 23 2020	October 17 2020	May 23 2021
Confirmed cases:	79,940	151,659	417,840
People recovered:	5,900	128,134	354,499
Deaths:	5,489	12,357	20,180
Dropped cases:	107,235	265,959	922,652
Hospital discharges:	10,555	20,249	43,745

Table 1. COVID-19 Situation in Ecuador

Source: (Ministry of Public Health and Worldometers, 2021)

Of those infected, around 45% are women and 55% are men. By age groups close to 60% are between 20 to 49 years of age, 22% of 50 to 64 years of age, 15% of those over 65 years of age. For several months at the onset of the pandemic, Ecuador was considered the hot spot of COVID-19 in South America.

The rapid spread of COVID-19 took the international medical community, authorities, and the population by surprise. Governments and even international health organizations initially treated the pandemic as a sectoral health emergency. The impact of the pandemic quickly developed serious socio-economic and political implications due not only to the direct effects of the disease (number of persons affected) but also due to the impact of prevention and mitigation measures adopted to prevent and reduce transmission upon the productive sectors. Principal among them has been the partial or total shutdowns that have affected practically all sectors of the economy in countries around the world, both at the national and the at community levels.

UNDP estimates that in 2020 Ecuador has suffered losses of close to USD6.5 billion, nearly 6% of its nominal GDP in 2019 (UNDP, 2020). Some sources project the COVID-19's impact on Ecuador's economy will grow to 11% of its GDP by the end of 2021 (Statista, 2020). As Ecuador ranks seventh in terms of nominal GDP in the context of LAC, COVID-19's impact will be devastating to its economy, and it will put its health system to the limits of its capacity.

UNDP estimates that the COVID-19 pandemic has caused the number of the poor in Ecuador to raise by over 50%, reaching to close to 40% of the population. The middle class was also impacted, with over 10% leaving the middle-class category to enter the poverty category. Concomitantly, as a consequence of the pandemic, some 13% of the population currently face food insecurity. As in the rest of the world,

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