The Consequences of the COVID-19 Pandemic in Occupational Health in Ecuador

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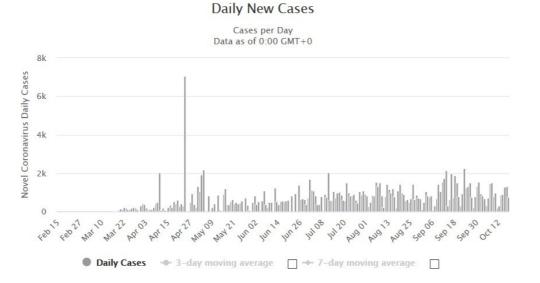






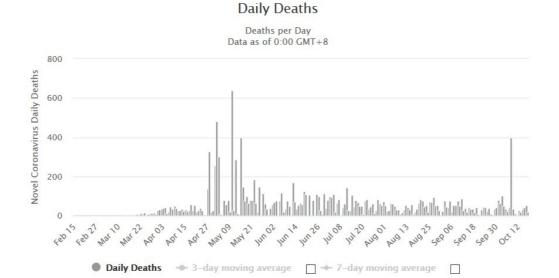
Number of Infections and Deaths in Ecuador

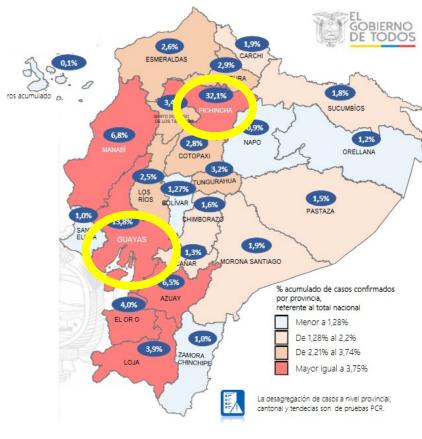
Reported COVID-19 infections in Ecuador by October 18th 2020: 153,289



Reported <u>Deaths</u> due to COVID-19 in Ecuador by October 18th 2020: **12,387**

(both confirmed and probable)





	Infections (%)	Deaths (%)		
Guayas	13.8	27.3		
Pichincha	32.1	15.7		
Combined	45.9	43.1		

Source:

Ecuador's Emergency Commitee (COE)
https://www.worldometers.info/coronavirus/country/ecuador/

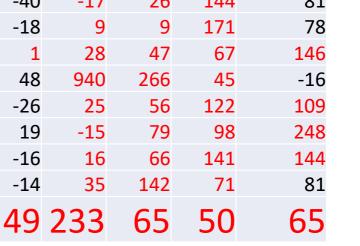
Excess Mortality in Ecuador by province – Comparison January/June 2019-2020

2019-2020	Difference %(+/-)						
Province							
	Jan	Feb	Mar	Apr	May	Jun	Total (%)
Bolivar	-13	14	-22	111	41	34	52
Canar	16	-18	-2	129	15	-8	25
Chimborazo	9	-4	-8	92	41	63	111
El Oro	13	-10	2	191	164	105	73
Guayas	0	-4	178	557	51	9	13
Los Rios	-4	-4	2	152	84	44	41
Manabi	3	-3	-2	199	179	56	49
Orellana	50	-31	-40	-17	26	144	81
Pastaza	79	18	-18	9	9	171	78
Pichincha	-1	15	1	28	47	67	146
Santa Elena	-3	5	48	940	266	45	-16
Santo Domingo	-10	29	-26	25	56	122	109
Sucumbios	7	-14	19	-15	79	98	248
Tungurahua	5	20	-16	16	66	141	144
Zamora Chinchipe	4	19	-14	35	142	71	81
Total country	0	2	49	233	65	50	65

28,187 deaths in excess compared to 2018 and 2019 in the same Jan/Jun period







Excess mortality due to COVID-19 in Ecuador compared to other countries (Sept, 2020)









Impacts on the Economy and Employment

GDP: -7.3 and -9.6%* (lowest since 1927)

Exports: -5.2% (versus +5.0 in 2019)

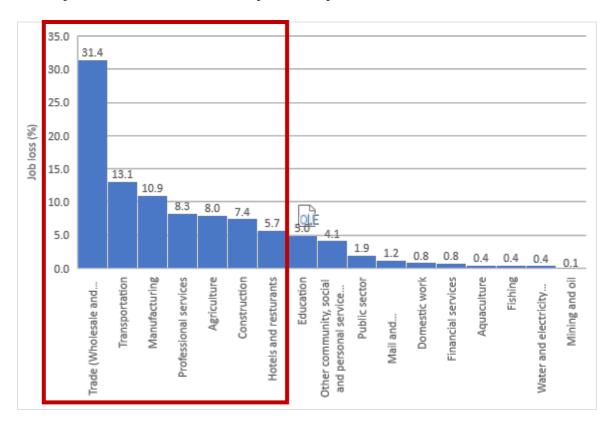
Over 370,000 jobs lost by June, 2020 (10%)

Unemployment June, 2020: 13.3%

Official statistics ONLY reflect job losses in formal employment, Ecuador's subemployment is ~61.5%

Unemployment forecast December 2020: ~20% (additional ~600,000 jobs lost)

Unemployment impacts directly Social Security System and pensions from current retirees



Impacts Occupational Health and Safety

• Guidelines <u>only</u> apply to workers affiliated (Mandatory affiliation) to the Social Security System (~25%).

• COVID-19 is recognized as a professional disease in Ecuador only for Health Care Workers according to Labor Law (confirmed by testing).

• Very limited availability of PPE and limited COVID testing (current). Data from rapid tests were eliminated from national databases.

Impacts in Occupational Health and Safety: Health Care Workers



COVID-19 positive cases in Health Care Workers (HCW)

April 2020: 1,600 cases and 10 death in HCW (Mainly nurses (34%) and nurse assistants (16%))

August 2020: 5,317 cases (unknown deaths)

Total of <u>public</u> healthcare workers: 16,063

August, 2020: National College of Physicians stated ~120 deaths (among affiliated physicians).

Data on occupation **are no longer collected** and were eliminated from previous records as deemed inaccurate.





Ecuador: 10 médicos fallecidos y 1600 contagiados por coronavirus en sistema de salud



Ricardo Arteaga, médico intensivista del Hospital Carlos Andrade Marín de Quito, perdió la pelea contra el covid



Response during the pandemic

Government's response

- Lack of a nationwide mitigation strategy, despite declaring quarantine in early March
 - Created an national emergency committee
 - Minister of Health resigned on March 26
 - COVID response was prioritized over other health treatments (chronic diseases, cancer)
- Prioritized payments to IMF as soon as declared quarantine
 - Limited funds available to fund the public health system
 - Public health system collapsed (until September)
- Signed an "stimulus package" on June 22 which included:
 - Deregulation of the job market (validation of precarious work, layoffs and hourly contracts)
 - New loan from IMF

- Limited COVID testing and unlimited data manipulation (change on official count of cases/deaths).
- Passed responsibility to monitor and control the spread to provinces/cities.
- Major efforts to "reactivate the economy" over 200,000 public sector workers returned to work.
- Economy reactivation has led to new cases nationwide
- Employers use "stimulus package" regulations to lay off workers without compensation.

Response during the pandemic

Unions' response*

- Legal actions to
 - Reinstate workers to workplaces
 - Reverse deregulation of job market
 - Make employers accountable for infections
 - National Campaign for Requesting Free Vaccine for Workers and population in general
 - Improved workers' safety and health

Other stakeholders

- NGO's supported with food distribution, donations of PPE
- International cooperation donated PPE
- Local universities assisted to expand COVID testing
- Churches assisted with food

^{*~5%} percent of unionized workers nationwide

New problems – Widespread use of disinfectants and pressure to authorize chlorine dioxide-based treatment



Calls to poison control centers due to:

763 cases of poisoning with Quaternary ammonium compounds and Sodium hypochlorite between March 11th and May 25th.



Group of bishops demanded the government to authorize the use of chlorine dioxide as a treatment alternative

Conclusions

- COVID-19 devastated a national economy already in crisis. Economic and health protection visions were confronted during the decision-making process. The economy was prioritized.
- The lack of a clear national strategy led to isolated and reactive measures to stop the spread of the virus. The measures were not coherent, coordinated and lacked of scientific expertise (including in Occupational Health and Safety.
- Population with existing morbidities suffered due to lack of healthcare coverage. The excess mortality is a sad outcome of the mishandling of the coronavirus response.
- The pandemic is ongoing, the economy is "reactivating" but the responsibility to stop the spread has fallen on the population.