industry and the sphere of knowledge in the Middle East. For example, in Morocco great pharmaceutical market has developed, and there are thousands of pharmacies (of about 11-12 thousand in total throughout the country), despite the fact that the territory of it is rather small. It is noteworthy that all pharmacies in Morocco are private. Competition in this regard is very high, and therefore, only the best suppliers survive in the pharmaceutical business.

Medicine is also located at a fairly high level of development: hospitals, both private and public, are equipped with modern facilities. In addition, many professionals working in the medical field have been trained in Europe and are of the highest levels of knowledge. However, this system requires constant attention and reform, not only to improve the quality of health care, the shortage of qualified staff or improving hospital infrastructure, but also to increase the moral standards in the health system. These are the priorities of the course of reforms undertaken by the Government of the Kingdom of Morocco in 2008. Much has been done to achieve these goals, a lot of work hasn't been accomplished yet, but today residents look with hope to the future in anticipation of positive change.

References:

1. Abdel Aziz Saleh. The Arab Drug Industry / Saleh Abdel. [Електронн] // Режим доступу:http://www.pharmafocusasia.com/strategy/arab_pharma_drug_industry
2. Aminul Mortaza. Development Of Modern Medicine In Islamic Countries./ Mortaza Aminul. – Casablanca: KMcs, 2008. – 671 p.
3. Osama Kandil. The Pharmaceutical Industry in the Arab World: Challenges, Controversies and Future Outlook / Kandil Osama // Drug Discovery Today.
- Vol. 9. - No. 13 (July), 2004.
4. Pormann Peter E., Savage-Smith Emilie. Medieval Islamic Medicine. / P.E. Pormann, E. Savage-Smith. – Edinburgh: University Press, 2007. – 235 p.

## On the Issue of the Healthcare in Ecuador

*Erik Fernando Jaramillo Males (Ecuador)*
*Jonnathan Alberto Ludeña (Ecuador)*
*Scientific advisor: associate prof. Natalia O.Opryshko*
*Kharkiv National Automobile and Highway University*

Not all the countries in the Latin American region have effective healthcare system, which depends on a number of economic, political, cultural and

environmental reasons. But at the same time Ecuador occupies rather steady position with health services working and medical insurance offered to the majority of the population. So the main objective of this study is to outlook the seasons for this stability.

To start with, Ecuador is made up of three distinct climatic regions: the tropical, alpine or Sierra, and the Amazon rainforest. This country differs depending on these regions. In the mountains, cities such as Quito or Cuenca, where the majority of Ecuadorians live, lack the health conditions usually associated with the tropics. For example, the species of mosquito that carry malaria and dengue fever cannot live above 2300 meters (according to the US Centers for Disease Control), since this happens in almost all mountains. While there seems to be no consensus in the medical community about the prevalence of altitude-related conditions, some visitors to the highlands may experience symptoms. The lower atmospheric pressure of rocks strongly affects some people with shortness of breath, nausea and dizziness, but these conditions are usually short-lived and require a period of reduced activity and conservative food and drink to acclimatize. Ecuadorians who live most of their lives in the mountains usually require a short period of adaptation after prolonged living at sea level. In the low-lying coastal regions and in the Amazon region, there are predictable diseases of this climate. Malaria, for example, is no longer an epidemic in Ecuador, according to UN sources. And Dengue fever too. The potential for these diseases exists, but mostly in isolated, economically depressed areas of the Amazon and the coast. What many do not realize is that dengue mosquitoes exist in the southeastern United States, but do not infect residents widely. Life expectancy is about the same as in the United States.

As in many countries, Ecuador has a comprehensive national health system. Free medical care (with an extensive system of hospitals and regional clinics) is available to all residents regardless of income and without purchasing any type of health insurance. An extensive proactive public health program includes actions such as teams of nurses who go door to door and offer residents a flu vaccine. The system

also serves remote rural areas where doctors, dentists and nurses provide compulsory one-year “rural” care in which they serve isolated or underserved populations. In Ecuador, this one year of service is compulsory to obtain a professional license. For residents who are members of the National Social Security Institute, an additional modern hospital and clinic system is provided through deductions from employees and employers' wages or voluntary payments, as is the case with many foreigners living in Ecuador. The monthly contribution for volunteer members (families of 2) of this system is just over $ 80. Employees, on the other hand, contribute 0.0935 of their wages to this coverage, but this also includes membership in the national pension system. Private healthcare is also available in the form of small clinics owned by doctors. Private health insurance can be purchased, but as in many countries, it is used by people with middle and high incomes. Ecuador has taken advantage of the Cuban medical education system, sending over 100 students a year (for over 10 years) to the Escuela de Medicina Latinoamericana at no cost to the Ecuadorian government or students. The program requires that 50% of these students be women. Before returning to practice in Ecuador, these doctors usually undertake specialized residencies in major cities in Argentina and Chile, as well as in other countries. In addition, Cuban citizens are numerous professors of medical faculties in major cities in Ecuador, including Quito, Guayaquil, Cuenca and Ambato.

The current structure of the public health system in Ecuador dates back to 1967. The Ministry of Health (Ministerio de Salud Publica del Ecuador) is responsible for the regulation and creation of public health policies and health plans. The Minister of Health is appointed directly by the President of the Republic. David Chiriboga, a public health specialist and researcher, was named minister in April 2010 but resigned in January 2012 and was replaced by Karina Vance.

The philosophy of the Ministry of Health is to provide social support and services for the most vulnerable groups of the population, and its main plan of action is community health and preventive medicine.

The Ecuadorian public health system allows patients to be treated daily as outpatients in public general hospitals, without an appointment, by general practitioners and specialists. It is organized around four main specialties: Pediatric Medicine, Gynecology, Clinical Medicine and Surgery. Specialized hospitals are also part of the public health system dedicated to the treatment of chronic diseases or a specific population group. For example, there are cancer hospitals (SOLCA) for the treatment of cancer patients, children's hospitals, psychiatric hospitals, gynecological and maternity hospitals, geriatric hospitals, ophthalmological hospitals and gastroenterological hospitals, and others.

Although fully equipped general hospitals are found in major cities or provincial capitals, smaller towns and cantons have basic hospitals for family consultation and treatment in pediatrics and gynecology, clinical medicine and surgery.

Community health centers (Centros de Salud) or day hospitals are found in major cities and rural areas. These day hospitals provide care for patients whose hospitalization lasts less than 24 hours.

Most of the rural communities in Ecuador are home to a significant proportion of the indigenous population; physicians assigned to these communities, also called “village doctors,” are responsible for small clinics to meet the needs of these patients in the same way as day hospitals in large cities. The care provided in rural hospitals is necessary with respect for the culture of the community.

MSP provides health care services to 30 percent of the Ecuadorian population. The social security institution covers 18 percent of the population. Two percent is covered by the Armed Forces. NGOs (non-governmental organizations) cover about five percent. Private services cover 20 percent. In 2011, there were 1.7 practicing doctors per 1000 population.

All in all, we can come to the conclusion that, in spite of certain troubles, the Ecuadorian healthcare system proves to be rather effective and prominent in the region. Although we do not find significant impacts on long-term child health

variables, we find that remittances do have an impact on health expenditures, and on some preventive issues such as de-worming and vaccination. In addition, we find significant effects of remittances on medicine expenditures when illness occurs. In this regard, remittances are used for both preventive and emergency situations. Interestingly, we also find a significant and positive effect of remittances on health knowledge.

References:

1. Daniel F López-Cevallos, Chunhuei Chi. Health care utilization in Ecuador: a multilevel analysis of socio-economic determinants and inequality issues // Health Policy and Planning. – Volume 25. – Issue 3. – May 2010, P. 209–218.
2. Acemoglu D., and Johnson S. Disease and Development: The Effect of Life Expectancy on Economic Growth // Journal of Political Economy. – 115(6), 2007. – P. 925–985.