

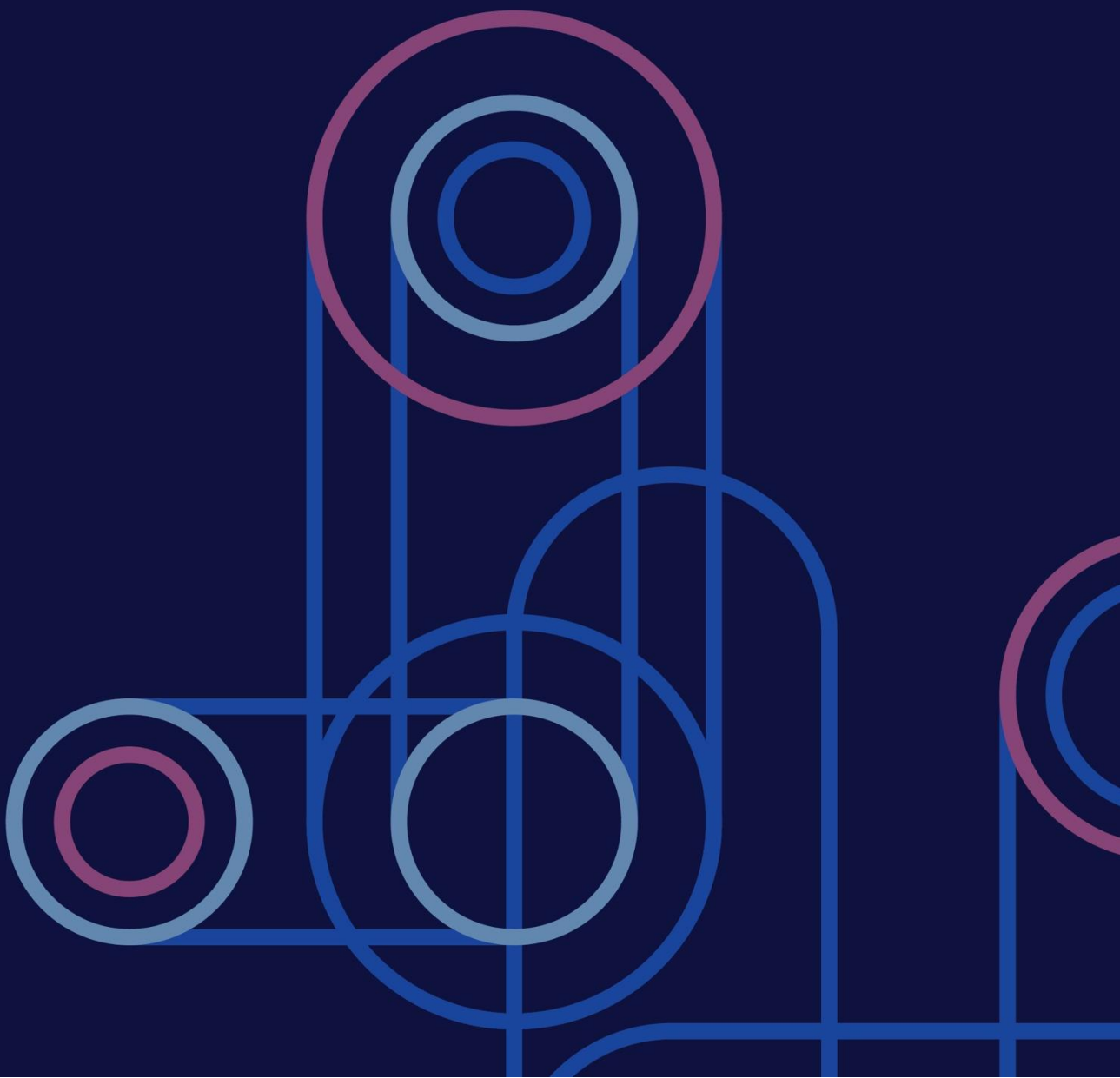


World Health  
Organization

CASE STUDY

*Salud al Paso (Health on the Go) in the  
Metropolitan District of Quito, Ecuador*

2026



## Basic information

<b>WHO Region</b>	AMRO
<b>City or Country</b>	Quito, Ecuador
<b>Timeline</b>	2015-2019
<b>Type of intervention</b>	Prevention; screening
<b>Primary level of implementation</b>	City
<b>Primary sectors involved</b>	Health; education
<b>Primary health outcomes or challenges</b>	Noncommunicable diseases; health behaviours

## Case description

From 2015 to 2019, the Metropolitan District of Quito, Ecuador implemented the Salud al Paso (Health on the Go) programme (SAP) to prevent cardiovascular diseases and type 2 diabetes and promote healthier lifestyles among urban residents. The programme was led by the city's Health Secretariat, with the Secretary of Health holding primary authority. It was conceived as a citywide prevention initiative and aligned with Quito's longer-term health policy agenda, which emphasized health promotion, early detection of chronic disease risk, and accessible services in public settings.

SAP delivered free screening and counselling services through a network of service points located in high-traffic public spaces. Nutrition and health personnel measured blood pressure, blood glucose, weight, and height, calculated body mass index, and provided brief counselling on diet and physical activity. Services were offered through a combination of fixed and semi-fixed stations in municipal parks and transport hubs, alongside mobile units that rotated across different neighbourhoods and supported outreach during community events. Individuals identified as being at higher risk were referred to municipal health services for follow-up care.

The programme was designed for scale. Its long-term objective was to establish a network of centres that would allow broad population coverage, with service locations distributed across the city. Within its first eight months of operation, SAP reached nearly 150 000 city residents; over the course of implementation well over 400 000 adults accessed screening and counselling services, including repeat visits over time.



Salud al Paso local service location. Quito, Ecuador: 2016. © José Julio Villalba.

Among factors that supported implementation were the provision of services at no cost and their delivery in locations that aligned with daily routines, reducing access barriers for working adults and other groups with limited time or mobility. The programme drew on a dedicated municipal budget allocation that covered staffing and supplies. At the same time, municipal legal and administrative frameworks provided formal backing for preventive health actions, positioning SAP as part of the city's institutional response to noncommunicable diseases.

However, the program also faced important barriers and sustainability challenges. Participation declined over time, likely the result of a combination of population fatigue, limited incentives for repeat visits, and challenges in demonstrating immediate benefits to users. Engagement with rural and peri-urban residents – who are underserved in Ecuador – was more sporadic than in central parts of the city, and some participants faced difficulties in completing follow-up visits. Coordination with national health services and other care networks remained incomplete, complicating referral pathways and continuity of care.

SAP also proved vulnerable to changes in the political and administrative environment. Although the programme was aligned with a longer-term municipal health plan, it was not fully institutionalized across all levels of governance and service delivery. Following a change in municipal leadership, the programme was terminated in 2019. While various stakeholders have expressed interest in reopening the initiative, these interruptions underscore the fragility of prevention programmes that rely on project-based structures rather than systems deeply embedded in urban governance.

SAP illustrates both the potential and the ongoing challenge of city-led preventive health action. Accessible, low-threshold services in public spaces can reach large numbers of residents and raise awareness of chronic disease risks. But sustaining such efforts over time requires more than technical effectiveness: it depends on stable institutional arrangements, strong intersectoral and intergovernmental linkages, and continuous evidence to support adaptation and political commitment.

## Strategic Highlight

This case illustrates why integrating urban health practice into a long-term civic vision is critical to sustaining even successful programmes. SAP was not designed or intended as a short-term intervention; rather, it was embedded within a ten-year municipal health plan that set strategic objectives for preventing chronic diseases and expanding access to health promotion services in public spaces. Its operational model translated this vision into practice, supported by municipal financing and administrative structures.

However, the programme's discontinuation shows that inclusion in a municipal plan alone may not be sufficient to guarantee durability. While SAP demonstrated technical feasibility and strong early reach, its experience highlights how preventive initiatives can remain sensitive to changes in political and organizational contexts when continuity mechanisms are not fully embedded across systems. Declining utilization over time, limited feedback mechanisms to demonstrate longer-term value, and incomplete integration with national health systems affected the programme's resilience. Ultimately, the programme lacked the adaptive advocacy and institutional mechanisms needed to navigate leadership transitions and external shocks.

Where preventive initiatives are not yet fully embedded across a city's institutional and policy ecosystem, even well-designed and widely accessed programmes can face challenges in sustaining momentum. A strategic approach to urban health therefore treats sustainability as a core design requirement. This entails embedding programmes within stable governance arrangements, securing long-term financing, aligning with broader urban development and health strategies, and establishing data systems that generate timely evidence for learning and adaptation. It also requires deliberate efforts to build public and political support by clearly communicating how urban health programming contributes to wider social and economic goals.

## Further Information

- [Salud al Paso: Justificación y resumen](#)
- [Sostenibilidad en la prevención de enfermedades crónicas: lecciones del programa Salud al Paso en Ecuador](#)

- [Sustainability in chronic disease prevention: lessons from the Salud al Paso program in Ecuador](#)
- [Evaluación de Resultados del Proyecto “Salud al Paso” en el Distrito Metropolitano de Quito: periodo 2015-2018](#)
- [Conducting Embedded Health Promotion Research: Lessons Learned from the Health On the Go Study in Ecuador](#)
- [Developing local health policy: Profiling needs and opportunities in the Municipality of Quito, Ecuador](#)