

## SUMMARY OF THE PROJECT IN DESIGN \* (\*)

### AMDAF - Associação Médicos da Floresta

<b>PITCH ELIGIBILITY DATE</b>		<b>COUNTRY(IES)</b>
09/27/2021		Brazil
<b>ALIGNED WITH COUNTRY STRATEGY?</b>		
Yes		
<b>PARTNER(S)</b>		
AMDAF - Associação Médicos da Floresta		
<b>PRELIMINARY CLASSIFICATION ENVIRONMENTAL AND SOCIAL IMPACT</b>		
C (**)		
<b>TOTAL BUDGET</b>	<b>IDB Lab</b>	<b>LOCAL COUNTERPART AND COFINANCING</b>
US 750,000	US 600,000	US 150,000
<b>DESCRIPTION</b>		

**The problem** The global population with preventable or untreated blindness and visual impairment is 1 billion and the blind population is estimated to be 36 million. More than half of these patients are blind/visually impaired, the majority of which are preventable and curable diseases. This is because they live in marginalized areas where they have difficulty in access to preventive health. This applies to indigenous communities in Brazil: they are suffering from difficulty in access to preventive eye care.

**The solution** AMDAF proposes to establish an innovative model using portable/smartphone attachment medical devices with artificial intelligence, to deliver eye care in Brazilian indigenous population and thereby to contribute to the UHC.

It will establish a remote-diagnosis model of ophthalmology combining the solution, which will solve the above-mentioned issues and deliver proper eye care infrastructure to the residents in indigenous communities in Brazil. In collaboration with professional ophthalmologists/medical staff in AMDAF and cutting-edge smartphone/mobile technologies, “Smart Eye Camera” for anterior segment and “Eyer” for retinal segment of the eye. “Smart Eye Camera (SEC)” has been developed by OUI Inc., a Japanese medical startup originating from Keio University School of Medicine. SEC is a smartphone-attachment medical device, enabling diagnosing anterior segment of the eye with equal function to the conventional slit-lamp microscope. Also, OUI Inc. currently develops auto-diagnostic of the eye diseases of anterior segment including cataract, using ophthalmic data obtained through SEC.

The selected pilot sites will be the residential areas of indigenous Brazilians in Amazon. These are one of the most marginalized areas from the perspective of basic infrastructure including healthcare access and internet connection. If the remote diagnostic model with SEC is proven to be feasible there, it means that the model will be applicable to the other marginalized areas not only in Brazil but also in other countries in South America. In collaboration with medical institutions/ NGOs undertaking delivery of eye care to the rural areas, we will scale up the remote-diagnostic model to all over Latin-American and the Caribbean

\*The information mentioned in this document is indicative and may be altered throughout the project cycle prior to approval. This document does not guarantee approval of the project.

\*\*The IDB categorizes all projects into one of six E/S impact categories. Category A projects are those with the most significant and mostly permanent E/S impacts, category B those that cause mostly local and short-term impacts, and category C those with minimal or no negative impacts. A fourth category, FI-1 (high risk) Financial Intermediary (FI)’s portfolio includes exposure to business activities with potential significant adverse environmental or social risks or impacts that are diverse, mostly irreversible or unprecedented, FI-2 (medium risk) FI’s portfolio consists of business activities that have potential limited adverse environmental or social risks or impacts, FI-3 (low risk) FI’s portfolio consists of financial exposure to business activities that predominantly have minimal or no adverse environmental and social impacts.

**The beneficiaries** Brazilian indigenous groups are present in all Brazilian territory and gather approximately 900,000 individuals. According to the 2010 census, 20,6% of Brazilian population is older than 50 years old, where recently AMDAF has identified that the main cause of visual impairment in older adults was cataract (52,6%), the world's major cause of blindness/visual impairment. Also, it has been reported that 20% of the population is suffering from diabetic retinopathy, 8.9% is suffering from trauma. We presume that this project can impact 5.000 elderly in the first year of full-scale pilot funded by Silver Economy

**The partner** AMDAF is a non-profit organization, founded by Brazilian ophthalmologists and engineers with deep knowledge of the sector and a strong professional network.

OUI Inc. will also provide full-support to co-create this model with AMDAF, utilizing their experiences in other countries/professional networks with Japanese ophthalmologists.

AMDAF and OUI Inc. have already started conversations with some distributing companies of medical devices to spread the model with SEC to Brazil and other LAC countries, and could have a positive perspective from these companies about future partnership; these companies also agree on the large potential of the model and the devices.

**The IDB Lab's contribution** IDB Lab will contribute with \$ 600,000 from the Japanese fund. Additionally, IDB Lab and SPH will contribute with its knowledge in the development of innovative tech enabled solutions in the health industry and connecting AMDAF and its partners with local and national governments, impact investors and the startup ecosystem related to healthtech.

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