

## TC ABSTRACT

### I. Basic Project Data

▪ Country/Region:	URUGUAY/CSC - Southern Cone
▪ TC Name:	Program to Support Telehealth Care Development in Uruguay
▪ TC Number:	UR-T1231
▪ Team Leader/Members:	SANCHEZ, MARIO ALBERTO (SCL/SPH) Team Leader; TOURNIER VAZQUEZ, VALENTINA (CSC/CUR); DELFS ILIEVA, ISABEL (SCL/SPH); MENDOZA BENAVENTE, HORACIO (LEG/SGO); CUBA VALDIVIA, ABEL ARMANDO (VPC/FMP)
▪ Taxonomy:	Client Support
▪ Number and name of operation supported by the TC:	N/A
▪ Date of TC Abstract:	11 Jun 2020
▪ Beneficiary:	AGESIC
▪ Executing Agency:	AGENCIA DE GOBIERNO ELECTRÓNICO Y SOCIEDAD DE LA INFORMACIÓN Y DEL CONOCIMIENTO
▪ IDB funding requested:	US\$500,000.00
▪ Local counterpart funding:	US\$0.00
▪ Disbursement period:	24 months
▪ Types of consultants:	Individuals; Firms
▪ Prepared by Unit:	SCL/SPH - Social Protection & Health
▪ Unit of Disbursement Responsibility:	CSC/CUR - Country Office Uruguay
▪ TC included in Country Strategy (y/n):	No
▪ TC included in CPD (y/n):	No
▪ Alignment to the Update to the Institutional Strategy 2010-2020:	Social inclusion and equality

### II. Objective and Justification

- 2.1 The objective of this TC is to support the development of telehealth prototype solutions for the prevention and care of chronic illnesses and for effectively managing non-ambulatory medical emergencies.
- 2.2 Around the world, health care organizations, particularly in developed countries, are strongly engaged in exploring strategies to leverage telehealth to achieve higher user engagement and satisfaction. The COVID-19 pandemic has clearly shown that LAC health systems are quite behind in the telehealth path. Moreover, it has demonstrated that telehealth is one of the missing links for effectively managing health crises in the region. Countries with robust systems for remote monitoring of vital signs and remote doctor-patient consultations fare better in reducing users and health workers infections from overcrowded health centers. Countries with better integrated health information systems (electronic medical records or medical equipment and supplies and health workforce management systems) can swiftly anticipate and manage health services supply gaps during the crisis.
- 2.3 Current scientific knowledge suggests that LAC could have to deal with the COVID-19 pandemic for some time. Finding an effective and safe treatment would not reduce transmission of SARS-COV-2, but would reduce morbidity and mortality. An effective vaccine would indeed eliminate transmission, but the challenges of large-scale production are significant.

- 2.4 The net health impact from COVID-19 is composed not only by its direct consequences, but also by the lack or reduced provision of other essential health services, like chronic diseases prevention. The latter could impose even higher health costs on the population. Therefore, it is imperative to swiftly find an equilibrium between responding to the health consequences of the pandemic and restoring and maintaining coverage for other critical health services. Telemedicine is one of the main tools available to that end, and Uruguay has already laid a strong foundation to successfully go through this path.
- 2.5 Uruguay is one of the Latin American countries that has taken longer strides on the telehealth. Its Agency for the Development of Electronic Management and Information Society (AGESIC) has led the country into becoming the first one in the region with a nation-wide electronic health records system, which has been instrumental in speeding up Uruguay's digital response to the pandemic. In turn, the pandemic has reinforced telehealth at the top of the policy agenda in Uruguay.
- 2.6 This TC will support Uruguay's efforts to advance its telehealth agenda, by laying down the technical, regulatory and operative fundamentals for specialized remote screenings for chronic conditions (which account for 80% of Uruguay's burden of disease), and for mental-health triage and consultations (Uruguay has the higher suicide rates in the region). The TC will also support the development of a digital solution to enhance supplier coordination in the response to non-ambulatory emergencies, reducing time-to-care to increase the chances of avoiding death or disability. Specifically, the TC will support the development and pilot implementation of a national management system for non-ambulatory health emergencies, based on screenings carried out at different points of the line of care and on real-time health care provider capacity.

### III. Description of Activities and Outputs

- 3.1 **Component I: Telehealth solutions for screening and managing chronic conditions.** The component will finance goods (up to 30% of the Bank's contribution), services and consultancies required to develop prototype solutions for remote electrocardiography and imageology and mental health screening and patient-doctor consultations, when clinically appropriate.
- 3.2 **Component II: Telehealth solution to enhance coordination among providers of non-ambulatory emergency care.** The component will finance services and consultancies required to develop and pilot a national system to coordinate non-ambulatory emergency care.

### IV. Budget

Indicative Budget

Activity/Component	IDB/Fund Funding	Counterpart Funding	Total Funding
Telehealth solutions for screening and managing chronic conditions	US\$360,000.00	US\$0.00	US\$360,000.00
Telehealth solution to enhance coordination among providers of non-ambulatory emergency care	US\$140,000.00	US\$0.00	US\$140,000.00
<b>Total</b>	<b>US\$500,000.00</b>	<b>US\$0.00</b>	<b>US\$500,000.00</b>

### V. Executing Agency and Execution Structure

- 5.1 The TC will be executed by AGESIC, as part of the "Salud.uy" initiative. AGESIC is an Executive Unit dependent on the Presidency of the Republic. Its mandate is to lead the

country into digital development and to become an Information Society. Specifically, AGESIC promotes public digital innovation and facilitates efficient interactions between citizens and public services, incorporating digital technologies and streamlining processes.

- 5.2 "Salud.uy" is a Presidency of the Republic's initiative aimed at promoting policy and technical coordination between the Health and Finance Ministries and AGESIC, in order to achieve widespread use of Information and Communication Technologies in the health sector to improve quality and continuity of services. Organically, Salud.uy's director responds from AGESIC's presidency.
- 5.3 In addition to AGESIC, the implementation of the CT will require technical and operational coordination with the Administration of Public Health Services (ASSE) and the Health Ministry. Salud.uy has solidly established itself before both agencies as the technical referent for the implementation of digital initiatives, even more as Salud.uy has been the entity in charge of coordinating the design and implementation of the digital tools used for the management of the pandemic. On the other hand, Salud.uy has extensive experience in executing IDB programs, having been the Executing Agency for loan operations supporting the development of Uruguay's National Electronic Health Records System, UR-L1032 and UR-L1143.

## **VI. Project Risks and Issues**

- 6.1 As of today, two significant risks have been identified for the implementation of this CT. The development of a remote imaging system could generate resistance on the part of specialists in the field. To mitigate this risk, the CT foresees to involve them in its conception, characterizing it as a tool to achieve the timely provision of a service that currently cannot be achieved. Due to the enormous diversity of mental health conditions and because mental telehealth is still an area in development around the world, there is a second risk of technical nature, regarding the feasibility of developing a remote system of good quality. To mitigate this risk, the implementation of the CT will take the necessary safeguards to ensure that remote attention does not imply a less effective intervention vis-a-vis that which a face-to-face intervention.

## **VII. Environmental and Social Classification**

- 7.1 The ESG classification for this operation is "undefined".