

TC Document

I. Basic Information for TC

▪ Country/Region:	REGIONAL
▪ TC Name:	Creating Tools for Strengthening Planning and Implementation of Health Information Systems in the Region
▪ TC Number:	RG-T3566
▪ Team Leader/Members:	Tejerina, Luis R. (SCL/SPH) Team Leader; Nelson, Jennifer A (SCL/SPH) Alternate Team Leader; Bagolle, Alexandre (SCL/SPH); Bermudez Plaza, Neili Carolina (SCL/SPH); Negret Garrido, Cesar Andres (LEG/SGO); Silveira, Sheyla (SCL/SPH)
▪ Taxonomy:	Research and Dissemination
▪ Operation Supported by the TC:	.
▪ Date of TC Abstract authorization:	11 Oct 2019.
▪ Beneficiary:	All member countries of the Bank in LAC and the Caribbean
▪ Executing Agency and contact name:	Inter-American Development Bank through its Social Protection and Health Division (SCL/SPH)
▪ Donors providing funding:	OC Strategic Development Program for Social Development(SOC)
▪ IDB Funding Requested:	US\$200,000.00
▪ Local counterpart funding, if any:	US\$0
▪ Disbursement period (which includes Execution period):	24 months (from January 2020 to January 2022)
▪ Required start date:	January 31 2020
▪ Types of consultants:	Individuals
▪ Prepared by Unit:	SCL/SPH-Social Protection & Health
▪ Unit of Disbursement Responsibility:	SCL-Social Sector
▪ 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; Productivity and innovation; Institutional capacity and rule of law

II. Objectives and Justification of the TC

- 2.1 The objective of this technical cooperation (TC) is to develop and validate tools for the design and implementation of digital health and social protection projects in the region. This will include the implementation of diagnostic tools such as maturity models, mapping the current architecture of information systems and meetings of experts to disseminate knowledge on digital transformation created through earlier Bank projects. All activities will produce guides for replicating these tools in other countries in the region.
- 2.2 Latin American countries could increase the average life expectancy of people by four years while maintaining current health and medical spending levels if they had the efficiency of OECD countries. Quality of care is also a concern; according to the Lancet Global Health Commission on High Quality Health Systems in the SDG Era, more than eight million people in lower middle-income countries (LMIC) die from conditions that should be treatable by health systems. Quality has become a larger barrier to care than access; 60% of deaths are due to poor quality care. In 2015 alone, these deaths results in US\$6 Trillion in economic losses (Lancet, 2018). The potential of digital technologies to improve efficiency, quality and safety has been demonstrated,

however digital transformation is more complex than selecting technologies and requires changes in people and processes of care. The complexity of the health sector and especially technology for health services has caused lagging progress in the digital transformation of the sector, especially in Latin America and the Caribbean (LAC). Of the 19 countries included in a 2016 study by the Pan-American Health Organization (PAHO), only 52.6 % have a national electronic health record (EHR) system and only 26.3 % have legislation that supports the use of such systems (PAHO, 2016). Furthermore, the data available are often of low quality and are fragmented across systems.

- 2.3 Since 2018, the Social Protection and Health (SPH) division of the Bank has been implementing a [strategy](#) to develop tools and processes to facilitate and improve the design of digital projects in the health sector. These tools are aligned with the [Principles for Digital Development](#), which the Bank endorsed in 2018.¹ The tools that have been developed have already been implemented in 8 countries² and the results have been useful in project design and have strengthened the Bank as a technical partner in this area. Tools developed include a Maturity Model for Electronic Health Records, a methodology for strategic planning and selection of critical investments (the Future State/Critical Success Factors method), two checklists for the early and late stages of project design and execution, and a guide for the administration of digital contracts. The SPH has also created a webpage, [+Digital](#), for sharing all the resources that have been created and a series of learning materials and videos to disseminate basic concepts and bring recommendations to policymakers who are interested in digital transformation of the health sector. However, the set of tools already developed are so far focused on internal use and lack adequate implementation guides for Governments in the region, and there are aspects of digital transformation that still lack suitable tools such as guides for developing system architectures and to calculate the total cost of ownership of digital solutions.
- 2.4 Knowledge on how to design and implement digital tools in the social sector can also be built and disseminated through expert meetings and networks. From 2014-2018, the IDB supported this type of learning through the creation of the “*Red para el Desarrollo de la Historia Clínica Electrónica*” (RASCEL), supported by RG-T2422 (ATN/OC-14357-RG). This community of practice produced key technical documents, including guidance on architecture, standards, implementation challenges, terminology, and legal framework. IDB has also supported this work through RG-T2171 (ATN/KK-13328-RG) as part of the Salud Mesoamerica Initiative, which included the creation of a community of practice which shares open-source information solutions between countries and RG-T3153, Fostering transformation through technological innovation which funded the development of some of the tools listed earlier.
- 2.5 **Strategic Alignment.** The TC is consistent with the Update to the Institutional Strategy (UIS) 2010-2020 (AB-3008) and is strategically aligned with the development challenge of: (i) social inclusion and equality; and (ii) productivity and innovation by increasing efficiency, and quality of healthcare to the citizens of the region. The TC is

¹ The Principles for Digital Development are nine living guidelines that are designed to help integrate best practices into technology-enabled programs and are intended to be updated and refined over time. They include guidance for every phase of the project life cycle, and they are part of an ongoing effort among development practitioners to share knowledge and support continuous learning.

² Jamaica, Suriname, Paraguay, Peru, El Salvador, Brazil, Colombia, Uruguay.

also aligned with the cross-cutting theme of Institutional Capacity and Rule of Law by empowering management skills for public institutions related to health. The CT is aligned to the Corporate Results Framework (CRF) 2020-2023 (GN- 2727- 8) by creating tools to benefit Government agencies with projects that strengthen digital technology and managerial capacity to improve public service delivery. In addition, the TC is aligned with dimension four of the Health and Nutrition Sector Framework Document (GN-2735-7) as it aims to increase efficiency and leadership by health authorities. It is also aligned with the Ordinary Capital Strategic Development Program for Social Development objectives of enhancing the relevance, quality, and volume of Bank lending in support of the social sector and strengthening public institutions' efforts to become more effective and efficient in social programming, group targeting, and social project execution.

III. Description of activities/components and budget

- 3.1 **Component 1. Tools for the design and execution of digital health transformation (US\$120,000).** This component will fund the implementation of two future state exercises to complete the validation of the tool and produce the final guides for its implementation. It will also fund two implementations of the revised version of the IDB Nation Electronic Health Record (EHR) System Maturity Model and the creation of the final guides for its implementation by Government officials. Specifically, the component will fund individual consulting services and results include at least four tools implemented to support the design and execution of digital health transformation in LAC.³ These tools will contribute to the improved quality and adherence to the Digital Development Principles for countries and projects working in the digital transformation of the health sector.
- 3.2 **Component 2. Resources for Digital Transformation of Health and Social Protection (US\$40,000).** This component will fund the development of three learning materials in health systems architectures and total cost of ownership that will be shared in the webpage +Digital. It will also fund the creation of additional media such as explanatory videos, interviews and visualizations for +Digital to promote knowledge dissemination. Specifically, the component will fund individual consulting services and results include at least three learning materials published in +Digital. This will contribute to improved regional knowledge for digital transformation of health and social protection.
- 3.3 **Component 3. Regional Knowledge Exchange (US\$40,000).** This component will include funding for workshops on digital health and single beneficiary registries. The workshop on digital health will include the participation of founding and new members of the *Red Americana de Cooperación sobre Salud Electrónica* (RACSEL)⁴ and other

³ Countries will be selected based on consultation with regional experts, and the potential to improve the regional tools, for example countries with different characteristics from the ones in which the tools were already implemented. All tools will be made publicly available for regional use.

⁴ RACSEL, The Latin American Network for Electronic Health Cooperation, is a network supported by the Regional Public Goods initiative of the Inter-American Development Bank (IDB), whose objective is to support the member countries to: 1) Establish a means of permanent exchange of knowledge and experiences that allow them to define common standards for the future generation of Regional Electronic Health Record Exchange; 2) Create a series of products that help our continent to develop electronic health by emphasizing the implementation of electronic health records and close the gaps related to foundational elements. There are five member countries, and seven countries that have expressed to join the network; Chile, Colombia, Costa Rica, Peru and Uruguay (Members); Argentina, El Salvador, Panama, Jamaica,

regional actors like the Pan-American Health Organization. The second will bring together directors of single beneficiary registries to explore their current state and opportunities to increase the value of data to address social determinants of health through interoperability.⁵ Specifically, this component will fund the participants' travel expenses and program expenses and will result in two regional workshops. This will also contribute to improved regional knowledge for digital transformation of health and social protection.

- 3.4 The total cost of this TC will be US\$200,000, which will be financed by the OC Strategic Development Program for Social Development (SOC). The execution disbursement period will be 24 months.

Indicative Budget

Activity/Component	Description	IDB/SOC	Total
Component 1. Tools for the design and execution of digital health transformation	Four tools implemented	US\$120,000	US\$120,000
Component 2. Resources for Digital Transformation of Health and Social Protection	Three learning materials published	US\$40,000	US\$40,000
Component 3. Regional Knowledge Exchange	Two regional workshops	US\$40,000	US\$40,000
TOTAL		US\$200,000	US\$200,000

- 3.5 Supervision activities will be the responsibility of Luis Tejerina and Jennifer Nelson from the Social protection and Health Division. There are no expected additional supervision costs.

IV. Executing agency and execution structure

- 4.1 In agreement with the Bank's Policy on Technical Cooperation (GN-2629-1, paragraph 4.5), this TC will be executed by the Bank, since it is a regional technical cooperation and a suitable agency with the capacity to execute could not be identified. The TC depends on direct coordination between specialists and their counterparts in each country. Moreover, sustainability of the project will not be affected by the Bank being the executing unit since it is expected that the Bank itself will disseminate and implement learning from this TC in future projects and will coordinate directly with beneficiary institutions. The intellectual property rights of the products produced by this TC will be the property of the Bank. The team will acquire the necessary non-objection letters from countries once they are selected.
- 4.2 **Procurement.** All activities to be executed under this TC have been included in the Procurement Plan and will be contracted in accordance with Bank policies as follows: (a) AM-650 for Individual consultants; (b) GN-2765-1 and Guidelines OP-1155-4 for Consulting Firms for services of an intellectual nature and; (c) GN-2303-20 for logistics and other related services. The UDR will be in Headquarters.

V. Major issues

Honduras, Paraguay, and Ecuador (Potential members). Regional collaborators include PAHO. Products include 5 technical documents for regional health information exchange and standard adoption.

⁵ The interexchange of health and social data is increasing in countries in the region through interoperability in countries such as El Salvador, Costa Rica, and Honduras, these data can be very useful for policy design in health since most of the determinants of health are found in areas not related to health.

- 5.1 This project is based on knowledge transfer and translation from regional and subject matter experts. For Component 1 there is the risk that if no experienced consultants for the development of the studies with the necessary level of quality are found products will not be generalizable into standard tools for their use by any country in the region. To mitigate this risk, we will conduct additional outreach efforts to be able to reach a large pool of consultants from which to choose. For Component 2 there is the risk that if countries do not have ownership of tools, they could not use them properly and the project design might not improve. To mitigate this risk, team will maintain a direct line communication with countries and technical counterparts from relevant institutions to keep them informed and to consider their inputs for the final products.

VI. Exceptions to Bank policy

- 6.1 There are no exceptions to Bank policy in this project.

VII. Environmental and Social Strategy

- 7.1 This TC is no expected to have any negative social or environmental impacts. According to the Safeguards and Environmental Policy (OP-703), Indigenous Peoples (OP-765), and Gender Equality (OP-270), this TC is classified as category “C”. See filters [SPF](#) and [SSF](#).

Required Annexes:

[Results Matrix_40932.pdf](#)

[Procurement Plan_10948.pdf](#)