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MULTILATERAL INVESTMENT FUND

BRAZIL

**BUILDING A PUBLIC–PRIVATE ENTREPRENEURIAL AND INNOVATION
ECOSYSTEM FOR HEALTHY AND INCLUSIVE LONGEVITY**

(BR-T1733)

DONORS MEMORANDUM

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PROJECT SUMMARY

BUILDING A PUBLIC–PRIVATE ENTREPRENEURIAL AND INNOVATION ECOSYSTEM FOR HEALTHY AND INCLUSIVE LONGEVITY (BR-T1733)

The challenge. Brazil is aging at an exceptional speed: the population aged 65+ grew 57.4% in twelve years to reach 22.17 million in 2022, and 22% of Brazilians will be over 65 by 2050. Brazil's silver economy already generates an estimated R\$2 trillion annually but remains fragmented, with persistent gaps in clinical validation capacity, integration with the Unified Health System (SUS), evidence for policymakers, and a critically undersized care workforce. The SUS, on which approximately 75% of low-income Brazilians depend, lacks structured mechanisms to evaluate, adapt, and incorporate emerging longevity technologies.

The project. This US\$4.2 million Technical Cooperation between IDB Lab and Einstein shall establish a public–private entrepreneurial and innovation ecosystem for healthy and inclusive longevity in Brazil. The project will accelerate, clinically validate, and strengthen a pipeline of longevity-focused startups and solutions, ensuring they are technically validated, commercially viable, and positioned to attract private, philanthropic, and development capital. To advance healthspan equity, the project prioritizes solutions with clear pathways for adoption within the SUS, favoring pilots in SUS managed environments and explicitly testing adaptations for low-resource settings.

Components. The project operates through four mutually reinforcing components: (I) Acceleration and Validation of Longevity Solutions establishes Einstein's clinical environments as testbeds for startups, applies standardized validation protocols incorporating international digital health standards, and creates new ventures through the DeepUp program; (II) Evidence Generation, Policy Translation, and Adoption Pathways translates clinical and economic evidence into policy tools that enable SUS adoption, including a thematic priority on palliative care; (III) Workforce Transformation and Talent Development trains caregivers and adults 50+ through programs aligned with the project's validation and adoption pipelines, designed to deliver measurable employability outcomes; and (IV) Blended Finance and Investment Pathways mobilizes private, philanthropic, and development capital.

Innovation rationale. The project's innovation lies in treating population aging as a system-level development opportunity rather than a niche market, building shared infrastructure (validation protocols, evidence, training curricula, and policy tools) as open public goods that transform the silver economy from a fragmented, high-income-oriented market into a scalable, inclusive pillar of development for Brazil and Latin America.

Expected results. At least 8 new longevity startups created and an accelerated pipeline of investment-ready ventures; 15 validation and pilot projects completed; 11 pilots implemented within SUS networks; 15 policy products developed and 8 ecosystem events convening 560 participants; 280 healthcare professionals trained on adoption of longevity technologies; 6 caregiver training cohorts and 4 cohorts of the 50+ Upskilling and Entrepreneurship Program delivered, with at least 40% of caregiver graduates generating income within 6 months; 36 startup–investor connections; and validation protocols, evidence summaries, training curricula, and policy tools published as open public goods.

ACRONYMS AND ABBREVIATIONS

ACRONYM	DEFINITION
CONITEC	Comissão Nacional de Incorporação de Tecnologias no SUS (National Commission for the Incorporation of Technologies in the SUS)
CRF	Corporate Results Framework
DICI	Integrity and Institutional Capacity Diagnostic
EA	Executing Agency
EMA	European Medicines Agency
FDA	U.S. Food and Drug Administration
HNP	Health, Nutrition and Population Division (IDB)
IDB	Inter-American Development Bank
LAC	Latin America and the Caribbean
LGPD	Lei Geral de Proteção de Dados (Brazilian General Data Protection Law)
LMIC	Low- and Middle-Income Country
LTC	Long-Term Care
MIF	Multilateral Investment Fund
M&E	Monitoring and Evaluation
NCD	Non-Communicable Disease
NPS	Net Promoter Score
NRTC	Non-Reimbursable Technical Cooperation
OII	Office of Institutional Integrity (IDB)
PH4H	Public Health for All (WHO/ITU Global Initiative on AI for Health)
PSR	Project Status Report
RNDS	Rede Nacional de Dados em Saúde (Brazilian National Health Data Network)
ROFR	Right of First Refusal
SDG	Sustainable Development Goal
SUS	Sistema Único de Saúde (Brazilian Unified Health System)
TC	Technical Cooperation
VCI	Venture Capital Investment Division (IDB Lab)
WHO	World Health Organization

BRAZIL

(EXECUTIVE SUMMARY)

Country and Geographic Location:	Brazil		
Executing Agency:	Sociedade Beneficente Israelita Brasileira Hospital Albert Einstein ("Einstein" or the "Executing Agency")		
IDB Lab Vertical / Cross-cutting areas / Impact Challenges:	Vertical: Knowledge Economy. Cross-cutting areas: Gender and Diversity; Climate and Sustainability (healthy aging). Impact Challenges: (i) demographic transition and healthy longevity; (ii) inclusive innovation ecosystems; (iii) blended finance for scale-up.		
Coordination with Other Donors/Bank Operations:	The project complements IDB sovereign operations in Brazil: PROSUS II / Bahia (BR-L1602), Support to the Social Agenda in Brazil (BR-T1558), Modular TVET São Paulo (BR-T1460) and at the regional level RG-T4998 (HNP analytical agenda on care services). It also complements the IDB Lab Silver Economy agenda: Silver Ventures (RG-T4838), Silver Region (RG-T4312), Pathway for Longevity (CR-T1305), and Connected Finance 55+. It builds synergies with IDB Cares and leverages IDB Invest's corporate client network.		
Project Beneficiaries:	Direct: longevity-focused startups and entrepreneurs; researchers and universities; public and private healthcare institutions, particularly SUS-managed networks; healthcare and care professionals; adults aged 50+ benefiting from upskilling, reskilling, and entrepreneurship pathways. Indirect: vulnerable older adults (especially low-income populations and women) who gain improved access to cost-effective prevention, diagnostics, and care solutions through SUS adoption.		
Financing:	Non- Reimbursable Technical Cooperation (NRTC – MIF IV):	US\$ 2,200,000	52%
	Total IDB Lab Funding:	US\$ 2,200,000	52%
	Counterpart:	US\$ 2,000,000	48%
	TOTAL PROJECT BUDGET:	US\$ 4,200,000	100%
Execution and Disbursement Period:	48 month execution and 54 month disbursement period for the NRTC.		
Conditions for the First Disbursement	Conditions prior to the first disbursement of the NRTC will be, to the Bank's satisfaction: (i) designation of the project coordinator; (ii) Procurement Plan. For all subsequent disbursements: (i) general conditions detailed in the Agreement; (ii) no objection to the updated procurement plan; and (iii) report of compliance with financial and operating conditions. Project disbursements are contingent upon verification of milestones (Annex V), with achievement of milestones not exempting the EA from responsibility for Results Matrix indicators and project objectives.		

Environmental and Social Impact Review	This operation is a NRTC financed exclusively with IDB Lab resources and, in accordance with the IDB Lab Integrated Risk Management Committee (IRMC) decision, is outside the scope of the IDB Lab Environmental and Social Management System (ESMS).
Unit responsible for disbursements	CSC/CBR

I. The Problem

A. Problem Description

- 1.1. **A Demographic and Epidemiological Transition of Historic Magnitude.** The world is undergoing an unprecedented demographic shift, with global deaths projected to rise from 61 million in 2023 to 92 million by 2050, concentrated among middle-aged and older adults, with non-communicable diseases (NCDs) as the primary driver. NCDs already account for over 70% of all deaths in low- and middle-income countries (LMICs) and a significant share of disability.^{1 1 above} The World Bank estimates that the total economic value of avoidable mortality in LMICs alone could reach US\$40 trillion by 2050, and that investments in cost-effective life-course health interventions could yield benefit-cost ratios of approximately 16 to 1.¹ The Global Healthspan Report further highlights that extending healthspan — the period of life lived in good health — is not only a public health priority, but also an economic imperative, with the potential to generate significant returns through healthier aging, reduced pressure on health systems, and stronger long-term productivity.² Yet healthspan-extending science and technology have so far been disproportionately developed for and accessed by high-income populations, creating a global gap between what scientific evidence makes possible and what public health systems can deliver to the majority. Addressing this transition requires strengthening the systems and institutions that translate scientific progress in healthy longevity into accessible, effective, and sustainable solutions at population scale.
- 1.2. **Brazil's Accelerating Aging.** Brazil is aging at an exceptional speed. According to the Brazilian Institute of Geography and Statistics (IBGE), the population aged 65+ reached over 22.17 million in 2022, representing approximately 10.9% of the population, a sharp increase of 57.4% in just 12 years.³ Projections from the United Nations World Population Prospects indicate that by 2050, approximately 22% of Brazil's population will be over 65, placing the country among those with the largest elderly populations globally.⁴ The Inter-American Development Bank (IDB) estimates that 10.5% of Brazilians aged 65 and older are already in a situation of functional dependence, rising to 29% among those over 85. In absolute terms, more than 2 million people currently face difficulties performing basic activities of daily living, a figure projected to reach 6.4 million by 2050.^{5 5} Comparative analysis by the World Bank shows that Brazil already presents the highest levels of avoidable mortality among selected Latin American countries, significantly above the regional average and well above the performance of countries such as Chile.
- 1.3. **Uneven Capacity to Translate Healthspan Science into Public Health.** Brazil's demographic transition unfolds amid significant disparities in the system's capacity to deliver care for older adults. While the Unified Health System (SUS) provides broad primary healthcare coverage across the country, it faces material gaps in long-term care

¹ World Bank (2024). *Unlocking the Power of Healthy Longevity: Demographic Change, Non-communicable Diseases, and Human Capital*. Washington, DC: World Bank.

² Hevolution Foundation (2024). *Global Healthspan Report* (Second Edition).

³ IBGE (2022). *Censo Demográfico Brasileiro*.

⁴United Nations (2022). *World Population Prospects 2022*. Available at: <https://population.un.org/wpp/>

⁵ Peroni, F.M.; Veríssimo, L.C.G.; Shibata, L.G.; Aranco, N. (2023). *Envelhecimento e atenção à dependência no Brasil*. Washington, DC: IDB. Nota Técnica IDB-TN-02677.

(LTC) services and geriatric infrastructure, particularly in lower-income regions.⁶ These dynamics unfold unevenly across gender, age, and geography. Women represent 57% of the population aged 65+ and 63% of those over 80, making them simultaneously more likely to need care and to be the primary providers of unpaid care, dedicating approximately 73% more hours to care and domestic work than men.⁵ Globally, women shoulder approximately 76% of all unpaid care work, a burden that is intensified in contexts of poverty and limited public services.⁷ While this project does not aim to build the legal-institutional architecture of a national LTC system, it contributes to closing operational gaps by validating cost-effective healthspan technologies, training the care workforce, and generating evidence to inform future policy frameworks.

- 1.4. **A Fragmented Longevity Innovation Ecosystem.** Despite the rapid expansion of the silver economy, where individuals aged 50 and older represent a significant and growing share of health-related consumption, Brazil has not yet built a cohesive longevity innovation ecosystem. The landscape remains fragmented, with persistent gaps in regulatory frameworks, insufficient financing for early-stage science-based startups, limited clinical validation capacity, and low integration between innovation systems and the public health sector.⁸ The care infrastructure reflects this fragmentation: of the approximately 7,000 long-term care facilities in Brazil, only 2% are public, and the country's 1,640 day centers serve just 0.7% of the functionally dependent elderly population.⁵ Meanwhile, the formal caregiving workforce remains dramatically undersized: the number of formal caregivers grew from 5,263 in 2007 to 34,051 in 2017, far below the estimated 260,000 needed to meet the care needs of the dependent elderly population. The sector is characterized by 85% female participation, low education levels, and salaries at the minimum wage.^{5, 9}
- 1.5. Emerging longevity centers indicate what integrated, evidence-based models could look like, combining biomarkers, lifestyle interventions, targeted imaging, and translational research supported by artificial intelligence, but Brazil lacks mechanisms to translate such high-complexity models into scalable, affordable solutions for vulnerable populations or for the Unified Health System (SUS). This fragmentation is compounded by the fact that only a small fraction of health expenditure globally is directed toward prevention. The World Bank estimates that, on average, just 2–3% of health spending goes to preventive measures, despite evidence that prevention-oriented investments generate substantial returns.¹ The ecosystem's fragmentation is further reflected in the limited capacity of healthcare institutions to evaluate, adopt, and integrate emerging longevity technologies into clinical practice, a gap that extends from regulatory knowledge to operational readiness. There are few structured spaces for cross-sector dialogue and knowledge exchange among innovators, health systems, policymakers, and investors, and no standardized tools or assessment frameworks to evaluate the maturity, scalability, and investment readiness of early-stage longevity ventures.

⁶ Aranco, N. et al. (2022). *Envelhecer na América Latina e Caribe: Proteção social e qualidade de vida entre pessoas idosas*. Washington, DC: IDB.

⁷ Addati, L. et al. (2018). *Care work and care jobs for the future of decent work*. Geneva: ILO.

⁸ OECD (2021–2023). *Health Innovation Systems reports*.

⁹ Villalobos Ditrans, P.; Oliveira, D.; Stampini, M. (2022). *Estimación de las necesidades de recursos humanos para la atención a las personas mayores con dependencia de cuidados en América Latina y el Caribe*. Washington, DC: IDB. Nota Técnica IDB-TN-02556.

- 1.6. **Health and Economic Systems Under Rising Pressure.** The misalignment between rapid population ageing and fragmented innovation and care systems is placing increasing pressure on health, social protection, and economic systems. Between 2009 and 2015, persons aged 60 and older accounted for 29% of all hospital admissions in Brazil and 52% of intensive care unit admissions.¹⁰ Between 2000 and 2013, 31% of hospitalization expenditures for patients aged 60 and older in the SUS were for conditions that could have been treated in ambulatory settings, representing a significant and avoidable fiscal burden.¹¹ Brazil projects a doubling of obesity-related healthcare costs alone, from US\$5.8 billion in 2010 to US\$10.1 billion by 2050.¹² Among older adults aged 70 and above, 86% of deaths and 87% of years lived with disability are attributable to chronic diseases, while the country simultaneously faces a triple burden of disease, combining infectious and parasitic diseases, external causes of mortality, and NCDs.¹³
- 1.7. High-return areas such as prevention, early detection, and healthspan-extending technologies remain severely underfunded. According to the World Bank, a minimal package of cost-effective life-course interventions across all LMICs could cumulatively avert at least 150 million deaths by 2050 at a cost of approximately US\$220 billion per year by 2050, representing only about 7% of projected public health spending, with estimated economic returns of over US\$3.2 trillion in that year alone.¹ There is growing evidence that integrated community-based interventions can generate measurable results: the IDB supported Programa Maior Cuidado in Belo Horizonte, recognized by the WHO as the only example of good practice in integrated long-term care in the Global South, demonstrated a reduction in average hospital stays and hospitalization costs at an operational cost of just US\$173 per elderly person per month, compared to US\$655 for state-funded long-term care facilities.¹⁴ ¹⁵ The result is a widening gap between what science and evidence already make possible and what populations can effectively access.
- 1.8. **The SUS as the Critical Pathway to Healthspan Equity.** The SUS is the universal public health system on which the majority of low-income Brazilians depend for healthcare, covering approximately 75% of the population. Translating healthspan science into SUS-ready protocols, technologies, and care models is therefore the most direct pathway to ensure that gains in healthy life expectancy reach poor and vulnerable older adults. However, the SUS currently lacks structured mechanisms to evaluate, adapt, and incorporate emerging longevity technologies in a systematic and cost-effective way. Bridging this gap—between the supply of healthspan innovation and the SUS's capacity to absorb it—is essential to ensure that scientific progress in healthy longevity translates into tangible benefits for those who need it most.

¹⁰ Dias, R.D. and Barros, J.V. (2019). Burden of hospitalisation among older people in the Brazilian public health system. *Journal of Epidemiology & Community Health*, 73(6):537–43.

¹¹ de Souza, D.K. and Peixoto, S.V. (2017). Evolução dos gastos com internações hospitalares por condições sensíveis à atenção primária no Brasil, 2000–2013. *Epidemiologia e Serviços de Saúde*, 26(2):285–94.

¹² Rtveldadze, K. et al. (2013). Health and economic burden of obesity in Brazil. *PLoS One* 8(7):e68785.

¹³ IHME (2019). *Global Burden of Disease Study 2017*. Institute for Health Metrics and Evaluation.

¹⁴ Lloyd-Sherlock, P.; Giacomini, K.; Carvalho, P.F.; Sempé, L. (2024). Programa Maior Cuidado: uma intervenção integrada de base comunitária para idosos. Washington, DC: IDB. Nota Técnica IDB-TN-2889.

¹⁵ WHO (2021). *Framework for countries to achieve an integrated continuum of long-term care*. Geneva: WHO.

- 1.9. **The Structural Gap Blocking the Longevity Dividend.** Taken together, these forces (accelerated aging, fragmented innovation, a critically undersized care workforce, underinvestment in prevention, and limited mechanisms to bridge healthspan innovation with the SUS) form a structural barrier that prevents Brazil and Latin America from capturing the potential longevity dividend. These challenges persist not because individual actors underperform, but because the ecosystem itself lacks coordinated infrastructure for validation, evidence generation and sharing, blended financing platforms, policy alignment, and sustained talent development, which are public goods that no single institution can build or capture alone. As a result, the region lacks an integrated pathway capable of moving high-value longevity solutions from innovation to scale in the public sector and among vulnerable populations.
- 1.10. Emerging longevity innovations already demonstrate the potential to extend healthspan and reduce care costs. These include AI-powered diagnostic tools for early detection of cognitive decline and chronic conditions; wearable biosensors for continuous health monitoring and fall prevention; digital therapeutics for managing NCDs; assistive robotics for elderly care; and telemedicine platforms adapted for geriatric populations. However, most of these solutions remain confined to high-income markets and lack the clinical validation, regulatory alignment, and cost-effectiveness evidence needed for adoption in public health systems.
- 1.11. Without coordinated action, Brazil risks entering a cycle of rising care costs and declining healthy life years. Conversely, the IDB Group have recognized that building coordinated longevity ecosystems linking health innovation, workforce development, capital mobilization, and policy reform, can transform demographic change from a fiscal liability into a driver of inclusive development. Building this shared infrastructure is essential for unlocking the longevity dividend in Brazil and across Latin America.

II. The Innovation Proposal

A. Project Description

- 2.1. **Project Objective.** The project shall establish a public–private entrepreneurial and innovation ecosystem for healthy and inclusive longevity in Brazil that enables the silver economy to develop in a scalable, evidence-driven, and investment-ready manner. The project will accelerate, clinically validate, and strengthen a pipeline of longevity-focused startups and solutions, ensuring they are technically validated, commercially viable, and positioned to attract private, philanthropic, and development capital. To advance healthspan equity, the project prioritizes solutions with clear pathways for adoption within the SUS, favoring pilots in SUS-managed environments and explicitly testing adaptations for low-resource settings (cost reduction, simplified deployment, integration with primary care). Poor and vulnerable older adults constitute the primary indirect beneficiaries of the project, reached progressively as validated solutions transition from clinical pilots to routine SUS incorporation and as the trained care workforce enters public and community-based service delivery.
- 2.2. **Ecosystem Architecture.** The project shall operate as an ecosystem orchestrator, aligning validation, acceleration, policy engagement, workforce development, and financing within a single operational framework that connects five stakeholder groups: (i) hospitals and clinical institutions, including Einstein's private and public networks, providing real-world environments for pre-clinical testing, clinical validation, and SUS

integration through standardized open protocols; (ii) startups and entrepreneurs, co-developing longevity solutions with structured access to clinical data, regulatory guidance, and real demand signals; (iii) investors and venture capital, engaging early to observe validation processes, de-risk technologies, and shape scale-up pathways; (iv) philanthropy and development actors, providing patient capital and supporting inclusion-oriented adaptations for low-income and vulnerable populations; and (v) policymakers and public institutions, interacting continuously with project evidence to inform guidelines, financing mechanisms, and adoption pathways within the SUS.

- 2.3. **Theory of Change.** The project addresses the system's inability to adapt and scale longevity solutions in the context of Brazil's accelerated population aging. Four interconnected barriers persist: (i) longevity solutions lack clinical and technological validation in real-world settings, limiting access to capital; (ii) insufficient evidence is generated in policy-ready formats, weakening the innovation in public sector; (iii) the health and care workforce lacks skills to absorb new solutions; and (iv) older adults face limited opportunities for reskilling and economic participation. The project addresses these barriers through clinical validation in private and public health environments, generation of policy-relevant evidence, structured dialogue with public sector actors, training of caregivers and technical personnel, and upskilling and entrepreneurship for adults 50+. As these interventions reinforce one another, the project strengthens the conditions for validated, affordable longevity solutions to reach public health systems at scale, sustained by trained professionals and supported by private and development capital, ultimately contributing to healthspan equity for poor and vulnerable older adults. The indirect pathway operates through four reinforcing channels: (i) SUS adoption of validated cost-effective solutions; (ii) adaptation of technologies for low-resource settings; (iii) expansion of the trained care workforce serving public health networks and low-income households; and (iv) evidence-based policy tools that inform national and subnational frameworks on healthy aging.
- 2.4. **Cross-Cutting Enablers: AI and Digital Health Standards.** Artificial intelligence (AI) and digital health interoperability are cross-cutting enablers embedded across all project components. Rather than establishing new standards, the project will adopt and align solutions with existing international and national frameworks—including WHO's Global Initiative on Digital Health and Public Health for All (PH4H) specifications, Brazil's Rede Nacional de Dados em Saúde (RNDS), FDA and EMA risk-classification approaches for AI-based medical devices, and recognized cybersecurity and data-privacy protocols (LGPD).¹⁶ Validation protocols developed under Component I will incorporate conformance testing against these standards, ensuring that supported solutions are interoperable, secure, ethically deployed, and ready for adoption by the SUS and international markets. AI-related risks (model bias, data privacy, safety) are managed through risk-tiered review embedded in the validation pipeline and addressed explicitly in the Project Risk Matrix.
- 2.5. **Innovation rationale.** The project's innovation lies in treating population aging as a system-level development opportunity rather than a niche market, building shared infrastructure (validation protocols, evidence, training, policy tools) as open public goods

¹⁶ Specific frameworks include: WHO Global Strategy on Digital Health 2020–2025, WHO/ITU Global Initiative on AI for Health (PH4H), ANVISA's regulatory pathway for Software as a Medical Device (SaMD), Ministry of Health's RNDS interoperability specifications, FDA's Predetermined Change Control Plan for AI/ML-based medical devices, and EU AI Act risk classification for health AI.

that transform the silver economy from a fragmented, high-income-oriented market into a scalable, inclusive pillar of development for Brazil and Latin America.

- 2.6. **Component I: Acceleration and Validation of Longevity Solutions (IDB Lab US\$ 850,000; Counterpart US\$ 600,000).** This component accelerates and clinically validates longevity-focused startups and solutions, ensuring they are technically validated, cost-effective, and ready for adoption in private markets and the SUS. Leveraging Einstein's integrated private and public health networks, it establishes real-world environments for validation, evidence generation, and adaptation of innovations designed to advance healthspan equity.
- 2.7. The objective of this component is to strengthen a pipeline of investment-ready, evidence-based longevity and silver economy solutions by supporting startups through structured acceleration and real-world clinical validation, while generating open and standardized evidence that enables derisking, adoption, and scale-up, including within public health systems serving vulnerable older populations.
- 2.8. In order to achieve the objective of the component, the Executing Agency will implement the following activities:
- Accelerate longevity-focused startups through structured programs providing technical, regulatory, and business support, including access to Einstein's clinical environments for pre-clinical testing, pilots, and validation.
 - Apply standardized clinical and economic validation protocols to assess effectiveness, cost-efficiency, and SUS adoption readiness, incorporating international and national frameworks.
 - Adapt validated solutions for SUS and low-resource settings through cost-reduction engineering, simplified deployment protocols, and pilots in SUS-managed facilities serving low-income populations.
 - Create new longevity ventures through DeepUp, translating scientific research from academia, clinicians, and technologists into investment-ready startups.
 - Publish validation protocols, evidence summaries, and adaptation guidelines as open public goods for broader ecosystem use.
- 2.9. The expected results include:
- Creation and acceleration of a pipeline of early-stage ventures through structured programs such as DeepUp, resulting in at least 8 startups created.
 - Implementation of technological and clinical validation processes for longevity solutions, reaching at least 15 validation and pilot projects completed.
 - Deployment of at least 11 pilots implemented within SUS networks.
 - Generation and dissemination of standardized validation protocols, evidence summaries, and adaptation guidelines as public goods, supporting replication and broader ecosystem use.
- 2.10. To strengthen the bridge between the project and IDB Lab's investment work, and to maximize the strategic value of the partnership for the Venture Capital and Investment (VCI) Division, the project will incorporate the following elements:
- Startups joining the acceleration or clinical validation activities will formalize their participation through an agreement with the EA that includes a right of first refusal in favor of IDB Lab, to be exercised at IDB Lab's discretion, in the event the startup opens a financing round. Startups will share information about upcoming rounds

with EA and IDB Lab early enough to allow for a thoughtful evaluation and potential participation alongside other investors.

- IDB Lab will be able to suggest startups for consideration in the project, contributing to a richer and more diverse pipeline. Startups referred by IDB Lab that fit the scope of the project may be invited to join, at the EA's discretion. When a referred startup is already raising a round and the full clinical validation cannot be completed in time, the EA will do its best to provide a preliminary view on the company and the strength of its innovation, so IDB Lab can incorporate this input into its investment decision.
- The component will support the creation of a regional network of AI for health startups, ideally in collaboration with other leading health-related institutions, such as hospitals, universities, or entrepreneurial support organizations (ESOs), across the LAC region. This network will serve as a shared space to identify and technically evaluate a few promising startups per year (three to four) for potential investment, enriching IDB Lab's deal flow in a priority vertical while also expanding the reach and impact of Einstein's clinical expertise across the region.
- If, during the implementation of the project, a dedicated venture capital fund focused on longevity or AI-enabled health solutions were to be established by the EA or third parties, such a vehicle would be structured independently from the project and would not constitute a requirement or output thereof. In such a scenario, IDB Lab would preserve the right, at its discretion and subject to its internal policies and approvals, to assess potential participation, co-investment, or other forms of engagement on market-consistent terms.

Component II: Evidence Generation, Policy Translation, and Adoption Pathways (IDB Lab US\$ 350,000; Counterpart US\$ 100,000).

- 2.11. This component strengthens the foundations of the silver economy and healthy longevity agenda by acting as a structured interface for evidence generation in clinical, academic, and analytical environments while ensuring that evidence is translated into policy-ready formats that are intelligible, credible, and usable by public institutions.
- 2.12. By combining applied research, system analysis, and structured engagement with policymakers and key stakeholders, the component clarifies institutional bottlenecks, regulatory constraints, and governance pathways relevant to healthy longevity. Its primary focus is to reduce decision-making risk and support the informed adoption of validated longevity solutions within Brazil's Unified Health System (SUS) and related social care frameworks.
- 2.13. The objective of this component is to generate robust clinical, economic, and policy-relevant evidence on longevity and silver economy solutions, and to translate this evidence into practical policy tools, guidelines, and adoption frameworks that enable public and private health systems to incorporate validated innovations at scale, with a strong focus on inclusion and cost-effectiveness for vulnerable populations.
- 2.14. In order to achieve the objective of the component, the EA will implement the following activities:

- Develop and produce policy-relevant materials¹⁷, including cost-effectiveness analyses, clinical and operational protocols, regulatory guidance, and implementation manuals for longevity and silver economy solutions.
- Develop practical policy instruments that enable public-sector adoption of validated solutions within the SUS.
- Establish structured dialogue and collaboration platforms with public-sector actors at national and subnational levels to ensure continuous exchange between evidence producers and policymakers.
- Publish and disseminate research findings, policy tools, and methodological frameworks as open public goods to strengthen broader ecosystem learning and replication.

2.15. The expected results include:

- Production of a robust set of policy tools, reaching at least 15 products developed over the project period.
- Develop ecosystem engagement activities to foster connections and policy dialogue, including at least 8 ecosystem events, engaging a total of 560 participants across the project lifecycle.
- Implementation of capacity-building programs for institutional decision-makers and healthcare system leaders (hospital directors, health secretariat officials, policy managers) on the incorporation of validated longevity technologies into public health services, reaching at least 280 participants trained. These programs complement the policy products developed under this component and are designed to increase the probability of SUS adoption of validated solutions.

2.16. Component III: Workforce Transformation and Talent Development (IDB Lab US\$ 130,000; Counterpart US\$ 150,000). This component develops the human capital needed to strengthen the longevity economy ecosystem by promoting the qualification, reskilling, and productive inclusion of professionals at different stages of their working lives. The component aims to support two distinct groups: (i) elderly caregivers (entry-level workers seeking employability and income generation in the care economy); and (ii) professionals aged 50+ (mid-career workers requiring upskilling, reskilling, digital skills and entrepreneurship pathways)

2.17. The objective of this component is to train a qualified workforce capable of delivering quality care and absorbing longevity innovations, while expanding employability and income opportunities for adults aged 50+. In order to achieve the objective of the component, the EA will implement the following activities:

- Implement the Caregiver Training Program, combining technical foundations (geriatric care, prevention, integrated care, digital health basics) with socio-emotional and employability support, designed to enable income generation within six months of completion.
- Implement the 50+ Upskilling and Entrepreneurship Program, focused on digital literacy, AI-assisted tools for health and care, entrepreneurship for the silver economy, and intergenerational collaboration in the workplace.

¹⁷ Including palliative care as a thematic priority within the SUS.

- Align training content with the project's validation and adoption pipelines (Components I and II), so that caregivers are prepared to operate validated technologies in pilot settings and 50+ participants can develop and validate solutions through Component I's acceleration tracks.
- Publish training curricula and pedagogical methodologies as open public goods (distinct from Component II's policy products) to enable replication by educational institutions, civil society organizations, and care providers.

2.18. The expected results include:

- Delivery of 4 cohorts of 50+ Upskilling and Entrepreneurship Program.
- Delivery of 6 cohorts of Caregiver Training Program.
- Increase in 40% of caregiver graduates generating income in the field within 6 months of completion.
- Reach 70 points in the Net Promoter Score (NPS) of the programs implemented.
- Training curricula and methodologies published as open public goods.

2.19. **Component IV: Blended Finance and Investment Pathways for Longevity Scale-Up (IDB Lab US\$ 400,000; Counterpart US\$ 1,000,000).** This component positions the project as a catalyst for mobilizing private, philanthropic, and development capital to scale validated silver economy and longevity solutions. The component focuses on structuring sustainable investment pathways, aligning incentives across actors, and ensuring a possible continuum between early-stage validation by IDB Lab's Venture Capital Investment Division (VCI) and later-stage investment through VCI, IDB Invest, and other investors, such as venture capital.

2.20. The objective of this component is to mobilize third-party capital and structure investment pathways that enable scale-up of validated longevity solutions beyond the project. In order to achieve the objective of the component, the EA will implement the following activities:

- Operationalize investor engagement mechanisms (matchmaking events, demo days, structured introductions) connecting validated startups to VC funds, philanthropic capital, and development finance institutions.
- Deliver Strategic Snapshots for selected startups: structured 2–3 page executive briefs assessing risks, IP, business strategy, technical-scientific aspects, and regulatory pathways, developed jointly with Einstein specialists.
- Mobilize philanthropic and mission-aligned capital for inclusion-oriented adaptations, early pilots, and public-sector deployment, leveraging Einstein's institutional credibility.
- Document and publish lessons learned as public knowledge products to support replication across the region.

2.21. The expected results include:

- Implementation of structured mechanisms to connect startups with investors, resulting in at least 36 connections between startups and potential investors.

- Delivery of structured engagement with ecosystem stakeholders, including at least 8 strategic meetings to strengthen coordination across public and private actors.
- Delivery of structured strategic assessments for startups (e.g., Strategic Snapshots), reaching at least 6 assessments conducted.
- Lessons learned documented and published as public goods.

B. Project Results, Measurement, Monitoring and Evaluation

- 2.22. Project results will be measured against the indicators defined in the Results Matrix (Annex I), structured around outputs and outcomes across the four components, with cross-cutting indicators on gender, inclusion, and SUS adoption as the project's contribution to healthspan equity. Key indicators align with IDB Lab's Corporate Results Framework (CRF) for the Knowledge Economy vertical.
- 2.23. The EA will develop a monitoring plan at project inception and report to IDB Lab annually through the Project Status Report (PSR) system. A Final PSR and a final evaluation document will be submitted at project closure, consolidating results, lessons learned, and recommendations for replication. Given that several longevity outcomes materialize over longer horizons than the 48-month execution period, the project's open public goods, validated solutions, and trained workforce will continue to be tracked through Einstein's institutional systems and IDB Lab's broader Silver Economy agenda.

III. Alignment with IDB Group, Scalability, and Risks

A. Alignment with IDB Group

- 3.1. **Alignment with IDB Group Institutional Strategy.** The project advances the IDB Group Institutional Strategy by addressing three strategic objectives: (i) reducing inequality through improved access to healthcare for vulnerable older adults; (ii) promoting productivity through innovation and the silver economy; and (iii) strengthening institutional capacity in the public health sector. It operationalizes IDB Lab's MIF IV mandate to support decentralized, multi-actor ecosystem change in Knowledge Economy verticals.
- 3.2. **Alignment with the Country Strategy with Brazil 2024–2027.** The project supports the inclusive social agenda of the IDB Group Country Strategy with Brazil 2024–2027, specifically the priority "Advance a new social agenda for a prosperous and inclusive country" and the strategic objective "Improve the quality of spending on health and education". By strengthening public sector capacity, supporting adoption within the SUS, and fostering innovation, entrepreneurship, and workforce development, the project contributes to institutional strengthening, productivity, and reduced inequalities.
- 3.3. **Synergies with IDB sovereign operations.** The project complements IDB sovereign operations in Brazil and at the regional level. It strengthens the SUS adoption pathway by providing validated longevity solutions and policy tools that can be incorporated into state-level SUS strengthening efforts such as PROSUS II in Bahia (BR-L1602). It contributes evidence on healthy longevity, the silver economy, and care workforce to Brazil's broader social agenda dialogue advanced through BR-T1558. It draws methodological lessons on modular curriculum design from BR-T1460 to inform caregiver training and 50+ upskilling programs. At the regional level, the project shares validated

solutions, cost-effectiveness analyses, and policy products that can inform IDB's analytical and operational agenda on care services in the health sector led by RG-T4998 (HNP).

- 3.4. **Synergies with IDB Cares.** The project contributes to IDB Cares, the IDB Group's initiative to strengthen care systems and reduce the unequal burden of unpaid care work across the region. It validates prevention, early detection, assisted care, and integrated service delivery models that can be adopted within public health and social care systems. Open public goods generated by the project can support the development of more efficient, inclusive, and financially sustainable care systems, alleviating the disproportionate care burden faced by women and low-income households while promoting workforce development and labor force participation in care-related sectors.
- 3.5. **Synergies with IDB Invest.** As an existing IDB Invest client, Einstein represents a natural anchor for aligning innovation, infrastructure, and investment agendas. IDB Invest's corporate client network in healthcare delivery, life sciences, insurance, and care services will be leveraged as potential adopters, strategic partners, and scale-up channels for validated longevity solutions, strengthening market pull, accelerating adoption, and enhancing the commercial sustainability of innovations supported by IDB Lab. This integration creates a bridge between early-stage validation under IDB Lab and later-stage adoption, corporate partnerships, and investment facilitated by IDB Invest.
- 3.6. **Synergies with the IDB Lab Silver Economy agenda.** The project complements regional IDB Lab initiatives focused on demographic transition. Silver Ventures (RG-T4838) strengthens a regional pipeline of early and growth stage longevity startups across LAC; this project adds the critical layer of clinical validation, applied evidence, and SUS integration, enabling startups supported under RG-T4838 to progress from market readiness to evidence-based adoption and scale. Together with Silver Region (RG-T4312), Pathway for Longevity (CR-T1305), and Connected Finance 55+, these initiatives reflect the IDB Group's strategic focus on demographic transition. By accelerating and clinically validating longevity startups, the project de-risks early-stage ventures and creates a high-quality pipeline suitable for follow-on financing by IDB Lab Venture Capital Investment (VCI) and IDB Invest, with investors embedded from the design stage. Einstein is positioned as a key implementing partner in Brazil's expanding Silver Ecosystem and as a downstream enabling platform that enhances the quality, credibility, and scalability of the broader IDB Lab pipeline.
- 3.7. The project contributes directly to several United Nations Sustainable Development Goals (SDGs), reflecting its integrated approach to health, innovation, inclusion, and economic development:
 - **SDG 3 – Good Health and Well-Being (Target 3.8: Universal Health Coverage).** The project supports the development, validation, and adoption of innovative solutions for prevention, early diagnosis, care, and health system efficiency. By prioritizing real-world validation and deployment within both private networks and the Unified Health System (SUS), it aims to improve access, quality, and cost-effectiveness of healthcare, particularly for older adults and vulnerable populations. The project's commitment to piloting within SUS networks directly contributes to expanding access to essential health services and reducing out-of-pocket expenditure for underserved groups. Results Matrix linkage: Number of people reached by longevity solutions implemented through SUS pilots; percentage of pilots that progress to incorporation by healthcare units.

- **SDG 5 – Gender Equality (Target 5.4: Recognize and Value Unpaid Care Work).** The project contributes to gender equality by addressing the disproportionate burden of unpaid care work borne by women and by promoting inclusive workforce participation. Training, employment, and entrepreneurship initiatives incorporate a gender lens, while improved care solutions and system efficiency help reduce time and financial burdens on women caregivers. The caregiver training programs under Component III are designed with explicit attention to the inclusion of women in situations of intersectional vulnerability, including Black, mixed-race, Indigenous, quilombola, and transgender women, women aged 50+, and women with disabilities. Results Matrix linkage: Percentage of women in situations of intersectional vulnerability among participants.
- **SDG 8 – Decent Work and Economic Growth (Targets 8.3 and 8.5).**
 - **Target 8.3 – Entrepreneurship, innovation, and growth of MSMEs.** Through the promotion of longevity-focused startups, venture creation programs such as DeepUp, and structured investment pathways, the project contributes to job creation, entrepreneurship, and the development of new economic sectors within the silver economy. The acceleration and clinical validation pipeline directly strengthen the capacity of early-stage ventures to grow, attract capital, and reach new markets. Results Matrix linkage: Number of startups created in the DeepUp Program.
 - **Target 8.5 – Full and productive employment.** Workforce development and reskilling initiatives (especially targeting individuals aged 50+ and caregivers from vulnerable backgrounds) expand employability, income generation, and productive inclusion. The caregiver training program is specifically designed to generate measurable improvements in participants' economic outcomes within six months of completion. Results Matrix linkage: Percentage of caregiver course graduates who begin generating income in the field within six months after completing the training.
- **SDG 9 – Industry, Innovation and Infrastructure (Target 9.5: Enhance scientific research and upgrade technological capabilities).** The project strengthens the health innovation ecosystem by connecting research, clinical validation, venture creation, and capital mobilization within a unified platform. By accelerating science-based startups, supporting technological development and generating open innovation infrastructure and public goods such as validation protocols and evidence products, it enhances the region's capacity for sustained and scalable innovation in healthy ageing. Results Matrix linkage: Number of validation and pilot projects completed.
- **SDG 10 – Reduced Inequalities (Target 10.2: Promote social, economic, and political inclusion regardless of age).** The core focus of the project is to reduce disparities in access to health services and economic opportunities associated with aging. By prioritizing solutions deployable in public and mixed health systems and adapted for low-resource settings, the project expands access for low-income older adults, women, and underserved groups, while addressing structural inequalities in healthy aging. The dedicated 50+ Program under Component III directly promotes the economic and social inclusion of older adults through reskilling, upskilling, and entrepreneurship support, combating age-based discrimination and premature labor market exclusion. Results Matrix linkage: Number of adults aged 50+ impacted by pilots and validation projects; percentage of women in situations of intersectional vulnerability among participants.

B. Additionality and Scalability

- 3.8. **Non-financial additionality.** The project generates non-financial additionality by supporting the creation of public goods and shared infrastructure that have not emerged through market dynamics alone. The integration of IDB Lab and Einstein addresses four interlinked gaps that no single actor could close independently: startups lack access to clinical validation environments; health systems lack systematic mechanisms to evaluate and adopt emerging technologies; investors face information asymmetries on early-stage longevity solutions; and the care workforce remains critically undersized and undertrained.
- 3.9. **Validation as a public good.** The project develops and disseminates standardized, open clinical and economic validation protocols that reduce information asymmetry and de-risk investment decisions across the longevity ecosystem. Once published, these protocols become reusable infrastructure for any institution evaluating longevity technologies, lowering barriers to adoption well beyond the project's direct participants.
- 3.10. **Policy interface and evidence bridge.** By generating policy-relevant evidence and establishing structured dialogue platforms between innovators and public sector decision-makers, the project creates a missing institutional layer that connects innovation supply with public health demand, a function that private actors alone would not build, given its diffuse and long-term returns.
- 3.11. **Inclusion-oriented market shaping.** Left to market forces, longevity innovation would disproportionately serve high-income segments. The IDB Lab–Einstein partnership enhances the capacity to test, adapt, and deploy solutions in public health environments serving vulnerable populations, including low-income older adults, women who shoulder unpaid care responsibilities, and underserved communities. The project's explicit commitment to piloting within SUS networks ensures that innovation contributes to healthspan equity.
- 3.12. **Ecosystem coordination and trust.** By convening clinical institutions, startups, investors, academia, civil society, and public sector actors within a single operational framework, the project catalyzes a level of coordination and trust-building that would not occur organically, generating network effects that outlast the project cycle.
- 3.13. **Market opportunity for Scalability.** The project's scalability is anchored in the rapidly expanding silver economy. Brazil already has over 22 million people aged 65+ (10.9% of the population), a segment that grew by 57.4% in twelve years. Individuals aged 50+ account for approximately R\$247 billion in annual health spending, and the broader silver economy in Brazil generates an estimated R\$2 trillion annually. At the regional level, LAC's population aged 65+ is projected to double from ~65 million today to ~138 million by 2050, creating sustained demand for scalable, cost-effective longevity solutions.
- 3.14. **Institutional embedding at Einstein.** Scalability is reinforced by the fact that the proposed activities are embedded within Einstein's ongoing programs. Methodologies, clinical validation processes, and innovation adoption mechanisms are already operational within Einstein's healthcare ecosystem. The establishment of Einstein's Center for Longevity and Healthspan Innovation creates a long-term institutional platform that will continue to expand through synergies with other Einstein initiatives and engagement with corporate partners, investors, and ecosystem actors beyond the project lifecycle.

- 3.15. **SUS as a natural scaling pathway.** Translating private-sector knowledge and technologies into the SUS is part of Einstein's institutional mission. Einstein operates more than 30 public healthcare facilities across three of Brazil's five regions, providing testbeds for adaptation and integration of innovative solutions. Validated solutions will be deployed through co-designed pilots with municipal and state health authorities, enabling large-scale replication across the public system. Policy products, cost-effectiveness analyses, and implementation guidelines published as open public goods support replication by other institutions and governments across LAC.
- 3.16. **Capital mobilization and follow-on investment.** The project mobilizes private, philanthropic, and development capital to scale validated solutions through structured engagement with venture capital, IDB Lab Venture Capital Investment (VCI), IDB Invest, and philanthropic partners. Startups validated through the project gain stronger evidence, regulatory alignment, and clinical credibility, enabling responsible and sustained international scale-up. Together with Einstein's institutional track record and IDB Invest's corporate client network, these mechanisms can create a continuous bridge between early-stage validation and later-stage adoption, accelerating regional replication beyond the project's direct scope.
- 3.17. **Regional partnerships and ecosystem multipliers.** The project builds strategic partnerships with leading institutions across Latin America, including an IDB Lab project in pipeline with Tec de Monterrey in Mexico, which is advancing complementary initiatives in longevity, entrepreneurship, and innovation. These collaborations create opportunities for cross-regional exchange of startups, knowledge, talent, and validation methodologies, strengthening the regional innovation infrastructure for healthy longevity. Beyond the project's direct scope, a regional coalition of hospitals and healthcare institutions (to be established in coordination with IDB Lab's broader Silver Economy agenda) is expected to leverage the project's outputs, including validation protocols, evidence products, training curricula, and best practices, to support replication and continuity across participating institutions. While the coalition itself is not a formal deliverable of this project, its design will be informed by the knowledge infrastructure and institutional relationships built during implementation, amplifying the project's long-term impact and sustainability across the region.

C. Project and Institutional Risks

- 3.18. The project has been designed with a proactive risk-management approach reflecting the complexity of ecosystem-level and multi-stakeholder interventions. The risks identified below are considered manageable through mitigation measures embedded in the project's design, components, and governance arrangements. Additional risks identified during peer review (including evidence generalizability, regulatory change, workforce absorption, and key-person dependency) will be monitored throughout execution and re-qualified as project-level risks if prioritized by the project team during implementation.
- 3.19. **Risk 1: Ecosystem coordination and execution.** Given the project's reliance on coordination among multiple actors (clinical institutions, startups, investors, academia, and public sector entities) (cause), misalignment of incentives or delays in coordination among stakeholders may occur during implementation (event), affecting implementation efficiency and diluting expected results (impact). **Mitigation.** The project is anchored by Einstein, an institution with demonstrated capacity to coordinate complex multi-stakeholder initiatives across private and public health systems. Clear governance arrangements, standardized processes, and well-defined roles across components will

support effective execution, with close IDB Lab supervision and technical guidance throughout implementation.

- 3.20. **Risk 2: Clinical efficacy and evidence generation.** Given that longevity solutions are early-stage and operate in emerging technological areas, and that clinical, cost-effectiveness, and operational validation take place in real-world settings (cause), some technologies may not demonstrate sufficient clinical effectiveness, cost-effectiveness, or operational feasibility during validation (event), reducing the number of solutions suitable for adoption, investment, and scale-up, and constraining the pipeline of validated and investment-ready innovations (impact). This risk is distinct from pipeline availability risks and assumes an adequate flow of candidate solutions is achieved. **Mitigation.** The project combines structured acceleration with rigorous technical and clinical screening criteria for candidate solutions, applies robust clinical and economic validation protocols, requires measurable success criteria before pilots commence, and maintains a validation pipeline larger than minimum targets. Technologies are diversified across multiple use cases (prevention, diagnostics, care, AI-enabled solutions) to balance portfolio risk. The project's design progressively strengthens both quantity and quality of the pipeline over time rather than relying on a pre-existing mature pipeline.
- 3.21. **Risk 3: Public Health Systems adoption.** Given regulatory complexity, procurement processes, and budgetary constraints in Brazil's public health system (cause), validated longevity solutions may face barriers to incorporation within the Unified Health System (SUS) (event), limiting the project's contribution to healthspan equity and reducing the public health impact of validated technologies (impact). **Mitigation.** The project embeds public-sector engagement and policy dialogue from inception, prioritizing pilots in public health environments managed by Einstein. Component II generates policy-relevant evidence, cost-effectiveness analyses, and implementation tools to facilitate decision-making and adoption pathways. Structured engagement with municipal, state, and federal authorities is built into project activities.
- 3.22. **Risk 4: Capital mobilization and sustainability.** Given the early-stage nature of the longevity vertical in LAC and limited prior investor exposure to the silver economy (cause), private and philanthropic capital mobilization may proceed more slowly than anticipated (event), limiting follow-on financing and scale-up of validated solutions beyond the project lifecycle (impact). **Mitigation.** The project does not depend on the creation of a dedicated financing vehicle but instead operates as a de-risking and deal-flow platform, aligning startups with investors based on validated evidence. Structured engagement with venture capital, IDB Lab Venture Capital Investment (VCI), IDB Invest, and philanthropic partners support sustained capital attraction. A right of first refusal (ROFR) arrangement creates a structural link between validation and follow-on investment. Sustainability beyond the project lifecycle is further reinforced by Einstein's institutional platform for longevity innovation, which will continue tracking startups and validated solutions post-closure.
- 3.23. **Risk 5: Inclusion and equity.** Given that longevity innovation has historically been concentrated in high-income segments (cause), project activities may disproportionately benefit higher-income market segments rather than poor and vulnerable older adults (event), limiting the project's contribution to healthspan equity and weakening its development rationale (impact). **Mitigation.** Inclusion is embedded across all components through explicit prioritization of SUS adoption pathways, adaptation for low-resource settings, and workforce approaches targeting women in situations of

intersectional vulnerability, older adults, and low-income populations. Caregiver training programs include intersectional vulnerability criteria. Cross-cutting inclusion indicators in the Results Matrix are monitored continuously, ensuring equity objectives remain central to implementation.

- 3.24. **Integrity Review:** In accordance with IDB policies (document OP 474-1), an integrity review was conducted on the entities and individuals involved in this operation. The Project Team, with the assistance of OII, conducted an integrity due diligence on the Project and found that it presents integrity and related reputational risk that merit disclosure but are within the risk tolerance of IDB Lab
- 3.25. The KYC review found that the specific startups to be supported by the project had not yet been identified, creating integrity and reputational risks due to the inability to assess all participating entities. However, these risks are mitigated through the agreement between IDB Lab and the Executing Agency, which will require the executing agency to provide detailed information on candidate startups for pilot implementations within the public healthcare system, allowing IDB Lab to conduct integrity assessments in line with Due Diligence Guidelines (OP-474-1) before approving their inclusion in the project.
- 3.26. Based on the considerations described above, the Project Team considers that the integrity and related reputational risks presented by this Project are within the appetite of IDB Lab for such risks. OII concurs with this assessment.
- 3.27. The DICI Risk Matrix can be found in the project's technical files and the IDB Lab Risk Analysis tool has also been applied, which is also included in the technical documents of this project.

IV. Instrument and Budget Proposal

- 4.1. **Project cost and financing.** The project has a total cost of US\$ 4,200,000, of which US\$ 2,200,000 (52%) will be provided by IDB Lab through a Non-Reimbursable Technical Cooperation (NRTC), and US\$ 2,000,000 (48%) will be provided as Counterpart. The Counterpart contribution comprises three complementary sources: (i) Einstein in-kind resources of US\$ 820,000 (staff time, clinical infrastructure, laboratory access, and institutional support); (ii) Einstein cash of US\$ 480,000, primarily allocated to Component IV and reflecting Einstein's strategic commitment to mobilizing capital and structuring sustainable investment pathways for the longevity ecosystem; and (iii) third-party cash of US\$ 700,000 mobilized by participating startups through Einstein's institutional platform under Component IV (matchmaking events, demo days, Strategic Snapshots, and structured investor engagement leveraging Einstein's consolidated network of corporate partners, philanthropic donors, and venture capital). This third-party co-financing reflects Einstein's active role as a trusted partner facilitating capital mobilization for participating startups.
- 4.2. **Project administration and contingencies.** Project administration and evaluation represent US\$470,000 (11.2% of total project cost), covering project coordination, monitoring and evaluation, financial management, reporting, and IDB Lab supervision costs. Of this amount, US\$370,000 corresponds to IDB Lab resources (16.8% of IDB Lab funding) and US\$100,000 to Einstein's counterpart contribution. A contingency allocation of US\$150,000 (3.6% of total) is included to address unforeseen implementation needs.
- 4.3. **Retroactive recognition of counterpart funds.** Einstein has been investing in the development of its longevity innovation platform, including staff allocation, clinical infrastructure, and ecosystem-building activities, prior to the project's formal approval.

The project team proposes retroactive recognition of counterpart contributions incurred after March 27th, 2026, in the amount of up to US\$ 70,000, in accordance with IDB Lab policies. IDB Lab funds cannot be used for expenses incurred prior to project approval.

Summary Budget (US\$)

Project Components	IDB Lab NRTC	Counterpart		Total
		In Kind	In Cash	
Component 1: Acceleration and Validation of Longevity	850,000	500,000	100,000	1,450,000
Component 2: Evidence Generation, Policy Translation, and Adoption Pathways	350,000	100,000	-	450,000
Component 3: Workforce Transformation and Talent Development	130,000	90,000	60,000	280,000
Component 4: Blended Finance and Investment Pathways	400,000	-	1,000,000	1,400,000
Project Administration and Evaluation	370,000	80,000	20,000	470,000
Contingencies	100,000	50,000	-	150,000
Total	2,200,000	820,000	1,180,000	4,200,000
% Of Financing	52%	20%	28%	100%

V. Executing Agency (EA) and Implementation Structure

A. Executing Agency(s) Description

- 5.1. **The Executing Agency.** Sociedade Beneficente Israelita Brasileira Hospital Albert Einstein ("Einstein") is a private non-profit organization (associação civil sem fins lucrativos) founded in 1955 in São Paulo, Brazil. Einstein operates in both the private and public health systems, with a broad care network that includes more than 30 private units and the management of over 30 public healthcare facilities across three of Brazil's five regions. This dual presence enables the testing and adoption of innovations in settings that reflect both high-complexity care and resource-constrained public health environments.
- 5.2. **Institutional mission and capabilities.** Einstein integrates care delivery, research, education, and innovation capabilities that enable rapid translation of scientific knowledge into practical applications. Since its founding, social responsibility has been a core pillar of its institutional culture, including dedicated initiatives focused on equitable access, inclusive care, workforce diversity, and people aged 50+. Einstein's residential care services and operational experience with older adults reinforce its legitimacy in healthy aging. Through its medical school, residency programs, continuing education, and

professional training initiatives, Einstein strengthens workforce capacity and standards of care at scale. Advanced laboratory infrastructure and clinical environments support pre-clinical and clinical validation of new technologies under real conditions of care.

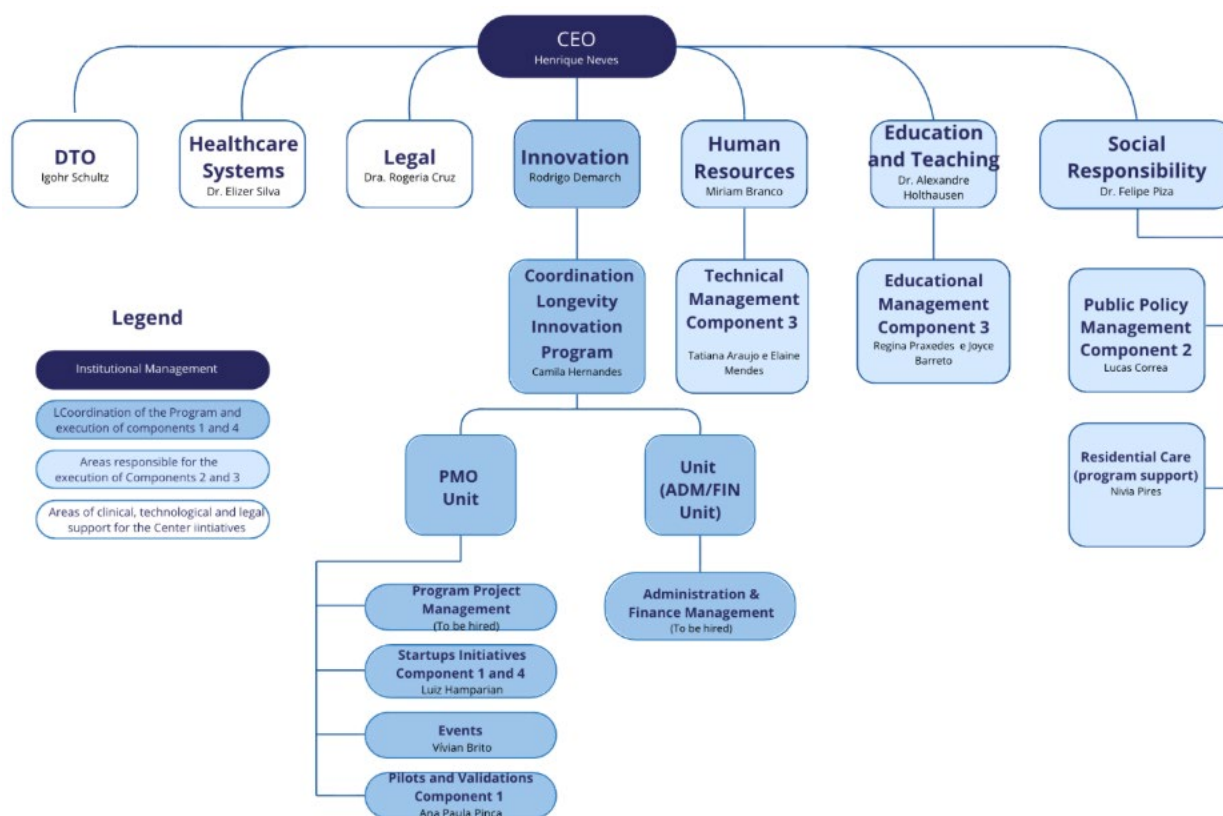
- 5.3. **Track record in healthcare innovation.** Einstein has a strong record in fostering healthcare innovation and accelerating technology adoption. Its startup acceleration program supports the full lifecycle of health technology companies, including IP strategy, regulatory pathways, clinical validation, market access, and business model development. To date, Einstein has accelerated more than 160 startups and conducted over 300 projects with startups from over 20 countries, demonstrating its ability to attract, validate, and scale global innovations.
- 5.4. **Track record in SUS innovation.** Einstein operates dedicated initiatives focused on accelerating startup solutions for the SUS, prioritizing technologies capable of generating measurable impact and cost-effectiveness in public healthcare. A representative example is Phelcom Technologies, a Brazilian medtech company that developed portable retinal imaging devices combined with artificial intelligence for ophthalmologic screening now deployed in more than 5,000 primary healthcare units across Brazil within the public sector. This illustrates the potential for locally developed technologies, validated within Einstein's environment, to scale nationwide and expand access to diagnostic services through the SUS.
- 5.5. **Financial sustainability and institutional model.** Einstein sustains its innovation and clinical validation activities through a long-term institutional commitment to innovation that predates the creation of Eretz.bio itself. Since 2015, Einstein has continuously invested its own institutional resources to build and maintain its health innovation ecosystem, initially supporting innovation programs even before Eretz.bio had a dedicated physical space. This reflects a strategic decision by the institution to foster technological development as a core component of its mission, rather than a project dependent on external funding. Over the past decade, this sustained investment has enabled Einstein to establish one of Latin America's most mature healthcare innovation ecosystems. Through Eretz.bio, the institution has accelerated more than 160 startups from 11 countries and conducted over 300 innovation, clinical validation, and technology development projects involving startups from 26 countries, creating an extensive international network connecting entrepreneurs, researchers, clinicians, industry, investors, and health systems.
- 5.6. Throughout this journey, the operating model has naturally evolved. While some initiatives continue to be institutionally funded to advance strategic technologies, others have matured into revenue-generating services, including clinical validation, technology assessment, market access support, and innovation consulting. This evolution has strengthened the ecosystem's financial sustainability without changing its original mission. Importantly, Einstein's investment in startups has never been driven solely by financial return. The institution has consistently invested with the objective of accelerating the development, validation, and adoption of innovative healthcare technologies, facilitating their incorporation into Einstein's own healthcare system while simultaneously contributing to their broader dissemination across the Brazilian and global healthcare ecosystems. This approach has significantly reduced the time required for promising technologies to reach patients and healthcare professionals, generating both institutional and societal impact. Today, the ecosystem is sustained through a diversified and resilient funding model that combines institutional investment, long-standing corporate and

academic partnerships, philanthropic funding, competitive research grants, revenues generated through acceleration programs, and specialized services in clinical validation, innovation, and technology assessment. This diversified financial structure provides a strong foundation to support the long-term continuity and scalability of the Longevity Innovation Program.

- 5.7. **Track record in capital mobilization.** Einstein has a well-established track record of mobilizing institutional, corporate, philanthropic, and private capital to accelerate health innovation and support the growth of technology-based ventures. For more than a decade, Einstein has made continuous institutional investments in healthcare innovation, maintaining Eretz.bio and its innovation programs since 2015, even before the creation of its physical innovation hub. This long-term institutional commitment has enabled the development of one of Latin America's largest health innovation ecosystems and demonstrates Einstein's ability to sustain strategic innovation initiatives beyond project-based funding. Through Eretz.bio, Einstein has evaluated over 3,900 startups, accelerated more than 160 startups from 11 countries, and delivered over 300 innovation projects with startups from more than 20 countries. These initiatives have been supported through a diversified financing model that combines institutional investment, corporate partnerships, competitive grants, philanthropy, and revenue generated from innovation services, clinical validation, technology assessment, and acceleration programs. Einstein has also demonstrated a strong capacity to catalyze external investment into its innovation ecosystem. Collectively, startups supported through Eretz.bio have raised more than BRL 1 billion in private investment, secured over BRL 100 million in grants and non-dilutive funding, reached a combined valuation exceeding BRL 5.9 billion, generated 12 successful exits, and impacted millions of lives.
- 5.8. Beyond startup financing, Einstein has consistently mobilized significant institutional and external resources to establish strategic innovation programs with leading global organizations, including collaborations with industry, government, academia, and international health systems. In 2025 alone, Einstein generated approximately BRL 6.7 billion (USD ~1.2 billion) in operating revenue, providing a strong institutional foundation to co-invest in innovation initiatives and ensure their long-term sustainability. This demonstrated ability to combine institutional investment with external capital mobilization provides a strong basis for the successful implementation and long-term sustainability of the proposed Longevity Innovation Program.

B. Implementation Structure and Mechanism

- 5.9. **Coordination and governance.** The project will be coordinated by Einstein's Innovation Department, responsible for strategic governance, multidisciplinary coordination, and institutional alignment, ensuring effective and integrated execution of all activities. Components II and III will be implemented by the Education, Human Resources, and Social Responsibility departments. The project will be supported by the Digital Transformation Office, Legal Department, and Health Systems Area, whose technical, clinical, regulatory, and care delivery expertise are fundamental to project implementation.



VI. Compliance with Milestones and Special Fiduciary Arrangements

- 6.1. **Disbursements by Results, Fiduciary Arrangements.** The Executing Agency commits to IDB Lab's standard results-based disbursement arrangements, procurement and financial management policies applicable to the private sector, consistent with the Financial Management Guide for IDB Financed Projects (OP-273-12) version of June 12, 2019 and as specified in the "Guide for Milestones-Based Management and Financial Supervision for IDB Lab and Social Entrepreneurship Program Technical Cooperations Projects".¹⁸
- 6.2. **Results-based disbursements.** The Country Office of Brazil will monitor the Project in accordance with the performance and risk management policies (fulfilment of milestones) established by the IDB Lab in April 2008.

VII. Information Disclosure and Intellectual Property

- 7.1. **Access to information.** This project will be classified in accordance with the IDB Access to Information Policy (OP-102). The Donors Memorandum and project documents will be treated as confidential prior to approval and disclosed publicly upon approval, except for

¹⁸ [Guide for Milestones-Based Management and Financial Supervision for IDB Lab and Social Entrepreneurship Program Technical Cooperations Projects](#)

portions containing confidential information protected under the six exceptions of the policy (including but not limited to integrity information, third-party proprietary data, and pre-decisional deliberations).

- 7.2. **Intellectual property.** The Bank will hold the intellectual property rights related exclusively to the knowledge products, outputs, studies, methodologies, and materials generated under the project components, excluding any intellectual property related to startup solutions, technologies, products, platforms, or proprietary assets participating in the project. IDB Lab will grant Einstein a nonexclusive, free, and noncommercial purposes license for globally use. This will ensure that the lessons learned from the project are disseminated as much as possible in Latin America and the Caribbean and other parts of the world.