

DOCUMENT OF THE INTER-AMERICAN DEVELOPMENT BANK

REGIONAL

PAVING THE PAN AMERICAN HIGHWAY FOR DIGITAL HEALTH

(RG-T4546)

TECHNICAL COOPERATION DOCUMENT

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TC Document

I. Basic Information for TC

▪ Country/Region:	REGIONAL
▪ TC Name:	Paving the Pan American Highway for Digital Health
▪ TC Number:	RG-T4546
▪ Team Leader/Members:	Nelson, Jennifer A (SCL/SPH) Team Leader; Mendoza Benavente, Horacio (LEG/SGO); Orefice Pablo Jose (SCL/SPH); Ochoa, Francisco Jose (SCL/SPH); Rocha, Marcia Gomes (SCL/SPH); Hidalgo, Nidia (SCL/GDI); San Roman Vucetich, Cristina (SCL/SPH); Ho-A-Shu, Ian (SCL/SPH); Astorga, Ignacio Jose (SCL/SPH); Mac Arthur, Ian William (SCL/SPH); Tejerina, Luis R. (SCL/SPH); Goes Shibata, Leonardo (SCL/SPH); Godoy, Hugo Danilo (SCL/SPH); Casco, Mario A. (ITE/IPS); Sanchez, Mario Alberto (SCL/SPH); Sorio, Rita Elizabeth (SCL/SPH); Henry, Nicolette Odella (SCL/SPH); Gonzalez Acero, Carolina (SCL/SPH); Sanchez, Maria Deni (SCL/SPH); Bernal Stuart, Ana (SCL/SPH); Delfs Ilieva Isabel (SCL/SPH); Hernandez Pascual, Adrian (SCL/SPH); Ortiz Hoyos, Jose Luis (SCL/SPH); Jara Males, Patricia Carolina (SCL/SPH); Aguilar Rivera, Ana Mylena (SCL/SPH); Magri, Nicola (SCL/SPH); Bagolle, Alexandre (SCL/SPH); Monin, Emmanuelle (SCL/SPH)
▪ Taxonomy:	Research and Dissemination
▪ Operation Supported by the TC:	N/A
▪ Date of TC Abstract authorization:	02 May 2024.
▪ Beneficiary:	Regional (Argentina, Barbados, Bahamas, Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Peru, Panama, Paraguay, Suriname, Trinidad And Tobago, Uruguay, Venezuela)
▪ Executing Agency and contact name:	Inter-American Development Bank
▪ Donors providing funding:	Japan Special Fund(JSF)
▪ IDB Funding Requested:	US\$5,000,000.00
▪ Local counterpart funding, if any:	US\$0
▪ Disbursement period (which includes Execution period):	48 months
▪ Required start date:	September 2024
▪ Types of consultants:	Firms; Individual consultants
▪ Prepared by Unit:	SCL/SPH-Social Protection & Health
▪ Unit of Disbursement Responsibility:	SCL/SPH-Social Protection & Health
▪ TC included in Country Strategy (y/n):	N/A
▪ TC included in CPD (y/n):	N/A
▪ Alignment to the Update to the Institutional Strategy 2010-2020:	Afro-descendants; Diversity; Economic integration; Gender equality; Indigenous People; LGBTQ+; Persons with Disabilities; Social inclusion and equality

II. Objective and Justification

2.1 **Justification and Importance.** According to official data, Latin America and the Caribbean (LAC) was possibly the most affected region in the world during the COVID-19 pandemic, accounting for 17% of reported COVID-19 cases and 29% of confirmed deaths, despite having only 8% of the world's population (Savedoff et al., 2022). These figures underestimate the true impact of the pandemic; for example, in 2020, Peru reported 37,680 confirmed COVID-19 deaths, but analysis shows an

excess of 102,267 deaths (Ibáñez et al., n.d.). The COVID-19 pandemic has dramatically demonstrated the importance of protecting public health: the World Bank estimates that regional Gross Domestic Product (GDP) in LAC fell by 6.9% in 2020.

- 2.2 **The COVID-19 pandemic exposed and accelerated new challenges and vulnerabilities that decision-makers must address ensuring proper continuity of care for individuals within and among countries.** The need for timely and accurate information during public health emergencies is well documented. Based on research ranging past emergencies such as Ebola, Cholera, Middle East Respiratory Syndrome (MERS), and others, access to quality data and insufficient data use were the most frequently encountered challenges (Park et al, 2020). Issues such as the informal market for health certificates and inadequate vaccination coverage pose threats to public health and raise concerns regarding authenticity and security. Additionally, the lack of coordination and interoperability in digital health initiatives hinders the exchange of crucial health data and limits cross-border healthcare services, exacerbating the situation. According to the Pan American Health Organization (PAHO) there is a significant vulnerability in the LAC region caused by the “lack of sustainable integrated and interoperable information systems for health that allow them to capture, process, and share open and disaggregated data in real time (...) Access to this information is essential for public health insight, and digitized systems can provide greater opportunities for interoperability.” Data interoperability and connectivity among countries in the region not only enable a continuous flow of medical information but also establish the foundation for a coordinated and agile response in times of need (World Health Organization (WHO) - Global Vaccine Action Plan 2011-2020, 2016). Additionally, there is a critical need to improve the digital health workforce competencies in the public sector to ensure adoption and application of interoperability and cybersecurity standards.
- 2.3 **Globally, there is recognition of a persistent need for a global mechanism to verify health document origins, crucial for pandemic readiness and uninterrupted healthcare.** Based on discussions in the Indonesia and India G20, in June 2023, the WHO launched the Global Digital Health Certification Network (GDHCN). The GDHCN is an open-source platform based on solid and transparent standards, establishing the first pillar of digital public health infrastructure to develop a wide range of digital products aimed at strengthening pandemic preparedness and providing better health for all, and it is available for free use by WHO member states (WHO, 2023). Following the COVID-19 pandemic, the need for health certificates was recognized, and the GDHCN was created, which can support various uses, such as digitization of vaccination certificates, verification of medical prescriptions, sharing of the International Patient Summary (IPS), and certification of healthcare professionals. The WHO established the GDHCN, based on regional experiences and the certification system of the European Union, Digital Infrastructure for Verifiable Open Credentialing (DIVOC), Digital Vaccination Certificate for the Countries of Latin America and the Caribbean (LACPASS), and International Civil Aviation Organization (ICAO), and seeks interoperability, based on standards, with other existing networks (WHO, 2023). Various LAC countries have started the process to join the GDHCN, a crucial first step to enable cross-border digital health services.
- 2.4 **The countries in the LAC region have prioritized secure data exchange at both national and regional levels.** For example, the Roadmap for the Digital Transformation of the Health Sector in the Region of the Americas CD 59/6 aims for countries to participate securely, ethically, equitably, inclusively, and cost-effectively

in the digital transformation process by adopting and implementing interoperable digital health solutions through a multi-actor approach. Integrated health information systems are required to support the leadership and governance function of health ministries. Likewise, in the Inter-American Development Bank (IDB)'s regional health policy dialogue in 2022, countries identified several priorities for cross-border digital health, including optimizing available human resources through international telehealth, validating digital certificates, ensuring continuity of care, and regional resilience to face health emergencies by sharing data for public health. During the IDB-PAHO co-led event, [RELACSYS 4.0](#),¹ a plan was launched to strengthen regional digital health services and resilience, through regional data exchange and policy harmonization. Sixteen countries successfully exchanged digital vaccine certificates (COVID-19, Polio, Measles, and Yellow Fever) and critical clinical information (diagnosis, allergy, and prescription information) using international standards during the [2nd Regional LACPASS Connectathon](#).² Regional bodies and network such as the Council of Ministers of Health of Central America and the Dominican Republic (COMISCA), The Caribbean Public Health Agency (CARPHA), and the LAC Digital Health Network (RACSEL) have all identified cross-border data sharing as a priority.

- 2.5 Establishing regional agreements regarding health information exchange accelerates national adoption and improves healthcare.** Interoperability processes and data management systems can optimize how actors within a country share data with the health system. This can help governments make better decisions about the health of their population. A health system that is interoperable can: (i) reduce health care costs associated with redundant diagnostic testing, unnecessary hospitalizations, and preventable readmissions; (ii) make better use of resources and management to know how, when, and where those resources are used; (iii) effectively monitor notifiable diseases, seasonal diseases, communities' disease burden, and other aspects; (iv) aid public health research; and (v) strengthen disaster response (Bagolle et al, 2022). A systematic literature review of 25 studies on Health Information Exchange (HIE) systems found positive outcomes for the quality and cost-effectiveness of health care, while fifteen of the HIE studies (60%) demonstrated positive economic effects due to significant savings related to reducing duplicated diagnostics (medical images, laboratory tests) (Bagolle et al, 2022). Interoperability is also important for global public health; the COVID19 pandemic demonstrated that the current global health architecture is slow to respond to the current pandemic and ill prepared to prevent future public health emergencies. To increase regional resilience, it is critical to prioritize regional foundations for data exchange that serve beyond the COVID-19 use case, such as yellow fever vaccination certificates or the International Patient Summary. Regional agreements can assist governments in selecting standards and use-cases that are pertinent to their specific contexts, thereby accelerating the adoption process at the national level and optimizing- investments. Additionally, regional training initiatives can promote mutual comprehension in this domain. To accelerate this process, coordination and investments in regional

¹ RELACSYS is the network for the Latin American and the Caribbean Network for Strengthening Health Information Systems supported by PAHO. RELACSYS 4.0 was the name of a regional meeting supported by IDB and PAHO in November 2023 within the framework of the network.

² During a Connectathon systems exchange information with corresponding systems in a structured and supervised peer-to-peer testing environment, performing transactions according to international standards defined in interoperability use cases.

governance, agreements, policies, information standards, knowledge sharing and digital public goods³ are critical.

- 2.6 **Global Health and Universal Health Coverage.** To address the challenges described, it is essential for the countries of LAC and the international community to implement policies that ensure equitable access to healthcare for all. The use of digital technologies and accessibility to clinical data through mobile devices and shared information systems allow for informed and precise decision-making during health emergencies. With electronic health records available in real-time, healthcare professionals can quickly assess patients' situations, administer appropriate treatments, and coordinate care efficiently, even in situations of displacement or resource scarcity (Bashshur et al., 2018). Additionally, access to vaccination records and medical histories in a cross-border setting is crucial to ensure timely immunization during epidemic outbreaks (Nagata et al., 2019). Additionally, adequate digital infrastructure, a challenge for many countries in the health sector, may contribute to reducing income inequality and poverty by enhancing access to jobs, health, and education (Calderon and Serven, 2014; Mooney et al, 2021). Evidence generated from this Technical Cooperation (TC) will support Ministries of Health decisions regarding investments in digital health at national and regional levels, provide regional data regarding current access to digital health services, as well as provide individuals and healthcare providers key health information to improve individual and population health, filling key operational knowledge gaps for the region.
- 2.7 Just as the Pan-American Highway plays a fundamental role in promoting regional integration, economic development, cultural exchange, and resilience in the Americas, a Digital Pan-American Highway for health can improve public health and continuity of care, enabling reliable exchange of health information in LAC, as well as empowering patients to securely access and share their health data, regardless of the city, province, or country they are in. Joining this initiative will require countries to establish and maintain agreements and governance mechanisms to deploy standards-based health information exchange platforms to allow cross-border health information exchange for the purpose to support healthcare and other, common regional health needs. We anticipate countries from across LAC joining, in addition to participation from regional bodies such as COMISCA, RACSEL and CARPHA, among others. Joining the highway requires countries to formalize their commitment to investing in and maintaining national technology and standards that enable cross-border interoperability. It also requires them to establish the national regulatory frameworks that enables them to exchange health information for the purposes that they choose as well as formalizing the commitment through agreements such as the GDHCN and other mechanisms to be agreed upon through this initiative. A regional governance mechanism will be established for the initiative using existing regional mechanisms with countries, regional bodies, and partners.⁴

³ Digital public goods are open-source software, open standards, open data, open AI systems, and open content collections that adhere to privacy and other applicable best practices, do no harm, and are of high relevance for attainment of the United Nations 2030 Sustainable Development Goals (According to the UN Secretary General's Roadmap for Digital Cooperation, 2020).

⁴ Examples of existing mechanisms for regional policies and agreements include the PAHO Directing Counsel, as well as sub-regional bodies for policy and technical agreements such as COMISCA, CARPHA and RACSEL. [The WHO also outlines a process for establishing governance for regional health information exchanges \(trust domains\) as part of the GDHCN.](#)

- 2.8 **Inclusive digital health by design.** The LAC region stands out globally for its significant inequality, marked by stark income gaps and entrenched disparities based on gender, race, and ethnicity. Access to essential social services like healthcare, education, and employment often hinges on these factors. Amidst this backdrop, there is a pressing debate regarding the role of technology in either reduce or intensifying these inequalities. The digital and data poverty gap permeates all levels of the healthcare sector, impeding access to preventive tools and care services for many individuals. Moreover, they hinder healthcare providers' capacity to serve the entire population efficiently. Additionally, they pose challenges to unbiased decision-making and equitable resource allocation. Furthermore, the increasing reliance on algorithmic decision-making, often based on biased or incomplete data, perpetuates these disparities. Without deliberate efforts to deploy digital technologies equitably and inclusively, these disparities will likely worsen (Bagolle et al., 2022). In 2021, the countries of the region approved the Principle of Inclusive Digital Health, which implies appropriate access, digital skills, and usability and navigability aspects in the development of technological solutions, among others (PAHO, 2021). A digital highway for health has the potential to surpass practices in the physical world if designed with this principle in mind. This TC will also generate evidence through operational research regarding how to implement inclusive health services in practice.
- 2.9 **Strategic Alignment.** This TC is consistent with IDB Group Institutional Strategy: Transformation for Scale and Impact (CA-631) and aligns with the objectives: (i) reduce poverty and inequality by improving social protection and human capital development in health sector; and (ii) bolster sustainable regional growth by fostering digital infrastructure and innovative technology-based services and improving regional integration. The program also aligns with operational focus areas of: (i) gender equality and inclusion of diverse population groups; (ii) institutional capacity, rule of law, and citizen security; (iii) social protection and human capital development; (iv) sustainable, resilient, and inclusive infrastructure; and (v) regional integration.
- 2.10 Additionally, considering that it aims to improve access, quality, and efficiency of health services through digital transformation, the project aligns with the Health Sector Framework (GN-2735-12). This operation responds to the Gender and Diversity Action Framework (GN-2800-13) by addressing gaps that arise from structural factors promoting accessible and inclusive digital infrastructure and services for health through the design and deployment of strategy for inclusive design for universal adoption of digital services.⁵
- 2.11 **Support from related bank projects and lessons learned.** Through the project “Digital Health Transformation to Mitigate the Effects of COVID-19 in Latin America and the Caribbean” ([ATN/OC-18352-RG](#)), the Social Protection and Health Division (SCL/SPH) has supported the National Health Information Systems Center (CENS) in Chile to implement the “LACPASS” project. Currently, 16 countries participate in the initiative with joint support from PAHO. This project has demonstrated that it is possible to create digital public goods for health that are subsequently adopted and sustained by governments. Through the project “Support for the design and implementation of key digital interventions for COVID-19 in Latin America and the Caribbean” ([ATN/JF-18098-RG](#)), SCL/SPH has supported countries to expand telemedicine

⁵ Specific strategies that may be considered include application of W3C Standards for accessibility, multi-language platforms, data disaggregation by gender, design & validate with user populations, omni-channel content (SMS, WhatsApp, Messenger, online, phone, etc.), among others, to support the PAHO Principle of Inclusive Digital Health.

solutions and has supported the sustainable implementation of Digital Health Interventions for COVID-19 and future public health emergencies. The SCL/SPH also supports the [RACSEL Network](#), which currently has fourteen member countries; and it is also supporting digital health transformation operations in 16 countries⁶ that strengthen “national sections” of the Pan-American Highway for Digital Health by enabling national health information exchange. These projects demonstrate that national and cross-border digital health is a priority and feasible in the region, but support is still needed for its implementation, specifically related to regional governance, interoperability standards, knowledge sharing and digital public goods.

- 2.12 **Coordination with other regional initiatives of the Bank.** This project will coordinate with other regional TCs, including “Consolidation of the Regional Public Good Efficient Health Systems: Roadmap for Reducing Diseases and Deaths in SICA Member States” - ([ATN/OC-20523-RG](#)); “Digital Trust Network for the LAC region to improve access to health services for immigrants” - ([ATN/OC-20494-RG](#)); “Regional Agreement for Cross-border Digital Health Services” - ([ATN/OC-20504-RG](#)); and “Reducing the Public Health Impact of Pandemics in the Caribbean through Prevention, Preparedness, and Response” - ([ATN/OC-20439-RG](#); [ATN/PR-20438-RG](#)). More support is required to provide technical assistance to support national level adoption and scaleup and move to use-cases beyond COVID-19. Based on previous regional work, IDB has found that technical support provided through regional communities of practice for common challenges like the one created through RACSEL are cost-effective, as they take advantage of regional economies of scale. This TC is also aligned with the *América en el Centro* Development Program for Central America, Panama, and the Dominican Republic 2024–2030 through the climate adaptation and resilience objective, as well as the *One Caribbean* (Partnering for Caribbean Development Framework, GN-3201-2) to accelerate adoption of advanced digital technologies to deliver efficient and inclusive government services. To ensure an ecosystemic approach to digital health transformation, SCL/SPH will also work closely with the Innovation in Citizen Services Division (IFD/ICS) to ensure alignment with broader national and regional digital government initiatives such as the Inter-American Digital Government Network (GEALC), as well as IDB LAB and IDB Invest to identify synergies within their portfolios, such as supporting the private sector to adopt specifications and standards agreed to by governments through the initiative.
- 2.13 **The Pan-American Highway for Digital Health Initiative.** The Pan-American Highway for Digital Health (PH4H) is an initiative aimed at enabling connected health for all in LAC. Led by the IDB, PAHO, and countries of the region, this initiative strives to facilitate secure, efficient, and interoperable health data exchange both within and among countries, allowing people in the region to share and access their health information. By leveraging national investments in health information exchange and coordinating with regional bodies and networks, PH4H supports synergies within the region. PH4H aims to provide patients with better healthcare services, regardless of their location. It will also enhance healthcare for those who move temporarily for work or study, as well as for migrants, by enabling them to share their health history, thus improving their employability and access to education. Additionally, the digital highway will strengthen public health surveillance, optimize access to limited human resources, and promote research and innovation, leading to more efficient public health policies

⁶ SPH currently supports operations with digital health investments in the following countries: Argentina, Bahamas, Barbados, Belize, Bolivia, Brazil, Ecuador, El Salvador, Guatemala, Honduras, Jamaica, Peru, Panama, Paraguay, Suriname, and Uruguay.

and boosting regional economies. As a result, countries will be better prepared for future pandemics and other health threats. Unlike a physical highway, the digital highway transcends boundaries, enabling universal access and leaving no one behind. Officially launching in 2024, the initiative is officially established with support from its first donor, the Government of Japan.

- 2.14 **Objective of the TC.** The general objective is to enable quality, safe, and efficient regional digital healthcare services and strengthen regional resilience to epidemics and public health emergencies by establishing the Pan-American Highway for Digital Health. The specific objectives are: (i) establishing a harmonized legal framework and secure regional digital infrastructure required for cross-border data exchange; (ii) improving country readiness to implement cross-border digital health services; and (iii) empower individuals to access and share their health data, providing them with greater control of their health.

III. Description of Activities and Outputs

- 3.1 The TC will be divided into four components: (i) Establishing the foundations for the Pan-American Highway for Digital Health (PH4H); (ii) Improving country readiness for cross-border digital health services; (iii) Delivery of cross-border digital health services and connected health for all; and (iv) Other costs.
- 3.2 **Component 1: Establishing the foundations for the Pan-American Highway for Digital Health (PH4H) (US\$1,390,000.00).** The objective of this component is to establish a harmonized legal framework, secure regional digital infrastructure, and regional activities required for cross-border data exchange. This component will fund consultancies (firms and individual consultants) and services to establish the regional components of the PH4H. Main activities include: (i) design and implementation of legal frameworks and data sharing agreements to enable cross-border data sharing; (ii) a catalogue of regional services to be provided and associated interoperability guidelines;⁷ (iii) change management, communication and knowledge management activities for successful adoption of the PH4H;⁸ and (iv) finance regional dialogues to foster agreements and disseminate best practices with key actors and expert advisory services in project coordination, change management, communication and knowledge management for regional deployment of PH4H.
- 3.3 **Component 2: Improving country readiness for cross-border digital health services (US\$2,147,500.00).** The objective of this component is to improve country readiness to implement cross-border digital health services by strengthening human resources and national health information systems. This component will fund consultancies (firms and individual consultants) and services to support countries to adopt PH4H services including: (i) certification and training workshops for the public sector in health interoperability and cybersecurity standards; (ii) sensibilization of the

⁷ Examples of services that could be included in the regional catalogue include are services required for cross-border health services, such as generating and sharing health documents for diagnostic reports (lab, image), prescriptions, and patient summaries, among others.

⁸ Change management, communication, and knowledge management activities encompass the actions to be developed in the social dimension of digital health transformation. For example: digital literacy workshops (change management); audiovisuals and website explaining the Pan-American digital health roadmap to the public (communication); a catalog of technical materials such as architectures and implementation guides for regional reference for health interoperability (knowledge management).

public towards the adoption of digital health services; (iii) regional Connectathons;⁹ and (iv) design and deployment of adoption strategies in 10 countries and tailored support for deployment through expert advisory services in inclusion, interoperability, governance, and cybersecurity.¹⁰

- 3.4 **Component 3: Delivery of cross-border digital health services and connected health for all (US\$1,172,500.00).** The objective of this component is to deploy cross-border health services and empower individuals to access and share their health data. This component will fund consultancies (firms and individual consultants) and services to deliver regional digital health services through the PH4H. Main activities include: (i) design and deployment of strategy for inclusive design for universal adoption; (ii) software components and regional services required for the PH4H¹¹, as well as components required for country adaptation and adoption at national level; and (iii) development of citizen-centered applications and services and certification platform and compliance testing services of country applications with the PH4H defined standards and specifications.
- 3.5 **Component 4: Other Costs (US\$290,000.00).** This component will finance the administration and coordination of the project to generate annual reports, as well as project's final evaluation.
- 3.6 **Impact and results:** This TC will contribute to the mid-term impact of improved quality of health services and regional resilience in LAC, helping to ensure that the right people have the right access to the right data at the right time. This will contribute to quality of care and patient safety; reducing healthcare costs associated with redundant diagnostics and duplication of services such as vaccines; as well as generating benefits for patients such as reducing travel and saving time for patients who can access and share their test results and other health information from their own devices. The main results for this TC include: (i) the creation of the Pan-American Highway for Digital Health including establishing a harmonized regional legal framework and secure regional digital infrastructure required for cross-border data exchange; (ii) 1,600 public sector employees trained; (iii) at least 10 countries with adapted legal and organization frameworks to deploy and consume regional services, and implementing advocacy interventions towards the general public;¹² (iv) five software components developed, and 10 countries deploying software components that meet regional specifications for the PH4H

⁹ Regional Connectathons are "connectivity marathons" that consist of in-person events that provide training and software testing and certification services to determine if software developed by the countries meet regional and global standards. The TC will finance technical advisory services, as well as travel and logistics for these events.

¹⁰ Countries will be selected for support based on request from the government and demonstration of investments from national budgetary resources and/or reimbursable funding sources aligned with the objectives of the TC such as interoperability platforms for health information exchange, electronic health records and patient portals. Participation in related regional initiatives mentioned in ¶2.12 will also be taken into consideration.

¹¹ PH4H software and regional services encompass development services for software components and digital solutions essential for cross-border interoperability based on the final technical architecture. This involves creating artifacts such as software components, APIs, documentation, and related mechanisms for consulting and updating health information across countries, based on use cases, standard specifications, infrastructure, and security requirements. These services will be maintained directly by the countries or involved regional entities, if required.

¹² All travel costs of the beneficiary government employees financed by the TC require approval on a case-by-case basis of the donor.

3.7 **The total amount requested for the four components under this non-reimbursable TC is US\$5,000,000.00.** The funds will be provided by Japan Enhanced Initiative for Quality Infrastructure, Resilience against Disaster and Health (JEI). The disbursement and execution period will be 48 months. The following table provides further detail on the resource allocation for each component.

Indicative Budget (US\$)

Component/Activity	Description	IDB/Total Fund Financing
Component 1: Establishing the foundations for the Pan-American Highway for Digital Health (PH4H)	This component will finance support for regional and national level legal frameworks for the PH4H; design and implementation of key regional strategies (cybersecurity, change management, communication, and knowledge management); and regional dialogues among decision makers to advance the PH4H.	1,390,000.00
Component 2: Improving country readiness for cross-border digital health services	This component will finance the design and implementation of key country level strategies to improve human capital and patient empowerment; development and implementation of training and certification of digital health competencies for the PH4H; regional training workshops and Connectathons; and an evaluation of these activities.	2,147,500.00
Component 3: Delivery of cross-border digital health services and connected health for all	This component will finance the development of inclusive digital health services strategy and implementation; digital public goods for health services and patients; software conformance testing platform and services; and an evaluation of these activities.	1,172,500.00
Component 4: Other Costs	This component will finance generation of final report and evaluation, and coordination costs such as translations, graphic design, and interpretation.	290,000.00
TOTAL		5,000,000.00

IV. Executive Agency and Execution Structure

4.1 The TC will be executed by the Bank as it is a research and dissemination TC to generate new knowledge regarding the current state of adoption of digital health services in the region, as well as generate tacit knowledge regarding how to implement and accelerate health information exchange. Since 2017, SCL/SPH has been developing and implementing a strategy to develop tools and processes to facilitate and improve the design of digital projects in the health sector, including during the response to the COVID-19 pandemic by establishing a team of experts within IDB and a network of partners and working closely with country offices to provide technical assistance and support supervision to national and regional projects. These tools have already been implemented in 20 countries and the results have been used for the design of projects and have positioned the Bank as an important technical partner in this area. SCL/SPH actively collaborates with PAHO in the digital agenda and has supported its regional Plan of Action for Strengthening Information Systems for Health 2019-2023 endorsed by member states in October 2019. In 2024, IDB and PAHO signed a Letter of Agreement which includes digital health and the Pan-American Highway for Digital Health. SCL/SPH also will work through the RACSEL network to continue to coordinate work between regional public goods and this initiative.

- 4.2 The IDB, through the project team leader, will have the technical responsibility for the implementation and overall supervision of the project. The team leader will be the Senior Sector Specialist in Digital Health Solutions of the SPH/SCL at HQ, who will keep the SCL/SPH specialists of the participating countries constantly informed and work with them to align with local priorities and needs, and coordinate with existing initiatives in the countries regarding interoperability and telehealth. The project will produce annual reports which will include, among other aspects, a description of the progress made, the results obtained, the status of execution of the planned activities, difficulties encountered, suggestions for adjustments for the remaining execution period, lessons learned, identification of risks to execution, and mitigation measures.
- 4.3 All procurement to be executed under this TC have been included in the Procurement Plan (Annex IV) and will be hired in compliance with the applicable Bank policies and regulations as follows: (a) Hiring of individual consultants, as established in the regulation on Complementary Workforce (AM-650) and (b) Contracting of services provided by consulting firms in accordance with the Corporate procurement Policy (GN-2303-33) and its Guidelines.
- 4.4 The knowledge products generated within this TC, including original research, tools to accelerate implementation (regional standards, example norms, implementation guides, reference architecture, software components, etc.) and to support inclusive design and implementation, will be the property of the Bank and may be made available to the public under a creative commons license. However, at the request of a beneficiary, in accordance with the provisions of AM-331, the intellectual property of said products may also be licensed to one or more beneficiaries through specific contractual commitments that shall be prepared with the advice of the Legal Department. If activities must be conducted in the territories of any of the beneficiary countries, the team will obtain the country's no objection prior to the beginning of such activities.¹³

V. Project Risks and Issues

- 5.1 The main risks are: (i) the difficulty of reaching consensus among different stakeholders regarding key elements of the interoperability framework could lead to delays in project execution; (ii) differences of norms and procedures existing in different countries for the handling of health data could cause delays in carrying out activities, (iii) the difficult coordination among healthcare system actors across countries could hinder the implementation of activities, and (iv) cybersecurity risks. To mitigate these risks: (i) the involvement of key stakeholders from each country will be ensured by confirming a Project Steering Committee with representatives from the countries, who possess the leadership, technical knowledge, and decision-making capacity necessary to promote consensus and engage relevant actors during the activities; (ii) regular meetings with PAHO will be held to ensure coordination of proposed activities; (iii) coordination activities will be carried out to ensure the positioning of the PH4H activities on the digital agenda of the countries; and (iv) the operation includes financing for the design and implementation of a robust cybersecurity plan for the PH4H regional and national activities.
- 5.2 **Sustainability:** The outputs produced under this initiative (legal frameworks, interoperability guides, software components, training and capacity building) will follow

¹³ Before any intervention in a country, the team will coordinate with the corresponding country office and obtain the non-objection letter.

best practices¹⁴ to support their adoption, adaptation, and re-use. Software will be tested and validated through Connectathons and can be adopted and maintained by countries in larger-scale interoperability projects. Tools, such as [SPH Total Cost of Ownership tool](#), will be used to determine lifecycle costs for on-going maintenance at the national level once the TC has ended. In turn, project activities will focus on strengthening countries' capacities in national and cross-border interoperability and formulate recommendations for replicating activities in other contexts and on a larger scale. Through Component 2, this TC will also contribute to strengthening human capital in the public sector for digital health transformation, helping to increase project sustainability. Close coordination with the Bank's operational program in participating countries in digital health will also be sought to leverage the outputs and knowledge produced by this TC. Finally, it should be noted that the products and results of this TC are aligned with the broader strategy for the digital transformation of the health sector in the LAC region.

VI. Exceptions to Bank policy

- 6.1 There are no exceptions to the Bank policy.

VII. Environmental and Social Aspects

- 7.1 This TC does not intend to finance pre-feasibility or feasibility studies for specific investment projects or environmental and social studies associated with them; therefore, the requirements of the Bank's Environmental and Social Policy Framework (ESPF) do not apply to this TC.

Required Annexes:

Annex I: **Results Matrix**

Annex II: **Procurement Plan**

Required Electronic Links (REL):

REL#1: [Terms of Reference](#)

¹⁴ All software developed through this TC will adhere to the [Digital Public Goods standards](#). The Code for Development team will revise the licensing process according to the IDBs internal policy. If the products are submitted to become a Digital Public Good, the technical maintainers should accompany the [publication process](#) which might require refactoring or modifications in the codebase if necessary.

Results Matrix

Outcomes

Outcome:	1 Improve access to inclusive cross-border digital health services and empower citizens through the Pan-American Health						
Indicators	Flags*	Unit of Measure	Baseline	Baseline Year	Means of verification	EOP	
1.1 Countries digitally exchanging health data to improve continuity of care		#	0.00	2024	Reports provided by the World Health Organization and RACSEL to determine membership and use of the PH4H	P P(a) A	10 10 10
1.2 Countries that adopt regulatory guidelines related to digital health in national norms and guidelines to use the		#	0.00	2024	Report Approved	P P(a) A	10 10 10

CRF Indicator

Outputs: Annual Physical and Financial Progress

1 Establishing the foundations for the Pan-American Highway for Digital Health (PH4H)						Physical Progress					Financial Progress					Theme	Fund	Flags			
Outputs	Output Description	Unit of Measure	Baseline	Baseline Year	Means of verification	2024	2025	2026	2027	EOP	2024	2025	2026	2027	EOP						
1.1 Policies designed	# of legal frameworks updated for PH4H	Policies (#)	0	2024	Annual Report with progress on implementation	P	0	2	4	4	10	P	50000	50000	0	0	100000	Regional Integration	JSF		
						P(a)	0	0	0	0	0	0	P(a)	50000	50000	0	0				50000
						A	0				0		A	0							0
1.2 Policies designed	# of Implementation Guides developed and implemented	Policies (#)	0	2024	Annual Report with progress on implementation with evidence of updated policy	P	0	2	4	4	10	P	50000	50000	0	0	100000	Regional Integration	JSF		
						P(a)	0	2	4	4	10	P(a)	50000	50000	0	0	50000				
						A	0				0		A	0							0
1.3 Strategies implemented	# PH4H Cybersecurity strategy implemented	Strategies (#)	0	2024	Annual Reports of status of implementation plans based on strategy	P	0	0	0	1	1	P	0	56667	56667	56666	170000	Regional Integration	JSF		
						P(a)	0	0	0	0	0	0	P(a)	0	56667	56667	56666				170000
						A	0				0		A	0							0
1.4 Strategies implemented	# PH4H Communication strategies implemented	Strategies (#)	0	2024	Annual Reports of status of implementation plans based on strategy	P	0	1	0	0	1	P	56667	56667	56666	0	170000	Regional Integration	JSF		
						P(a)	0	0	0	0	0	0	P(a)	56667	56667	56666	0				113333
						A	0				0		A	0							0
1.5 Strategies implemented	# of PH4H Change Management strategy implemented	Strategies (#)	0	2024	Annual Reports of status of implementation plans based on strategy	P	0	1	0	0	1	P	56667	56667	56666	0	170000	Regional Integration	JSF		
						P(a)	0	1	0	0	1	P(a)	56667	56667	56666	0	113333				
						A	0				0		A	0							0
1.6 Strategies implemented	# of PH4H Knowledge Management strategies implemented	Strategies (#)	0	2024	Annual Reports of status of implementation plans based on strategy	P	0	0	1	0	1	P	0	56667	56667	56666	170000	Regional Integration	JSF		
						P(a)	0	0	1	0	1	P(a)	0	56667	56667	56666	170000				
						A	0				0		A	0							0
1.7 Regional policy dialogues organized	# of regional policy dialogue events organized for the PH4H	Events (#)	0	2024	Report and video from Regional Dialogue	P	1	1	1	1	4	P	127500	127500	127500	127500	510000	Regional Integration	JSF		
						P(a)	0	0	0	0	0	0	P(a)	127500	127500	127500	127500				382500
						A	0				0		A	0							0
2 Improving country readiness for cross-border digital health services.						Physical Progress					Financial Progress					Theme	Fund	Flags			
Outputs	Output Description	Unit of Measure	Baseline	Baseline Year	Means of verification	2024	2025	2026	2027	EOP	2024	2025	2026	2027	EOP						
2.1 Policies designed	# of PH4H Advocacy and Training for Patient's rights strategies developed	Policies (#)	0	2024	Progress documented in annual report	P	0	0	1	0	1	P	50000	50000	0	0	100000	Regional Integration	JSF		
						P(a)	0	0	1	0	1	P(a)	50000	50000	0	0	50000				
						A	0				0		A	0							0
2.2 Policies designed	# of PH4H adoption strategies developed	Policies (#)	0	2024	Progress documented in annual report	P	0	0	1	0	1	P	0	50000	50000	0	100000	Regional Integration	JSF		
						P(a)	0	0	1	0	1	P(a)	0	50000	50000	0	100000				
						A	0				0		A	0							0
2.3 Strategies implemented	# of PH4H strategies to improve country readiness implemented	Strategies (#)	0	2024	Progress documented in annual report	P	0	2	4	4	10	P	0	52500	105000	105000	262500	Regional Integration	JSF		
						P(a)	0	2	4	4	10	P(a)	0	52500	105000	105000	262500				
						A	0				0		A	0							0

2.4 Strategies implemented	# of PH4H strategies to improve country readiness implemented	Strategies (#)	0	2024	Progress documented in annual report	A	0				0	A	0					0	Regional Integration	JSF	
						P	0	2	4	4	10	P	0	52500	105000	105000	262500				
						P(a)	0	2	4	4	10	P(a)	0	52500	105000	105000	262500				
2.5 Training workshops delivered	# of regional capacity building exercises for PH4H implemented	Workshops (#)	0	2024	Progress documented in annual report	A	0				0	A	0					0	Regional Integration	JSF	
						P	1	1	1	1	4	P	112500	112500	112500	112500	450000				
						P(a)	0	0	0	0	0	P(a)	112500	112500	112500	112500	337500				
2.6 Training workshops delivered	# of regional connections for PH4H implemented	Workshops (#)	0	2024	Progress documented in annual report	A	0				0	A	0					0	Regional Integration	JSF	
						P	1	1	1	1	4	P	112500	112500	112500	112500	450000				
						P(a)	1	1	1	1	3	P(a)	112500	112500	112500	112500	337500				
2.7 Training products developed	# of PH4H training platforms designed	Products (#)	0	2024	training and online certification platform available	A	0				0	A	0					0	Health	JSF	
						P	0	1	0	0	1	P	25000	50000	25000	0	100000				
						P(a)	0	1	0	0	1	P(a)	25000	50000	25000	0	75000				
2.8 Individuals Trained	# of public sector employees trained and certified in key digital health competencies for the PH4H	Individuals (#)	0	2024	training and online certification platform	A	0				0	A	0					0	Regional Integration	JSF	
						P	60	140	600	800	1600	P	10000	27000	112500	150500	300000				
						P(a)	0	0	0	0	0	P(a)	10000	27000	112500	150500	290000				
2.9 Non-experimental impact evaluation (ex-ante or ex-post) performed	Social and Economic Evaluation of PH4H for health systems completed	Evaluation Final Report (#)	0	2024	Evaluation Final Report	A	0				0	A	0					0	Regional Integration	JSF	
						P	0	0	0	1	1	P	0	61250	0	61250	122500				
						P(a)	0	0	0	1	1	P(a)	0	61250	0	61250	122500				
3 Delivery of cross-border digital health services and connected health for all						Physical Progress					Financial Progress					Theme	Fund	Flags			
Outputs		Output Description	Unit of Measure	Baseline	Baseline Year	Means of verification	2024	2025	2026	2027	EOP	2024	2025	2026	2027	EOP					
3.1 Strategies implemented	# of inclusive digital health strategies developed and implemented	Strategies (#)	0	2024	Annual reports on implementation progress	P	0	0	1	0	1	P	60000	80000	80000	50000	270000	Regional Integration	JSF		
						P(a)	0	0	0	0	0	P(a)	60000	80000	80000	50000	210000				
						A	0				0	A	0				0				
3.2 Tools designed/strengthened	# of digital public goods for the PH4H developed	Tools (#)	0	2024	digital public good for PH4H available online	P	0	1	2	2	5	P	60000	170000	165000	85000	480000	Regional Integration	JSF		
						P(a)	0	0	0	0	0	P(a)	60000	170000	165000	85000	420000				
						A	0				0	A	0				0				
3.3 Tools designed/strengthened	# of software conformance testing platforms implemented	Tools (#)	0	2024	Final report with results from software testing	P	1	1	1	1	4	P	20000	94000	94000	92000	300000	Regional Integration	JSF		
						P(a)	0	0	0	0	0	P(a)	20000	94000	94000	92000	280000				
						A	0				0	A	0				0				
3.4 Non-experimental impact evaluation (ex-ante or ex-post) performed	Social and Economic Evaluation of PH4H for patients completed	Evaluation Final Report (#)	0	2024	Final report document	P	0	0	0	1	1	P	0	61250	0	61250	122500	Regional Integration	JSF		
						P(a)	0	0	0	0	0	P(a)	0	61250	0	61250	122500				
						A	0				0	A	0				0				
4 Other Costs						Physical Progress					Financial Progress					Theme	Fund	Flags			
Outputs		Output Description	Unit of Measure	Baseline	Baseline Year	Means of verification	2024	2025	2026	2027	EOP	2024	2025	2026	2027	EOP					
4.1 Annual reports published	Annual Reports Published	Reports (#)	0	2024	Annual Report document	P	1	1	1	1	4	P	72500	72500	72500	72500	290000	Regional Integration	JSF		
						P(a)	0	0	0	0	0	P(a)	72500	72500	72500	72500	217500				
						A	0				0	A	0				0				

Other Cost
Total Cost

	2024	2025	2026	2027	Total Cost
P	\$863,334.00	\$1,500,168.00	\$1,388,166.00	\$1,248,332.00	\$5,000,000.00
P(a)	\$863,334.00	\$1,500,168.00	\$1,388,166.00	\$1,248,332.00	\$4,136,666.00
A					

PROCUREMENT PLAN FOR IDB-EXECUTED OPERATIONS														
Country: REGIONAL							Executing Agency: Inter-American Development Bank (IDB)					UDR: SCL/SPH		
Project number: RG-T4546							Project name: Paving the Pan American Highway for Digital Health							
Period covered by the Plan: 48 months							Total Project Amount: US\$ 5,000,000.00							
Component	Procurement Type (1) (2)	Service type (1) (2)	Description	Estimated contract cost (US\$)	Selection Method (2)	Type of Contract	Source of Financing and Percentage				Estimated date of the procurement notice	Estimated contract start date	Estimated contract length	Comments
							IDB/MIF		Other External Donor					
							Amount	%	Amount	%				
Component 1	A. Consulting services	Consulting Firm (GN-2765)	Regional legal framework for cross-border clinical data exchange and data sharing agreements	\$100,000	SCS	Lump Sum	\$100,000	100%	\$ -	0%	1-Sep-24	1-Dec-24	12 months	
Component 1	A. Consulting services	Consulting Firm (GN-2765)	Digital service catalog and interoperability guidelines for the PH4H	\$100,000	SCS	Lump Sum	\$100,000	100%	\$ -	0%	1-Mar-25	1-Jun-25	12 months	
Component 1	A. Consulting services	Consulting Firm (GN-2765)	Cybersecurity plan design and implementation for the PH4H	\$150,000	SCS	Lump Sum	\$150,000	100%	\$ -	0%	1-Oct-24	1-Feb-25	12 months	
Component 1	A. Consulting services	Consulting Firm (GN-2765)	Change Management, Communication and knowledge management strategy design and implementation for the PH4H	\$350,000	FCS	Lump Sum	\$350,000	100%	\$ -	0%	4-Jun-24	1-Sep-24	6m (renov)	
Component 1	A. Consulting services	Individual Consultant (AM-650)	Expert advisory services in project coordination, change management, communication and knowledge management for regional deployment of PH4H	\$180,000	ICQ	Lump Sum	\$180,000	100%	\$ -	0%	1-Jul-24	1-Sep-24	12m (renov)	
Component 1	C. Non consulting services		4 Regional dialogues to achieve regional agreements and disseminate best practices with key actors, including the participation of the Japanese Aid Agencies	\$360,000		Lump Sum	\$360,000	100%	\$ -	0%				1 event annually
Component 1	C. Non consulting services		Travel of beneficiary government employees to regional dialogues (20 per dialogue)*	\$150,000		Lump Sum	\$150,000	100%	\$ -	0%				1 event annually
Component 2	A. Consulting services	Consulting Firm (GN-2765)	Development of advocacy and training for patients regarding their rights to access and share their health data and adoption strategy	\$200,000	SCS	Lump Sum	\$200,000	100%	\$ -	0%	1-Sep-24	1-Dec-24	5m	
Component 2	C. Non consulting services	Consulting Firm (GN-2765)	Implementation of advocacy and adoption strategy for patients and the use of digital services provided by the PH4H in 10 countries	\$300,000	FCS	Lump Sum	\$300,000	100%	\$ -	0%	1-Dec-24	1-Feb-25	12m (renov)	
Component 2	A. Consulting services	Individual Consultant (AM-650)	Expert advisory services in advocacy, interoperability, governance, and cybersecurity to support country deployment of PH4H tools	\$225,000	SCS	Lump Sum	\$225,000	100%	\$ -	0%	1-Dec-24	1-Feb-25	12m (renov)	
Component 2	C. Non consulting services		Travel of beneficiary government employees to regional training workshops (20 per training workshop)*	\$150,000		Lump Sum	\$150,000	100%	\$ -	0%				1 event annually
Component 2	C. Non consulting services		4 Regional Connectons implemented - logistics services	\$450,000		Lump Sum	\$450,000	100%	\$ -	0%				1 event annually
Component 2	C. Non consulting services		Travel of beneficiary government employees to regional connectaton (40 per connectaton)*	\$300,000		Lump Sum	\$300,000	100%	\$ -	0%				1 event annually
Component 2	A. Consulting services	Consulting Firm (GN-2765)	Design of platform and Certification and training in the public sector for digital health interoperability (standards, architecture) and cybersecurity in 10 countries	\$400,000	FCS	Lump Sum	\$400,000	100%	\$ -	0%	1-Oct-24	1-Feb-25	36 months	
Component 2	A. Consulting services	Consulting Firm (GN-2765)	Social and Economic Evaluation of PH4H for health systems	\$122,500	SCS	Lump Sum	\$122,500	100%	\$ -	0%	1-Oct-24	1-Feb-25	36 months	
Component 3	A. Consulting services	Consulting Firm (GN-2765)	Inclusive digital health services for universal adoption strategy for the PH4H designed	\$90,000	SCS	Lump Sum	\$90,000	100%	\$ -	0%	1-Oct-24	1-Feb-25	6 months	
Component 3	A. Consulting services	Individual Consultant (AM-650)	Expert advisory services in PH4H inclusive service deployment, change management and country coordination to support country deployment of PH4H tools	\$180,000	ICQ	Lump Sum	\$180,000	100%	\$ -	0%	1-Jul-24	1-Sep-24	12m (renov)	
Component 3	A. Consulting services	Consulting Firm (GN-2765)	Design and deployment of nodes and services necessary for the implementation of the PH4H	\$200,000	SCS	Lump Sum	\$200,000	100%	\$ -	0%	1-Mar-25	1-Jun-25	12m (renov)	

Component 3	A. Consulting services	Consulting Firm (GN-2765)	Development and adoption of software components and implementation guides required to enable exchange of: medical prescriptions; laboratory test result reports; hospital discharge and medical imaging reports for national and international levels	\$200,000	SCS	Lump Sum	\$200,000	100%	\$ -	0%	1-Mar-25	1-Jun-25	12m (renov)	
Component 3	A. Consulting services	Consulting Firm (GN-2765)	Development and adoption of citizen-oriented applications and services for managing health information	\$80,000	SCS	Lump Sum	\$80,000	100%	\$ -	0%	1-Mar-25	1-Jun-25	12m (renov)	
Component 3	A. Consulting services	Consulting Firm (GN-2765)	Certification platform and compliance testing services of country applications with the PH4H defined standards and specifications	\$300,000	FCS	Lump Sum	\$300,000	100%	\$ -	0%	1-Nov-24	1-Mar-25	36 months	
Component 3	A. Consulting services	Consulting Firm (GN-2765)	Social and Economic Evaluation of impact of PH4H for patients	\$122,500	SCS	Lump Sum	\$122,500	100%	\$ -	0%	1-Oct-24	1-Feb-25	36 months	
Other	A. Consulting services	Individual Consultant (AM-650)	Annual report and dissemination	\$40,000	ICQ	Lump Sum	\$40,000	100%	\$ -	0%	1-Sep-24	1-Oct-24	4 months (renov)	
Other	C. Non consulting services		Translation and graphic design	\$90,000		Lump Sum	\$90,000	100%		0%				ongoing
Other	C. Non consulting services		Intpretation Services for webinars	\$20,000		Lump Sum	\$20,000	100%	\$ -	0%				ongoing
Other			Contingencies (1.2% of total project cost)	\$60,000		Lump Sum	\$60,000	100%	\$ -	0%				ongoing
Other	A. Consulting services	Individual Consultant (AM-650)	PH4H Final Evaluation	\$80,000	ICQ	Lump Sum	\$80,000	100%	\$ -	0%	1-Sep-26	1-Dec-26	6 months	
Prepared by:	TOTALS			\$ 5,000,000			\$ 5,000,000	100%	\$ -	0%				
<p>(1) Grouping together of similar procurement is recommended, such as publications, travel, etc. If there are a number of similar individual contracts to be executed at different times, they can be grouped together under a single heading, with an explanation in the comments column indicating the average individual amount and the period during which the contract would be executed. For example: an export promotion project that includes travel to participate in fairs would have an item called "airfare for fairs", an estimated total value of US\$5,000, and an explanation in the Comments column: "This is for approximately four different airfares to participate in fairs in the region in years X and X1".</p>														
<p>(2) (i) Individual Consultants: ICQ: Individual Consultant Selection Based on Qualifications. Selection process to be done in accordance with AM-650.</p>														
<p>(2) (ii) Consulting Firms: Per Corporate Procurement Policy GN-2303-33, Consulting Firm selection methods for Bank-executed Operations are: Simplified Competitive Selection (SCS) (<=150K); Full Competitive Selection (FCS) (>150K); Direct Contracting (Justification Required) (DC); and Master Service Agreement Task Order (MSA TO). All Consulting Firm selection processes under this policy must use the electronic module in Convergence.</p>														
<p>(2) (ii) Non-Consulting Services: Per Corporate Procurement Policy GN-2303-33, Vendor selection methods for procuring non-consulting services are: Purchasing Card Program (P-Card) (<=10K); Request for Quotation (RFQ) (<=100K); Request for Proposals (RFP) (>100K); Direct Contracting (Justification Required) (DC).</p>														

DOCUMENT OF THE INTER-AMERICAN DEVELOPMENT BANK

PROPOSED RESOLUTION DE-___/24

Regional. Nonreimbursable Technical Cooperation ATN/JF-____-RG
Paving the Pan American Highway for Digital Health

The Board of Executive Directors

RESOLVES:

That the President of the Bank, or such representative as he shall designate, is authorized, in the name and on behalf of the Bank, acting as Administrator of the Japan Special Fund ("Fund"), to enter into such agreement or agreements as may be necessary for the purpose of granting a nonreimbursable technical cooperation for a sum of up to US\$5,000,000, chargeable to the resources of the Fund, and to adopt any other measures as may be pertinent for the execution of the project proposal contained in document AT-_____.

(Adopted on ____ 2024)