

TC Document

I. Basic Information for TC

▪ Country/Region:	REGIONAL
▪ TC Name:	Strengthening Health Systems Quality to Achieve Better Outcomes in LAC
▪ TC Number:	RG-T4757
▪ Team Leader/Members:	Iriarte Carcamo, Emma Margarita (SCL/HNP) Team Leader; Bernal Lara, Pedro Gerardo (SCL/HNP) Alternate Team Leader; Mac Arthur, Ian William (SCL/HNP); Becker Seco Rosario Paz (LEG/SGO); Silveira, Sheyla (SCL/HNP); Caceres Montano Marcela Alejandra (SCL/HNP); Sanchez, Mario Alberto (SCL/HNP); Gongora Salazar, Pamela (SCL/HNP); Forero Sanchez Juan David (SCL/HNP)
▪ Taxonomy:	Client Support
▪ Operation Supported by the TC:	NA
▪ Date of TC Abstract authorization:	April 9th, 2025
▪ Beneficiary:	Belize; Paraguay; Argentina
▪ Executing Agency and contact name:	Inter-American Development Bank
▪ Donors providing funding:	OC SDP Window 2 - Social Development(W2E)
▪ IDB Funding Requested:	US\$250,000.00
▪ Local counterpart funding, if any:	US\$0
▪ Disbursement period (which includes Execution period):	36 months
▪ Required start date:	December 11th, 2025
▪ Types of consultants:	Firms; Individual Consultants
▪ Prepared by Unit:	SCL/HNP-Health, Nutrition and Population Division
▪ Unit of Disbursement Responsibility:	SCL/HNP-Health, Nutrition and Population Division
▪ TC included in Country Strategy (y/n):	No
▪ TC included in CPD (y/n):	No
▪ Alignment to the Update to the Institutional Strategy 2024-2030:	Social protection and human capital development; Targets poor populations

II. Objectives and Justification of the Technical Cooperation (TC)

2.1 **Objective.** The general objective of this proposal is to support the design, implementation, and operation of high-quality health systems and foster cross-country learning. The specific objectives include: (i) develop an up-to-date blueprint to guide HNP's analytical and operational agenda on how to design and implement high quality health systems; (ii) build on the 2025 flagship and DRP on high-quality health systems by creating a community of practice; and (iii) generate operational knowledge by supporting a demonstrative project in one country in the region, leveraging existing operations.

2.2 **Despite progress in expanding health service coverage in LAC, low quality of care remains a major barrier to improving health outcomes and economic development.** While countries in Latin America and the Caribbean (LAC) have made substantial progress in improving the coverage of basic health services in LAC, persistent low quality of services hinders the attainment of health outcomes. It is estimated that in the region seven out of ten amenable deaths (i.e., those that could be averted with adequate health care) are due to low quality of care (Kruk et al 2018),

with vulnerable populations being more likely to be affected. Low quality health care also has economic consequences as it affects human capital accumulation and productivity. In LAC, it is estimated that by 2030, about 1% of potential GDP could be lost due to low quality of care (Blake et al 2018).

- 2.3 **Common approaches to address quality of care in health systems are necessary but not enough.** The current approach on quality for most health systems in the region focus heavily on structural quality (i.e., inputs and equipment) and minimal standards for operation, but little on processes and impacts. Yet studies in multiple countries have shown that the presence of adequate infrastructure, equipment, and medication availability is only weakly correlated with clinical performance (Leslie et al 2017). Facilities with similar structural quality often provide care of varying clinical quality and no clear threshold of infrastructure ensures better clinical and health outcomes. Training and knowledge of clinical guidelines are also commonly emphasized by health systems as a strategy to improve clinical quality of care. However, studies have shown that while health workers have knowledge of clinical guidelines of common diseases, they often do not apply them consistently in their practice (Das et al, 2018).
- 2.4 **Addressing low quality of care requires a health system perspective.** Recent global high-profile stock taking reports on quality of care and health system performance highlight that to address low quality of care requires moving beyond isolated interventions and a focus on inputs to a focus on processes of care and systems (Kruk et al 2018, NASEM, 2018). Clinical quality of care is shaped by the design of networks, workflows, providers behavior, learning culture, incentives, as well as the coordinated functioning of supportive systems (i.e, diagnostic, pharmaceutical, administrative). Moreover, since the drivers of low quality are often multiple and complex, improving it consistently requires constant learning and adaptation with a clear focus on results.
- 2.5 **The experience of Salud Mesoamerica Initiative (SMI) has shown that quality of care can be improved even in low-resource settings.** With over 10 years of operational experience in eight countries, SMI has shown that clinical quality of care can be improved even among health facilities serving the poorest (NORC, 2025). The approach followed by SMI has helped health systems in the region to improve the quality of reproductive, maternal and child health services by using a systemic approach, supporting teams to optimize key processes (of care, management and service delivery), fostering the creation and functioning of continuous quality improvement cycles at different levels of the system, promoting on-the-job coaching and mentoring for health workers, and using monitoring and supervision approaches that foster learning and adaptation. Some SMI countries like Belize and Mexico, have continued and even expanded elements of this approach to quality of care with IADB support with operations such as [BL-L1048](#); and “Support the strengthening of maternal health in Chiapas through fostering demand and accessibility to quality health services” ([ME-T1479](#); [ATN/OC-19391-ME](#)); and it has even been implemented in other countries such as Paraguay with the operation “Support for the expansion of continuous quality improvement in maternal and neonatal health in Paraguay” ([PR-T1330](#); [ATN/OC-19310-PR](#)). Yet there is still a need to systematize learnings from SMI to inform the operational and analytical approach on quality of HNP.
- 2.6 **While modern frameworks to address quality with a systemic perspective seem promising, there is still little experience operationalizing them in LAC.** Modern frameworks to address quality and improve health system performance (Kruk et al. 2018) advocate key actions to improve quality of care, which include, redesign service

delivery to maximize health outcomes, implement system wide-learning and improvement mechanisms with clear performance metrics, establish governance structures that foster accountability, learning and adaptation, transform the workforce to support them to learn, adapt and improve their performance, and promote demand for quality among the population and users of the system. While many of these key actions resonate with the experience and approach of SMI and point a way forward, there is still limited experience operationalizing these actions in LAC and multiple questions remain. For instance, how can health systems intentionally integrate and sustain learning and improvement mechanisms? What governance structures and performance management interventions are more likely to foster learning, adaptation, and resilience of health systems? What are the best agile on-the job coaching and training approaches for health workers to improve management, data analytics capacity and performance? These questions are at the forefront of operational knowledge and addressing them requires close collaboration with counterparts, policymakers, academics and specialists, as well as space for experimentation, learning and adaptation.

- 2.7 **The TC will support the work needed to systematize and operationalize a modern approach to quality of care in health systems.** The 2025 Regional Policy Dialogue “Towards High-Performing Health Systems” will be a space for policymakers from the region to collectively delivery on how to address some of the unanswered questions to build high-performing systems. In addition, the 2025 HNP flagship will summarize the experience of how SMI transformed health system performance for equity in health. The TC will build from the momentum and discussions generated from this event and publication and will allow also to shape the approach to quality building on existing operational experience and the modern view of health system performance.
- 2.8 **The TC will also support countries in their work on improving the quality of health systems and test demonstrative experiences of this modern approach to quality of care in health systems.** It will do so in countries such as Belize that has recently updated the Belize National Policy for Quality and where the IADB will support its implementation through [BL-L1048](#); Paraguay that has been working on expanding its continuous quality improvement strategy for maternal and neonatal care and chronic conditions (supported by [PR-T1330](#); [ATN/OC-19310-PR](#)); and in Mendoza Argentina, where work has been conducted to redesign health system delivery for patient with chronic conditions. The TC will build on these experiences to build with countries demonstrative experience that help expand this existing work.
- 2.9 **Strategic Alignment.** This TC is consistent with the IDB Group Institutional Strategy: Transforming for Scale and Impact 2024-2030 (CA-631) and aligns with the objective of: (i) reduce poverty and inequality by enhancing the provision of quality and efficient health services. The TC also aligns with the operational focus areas of (i) social protection and human capital development, and (ii) gender equality and inclusion of diverse population groups.
- 2.10 The TC is also aligned with the Country Strategy of Argentina (GN-3288) since the proposal aligns with the priority area of “...improving the living conditions of the most vulnerable” and the strategic objective of “enhance the efficiency of the health system”, since it seeks to provide tools to improve the quality and efficiency of health services. In Belize's Country Strategy (GN-3086) the proposal aligns with the human capital priority and the strategic objective of “basic health services provision” since it will enhance the health system capacity to provide quality services. In Paraguay's Country Strategy (GN-3261-3) the proposal aligns with the strategic area of strengthening

social services and the strategic objective of “strengthen access to the health care system and management of the system”, since it will provide strategies to improve the managerial capacity for quality improvement.

2.11 The TC aligns with the Ordinary Capital Strategic Development Program (OC SPD) (GN-2819-14) with Priority Area 5 “Inclusive Social Development”, since it seeks to support the effectiveness and efficiency of health services. The TC also aligns with the Health Sector Framework Document (GN-2735-12) Line of Action 3, 'Improving the organization and quality of healthcare service delivery, particularly for diverse, marginalized, and disadvantaged groups.' It aims to provide a systems-based framework and a community of practices to address persistent gaps in quality care and health outcomes in countries within the region, with a focus on the pronounced disparities affecting marginalized populations. Moreover, the TC will build on the work to be conducted on 2025 Regional Policy Dialogue “Towards High--Performing Health Systems”, since it will help continue the dialogue and country support on the topic after the event, as well as help inform the approach to health system performance in HNP's operation's pipeline.

III. Description of activities/components and budget

3.1 **Component 1. Blueprint for the design, implementation and operation of high -quality health systems (US\$50.000).** The objective of this component is to provide operational guidance on the key levers to help countries transform their health system so that quality performance is more closely aligned to processes and impacts. This includes among others governance structures, measurement systems, learning strategies, accountability mechanisms, and system integration approaches. The blueprint will build on work conducted by the High-Quality Systems Lancet Commission, lessons learned from SMI, and global best practice. Among the activities to be financed under this component are: (i) summarizing and systematizing operational lessons learned to improve health system quality from SMI and HNPs operation; (ii) review and systematize international experiences that have aimed to operationalize the principles highlighted in the High-Quality Systems Lancet commission; (iii) conduct workshops with experts, policymakers, HNP specialists to obtain feedback and inputs for the creation of the blueprint; (iv) identify approaches to address persistent quality gaps for underserved populations; and (v) write a blueprint for the design and implementation of high-quality health systems based on the previous points. The main result of this component is a blueprint of the operational strategy of HNP to design and implement high-performing health systems.

3.2 **Component 2. Regional community of practice on how to build high-quality health systems (US\$100.000).** The 2025 Regional Policy Dialogue (RPD), which will focus on quality and title “Towards High-Performing Health Systems” will aim to collectively deliberate in the design and implementation of strategies that integrate system performance, primary health care, and quality of care perspectives within the public health systems of LAC to achieve measurable health outcomes. To give continuity and actionable insights to this agenda, a community of practice will be launched during the RPD to address collectively this issue and promote collaborative learning among countries. The objective of this component is to finance the activities necessary to start the community of practice. Among the activities to be financed under this component are: (i) design of the community of practice; (ii) facilitation of the meetings of the community (virtual and in person); and (iii) participant travel for in-

person meetings (excluding Bank staff). The main result of this component is the establishment of the community of practice.

3.3 **Component 3. Implementation of demonstrative experiences (US\$100,000).** The objective of this component is to support the implementation of a demonstrative experience to validate the blueprint in at least one context leveraging existing operations. The main activities to be financed by this component are consultants to provide technical assistance to support countries that currently have operations with quality components to adapt and implement some of the key interventions put forward in the blueprint. The main result of this component is two demonstrative experiences.

3.4 **Results.** The main results of this TC include: (i) a technical note with the blueprint on the operational strategy of HNP to design and implement high-quality health systems; (ii) the establishment of the community of practice on high-quality health systems, and (iii) two demonstrative experiences supported. These results contribute to enhanced operational and analytical expertise to improve the quality of health services and improved-cross country collaboration on strategies that integrate system performance and quality care perspectives within health systems.

3.5 **Total costs.** The total cost of this TC is US\$250,000, funded by W2E-OC SPD Window 2-Social Development Fund. These resources will finance consultants (individuals and firms) for 36 months. The TC does not consider local financing.

Indicative Budget (US\$)

Activity/Component	Description	IDB/W2E Total Funding
Component 1. Blueprint for the design, implementation and operation of high-quality health systems.	This component will fund the development of the blueprint for the designing and implementing high-quality health systems.	50,000
Component 2. Regional community of practice on how to build high-quality health systems	This component will finance the activities to implement the regional community of practice on how to build high-quality health systems.	100,000
Component 3. Implementation of demonstrative experiences.	This component will fund technical assistance to support countries to adapt and implement some of the key interventions put forward in the blueprint.	100,000
Total		250,000

3.6 **Monitoring.** Monitoring the progress and quality of the activities financed by this TC will be carried out monthly by the IDB, through SCL/HNP. The TC team leader will be responsible for supervising and monitoring the appropriate execution of the project. In addition, annual reports will be done according to the requirements established by the office of Grants and Co-Financing Management (ORP/GCM) of the IDB Arrangements for TC supervision should also be specified, including: the designated focal point in the COF, sector specialist responsible for execution, supervision costs to COF (especially for Bank-executed TCs, and need to review allocation of transactional budget resources).

3.7 **Supervision.** The IDB, through the project team leader, will have technical responsibility for the implementation and overall supervision of the project. The supervision of the operation will be done by Emma Iriarte, Principal Health

Specialist (SPH/HNP) as Team Leader and Pedro Bernal (SCL/HNP), Senior Health Economist as alternate Team Leader. The TL will work closely also with the SCL/HNP specialists of the participating countries to align local priorities and needs and keep them informed of the work: including Mario Sánchez (Argentina), Ian Mac Arthur (Paraguay), and Pamela Gongora (Belize).

IV. Executing agency and execution structure

- 4.1 The countries have requested that the Bank is the executing agency of the TC, given its knowledge of international best practices and its technical expertise in conducting regional work on health system performance which is central to the TC. According to the guidelines of OP-619-4, the justification that the Bank executes the TC is based on the following: the Beneficiaries do not have the technical capacity, operational or institutional needed to execute adequately and in a timely manner the activities to be conducted in this project, in particular they do not have technical units for the preparation and execution of the products and regional approaches included in this project. No country-specific activities will be performed until the non-objection letter from the country has been received.
- 4.2 The execution of the TC will be under the responsibility of the Health, Nutrition and Population Division (SCL/HNP) of the IADB. The execution by the Bank is justified since this is a Regional Technical Cooperation that involves several countries and will produce knowledge that will be useful for the region. SCL/HNP has the capacity and technical expertise required to carry out these processes. This execution structure will ensure cross-country learning and alignment with SCL/HNP knowledge and operational agenda on quality, efficiency and resilience of health care services.
- 4.3 **Procurement.** 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: (I) 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 **Intellectual Property.** 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. All products financed by this TC will include toolkits, guides, and manuals that will be usable and replicable for all countries in the region. For activities in participating countries are required, the team will obtain the country's no objection before the start of the activities.

V. Major issues

- 5.1 The main risks identified are those related to delays in the design and implementation of the demonstrative experiences. These risks will be mitigated through close supervision and collaboration with country specialists and counterparts. Other risks are those related to delays in the activities related to the community of practice,

but these are considered minor since they can be addressed with adequate planning. close supervision of the firm and maintain countries engaged in the activities.

VI. Exceptions to Bank policy

6.1 No exceptions to the Bank's policies have been identified.

VII. Environmental and Social Aspects

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

Required Annexes:

[Request from the Client_4526.pdf](#)

[Results Matrix_27911.pdf](#)

[Terms of Reference_79977.pdf](#)

[Procurement Plan_90727.pdf](#)