

TC Document

I. Basic Information for TC

▪ Country/Region:	EL SALVADOR
▪ TC Name:	Support the preparation and execution of the Smart and Comprehensive Health Program (ES-L1160)
▪ TC Number:	ES-T1363
▪ Team Leader/Members:	Astorga, Ignacio Jose (SCL/SPH) Team Leader; Sanchez, Maria Deni (SCL/SPH) Alternate Team Leader; Ortiz Ramirez Tania Ruth (CID/CES); Lagos Diaz Grace Elena (INE/INE); Casco, Mario A. (ITE/IPS); Pablo Jose Orefice (SCL/SPH); Carpizo Riva Palacio, Carlos Ignacio (VPC/FMP); Toriz Monroy, Miriam Patricia (VPC/FMP); Delfs Ilieva Isabel (SCL/SPH); Mendez Florencia Magdalena (SCL/SPH); Hernandez Pascual, Adrian (SCL/SPH); Nelson, Jennifer A (SCL/SPH); Dalaison Boichuk, Wilhelm Ivan (INE/INE); Silveira, Sheyla (SCL/SPH); Munguia Aldana, Karen Elay (CID/CES); Landazuri-Levey, Maria C. (LEG/SGO); Adam Fresno, Alvaro (VPS/ESG) Dalaison Boichuk, Wilhelm Ivan (INE/INE); Silveira, Sheyla (SCL/SPH); Munguia Aldana, Karen Elay (CID/CES); Landazuri-Levey, Maria C. (LEG/SGO); Adam Fresno, Alvaro (VPS/ESG) Dalaison Boichuk, Wilhelm Ivan (INE/INE); Silveira, Sheyla (SCL/SPH); Munguia Aldana, Karen Elay (CID/CES); Landazuri-Levey, Maria C. (LEG/SGO); Adam Fresno, Alvaro (VPS/ESG) Dalaison Boichuk, Wilhelm Ivan (INE/INE); Silveira, Sheyla (SCL/SPH); Munguia Aldana, Karen Elay (CID/CES); Landazuri-Levey, Maria C. (LEG/SGO); Adam Fresno, Alvaro (VPS/ESG)
▪ Taxonomy:	Operational Support
▪ Operation Supported by the TC:	ES-L1160.
▪ Date of TC Abstract authorization:	14 Dec 2023.
▪ Beneficiary:	Ministry of Health (MINSAL)
▪ Executing Agency and contact name:	Inter-American Development Bank
▪ Donors providing funding:	Japan Special Fund(JSF)
▪ IDB Funding Requested:	US\$800,000.00
▪ Local counterpart funding, if any:	US\$0
▪ Disbursement period (which includes Execution period):	36 months
▪ Required start date:	July 2024
▪ Types of consultants:	Individual and firms
▪ Prepared by Unit:	SCL/SPH-Social Protection & Health
▪ Unit of Disbursement Responsibility:	CID/CES-Country Office El Salvador
▪ TC included in Country Strategy (y/n):	Yes
▪ TC included in CPD (y/n):	Yes
▪ Alignment to the Update to the Institutional Strategy 2010-2020:	Diversity; Environmental sustainability; Persons with Disabilities; Social inclusion and equality

II. Description of the Associated Loan

- 2.1 This TC will support the execution of the “**Smart and Integral Health Program**” ([5874/OC-ES](#)) (the original name **Integrated Health Program III** was changed during the identification mission) The objective of the program is to contribute to improve the health of the population, with emphasis on Non Communicable Diseases (NCDs),

through the physical and digital implementation of a comprehensive healthcare network and management model, which strengthens the continuity of care and availability, quality and efficiency of services. The specific objectives are: (i) Increase the coverage and integration of digital health services and the coverage and the referrals from the primary health centers to hospitals; (ii) Strengthen the resilience and environmental sustainability (green infrastructure) of health facilities and expand specialized coverage; (iii) Increase the coverage and quality of support services (primary care laboratories, hospital blood banks and laundry), extend the coverage of pre-hospital care and improve the response to public health emergencies; and (iv) Strengthen the health policy design and management capacity of the Ministry of Health

III. Objectives and Justification of the TC

- 3.1 The objective of the TC is to support the preparation and execution of [5874/OC-ES](#). Anticipating the preparation of key products of Components 1, 2 and 3 that will be used during the execution and that are related to resilient and sustainable infrastructure and digital health, developed in the following paragraphs.
- 3.2 **Resilience and sustainability:** Every year, the region loses social infrastructure capital due to disasters caused by extreme climate. El Salvador does not escape of this reality and is a very vulnerable country to climate change and natural disasters. The Ministry of Health (MINSAL) has 31 hospitals and 490 primary care centers, 30% of the hospitals have more than 50 years of construction, and 22% of the primary care centers need to be rebuilt. These facilities are vulnerable to climate change conditions and have recurrent interruption of the services due to floodings and electrical malfunction. People with disabilities (PwD) face structural barriers to access healthcare services. Among PwD who have attended a healthcare facility, between 46.7% and 58.5% report having encountered difficulties accessing them due to the lack of accessibility measures, primarily access ramps. The MINSAL has the objective to improve the resilience against natural disaster (to assure the continuity of services) of the whole hospital network and key primary care centers, and additionally to strengthen the organization of the multi-hazard response against natural and sanitary risks. In this context the TC will help the country to validate a methodology that has been developed to identify and prioritize key intervention to assure the resiliency of the infrastructure and emergency response and to finance the soil studies for the construction of the Primary Care Centers. All new constructions will comply with universal accessibility standards. To improve the sustainability of the health system, the MINSAL has identify that the centralization of some support services including laboratory, blood bank and hospital laundry can increase the efficiency, reducing capital and operations costs (CAPEX+OPEX) in a range in a range of 20% to 40%. This model will replace the atomized provision model where for example each hospital has its own laundry.
- 3.3 **Digital Health:** El Salvador has made significant efforts to have a solid and sustainable health information system. The MINSAL has connected all primary health care centers to the Integrated Health Information System (SIS, by its acronym in Spanish) and with support from the IDB, have created a digital health transformation agenda and roadmap, outlining their vision and targets from 2021-2025. Key milestones include having an integrated and interoperable system that improves priority health outcomes for the country, including non-communicable diseases. Diabetes is the chronic disease with the greatest burden of disability for the adult population in El Salvador and the one that generates the greatest demand on the

health system and significant costs for the health sector and economic productivity, representing a challenge for the Global Health and Universal Health Coverage. Digital solutions designed to encourage behavioral change towards the adoption of healthy lifestyles have shown efficacy in the prevention of diabetes, are cost effective, and have been included by the World Health Organization (WHO) in the set of recommended interventions to address this disease. Additionally, the implementation of the new network management model will require new organizational and governance arrangements, indispensable for the sustainability of the innovations, given that the current MINSAL organization didn't include these services. Finally, the expansion of the digital services will require the broad adoption of institutions, health professionals and citizens, this is a key element that need to be assessed in a permanent way.

- 3.4 **Strategic Alignment.** The TC is consistent with the IDB Group Institutional Strategy: Transformation for Greater Scale and Impact (CA-631) and is aligned with the objectives of: (i) reducing poverty and inequality by improving opportunity and equity in the population's access to health services, both in-person and virtual, especially benefiting the most vulnerable population; and (ii) address climate change by reducing the carbon footprint and strengthening health resilience. The TC also aligns with the following operational focus areas: (i) biodiversity, natural capital and climate action; (ii) gender equality and inclusion of diverse groups of the population; (iii) institutional capacity, rule of law and citizen security; (iv) social protection and human capital development; and (v) sustainable, resilient and inclusive infrastructure.
- 3.5 Finally, it is consistent with the Country Strategy with El Salvador (GN-3046-1) contributing to the strategic objective of "improving the coverage, quality, and efficiency of the health system at all its levels of care" and to the expected result of "Strengthened health system". Also, it is aligned with the Japan Enhanced Initiative for Quality Infrastructure, Resilience against Disaster and Health (JEI) focused sector: (i) Quality Infrastructure; (ii) Resilience against Natural Disasters; and (iii) Global Health and Universal Health Coverage.

IV. Description of activities/components and budget

- 4.1 **Component 1: Infrastructure investment to improve the healthcare resiliency and efficiency (US\$365,000.00).** To improve the resiliency in primary care, hospitals and emergency response, this component will finance the preparation of: (i) a Primary Care Vulnerability Resilience Assessment Tool , including a vulnerability assessment toolkit for primary care centers and its implementation in 20 centers; (ii) soil topographic and soil studies for nine prioritized primary care centers; (iii) term of reference for five prioritized hospitals interventions, including work to improve the physical resilience including architecture components, electrical normalization, fire protection system, storm protection between others; (iv) design brief and conceptual design of four Medical Emergency System (SEM) bases, including medical planning general space matrix. To improve the efficiency, it will finance the preparation of a design brief and conceptual design of centralized support services for the Metropolitan region including hospital laundry, Hemocenter (central Blood Bank), and regional laboratories. The file will include general space matrix, equipment, and workflows; and (v) it will finance two workshops, one in healthcare management and the other in climate change. The primary care and hospital portfolio will be used to prepare the investment bidding documents and the design brief and conceptual designs, to prepare the final designs that will be used in the investment projects.

- 4.2 **Component 2: Consolidation and expansion of strategic digital health investments (US\$435,000.00).** This component will finance consultancies to develop key elements: (i) the preparation Minimal Viable Product (MVP) for prediabetes prevention named PILAS¹, through a multidisciplinary team including health, Information Technology (IT), design, user experience, and business specialists; (ii) the organization model of the Integrated Health Network (RIIS, by its acronym in Spanish) unit, that will define the roles, responsibilities, processes and associated structure to adapt the central coordinating RIIS unit in MINSAL and also propose prioritized digital health services to be integrated into the operational digital health network; (iii) a survey to assess the adoption and use of ICTs in the health sector, from the point of view of institutions, health professionals and citizens using CETIC.br model; and (iv) the development of the business and technical architecture of the updated SIS
- 4.3 It's planned that the products will be available in the second year and only five of the primary care projects will be ready the first year.
- 4.4 **The total amount requested for the two components under this TC is US\$800,000.** The TC funds will be provided by the Japan Enhanced Initiative for Quality Infrastructure, Resilience against Disaster and Health (JEI). The disbursement and execution period will be 36 months. The following table provides further detail on the resource allocation for each component.

Indicative Budget (US\$)

Activity /Component	Description	IDB/ Total Funding
Component 1: Infrastructure investment to improve the healthcare resiliency and efficiency	Resilience Assessment Tool for primary care	15,000
	Topographical assessment and soil survey for primary care centers	84,500
	Terms of reference for prioritized hospitals interventions	100,000
	Design brief and conceptual design of four the Medical Emergency System (SEM) base	46,000
	Design brief and conceptual design for the Metropolitan a centralized laundry work	30,000
	Design brief and conceptual design for the Metropolitan Hemocenter	30,500
	Design brief and conceptual design for the 3 regional laboratories	45,000
	Workshop in Healthcare management and Climate Change	14,000
Subtotal Component 1		365,000
Component 2: Consolidation and expansion of strategic digital health investments	(PILAS) Project coordinator	21,600
	(PILAS) Design of processes for remote care of the target population	25,000
	(PILAS) APP business model	33,400
	(PILAS) Specialized personnel in the IT development of the solution	60,000
	(PILAS) Consulting for design and implementation	20,000

¹ PILAS is a word in Spanish that means strong commitment.

Activity /Component	Description	IDB/ Total Funding
	(PILAS) Base Line	20,000
	RIIS Unit Organization Consulting	140,000
	Survey on the adoption and use of ICTs in the health sector (from the point of view of institutions, health professionals and citizens) - CETIC.br model.	80,000
	Business and technical architecture of the updated SIS	35,000
Subtotal Component 2		435,000
Total		800,000

4.5 **Supervision.** The Social Protection and Health Division (SCL/SPH) Specialist in El Salvador will be responsible for the TC supervision, with support from the Infrastructure and Energy Sector (INE) and SCL/SPH Digital Team. There will be no additional costs for supervision and evaluation reports.

V. Executing agency and execution structure

- 5.1 Based on a request from the Government of El Salvador, the Executing Agency (EA) of this TC will be the Bank, through SCL/SPH. The Bank will be executing this TC given the high level of complexity and technical expertise required to prepare the terms of reference of the studies and assessments involved, as well as to supervise their implementation. SCL/SPH team includes experts in digital health and health infrastructure that will supervise the consultancies and has the capacity and technical expertise required to carry out these processes. Additionally, the hiring of international consultants may be required, for which the IDB hiring process is more agile, reducing the risk of delays in execution.
- 5.2 The TC team will be responsible for the preparation and submission to the donor of the TC reporting, in compliance with the stipulations of the Administration Agreement.
- 5.3 The IDB team will continue the dialogue with the Japan International Cooperation Agency (JICA), involving the country health team in the technical follow-up, looking for potential areas of future technical cooperation.
- 5.4 The activities to be executed under this TC have been included in the Procurement Plan and will be executed in accordance with the procurement methods established by the Bank, namely: (i) hiring of individual consultants, as established in AM-650 standards; (ii) contracting of consulting firms for services of an intellectual nature in accordance with the Policy for the Selection and Contracting of Companies for Operational Work executed by the Bank (document GN-2765-4) and its associated operating guidelines (OP-1155-4); and (iii) contracting of logistics services and other services other than consulting, in accordance with the IDB Corporate Procurement Policy (GN-2303-28).

VI. Major issues

- 6.1 For the TC to achieve its objectives, the main risks are related with coordination among administrative and technical departments within the MINSAL as well as other key stakeholders, such as the Innovation Secretary, in charge of expanding digital services in the country. Insufficient levels of coordination could lead to delays in execution as well as sub-optimal decisions. To mitigate these risks, [5874/OC-ES](#) will promote regular meetings amongst project's stakeholders to review the operation's implementation plan, to discuss technical aspects related to the interventions, to

ensure the quality of decisions, and to identify – and mitigate – any potential execution-related challenges. Given that the digital service for pre-diabetes is an innovative solution, delays in design and deployment may occur, affecting the ability to properly evaluate the solution. This risk will be mitigated through close supervision and use of agile methodologies during design and implementation of the solution.

6.2 There are no Integrity clauses and special intellectual property agreements.

VII. Exceptions to Bank policy

7.1 There are no exceptions to Bank policy.

VIII. Environmental and Social Aspects

8.1 This TC is intended to finance pre-feasibility or feasibility studies of specific investment projects and the environmental and social studies associated with them; therefore, the terms of reference and products of this TC will be consistent with the applicable requirements of the Bank's Environmental and Social Policy Framework (ESPF).

Required Annexes:

[Request from the Client_48491.pdf](#)

[Results Matrix_73090.pdf](#)

[Terms of Reference_16317.pdf](#)

[Procurement Plan_6545.pdf](#)