

ABSTRACTO DE COOPERACIÓN TÉCNICA

I. Información Básica del Proyecto

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| ▪ País/Región: | COLOMBIA/CAN - Grupo Andino |
| ▪ Nombre de la CT: | Apoyo al Desarrollo de los Servicios de Atención Primaria de Salud en la Amazonía Colombiana |
| ▪ Número de CT: | CO-T1690 |
| ▪ Jefe de Equipo/Miembros: | ORTIZ HOYOS, JOSE LUIS (SCL/SPH) Team Leader; BAUHOFF, SEBASTIAN (SCL/SPH) Alternate Team Leader; CABEZAS VALENCIA, RHINA MARLENE (CAN/CAN) Alternate Team Leader; SANTIAGO LEON (SCL/SPH); CARDENAS GARCIA, CLAUDIA MYLENNA (VPC/FMP); HILLMAN, EUGENIO F. (VPC/FMP); ACEVEDO CALLE, DANIELA (LEG/SGO); HINCAPIE SALAZAR, DANIEL (CSD/ACU); INAIE TAKAES SANTOS (CSD/ACU); MARIANGELA CHAVEZ (SCL/SPH); FORERO SANCHEZ JUAN DAVID (SCL/SPH); BARLIZA COTES MICHELLE ALEJANDRA (SCL/SPH) |
| ▪ Taxonomía: | Operational Support |
| ▪ Número y nombre de la operación que apoyará la CT: | Programa para Mejorar el Acceso Efectivo a los Servicios de Salud de la Población en Colombia - CO-L1286 Programa para mejorar el acceso a servicios de salud efectivos de la población colombiana con énfasis en la población receptora migrante y vulnerable - CO-J0016 |
| ▪ Fecha del Abstracto de CT: | 28 Feb 2024 |
| ▪ Beneficiario: | Ministerio de Salud y Protección Social |
| ▪ Agencia Ejecutora: | INTER-AMERICAN DEVELOPMENT BANK |
| ▪ Financiamiento solicitado del BID: | US\$150,000.00 |
| ▪ Contrapartida Local: | US\$0.00 |
| ▪ Periodo de Desembolso: | 24 meses |
| ▪ Tipos de consultores: | Individuos; Empresas |
| ▪ Unidad Responsable de Preparación: | SCL/SPH - Proteccion Social y Salud |
| ▪ Unidad Responsable de Desembolso: | SCL/SPH - Proteccion Social y Salud |
| ▪ CT incluida en la Estrategia de País (s/n): | Sí |
| ▪ CT incluida en CPD (s/n): | Sí |
| ▪ Alineación a la Actualización de la Estrategia Institucional 2010-2020: | Inclusión social e igualdad; Capacidad institucional y estado de derecho; Igualdad de género; Diversidad; Pueblos Indígenas; Afrodescendientes |

II. Objetivos y Justificación de la CT

2.1 El objetivo de esta Cooperación Técnica (CT) es apoyar la ejecución del Programa para la implementación del modelo de salud basado en Atención Primaria en Salud y el desarrollo del Sistema Único de Información en salud para la Colombia en paz . La CT se enfocará en: (i) el fortalecimiento de la atención integral en salud individual y colectiva, a través de equipos de Atención Primaria de Salud (APS); y (ii) el fortalecimiento del Sistema Único de Información en Salud. Para esta cooperación, el área priorizada será la región amazónica.

2.2 Colombia has stood out for its high insurance percentages (96.4%). This achievement has been complemented by the highest financial protection and the lowest out-of-

pocket spending on health in the Americas, representing 20.6% of total spending, while the average is close to 42.7% (PROESA, 2019). Additionally, out-of-pocket spending on medicines is one of the lowest in Latin America, it is equivalent to 21% of total household health spending, being less than Mexico (36%) and the OECD average (36%) (MSPS, 2022). Finally, the Colombian health system is characterized by having a broad, comprehensive, and user-focused benefits package. Despite these achievements, challenges remain. For instance, there is a large variability in measured blood sugar levels in diabetics and in the mortality rate due to diabetes mellitus. Departments such as San Andrés, Providencia and Santa Catalina (24.7), Tolima (19.7), and Meta (18.9), show the highest values. Another example is the mortality rate for cervical cancer, departments such as Amazonas and Caquetá have the highest rates with values of 26.3 and 18.7 deaths per 100,000 inhabitants, respectively (MOH, 2021).

- 2.3 The challenge for achieving effective coverage in the Amazon is evident in the lack of actions to prevent chronic noncommunicable diseases (NCDs). Proof of this are the delays in early detection and mortality rates due to cancer, control of diabetes mellitus and heart disease. In 2020, the rate for cervical cancer mortality reached 28.3 deaths per 100,000 inhabitants, and, in the case of lung cancer, the mortality rate went from 5 to 5.4 for the same reference period.
- 2.4 Other barriers for the Government to increase effective coverage in the region include inequity in terms of the supply of health services and a deficit of Healthcare Talent in rural areas. The deficit exacerbates for Amazonas. The department went from 108.6 professionals per 10,000 inhabitants in 2020 to an average of 76.0 professionals in 2021 (MSPS, 2021). Besides, the region has a low hospital capacity, measured by the number of beds that are available for use (1.1 per 1,000 inhabitants respectively), in comparison with the national average (1.7 per 1,000 inhabitants) and with the average of the OECD countries (4.6 per 1,000 inhabitants). In this context, the Ministry of Health (MOH) is designing a primary health care strategy to guarantee access to health services. This strategy is based on the deployment of interdisciplinary medical teams in the territories and the strengthening of the network of public hospitals from the primary level to the high complexity level. Additionally, the MOH seeks to implement a digital strategy to track the activities of the PHC medical teams by developing a monitoring dashboard for mission activity indicators, population health indicators, and social health factors.
- 2.5 This TC is designed as operational support for the CO-L1286 operation. The purpose of this program is to improve effective coverage and access to Primary Health Care services in Colombia, through specific actions as (i) increasing the supply of health services in prioritized territories; (ii) expanding comprehensive health care, individually and collectively, through primary health care teams; and (iii) strengthening the information system. The CO-T1690 operation seeks to increase the human resources for health care and to support the configuration of the Single Information System, with a regional focus in the Amazon.

III. Descripción de las Actividades y Resultados

- 3.1 **Componente I: Increase in the supply of human resources for health care in the Amazon** . This component seeks to reduce the human capital deficit in the Amazon. The activities that will be carried out are: (i) The design of special PHC guidelines for indigenous populations and other communities, with a focus on prevention of vector and tropical diseases; and (ii) the design of an incentive package for the decentralization of medical professionals for rural areas in departments of the Amazon.
- 3.2 **Componente II: Strengthening of the technological connection of health care through the interoperability of the electronic medical record** . The component

seeks to guarantee the quality, the production, and the efficient use of information through: (i) a pilot that enhance the connection of public hospitals in the Amazon with public hospitals throughout the country, for guaranteeing the referral and counter-referral system for the patients; and (ii) a plan to strengthen digital health and telemedicine for public hospitals to guarantee the quality of health care services.

IV. Presupuesto

Presupuesto Indicativo

| Actividad/Componente | BID/Financiamiento por Fondo | Contrapartida Local | Financiamiento Total |
|--|------------------------------|---------------------|-----------------------|
| Increase in the supply of human resources for health care in the Amazon | US\$100,000.00 | US\$0.00 | US\$100,000.00 |
| Strengthening of the technological connection of health care through the interoperability of the electronic medical record | US\$50,000.00 | US\$0.00 | US\$50,000.00 |
| Total | US\$150,000.00 | US\$0.00 | US\$150,000.00 |

V. Agencia Ejecutora y Estructura de Ejecución

- 5.1 The IDB will execute this TC for the technical support that the Social Protection and Health Division (SCL / SPH) team can offer.
- 5.2 The MSPS has requested that the Bank, through its Country Office in Colombia, will supervise the execution of this TC, both for the technical support that the team from the Social Protection and Health division can offer to the Ministry, and for the regulatory, financial, and administrative facility. This request is based on legislative and procedural restrictions, where compliance with internal requirements can delay the effective development of the TC. At the same time, the logistics for execution will depend on direct contact between the Bank and the MSPS. The MSPS petition is aligned with policy GN-2629, annex 10.

VI. Riesgos Importantes

- 6.1 Regarding Component I, the risk identified is the difficulty of carrying out effective inter-institutional coordination between the Ministry of Health and the local governments of the selected municipalities. For this, the operation will seek coordination mechanisms to achieve the agreements required during the execution of the project.
- 6.2 Furthermore, another risk for both components are the change of local governments, which might affect the development and continuation of the project. To avoid the adverse effects that this change could cause, the operation will guarantee direct and constant coordination with the health institutions and organizations in the Amazon region.
- 6.3 Finally, the operation has the challenge of working with indigenous population and other traditional communities that inhabit the Amazon region. Therefore, Component I consider the construction of special guidelines envisioning a differential ethnic approach

VII. Aspectos Ambientales y Sociales

- 7.1 Esta TC no tiene requisitos aplicables del Marco de Política Ambiental y Social (ESPF) del Banco.