



DIGITAL HEALTH FOR ALL

Regional Policy Dialogue 2022

REPORT

SOCIAL PROTECTION AND HEALTH DIVISION

DIGITAL HEALTH FOR ALL



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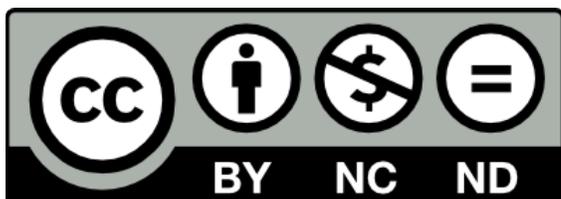
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SOCIAL PROTECTION AND HEALTH DIVISION REGIONAL POLICY DIALOGUE REPORT

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Introduction and event overview

The Social Protection and Health (SPH) Division of the Inter-American Development Bank (IDB) held its annual Regional Policy Dialogue (RPD) –[Digital Health for All: Latin America and the Caribbean’s golden opportunity to improve the efficiency, quality and equity of sector](#)– on September 12-14th 2022 in Panama City, Panama. The RPD brought together over 120 participants, including leaders from over 20 countries, vice-ministers of health and directors of technology and communications, and regional and global experts in digital health.

The [RPD](#) is one of the IDB’s main avenues to promote knowledge sharing between high-level government officials from Latin America and the Caribbean and experts in key development areas. The objective of the RPD is to promote a strategic dialogue between public officials that work in the health sector to facilitate the interexchange of experiences, innovative practices, and lessons related to key public policy areas and issues. The dialogue that takes place during the RPD benefits not only its direct participants: it also contributes to the IDB’s substantive commitment with the region by providing a space for feedback and to prioritize opportunities for technical cooperation between the IDB and the region’s countries.

In October 2018, the SPH launched its first [Regional Policy Dialogue on Digital Health Transformation](#), bringing together experts from around the world to discuss the critical success factors and lessons learned to support our region’s transformation. Subsequently, the COVID-19 pandemic has highlighted the importance of health for economies and social welfare, and exposed systemic deficiencies in the region’s health systems. This context, in combination with the [projected increases in health expenditures](#), creates unprecedented challenges for health systems to deliver efficient, high quality, and equitable care.

Furthermore, the crisis provides an opportunity to go [beyond normal](#) and to invest strategically to accelerate the digital transformation of health in the region. We face a [golden opportunity](#) and need to act now to ensure that our investments are truly transformational, aligned with the [“8 Principles of Digital Transformation of the Health Sector”](#) and reach the objectives of the [“Roadmap for the Digital Transformation of the Health Sector in the Region of the Americas”](#), as approved during the 59th PAHO/WHO Directing Counsel.

The meeting sought to provide a setting to discuss what the IDB and different countries have learned in the past four years of implementation of digital health, structural challenges to scale digital health, and the measures needed to ensure that decisions made today are both sustainable and transformational. The meeting’s objectives broadly included discussing three topics: 1) how to ensure that digital health adds value in terms of improved efficiency, quality, and equity; 2) policy considerations for linking digital health to health outcomes; and 3) the future state of our region in terms of digital transformation of the health sector. This report provides an overview of the meeting, its main findings, and the steps that lie ahead on this journey.

The first day of the meeting focused on the importance of transforming the health sector and discussing the golden opportunity that digital health presents for the region. Participants discussed the types of changes the pandemic had catalyzed for the sector, and took stock of the progress made in the region since the 2018 IDB policy dialogue on the topic.

The second day of the meeting focused on how policymakers can ensure that digital health is truly transformational, by taking intentional steps to guarantee that it is inclusive and that it improves quality and efficiency at the health system level. The second day also explored how evidence-based digital health interventions can combat depression, hypertension, and diabetes, and how countries in the region are implementing some of these interventions.

The third day of the dialogue explored the possibilities of cross-border digital health, and countries co-created a vision of the future state of the region. Throughout the event, a demonstration booth exploring cross-border digital health and interoperability was available; participants could explore the LACPASS initiative, Digital Documentation for COVID-19 Credentials (DDCC), and digital wallets and credentials. Furthermore, participants were invited to

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join [regional workspaces](#) to continue the conversations started in the dialogue. All presentations, graphical note taking, photos, and videos from the event can be found on the [SPH Regional Policy Dialogue Website](#).

The IDB would like to thank all country participants for their time and contributions to this important event, the Pan-American Health Organization for its partnership in this agenda, and the World Health Organization, Global Digital Health Partnership, and Medical Futurist for their presentations.



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Why we need to transform the sector

The first day of the dialogue had three main sessions: 1) Opening remarks and keynote speakers; 2) Going beyond normal; and 3) Digital health in Latin America and the Caribbean: progress to date. All sessions revolved around one theme: *problems and potential*.

Opening remarks and keynote speakers

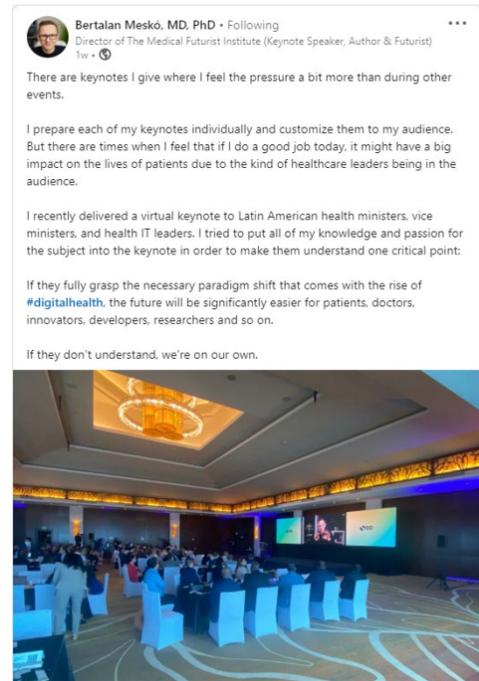
The event opened with remarks from Ferdinando Regalia, IDB Social Sector Manager; Rocío J. Medina-Bolívar, IDB Panama Country Representative; Ana Rivière Cinnamond, PAHO/WHO Panama Country Representative, and Dr. Luis Garrido, Advisor to the Superior Office of the Ministry of Health of Panama.

The speakers discussed the opportunity presented by the dialogue to reflect, reconnect, and rebuild our health systems. They highlighted the importance of being connected –to healthcare, to the internet, and to data–, and of ensuring that our transformations do not end up creating more inequalities. Sustainability, creativity, and innovation were also areas of emphasis. The IDB underscored key work being conducted in the region, including the support of ten countries to create digital health agendas and roadmaps, and the LACPASS regional public good, which celebrated the first cross-border digital health connectathon in the region in June 2022. The IDB/PAHO partnership in digital health was also commented, in addition to the IDB’s commitment to the 8 principles of digital health and regional roadmap for digital transformation approved by the countries of the region.



The event continued with three keynote presentations. Dr. Bertalan Meskó, [The Medical Futurist](#), [addressed the audience on how to predict the future of healthcare](#). Dr. Meskó highlighted the importance of playing with the “what if” question, and reminded the participants that many of the innovations we use today in healthcare in fact started off as science fiction. He stressed how important it is for healthcare leaders to develop their abilities as futurists, to understand trends, and suggested forming boards of experts in different topics to guide them. Dr. Meskó also challenged the audience to move beyond patient-centered models of care, and to [instead embrace patient design](#). He described cases in which this approach had allowed for simple yet strong changes that empowered patients in their care. He also suggested that leaders consider adding patients to their boards/leadership committees. Dr. Meskó discussed important trends for leaders to pay attention to, including artificial intelligence and digital therapeutics, and tools such as his [Digital Health Bingo tool](#) to identify innovations.

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In his presentation –“Going Beyond Normal. The Golden Opportunity of Digital Transformation for Latin America and the Caribbean”, Dr. Pablo Ibarra, SPH Division Chief, presented key findings from three of the IDB’s recent publications. Dr. Ibarra highlighted the challenges for Latin America and the Caribbean if we returned to normal, including the trends of increasing health spending and burden of disease related to non-communicable diseases in the region. He shared scenarios presented in “[Future Health Spending in Latin America and the Caribbean: Health Expenditure Projections & Scenario Analysis](#)” for flattening cost curves. Reducing the prevalence of risk factors such as smoking and hypertension, adopting policies to improve the efficiency of health spending, such as implementing policies to eliminate waste, improve primary care systems, and focusing on prevention, prescribing more cost-effective drugs, and improving patient flow in hospitals are all alternatives which could generate important savings for the sector. He then spoke about some of the findings from IDB’s flagship



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publication, [“Going Beyond Normal. Challenges for Health and Healthcare in Latin America and the Caribbean Exposed by Covid-19”](#). Key takeaways included that health spending will increase due to population and epidemiological changes and inflation in the health sector; and that the pandemic has created new spending requirements, and that there is not much fiscal room to increase health spending. These findings emphasized that the pandemic brought the need for greater spending efficiency in the health sector. Dr. Ibarra closed his presentation by presenting IDB’s three lines of action for investment in the health sector, the SPH’s approach to digital health transformation, highlighted in IDB’s flagship publication [“The Golden Opportunity of Digital Health for Latin America and the Caribbean”](#).



LATIN AMERICA AND THE CARIBBEAN

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HOW CAN DIGITAL HEALTH INVESTMENTS HELP FLATTEN THIS CURVE?

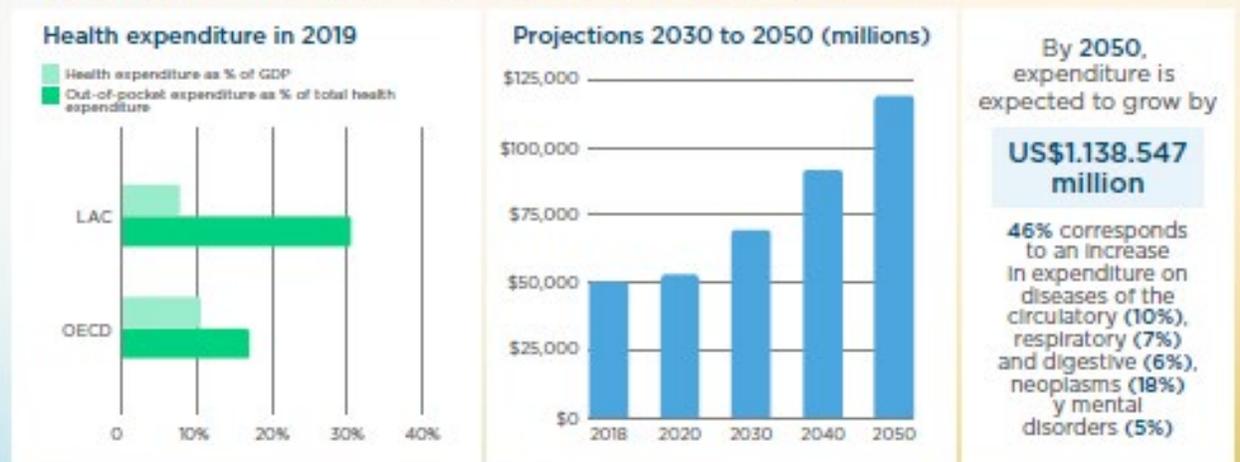


Source: IHME Global Burden of Disease, IDF Diabetes Atlas, ILO and IMF.

WHAT IS HEALTHCARE ACCESS AND QUALITY LIKE TODAY?



PROJECTIONS FOR 2050: EVOLUTION OF HEALTH INVESTMENT



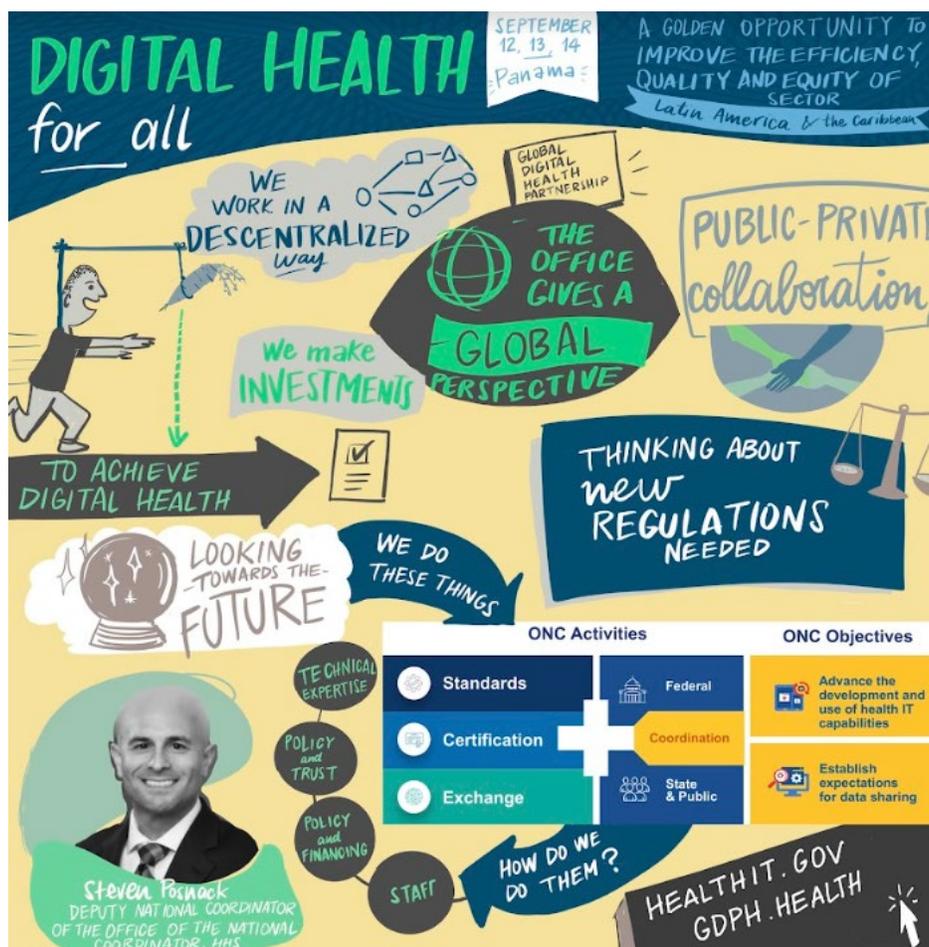
Source: WHO Global Health Expenditure Dataset (GHED), and Rao et al. (2022). "Future Health Spending and Treatment Patterns in Latin America and the Caribbean: Health Expenditure Projections and Scenario Analysis". IDB.

Figure 1 Regional Figures prepared for the RPD by Laura Goyeneche and Jose Soto, IDB Consultants

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Finally, Steven Posnack, Deputy Director of the Office of the National Coordinator (ONC), held a moderated conversation with the event participants regarding lessons learned in digital health policy from the United States' ONC and the Global Digital Health Partnership. First, he provided context regarding the U.S. health system and functions of the ONC. He explained the policies that created and regulate the ONC and their role in terms of establishing standards, certification, and data exchange within the U.S. health system. He described the main functions and separation between federal and state levels, and how the ONC works with other departments within the U.S. government and the private sector. He discussed some of the main policies used to scale-up digital health and interoperability in the U.S. He answered questions from the audience and then invited all countries to join the [Global Digital Health Partnership](#), chaired by the U.S., to join the global conversation on digital health.



Going beyond normal

Following the keynote presentations, Jennifer Nelson, IDB Digital Health Specialist, moderated a technical discussion among participants regarding the changes they had observed in their health systems due to the pandemic. The first part of the discussion centered on the types of changes participants had observed in their health systems, in general, due to the pandemic. Most participants felt that incremental changes (56%) and foundational changes (41%) were occurring in their health systems. When asked about specific areas, telehealth, digital health transformation, health system financing, and pandemic preparedness showed a slightly higher trend

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towards foundational changes, but all topics, including preventative health and population screening, health care delivery model, and mental health, were in the mid-range, closer to incremental changes.

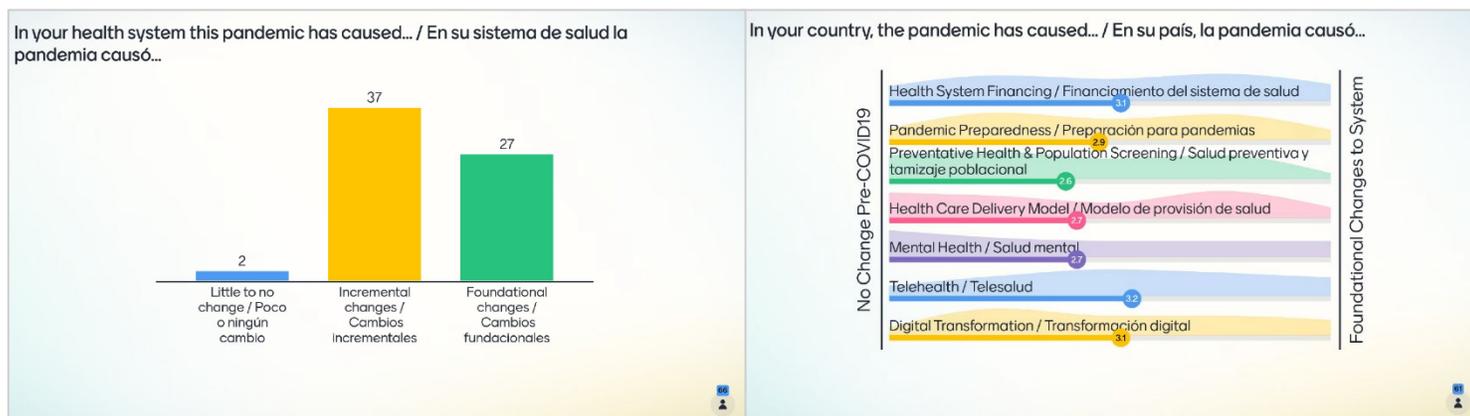


Figure 2. Participants' responses regarding the types of changes caused by the COVID-19 pandemic in their country.

Luis Tejerina, Lead Social Protection and Health Specialist, summarized the plenary discussion by identifying four main themes. First, participants noted that the pandemic had created awareness on the shortcomings and importance of health systems, and the urgency of digital transformation and mental health. This awareness was related to the importance of working with other sectors and the interdependence of other sectors and public health. Another theme was the pandemic as a catalyst for foundational changes, but progress is occurring in a heterogeneous way. Some countries have enacted laws, for example, but new legislation will only take effect and affect reality once human resources are trained in these changes. Other countries reported changes at the project level; although these caused more immediate change, they require other actions to scale and to have continuity. This last point was directly related to the third theme, sustainability; countries noted the opportunity provided by the pandemic, but there was a concern that momentum could be lost, instead of seeing continued long-term financing and the building of resilience within the region's health systems. The Korean case was mentioned as one of the countries which could be seen as a source of lessons to increase resiliency. Finally, equity was a concern that was mentioned by many countries, especially related to access to connectivity and telehealth services.

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Digital health in Latin America and the Caribbean: progress to date



Two presentations –by the Pan American Health Organization and the IDB– framed a participatory activity led by countries; they highlighted the countries’ achievements and served to take stock of progress made since the IDB’s 2018 Regional Policy Dialogue on Digital Health Transformation.

First, Marcelo D’Agostino, Senior Advisor for Information Systems for Health at the Pan American Health Organization, talked about the “Eight Guiding Principles for the Digital Transformation of the Health Sector” in the Americas. He went over the regional policies and commitments agreed to by the countries of the Americas under the Information Systems for

Health (IS4H) framework, provided a summary of the regional maturity assessment using the IS4H toolkit, and reviewed the call to action for each of the eight principles.

Alexandre Bagolle, Social Protection and Health Specialist, and Luis Tejerina, Lead Social Protection and Health Specialist, presented the IDB’s approach to digital transformation. They highlighted the six dimensions used by the IDB for balanced investments in digital health, represented in the digital house and described in the [IDB’s Flagship publication](#), and described how each dimension contributes to and is aligned with the eight guiding principles under the IS4H framework. They also described assessment tools developed by the IDB, such as the Electronic Health System scorecard, and regional initiatives such as Digital Health Women Champions, launched by IDB.



After the presentation of these regional frameworks, Pablo Orefice, from the SPH Digital Health Team, led an activity in which participants could highlight their countries’ achievements in terms of digital houses within each of the IDB’s six dimensions and their contributions to PAHO’s eight principles. Country participants shared these achievements and co-created four regional digital houses to represent the region’s digital health neighborhood. A spokesperson was selected for each subregion to present the strengths and weaknesses observed within their subregion. Among the key findings, it was mentioned that all countries had made important advances in each of the six dimensions and were contributing to the 8 principles. Progress in governance and management was noted as a strength in the

Central American subregion, and digital inclusion and digital public goods were the most-noted principles. The Southern Cone and Andean subregions highlighted policies to sustain and institutionalize digital health, while the Caribbean and the Central American subregions highlighted policies for evidence-based decision-making. All subregions mentioned advances in electronic health record systems, vaccine information systems and digital certificates, and telehealth. The infostructure dimension, which focuses on enabling interoperability, showed key advances related to adoption of international standards and an improvement in cybersecurity. To close the activity,

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a highway connecting the subregional houses was revealed, representing the opportunity to create a Pan-American Digital Highway for Health Data within the region to safely share data among countries.



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Ensuring digital health is transformational

The second day of the dialogue had three sessions: 1) Inclusive digital health; 2) Digital health and health quality: a perfect match?; and 3) Prioritizing non-communicable diseases for digital transformation. Throughout the day, the underlying theme was *intentionality*.

Inclusive digital health

The day's first session, led by Elisa Martinez and Myrna Marti, both from the SPH Digital Health Team, highlighted the experiences that had been developed during the first day to expose participants to how it feels to be excluded. For example, closing the men's bathroom, printing the lunch menu in Quechuan, or reserving tables and chairs for those with certain cell phone models and age groups. These experiences were intentionally designed to highlight the importance of inclusion in terms of digital literacy, gender, ethnicity, age, physical disability, connectivity and digital equipment, geography, and service access.



After reflecting on these experiences, Publio Arojona, IT Specialist in Assistive Technologies, shared with the audience his personal and professional journey. Publio's personal journey as a person with physical disabilities due to a car accident, paired with his professional training as a graphic designer, have allowed him to show the power of assistive technology firsthand. He illustrated the audience about technical tools, demonstrating how assistive technologies allow him to access governmental and health services with simple adjustments to websites and mobile applications. In his current role as the Director of Assistive Technologies for the Agency of Innovation in Government in Panama he supports governments to ensure that the digital services they provide are inclusive by design. Publio stressed the importance of never losing touch with the human aspects of technology, and recommended leaders to involve people with disabilities in the design of digital services, to be intentional to

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understand the needs of *all* their populations. Finally, he noted that there are standards that can be adopted by policymakers to ensure that digital services are accessible to all people.



The session ended with a summary by Cristina Pombo, Advisor to the Social Sector Manager, who stressed the importance of intentionality and inclusion, and the role of decision-makers to keep in mind that there are many types of barriers. Although the need for person-centered design is a common theme in healthcare, when topics were prioritized by all participants, inclusion ended up in the last place. Putting patients and people in the center of the design of health systems and policies will require policymakers to understand the different perspectives of barriers. Intentional actions and policies are of paramount importance to avoid replicating in tomorrow's digital world the analogical barriers of today.



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Digital health and health quality: a perfect match?

This session opened with Dr. Sebastian Bauhoff, Principal Health Specialist, who presented a framework for healthcare quality and efficiency, and evidence on the current state of care in Latin America and the Caribbean. His presentation reviewed nine dimensions of quality and the types of measures often associated with quality improvement. Dr. Bauhoff closed by linking the need for data to improve quality and efficiency, and the opportunities presented by digital health to improve health at the system, organization, and patient/community levels.

Dr. Luis Morales, of the SPH Digital Health Team, highlighted key examples by relating problems in the region's health systems to the possibilities that can be realized through digital interventions. After him, three countries – Uruguay, El Salvador, and Costa Rica– shared their experiences implementing digital tools to improve healthcare. Uruguay discussed the use of the National Health Record for information exchange and data analytics. El Salvador presented on the use of digital tools at the community level to define population characteristics and take early action in disease prevention and control. Costa Rica, finally, expounded on the potential of interoperability between health and other sectors, commenting on their experience with the Salud Mesoamerica Initiative and the creation of the National Information System for Adolescents.



Country representatives then dialogued around two questions: how can we successfully and intentionally align digital health transformation with health outcomes, quality, and efficiency? And what challenges and opportunities are leaders facing or foresee facing in the future to align these agendas? Dr. Morales summarized the discussion mentioning the participants' emphasis on intentionally linking quality, efficiency, and digital transformation as part of national digital health agendas and government policies that could be monitored with real-time data to ensure alignment. Participants also mentioned opportunities, such as the adoption of interoperability standards, the focus on integrated patient care, and collaborative work environments on the topic. Regarding challenges, participants mentioned the current lack of interoperability in many systems, the need for qualified human resources in health informatics and data analytics, the need to strengthen the public health sector as an effective regulator of these

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policies, and the need for sustained resources on this area. Cost-effectiveness evaluation of digital health interventions was also mentioned as a challenge for evidence-based policy making. Finally, participants noted that the common challenges faced by countries within the region could be better resolved by co-creating solutions.

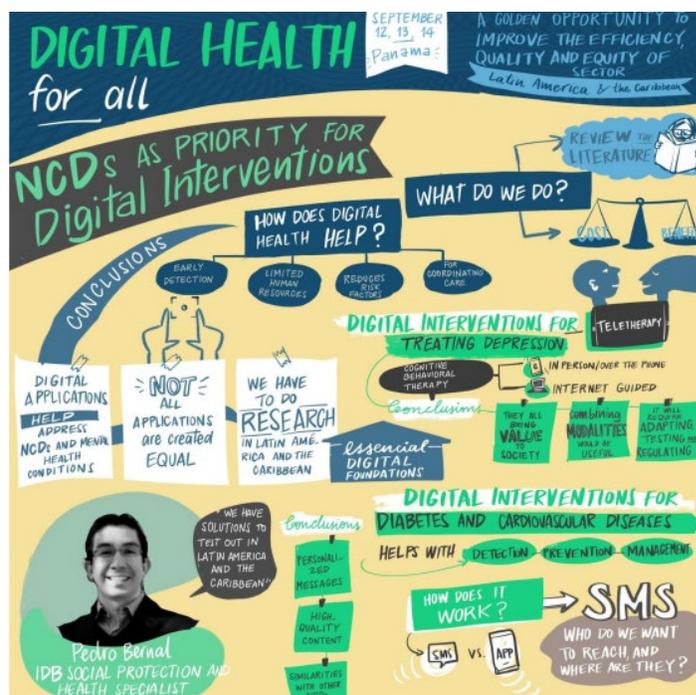


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Prioritizing non-communicable diseases for digital transformation

The session discussed how digital transformation can be intentionally used against non-communicable diseases, including depression, diabetes, and cardiovascular diseases. Dr. Pedro Bernal presented evidence on how digital interventions can be used to support early detection of diseases through digital screening, improving health workers' productivity and reach through digital task-shifting and telehealth, reducing risk factors through applications for self-care and management, and improving care coordination through electronic health records and information exchange. He presented findings from a forthcoming IDB publication, "Digitalizing public services: Opportunities for Latin America and the Caribbean", detailing the cost-benefit analysis of internet-based cognitive behavioral therapy and the use of SMS messages to prevent the progression of diabetes in pre-diabetic patients. The cost-benefit analysis shows that both applications can provide substantial net benefits to society if implemented in Latin America. To reap the highest possible benefits, countries in the region will need to advance in the regulation of digital therapeutics and invest in developing, adapting, and testing these types of applications with a patient-centered view.



Dr. Mario Sanchez presented the results of an impact evaluation study of an intervention in Uruguay which sought to [increase the uptake of cervical cancer screening](#) through SMS reminders and digital appointments. Jamaica presented their experience linking digital health tools, such as the chronic disease passport to reduce the burden of non-communicable diseases in the country and empower patients, while Chile shared its experience using telehealth to improve the mental health and wellness of healthcare providers in the public sector.

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Dr. Sergio Miguens, of the SPH Digital Health Team, facilitated a discussion on current interventions countries were implementing or considering, the feasibility of the cases presented in their contexts, and considerations for prioritizing investments in these areas. The Global Digital Health Partnership Benefit Categories were presented as a guide for the discussion. Dr. Miguens and Daniel Doane, also of the SPH Digital Health Team, summarized the discussion by noting the impressive range of patient/population-facing digital health interventions that had been deployed in the region. Countries shared experiences ranging from applications for the management of non-communicable diseases, for mental health screening, appointments, and COVID-19 applications, all with clear benefits mapped onto the GHDP framework. Prioritization methods varied and considered economic impact, epidemiological impact, user experience, and access to care, but participants also noted the relationship between these factors.



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A region transformed: what will Latin America and the Caribbean look like in 2030?

The last day of the dialogue focused on the vision of the future state of Latin America and the Caribbean and the potential of cross-border digital health services through three sessions: 1) Cross-border digital health: where are we today?; 2) Co-creating our future; and 3) Regional workspaces. The theme of the third day was *transformation*.

Cross-border digital health in Latin America and the Caribbean: where are we today?

The first session, led by Fernando Portilla of the SPH Digital Health Team and Carl Leitner, WHO Digital Health Officer, focused on the current state of cross-border digital health. Fernando Portilla provided an overview of the opportunities presented by cross-border digital health, advances of global and regional initiatives, and current opportunities and challenges. The presentation stressed the health needs of migrants, tourists, those that work or study outside of their home countries, and discussed health tourism, in addition to optimizing specialized human resources and regional centers of excellence in areas with constrained human resources. Additionally, the specialists discussed global experiences such as EPSOS, the EU's eHealth Network Guidelines, Trillium Bridge, the European Health Data Space, and the International Patient Summary. Within the region, they mentioned the [RACSEL network](#) and the [LACPASS Project](#), a regional public good sponsored by the IDB with PAHO and HL7 as strategic partners.

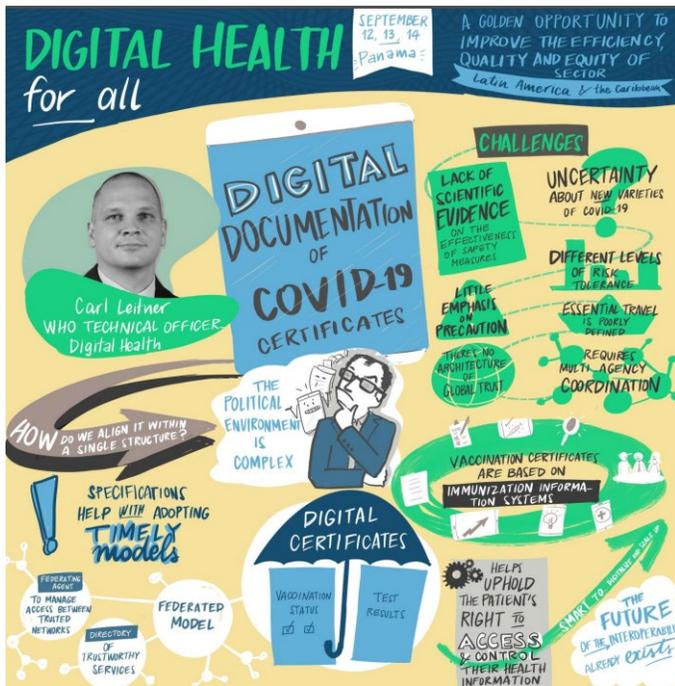


Given the convergence of the LACPASS project with regional and global projects, such as PAHO's DDCC work and the WHO and the G20's connectathon, Dr. Leitner presented longer-term lessons learned from digital documentation of COVID-19 credentials. He congratulated the region on its advances and stressed the challenges around the adoption of various standards, including the EU DCC, DIVOC, Smart Health Cards, making global interoperability difficult. He discussed the work that WHO, the G20, and the GDHP are doing to support global interoperability under the DDCC umbrella specification, and invited all countries to participate in the related global connectathon. Dr. Leitner stressed that the foundations required for digital COVID19 credentials, such as adoption

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of international standards such as IPS and creating a global trust network, were key for other use cases, such as portable digital health wallets.



Co-creating our future

In the second session, country participants were asked to think about the future of the region from a cross-border perspective by creating headlines for regional breaking news in 2030. Together, participants defined the future state of their subregions from four perspectives: decision-makers; health care providers; patients and populations; and stakeholders, including the private sector, entrepreneurs, and academic sectors. Each subregion presented their visions for 2030 and then participants held a plenary discussion on the future state of the region in general.

The Caribbean subregion focused on resource sharing: sharing knowledge resources on addressing opportunities and challenges; sharing health human resources and services; sharing digital health infrastructure and support resources (e.g., health informaticists); and sharing training programs and achievements by 2030. The Central American subregion focused on strengthening healthcare organizations in all the digital health dimensions with a cross border and patient-centered approach, regarding e-health policies. The main stated goal was to achieve continuity of care for all citizens. The Southern Cone subregion focused mainly on the availability of human resources across borders, and discussed a regional registry of professionals. These countries also highlighted the existence of updated legal frameworks that facilitate inter-consultation between professionals from different countries by 2030. The Andean subregion focused on international telehealth as one of the highest priorities given the lack of specialized human resources to provide quality care, and the need to be able to reach less accessible regions. The subregion also understood the need for digital health legislation to provide support to all actors in the national and cross-border health ecosystem.

Common themes across all subregions included opportunities and benefits provided by transnational digital health services, achieving regional connectivity, having adequate resources to support digital health, and optimization of existing human resources. Additionally, participants highlighted the successful implementation of digital certificates.

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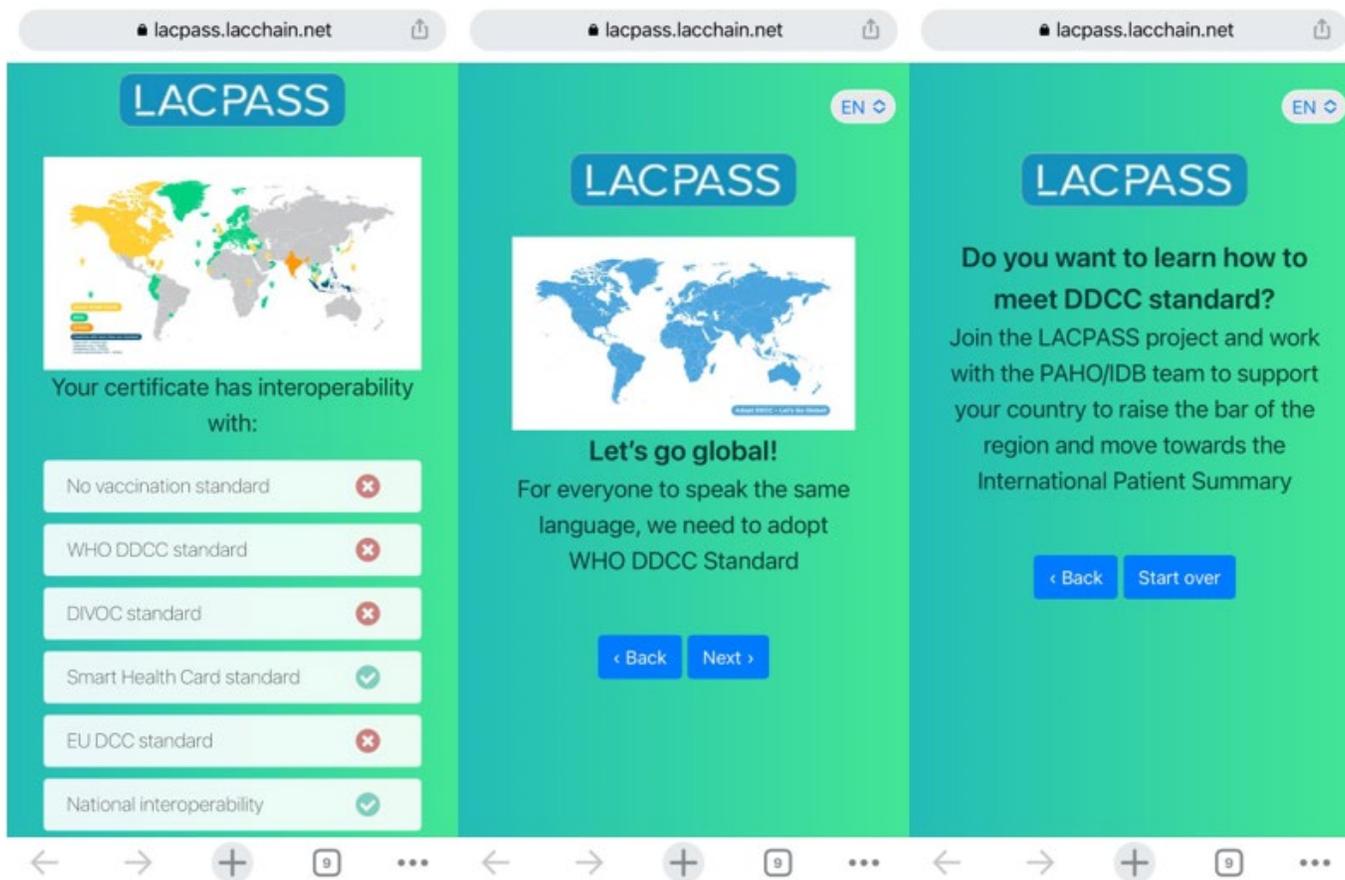
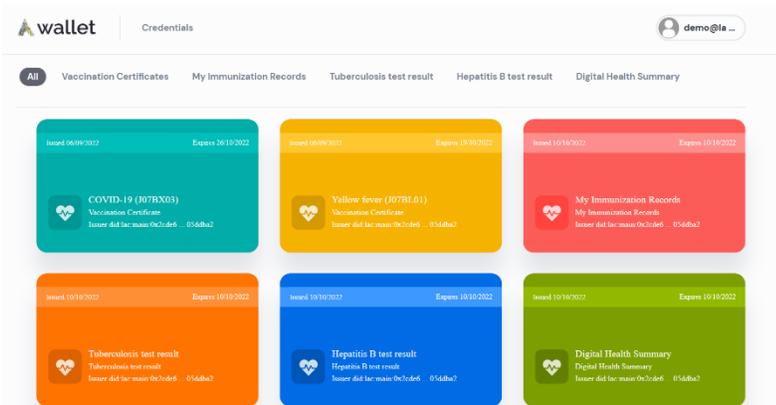
Regional workspaces

In the final session of the dialogue, the IDB shared with participants a set of regional workspaces that existed or were in process of being developed. Countries were invited to express interest to participate in the workspaces described in Annex 2. The IDB will reach out to the countries who have expressed interest in participating to define next steps.

LACPASS demo booth

Participants were invited to a demonstration on the importance and potential of regional interoperability in health with support from LACPASS, the IDB Tech Lab, and LACCHAIN. The IDB Tech Lab, represented by Marcos Allende, IDB IT Specialist in Applied Technological Research and Data Science, designed a demo booth that allowed participants [to scan their COVID-19 vaccine credentials](#) and determine which national or global standards it adhered to. For example, a pass scanned from Jamaica would indicate that it adhered to the DIVOC standard and a pass from Uruguay or Ecuador would indicate that the pass adhered to the EU DCC standard. This demonstration stressed the importance of adopting the DDCC standard, which would allow for global interoperability and application beyond COVID-19. The demo booth also presented a [digital wallet](#) with credentials from different use-cases, including yellow fever, lab tests, TB certification, and digital health summary, among others. It also demonstrated the importance of being able to revoke a certificate and for the user to be able to control what data was shared with the entity verifying the information. The IDB is exploring the interest of countries to participate in a pilot to test the use of decentralized permissioned blockchain networks, like those used by LACCHAIN, as next steps within the LACPASS project. (See [Annex 2. Regional workspaces](#) for information on how to express interest in participating).

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Conclusions

The SPH Regional Policy Dialogue brought together health sector leaders from more than 20 countries to share their views on the current situation, the progress made, and the future of the region in the area of digital health. Countries were able to share lessons learned and identify future areas for learning and cooperation. Cross-border digital health and interoperability was identified as a priority, as well as the need to ensure that digital health investments are intentional, sustainable, and equitable, especially in regards to telehealth and digital services for non-communicable diseases. Digital inclusion needs to be a priority in national agendas, plans, and investments: throughout the event, the risk of increasing the digital divide was repeatedly underscored by participants, but at the same time there are technological solutions to support inclusion. Various countries commented on the importance of continuing to support regional dialogue on the topic and expressed interest to the IDB on visiting other countries in the region for further learning. The IDB stressed its commitment to this important agenda and to continue its support to the region.

[Video Summary of the Regional Policy Dialogue](#)

[Video: IDB Digital Health for All](#)



Annexes

Monday, September 12th

Day 1. Why we need to transform the sector

8:30 am	Event registration and coffee	Seascope Salon
9:00 am	Welcome & opening remarks <i>Ferdinando Regalia, Social Sector Manager, IDB</i> <i>Rocío J. Medina-Bolivar, Panama Country Representative, IDB</i> <i>Ana Rivière Cinnamon, Panama Country Representative, PAHO/WHO</i> <i>Dr. Luis Garrido, Advisor to the Superior Office of the Ministry of Health of Panama</i>	Seascope Salon
9:20 am	How to predict the future of healthcare <i>Bertalan Meskó, The Medical Futurist</i>	Seascope Salon
10:00 am	Going beyond normal: the golden opportunity of digital transformation for Latin America and the Caribbean <i>Pablo Ibararán, Social Protection & Health Division Chief, IDB</i>	Seascope Salon
10:15 am	Coffee break	
10:30 am	Digital health policy: lessons learned from the office of the national coordinator <i>Steven Posnack, Deputy Director of the Office of the National Coordinator, HHS</i>	Seascope Salon
11:00 am	Dialogue and facilitated discussion: going beyond normal <i>Jennifer Nelson, Health Specialist for Digital Solutions, IDB</i> <i>Luis Tejerina, Lead Specialist Social Protection & Health, IDB</i>	Seascope Salon
12:20 pm	Close of the morning session	
12:30 pm	Lunch	Starfish Salon
2:00 pm	Digital health in Latin America and the Caribbean: progress to date <i>Marcelo D'Agostino, Regional Advisor Information Systems for Health, PAHO</i> <i>Luis Tejerina, Lead Specialist Social Protection & Health, IDB</i> <i>Alexandre Bagolle, Social Protection & Health Specialist, IDB</i>	Seascope Salon
2:30 pm	Dialogue and facilitated discussion: digital health advances, 2018-2022 <i>Pablo Orefice, SPH Digital Health Team</i> <i>Elisa Martínez Luaces, SPH Digital Health Team</i>	Seascope Salon
3:10 pm	Coffee break	Seascope Salon

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3:30 pm	Dialogue and facilitated discussion: digital health advances, 2018-2022 <i>Pablo Orefice, SPH Digital Health Team</i> <i>Elisa Martínez Luaces, SPH Digital Health Team</i>	<i>Seascape Salon</i>
4:05 pm	Day 1 reflections: close of day 1 <i>Jennifer Nelson, Health Specialist for Digital Solutions, IDB</i> <i>Pablo Orefice, SPH Digital Health Team</i>	<i>Seascape Salon</i>
5:30 pm	Welcoming cocktail: inclusive digital health	<i>19th Floor Rooftop</i>

Tuesday, September 13th

Day 2. Ensuring digital health is transformational

8:30 am	Coffee	<i>Seascape Salon</i>
9:00 am	Opening of day 2 <i>Luis Tejerina, Lead Specialist Social Protection & Health, IDB</i>	<i>Seascape Salon</i>
9:15 am	Inclusive digital health <i>Elisa Martínez & Myrna Marti, SPH Digital Health Team</i> <i>Publio Arjona, IT Specialist in Assistive Technologies</i> <i>Cristina Pombo, Advisor Social Sector, IDB</i>	<i>Seascape Salon</i>
10:15 am	Coffee break	
10:30 am	Digital health and health quality: a perfect match? <i>Sebastian Bauhoff, Principal Health Economist, IDB</i>	<i>Seascape Salon</i>
10:45 am	Dialogue and facilitated discussion <i>Luis Antonio Morales, SPH Digital Health Team</i> <i>Florencia López-Boo, Lead Social Protection & Health Specialist, IDB</i> <i>Country Experiences</i>	<i>Seascape Salon</i>
12:20 pm	Close of morning session <i>Luis Tejerina, Lead Specialist Social Protection & Health, IDB</i>	<i>Seascape Salon</i>
12:30 pm	Lunch	<i>Starfish Salon</i>
2:00 pm	Prioritizing non-communicable diseases for digital interventions <i>Pedro Bernal, Social Protection & Health Specialist, IDB</i> <i>Mario Sánchez, Principal Social Protection & Health Specialist, IDB</i>	<i>Seascape Salon</i>
2:30 pm	Dialogue and facilitated discussion: considerations for prioritization <i>Sergio Miguens y Daniel Doane, SPH Digital Health Team</i>	<i>Seascape Salon</i>

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Country experiences

3:15 pm **Coffee break**

3:30 pm **Dialogue and facilitated discussion: considerations for prioritization**

Sergio Miguens y Daniel Doane, SPH Digital Health Team
Country experiences

Seascape Salon

3:50 pm **Day 2 reflections**

Seascape Salon

4:00 pm **Technical discussions in small groups**

TRACKS

1. Telehealth
2. EHR-S selection and procurement
3. Interoperability in digital health
4. Cybersecurity in digital health
5. Digital prescription
6. Change management
7. Emerging technologies in digital health
8. Total cost of ownership
9. Behavioral economics and digital health
(Pre-registration required)

Seascape Salon

Wednesday, September 14th

Day 3. A region transformed: what Latin America and the Caribbean look like in 2030?

8:30 am **Welcoming coffee**

Seascape Salon

9:00 am **Opening of day 3**

Alexandre Bagolle, Social Protection & Health Specialist, IDB

Seascape Salon

9:15 am **Cross-border digital health in Latin America and the Caribbean: where are we today?**

Fernando Portilla, SPH Digital Health Team

Carl Leitner, Digital Health Technical Officer, World Health Organization

Seascape Salon

9:45 am **Co-creating our future**

Alexandre Bagolle, Social Protection & Health Specialist, IDB

Jennifer Nelson, Health Specialist for Digital Solutions, IDB

Seascape Salon

10:00 am **Coffee break**

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10:15 am	Dialogue and facilitated discussion: co-creating our future <i>SPH Digital Health Team</i>	<i>Seascape Salon</i>
11:00 am	Presentations by subregion and prioritization	<i>Seascape Salon</i>
12:15 pm	Event conclusions and group photo <i>Pablo Ibararán, Social Protection & Health Division Chief, IDB</i>	<i>Seascape Salon</i>
12:30 pm	Lunch	<i>Starfish Salon</i>
2:00 pm	Regional priorities for cooperation <i>Facilitated dialogue among Country Delegates & SPH Digital Health Team</i>	<i>Seascape Salon</i>
3:15 pm	Dialogue closed	<i>Seascape Salon</i>



Regional workspaces

Cooperation in digital health in Latin America and the Caribbean: RACSEL



The American Cooperation Network on e-Health (RACSEL) is an initiative of the countries of Latin America and the Caribbean which is supported by the Inter-American Development Bank (IDB). RACSEL was established as a mechanism for systematic horizontal technical cooperation to promote, multiply, strengthen, and energize exchanges with the aim of developing, disseminating, and implementing best practices in digital health in support of institutional development processes and their progress in the region.

RACSEL was created 8 years ago as a result of a Regional Public Good requested by 5 countries in the region. It seeks to be one of the main global networks for cooperation in digital health and a reference in the dissemination, promotion, and adoption of standards through dialogue, coordination, and the interexchange of knowledge and experiences, promoting collaborative work and cooperation in digital health. The final aim is that the good practices and results obtained in one country can be used in others, gaining in efficiency and effectiveness, thus improving the quality of health services and social growth and welfare. To that end, courses and interoperability guides are offered, as well as proofs of concept, pilots, and the interexchange of experiences, while visits to other countries, and new requests for public goods related to the digital transformation of countries in the health sector are also promoted.

Currently, the member countries are Chile, Colombia, Costa Rica, Ecuador, El Salvador, Paraguay, Peru, Suriname, and Uruguay. Its governance involves a general assembly, a regional presidency, and an executive committee, a technical forum and an inter-institutional technical group, technical secretariat, and network coordination.

To apply to join RACSEL, please send your application to admin@racsel.org.
Website: www.racsel.org.



REGIONAL PUBLIC GOOD RG-T3769

Digital transformation in health to mitigate the effects of COVID-19 in Latin America and the Caribbean

The Regional Public Good (BPR) "Digital Transformation in Health to Mitigate the Effects of COVID-19 in Latin America and the Caribbean" (RG-T3769) aims to strengthen the capacity of countries in the region to address the effects of COVID-19 by promoting digital transformation in health.

More specifically, the BPR will seek to strengthen the exchange of health data within and between countries in the region, promoting higher levels of interoperability for the exchange of clinical care data (component 1) and for the exchange of data for epidemiological surveillance and public health at the national and regional levels (component 2). Finally, it will seek to create guidelines and directives for the sustainable development of telehealth within and among the countries of the region (component 3). The three components should be developed within a period of three years.

To date, the BPR member countries are: Argentina, Colombia, El Salvador, Guatemala, Paraguay, Suriname, and Uruguay, while PAHO and HL7 International are strategic partners of the project. RACSEL (Red Americana de Cooperación sobre Salud Electrónica) is the central collaborating partner of the BPR, articulating strategic and technical aspects, while CENS (Centro Nacional en Sistemas de Información en Salud) is the executor of the project.

The BPR follows the WHO guidelines of the Digital Documentation for Credentials COVID-19 (DDCC) standard and is aligned with PAHO's strategic plans for the digital transformation of health for the Americas. In particular, this BPR is aligned with the "Roadmap for the digital transformation of the health sector in the region of the Americas", approved by the countries of the region in September 2021, to improve interoperability, and implement open, sustainable, and interoperable digital health and information systems. And it is aligned with the 2Policy on the application of data science in public health through artificial intelligence and other emerging technologies" in relation to the support in developing capacities to be able to use data science and emerging technologies in research, innovation, public policy, and ethical analysis in public health.

The expected outcomes of the BPR are: 1) countries with available interoperability frameworks, guidelines, and consensus protocols for the exchange of health data and for the implementation of telehealth projects; 2) at least 3 countries in the region successfully complying with the Proof of Concept (PoC) for the exchange of clinical-health data, data for public health surveillance and telehealth; and 3) that a proposal for the governance and sustainability of the project's results arises through RACSEL.

In general terms, the project seeks to lay the groundwork for a regional interoperability laboratory. More specifically, for the first component of the BPR, the participating ministries of health are expected: 1) to learn about regional and global initiatives related to digital documentation of COVID-19 credentials; 2) to validate whether their national solutions meet international standards through participation in connectathons and receive technical assistance to ensure alignment if necessary; and 3) that Latin America and the Caribbean becomes a leader by conducting the first regional connectathon in the health sector.



To apply to join the BPR, please send your application to BPR@racsel.org.
Website: www.racsel.org.

Regional interoperability laboratory

The regional interoperability laboratory was created as an environment for testing technologies and use cases among countries of Latin America and the Caribbean. To this end, a test environment is provided so that the technical teams can deploy solutions, monitor them, and exchange cases with other countries in the region.

It is a learning and hands-on environment for interoperability in healthcare; with the support of international standards organizations, such as HL7 International, the laboratory will provide regional technical capabilities to allow for strong progress in the processes of digital transformation and the exchange of healthcare data in the region.

The laboratory will be able to deploy value-added services required to work within the regional interoperability framework.

The laboratory is currently in the design phase.

To apply to be part of this laboratory, please send your application to SPHDigital@iadb.org.

Interest group on cybersecurity in digital health

Training and reference environment on the area.

Exchange of experiences and incidents.

Dialogue on the subject among regional people of reference.

Dissemination activities.

Currently in design phase.

Profile: technicians.

The group is currently in the design phase.

To apply to be part of this interest group, please send your application to SPHDigital@iadb.org.



Change management

We all face the same or similar challenges on the human side of change: fears, resistances, confusions, but also diverse expectations and fast execution times.

This is our opportunity to create a community of practice, to share knowledge, experiences, and new tools.

Profile: professionals working in digital health transformation processes.

The community is currently in the design phase.

To express your interest please write to SPHDigital@iadb.org.

Interest group on digital health regulations

Activities are starting for the implementation of a group related to the regulatory frameworks required for the deployment of digital Health in the countries of the region.

Reference activities to be developed in this area include the interchange of experiences and regulatory frameworks; and a dialogue on the subject among regional persons of reference.

This group is currently in the design phase.

To apply to be part of this interest group, please send your request to SPHDigital@iadb.org.

Community of practice on digital interventions on adolescent mental health

A community of practice has been formed to contribute to evidence-based decision making about how to intervene effectively for the early detection and timely management of risk conditions in adolescent mental health. Teams from the ministries of health of Uruguay and Chile, and specialists and experts from various disciplines are participating in the group.

This community of reflection and practice seeks to contribute to the regional discussion on effective mental health modalities for the adolescent and youth population through services and benefits that incorporate the use of technology. To this end, the group is generating spaces for the interchange of lessons learned on the design and implementation of mental health service modalities aimed at adolescents and young people which incorporate some digital solution as a prominent element. More specifically, work is being done on the design of two proofs of concept that seek to show the effectiveness of digital tools designed to expand the

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coverage and quality of the response in early interventions for detection and addressing mental health risks, safeguarding ethical, safety, and usability aspects of the solutions.

Current participants include Chile, Uruguay and a network of experts.

To apply to be part of this community of practice, please send your request to SPHDigital@iadb.org.

LACnet - LACChain

LACNet is an international non-profit association born from the alliance between RedCLARA and LACNIC in collaboration with the BID Lab, and created within the framework of the LACChain Global Alliance to orchestrate in a neutral and sustainable way the LACChain blockchain networks.

In this space, LACNet seeks to create a PoC as part of the LACPASS project to explore the use of permissioned and decentralized trust networks for health data verification, in line with WHO/PAHO specifications for DDCC.

The blockchain network will have two main functions. First, it will serve as a public registry of the public keys of the ministries of health and the entities authorized at the national level by them to issue health certificates, offering universal accessibility, security, and trust. Secondly, it will allow revoking and verifying the revocation status of health certificates.

Profiles: health technician/health informatician.

To apply for membership, please send your application to SPHDigital@iadb.org.



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Jennifer Nelson, Health Specialist Digital Solutions, who led and conceptualized the 2022 Regional Policy Dialogue

In memory of our dear Georgina Raygada, co-author of *Digital Health for All. The Golden Opportunity for LAC*. Thank you for your talent, dedication, and passion for the transformation of health systems in our region. Your spirit will always be present in our flagship.

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