Report

@-HEALTH in Latin America: Considerations regarding the EUROsociAL/Salud project in a continental case study

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Abstract

The present article is an initial reflection about the activities developed throughout the implementation of the project "Strengthening the health sector in Latin America as a vector of social cohesion", referred to as EUROsociAL/Salud. Everything that has been carried out in the thematic line dedicated to the exchange of good practices in the @-Health sector constitutes a privileged observatory to examine the dialectics between technological development and social cohesion. The program developed has particularly shown a peculiar line of the agreement between Information and Communication Technology and medicine, which in Latin America are different from their European equivalents. This text will present the EUROsociAL program, its goals and methodologies. It will also comment the several activities carried out in that framework.

Key words: *Telemedicine, Telehealth, Healthcare.*

Resumen

@-SALUD en America Latina: Consideraciones relacionadas con el proyecto EUROsociAL/Salud en un estudio de caso continental.

Este artículo es una reflexión inicial sobre las actividades desarrolladas a lo largo de la implantación del proyecto "Fortalecimiento del sector salud en Latinoamérica como vector de cohesión social" llamado EUROsociAL/Salud. Todo lo que se ha llevado a cabo en la línea temática dedicada al intercambio de buenas prácticas en el sector de @Salud constituye un observatorio privilegiado para examinar la dialéctica entre el avance tecnológico y la cohesión social. En especial el programa desarrollado ha mostrado una línea peculiar del acuerdo entre la Tecnología de Información y Comunicación y la disciplina médica, que en América Latina son diferentes de sus equivalentes europeos. En este texto se presentará el programa EUROsociAL, sus objetivos y metodologías. También se discutirán las diferentes actividades realizadas en su marco.

Palabras clave: *Telemedicina, Telesalud, Prestación de Atención de Salud.*

Resumo

@-SAUDE em America Latina: Considerações relacionadas com o projeto EUROsociAL/Salud em um estudo de caso continental.

O presente artigo é uma reflexão inicial sobre as atividades desenvolvidas durante a implementação do projeto "Fortalecimento do setor da saúde em América Latina como vector de coesão social" denominado EUROsociAL/Salud. Tudo o que tem sido feito na linha temática dedicada a troca de boas práticas no setor da @-Saúde constitui um observatório privilegiado para examinar a dialética entre o desenvolvimento tecnológico e a coesão social. O programa desenvolvido tem mostrado de forma especial uma linha característica do acordo entre a Tecnologia de Informação e Comunicação e a área médica, que na América Latina são diferentes dos seus equivalentes europeus. No artigo será apresentado o programa EUROsociAL, seus objetivos e metodologias. Também serão comentadas as diversas atividades realizadas nesse marco.

Palavras-chave: *Telemedicina, Tessaúde, Atenção a Saúde.*

THE EUROSOCIAL PROGRAM AND THE EUROSOCIAL/SALUD SECTOR PROJECT

The project *Strengthening the healthcare sector in Latin America as a factor for social cohesion* implements one of the sectors in which the technical cooperation program of the European Union, EUROsociAL, is articulated with the objective of contributing to the promotion of social cohesion in Latin America through the strengthening of public policies and institutional capability to manage it.

EUROsociAL comes from the idea that it is possible to contribute to the improvement of the effectiveness and efficiency of public policies since they are mechanisms that generate social cohesion through the sensibility of the political leaders and the promotion of expertise exchange between European and Latin American civil servants, as well as among Latin Americans citizens in general. The main goal of the expertise exchange is the introduction of innovative management orientation, methods or procedures, which have already been used in other countries. The experience of developing social and territorial cohesion policies in Europe shows that there is no need to carry out large structural changes, in order to make sure that the social policies reach the less privileged or marginalized sectors. In several occasions, a small change in the administration model of a program or a public institution, encouraged by the awareness of a good practice, may be enough to generate virtuous circles of inclusion, protection and welfare.

A good practice is a real experience in any level (policy, plan, program, project, procedure, etc.) when it causes noticeable and demonstrable effects on the growth of the public services coverage, quality and efficiency, integrating excluded sectors or improving the care provided to marginalized groups in the system which, therefore, may have an impact (demonstrated or potential) on social cohesion.

The exchange comes from the needs of Latin American countries, which participate as receivers of the knowledge transfer, also called petitioners. The transfer may be carried out by European countries or by other Latin American countries identified as transferring country, by means of: visits, inspections to the interested structure during 2 or 3 days, and an "internship", or a 10-day stay in the place where the structure, with possibilities to intensify the exchange of good experiences, is located; workshops or seminars, organization of training activities (remote or in person); technical assistance from specialists or a combination of these modalities and others that may be relevant to each specific need. Each exchange of experiences must be designated as a cycle comprising four consecutive phases: identification of the exchange, formulation, execution and monitoring of activities and evaluation of the results obtained.

The exchange of good experiences may correspond to two levels:

1. Public policies and vanguard programs;
2. Institutional procedures and management resources, including the provision of basic services to the population.

The concept of social cohesion reflects a series of values that belong to the European welfare models and that have contributed to the progressive improvement of the European quality of life. Although such models are under discussion for several reasons, the values of universal social protection, democratic participation, equality in the enjoyment of rights and the access to opportunities, or the promotion of institutions that are capable of efficiently managing conflicts, are still valid. Those common values can and must be incorporated into the public policies on social cohesion, turning them into mechanisms of inclusion. In the EU-LAC Summit held in Guadalajara in 2004, social cohesion was consolidated as the main element in the strategic association of those regions.

With the aim of improving social cohesion, EUROsociAL uses a multi-sensorial strategy, divided into five priority sectors: administration of justice, education, taxation system, employment and health, as shown in the Figure 1.
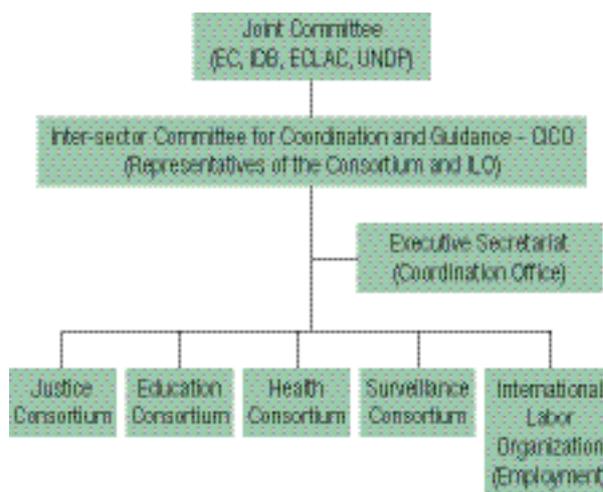

Figure 01 - Eurosocial flowchart

This project, belonging to the health sector, is divided into five theme areas: I) Development of Social Protection in Health; II) Good governance in health services, systems

and hospitals; III) Health Services based on quality Primary Care and efficient and equal access to medication; IV) Public Health Policies and risk control; V) Promotion of Health Policies in the community for the benefit of the most vulnerable and excluded sectors.

@-HEALTH IN EUROSOCIAL/SALUD PROJECT

The application of technological findings produced by the informatics and communication sector in medicine, or in healthcare, was object of discussion of the project. That shows the level of sensitivity and interest around the theme, both in Europe and Latin America. In fact, the world of Information and Communication Technologies (ICTs) has experienced a fast evolution over the last ten years: computing technologies, via telecommunications, have been widely applied to all aspects of social life. From the first decades of the twentieth century, the use of biomedicine in topics related to the health of the population has brought along several positive factors and an ever growing dissemination all over the world. Therefore, it was impossible for those two universes to find a convergence that could be related to the several concepts mentioned above. Telemedicine is a clear neologism derived from the union of two terms: telematics (group of applications derived from the integration of informatics technologies with communications technologies, based on data exchange and access to files through the telephone network or opposite networks) and medicine.

The members of the consortium of implementation of the project are the most important research, training and clinical institutions in Latin America (see Table 1) and they started a discussion concerning the semantic value regarding the definition of telemedicine. After analyzing the meaning of words normally used as synonyms: telemedicine, telehealth and e-health, it was decided to use telehealth due to its wider semantic value, not referring only to the cure itself, but including the complex network of socio-cultural and biological factors in the definition of the health condition of the population. The analysis of typical demographic, socio-environmental and epidemiologic profiles from the several countries in the continent confirmed its consistency with the objectives of the EUROsociAL program, taking us back to the definition approved by the European commission, according to which telemedicine is the integration, monitoring and management of patients and even the education of specialists and staff, using systems that provide immediate access to specialized care and pa-

tient's information, regardless of the place where patients or information are located.

Another essential moment in the preliminary debate was the presentation of the theme regarding other theme areas. On the one hand, the application of ICTs in medicine and healthcare was considered interesting for all areas and, therefore, the theme was cross sectional. On the other hand, also a legitimate point of view, collaboration between ICTs and medicine was regarded as a subject with specific features and, as such, it should be handled in an independent manner. A pragmatic work guideline was chosen and a space was found in theme area V: "promotion of health policies in the community for the benefit of the most vulnerable and excluded sectors".

ICTS EXCHANGE LINE

The presentation of the project took place during the First Methodological Workshop held in Buenos Aires in April 2007. The great interest shown by the administrations of the Latin American countries regarding the application of ICTs in healthcare could be seen in the broad discussion that happened at the time and later on throughout the development of the exchange activities. During the three years of work, the following institutions participated as petitioners: Health Department from Argentina, Health and Sports Department from Bolivia, Health Department from Brazil, Health Department from Costa Rica, Health Department from Chile, Social Protection Department from Colombia, Public Health Department from Ecuador, Health Secretariat from Honduras, Health Secretariat from Mexico, Health Department from Panama, Public Health and Social Welfare Department from Paraguay, Health Department from Peru and Public Health Department from Uruguay.

In addition to the logic meeting between "offer and demand", the following institutions transferred their know how, participating as transferring institutions: *Escola Nacional de Saúde Pública* (ENSP/FIOCRUZ) from Brazil, *Ministério de Sanidad y Consumo de España*, Health Department from France, Italian Commission *Ministero della Salute, Regione Toscana, Umbria ed Emilia-Romagna: Fondazione Angelo Celli* and Health Department from Mexico.

During the development of the project, with the first annual work program (2007) the socio-cultural dimension of the health/disease phenomena was once again emphasized. As a consequence, the exchange line of ICTs was applied to Primary Care in Remote, Isolated, and/or Mar-

ginalized Areas, with activities to promote the use of ICTs in actions for dissemination of Primary Care, mainly for the benefit of the excluded and marginalized populations.

THE RESULTS OF THE EXCHANGE

The exchange began with the production of a national official document by each participating country, through the structuring of a model shared and approved with the objective of carrying out a precise and updated analysis of the situation related to the use of ICTs in several Latin American Health Care Policies. Although the documents produced had different quality levels and some did not meet the expectations, they offered an informative and updated base. Generally speaking, they reflect the level of awareness on the use of ICTs in medicine and some strategies developed by several Latin American countries show differences which are related to the availability of infrastructure and the possibility of economic investment in the health of the population. Some countries have defined political-health care strategies on public and national basis; others offer coverage through private entities. One of the common aspects to all, in terms of telehealth resources, is to overcome the geographic characteristics and distances, as well as overcoming the consequent social discriminations. In some states, the justification for the use of telemedicine related to the informatization of medical practices and the distribution of services consists of the economic rationalization and the whole economy it covers. Almost all national plans, however, regard the use of ICTs as an instrument to improve the efficiency of their own healthcare systems. The dissemination of the official documents around the participants has clearly caused a dynamics of reciprocity bringing an increase in the information shared. That first phase of presentations was preliminary and preparatory in the exchange cycle reached through several seminars. Particular attention was dedicated to finding solutions that may enable all participants to express their specific needs as requiring countries, as well as the good practices by the transferring countries. A shared work modality was adopted, enabling the collective planning of the successive developments of the line, especially concerning the visits to the transferring countries.

In that sense, the first events organized were: Inter-thematic PHA Meeting and Integration of the Service Levels (Rio de Janeiro, Brazil, September 24-26, 2007) and ICT and PHC Interdisciplinary Regional meetings: *Situazione e*

Prospettiva sulla Coesione Sociale in América Latina, along with the seminar *Esperienze de TIC apllicate alla Medicina di base* (Belo Horizonte, Brazil, September 28, 2007). Those experiences enabled the description of the most significant experiences carried out by the transferring countries (Brazil, France, Italy, Mexico and Spain), as well as the presentation of some of the programs and projects, both in Latin America and Europe: *América Latina Interconectada con Europa* (ALICE), EU-LAM community Fostering International Coorporation on e-heath applications and tecnologies (E-Health), *Red de Cooperacion Latino Americana De Redes Avanzadas* (CLARA), Delivery of Advanced Network Technology to Europe (DANTE) and Winds - Latinoamérica.

That series of meetings enabled the precise selection of the experiences presented, in terms of corresponding to the needs of the requiring countries. Also, three proposals of visits were selected, and later carried out between 2007 and 2008: Italy (Firenze, Perugia); Brazil (Belo Horizonte, São Paulo) and Mexico (Puerto Valarta). It is also interesting to highlight that the two main scopes of using ICTs in the medical field were confirmed, which had already emerged as trumps for telemedicine in Latin America. The requiring countries were more or less evenly distributed for the visits. Some of them overcame considerable geographic barriers. There was also the effort to improve management and organizational aspects of the services already offered.

The work plan for 2007 was concluded with the elaboration of two Technical Documents. They were based on researches that aimed to provide participants with the exchange of information and recommendations base to be used as support for the creation and planning of the operations in the ICTs area applied to PHC.

The first document *"Raccomendazioni per la Realizzazione di progetti Pilota Nell'ambito delle TIC applicate all'intenzione medica di base"* was written by the Experimental Center of Health Care Education from the University of Perugia and is divided into two parts: the first one with "recommendations" regarding the activation of the pilot project, while the second one analyzes, through a "manual", the phase of monitoring and evaluation.

The second Technical Document *"TIC ed attenzione medica di base: un'analise sistematica di modeli ed esperienze chiave in America Latina ed Europa"*, written by the Federal University of Minas Gerais, brings a systematic selection of models and key experiences of application of ICTs in medicine in Latin America.

The 2008 work plan brought the beginning of a new exchange line entitled: ICTs as a tool to improve the man-

agement and quality of care by the health services. That new line is developed together with the one started in the previous year and it is a continuation of the development of more themes of interest than the activities caused to emerge. Some of the applications of ICTs upon which the general interest is mostly focused are: digital agenda, telemedicine and evaluation of the primary care services. The objective is to show the participants the possible improvements in the management and quality of health services, in the reduction of waiting time and in the rationalization of patient's dislocation (which is the fundamental problem in Latin America, considering the territorial characteristics), which can be achieved through the use of ICTs.

At this point it is important to distinguish the work of implementation of cohesion of the group made up by the participating countries and institutions. The intra-theme network ICTs and PHC was the main instrument for such work. Several indicators came from its work on the role of some countries, the progressive interest of others, the affinity and the incompatibility that, in a continental level, seems to reflect the relations historically established in economic, political and social levels. The essential function of the network has been the dissemination of documents and information considered relevant, in addition to promoting and encouraging debates and comparisons related to technical aspects, either addressed to clinical applications or as requirements of a technological system. From those debates came the idea of developing the network until it could be turned into an on the web observatory of telemedicine in Latin America and, with that goal, the possibility of a Pilot Project started being considered. In that sense, two different points came out from the discussion, the first one more "cross-sectional", focused on data collection and the choice of good practices that could contribute to the public health policy; and another one more direct, on concrete participation in rural and isolated populations. The Pilot Project should be both an observatory, in other words a platform for the sharing of information, and an incubator, or a place for meetings aiming at the creation of concrete opportunities.

After that discussion we reached the Seminar *"Disegno del Projetto Pilota: le tecniche dell'informazione e della Comunicazione aplicate ala medicina di base"* (Bogotá, Colombia, November 11-14, 2008). Throughout the two first cycles, by means of debates, at times heated ones, we reached the conclusion of writing one single Pilot Project, Latin American incubator of primary care in health

articulated and divided into two sessions: a) an incubator that manages and analyzes information, and b) three sector centers of telemedicine.

Also, from the discussion carried out during the Seminar, the content of the visits program to be carried out was defined: Use of ICTs in the health services offered in the territory (Firenze and Vicenza, Italy, March 09-13, 2009), Management of clinical data in the health services (Bologna and Perugia, Italy), and E-learning and teleconsultation for the second opinion (Belo Horizonte, Brazil, March 16, 2009).

The 2008 work plan was finally concluded with the last activity, emerged from the specific request presented by the Public Health Department from Uruguay, during the EUROsociAL network meeting carried out in Mexico City in June, 2008. The technical assistance request took place with the participation of some european specialists in a national workshop carried out in Montevideo on March 23 and 26, entitled: *"Il Disegno e ló Sviluppo da Cartella Clinica Elettronica nel Settore Publico in Uruguay."*

The writing of the Pilot Project, as defined in the Seminar in Bogota, originated a document that was approved by the EUROsociAL/Salud directing organisms, throughout the meeting of the management board carried out in Costa Rica December (2009). Unfortunately, in the phase of transformation into an executive project, some problems of administrative and burocratic nature were presented and, despite the numerous efforts, they could not be overcome. Therefore, the Pilot Project could not be executed. Among the outcomes of that phase, it is remarkable the conflict created between technical-political and logistic-burocratic aspects. The justification and evaluation of opportunities to execute the project were always taken into account. Slowly the consideration of the values assumed by the Pilot Project was strengthened, mostly due to the internalization of the consortium that was going to execute it. Overcoming the disbelief had a fundamental role in the implementation of the project based on knowledge and competence and, therefore, the capacity to transfer good experiences from the several situations involved. Even an agreement concerning the level of intervention was reached, defining it within conditions to guide the national strategy policy. The inertia and burocratic formalities of each country and the European Commission prevented the actual implementation.

Even facing this situation, it was tried to carry out everything that represented the content of the Pilot Project. In that sense, in an agreement between the institutions, part of the exchange and the members of the consortium of the

EUROsociAL/Salud project, during the meeting of the Focus Points (Rome, Italy, May 18-19, 2009), it was decided to move beyond the trumps from the Pilot Project and remodel it, as a study within PAT 2009.

All of that enabled the elaboration of two technical documents: Analysis and assessment for the consolidation of a telemedicine project in the scope of providing health services in Mexico and Cost/feasibility study for the application of ICTs in providing health services in Colombia.*

*The documentation cited can be found in the official site of the Project EUROsociAL/Salud: http://EUROsociAL-salud.eu/

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Box 1 - Members of the consortium of implementation of Project EUROsociAL/Salud

Founders
Institut de Recherche pour le Développement (Francia, Líder)
Fundación para la Cooperación y Salud Internacional Carlos III (España)
Fondazione Angelo Celli per una Cultura della Salute (Italia)
Organización Iberoamericana de la Seguridad Social (Internacional)
Fundación ISALUD (Argentina)
Escola Nacional de Saúde Pública Sergio Arouca (Brasil)
Fondo Nacional de Salud (Chile)
Instituto Nacional de Salud Pública (México)
Associated Members
Ministerio de Salud de Chile
Ministerio de Salud de Costa Rica
Secretaría de Salud de México