Health Thematic Area
Sectoral Plan Proposal

The original version of this Sectoral Plan was delivered to the Presidency Pro Tempore in December 2019.
The current version was updated in May 2021.
1. **INTRODUCTION**

On March 22, 2019, the presidents of Argentina, Brazil, Chile, Colombia, Ecuador, Guyana, Paraguay, and Peru signed the Presidential Declaration to resume the strengthening of South American integration and agreed upon the creation of PROSUR as a forum for regional coordination, cooperation and integration.

The sectoral ministries and other agencies of the government of Chile, as the country holding the Presidency Pro Tempore (PPT), received the mandate to lead the process of building the sectoral plans and the first annual work plan (2020) for PROSUR.

This document that is delivered to the Presidency Pro Tempore, held by Chile, is the result of the work performed during 2019, and is the first of the Five-Year Sectoral Plan for the Health Area.

The content presented here was developed on the basis of an initial proposal prepared by Chile’s Ministry of Health in May 2019, which was commented on by the PROSUR countries, giving rise to successive versions. The final document was validated during a virtual meeting held on December 12, 2019, with the participation of Argentina, Chile, Colombia, Ecuador, Paraguay and Peru.

2. **ABOUT THE THEMATIC AREA**

The Health coordination team proposes Healthy Aging, Digital Transformation in Healthcare, Epidemiological Surveillance and COVID-19 Immunization as the components of a sectoral agenda of regional coordination, cooperation and integration. Some of the criteria used to select them were to avoid duplicating efforts with other regional coordination forums, and to take on tasks that, given their strategic and anticipatory importance, would enable all the countries involved to reap the benefits regardless of the development level or stage at which they are.

Accelerated aging in all our countries stresses health care systems due to lower fertility rates, greater prevalence of chronic diseases and their associated polypharmacy, the sustained importance of hospital discharges in a distressed biomedical model of healthcare, a greater vulnerability of family caregivers, and the issue of its financial sustainability. Facing this entails the essential adoption of an innovative approach capable of tapping into the opportunities offered by the new technologies.

In turn, digital transformation in healthcare involves the definition of a regulatory framework jointly with a strategy and an agenda for change and innovation that prioritize patients in defining access and digital contactability, support and clinical record services that can become interoperable. For this purpose, there are several tools, including Health
Information Systems, Telemedicine, mHealth, Social Networks, BIG-DATA, Artificial Intelligence, and Virtual Learning for health related persons and teams.

Since the start of the COVID-19 virus pandemic, declared in March 2020 by the World Health Organization, more than 114 million cases have been reported worldwide. To stop and control contagion, it is necessary to furnish health systems with tools, especially those that make it possible to strengthen regional epidemiological surveillance systems, so that they are capable of stopping and controlling possible future outbreaks.

The current vulnerability of the countries of the region to epidemiological events such as the COVID-19 pandemic leads to the need to evaluate mechanisms designed to mitigate the impacts on mortality and morbidity of the region’s inhabitants. For this purpose, it is necessary to define joint action frameworks, in the understanding that these problems spread beyond national borders. The region must coordinate immunization measures for its inhabitants, recognizing that no country will be safe until all are safe.

The working subgroups will meet at least once a month with the purpose of gaining insight into the progress made with the outputs outlined so that the countries participating in the subgroups can make suggestions. Colombia will be in charge of the Immunization and Epidemiological Surveillance subgroups, and the Digital Transformation subgroup will be coordinated by Chile’s Ministry of Health.

The Healthy Aging subgroup will continue to be led by Peru’s Ministry of Health, the activities of which will be resumed in 2022.

3. GENERAL OBJECTIVE

Contribute to improving the health of our population by facing the challenges posed by demographic and epidemiological changes in our countries, taking advantage of opportunities in terms of innovation and technology and turning PROSUR into a regional platform to share experiences and look for common solutions.

4. SPECIFIC OBJECTIVES

Specific objective 1: Collaboratively develop public policies that promote active and healthy aging on the basis of a social health model and from a course of life perspective.

Specific objective 2: Develop a common strategy using digital health transformation initiatives to bridge access, equity, and risk management gaps in specific populations, placing persons at the very heart of our actions.

Specific objective 3: Promote regional cooperation in order to attain universal, equitable and timely access to immunization against the COVID-19 virus.
Specific objective 4: Facilitate the exchange of information, the analysis of data and the sharing of experiences in epidemiological matters with a special focus on persons and families in conditions of human mobility so as to support decision-making and implementation of public health policies in the region.

5. PROPOSED WORKING SUBGROUPS

I. Active and Healthy Aging Subgroup
   Leading country: Peru (alternate country: Chile)
   Participating countries: Argentina, Colombia, Ecuador and Paraguay

   a) Diagnosis and regulatory harmonization line of action: Estimate the number of elderly people with care needs in the region, based on dependency rates, and conduct a survey of the current situation of policies, regulations and strategies associated with aging in PROSUR with a view to harmonizing them.

   b) Policy-making line of action: Create promotion and prevention policies that foster active and healthy aging from a course of life perspective.

   c) Set of initiatives line of action: Develop joint actions that promote continuous, integrated and comprehensive care for the elderly in our countries. It is suggested that the category of risk be incorporated to adults.

II. Digital Transformation in Healthcare Subgroup
    Leading country: Chile (alternate countries: Peru and Colombia)
    Participating countries: Argentina, Ecuador and Paraguay

    a) Diagnosis line of action: Conduct a survey of policies, regulations and strategies associated with digital transformation in healthcare in PROSUR with a view to enhancing the health systems and their reforms with digital healthcare.

    b) Regulatory harmonization line of action: Harmonize the regulatory frameworks that enable the progress of digital transformation in our countries, promoting their interoperability, the protection of sensitive data, and new models of healthcare. It will be necessary to prioritize digital healthcare areas that can be improved with technical and regulatory assistance.

    c) Set of initiatives for the analysis of digital information line of action: Develop health intelligence initiatives that take us from a descriptive to a prescriptive analysis of population data, promoting interoperability based on open, sustainable and easily adaptable standards.

    d) Human talent line of action: Intended to manage the identification of the skills required as well as appropriation and change management strategies for digital transformation.

III. Immunization Subgroup
Leading country: Colombia
Participating countries: Brazil, Ecuador, Paraguay and Peru

a) **Exchange of experiences line of action:** Promote the exchange of experiences in the implementation of National Vaccination Plans and advances in immunization, in order to identify common challenges and opportunities for immunization in the region. The main pillars will be the following:
   1. Procurement of vaccines,
   2. Logistical challenges,
   3. Communication strategies,
   4. Prioritization of population groups to be immunized.

b) **Vaccines production capacity line of action:** Explore the main challenges and opportunities at the regional level regarding capacities and needs for vaccines production in order to remedy coordination failures in multilateral cooperation related to global problems, and seek to achieve economies of scale that allow the strengthening of the regional production of vaccines, taking advantage of existing capacities and the synergies and complementarities that may be generated among the PROSUR countries.

IV. **Epidemiological Surveillance Subgroup**
Leading country: Colombia (alternate country: Peru)
Participating countries: Brazil, Ecuador and Paraguay

a) **Observatories network line of action:** Create a regional network of health observatories with a migration perspective. This network must allow the following:
   1. Create knowledge based on access to key information that can help understand this issue.
   2. Analyze and exchange experiences that support the making, evaluation and implementation of regional public policies.
   3. Seek to understand the epidemiological dynamics of diseases in the region with a focus on the migration factor.

6. **LINES OF ACTION, OUTCOMES AND DEADLINES**

**Active and Healthy Aging Subgroup**

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<tr>
<th>Lines of Action</th>
<th>Outputs</th>
<th>Deadline</th>
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<td>Diagnosis and regulatory harmonization line of action</td>
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<td>Policy-making line of action</td>
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<td>Exchange of experiences line of action</td>
<td>Workshop on experiences</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; half of 2021</td>
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<td>Vaccines production capacity line of action</td>
<td>Document with the state of the art of the supply of and demand for vaccines in the region.</td>
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<td>Regional strategic plan for scaling up technical, economic and regulatory capacities</td>
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<td>Genomic surveillance line of action</td>
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