Report Number : ICRR0021514

1. Project Data

Project ID P110599	**Project Name** AR Essential Public Health Functions II
Country Argentina	**Practice Area(Lead)** Health, Nutrition & Population

L/C/TF Number(s)	Closing Date (Original)	Total Project Cost (USD)
IBRD-79930	30-Jun-2016	445,785,893.06
Bank Approval Date	**Closing Date (Actual)**	
20-Dec-2010	30-Apr-2018	

	IBRD/IDA (USD)	Grants (USD)
Original Commitment	461,000,000.00	0.00
Revised Commitment	461,000,000.00	0.00
Actual	445,785,893.06	0.00

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2. Project Objectives and Components

a. Objectives

According to the Loan Agreement (p. 6), the project's objectives were: "(a) to improve the stewardship role of the Borrower's federal public health system, through the strengthening of Essential Public Health Functions (EPHF); and (b) increase the coverage and clinical governance of the Priority Public Health Programs (PPHPs)."

The Project Appraisal Document (PAD, p. 8, Table 1) defined EPHFs as policy regulation, surveillance, monitoring and evaluation, health promotion, social participation, planning and policy making, equity promotion, human resource development, quality assurance, public health research, and emergencies and disasters. According to the PAD (p. 7), there were three dimensions of "clinical governance": recognizably high standards of care, transparency and accountability for those standards, and constant improvement. PPHPs were: non-communicable diseases (NCDs), the Federal Health Program (PROFE), vaccine-preventable diseases, vector-borne diseases, HIV/AIDS, safe blood, and tuberculosis. PROFE provided regular health care services to vulnerable and uninsured people (women with seven or more children, people with severe disabilities, and those over 70 years of age receiving noncontributory pensions) by financing capitation payments to provinces (PAD, p. 3).

The PAD (p. 7) stated that the project was intended to benefit directly around 4.26 million people, including those enrolled or eligible for enrollment in the seven PPHPs, and an additional 13 million people indirectly through health promotion campaigns and other programs.

b. Were the project objectives/key associated outcome targets revised during implementation?
No

c. Will a split evaluation be undertaken?
No

d. Components

The project contained three components:

1. Strengthening of the National Ministry of Health's (MSN's) and Provincial Ministries' (MSPs') Stewardship Capacities and Improve the Public Health Infrastructure of the Priority Public Health Programs (appraisal: US$ 123.2 million; actual: US$ 87.8 million). This component was to strengthen stewardship in public health by: (a) re-engineering the MSN to better address NCDs through technical assistance and management training for the national planning unit, NCD Directorates, and Federal Health Council (COFESA); (b) technical assistance, research studies, design and development of social communication and health promotion plans, development of management and information systems, and training of 800 network professionals, all toward increasing the capacity of the MSN and MSPs on EPHF and program management; and (c) supporting innovations in health promotion to reduce risk factors through technical assistance for the implementation of two pilots on integrating health promotion and NCD prevention activities, and subprojects related to health promotion and healthy lifestyles, prevention of HIV/AIDS and sexually transmitted infections (to be implemented by non-governmental organizations (NGOs), not to exceed $30,000 each). This component was also to modernize infrastructure, through support for epidemiological and laboratory surveillance of chronic and infectious diseases, including the development of national and provincial surveys and registries; expansion of the national public health laboratory

network; support for the National Safe Blood Program, Expanded Program on Immunization, and National Food Regulation System; and modernization of supply monitoring systems.

2. Improve Results at the Provincial Level in Priority Public Health Programs (appraisal: US$ 322 million; actual US$ 334.9 million). This component was to support seven programs at the provincial and municipal levels: (a) public health surveillance activities and other epidemiological technical systems; (b) disease control activities; (c) monitoring of compliance with national and provincial norms and standards; (iv) health promotion, communication, education, and social participation activities, with an emphasis on healthy lifestyles; (v) local distribution of key medical supplies for public health programs; (vi) regulatory activities carried out by the MSPs; and (vii) improving the efficiency and performance of PROFE. Activities to improve PROFE were aimed at transforming it into a system similar to a public health insurance system, with managed care providing benefits to vulnerable populations for high-cost, low-incidence conditions and disabilities through the use of modern administrative, management, and financing tools.

3. Administration, Monitoring, and Evaluation (appraisal: US$ 14.5 million; actual US$ 22.0 million). This component was to finance operating costs of the project coordinating units, external technical verifications and audits, and development and implementation of project monitoring and evaluation systems.

e. Comments on Project Cost, Financing, Borrower Contribution, and Dates

Project Cost: Planned total cost at appraisal was US$ 461 million. Actual cost was US$ 445.8 million, with slightly less than planned spent on the first component, and more than planned spend on the second and third components.

Financing: The project was to be financed as a specific investment loan. Output-based results and per capita payments were to be used as financial mechanisms, based on prior successful experience in Argentina and other Latin American countries (PAD, p. 10). US$ 445.8 million were disbursed. The difference between planned and actual financing was due to exchange rate fluctuations.

Borrower Contribution: No Borrower contribution was planned or made.

Dates: The project was approved on December 20, 2010 and became effective on August 3, 2011. It was restructured twice. On June 1, 2016, funds were reallocated between disbursement categories, and the closing date was extended from June 30, 2016 to April 30, 2018 to provide sufficient time to complete civil works. On April 24, 2018, disbursement arrangements were changed. The project closed on April 30, 2018.

3. Relevance of Objectives

Rationale

At the time of appraisal, Argentina was facing a silent epidemic of chronic diseases due to population aging and increasing numbers of people practicing unhealthy behaviors. Some progress had been made on prevention, but there was no single comprehensive health promotion program. There was inadequate quality and access to health care, and costs were unnecessarily high. This project sought to strengthen the management and epidemiological surveillance of key programs related to chronic diseases, using a results-based approach. It directly supported the government's Federal Health Plan (in place since 2003), which focused on policy reforms and actions to increase the effectiveness of public efforts to improve the health status of the poor. Addressing the spread of preventable diseases remains a key element of government health strategy (Country Partnership Framework, CPF, 2015-2018, p. 27). The objectives were highly aligned with the Bank's Country Partnership Strategy at appraisal (2010-2012), which contained proposed outcomes on: (i) consolidating improvements in the health sector; and (ii) strengthening public sector capacity to reduce inequities and improve the coverage and quality of priority public health programs. They remained highly aligned with the most recent CPF (2015-2018), which contained a results areas to achieve universal health coverage with focus on the nine poorest provinces, and specifically targeted financial support to strengthening the health system and addressing the ongoing NCD burden.

Rating
High

4. Achievement of Objectives (Efficacy)

Objective 1
Objective

Improve the stewardship role of the Borrower's federal public health system

Rationale

The theory of change addressed inadequate stewardship on the part of the MSN and MSPs as a result of persistent weaknesses in EPHFs. It held that technical assistance, training, works, and goods aimed at strengthening EPHFs at the national and provincial levels, as well as results-based transfers to MSPs on the achievement of annually-agreed institutional outcomes, would lead to increased capacity of the MSN and MSPs on EPHF management, renewed and expanded public health infrastructure supporting EPHFs, and strengthened public health activities related to EPHFs. In turn, the stewardship role of the federal public health system would be improved through the EPHFs. Hence, the project’s contribution to improved stewardship would be assessed by improvements in EPHFs.

Outputs

Summary: The project supported key activities aimed at enhancing EPHFs, including the development of norms and regulations, quality assurance mechanisms, epidemiological surveillance, health promotion through healthy municipalities development and tobacco prevalence reduction, the development and implementation of information systems to improve efficiency and transparency in patient care and supply management, and human resources management and development. Four regional blood banks were constructed or refurbished, vaccine and joint storage centers were expanded, and the National Biotery Lab was rehabilitated. Public health activities (PHAs) were implemented, based on national program protocols, to support the functioning of vertical programs in an integrated manner at both national and provincial levels.

Regulation and quality assurance: All public and private health care facilities in the country (over 25,000 health care facilities, 13,000 pharmacies, and 1,100 drug companies) were incorporated into the Federal Registry of Health Establishments. Health care professionals (over 850,000 health care professionals, with 105,000 medical licenses, 220 health care professions, and 154,000 health care specialties, as well as 1,502 teaching institutions) were assessed and incorporated into a newly established Federal Registry of Health Care Professionals. Enhanced quality assurance mechanisms for health care and patient safety were implemented, including the accreditation of intensive care units: 633 intensive care units were evaluated and properly registered in the system, exceeding the target of 400 units. This result should contribute to the maintenance of consistent quality standards throughout the country, as well as referrals and planning for emergency situations. A Sanitary Legislation Information System, providing access to health-related legislation at all levels, was implemented and is now available on-line.

Surveillance: Support was provided to the National Surveillance System to improve timeliness, frequency, decentralization, and coverage of reporting. 838 surveillance nodes and 759 laboratories in 23 provinces were equipped. 22 provinces set up virtual Health Situation Rooms and supporting institutional structures.

Monitoring and evaluation (M&E): The Health Services Information System (SISA) was expanded, including the incorporation of several new registers developed or enhanced by the project: the Federal Registry of Health Care Professionals, Federal Registry of Health Care Establishments, Federal Register of Nominalized Vaccination, Management System of HIV/AIDS Patients, Integrated Monitoring System of Medical Supplies, Registry of Medical Residences, and a new National Health Surveillance System, as well as numerous registries for blood donors, health research, and transplants. 4,000 SISA users were trained.

Health promotion: 36 new or improved health promotion agreements, and 37 new regulations, were issued to promote healthier products, behaviors, and environments. Over 1000 bakeries joined the "Less Salt, More Life" initiative, and 81% of those have been evaluated and certified by the Healthy Argentina Plan. 190 municipalities underwent self-evaluations to be certified as Health Responsible Municipalities, and 23 provinces elaborated strategic plans for health promotion. 50 communication campaigns and 42 workshops were held on health promotion and NCD prevention.

Planning and policy making: The systematic and standardized registration of health care professionals and facilities made possible full assessment of the country's human resources and infrastructure for health, now being used for needs assessment and planning of health care delivery and workforce development.

Human resources development: A Federal Network of Human Resources in Health and Federal Observatory of Human Resources in Health now collect, produce, and disseminate information at the national and provincial levels. A National System of Accreditation of Medical Residences was established and implemented, covering standards for twelve areas of specialization. 1,665 personnel from the MSN and the provinces received training in public health labs, blood banks, and vaccination for more than 40 hours, far exceeding the target of 800. 24 provinces participated in this training, meeting the target.

Public health research: Provincial health research systems were strengthened, such that the Ibero-American Ministerial Network of Learning and Health Research increased its rating for Argentina's National Health Research System from *medium* for the period 2005-2010, to *high* for the period 2011-2015. Neither of the planned pilot studies with a nutritional sprinkles component (to reduce iron deficiency anemia) were completed, not meeting the target of two studies in this area. However, the project supported other significant public health research, including tutoring programs for young researchers, annual research meetings (including 300 participants from provincial jurisdictions), and an annual public health research conference sponsored by the MSN. Nine new ethics committees for health research were established at the provincial level.

Outcomes

200 participating municipalities were certified as Health Responsible Municipalities, meeting the target. This result certifies the promotion of healthy environments conducive to the reduction of risk factors associated with NCDs, as well as effective vertical articulation of health care policies between the national, provincial, and municipal levels.

75% of certified departments or local territories had satisfactory or highly satisfactory epidemiological surveillance nodes, almost reaching the target of 80%. This increase represents improvements representing 25% of all nodes and 75% of all reporting. According to the ICR (p. 13), epidemiological surveillance of specific events has improved, allowing for timely clinical interventions. For example, reporting of suspected arbovirus events (dengue, Zika) is now done automatically, at an individual level, on average two days after testing, compared to a pre-project norm of manual submission of consolidated information at the province level on a weekly basis. Similarly, notification of results of syphilis testing among pregnant women increased from 48% of live births in 2008 to 81% of live births in 2016. The project also provided support to the development of a follow-on surveillance system, which was being integrated into SISA and was about to be rolled out at the time of the ICR.

Rating
Substantial

Objective 2

Objective

Increase the coverage of the Priority Public Health Programs

Rationale

The theory of change addressed inadequate coverage of the PPHPs. It held that technical assistance, training, works, and goods aimed at expanding PPHP coverage at the national and provincial levels, results-based transfers to MSPs based on the achievement of annually-agreed institutional outcomes, and results-based capitation payments for activities aimed at improving coverage under PROFE would lead to increase capacity of the MSN and MSP to expand PPHP coverage, renewed and expanded public health infrastructure to support PPHPs, and expanded public health activities related to PPHPs and PROFE. In turn, coverage of PPHPs would increase.

The same outputs contributed to improvements in the coverage of the PPHPs (objective 2) and clinical governance of the PPHPs (objective 3), and the two objectives are interrelated, as improvements in governance would have been expected to contribute to increases in coverage. For purposes of this assessment, all relevant outputs related to coverage and governance are reported under this objective (objective 2), with outcomes relevant to clinical governance reported under objective 3.

Outputs

NCDs: In 2012, Argentina enacted one of the first sodium reduction laws in the world. 142 municipalities became tobacco-free, exceeding the target of 140. 1,661 public and private institutions were certified as tobacco-free. 465 organizations (each employing at least 30 workers) were certified as healthy work environments. A large number of trainings and capacity-building exercises on NCD prevention and control were supported.

PROFE: 2,562 PROFE beneficiaries from Tucuman and Misiones enrolled in a pilot clinical governance program for kidney disease prevention and control, not reaching the target of 4,000. 8,477 PROFE beneficiaries who were women with more than seven children signed their letter of rights, signaling that they were aware of their benefits under the program, not reaching the target of 40,000.

Vaccine-preventable diseases: The project sponsored a large number of trainings, knowledge-building activities, and information technology system strengthening efforts (listed in the ICR, p. 49). Six vaccine storage centers and two cold chambers were constructed, and other relevant equipment was procured.

Vector-borne diseases: A permanent training system for personnel of the National Coordination of Vector Control was implemented and is operational, as is a system of real-time notifications of routine and emergency actions. Capacity strengthening and trainings in Chagas prevention, surveillance, and control were carried out in the 19 Chagas-endemic provinces, and all relevant provinces have developed provincial and operational strategic plans for Chagas disease. Similar efforts were implemented for mosquito-

transmitted diseases. Equipment, computers, and vehicles were provided for provincial lab networks to enhance early diagnosis and reporting. A wide variety of vector control activities, including block monitoring, inspection and treatment of dwellings, elimination of mosquito breeding sites, testing, education, and community events were carried out (listed in the ICR, p. 51).

HIV/AIDS: Capacity was strengthened within the HIV-Sexually Transmitted Diseases Directorate to plan, coordinate, implement, and monitor HIV/AIDS strategies at the national and provincial levels. A wide variety of studies were supported (listed in the ICR, p. 52). US$26 million was spent on HIV drugs and medical supplies, as well as implementation of centralized purchasing mechanisms. 476 Centers for Testing and Counseling were created, carrying out awareness activities and counseling/testing.

Blood safety: New policy regulations and laws were enacted on blood donation, and national registries were created. Four centralized blood production centers, smaller infrastructure, and equipment were provided. Hemotherapy specialists and other personnel were trained. 4,894 blood drives were carried out, including 670 by specialized blood banks in high-demand areas.

Tuberculosis: Capacity strengthening was provided for implementation of the National Program of Control of Tuberculosis and Leprosy, including actions for strategic planning, prevention, surveillance, and treatment, as well as planning, coordination, and monitoring at the provincial level. Universal TB treatment is now guaranteed. 9,000 drug treatments for sensitive and resistant TB were provided in 2016.

Outcomes

Expanded coverage of prevention, diagnosis and treatment was achieved in six of the seven PPHPs supported under the operation.

NCDs:

Tobacco consumption prevalence among adults ages 18-64 decreased from 30% in 2010 to 25.1% in 2018, exceeding the target of 27%. The ICR (p. 47) reported that regular exposure to second-hand smoke decreased from 40.4% in 2009 to 36.3% in 2013; the indicator was not clearly defined, and the ICR (p. 15) also pointed out that this result was influenced by a large number of factors and therefore cannot be attributed solely to the project. However, the project-supported NCD prevention activities, public health communication campaigns, and Healthy Municipalities and Communities Program are likely to have contributed to a reduction in second-hand smoke exposure. Daily sodium intake per inhabitant decreased from 11.2 grams in 2009 to 9.2 grams in 2013. Cancer-prevention test access increased in two pilot provinces. The percentage of women between 40 and 70 years old in the province of Tucuman benefiting from at least one mammography provided by the health system increased from 10% in 2010 to 90.8% in 2017, exceeding the target of 60%. The percentage of women between 35 and 64 years old in province of Misiones benefiting from at least one pharmacovigilance or cytology test provided by the health system increased from 10% in 2010 to 76.6% in 2017, exceeding the target of 60%. The percentage of women

between 50 and 69 years old in the province of Misiones benefiting from at least one mammography provided by the health system increased from 10% in 2010 to 90.8% in 2017, exceeding the target of 60%.

PROFE

83.3% of PROFE beneficiaries with low-incidence, high-cost diseases were included in the PROFE health care chain, exceeding the target of 50%. 100% of PROFE beneficiaries newly diagnosed with renal chronic dialysis were evaluated within six months of beginning dialysis, exceeding the target of 80%. 95.1% of PROFE beneficiaries who were renal chronic dialysis patients were evaluated and included in the National Information System for Procurement and Transplantation, exceeding the target of 80%.

Vaccine-preventable diseases

The percentage of children under one year of age vaccinated with pentavalent vaccine declined from 93.6% in 2010 to 88% in 2018, not meeting the target of an increase to 95%. The ICR (p. 14) explained that coverage remained stable or increased slightly (to 93.8% in 2015) through most of the project period, but then dropped in 2016 and 2017 due to burdens on the system's capacity as part of program enhancement efforts (introduction of new vaccine registration practices and an increase in the number of compulsory vaccines), and also due to administrative weaknesses (delays in the purchase of vaccines stemming from a change in providers, weak procurement mechanisms, and inadequate availability of funding). The ICR (p. 19) noted that the actual drop in coverage may have been less than reported as a result of transitioning registration practices, and the drop was expected to be reversed in 2018 with purchases of vaccines from new providers. It is not clear whether this reversal took place.

Vector-borne diseases

The ICR (p. 50) reported "significant progress" in vector control, and two provinces (San Luis and Tucuman) interrupted vectorial transmission. Treatments for Chagas disease increased by 38.8% between 2010 and 2016. The ICR also provided information on prevention of vector transmission of Chagas disease through entomological surveys and spraying in 2017, but there was no baseline data. The number of provinces conducting regular monitoring and reporting on Chagas disease increased from zero in 2010 to 19 in 2017.

HIV/AIDS

The ICR (p. 18) reported a 2017 result of 70.6% for the indicator "percentage of operational counseling and testing centers," meeting the target of 70%; the indicator was not clearly defined. The ICR provided information on coverage of antiretroviral therapy, but there was no baseline data.

Safe blood

Reactive serology (positive results detecting the presence of infections) at the national level decreased from 9% in 2009 to 4.7% in 2016, indicating less risk of transmission of infections through blood transfusion. Blood donations per 1000 inhabitants over 18 years old were reported as increasing from 25.6% in 2010 to 30.9% in 2017, exceeding the target of 30.6%; this indicator was not clearly defined, as percentage is understood to mean per 100 rather than per 1000. The number of transfusion centers increased from 244 in 2011 to 861 in 2016. The percentage of deferred blood donors decreased from 21% in 2009 to 17% in 2017. The percentage of transfusions of fractionated blood units increased from 84% in 2009 to 95.3% in 2016, and transfusions of whole or unprocessed blood decreased from 8,406 units in 2009 (1.6% of transfusions) to 1,160 units in 2016 (0.17% of transfusions). The number of hospital-based blood production centers decreased from 238 in 2011 to 147 in 2016, and the number of centralized blood centers increased from 27 to 38 over that same time period.

Tuberculosis

The percentage of patients testing positive for pulmonary TB who received treatment increased from 54% in 2007 to 98.6% in 2017.

Rating
Substantial

Objective 3
Objective

Increase the clinical governance of the Priority Public Health Programs

Rationale

The theory of change addressed inadequate clinical governance (standards of care, transparency and accountability, and mechanisms for constant improvement) of the PPHPs. It held that technical assistance, training, works, and goods aimed at expanding clinical governance of PPHPs at the national and provincial levels, results-based transfers to MSPs based on the achievement of annually-agreed institutional outcomes, and results-based capitation payments for activities aimed at improving clinical governance under PROFE would lead to increased capacity of the MSN and MSP in clinical governance of PPHPs, renewed and expanded public health infrastructure to support PPHPs, and expanded public health activities related to PPHPs and PROFE. In turn, clinical governance of PPHPs would improve.

Outputs were as described above under objective 2.

Outcomes

NCDs: 74% of provinces began to include injury by external causes in their quarterly reports loaded into SISA. 5,831 Health Centers for Primary Care were assessed and certified regarding their approach to NCDs.

PROFE: Three technical audits were conducted on the clinical effectiveness of low-incidence/high-cost diseases, renal disease, and hæmophilia, exceeding the target of two audits.

Vaccine-preventable diseases: The Federal Register of Nominalized Vaccination is now operational in 22 provinces, and over 40% of individual vaccination events were registered there in 2017. However, its implementation is not yet consolidated, illustrated by the fact that the percentage of live births registered in the database compared to the actual number of live births fluctuates significantly from year to year (for example, 70% in 2016 and 57% in 2017). The ICR (p. 14) noted that the 2016-2017 declines in pentavalent vaccine coverage for children under one year of age, described under Objective 2, reflected "weaknesses in the clinical governance and service delivery of the immune-preventable disease program," which translated into a decrease in coverage (expected to be temporary).

Vector-borne diseases: A system of real-time notification of routine and emergency actions of the personnel of the National Coordination of Vector Control was implemented under the project and is operational, serving as a tool for evidence-based decision making and rapid resource deployment during outbreaks. The ICR (p. 18) stated that reporting of Chagas events was strengthened, but no baseline information was provided. Similarly, the ICR (p. 18) reported that epidemiological surveillance of mosquito-transmitted diseases has "improved significantly, providing the opportunity for timely clinical interventions," but no specific baseline or results data were provided.

HIV/AIDS: An HIV Patient Management System was implemented, reducing the application and approval time for antiretroviral treatment from 15 days in 2010 to 48 hours in 2017, and for viral load authorizations from 30 days in 2010 to less than a day in 2017.

Blood safety: Volunteer donor management and social communication units were established at the provincial level. Only one public health laboratory was completed by the project's closing, not meeting the target of 12 national or provincial labs or blood banks constructed and/or rehabilitated. 12 other physical works were still under implementation at closing, with levels of progress ranging from 32% to 90%. It was expected that they would all be completed during the first half of 2019; it is not known whether this took place. The works were delayed during project implementation due to weak procurement capacity and lack of adequate budgetary allocations. Blood plasma produced by MSN and provincial labs increased from 33,000 kilos in 2010 to 43,557 kilos in 2017, exceeding the target of 40,000 kilos.

TB: The ICR reported that the system for monitoring of TB drugs and medical supplies was improved and made operational, but no further information was provided.

Due to significant shortcomings in the achievement of improved governance related to vaccine-preventable diseases and blood safety, and lack of information related to vector-borne diseases and TB, achievement of this objective is rated Modest.

Rating
Modest

Rationale

Achievement of the first objective, to improve the stewardship role of the federal public health system through strengthening of the EPHFs, is rated Substantial due to strong achievement of outputs and meeting of key outcome targets on healthy environments and epidemiological surveillance. Achievement of the second objective, to increase coverage of the seven PPHPs, is rated Substantial due to evidence of expanded prevention, diagnosis, and/or treatment in six of the seven priority areas. Achievement of the third objective, to increase clinical governance of the seven PPHPs, is rated Modest due to significant shortcomings in the achievement of improved governance related to vaccine-preventable diseases and blood safety, and lack of information related to vector-borne diseases and TB. Balancing these ratings, overall Efficacy is rated Substantial.

Overall Efficacy Rating
Substantial

5. Efficiency

The PAD's economic analysis (Annex 9) found a net present value of US$ 9.17 billion, with an internal rate of return of 55% over a ten-year period, using a 10% discount rate. The analysis quantified health gains and translated those gains, including an estimated 300,000 deaths averted, into estimates of direct and indirect benefits. Direct benefits (economic years of life saved) increased from US$ 47 million in 2012 to US$ 577 million in 2020. Indirect benefits (savings associated with reduced hospitalizations, consultations, and treatment; economic benefits associated with reduced economic costs of illness and death of working-age adults; and impacts on quality of life) increased from US$ 195 million in 2012 to US$ 2 billion in 2020. On the cost side of the ledger, in addition to total project costs of US$ 461 million, the analysis included the costs of capital and recurrent expenditures related to management of the seven essential public health programs. A sensitivity analysis using different assumptions was not performed. Importantly, the PAD's analysis assumed that all health gains would be due to the project, when clearly many health gains would have occurred even in the project's absence. The analysis could have endeavored to estimate the expected increment that would arise from improved stewardship, leading to much lower returns attributable to the project.

The ICR (Annex 4, pp. 59-60) did not repeat the PAD's analysis, but instead listed: (a) reasons that pentavalent vaccine coverage rates may recover after the reported drop in 2016-2017; and (b) several economic benefits that were not included in the PAD's calculations, including savings from NCD prevention activities, Chagas prevention activities, restructuring of the blood network, and implementation of a management information system for monitoring health supplies. In the absence of formal analysis, the basis for the ICR's rating of economic efficiency as High (p. 59) is unclear.

The ICR (p. 20) rated implementation efficiency as modest. Inclusion of all 24 provincial jurisdictions in the project posed implementation challenges, but these costs were argued to have been balanced by the risk diversification inherent in the approach (assuming uneven levels of commitment and technical capacity); it may have been a cost-effective approach, given Argentina's federal organization. The ICR (p. 21) explained that performance-based financial incentives constituted a significant portion of provinces' discretionary health spending, providing "powerful mechanisms" to incentivize achievement of results, but no further information was included on the performance-based mechanism. Civil works experienced procurement delays resulting in the project being extended by 22 months. As the ICR (p. 20) pointed out, those delays deferred the economic benefits associated with the civil works. Furthermore, insufficient budgetary allocations due to tight fiscal conditions delayed payments for civil works in 2017 and 2018. Recurrent changes in authorities (presidential elections in 2011 and 2015, changes in provincial authorities in 17 of the 24 provinces, three different national health ministers, and 62 different provincial ministers) and program coordinators, at all levels, also slowed implementation due to shifts in priorities.

Given the absence of a rigorous formal economic analysis with appropriate assumptions at project closure (especially important for an investment of this magnitude), and with clear evidence of significant implementation inefficiencies, Efficiency is rated Modest.

Efficiency Rating

Modest

a. If available, enter the Economic Rate of Return (ERR) and/or Financial Rate of Return (FRR) at appraisal and the re-estimated value at evaluation:

	Rate Available?	Point value (%)	*Coverage/Scope (%)
Appraisal	✓	55.00	100.00 ☐Not Applicable
ICR Estimate		0	0 ☐Not Applicable

* Refers to percent of total project cost for which ERR/FRR was calculated.

6. Outcome

The project's objectives were highly relevant to country context, government strategy, and Bank strategy at appraisal and closing. Achievement of the first objective, to improve the stewardship role of the federal public health system through strengthening of the EPHFs, is rated Substantial due to strong achievement of outputs and meeting of key outcome targets on healthy environments and epidemiological surveillance. Achievement of the second objective, to increase coverage of the seven PPHPs, is rated Substantial due to evidence of expanded prevention, diagnosis, and/or treatment in six of the seven priority areas. Achievement of the third objective, to increase clinical governance of the seven PPHPs, is rated Modest due to significant shortcomings in the achievement of improved governance related to vaccine-preventable diseases and blood safety, and lack of information related to vector-borne diseases and TB. Overall Efficacy is rated Substantial. In the absence of a rigorous formal economic analysis with appropriate assumptions at project closure, and with clear evidence of significant implementation inefficiencies, Efficiency is rated Modest. These ratings indicate moderate shortcomings in the project's preparation and implementation, leading to an Outcome rating of Moderately Satisfactory.

a. Outcome Rating

Moderately Satisfactory

7. Risk to Development Outcome

The ICR (pp. 28-29) reported significant risks to the project's outcomes. The institutional strengthening produced by the project -- governance at the national and provincial levels, enhancement of vertical and horizontal coordination in the sector, and implementation of PHAs based on national program protocols -- appears likely to be sustained. A large portion of the staff hired as part of the project's technical assistance have been formally transferred to the MSN. Third-party evaluation of PHAs has increased accountability in reporting. Project implementation (with the exception of procurement, financial management, and safeguards) was carried out within regular national and provincial structures, promoting in-house capacity building that is likely to persist. The project's safeguards unit has been permanently incorporated into the MSN. However, PROFE has been transferred outside the MSN, now conceived by the government as a program to serve only the disabled; its clinical accountability and efficiency gains are therefore at risk. Macroeconomic conditions threaten budgetary allocations to the health sector. Perhaps most importantly, there is a structural lack of mechanisms to ensure national-provincial coordination and provincial compliance with national norms, standards, and reporting; although this issue is addressed by several ongoing Bank-financed operations, many areas of intervention are not captured by any specific project.

8. Assessment of Bank Performance

a. Quality-at-Entry

The project was a direct follow-on to the Essential Public Health Functions I project (US$219 million, 2006-2012), which strengthened the organizational structure and institutional capacity of the MSN and MSPs with a focus on prevention of chronic and vector-borne diseases. Key lessons learned at appraisal (PAD, p. 11) were drawn from previous project experience in the country and region, including the need to link financing closely to outputs and outcomes, with third-party verification; the importance of incorporating incentives into project design; the need to define clearly the relationship between national and provincial entities; and the importance of impact evaluations. Overall implementation risk was assessed as high (PAD, Annex 4), with the most critical risks specified as procurement weaknesses, the potential for misappropriation of funds given the project's wide geographic spread, capacity challenges within the technical implementing agencies, and the degree of partnership between the central and provincial levels.

However, there were shortcomings. The project's scope was ambitious and complex, covering 18 vertical areas of intervention (11 EPHFs and seven PPHPs), each of which required coordination and implementation in 24 different provinces. Overall, this amounted to 432 sub-sets of intervention activities, as well as two pilot projects in Misiones and Tucuman, presenting significant challenges for the Bank team and coordinating unit. This level of ambition was excessive in the context of well-recognized "poor capacity and complexity of institutional arrangements" (PAD, p. 64). In addition, there were gaps in M&E design affecting future assessment of outcomes (see Section 9a).

Quality-at-Entry Rating
Moderately Satisfactory

b. Quality of supervision

The project was "intensively supervised" (ICR, p. 28), with timely and accurate supervision reports. The same team involved in preparation remained in place through the project's lifetime, providing continuity through one change in team leadership and multiple changes of government and national/provincial health leadership. Key technical staff were based in Argentina, allowing for swift identification and resolution of challenges as they emerged. Project management and fiduciary challenges were addressed promptly, including the development of a Governance and Accountability Action Plan that produced improvements in financial management (FM) and procurement. Safeguards were well supervised.

Quality of Supervision Rating
Satisfactory

Overall Bank Performance Rating
Moderately Satisfactory

9. M&E Design, Implementation, & Utilization

a. M&E Design

The project was to continue to support the MSN in: (i) collecting routine national health statistics; (ii) monitoring public health supply monitoring; (iii) conducting national epidemiological surveillance; and (iv) undertaking external audits for measuring results at the provincial level. In addition, the government was to improve the information system for chronic diseases and develop a new "clinical governance" monitoring system for PROFE, both of which were to be used as new platforms for project-level M&E. The specific project monitoring system used in the predecessor project, Essential Public Health Functions Programs I, was to be upgraded and used for this project. An impact evaluation was planned, using (among other sources) a 2009 National Risk Factor Survey for baseline data. The project's results framework specified five outcome indicators, with baselines and targets, and each indicator was carefully defined (PAD, "Operational Definition of Indicators" table, pp. 23-26).

However, there were moderate shortcomings. The PDO statements were broad, lacking specific definitions of such terms as "stewardship" and "governance." The outcome indicators were relatively few in number, given the broad nature of the PDOs. Most of the 11 EPHFs and seven PPHPs were measured with neither a PDO-level indicator nor an intermediate outcome indicator.

b. M&E Implementation

According to the ICR (p. 23), M&E capacity in the coordinating unit was robust, and project activities were well monitored. Implementing institutions at the national and provincial levels collected and reported data as planned. Progress reports, including mid-term and end-of-project reports, were well prepared. Third-party technical audits were used to monitor outputs at the provincial level. However, the impact evaluation rendered "very limited results" due to "methodological weaknesses" (ICR, p. 24); no further information on these shortcomings was provided.

c. M&E Utilization

The project's M&E system served as the de facto M&E system for the MSN, as it was the only tool available for consolidation of provincial data on activities being carried out by the national directorates and program units. Project M&E also supported the MSN in compiling traditional national health statistics, monitoring supplies for public health, carrying out epidemiological surveillance at the national level, and performing external audits for the measurement of results at the provincial level. The ICR did not report whether and how project M&E data and analysis were used to inform policy or make mid-course implementation adjustments.

M&E Quality Rating
Substantial

10. Other Issues

a. Safeguards

The project was rated Environmental Assessment category B and triggered three safeguard policies: OP/BP 4.01 (Environmental Assessment), OP 4.09 (Pest Management), and OP/BP 4.10 (Indigenous Peoples).

The Environmental Assessment at appraisal assessed the state of health care waste management in the country, including the legal framework, compliance issues, management considerations, and provincial capacities. The results were integrated into an Environmental Action Plan. OP 4.09 was triggered to support vector control activities in the event of outbreaks that would require the use of pesticides. No pesticides were to be procured under the project, and no significant increase in use of pesticides was expected to arise from project investments. The Environmental Action Plan included pertinent guidelines for any vector control measures in line with national laws and Bank safeguard policies. All relevant environmental safeguards documents were disclosed in-country and by Infoshop in September 2010. The ICR (p. 26) stated that the creation in the MSN of a Technical Area of Environmental Safeguards (TAES) was a key tool of project execution, resulting in a performance rating for the environmental safeguard of Highly Satisfactory. TAES established national standards for waste management, provided technical assistance to the MSPs to create Health and Environment areas, and enhanced technical training at the provincial level.

The project was estimated at appraisal to benefit indigenous communities and dispersed rural populations in 15 of the country's 24 provinces. In conformity with OP/BP 4.10, all 15 of these provinces developed Indigenous Peoples Plans (IPPs) under the predecessor project, and these plans were being implemented with satisfactory results at the time of this project's appraisal. An Indigenous Peoples Planning Framework was developed on the basis of the existing framework and lessons learned from its implementation, and disclosed in-country and by Infoshop in August and September 2010. The ICR (p. 26) reported that the project financed activities addressing indigenous peoples in a satisfactory manner. At the provincial level, the project led to the creation of 14 Provincial Indigenous Health Units, and 19 of the 20 provinces that eventually activated this safeguard policy had a specific indigenous health area by the end of the project period. However, performance was uneven; IPP execution averaged 64% but ranged from 0% in two provinces to 100% in six provinces.

In 2017, all safeguards teams working on Bank-financed projects were transferred to the MSN's International Financing Unit for Health, facilitating an integrated approach for future health projects.

b. Fiduciary Compliance

Financial management

The project's FM rating in Implementation Status and Results Reports was moderately satisfactory to satisfactory throughout implementation (ICR, p. 24). The Bank team provided FM advice in a timely manner. Identified shortcomings -- mainly delays and quality of interim financial report (IFR) submissions -- were addressed promptly. IFRs were all reviewed and found acceptable. Audit reports were received by the Bank with some delay, but they were all found acceptable following review.

Procurement

High staff rotation "highly influenced" procurement performance; shortcomings in the quality of procurement documents "had a direct impact on implementation efficiency" (ICR, p. 25). To address these challenges, procurement supervision included standard prior review, an annual post review mission to identify areas needing improvement, and targeted trainings. The last two years of the project were primarily focused on executing small civil works contracts; despite "significant efforts" to procure and implement on time, there were delays in implementation of procurement processes and deviations during contract execution (ICR, p. 25).

c. Unintended impacts (Positive or Negative)

None reported.

d. Other

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11. Ratings

Ratings	ICR	IEG	Reason for Disagreements/Comment
Outcome	Satisfactory	Moderately Satisfactory	Modest project efficiency, and modest achievement of the objective to improve clinical governance of the PPHPs.
Bank Performance	Satisfactory	Moderately Satisfactory	The project's scope was overly ambitious and complex. M&E design shortcomings affected assessment of outcomes.
Quality of M&E	Substantial	Substantial	---

Quality of ICR	Substantial	---

12. Lessons

The ICR (pp. 29-30) offered several useful lessons, adapted here:

- Consensus-building and collaboration between national- and provincial-level actors can help articulate strategies and responsibilities of the various levels. This project supported symposia, joint working sessions, seminars, workshops, and field visits that helped build consensus and coordination within the framework of the country's federal structure.
- Project evaluation methodologies require definition during preparation in order to ensure availability of appropriate data. In this case, data challenges limited the relevance and utility of the final impact evaluation.

IEG offers one additional lesson:

- Projects with complex, multiple-part objectives require a matching array of outcome indicators. In this case, the development objectives covered 18 functional areas across 24 provinces, and the results framework was inadequate to assess achievement comprehensively.

13. Assessment Recommended?

No

14. Comments on Quality of ICR

The ICR consolidated a large amount of information about a complex project into a well organized, coherent storyline. It focused on demonstrating the integrity of the project's results chain and on verifiable outcomes. It contained consistent and careful discussions of attribution of some of the observed results to project-supported interventions. However, in other areas (for example, sodium reduction), it was not clear to what extent the project contributed to achieved outcomes. Also, there were instances of inconsistent data reporting (for example, number of PROFE beneficiaries enrolled in a kidney disease program, reported as 2,562 and 4,000, p. 17 and p. 48). In assessing efficacy, the distinction between coverage of PPHPs (objective 2) and clinical governance of PPHPs (objective 3) was not always clear. The efficiency analysis was perfunctory. Finally, several of the ICR's lessons drew from project elements and experiences that were not described earlier in the

document. Balancing the positive elements with the shortcomings (some of which were micro-level), ICR Quality is rated Substantial.

a. Quality of ICR Rating
Substantial