H.E. Dušan Vujović  
Minister of Finance  
Ministry of Finance  
20, Kneza Milosa Street  
11000 Belgrade  
Serbia

Re: Republic of Serbia: Second Health Project  
Second Amendment Letter to the Loan Agreement (Loan No. 8338-YF)  
and Amendment to Supplemental Letter No. 2: Performance and  
Monitoring Indicators

Excellency:

We refer to: (i) the Loan Agreement for Second Health Project between the Republic of Serbia (the Borrower) and the International Bank for Reconstruction and Development (the Bank) (the Loan Agreement), as amended; and (ii) the Supplemental Letter No. 2 regarding the performance monitoring indicators (the Supplemental Letter No. 2) from the Republic of Serbia, for the above-mentioned Project, as amended, all dated July 10, 2014 (collectively called “Legal Documents”). The capitalized terms used in this amendment letter and not defined herein have the meanings ascribed to them in the Loan Agreement.

We hereby propose to amend the Legal Documents as follows:

I. The Loan Agreement is amended as follows:

1. Schedule 1 is hereby replaced in its entirety to read as set forth in Attachment 1 to this amendment letter.

2. The Closing Date set forth in Section IV.B of Schedule 2, is hereby established as December 31, 2021.

3. Section I of the Appendix is hereby replaced in its entirety to read as set forth in Attachment 2 to this amendment letter.

II. The Attachment to the Supplemental Letter No. 2 is amended and restated to read as set forth in Attachment 3 to this amendment letter.

All the terms and conditions of the Legal Documents that have not been amended hereby shall remain unchanged and in full force and effect.
This amendment letter shall become effective as of the date of its signature by the Bank and the Borrower.

Sincerely,

INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT

By:

Stephen Ndegwa
Country Manager
The World Bank Office
Republic of Serbia

CONFIRMED AND AGREED:

REPUBLIC OF SERBIA

By:

Authorized Representative

Name: ĐUŠAN VUŠOVIĆ
Title: Minister of Finance
Date: March 21, 2018
Attachment 1

**SCHEDULE 1**

**Project Description**

The objective of the Project is to contribute to improving the efficiency and quality of the public health system of the Republic of Serbia through the strengthening of: (i) health financing, purchasing, and maintenance systems; and (ii) quality improvement systems and management of selected priority non-communicable diseases.

The Project consists of the following parts:

Part 1. Improvement of Health Financing

(a) **Support Hospital Financing Reforms**

Strengthen transparency of and incentives for efficiency of the Health Insurance Fund financing for public hospitals through: (i) carrying out a phased implementation of a DRG payment system, including conducting a DRG costing exercise and building awareness and capacity of public hospitals’ staff for the implementation of said payment system; (ii) carrying out a gradual shift of hospital acute care financing from inputs to DRGs; (iii) improving the information systems, through upgrades to central systems, and software installation or upgrades, as the case may be, at selected hospitals; (iv) supporting amendments to regulations and by-laws that give effect to the hospital financing reforms; (v) providing technical advice on options to improve efficiency of financing for non-acute care in hospitals and governance arrangements to strengthen management in hospitals; (vi) providing technical support to integrate hospital level Clinical Pathways into the E-health System for hospital information systems; (vii) defining admission criteria based on European Appropriateness Evaluation Protocol and adapting it to the national level; (viii) developing hospital matrix for performance monitoring and incentive for hospital staff; and (ix) improving the regulatory framework to: (A) recognize and define performance and expenditures; and (B) incorporate the DRG into the Health Insurance Fund’s and hospitals’ budgeting system.

(b) **Strengthen Primary Health Care Financing**

Improve the efficiency and quality of preventive and certain other primary care services through: (i) strengthening the incentives for performance in the Health Insurance Fund health provider payment mechanisms through refinement of performance criteria for variable payments made to health workers; (ii) designing and piloting implementation of Quality Improvement Sub-grants for improvement of quality of health care, including increased access to health care and preventive services by vulnerable groups (such as Roma, the elderly, and the disabled); (iii) strengthening implementation and monitoring capacity of primary health care financing reforms through development of transition plans for capitation financing to Primary Health Care Centers and development and strengthening of managerial capacity and skills for heads of Primary Health Care Centers; (iv) developing proposals for amendments to regulations and by-laws that give effect to the primary care financing reform; and (v) providing technical support to integrate primary health care level Clinical Pathways into the E-Health System for primary health care information systems.
(c) Develop a Health Care Network Optimization Plan

Provision of technical support to (i) develop a health care network optimization plan for public health institutions; (ii) develop palliative care, outpatient care at hospitals and other interventions that may be necessary towards efficient utilization of existing capacities; and (iii) carry out advocacy activities.

Part 2. Improve Access to Quality Health Care

(a) Improve Access to Medicines

Develop and implement a centralized system for the procurement of pharmaceuticals, medical supplies, diagnostic reagents and medical equipment through: (i) carrying out a competitive tendering process for multi-source items and reference pricing for single-source items; (ii) developing specific framework agreements to be entered by the Health Insurance Fund and suppliers within the centralized procurement system; (iii) carrying out pilot testing of: (A) e-prescription system and modules for Primary Health Care Centers, hospitals, Health Insurance Fund, and pharmacies; (B) e-procurement system to support centralized procurement; and (C) development and carrying out of Training of a unified information technology system for monitoring in-market availability and dispensing of pharmaceuticals; and (iv) developing proposals for amendments to regulations and by-laws that give effect to health sector procurement reform; (v) provision of technical support to improve the E-Health System to support the rational use of antibiotics.

(b) Strengthen Health Technology Assessment Capacity

Strengthen the Borrower’s capacity to carry out improved Health Technology Assessment through (i) developing partnerships with relevant regional and international Health Technology Assessment organizations; (ii) strengthening the capacity of the relevant institutions of the Borrower, selected pursuant to the criteria set forth in the Project Operations and Grants Manual, to carry out improved Health Technology Assessment for pharmaceuticals and medical devices; (iii) developing proposals for strengthened institutional arrangements of the Borrower, including through amendments to regulations and by-laws for improved Health Technology Assessment; (iv) supporting the establishment of a Health Technology Assessment unit within an entity of the Borrower to be selected by the Borrower and acceptable to the World Bank, based upon the institutional arrangements developed under the preceding sub-section (iii); and (v) providing technical assistance and Training to support the Borrower in: (A) performing Health Technology Assessment and EBM situation analysis; (B) building and document international experiences; (C) acquiring knowledge and developing expertise for local Health Technology Assessment implementation; (D) defining institutionalization and institutional arrangements for Health Technology Assessment; (E) establishing appropriate Health Technology Assessment process and priority areas; (F) translating research results into recommendations for decision making; and (G) building experience in strategic planning.

(c) Improve Medical Equipment Maintenance Systems

Support the improvement of the Ministry of Health maintenance system through: (i) carrying out a preliminary assessment of the existing (A) system of distribution of medical equipment; (B) procedures for medical equipment maintenance and repair management; (C) cost and allocation of maintenance funds; and (D) procurement of spare parts and equipment
maintenance and repair services; (ii) on the basis of the outcome of the preliminary assessment in (i) above, supporting the establishment of: (A) an entity for medical technology management; and (B) the establishment of a maintenance system for high cost equipment, including linear accelerators, computer tomographs and magnetic resonance imaging devices.

Part 3. Strengthen Quality of Service Delivery

(a) Strengthen Quality Improvement Systems

Support the Ministry of Health to: (i) develop national clinical practice guidelines aligned with international standards; (ii) based on the national clinical practice guidelines referred in (i), develop Clinical Pathways covering priority disease areas and carry out a phased implementation of said Clinical Pathways in selected hospitals and Primary Health Care Centers; (iii) provide targeted support, with the support of National Agency for Accreditation of Health Care Institutions, to selected Primary Health Care Centers for the improvement of quality of provision of health care for priority services, through the carrying out of Training and the provision of technical assistance; (iv) support the improvement of reporting and use of information on service quality and efficiency at the Ministry of Health, Health Insurance Fund, Institute of Public Health, and Regional Institutes of Public Health; (v) develop proposals for amendments to regulations and by-laws that give effect to the quality of service delivery reforms; (vi) support the integration of primary and secondary health care Clinical Pathways and improve health care quality and management of waiting times for patients with malignant diseases; (vii) update existing, and develop new, clinical practice guidelines; (viii) carry out Training on integrated pathways for healthcare professionals; (ix) develop a national registry for non-communicable disease for monitoring and evaluation; and (x) create a disease management program database for most frequent non-communicable disease.

(b) Improve Cancer Management

Increase the coverage and quality of radiation therapy cancer treatment at specialized tertiary oncology centers, selected pursuant to criteria set forth in the POGM, through: (i) procurement and installation of a number of accelerators determined pursuant to criteria set forth in the POGM, and associated equipment and works; (ii) supporting the improvement of monitoring of patient outcomes and the strengthening of the national cancer registry system, through the carrying out of Training, information systems, and technical assistance; (iii) improving cancer prevention, diagnostics and treatment through the development of the Serbian Comprehensive Cancer Management Strategy, which shall include: (A) early disease detection system; (B) use of digital technologies in cancer registration, patient treatment data collection, referrals and analysis against international recognized format; (C) institutionalization of health promotions activities; and (D) setting up of infrastructure for advance treatment modalities for tertiary level cancer treatment; (iv) improvement of national coverage and interconnectivity of radiotherapy services through procurement of two linear accelerators and a CT-simulator, and rehabilitation of two bunkers for the Borrower’s province of Vojvodina, including their interconnectivity through the procurement of a wide area network platform; and (v) improvement of diagnostic quality in oncology through the acquisition of diagnostic equipment.


Carry out Project management, monitoring and evaluation activities, audits, and financing of Operating Costs, studies, and carrying out of Training, including to Roma Health Mediators.
APPENDIX

Definitions

1. “Anti-Corruption Guidelines” means, for purposes of paragraph 5 of the Appendix to the General Conditions, the “Guidelines on Preventing and Combating Fraud and Corruption in Projects Financed by IBRD Loans and IDA Credits and Grants”, dated October 15, 2006 and revised in January 2011 and as of July 1, 2016.

2. “Beneficiary Primary Health Care Center” means a primary health care center in the territory of the Borrower determined to be eligible for receiving a Quality Improvement Sub-grant, in accordance with Section C of Schedule 2 to this Agreement and the Project Operations and Grants Manual.

3. “Category” means a category set forth in the table in Section III.A of Schedule 2 to this Agreement.

4. “Clinical Pathway” means a tool used to manage the quality of the health care related to the standardization of care processes.

5. “Diagnosis-Related Group” or “DRG” means a statistical system of classifying any inpatient stay into groups for the purposes of hospital payments.

6. “EBM” means evidence based medicine, an integration of the best research evidence with clinical expertise and patient values to make clinical decisions.

7. “E-Health system” means the Borrower’s integrated health information system which stores and process all patient medical and health data, data of health workers, data on health care facilities and health services, data on electronic assignments and electronic prescriptions, data on scheduling of medical checks and procedures.

8. “Environmental Management Framework” or “EMF” means the Borrower’s Environmental Management Framework, dated January 30, 2018, consisting of the set of principles, rules, guidelines and procedures to assess the environmental, health and safety impacts and mitigation, monitoring, and institutional measures to be taken to eliminate adverse said environmental, health and safety impacts, offset them, or reduce them to acceptable levels, as well as actions and budget needed to implement these measures and a sample Environmental Management Plan.

9. “Environmental Management Plan” or “EMP” means a site-specific Environmental Management Plan prepared during the implementation of the Project, in accordance with the EMF, describing the environmental, health and safety mitigation measures anticipated for activities under Part 3 (b) of the Project and the parties responsible for monitoring of construction and operational environmental, health and safety impacts.


13. “Health Technology Assessment” means a systematic and transparent appraisal and deliberation process that uses criteria such as efficacy, cost-effectiveness, population health needs, and overall fiscal space to make decisions on the public reimbursement of medical technologies, devices and procedures.


15. “Ministry of Health” means the Borrower’s Ministry of Health or any successor thereto.


17. “Official Gazette of the Republic of Serbia” means the Borrower’s official gazette.

18. “PCU” means the Project Coordination Unit, established within the Ministry of Health, in accordance with Section I.A.2 of Schedule 2 to this Agreement.

19. “Primary Health Care Center” means a Dom zdravlja, a primary health care center located in the territory of the Borrower.


21. “Project Operations and Grants Manual” or “POGM” means the manual dated October 18, 2014, referred to in Section I.B of Schedule 2 to this Agreement, as the same may be amended from time to time in a manner acceptable to the Bank.
22. "Quality Improvement Sub-grant" means the sub-grant made available to a Beneficiary Primary Health Care Center, for the purposes of Part 1(b)(ii) of the Project, in accordance with the provisions of the Grants Manual and Section C of Schedule 2 to this Agreement.

23. "Quality Improvement Sub-grant Agreement" means the agreement entered into by the Borrower and a Beneficiary Primary Health Care Center for the purposes of making a Quality Improvement Sub-Grant, in accordance with Section C of Schedule 2 to this Agreement.


25. "Roma Health Mediators" means women of ethnic Roma origin, fluent in Romani language, who have at a minimum a primary school diploma and are hired by a Primary Health Care Center to, inter alia: (i) work in home nursing and care services to strengthen the linkage between the Roma community and Primary Health Care Centers; and (ii) educate the Roma population in the area of health care to improve health status and accessibility of the health system to this vulnerable group.


27. "Serbian Comprehensive Cancer Management Strategy" means the Borrower's public health program to be established by the Borrower, and referred to in Part 3 (b)(iii) of the Project, designed to reduce the number of cancer cases and deaths and improve treatment and quality of life of cancer patients.

28. "Signature Date" means the later of the two dates on which the Borrower and the Bank signed this Agreement and such definition applies to all references to "the date of the Loan Agreement" in the General Conditions.
### Results Framework

#### Project Development Objective Indicators

<table>
<thead>
<tr>
<th>Action</th>
<th>Indicator Name</th>
<th>Baseline</th>
<th>YR1</th>
<th>YR2</th>
<th>YR3</th>
<th>YR4</th>
<th>YR5</th>
<th>YR6</th>
<th>YR7</th>
<th>End Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revised</td>
<td>Percentage of total acute care hospitalization cases in public hospitals reported accurately based on DRGs</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>50.00</td>
<td>70.00</td>
<td>75.00</td>
<td>80.00</td>
<td>95.00</td>
<td>95.00</td>
</tr>
<tr>
<td>Revised</td>
<td>Percent reduction in average unit price relative to baseline for the 50 most frequently dispensed multi-source pharmaceuticals that are procured through centralized framework contracts</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>27.00</td>
<td>27.00</td>
<td>27.00</td>
<td>27.00</td>
<td>27.00</td>
<td>27.00</td>
</tr>
<tr>
<td>Revised</td>
<td>Percentage of patients starting radiotherapy treatment at public hospitals within 28 days between the date of issuance of treatment protocol and the first radiotherapy session for a) breast, b) cervical, c) prostate, d) lung cancers</td>
<td>No monitoring system in place to report on the indicator</td>
<td>Monitoring system in place to measure the indicator</td>
<td>Monitoring system in place to measure the indicator, baseline and target values defined</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revised</td>
<td>Percentage of registered adult patients in Dom Zdravlja with recorded blood pressure value, BMI, smoking status and recommended tips for healthy behavior in the preceding 12 months in their med record</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>Percentage of registered insured persons covered by the targeted examination for early detection of a) breast (age 50-69 in the past two years), b) cervical (age 25-64 in the past three years) and c) colorectal (age 50-74 in the past two years)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Intermediate Results Indicators

<table>
<thead>
<tr>
<th>Action</th>
<th>Indicator Name</th>
<th>Baseline</th>
<th>YR1</th>
<th>YR2</th>
<th>YR3</th>
<th>YR4</th>
<th>YR5</th>
<th>YR6</th>
<th>YR7</th>
<th>End Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revised</td>
<td>Percentage of pilot Dom Zdravlja who meet grant agreement performance criteria in the preceding one year</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>5.00</td>
<td>15.00</td>
<td>25.00</td>
<td>30.00</td>
</tr>
<tr>
<td>Revised</td>
<td>DRGs payment system developed and financing for a portion of acute hospital care based on DRGs initiated</td>
<td>No</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Revised</td>
<td>Number of pharmaceuticals and health products that are procured through centralized framework contracts</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>1,200.00</td>
<td>1,421.00</td>
<td>700.00</td>
<td>700.00</td>
<td>700.00</td>
<td>700.00</td>
</tr>
<tr>
<td>---------</td>
<td>--------------------------------------------------------------------------------------------------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>----------</td>
<td>----------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>Revised</td>
<td>Percentage of a) Dom Zdravljas and b) pharmacies implementing e-prescription system</td>
<td>DZs - 0% Pharm - 0%</td>
<td>DZs - 0% Pharm - 0%</td>
<td>DZs - 0% Pharm - 0%</td>
<td>DZs - 10% Pharm - 27%</td>
<td>DZs - 70% Pharm - 70%</td>
<td>DZs - 80% Pharm - 80%</td>
<td>DZs - 85% Pharm - 85%</td>
<td>DZs - 90% Pharm - 90%</td>
<td></td>
</tr>
<tr>
<td>Revised</td>
<td>Strengthen systems for medical equipment maintenance</td>
<td>No national systems or policies in place. Medical equipment database in the IPH</td>
<td>No national systems or policies in place. Medical equipment database in the IPH</td>
<td>No national systems or policies in place. Medical equipment database in the IPH</td>
<td>Assessment of laboratory equipment, MRI and CT status completed</td>
<td>A medical equipment registry set up within IHIS</td>
<td>Medical equipment database in the relevant institution. Multi-vendor maintenance contract evaluated. Entity established for oversight of medical equipment maintenance</td>
<td>Applicable regulatory document related to medical equipment maintenance system drafted</td>
<td>Budget allocated to expand maintenance system. National system(s) in use.</td>
<td></td>
</tr>
<tr>
<td>Revised</td>
<td>Number of clinical pathways developed</td>
<td>14.00</td>
<td>14.00</td>
<td>14.00</td>
<td>18.00</td>
<td>32.00</td>
<td>34.00</td>
<td>36.00</td>
<td>40.00</td>
<td>48.00</td>
</tr>
<tr>
<td>Revised</td>
<td>Number of health care institutions that have completed staff training on priority clinical pathways</td>
<td>50.00</td>
<td>50.00</td>
<td>50.00</td>
<td>60.00</td>
<td>64.00</td>
<td>70.00</td>
<td>100.00</td>
<td>120.00</td>
<td>160.00</td>
</tr>
<tr>
<td>Revised</td>
<td>Percentage of adult diabetic patients in Dom Zdravljas with at least one determined value of glycosylated hemoglobin (HbA1c) in the last year</td>
<td>45.00</td>
<td>45.00</td>
<td>45.00</td>
<td>42.00</td>
<td>42.00</td>
<td>43.00</td>
<td>44.00</td>
<td>45.00</td>
<td>50.00</td>
</tr>
<tr>
<td>Revised</td>
<td>Ranking of health institutions according to quality criteria in place based on quality</td>
<td>Existing quality indicators</td>
<td>Existing quality indicators/No</td>
<td>Existing quality indicators/No</td>
<td>Existing quality indicators/No</td>
<td>Improved quality indicators/No</td>
<td>Guidelines for quality indicators and Web data collection/No</td>
<td>Quality indicators</td>
<td>Ranking of Health Institutions according to</td>
<td></td>
</tr>
<tr>
<td>Revised</td>
<td>Percentage of registered adult patients in DZs with hypertension under treatment whom in the last recorded blood pressure (measured in the preceding one year) is ≤ 140/90 mm Hg</td>
<td>45.00</td>
<td>45.00</td>
<td>45.00</td>
<td>45.00</td>
<td>51.00</td>
<td>55.00</td>
<td>60.00</td>
<td>65.00</td>
<td>70.00</td>
</tr>
<tr>
<td>Revised</td>
<td>Number of health workers receiving training</td>
<td>500.00</td>
<td>500.00</td>
<td>500.00</td>
<td>1,000.00</td>
<td>5,459.00</td>
<td>8,000.00</td>
<td>10,000.00</td>
<td>11,000.00</td>
<td>13,000.00</td>
</tr>
<tr>
<td>Revised</td>
<td>Number of new linear accelerators installed at national level</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>1.00</td>
<td>6.00</td>
<td>6.00</td>
<td>8.00</td>
<td>8.00</td>
</tr>
<tr>
<td>New</td>
<td>Strengthen systems for Health Technology Assessment</td>
<td>Limited institutional efficiency related to the decision making process in the area of drug reimbursement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Situation analysis completed. Roadmap document with detailed plan of activities for HTA system establishment drafted and adopted by the Ministry of Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>HTA staff trained for the implementation of cost effectiveness analysis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Stakeholders groups as defined in the Roadmap and trained according to their roles. Implementation of activities in accordance with implementation schedule defined in the Roadmap</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>The linkage between national clinical practice guidelines and basic benefit package well established and functional. The new, robust and transparent, system of evidence based supported decision</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>making process fully established and functional</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td>-----------------------------------------------------------------</td>
<td>-----------------------------------------------------------------</td>
<td>-----------------------------------------------------------------</td>
<td>-----------------------------------------------------------------</td>
<td>-----------------------------------------------------------------</td>
<td>-------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>Reduction in the total consumption of antibacterials for systemic use (J01) DDD/1000 person/per day</td>
<td>0.00</td>
<td>18.00</td>
<td>19.00</td>
<td>20.00</td>
<td>21.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>Annual training organized for health Roma mediators</td>
<td>0.00</td>
<td>0.00</td>
<td>1.00</td>
<td>2.00</td>
<td>3.00</td>
<td>4.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>Percentage of patients satisfied with the quality of care in PHC facilities</td>
<td>78.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>78.00</td>
<td>78.50</td>
<td>79.00</td>
<td>79.50</td>
<td>80.00</td>
</tr>
</tbody>
</table>