Loan Agreement

(Indonesia Supporting Primary Health Care Reform (I-SPHERE) Program / Indonesia Supporting Primary and Referral Health Care Reform (I-SPHERE) Program)

between

REPUBLIC OF INDONESIA

and

INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT
LOAN AGREEMENT

AGREEMENT dated as of the Signature Date between REPUBLIC OF INDONESIA ("Borrower") and INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT ("Bank"). The Borrower and the Bank hereby agree as follows:

ARTICLE I — GENERAL CONDITIONS; DEFINITIONS

1.01. The General Conditions (as defined in the Appendix to this Agreement) apply to and form part of this Agreement.

1.02. Unless the context requires otherwise, the capitalized terms used in this Agreement have the meanings ascribed to them in the General Conditions or in the Appendix to this Agreement.

ARTICLE II — LOAN

2.01. The Bank agrees to lend to the Borrower the amount of one hundred fifty million United States Dollars (USD 150,000,000), as such amount may be converted from time to time through a Currency Conversion ("Loan"), to assist in financing the program described in Schedule 1 to this Agreement ("Program").

2.02. The Borrower may withdraw the proceeds of the Loan in accordance with Section IV of Schedule 2 to this Agreement. All withdrawals from the Loan Account shall be deposited by the Bank into an account specified by the Borrower and acceptable to the Bank.

2.03. The Front-end Fee is one quarter of one percent (0.25%) of the Loan amount.

2.04. The Commitment Charge is one quarter of one percent (0.25%) per annum on the Unwithdrawn Loan Balance.

2.05. The interest rate is the Reference Rate plus the Variable Spread; or such rate as may apply following a Conversion; subject to Section 3.02(e) of the General Conditions.

2.06. The Payment Dates are January 15 and July 15 in each year.

2.07. The principal amount of the Loan shall be repaid in accordance with Schedule 3 to this Agreement.

2.08. (a) If on any given day, the Total Exposure exceeds the Standard Exposure Limit (as said terms are defined in sub-paragraphs (b)(ii) and (b)(iii) of this Section), the Borrower shall pay to the Bank a surcharge at the rate of one half of one percent (0.5%) per annum of the Allocated Excess Exposure Amount (as defined in sub-paragraph (b)(i) of this Section) for each said day ("Exposure Surcharge"). The Exposure Surcharge (if any) shall be payable semi-annually in arrears on each Payment Date.
(b) For purposes of this Section the following terms have the meanings set forth below:

(i) "Allocated Excess Exposure Amount" means for each day during which the Total Exposure exceeds the Standard Exposure Limit, the product of: (A) the total amount of said excess; and (B) the ratio of all (or, if the Bank so determines, a portion) of the Loan to the aggregate amount of all (or the equivalent portions) of the loans made by the Bank to the Borrower and to other borrowers guaranteed by the Borrower that are also subject to an exposure surcharge, as said excess and ratio are reasonably determined from time to time by the Bank.

(ii) "Standard Exposure Limit" means the standard limit on the Bank’s financial exposure to the Borrower which, if exceeded, would subject the Loan to the Exposure Surcharge, as determined from time to time by the Bank.

(iii) "Total Exposure" means for any given day, the Bank’s total financial exposure to the Borrower, as reasonably determined by the Bank.

ARTICLE III — PROGRAM

3.01. The Borrower declares its commitment to the objective of the Program. To this end, the Borrower shall carry out the Program through the Ministry of Health in accordance with the provisions of Article V of the General Conditions and Schedule 2 to this Agreement.

ARTICLE IV — EFFECTIVENESS; TERMINATION

4.01. The Additional Conditions of Effectiveness consist of the following:

(a) the Ministry of Finance has sent a Letter of Assignment to BPKP to carry out the verification of DLRs achievement for the Program; and

(b) the Borrower has established the Program Coordinating Unit with terms of references and resources satisfactory to the Bank.

4.02. The Effectiveness Deadline is the date ninety (90) days after the Signature Date.

ARTICLE V — REPRESENTATIVE; ADDRESSES

5.01. The Borrower’s Representative is its Minister of Finance.
5.02. For purposes of Section 10.01 of the General Conditions:

(a) the Borrower’s address is:

Directorate General of Budget Financing and Risk Management
Ministry of Finance
Gedung Frans Seda
Jl. DR. Wahidin Raya No. 1
Jakarta 10710 – Indonesia; and

(b) the Borrower’s Electronic Address is:

Facsimile: +62-21-381-2859

5.03. For purposes of Section 10.01 of the General Conditions:

(a) the Bank’s address is:

International Bank for Reconstruction and Development
1818 H Street, N.W.
Washington, D.C. 20433
United States of America; and

(b) the Bank’s Electronic Address is:

Facsimile: +1-202-477-6391
AGREED as of the Signature Date.

REPUBLIC OF INDONESIA

By

Authorized Representative

Name: LUKY ALFIRMAN
Title: DIRECTOR GENERAL OF BUDGET FINANCING AND RISK MANAGEMENT
Date: JULY 17, 2018

INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT

By

Authorized Representative

Name: George Soraya
Title: Acting Country Director
Date: July 10, 2018
SCHEDULE 1

Program Description

The objective of the Program is to strengthen the performance of Indonesia’s primary health care system.

The Program consists of the following activities, which form part of the Borrower’s Healthy Indonesia Program, as further elaborated in the Borrower’s 2015-2019 national mid-term development plan (RPJMN) and the Ministry of Health’s 2015-2019 strategic plan (Minister of Health Decree No. HK.02.02/MENKES/52/2015):

1. **Strengthening performance monitoring for increased local government and facility accountability**
   
   (a) Developing and publishing performance dashboards to benchmark performance across Districts and increasing the interoperability of key information systems.
   
   (b) Developing and introducing the use of mHealth to improve the quality of reported data.

2. **Improving implementation of national standards for greater local government and facility performance**
   
   (a) Strengthening the credibility and capacity of the KAFKTP to become an independent commission.
   
   (b) Strengthening the clinical and managerial capacity of – and providing the human resources required for – the Puskesmas to obtain accreditation, with an additional focus on Eastern Indonesia.
   
   (c) Strengthening the implementation of priority programs for maternal and child health (including immunization), nutrition, communicable (especially TB) and non-communicable diseases.
   
   (d) Providing support for the placement of primary healthcare teams in remote and difficult to reach areas through the Nusantara Sehat program.
   
   (e) Strengthening the gate-keeping function of primary care – and the referral system – through expanding the use of an integrated referral information system.
   
   (f) Addressing the key gender gap of maternal mortality through the improvement of quality of services provided to pregnant women.
   
   (g) Developing and implementing a capacity building program for improving public sector management functions, including planning and budgeting, for Lagging Districts.

3. **Enhancing performance orientation of health financing for better local service delivery**
   
   (a) Introducing and implementing performance-based elements in DAK Non-fisik allocations.
   
   (b) Enhancing the performance-based capitation mechanism to strengthen JKN’s roles.
SCHEDULE 2

Program Execution

Section I. Implementation Arrangements

A. Program Institutions

1. The Borrower shall establish by December 31, 2018, and thereafter maintain, at all times during Program implementation, all with staff, functions and resources satisfactory to the Bank:
   (a) a Program Steering Committee to provide policy guidance, oversee implementation and ensure coordination among ministries and subnational agencies, consisting of representatives of Ministry of Health, BPJS-Health, Ministry of Finance, Ministry of National Development Planning/Bappenas and Ministry of Home Affairs; and
   (b) a Technical Committee to provide overall technical guidance for the Program implementation, consisting of the directors of relevant units and/or directorates of the Ministry of Health, Ministry of National Development Planning/Bappenas, BPJS-Health, Ministry of Finance, Ministry of Home Affairs and KAFKTP.

2. The Borrower shall maintain, at all times during Project implementation, a Program Coordinating Unit, with staff, functions and resources satisfactory to the Bank, to manage the Program and provide support for the Program implementation, chaired by the Head of the Planning Bureau, consisting of a technical working group and a management group.

B. DLR Verification Arrangements

1. The Borrower shall appoint BPKP to act as an independent verification agent to undertake the DLR verification process referred to in paragraph 2 below in respect of all DLRs for the Program in accordance with the terms of reference acceptable to the Bank.

2. The Borrower shall ensure that BPKP shall: (a) verify the data and other evidence supporting the achievement(s) of one or more DLR(s) under Categories (1) through (10) as set forth in the table in Section IV.A.2 of this Schedule 2 and recommend corresponding payments to be made, as applicable, in accordance with the Verification Protocol agreed with the Bank; and (b) submit to the Bank the corresponding verification reports in a timely manner in form and substance satisfactory to the Bank.
C. **Program Action Plan**

1. The Borrower shall:

   (a) undertake the actions set forth in the Program Action Plan in a manner satisfactory to the Bank;

   (b) except as the Bank and the Borrower shall otherwise agree in writing, not assign, amend, abrogate, or waive, or permit to be assigned, amended, abrogated, or waived, the Program Action Plan, or any provision thereof; and

   (c) maintain policies and procedures adequate to enable it to monitor and evaluate, in accordance with guidelines acceptable to the Bank, the implementation of the Program Action Plan.

Section II. **Excluded Activities**

The Borrower shall ensure that the Program excludes any activities which:

A. in the opinion of the Bank, are likely to have significant adverse impacts that are sensitive, diverse, or unprecedented on the environment and/or affected people; or

B. involve the procurement of: (1) works, estimated to cost seventy five million UnitAed States Dollars (USD 75,000,000) equivalent or more per contract; (2) goods, estimated to cost fifty million United States Dollars (USD 50,000,000) equivalent or more per contract; (3) non-consulting services, estimated to cost fifty million United States Dollars (USD 50,000,000) equivalent or more per contract; or (4) consulting services, estimated to cost twenty million United States Dollars (USD 20,000,000) equivalent or more per contract.

Section III. **Program Monitoring, Reporting and Evaluation**

1. The Borrower shall furnish to the Bank each Program Report not later than forty-five (45) days after the end of each calendar semester, covering the calendar semester.

2. Not later than June 30, 2021, the Borrower, through the Ministry of Health, shall, in conjunction with the Bank, carry out a mid-term review of the Program ("Mid-term Review"), covering the progress achieved in the implementation of the Program. To this end, the Borrower shall prepare and furnish to the Bank not less than three (3) months prior to the beginning of the Mid-term Review, a report integrating the results of the Program’s monitoring and evaluation activities on the progress achieved in the carrying out of the Program during the period preceding the date of such report, and setting out the measures recommended to ensure the efficient carrying out of the Program and the achievement of the objective of the Program during the period following such date. Following the Mid-term Review, the Borrower shall act promptly and diligently in order to take, or cause to be taken, any corrective action deemed necessary by the Bank to remedy any shortcoming noted in the carrying out of the Program in furtherance of the objective of the Program.
Section IV. Withdrawal of Loan Proceeds

A. General

1. Without limitation upon the provisions of Article II of the General Conditions and in accordance with the Disbursement and Financial Information Letter, the Borrower may withdraw the proceeds of the Loan to finance Program Expenditures, on the basis of the results ("Disbursement Linked Results" or "DLRs") achieved by the Borrower, as measured against specific indicators ("Disbursement Linked Indicators" or "DLIs"); all as set forth in the table in paragraph 2 of this Part A.

2. The following table specifies each category of withdrawal of the proceeds of the Loan (including the Disbursement Linked Indicators as applicable) ("Category"), the Disbursement Linked Results for each Category (as applicable), and the allocation of the amounts of the Loan to each Category:

<table>
<thead>
<tr>
<th>Category (including Disbursement Linked Indicator as applicable)</th>
<th>Disbursement Linked Result (as applicable)</th>
<th>Amount of the Loan Allocated (expressed in USD)</th>
<th>Formula</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) DLI #1: Districts covered in the Ministry of Health’s published performance dashboard</td>
<td>DLR #1.1: Performance dashboard designed and its guidelines issued</td>
<td>1,500,000</td>
<td>DLR #1.1: $1,500,000</td>
</tr>
<tr>
<td></td>
<td>DLR #1.2: Target: 90% (Baseline 0%)</td>
<td>13,500,000</td>
<td>DLR #1.2: Unit Price: $150,000 for each percentage point (1%) increase</td>
</tr>
<tr>
<td>(2) DLI #2: Puskesmas using mHealth application to support enhanced PIS-PK</td>
<td>DLR #2.1: mHealth implementation plan for PIS-PK completed</td>
<td>500,000</td>
<td>DLR #2.1: $500,000</td>
</tr>
<tr>
<td></td>
<td>DLR #2.2: mHealth for PIS-PK designed and field-tested</td>
<td>1,000,000</td>
<td>DLR #2.2: $1,000,000</td>
</tr>
<tr>
<td></td>
<td>DLR #2.3: Target: 1,500 Puskesmas (Baseline: 0 Puskesmas)</td>
<td>6,000,000</td>
<td>DLR #2.3: Unit Price: $4,000 for each Puskesmas</td>
</tr>
<tr>
<td>(3) DLI #3: Puskesmas that have received higher levels of accreditation</td>
<td>DLR #3: Target: 1,996 Puskesmas (Baseline: 496 Puskesmas)</td>
<td>22,500,000</td>
<td>DLR #3: Unit Price: $15,000 for each newly higher level accredited</td>
</tr>
<tr>
<td>DLI #4: Puskesmas that have been accredited (for basic levels) in Eastern Indonesia</td>
<td>DLR #4: Target: 466 Puskesmas (Baseline: 66 Puskesmas)</td>
<td>7,500,000</td>
<td>DLR #4: Unit Price: $18,750 for each newly accredited Puskesmas above the baseline</td>
</tr>
<tr>
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</tr>
<tr>
<td>DLR #5: KAFKTP functioning as an independent commission</td>
<td>DLR #5.1: Roadmap for independent commission is produced</td>
<td>2,500,000</td>
<td>DLR #5.1: $2,500,000</td>
</tr>
<tr>
<td></td>
<td>DLR #5.2: Costed business plan and by-laws submitted</td>
<td>5,000,000</td>
<td>DLR #5.2: $5,000,000</td>
</tr>
<tr>
<td></td>
<td>DLR #5.3: Decree issued establishing the independent commission</td>
<td>2,000,000</td>
<td>DLR #5.3: $2,000,000</td>
</tr>
<tr>
<td></td>
<td>DLR #5.4: 75% of KAFKTP staff appointed</td>
<td>10,000,000</td>
<td>DLR #5.4: $10,000,000</td>
</tr>
<tr>
<td></td>
<td>DLR #5.5: KAFKTP operating in accordance with its bylaws</td>
<td>3,000,000</td>
<td>DLR #5.5: $3,000,000</td>
</tr>
<tr>
<td>DLI #6: Lagging Districts that have produced improved annual plans and budgets</td>
<td>DLR #6.1: Updated MOH guidelines and training modules issued</td>
<td>1,500,000</td>
<td>DLR #6.1: $1,500,000</td>
</tr>
<tr>
<td></td>
<td>DLR #6.2: Target: 120 Lagging Districts (Baseline: 0 Lagging District)</td>
<td>6,000,000</td>
<td>DLR #6.2: Unit Price: $50,000 for each Lagging District</td>
</tr>
<tr>
<td>DLI #7: Special Health Workers Teams deployed</td>
<td>DLR #7: Target: 1,039 (Baseline: 439)</td>
<td>7,500,000</td>
<td>DLR #7: Unit Price: $12,500 for each Special Health Workers Team deployed above the baseline</td>
</tr>
<tr>
<td>(8) DLI #8: Primary care providers implementing performance-based JKN capitation</td>
<td>DLR #8.1: Joint Ministry of Health and BPJS agreement on performance-based JKN capitation signed</td>
<td>6,000,000</td>
<td>DLR #8.1: $6,000,000</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td>DLR #8.2: Target: 60% of the number of primary health care providers enrolled with BPJS (Baseline: 0%)</td>
<td>18,000,000</td>
<td>DLR #8.2: Unit Price: $300,000 for each percentage point (1%) increase</td>
</tr>
<tr>
<td>(9) DLI #9: Districts showing an improvement on at least half of the performance indicators in the enhanced DAK Non-fisik</td>
<td>DLR #9.1: Enhanced performance-based DAK Non-fisik designed</td>
<td>1,000,000</td>
<td>DLR #9.1: 1,000,000</td>
</tr>
<tr>
<td></td>
<td>DLR #9.2: Enhanced DAK Non-fisik baseline data collected</td>
<td>2,500,000</td>
<td>DLR #9.2: 2,500,000</td>
</tr>
<tr>
<td></td>
<td>DLR #9.3: DAK Non-fisik allocated based on performance</td>
<td>2,500,000</td>
<td>DLR #9.3: 2,500,000</td>
</tr>
<tr>
<td></td>
<td>DLR #9.4: Target: 60% (Baseline: 0%)</td>
<td>24,000,000</td>
<td>DLR #9.4: Unit Price: $400,000 for each percentage point (1%) increase</td>
</tr>
<tr>
<td>(10) DLI #10: Provinces that are using an integrated referral information system (IRIS)</td>
<td>DLR #10.1: IRIS designed</td>
<td>500,000</td>
<td>DLR #10.1: 500,000</td>
</tr>
<tr>
<td></td>
<td>DLR #10.2: Software application for IRIS completed</td>
<td>1,000,000</td>
<td>DLR #10.2: 1,000,000</td>
</tr>
<tr>
<td></td>
<td>DLR #10.3: IRIS implemented in 5 Provinces (Baseline: 0 Province)</td>
<td>4,500,000</td>
<td>DLR #10.3: Unit Price: $900,000 for each additional Province</td>
</tr>
<tr>
<td><strong>TOTAL AMOUNT</strong></td>
<td>150,000,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
B. **Withdrawal Conditions; Withdrawal Period**

1. Notwithstanding the provisions of Part A of this Section, no withdrawal shall be made:

   (a) on the basis of DLRs achieved prior to the Signature Date; or/and

   (b) for any DLR, until and unless the Borrower has furnished evidence satisfactory to the Bank that said DLR has been achieved.

2. Notwithstanding the provisions of Part B.1(b) of this Section, the Borrower may withdraw an amount not to exceed $37,500,000 as an advance; provided, however, that if, in the opinion of the Bank, the DLRs for that amount are not achieved (or only partially achieved) by the Closing Date, the Borrower shall refund such advance to the Bank promptly upon notice thereof by the Bank. Except as otherwise agreed with the Borrower, the Bank shall cancel the amount so refunded. Any further withdrawals requested as an advance under any Category shall be permitted only on such terms and conditions as the Bank shall specify by notice to the Borrower.

3. Notwithstanding the provisions of Part B.1(b) of this Section, the amount of the Loan to be withdrawn upon the verified achievement of any DLR, shall be calculated, in accordance with the Formula.

4. Notwithstanding the provisions of Part B.1(b) of this Section, if any of the DLRs has not been achieved, the Bank may, by notice to the Borrower: (a) reallocate all or a portion of the proceeds of the Loan then allocated to said DLR to any other DLR; and/or (b) cancel all or a portion of the proceeds of the Loan then allocated to said DLR.

5. The Closing Date is April 30, 2024.
SCHEDULE 3
Amortization Schedule
Commitment-Linked Amortization Repayment Schedule

The following table sets forth the Principal Payment Dates of the Loan and the percentage of the total principal amount of the Loan payable on each Principal Payment Date ("Installment Share").

<table>
<thead>
<tr>
<th>Principal Payment Date</th>
<th>Installment Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 15, 2025</td>
<td>6.58%</td>
</tr>
<tr>
<td>July 15, 2025</td>
<td>6.66%</td>
</tr>
<tr>
<td>January 15, 2026</td>
<td>6.75%</td>
</tr>
<tr>
<td>July 15, 2026</td>
<td>6.83%</td>
</tr>
<tr>
<td>January 15, 2027</td>
<td>6.92%</td>
</tr>
<tr>
<td>July 15, 2027</td>
<td>7.00%</td>
</tr>
<tr>
<td>January 15, 2028</td>
<td>7.09%</td>
</tr>
<tr>
<td>July 15, 2028</td>
<td>7.18%</td>
</tr>
<tr>
<td>January 15, 2029</td>
<td>7.27%</td>
</tr>
<tr>
<td>July 15, 2029</td>
<td>7.36%</td>
</tr>
<tr>
<td>January 15, 2030</td>
<td>7.45%</td>
</tr>
<tr>
<td>July 15, 2030</td>
<td>7.54%</td>
</tr>
<tr>
<td>January 15, 2031</td>
<td>7.64%</td>
</tr>
<tr>
<td>July 15, 2031</td>
<td>7.73%</td>
</tr>
</tbody>
</table>
APPENDIX

Definitions


2. “BPJS” or “Badan Penyelenggara Jaminan Sosial” means the Borrower’s national social insurance agency, which is established and operating in accordance with the Borrower’s Law No. 24 of 2011, or any successor thereto.

3. “BPJS-Health” or “BPJS-Kesehatan” means a sub-division of BPJS responsible for providing health insurance, or any successor thereto.

4. “BPKP” or “Badan Pengawas Keuangan dan Pembangunan” means the Borrower’s agency responsible for finance and development supervision, or any successor thereto.

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

6. “DAK” or “Dana Alokasi Khusus” means funds allocated in the Borrower budget for specific regions for the purposes of financing specific activities that fall under regional autonomy.

7. “DAK Non-fisik” means DAK for non-physical activities, which in the health sector finances specified operational expenditures, i.e. health operational assistance (for preventive and promotive serves), childbirth services guarantee, Puskesmas accreditation and hospital accreditation).

8. “Disbursement Linked Indicator” or “DLI” means in respect of a given Category, the indicator related to said Category as set forth in the table in Section IV.A.2 of Schedule 2 to this Agreement, and “DLIs” means, collectively, all such DLIs.

9. “Disbursement Linked Result” or “DLR” means in respect of a given Category, the result under said Category as set forth in the table in Section IV.A.2 of Schedule 2 to this Agreement, on the basis of the achievement of which, the amount of the Loan allocated to said result may be withdrawn in accordance with the provisions of said Section IV, and “DLRs” means, collectively, all such DLRs.

10. “District” means an administrative sub-division of a Province, and “Districts” means, collectively, all such Districts.

11. “Eastern Indonesia” means the eastern part of the territory of the Republic of Indonesia, which, for the purpose of this Program, consists of Maluku, NTT and Papua Provinces.
“Formula” means the measure for calculating disbursements against DLRs, given by the product of the Unit Price per the actual target achieved, as determined by the Bank in accordance with the table in Section IV.A.2 of Schedule 2 to this Agreement.


“Head of the Planning Bureau” means the executive head responsible for planning in the Ministry of Health, or any successor thereto.

“Healthy Indonesia Program” or “Program Indonesia Sehat” means the Borrower’s program, operating pursuant to the Borrower’s 2015-2019 national mid-term development plan and the Ministry of Health’s 2015-2019 strategic plan (Minister of Health’s Decree No. HK.02.02/MENKES/52/2015), or any successor(s) thereto acceptable to the Bank.

“IRIS” means the Borrower’s integrated referral information system to track and refer patients from primary care to hospital care.

“JKN” or “Jaminan Kesehatan Nasional” means the Borrower’s national health insurance program, established and operating pursuant to the Borrower’s Law No. 40 of 2004, or any successor thereto.

“KAFKTP” or “Komisi Akreditasi Fasilitas Kesehatan Tingkat Pertama” means the Borrower’s accreditation commission for primary health care facilities, which is established and operating pursuant to the Minister of Health’s decree no. HK.02.02/MKES/432/2016 and the Minister of Health’s Regulation No. 46 of 2015, or any successor thereto.

“Lagging District” means one out of 120 Districts with the lowest absorption capacity of DAK, and “Lagging Districts” means, collectively, all such Districts.

“Letter of Assignment” means the letter to be sent by the Ministry of Finance to BPKP, providing for the arrangements and terms of reference for the verification of the DLRs of the Program, acceptable to the Bank.

“mHealth” means the mobile application to be developed to record specific service delivery interventions and develop healthy family indices based on a pre-determined set of indicators.

“Ministry of National Development Planning/Bappenas” or “Badan Perencanaan Pembangunan Nasional” means the Borrower’s national development planning agency, or any successor thereto.

“Ministry of Finance” means the Borrower’s ministry responsible for finance, or any successor thereto.

“Ministry of Health” means the Borrower’s ministry responsible for health, or any successor thereto.
25. "Ministry of Home Affairs" means the Borrower's ministry responsible for home affairs, or any successor thereto.

26. "PIS-PK" or "Program Indonesia Sehat melalui Pendekatan Keluarga" means the implementation of key health interventions such as prevention and promotion through family approaches, under the Healthy Indonesia Program.

27. "President" means the Borrower's head of state and head of executive.

28. "Presidential Regulation" means the regulation issued by the Borrower's President.

29. "Program Action Plan" means the Borrower’s plan dated May 17, 2018 and referred to in Section I.C of Schedule 2 to this Agreement, as may be amended from time to time with the agreement of the Bank.

30. "Program Coordinating Unit" means the unit to be established in accordance with Section I.A.2 of Schedule 2 to this Agreement.

31. "Program Steering Committee" means the committee to be established in accordance with Section I.A.1(a) of Schedule 2 to this Agreement.

32. "Province" means an administrative division of the Borrower, and "Provinces" means, collectively, all such Provinces.

33. "Puskesmas" or "Pusat Kesehatan Masyarakat" means any of the Borrower's public primary health centers, which are operating pursuant to the Minister of Health's Regulation No. 75 of 2014, or any successor thereto.

34. "RPJMN" or "Rencana Pembangunan Jangka Menengah Nasional" means the Borrower's national medium-term development plan, as regulated in the Borrower's Presidential Regulation No. 2 of 2015, as amended.

35. "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.

36. "Special Health Workers Team" means the team consisting of health workers on special assignment to fill Puskesmas workforce gaps in targeted locations, and "Special Health Workers Teams" means, collectively, all such teams.

37. "TB" means tuberculosis.

38. "Technical Committee" means the committee to be established in accordance with Section I.A.1(b) of Schedule 2 to this Agreement.

39. "Unit Price" means, in respect of any DLR, the amount set forth in the fourth column of the table in Section IV.A.2 of Schedule 2 to this Agreement.

40. "Verification Protocol" means the protocol setting forth the actions and mechanism required for the verification of DLRs, as agreed with the Bank, dated April 20, 2018, as the same may be amended from time to time with the agreement of the Bank.