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27REPORT NO.: RES32795

RESTRUCTURING PAPER

ON A

PROPOSED PROJECT RESTRUCTURING

OF

HEALTH SYSTEM STRENGTHENING AND SUPPORT PROJECT

APPROVED ON SEPTEMBER 21, 2015

TO

THE REPUBLIC OF TURKEY

APRIL 3, 2019

HEALTH, NUTRITION & POPULATION

EUROPE AND CENTRAL ASIA

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ABBREVIATIONS AND ACRONYMS

AMATEM	Treatment Centers for People Suffering from Alcoholism and Substance Addiction
ÇEMATEM	Treatment Centers for Children and Adolescents Suffering from Substance Addiction
GDHI	Health Investments General Directorate
GDHR	Health Research General Directorate
GDPHe	Public Health General Directorate
GDPHo	Public Hospitals General Directorate
HLC	Healthy Living Centers
HMIS	Health Management Information System
HSPA	Health System Performance Assessment
HTA	Health Technology Assessment
KETEM	Cancer Screening Unit
MoH	Ministry of Health
NCDs	Non-communicable diseases
PDO	Project Development Objective
PHC	Primary Health Care
PMSU	Program Management Support Unit
PPP	Public Private Partnership
RF	Results Framework
SDP	Strategy Development Presidency

BASIC DATA

Product Information

Project ID	Financing Instrument
P152799	Investment Project Financing
Original EA Category	**Current EA Category**
Not Required (C)	Not Required (C)
Approval Date	**Current Closing Date**
21-Sep-2015	31-May-2020

Organizations

Borrower	Responsible Agency
Ministry of Treasury and Finance	Ministry of Health

Project Development Objective (PDO)

Original PDO

The Project Development Objective (PDO) of the HSSSP is to improve primary and secondary prevention of selected NCDs, increase the efficiency of hospital management, and enhance the capacity of the MoH for evidence-based policy making.

Summary Status of Financing

Ln/Cr/Tf	Approval	Signing	Effectiveness	Closing	Net Commitment	Disbursed	Undisbursed
IBRD-85310	21-Sep-2015	30-Sep-2015	26-Nov-2015	31-May-2020	134.30	31.27	103.33

Policy Waiver(s)

Does this restructuring trigger the need for any policy waiver(s)?

No

I. PROJECT STATUS AND RATIONALE FOR RESTRUCTURING

1. The Health System Strengthening and Support Project (HSSSP or the Project) was approved on September 21, 2015 in the amount of EUR120 million (US$134.3 million equivalent) and became effective on November 26, 2015. The Project has been rated moderately unsatisfactory since November 2017. The mid-term review of the Project, which took place in April 2018, confirmed a need for this restructuring. The Government's request for restructuring was received on March 12, 2019.

2. Even though the Project Development Objective (PDO) and Implementation Progress have been rated as moderately unsatisfactory since November 2017 and this restructuring seeks, for the first time, an extension of the Closing Date from May 31, 2020 to June 30, 2021, a waiver to the Bank's Directive on Investment Project Financing (October 1, 2018) on extension of the Closing Date is not sought since the PDO remains achievable as explained below.

3. The Project Development Objective (PDO) is to improve primary and secondary prevention of selected non-communicable diseases (NCDs), increase the efficiency of hospital management, and enhance the capacity of the Ministry of Health (MoH) for evidence-based policy making. Progress towards achieving the PDO has been rated moderately unsatisfactory since November 2017 because only two out of five PDO indicators have achieved their respective target value expected for the end of 2018. Progress against the PDO indicators is outlined below:

- PDO indicator No.1 (education/counselling on risk factors): The actual cumulative values (all**:** 40.5%, males: 38.1%, females: 42.9%) has surpassed the target values (all: 10.8, males: 7.8%, females: 14.5%)
- PDO indicator No.2 (Percent change of target population using services of Healthy Living Centers): This indicator could not be monitored given that the population targets of Healthy Living Centers (HLC) envisaged under the pilot provinces/districts were removed.
- PDO indicator No.3 (Early detection rates of cervical and breast cancer): The actual cumulative values (cervical 52.9%, breast cancer 48%) partially meet the cumulative targets (cervical 40%, breast cancer 55%).
- PDO indicator No.4 (Increase in average composite productivity index for all public hospitals): The actual cumulative value of 0% is lagging behind the target value of 1%.
- PDO indicator No.5 (Percent of policy and decision makers that use HMIS regularly): The actual cumulative value of 3% has surpassed the original target value of 0%.

4. The PDO remains achievable as explained below:

a. The commitment of the Government to achieve Project objectives is iterated by the MoH, Ministry of Treasury and Finance, and the Strategy and Budget Unit of the Presidency (former Ministry of Development). The proposed restructuring will align the PDO indicators with the new Strategic Plan of the MoH, and the proposed changes in the indicators would better reflect the perspective of the PDO and would better align the indicator with Project activities.

b. PDO indicators No. 1 and 5 have surpassed the original target values for end 2018 and are expected to continue this positive trend.

c. The Bank team agrees with MoH to drop PDO indicator No. 2, as the exact target population that HLCs serve can only be defined after the HLCs are expanded nationwide.

d. Though the original restructuring request proposes dropping PDO indicator No.3 as it has been lagging so far, given how important early cancer detection is to MoH, the Bank team wants to keep this indicator. In fact, the MoH highlights the importance of early detection of cancer in its new Strategic Plan 2019-2023. The restructuring will ensure that the cumulative target values of this indicator and the detection formula will be aligned with the

new Strategic Plan targets. The Project will continue improving the screening capacity in HLCs and the Cancer Screening Units (KETEMs) with adequate staffing and procurement of additional equipment (including mammography devices).

e. PDO indicator No. 4 will be revised to better reflect improvements in the provision of efficient and specialized healthcare services in public hospitals.

5. The Project has three components: (a) Primary and Secondary Prevention; (b) Increasing Efficiency of Public Hospital Management; and (c) Improving the Effectiveness of Overall Health Sector Administration. Implementation progress has been rated moderately unsatisfactory since November 2017 due to the reasons explained below:

a. Significant delays caused by frequent changes in the upper and middle management of the MoH. The Project has seen four Ministers of Health, and two Project Directors. The General Directors of the MoH implementing units, and the Head of Departments in these implementing units were also changed more than once. These changes caused considerable delays in the pace of implementation as responsible units could obtain neither timely nor sufficient managerial support. In addition, the unsuccessful attempted coup of July 15, 2016 and the declaration of a state of emergency afterwards, made it very difficult for the implementing units to recruit the required consultants due to extended security clearance processes, which would take more than six months. From July 2018, under the new Presidential system, the upper management of the MoH was reinstated.

b. The preparation of the new MoH Strategic Plan was delayed twice. This slowed down implementation of the Project as the implementing units were asked to align the targets of individual activities with the Strategic Plan objectives. The Strategic Plan 2019 – 2023 is completed and will be published by mid-2019.

c. The organic law and the organizational structure of the MoH was changed on August 25, 2017. Two main semi-autonomous implementing bodies, the Public Health Institution and the Public Hospitals Institution, were restructured as central MoH General Directorates. This triggered a reshuffling of technical staff of relevant implementing units. Main procurement activities were also delayed as the disbursement responsibility was transferred several times. The new upper management of the MoH linked Project objectives with the Strategic Plan and started monitoring Project implementation closely.

d. Due to some amendments in the organic law (from Decree Law 663 to Decree Law 694), responsibility for some Project activities needed to be reshuffled among implementing units. Additionally, the handover of implementation responsibilities for individual activities created delays. Most of the MoH departments were physically moved to the new headquarters in Bilkent, Ankara in 2018. The re-location of the physical and information infrastructure, which caused delays in implementation, are now resolved.

6. The following section includes a summary of the current implementation status of the Project. With the proposed changes, the IP rating is also expected to improve.

Component 1. Primary and Secondary Prevention:

Sub-component 1.1: Increase national awareness and behavior change with regard to the risk factors of chronic disease and addiction.

- *Piloting Healthy Living Centers (HLCs).* Some of the main achievements supported by this component include the establishment of HLCs to promote healthy lifestyles. Services in these centers concentrate on awareness raising on NCDs and healthy lifestyles, physical exercise, and personal counseling on a healthy life. Progress under this

sub-component has been slow as the broader design of the HLC implementation has changed. The MoH is currently piloting the new system with 182 HLCs and, if the implementation is successful, the number of HLCs will be increased to over 250 HLCs nationwide. The MoH is now using Project funds for the refurbishment of HLCs, including procurement of physical exercise equipment and digital X-rays, staff recruitment, staff training and HLC launch events.

- D*evelopment and application of public outreach materials; methodologies and training materials for health workers and citizens; and targeting to raise popular awareness about healthy living through campaigns, public events, training programs, and health care visits at HLCs:* Awareness raising and public information activities about HLCs are held in pilot provinces. Brochures and leaflets are distributed to local population through family medicine staff, and media campaigns are carried out. The Project is also supporting several surveys and studies that will help collect reliable, nationally representative, and internationally comparable data on obesity, diabetes mellitus, nutritional and healthy eating habits to inform policy and develop/adopt campaign messages as well to monitor results (i.e., the Childhood Obesity Survey (COSI) 2016, 2019; and the Turkey Nutrition and Health Survey 2017.
- *Supporting training, awareness raising, and counseling activities on substance abuse and strengthening the Treatment Centers for People Suffering from Alcoholism and Substance Addiction (AMATEMs) and the Treatment Centers for Children and Adolescents Suffering from Substance Addiction (ÇEMATEM):* The MoH has financed refurbishment of some treatment centers, consultancy services, training and workshops under this sub-component, and is currently developing a long-term care model for substance abuse and drafting the regulations on integrated treatment and long-term care models.

Sub-component 1.2: Ensure effective screening for the early detection of cancer through improving access to quality primary care services and monitoring efforts at all levels.

- *Operate and improve capacity in post-screening diagnosis centers (second-level diagnostics).* Progress under this sub-component has been slow. The provision of consultancy services did not take place due to procurement problems. The scale of training activities has been reduced since there have been significant staff reductions. However, the MoH has the intention to speed up implementation under this sub component. MoH will procure mammography devices to be placed in KETEMs to improve the screening coverage. The bidding documents are being prepared, and the procurement will be initiated after the budget reallocations.
- *Introduce the national cancer registry software by improving physical and technical infrastructure and training health workers in its use, as well as develop guidelines, standards, and training modules for palliative care.* Due to the changes in organizational responsibilities, responsibility for implementation of the cancer registry software and palliative care activities were transferred in 2018 to the Health Information Systems General Directorate, and to the Public Hospitals General Directorate (GDPHo) respectively. Training activities are continuing without any delay.

Sub-component 1.3: Strengthen the capacity of primary health care workers to consolidate the results achieved under the Health Transformation Program and introduce better services related to NCDs.

- *Support to strengthen the Family Physician Training Program*. Progress under this sub-component is also below expectations. One reason for family medicine training performance to be lower than envisaged is the change in the training modality: interns who conduct their one-month internship in family medicine are now being given an official document stating they are exempt from the family medicine orientation training, which reduces the

number of participants in the family medicine training programs. To address this, the MoH is including the fourth round of first stage orientation training into the procurement plans. The activities will primarily target family physicians who have not received distant training to date, and new recruits (around 2000 graduates).

- *Conduct a thorough workload analysis and standardize work procedures to allow for the development of more effective service delivery and quality of care by family physicians.* Upper management of the MoH has decided not to conduct a workload analysis until a new performance-based payment model is developed.

Component 2. Increasing Efficiency of Public Hospital Management:

Sub-component 2.1: Strengthening public hospital management and clinical operations.

- *Developing and applying models and standards for efficient health facility management*: The GDPHo hired consultants, conducted training programs, and established a portal to strengthen public hospital efficiency (on rational drug use, classification of medical and biomedical materials, and clinical area architectural and infrastructure design). A pilot implementation was successfully completed in Umraniye district of Istanbul. In line with changing priorities of the upper management of the MoH, the remaining budget allocations for this sub-component will be used for simulation-based medical education and training activities to enhance provision of specialized healthcare service in public hospitals. The models developed under the Project will be expanded to other public hospitals under the national budget.

Sub-component 2.2: Introducing architectural and technical standards for health facilities.

- As the MoH will rely on the experiences achieved under the implementation of the broader Public Private Partnership (PPP) program to improve the architectural and technical standards of health facilities, activities under this sub-component are discontinued in order not to duplicate efforts.

Sub-component 2.3: Providing technical support to the PPP program implementation unit.

- Planned activities under this sub-component were delayed due to the frequent changes in administrative positions. Still, Health Investments General Directorate (GDHI) could recruit qualified consultants (financial management, legal, etc.) to strengthen their institutional capacity for PPP transactions management. The MoH's upper management decided to use the remaining budget allocation for this sub-component for efficient monitoring and control.

Component 3. Improving the Effectiveness of Overall Health Sector Administration:

Sub-component 3.1: A well-functioning Health Management Information System (HMIS).

- The progress under *institutionalizing Health System Performance Assessment (HSPA) and harmonizing health sector data in line with international standards* has been somehow slow due to the MoH's organizational restructuring and the uncertainty about the organizational alignment/position of the Health Research General Directorate (GDHR). With the Decree Law 694, dated August 15, 2017, GDHR was abolished and the Project-related departments of GDHR were moved under the General Directorate of Health Services which created an additional slowdown in implementation. Still, the HSPA of 2017 has been developed and will be published in 2019.

- Efforts to improve Turkey's ability to meet international health data requirements are ongoing. The future targets on meeting those requirements will be revised since there have been changes in the HMIS structure of the MoH, the international data requirements list and indicator definitions of international institutions.

- The MoH has conducted a Household Health Survey to identify the ratio of the general population who can state two or more negative health impacts of selected risk factors of non-communicable diseases and substance use

relative to the general population. Survey provides data for the PDO indicator # 1 and Intermediate Results Indicator # 1. The baseline survey was completed in 2017, and a follow-up survey will be conducted in 2019.

- *Developing and adopting national e-health standards and legislation to improve the quality of health data and ensure the interoperability of health information systems nationwide and internationally.* Progress under this sub-component is on track. Sixteen standards have been adopted in 2017 and 2018. The MoH has also implemented activities to develop and adopt national e-health standards and legislation to improve the quality of health data and ensure the interoperability of health information systems nationwide and internationally.
- *Enhancing the technical audit capacity and widening the use of evidence-based medical practice (at the primary and secondary levels) to improve the quality of health service provision; and establishing an Evidence-Based Medical Practices Decision Support System.* The amendment of the organic law has affected the nature and scope of the activities related to the auditing mechanisms at the provincial level. The MoH has now aligned the Project activities with the new organizational structure and has started strengthening the audit capacity of the Provincial Health Directorates.

Sub-component 3.2: Sharing Turkey's Experience.

- The targets on providing training to other countries' health workers are exceeded. In May 2017, a presentation on the Turkish Health System was delivered at the 70th World Health Assembly, Geneva, at the "*Partnership for Health System Transformation: Valuing the Experiencers"* event.

Sub-component 3.3: Building Capacity in Health Technology Assessment (HTA).

- The development of the HTA strategy has been completed with a delay of over one year. The MoH is expected to publish the strategy document by mid-2019, after upper management approval is obtained. For the next phase of the Project, the MoH will develop HTAs on prioritized topics prepared in line with the new HTA strategy.

Sub-component 3.4: Project Management.

- PMSU has launched a series of policy labs in 2017. Dedicated teams composed of upper management officials, international experts, staff of the MoH implementation units, and field observers have participated in these labs. The outputs were used to develop the new Strategic Plan for 2019-2023.
- SDP is coordinating the development of the MoH's Strategic Plan. SDP is establishing an effective monitoring and evaluation system to properly communicate planned actions to relevant stakeholders to ensure their engagement to monitor activities in the field and to take the necessary course of action based on the feedback coming from the field. This mechanism will help to properly and regularly report to the top management progress on the Strategic Plan and Project activities, challenges encountered, solutions and recommendations.
- PMSU's web-based Program Management System (PMS) introduced World Bank procurement procedures and principles to the users in MoH implementing units a stepwise approach (as a process flow) to accelerate the preparatory works and minimize possible mistakes which may cause delays in implementation.

7. **Financial Management** of the Project has been rated satisfactory. There are no outstanding audit reports for the Project. The Project audit report for the year ended December 31, 2017 was received. The auditors have issued an unmodified (clean) audit opinion on the Project financial statements. The audit report is acceptable to the Bank.

8. **Procurement** rating of the Project is moderately satisfactory. The last procurement post review of the Project was conducted in July 2018 and no issues were raised.

9. **Disbursement.** The Project implementation delays are reflected in a considerable slowdown of disbursement since July 2016, with only 22 percent of the loan amount disbursed to date. The level of commitments (contracts signed not yet disbursed) represents 23 percent of the loan. Since Project approval, the euro has appreciated against the Turkish lira (appreciation is currently at 40 percent), lowering the estimated cost of contracts in the procurement plan.

Rationale for Restructuring

10. This first phase restructuring includes (a) a revision of some of the Project activities planned under each of the component; (b) a revision of the Results Framework (RF) (including formulation, definition, baseline, target values); (c) revision of the budget by Project components; and (d) an extension of the loan Closing Date from May 31, 2020 to June 30, 2021. Once the Government resolves internal legal issues that will impact Project institutional arrangements, a second restructuring will (a) change the PDO; (b) include a new component on research and development; and (c) reallocate the Eur 22.5 million unallocated savings to a new category.

a. As explained in detail under the current implementation status section, there are changes in some Project activities. As all Project activities will be linked with the Strategic Plan, the restructuring will realign the Project to the Government's and the MoH's strategic objectives for the health sector.

b. The proposed restructuring aims to establish a plausible association between outputs and outcomes. The RF is reformulated to establish a clear link with the activities and achievements so that the Key Performance Indicators fully captures achievement of objectives.

c. As mentioned above, the euro appreciation against the Turkish lira has provided enough savings to potentially expand the scope of the Project. The MoH implementing units reevaluated their budget needs for Project activities accordingly. Instead of cancelling the savings, the Government has indicated interest in using these savings to support research and development in the health sector. This proposition is satisfactory to the Bank, as it has already been defined as a potential area of engagement in line with the priorities of the Government in the health sector. However, as the legal arrangements related to supporting research and development through the Turkish Health Institutes (TUSEB) are to be finalized in a couple of months, the current Government's request for restructuring is being processed immediately as a first phase restructuring, pending the issuance of a second request to add this area of potential support.

d. While there has been considerable time and effort spent by the MoH and the Bank to refocus the Project in the context of a rapidly evolving health sector reform in Turkey, the delays encountered create urgency in financing activities with an end-date beyond the current Closing Date of May 31, 2020. There is increased ownership now that the upper management of the MoH has been reinstated and units are currently implementing their activities smoothly. However, because of the delays in initiation of important activities, additional time is required for their successful completion.

A. DESCRIPTION OF PROPOSED CHANGES

11. Specifically, the first phase restructuring entails the following:

12. **Revision of Project components and costs**. In addition to the changes to some Project activities under each of the component, as presented below, it is proposed to reallocate the Eur 22.5 million unallocated savings to a new category. As part of the second phase restructuring to be processed upon Government's decision to strengthen the research & development (R&D) capacity in the health sector, particularly in supporting innovation in biopharmaceutical products and medical devices, the funds under the unallocated category will be further reallocated to finance the new proposed component. This new category will mainly finance prototype development grants, and industrial design grants. If no decision is taken in that regard by the Government of Turkey by September 30, 2019, the Bank will recommend to the Government that unallocated savings be cancelled.

13. Below are the revisions by component. They include activities added or dropped, and budget adjustments:

Component 1 - Primary and Secondary Prevention (original US$44.09 million; revised US$28.52 million)

14. *Develop guidelines, standards, and training modules for palliative care:* The responsibility for palliative care activities has been transferred to the Public Hospitals General Directorate. Consequently, these activities will now be financed under the national budget and are, therefore, dropped under the Project.

15. *Improve service delivery and quality of care by family physicians through the analysis of current workload practices and procedures:* the MoH has decided not to conduct a workload analysis until the development of performance-based payment models for family physicians is finalized. This activity is therefore dropped under this component.

Component 2 - Increasing Efficiency of Public Hospital Management (original US$46.61 million; revised US$32.95 million)

16. *Develop architectural and technical standards for health facilities of various profiles*: the MoH will build on the experiences gained from the implementation of the broader PPP program to improve the architectural and technical standards of health facilities. Therefore, these activities are dropped under the Project.

17. *Simulation assisted trainings and implementations:* under this component, establishment of simulation assisted training centers is replacing the investments for training centers on clinical engineering to increase the specialized health workforce supply, as well as to enhance the provision of specialized healthcare services in public hospitals.

18. *Establishment of a PPP monitoring and evaluation system*: the MoH will procure consultancy services for a new monitoring and evaluation system that would facilitate the tracking of PPP processes and contracts from planning to tendering, investment and management. This activity is therefore added to component 2 of the Project.

Component 3 – Improving the Effectiveness of Overall Health Sector Administration (original US$43.60 million; revised US$47.63 million)

19. *Process mapping of all MoH units:* As the MoH has been subject to major organizational restructurings, SPD has initiated a new activity to prepare process flow diagrams of the MoH implementing units. This activity is added to component 3 to institutionalize a better system of collecting, processing, validating, and using information for policy decisions.

20. **Revised Budget by Components.** A reallocation of the loan proceeds (in euro) and the creation of a new unallocated category are proposed to reflect the above changes. At the time of restructuring the EUR/USD exchange rate is 0.8935.

Objectives	Components/sub-components	Original Allocation	Revised Budget
i. Increase national awareness and behavior change with regards to risk factors of chronic disease and addiction: unhealthy dietary habits and excessive salt consumption; physical inactivity; passive smoking, and substance addiction	(i) Piloting Healthy Living Centers	€ 3,520,000	€ 8,648,308
	(ii) Developing public outreach materials, dissemination methodologies, and targeting mechanisms to raise popular awareness through campaigns, public events, and health care visits, and at Healthy Living Centers	€ 9,000,000	€ 5,711,698
	(iii) Supporting training, awareness raising, and counseling activities on substance abuse and strengthening AMATEMs and ÇEMATEMs	€ 12,800,000	€ 5.217.241
	Sub-component 1.1	***€ 25,320,000***	***€ 19.577.247***
ii. Ensure effective screening for early detection of cancer through improving access to quality primary care services and monitoring efforts at all levels	(i) Operate and improve capacity in post-screening diagnosis centers (second-level diagnostics)	€ 1,480,000	€ 3,076,455
	(ii) Introduce the national cancer registry software by improving physical and technical infrastructure and training health workers in its use	€ 870,000	€ 341,197
	(iii) Develop guidelines, standards, and training modules for palliative care	€ 1,410,000	€ 49,335
	Sub-component 1.2	***€ 3,760,000***	***€ 3,466,987***
iii. Continue support to strengthen the Family Physician Training Program	(i) Support to strengthen the Family Physician Training Program	€ 8,400,000	€ 2,420,007
	(ii) Conduct a thorough workload analysis and standardize work procedures to allow for the development of more effective service delivery and quality of care by family physicians	€ 1,910,000	€ 0
	Sub-component 1.3	***€ 10,310,000***	***€ 2,420,007***
	Component 1	**€ 39,390,000**	**€ 25.464.241**
i. Reform of the health facility management systems	(i) Developing and applying models and standards for efficient health facility management *New:* Establishing simulation-based medical education and training centers	*€ 25,500,000*	*€ 16,143,215*
ii. Developing architectural and technical standards for health facilities	(ii) Developing architectural and technical standards for health facilities of various profiles (public hospitals, oral and dental health centers, family health centers, etc.)	*€ 2,590,000*	€ 0
iii. Technical support to the PPP program implementation unit under MOH	(iii) Strengthening the capacity of the GDHI in managing PPP contracts and administrating PPP projects and developing in-house capacity in legal, financial, operational, and structural aspects of contract management *New:* Establishment of a PPP Monitoring and Evaluation system	*€ 13,560,000*	*€ 13,280,640*
	Component 2	**€ 41,650,000**	**€ 29,423,854**

Objectives	Components/sub-components	Original Allocation	Revised Budget
i. Enhancing the monitoring and evaluation capabilities of MoH to improve policy and decision making based on evidence	(i) Institutionalizing HSPA and harmonizing health sector data in line with international standards	€ 10,300,000	€ 4.279.714
	(ii) Developing and adopting national e-health standards and legislation to improve the quality of health data and ensure the interoperability of health information systems nationwide and internationally	€ 2,670,000	€ 864,000
	(iii) Developing and implementing a computerized decision support system (health management information system [HMIS]) for decision makers on various levels, based on the integration of reliable and consolidated data from existing systems	€ 6,110,000	*€ 6.306.632*
	(iv) Enhancing the technical audit capacity and widening the use of evidence-based medical practice (at the primary and secondary levels) to improve the quality of health service provision; establishing an Evidence-Based Medical Practices Decision Support System	€ 8,180,000	*€ 1.160.624*
	Sub-component 3.1	***€ 27,260,000***	***€ 12.610.892***
ii. Developing a model for sharing of Turkey's experiences in health sector (including country specific analysis, training, and disseminating HTP products)	***Sub-component 3.2***	*€ 2,850,000*	*€ 1,900,161*
iii. Building capacity in Health Technology Assessment (HTA)	***Sub-component 3.3***	*€ 3,520,000*	*€ 998.327*
iv. Supporting Project Management related activities and Strategic Management	***Sub-component 3.4***	*€ 5,330,000*	*€ 27,015,953*
	Component 3	**€ 38,960,000**	**€ 42.525.334**
	Unallocated	**€ 0**	**€ 22.586.571**
	TOTAL	**€ 120,000,000**	**€ 120,000,000**

21. **Revision of the Results Framework**. The RF is revised to adjust the PDO indicators and intermediate results indicators to better measure progress in relation to the Project components and to reflect the proposed extension of the Closing Date from May 31, 2020 to June 30, 2021.

(a) PDO Indicators:

Original Indicators	Proposed Revision	Rationale for changes
Objective 1: to improve primary and secondary prevention of selected non-communicable diseases		
Percent of households that receive from health workers counselling or education related to healthy living (by gender).	Revised: No change in the indicator name. Cumulative target values revised.	The reference documents and baseline data were limited at the time of preparation. Consequently, the findings of the Chronic Diseases and Risk Factors Study (2011) were used as a guide to estimate the baseline value for this indicator on prevention of risk factors. The Bank, in consultation with the MoH, has revised the target values for 2018, 2019, 2020, and 2021. The MoH envisages a yearly increase of 5 percent in the target values of 2018 and 2019 for the overall population. Concerning NCD counseling, control and treatment, the MoH intends to reach 50 percent of the population by 2025. The MoH's commitment will therefore contribute to reaching the new targets. The introduction of HLCs will provide additional means for people to receive healthy lifestyle advice from professionals other than health care workers; this will have a positive effect in reaching the targets.
Percent change of target population using services of Healthy Living Centers (by province, age, gender, education, health status, and by type of services provided)	Marked for deletion	The HLC pilots, which were originally set at eight, were expanded to over 100 by the time of the mid-term review and have now been revised upwards to over 250. In the original design, HLCs were envisaged to serve a population of 75 thousand people in each pilot district. Due to the increase in the number of HLC pilots and removal of the population limits, it is not possible for the MoH to identify the target population of each HLC until the HLCs are expanded nationwide. As PDO indicator #1 measures the coverage of these services on a broader scale, the Bank team agreed with the MoH to drop this indicator.
Early detection rate of (a) cervical; and (b) breast cancer (by province and age)	Revised: Disaggregation levels are removed.	The Bank agrees with the MoH to revise the cumulative target indicators in line with the targets of the MoH Strategic Plan. This indicator is defined as (a) number of cases detected at stages 0 and I divided by number of cases detected at all stages (0-IV), (b) number of cases detected at stages 0, I, and II divided by number of cases detected at all stages (0-IV) and will be calculated by including in-situ cancer data. As the actual detection figures are reflected with a delay of two years, cumulative target values for 2016 and 2017 will not be reported. The Bankand the MoH have agreed that disaggregated data by provinces will not be reported under this indicator.

Objective 2: to increase the efficiency of hospital management		
Increase in average composite productivity index for all public hospitals.	Marked for deletion	In line with the changing priorities of the MoH's upper management, the Project will not finance all activities to the average composite productivity index. Therefore, the Bank has agreed with the MoH to track the coverage of the simulation assisted trainings and implementations as an indicator of strengthened public hospital efficiency.
	New PDO indicator: Simulation assisted trainings and implementation coverage of the targeted healthcare professionals	The simulation assisted trainings and implementation will enhance the provision of specialized healthcare services in public hospitals. This indicator will measure training coverage of the targeted healthcare professionals in the fields of hospital pharmacy, and specialized healthcare services (e.g., cardiovascular surgery, microsurgery, laparoscopy).
Objective 3: to enhance the capacity of the MoH for evidence-based policy making		
Percent of policy and decision makers that use HMIS regularly (on a monthly basis)	Revised	This PDO indicator is revised as a new cumulative target value is added to reflect the proposed extension of the Closing Date.

(b) Intermediate Results Indicators:

Original Indicators	**Proposed Revision**	**Rationale for changes**
Component 1: Primary and Secondary Prevention		
Percent of general population who can state two or more negative health impacts of selected risk factors of non-communicable diseases and substance use (by province, age, and gender).	Revised: *Percent change in share of the general population who can state two or more negative health impacts of selected risk factors of non-communicable diseases.*	The indicator is reformulated to reflect *the change in the share of the population* that can state two or more negative health impacts of selected risk factors of NCDs. Stratified data will not be reported under this indicator, and the negative impact of selected risk factors of NCDs will be tracked separately.
Percent of target population in 8 provinces covered by newly established Healthy Living Centers (by province).	Marked for deletion	Every HLC was originally planned to serve a population of 75,000 in its catchment area. This target value was calculated in accordance with the number of districts in a province and the location of each HLC. However, the increasing interest and demand of people living in other districts currently make it difficult for the MoH to identify the exact target population (with NCD related problems) that each new HLC serves. As the Project is financing the establishment (staffing, equipping) of HLCs, the Bank has agreed with the MoH to keep track of the number of new HLCs, instead of the target population.
	New indicator: *Number of Healthy Living Centers established.*	As the Project is financing the establishment (staffing, equipping) of HLCs, the Bank has agreed with the MoH to keep track of the number of new HLCs.

Original Indicators	Proposed Revision	Rationale for changes
Number of individuals in 5 Project provinces who visit Substance Use Treatment Centers to receive patient-specific counselling (new and returning visitors).	Revised *Number of individuals in 12 Project provinces who visit Substance Use Treatment Centers to receive patient-specific counselling (new and returning visitors).*	The number of centers will be increased from 5 to 12 in line with the MoH's plans. The cumulative target values will be revised accordingly.
Percent of target population screened for 3 types of cancer (by province, age, gender [for colorectal]), and cancer type.	Revised	The Bank has agreed with the MoH to align the cumulative target values with the Strategic Plan targets. Stratified data will not be reported under this indicator.
Percent of Primary Health Care (PHC)-level staff who have satisfactorily completed standardized training modules required by the staff's job profile: (a) distance learning; and (b) face-to-face is revised by the number of PHC-level staff who have satisfactorily completed standardized training modules required by the staff's job profile.	Revised *Number of new PHC-level staff who have satisfactorily completed standardized training modules required by the staff's job profile*	The cumulative target values will be revised as the MoH could not provide the ratio of PHC-level staff who have satisfactorily completed standardized training modules due to frequent turnover. As the MoH will provide training activities to 80 percent of the new recruits, the Bank has agreed that the MoH will report on the number of new recruits who completed training activities.
Direct project beneficiaries (number), of which female (percentage)	Revised	The cumulative target values are revised due to the changes in the scope of related activities.
Health personnel receiving training	Revised	The cumulative target values are revised due to the changes in the scope of related activities.
Health facilities constructed, renovated, and/or equipped	Revised	The cumulative target values are revised as the scope of the HLC pilot has expanded.
Percent of users of Healthy Living Centers satisfied with ease of access to Healthy Living Centers and/or responsiveness of services to users' individual needs	Revised	The cumulative target values are revised due to the changes in the scope of related activities.
Component 2: Increasing Efficiency of Hospital Management and Operations		
Number of Public Hospital Unions where newly developed hospital management models are implemented.	Marked for deletion	The MoH has implemented a pilot in Istanbul Umraniye district to develop models and standards for efficient health facility management. This model will be expanded to other hospitals under the national budget.

Original Indicators	Proposed Revision	Rationale for changes
	New indicator: *Number of simulation-based medical education centers established.*	This new indicator is expected to better reflect the changing priorities of the MoH, as the it intends to give more emphasis to high value-added capacity building efforts, including simulation-based medical education in the remaining period. The MoH will establish two simulation-based medical education centers and the new indicator will keep track of progress in establishing these centers.
Standard guidelines and templates for PPP transactions developed.	Marked for deletion	GDHI has recruited qualified consultants to strengthen its institutional capacity for PPP transactions management. The MoH upper management decided to use the remining budget allocation for this sub-component for efficient monitoring and control of PPP transactions.
	New indicator: *Establishment of a PPP Monitoring and Evaluation system.*	The new monitoring and evaluation system will facilitate the tracking of PPP processes from planning to tendering, investment and management. The system will also help standardize the PPP processes. The new indicator will keep track of progress in establishing this system.
Component 3: Improving the Effectiveness of Overall Health Sector Administration		
National-level Health System Assessment conducted annually and published	Revised	This indicator is revised to add a new cumulative target value to reflect the proposed extension of the Closing Date.
Key information technology standards developed and integrated into updated draft regulations	Revised	This indicator is revised to add a new cumulative target value to reflect the proposed extension of the Closing Date.
Percent of health indicators on Health.Net that meet international standards	Revised *Percent of health indicators within MoH databases meeting international standards*	The scope of the MoH electronic databases has expanded since the design. The formula for this indicator will be revised as follows: Percent of indicators within the MoH databases meeting international standards = [(A/B) x 100], where A is the number of indicators within the MoH electronic databases that are fully or partially met for a particular year under international definitions (these are not all of the indicators requested from Turkey by international databases, but are the ones required to be taken only from the MoH electronic databases); and B is the number of all indicators within the MoH electronic databases that are required to be met for a particular year.
At least 12 Health Technology Assessments on prioritized topics prepared in line with new HTA strategy and published	Revised	This indicator is revised to add a new cumulative target value to reflect the proposed extension of the Closing Date.

Original Indicators	Proposed Revision	Rationale for changes
	New indicator: *Process mapping of all MoH units*	A new indicator is added to track the activities implemented by the Strategy Development Presidency under Component 3. As the MoH has been subject to major organizational restructurings, the Strategy Development Presidency will be implementing a new activity to prepare process flow diagrams of the MoH implementing units. These activities will ensure the establishment of a better system of collecting, processing, validating, and using information for policy decisions.

22. **Extension of the Closing Date.** An extension of the Closing Date is proposed from May 31, 2020 to June 30, 2021. This is the first extension of the Closing Date. This extension will provide adequate time for Project activities to be implemented and achieve the PDO. Changes to the implementation schedule and disbursement estimates are made accordingly.

23. **Disbursement estimates**. The disbursement schedule is adjusted to reflect the proposed extension of the Closing Date and the reallocation to a new unallocated category.

24. **Change to the overall risk rating.** There is no change in the overall risk rating, which is moderate.

25. **Proposed second phase restructuring**. Pending approval of internal legal changes that would allow TUSEB to borrow and receipt of a restructuring request from Government, the second phase restructuring is expected to be completed in the first quarter of fiscal year 2020. It will include (a) a change in the PDO; (b) the addition of a new research and development component; and (c) a reallocation of the loan proceeds to the new component from the unallocated category introduced in this first phase restructuring.

26. Specifically, it is planned that the original PDO is revised to "improve primary and secondary prevention of selected NCDs, increase the efficiency of hospital management, enhance the capacity of the Ministry of Health for evidence-based policy making and build the capacity of the Ministry of Health for research and development in selected health areas. The proposed research and development component will pilot a program to strengthen TUSEB's capacity to implement a pilot-to-market innovation ecosystem for biopharmaceuticals and medical equipment and accelerate the pilot-to-market process for specific products. The funds under the unallocated category will be transferred to a new category to finance this component.

I. SUMMARY OF CHANGES

	Changed	Not Changed
Results Framework	✓	
Components and Cost	✓	
Loan Closing Date(s)	✓	
Disbursement Estimates	✓	
Overall Risk Rating	✓	

Implementation Schedule	✓	
Implementing Agency		✓
DDO Status		✓
Project's Development Objectives		✓
Cancellations Proposed		✓
Reallocation between Disbursement Categories		✓
Disbursements Arrangements		✓
Safeguard Policies Triggered		✓
EA category		✓
Legal Covenants		✓
Institutional Arrangements		✓
Financial Management		✓
Procurement		✓
Other Change(s)		✓
Economic and Financial Analysis		✓
Technical Analysis		✓
Social Analysis		✓
Environmental Analysis		✓

IV. DETAILED CHANGE(S)

COMPONENTS

Current Component Name	Current Cost (US$M)	Action	Proposed Component Name	Proposed Cost (US$M)
Primary and Secondary Prevention	44.03	Revised	Primary and Secondary Prevention	28.52
Increasing Efficiency of Hospital Management and Operations	47.65	Revised	Increasing Efficiency of Hospital Management and Operations	32.95
Improving the Effectiveness of Overall Health Sector Administration	44.30	Revised	Improving the Effectiveness of Overall Health Sector Administration	47.63

	0.00	New	Unallocated	25.30
TOTAL	**135.98**			**134.40**

LOAN CLOSING DATE(S)

Ln/Cr/Tf	Status	Original Closing	Revised Closing(s)	Proposed Closing	Proposed Deadline for Withdrawal Applications
IBRD-85310	Effective	31-May-2020		30-Jun-2021	30-Oct-2021

DISBURSEMENT ESTIMATES

Change in Disbursement Estimates
Yes

Year	Current	Proposed
2016	28,760,000.00	2,215,450.00
2017	37,480,000.00	10,310,928.42
2018	34,920,000.00	9,224,237.91
2019	25,400,000.00	13,028,006.24
2020	7,740,000.00	46,017,357.57
2021	0.00	53,604,010.86

SYSTEMATIC OPERATIONS RISK-RATING TOOL (SORT)

Risk Category	Rating at Approval	Current Rating
Political and Governance	Substantial	Substantial
Macroeconomic	Moderate	Moderate
Sector Strategies and Policies	Low	Low
Technical Design of Project or Program	Moderate	Moderate
Institutional Capacity for Implementation and Sustainability	Substantial	Substantial
Fiduciary	Substantial	Substantial

Environment and Social	Low	Low
Stakeholders	Low	Low
Other		
Overall	Moderate	Moderate

Results framework

COUNTRY: Turkey
Health System Strengthening and Support Project

Project Development Objectives(s)

The Project Development Objective (PDO) of the HSSSP is to improve primary and secondary prevention of selected NCDs, increase the efficiency of hospital management, and enhance the capacity of the MoH for evidence-based policy making.

Project Development Objective Indicators by Objectives/ Outcomes

Indicator Name	DLI	Baseline	Intermediate Targets		End Target
			1	2	
Objective 1: to improve primary and secondary prevention of selected non-communicable diseases					
Percent of households that receive from health workers counselling or education related to healthy living (by gender) (Percentage)		10.00			50.00
Action: This indicator has been Revised					
Percent of households that receive from health workers counselling or education related to healthy living (males) (Percentage)		7.00			40.00
Action: This indicator is New					
Percent of households that receive from health workers counselling or education related to healthy living (females) (Percentage)		13.00			60.00

Indicator Name	DLI	Baseline	Intermediate Targets		End Target
			1	2	
Action: This indicator is New					
Percent change of target population using services of Healthy Living Centers (by province, age, gender, education, health status, and by type of services provided) (Percentage)		0.00			50.00
Action: This indicator has been Marked for Deletion					
Early detection of (a) cervical cancer (Percentage)		39.20	54.00	56.00	58.00
Action: This indicator has been Revised					
Early detection of (b) breast cancer (Percentage)		48.70	49.00	50.00	51.00
Action: This indicator has been Revised					
Objective 2: to increase the efficiency of hospital management					
Increase in average composite productivity index for all public hospitals (Percentage)		0.00			10.00
Action: This indicator has been Marked for Deletion					
Simulation assisted trainings and implementations' coverage ratio of the targeted healthcare professionals (Percentage)		0.00	4.00	6.00	10.00
Action: This indicator is New					

Indicator Name	DLI	Baseline	Intermediate Targets		End Target
			1	2	
Objective 3: to enhance the capacity of the MoH for evidence-based policy making *(Action: This Objective has been Revised)*					
Percent of policy and decision makers that regularly use HMIS regularly (monthly) (Percentage)		0.00	15.00	50.00	80.00
Action: This indicator has been Revised					

Intermediate Results Indicators by Components

Indicator Name	DLI	Baseline	Intermediate Targets				End Target
			1	2	3	4	
Component 1: Primary and Secondary Prevention							
Percent change in share of the general population who can state two or more negative health impacts of selected risk factors of non-communicable diseases (Percentage)		0.00					4.00
Action: This indicator has been Revised							
Percent change in share of general population who can state negative health impacts of substance use (Percentage)		0.00					4.00

Indicator Name	DLI	Baseline	Intermediate Targets				End Target
			1	2	3	4	
Action: This indicator is New							
Percent of target population in 8 provinces covered by newly established Healthy Living Centers (by province) (Percentage)		0.00					90.00
Action: This indicator has been Marked for Deletion							
Number of Healthy Living Centers established (Number)		80.00	182.00	210.00	230.00		270.00
Action: This indicator is New							
Number of individuals in 12 project provinces who visit Substance Use Treatment Centers to receive patient-specific counselling (new and returning visitors) (Number)		90.00	1,000.00	2,400.00	10,500.00	12,075.00	13,887.00
Action: This indicator has been Revised							
Percent of target population screened for 3 types of cancer: (a) cervical (Percentage)		82.70	83.70	81.30	82.00	83.00	83.50
Action: This indicator has been Revised	***Rationale:***						

Indicator Name	DLI	Baseline	Intermediate Targets				End Target
			1	2	3	4	
Percent of target population screened for 3 types of cancer: (b) breast (Percentage)		33.50	33.60	35.70	45.00	50.00	55.00
Action: This indicator has been Revised							
Percent of target population screened for 3 types of cancer: (c) colorectal (Percentage)		22.40	24.10	25.70	38.00	40.00	45.00
Action: This indicator has been Revised							
Number of PHC-level staff who have satisfactorily completed standardized face-to-face training modules required by the staff's job profile (Number)		1,000.00	3,000.00	4,000.00			5,000.00
Action: This indicator has been Revised							
Percent of PHC-level staff who have satisfactorily completed standardized training modules required by the staff's job profile: (b)face-to-face (Percentage)		0.00					30.00

Indicator Name	DLI	Baseline	Intermediate Targets				End Target
			1	2	3	4	
Action: This indicator has been Marked for Deletion							
Direct project beneficiaries (number) (Number)		0.00	4,434,773.00	9,214,807.00	20,000,000.00	26,000,000.00	28,000,000.00
Action: This indicator has been Revised							
Direct project beneficiaries of which female (percentage) (Percentage)		0.00	72.00	65.00	66.00		66.00
Action: This indicator is New							
Health personnel receiving training (Number)		0.00	35,000.00	40,000.00			42,500.00
Action: This indicator has been Revised							
Health facilities constructed, renovated, and/or equipped (Number)		0.00	220.00	250.00			285.00
Action: This indicator has been Revised							
Percent of users of Healthy Living Centers satisfied with ease of access to Healthy Living Centers and/or responsiveness of services to users' individual needs (Percentage)		0.00	50.00	55.00	65.00	70.00	80.00

Indicator Name	DLI	Baseline	Intermediate Targets				End Target
			1	2	3	4	
Action: This indicator has been Revised							
Component 2: Increasing Efficiency of Hospital Management and Operations							
Number of Public Hospital Unions where newly developed hospital management models implemented (Number)		0.00					89.00
Action: This indicator has been Marked for Deletion							
Number of simulation-based medical education centers established (Number)		0.00	1.00	2.00			2.00
Action: This indicator is New							
Standard guidelines and templates for PPP transactions developed (Text)		No standard documentation					Standard guidelines and templates for PPP transactions in place
Action: This indicator has been Marked for Deletion							
Establishment of a PPP M&E system (Yes/No)		No	No	Yes			Yes
Action: This indicator is New							
Component 3: Improving the Effectiveness of Overall Health Sector Administration							
National-level Health System Assessment conducted annually and published (Yes/No)		Yes	Yes	No			Yes

Indicator Name	DLI	Baseline	Intermediate Targets				End Target
			1	2	3	4	
Action: This indicator has been Revised							
Key information technology standards developed and integrated into updated draft regulations (Number)		0.00	5.00	10.00	20.00	20.00	20.00
Action: This indicator has been Revised							
Percent of health facilities that share data to HMS (a) public hospitals (Percentage)		1.50	20.00	50.00	80.00	100.00	100.00
Action: This indicator has been Revised							
Percent of health facilities that share data to HMS (b) family medicine centers (Percentage)		0.00	20.00	50.00	80.00	100.00	100.00
Action: This indicator has been Revised							
Percent of health facilities that share data to HMS (c) private hospitals (Percentage)		0.00	10.00	30.00	50.00	60.00	60.00
Action: This indicator has been Revised							
Percent of health indicators on Health.Net that meet		51.00	59.00	68.00			75.00

Indicator Name	DLI	Baseline	Intermediate Targets				End Target
			1	2	3	4	
international standards (Percentage)							
Action: This indicator has been Revised							
At least 12 Health Technology Assessments on prioritized topics prepared in line with new HTA strategy and published (Number)		0.00	9.00	12.00			12.00
Action: This indicator has been Revised							
Process mapping of all MoH units (Text)		No process mapping	Process flow charts updated	Process flow charts updated			Process mapping completed
Action: This indicator is New							