

## Implementation Status & Results

### Uruguay

#### UY Non Communicable Diseases Prevention Project (P050716)

|   |                               |            |                  |                           |
|---|-------------------------------|------------|------------------|---------------------------|
| Operation Name: UY Non Communicable Diseases Prevention Project (P050716) | Project Stage: Implementation | Seq.No: 11 | Status: ARCHIVED | Archive Date: 22-Oct-2013 |
|---|-------------------------------|------------|------------------|---------------------------|

|                           |                                     |  |
|---------------------------|-------------------------------------|--|
| Product Line: IBRD/IDA    | Country: Uruguay                    | Approval FY: 2008                            |
| Implementing Agency(ies): | Region: LATIN AMERICA AND CARIBBEAN | Lending Instrument: Specific Investment Loan |

#### Key Dates

|                     |             |                       |             |                              |             |                        |             |
|---------------------|-------------|-----------------------|-------------|------------------------------|-------------|------------------------|-------------|
| Board Approval Date | 28-Aug-2007 | Original Closing Date | 31-Dec-2012 | Planned Mid Term Review Date | 06-Dec-2010 | Last Archived ISR Date | 20-Mar-2013 |
| Effectiveness Date  | 09-Jan-2008 | Revised Closing Date  | 29-Aug-2014 | Actual Mid Term Review Date  | 10-Dec-2010 |                        |             |

#### Project Development Objectives

Project Development Objective (from Project Appraisal Document)

**The operation would seek to support the Government's efforts to further strengthen its health delivery services and the current health policy framework for NCD. In this context, the specific development objectives of the proposed operation would be: (i) To expand accessibility and quality of primary health care services related to selected NCD s early detection and medical care; and (ii) To avoid and reduce exposure to selected NCDs risk factors as well as their health effects**

Has the Project Development Objective been changed since Board Approval of the Project?

☐ Yes ☒ No

#### Component(s)

| Component Name  | Component Cost |
|---|----------------|
| Strengthening of the MSP's Capacity to Address the Country's Changing Epidemiological Profile | 6.10           |
| Improving Access to Quality Health Care Services for Prevalent NCDs in Public Care Facilities | 15.80          |
| Implementation of the Previniendo Pilot Program   | 3.80           |
| Project Management  | 2.10           |

#### Overall Ratings

|                                      | Previous Rating           | Current Rating          |
|--------------------------------------|---------------------------|-------------------------|
| Progress towards achievement of PDO  | Moderately Unsatisfactory | Moderately Satisfactory |
| Overall Implementation Progress (IP) | Moderately Satisfactory   | Moderately Satisfactory |
| Overall Risk Rating                  |                           |                         |

#### Implementation Status Overview

Project implementation has improved its performance since its restructuring in November 2012. The main achievements for the last period are related to advances in: (a) implementation of the procurement plan (launching the 2\* National Health Risk Factor Survey; launching of an International bidding for RRHH informatics system; launching of

International bidding for National health expenditure survey; contract signed to develop National Burden of disease study and preparation of bidding for medical equipment to improve NCD health care capability in rural isolated communities, which is almost ready to be launched; (b) launching the Previniendo program extension in ASSE to all country beneficiaries ; (c) improvements in the prevention campaign of breast cancer; (d) progress in screening for NCD in the National Integrated Health System population and (e) new improvements developing the National Integrated Health Information System (NIHIS), including improvements in the number of ASSE patients using EMR. The project disbursed US\$ 14.62 million (58% of the loan amount), and almost 94% of the total loan amount has been committed.

### Locations

| Country | First Administrative Division | Location                       | Planned | Actual |
|---------|-------------------------------|--------------------------------|---------|--------|
| Uruguay | Not Entered                   | Departamento de Treinta y Tres |         |        |
| Uruguay | Not Entered                   | Departamento de Tacuarembó     |         |        |
| Uruguay | Not Entered                   | Departamento de San José       |         |        |
| Uruguay | Not Entered                   | Departamento de Río Negro      |         |        |
| Uruguay | Not Entered                   | Departamento de Montevideo     |         |        |
| Uruguay | Not Entered                   | Departamento de Canelones      |         |        |

### Results

#### Project Development Objective Indicators

| Indicator Name  | Core                     | Unit of Measure |          | Baseline  | Current  | End Target  |
|---|--------------------------|-----------------|----------|---|--|---|
| Percentage of cases diagnosed and under follow-up by primary health care teams for the following NCDs: a. Hypertension; b. Diabetes; c. Obesity /overweight | <input type="checkbox"/> | Percentage      | Value    |   |  |   |
|   |                          |                 | Date     | 29-Dec-2006   |  |   |
|   |                          |                 | Comments | a. Hypertension: 54,7%<br>b. Diabetes: 63,9%<br>c. Obesity /overweight: 13% | Will be measured in 2013/2014 through the second NCD risk factor survey  | a. Hypertension: 60%<br>b. Diabetes: 73%<br>c. Obesity /overweight: 20% |
| Percentage of women 50-69 covered by the public provider (ASSE), who has had a mammogram in any given year.   | <input type="checkbox"/> | Percentage      | Value    | 9.90  | 12.00  | 20.00   |
|   |                          |                 | Date     | 29-Dec-2006   | 31-Dec-2012  |   |
|   |                          |                 | Comments |   |  |   |
| Crude mortality rate from Diseases of the Circulatory System ( I00-I99) in the population under 70 years  | <input type="checkbox"/> | Number          | Value    | 75.18   | 59.30  | 67.50   |
|   |                          |                 | Date     | 29-Dec-2006   | 31-Dec-2012  |   |
|   |                          |                 | Comments | x 100000 inhabitants  | Annual Indicator surpassed. Data for December 2012 x 100000 inhabitants. | x 100000 inhabitants  |

|  |                          |            |          |             |                     |       |
|--|--------------------------|------------|----------|-------------|---------------------|-------|
| Percentage of population 45-64 years of age covered by the NIHS and screened for NCD risk factors. | <input type="checkbox"/> | Percentage | Value    | 0.00        | 25.80               | 30.00 |
|  |                          |            | Date     | 29-Dec-2006 | 31-Dec-2012         |       |
|  |                          |            | Comments |             | Indicator on track. |       |

### Intermediate Results Indicators

| Indicator Name  | Core                     | Unit of Measure |          | Baseline  | Current  | End Target  |
|---|--------------------------|-----------------|----------|---|--|---|
| BPS, RUCAF, ASSE and FNR beneficiary databases and internal MSP databases are integrated into the National Health Information System.         | <input type="checkbox"/> | Text            | Value    | BPS, RUCAF, ASSE and FNR beneficiary databases and internal MSP databases are not integrated into the National Health Information System. | Main databases on population (BPS, RUCAF, ASSE and FNR beneficiaries' databases) are already integrated. There are adequate progresses in the MOH internal database integration: (a) (regulation and control area (Providers, Professionals, Food and Medical Technology) and (b) Vital STATS System with Pregnancy and Childhood (SEVEN system) and development of prototype data cube for reportable events.<br>Advances integrating Integrated Information System of the Social Area (SIAS) with databases from: Administration of State Health Services (ASSE), Social Security (BPS), INAU (Institute of Child and Adolescent); Social Development Ministry (MIDES) and MOH on early childhood, adolescence and youth in the integration process. | BPS, RUCAF, ASSE and FNR beneficiary databases and internal MSP databases are integrated into the National Health Information System. |
|   |                          |                 | Date     | 29-Dec-2006   | 28-Dec-2012  |   |
|   |                          |                 | Comments |   | Indicator on track.  |   |
| Proportion of Epidemiologic Surveillance Units (ESUs) in compliance with information reporting requirements of the health surveillance system | <input type="checkbox"/> | Percentage      | Value    | 10.00   | 61.50  | 85.00   |
|   |                          |                 | Date     | 29-Dec-2006   | 31-Dec-2012  |   |
|   |                          |                 | Comments |   | Indicator on track.  |   |

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|   |                                     |            |          |   |   |  |
|---|-------------------------------------|------------|----------|---|---|--|
| Number of DIGESA key personnel trained in SEVES, outbreak investigation and data for decision making.   | <input type="checkbox"/>            | Number     | Value    | 0.00  | 42.00   | 50.00  |
|   |                                     |            | Date     | 29-Dec-2006   | 31-Dec-2012   |  |
|   |                                     |            | Comments |   | Indicator on track.   |  |
| Proportion of communicable disease outbreaks reported by surveillance system that are managed at local level according to norms.  | <input type="checkbox"/>            | Percentage | Value    | 10.00   | 99.20   | 90.00  |
|   |                                     |            | Date     | 29-Dec-2006   | 31-Dec-2012   |  |
|   |                                     |            | Comments |   | Annual Indicator achieved   |  |
| Number of Health Departments that carry out "healthy municipality strategy", including (a) health promotion subprojects related to NCDs and (b) development of healthy spaces | <input type="checkbox"/>            | Number     | Value    | 0.00  | 15.00   | 15.00  |
|   |                                     |            | Date     | 29-Dec-2006   | 21-Dec-2012   |  |
|   |                                     |            | Comments |   | Indicator achieved  |  |
| Proportion of public schools implementing 'healthy school' strategy.  | <input type="checkbox"/>            | Percentage | Value    | 0.00  | 2.42  | 20.00  |
|   |                                     |            | Date     | 29-Dec-2006   |   |  |
|   |                                     |            | Comments |   | Data for December 2012.   |  |
| A National Promotion Advocacy group is conformed.   | <input type="checkbox"/>            | Text       | Value    | The National Promotion Advocacy group does not exist.                                   | Additional Advocacy groups were formed in 60 municipalities / communes to work in Healthy Municipalities.   | A National Promotion Advocacy group is conformed.                        |
|   |                                     |            | Date     | 29-Dec-2006   | 21-Dec-2012   | 31-Dec-2012  |
|   |                                     |            | Comments |   | Indicator achieved  |  |
| Regulatory framework affecting essential NCDs and risk factors is reviewed to assess its effectiveness.   | <input type="checkbox"/>            | Text       | Value    | Regulatory framework affecting essential NCDs and risk factors has never been reviewed. | Regulatory framework for Tobacco, Trans fat and dietary carbohydrate load reviewed. law legalizing marijuana, regulating their production and consumption was approved. The Administration has prepared and submitted for legislative treatment a project that regulates the consumption and distribution of alcohol. | Regulatory framework affecting essential NCDs and risk factors reviewed. |
|   |                                     |            | Date     | 29-Dec-2006   | 21-Dec-2012   |  |
|   |                                     |            | Comments |   | Indicator on track  |  |
| Number of primary health care establishments that are certified and quality accredited on NCDs medical care ambulatory procedures.  | <input type="checkbox"/>            | Number     | Value    | 0.00  | 83.00   | 100.00   |
|   |                                     |            | Date     | 29-Dec-2006   | 31-Dec-2012   |  |
|   |                                     |            | Comments |   | Indicator on track  |  |
| Health personnel receiving training (number)  | <input checked="" type="checkbox"/> | Number     | Value    | 100.00  | 816.00  | 2000.00  |
|   |                                     |            | Date     | 29-Dec-2006   | 31-Dec-2012   |  |

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|  |                          |            |          |  |  |   |
|--|--------------------------|------------|----------|--|--|---|
|  |                          |            | Comments | Number of primary health care team members trained in NCD prevention and care.   | Indicator on track. Now there are courses under execution , with 700 health personnel training.  |   |
| Development of a National Training Network in ASSE for primary healthcare workers  | <input type="checkbox"/> | Text       | Value    | Technical Team and training contents have not been developed and central training room has not been equipped and is not functioning. | The training modules developed for NCD are being used through an ASSE owned e-training platform (EVA). 38 Virtual training rooms are operative. Virtual network is complemented by 33 tutors working at department level and 6 regional supervisors financed by the project. | Technical Team and training contents developed and 60 training rooms equipped and functioning. Technical Team and training contents developed and 60 training rooms equipped and functioning. |
|  |                          |            | Date     | 29-Dec-2006  | 31-Dec-2012  |   |
|  |                          |            | Comments |  | Indicator on good track.   |   |
| Percentage of ASSE beneficiaries registered in electronic medical records  | <input type="checkbox"/> | Percentage | Value    | 0.00   | 40.80  | 30.00   |
|  |                          |            | Date     | 29-Dec-2006  | 21-Dec-2012  |   |
|  |                          |            | Comments |  | Indicator achieved.  |   |
| Percentage of population between 45 to 64 years with ASSE coverage screened for NCDs risk factor.  | <input type="checkbox"/> | Percentage | Value    | 0.00   | 1.00   | 22.00   |
|  |                          |            | Date     | 29-Dec-2006  | 31-Dec-2012  |   |
|  |                          |            | Comments |  | Previniendo program, through which NCD screening will be done was launched during August.  |   |
| Percentage of ASSE beneficiaries with risks for NCDs detected that is receiving follow up under Previniendo guideline                                    | <input type="checkbox"/> | Percentage | Value    | 0.00   | 0.34   | 10.00   |
|  |                          |            | Date     | 29-Dec-2006  | 31-Dec-2012  |   |
|  |                          |            | Comments |  | Previniendo program, through which NCD screening will be done was launched during August 2013.   |   |
| 5. Primary care providers under Annual Performance Agreements with DHIE  | <input type="checkbox"/> | Percentage | Value    | 0.00   | 82.00  | 85.00   |
|  |                          |            | Date     | 29-Dec-2006  | 21-Dec-2012  | 31-Dec-2012   |
|  |                          |            | Comments |  | Indicator on track   |   |
| To develop and apply a methodology to assess the financial impact on public finances and household budgets of alternative health care reform strategies. | <input type="checkbox"/> | Text       | Value    |  | Advanced draft produced  | Methodology has been developed in conjunction with the Ministry of Finance and is being implemented in any given year   |

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|  |  |          |             |                    |             |
|--|--|----------|-------------|--------------------|-------------|
|  |  | Date     | 29-Dec-2006 | 30-May-2013        | 31-Dec-2012 |
|  |  | Comments |             | Indicator on track |             |

### Data on Financial Performance (as of 27-Aug-2013)

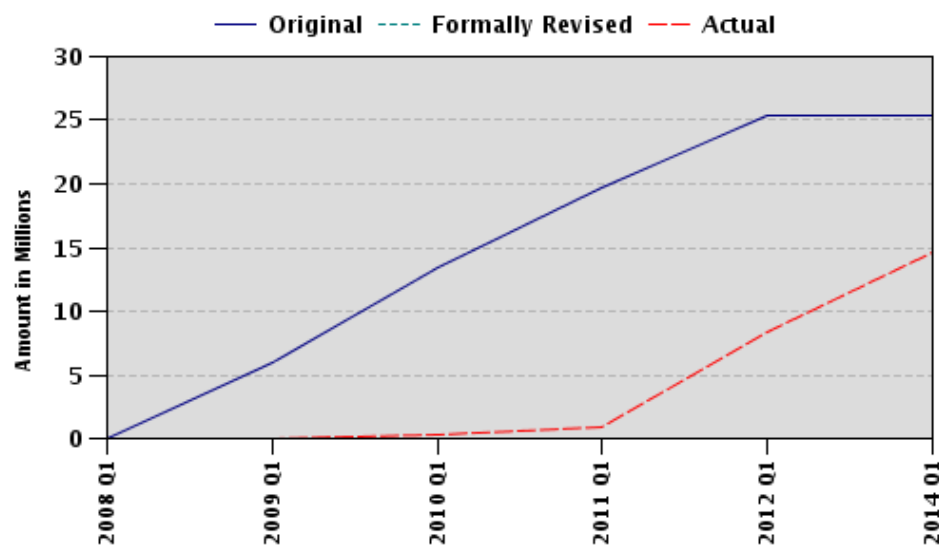
#### Financial Agreement(s) Key Dates

| Project | Ln/Cr/Tf   | Status    | Approval Date | Signing Date | Effectiveness Date | Original Closing Date | Revised Closing Date |
|---------|------------|-----------|---------------|--------------|--------------------|-----------------------|----------------------|
| P050716 | IBRD-74860 | Effective | 28-Aug-2007   | 13-Dec-2007  | 09-Jan-2008        | 31-Dec-2012           | 29-Aug-2014          |

#### Disbursements (in Millions)

| Project | Ln/Cr/Tf   | Status    | Currency | Original | Revised | Cancelled | Disbursed | Undisbursed | % Disbursed |
|---------|------------|-----------|----------|----------|---------|-----------|-----------|-------------|-------------|
| P050716 | IBRD-74860 | Effective | USD      | 25.30    | 25.30   | 0.00      | 14.62     | 10.68       | 58.00       |

### Disbursement Graph



### Key Decisions Regarding Implementation

Project implementation has improved its performance since its restructuring in November 2012. The main achievements for the last period are related to advances in the implementation of the procurement plan (launching the 2\* National Health Risk Factor Survey; launching of an International bidding for RRHH informatics system; launching of International bidding for National health expenditure survey; contract signed to develop National Burden of disease study; launching the Previniendo program extension in ASSE to reach all country beneficiaries in the targeted group. There was progress in screening for NCD in the National Integrated Health System population and new improvements developing the National Integrated Health Information System (NIHIS), including improvements in the number of ASSE patients using EMR. Remarkable is the decrease trend of the mortality rate from cardiovascular disease at country level from 75,18 x100000 in 2006 to 59,3 x100000 in 2012, accomplishing one the main project objectives.

### **Restructuring History**

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Level two Approved on 08-Nov-2012

### **Related Projects**

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There are no related projects.