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RESTRUCTURING PAPER

ON A

PROPOSED PROJECT RESTRUCTURING

OF THE

URUGUAY NON COMMUNICABLE DISEASES PREVENTION PROJECT
(P050716)

LOAN 7486-UR

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TO THE

ORIENTAL REPUBLIC OF URUGUAY

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ABBREVIATIONS AND ACRONYMS

ASSE	State Health Services Administration *(Administración de los Servicios de Salud del Estado)*
BPS	Social Security Bank (*Banco de Previsión Social*)
DHIE	Departmental Health Insurance Entities
DIGESA	Directorate General of Health (*Dirección General de Salud)*
EMR	Electronic medical record
FNR	National Resource Fund (*Fondo Nacional de Recursos)*
ISR	Implementation Status Report
MSP	Ministry of Public Health *(Ministerio de Salud Pública)*
NCD	Non Communicable Diseases
NIHIS	National Integrated Health Information System
NIHS	National Integrated Health System
PAD	Project Appraisal Document
PDO	Project Development Objective
PSCU	Project Support and Coordination Unit
UDE	Departmental Surveillance Units (*Unidades Departamentales de Vigilancia*-)
RUCAF	Health Insurance Identification Database (*Registro Único de Cobertura Asistencial Formal*)
SEVES	Epidemiological Surveillance System (*Sistema de Vigilancia Epidemiológica)*

Regional Vice President:	Hasan A. Tuluy
Country Director:	Penelope J. Brook
Sector Director:	Keith E. Hansen
Sector Manager:	Joana Godinho
Country Sector Leader:	Michele Gragnolati
Task Team Leader:	Luis Orlando Perez

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URUGUAY NON COMMUNICABLE DISEASES PREVENTION PROJECT

RESTRUCTURING PAPER

A. SUMMARY

1. This Restructuring Paper proposes a Level Two restructuring of the Uruguay Non Communicable Diseases Prevention Project (Loan 7486-UR, P050716) to: (i) adjust Project indicators to reflect implementation experience; (ii) scale up some project activities; (iii) change project implementation arrangements; and (iv) extend the Project's closing date by 20 months. No changes will be made to the Project's Development Objective (PDO) or safeguard arrangements. The changes are expected to enhance Project performance and reflect the successful outcomes of Uruguay's Program on Non-Communicable Diseases (NCD).

B. PROJECT STATUS

2. **The Uruguay Non Communicable Diseases Prevention Project was approved by the Board on August 28, 2007 for an amount of US$25.3 million,** and became effective on January 9, 2008. As outlined in the Loan Agreement, the objective of the Project is to support the Borrower's efforts to further strengthen its health delivery services and the current health policy framework for NCD, through the expansion of the access and quality of primary health care services related to NCD early detection, as well as the provision of specialized medical care to avoid or reduce exposure to NCD risk factors and their health effects. To do so, the Project finances four components: (i) Strengthening of the Ministry of Public Health (MSP's) capacity to address the country's changing epidemiological profile; (ii) Improving access to quality care services for prevalent NCD in public primary health care facilities; (iii) Implementation of the "Previniendo" Pilot Program; and (iv) Project management. As of October 12, 2012, around US$ 11.39 million have been disbursed, representing 45 percent of the loan.

3. **Achievement of the PDO is rated moderately satisfactory.** Achievement of the PDO is measured by progress on the following indicators: (i) percentage of selected NCD cases[1] diagnosed by primary health care teams under follow-up; (ii) percentage of women between 50 and 69 years of age having had a mammogram in any given year; (iii) percentage of the estimated number of newborns with disabilities under follow-up by Early Detection and Treatment Units; and (iv) percentage of the population being screened for NCD risk-factors in participating Departments. The project has made good progress in achieving the targets of two of the four PDO indicators – percentage of newborns with disabilities being monitored by Early Detection and Treatment Units, whose target has been reached ahead of time, and percentage of women between 50 and 69 years of age who has had a mammogram in any given year. Progress has also been made on a third target - percentage of population being screened for NCD risk factors, though slower than expected. Updated data on the fourth target - percentage of selected

[1] Defined as cases of patients with hypertension, diabetes, and obesity/overweight.

NCD cases (hypertension, diabetes, and obesity/overweight) diagnosed by primary health care teams under follow up - will be obtained through the second NCD Risk Factor Survey, which will be carried out at the end of 2012. However, the Ministry of Public Health (MSP) has been using three indicators on mortality rates by cardiovascular diseases (diseases of the circulatory system, ischemic heart disease, cerebrovascular diseases) in the population under 70 years as proxies to measure overall progress on NCDs. All three indicators have been steadily decreasing in the last four years (table below) and confirm solid progress of the country and the project in achieving the PDO.

Crude mortality rates (per hundred thousand inhabitants) by cardiovascular diseases among people < 70 years. Uruguay, MSP.					
Cause of Death	**2006**	**2007**	**2008**	**2009**	**2010**
Diseases of the Circulatory System (I00-I99)	75,18	73,12	69,53	68,40	68,99
Ischemic Heart Disease (I20-25)	23,46	23,30	22,80	23,53	21,94
Cerebrovascular Diseases (I60-I69)	24,33	21,37	20,08	18,03	18,97

4. **As part of this Project restructuring, indicators were revised to better measure the achievement of the PDOs (Annex 1).** As proposed by the MSP, an additional indicator on mortality rate from diseases of the circulatory system, which is a comprehensive measure of addressing NCDs, was included to contribute to measuring progress in achieving the PDO on an annual basis, instead of having to rely exclusively on the findings of NCD risk factor surveys, which are carried out every five years.

4. **Project implementation progress is rated moderately satisfactory**. The Project is managed by a Project Support and Coordination Unit (PSCU) within the MSP, which reports directly to the Minister. The PSCU is responsible for management of project technical, administrative and fiduciary activities together with relevant units of the MSP. Initial project implementation was slow due to procurement and administrative delays, especially but not limited to hiring of technical staff and consultants to support project activities. Moreover, there has been high turn-over in the PSCU as several staff have been appointed to higher level Government positions. However, Project implementation has notably improved during the last 18 months, the pace of which may compensate for the slower startup of the Project, with the following recent key achievements:

a) The establishment of the National Integrated Health Information System (NIHIS), including the purchase of equipment, has made progress. Integration of key databases and implementation of electronic medical record (EMR) in the State Health Services Administrations (ASSE) has been successfully carried out and has resulted in reaching primary health care doctors in 12 out of 19 departments;
b) The first survey of injuries from external causes was conducted at emergency rooms in Montevideo City hospitals (information for the year 2011 is under analysis for publication);
c) The health situation monitoring continues to improve, with the addition of three new Department Health Situation Rooms (now 13 out of 19) contributing to the modernization

and decentralization of the health surveillance system, through the establishment of the Department Surveillance Units (*Unidades Departamentales de Vigilancia*-UDE) ;

d) Electronic surveillance bulletins are regularly published;
e) The national health promotion strategy is being implemented at Department level;
f) Eleven out of 19 health prevention projects at community level have been completed and evaluated, while 8 projects are under implementation;
g) Screening for NDC is being implemented successfully in the three pilot Departments;
h) NCD quality standards for primary health care facilities accreditation were developed and are being implemented; and
i) Almost US$10 million worth of medical equipment was purchased to strengthen primary health care facilities' capacity to provide care to NCD patients.

C. PROPOSED CHANGES

6. **To enhance Project performance, the proposed restructuring will**: (i) streamline, modify and replace project indicators to better reflect the impact of Project activities; (ii) scale up activities under Component 3; (iii) change implementation arrangements incorporating Cooperating Agencies to accelerate project implementation; and (iv) extend the closing date by twenty months. The proposed changes were discussed and agreed upon with the Government during the Midterm Review in November 2011 and a supervision mission in April 2012.

7. **Project Development Indicators.** The Project has four outcome indicators and 26 intermediate indicators. The outcome indicators will be changed as indicated below, and the number of intermediate indicators by component will be reduced to 18, with some modifications. The revised Results and Monitoring Framework is presented in Annex 1. The specific changes in outcome indicators are the following:

(i) *Percentage of cases diagnosed and under follow-up by primary health care teams for hypertension, diabetes and obesity/overweight.* Baseline data will be adjusted to reflect the final data of the first Risk Factor Survey used as a source of information[2]. Final target values will be adjusted accordingly.
(ii) *Percentage of women between 50 and 69 years of age who have had a mammogram in any given year*. Baseline data and final target will be modified to account for the change in the target population from all population to that covered by public health providers (ASSE).
(iii) *Percentage of newborns with disabilities being monitored by Early Detection and Treatment Units.* This indicator was achieved in 2010, and therefore will not continue to be measured by the project.
(iv) *Percentage of population at risk of NCDs being screened in participating Departments*. Baseline data and final target will be adjusted to account for change in

[2] The First NCD Risk Factor Survey was carried out in 2006. Preliminary data was available in 2006 and the final data in 2009.

the denominator from population in three pilot Departments to the total population covered by the NIHS - National Integrated Health System.

(v) *Crude mortality rate from Diseases of the Circulatory System (I00-I99) in the population under 70 years.* This new indicator will be incorporated. It is a good proxy of overall progress in preventing and controlling NCDs and is also available on an annual basis.

8. A**ctivities under Component 3 will be changed to reflect recent developments in Government policy, which seek to extend screening for NCD risk to the entire population,** as follows: (i) aligning the second health goal of the National Integrated Health System (NIHS) with the current goals of the *Previniendo* Pilot program; and (ii) transforming the *Previniendo* Pilot program into a national program in all 19 Departments in the country. The following are the specific changes in Component 3:

a) **Scale up the *Previniendo* Pilot** to extend NCD screening using results-based financing from 3 to all departments (19);
b) **Modify the target population to finance all beneficiaries of the ASSE**, the main public health provider. This will enable the Project to reach almost 46 percent of the total population; and
c) **Narrow the age of the population eligible for NCD screening from over 45 years old to over 64 years old.** This will concentrate screening and prevention efforts on the age group with the highest prevalence of NCDs, and align it with the target population of the second health goal of the National Integrated Health System.

9. **Cooperating Agencies.** For the purposes of providing assistance to the PSCU with the implementation of Components 1, 2 and 4 of the Project, the Borrower may enter into agreements with Cooperating Agencies, which might be private or public legal entities (including any non-governmental public legal entity), under terms and conditions satisfactory to the Bank (the Cooperating Agency Agreements). In particular, these Cooperating Agencies would contract consultants and carry out technical activities related to health promotion and NCD prevention. The rationale for involving Cooperating Agencies in the implementation of the Project is related to the technical assistance they can provide, which will contribute to improve the speed and quality of project execution.

10. The Operational Manual will be updated to include the pertinent changes triggered by this restructuring.

11. **Extension of Closing Date.** The closing date of the Project will be extended for twenty months from December 31, 2012 until August 29, 2014 to allow for completion of project activities and achievement of projects objectives. The Borrower has prepared an implementation action plan acceptable to the Bank.

D. APPRAISAL SUMMARY

12. **The proposed changes will not affect the original appraisal summary and will not alter the economic, financial, technical and social aspects of the Project as appraised**. The changes do not amend the appraised components or require reallocation of funds.

Annex 1 Result and Monitoring Framework
Project Development Indicators

PDO: To expand access and quality of primary health care services related to NCD's early detection, as well as the provision of specialized medical care of selected NCDs						
Outcome Indicators		**Baseline**		**Final target**		
PAD	**Revised**	**2006**	**Revised**	**PAD**	**Revised**	**Comments**
1. Percentage of cases diagnosed and under follow-up by primary health care teams for the following NCDs: a. Hypertension b. Diabetes c. Obesity /overweight	**Unchanged**	a. Hypertension: 49.1% b. Diabetes: 73% c. Obesity /overweight: 0%	a. Hypertension: 54,7% b. Diabetes: 63,9% c. Obesity / overweight: 13%	a. Hypertension: 60 % b. Diabetes: 83% c. Obesity /overweight: 50%	a. Hypertension: 60% b. Diabetes: 73% c. Obesity /overweight: 20%	Baseline values adjusted according to the final data of the first NCDs Risk factor Survey. Target values adjusted to more realistic goals.
2. Percentage of women between 50 and 69 years of age who has had a mammogram in any given year.	**Modified.** Percentage of women 50-69 covered by the public provider (ASSE), who has had a mammogram in any given year.	25%	9.9 %	45%	20 %	Indicator modified to have as denominator only women 50-69 years old covered by public health provider (ASSE). Baseline and target values have been revised accordingly.
3. Percentage of newborns with disabilities being monitored by Early Detection and Treatment Units.	**Eliminated**	0%	--------	60%	--------	Indicator has already been achieved (last measure: 75.6%)
4. Crude mortality rate from Diseases of the Circulatory System (I00-I99) in the population under 70 years	**New**	75,18 x 100.000		----	67.5 x 100.000	This indicator is considered very relevant to measure progress towards PDOs. Source: Health National Information Unit, MSP.
PDO: To avoid or reduce exposure to NCD risk factors and their health effects.						

Outcome Indicators		Baseline		Final target		
PAD	**Revised**	**2006**	**Revised**	**PAD**	**Revised**	**Comments**
5. Percentage of population at NCDs risk being screened in participating Departments.	**Modified.** Percentage of population 45-64 years of age covered by the NIHS and screened for NCD risk factors.	0%	0 %	65 %	30 %	Target population extended to population covered by the NIHS in the whole country. Baseline and target values revised accordingly.

Intermediate Results Indicators

COMPONENT 1 - Strengthening of the MSP's Capacity to Address the Country's Changing Epidemiological Profile
Subcomponent 1.1 -Strengthening of Health Intelligence Functions
a. Establishing the foundations for an Integrated Health Information System (IHIS)

Indicators		**Baseline**		**Final target**		
PAD	**Revised**	**PAD**	**Revised**	**PAD**	**Revised**	**Comments**
1. Regularly report of consolidated data on number of patients diagnosed with specific NCDs and currently under treatment	**Eliminated**	0	----	Reports regularly available in nine departments	----	This indicator can be captured through the use of electronic medical records (EMR), which is now a Component 2 indicator. (last measure: 3 departments)
2. Primary health care facilities uses regularly the diagnosis and monitoring system	**Eliminated**	11	----	205	----	This indicator can be captured through the use of EMR, which is now a Component 2 indicator.
3. Main health sector databases virtually integrated into the National Health Information System.	**Modified.** BPS*, RUCAF, ASSE and FNR beneficiary databases and internal MSP databases are integrated into the National Health Information System.	0	BPS, RUCAF, ASSE and FNR beneficiary databases and internal MSP databases are not integrated into the National Health Information System.	BPS, RUCAF, ASSE beneficiary and FNR beneficiary databases are integrated into the National Health Information System.	BPS, RUCAF, ASSE and FNR beneficiary databases and internal MSP databases are integrated into the National Health Information System.	MSP databases added to the objective of integration of databases into the NHIS.

***BPS:** Social Security Bank (*Banco de Previsión Social*)
RUCAF: Health Insurance Identification Database (*Registro Único de Cobertura Asistencial Formal*)
ASSE: State Health Services Administration *(Administración de los Servicios de Salud del Estado)*
FNR: National Resource Fund (*Fondo Nacional de Recursos)*

b. Modernizing and consolidating the public health surveillance system (*Sistema de Vigilancia Epidemiológica* – SEVES).

Indicators		Baseline		Final target		
PAD	**Revised**	**PAD**	**Revised**	**PAD**	**Revised**	**Comments**
1. Information reporting of the health surveillance system requirements are comply by the health public units	**Modified.** Proportion of Epidemiologic Surveillance Units (ESUs)in compliance with information reporting requirements of the health surveillance system	10%	10%	85%	85%	**Modified indicator will** better reflect which units are responsible to comply with the information requirements.
2. DIGESA key personnel trained in SEVES.	**Modified.** Number of DIGESA key personnel trained in SEVES, outbreak investigation and data for decision making.	0	----	20	50	Includes all training instead of only SEVES. This allows for the elimination of redundant indicators and simplifies the Results Framework.
3. Data definitions and coding standards for pathologies issued.	**Eliminated**	24	----	34	----	Indicator achieved and will be monitored continuously by the PSCU and the MSP. (last measure: 35)
4. Public Health Bulletins and Surveillance Bulletins published according to norms in any given year.	**Eliminated**	0	----	2	----	Indicator achieved and will be monitored continuously by the PSCU and the MSP. (last measure: 5)
5. Additional DIGESA staff trained in Data for Decision-Making.'	**Eliminated**	5	----	20	----	Incorporated in Indicator 1.1.b.2: Number of DIGESA key personnel trained in SEVES, outbreak investigation and data for decision making. (last measure: 6)
6. 10 key staff trained in laboratory safety.	**Eliminated**	0	----	10	----	Activity dropped.

c. Strengthening the response capacity of DIGESA and its departmental units

Indicators		Baseline		Final target		
PAD	**Revised**	**PAD**	**Revised**	**PAD**	**Revised**	**Comments**
1. DIGESA additional key staff members trained in outbreak investigation	**Eliminated**	10	----	20	----	It was exceeded in 2011.Incorporated in Indicator 1.1.b.2: Number

Indicators		Baseline		Final target		
PAD	**Revised**	**PAD**	**Revised**	**PAD**	**Revised**	**Comments**
						of DIGESA key personnel trained in SEVES, outbreak investigation and data for decision making. (last measure: 36)
2. Communicable disease outbreaks reported by surveillance system are managed at local level according to norms.	**Modified.** Proportion of communicable disease outbreaks reported by surveillance system that are managed at local level according to norms.	10%	10%	90%	90%	To be modified to be better formulated. Indicator measured annually

Subcomponent 1.2 - ***Health Promotion and NCDs Prevention Programs***

Indicators		Baseline		Final target		
PAD	**Revised**	**PAD**	**Revised**	**PAD**	**Revised**	**Comments**
1. Municipalities carry out 'healthy spaces' campaigns	**Eliminated**	0%	----	50%	----	It was exceeded in 2010 (52.6%) and is captured in a new indicator below.
2. Health promotion subprojects related to NCDs are implemented in participating healthy spaces and are evaluated.	**Eliminated**	0	----	95%	----	It was exceeded (100%) and is captured in the next new indicator below.
3. Number of Health Departments that carry out "healthy municipality strategy", including (a) health promotion subprojects related to NCDs and (b) development of healthy spaces	**New**	----	0	----	15	This indicator captures several dimensions of the national health promotion strategy and focuses on health promotion projects in the newly created. Health Departments, which are helping municipalities to develop health promotion activities.
4. Students in public schools participating in 'healthy school' campaigns.	**Modified.** Proportion of public schools implementing 'healthy school' strategy.	0	0	20%	20%	Reflects structural and institutional changes in schools implementing the healthy school strategy.

Indicators		Baseline		Final target		
PAD	**Revised**	**PAD**	**Revised**	**PAD**	**Revised**	**Comments**
5. Disability, Early Detection and Treatment Units are developed.	**Eliminated**	0	----	5	----	Indicator achieved and will be monitored continuously by the PSCU and the MSP. (last measure:9)
6. Personnel in health promotion unit are trained.	**Eliminated**	0%	----	100%	----	Indicator achieved and will be monitored continuously by the PSCU and the MSP. (Last measure 100% ; total personnel trained is 121)
7. Annual tobacco media campaign is developed in any given year.	**Eliminated**	0	----	One annual tobacco media campaign developed.	----	Indicator achieved and will be monitored continuously by the PSCU and the MSP. (Last measure: one annual campaign. From 2007 to 2011 six national stop smoking campaigns, plus six national pictograph campaigns, totaling 12 media campaigns)
8. A National Promotion Advocacy group is conformed.	**Unchanged**	0	----	National Promotion Advocacy group conformed.	National Promotion Advocacy group conformed.	"Conformed", as defined in the Operational Manual means a technical group is established and is dedicated to social and technical advocacy with periodical meetings and supporting a virtual forum of health promotion activities.

Subcomponent 1.3 - *Regulatory capacity building in relation NCDs*

Indicators		Baseline		Final target		
PAD	**Revised**	**PAD**	**Revised**	**PAD**	**Revised**	**Comments**
1. Regulatory framework affecting essential NCDs and risk factors is reviewed to assess their effectiveness.	**Modified.** Regulatory framework affecting essential NCDs and risk factors is reviewed to assess its effectiveness.	----	Regulatory framework affecting essential NCDs and risk factors has never been reviewed.	Regulatory framework affecting essential NCDs and risk factors reviewed.	Regulatory framework affecting essential NCDs and risk factors reviewed.	Small edit
2. Primary health care establishments are certified and quality accredited on NCDs medical care ambulatory procedures.	**Modified.** Number of primary health care establishments that are certified and quality accredited on NCDs medical care ambulatory procedures.	0	0	200	100	Indicator modified to be better formulated. Target also to be modified, to adjust for the time required by the methodology used for quality accreditation

COMPONENT 2 – Improve accessibility to quality care services for prevalent NCDs in public primary health care facilities

Indicators		Baseline		Final target		
PAD	**Revised**	**PAD**	**Revised**	**PAD**	**Revised**	**Comments**
1. Percentage of reduction in hospital admissions for treatments more appropriately provided at lower levels: a. Hypertension crisis b. Stroke c. Ketoacidosis diabetic	**Eliminated**	To be completed in Year 1	----	Percentage of reduction: a. Hypertension crisis 30% b. Stroke 30% c. Ketoacidosis diabetic 50%	----	Indicator is not statistically robust and results are affected by very low number of cases.
2. Percentage of reduction in the number of advanced-stage cases for specific NCDs assisted under the FNR relative to all cases in the same NCDs category: a. Cardiovascular disease by hypertension b. Chronic Kidney failure by hypertension	**Eliminated**	To be completed in Year 1	----	5%	----	Indicator is not statistically robust and results are affected by very low number of cases.
3. Primary health care teams members are under permanent training system for prevalent NCDs	**Modified**. Number of primary health care team members trained in NCD prevention and care.	100	100	4000	2000	Target modified to better capture the objectives and new organizational arrangements of the health network of ASSE.
4. Development of a National Training Network	**New**	----	Technical Team and training contents have not been	N/A	Technical Team and training contents	New indicator captures the structural changes in ASSE

Indicators		Baseline		Final target		
PAD	**Revised**	**PAD**	**Revised**	**PAD**	**Revised**	**Comments**
in ASSE for primary health care workers			developed and central training room has not been equipped and is not functioning.		developed and 60 training rooms equipped and functioning.	training capacity.
5. Percentage of ASSE beneficiaries registered in electronic medical records	**New**	-------	0%	-----	30%	New indicator is aligned with the development of the Integrated National Health Information System and replaces indicators 1 and 2 in Component 1.subcomp.1.1.a). Source: RUCAF database and SIEMBRA database (Statistics Department of ASSE)

COMPONENT 3 - Implementation of the *Previniendo* Program

Indicators		Baseline		Final target		
PAD	**Revised**	**PAD**	**Revised**	**PAD**	**Revised**	**Comments**
1. Percentage of population of pilot Departments screened for NCDs risk factor.	**Modified**. Percentage of population between 45 to 64 years with ASSE coverage screened for NCDs risk factor.	0%	0%	-----	22%	Modified to extend screening to all country Departments and in line with the new age range.
2. Percentage of cases diagnosed and under follow-up by primary health care teams for the following NCDs: a.Hypertension b.Diabetes c.Obesity / overweight	**Modified**. Percentage of ASSE beneficiaries with risks for NCDS detected that is receiving follow up under Previniendo guideline	Follow-up: a.Hypertension: 49.1% b.Diabetes: 73% c.Obesity/ overweight: 0%	0%	Follow-up: a. Hypertension 85% b. Diabetes 93% c. Obesity / overweight 65%	10%	Modified to capture a new preventive care guideline. Source: Previniendo database
3. Percentage of reduction in hospital admissions for treatments more appropriately provided at lower levels: a. Hypertension crisis b. Stroke c. Ketoacidosis diabetic	**Eliminated**	To be determined in Year 1	-----	Percentage of reduction: a. Hypertension crisis 70% b. Stroke 70% c. Ketoacidosis diabetic 70%	-----	Indicator is not statistically robust and results are affected by very low number of cases.
4. Percentage of reduction in the number of advanced stage cases for cardiovascular disease and chronic kidney failure by hypertension assisted under the FNR relative to all cases in the same category.	**Eliminated**	To be determined in Year 1	-----	10 % of reduction	-----	Indicator is not statistically robust and results are affected by very low number of cases.
5. Primary health care	**Unchanged.**	0	------	85%	85%	

Indicators		Baseline		Final target		
PAD	**Revised**	**PAD**	**Revised**	**PAD**	**Revised**	**Comments**
providers under Annual Performance Agreements with DHIE						

COMPONENT 4 - Supporting the Health Insurance Reform Design Process

Indicators		Baseline		Final target		
PAD	**Revised**	**PAD**	**Revised**	**PAD**	**Revised**	**Comments**
1. To develop and apply a methodology to assess the financial impact on public finances and household budgets of alternative health care reform strategies.	**Unchanged.**	----------	Methodology has not been developed	Methodology has been developed in conjunction with the Ministry of Finance and is being implemented in any given year	------	