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Report No: PAD1294

INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT

PROJECT APPRAISAL DOCUMENT

ON A

PROPOSED LOAN

IN THE AMOUNT OF EUR 120.00 MILLION
(US$134.3 MILLION EQUIVALENT)

TO THE

REPUBLIC OF TURKEY

FOR A

HEALTH SYSTEM STRENGTHENING AND SUPPORT (HSSS) PROJECT

August 28, 2015

Global Health, Population and Nutrition Practice
EUROPE AND CENTRAL ASIA

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CURRENCY EQUIVALENTS

(Exchange Rate Effective April 30, 2015)

Currency Unit	=	Turkish Lira
1.1193 US$	=	1 EUR
2.9761 TRY	=	1 EUR

REPUBLIC OF TURKEY – GOVERNMENT FISCAL YEAR

January 1 – December 31

ABBREVIATIONS AND ACRONYMS

AMATEM	Treatment Center for Alcoholism and Substance Addiction
APL	Adaptable Program Loan
CBRT	Central Bank of the Republic of Turkey
ÇEMATEM	Treatment Center for Children and Adolescents Suffering from Substance Addiction
CHC	Community Health Center
CPS	Country Partnership Strategy
CT	Computerized Tomography
CVD	Cardio Vascular Disease
DA	Designated Account
DALY	Disability-Adjusted Life Year
DCP	Disease Control Priorities
DM	Diabetes Mellitus
DSS	Decision Support System
EBRD	European Bank for Reconstruction and Development
ECA	Europe and Central Asia
EHES	European Health Examination Survey
EU	European Union
EUROSTAT	Statistical Office of the European Communities
GD	General Directorate
GDP	Gross Domestic Product
GDHI	General Directorate of Health Investments
GoT	Government of the Republic of Turkey
GRS	Grievance Redress Service
HIS	Health Information System
HMIS	Health Management Information System
HMS	Health Management System
HSSSP	Health System Strengthening and Support Project
HSPA	Health Sector Performance Assessment
HT	Hypertension
HTA	Health Technology Assessment
HTP	Health Transformation Program
IARC	International Agency for Research on Cancer
IBRD	International Bank for Reconstruction and Development
ICD	*International Classification of Diseases*
ICT	Information and Communications Technology
ICU	Intensive Care Unit
IDA	International Development Association
IFC	International Finance Corporation
IMF	International Monetary Fund
IPF	Investment Project Financing
IRR	Internal Rate of Return

ISO	International Organization for Standardization
IT	Information Technology
KBS	Public Expenditure and Accounting Information System
MECC	Middle East Cancer Consortium
M&E	Monitoring and Evaluation
MoD	Ministry of Development
MoF-AO	Ministry of Finance Accounting Office
MoH	Ministry of Health
MRI	Magnetic Resonance Imaging
NCDs	Non-Communicable Diseases
NPV	Net Present Value
OECD	Organization for Economic Co-Operation and Development
OOP	Out of Pocket
PDO	Project Development Objective
PHC	Primary Health Care
PHE	Public Health E
PHeI	Public Health Institution
PHoI	Public Hospitals Institution
PHU	Public Hospital Union
PICU	Pediatric Intensive Care Unit
PMSU	Project Management and Support Unit
PPP	Public Private Partnership
SII	Social Insurance Institution
SQL	Structured Query Language
SSI	Social Security Institution
ToR	Terms of References
TUIK	Turkish Statistical Institute
UC	Universal Health Coverage
UHI	Universal Health Insurance
UMIC	Upper Middle-Income Country
UNICEF	United Nations Children's Fund
WBG	World Bank Group
WHO	World Health Organization
WHO STEPS	World Health Organization STEPwise Approach to Surveillance

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REPUBLIC OF TURKEY

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PAD DATA SHEET

Turkey

Health System Strengthening and Support Project (P152799)

PROJECT APPRAISAL DOCUMENT

EUROPE AND CENTRAL ASIA

0000009318

Report No.: PAD1294

Basic Information		
Project ID P152799	EA Category C - Not Required	Team Leader(s) Ahmet Levent Yener,Claudia Rokx
Lending Instrument Investment Project Financing	Fragile and/or Capacity Constraints [ ]	
	Financial Intermediaries [ ]	
	Series of Projects [ ]	
Project Implementation Start Date 01-Oct-2015	Project Implementation End Date 30-Nov-2019	
Expected Effectiveness Date 01-Oct-2015	Expected Closing Date 31-May-2020	
Joint IFC No		

Practice Manager/Manager	Senior Global Practice Director	Country Director	Regional Vice President
Enis Baris	Timothy Grant Evans	Patchamuthu Illangovan	Cyril E Muller

Borrower: Undersecretariat of Treasury			
Responsible Agency: Ministry of Health			
Contact:	A. Celalettin Tarhan	Title:	Project Director
Telephone No.:	90-312-3241032	Email:	trhealth@saglik.gov.tr

Project Financing Data(in USD Million)					
[X]	Loan	[ ]	IDA Grant	[ ]	Guarantee
[ ]	Credit	[ ]	Grant	[ ]	Other

Total Project Cost:	134.30	Total Bank Financing:	134.30
Financing Gap:	0.00		

Financing Source	Amount
Borrower	0.00
International Bank for Reconstruction and Development	134.30
Total	134.30

Expected Disbursements (in USD Million)

Fiscal Year	0000	0001	0002	0003	0004	0005	0006	0007	0008	0009
Annual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Cumulative	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Institutional Data

Practice Area (Lead)

Health, Nutrition & Population

Contributing Practice Areas

Cross Cutting Topics

[ ] Climate Change
[ ] Fragile, Conflict & Violence
[ ] Gender
[ ] Jobs
[ ] Public Private Partnership

Sectors / Climate Change

Sector (Maximum 5 and total % must equal 100)

Major Sector	Sector	%	Adaptation Co-benefits %	Mitigation Co-benefits %
Health and other social services	Health	100		
Total		100		

☑ I certify that there is no Adaptation and Mitigation Climate Change Co-benefits information applicable to this project.

Themes

Theme (Maximum 5 and total % must equal 100)

Major theme	Theme	%
Human development	Health system performance	70
Human development	Injuries and non-communicable diseases	30

Total	100

Proposed Development Objective(s)

The Project Development Objective (PDO) of the HSRSP 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.

Components

Component Name	Cost (USD Millions)
Primary and Secondary Prevention	44.03
Increasing Efficiency of Hospital Management and Operations	47.65
Improving the Effectiveness of Overall Health Sector Administration	44.30

Systematic Operations Risk- Rating Tool (SORT)

Risk Category	Rating
1. Political and Governance	Substantial
2. Macroeconomic	Moderate
3. Sector Strategies and Policies	Low
4. Technical Design of Project or Program	Moderate
5. Institutional Capacity for Implementation and Sustainability	Substantial
6. Fiduciary	Substantial
7. Environment and Social	Low
8. Stakeholders	Low
9. Other	
OVERALL	Moderate

Compliance

Policy

Does the project depart from the CAS in content or in other significant respects?	Yes [ ]	No [X]
Does the project require any waivers of Bank policies?	Yes [ ]	No [X]
Have these been approved by Bank management?	Yes [ ]	No [X]
Is approval for any policy waiver sought from the Board?	Yes [ ]	No [X]
Does the project meet the Regional criteria for readiness for implementation?	Yes [ ]	No [X]

Safeguard Policies Triggered by the Project	Yes	No
Environmental Assessment OP/BP 4.01		X

Natural Habitats OP/BP 4.04		X
Forests OP/BP 4.36		X
Pest Management OP 4.09		X
Physical Cultural Resources OP/BP 4.11		X
Indigenous Peoples OP/BP 4.10		X
Involuntary Resettlement OP/BP 4.12		X
Safety of Dams OP/BP 4.37		X
Projects on International Waterways OP/BP 7.50		X
Projects in Disputed Areas OP/BP 7.60		X

Legal Covenants

Name	Recurrent	Due Date	Frequency
Loan Agreement: Schedule 2, Section I, Para A.1	X		CONTINUOUS

Description of Covenant

The Borrower shall, through MoH, maintain the POM in form and content satisfactory to the Bank, shall duly perform all of its obligations under the Project Operations Document (POM), and shall not assign, amend, abrogate or waive the POM, without the prior approval of the Bank.

Name	Recurrent	Due Date	Frequency
Loan Agreement: Schedule 2, Section I, Para A.2	X		CONTINUOUS

Description of Covenant

At all times during Project implementation, the Borrower, through MoH, shall operate and maintain the PMSU with functions and responsibilities, qualified staff in sufficient numbers, adequate funds, facilities, services and other resources for the Project implementation (including financial management, procurement, disbursement and safeguards aspects), all satisfactory to the Bank.

Name	Recurrent	Due Date	Frequency
Loan Agreement: Schedule 2, Section I, Para A.3	X		CONTINUOUS

Description of Covenant

The Borrower, through MoH, shall ensure that the Project is carried out in accordance with the provisions of the Anti-Corruption Guidelines.

Name	Recurrent	Due Date	Frequency
Loan Agreement: Schedule 2, Section I, Para C	X		CONTINUOUS

Description of Covenant

The Recipient shall not undertake any Project activities that involve Resettlement.

Name	Recurrent	Due Date	Frequency

Name	Recurrent	Due Date	Frequency
Loan Agreement: Schedule 2, Section II, Para A	X		CONTINUOUS

Description of Covenant

The Borrower, through MoH, shall monitor and evaluate the progress of the Project and prepare Project Reports in accordance with the provisions of Section 5.08 of the General Conditions and on the basis of the indicators acceptable to the Bank. Each Project Report shall cover the period of one calendar year of the Borrower, and shall be furnished to the Bank not later than forty-five (45) days af

Name	Recurrent	Due Date	Frequency
Loan Agreement: Schedule 2, Section II, Para B.	X		CONTINUOUS

Description of Covenant

The Borrower, through MoH, shall maintain or cause to be maintained a financial management system in accordance with the provisions of Section 5.09 of the General Conditions.

Name	Recurrent	Due Date	Frequency
Loan Agreement: Schedule 2, Section II, Para B.2	X		CONTINUOUS

Description of Covenant

The Borrower, through MOH, shall prepare and furnish to the Bank, not later than forty-five (45) days after the end of each calendar quarter, interim unaudited financial reports for the Project covering the quarter, in form and substance satisfactory to the Bank.

Name	Recurrent	Due Date	Frequency
Loan Agreement: Schedule 2, Section II, Para B.3	X		CONTINUOUS

Description of Covenant

The Borrower, through MoH, shall have its Financial Statements audited in accordance with the provisions of Section 5.09(b) of the General Conditions. Each audit of the Financial Statements shall cover the period of one calendar year of the Borrower. The auditedFinancial Statements for each such period shall be furnished to the Bank not later than six months after the end of such period.

Conditions

Source Of Fund	Name	Type

Description of Condition

Team Composition				
Bank Staff				
Name	**Role**	**Title**	**Specialization**	**Unit**
Ahmet Levent Yener	Team Leader (ADM Responsible)	Senior Human Development Specialist		GSPDR
Claudia Rokx	Team Leader	Lead Health Specialist		GHNDR
Salih Bugra Erdurmus	Procurement Specialist	Procurement Specialist		GGODR
Ayse Seda Aroymak	Financial Management Specialist	Sr Financial Management Specialist		GGODR
Adam Shayne	Team Member	Lead Counsel		LEGLE
Aimonchok Tashieva	Team Member	Consultant		GSURR
Antonino Giuffrida	Team Member	Sr Economist (Health)		GHNDR
Baktybek Zhumadil	Team Member	Operations Officer		GHNDR
Christophe Lemiere	Team Member	Senior Health Specialist		GHNDR
Elif Yonca Yukseker	Team Member	Program Assistant		ECCU6
Esra Arikan	Safeguards Specialist	Senior Environmental Specialist		GENDR
Gozde Yilmazturk	Team Member	Team Assistant		ECCU6
Jasna Mestnik	Team Member	Finance Officer		WFALA
Norosoa Andrianaivo	Team Member	Senior Program Assistant		GHNDR
Zeynep Durnev Darendeliler	Safeguards Specialist	Social Development Specialist		OPSOR
Zlatan Sabic	Team Member	Senior Operations Officer		GHNDR

Extended Team			
Name	**Title**	**Office Phone**	**Location**
Safir Sumer	Consultant		

Locations					
Country	**First Administrative Division**	**Location**	**Planned**	**Actual**	**Comments**
Turkey	Mugla	Mugla	**X**		
Turkey	Manisa	Manisa	**X**		
Turkey	Kirsehir	Kirsehir	**X**		
Turkey	Mersin	Mersin	**X**		
Turkey	Gaziantep	Gaziantep	**X**		
Turkey	Elazig	Elazig	**X**		
Turkey	Diyarbakir	Diyarbakir	**X**		
Turkey	Ankara	Ankara	**X**		
Turkey	Aksaray	Aksaray	**X**		
Turkey	Tekirdag	Tekirdag	**X**		
Turkey	Samsun	Samsun	**X**		
Turkey	Rize	Rize	**X**		
Turkey	Bolu	Bolu	**X**		

Consultants (Will be disclosed in the Monthly Operational Summary)

Consultants Required ? Consulting services to be determined

I. STRATEGIC CONTEXT

A. Country Context

1. Turkey is an upper-middle-income country, with the world's 18th-largest economy and a GDP that reached US$800.107 billion in 2014. Private consumption accounts for slightly lower than 70 percent of GDP and is the main driver of economic growth, while exports make up only 27.7 percent of GDP. Domestic savings are not sufficiently high (14.9 percent of GDP), and thus economic growth is financed largely by external inflows, most of which are of a short-term nature and therefore increase the risk of volatility.

2. Turkey's development over the past decade is a story of notable turnaround thanks to successfully implemented structural reforms and sound macroeconomic management. Reforms include applying strong fiscal management, strengthening banking supervision, and shifting to a flexible exchange rate regime with an independent central bank responsible for inflation targeting. These reforms yielded results; despite the global crisis of 2008–09, the Turkish economy expanded by an average of 4,9 percent during the 2002–14 period. These reforms created the fiscal space needed to support a large increase in both the access to and quality of basic social services.

3. Turkey has also had a good performance in reducing poverty and boosting shared prosperity in the past decade. Between 2002 and 2011, extreme poverty fell from 13 to 5 percent, while moderate poverty fell from 44 to 22 percent (World Bank estimates for US$2.5 and US$5 a day, respectively). The labor market has been the most important factor driving poverty reduction in Turkey in the 2000s, with around two-thirds of the decline due to higher private sector earnings or higher employment rates among poor households. Other main drivers of these positive changes have been social assistance and pensions. Pockets of poverty and vulnerability remain, particularly in rural areas and in the economically less-advanced regions. Rural poverty rates are roughly twice the level in urban areas, even though the majority of the poor live in cities.

B. Sectoral and Institutional Context

Background

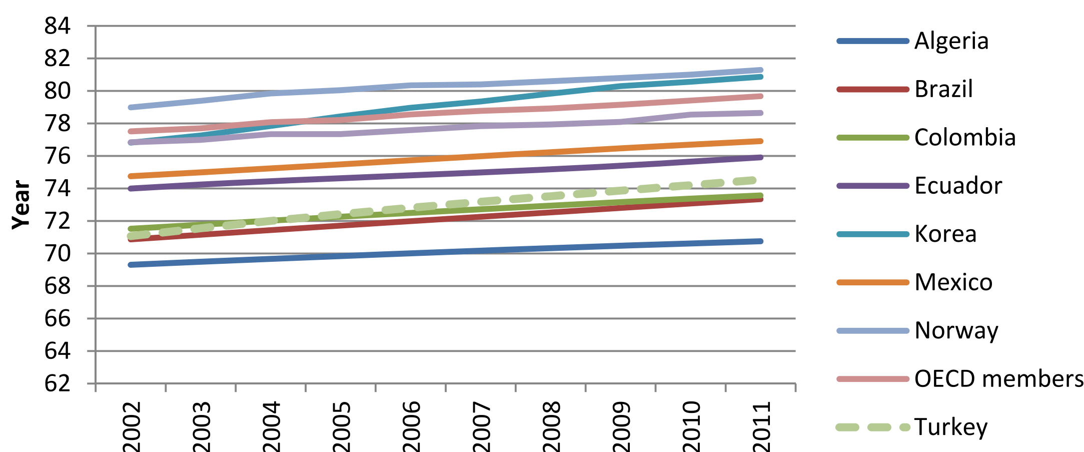
4. During the past decade, thanks to a major health reform known as the Health Transformation Program (HTP), Turkey underwent significant improvements in the supply of and demand for services that are reflected in health outcomes, trends in health financing, and health utilization rates.

5. Among the key reform elements of the HTP are the introduction of the family medicine system, which was started in 2005 and rolled out nationwide by 2010. It replaced the health center/health post structures at the primary care level with community health centers (CHCs) and family medicine centers. The unification of public hospitals transferred managerial responsibility for the Social Insurance Institution (SII, the previous insurance scheme for employees) hospitals to Ministry of Health (MoH) structures, bringing all public hospitals under one umbrella. The amended Social Security and Universal Health Insurance Law was adopted in 2008. Universal Health Insurance (UHI) unified the previously fragmented enrollees (active and retired civil servants, blue- and white-collar workers in the public and private sectors, and the self-employed, as well as green card holders) under a single institution, the Social Security Institution (SSI), and made health services accessible to all, using a single package of benefits, regardless of affiliation with previous health insurance schemes. A single purchaser model was created in which SSI assumed full responsibility for all health financing functions of revenue collection, pooling, and purchasing. The ministry

underwent a major restructuring in October 2011 (Statutory Decree No. 663[1]); under the new setting, the General Directorates are now responsible as service units for its policy formulation, planning, and regulatory functions, and some previous General Directorates became affiliated agencies, such as the Drugs and Medical Devices Institution, the Public Hospitals Institution (PHoI), and the Public Health Institution.

6. The HTP was instrumental in achieving universal health coverage (UC) to enhance equity substantially and led to quantifiable and beneficial effects on all health system goals, including an improved level and distribution of health outcomes, enhanced fairness in financing and better financial protection, and increased user satisfaction (Atun et al. 2013). By 2011, the increases in life expectancy at birth had aligned Turkey with the OECD average level relative to both its income and health spending per capita (figure 1). An average Turkish newborn had the chance of living an additional 3.5 years if born in 2011 as compared to 2002 (World Bank 2013). Between 2002 and 2011, life expectancy grew from an average of 71 to 74.5 years. Under-five mortality fell sharply from 72 per 1,000 live births in 1990 to 15 in 2011, and infant mortality fell from 60 per 1,000 live births in 1990 to 12 in 2011 (Atun et al. 2013). Equity in health outcomes also improved; infant mortality rates declined among the poorest quintiles to levels comparable to those of the richest quintiles between 1998 and 2008, from 47 per 1,000 to 12.2 per 1,000 live births (Atun et al. 2013).

Figure 1. Life Expectancy at Birth 2002–11



Source: World Bank, World Development Indicators 2013.

7. Turkey's health expenditures also increased at a faster rate than comparator countries (Tatar and Celik 2013), which led to significant declines in out-of-pocket spending (OOP) (Smith and Nguyen 2013). Turkey had the largest reduction in OOP spending of all Organisation for Economic Co-operation and Development (OECD) countries (OECD and World Bank 2008). The decrease in OOP for the 1999–2012 period was 47 percent, according to MoH statistics (figure 2).

8. The increase in the utilization of health care services is generally the most explicit indicator for assessing the impact of reforms on the demand for health care services and user satisfaction. In Turkey, outpatient physician visits per capita have more than doubled in the past decade, growing from 3.1 in 2002 to 8.2 in 2013 (Turkey 2014). Currently, per capita visits are above the OECD average. Both physical and financial accessibility have also improved in Turkey.

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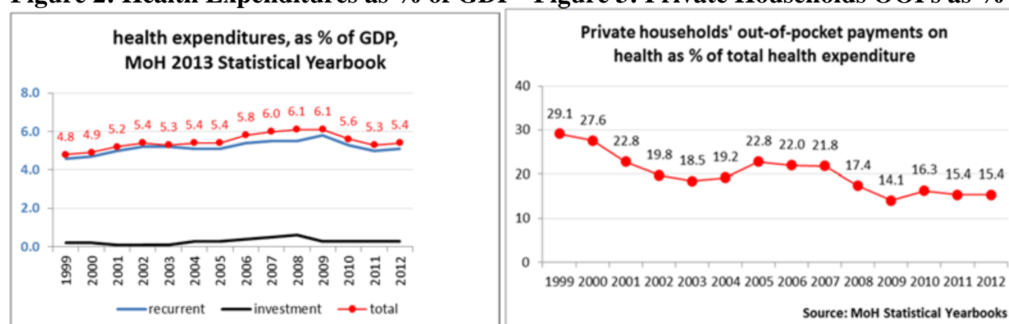
[1] Turkey, Government of. "Law on Prevention and Control of Hazards of Tobacco Products," Law No. 4207, 1996, http://www.mevzuat.gov.tr/MevzuatMetin/1.5.4207.pdf (in Turkish)

Figure 2: Health Expenditures as % of GDP   Figure 3: Private Households OOPs as % of THE



Looking forward

9. Despite achieving "best practice" UC reform, the rise of Non-communicable Diseases (NCDs) in the burden of overall disease remains a key health challenge. NCDs are currently responsible for more than 80 percent of the disease and mortality burden, and ill health due to cardiovascular disease (CVD) has not improved during the past decade; for example, reported mortality from coronary heart disease among Turkish women is the highest in Europe (WHO 2014). The prevalence of type-2 diabetes has doubled over the past decade and is the fourth most significant cause of ill health in Turkey (Basara 2013). Clinically significant hypertension exists in at least a third of the Turkish population, and the majority are not aware of their condition or taking appropriate care. A number of cancers, including lung, breast, and colorectal cancers, are among the top 25 causes of ill health. The Turkish population is also aging rapidly, with the number of people over 65 expected to reach 8.6 million (10 percent of the population) by 2023, which will exacerbate the challenge of addressing NCDs.

10. NCDs are the major cause of premature death among the lower-income group in Turkey. A recent unpublished study on NCDs in Turkey found these conditions to be pervasive and highlights the impact of social determinants on health: people with low educational attainment and a weak employment status are more likely to develop diabetes mellitus and hypertension (Chakraborty S, et al 2014). The results of the logistic regression analysis for this study also indicate that elevated weight and obesity are countrywide problems, without much distinction between the different social determinants.

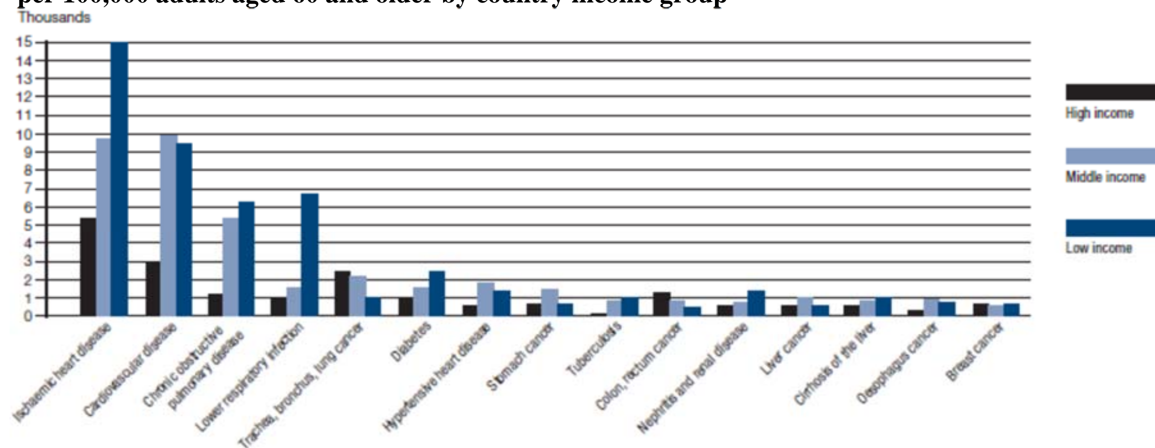
11. Addressing NCDs requires a multi-pronged approach that starts with promoting healthy living and changing behaviors to address the major risk factors, such as smoking, obesity, physical inactivity, and alcohol use. With regard to smoking, Turkey has been remarkably successful in tobacco control efforts, as it has implemented all the best-buy interventions set forth by the World Health Organization (WHO) (WHO and World Economic Forum 2011). The tax on tobacco products was increased to 78 percent of cigarette costs in 2010–11, and there is a complete ban on smoking in closed public places (Law 2407[2]). In addition, health information and warnings on tobacco products are required, and mass media advertising, promotion, and sponsorship of tobacco products are prohibited.[3] Still, in 2012, more than 40 percent of Turkish males older than 15 continue to smoke (Turkey 2013), and passive smoking is a large concern. As concerns obesity and physical activity, in 2010, 34.6 percent of the population in Turkey was overweight and 30.3 percent obese (Atun et al. 2013). As part of the HTP, the MoH introduced several programs, such as Healthy

[2] Turkey, Government of. "Law on Prevention and Control of Hazards of Tobacco Products," Law No. 4207, 1996, http://www.mevzuat.gov.tr/MevzuatMetin/1.5.4207.pdf (in Turkish).
[3] See http://www.mevzuat.gov.tr/MevzuatMetin/1.5.4207.pdf./ The Republic of Turkey, Law on Prevention and Control of Hazards of Tobacco Products. Law no. 4207, 1996

Nutrition and Active Living (2010–14), Turkey Cardiovascular Diseases Prevention and Control (2010–14), and Obesity Prevention and Control (2010–14), to raise popular awareness and promote a healthy diet and physical exercise. The MoH has continued the Healthy Nutrition and Active Living Program (2014–17) and also adopted new ones, such as the Renal Diseases Prevention and Control Program (2014–17), to improve preventive health care by focusing on dietary habits and excessive salt consumption, physical inactivity, both active and passive smoking, alcohol consumption, and tobacco addiction. A new strategy on substance addiction is also being prepared.

12. Tackling NCDs also needs a multi-sectoral approach, and the MoH has been working in close cooperation with the line ministries (sports, education, transportation), local administrations, local and international institutions, academics, private sector associations, and consumer groups. Some activities, such as those to inform teachers and students about healthy nutrition and exercise, implement effective inspections at school food services, and update legal requirements about food advertising, have already been initiated. Strengthening collaboration between stakeholders to link these activities to other projects and partners and also finding other instruments outside of the health sector will remain important mandates of the MoH.

Figure 4. Years of Life Lost due to Premature Death, per 100,000 adults aged 60 and older by country income group



Source: WHO 2012.

13. In addition to the earlier established specialist team in the ministry, the current Active Living Program has developed a strategy for the program's implementation in those CHCs with adequate infrastructure or in facilities made available by the municipalities. The main goal of the Healthy Living Centers Program is to trigger sustained behavior change by creating opportunities to learn about actual healthy living practices. Healthy Living Centers were established in 2013 and 2014 in several provinces (Afyonkarahisar, Istanbul, Bitlis, Kayseri, Kirklareli, Kirikkale, and Karabuk), operated by multi-disciplinary teams made up of physicians, dieticians, nurses, and midwives. They provide services such as training and counseling on obesity, healthy nutrition, and exercise. However, experience shows operational variation between provinces due to the lack of service standardization, difficulties in recruiting a qualified task force, and logistical issues.

14. Turkey is making progress on improving the registration, prevention, and early detection of cancer, but greater effort is needed. In 2012, the national cancer screening standards were revised. Turkey's most recent National Cancer Control Program (2013–18) consists of cancer registry activities, prevention, screening and early diagnosis, and treatment and palliative care. Population-based screening and public training programs on breast, cervical, and colorectal cancers are being offered free of charge at the Cancer Early

Diagnosis, Screening, and Training Centers. Going forward, the MoH has set a goal of increasing the participation in the screening programs to 70 percent of the eligible population by 2017.

15. Managing and screening for NCDs are most efficiently done at the primary care level. Family medicine, one of the most important elements of the HTP, is still in its infancy—similar systems in other countries needed a longer time frame to become fully effective. Although the family medicine scheme did contribute to achievements in infant and maternal mortality, because of a payment scheme that penalizes low performance, the number of health personnel in primary health care remains inadequate. Adding additional responsibilities with regard to NCDs will require increasing the human resources of the family medicine system and improving the capacity and expanding the core skill sets of family medicine practices. The MoH recently revisited the terms of reference (ToR) of family medicine practitioners and has created a mechanism to increase human resources by adding an additional assistant at the primary care level. The MoH defines the activities/duties related to NCDs as part of the core functions of the family medicine system, and as such, they are not subject to specific incentives.

16. Substance addiction is an emerging agenda for the Government of Turkey. The Institute for Health Metrics and Evaluation (IHME) estimates[4] that the death rate from drug use disorders in Turkey increased almost threefold between 1990 and 2010 for both sexes and all ages.[5] This increase is above that for comparator countries in the Europe and Central Asia (ECA) region for the same period, which averaged a 2.3-fold increase (IHME 2010). Recent information suggests that the estimated number of people suffering from substance addiction has increased drastically in Turkey, while the starting age of substance use has fallen. In response to growing concerns, studies to understand the magnitude of the problem are being commissioned. The Prime Ministry has issued an Urgent Action Plan to address the issue, and the MoH's plan envisages research activities on the prevalence/incidence of the problem and its root causes, as well as awareness-raising activities on substance abuse specifically through family physicians and the establishment of child and adolescent substance abuse treatment centers in the existing CHCs.

17. In addition to increasing access to health care services, the HTP also aimed to improve the efficiency of health service providers. After the integration of the security schemes under the SSI and the implementation of UHI, the HTP focused on establishing a framework for changes in governance and transforming the MoH into an organization responsible for the planning and supervision of the health sector. The PHoI was established in 2012 as an affiliated institution to the MoH. The PHoI regulates finances and administration for public hospitals and carries out the monitoring and assessment of Public Hospital Unions (PHUs). The MoH, for its part, is responsible for preparing and implementing standards for hospital health care services (public, university, and private hospitals).

18. In this new setting, MoH hospitals were grouped under 87 PHUs on a provincial basis, with each group of public hospitals overseen by a three-member administrative team under the leadership of an appointed president. These unions are responsible for planning, budgeting, and implementing activities. Under this new system, hospital administrators are empowered to act more independently, with flexibility in the use of their resources and enhanced financial and managerial autonomy. The administrators are responsible for preparing annual performance plans to meet MoH objectives and relevant legislation, making decisions about the purchase of high-cost equipment, defining investment needs, determining human resource deployment, and so forth. The autonomy reform includes provisions to ensure public accountability for performance and also provides for public hospitals to be evaluated in areas such as patient and staff satisfaction, service infrastructure, organization, quality, and efficiency. When these hospitals perform poorly and fail to improve over a designated review period with respect to these key performance indicators,

[4] See "GBD (General Burden of Disease) Compare," http://www.healthdata.org/data-visualization/gbd-compare.
[5] The deaths from drug use disorders per 100,000 population were 0.45 (1.54–0.18) in 1990, 0.65 (1.77–0.29) in 1995, 0.83 (2.13–0.43) in 2000, 0.98 (2.36–0.53) in 2005, and 1.35 (3.49–0.71) in 2010.

the union's executive board is to be annulled and replaced. The reform also provides some enhanced flexibility in the deployment and remuneration of personnel across the hospitals in the union, with the aim of enabling public hospitals to attract or retain certain high-performing physicians with bonuses.

19. In addition to this major institutional change, the Government has embarked on a large program to expand the number of public hospitals and refurbish existing ones (including through public-private partnership [PPP] arrangements), so as to modernize the secondary and tertiary levels and move them closer to the OECD average. While such an investment is needed to improve population coverage, the Government is also aware that this investment requires a concomitant effort to increase the efficiency of hospital management. Although hospital efficiency improved during implementation of the HTP, the latest available hospital efficiency index was about 74 percent (Şahin, *et al*, 2009), meaning that about 26 percent of hospital inputs (i.e., beds, staff, and budget) are not contributing to the production of any output.

20. To address this concern, the Government has embarked on "macro-level" interventions. Strategic plans have been developed at the PHU level to ensure that public hospitals are focusing on a few specializations and can reap the benefits of economies of scale. The procurement of drugs, medical supplies, and medical devices is also increasingly being done at the PHU level to obtain greater savings from suppliers. Although public hospitals are still funded through a global (hard) budget mechanism, the PHoI is planning to make greater use of diagnosis-related groups (DRGs) to revise these global budgets in a more efficient way (i.e., cutting budgets for overfunded public hospitals). To further enhance the impact of these macro-level policies, the PHoI plans to design and implement "micro-level" interventions that focus on streamlining clinical and non-clinical processes within public hospitals. Practically speaking, this means that existing hospital procedures will be reviewed and then streamlined and standardized so as to cut costs (such as staff time and expenditures on medical devices, drugs, and medical supplies).

21. Ensuring the continuous improvement of quality in health services has been another priority of the HTP. A performance-based supplementary payment system was introduced in 2003, and a quality dimension was added as a second stage in 2005 by introducing a comprehensive hospital assessment system, based on access to health care, service infrastructure, an assessment of procedures, a measurement of patient satisfaction, and the fulfillment of target goals.

22. Another MoH priority is to increase access to quality beds and deal with outdated infrastructure. An ambitious TL 20 billion PPP investment program was initiated primarily to upgrade the quality of existing public hospital bed stock, which will also reduce the fragmentation of current service provision and the need to transfer patients between public hospitals. The health care PPPs pursued by the MoH are largely for complex and large health care campuses, the operation of which will be assumed, upon completion, by newly appointed management teams of individual public hospital unions. Managing the implementation of these very large investments, involving contracts with the private investors and contractors, will challenge MoH's existing capacity throughout the process of preparation, follow-up, and pre- and post-commissioning in the legal, financial, engineering, construction supervision, and clinical operations fields, all of which will be complicated further by a lack of standardized documentation. All are important for the sustainability, institutional memory, and effective functioning of the investment operations and PPP practices. With the collaboration of the European Bank for Reconstruction and Development (EBRD), the MoH is currently developing a preliminary framework to build institutional capacity for PPP contract management and monitoring and also conducting a retrospective value for money analysis.

23. Monitoring the impact of the reforms is important to the MoH, and through the HTP, the ministry has already started focusing on health system evaluation by supporting various studies. These include the World Bank-OECD Health Systems Review, the World Bank-WHO Health System Performance Assessment (HSPA), and MoH's Lancet Turkey Special Edition. The MoH needs to sustain such evaluations to improve its evidence-based decision and policy making. The prerequisites for in-depth evaluations are (i) improving

and making fully functional a health management information system (HMIS) that utilizes reliable and consolidated data, (ii) generating health statistics based on international standards, and (iii) employing an efficient audit and monitoring system.

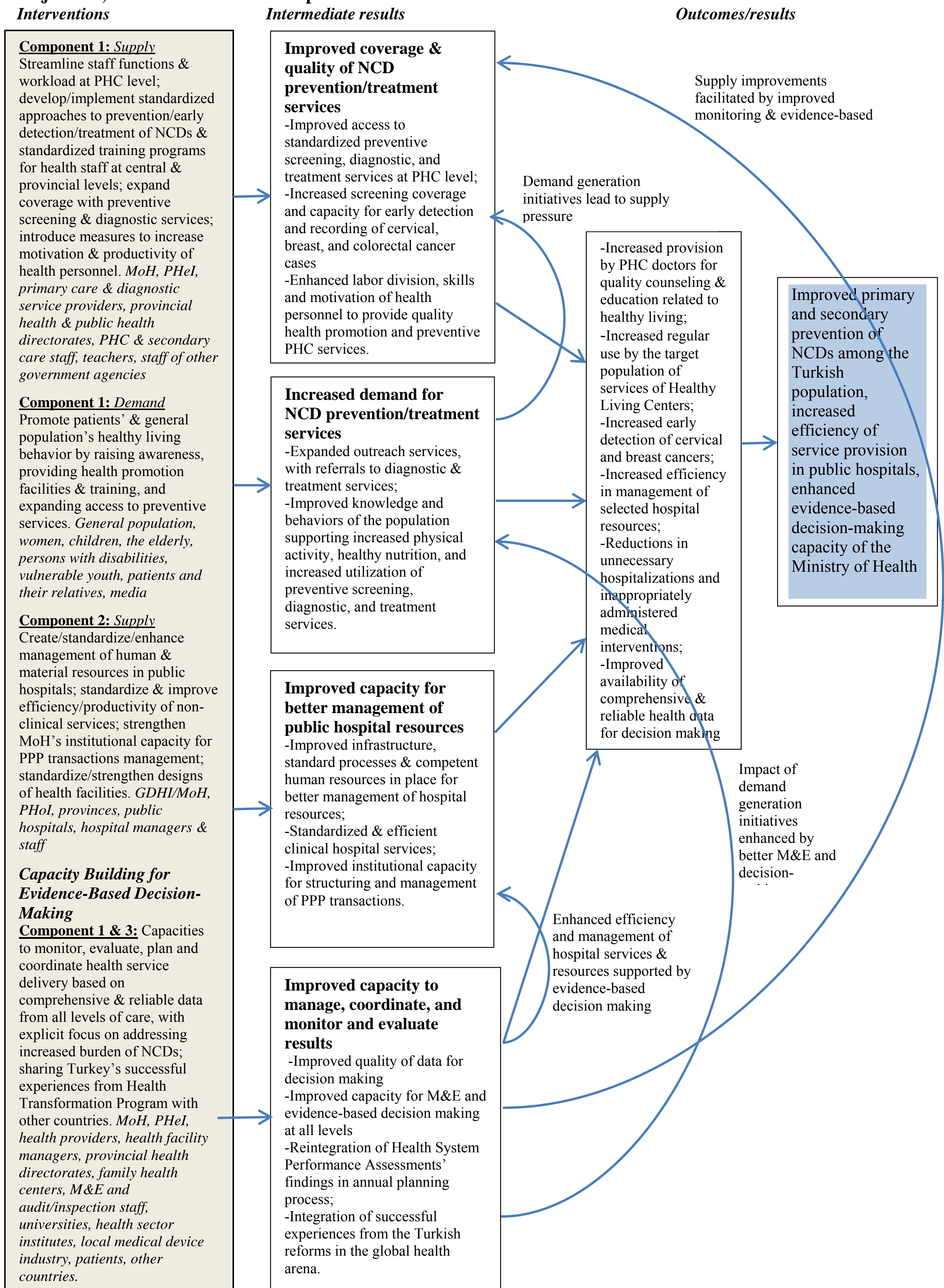
24. The HMIS is a crucial building block of the overall health system structure. As the information needs to flow in between different bodies of knowledge of the system, any drawback will lead to errors in operations and decision making and the disruption of proper service provision, thus directly affecting the patients. An integrated HMIS that would also link administrative cost and clinical data within hospital facilities and facilitate the electronic exchange of health data with other parts of the health sector (primary care centers) is a priority for Turkey. E-health in Turkey is fairly advanced at the facility level, as most hospitals and family medicine facilities have some sort of health information system (HIS)/HMIS solution deployed by 80–90 solution providers (information and communications technology [ICT] companies). The General Directorate for Health Information Systems of the MoH runs more than 20 central systems that collect, integrate, and exchange various sets of demographic, clinical, and administrative data. However, the situation is far from perfect; the MoH has access to most of the needed indicators but not through one integrated HMIS system, and not based on harmonized and standardized data descriptions.

25. The importance of using improved health statistics for effective system analysis and evaluation and decision and policy making necessitates revisiting the data inventory and data collection systems at the national level. A cleaning-up and restructuring process for the statistical infrastructure as well as the design/introduction of new and efficient data collection procedures are crucial to better address the changing and newly emerging needs of the health system and to meet international data sharing commitments.

26. The HTP emphasized increasing the availability of scarce technology. Between 2002 and 2013, the number of MRI machines increased from 58 to 798, CT scanners from 323 to 1080, and ultrasound machines from 1,005 to 4,756 (MoH 2014). The MoH also plans to build further capacity in health technology assessment (HTA) to effectively cope with the rapidly changing technology (vaccinations, pharmaceuticals, medical devices, and medical interventions). Once such capacity is built, the MoH, together with its stakeholders (such as the SSI and the Ministry of Development), would be in a better position to manage its financial resources.

27. Turkey's HTP has become a best practice example, and many countries have expressed an interest in learning from the country's experiences. Turkey plans to continue to share its lessons, mainly through the transfer of knowledge on health system planning and development and on technical capacity building in specific areas such as disaster health management. This is in line with the MoH's latest Strategic Plan to contribute to global health through international collaboration and development aid as well as with the World Bank's Country Partnership Strategy (CPS) 2012–15, which aims to work closely with the Turkish Government, the private sector, and civil society organizations to build a more effective and financially sustainable health system while allowing interested countries to learn from Turkey's valuable experience. This project supports the upcoming reforms and addresses the challenges laid out above as per the results chain below.

Figure 5. Results Chain: Summary of the Theory of Change between Interventions and Project Development Objectives, and Links between Component Results



C. The Project's Contribution to the Higher-Level Objectives

28. The proposed Health System Strengthening and Support Project (HSSSP) is consistent with the priorities outlined in the CPS (report no 75520-TU) and the CPS Progress Report (no 88881-TU, September 16, 2014). The CPS has three main strategic objectives: enhanced competitiveness and employment; improved equity and public services; and deepened sustainable development. One key outcome under the strategic objective of improving equity and public services is a more effective and financially sustainable health system. This proposed project builds on the Adaptable Program Loans (APLs) that have supported Turkey's HTP between 2003 and the present. The second phase of the two-phased APL approach is closing on September 30, 2015. The new project will continue the support with a new strategic focus on curbing the rise of NCDs and promoting efficiency and quality improvements.

29. The MoH's 2013–2017 Strategic Plan lays out its vision for an ideal health system: "It must be accessible, of high-quality, efficient and sustainable. Individuals must have access to health care services in a timely and equitable manner." The plan is structured around four strategic goals and 32 objectives. The Bank's engagement will focus on supporting the MoH's four health sector goals and the Government's Healthy Living Action Plan as follows:

1) Awareness raising about healthy living and the prevention of chronic disease risk factors, such as obesity, in support of goal 1: to protect the individual and the community from health risks and foster healthy lifestyles.
2) Early detection of chronic disease (cancer, obesity, diabetes) through improving primary care and effective management of chronic disease for those already affected, including the prevention of severe cases and co-morbidities by improving referrals and higher-levels of care in support of goal 2: to provide accessible, appropriate, effective, and efficient health services to individuals and the community. This goal also aims to improve health care services in terms of administration, structure, and function and to improve the capacity, quality, and distribution of health care institutional infrastructure. The new project will ensure the development of managerial models for health facilities and also respond directly to the strategic focus of Turkey's Tenth Development Plan, which calls for health investments through PPPs to help build capacity for better planning and implementation.
3) Better responses to the health needs and expectations of individuals based on a human-centered and holistic approach in support of goal 3. The MoH will try to meet the needs of individuals with special needs and increase the satisfaction of individuals and health workers with the programs developed under the national budget.
4) Improved efficiency, sustainability, quality, and equity in support goal 4: to continue to develop the health system as a means of contributing to the economic and social development of Turkey and to global health.

30. The strategic relevance and the link to the World Bank twin goals are clear. Strengthening public health and promoting healthy living directly impact the poor, as they suffer from NCDs more than the richer population (figure 4). Improving the stewardship role of the MoH includes evidence-based policy making and better systems of monitoring and evaluation (M&E) of progress on health outcomes, including with regard to diseases that disproportionally affect the poorer 40 percent of the population and the focus on gender. The unpublished study on NCDs cited above demonstrates that people with low educational attainment and unemployment status are more likely to develop diabetes mellitus and hypertension. The link to the World Bank twin goals and component 2, *increasing the efficiency of health facility management* (see paragraph 36), may be less direct; however, the health investments are geared toward promoting rehabilitation, adding essential services, and improving the quality of secondary facilities and the beds of facilities and services used by the bottom 40 percent of the population.

31. Other related World Bank support has included analytical and advisory assistance in the areas of health financing (2013), hospital restructuring (2013), pharmaceuticals (2013), and the political economy of the HTP reform (2014). The new operation is proposed as an Investment Project Financing (IPF) instrument, which would allow the World Bank to finance some critical structural investments to further implement the next phase of Turkey's health reform program. A Program for Results instrument was initially discussed, but was not deemed appropriate at this juncture, as Turkey is looking for specific support on certain aspects of its reform program.

II. PROJECT DEVELOPMENT OBJECTIVES

A. PDO

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

B. Project Beneficiaries

33. Although the project beneficiaries encompass the entire population of Turkey, the poorer segments of the population and vulnerable groups such as poor women will particularly benefit, as they suffer disproportionally from the targeted diseases. For example, Turkish women are more likely to be obese than Turkish men (Chakraborty S, et al 2014), and smoking rates are higher among low socioeconomic groups, in terms of employment status/occupation and education level in particular (Global Adult Tobacco Survey, Turkey 2009). A secondary group of project beneficiaries are primary and secondary health care providers, health facility and public hospital staff and managers, and MoH and related agency staff. Following a systematic effort to measure patient satisfaction established under the HTP, the project has an indicator to regularly monitor beneficiary feedback on satisfaction with the ease of access to Healthy Living Centers and/or the responsiveness of services to beneficiaries' individual needs (see more details in paragraph 62).

34. The HSSSP is gender sensitive in that it emphasizes women's health issues, such as high female obesity rates (Chakraborty S, et al 2014) and breast and ovarian cancer. The project support to the HMIS will also improve the gender-disaggregated monitoring of services.

C. PDO-Level Results Indicators

1. PDO Indicator 1: Percent of individuals who receive counseling or education from health workers related to healthy living (by gender)
2. PDO Indicator 2: Percentage change of target population using services of Healthy Living Centers (by province, age, gender, income, health status, and type of services provided)
3. PDO Indicator 3: Early detection of (a) cervical and (b) breast cancer (by province and age)
4. PDO Indicator 4: Increase in average composite productivity index for all public hospitals
5. PDO Indicator 5: Percent of policy and decision makers that use HMIS on a regular (monthly) basis[6]

[6] Percent of decision makers who accessed HMIS data sets on a monthly basis and percent of decision makers at central and local (provincial) levels who used the HMIS for audit and monitoring and evaluation purposes.

III. PROJECT DESCRIPTION

A. Project Components

Component 1: Primary and Secondary Prevention (EUR 39.39 million)

35. Component 1 of the project aims to raise awareness (among both the population and health care providers) about the risk factors associated with NCDs and to promote healthy lifestyles and behavior change. A four-pronged approach is pursued: (i) Take reliable (and internationally comparable) stock of NCD-related health data to assess the current status (and disease burden) of NCDs in the country and provide robust evidence for future policy making; (ii) Increase population and health human resource awareness about NCDs, with a focus on hypertension, healthy diet, excessive salt consumption, physical activity (exercise), weight control, and diabetes mellitus; (iii) Implement a concrete population-based intervention strategy by strengthening the Healthy Living Centers, which are led by a multi-disciplinary team (in eight provinces) that will promote healthy lifestyles; and (iv) Develop clinical guidelines and training modules on renal disease, CVD, diabetes mellitus, and obesity control as part of the preliminary efforts toward standardized primary health care service for NCDs and conduct training.

36. The component will finance consulting services (such as for national campaigns), medical and other equipment (such as IT and distance-learning equipment), technical assistance, and training. Minor refurbishing or rehabilitation of existing Healthy Living Center facilities is foreseen, though these will include only small paint jobs and/or space reconfiguration to allow for physical activities. All component 1 activities will be accompanied by studies and evaluations supported under component 3.

Subcomponent 1 (EUR 25.32 million): Increase national awareness and behavior change with regard to the risk factors of chronic disease and addiction: unhealthy dietary habits and excessive salt consumption, physical inactivity, active and passive smoking, alcohol consumption, aging in general, and substance addiction. The key activities supported under this subcomponent include (i) the promotion of physical activity by piloting such activities in Healthy Living Centers, including some minor rehabilitation of CHCs to reconfigure space for physical activities and exercise equipment, where needed; (ii) the development 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 and at Healthy Living Centers ;and (iii) implementation of a nationwide campaign to deal with substance addiction and strengthened infrastructure to provide services in the Treatment Centers for People Suffering from Alcoholism and Substance Addiction (AMATEMs) and the Treatment Centers for Children and Adolescents Suffering from Substance Addiction (ÇEMATEMs).

Subcomponent 2 (EUR 3.76 million): Ensure effective screening for the early detection of cancer through improving access to quality primary care services and monitoring efforts at all levels. The key activities supported under this subcomponent include: (i) operate and improve capacity in post-screening diagnosis centers (second-level diagnostics); (ii) introduce the national cancer registry software by improving physical and technical infrastructure and training health workers in its use; and (iii) develop guidelines, standards, and training modules for palliative care.

Subcomponent 3 (EUR 10.31 million): Strengthen the capacity of primary health care workers to consolidate the results achieved under the HTP and introduce better services related to NCDs. The key activities to be supported under this subcomponent include: (i) support to strengthen the Family Physician Training Program, including expanding the infrastructure and hardware of the current

distance-learning system to nationwide coverage and adapting the current face-to-face training modules for family physicians to a distance-learning approach to increase efficiency and coverage; and (ii) conduct a thorough workload analysis and standardize work procedures to allow for more effective service delivery and better quality of care by family physicians.

Component 2: Increasing the Efficiency of Public Hospital Management and Operations (EUR 41.65 million)

37. This component will support two major initiatives: (i) a program to strengthen hospital management and operations through technical assistance and implementation support; and (ii) support to the Health Investments Program through capacity building of the MoH's General Directorate of Health Investments (GDHI) and the PHoI in contract and facility management. The component will finance large technical assistance contracts and consulting services to assist the PHoI in developing and applying the micro-level reforms. It will also finance the relevant equipment, especially IT, and a significant amount off training at the central and facility levels.

Subcomponent 1 (EUR 25.50 million): Strengthening public hospital management and clinical operations. This subcomponent aims to strengthen public hospital efficiency through interventions in four different areas: (i) clinical engineering,[7] (ii) drug and medical supplies management, (iii) clinical care processes, and (iv) administrative and financial information systems. In each of these four areas, the MoH is planning to (i) provide training to public hospital staff, (ii) develop national guidelines and classifications, (ii) support public hospital teams to implement guidelines and standards, and (iv) strengthen information systems.

Subcomponent 2 (EUR 2.59 million): Introducing architectural and technical standards for health facilities. The key activities supported under this subcomponent include: (i) developing architectural and technical standards for health facilities of various profiles (public hospitals, oral and dental health centers, family health centers, etc.); and (ii) supporting the implementation of developed standards for health facilities.

Subcomponent 3 (EUR 13.56 million): Providing technical support to the PPP program implementation unit under the MoH by strengthening the capacity of the GDHI in managing and administering PPP projects in engagement with the relevant stakeholders, including the Treasury and the Ministry of Development and in developing in-house capacity in the legal, financial, operational, and structural aspects of contract management.

Component 3: Improving the Effectiveness of Overall Health Sector Administration (EUR 38.96 million)

38. This component facilitates the first two components and will build on earlier World Bank support provided through the APLs. One key prerequisite for greater efficiency and effectiveness in the health sector is to institutionalize a better system of collecting, processing, validating, and using information for policy decisions. This component therefore supports the development of the evidence-based policy-making capacity of the MoH, as well improvements in its M&E capacity aimed at more efficient, effective, and high-quality health service provision and more reliable and consolidated data available at all levels. The component also includes support for sharing Turkey's reform experience worldwide.

[7] Clinical engineering refers to providing management, maintenance, repair, and calibration of medical equipment.

Subcomponent 1 (EUR 27.26 million): A well-functioning Health Management Information System (HMIS). This involves enhancing the evidence-based policy and decision-making capacity of the MoH. The key activities that will be supported under this component include: (i) institutionalizing health sector performance assessments and harmonizing health sector data in line with international standards; (ii) developing and adopting national e-health standards and legislation to improve the quality of health data and ensure the interoperability of HMIS's nationwide and internationally; (iii) developing and implementing a computerized decision support system (HMIS) for decision makers on various levels, based on the integration of reliable and consolidated data from existing systems; and (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.

Subcomponent 2 (EUR 2.85 million): Sharing Turkey's Experience. The key activities that will be supported under this subcomponent include developing a model for sharing experiences in the health sector (including country-specific analysis and training) and disseminating HTP products.

Subcomponent 3 (EUR 3.52 million): Building Capacity in Health Technology Assessment (HTA). The key activities that will be supported under this subcomponent include the preparation of the HTA strategy and related legislative documents.

Subcomponent 4 (EUR 5.33 million): Project Management. A Project Management and Support Unit (PMSU) will mainly be responsible for coordinating the project with several different units of the Ministry as well as implementing its own part under the Project with, procurement, disbursement and fiduciary arrangements.

B. Project Financing

39. The project will be an IPF to be implemented over a period of approximately four years. This instrument is appropriate for the proposed operation as it finances implementation support, capacity building, and investments critical to the ongoing health reforms. It builds on the lessons of the two-phased APL, which successfully supported the past decade's health reforms in Turkey. The Government finances social health insurance subsidies, health worker salaries and operating costs, and all major infrastructure rehabilitation from its national budget and is managing the extensive health PPP program. This project is strategic in that it supports technical assistance, technological advances, and new activities in the areas the MoH has indicated as important to its future decisions and expansion plans. A Program for Results instrument was considered, but the Government decided in favor of an IPF, as setting boundaries on a program in support of health sector reform might have been difficult, given the large size of the overall program, the relatively small amount of Bank support, and the broad set of themes and institutions involved in the whole program.

Project Cost and Financing

Project Components	Project Cost		IBRD or IDA Financing	% Financing
1. Primary and Secondary Prevention	39.39			
1.1. Increase National Awareness		25.32		
1.2. Increase Effective Cancer Screening		3.76		
1.3. Strengthen Primary Health Care		10.31		
2.Increasing Efficiency of Public Hospital Management and Operations	41.65			
2.1 Reforming the health facility management systems.		25.50		
2.2 Introducing architectural and technical standards for health facilities.		2.59		

2.3 Developing health investments to be carried out through PPPs	13.56		
3.Improving Efficiency of Overall Health Sector Administration	38.96		
3.1. Health Management System	27.26		
3.2. Sharing Turkey's Experience	2.85		
3.3. Health Technology Assessment	3.52		
3.4. Project Management	5.33		
Total Costs			
Total Project Costs	120.00	120.00	100%
Front-End Fees			
Total Financing Required			

C. Lessons Learned and Reflected in the Project Design

40. The project takes into account key lessons learned from the past decade's HTP and past Bank-supported operations. It also takes guidance from the findings of analytical work conducted over the past five years in the areas of public hospital reform, political economy, human resources, and pharmaceuticals policy in Turkey and in global good practices in health reforms. The most important lessons of the past and how they are reflected in the current project are the following:

- Turkey is internationally recognized for having implemented successful health care reform, and the positive impact on health outcomes has been demonstrated. Turkey is now moving on to the next challenge of maintaining this achievement and addressing the new burden of NCDs, which have surpassed communicable disease as the primary health concern. The project takes the overall lessons from the HTP and supports the refocus on NCDs.
- Complex reforms require strong government commitment and continuity in leadership. One of the main determinants of the HTP's success was the strong commitment of the (then) Prime Minister and the Minister of Health, who remained in charge throughout the reform process. Reforms take time and require long-term engagement, dedication, and leadership. This lesson is reflected in the current design, especially in the preparatory phase, by the way it regularly engages MoH upper-management levels during the design process to obtain their guidance and buy-in.
- All stakeholders should be kept informed and engaged in the reform process. Although difficult decisions are sometimes needed, and some groups may experience negative effects as a result of a reform, these can be mitigated by keeping all those affected well informed. The HTP made a point of being present at the decentralized levels to communicate decisions and follow-up during implementation. One concrete area is a workload analysis of family medicine physicians and staff to evaluate the effects of the HTP and future changes and to include mitigating activities.
- It is important to monitor results and provide timely information to decision makers. As in any reform or program, this is crucial. The HSSSP has a strong emphasis on integrating M&E for evidence-based decision making under component 3, which focuses on overall implementation and strengthened governance at the MoH.
- Emphasis must be at the primary care level. Global experience demonstrates that addressing NCDs is most effectively conducted at the primary care level through regular screening of the targeted population. The HSSSP incorporates this lesson by strengthening the family medicine approach and increasing national efforts to raise awareness about risk factors.

IV. IMPLEMENTATION

A. Institutional and Implementation Arrangements

41. The MoH, as the overarching authority in the health sector, is responsible for implementation and oversight of the project over a period of approximately four years. Although the Social Security Institute (SSI) plays an important role in performance of the health sector, it is not an implementing partner under this project. There is however close collaboration and coordination between the different agencies. The PMSU established under the HTP and maintained under the currently ongoing Project in Support of Restructuring the Health Sector (PSRHS, P102172) will coordinate and facilitate project activities and have fiduciary responsibility. The PMSU, which has provided support to the implementation of past World Bank projects, would continue to ensure adequate staffing in the areas of procurement, financial management, and M&E; it will also provide technical support under the project and certify compliance with World Bank requirements for procurement, reporting, auditing, and monitoring. PMSU functioning is overseen by the Deputy Undersecretary, to whom the PMSU Director reports. The Project Operational Manual will be developed during the preparation phase and finalized before effectiveness. The financial management arrangements would build upon those developed under the PSRHS.

42. With regard to the procurement and financial management system, MoH implementing units (General Directorates and affiliated agencies) will be responsible for budgeting and executing their own investments and preparing the documentation for processing the related payments. The accounting and reporting in project currency, however, will be the responsibility of the PMSU. The implementing units will prepare their expenditure plans and budget estimations for the following year under the coordination of the PMSU, and strategic guidance will be provided by the Strategic Development Department, which will approve annual plans. The budget for the project will be included in the annual budgets of the MoH, and a designated account for the project will be established at the Central Bank of the Republic of Turkey (CBRT), which will be managed by the MoH PMSU.

43. The implementing units under the MoH will be responsible for implementing day-to-day project activities and monitoring and reporting on the results. These units include the General Directorates of Health Research, Health Information Systems, Health Investments, Health Services, Emergency Health Services, and European Union (EU) and Foreign Affairs, as well as the affiliated agencies: the PHoI and the Public Health Institution (PHeI). These units will also be responsible for drafting TOR for consultants, technical specifications, and bidding documents; selecting consultants and conducting procurement activities; and signing and paying contracts.

44. There is no parallel or co-financing from other international agencies or donor partners for the project. Nevertheless, during preparation, there has been and will continue to be very close coordination with relevant international agencies working on the health sector, particularly WHO, in the areas of reforming the health sector and addressing NCDs. There is no financial support in this project for the affiliated agency, the SSI; however, there is coordination with this agency on the relevant areas and ongoing dialogue on other modalities of collaboration. With regard to supporting the PPP program, the HSSSP is in close contact with relevant partners such as the World Bank Group, the International Finance Corporation (IFC), and the EBRD, which are financing and supporting various PPP activities.

45. Institutional Arrangements for Monitoring and Evaluation. The MoH will monitor and evaluate the progress and outcomes of the interventions supported by the project through its structural units (General Directorates) and affiliated agencies (PHeI and PHoI) involved in project implementation. The area-specific M&E responsibilities for the project mirror those reflected in the MoH's Strategic Plan, thus complementing the monitoring of the MoH's strategic objectives to which the project would contribute. Hands-on support and guidance to the M&E function of the implementing units and institutions will be

provided by experienced PMSU M&E staff and will be strengthened through in-service training and external capacity-building activities under the project management component. In addition, given the issues with data consistency, the quality and reliability of a number of activities under Component 3 specifically aim at strengthening MoH's institutional capacity for M&E. Responsibility for aggregating the collected M&E data and reporting it to the World Bank and relevant government agencies as part of annual implementation progress reports rests with the PMSU.

46. Data Sources. To the extent possible, progress on results will be monitored using routine data sources, such as those available from the information systems and administrative records of the MoH and affiliated agencies. In addition, project output/outcome monitoring will be supplemented by a periodic household health survey and a number of coordinated thematic surveys (see Annex 1) and provide input not only for project monitoring purposes but also for monitoring health sector performance more generally. The surveys will be conducted using evaluation methodologies and instruments from the EU or OECD to benchmark various aspects of Turkey's health system performance.

47. Frequency of Reporting. The MoH, through the PMSU, will annually report on most of the indicators for which data sources will be provided through administrative data sources and annual surveys (such as the Survey of Income and Living Conditions). For a limited number of other indicators, survey data would be provided at larger intervals. For example, the newly designed Household Health Survey, which is a combined version of the European Health Examination Survey (EHES) and WHO's STEP-wise approach to chronic disease risk factor surveillance (STEPS), will be conducted at the beginning, middle, and end points of project implementation. M&E arrangements, including the list of planned surveys, are specified in detail in Annex 1. Evaluation of project implementation will be done at the mid-term review and project closing.

B. Sustainability

48. From an institutional perspective, this project's sustainability is likely. The Government has shown its commitment to health sector reform for more than a decade and has used information to refocus attention on the new burden of disease, NCDs. At the same, there is strong commitment to maintaining the earlier achievements by the continued strengthening of the family medicine program. Of particular importance for sustainability is the improvement of the HMIS, which would bring higher-quality data that would be collected and reported in real time from the primary source. There will also be accountability and feedback mechanisms introduced in the data submission system. As in the past, greater autonomy and flexibility in the public hospital system will be part of this project, as will the kind of efforts to build capacity that were successfully begun previously. This project would increase efficiency by introducing distance-learning modalities, efficiency gains in hospital management, and improved targeting for screening and preventive health behavior activities.

49. From a financial sustainability perspective, this project is rated moderate. It introduces efficiency gains and cost savings, especially through component 2, which supports public hospital management reforms. The project amount covers less than 5 percent of total government spending on health, and as the majority of the resources are dedicated to investments, it will not likely create an additional financing need. Public health expenditure (PHE) in Turkey reached approximately US$36.681 million in 2012 (see Annex 5), which represents a significant increase from the US$8.305 in public funds allocated to the health sector in 2000. PHE, measured as a share of GDP, increased from 3.11 percent in 2000 to 4.65 percent in 2012. PHE after 2013 has been estimated using the following assumptions: (i) GDP is expected to grow by 0.99 percent in 2014 and by 6 percent during the 2015–20 period, according to International Monetary Fund (IMF) estimates (IMF 2014); and (ii) the level of PHE as a share of GDP will remain constant at 4.65 percent.

V. KEY RISKS

Risk Category	Rating
1. Political and Governance	Substantial
2. Macroeconomic	Moderate
3. Sector Strategies and Policies	Low
4. Technical Design of Project or Program	Moderate
5. Institutional Capacity for Implementation and Sustainability	Substantial
6. Fiduciary	Substantial
7. Environment and Social	Low
8. Stakeholders	Low
9. Other	
OVERALL	Moderate

A. Overall Risk Rating and Explanation of Key Risks

50. The overall risk of the proposed project is rated moderate, as summarized in the table above. There are two substantial risks to project implementation and PDO achievement as assessed by the team at the time of appraisal. The first is in the political and governance category, due to potential changes in leadership following the scheduled elections. In the past year, there have been changes in the upper management of the Ministry following elections and changes in cabinet which required efforts to rebuild commitment to the project. Although this is not necessarily always the case, the risk exists that the new project activities would be called into question after potential changes in cabinet following the June 7, 2015 elections. This in turn could lead to delays in effectiveness, although that risks is moderate as Turkey does not need Parliament approval for World Bank project effectiveness. Mitigating efforts towards this risk include continuous building of broad-based support for the project from all stakeholders, including the Treasury and Ministry of Development before and after negotiations.

51. The second substantial risk is in the implementation capacity and in the related fiduciary capacity. The project involves procurement of high-value contracts scheduled to be initiated in the early phases of the project by several implementing units that don't have experience and capacity in the use of QCBS and ICB methods. This would be the first time the implementing agencies would be engaged in the procurement of such large contracts. The mitigating measures include maintaining the current fiduciary capacity at the implementing units during the transition period between the current project and the new project and improving the capacity for the large value and complex activities in the new project. It is expected that no gap will occur between the closing date of the current and the new project. This project proposal also includes a draft 18 month procurement plan agreed with government.

VI. APPRAISAL SUMMARY

A. Economic Analysis

52. The economic analysis of the project covered: (i) an estimation of the project's development impact in terms of expected benefits and costs; (ii) the rationale for public involvement; (iii) the World Bank's contribution; and (iv) the fiscal impact and sustainability.

53. The development impact of the project. The costs and benefits of the project have been estimated for the 2017–35 period. The main direct benefit derives from the economic value of averted disability-adjusted life years (DALYs) and the cost savings generated by reduced risk factors for NCDs. The most conservative scenario, which considers low inflation and low intervention effectiveness, results in a net present value (NPV) of US$101 million and a 19.4 percent internal rate of return (IRR). NPV and IRR analyses were quite sensitive to the value of a DALY and to higher estimates of the effectiveness of the interventions. Increasing the value of a DALY from one to three times the GDP per capita, combined with higher estimates on intervention effectiveness, raise the IRR to 59.5 percent. With valuation of life close to what is used in U.S. studies, the project IRR is unusually high. In contrast, the IRR was not very sensitive to the deflator (inflation) rate or to the discount rate for DALYs averted. Alternative scenarios and their effect on the project's economic performance are presented in Annex 6.

(i) Rationale for public sector provision/financing. Public sector interventions are justified from an economic perspective if market failures occur and interventions exist that correct the market failure without imposing costs on society that exceed the benefits. Examples of market failures include: (i) the presence of externalities; (ii) departures from rationality; (iii) insufficient and asymmetric information; and (iv) time-inconsistent preferences or "internalities." (For more on these, see Annex 5.) Therefore, preventing and delaying the onset of NCDs, as well as effectively managing them, can lead to a major saving in health expenditures, including by reducing the intangible costs for those suffering from the disease. Increased spending on health at this stage in Turkey's demographic and epidemiological development can help keep future public expenditures at bay by avoiding considerably more expensive late-stage treatment and co-morbidities.

(ii) Value added of Bank support. World Bank engagement builds on the Government of Turkey's existing capacity and expertise developed over the past decade. The Bank has been an important development partner in the health sector in Turkey since the 1990s, most recently with the two APLs that supported the successful HTP, an internationally recognized beneficial health reform. In the past, the Government has requested World Bank support in sharing the lessons from Turkey's experience, which has been provided through support to international conferences and publications on the reforms.

(iii) In addition, Turkey has developed a cancer strategy focused on early diagnosis and screening by scaling up specialized centers, including mobile units; integrating indicators of quality and family physician performance; and sponsoring mass media campaigns. The World Bank is supporting the implementation of this strategy with an impact evaluation and can bring lessons from the implementation of similar strategies in other countries, such as Romania and Serbia, either through technical assistance, investments, or both. The World Bank is implementing various projects to strengthen the capacity of health systems to address the NCD burden more effectively and will share those experiences with Turkey. Finally, since 2012, the World Bank has been providing support to the MoH and the SSI jointly with the European Observatory on Health Systems and Policies to explore various HTA models in European countries.

(iv) The working relationship between the Turkish Government and the World Bank in Turkey as a whole and specifically in the health sector is one of strategic partnership. Bank financing will be relatively small, but it is strategically focused, as it supports activities that add value in priority areas. A good example of this strategic partnership is the proposed support to the PPP health investment program. In order to address efficiency, access to quality beds, and lagging infrastructure, Turkey is pursuing an ambitious TL 20 billion PPP investment program. Managing investments and contracts with private investors and contractors, as well as the contingent liabilities, will challenge the existing management structure. The World Bank Group has a comparative advantage in these areas to support the MoH, especially through collaboration between the International Bank for Reconstruction and Development (IBRD) and IFC and the required partnership between the two key ministry departments: the Public Hospital Institute, which will manage the services provided, and the General Directorate for Health Investments, responsible for construction.

B. Financial Management

54. The MoH has satisfactory financial management arrangements in place for the ongoing PSRHS and HSSSP will build upon the same arrangements. The ongoing health project is scheduled to close on September 30, 2015 and it is expected that there will not be a gap between PSRHS and HSSSP. Therefore the current financial management capacity will be maintained for the HSSSP. The agreed financial management actions, which include customizing the accounting software for the HSSSP, and updating the Project Follow-up system utilized by the PMSU for monitoring work flows will be completed during the extension period of PSRHS and will further strengthen the financial management arrangements for HSSSP.

(i) The designated account for the project will be at the CBRT. All payments to the contractors, suppliers, and consultants will be made either directly from the loan account or from the designated account with the authorization of the responsible personnel in the implementing General Directorates, and the PMSU will be responsible for its overall management. An independent project audit will be conducted on an annual basis by the Treasury controllers, based on audit ToR acceptable to the Bank.

C. Procurement

55. A procurement assessment has been carried out. The HSSSP will build on the existing procurement arrangements of the PSRHS. The past procurement performance in the PSRHS was rated moderately satisfactory, the MoH is considered to be an experienced borrower and is familiar with World Bank procurement procedures. It is expected that the PSRHS will be extended and no gap will occur between PSHRS and the new HSSSP. Accordingly, the existing procurement capacity, including the relevant staff at all levels of the PMSU and implementing units, needs to be maintained during the transition period and also for the overall project implementation period.

(i) As noted in the procurement post-review reports for the currently ongoing project and based on the assessment as of the pre-appraisal mission, procurement-related project risks are briefly as follows: (a) different levels of quality within the implementing units for handling procurement procedures and contract administration, (b) delays/changes in the activities of the procurement plan that lead to exceptions from the Bank, (c) the lack of information flow for procurement planning, updating, and contract implementation between implementing units and the PMSU, (d) the high number of transactions for small value procurements, and (v) the limited capacity for some of the implementing units on high-value Quality and Cost-Based Selection (QCBS), international competitive bidding (ICB) contracts.

(ii) The mitigating measures proposed with regard to these risks are: (a) ensuring that regular support/advice is provided by the PMSU to the implementing units, provided that procurement staff

capacity is improved for the PMSU and existing capacity is maintained for the implementing units and improved for the units that will procure high-value QCBS, ICB contracts, (b) starting the preparation of standard bidding document (SBD)/request for proposal (RFP) documents for high-value QCBS and ICB contracts in the first year of project implementation, (c) updating procurement plans on a semi-annual basis and combining similar activities to reduce the number of procurement transactions, (d) extending the existing reporting tool used by the PMSU to produce regular procurement-related reporting and recordkeeping, (e) clarifying the supporting activities of the PMSU for the implementing units in the Project Operation Manual, (f) using individual consultant contracts that would allow longer-term services, and (g) providing continuous hands-on support from the Bank through supervisory missions and training activities when needed. Those procurements not previously reviewed by the World Bank will be subject to ex-post-review on a random basis in accordance with the procedures set forth in Appendix 1 of the Procurement and Consultant Guidelines.

(iii) More detailed findings of the assessment, the proposed procurement monitoring arrangements, and the risks and relevant mitigation measures to address them are provided in Annex 3.

(iv) The procurement plan covering the first 18 months of project implementation was prepared by the MoH PMSU and will be finalized and approved through the process of negotiation.

D. Social Impacts (including Safeguards)

56. The social impacts of the HSSSP are expected to be positive, and the likelihood of negative social impact is nil. Positive impacts can be expected from the increased awareness of a healthy lifestyle and the risk factors for chronic disease. This would not lead to the isolating stigma that sometimes results from greater awareness about communicable diseases; rather, it could increase social encounters, especially for the elderly. Moreover, addressing substance use and abuse by bringing it out of the shadows and providing counseling services could contribute to de-stigmatization.

57. Indirect social benefits are expected from the effort to make the health system more efficient and to increase the capacity of health workers to provide better quality services in a friendlier work environment. Health workers themselves are expected to benefit from the attention to the workload, which could increase as a result of the additional requirements involved in providing preventive and other screening services at the primary level. This would be analyzed, and provisions have already been made for additional workers at the primary care level under the ongoing MoH reforms.

58. *Citizen Engagement:* There is a systematic effort to measure patient satisfaction. With the HTP, the MoH focused exclusively on patient satisfaction, and patients have been given the right to choose their physicians. Patients' rights units have been formed in hospitals, and a hotline called SABIM (MoH Communication Center) has been established for patient complaints and suggestions. SABIM is operational on a continuous basis, and patients can give feedback about their satisfaction/dissatisfaction on the services provided. This new system also allows patients to send complaint letters to provincial health directorates. This kind of feedback is investigated by the provincial health directorates and the CHCs and might even initiate an audit as necessary. Similar arrangements for patient/citizen feedback and/or complaints would be established at the Healthy Living Centers, and patient/citizen satisfaction with the centers' services would be regularly monitored through this mechanism. The patient satisfaction surveys are considered to adequately address citizen engagement.

Table 1: Illustration of Number of Complaints and Cases Resolved in 2007–12

	total number of applications (complaints) to patient right units	number of complaints resolved in-situ	% of cases resolved in-situ
2007	78,636	65,847	84
2008	87,562	73,464	84
2009	131,584	112,959	86
2010	142,623	121,032	85
2011	179,266	150,076	84
2012	195,669	162,556	83

Source: http://www.saglik.gov.tr/Hastahaklari/belge/1-39073/hasta-haklari.html.

59. Gender-disaggregated data will be collected at all levels, and a gender-based analysis is already mainstreamed in the data management systems. The project monitoring mechanism will also disaggregate beneficiary-based indicators on gender. Furthermore, the project includes a strong focus on early screening for diseases that affect only women, such as cervical cancer, or mainly women, such as breast cancer, as well as conditions from which women suffer disproportionally, such as obesity. The burden of CVD, especially associated with smoking, helps reduce the premature mortality of men. In addition, the project's emphasis on addressing passive smoking is expected to benefit women and children, as they are more often the passive smokers in the household.

E. Environment (including Safeguards)

60. The project is a category C and does not involve works with or the use of natural resources. Project activities will include the minor refurbishing of CHCs to allow for physical activities to take place and to provide ease of access. These are minor changes and will not require any infrastructure rehabilitation or construction. At most this would perhaps involve painting and making space within an existing facility.

F. World Bank Grievance Redress

61. Communities and individuals who believe that they are adversely affected by a World Bank–supported project may submit complaints to existing project-level grievance redress mechanisms or the Bank's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project-affected communities and individuals may submit their complaints to the Bank's independent Inspection Panel, which determines whether harm occurred or could occur as a result of the Bank's non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the Bank's attention and Bank management has been given an opportunity to respond. For information on how to submit complaints to the World Bank's corporate GRS, please visit http://www.worldbank.org/GRS. For information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org.

Annex 1: Results Framework and Monitoring

COUNTRY: TURKEY

Project Name: Health System Strengthening and Support Project (P152799)

Results Framework

Project Development Objective: To improve primary and secondary prevention of selected NCDs, increase the efficiency of public hospital management, and enhance the capacity of the MoH for evidence-based policy-making											
These results are at	Project Level										
Indicator Name	**Unit of Measure**	**Baseline**[8]	**Cumulative Target Values**					**Frequency**	**Data Source/ Methodology**	**Responsibility for Data Collection**
			YR1 2016	**YR2 2017**	**YR3 2018**	**YR4 2019**	**YR5 2020 End Target**			
PROJECT DEVELOPMENT OBJECTIVE INDICATORS										
PDO Indicator 1: Percent of households that receive from health workers counselling or education related to healthy living[9] (by-gender)	Percent	A: 10 M: 7 F: 13	A: 10.2 M: 7.3 F: 13.4	No survey	A: 10.8 M: 7.8 F: 14.5	A: 11 M: 8 F: 15	No survey	Three times during implementation	Household Health Survey Report	NCD & Cancer VP/PHeI, PHC VP/PHeI
PDO Indicator 2: Percent change of target population using services of Healthy Living Centers (by province, age, gender, education, health status, and by type of services provided)	Percent	0	10	20	30	40	50[10]	Annual	HLC information system, HLC surveys	PHC VP/PHeI
PDO Indicator 3: Early detection of (a) cervical and (b) breast cancer[11] (by province and age)	Percent	(a) 25 (b) 40	(a) 30 (b) 45	(a) 35 (b) 50	(a) 40 (b) 55	(a) 45 (b) 60	(a) 50 (b) 65	Annual	Cancer records data	NCD & Cancer VP/PHeI

[8] Baseline is indicated for 2012

[9] Healthy nutrition, weight reduction, smoking cessation, or physical activity

[10] Size of target population for the HLCs (denominator) will be identified once locations of HLCs within the selected provinces are determined

[11] 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)

PDO Indicator 4: Increase in average composite productivity index for all public hospitals[12]	Percentage points	0	0	0	1	4	10	Annual	Reporting from PHoI M&E system	VP of Monitoring, Measurement, and Evaluation/PHoI
PDO Indicator 5: Percent of policy and decision makers[13] that use HMIS regularly (on a monthly basis)	Percent	0	0	0	0	10	70-80	Annual	HMIS generated reports, annual survey of targeted users	GDHIS/MoH
INTERMEDIATE RESULTS INDICATORS. Component 1: Strengthening Public Health and Primary Care										
Intermediate Result Indicator 1: 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)	Percent	TBD during Yr1	TBD	No survey	3	4	No survey	Three times during implementation	Household Health Survey	NCD & Cancer VP/PHeI, PHC VP/PHeI
Intermediate Result Indicator 2: Percent of target population in 8 provinces[14] covered by newly established Healthy Living Centers (by province)	Percent	0	10	20	50	75	90	Annual	HLC information system, HLC surveys	PHC VP/PHeI
Intermediate Result Indicator 3: Number of individuals in 5 project provinces who visit Substance Use Treatment Centers to receive patient-	Number	90 (2015)	1,000	2,400	3,900	5,900	8,400	Annual	Administrative records, Project monitoring reports	NCD & Cancer VP/PHeI

[12] The index is an average value of selected productivity indicators for Clinical Engineering Management, Public Hospital Pharmacy Management, Inventory/Stock Management models

[13] The targeted users (the denominator) will be specified following the first phase of the activity (the identification of users)

[14] One Healthy Living Center in each of 8 identified provinces. Size of target population for the HLCs (denominator) will be identified once locations of HLCs within the selected provinces are determined

specific counselling (new and returning visitors)										
Intermediate Result Indicator 4: Percent of target population screened for 3 types of cancer[15] (by province, age, gender [for colorectal], and cancer type)	Percent	(a) 50[16] (b) 30[17] (c) 20[18] (2014)	(a) 55 (b) 35 (c) 25	(a) 60 (b) 40 (c) 30	(a) 65 (b) 45 (c) 35	(a) 70 (b) 50 (c) 40	(a) 70 (b) 70 (c) 50	Annual	Cancer screening records	NCD & Cancer VP/PHeI
Intermediate Result Indicator 5: Percent of 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 [19]	Percent	(a) 60 (b) 0 (2015)	(a) 60 (b) 5	(a) 65 (b) 10	(a) 70 (b) 15	(a) 75 (b) 25	(a) 80 (b) 30	Annual	Project monitoring reports	PHC VP/PHeI
INTERMEDIATE RESULTS INDICATORS. Component 2: Improving Management of Selected Public Hospital Resources										
Intermediate Result Indicator 6: Number of Public Hospital Unions where newly developed hospital management models[20] implemented	Number	0	0	0	3	15	89[21]	Annual	PHoI reports, Project monitoring reports	VP of Monitoring, Measurement, and Assessment/PHoI
Intermediate Result Indicator 7:	Standard documentation	No standard documentation	Guidelines in 4 areas		Standard contract with annexes	Drafts of updated regulations to enact guidelines	Standard guidelines and templates for PPP	Annual	Project monitoring reports, standard guidelines and	GDHI/MoH

[15] Types and target age brackets: (a) cervical: 30-65; (b) breast: 40-69; (c) colorectal: 50-69

[16] 1,678,500 of targeted female population were screened in 2014

[17] 1,650,000 of targeted female population were screened in 2014

[18] A total of 1,290,000 targeted individuals were screened in 2014 (1,032,000 male and 258,000 female)

[19] Denominators for (a) and (b) include all PHC-level staff in family health centers and community health centers whose job profiles require distance-learning and/or face-to-face training

[20] Management models for non-clinical resources to be monitored include Clinical Engineering Management, Public Hospital Pharmacy Management, and Inventory/Stock Management.

[21] Out of a total of 89 Public Hospital Unions

Standard guidelines and templates for PPP transactions developed[22]						and templates	transaction s in place		templates for PPP transactions	
INTERMEDIATE RESULTS INDICATORS. Component 3: Enhancing Evidence-Based Decision-Making Capacity of the Ministry of Health										
Intermediate Result Indicator 8: National-level Health System Assessment conducted annually and published	Yes/No	Latest in 2011	Yes	Yes	Yes	Yes	Yes	Annual	NHSA report, Project monitoring reports	GDHR/MoH
Intermediate Result Indicator 9: Key information technology standards developed and integrated into updated draft regulations[23]	Number of standards	None of planned 20 standards but Minimum Health Data Sets. National Health Data Dictionar y, Health Coding Reference Glossary, and HL7 standards	5	15	20	20	20	Annual	Draft regulations containing developed standards, Project monitoring reports	GDHIS/MoH
Intermediate Result Indicator 10:	Percent	(a) 1.5[24] (b) 0[25] (c) 0	(a) 20 (b) 20 (c) 10	(a) 50 (b) 50 (c) 30	(a) 80 (b) 80 (c) 50	(a) 80 (b) 80 (c) 50	(a) 100 (b) 100	Annual	Project monitoring reports, HMIS	GDHIS/MoH

[22] Guidelines, at least, for (i) health facility design, (ii) feasibility study preparation, (iii) financial mechanisms, (iv) health facility management; (v) standard templates of PPP contract with technical annexes.

[23] A total of 20 key standards for (a) producing, processing, storing and sharing electronic health data (target: 5); (b) health informatics and management (target: 7); (c) organizations that produce and manage electronic health data (target: 4); (d) training and awareness activities for current and potential users of health informatics products and services (target: 4)

[24] Out of 1,100 hospitals and dental health centers, pilot is currently being implemented in 16 hospitals in Istanbul

[25] Out of 6,800 family health centers and 970 community health centers

Percent of health facilities that share data to HMS ((a) public hospitals, (b) family/community health centers, and (c) private hospitals)							(c) 60[26]		generated reports	
Intermediate Result Indicator 11: Percent of health indicators on Health.Net that meet international standards	Percent	70	70	95	96	97	97	Annual	GDHR reports, Health.Net, WHO, OECD, Eurostat databases	GDHR/MoH
Intermediate Result Indicator 12: At least 12 Health Technology Assessments on prioritized topics prepared in line with new HTA strategy and published	Strategy and number of HTA reports	4 HTA reports prepared/ published (2012-2015)	New HTA strategy developed	3 reports	6 reports	9 reports	12 reports	Annual	New HTA strategy, published HTA reports	GDHR/MoH,
INTERMEDIATE RESULTS INDICATORS. Core Sector and Citizen Engagement Indicators										
Intermediate Result Indicator 13: Direct project beneficiaries (number), of *which* female (percentage)	Number/ percent	0 and 0	4,434,773 and 72	9,214,807 and 65	14,942,106 and 66	20,728,023 and 66	26,787,691 and 66	Annual	Project monitoring reports	PMSU
Intermediate Result Indicator 14: Health personnel receiving training	Number	0	19,372	24,832	29,670	35,248	40,953	Annual	Project monitoring reports	PMSU
Intermediate Result Indicator 15: Health facilities constructed, renovated, and/or equipped	Number	0	15	25	32	44	50[27]	Annual	Project monitoring reports	PMSU

[26] The targeted number of private hospitals (the denominator) will be specified following the first phase of the activity (the identification of system scope)

[27] The target values will be refined during negotiations

Intermediate Result Indicator 16: 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	Percent	0	50	55	60	65	70-80	Annual	Project monitoring reports, HLC information system	PHC VP /PHeI

Surveys to be supported by the project

Instrument	Frequency	Description and Methodology
1. Household Health Survey	2016, 2018, 2019	Provides information on households' health status and behaviors related to risk factors for health.
2. Chronic Diseases and Risk Factors Survey	2016, 2021	Provides data on prevalence of chronic diseases and related risk factors among the population.
3. Turkey Diabetes Study	2016, 2021	Measures prevalence of diabetes among the population and the level of awareness about diabetes among the population/health staff.
4. Turkey Nutrition Survey	2016	This survey will be a follow-up on the 2010 survey. It will provide data on prevalence of obesity/overweight, status of nutrition, food consumption, and physical activity
5. Turkey Salt Consumption Survey	2017	This survey is conducted in Turkey every five years and is a follow-up on the surveys conducted in 2008 and 2012. It will measure and provide data on levels of salt consumption in Turkey.
6. National Study of Child-Age Obesity-2	2015-2016	This WHO survey is conducted internationally every three years and is a follow-up on the preceding survey conducted in Turkey in 2012-2013. It will measure changes in children's status of growth, nutrition, and physical activity.
7. National Study of Child-Age Obesity-3	2018-2019	This will be a subsequent follow-up measurement of changes in children's status of growth, nutrition, and physical activity.
8. National Study of Health Behavior in School-aged Children (HBSC-TUR)	2017-2018	This WHO survey is conducted internationally every four years and is a follow-up on the preceding one conducted in Turkey in 2009-2010. It will measure the status of health and well-being, behaviors, and determinants of behavior in school-age children (ages 11, 13, 15).
9. Survey of Healthy Living Centers	Annual	Survey will provide data on various parameters of the target population's use of 8 pilot Healthy Living Centers and level of satisfaction with their services.
10. Health research studies under project activity E.5.1.	To be defined	These thematic studies will be based on to-be-defined priority lists for data collection studies and will provide data which cannot be collected through existing administrative records.

Annex 2: Detailed Project Description

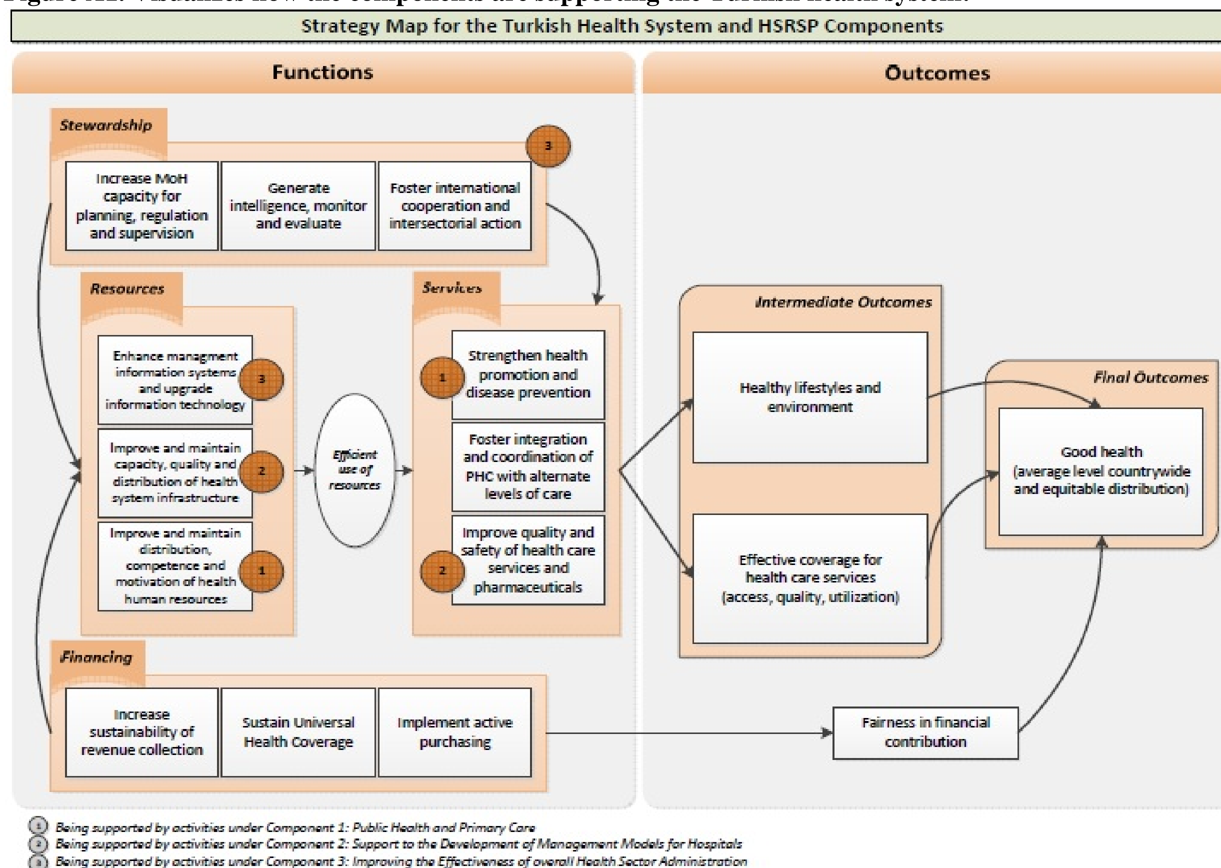
COUNTRY: TURKEY

The Project Development Objective is to contribute to improving the primary and secondary prevention of selected Non-communicable Diseases (NCDs), increasing the efficiency of public hospital management, and enhancing the capacity of the Ministry of Health (MoH) for evidence-based policy making.

The project aims to implement the following integrated components and activities (figure A1):

- Component 1: Public Health and Primary Care aims to (i) raise popular awareness of risk factors related to NCDs and promote healthy lifestyles; (ii) expand early detection and timely referral for effective treatment; and (iii) strengthen primary health care to consolidate the results achieved through the Health Transformation Program (HTP).
- Component 2: Support to the Development of Management Models for Health Facilities would support: (i) the reform of health facility management through technical assistance and implementation support; and (ii) the Health Investments program through capacity building of the MoH's General Directorate of Health Investments (GDHI) and Public Hospitals Institution (PHoI) in contract and facility management.
- Component 3: Improvement in the Effectiveness of Overall Health Sector Administration facilitates the first two components and builds on earlier World Bank support provided through the Adaptable Program Loans (APLs) to support the overall stewardship/governance function of the MoH, with a specific focus on the effectiveness of health sector administration. This component also includes project management as an integral part.

Figure A1. Visualizes how the components are supporting the Turkish health system:



Component 1: Primary and Secondary Prevention (EUR 39.39 million)

With a changing epidemiologic structure and ever-increasing sedentary lifestyles, NCDs constitute the highest disease and economic burden for Turkey's population in terms of deaths and disabilities. Although the increased exposure to risk factors such as dietary habits and lack of exercise contribute to the rise in NCDs, many NCDs are preventable (or the disease progression can be limited) through changing and/or improving lifestyle habits as well as enhancing prevention and early detection. Considering the fact that NCD interventions at the primary health care level are more cost effective than interventions at the secondary and tertiary levels, Component 1 of the project aims to raise awareness (both among the population and among health care providers) on risk factors related to NCDs and to promote healthy lifestyles and sustained behavior change. A four-pronged approach following MoH strategic guidance is pursued:

- Take reliable (and internationally comparable) stock of NCD-related health data to assess the current status (and disease burden) of NCDs in the country and provide robust evidence for future policy making. Research for NCD-related health data will rely on existing and ongoing surveys, such as the Turkish Nutrition and Health Survey; Turkish Childhood Obesity Survey and Turkish School-Aged Children Obesity Survey; and Turkish Salt Consumption Survey. This task is closely coordinated with the MoH Research and Development Department, which is supported under component 3.
- Increase the awareness of NCDs among the population and among the human resources in the health sector, where the focus will be on a healthy diet, excessive salt consumption, physical activity, weight control, and diabetes mellitus.

- Implement a concrete population-based intervention strategy and establish Healthy Living Centers (in eight provinces) to promote healthy lifestyles. Services in these centers will concentrate on population training on NCDs and healthy lifestyles, physical exercise, personal counseling on a healthy life, and primary-level diagnosis and treatment of NCDs. A multi-disciplinary team will be deployed in these centers and data on service users will be collected regularly.
- Develop clinical guidelines and training modules on renal disease, CVD, diabetes mellitus, and obesity control as part of the preliminary efforts for standardized primary health care service for NCDs and also conduct training.

The component will finance consulting services, such as for national campaigns and multi-disciplinary teams at the Healthy Living Centers; medical and other equipment, such as upgrading laboratory, IT, and distance-learning equipment; brochures and other materials; technical assistance; and training. The minor refurbishing or rehabilitation of existing facilities of the Healthy Living Centers is foreseen, though this will likely involve only small paint jobs and/or the reconfiguring of space to allow physical activities.

Subcomponent 1 (EUR 25.32 million): Increase population-level awareness and behavior change with regard to the risk factors of chronic disease and addiction: unhealthy dietary habits and excessive salt consumption, physical inactivity, active and passive smoking, alcohol, healthy aging in general, and substance addiction.

The key activities supported under this subcomponent include:

(i) **Piloting Healthy Living Centers (EUR 3.52 million).** Within the context of the Healthy Nutrition and Active Living Program (2014–2017), the community health centers (CHCs) and other existing facilities made available by the local administrations will host the activities of the newly established Healthy Living Centers. The pilot will be implemented in Ankara, Kırşehir, Rize, Samsun, Elazığ, Gaziantep, Muğla and Tekirdağ and would cover an initial eight centers. This subcomponent fills the structural and operational gaps (recruitment, small equipment, and monitoring) of the MoH Healthy Living Centers model and ensures its integration into the health system through the standardization of services, improvement of coordination, and recruitment of a qualified task force. This could include some minor refurbishing to reconfigure space for physical activities and the provision of equipment, where needed. Services will cover four broad areas: diagnosis/treatment, counseling, practical exercise (practice) for center users, and training. To ensure a coordinated operation between these entities, the functions/operations of the Healthy Living Centers will be integrated into both the family medicine centers and the CHCs, and all staff will be trained in all areas. Consultants on the multi-disciplinary teams managing the centers will be hired as staff for the duration of the pilot, with the intent that they would be hired as MoH staff or outsources when no qualified staff is available under the eventual scaling-up phase. During the pilot, the development of a clear human resource policy and future training needs in this area will be included.

(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 (EUR 9.00 million).** The ever-increasing burden of NCDs necessitates the introduction of cost-effective and high-value interventions to address them. The World Health Organization (WHO) suggests awareness raising among the population as one of the most effective best-buy interventions (WHO and World Economic Forum 2011). The project aims to conduct awareness raising campaigns through various means and to organize training for individuals and providers on the leading causes of this disease burden in Turkey, such as diabetes and obesity, as well as for other factors, including tobacco use, passive smoking, unhealthy diet and physical inactivity, cardiovascular diseases (CVDs) and related risk factors, general aging, and substance abuse. Such efforts will also address the congenital heart disease in neonates to increase the screening coverage, early diagnosis and treatment.

It is expected that the successful conduct and scaling-up of these interventions will have a positive impact on the population in connection with their knowledge of NCDs. With regard to obesity control, physical activity promotion, and diabetes mellitus, raising awareness among the population (especially in schools and workplaces) and primary health care workers is envisaged through various means, including posters, films, brochures, etc. Collaboration with the food industry is foreseen as well. The activities will be backed by training programs to be developed and conducted for primary and secondary care health workers, who will contribute to raising awareness among the population. The project also intends to conduct workshops during which clinical guidelines on childhood and adult obesity and diabetes mellitus will be developed that will help create standards for diabetes care and treatment. The health care needs of the elderly will be clarified through the identification of a chronic disease profile (including the at-risk population) among the aged. Information on morbidity levels and the medication and rehabilitation needs of the elderly will help the ministry to develop long-term care models for the aging population at different levels of health care.

The project will also support several surveys and studies that will help to collect reliable, nationally representative, and internationally comparable data on obesity, diabetes mellitus, nutritional and healthy eating habits and heart valve diseases in pregnant women to inform policy and develop/adapt campaign messages as well monitor results.[28]

(iii) 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) (EUR 12.80 million). Training, awareness raising, and counseling activities on substance abuse are mainly envisaged as prevention activities. Different segments of the population (particularly the youth and families) will be targeted for training, where face-to-face and distance-training modules will be utilized. Awareness raising activities will be mainly through public opinion leaders, nongovernmental organizations (NGOs), and media. Counseling will be provided by (1) call centers, (2) counseling centers, and (3) an interactive web portal. Project activities in call centers will mainly focus on operator training. 5 counseling centers will be operated in 5 pilot provinces (Aksaray, Mersin, Manisa, Bolu and Diyarbakır) and are expected to provide general information on substance abuse, to give patient-specific counseling, and to facilitate care coordination with other departments. The number of counselling centers will be increased to 12. The project will support efforts to identify service standards for these centers as well as the roles and responsibilities of center staff and their training needs. The establishment of the interactive web portal will also be within the scope of the project.

Activities concerning the management of actual substance abuse aim to reduce drug use and its associated harm, as well as to reduce the adverse public health consequences. This will be done through the

[28] The Turkey Nutrition Survey was first conducted in 1974 but was discontinued until 2010, when the second round was carried out. The MoH intends to establish a regular survey every five years. The survey aims to identify the country's status with regard to obesity, nutrition, physical activity, and food consumption patterns. Childhood Obesity Surveys 2 are foreseen for 2015–16 and 2018–19, part of the Childhood Obesity Surveillance Initiative led by WHO. Turkey joined the initiative with the 2012–13 survey. These surveys will help to assess changes in the growth status, nutrition, and physical activity status among children. The Health Behavior in School-Aged Children Survey is led by WHO and was first conducted in Turkey during 1983–84 and has been repeated every four years, for nine rounds. Under this project, the 10th round will be conducted, aimed at assessing the changes in the health status and health behaviors of school-aged children to inform policies and develop campaign messages. The Turkey Salt Consumption Survey was first conducted by the Turkish Society of Hypertension and Renal Diseases in 2008 and was repeated in 2012. The MoH intends to conduct the next round in 2017. The Turkey Diabetes Mellitus Control and Awareness Survey will be conducted in 2016–17 to measure diabetes mellitus prevalence as well as awareness among the population and health providers. The survey will be repeated in 2021 to evaluate/measure the effects of the interventions carried out within the scope of the project. The MoH intends to carry out the next diabetes mellitus survey and then continue regularly at five-year intervals.

AMATEMs and ÇEMATEMs, and the project will support (i) the renting of additional facilities to operate as centers (to expand coverage) (ii) the minor refurbishment (improvement of the physical space) of existing centers, and (iii) the development of a long-term care model for substance abuse.

Subcomponent 2 (EUR 3.76 million): Ensure effective screening for the early detection of cancer through improving access to quality primary care services and monitoring efforts at all levels.

The key activities supported under this subcomponent include:

(i) **Operate and improve capacity in post-screening diagnosis centers (second-level diagnostics) (EUR 1.48 million).** After initial screening for breast, cervical, and colorectal cancer, positive results require post-diagnostic screening as recommended by WHO. In Turkey at present, more than half of the diagnosed cases are at the advanced stage when screened. As the promotion of early detection screening will increase, the need for post-diagnostic screening will also increase. There are currently 30 such centers functioning within MoH and university hospitals. The project will improve the human resource capacity in those centers through training and develop and establish organizational models to improve their operations (procedures of care provision) by standardizing services.

(ii) **Introduce the national cancer registry software by improving physical and technical infrastructure and training health workers in its use (EUR 0.87 million).** Information on the number of cancer cases as well as the prominent types of cancers with respect to geographical location, age, and gender constitute the basis for designing effective cancer control programs. Reliable data in these areas depend on cancer registry efforts. Active cancer registry coverage in Turkey is around 50 percent, and cancer data collected outside the scope of the active registry model are unreliable and inaccurate. The project aims to increase the active cancer registry coverage in Turkey through human resource capacity development (three-stage cancer registry training) in cancer registry centers in all 81 provinces and through the development of a web-based national cancer registry program that will be used countrywide and make it possible to send high-quality data to the International Agency for Research on Cancer (IARC) and the Middle East Cancer Consortium (MECC). The program is expected to improve the data entry process, data saving speed, and data analysis. Both efforts will help to improve the collection of high-quality data (data compatible with international standards in terms of completeness and reliability). The program also aims to establish a framework for the regular monitoring/audit of the active cancer registry centers.

(iii) **Develop guidelines, standards, and training modules for palliative care (EUR 1.41 million).** The palliative care interventions will address the need to develop and standardize palliative care training modules, to develop palliative care service algorithms (such as on pain control), to integrate international palliative care standards into national processes, and to train primary health care staff as well as staff in palliative care centers and home-based care. It is expected that the secondary and tertiary care emergency department visits of cancer patients will decrease thanks to better symptom management of cancer patients (especially terminal-stage patients) at the primary level or by home-based care or family physicians. Another improvement is the expected reduction in the inpatient admissions of cancer patients, as evidence suggests that around 80 percent of such admissions are amenable to primary care interventions.

Subcomponent 3 (EUR 10.31 million): Strengthen primary health care to consolidate the results achieved with the HTP.

The key activities to be supported under this subcomponent include:

(i) **Support to strengthen the Family Physician Training Program (EUR 8.40 million)**. This would include expanding the infrastructure and hardware of the current distance-learning system to nationwide coverage and adapting the training modules for family physicians, family health staff, and community

health staff to a distance-learning approach to increase efficiency and coverage (currently training is predominantly face-to-face). The Public Health Institution (PHeI) will collaborate with the General Directorate of Health Research to use its distance-learning system/platform. This activity aims to develop distance-learning software and its technical infrastructure, to standardize training procedures and content, to assign credits to training content/modules, to get accreditation for the distance-learning system, and to develop a staff training database for the MoH, enabling it to see the availability of various qualifications among its personnel in order to facilitate its human resource planning efforts. It will be implemented in a phased manner, with the identification of training content followed by the selection of a suitable training accreditation institution. Quality criteria for training would be developed as well as a staff training database, the development/updating of training content, and a legislative basis that will allow for human resource planning based on distance-learning achievements. Finally, the training of users in the distance-learning system and an evaluation of the system's functionality will be provided.

This activity will support two additional areas that add value to the training: (1) Efforts to assess the workload of family medicine practices within the scope of the project will provide feedback when shaping the training content for family medicine and help address the actual training needs of the family medicine practices. (2) The General Directorate of Health Research intends to strengthen its distance-learning system structurally and content-wise, standardize training processes, introduce credits for training modules, and obtain accreditation for the system. This will give more visibility and acceptance/formal recognition to the distance-learning model. The recognition of qualifications among health personnel will facilitate the MoH's human resource planning efforts.

(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 (EUR 1.91 million).** With the countrywide rollout of family medicine in 2010, the need to elaborate the roles and responsibilities of family physicians and family medicine staff and the division of work between them became apparent. In order to improve service efficiency and quality and to increase health worker satisfaction, lines of responsibility for family physicians and family medicine staff need to be revised, updated, and improved. A survey will be conducted to provide insights on how to (1) revise the main responsibilities of family medicine practices, (2) identify in detail duties and tasks under those responsibilities, (3) identify the actual workload for each duty/task, and (4) identify factors of stress and motivation for family health workers. Findings from the survey will help the MoH to (1) revise the family medicine service procedures for more efficiency and quality by combining similar jobs, eliminating duplicate work, and reassigning duties as necessary and (2) make arrangements in the model to increase health worker satisfaction. The main stages of this activity are the design of the survey, methodology, and questionnaire; the piloting and actual implementation of the survey; data analysis; and reporting of the survey results/findings.

Component 2: Increasing the Efficiency of Public Hospital Management and Operations (EUR 41.65 million)

During the HTP, the increase in access to health care services and the improvement in the efficiency of health service providers were major goals. The implementation of Universal Health Coverage (UC) and Universal Health Insurance (UHI) focused on establishing a framework for changes in governance and on transforming the MoH as the organization responsible for planning and supervising the health sector. These efforts focused on designing and launching "macro-level" interventions to increase the efficiency and quality of public hospitals, including (among others) increased management autonomy for public hospitals, implementation of a global budget system, development of public hospital strategic plans (at the public hospital union level), and investments in key equipment (such as MRI and CT scans). Under the new system, public hospital administrators are empowered to act more independently and with greater flexibility in the use of their resources, with enhanced financial and managerial autonomy. The PHoI now has a

pressing need to continue the interventions at the micro-level by developing innovative managerial processes to increase efficiency through mechanisms such as employing effective procurement models and rational decision making via health technology assessments and drug, medical supply, and medical device management.

The component will finance large technical assistance contracts and consulting services to assist the PHoI in developing and applying the micro-level reforms. It will also finance the required equipment, especially IT, and a significant number of trainings at the central and facility levels.

Subcomponent 1 (EUR 25.50 million): Reform of the health facility management systems.

The key activities supported under this subcomponent include:

Developing and applying models and standards for efficient health facility management. The MoH has been developing quality criteria (health service quality standards) to improve corporate performance and quality since 2005. This subcomponent aims at strengthening public hospital efficiency further through interventions in four different areas; (i) clinical engineering,[29] (ii) drug and medical supply management, (iii) clinical care processes, and (iv) administrative and financial information systems. In each of these four areas, the MoH is planning to (i) provide training to public hospital staff, (ii) develop national guidelines and classifications, (ii) support public hospital teams to implement guidelines and standards, and (iv) strengthen information systems. The table below describes the various activities planned under this subcomponent.

To implement these activities, the MoH will create: (i) a unit at the central level (PHoI), (ii) one or several task forces (including MoH staff, public hospital staff, and external consultants) in charge of supporting public hospitals (through field visits, and on-site training); and (iii) management units in public hospitals.

Areas	Objectives	Planned Activities	Comments
1. Clinical engineering (CE)[30]	Improve management of medical equipment so as to reduce its downtime and increase its usage life	- Provide training to CE staff through 8 training centers (1 central and 7 local, to be set up and accredited with ISO 17024) - Develop national guidelines and classifications - Support CE staff to implement the guidelines and get accredited - Strengthen information systems related to CE	

[29] Clinical engineering refers to providing management, maintenance, repair, and calibration of medical equipment.
[30] As of end-2013, the medical device inventory registered in 88 public hospital associations and 824 health facilities was 1.95 million, with an investment value of TL 4.7 billion. Despite the existence of a large technical workforce within the MoH (1,238 people comprising engineers and technicians), outsourced technical services for these devices are common and amount to TL 256.1 million. The majority of the devices in the machine park are new (70 percent of the device inventory is 0–5 years old). However, the cost of their spare parts and accessories is high (TL 30.7 million). Another striking fact is that in 2012, 95 percent of devices classified as old/obsolete/unusable were less than 10 years old and are high-technology products, such as imaging devices. Old/obsolete/unusable devices are valued at TL 39.3 million.

Areas	Objectives	Planned Activities	Comments
2. Drug and medical supplies management	Improve procurement, inventory management, and use of drug and medical supplies	- Provide training to pharmacists through 1 training center (to be set up) - Develop national guidelines and classifications - Develop a process reengineering approach - Support public hospitals to implement guidelines and process reengineering - Strengthen material information systems	On drugs, the focus will be improving rational use of drugs. For medical supplies (i.e., other than drugs), the focus will be more on defining a national classification so as to improve tendering processes. For both aspects, standards will be defined (for instance, for storage). Process will also be analyzed and revamped so as to reduce lead time for procurement and free up some time for pharmacists to focus on preparation of nutritional solutions.
3. Clinical care processes	Increase efficiency (i.e., reduced length of stay) and quality (i.e., reduced occurrence of adverse events) of clinical care	- Provide training to clinicians through 1 training center (to be set up) - Develop clinical pathways - Develop guidelines on rational use of drugs, as well as lab and imaging tests - Develop a process reengineering approach (including assessments of clinical care processes) - Support public hospitals to implement guidelines and process reengineering	
4. Administrative and financial information systems	Improve data reporting by public hospitals	- Develop and roll out management information systems in public hospitals - Implement a costing system for clinical care	

Subcomponent 2 (EUR 2.59 million): This subcomponent will introduce architectural and technical standards for health facilities.

The key activities to be supported under this subcomponent include:

Developing architectural and technical standards for health facilities of various profiles (public hospitals, oral and dental health centers, family health centers, etc.) The aim of this activity is to address the current gaps in standardization in health facility infrastructure, building inspection processes and quality control practices. The project will support the development of architectural and technical standards as well as energy-efficiency standards and earthquake safety standards for health facilities that will constitute the basis of common minimum design criteria and improve the quality of construction supervision (or building inspection) efforts. Implementation will be carried out by incorporating the developed standards into related legislation. To assess the applicability of the standards and before incorporating them into the legislation, a comprehensive 3-d pilot design is envisaged for a 400-bed public hospital where all architectural and technical standards/criteria will be duly applied. Activities involve the examination of global best practices, their adaptation to Turkey’s specific requirements, and the capacity improvement of staff on the newly developed standards. The project also intends to regularly inform various stakeholders (including material

suppliers, project design teams, contractors and staff of other involved public institutions) on developed standards.

Subcomponent 3 (EUR 13.56 million): Technical support to the public-private partnership (PPP) program implementation unit under the MoH by strengthening the capacity of the GDHI in managing and administering PPP contracts in engagement with the relevant stakeholders, including Treasury and Ministry of Development and in developing in-house capacity in legal, financial, operational, and structural aspects of contract management. With the collaboration of the European Bank for Reconstruction and Development (EBRD), the MoH is currently in the process of developing a preliminary framework to develop institutional capacity for PPP contract management and monitoring, on which this subcomponent will build further. This component activity will take the framework developed by EBRD and address the identified weaknesses in the implementation process. The technical assistance and capacity-building activities in this component will be contracted out to an international consulting company. The development of the detailed terms of reference (ToR) for this work is the first task under this component.

The key activities supported under this subcomponent include:

(i) **Strengthening the legislative basis and contract documents**. In the past, frequent amendments to contract documents were required in areas such as land rights, default interest, conflict resolution, insurance risk, step-in rights, contract termination, and arrangements on foreign exchange risks; financial mechanisms such as PPP tendering, payment mechanisms, fines and payment deductions, and other financial issues; the architectural and structural properties of health facility buildings, including architectural and engineering standards, development of guidelines for architectural and structural design, adoption of criteria for sustainable building (energy efficient, environment friendly, and immediately usable after earthquakes); and the development of acceptable criteria for pre-project and final project designs. The staff of the GDHI as well as relevant staff of the MoD and Treasury will be trained in these areas.

(ii) **Monitoring will primarily focus on the core activities of contract administration and service performance management.** It will also address PPP compliance management in areas such as internal/governmental communication protocols, service provider protocols, and dispute-resolution mechanisms. PPP monitoring normally involves the supervision of contractual parties on meeting their contractual obligations and proactive management/anticipation of future needs as well as contingencies throughout all stages: (i) inception and procurement, which leads to contract execution, (ii) implementation, which covers the period from the start of construction to the commissioning phase, to the start of service delivery, thus payments, (iii) service provision, which covers the period of using contracted services for contract duration, and (iv) contract expiry or termination.

Component 3: Improving the Effectiveness of Overall Health Sector Administration (EUR 38.96 million)

This component facilitates the first two and will build on earlier World Bank support provided through the APLs. It supports the overall stewardship/governance function of the MoH and the effectiveness of health sector administration, as well improvements in the monitoring and evaluation (M&E) capacity of the MoH aimed at more efficient, effective, and high-quality health service provision and more reliable and consolidated data available at all levels. The HTP prioritized health information systems from the outset; however, awareness of overall system performance and the necessity of using robust and coherent data for effective decision making have only recently become priorities. The MoH decided to improve its evidence-based policy-making capacity through the use of systematic analyses, such as the Health System Performance Assessment (HSPA), which is a systematic and regular mechanism to incorporate evidence (through identification, interpretation, and use of knowledge) in decision making. The first round of HSPA

in Turkey was conducted between 2009 and 2011, financed under a Bank project, and it highlighted weaknesses and the need to revisit the data inventory and information infrastructure at the national level. A cleaning-up and restructuring process and the design of new and efficient data collection procedures are necessary in order to better respond to the changing and newly emerging needs of the health system as well as to meet international data sharing commitments. This component also includes support for sharing Turkey's reform experience worldwide.

The component will finance large technical assistance contracts and consulting services to assist the MoH in establishing a well-functioning health management system. It will also finance the required equipment, especially IT, and a significant number of trainings at the central and facility levels.

Subcomponent 1 (EUR 27.26 million): Providing a well-functioning health management system.

The key activities that will be supported under this subcomponent include:

(i) **Institutionalizing HSPA and harmonizing health sector data in line with international standards (EUR 10.30 million).** As part of the efforts to improve/expand the practice of evidence-based decision making, the MoH intends to institutionalize the HSPA and continue this effort on a yearly basis to confirm that improvements are made and to identify emerging issues in the health system. Institutionalization will also help the MoH to transfer the HTP experience to other countries. The key activities to be financed include the development of training modules and distance-learning models and the organization of international events. The project also envisages continuous access to data/parameters that constitute the basis for health system performance indicators through software modules integrated with MoH web-based information system applications.

To rely on HSPA analysis, continuous and reliable data are essential. Although Turkey regularly develops and shares health data with key organizations, including WHO, the statistical office of the European Union (EUROSTAT), and the Organisation for Economic Co-operation and Development (OECD) in line with international definitions and standards, the coverage of requested data is not comprehensive due to differences in the definitions used in Turkey, limitations in how representative the data are, and the lack of data collection in some areas. This creates a significant risk for the MoH in building decision support systems. Although a preliminary study was conducted in 2011 to assess the data gaps within the MoH relative to international requirements, there is a need to revisit and/or update this effort to reflect the changing international definitions and requirements as well as to identify MoH's capabilities in collecting, storing, and analyzing data in line with the recent restructuring of the ministry. This activity will also be part of a collaborative effort with international organizations to analyze on-site country best practices for some of the critical (or high-priority within the Turkish context) indicators and to develop a robust and sustainable model for indicator definition, data collection, storage, and analysis. There will be close cooperation with the General Directorate for Health Management Information Systems for new definitions (or an update of definitions) in the National Health Data Dictionary and the collection of data through SAGLIK.NET (the Turkish integrated health information system).

In order to meet international data sharing requirements, the project will also support the regular collection of non-administrative data through surveys. It is expected that the survey findings might also provide insight into how some data obtained from surveys can possibly be collected from administrative sources in the future. Topics include the household health survey (mainly focusing on NCDs and risk factors), the country mental health profile, low birth weight and premature births, patient and provider satisfaction, prenatal and post-natal health care quality, dental health, waiting times for surgical operations, health expenditures, a count and economic analysis of readmissions to hospitals, and rational drug use in primary health care. The MoH will continue these regular surveys from its own budget after the project.

Table 1. List of Indicators Failing to Meet International Standards

Topic	Organization	Reason for Failure to Meet the Standards
Waiting Times	OECD	Data on diagnosis and operation data for surgical intervention cannot be obtained through Health.NET
Resources for Long-Term Care and Utilization	OECD	Difference in national and international definitions and data are not representative
Health Care Provision Activities	EUROSTAT	Incompatibility of coding between MoH, Social Security Institution, and international coding system ICD 9 CM
Human Resources	EUROSTAT	Lack of data collection at some disaggregation levels
Abortions	WHO	Lack of data at age group disaggregation, also data are not representative

(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 (EUR 2.67 million).** Inefficiencies in health informatics, such as the challenges in sharing data between health institutions and difficulties in integrating into national and international health networks will be addressed through improving and applying standards (Health Information Application Standards) at all levels. This activity aims to develop a standard tree—a common language—in health informatics operations and a framework for its mandatory use, including training and verification mechanisms (registration and accreditation). Standards development will be in the areas of (1) health data production/collection, processing, storage, and sharing, (2) products and services of health informatics and management of software development and procurement, (3) operational standards for entities generating electronic health data such as data ergonomics, implementation, and useful models, and (4) data security and privacy.

(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 (EUR 6.11 million).** In order to improve the effectiveness and efficiency of policy and decision making, auditing, and monitoring, as well as the assessment and evaluation of health care services delivered by the ministry, its subsidiaries (including provincial organizations), the private sector, and universities, the project will implement a HMIS that will collect data sets from health data providers (polyclinics and hospitals) and other systems in real time and provide access to users of indicators on various levels of decision making. The project will build on a pilot that was successfully implemented in Istanbul in 16 hospitals. Preliminary work (which constitutes the basis of project work) on the development of data sets, definitions, and functionality (based on user needs) has already started. The project will draw on this work and will (1) develop a business model and regulatory framework, (2) develop the HMIS software, (3) do hardware installation and operational, stress, and security tests, and (4) provide training for system users as well as post-installation operational and technical support and M&E of the HMIS initial performance. Within the time frame of the project, the system will integrate data from central systems, all public hospitals (about 1,100 hospitals and dental health services centers), all family medicine facilities (6,800 family health centers and 1,000 CHCs), and at least 60 percent of private hospitals. The payment systems, on the other hand, are not included in the scope, as the Social Security Institution (SSI), which hosts the payment systems, is not an implementing body under the new project. During project implementation, the Ministry of Development and the SSI will continue a dialogue to explore the prospects for establishing effective communication and collaboration between the SSI and the MoH.

(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 (EUR 8.18 million).** In order to address the need to assess the quality and efficiency of care, the project will concentrate on improving the audit and evaluation practices and on promoting the use of evidence in clinical decisions. This activity will address the need for a streamlined and standardized audit and M&E system at all levels of care and at both the central and local levels. (1) At the primary health care level, the improvement of the family medicine M&E capacity of CHC staff will be the main focus, where the aim is to train CHC staff specifically in the communication skills and evaluation methods of the family medicine system. This will help to standardize the practice of evaluating the family medicine system (555 people are expected to be trained under the project). (2) At the secondary and tertiary care central level, focus will be on the M&E of health facility (public, private, and university) compliance with MoH policies and arrangements. These facilities will be evaluated against a common set of institutional service indicators (1,500 facilities are expected to be evaluated); and the development of a framework for the M&E of health facility medical interventions to reduce inappropriate and unnecessary medical interventions (without indication). M&E criteria and health facility medical evaluation methodology will be developed for the selected risky intervention areas. (3) At the secondary and tertiary care local level, the aim is to improve regular audit process efficiency and audit staff capacity in the Provincial Health Directorates. The development of a database is planned through which health facility compliance with legislation and MoH policies and arrangements will be monitored and related audit data will be analyzed. Audits for 1,500 hospitals (a minimum of twice a year) and for 1,300 outpatient facilities (a minimum of twice a year) are expected to be conducted with the new model during the project.

Another activity in risk-oriented M&E will improve quality and efficiency in secondary care service provision by reducing the number of inappropriate and unnecessary medical interventions (interventions done without indication). There are some preliminary efforts for risk-oriented M&E within the MoH (referred to as the Evaluation of Appropriateness to Medical Indication). The 2012–13 findings indicate improvements (though small or moderate) in the areas of inappropriate ICU admissions (which declined from 34 to 33.5 percent), unnecessary hospital admissions (from 14.5 to 12.9 percent), inappropriate admissions to Pediatric Intensive Care Units (PICUs) (from 32.9 to 27.7 percent), and unnecessary admissions to PICUs (from 14.8 to 12.4 percent), and these translate into some moderate savings in secondary care expenditures. This subcomponent activity will be conducted in phases: (1) identification of risky health services through the elaboration of various resources such as MoH data, patient complaints, HMIS statistics, health facility audit results, judicial decisions, and SSI reports; (2) development of M&E criteria for the risky areas; (3) establishment of risk-oriented M&E information system infrastructure through a system that will allow the monthly monitoring of health facilities where feedback will be provided to the facilities based on collected data analysis; (4) piloting of a model for at least three risk areas and improvements to it based on pilot findings; (5) development of a methodology to conduct a health facility medical evaluation based on findings from the risk-oriented M&E system (the medical evaluation of health facilities will focus on inappropriate medical interventions and interventions without indication); and (6) training of staff who will be taking part in health facility medical evaluations–based risk-oriented M&E.

The Turkish health system does not have any mechanisms or systems to provide advice based on medical practice evidence while also interacting with patient information. Evidence-based medical guidelines are available only as texts, which prove to be impractical for physicians at the time of patient examination and decision making on diagnosis and treatment. The project aims to address this gap with the development of a Decision Support System (DSS), which compares and processes reference information with patient-specific information and presents it for physician use and decision making. The DSS will also act as a reference guide for malpractice. It is expected that the proposed DSS will help to standardize diagnosis and treatment procedures at primary and secondary care levels and to reduce differences in health provider

practices as its use increases among physicians. Other expected benefits of the system are a reduction in provider workload, an improvement in patient safety, and an improvement in rational drug use. Project stages are: (1) development of a scientific basis for standard diagnosis and treatment procedures (development of primary and secondary care medical content in compliance with the country's actual service provision practices); (2) development of software; (3) pilot implementation of the system (a) through the family medicine information system in 150 family medicine centers in collaboration with the PHeI and (b) through the HMIS in two hospitals in collaboration with the PHoI; (4) revision and updating of the model based on pilot implementation findings; (5) rollout of the model; (6) expansion of the system with the introduction of new elements such as help desk and logistics infrastructure; and (7) regular monitoring for better performance and continuity.

Subcomponent 2 (EUR 2.85 million): Sharing Turkey's Experience.

The key activities that will be supported under this subcomponent include:

Developing a model for sharing Turkey's experiences in the health sector (including country-specific analysis, training, and the dissemination of HTP products) and holding events to carry out this objective (these would be cofinanced or entirely reimbursable). The project will support MoH's efforts to disseminate internationally the HTP experience based on countries' demands. MoH's main role will be in disseminating knowledge with regards to health system planning and health system improvement (improvement/progress on health functions, health outcome indicators and on functioning/operations of health institutions and facilities). This will be done mainly through training of (and counselling for) health systems staff in those countries. A second and more specific effort will be in system development of pre-hospital trauma care systems for disasters in requesting countries. This will mainly involve health system staff capacity building in transport of trauma patients in line with international trauma scores and standards, classification of health facilities for transport and development of material requisition lists of facilities according to this classification. Knowledge and experience in health system development will also be transferred to the countries requesting humanitarian aid.

Subcomponent 3 (EUR 3.52 million): Building Capacity in Health Technology Assessment (HTA).

The key activities that will be supported under this subcomponent include:

Preparing the HTA strategy and legislative documents, mainly through the transfer of knowledge and experience on health system planning and development and through technical capacity building in specific areas such as disaster health management. This is in line with the MoH's latest Strategic Plan (to contribute to global health through international collaboration and development aid) as well as with the Bank's Country Partnership Strategy (CPS) 2012–15 (to work closely with the Turkish Government, private sector, and civil society to achieve the outcome of a more effective and financially sustainable health system, while allowing interested countries to learn from Turkey's positive experiences).

Subcomponent 4 (EUR 5.33 million): Supporting Project Management and Strategic Planning

This subcomponent will support the Project Management Support Unit (PMSU) for effective project management including procurement, disbursement and overall coordination of the project and provide support to the strategic planning processes. The PMSU will be responsible for coordinating implementation and fiduciary activities and for maintaining the necessary capacity throughout the project with a group of individual consultants and civil servants. This subcomponent will also include operational expenses.

Annex 3: Implementation Arrangements

COUNTRY: Turkey Health Sector Reform Support Project (HSSSP)

Project Institutional and Implementation Arrangements

Project administration mechanisms

The Health Systems Strengthening and Support Project (HSSSP) will be implemented by the Ministry of Health (MoH) through the implementing units. These are the General Directorates of the Health Research, Health Information Systems, Health Investments, Health Services, Emergency Health Services, and European Union EU and Foreign Affairs, as well as the affiliated agencies (the Public Hospitals Institution [PHoI] and the Public Health Institution [PHeI]). The Project Management and Support Unit (PMSU), similar to the practice in the ongoing Project in Support of Restructuring the Health Sector (PSRHS), will be responsible for the coordination and management of the project and for support to the implementing units. The implementing units will bear the responsibility for the procurement arrangements of their investments, which will include drafting the terms of reference (ToR), technical specifications, bidding documents, and requests for proposals (RFPs) and also conducting the selection of consultants and procurement activities; signing, paying, and managing contracts; monitoring; and reporting and all other procurement-related activities.

Financial Management, Disbursements, and Procurement

Financial management

Country Issues

The *Strategic Framework for Public Expenditure Management Reform* introduced a comprehensive approach to public expenditure management in 2001. The enactment of a new Public Financial Management and Control law (2003) formed the cornerstone of the legal framework for the modern public financial management system in Turkey. The law, which addressed a number of weaknesses in the existing system, (i) brought forward the concept of "general government," incorporating a comprehensive definition of public revenues and expenditures, ii) introduced a medium-term approach to budget preparation in line with strategic planning, iii) provided a description of the accountability of ministers and heads of public administrations, iv) provided the Ministry of Finance (MoF) with clear legal authority to determine budget classifications and accounting and reporting standards for all government agencies, v) delegated financial control responsibilities to spending units, and vi) strengthened government accountability by extending the scope and mandate of the external audit.

Although there has been a major transformation in public sector management as a result of the reform initiatives, implementation challenges still remain. These are mainly the lack of linkages between plans, polices, and budgets; the credibility of the medium-term fiscal framework; the need for improvements in the quality of strategic planning in the line agencies; problems in the implementation of the new internal and external audit frameworks; incomplete reform of the public procurement system; and the need for improved parliamentary scrutiny of budget preparation and implementation.

Financial Management Risk Assessment and Mitigation Measures

The financial management risk is assessed as moderate and the current financial management arrangements are satisfactory to the Bank. Both the inherent risk and the control risk are assessed as moderate. A significant strength of the project is the MoH's experience in implementing World Bank projects and its familiarity with Bank financial management and procurement procedures. Additionally, the financial

management rating for the PSRHS is satisfactory and the same arrangements will be relied on for the new project. The risk of the loss of current financial management capacity at the PMSU is mitigated through the expected extension of the PSRHS closing date. Once the extension of the PSRHS is processed there will not be a gap between the closing date of PSHRS and effectiveness of HSSSP.

Implementing Entity

The project will be implemented by the MoH and the following General Directorates and affiliated agencies will utilize project funds: General Directorates of Health Research, Health Information Systems, Health Investments, Health Services, Emergency Health Services, and EU and Foreign Affairs, as well as the PHoI and PHeI. The PMSU of the MoH is currently responsible for coordinating the implementation of the PSRHS and will also assume the same responsibility for the HSSSP. PMSU functions are overseen by the MoH Deputy Undersecretary, to whom the PMSU Director reports. It is an adequately staffed and experienced project coordination unit. In the current structure of the PSRHS, MoH implementing units (the General Directorates) are responsible for budgeting and executing their own investments and preparing the documentation for processing the related payments, whereas the accounting and reporting for the project are the responsibility of the PMSU.

Budgeting and Planning

The MoH budget has to include specific allocations for project expenditures in order for project funds to be utilized. Under the PSRHS, the general directorates prepare their expenditure plans and budget estimations for the following year and send them to the financial management and procurement units of the PMSU, which verifies those plans against the project's loan agreement and procurement plan and prepares a compiled budget proposal. The financial management unit then sends the annual project budget to the Strategy Development Unit for the completion of the approval process. World Bank–funded projects form part of an institution's investment budget and have to be approved by the Ministry of Development. The approved amounts are than included in the institution's budget proposal and approved by the Parliament within the scope of the annual budget law.

The HSSSP is expected to become effective in the second half of 2015, and in order for project funds to be utilized, the MoH should have the required allocation in its 2015 budget. The process to get a Higher Planning Council (HPC) decision to include the project in the 2015 Annual Investment program is being followed by the Ministry of Development. The MoH will make necessary arrangements with the Ministry of Development and Ministry of Finance (MoF) to allocate adequate funds for the HSSSP budget for the expenditures planned in 2015.

Accounting Staffing

The PMSU at the MoH will rely on current staff for the HSRSP. The financial management operations as well as the payment processing for the PMSU's project expenditures are handled by four financial management consultants working at the PMSU. There is a clear distribution of work between these staff members; however, all staff can act as backup for the others, as they have varying degrees of experience and current staffing arrangements are satisfactory. PSRHS will be extended to ensure that there are sufficient resources available to retain the current financial management consultants and the financial management arrangements are not disrupted. However in order to mitigate the risk of loss of staff capacity during the project implementation MOH will ensure that consultants are paired with at least two MOH staff with some experience in financial management.

Accounting Policies and Procedures

The MoH has developed a draft financial management manual for the HSSSP. The financial management manual will also form part of the Project Operational Manual (POM) and covers the project's budgeting, accounting, internal controls, disbursing, reporting, staffing, and auditing policies and procedures.

Information Systems

The project transactions that will be made by the MoH will be processed through the Public Expenditure and Accounting Information System (KBS). MoH departments responsible for implementation will send payment orders together with the supporting documents to the Ministry of Finance Accounting Office (MOF-AO) in the MoH. The accountant at the MoF-AO will enter the transactions into the KBS and will approve the payment order for processing from the designated account at the Central Bank of the Republic of Turkey (CBRT), which will register the payment from the designated account based on the approval of the MoF-AO. The transactions will be entered into the KBS in Turkish lira equivalent and will also be recorded under the account code dedicated to the project.

The PMSU will maintain detailed accounts of the project in EUR in Logo Tiger software, which is currently utilized under the PSRHS. The accounting entries will be based on the information received from the CBRT payment confirmations (Ek-3). The current software has adequate security levels and facilitates reporting in foreign currency, and the Interim Unaudited Financial Reports (IFRs) as well as the end of the year financial reports can be generated automatically from the system. The PMSU will process the necessary customization of the system to facilitate recording and reporting under the HSSSP.

Internal Financial Controls and Internal Audit

The general directorates that will utilize funds from the project will be responsible for all stages of procurement. The procurement department at the PMSU will provide support to ensure that World Bank procurement rules are followed in the tendering procedures conducted by these general directorates/agencies. The invoices for the services procured will be submitted to the related general directorates, whose finance departments will process the invoices for payment and submit the payment orders to the MoF-AO at the MoH. The payment orders will be signed by the authorized personnel in the related General Directorates. The MoF-AO will execute basic controls on the payment orders and will send them to the CBRT for processing from the designated account. The related accounting entry to the KBS will be made by the MoF-AO based on the approved payment order.

The accounting entries to the system that will be maintained by the PMSU will be based on the payment confirmation of the CBRT (where the designated account will be opened). The PMSU is currently utilizing an integrated system under the PSRHS (Project Follow-up System), where the implementing general directorates record all stages of the procurement processes. The general directorates have to include the serial number provided by the system in preparing the payment order (Ek-3), which is required for processing the payment from the designated account at the CBRT. The serial number is assigned by the system only after the required information (to which the PMSU has online access) is entered. The system became operational in 2013 and has significantly improved the information flow between the general directorates and the PMSU under the PSRHS. The software is externally developed and therefore only partially addresses the requirements of the PMSU, which intends to employ an upgraded version of the system for the HSSSP that will be utilized for management reporting, procurement monitoring, and cash management. Any necessary upgrading will be undertaken by the MoH to ensure that the system is fully functional under the HSSSP.

All payments under the project are subject to the control and approval of the MoF-AO at the MoH. The centralized accounting system in Turkey has an integrated commitment control module following the first payment from a contract. Until the first payment is sent for processing, the commitments of the general directorates do not show in the accounting system, and this is addressed by the Ministry of Finance at a global level. However, all general directorates in the MoH have internal contract monitoring systems; the PMSU monitors contracts through the integrated system and additionally, the MoH accounting office monitors compliance with the contract following the first payment request under a multi-payment contract.

The MoH has an Internal Audit Department that is part of the new public financial management framework. Since the project will be implemented by the MoH general directorates, project transactions will also be audited by the internal auditors as a part of their system audits.

Funds Flow and Disbursement Procedures

The project will use the traditional disbursement method through the use of a designated account that will be opened at the CBRT. All payments to the contractors, suppliers, and consultants will be made directly, either from the loan account or from the designated account, with the authorization of the responsible personnel in the general directorates.

The minimum application size for payments directly from the loan account for the issuance of Special Commitments as well as the statements of expenditure (SOE) limits will be described in the disbursement letter. Full documentation in support of SOEs would be retained by the MoH for at least two years after the Bank has received the audit report for the fiscal year in which the last withdrawal from the loan account was made. This information will be made available for review during supervision visits by Bank staff and for annual audits.

Reporting and Monitoring

The PMSU in the MoH will maintain records and ensure appropriate accounting for the funds provided for the project. The IFRs will be prepared on a quarterly basis and submitted to the Bank no later than 45 days after the end of the quarter. The MoH will customize its current accounting system for the HSSSP and ensure that the IFRs are automatically generated by the software.

The IFR templates will be agreed with the Bank during the negotiations.

External Audit

As part of the Bank's auditing requirements, the project's financial statements will be subject to external auditing. The first set of audit reports will be submitted to the Bank before June 30th of the year following the calendar year in which the first disbursement from the loan has been made.

The project financial statements will be audited by the Treasury controllers in accordance with International Standards on Auditing. The Treasury controllers are the external auditors for all projects implemented by the ministries in Turkey. The ToR for the audit will be included in the project financial management manual.

The audit reports for the PSRHS were received on time and did not include any serious internal control issues.

The audited financial statements and audit reports would be publicly disclosed in a manner acceptable to the Bank. The following chart identifies the audit reports and their due dates:

1.1	*Audit Report*	*1.2*	*Due Date*
1.3	Entity financial statements	1.4	Not applicable
1.5	Project financial statements (PFS) for MoH, including SOEs and the designated account. PFS include sources and uses of funds by category and by components, SOE statements, Statement of Designated Account, notes to the financial statements, and reconciliation statement.	1.6	Within six months after the end of each calendar year and also at the closing of the project.

Procurement

Procurement Risk Assessment. Since the past procurement performance in the ongoing PSRHS is rated moderately satisfactory. The MoH overall is considered to be an experienced borrower and one familiar with World Bank procurement procedures. The HSSSP will build on the existing procurement arrangements of the ongoing PSRHS and will be implemented by the MoH through the implementing units that are currently active in the ongoing project. The PMSU will continue to be responsible for project coordination and for the support to the implementing units.

During the implementation of the PSRHS, it was noted that staff turnover and capacity loss for procurement-related positions could cause delays in the procurement processes and in the progress of implementation. Implementing units may have different levels of ability at handling procurement and contract administration. Moreover, planning delays and frequent changes in scheduling procurement activities may create pressure on the preparation of procurement-related documents and the timely completion of activities and result in exceptional no-objection requests from the Bank (i.e., reduced duration of bid submissions and very urgent requests). The lack of effective information flow between implementing units and the PMSU may create delays in reporting, monitoring, and maintaining the timeliness of the support expected from the PMSU. Moreover, the high number of procurement-related transactions for small-value contracts may add very limited value to the HSSSP (i.e., bureaucratic procedures for continuing individual consultant contracts and requests for the Bank's no-objection to each procurement activity even if it exists in the applicable procurement plan). The implementing units currently have experienced procurement-related staff and consultants for the ongoing PSRHS financed by the Bank. The PMSU has lost its procurement capacity and receives part-time procurement-related support from the individual consultant hired by General Directorate of Health Research (GDHR) under the MoH. The majority of the project's contract procurement arrangements are similar to those in the ongoing PSRHS in terms of complexity and procurement methods. On the other hand, the project also includes high-value contracts to be handled through Quality and Cost-Based Selection (QCBS) and international competitive bidding (ICB) methods by the implementing units: the Public Hospitals Institution (PHoI), the Public Health Institution (PHeI), the General Directorate of Health Investments (GDHI), General Directorate of Health Information Systems (GDHIS), and the GDHR. These units, with the exception of GDHR, have limited experience and capacity in the use of QCBS and ICB methods. It is expected that no gap will occur between the closing date of the PSRHS and the expected effectiveness date of the HSSSP and existing procurement staff capacity of the PMSU and implementing units will be maintained during the transition period without any interruption in the services.

Risk Mitigation Measures. **Overall project risk for procurement is rated as substantial. After mitigation measures are implemented, the residual risk would be moderate**. To mitigate the identified procurement-related risks, following mitigation actions are summarized as follows.

	Mitigation Actions	Deadline/Status
1	Recruit one full-time Procurement Specialist for each of the PMSU, the PHoI, the GDHI, the GDHIS and other implementing units as necessary, with adequate qualifications and experience acceptable to the Bank for project implementation and to support procurement of high value ICB and QCBS contracts	Within one month after loan effectiveness
2	Prepare and approve a Project Operational Manual with a detailed chapter on procurement to cover the PMSU's role on procurement support that will include internal prior and post-reviews and training for the implementing units	By loan effectiveness
3	Start the preparation of the bidding/proposal documents for high-value QCBS and ICB contracts in the first year of project implementation well in advance to facilitate their implementation as per the agreed procurement plan	Preparation of technical specifications and TORs initiated
4	Ensure that existing procurement capacity is maintained for implementing units and the PMSU after closing date of PSRHS	PSRHS to be extended
5	Update procurement plans on a semi-annual basis, combine similar and small-value activities to reduce the number of procurement transactions, use individual consultant contracts that would allow longer-term services	During/throughout project implementation
6	Regular hands-on procurement support by Bank procurement staff, including support missions and training activities	During/throughout project implementation

Applicable Guidelines. Procurement of goods, works, and non-consulting services for the proposed project will be carried out in accordance with the World Bank's "Guidelines: Procurement of Goods, Works and Non-Consulting Services under IBRD Loans and IDA Credits & Grants by the World Bank Borrowers," dated January 2011 (revised July 2014) (Procurement Guidelines); and procurement of consultant services will be carried out in accordance with the World Bank's "Guidelines: Selection and Employment of Consultants under IBRD Loans and IDA Credits & Grants by World Bank Borrowers," dated January 2011 (revised July 2014) (Consultant Guidelines) and the provisions stipulated in the loan agreement. The World Bank's "Guidelines on Preventing and Combating Fraud and Corruption in Projects Financed by IBRD Loans and IDA Credits and Grants," dated October 15, 2006 and revised in January 2011 (Anti-Corruption Guidelines), will also apply to the project. A General Procurement Notice will be published on the Bank's external website and United Nations Development Business online prior to loan effectiveness.

Goods, Works, and Non-Consulting Services. There are small works contracts envisaged in the project for the renovation of the Treatment Centers for People Suffering from Alcoholism and Substance Addiction (AMATEMs) and the Treatment Centers for Children and Adolescents Suffering from Substance Addiction (ÇEMATEMs) that would include minor paint jobs, mechanical and electrical installation works, etc., inside the buildings. Goods to be procured will include hardware, software, minor office equipment, and equipment for the treatment centers. Procurement of IT systems is also envisaged under the project. Non-consulting technical services will include services with no advisory output to cover survey studies and services for call centers. Non-consulting services for the training and workshops will include logistical and organizational services for international and national symposia, seminars, workshops, and other national and local training programs. The methods defined in the procurement plan will be followed for the procurement of goods, works, and non-consulting services (including logistical and organizational services for trainings and workshops), which would include at least (i) ICB procedures, (ii) national competitive bidding (NCB) procedures in accordance with the provisions of paragraph 3.3 of the Procurement Guidelines, and (iii) shopping procedures in accordance with the provisions of paragraph 3.5 of the Procurement Guidelines where appropriate. There will be no domestic preference in the procurements.

Selection of Consultants. Consultants as firms and individuals will be selected to assist the implementing units and the PMSU under the MoH in the development, launching, and establishment of the HSSSP. Consulting firms associated with local universities in the capacity of sub consultants may be expected on the shortlists. Participation of government-owned enterprises/institutions, government officials, and civil servants in consultancy services will be permitted as long as "eligibility" provisions of the Consultant Guidelines are met. The methods defined in the procurement plan will be followed for the selection of the consultant firms that would include at least (i) the QCBS method as the default method, and (ii) Selection Based on Consultant's Qualifications (CQS) method in accordance with paragraph 3.7 of the Consultant Guidelines for the contracts below US$300,000 equivalent. The shortlists can comprise entirely national consultants if the contracts with the firms are below US$500,000 equivalent. For the employment of experts, the selection of individual consultants may be used in accordance with the provisions of Section V of the Consultant Guidelines. Subject to justification in terms of economy, efficiency, and equal opportunity to all qualified eligible consultants, the Single-Source Selection (SSS) method for consultant firms and individuals may be used. The TOR and selection processes for financial management, audit, procurement, or legal contracts financed by the project, even those that are below the prior review threshold, shall be subject to the Bank's prior review.

The Bank's Standard Bidding Documents will be used, as well as the Bank's Standard Request for Proposal documents (RFPs) for the selection of consultants and procurement of goods, works, and non-consulting services, including the standard evaluation reports.

All ICB, QCBS, Direct Contracts (DC), and SSS contracts, as well as the first contracts by each implementing unit concluded by other methods, will be subject to the Bank's prior review.

Special Procurement Arrangements. The following contracts originally signed under PSRHS are eligible for financing from the proceeds of new HSSSP: (i) individual consultants providing fiduciary services for the PMSU and implementing units selected according to the Consultant Guidelines under the PSRHS and whose contracts have not been completed by the closing date of PSRHS or been extended to continue under the HSSSP on a SSS basis, and (ii) firms selected by the PMSU and implementing units according to the Consultant Guidelines under the PSRHS whose contracts have been signed but not completed as of the PSRHS loan closing date as listed below.

-SSYYDP/PYDB/2015/CS/A.7.1.1/SSS/04, Financial Management Specialist
-SSYYDP/PYDB/2015/CS/A.7.1.1/SSS/05, Financial Management Specialist
-SSYYDP/PYDB/2015/CS/A.7.1.1/SSS/23, Finance Assistant Consultant
-SSYYDP/PYDB/2015/CS/A.7.1.1/SSS/24, Finance Assistant Consultant
-SSYYDP/THSK/2015/CS/A.8.7.1/SSS/01 Procurement Specialist
-SSYYDP/SAGM/2015/CS/A.4.1.1/SSS/01, Procurement Specialist

and (ii) firms/individuals selected by the PMSU and implementing units according to the Procurement or Consultant Guidelines under the PSRHS whose contracts have been signed but not completed as of the PSRHS loan closing date as listed below.
-SDSGRP/GDHR/2012/TS/A.4.4.1/NCB/03, Procurement of Services for Healthcare Employee Satisfaction Survey (Contract Amount: USD 225,511)
-SDSGRP/GDHR/2012/CS/A.4.4.1/IC/05, Consultant for Detailed Analysis and Evaluation of Healthcare Employee Satisfaction Survey

Those contracts shall also be listed in the procurement plan of the MoH as ongoing contracts.

The MoH may sign a consultancy services contract with the World Health Organization (WHO) by using the SSS method in line with Article 3.15 of Bank's Consultant Guidelines to conduct a

thorough survey to monitor the implementation of project activities that involve raising awareness on risk factors related to non-communicable diseases (NCDs) and promoting healthy lifestyles and behavior change. WHO's STEPs survey brings a unique methodology and tool for this purpose, and the Bank agrees with the use of the SSS method for hiring WHO for this purpose at an estimated cost of EUR 1.25 million.

Procurement Plan. The draft procurement plan for the first 18 months of implementation was prepared by the MoH during the appraisal stage and provides the basis for the procurement packages, methods, and review thresholds. The initial version of the procurement plan discussed and agreed for the first 18 months of the project is attached as Annex 6. Full version of the procurement plan covering the whole project duration will be available at the PMSU's project database and Bank's external web site before loan effectiveness. The procurement plan will be updated at least semi-annually in agreement with the Bank team or as required to reflect actual project implementation needs and improvements.

Procurement Supervision Frequency. The Bank will review the procurement arrangements performed by the MoH, including contract packaging, applicable procedures, and the scheduling of the procurement processes, for their conformity with Bank's Procurement and Consultant Guidelines, the proposed implementation program, and the disbursement schedule. The Bank's prior review thresholds are also provided in the agreed procurement plan. The procurements not previously reviewed by the Bank will be subject to the Bank's ex-post-review in accordance with the procedures set forth in Paragraph 5 of Appendix 1 to the Procurement and Consultant Guidelines, on a random basis. A sampling of one in five contracts will be used for post-reviews. This ratio may be adjusted during project implementation based on the performance and risk rating of the project. A post-review of the procurement documents will normally be undertaken during the Bank's supervision mission, or the Bank may request to review any particular contracts at any time. In such cases, the MoH shall provide the Bank the relevant documentation for its review.

Environmental and Social Impact (including Safeguards). The project will not finance any infrastructure investments, and during project implementation, the ToR for consulting services will be reviewed to ensure that services provided are in accordance with the Bank's safeguards policies. The project will include some basic interior refurbishment activities that will not have any impact on the environment. For the small-scale interior rehabilitation works (furniture change, painting, etc.), the national requirements will be satisfactory to minimize the impacts, if any. The MoH is experienced in complying with the national requirements, and therefore no additional measures are suggested, and there was no need for an environmental and/or social assessment document.

Monitoring and Evaluation. The MoH will monitor and evaluate the progress/outcomes of project interventions through its structural units (General Directorates) and affiliated agencies (the PHeI and PHoI), with the area-specific monitoring and evaluation (M&E) responsibilities for the project mirroring those reflected in the MoH's Strategic Plan. Responsibility for aggregating the M&E data and reporting it to the World Bank and relevant government agencies as part of the annual progress reports rests with the PMSU. Whenever possible, progress on results will be monitored using routine data sources, such as those available from the information systems and administrative records of the MoH and affiliated agencies. In addition, project output/outcome monitoring will be supplemented by a periodic household health survey and a number of thematic surveys, which will be carried out in a coordinated way, using evaluation methodologies and instruments from the European Union (EU) or the Organisation for Economic Co-operation and Development (OECD). Hands-on support and guidance to the M&E function of the implementing units and institutions will be provided by the experienced PMSU M&E staff and will be strengthened through in-service and external training activities under the project management component. In addition, given the data consistency, quality, and reliability issues, a number of activities under Component 3 specifically aim

to strengthen the MoH's institutional capacity for M&E. Evaluation of project implementation will be done at mid-term review and project closing.

Annex 4: Implementation Support Plan

COUNTRY: TURKEY HEALTH SECTOR REFORM SUPPORT PROJECT

Strategy and Approach for Implementation Support

Implementation Strategy: The strategy for the Implementation Support Plan will include regular dialogue with the Government, joint review (Ministry of Health [MoH] and World Bank) of project implementation, and regular oversight of project fiduciary activities. Regular dialogue will facilitate the early identification of problems and obstacles that could delay implementation and will also enable the timely provision of technical advice and support to remove these complications. Joint reviews will take place at least twice a year, aimed at reviewing the progress on and achievement of agreed results. During each of the reviews, the type of implementation support that is needed will be identified, followed by joint decisions on specific necessary assistance. During each joint review, dialogue with donor partners (World Health Organization [WHO], European Union [EU], United Nations Children's Fund [UNICEF], and others) will be prioritized as well as close coordination in the intervention areas of the project, notably control of noncommunicable disease.

Fiduciary Requirements

Financial management. As part of its project implementation support missions, the Bank will conduct risk-based financial management within the first year of project implementation and then at appropriate intervals, based on the assessed risk and performance of the project. During project implementation, the Bank will supervise its financial management arrangements in the following ways: (a) review its Interim Unaudited Financial Reports (IFRs), as well as the project's annual audited financial statements and the auditor's management letters and recommended remedial actions; and (b) during the Bank's on-site missions, review the following key areas: (i) project accounting and internal control systems; (ii) budgeting and financial planning arrangements; (iii) disbursement arrangements and financial flows, including counterpart funds, as applicable; and (iv) any incidences of corrupt practices involving project resources. The Bank's on-site financial management implementation support and supervision will be conducted by the Bank-accredited Financial Management Specialist.

Procurement supervision. Prior review supervision will be carried out by the Bank in accordance with the procurement thresholds. In addition and in compliance with the results of the capacity assessment of the Implementing Agency, there will be two supervision visits every year to carry out a post-review of procurement actions. These visits will include informal training for procurement specialists of the Project Management and Support Unit (PMSU)/MoH.

The PMSU will maintain complete procurement files, which will be reviewed by Bank supervision missions. All procurement-related documentation that requires the Bank's prior review will be cleared by the Procurement Specialist and relevant technical staff. Procurement information will be recorded by the Procurement Specialist at the Project Coordination Union and submitted to the MoH and the Bank as part of the semi-annual IFRs and annual progress reports.

Time	Focus	Skills Needed	Partner Role
Bi-yearly	Technical Review: All components Fiduciary Oversight: Financial Management Procurement Safeguards Oversight: Environmental performance and socially responsible performance	Public Health, Primary Care, Health Financing, HMIS and Hospital Specialists; Sr. Operations Officer and key consulting services as need arises (i.e., Medical Equipment Specialist, PPP) Financial Management Specialist/ Procurement Specialist Safeguards Specialist	N/A
Regular support by TTL/Co-TTL and field-based staff	Technical Review: All components Fiduciary Oversight: Financial Management Procurement Safeguards Oversight: Environmental performance and socially responsible performance	Public Health, Primary Care, and Hospital Specialists (field-based staff and international staff), Health Economist, and Operations Specialist Financial Management Specialist/ Procurement Specialist Safeguards Specialist	N/A

Skills mix required

Skills Needed	Number of Staff Weeks per Financial Year (FY)	Number of Trips per FY	Comments
Task Team Leader	12	4	
Co-Task Team Leader	12	0	Co-TTL based in the field
Senior Health Economist	2	1	Trip to be combined with other Project support
Hospital Management Specialist	2	1	
Health Information Systems Specialist	4	2	Trips to be combined with other project support
Public Health Specialist	6	0	Field-based consultant
PPP specialist	2	1	Collaboration with IFC
Safeguards Specialist	2	1	Staff based in the field, as may be needed
Procurement Specialist	6	0	Staff based in field.
Financial Management Specialist	6	0	Staff based in the field

Annex 5: Economic and Fiscal Analysis

COUNTRY: TURKEY HEALTH SECTOR REFORM SUPPORT PROJECT

The economic and fiscal analyses carried out during the preparation of the project covered: (i) an estimation of the project's development impact in terms of expected benefits and costs; (ii) the rationale for public involvement; (iii) the World Bank's contribution to the project; and (iv) the project's fiscal impact and sustainability.

Primary and Secondary Prevention of NCDs

In Turkey, noncommunicable diseases (NCDs) generate a significant disease burden and are a major use of health resources. Moreover, NCDs and injuries are generally on the rise in Turkey, while communicable, maternal, neonatal, and nutritional causes of disability-adjusted life years (DALYs) are generally on the decline (see figure 1). Overall, the three risk factors that account for the greatest disease burden in Turkey are dietary risks, tobacco smoking, and high body-mass index (see figure 2).

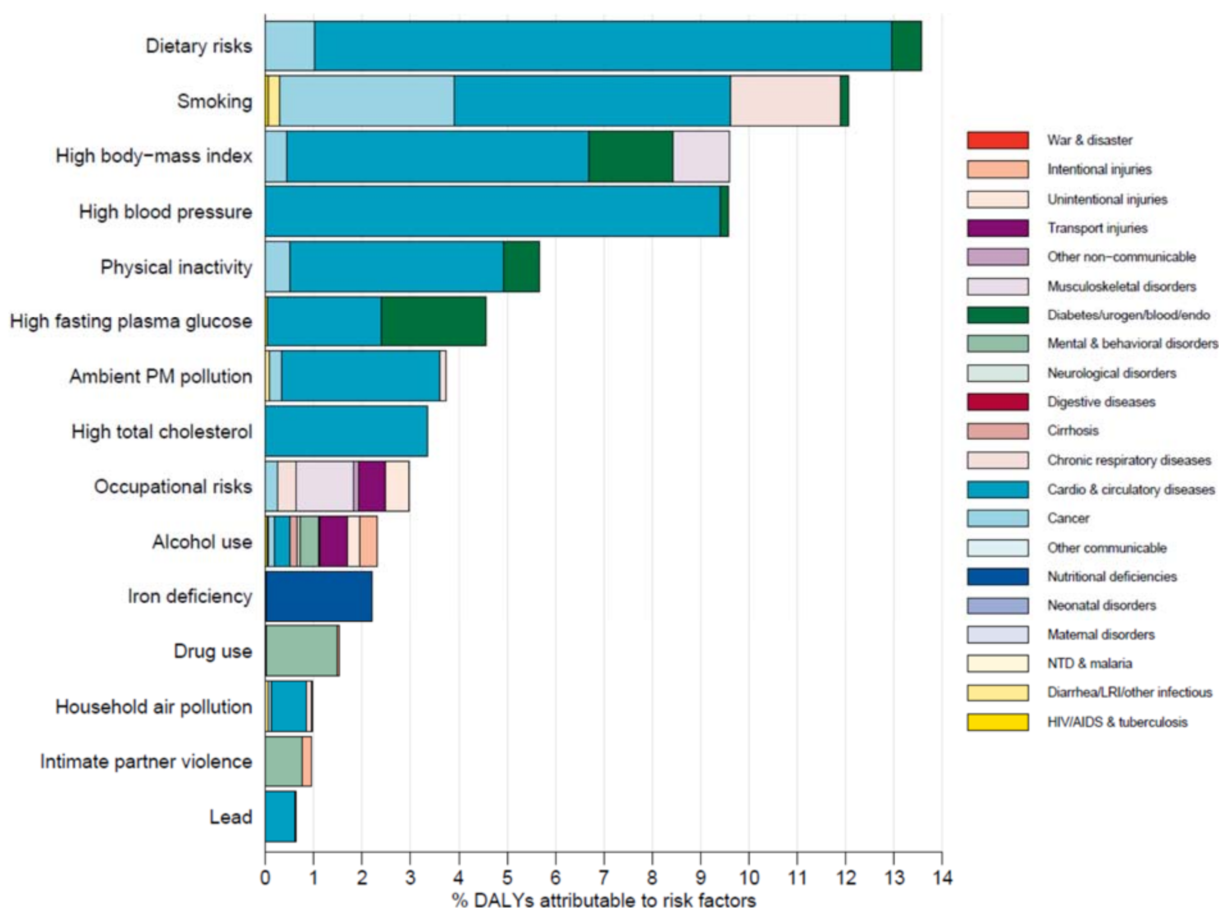
Figure 1. Ranks and Changes for Causes of DALYs for 1990 and 2010 in Turkey

	1990 Mean rank (95% UI)	2010 Mean rank (95% UI)		Median % change (95% UI)
1.4 (1-2)	1 Ischemic heart disease	1 Ischemic heart disease	1.0 (1-1)	12% (4 to 20)
1.9 (1-3)	2 Lower respiratory infections	2 Stroke	2.2 (2-3)	-19% (-29 to -10)
2.8 (2-3)	3 Stroke	3 Major depressive disorder	3.3 (2-5)	53% (12 to 118)
4.8 (4-7)	4 Preterm birth complications	4 Low back pain	3.7 (2-5)	59% (36 to 86)
5.0 (4-7)	5 Diarrheal diseases	5 Congenital anomalies	5.6 (4-11)	1% (-68 to 42)
6.4 (4-9)	6 Congenital anomalies	6 COPD	7.1 (5-11)	35% (13 to 65)
7.6 (5-11)	7 Major depressive disorder	7 Lung cancer	7.4 (5-13)	71% (10 to 97)
7.9 (4-12)	8 Meningitis	8 Preterm birth complications	8.8 (5-14)	-49% (-64 to -22)
8.8 (6-12)	9 Low back pain	9 Anxiety disorders	8.9 (5-14)	54% (10 to 112)
9.2 (7-11)	10 Road injury	10 Road injury	9.6 (6-12)	-21% (-34 to 13)
12.1 (10-16)	12 COPD	13 Lower respiratory infections	13.8 (10-18)	-79% (-83 to -73)
14.6 (11-17)	14 Lung cancer	19 Meningitis	19.0 (11-30)	-61% (-73 to -39)
15.5 (11-21)	15 Anxiety disorders	28 Diarrheal diseases	29.3 (23-36)	-83% (-88 to -76)

The costs of NCDs for the health system, firms, and individuals are high and rising. Governments, communities, and private industries are all affected by the high costs of premature death and disability among individuals and by the cost of treating and caring for NCD patients. This burden is especially because of the large number of persons affected, particularly men and women of working age who cannot obtain secure productive employment. In the absence of adequate prevention and early detection, these costs can only increase, because treatment, surgical operations, and medications are needed, all of which are costly, and the patient's productive life is shortened.

The project involves specific primary NCD prevention actions targeting the population at large and several improvements in NCD care and prevention in public health establishments that will generate significant direct benefits in terms of avoided DALYs. The direct benefits are associated with savings in the health system, resulting from avoided hospitalizations, medical consultations, and treatment for the population exposed to risk factors, and also lower (non-medical) expenses paid by families for care and services for family members with NCDs. The indirect benefits are associated with productivity gains in the labor market as a result of a reduction in the number of premature deaths and disabilities and better quality of life for the population.

Figure 2. Burden of Disease Attributable to 15 Leading Risk Factors in 2010, expressed as a percentage of Turkey DALYs



Source: GBD PROFILE: TURKEY. Institute for Health Metrics and Evaluation.

The project acts on the main NCD risk factors and NCD care simultaneously. There are two clearly differentiated groups of beneficiaries: first, the general population affected by risk factors such as exposure to tobacco, inadequate diet, or physical inactivity, and second, persons who are currently suffering from a NCD or who could suffer from one in the very near future and who are attended in the public health subsector.

Estimation of Project's Development Impact

The assumptions used in the cost-benefit analysis are listed below:

- **Basic discount rate**. Financial costs (project investments and recurrent costs) and financial savings are discounted at 6 percent to account for future inflation, which is the average inflation estimated for the 2014–18 period.[31] A higher discount rate of 8 percent is also applied to verify the sensitivity of the results of this assumption.

[31] See IMF, "World Economic Outlook," Database, October 2014, http://www.imf.org/external/pubs/ft/weo/2014/02/weodata/index.aspx.

- **Discount rate of the monetary value of future health benefits**. The monetary value of the annual DALYs saved is discounted at 3 percent, per the guidelines from the World Health Organization (WHO) and the Disease Control Priorities (DCP-2) Project.[32] The higher rate of 5 percent is used for the sensitivity analysis.

- **Period of time considered**. The cost-benefits of each intervention are calculated over the 2017–35 period.

- **Population covered**. Even if interventions could be implemented nationwide, it is assumed that only 50 percent of the population would receive the interventions by the end of the project. Therefore, the interventions will affect around 40.8 million people by 2022. Population growth up to 2035 is based on UN population projections (medium fertility) as a whole.[33]

The benefits deriving from project interventions are estimated using the impact on population health status measured in term of DALYs, which represent the sum of years of potential life lost due to premature mortality and the years of productive life lost due to disability, and have a built-in age-weighting. The baseline DALYs were calculated for the various conditions from the Global Burden of Disease 2010 study estimates for Turkey and adjusted for the population size of the project. These include the forward projections of DALYs averted (that is, healthy life years gained) from 2017 to 2035.

DALYs were valuated using a very simple rule. Each DALY saved is valued at per capita income (using a starting value of about US$12,000 for 2017). An upper, but still conservative, estimate values each year of life as three times per capita income, as per the DCP-2 and Copenhagen Consensus guidelines (Jamison, Jha, and Bloom 2008). Studies of the valuation of life in the United States utilize much higher values that would produce more extreme results.

Discount Rates for DALYs: The monetary value of the future stream of health benefits (i.e., annual DALYs saved) is discounted at 3 percent (with an upper sensitivity analysis of 5 percent), per guidelines from WHO

[32] See DCP Project, "Disease Control Priorities in Developing Countries" (Seattle: Disease Control Priorities Project, 2006), http://www.dcp2.org/.
[33] See United Nations, Population Division, http://www.un.org/esa/population/.

and the DCP-2 project.[34] Figure 3 shows the number of DALYs averted per year between 2011 and 2030. The overall results of the economic analyses are presented in Table 1.

Figure 3. Total DALYs Averted by Year, baseline scenario

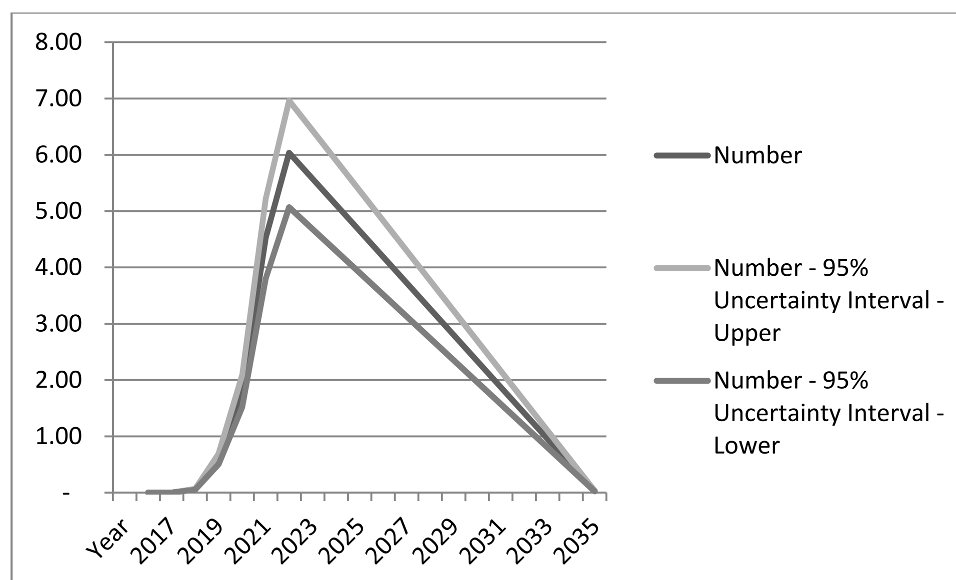


Table 1. Net Present Value (NPV) and Internal Rate of Return (IRR) of Project Interventions

	Using deflator rate of 7% and DALY discount rate of 3%					
	1 DALY=1 times per cap GDP (in 000s)			**1 DALY=3 times per cap GDP (in 000s)**		
	Mean	95% Uncertainty Interval - Upper	95% Uncertainty Interval - Lower	Mean	95% Uncertainty Interval - Upper	95% Uncertainty Interval - Lower
Value	$ 360,738	$ 459,083	$ 258,277	$ 1,640,242	$ 1,381,902	$ 930,017
NPV	$ 132,143	$ 201,428	$ 99,055	$ 701,848	$ 697,902	$ 460,443
IRR	25.8%	30.3%	20.5%	65.7%	65.5%	52.0%
	Using deflator of 5% and DALY discount of 5%					
	1 DALY=1 times per cap GDP (in 000s)			**1 DALY=3 times per cap GDP (in 000s)**		
	Mean	95% Uncertainty Interval - Upper	95% Uncertainty Interval - Lower	Mean	95% Uncertainty Interval - Upper	95% Uncertainty Interval - Lower
Value	$ 216,905	$ 299,227	$ 131,138	$ 1,287,919	$ 1,084,296	$ 702,604
NPV	$ 101,274	$ 162,588	$ 58,589	$ 702,286	$ 667,082	$ 425,815
IRR	19.4%	24.1%	13.6%	59.5%	59.2%	45.8%

The Rationale for Public Involvement

Public sector interventions are justified from an economic perspective if market failures exist and there are interventions that correct them without imposing costs on society that exceed the benefits. Examples of market failures include:

(i) *The presence of externalities*. If external costs or benefits are not automatically factored into the consumption choices of individuals, the personal levels of consumption (e.g., of tobacco, alcohol, or unhealthy foods) can be higher than is beneficial to society as a whole. Therefore,

[34] See DCP Project, "Disease Control Priorities in Developing Countries."

externalities are a form of market failure, justifying in principle a public-policy intervention with the aim of improving social welfare.

(ii) *Departure from rationality*. Children and adolescents tend not to take the future consequences of their choices into account, irrespective of whether they have information about them. As such, they act myopically and hence, non-rationally. The result of their choices may well differ systematically from their long-term best interests. This provides—in principle—a justification for government intervention to help them make better choices. The rationale is reinforced further in light of the lasting impact that health and health behaviors in childhood and adolescence are known to have over a lifetime. This is most obvious in the consumption of addictive goods, particularly tobacco. Smoking behavior is overwhelmingly established in adolescence.

(iii) *Insufficient and asymmetric information*. Imperfect information is common where the health effects of a behavior are insufficiently understood and researched (for example, because of the long time lag between behavior and outcome) and where industry's marketing efforts distort information, intentionally or otherwise. On the whole, government intervention in the form of the provision and production of health information is in principle justifiable, as information is a public good, which leads to its undersupply in the absence of government intervention.

(iv) *Time-inconsistent preferences or "internalities*." In some situations, individuals give in to the temptation to accept immediate gratification at the expense of their long-term best interests. The solution to time-inconsistent preferences is to provide individuals with effective commitment devices. Given their enforcement power, governments are generally in a good position to introduce/change models to incentivize/encourage genuine behavior change.

Therefore, preventing and delaying the onset of NCDs, as well as effectively managing them, can lead to a major saving in health expenditures, including a reduction in the intangible costs for those suffering the disease. Increased spending on health at this stage in Turkey's demographic and epidemiological development can help keep future public expenditures at bay by avoiding much more expensive late-stage treatment and co-morbidities.

The World Bank's Contribution to the Project

The rationale for World Bank's involvement in the proposed project is twofold. First, the Bank's long-term engagement in the health sector through the Delivery of Improved Local Services (DILS) Project involved the identification and piloting of interventions (such as the use of clinical pathways and improvements in the provider payment systems) that could be expanded and implemented on a national scale under the new proposed operation. Second, the Bank's experience in supporting the implementation of the above-listed interventions in a variety of countries allowed it to bring global expertise and best practices to the preparation of the proposed operation and to the design and implementation of innovative solutions in the health sector.

World Bank engagement builds on the Government of Turkey's existing capacity and expertise developed over the past decade. The Bank has been an important development partner in the health sector in Turkey since the 1990s. The most recent sector support includes the two Adaptable Program Loans (APLs) that supported the successful Health Transformation Program (HTP), which is an internationally recognized productive health reform. In the past, the Government of Turkey has requested World Bank support to share the lessons from Turkey's experience, which has been provided through support to international conferences and international publications on the reforms.

In addition, Turkey has developed a cancer strategy focused on early diagnosis and screening by scaling up specialized centers, including mobile units; integrating indicators of quality and family physician performance; and sponsoring mass media campaigns. The World Bank is supporting the implementation of

this strategy with an impact evaluation and can bring lessons from the implementation of similar strategies in other countries, such as Romania and Serbia, either through technical assistance, investments, or both. The World Bank is implementing projects in the wider region to strengthen health systems to address the NCD burden more effectively and will share these experiences with Turkey. Finally, since 2012, the World Bank has been providing support to the MoH and the Social Security Institute (SSI) jointly with the European Observatory on Health Systems and Policies to explore various Health Technology Assessment (HTA) models in European counties.

The working relationship between the Turkish Government and the World Bank in Turkey as a whole and specifically in the health sector is one of strategic partnership. The financing the World Bank will contribute is relatively small, but it is strategically focused, as it supports activities that add value in priority areas. A good example of this kind of strategic partnership is the proposed support to the public-private partnership (PPP) health investment program. In order to address efficiency, access to quality beds, and lagging infrastructure, Turkey is pursuing an ambitious TL 20 billion PPP investment program. Managing the implementation of investments and contracts with private investors and contractors, as well as the contingent liabilities, will challenge the existing management structure. The World Bank Group has a comparative advantage in these areas to support the MoH, especially through the collaboration between the International Bank for Reconstruction and Development (IBRD) and the International Finance Corporation (IFC) and the required collaboration between the two key departments of the ministry in this area, the Public Hospital Institute, which will manage the services provided, and the General Directorate for Health Investments, responsible for construction.

Fiscal Impact and Sustainability

Public health expenditure (PHE) in Turkey reached roughly US$36.681 million in 2012 (see table 5), which represents a significant increase from the US$8.305 million of public funds allocated to the health sector in 2000. PHE, measured as a share of GDP, increased from 3.11 percent in 2000 to 4.65 in 2012. PHE after 2013 has been estimated using the following assumptions: (i) GDP is expected to grow according to International Monetary Fund (IMF) estimates (IMF 2014) by 0.99 percent in 2014 and by 6 percent during the 2015–020 period; and (ii) the level of PHE as a share of GDP will remain constant at 4.65 percent.

The estimated disbursements of the proposed project will represent a very small share of PHE, reaching at most around 0.08 percent of the PHE level in the 2017–19 period. Additionally, interventions, such as the improvement of hospital management and the primary and secondary prevention of NCDs, are expected to create significant cost savings that will compensate for the additional recurrent costs produced by other interventions. Therefore, the overall fiscal impact of the project is expected to be positive in the middle to long period.

Table 5. Public Health Expenditure in Turkey, 2000–18

	2000	2004	2008	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
PHE (current US$ million)	8,305	15,007	32,406	36,681	38,130	37,819	40,040	42,358	44,893	47,522	50,300	53,240	56,351
PHE (% of GDP)	3.11	3.83	4.44	4.65	4.65	4.65	4.65	4.65	4.65	4.65	4.65	4.65	4.65
Project disbursements (current US$ million)								8	35	39	39	20	16
Project disbursements (% of PHE)								0.02%	0.08%	0.08%	0.08%	0.04%	0.03%

Source: Calculation based on the World Development Indicators, April 2013; World Economic Outlook, April 2013.
Note: Estimates after 2011.

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Procurement Packages and Time Schedule

Item No.	Contract No	Description	Type	Procurement Method	Review Method	Expected (BD/SPN/RF) Issue Date	Expected Completion Time
		A. GOODS, WORKS AND NON-CONSULTING SERVICES					
1	SAGEM/2016/G/E.2.1.1.6/NCB/1	Server Storage	G	NCB	Prior	Apr-16	Jul-16
2	SAGEM/2016/G/E.2.1.1.6/S/2	Firewall	G	S	Post	May-16	Jul-16
3	TKHK/2015/SI/N.3.1.4.1/ICB/1	Rational Drug and Medical Supply Management System Hardware-Software Development Service	SI	ICB	Prior	Dec-15	Mar-17
4	TKHK/2016/G/N.3.1.1.1/S /1	SOURCE BOOKS	G	S	Prior	Jan-16	Jan-16
5	TKHK/2015/G/N.3.1.1.1/S /2	SOURCE SOFTWARES	G	S	Post	Dec-15	Jan-16
6	SYGM/2015/NCS/F.3.1.4.1/S /1	Translation of international standards and documents	NCS	S	Post	N/A	Mar-17
7	SHGM/2015/NCS/A.1.1.1.2/S/1	Technical Service for Survey Study	NCS	S	Prior	Dec-15	Jan-16
8	SHGM/2016/NCS/A.1.2.2.7/S/1	Design and publication of benchmark guidelines	NCS	S	Post	Nov-16	Dec-16
9	SHGM/2016/G/A.1.3.4.6/S/1	Tablet computer procurement	G	S	Post	Sep-16	Oct-16
10	ASHGM/2016/G/B.1.1.2.7/S/1	Procurement of models to be used during training	G	S	Post	Sep-16	Oct-16
11	DISAB/2016/NCS/G.1.1.2.3/S/1	Translation Service Procurement 1	NCS	S	Post	Jul-16	Jul-16
12	DISAB/2017/NCS/G.1.1.2.3/S/1	Procurement of Document Printing Service 2	NCS	S	Post	Jan-17	Feb-17
13	DISAB/2016/NCS/G.1.1.2.3/S/2	Procurement of Document Printing Service 1	NCS	S	Post	Sep-16	Oct-16
14	DISAB/2016/NCS/G.1.1.2.3/S/3	Translation Service Procurement 2	NCS	S	Post	Nov-16	Dec-16
15	SAGEM/2015/G/E.1.1.1.3/S/1	Computers	G	S	Prior	Oct-15	Oct-15
16	SAGEM/2016/NCS/E.5.3.1.4/S/1	Service procurement for publication and delivery of Healthcare System Evaluation Report	NCS	S	Post	Sep-16	Oct-16
17	SAGEM/2016/NCS/E.5.3.2.2/S/2	Turkish-English Translation Service for Training Modules of HTP Policies Evaluation	NCS	S	Post	Sep-16	Oct-16
18	SAGEM/2016/NCS/E.5.3.2.2/S/3	Turkish-Arabic Translation Service for Training Modules of HTP Policies Evaluation	NCS	S	Post	Aug-16	Sep-16
19	SAGEM/2015/NCS/E.5.1.2.2/NCB/1	Field research service for researching the causes of low birth weight and premature birth in Turkey (1)	NCS	NCB	Post	Nov-15	Dec-16
20	SAGEM/2015/NCS/E.5.1.2.2/NCB/2	Field research service for patient satisfaction (1)	NCS	NCB	Post	Nov-15	Dec-16
21	SAGEM/2015/NCS/E.5.1.2.2/NCB/3	Field research service for patient satisfaction (1)	NCS	NCB	Post	Nov-15	Dec-16
22	SAGEM/2015/NCS/E.5.1.2.2/NCB/4 (SDSGRP/GDHR/2012/TS/A.4.4.1/NCB/ 03)	Ongoing contract from PSRHS : Procurement of Services for Healthcare Employee Satisfaction Survey	NCS	NCB	Prior	Oct-12	Dec-15
23	SAGEM/2017/NCS/E.5.1.2.2/S/1	Translation fee for articles (medical and scientific translation)	NCS	S	Post	Feb-17	Dec-16
24	SAGEM/2016/G/E.4.1.2.2/NCB/1	Application Servers	G	NCB	Post	Feb-16	Jun-16
25	SAGEM/2016/G/E.4.1.2.2/NCB/2	Database Server	G	NCB	Post	Feb-16	Jun-16

Item No.	Contract No	Description	Type	Procurement Method	Review Method	Expected (BD/SPN/RF) Issue Date	Expected Completion Time
		A. GOODS, WORKS AND NON-CONSULTING SERVICES					
26	PYDB/2015/G/P.5/S/1	Hardware and software (UPS, penetration test, IS Management Software, IT and office supplies)	G	S	Prior	Dec-15	Jan-16
27	PYDB/2015/NCS/P.5/S/1	Procurement of Social Media Follow-up Service	NCS	S	Post	Oct-15	Dec-15
28	SHGM/2016/G/A.3.1.3.1/NCB/1	Miscellaneous Office Materials for Rehabilitation Centers	G	NCB	Prior	Feb-16	May-16
29	SHGM/2016/G/A.3.1.3.1/NCB/2	Miscellaneous Office Materials for Rehabilitation Centers	G	NCB	Post	Aug-16	Nov-16
30	SHGM/2015/G/A.3.1.3.1/S/1	Laptop Computers (3)	G	S	Post	N/A	Dec-15
31	TKHK/2016/SI/N.3.1.5.1/ICB/1	NEEDS MANAGEMENT SOFTWARE DEVELOPMENT SERVICE	SI	ICB	Prior	Mar-16	Mar-17
32	TKHK/2016/SI/N.3.1.3.1/ICB/1	Clinical engineering management system development service	SI	ICB	Prior	Mar-16	Mar-17
33	TKHK/2016/SI/N.3.1.6.1/ICB/1	Digital stock management model development service	SI	ICB	Prior	Mar-16	Mar-17
34	TKHK/2016/SI/N.3.1.7.1/ICB/1	Institution's Performance Analysis and Management System Development Service	SI	ICB	Prior	Mar-16	Mar-17
35	SAGEM/2015/SI/E.4.1.1.1/ICB/1	System and Software Development Service for Evidence-based Medicine Guidelines	SI	ICB	Prior	Dec-15	Sep-19
36	TKHK/2015/NCS/N.3.1.1/S/1	Translation services	NCS	S	Post	N/A	Sep-19
37	SHGM/2016/NCS/A.1.2.3.1/S/1	Procurement of Software Technical Service	NCS	S	Post	N/A	Jun-16
38	DISAB/2015/NCS/G.1.1.5.3/NCB/1	Printing Services - Promotion of Turkish Health System at Int Fora	NCS	NCB	Prior	Dec-15	Mar-16
39	SHGM/2016/W/A.3.1.3.1/S/1	Minor paint jobs, mechanical and electrical installation works, etc., for rehabilitation centers (Aksaray)	W	S	Prior	Feb-16	May-16
40	SHGM/2016/W/A.3.1.3.1/S/2	Minor paint jobs, mechanical and electrical installation works, etc., for rehabilitation centers (Mersin)	W	S	Post	Apr-16	Jul-16
41	SHGM/2016/W/A.3.1.3.1/S/3	Minor paint jobs, mechanical and electrical installation works, etc., for rehabilitation centers (Manisa)	W	S	Post	Jun-16	Sep-16
42	SHGM/2016/W/A.3.1.3.1/S/4	Minor paint jobs, mechanical and electrical installation works, etc., for rehabilitation centers (Diyarbakır)	W	S	Post	Aug-16	Nov-16
43	SHGM/2017/W/A.3.1.3.1/S/1	Minor paint jobs, mechanical and electrical installation works, etc., for rehabilitation centers (Çanakkale)	W	S	Post	Jan-17	May-17
44	SHGM/2017/NCS/A.3.1.5.1/S/1	Printing of Training Materials	NCS	S	Post	N/A	Feb-17
45	SAGEM/2016/NCS/E.6.1.1.3/S/1	Printing Services	NCS	S	Post	N/A	Mar-17
46	SAGEM/2015/NCS/E.5.3.1.3/S/1	Translation of reports	NCS	S	Post	Oct-15	Dec-18
47	TKHK/2016/G/N.3.1.3.1/S /1	Printing services and office materials	G	S	Post	Aug-16	Dec-16
48	TKHK/2015/G/N.3.1.1.1/S /1	SOURCE SOFTWARES	G	S	Post	Oct-15	Nov-15
49	TKHK/2016/G/N.3.1.1.1/S /2	SOURCE BOOKS	G	S	Prior	Jan-16	Jan-16
50	TKHK/2016/G/N.3.1.4.1/S /1	Printing services and office materials	G	S	Post	Aug-16	Dec-16

Item No.	Contract No	Description	Type	Procurement Method	Review Method	Expected (BD/SPN/RF) Issue Date	Expected Completion Time
		A. GOODS, WORKS AND NON-CONSULTING SERVICES					
51	TKHK/2016/SI/N.3.1.5.1/ICB/2	Data Mining Software Development Service	SI	ICB	Prior	Mar-16	Mar-17
52	TKHK/2016/G/N.3.1.6.1/S /1	Printing services and office materials	G	S	Post	Aug-16	Dec-16
53	TKHK/2016/G/N.3.1.7.1/S /1	Printing services and office materials	G	S	Post	Aug-16	Dec-16
54	TKHK/2016/G/N.3.1.8.1/S /1	Printing services and office materials	G	S	Post	Aug-16	Dec-16
55	TKHK/2015/SI/N.3.1.8.1/ICB/1	Software Infrastructure Development for Improving Health Managers	SI	ICB	Prior	Dec-15	Mar-17
56	TKHK/2015/SI/N.3.1.8.1/ICB/1	Software Development for Efficiency Modelling and Supplementary Payments	SI	ICB	Prior	Dec-15	Mar-17
57	TKHK/2016/G/N.3.1.9.1/S /1	Printing services and office materials	G	S	Post	Aug-16	Dec-16
58	SYGM/2015/G/F.3.1.1.3/S /1	Computers	G	S	Post	Sep-15	Nov-15
59	SYGM/2015/G/F.3.1.1.3/NCB/2	Software (AUTOCAD, NETCAD, etc.)	G	NCB	Post	Aug-15	Nov-15
60	SYGM/2015/G/F.1.2.1.2/S /1	Office equipment and computers	G	S	Post	Sep-15	Nov-15
61	SYGM/2015/G/F.2.1.1.2/S /1	Computers	G	S	Post	Sep-15	Nov-15
62	SYGM/2015/G/F.2.1.1.2/S /2	Software (AUTOCAD, NETCAD, etc.)	G	S	Post	Sep-15	Nov-15
63	THSK/2016/NCS/L.2.1.2.4/S/1	Printing and distribution of training materials	NCS	S	Post	Nov-16	Dec-16
64	THSK/2016/NCS/L.2.3.2.1/S/1	Printing and distribution of training materials	NCS	S	Post	Nov-16	Dec-16
65	THSK/2016/G/L.2.3.2.2/NCB/2	Material procurement for field research	G	NCB	Prior	Jul-16	Oct-16
66	THSK/2016/G/L.2.3.2.2/NCB/1	Material procurement for field research	G	NCB	Post	Dec-16	Apr-17
67	THSK/2015/G/L.2.4.2.1/S/1	Training module (Palliative care services)	G	S	Post	Oct-15	Nov-15
68	THSK/2015/NCS/L.2.4.2.1/S/1	Translation of the training module (Palliative care services)	NCS	S	Post	Oct-15	Dec-15
69	THSK/2016/NCS/L.2.4.3.3/S/1	Printing service for national standards guidelines	NCS	S	Post	Aug-16	Sep-16
70	THSK/2016/G/L.2.5.4.2/S/1	Procurement of goods for increasing the participation in cancer screening (leaflet, etc.)	G	S	Post	Sep-16	Oct-16
71	THSK/2016/NCS/L.2.11.1.1/S/3	Printing and Distribution of Materials within the scope of the Diabetes Program for Schools	NCS	S	Post	Aug-16	Oct-16
72	THSK/2016/NCS/L.2.12.1.1/S/1	Translation of the National Salt Consumption Guidebook	NCS	S	Post	Apr-16	Apr-16
73	THSK/2016/NCS/L.2.12.1.1/S/2	Preparation of Posters and Brochures on Healthy Nutrition, Obesity and Physical Exercises	NCS	S	Post	Apr-16	May-16
74	THSK/2016/NCS/L.2.12.1.1/S/3	Printing and distribution of the National Salt Consumption Guidebook	NCS	S	Post	Sep-16	Oct-16
75	THSK/2016/NCS/L.2.12.1.1/S/4	Printing and distribution of the Book on Weight Management in Primary Healthcare	NCS	S	Post	Oct-16	Nov-16
76	THSK/2016/NCS/L.2.12.1.1/S/5	Printing and distribution of the Book on Weight Management for Children	NCS	S	Post	Oct-16	Nov-16
77	THSK/2016/NCS/L.2.12.1.1/S/6	Printing and distribution of Obesity Guidelines for Family Physicians	NCS	S	Post	Nov-16	Dec-16
78	THSK/2016/NCS/L.2.12.1.1/NCB/1	Preparation of public information advertisements	NCS	NCB	Post	Feb-16	Apr-16

Item No.	Contract No	Description	Type	Procurement Method	Review Method	Expected (BD/SPN/RF) Issue Date	Expected Completion Time
		A. GOODS, WORKS AND NON-CONSULTING SERVICES					
79	THSK/2016/G/L.2.12.2.1/S/1	Procurement of devices and tools	G	S	Post	Mar-16	May-16
80	THSK/2016/G/L.2.12.2.1/S/2	Computer procurement for data input	G	S	Post	Apr-16	May-16
81	THSK/2016/NCS/L.2.12.2.2/S/1	Collecting the results into a book (printing services)	NCS	S	Post	Nov-16	Dec-16
82	THSK/2016/NCS/L.2.12.3.1/S/2	Printing, optical reading and distributing forms to provinces	NCS	S	Post	Apr-16	Jun-16
83	THSK/2016/NCS/L.2.12.3.2/S/1	Printing, optical reading and distributing forms to provinces	NCS	S	Post	Apr-16	Jun-16
84	THSK/2016/NCS/L.2.12.3.2/S/2	Printing and distribution of the research report	NCS	S	Post	Oct-16	Dec-16
85	THSK/2016/G/L.2.12.6.1/S/1	Computer procurement for data input	G	S	Post	Jan-16	Feb-16
86	THSK/2016/NCS/L.2.18.3.1/S/1	Printing of leaflets and visual materials	NCS	S	Post	Oct-16	Dec-15
87	THSK/2017/NCS/L.2.20.2.3/S/1	Translations of foreign publications	NCS	S	Post	Jan-17	Mar-17
88	THSK/2016/G/L.2.20.3.6/S/1	Software systems to be used in desk unit	G	S	Post	Jan-16	May-16
89	THSK/2016/NCS/L.2.20.4.4/S/1	Preparation and use of short sms	NCS	S	Post	Jan-16	Feb-16
90	THSK/2016/NCS/L.2.20.6.2/NCB/1	Field Research of Current Situation	NCS	NCB	Post	May-16	Sep-16
91	THSK/2016/NCS/L.2.20.3.3/S/1	Printing of training modules	NCS	S	Post	Dec-15	May-16
92	THSK/2015/G/L.2.20.3.3/NCB/1	Technical equipment to be used in desk unit	G	NCB	Post	Nov-15	May-16
93	THSK/2016/NCS/L.2.20.2.3/S/1	Translations of foreign publications	NCS	S	Post	Jan-16	Nov-16
94	THSK/2016/NCS/L.2.20.1.3/S/1	Preparation of distance learning modules	NCS	S	Post	Mar-16	Apr-16
95	THSK/2016/NCS/L.2.20.1.4/S/1	Printing of training modules	NCS	S	Post	Jan-16	Mar-16
96	THSK/2016/G/L.4.6.3.4/NCB/1	Miscellaneous Sports Tools and Equipment	G	NCB	Post	Jan-16	Apr-16
97	THSK/2016/G/L.4.6.3.4/NCB/2	Miscellaneous office equipment and hardware	G	NCB	Post	Jan-16	Apr-16
98	THSK/2016/G/L.4.6.3.4/NCB/3	Miscellaneous outpatient clinic equipment	G	NCB	Post	Jan-16	Apr-16
99	THSK/2016/NCS/L.4.6.4.2/NCB/1	Guidebooks, banners and leaflets to be distributed in HLC	NCS	NCB	Post	Jan-16	Apr-16
100	THSK/2016/NCS/L.4.6.4.2/NCB/2	Guidebooks, banners and leaflets to be distributed in HLC	NCS	NCB	Post	Dec-16	Apr-17
101	THSK/2016/NCS/L.2.11.1.1/S/2	Printing and Distribution of Clinical Guidelines on Obesity and Diabet for Adults	NCS	S	Post	May-16	Jun-16
102	THSK/2016/NCS/L.2.11.1.1/S/1	Printing and Distribution of Posters and Leaflets on Diabet	NCS	S	Post	Jan-16	Feb-16
103	THSK/2016/NCS/L.4.3.3.1/S/1	Printing Materials and distribution	NCS	S	Post	Sep-16	Oct-16
104	SBSGM/2016/G/D.2.1.2.4/NCB/1	Purchasing Server	G	NCB	Prior	Jun-16	Aug-16
105	SBSGM/2016/G/D.2.1.2.4/NCB/2	Purchasing Software	G	NCB	Post	Jun-16	Aug-16
106	SBSGM/2015/G/D.2.1.1.1/S/1	Laptop/Tablet Computer and Additional Equipment	G	S	Post	Oct-15	Dec-15
107	SBSGM/2016/SI/D.1.3.1.8/ICB/1	License and Application Software for HMS Database Management System	SI	ICB	Prior	Jun-16	May-17
108	THSK/2016/NCS/L.4.5.5.2/S/1	Printing Field Guide	NCS	S	Post	Mar-16	Apr-16
		A.SUBTOTAL					
		B. CONSULTING SERVICES					

Item No.	Contract No	Description	Type	Procurement Method	Review Method	Expected (BD/SPN/RF) Issue Date	Expected Completion Time
		A. GOODS, WORKS AND NON-CONSULTING SERVICES					
107	SSYYDP/PYDB/2015/CS/A.7.1.1/SSS/04 (PYDB/2015/CS/P.2/IC/1)	Financial Management Specialist	CS	SSS	Prior	N/A	Sep-19
108	SSYYDP/PYDB/2015/CS/A.7.1.1/SSS/5 (PYDB/2015/CS/P.2/IC/2)	Financial Management Specialist	CS	SSS	Prior	N/A	Sep-19
109	SSYYDP/PYDB/2015/CS/A.7.1.1/SSS/23 (PYDB/2015/CS/P.2/IC/3)	Finance Assistant Consultant	CS	SSS	Prior	N/A	Sep-19
110	SSYYDP/PYDB/2015/CS/A.7.1.1/SSS/24 (PYDB/2015/CS/P.2/IC/4)	Finance Assistant Consultant	CS	SSS	Prior	N/A	Sep-19
111	TKHK/2015/CS/N.3.1.7/IC/4	Procurement Specialist	CS	IC	Prior	N/A	Sep-19
112	SBSGM/2015/CS/D.1.3.1.1/IC/4	Procurement Specialist	CS	IC	Prior	N/A	Sep-19
113	SYGM/2015/CS/F.3.1.1.3/IC/13	Procurement Specialist	CS	IC	Prior	N/A	Sep-19
114	SSYYDP/SAGM/2015/CS/A.4.1.1/SSS/01 (SAGEM/2015/CS/E.5.3.3.1/IC/3)	Procurement Specialist	CS	SSS	Prior	N/A	Sep-19
115	SSYYDP/THSK/2015/CS/A.8.7.1/SSS/1 (THSK/2015/CS/L.2.20.1.2/IC/2)	Procurement Specialist	CS	SSS	Prior	N/A	Sep-19
116	SDSGRP/GDHR/2012/CS/A.4.4.1/IC/05	Consultant for Detailed Analysis and Evaluation of Healthcare Employee Satisfaction Survey	CS	IC	Post	Aug-12	Dec-15
117	SAGEM/2015/CS/E.5.1.2.2/SSS/1	Field research service for national household health survey (1)	CS	SSS	Prior	Dec-15	Dec-16
118	SAGEM/2015/CS/E.2.1.1.1/IC/1	Software Specialist	CS	IC	Prior	N/A	Sep-19
119	SAGEM/2015/CS/E.2.1.1.1/IC/2	Training Technologist 1	CS	IC	Prior	N/A	Sep-19
120	SAGEM/2015/CS/E.2.1.1.1/IC/3	Assessment and Evaluation Specialist 1	CS	IC	Prior	N/A	Sep-19
121	SAGEM/2015/CS/E.2.1.1.1/IC/4	Visual Graphic Design and Animation	CS	IC	Prior	N/A	Sep-19
122	SAGEM/2015/CS/E.2.1.1.1/IC/5	Training Support Specialist	CS	IC	Post	N/A	Sep-19
123	SAGEM/2017/CS/E.2.1.1.6/IC/1	Field Consultant	CS	IC	Post	N/A	Feb-17
124	SAGEM/2016/CS/E.2.1.2.1/IC/1	Consultant for sector analysis and accreditation coordination (report-based)	CS	IC	Prior	N/A	Nov-19
125	TKHK/2015/CS/N.3.1.1/IC/1	EXPERT - GRAPHIC DESIGN, PRESS	CS	IC	Prior	N/A	Sep-19
126	TKHK/2015/CS/N.3.1.4/IC/1	EXPERT - HOSPITAL PHARMACY (report based)	CS	IC	Post	N/A	Sep-19
127	TKHK/2015/CS/N.3.1.3/IC/1	SOFTWARE SPECIALIST - MID LEVEL (Project Phase)	CS	IC	Prior	N/A	Sep-19
128	TKHK/2015/CS/N.3.1.5/IC/1	HIGH LEVEL PROGRAM OFFICE MANAGER - SOFTWARE SYSTEMS	CS	IC	Prior	N/A	Sep-19
129	TKHK/2015/CS/N.3.1.5/IC/2	SOFTWARE SPECIALIST - MID LEVEL (Clinical Engineering Phase)	CS	IC	Prior	N/A	Sep-19

Item No.	Contract No	Description	Type	Procurement Method	Review Method	Expected (BD/SPN/RF) Issue Date	Expected Completion Time
		A. GOODS, WORKS AND NON-CONSULTING SERVICES					
130	TKHK/2015/CS/N.3.1.3/IC/2	EXPERT - HEK (SCRAP) AND MEDICAL WASTE MANAGEMENT (Report based)	CS	IC	Post	N/A	Sep-19
131	TKHK/2015/CS/N.3.1.3/IC/3	EXPERT - CLINICAL FIELD DESIGN	CS	IC	Prior	N/A	Sep-19
132	TKHK/2015/CS/N.3.1.3/IC/4	EXPERT - CLINICAL FIELD DESIGN (reprot based)	CS	IC	Post	N/A	Sep-19
133	TKHK/2015/CS/N.3.1.3/IC/5	EXPERT - CLINICAL SERVICE MANAGEMENT (report based)	CS	IC	Post	N/A	Sep-19
134	TKHK/2015/CS/N.3.1.3/IC/6	EXPERT - FUND RAISING (report based)	CS	IC	Post	N/A	Sep-19
135	TKHK/2015/CS/N.3.1.7 /IC/1	EXPERT - COST ANALYSIS	CS	IC	Prior	N/A	Sep-19
136	TKHK/2015/CS/N.3.1.3/IC/7	EXPERT - TRANSLATOR	CS	IC	Prior	N/A	Sep-19
137	TKHK/2015/CS/N.3.1.3/IC/8	EXPERT - MEDICAL DEVICE PERFORMANCE MANAGEMENT (report based)	CS	IC	Post	N/A	Sep-19
138	TKHK/2015/CS/N.3.1.3/IC/9	ACADEMICIAN - CLINICAL ENGINEERING (report based)	CS	IC	Post	N/A	Sep-19
139	TKHK/2015/CS/N.3.1.3/IC/10	EXPERT - TECHNICAL SERVICE MANAGEMENT (report based)	CS	IC	Post	N/A	Sep-19
140	TKHK/2015/CS/N.3.1.2/IC/1	EXPERT - MEDICAL SUPPLIES	CS	IC	Prior	N/A	Sep-19
141	TKHK/2015/CS/N.3.1.2/IC/2	EXPERT - CLINICAL ENGINEERING (report based)	CS	IC	Post	N/A	Sep-19
142	TKHK/2015/CS/N.3.1.2/IC/3	EXPERT - CLASSIFICATION- BIOMEDICAL (report based)	CS	IC	Post	N/A	Sep-19
143	TKHK/2015/CS/N.3.1.2/IC/4	EXPERT - CLASSIFICATION -MEDICAL (report based)	CS	IC	Post	N/A	Sep-19
144	TKHK/2015/CS/N.3.1.6/IC/1	EXPERT - LEAN MANAGEMENT (report based)	CS	IC	Post	N/A	Sep-19
145	TKHK/2015/CS/N.3.1.6/IC/2	ACADEMICIAN - LEAN MANAGEMENT report based)	CS	IC	Post	N/A	Sep-19
146	TKHK/2015/CS/N.3.1.7/IC/2	EXPERT - FINANCE	CS	IC	Prior	N/A	Sep-19
147	TKHK/2015/CS/N.3.1.7/IC/3	EXPERT - FINANCIAL ANALYSIS	CS	IC	Prior	N/A	Sep-19
148	TKHK/2015/CS/N.3.1.8/IC/1	ACADEMICIAN - ACTIVITY SCORING (report based)	CS	IC	Post	N/A	Sep-19
149	TKHK/2015/CS/N.3.1.8/IC/2	ACADEMICIAN - PERFORMANCE MANAGEMENT (report based)	CS	IC	Post	N/A	Sep-19
150	TKHK/2015/CS/N.3.1.8/IC/3	ACADEMICIAN - MEDICAL PROCESS MANAGEMENT (report based)	CS	IC	Post	N/A	Sep-19
151	TKHK/2015/CS/N.3.1.8/IC/4	EXPERT - STATISTICAL ANALYSIS	CS	IC	Prior	N/A	Sep-19
152	TKHK/2015/CS/N.3.1.8/IC/5	SOFTWARE SPECIALIST - MID LEVEL (Needs Management System)	CS	IC	Prior	N/A	Sep-19
153	TKHK/2015/CS/N.3.1.9/IC/1	ACADEMICIAN - HEALTH CARE SERVICES (report based)	CS	IC	Post	N/A	Sep-19
154	SYGM/2015/CS/F.3.1.1.3/IC/1	Supervisor Architect	CS	IC	Prior	N/A	Sep-19
155	SYGM/2015/CS/F.3.1.1.3/IC/2	Architect	CS	IC	Prior	N/A	Sep-19
156	SYGM/2015/CS/F.3.1.1.3/IC/3	Civil Engineer	CS	IC	Prior	N/A	Sep-19
157	SYGM/2015/CS/F.3.1.1.3/IC/4	Mechanical Engineer	CS	IC	Prior	N/A	Sep-19

Item No.	Contract No	Description	Type	Procurement Method	Review Method	Expected (BD/SPN/RF) Issue Date	Expected Completion Time
		A. GOODS, WORKS AND NON-CONSULTING SERVICES					
158	SYGM/2015/CS/F.3.1.1.3/IC/5	Electrical and Electronic Engineer	CS	IC	Prior	N/A	Sep-19
159	SYGM/2015/CS/F.3.1.1.3/IC/6	Information Technologies Engineer	CS	IC	Prior	N/A	Sep-19
160	SYGM/2015/CS/F.3.1.1.3/IC/7	Medical Equipment Specialist	CS	IC	Prior	N/A	Sep-19
161	SYGM/2015/CS/F.3.1.1.3/IC/8	Biomedical Engineer	CS	IC	Prior	N/A	Sep-19
162	SYGM/2015/CS/F.3.1.1.3/IC/9	Finance Specialist	CS	IC	Prior	N/A	Sep-19
163	SYGM/2015/CS/F.3.1.1.3/IC/10	LEGAL EXPERT	CS	IC	Prior	N/A	Sep-19
164	SYGM/2015/CS/F.3.1.1.3/IC/11	Medical Business Expert	CS	IC	Prior	N/A	Sep-19
165	SYGM/2015/CS/F.3.1.1.3/IC/12	Urban and Regional Planner	CS	IC	Prior	N/A	Sep-19
166	SYGM/2015/CS/F.3.1.1.3/QCBS/1	Institutional Law and Finance Consultancy	CS	QCBS	Prior	N/A	Dec-17
167	SYGM/2015/CS/F.3.1.1.3/QCBS/2	Engineering and Architecture Consultancy	CS	QCBS	Post	N/A	Dec-17
168	SYGM/2016/CS/F.3.1.1.3/QCBS/1	Medical Business and Equipment Consultancy	CS	QCBS	Post	N/A	Dec-17
169	SYGM/2015/CS/F.2.1.1.1/IC/1	Architect	CS	IC	Prior	N/A	Sep-18
170	SYGM/2015/CS/F.2.1.1.1/IC/2	Mechanical Engineer	CS	IC	Prior	N/A	Sep-18
171	SYGM/2015/CS/F.2.1.1.1/IC/3	Electrical and Electronic Engineer	CS	IC	Prior	N/A	Sep-18
172	SYGM/2015/CS/F.1.2.1.1/IC/1	Architect	CS	IC	Prior	N/A	Sep-18
173	SYGM/2015/CS/F.1.2.1.1/IC/2	Mechanical Engineer	CS	IC	Prior	N/A	Sep-18
174	SYGM/2015/CS/F.1.2.1.1/IC/3	Electrical and Electronic Engineer	CS	IC	Prior	N/A	Sep-18
175	SYGM/2015/CS/F.1.2.1.1/IC/4	Environmental Engineer	CS	IC	Prior	N/A	Sep-18
176	SHGM/2015/CS/A.1.1.2.2/IC/1	Report-based expertise support for determining the risk areas	CS	IC	Prior	N/A	Dec-15
177	SHGM/2015/CS/A.1.1.3.2/IC/1	Expertise support for determining the risk criteria	CS	IC	Post	N/A	Mar-17
178	SHGM/2015/CS/A.1.1.4.1/IC/1	Software Specialist	CS	IC	Prior	N/A	Sep-19
179	SHGM/2016/CS/A.1.1.4.3/IC/1	Data Mining Specialist	CS	IC	Post	N/A	Sep-19
180	SHGM/2016/CS/A.1.1.6.5/IC/1	Technical Service Procurement for detecting medical procedures applied inappropriately and without indication	CS	IC	Post	N/A	Nov-16
181	SHGM/2016/CS/A.1.1.6.6/IC/1	Biostatistician	CS	IC	Prior	N/A	Jun-18
182	SHGM/2016/CS/A.1.2.5.1/IC/1	Statistics, Analysis and Reporting Specialist	CS	IC	Post	N/A	Oct-16
183	SHGM/2015/CS/A.3.1.2.1/IC/1	Mental Health Specialist	CS	IC	Post	N/A	Mar-17
184	SHGM/2016/CS/A.1.3.3.1/IC/1	Software Specialist	CS	IC	Post	N/A	Jul-16
185	ASHGM/2015/CS/B.1.1.1.2/IC/1	Procurement of Statistical Consultancy Service	CS	IC	Prior	N/A	Sep-19
186	DISAB/2015/CS/G.1.1.1.1/IC/1	Organization Consultant	CS	IC	Prior	N/A	Sep-19
187	DISAB/2016/CS/G.1.1.2.1/IC/1	Healthcare System Analysis Consultant 1	CS	IC	Post	N/A	Jun-16
188	DISAB/2016/CS/G.1.1.2.1/IC/2	Healthcare System Analysis Consultant 2	CS	IC	Post	N/A	Jul-16
189	DISAB/2016/CS/G.1.1.2.1/IC/3	Healthcare System Analysis Consultant 3	CS	IC	Post	N/A	Aug-16
190	DISAB/2016/CS/G.1.1.2.1/IC/4	Healthcare System Analysis Consultant 4	CS	IC	Post	N/A	Sep-16

Item No.	Contract No	Description	Type	Procurement Method	Review Method	Expected (BD/SPN/RF) Issue Date	Expected Completion Time
		A. GOODS, WORKS AND NON-CONSULTING SERVICES					
191	DISAB/2016/CS/G.1.1.2.3/IC/1	Graphics and Editorial Consultancy 1	CS	IC	Post	N/A	Aug-16
192	DISAB/2016/CS/G.1.1.2.3/IC/2	Graphics and Editorial Consultancy 2	CS	IC	Post	N/A	Dec-16
193	DISAB/2017/CS/G.1.1.5.2/IC/1	Graphics and Editorial consultancy service procurement	CS	IC	Post	N/A	Jun-16
194	SAGEM/2015/CS/E.1.1.1.3/IC/1	Software Consultant	CS	IC	Prior	N/A	Sep-19
195	SAGEM/2015/CS/E.1.1.1.3/IC/2	Consultant for Project and International Health Statistics	CS	IC	Prior	N/A	Sep-19
196	SAGEM/2015/CS/E.1.1.1.3/IC/3	Biostatistics Consultant	CS	IC	Prior	N/A	Sep-19
197	SAGEM/2016/CS/E.1.1.4.1/IC/1	Miscellaneous International Individual Consultants	CS	IC	Prior	N/A	Dec-18
198	SAGEM/2015/CS/E.6.1.1.1/IC/1	Project Assistant	CS	IC	Prior	N/A	Sep-19
199	SAGEM/2015/CS/E.6.1.1.1/IC/2	Health Economist	CS	IC	Prior	N/A	Sep-19
200	SAGEM/2015/CS/E.6.1.2.2/CQS/1	Procurement of Consultancy Service for First Subject-Oriented HTA Work	CS	CQS	Prior	N/A	Oct-16
201	SAGEM/2016/CS/E.6.1.2.2/CQS/1	Procurement of Consultancy Service for Second Subject-Oriented HTA Work	CS	CQS	Post	N/A	Nov-16
202	SAGEM/2016/CS/E.6.1.2.2/CQS/2	Procurement of Consultancy Service for Third Subject-Oriented HTA Work	CS	CQS	Post	N/A	Dec-16
203	SAGEM/2016/CS/E.6.1.2.2/CQS/3	Procurement of Consultancy Service for Fourth Subject-Oriented HTA Work	CS	CQS	Post	N/A	Mar-17
204	SAGEM/2015/CS/E.5.3.1.1/IC/1	National Consultant for Instrument Development	CS	IC	Post	N/A	Nov-15
205	SAGEM/2015/CS/E.5.3.1.2/IC/1	Consultancy Service for Basic Training for Healthcare System Evaluation -1 (National Academician)	CS	IC	Post	N/A	Dec-15
206	SAGEM/2015/CS/E.5.3.1.2/IC/2	Consultancy Service for Basic Training for Healthcare System Evaluation -3 (International Academician)	CS	IC	Post	N/A	Dec-15
207	SAGEM/2016/CS/E.5.3.1.2/IC/1	Consultancy Service for Advanced Training for Healthcare System Evaluation -2 (National Academician)	CS	IC	Post	N/A	Apr-16
208	SAGEM/2016/CS/E.5.3.1.2/IC/2	Consultancy Service for Advanced Training for Healthcare System Evaluation -3 (International Academician)	CS	IC	Post	N/A	Apr-16
209	SAGEM/2016/CS/E.5.3.1.2/IC/3	Consultancy Service for Trainers' Training for Healthcare System Evaluation -2 (National Academician)	CS	IC	Post	N/A	Sep-16
210	SAGEM/2016/CS/E.5.3.1.2/IC/4	Consultancy Service for Trainers' Training for Healthcare System Evaluation -3 (International Academician)	CS	IC	Post	N/A	Sep-16
211	SAGEM/2016/CS/E.5.3.1.2/IC/5	Training Consultancy Service for Geographic Information Systems Software Training Program	CS	IC	Post	N/A	Jan-16
212	SAGEM/2017/CS/E.5.3.1.2/IC/1	Consultancy Service for Basic Training for Healthcare System Evaluation -1 (National Academician)	CS	IC	Post	N/A	Jan-17

Item No.	Contract No	Description	Type	Procurement Method	Review Method	Expected (BD/SPN/RF) Issue Date	Expected Completion Time
		A. GOODS, WORKS AND NON-CONSULTING SERVICES					
213	SAGEM/2017/CS/E.5.3.1.2/IC/2	Consultancy Service for Basic Training for Healthcare System Evaluation -3 (International Academician)	CS	IC	Post	N/A	Jan-17
214	SAGEM/2016/CS/E.5.3.1.3/IC/1	Consultancy service for completing the healthcare system evaluation works by the end of 2019 1 (National/Int. Academician)	CS	IC	Post	N/A	Jun-16
215	SAGEM/2016/CS/E.5.3.1.3/IC/2	Consultancy service for data analysis 1(National Academician)	CS	IC	Post	N/A	Jun-16
216	SAGEM/2016/CS/E.5.3.1.3/IC/3	Training consultancy for stakeholder meeting on Turkish Healthcare System Performance Assessment -1 (national)	CS	IC	Post	N/A	Feb-16
217	SAGEM/2016/CS/E.5.3.1.3/IC/4	Training consultancy for stakeholder meeting on Turkish Healthcare System Performance Assessment -1 (international)	CS	IC	Post	N/A	Feb-16
218	SAGEM/2015/CS/E.5.3.2.1/IC/1	Training Consultant for Evaluation of HTP Policies	CS	IC	Post	N/A	Dec-15
219	SAGEM/2015/CS/E.5.3.2.1/IC/2	Consultant for HTP Policies Evaluation Training Program and Content Preparation	CS	IC	Post	N/A	Dec-15
220	SAGEM/2016/CS/E.5.3.2.2/IC/1	Training Consultant for Evaluation of HTP Policies	CS	IC	Post	N/A	Dec-16
221	SAGEM/2016/CS/E.5.3.2.2/IC/2	Consultant for HTP Policies Evaluation Training Program and Content Preparation	CS	IC	Post	N/A	Dec-16
222	SAGEM/2016/CS/E.5.3.2.2/IC/3	Consultant for Turkish Editing of Training Modules of HTP Policies Evaluation	CS	IC	Post	N/A	Aug-16
223	SAGEM/2016/CS/E.5.3.2.2/IC/4	International Consultant for Healthcare Policies	CS	IC	Post	N/A	Nov-16
224	SAGEM/2017/CS/E.5.3.2.2/IC/1	Consultant for Turkish Editing of Training Modules of HTP Policies Evaluation	CS	IC	Post	N/A	Feb-17
225	SAGEM/2017/CS/E.5.3.2.2/IC/2	English Editing of Training Modules of HTP Policies Evaluation	CS	IC	Post	N/A	Feb-17
226	SAGEM/2017/CS/E.5.3.2.2/IC/3	Consultant for Arabic Editing of Training Modules of HTP Policies Evaluation	CS	IC	Post	N/A	Feb-17
227	SAGEM/2015/CS/E.5.3.3.1/IC/1	Consultant for the evaluation of healthcare system and policy applications	CS	IC	Post	N/A	Sep-19
228	SAGEM/2015/CS/E.5.3.3.1/IC/2	International relations consultancy service	CS	IC	Prior	N/A	Sep-19
229							
230	SAGEM/2015/CS/E.5.3.3.1/IC/4	Healthcare system evaluation	CS	IC	Prior	N/A	Sep-19
231	SAGEM/2015/CS/E.5.1.1.1/IC/1	Consultancy Service for Evidence-based Healthcare Policy Development Training	CS	IC	Post	N/A	Dec-15
232	SAGEM/2016/CS/E.5.1.1.1/IC/1	Consultancy Service for Training on Planning and Implementing National Health Researches 1	CS	IC	Post	N/A	Jun-16
233	SAGEM/2016/CS/E.5.1.1.1/IC/2	Consultancy Training for Basic Training on Using Statistical Analyses and Statistical Programs in Health Researches	CS	IC	Post	N/A	Sep-16

Item No.	Contract No	Description	Type	Procurement Method	Review Method	Expected (BD/SPN/RF) Issue Date	Expected Completion Time
		A. GOODS, WORKS AND NON-CONSULTING SERVICES					
234	SAGEM/2016/CS/E.5.1.1.1/IC/3	Consultancy Training for Advanced Training on Using Statistical Analyses and Statistical Programs in Health Researches	CS	IC	Post	N/A	Dec-16
235	SAGEM/2017/CS/E.5.1.1.1/IC/1	Consultancy Service for Training on Reporting Health Researches and Writing Articles	CS	IC	Post	N/A	Mar-17
236	SAGEM/2015/CS/E.5.1.2.2/IC/1	Consultant for surveys on citizen and patient satisfaction in healthcare services	CS	IC	Prior	N/A	Sep-19
237	SAGEM/2015/CS/E.5.1.2.2/IC/2	Field research consultant (1 person)	CS	IC	Prior	N/A	Sep-19
238	SAGEM/2016/CS/E.5.1.2.2/IC/1	Neonatal consultant for researching the causes of low birth weight and premature birth in Turkey (1 person)	CS	IC	Post	N/A	Dec-16
239	SAGEM/2016/CS/E.5.1.2.2/IC/2	Gynecology and obstetrics consultant for researching the causes of low birth weight and premature birth in Turkey (1 person)	CS	IC	Post	N/A	Dec-16
240	SAGEM/2016/CS/E.5.1.2.2/IC/3	Statistics consultant for researching the causes of low birth weight and premature birth in Turkey (1 person)	CS	IC	Post	N/A	Dec-16
241	SAGEM/2016/CS/E.5.1.2.2/IC/4	Endocrinology and metabolic diseases consultant for national household health survey (1 person)	CS	IC	Post	N/A	Dec-16
242	SAGEM/2016/CS/E.5.1.2.2/IC/5	Cardiology consultant for national household health survey (1 person)	CS	IC	Post	N/A	Dec-16
243	SAGEM/2016/CS/E.5.1.2.2/IC/6	Public health consultant for national household health survey (1 person)	CS	IC	Post	N/A	Dec-16
244	SAGEM/2016/CS/E.5.1.2.2/IC/7	Statistics consultant for national household health survey (1 person)	CS	IC	Post	N/A	Dec-16
245	SAGEM/2016/CS/E.5.1.2.2/IC/8	Adult psychiatry consultant for mental health research in Turkey (1 person)	CS	IC	Post	N/A	Dec-16
246	SAGEM/2016/CS/E.5.1.2.2/IC/10	Statistics consultant for mental health research in Turkey (1 person)	CS	IC	Post	N/A	Dec-16
247	SAGEM/2016/CS/E.5.1.2.2/IC/11	Consultant for patient satisfaction survey (1 person)	CS	IC	Post	N/A	Dec-16
248	SAGEM/2016/CS/E.5.1.2.2/IC/12	Consultant for rational drug use reserach (1 person)	CS	IC	Post	N/A	Dec-16
249	SAGEM/2016/CS/E.5.1.2.2/IC/13	Consultant for hospital readmission assessment (1 person)	CS	IC	Post	N/A	Dec-16
250	SAGEM/2015/CS/E.4.1.1.1/IC/1	Coordination team Member-1 (Epidemiology)	CS	IC	Prior	N/A	Sep-19
251	SAGEM/2015/CS/E.4.1.1.1/IC/2	Coordination team Member-2 (Pharmacology)	CS	IC	Prior	N/A	Sep-19
252	SAGEM/2015/CS/E.4.1.1.1/IC/3	Coordination team Member-3 (Evidence-based Medicine)	CS	IC	Prior	N/A	Sep-19
253	SAGEM/2015/CS/E.4.1.1.2/IC/1	Sub-team Members	CS	IC	Post	N/A	Dec-16
254	PYDB/2015/CS/P.2/IC/5	Disbursement Specialist	CS	IC	Prior	N/A	Sep-19
255	PYDB/2015/CS/P.1/IC/1	Project Consultant	CS	IC	Prior	N/A	Sep-19
256	PYDB/2015/CS/P.5/IC/1	IT Support Staff	CS	IC	Prior	N/A	Sep-19
257	PYDB/2015/CS/P.4/IC/1	Procurement Consultant	CS	IC	Prior	N/A	Sep-19
258	PYDB/2015/CS/P.3/IC/1	Technical Language Translator	CS	IC	Prior	N/A	Sep-19

Item No.	Contract No	Description	Type	Procurement Method	Review Method	Expected (BD/SPN/RF) Issue Date	Expected Completion Time
		A. GOODS, WORKS AND NON-CONSULTING SERVICES					
259	SAGEM/2015/CS/E.5.3.1.1/IC/2	International Consultant for Instrument Development	CS	IC	Post	N/A	Nov-15
260	TKHK/2016/CS/N.3.1.6.1/CQS/1	Digital hospital management development service	CS	CQS	Prior	N/A	Mar-17
261	SAGEM/2016/CS/E.5.1.1.1/IC/4	Consultancy Service for Training on Sample Selection and Weightings in National Health Researches	CS	IC	Post	N/A	Jun-16
262	SYGM/2016/CS/F.1.2.2.1/CQS/1	Energy Consumption and Cost Analysis	CS	CQS	Prior	N/A	Aug-16
263	THSK/2016/CS/L.2.20.4.4/CQS/1	TV spots , billboards and preparation of visual materials	CS	CQS	Post	N/A	Feb-17
264	THSK/2015/CS/L.2.20.4.5/QCBS/1	TV spots , billboards and preparation of visual materials	CS	QCBS	Prior	N/A	Aug-16
265	THSK/2016/CS/L.2.1.2.1/IC/1	Nephrology Specialist 1	CS	IC	Post	N/A	Sep-16
266	THSK/2016/CS/L.2.1.2.1/IC/2	Nephrology Specialist 2	CS	IC	Post	N/A	Sep-16
267	THSK/2017/CS/L.2.2.2.1/IC/1	Public Health Specialist 1	CS	IC	Post	N/A	Mar-17
268	THSK/2017/CS/L.2.2.2.1/IC/2	Public Health Specialist 2	CS	IC	Post	N/A	Mar-17
269	THSK/2016/CS/L.2.2.2.1/IC/1	Public Health Specialist 1	CS	IC	Post	N/A	Apr-16
270	THSK/2016/CS/L.2.2.2.1/IC/2	Public Health Specialist 2	CS	IC	Post	N/A	Apr-16
271	THSK/2016/CS/L.2.3.2.1/IC/1	Consultant for preparing the content of training and information materials 1	CS	IC	Post	N/A	Jun-16
272	THSK/2016/CS/L.2.3.2.1/IC/2	Consultant for preparing the content of training and information materials 2	CS	IC	Post	N/A	Jun-16
273	THSK/2016/CS/L.2.3.2.1/IC/3	Consultant for trainers' training for healthcare professionals in 81 provinces 3	CS	IC	Post	N/A	Feb-17
274	THSK/2016/CS/L.2.3.2.1/IC/4	Consultant for trainers' training for healthcare professionals in 81 provinces 4	CS	IC	Post	N/A	Feb-17
275	THSK/2015/CS/L.2.3.2.2/IC/1	Statistician	CS	IC	Prior	N/A	Sep-19
276	THSK/2016/CS/L.2.3.2.2/IC/1	Geriatrist 1	CS	IC	Post	N/A	Jun-16
277	THSK/2016/CS/L.2.3.2.2/IC/2	Public health specialist 1	CS	IC	Post	N/A	Jun-16
278	THSK/2016/CS/L.2.3.2.2/IC/3	Economist	CS	IC	Post	N/A	Jun-16
279	THSK/2016/CS/L.2.3.2.2/IC/4	Geriatrist 2	CS	IC	Post	N/A	Oct-16
280	THSK/2016/CS/L.2.3.2.2/IC/5	Public health specialist 2	CS	IC	Post	N/A	Oct-16
281	THSK/2015/CS/L.2.4.2.3/IC/1	Procurement of consultancy service for preparing national palliative care training module - 1	CS	IC	Post	N/A	Feb-16
282	THSK/2015/CS/L.2.4.2.3/IC/2	Procurement of consultancy service for preparing national palliative care training module - 2	CS	IC	Post	N/A	Feb-16
283	THSK/2016/CS/L.2.4.3.2/CQS/1	Firm Consultancy for Data Analysis and Quality Assessment	CS	CQS	Post	N/A	Sep-16
284	THSK/2016/CS/L.2.4.4.3/IC/1	Training Consultancy 1 (partial time)	CS	IC	Post	N/A	Mar-17
285	THSK/2016/CS/L.2.4.4.3/IC/2	Training Consultancy 2 (partial time)	CS	IC	Post	N/A	Mar-17
286	THSK/2016/CS/L.2.4.4.3/IC/3	Training Consultancy 3 (partial time)	CS	IC	Post	N/A	Dec-16

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		A. GOODS, WORKS AND NON-CONSULTING SERVICES					
287	THSK/2016/CS/L.2.4.4.3/IC/4	Training Consultancy 4 (partial time)	CS	IC	Post	N/A	Dec-16
288	THSK/2015/CS/L.2.5.3.1/IC/1	Consultancy for Post-Screening Diagnosis Training 1	CS	IC	Post	N/A	Mar-17
289	THSK/2015/CS/L.2.5.3.1/IC/2	Consultancy for Post-Screening Diagnosis Training 2	CS	IC	Post	N/A	Mar-17
290	THSK/2015/CS/L.2.5.3.1/IC/3	Consultancy for Post-Screening Diagnosis Training 3	CS	IC	Post	N/A	Mar-17
291	THSK/2015/CS/L.2.5.3.1/IC/4	Consultancy for Post-Screening Diagnosis Training 4	CS	IC	Post	N/A	Mar-17
292	THSK/2015/CS/L.2.5.3.1/IC/5	Consultancy for Post-Screening Diagnosis Training 5	CS	IC	Post	N/A	Mar-17
293	THSK/2015/CS/L.2.5.3.1/IC/6	Consultancy for Post-Screening Diagnosis Training 6	CS	IC	Post	N/A	Mar-17
294	THSK/2015/CS/L.2.5.3.1/IC/7	Consultancy for Post-Screening Diagnosis Training 7	CS	IC	Post	N/A	Mar-17
295	THSK/2015/CS/L.2.5.3.1/IC/8	Consultancy for Post-Screening Diagnosis Training 8	CS	IC	Post	N/A	Mar-17
296	THSK/2015/CS/L.2.5.3.1/IC/9	Consultancy for Post-Screening Diagnosis Training 9	CS	IC	Post	N/A	Mar-17
297	THSK/2015/CS/L.2.5.3.1/IC/10	Consultancy for Post-Screening Diagnosis Training 10	CS	IC	Post	N/A	Mar-17
298	THSK/2015/CS/L.2.5.3.1/IC/11	Consultancy for Post-Screening Diagnosis Training 11	CS	IC	Post	N/A	Mar-17
299	THSK/2016/CS/L.2.5.4.1/CQS/1	Firm Consultancy for media activities	CS	CQS	Post	N/A	Mar-16
300	THSK/2015/CS/L.2.5.3.1/IC/12	Consultancy for Post-Screening Diagnosis Training 12	CS	IC	Post	N/A	Mar-17
301	THSK/2016/CS/L.2.6.4.1/IC/1	Academic Consultancy for Quality 1 (partial time)	CS	IC	Post	N/A	Nov-16
302	THSK/2016/CS/L.2.6.4.1/IC/2	Academic Consultancy for Quality 2 (partial time)	CS	IC	Post	N/A	Nov-16
303	THSK/2017/CS/L.2.6.4.1/IC/1	Academic Consultancy for Quality 1 (partial time)	CS	IC	Post	N/A	Feb-17
304	THSK/2017/CS/L.2.6.4.1/IC/2	Academic Consultancy for Quality 2 (partial time)	CS	IC	Post	N/A	Feb-17
305	THSK/2016/CS/L.2.7.1.3/IC/1	Procurement of consultancy for determining the level of legal compliance	CS	IC	Post	N/A	Nov-16
306	THSK/2017/CS/L.2.11.2.1/IC/1	Coordinator Endocrinology Consultant	CS	IC	Post	N/A	Mar-17
307	THSK/2017/CS/L.2.11.2.1/IC/2	Public Health Consultant	CS	IC	Post	N/A	Mar-17
308	THSK/2017/CS/L.2.11.2.1/IC/3	Statistics Consultant	CS	IC	Post	N/A	Mar-17
309	THSK/2017/CS/L.2.11.2.1/IC/4	Information Processing Consultant	CS	IC	Post	N/A	Mar-17
310	THSK/2016/CS/L.2.11.1.1/CQS/1	Preparation of films	CS	CQS	Prior	N/A	May-16
311	THSK/2016/CS/L.2.12.2.1/IC/1	Coordinator Nutrition Consultant	CS	IC	Post	N/A	May-16
312	THSK/2016/CS/L.2.12.2.1/IC/2	Nutrition Consultant	CS	IC	Post	N/A	May-16
313	THSK/2016/CS/L.2.12.2.1/IC/3	Nutrition Consultant	CS	IC	Post	N/A	May-16
314	THSK/2016/CS/L.2.12.2.1/IC/4	Public Health Consultant	CS	IC	Post	N/A	May-16
315	THSK/2016/CS/L.2.12.2.1/IC/5	Statistics Consultant	CS	IC	Post	N/A	May-16
316	THSK/2016/CS/L.2.12.2.1/IC/6	Information Processing Consultant	CS	IC	Post	N/A	May-16
317	THSK/2016/CS/L.2.12.2.2/IC/1	Coordinator Nutrition Consultant	CS	IC	Post	N/A	Nov-16
318	THSK/2016/CS/L.2.12.2.2/IC/2	Nutrition Consultant	CS	IC	Post	N/A	Nov-16
319	THSK/2016/CS/L.2.12.2.2/IC/3	Nutrition Consultant	CS	IC	Post	N/A	Nov-16
320	THSK/2016/CS/L.2.12.2.2/IC/4	Public Health Consultant	CS	IC	Post	N/A	Nov-16

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		A. GOODS, WORKS AND NON-CONSULTING SERVICES					
321	THSK/2016/CS/L.2.12.2.2/IC/5	Statistics Consultant	CS	IC	Post	N/A	Nov-16
322	THSK/2016/CS/L.2.12.2.2/IC/6	Information Processing Consultant	CS	IC	Post	N/A	Nov-16
323	THSK/2015/CS/L.2.12.3.1/IC/1	Physical Activity Consultant	CS	IC	Post	N/A	Dec-15
324	THSK/2016/CS/L.2.12.3.1/IC/1	Coordinator Nutrition Consultant	CS	IC	Post	N/A	Mar-16
325	THSK/2016/CS/L.2.12.3.1/IC/2	Public Health Consultant	CS	IC	Post	N/A	Mar-16
326	THSK/2016/CS/L.2.12.3.1/IC/3	Statistics Consultant	CS	IC	Post	N/A	Mar-16
327	THSK/2016/CS/L.2.12.3.2/IC/1	Coordinator Nutrition Consultant	CS	IC	Post	N/A	Oct-16
328	THSK/2016/CS/L.2.12.3.2/IC/2	Public Health Consultant	CS	IC	Post	N/A	Oct-16
329	THSK/2016/CS/L.2.12.3.2/IC/3	Statistics Consultant	CS	IC	Post	N/A	Oct-16
330	THSK/2016/CS/L.2.12.3.1/IC/1	Physical Activity Consultant	CS	IC	Post	N/A	Mar-17
331	THSK/2016/CS/L.2.12.6.1/IC/1	Coordinator Nephrology Consultant	CS	IC	Post	N/A	Mar-17
332	THSK/2016/CS/L.2.12.6.1/IC/2	Public Health Consultant	CS	IC	Post	N/A	Mar-17
333	THSK/2016/CS/L.2.12.6.1/IC/3	Statistics Consultant	CS	IC	Post	N/A	Mar-17
334	THSK/2016/CS/L.2.12.6.1/IC/4	Information Processing Consultant	CS	IC	Post	N/A	Mar-17
335	THSK/2016/CS/L.2.16.3.1/CQS/1	Patient follow-up, data management and statistical analysis services	CS	CQS	Post	N/A	Nov-16
336	THSK/2017/CS/L.2.16.3.1/CQS/1	Patient follow-up, data management and statistical analysis services	CS	CQS	Post	N/A	Mar-17
337	THSK/2016/CS/L.2.20.1.3/IC/1	Coordination of workshops on the preparation of training modules, preparation of the module result report, providing trainers' training and coordination of the workshops of consultancy units (Activities for Reinforcement of Substance Addiction Preventive Services)	CS	IC	Post	N/A	Apr-16
338	THSK/2016/CS/L.2.20.1.7/IC/1	Coordination of workshops on the preparation of training modules, preparation of the module result report, providing trainers' training and coordination of the workshops of consultancy units	CS	IC	Post	N/A	Nov-16
339	THSK/2015/CS/L.2.20.4.3/CQS/1	Preparation of film and animations	CS	CQS	Post	N/A	Mar-17
340	THSK/2016/CS/L.2.20.5.2/CQS/1	Measurement of performance of information line	CS	CQS	Post	N/A	Jul-16
341	THSK/2016/CS/L.2.20.1.3/IC/2	Coordination of workshops on the preparation of training modules, preparation of the module result report, providing trainers' training and coordination of the workshops of consultancy units (Activities for Reinforcement of Substance Addiction Preventive Services)	CS	IC	Post	N/A	Nov-15
342	THSK/2016/CS/L.2.20.4.2/IC/1	Preparation of the interactive web portal	CS	IC	Post	N/A	Jul-16
343	THSK/2016/CS/L.4.2.1.2/IC/1	Consultant for Job and Workload Analysis 1 (of Family Physicians and Family Health Professionals)	CS	IC	Post	N/A	Feb-16
344	THSK/2016/CS/L.4.2.1.2/IC/2	Consultant for Job and Workload Analysis 2 (of Family Physicians and Family Health Professionals)	CS	IC	Post	N/A	Dec-16

Item No.	Contract No	Description	Type	Procurement Method	Review Method	Expected (BD/SPN/RF) Issue Date	Expected Completion Time
		A. GOODS, WORKS AND NON-CONSULTING SERVICES					
345	THSK/2016/CS/L.4.2.1.2/CQS/1	Firm Consultancy for Field Research (of Family Physicians and Family Health Professionals)	CS	CQS	Post	N/A	Dec-16
346	THSK/2017/CS/L.4.2.1.2/IC/1	Consultant for Job and Workload Analysis 1 (of Family Physicians and Family Health Professionals)	CS	IC	Post	N/A	Mar-17
347	THSK/2016/CS/L.4.6.3.4/CQS/1	Service Consultants to take office in HLC (32 persons) - 4 consultants for each 8 provinces	CS	CQS	Post	N/A	Mar-17
348	THSK/2016/CS/L.2.20.4.3/CQS/1	Preparation of short films , animation, TV spots , billboards and other visual materials	CS	CQS	Post	N/A	Aug-16
349	THSK/2015/CS/L.2.20.1.2/IC/1	Project Support Specialist	CS	IC	Prior	N/A	Sep-19
350	THSK/2015/CS/L.2.20.1.2/IC/3	IT Coordinator	CS	IC	Prior	N/A	Sep-19
351	THSK/2015/CS/L.2.20.1.2/IC/4	Database Application Specialist	CS	IC	Prior	N/A	Sep-19
352	THSK/2015/CS/L.2.20.1.2/IC/5	Software Specialist	CS	IC	Prior	N/A	Sep-19
353	THSK/2015/CS/L.4.1.1.1/IC/1	Monitoring and Evaluation Consultant	CS	IC	Prior	N/A	Sep-17
354	THSK/2016/CS/L.4.1.5.8/IC/1	Consultancy Service for Trainer's Training (for Enhancing Knowledge and Skills of the Personnel Working in Central and Provincial Organization to Improve Monitoring and Evaluation Capacity in Family Medicine Practices)	CS	IC	Post	N/A	May-16
355	THSK/2016/CS/L.4.1.5.6/IC/2	Trainings for Monitoring and Evaluation in Family Medicine Practices	CS	IC	Post	N/A	Dec-16
356	THSK/2016/CS/L.4.1.5.6/IC/1	Trainings for Monitoring and Evaluation in Family Medicine Practices	CS	IC	Post	N/A	Mar-17
357	THSK/2016/CS/L.4.3.2.2/IC/2	Training Coordinator Consultant 2 persons	CS	IC	Post	N/A	Apr-16
358	THSK/2016/CS/L.4.3.3.1/IC/1	Training Technologist	CS	IC	Post	N/A	Mar-17
359	THSK/2016/CS/L.4.3.3.1/IC/2	Measurament and Evaluation Consultant	CS	IC	Post	N/A	Apr-16
360	THSK/2016/CS/L.4.3.3.1/IC/3	Medicine Consultant	CS	IC	Post	N/A	Mar-17
361	THSK/2016/CS/L.4.3.3.1/IC/4	Consultancy of Nursing and Midwifery	CS	IC	Post	N/A	Mar-17
362	THSK/2016/CS/L.4.3.3.1/CQS/1	Firm Consultancy of Developing e- learning materials	CS	CQS	Post	N/A	Dec-16
363	THSK/2016/CS/L.4.3.3.1/QCBS/2	Firm Consultancy of Developing e- learning materials	CS	QCBS	Prior	N/A	Mar-17
364	THSK/2016/CS/L.4.3.2.2/IC/1	Training Consultant 8 persons	CS	IC	Post	N/A	Apr-16
365	SBSGM/2015/CS/D.1.3.1.1/IC/1	Job Analyst	CS	IC	Prior	N/A	Sep-19
366	SBSGM/2015/CS/D.1.3.1.1/IC/2	Data Statistics Consultant	CS	IC	Prior	N/A	Sep-19
367	SBSGM/2015/CS/D.1.3.1.1/IC/3	IT Support Staff	CS	IC	Prior	N/A	Sep-19
368	SBSGM/2015/CS/D.1.3.1.1/IC/4	Database Consultant	CS	IC	Prior	N/A	Sep-19
369	SBSGM/2016/CS/D.1.3.1.8/IC/1	Software Consultant	CS	IC	Prior	N/A	Sep-19
370	SBSGM/2016/CS/D.1.3.1.8/IC/2	Database Consultant	CS	IC	Prior	N/A	Sep-19
371	SBSGM/2015/CS/D.2.1.1.1/IC/1	Consultant for Developing IT Standards	CS	IC	Prior	N/A	Sep-19
372	SBSGM/2015/CS/D.2.1.1.1/IC/2	Consultant for Developing Health Informatics Standards	CS	IC	Prior	N/A	Sep-19

Item No.	Contract No	Description	Type	Procurement Method	Review Method	Expected (BD/SPN/RF) Issue Date	Expected Completion Time
		A. GOODS, WORKS AND NON-CONSULTING SERVICES					
373	SBSGM/2015/CS/D.2.1.1.1/IC/3	Health Informatics Law Consultant	CS	IC	Prior	N/A	Sep-19
374	SBSGM/2015/CS/D.2.1.1.1/IC/4	Software Development Consultant	CS	IC	Prior	N/A	Sep-19
375	SBSGM/2015/CS/D.2.1.1.1/IC/5	Health Information Security Consultant	CS	IC	Prior	N/A	Sep-19
376	SBSGM/2015/CS/D.2.1.1.1/IC/6	IT Support Staff	CS	IC	Prior	N/A	Sep-19
377	THSK/2015/CS/L.4.5.4.1/IC/1	Training Coordinator	CS	IC	Post	N/A	Nov-15
378	THSK/2015/CS/L.4.5.4.1/IC/2	Training Consultant 1	CS	IC	Post	N/A	Nov-15
379	THSK/2015/CS/L.4.5.4.1/IC/3	Training Consultant 2	CS	IC	Post	N/A	Nov-15
380	THSK/2016/CS/L.4.5.6.1/IC/1	Distance Education Content Coordinator	CS	IC	Post	N/A	Jun-16
381	THSK/2016/CS/L.4.5.6.1/IC/2	Distance Education Consultant 1	CS	IC	Post	N/A	Jun-16
382	THSK/2016/CS/L.4.5.6.1/IC/3	Distance Education Consultant 2	CS	IC	Post	N/A	Jun-16
383	THSK/2016/CS/L.4.5.6.1/IC/4	Distance Education Consultant 3	CS	IC	Post	N/A	Sep-16
384	THSK/2016/CS/L.4.5.6.1/IC/5	Distance Education Consultant 4	CS	IC	Post	N/A	Sep-16
385	THSK/2016/CS/L.4.5.6.1/IC/6	Distance Education Consultant 5	CS	IC	Post	N/A	Oct-16
386	THSK/2016/CS/L.4.5.6.1/IC/7	Distance Education Consultant 6	CS	IC	Post	N/A	Oct-16
387	THSK/2016/CS/L.4.5.6.1/IC/8	Distance Education Consultant 7	CS	IC	Post	N/A	Nov-16
388	THSK/2016/CS/L.4.5.6.1/IC/9	Distance Education Consultant 8	CS	IC	Post	N/A	Nov-16
389	THSK/2016/CS/L.4.5.6.1/IC/10	Distance Education Consultant 9	CS	IC	Post	N/A	Dec-16
390	THSK/2016/CS/L.4.5.6.1/IC/11	Distance Education Consultant 10	CS	IC	Post	N/A	Dec-16
391	THSK/2016/CS/L.4.5.5.2/IC/1	Preparation of Field Guide	CS	IC	Post	N/A	Feb-16
392	THSK/2016/CS/L.4.5.4.1/IC/1	Training Coordinator 1	CS	IC	Post	N/A	Apr-16
393	THSK/2016/CS/L.4.5.4.1/IC/2	Training Consultant 1	CS	IC	Post	N/A	Apr-16
394	THSK/2016/CS/L.4.5.4.1/IC/3	Training Consultant 4	CS	IC	Post	N/A	Apr-16
395	THSK/2016/CS/L.4.5.4.1/IC/4	Training Coordinator 2	CS	IC	Post	N/A	Aug-16
396	THSK/2016/CS/L.4.5.4.1/IC/5	Training Consultant 2	CS	IC	Post	N/A	Aug-16
397	THSK/2016/CS/L.4.5.4.1/IC/6	Training Consultant 5	CS	IC	Post	N/A	Aug-16
398	THSK/2016/CS/L.4.5.4.1/IC/7	Training Coordinator 3	CS	IC	Post	N/A	Nov-16
399	THSK/2016/CS/L.4.5.4.1/IC/8	Training Consultant 3	CS	IC	Post	N/A	Nov-16
400	THSK/2016/CS/L.4.5.4.1/IC/9	Training Consultant 6	CS	IC	Post	N/A	Nov-16
401	THSK/2017/CS/L.4.5.4.1/IC/1	Training Coordinator 1	CS	IC	Post	N/A	Mar-17
402	THSK/2017/CS/L.4.5.4.1/IC/2	Training Consultant 1	CS	IC	Post	N/A	Mar-17
403	THSK/2017/CS/L.4.5.4.1/IC/3	Training Consultant 2	CS	IC	Post	N/A	Mar-17
		B.SUB TOTAL					
		C. TRAININGS AND WORKSHOPS					
404	SAGEM/2015/NCS-TR/E.2.1.1.2/S/1	Workshop on Assessing Training Contents	NCS-TR	S	Prior	N/A	Dec-15

Item No.	Contract No	Description	Type	Procurement Method	Review Method	Expected (BD/SPN/RF) Issue Date	Expected Completion Time
		A. GOODS, WORKS AND NON-CONSULTING SERVICES					
405	SAGEM/2016/NCS-TR/E.2.1.1.3/S/1	Workshop on Determining the Needs of Information Database for Staff Training	NCS-TR	S	Post	Jan-16	Feb-16
406	SAGEM/2016/NCS-TR/E.2.1.1.4/S/1	Distance Training and Management Workshop on Public Health and Family Practice System	NCS-TR	S	Post	Apr-16	May-16
407	SAGEM/2016/NCS-TR/E.2.1.1.5/S/1	Research Workshop on Determining the Items and Amount of Training Costs	NCS-TR	S	Post	Apr-16	May-16
408	SAGEM/2016/NCS-TR/E.2.1.2.2/N/A/	National trip and observation for studying good practices of countries – 1	NCS-TR	N/A	N/A	N/A	Jan-16
409	SAGEM/2016/NCS-TR/E.2.1.2.2/N/A/	National trip and observation for studying good practices of countries – 2	NCS-TR	N/A	N/A	N/A	Mar-16
410	SAGEM/2016/NCS-TR/E.2.1.2.5/S/1	Workshop on National and International Sector Analysis for Distance learning Accredation and Borrowing	NCS-TR	S	Post	Dec-16	Jan-17
411	SAGEM/2016/NCS-TR/E.2.1.2.2/N/A/	International trip and observation for studying good practices of countries – 1	NCS-TR	N/A	N/A	N/A	Feb-16
412	SAGEM/2016/NCS-TR/E.2.1.2.2/N/A/	International trip and observation for studying good practices of countries – 2	NCS-TR	N/A	N/A	N/A	Apr-16
413	SAGEM/2016/NCS-TR/E.2.1.2.2/N/A/	National trip and observation for studying good practices of countries – 3	NCS-TR	N/A	N/A	N/A	May-16
414	SAGEM/2016/NCS-TR/E.2.1.2.2/N/A/	National trip and observation for studying good practices of countries – 4	NCS-TR	N/A	N/A	N/A	Jul-16
415	TKHK/2016/NCS-TR/N.3.1.4.1/S/1	Organization for Enhancing Expertise in and Obtaining Information on Hospital Pharmacy Services	NCS-TR	S	Post	May-16	Jul-16
416	TKHK/2016/NCS-TR/N.3.1.6.1/S/1	Organization for Enhancing Expertise in and Obtaining Information on Stock Management Practices	NCS-TR	S	Post	May-16	Jul-16
417	TKHK/2016/NCS-TR/N.3.1.7.1/S/1	Organization for Training on Hospitals Financial Structures	NCS-TR	S	N/A	May-16	Jul-16
418	SYGM/2015/NCS-TR/F.3.1.4.1/S /1	Organization of Leed, Breeam or DGNB Certification Training	NCS-TR	S	Prior	Oct-15	Nov-15
419	SYGM/2015/NCS-TR/F.3.1.4.1/S /2	Organization of Project Management Training (Project Management Certification Program)	NCS-TR	S	Post	Oct-15	Nov-15
420	SYGM/2016/NCS-TR/F.3.1.4.2/N/A/1	Technical business trip to study the foreign health facilities established with PPP model	NCS-TR	N/A	N/A	N/A	Feb-16
421	SYGM/2016/NCS-TR/F.3.1.4.3/N/A/2	Technical business trip to study the foreign health facilities established with PPP model	NCS-TR	N/A	N/A	N/A	Aug-16
422	SYGM/2016/NCS-TR/F.3.1.4.3/S/1	Workshop on Architectural and Structural Design and Setting the Standards for Green Hospitals	NCS-TR	S	Post	Apr-16	May-16

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		A. GOODS, WORKS AND NON-CONSULTING SERVICES					
423	SYGM/2016/NCS-TR/F.3.1.4.3/S /2	Workshop on Architectural and Structural Design and Setting the Standards for Green Hospitals	NCS-TR	S	Post	Aug-16	Sep-16
424	SYGM/2017/NCS-TR/F.3.1.4.3/N/A/1	Technical business trip to study the foreign health facilities established with PPP model	NCS-TR	N/A	N/A	N/A	Jan-17
425	SYGM/2016/NCS-TR/F.3.1.4.4/S /1	Organization of Training on Architectural and Engineering Design	NCS-TR	S	Post	Sep-16	Oct-16
426	SYGM/2016/NCS-TR/F.3.1.4.4/S /2	PPP Congress	NCS-TR	S	Post	Nov-16	Dec-16
427	SYGM/2017/NCS-TR/F.3.1.4.4/S /1	Organization of Training on Architectural and Engineering Design	NCS-TR	S	Post	Sep-17	Oct-16
428	SHGM/2015/NCS-TR/A.1.1.1.5/N/A/1	Studying on foreign examples about risks (3 persons, European countries)	NCS-TR	N/A	N/A	N/A	Feb-16
429	SHGM/2016/NCS-TR/A.1.1.5.4/S/1	Organization of Training Activities for Coordinators	NCS-TR	S	Post	Jun-16	Jul-16
430	SHGM/2015/NCS-TR/A.1.2.1.3/S/1	Organization of Receiving English language training 1	NCS-TR	S	Prior	Oct-15	Feb-16
431	SHGM/2016/NCS-TR/A.1.2.2.3/S/1	Workshop for determining the criteria	NCS-TR	S	Post	Apr-16	Nov-16
432	SHGM/2016/NCS-TR/A.1.2.4.3/S/1	Organization of Information and training for stakeholders supporting the institutional healthcare service indicator studies	NCS-TR	S	Post	Sep-16	Oct-16
433	SHGM/2016/NCS-TR/A.1.2.6.2/S/1	Workshop on Institutional Indicator Assessment	NCS-TR	S	Post	Sep-16	Oct-16
434	SHGM/2016/NCS-TR/A.1.3.4.4/S/1	Workshop on auditing health institutions and organisations for Provincial Health Directorates	NCS-TR	S	Post	Sep-16	Oct-16
435	SHGM/2016/NCS-TR/A.1.3.4.8/N/A/1	Participation in Training (3 persons)	NCS-TR	N/A	N/A	N/A	Aug-16
436	ASHGM/2016/NCS-TR/B.1.1.1.3/S/1	Preliminary Workshop	NCS-TR	S	Prior	Jan-16	Feb-16
437	ASHGM/2016/NCS-TR/B.1.1.2.1/N/A/1	On-site study and evaluation of the international examples	NCS-TR	N/A	N/A	N/A	Apr-16
438	ASHGM/2016/NCS-TR/B.1.1.2.2/S/1	Workshop for establishing the system in the light of foreign evaluation reports	NCS-TR	S	Post	Apr-16	May-16
439	ASHGM/2016/NCS-TR/B.1.1.2.5/S/1	Workshop with stakeholders and experts invited from abroad for the system to be used in the patient transport	NCS-TR	S	Post	Aug-16	Sep-16
440	ASHGM/2016/NCS-TR/ B.1.1.2.6/N/A/1	Sending two paramedics for training to the University of Washington in the USA	NCS-TR	N/A	N/A	N/A	Nov-16
441	ASHGM/2016/NCS-TR/B.1.1.2.8/S/1	Organization of preparation of the draft program for the training of the healthcare professionals who will be transported	NCS-TR	S	Post	Oct-16	Nov-16
442	ASHGM/2016/NCS-TR/ B.1.1.2.9/S/1	Organization of Implementation of the pilot trauma training	NCS-TR	S	Post	Nov-16	Dec-16
443	DISAB/2016/NCS-TR/G.1.1.1.1/S/1	Coordination Workshop	NCS-TR	S	Prior	Oct-16	Nov-15
444	DISAB/2016/NCS-TR/G.1.1.1.1/S/2	Organization of Information Experience and Sharing	NCS-TR	S	Post	Jan-16	Feb-16
445	DISAB/2016/NCS-TR/G.1.1.2.2/S/1	Training organization for the experts who will study on the Healthcare System 1	NCS-TR	S	Post	May-16	Jun-16
446	DISAB/2016/NCS-TR/G.1.1.2.2/S/2	Training organization for the experts who will study on the Healthcare System 2	NCS-TR	S	Post	Oct-16	Nov-16

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		A. GOODS, WORKS AND NON-CONSULTING SERVICES					
447	DISAB/2016/NCS-TR/G.1.1.2.3/S/1	Visits abroad to study on the Healthcare Systems of the Countries (Preparation of Reports) 1	NCS-TR	S	Post	Jun-16	Jul-16
448	DISAB/2016/NCS-TR/G.1.1.2.3/S/2	Visits abroad to study on the Healthcare Systems of the Countries (Preparation of Reports) 2	NCS-TR	S	Post	Sep-16	Oct-16
449	DISAB/2016/NCS-TR/G.1.1.2.5/S/1	Workshop for studying and evaluating the healthcare system reports after the visit 1	NCS-TR	S	Post	Jul-16	Aug-16
450	DISAB/2016/NCS-TR/G.1.1.2.5/S/2	Organization of Presentation Service 1	NCS-TR	S	Post	Aug-16	Sep-16
451	DISAB/2016/NCS-TR/G.1.1.2.5/S/3	Workshop for studying and evaluating the healthcare system reports after the visit 2	NCS-TR	S	Post	Oct-16	Nov-16
452	DISAB/2016/NCS-TR/G.1.1.2.5/S/4	Workshop for studying and evaluating the healthcare system reports after the visit 3	NCS-TR	S	Post	Dec-16	Jan-17
453	DISAB/2016/NCS-TR/G.1.1.2.5/S/5	Organization of Presentation Service 2	NCS-TR	S	Post	Dec-16	Jan-17
454	DISAB/2016/NCS-TR/G.1.1.5.1/S/1	Strategy Workshop	NCS-TR	S	Post	Dec-16	Jan-17
455	SAGEM/2015/NCS-TR/E.1.1.1.3/N/A/1	International Country Visits Made to Institutions	NCS-TR	N/A	N/A	N/A	Mar-17
456	SAGEM/2016/NCS-TR/E.1.1.2.1/S/1	Meeting on Unmet Health Indicators 1, 2 and 3	NCS-TR	S	Post	Jun-16	Jul-16
457	SAGEM/2016/NCS-TR/E.1.1.4.1/NCB/1	Workshop on Health Statistics	NCS-TR	NCB	Prior	Jul-16	Oct-16
458	SAGEM/2016/NCS-TR/E.1.1.5.1/S/1	Unit Meeting	NCS-TR	S	Post	Dec-16	Mar-17
459	SAGEM/2016/NCS-TR/E.6.1.1.2/S/1	Workshop Meeting on Current Situation Analysis	NCS-TR	S	Post	Jan-16	Mar-16
460	SAGEM/2016/NCS-TR/E.6.1.1.2/S/2	Workshop Meeting for Needs Analysis	NCS-TR	S	Post	Aug-16	Sep-16
461	SAGEM/2016/NCS-TR/E.6.1.1.3/S/1	Workshop on formation of institutional identity during HTA	NCS-TR	S	Post	May-16	Jun-16
462	SAGEM/2016/NCS-TR/E.6.1.1.4/N/A/1	Study visit for first country example	NCS-TR	N/A	N/A	N/A	May-16
463	SAGEM/2016/NCS-TR/E.6.1.1.5/S/1	First workshop for creating strategy paper	NCS-TR	S	Post	Jun-16	Jul-16
464	SAGEM/2016/NCS-TR/E.6.1.1.6/S/1	Organization of First Structured Course	NCS-TR	S	Post	Nov-16	Dec-16
465	SAGEM/2016/NCS-TR/E.6.1.1.7/N/A/1	Participation in international meetings in 2016 1	NCS-TR	N/A	N/A	N/A	Nov-16
466	SAGEM/2016/NCS-TR/E.6.1.2.1/S/1	HTA - University Cooperation Workshop	NCS-TR	S	Post	Oct-16	Nov-16
467	SAGEM/2017/NCS-TR/E.6.1.2.4/S/1	Workshop on Preparation of HTA Guidelines	NCS-TR	S	Post	Feb-17	Mar-17
468	SAGEM/2016/NCS-TR/E.6.1.2.5/NCB/1	National HTA Meeting/Congress in 2016	NCS-TR	NCB	Post	Mar-16	May-16
469	SAGEM/2015/NCS-TR/E.5.3.1.1/S/1	Workshop on instrument development for healthcare system evaluation	NCS-TR	S	Post	N/A	Oct-15
470	SAGEM/2015/NCS-TR/E.5.3.1.2/S/1	Organization of Basic Training for Healthcare System Evaluation	NCS-TR	S	Post	Nov-15	Dec-15
471	SAGEM/2016/NCS-TR/E.5.3.1.2/S/1	Organization of Advanced Training for Healthcare System Evaluation	NCS-TR	S	Post	Mar-16	Apr-16
472	SAGEM/2016/NCS-TR/E.5.3.1.2/S/2	Organization of Trainers' Training for Healthcare System Evaluation	NCS-TR	S	Post	Aug-16	Sep-16
473	SAGEM/2015/NCS-TR/E.5.3.1.2/S/2	Organization of Geographic Information Systems Software Training	NCS-TR	S	Post	Dec-15	Jan-16
474	SAGEM/2016/NCS-TR/E.5.3.1.2/S/1	Organization of Basic Training for Healthcare System Evaluation	NCS-TR	S	Post	Dec-16	Jan-17

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		A. GOODS, WORKS AND NON-CONSULTING SERVICES					
475	SAGEM/2016/NCS-TR/E.5.3.1.3/S/1	Organization service for Stakeholder Meeting on Turkish Healthcare System Performance Assessment	NCS-TR	S	Post	Jan-16	Feb-16
476	SAGEM/2016/NCS-TR/E.5.3.1.3/S/2	Organization Service for technical study meeting on Healthcare System Evaluation	NCS-TR	S	Post	May-16	Jun-16
477	SAGEM/2015/NCS-TR/E.5.3.2.1/S/1	Study Meeting on Training Program for Evaluation of HTP Policies	NCS-TR	S	Post	Oct-15	Nov-15
478	SAGEM/2016/NCS-TR/E.5.3.2.2/S/1	Meeting on Healthcare Policies -1	NCS-TR	S	Post	Sep-16	Oct-16
479	SAGEM/2016/NCS-TR/E.5.3.2.2/N/A/1	Study Meeting on Evaluation of HTP Policies (abroad)	NCS-TR	N/A	N/A	N/A	Sep-16
480	SAGEM/2016/NCS-TR/E.5.1.1.1/S/1	Organization of Training on Planning and Implementing National Health Researches	NCS-TR	S	Post	Feb-16	Mar-16
481	SAGEM/2016/NCS-TR/E.5.1.1.1/S/2	Organization of Sample Selection in National Surveys and Weighting Training	NCS-TR	S	Post	May-16	Jun-16
482	SAGEM/2016/NCS-TR/E.5.1.1.1/S/3	Organization of Basic Training on Using Statistical Analyses and Statistical Programs in Health Researches	NCS-TR	S	Post	Aug-16	Sep-16
483	SAGEM/2016/NCS-TR/E.5.1.1.1/S/4	Organization of Advanced Training on Using Statistical Analyses and Statistical Programs in Health Researches	NCS-TR	S	Post	Nov-16	Dec-16
484	SAGEM/2016/NCS-TR/E.5.1.1.1/S/5	Organization of Training on Reporting Health Researches and Writing Articles	NCS-TR	S	Post	Dec-16	Mar-17
485	SAGEM/2016/NCS-TR/E.5.1.2.2/N/A/1	Participation in national/international meetings on project-related topics	NCS-TR	N/A	N/A	N/A	Dec-16
486	PYDB/2015/NCS-TR/P.1/S/1	Organization of Trainings for strengthening Program and Project Management 1	NCS-TR	S	Post	Oct-15	Oct-15
487	PYDB/2016/NCS-TR/P.1/S/1	PMSU Program Evaluation Workshop 2	NCS-TR	S	Post	Mar-16	Apr-16
488	PYDB/2016/NCS-TR/P.1/S/2	Provincial Evaluation Meeting	NCS-TR	S	Post	Mar-16	Apr-16
489	PYDB/2016/NCS-TR/P.1/S/3	Ministerial upper management workshopı 1	NCS-TR	S	Post	Mar-16	Apr-16
490	PYDB/2016/NCS-TR/P.1/S/4	Foreign Language Training Organization 2	NCS-TR	S	Post	Mar-16	Apr-16
491	PYDB/2016/NCS-TR/P.1/S/5	Organization of Trainings for strengthening Program and Project Management 3	NCS-TR	S	Post	Mar-16	Apr-16
492	PYDB/2016/NCS-TR/P.1/S/6	PMSU Program Evaluation Workshop 3	NCS-TR	S	Post	Jun-16	Jul-16
493	PYDB/2016/NCS-TR/P.1/S/7	Ministerial upper management workshop 2	NCS-TR	S	Post	Jun-16	Jul-16
494	PYDB/2016/NCS-TR/P.1/S/8	Foreign Language Training Organization 3	NCS-TR	S	Post	Jun-16	Jul-16
495	PYDB/2015/NCS-TR/P.1/S/2	PMSU Program Evaluation Workshop 1	NCS-TR	S	Post	Dec-15	Jan-16
496	PYDB/2016/NCS-TR/P.1/S/9	PMSU Program Evaluation Workshop 4	NCS-TR	S	Post	Sep-16	Oct-16
497	PYDB/2016/NCS-TR/P.1/S/10	Provincial Evaluation Meeting	NCS-TR	S	Post	Sep-16	Oct-16
498	PYDB/2016/NCS-TR/P.1/S/11	Ministerial upper management workshop 3	NCS-TR	S	Post	Sep-16	Oct-16
499	PYDB/2015/NCS-TR/P.1/S/3	Foreign Language Training Organization 1	NCS-TR	S	Post	Dec-15	Jan-16

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		A. GOODS, WORKS AND NON-CONSULTING SERVICES					
500	PYDB/2015/NCS-TR/P.1/S/4	Organization of Trainings for strengthening Program and Project Management 2	NCS-TR	S	Post	Dec-15	Jan-16
501	PYDB/2016/NCS-TR/P.1/S/12	Foreign Language Training Organization 4	NCS-TR	S	Post	Sep-16	Oct-16
502	SHGM/2016/NCS-TR/A.3.1.6.1/N/A/1	International Study Tours	NCS-TR	N/A	N/A	N/A	Mar-17
503	SHGM/2017/NCS-TR/A.3.1.5.3/S/1	Organization of Training Activities	NCS-TR	S	Post	N/A	Mar-17
504	TKHK/2016/NCS-TR/N.3.1.1.1/S /1	National and International Organisation, Transportation and Accommodation Services for New Health Management Models	NCS-TR	S	Post	Aug-16	Dec-16
505	TKHK/2015/NCS-TR/N.3.1.1.1/S /1	Foreign Language Training	NCS-TR	S	Post	Dec-15	Dec-16
506	TKHK/2016/NCS-TR/N.3.1.1.1/S /2	Organization of Training on Health Facilities Accreditation Training for New Health Management Models	NCS-TR	S	Post	Jul-16	Dec-16
507	TKHK/2015/NCS-TR/N.3.1.1.1/S /2	Training on Ms Office Applications	NCS-TR	S	Post	Dec-15	Dec-16
508	TKHK/2016/NCS-TR/N.3.1.2/S /1	Organisation of Training on Development of Classification Activities	NCS-TR	S	Post	May-16	Dec-16
509	TKHK/2016/NCS-TR/N.3.1.3.1/S /1	Organization of Training on Biomedical Technical Services Applications	NCS-TR	S	Post	Jan-16	Dec-16
510	TKHK/2017/NCS-TR/N.3.1.3.1/S /1	Organization of Training on Health Facilities Design and Architecture Standards	NCS-TR	S	Post	Jan-17	Dec-16
511	TKHK/2016/NCS-TR/N.3.1.3.1/S /2	Organization of Training on Biomedical Meteorology Applications	NCS-TR	S	Post	Jan-16	Dec-16
512	TKHK/2016/NCS-TR/N.3.1.3.1/S /3	Organization of Training on Health Facilities Design and Architecture Standards	NCS-TR	S	Post	May-16	Dec-16
513	TKHK/2016/NCS-TR/N.3.1.3.1/S /4	Organization of Training on Biomedical Technical Services Applications	NCS-TR	S	Post	Nov-16	Dec-16
514	TKHK/2016/NCS-TR/N.3.1.3.1/S /5	Organization of Training on Biomedical Meteorology Applications	NCS-TR	S	Post	Nov-16	Dec-16
515	TKHK/2017/NCS-TR/N.3.1.3.1/S /2	Organization of Training on Biomedical Meteorology Applications	NCS-TR	S	Post	Jan-17	Dec-16
516	TKHK/2016/NCS-TR/N.3.1.4.1/NCB/1	Organization for Drug Preparation and Applications	NCS-TR	NCB	Prior	Jan-16	Mar-16
517	TKHK/2016/NCS-TR/N.3.1.4.1/NCB/2	Organization for Drug Preparation and Applications	NCS-TR	NCB	Post	Jul-16	Oct-16
518	TKHK/2016/NCS-TR/N.3.1.4.1/NCB/3	Organization for Drug Preparation and Applications	NCS-TR	NCB	Post	Dec-16	Mar-17
519	TKHK/2016/NCS-TR/N.3.1.5.1/S/1	Organization for Training on Needs Management	NCS-TR	S	Post	Apr-16	Jul-16
520	TKHK/2016/NCS-TR/N.3.1.8/S/1	Organization for Enhancing Expertise in and Obtaining Information on International Productvity and Quality	NCS-TR	S	Post	May-16	Jul-16
521	TKHK/2016/NCS-TR/N.3.1.8/NCB/2	Organization for Training on Productvity and Quality in Hospital Management	NCS-TR	NCB	Post	Apr-16	Jul-16
522	TKHK/2016/NCS-TR/N.3.1.9.1/S/1	Organization for Enhancing Expertise in and Obtaining Information on Healthcare Services	NCS-TR	S	Post	May-16	Jul-16
523	SYGM/2016/NCS-TR/F.3.1.2.3/S /1	Organization of Training on PPP Procurement Regulations	NCS-TR	S	Post	Oct-16	Sep-16

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		A. GOODS, WORKS AND NON-CONSULTING SERVICES					
524	SYGM/2015/NCS-TR/F.3.1.3.1/S /1	Organization of Training on PPP Certification Program	NCS-TR	S	Post	Oct-15	Sep-16
525	SAGEM/2016/NCS-TR/E.5.1.1.1/S/6	Organization of Evidence-based Healthcare Policy Development Training	NCS-TR	S	Post	Dec-15	Mar-17
526	SAGEM/2015/NCS-TR/E.5.1.1.1/N/A/1	Participation in National and International Seminars/Symposiums etc. Related with Health Reseraches	NCS-TR	N/A	N/A	N/A	Mar-17
527	SYGM/2016/NCS-TR/F.1.2.2.2/N/A/1	Study tours on PPP related purposes	NCS-TR	N/A	N/A	N/A	Jan-17
528	SYGM/2017/NCS-TR/F.1.2.2.3/S/1	Workshop on Standards Indentification	NCS-TR	S	Post	Jun-17	Aug-17
529	SYGM/2016/NCS-TR/F.2.1.2.2/N/A/1	Study tours on PPP related purposes	NCS-TR	N/A	N/A	N/A	Mar-17
530	THSK/2016/NCS-TR/L.2.1.2.1/S/1	Workshop on preparing training materials for all health professionals	NCS-TR	S	Post	Jun-16	Jul-16
531	THSK/2016/NCS-TR/L.2.1.2.2/S/1	Meeting on preparing the content of Distance Training Module for Family Physicians	NCS-TR	S	Post	Sep-16	Oct-16
532	THSK/2016/NCS-TR/L.2.2.2.1/S/1	Workshop on Data Collection Training	NCS-TR	S	Post	Apr-16	May-16
533	THSK/2015/NCS-TR/L.2.3.2.1/S/1	Workshop on Preparing Training and Information Materials for the Community	NCS-TR	S	Prior	Oct-15	Nov-15
534	THSK/2015/NCS-TR/L.2.3.2.1/S/2	Workshop on Preparing Training and Information Materials for Healthcare Professionals	NCS-TR	S	Post	Oct-15	Nov-15
535	THSK/2015/NCS-TR/L.2.3.2.1/S/3	Workshop on Preparing Training and Information Materials for the Disabled and the Elderly	NCS-TR	S	Post	Oct-15	Nov-15
536	THSK/2016/NCS-TR/L.2.3.2.1/S/1	Organization of Trainers' training for healthcare professionals - 3 rounds	NCS-TR	S	Post	Jun-16	Dec-16
537	THSK/2017/NCS-TR/L.2.3.2.1/S/1	Organization of Trainers' training for healthcare professionals	NCS-TR	S	Post	Jan-17	Feb-17
538	THSK/2016/NCS-TR/L.2.3.2.2/S/1	Preliminary workshop on detecting medical elderly care	NCS-TR	S	Post	Jan-16	Feb-16
539	THSK/2016/NCS-TR/L.2.3.2.2/S/2	Organization of Standardization training of field research 1	NCS-TR	S	Post	Aug-16	Oct-16
540	THSK/2016/NCS-TR/L.2.3.2.2/S/3	Organization of Standardization training of field research 2	NCS-TR	S	Post	Sep-16	Oct-16
541	THSK/2016/NCS-TR/L.2.4.4.3/S/1	Organization of Palliative care training - 1st, 2nd and 3rd rounds	NCS-TR	S	Post	Jan-16	Mar-16
542	THSK/2016/NCS-TR/L.2.4.4.3/S/2	Organization of Palliative care training - 4th, 5th and 6th rounds	NCS-TR	S	Post	Mar-16	Sep-16
543	THSK/2016/NCS-TR/L.2.4.4.3/S/3	Organization of Palliative care training - 7th and 8th rounds	NCS-TR	S	Post	Sep-16	Nov-16
544	THSK/2016/NCS-TR/L.2.4.4.3/S/4	Organization of Palliative care training (2 rounds) 9-10	NCS-TR	S	Post	Oct-16	Nov-16
545	THSK/2017/NCS-TR/L.2.4.4.3/S/1	Organization of Palliative care training - 1st, 2nd and 3rd rounds	NCS-TR	S	Post	Jan-17	Mar-17
546	THSK/2016/NCS-TR/L.2.4.5.2/S/1	Evaluation workshop	NCS-TR	S	Post	Nov-16	Dec-16
547	THSK/2016/NCS-TR/L.2.5.3.4/S/1	Organization of Post-Screening Diagnosis Training - 1st, 2nd and 3rd rounds	NCS-TR	S	Post	Jan-16	Mar-16
548	THSK/2016/NCS-TR/L.2.5.3.4/S/2	Organization of Post-Screening Diagnosis Training - 4th, 5th and 6th rounds	NCS-TR	S	Post	Mar-16	Jun-16

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		A. GOODS, WORKS AND NON-CONSULTING SERVICES					
549	THSK/2016/NCS-TR/L.2.5.3.4/S/3	Organization of Post-Screening Diagnosis Training - 7th and 8th rounds	NCS-TR	S	Post	Aug-16	Sep-16
550	THSK/2016/NCS-TR/L.2.5.3.4/S/4	Organization of Post-Screening Diagnosis Training (2 rounds) 9-10	NCS-TR	S	Post	Oct-16	Nov-16
551	THSK/2017/NCS-TR/L.2.5.3.4/S/1	Organization of Post-Screening Diagnosis Training - 1st, 2nd and 3rd rounds	NCS-TR	S	Post	Jan-17	Mar-17
552	THSK/2016/NCS-TR/L.2.5.4.2/S/1	Awareness Activity Organization	NCS-TR	S	Post	Feb-16	Apr-16
553	THSK/2016/NCS-TR/L.2.5.4.2/S/2	Awareness Activity Organization	NCS-TR	S	Post	Apr-16	Oct-16
554	THSK/2016/NCS-TR/L.2.5.4.2/S/3	Awareness Activity Organization	NCS-TR	S	Post	Oct-16	Nov-16
555	THSK/2017/NCS-TR/L.2.5.4.2/S/1	Awareness Activity Organization	NCS-TR	S	Post	Jan-17	Feb-17
556	THSK/2016/NCS-TR/L.2.6.3.1/S/1	Organization of Cancer Registry Training 1,2	NCS-TR	S	Post	Jan-16	Feb-16
557	THSK/2016/NCS-TR/L.2.6.3.1/S/2	Organization of Cancer Registry Training 3,4	NCS-TR	S	Post	Mar-16	Mar-16
558	THSK/2016/NCS-TR/L.2.6.3.1/S/3	Organization of Cancer Registry Training 5,6	NCS-TR	S	Post	Jun-16	Apr-16
559	THSK/2016/NCS-TR/L.2.6.3.1/S/4	Organization of Cancer Registry Training 7	NCS-TR	S	Post	Aug-16	May-16
560	THSK/2017/NCS-TR/L.2.6.3.1/S/1	Organization of Cancer Registry Training 1,2	NCS-TR	S	Post	Jan-16	Feb-17
561	THSK/2016/NCS-TR/L.2.6.4.1/S/1	Workshop on Data Analysis and Quality Control - 1, 2	NCS-TR	S	Post	Feb-16	Nov-16
562	THSK/2017/NCS-TR/L.2.6.4.1/S/1	Workshop on Data Analysis and Quality Control -1	NCS-TR	S	Post	Jan-17	Feb-17
563	THSK/2015/NCS-TR/L.2.7.1.1/S/1	Meeting on determining and reporting the current situation in tobacco control	NCS-TR	S	Post	Oct-15	Nov-15
564	THSK/2016/NCS-TR/L.2.7.1.1/S/1	Meeting on determining and reporting the current situation in tobacco control	NCS-TR	S	Post	Oct-16	Nov-16
565	THSK/2015/NCS-TR/L.2.7.1.2/S/1	Meeting on determining and reporting the current situation in tobacco control	NCS-TR	S	Post	Nov-15	Dec-15
566	THSK/2016/NCS-TR/L.2.7.2.1/S/1	Workshop on preparing training modules and guidelines 1 (within the scope of tobacco control activities)	NCS-TR	S	Post	Mar-16	Apr-16
567	THSK/2016/NCS-TR/L.2.7.2.1/S/2	Workshop on preparing training modules and guidelines 2 (within the scope of tobacco control activities)	NCS-TR	S	Post	Jun-16	Jul-16
568	THSK/2016/NCS-TR/L.2.7.2.3/S/1	Workshop on preparing training modules and guidelines (within the scope of tobacco control activities)	NCS-TR	S	Post	May-16	Jun-16
569	THSK/2016/NCS-TR/L.2.7.3.1/S/1	Workshop on preparing training modules and guidelines 1 (within the scope of tobacco control activities)	NCS-TR	S	Post	Feb-16	Mar-16
570	THSK/2016/NCS-TR/L.2.7.3.1/S/2	Workshop on preparing training modules and guidelines 2 (within the scope of tobacco control activities)	NCS-TR	S	Post	Sep-16	Oct-16
571	THSK/2017/NCS-TR/L.2.7.3.1/S/1	Workshop on preparing training modules and guidelines (within the scope of tobacco control activities)	NCS-TR	S	Post	Feb-17	Mar-17

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		A. GOODS, WORKS AND NON-CONSULTING SERVICES					
572	THSK/2016/NCS-TR/L.2.7.4.2/S/1	Meeting for providing active participation of NGOs and media in the process	NCS-TR	S	Post	May-16	Jun-16
573	THSK/2016/NCS-TR/L.2.7.4.3/S/1	Meeting for establishing advocacy groups in social media and target population	NCS-TR	S	Post	Oct-16	Nov-16
574	THSK/2015/NCS-TR/L.2.11.1.1/S/1	Organization of Trainers' Trainings on Counteracting Diabetes in Primary Healthcare Facilities	NCS-TR	S	Post	Oct-15	Nov-15
575	THSK/2015/NCS-TR/L.2.11.1.1/S/2	Organization of Training of Trainers in Combat Against Diabet at Secondary Healthcare Facilities	NCS-TR	S	Post	Oct-15	Nov-15
576	THSK/2015/NCS-TR/L.2.11.1.1/S/3	Provincial Evaluation Meetings on Counteracting Diabetes	NCS-TR	S	Post	Nov-15	Dec-15
577	THSK/2016/NCS-TR/L.2.11.1.1/S/1	Organization of Trainers' Trainings on Counteracting Diabetes in Primary Healthcare Facilities 1	NCS-TR	S	Post	Feb-16	Mar-16
578	THSK/2016/NCS-TR/L.2.11.1.1/S/2	Organization of Trainers' Trainings on Counteracting Diabetes in Primary Healthcare Facilities 2	NCS-TR	S	Post	Aug-16	Sep-16
579	THSK/2016/NCS-TR/L.2.11.1.1/S/3	Organization of Trainers' Trainings on Counteracting Diabetes in Secondary Healthcare Facilities 1	NCS-TR	S	Post	Mar-16	Apr-16
580	THSK/2016/NCS-TR/L.2.11.1.1/S/4	Organization of Trainers' Trainings on Counteracting Diabetes in Secondary Healthcare Facilities 2	NCS-TR	S	Post	Sep-16	Oct-16
581	THSK/2016/NCS-TR/L.2.11.1.1/S/5	Organization of Trainings on Diabetes Type-1	NCS-TR	S	Post	May-16	Jun-16
582	THSK/2016/NCS-TR/L.2.11.1.1/S/6	Organization of 14th of November Diabetes Day Meeting	NCS-TR	S	Post	Oct-16	Nov-16
583	THSK/2016/NCS-TR/L.2.11.1.1/S/7	Provincial Evaluation Meetings on Counteracting Diabetes	NCS-TR	S	Post	Oct-16	Nov-16
584	THSK/2016/NCS-TR/L.2.11.1.1/S/8	Workshop on Evaluating Screening Programs in Primary Healthcare Facilities	NCS-TR	S	Post	N/A	May-16
585	THSK/2016/NCS-TR/L.2.11.1.1/S/9	Workshop on Updating Materials within the scope of the Diabetes Program for Schools	NCS-TR	S	Post	N/A	May-16
586	THSK/2017/NCS-TR/L.2.11.1.1/S/1	Inter-sectoral Cooperation Workshop for HbA1c and Glucometer Standardization	NCS-TR	S	Post	Jan-17	Jan-17
587	THSK/2017/NCS-TR/L.2.11.1.1/S/2	Organization of Trainers' Trainings on Counteracting Diabetes in Primary Healthcare Facilities	NCS-TR	S	Post	Feb-16	Mar-17
588	THSK/2017/NCS-TR/L.2.11.2.1/S/1	Organization of Training of research teams	NCS-TR	S	Post	Jan-17	Mar-17
589	THSK/2015/NCS-TR/L.2.12.1.1/S/1	Organization of Trainers' Trainings on Healthy Nutrition and Physical Activity	NCS-TR	S	Post	Oct-15	Nov-15
590	THSK/2015/NCS-TR/L.2.12.1.1/S/2	Provincial Evaluation Meetings on Counteracting Obesity	NCS-TR	S	Post	Oct-15	Nov-15
591	THSK/2015/NCS-TR/L.2.12.1.1/S/3	Training Meeting for Deputy Governors	NCS-TR	S	Post	Oct-15	Nov-15

Item No.	Contract No	Description	Type	Procurement Method	Review Method	Expected (BD/SPN/RF) Issue Date	Expected Completion Time
		A. GOODS, WORKS AND NON-CONSULTING SERVICES					
592	THSK/2015/NCS-TR/L.2.12.1.1/S/4	Workshop on Updating the Guidebook on Counteracting Obesity for Primary Care Physicians	NCS-TR	S	Post	Oct-15	Nov-15
593	THSK/2015/NCS-TR/L.2.12.1.1/S/5	Workshop on National Salt Consumption Guidelines	NCS-TR	S	Post	Oct-15	Nov-15
594	THSK/2016/NCS-TR/L.2.12.1.1/S/1	Organization of Trainers' Trainings on Healthy Nutrition and Physical Activity 1	NCS-TR	S	Post	Feb-16	Mar-16
595	THSK/2016/NCS-TR/L.2.12.1.1/S/2	Organization of Trainers' Trainings on Healthy Nutrition and Physical Activity 2	NCS-TR	S	Post	Sep-16	Oct-16
596	THSK/2016/NCS-TR/L.2.12.1.1/S/3	Organization of Nutrition Friendly School Trainings 1	NCS-TR	S	Post	Feb-16	Mar-16
597	THSK/2016/NCS-TR/L.2.12.1.1/S/4	Organization of Nutrition Friendly School Trainings 2	NCS-TR	S	Post	Aug-16	Sep-16
598	THSK/2016/NCS-TR/L.2.12.1.1/S/5	Provincial Evaluation Meetings on Counteracting Obesity	NCS-TR	S	Post	Oct-16	Nov-16
599	THSK/2016/NCS-TR/L.2.12.1.1/S/6	Inter-sectoral Cooperation Meeting	NCS-TR	S	Post	May-16	Jun-16
600	THSK/2016/NCS-TR/L.2.12.1.1/S/7	Workshop on preparing Primary Care Individual and Group Consultancy Weight Management Programs	NCS-TR	S	Post	Feb-16	Mar-16
601	THSK/2016/NCS-TR/L.2.12.1.1/S/8	Workshop on preparing Weight Management Programs for Children	NCS-TR	S	Post	Mar-16	Apr-16
602	THSK/2016/NCS-TR/L.2.12.1.1/S/9	Workshop on the Role of Social Determinants in Counteracting Obesity	NCS-TR	S	Post	Mar-16	Apr-16
603	THSK/2017/NCS-TR/L.2.12.1.1/S/1	Organization of Trainers' Trainings on Healthy Nutrition and Physical Activity	NCS-TR	S	Post	Feb-17	Mar-17
604	THSK/2017/NCS-TR/L.2.12.1.1/S/2	Organization of Nutrition Friendly School Trainings	NCS-TR	S	Post	Feb-17	Mar-17
605	THSK/2017/NCS-TR/L.2.12.1.1/S/3	Organization of Trainers' Training on Implementing Weight Management Program in Primary Healthcare	NCS-TR	S	Post	Jan-17	Feb-17
606	THSK/2016/NCS-TR/L.2.12.2.1/S/1	Organization of training of research teams	NCS-TR	S	Post	Apr-16	May-16
607	THSK/2016/NCS-TR/L.2.12.2.2/S/1	Meeting on the Announcement of Results	NCS-TR	S	Post	Nov-16	Dec-16
608	THSK/2016/NCS-TR/L.2.12.3.1/S/1	Organization of training of research teams	NCS-TR	S	Post	Jan-16	Mar-16
609	THSK/2016/NCS-TR/L.2.12.3.2/S/1	Organization of Announcement of results	NCS-TR	S	Post	Nov-16	Dec-16
610	THSK/2017/NCS-TR/L.2.12.6.1/S/1	Organization of training of research teams	NCS-TR	S	Post	Jan-16	Mar-17
611	THSK/2016/NCS-TR/L.2.16.1.1/S/1	Information meeting 2 tour	NCS-TR	S	Post		Apr-16
612	THSK/2016/NCS-TR/L.2.16.2.2/S/1	Evaluation meeting	NCS-TR	S	Post	Sep-16	Oct-16
613	THSK/2016/NCS-TR/L.2.16.2.2/S/2	Project team meeting	NCS-TR	S	Post	Sep-16	Nov-16
614	THSK/2017/NCS-TR/L.2.16.2.2/S/1	Evaluation meeting	NCS-TR	S	Post	Jan-16	Mar-17
615	THSK/2017/NCS-TR/L.2.16.2.2/S/2	Project team meeting	NCS-TR	S	Post	Jan-16	Mar-17
616	THSK/2015/NCS-TR/L.2.18.1.1/S/1	Workshop on preparation of the training module	NCS-TR	S	Post	Sep-16	Nov-15
617	THSK/2015/NCS-TR/L.2.18.1.2/S/1	Organization of Pre-Pilot Implementer Training	NCS-TR	S	Post	Oct-16	Dec-15
618	THSK/2016/NCS-TR/L.2.20.3.7/S/1	Workshop for Creating Algorithm	NCS-TR	S	Post	Aug-16	Sep-16
619	THSK/2017/NCS-TR/L.2.20.1.3/S/1	Organization of Providing refreshing trainings (6 rounds)	NCS-TR	S	Post	Jan-17	Mar-17

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		A. GOODS, WORKS AND NON-CONSULTING SERVICES					
620	THSK/2015/NCS-TR/L.2.20.1.5/NCB/1	Organization of trainers' trainings (8 rounds)	NCS-TR	NCB	Post	Dec-15	Dec-16
621	THSK/2017/NCS-TR/L.2.20.1.5/S/1	Organization of trainers' trainings (4 rounds)	NCS-TR	S	Post	Jan-17	Mar-17
622	THSK/2017/NCS-TR/L.2.20.3.7/S/1	Workshops for Creating Algorithm 3 tour	NCS-TR	S	Post	Jan-17	Mar-17
623	THSK/2017/NCS-TR/L.2.20.2.2/S/1	Meeting of benchmarking	NCS-TR	S	Post	Jan-17	Mar-17
624	THSK/2017/NCS-TR/L.2.20.2.1/N/A/1	International field trip	NCS-TR	N/A	Post	N/A	Jan-17
625	THSK/2017/NCS-TR/L.2.20.4.1/S/1	Meetings with media professionals , NGO representatives, social media phenomenons	NCS-TR	S	Post		Mar-17
626	THSK/2016/NCS-TR/L.2.20.2.1/N/A/1	International field trip 2 tour	NCS-TR	N/A	N/A	N/A	Mar-16
627	THSK/2016/NCS-TR/L.2.20.2.2/NCB/1	Benchmarking meeting (2 round) (Substance Addiction)	NCS-TR	NCB	Post	Feb-16	Nov-16
628	THSK/2016/NCS-TR/L.2.20.4.1/S/1	Meetings with media professionals , NGO representatives, social media phenomenons	NCS-TR	S	Post	Aug-16	Mar-16
629	THSK/2016/NCS-TR/L.2.20.5.3/S/1	Motivation Meetings 3 tours	NCS-TR	S	Post	Aug-16	Dec-16
630	THSK/2016/NCS-TR/L.2.20.5.1/S/1	Organization of Operator Trainings	NCS-TR	S	Post	Aug-16	Mar-16
631	THSK/2016/NCS-TR/L.2.20.3.4/S/1	Standard and refreshing trainings 4 rounds	NCS-TR	S	Post	Aug-16	Sep-16
632	THSK/2017/NCS-TR/L.2.20.3.2/S/1	Organization of Operator Trainings	NCS-TR	S	Post		Mar-17
633	THSK/2016/NCS-TR/L.2.20.3.2/S/1	Organization of Operator Trainings (4 rounds) (Substance Addiction)	NCS-TR	S	Post	Aug-16	Apr-16
634	THSK/2015/NCS-TR/L.4.6.2.1/S/1	HLC Workshop	NCS-TR	S	Post	Oct-15	Nov-15
635	THSK/2016/NCS-TR/L.4.6.2.1/S/1	HLC Workshop	NCS-TR	S	Post	Mar-16	Apr-16
636	THSK/2016/NCS-TR/L.4.6.2.1/N/A/1	Study visits at home (4 times)	NCS-TR	N/A	N/A	N/A	Apr-16
637	THSK/2016/NCS-TR/L.4.6.2.1/N/A/2	Study visits abroad (1 time)	NCS-TR	N/A	N/A	N/A	Mar-16
638	THSK/2016/NCS-TR/L.4.6.4.2/S/1	Workshop on preparing HLC training documents (2 times)	NCS-TR	S	Post	Jan-16	Apr-16
639	THSK/2016/NCS-TR/L.4.6.5.1/S/1	Organization of Social activities for public participation in HLC	NCS-TR	S	Post	Mar-16	Jun-16
640	THSK/2016/NCS-TR/L.4.6.6.2/S/1	Organization of HLC Monitoring and Evaluation Workshop (3 times)	NCS-TR	S	Post	Aug-16	Sep-16
641	THSK/2016/NCS-TR/L.4.6.6.2/N/A/1	Study visits at home (10 times)	NCS-TR	N/A	N/A	N/A	Nov-16
642	THSK/2017/NCS-TR/L.4.6.6.2/S/1	Organization of HLC Monitoring and Evaluation Workshop (3 times)	NCS-TR	S	Post	Jan-17	Mar-17
643	THSK/2017/NCS-TR/L.4.6.6.2/N/A/2	Study visits at home (10 times)	NCS-TR	N/A	N/A	N/A	Mar-17
644	THSK/2015/NCS-TR/L.4.1.2.5/N/A/1	Visit abroad	NCS-TR	N/A	N/A	N/A	Nov-15
645	THSK/2016/NCS-TR/L.4.1.3.2/S/1	Preparatory workshop on monitoring and evaluation trainings	NCS-TR	S	Prior	Jun-16	Jul-16
646	THSK/2016/NCS-TR/L.4.1.5.6/NCB/1	Organization of Monitoring and Evaluation Trainings	NCS-TR	NCB	Post	Jun-16	Dec-16
647	THSK/2016/NCS-TR/L.4.1.5.7/S/1	Preparatory Workshop for Trainers' Training	NCS-TR	S	Post	Jan-16	Feb-16
648	THSK/2016/NCS-TR/L.4.1.5.8/S/2	Organization of Trainers' Training	NCS-TR	S	Post	Feb-16	May-16
649	THSK/2016/NCS-TR/L.4.1.5.5/S/2	Organization of Briefing Meeting	NCS-TR	S	Post	Jun-16	Jul-16
650	THSK/2017/NCS-TR/L.4.1.5.6/S/1	Organization of Monitoring and Evaluation Trainings	NCS-TR	S	Post	Dec-16	Mar-17
651	THSK/2016/NCS-TR/L.4.3.3.1/N/A/2	Participation in national congresses	NCS-TR	N/A	Post	N/A	May-16

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		A. GOODS, WORKS AND NON-CONSULTING SERVICES					
652	THSK/2016/NCS-TR/L.4.3.3.1/N/A/3	USA University Visit	NCS-TR	N/A	Post	N/A	Oct-16
653	THSK/2016/NCS-TR/L.4.3.2.2/NCB/1	Training Organization 3 tours	NCS-TR	NCB	Post	Mar-16	Dec-16
654	THSK/2016/NCS-TR/L.4.5.3.2/S/1	Training Organization 1-2	NCS-TR	S	Post	Jan-16	Feb-16
655	THSK/2016/NCS-TR/L.4.5.3.2/S/2	Training Organization 3-4	NCS-TR	S	Post	Mar-16	Apr-16
656	THSK/2016/NCS-TR/L.4.5.3.2/S/3	Training Organization 5-6	NCS-TR	S	Post	May-16	Jun-16
657	THSK/2016/NCS-TR/L.4.5.3.2/S/4	Training Organization 7-8	NCS-TR	S	Post	Jul-16	Aug-16
658	THSK/2016/NCS-TR/L.4.5.3.2/S/5	Training Organization 9-10	NCS-TR	S	Post	Sep-16	Oct-16
659	THSK/2016/NCS-TR/L.4.5.3.2/S/6	Training Organization 11-12	NCS-TR	S	Post	Oct-16	Nov-16
660	THSK/2017/NCS-TR/L.4.5.3.2/S/1	Training Organization 1	NCS-TR	S	Post	Jan-17	Feb-17
661	THSK/2017/NCS-TR/L.4.5.3.2/S/2	Training Organization 2-3	NCS-TR	S	Post	Jan-17	Mar-17
662	THSK/2015/NCS-TR/L.4.5.3.2/S/1	Training Organization	NCS-TR	S	Post	Sep-15	Oct-15
663	THSK/2015/NCS-TR/L.4.5.3.2/S/2	Training Organization 2 tours	NCS-TR	S	Post	Oct-15	Nov-15
664	THSK/2017/NCS-TR/L.4.5.2.3/S/1	Curriculum development and update workshop	NCS-TR	S	Post	Jan-17	Feb-17
665	THSK/2016/NCS-TR/L.4.5.2.3/S/1	Curriculum development and update workshop	NCS-TR	S	Post	Jan-16	Feb-16
666	SBSGM/2015/NCS-TR/D.2.1.1.1/N/A/1	Participation in Trainings and Conferences at Home and Abroad	NCS-TR	N/A	N/A	N/A	Dec-15
667	SBSGM/2016/NCS-TR/D.2.1.2.4/N/A/1	Participation in Trainings and Conferences at Home and Abroad	NCS-TR	N/A	N/A	N/A	Oct-16
668	SBSGM/2016/NCS-TR/D.2.1.2.3/N/A/1	Participation in Trainings and Conferences at Home and Abroad	NCS-TR	N/A	N/A	N/A	Nov-16
669	SBSGM/2016/NCS-TR/D.2.1.1.2/N/A/1	Participation in Trainings at Home and Abroad (16) and Conferences (12) Abroad	NCS-TR	N/A	N/A	N/A	Feb-16
		C.SUB TOTAL					
		OPERATIONAL COSTS					
670	TKHK/2016/OC/N.3.1.1.1/N/A/1	International Standards Subscription	OC	N/A	N/A	N/A	Dec-16
671	SHGM/2016/OC/A.3.1.3.1/N/A/1	Renting Office Buildings for Five Rehabilitation Centers	OC	N/A	N/A	N/A	Sep-19
672	SHGM/2016/OC/A.1.3.5.1/N/A/1	National field visits (7 Regions 3 persons)	OC	N/A	N/A	N/A	Mar-17
673	SAGEM/2016/OC/E.6.1.1.3/N/A/1	Subscription to EUnetHTA, HTAi, INAHTA, ISPOR etc.	OC	N/A	N/A	N/A	Apr-16
674	SAGEM/2016/OC/E.6.1.1.3/N/A/2	Subscription to Embase, Scopus, Cochrane databases etc.	OC	N/A	N/A	N/A	Oct-16
675	SAGEM/2016/OC/E.5.1.1.1/N/A/1	Database membership and renewal	OC	N/A	N/A	N/A	Mar-17
676	SAGEM/2016/OC/E.5.1.2.2/N/A/1	Publication fee for research articles about the causes of low birth weight and premature birth in Turkey	OC	N/A	N/A	N/A	Dec-16
677	SAGEM/2016/OC/E.5.1.2.2/N/A/2	Publication fee for articles on patient satisfaction survey	OC	N/A	N/A	N/A	Dec-16
678	SAGEM/2017/OC/E.5.1.2.2/N/A/1	Publication fee for articles about national household health survey	OC	N/A	N/A	N/A	Mar-17
679	SAGEM/2017/OC/E.5.1.2.2/N/A/2	Publication fee for articles on mental health research in Turkey	OC	N/A	N/A	N/A	Mar-17
680	SAGEM/2016/OC/E.4.1.2.2/N/A/1	DUODECIM Evidence-based Medicine Guidelines	OC	N/A	N/A	N/A	Sep-16

Item No.	Contract No	Description	Type	Procurement Method	Review Method	Expected (BD/SPN/RF) Issue Date	Expected Completion Time
		A. GOODS, WORKS AND NON-CONSULTING SERVICES					
681	PYDB/2016/OC/P.5/N/A/1	Maintenance and Repair Costs	OC	N/A	N/A	N/A	Dec-15
682	PYDB/2016/OC/P.2/N/A/1	Daily subsistence of personnel being employed/to be employed in PMSU.	OC	N/A	N/A	N/A	Jan-16
683	PYDB/2016/OC/P.2/N/A/2	Costs foreseen for monitoring and evaluation activities	OC	N/A	N/A	N/A	Feb-16
684	PYDB/2016/OC/P.2/N/A/3	Costs incurred due to publication of contract announcements.	OC	N/A	N/A	N/A	Apr-16
685	PYDB/2016/OC/P.2/N/A/4	Expenditures that are foreseen for replication, storage and classification and Program/Project documents	OC	N/A	N/A	N/A	Apr-16
686	PYDB/2016/OC/P.2/N/A/5	Logistical costs of meetings to be held in PMSU within the scope of the program .	OC	N/A	N/A	N/A	Jun-16
687	TKHK/2016/OC/N.3.1.1.1/N/A/2	Acquisition of Intellectual Property Rights (Patents Rights)	OC	N/A	N/A	N/A	Dec-16
688	SYGM/2015/OC/F.3.1.3.1/N/A/2	Procurement advertisements, maintenance and repair	OC	N/A	N/A	N/A	Mar-17
689	SBSGM/2016/OC/D.2.1.2.3/N/A/1	Purchasing International Standards	OC	N/A	N/A	N/A	Dec-16
		OC SUB TOTAL					
		PROJECT TOTAL					