

INTEGRATED SAFEGUARDS DATA SHEET CONCEPT STAGE

Report No.: ISDSC1104

Date ISDS Prepared/Updated: 26-Jan-2015

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I. BASIC INFORMATION

A. Basic Project Data

Country:	Turkey	Project ID:	P152799
Project Name:	Health Sector Reform Support Project (P152799)		
Task Team Leader(s):	Claudia Rokx		
Estimated Appraisal Date:	30-Mar-2015	Estimated Board Date:	22-Oct-2015
Managing Unit:	GHNDR	Lending Instrument:	Investment Project Financing
Sector(s):	Health (100%)		
Theme(s):	Health system performance (80%), Injuries and non-communicable diseases (20%)		
Financing (In USD Million)			
Total Project Cost:	102.00	Total Bank Financing:	102.00
Financing Gap:	0.00		
Financing Source			Amount
Borrower			0.00
International Bank for Reconstruction and Development			102.00
Total			102.00
Environmental Category:	C - Not Required		
Is this a Repeater project?	No		

B. Project Objectives

The proposed project would continue to support the MOH Health Transformation Program's expansion of preventive medicine, improvement of hospital management, and enhanced stewardship role of the Ministry of Health. In line with these goals, the project development objective is to contribute to improving primary and secondary prevention of NCDs, increasing the efficiency of health facility management, and enhancing the stewardship role of MOH.

C. Project Description

The Ministry of Health'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 healthcare services in a timely and equitable manner". The plan is structured around four strategic goals and 32 objectives aimed at achieving this vision. In addition, both the MOH and Ministry of Development (MOD) prioritize actions to prevent, treat and facilitate social rehabilitation for substance addiction in their recent national strategy and action plans.

The Bank strategic engagement would focus on supporting MOH's Four Strategic Health Sector Goals and the Government's "Healthy Living" Action Plan as follows:

- i. Awareness creation about healthy living and prevention of chronic disease risk factors, obesity, and substance addiction in support of Strategic Goal 1: "to protect the individual and the community from health risks and foster healthy life-styles". Early detection of chronic disease and substance addiction through improving primary care and effective management of chronic disease for those already affected, including the prevention of severity and co-morbidities through improvement in referral and higher level of care in support of Strategic Goal 2: "to provide accessible, appropriate, effective and efficient health services to individuals and the community;
- ii. Strategic Goal 2 also aims to improve healthcare services in terms of administration, structure and function, and improve the capacity, quality and distribution of the infrastructure of healthcare institutions. The new project will ensure 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 Public Private Partnerships through building capacity for better planning and implementation.
- iii. Building the stewardship function of MOH, especially focusing on efficiency, sustainability, quality and equity improvements in support of Strategic Goal 4: "to continue to develop the health system as a means to contributing to the economic and social development of Turkey and to global health".

Addressing these is part of the strategic development objective of the proposed project.

Main components:

1: Public Health and Primary Care

This component aims to (i) raise population awareness of risk factors related to NCDs and substance addiction and promote healthy life styles; (ii) expand early detection and timely referral for effective treatment; and (iii) further strengthen primary health care to consolidate the results achieved with the HTP.

This component would finance consulting services (such as for national campaigns), medical and other equipment (such as upgrading laboratory equipment, IT and distance learning equipment), technical assistance and training. The total estimated cost would be US\$24 million.

The main activities include:

- i. Increase national awareness and behavior change with regards to risk factors of chronic disease and addiction: unhealthy dietary habits and excessive salt consumption; physical inactivity; (active/passive) smoking, alcohol, and substance addiction:

- o Development of public outreach materials, methodologies and targeting to raise population awareness regarding risk factors of NCDs based on new findings in the recent NCD study (WHO, 2014);
 - o Promotion of physical activity by piloting such activities in Healthy Living Centers. This could require rehabilitation of Community Health Centers , where needed;
 - o Develop and implement a model for prevention of substance addiction.
- ii. Ensure effective screening for early detection of cancer through improving access to quality primary care services and monitoring efforts at all levels:
 - o Active targeting of populations at risk for screening at the family physician and/or screening centers through campaigns;
 - o Introduce a national cancer registry software by improving physical and technical infrastructure, and training health workers in its use;
 - iii. Continue support to strengthen the Family Physician Training Program
 - o Expand the infrastructure and hardware of the current distance learning system to nationwide coverage;
 - o Adapt training modules for family physicians to a distance learning approach (currently training is predominantly face-to-face);
 - o Conduct a thorough workload analysis and standardize work-procedures to allow more effective service delivery and quality of care by Family Physicians;

The Public Health Institution (PheI) would be the main implementer of this component. Coordination will be established with the Local Governments and other partners to ensure complementarity in the awareness campaigns as well as efforts on prevention of substance addiction.

2: Support to the Development of Management Models for Health Facilities

This component would support two major initiatives: (i) the reform of health facility management 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 Public Hospitals Institution (PHoI) in contract and facility management. MOH will develop a model to manage the overall administration of all health facilities (including operations and administration of health services). Developing clear and comprehensive coordination mechanisms between the GDHI and the PHoI is deemed necessary.

The main implementers of this component would be the GDHI and PHoI. This component would finance consulting services (such as for contract model development), equipment (IT equipment), and training. The total estimated cost is US\$36 million.

The main activities to be covered include:

- i. Reform of the health facility management systems:
 - o Developing models and standards for efficient health facility management (clinical engineering, hospital pharmaceuticals management, stock management, medical device management, among others);
 - o Improving the capacity of the PHoI in health facility management;
- ii. Introducing architectural and technical standards for health facilities
 - o Developing architectural and technical standards for health facilities of various profiles (hospitals, oral and dental health centers, family health centers, etc.).

- o Supporting the implementation of developed standards for health facilities
- iii. Technical support to the PPP program implementation unit under MOH:
 - o Strengthening the capacity of the GDHI in managing PPP contracts and administrating PPP projects;
 - o Developing in-house capacity in legal, financial, operational, and structural aspects of contract management.

3: Improving the Effectiveness of overall Health Sector Administration

This component facilitates the first two components and will build on the 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 effectiveness of the health sector administration.

The component would finance goods and technical services (including surveys and evaluations), consultancies, and training in an estimated amount of US\$37 million.

- i. Improving the monitoring and evaluation capabilities of MOH in order to strengthen the Health Management Information System (HMIS) so as to attain reliable and consolidated data and develop decision support systems at all levels;
- ii. Harmonizing health sector data in line with international standards;
- iii. Developing a model for sharing of Turkey's experiences in health sector (including country specific analysis, training, and disseminating HTP products);
- iv. Building capacity in Health Technology Assessment (HTA);
- v. Increasing effectiveness and alignment of training programs for all MOH staff (including the new training modules addressing NCDs).

To monitor and evaluate the performance of project interventions a rigorous impact evaluation is also planned. MOH is in favor of such evaluation. The design and the scope of the study will be defined once the final implementation plan is prepared. The estimated cost of such study is around 5 million.

D. Project location and salient physical characteristics relevant to the safeguard analysis (if known)

E. Borrowers Institutional Capacity for Safeguard Policies

F. Environmental and Social Safeguards Specialists on the Team

Esra Arikan (GENDR)

Zeynep Durnev Darendeliler (GSURR)

II. SAFEGUARD POLICIES THAT MIGHT APPLY

Safeguard Policies	Triggered?	Explanation (Optional)
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Environmental Assessment OP/BP 4.01	No	
Natural Habitats OP/BP 4.04	No	
Forests OP/BP 4.36	No	
Pest Management OP 4.09	No	
Physical Cultural Resources OP/BP 4.11	No	
Indigenous Peoples OP/BP 4.10	No	
Involuntary Resettlement OP/ BP 4.12	No	The project will not finance any infrastructure investments and no involuntary land acquisition is foreseen. Accordingly, it is not necessary to trigger OP 4.12.
Safety of Dams OP/BP 4.37	No	
Projects on International Waterways OP/BP 7.50	No	
Projects in Disputed Areas OP/ BP 7.60	No	

III. SAFEGUARD PREPARATION PLAN

A. Tentative target date for preparing the PAD Stage ISDS: 30-Jan-2015

**B. Time frame for launching and completing the safeguard-related studies that may be needed.
The specific studies and their timing¹ should be specified in the PAD-stage ISDS:**

At this time, no safeguard-related studies are necessary. During project implementation, Terms of Reference for consulting services will be reviewed to ensure that services provided are in accordance with the Bank's safeguards policies.

At present only small internal rehabilitation is expected and the project is Category C on this basis. However, if it becomes clear during further project preparation that more substantial rehabilitation (possibly including extension) of buildings, then the project will be upgraded to Category B and an Environmental Management Plan or Environmental Management Framework will be prepared.

If the project is upgraded to Category B, OP 4.01 will be triggered and a first order restructuring of the project will be carried out.

IV. APPROVALS

Task Team Leader(s):	Name: Claudia Rokx
<i>Approved By:</i>	

¹ Reminder: The Bank's Disclosure Policy requires that safeguard-related documents be disclosed before appraisal (i) at the InfoShop and (ii) in country, at publicly accessible locations and in a form and language that are accessible to potentially affected persons.

Regional Safeguards Coordinator:	Name: Agnes I. Kiss (RSA)	Date: 26-Jan-2015
Practice Manager/ Manager:	Name: Daniel Dulitzky (PMGR)	Date: 27-Jan-2015