

**Document of
The World Bank**

Report No: RES12001

**RESTRUCTURING PAPER
ON A
PROPOSED PROJECT RESTRUCTURING
OF THE
PROJECT IN SUPPORT OF RESTRUCTURING OF HEALTH SECTOR
LOAN NUMBER 7717-TU
APPROVED ON JUNE 11, 2009
TO THE
REPUBLIC OF TURKEY**

December 5, 2013

Human Development Sector Unit
Europe and Central Asia Region

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ABBREVIATIONS AND ACRONYMS

APL	Adaptable Program Lending
EA	Environmental Assessment
EUR	Euro
HTSSRP	Health Transformation and Social Security Reform Project
IBRD	International Bank for Reconstruction and Development
IP	Implementation Progress
ISR	Implementation Status and Results reports
MoH	Ministry of Health
NCD	Non-Communicable Diseases
OBF	Output-Based Financing
PDO	Project Development Objective
PHC	Primary Health Care
ROR	Rate of Return
RP	Restructuring Paper
SSI	Social Security Institution
UHI	Universal Health Insurance
UNDP	United Nations Development Program
USD	United States Dollar

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DATA SHEET

Turkey

Project in Support of Restructuring of Health Sector (P102172)

EUROPE AND CENTRAL ASIA

ECSHI

Report No: RES12001

Basic Information									
Project ID:	P102172	Lending Instrument:	Adaptable Program Loan						
Regional Vice President:	Laura Tuck	Original EA Category:	Not Required (C)						
Country Director:	Martin Raiser	Current EA Category:	Not Required (C)						
Sector Director:	Alberto Rodriguez	Original Approval Date:	11-Jun-2009						
Sector Manager:	Daniel Dulitzky	Current Closing Date:	31-May-2015						
Team Leader:	Claudia Rokx								
Borrower:									
		Republic of Turkey							
Responsible Agency:									
		Ministry of Health							
Restructuring Type									
Form Type:	Full Restructuring Paper	Decision Authority:	Board Approval						
Restructuring Level:	Level 1	Explanation of Approval Authority:	This is a Restructuring Level 1: Board Approval Non-Objection Basis						
Financing (as of 12-Nov-2013)									
Key Dates									
Project	Ln/Cr/TF	Status	Approval Date	Signing Date	Effectiveness Date	Original Closing Date	Revised Closing Date		
P102172	IBRD-77170	Effective	11-Jun-2009	30-Jun-2009	29-Sep-2009	31-Jul-2013	31-May-2015		
Disbursements (in Millions)									
Project	Ln/Cr/TF	Status	Currency	Original	Revised	Cancelled	Disbursed	Undisbursed	% Disbursed
P102172	IBRD-77170	Effective	USD	75.12	75.12	0.00	46.66	28.66	62
Policy Waivers									
Does the project depart from the CAS in content or in other significant respects?							Yes []	No [X]	
Does the project require any policy waiver(s)?							Yes []	No [X]	

A. Summary of Proposed Changes

This proposed Level I Restructuring Paper responds to the request of the Republic of Turkey (the Borrower) and seeks the approval of the Board to make the following changes to the Project in Support of Restructuring of Health Sector (the Project) (P102172; Loan No. 7717-TU): (i) revision of the Project Development Objective (PDO); (ii) revision of the Results Framework; (iii) cancellation of Component B - Piloting Output-Based Financing for Preventive Health Services; (iv) partial cancellation of Component C - Capacity Building of the Social Security Institution; (v) reallocation of the funds from Component B to Component A and partial cancellation of the funds of Component C; and (vi) reallocation of funds between disbursement categories.

A Level II Restructuring of the project which included (i) revision of project components; (ii) revision of the Results Framework; (iii) extension of the Loan closing date; and (iv) formal change of Project's name was finalized and the counter-signed Amendment letter was received on April 25, 2013.

Change in Implementing Agency	Yes [X] No []
Change in Project's Development Objectives	Yes [X] No []
Change in Results Framework	Yes [X] No []
Change in Safeguard Policies Triggered	Yes [] No [X]
Change of EA category	Yes [] No [X]
Other Changes to Safeguards	Yes [] No [X]
Change in Legal Covenants	Yes [X] No []
Change in Loan Closing Date(s)	Yes [] No [X]
Cancellations Proposed	Yes [X] No []
Change to Financing Plan	Yes [] No [X]
Change in Disbursement Arrangements	Yes [X] No []
Reallocation between Disbursement Categories	Yes [X] No []
Change in Disbursement Estimates	Yes [X] No []
Change to Components and Cost	Yes [X] No []
Change in Institutional Arrangements	Yes [X] No []
Change in Financial Management	Yes [X] No []
Change in Procurement	Yes [] No [X]
Change in Implementation Schedule	Yes [] No [X]
Other Change(s)	Yes [] No [X]
Appraisal Summary Change in Economic and Financial Analysis	Yes [X] No []
Appraisal Summary Change in Technical Analysis	Yes [] No [X]
Appraisal Summary Change in Social Analysis	Yes [] No [X]
Appraisal Summary Change in Environmental Analysis	Yes [] No [X]
Appraisal Summary Change in Risk Analysis	Yes [] No [X]

B. Project Status

The Loan was approved on June 11, 2009 in the amount of Euro 56.1 million (USD 75.12 million equivalent). The loan became effective on September 29, 2009. The Project is the second phase of the World Bank's support to the Republic of Turkey's Health Transformation Program. The first phase, through the Health Transition Project, supported the introduction of the family medicine model, and helped build capacity of the Ministry of Health (MoH) and the Social Security Institution (SSI) to expand health insurance coverage and improve family medicine service delivery. The Project supports broad reforms in the sector aimed at increasing hospital autonomy, expanding family medicine services, and further strengthening performance management and pay-for-performance initiatives.

The Original PDO is to: (i) increase the effectiveness of the SSI and MOH in formulating and implementing reforms in provider payments and health systems performance; and, (ii) pilot output-based financing for non-communicable diseases (NCD) prevention and control. Originally, the Project had three components: (A) Support for MOH's strategic plan; (B) Piloting output-based financing for preventive health services and (C) Capacity building of the SSI.

Progress towards achieving the Project's Development Objective (PDO) has been rated fully or moderately satisfactory throughout the course of the Project, as reflected in the most recent Implementation Status and Results reports (ISR).

One of the Government's main achievements supported under the Project includes increased access to family medicine providers, which resulted in an increase of primary care services utilization from 2 to 3.3 outpatient visits per capita between 2009 and 2011. Since the implementation of the two-phased support to the Health Transformation Program, patient satisfaction with primary care services in provinces where family medicine was introduced increased from 69 percent in 2004 to 89.8 percent in 2012. Patient satisfaction with health services in public hospitals increased from 41 percent in 2003 to 76 percent in 2011. The approval of the Decree Law No. 663 on the Organization and Duties of the Ministry of Health and Its Affiliates on November 3, 2011 has further helped establish the legal basis for the reforms being supported by the Project by defining the stewardship role of the MOH, increasing hospital autonomy, expanding family medicine services and further strengthening performance management and pay for performance initiatives. The recent completion of the Ministry's medium-term strategic plan, covering the period from 2013 to 2017, confirms its commitment towards implementation of the reform program, and strengthens the basis for continued support under the Project.

Notwithstanding these significant achievements, the Project has suffered from implementation delays, reflected in a Moderately Unsatisfactory rating for Implementation Progress in the last ISR. This reflects a considerable slow-down in disbursements as the MOH and SSI reconsidered the focus of the project, resulting eventually in the request to cancel the output-based financing and SSI-related activities under the project, the incorporation of new activities (including a new sub-component on international knowledge sharing) and the extension of the project implementation period. A considerable turnover of staff in the project implementation unit and the resulting need to rebuild procurement capacity, while discussions on a project restructuring and extension were ongoing, further contributed to delays in project implementation and the finalization of the restructuring.

A Level II Restructuring aimed at urgently addressing the Ministry's request to proceed with several activities under the new sub-component on knowledge sharing was agreed in amendment letter dated April 25, 2013. It extended the closing date to May 31, 2015, changed the official name of the project, added a sub-component, and revised the results framework to reflect the new sub-component.

This Restructuring Paper reflects the proposed Level I Restructuring and addresses the partial cancellation of the SSI component, the cancellation of the output-based financing component, the change in PDO and Results Framework, the reallocation of funds between components and disbursement categories and the cancellation of unspent funds under the SSI Component. The timing of this Level I Restructuring was influenced by the recent

changes in administration of the health sector and confirmation of the focus of the project activities.

With this proposed restructuring, the project is expected to continue the recent acceleration in activities and efforts to consolidate the reform results. The new PDO is achievable and the rating, currently “Moderately Satisfactory”, is expected to be upgraded to “Satisfactory” after the Restructuring. The project is being streamlined with the cancellation of components and disbursement has accelerated. The updated procurement plan has been cleared.

Financial Management is rated as “Satisfactory”, reflecting good performance in overall financial management arrangements. There are no outstanding issues in the audit reports for the Project other than the fact that the auditors didn’t have access to the supporting documents kept by the UNDP related to the contract signed between the MoH and UNDP. This issue is currently being resolved and is not expected to be a concern going forward.

The Procurement rating was downgraded to “Moderately Unsatisfactory”, to reflect the weak capacity of the implementing agency in this area, particularly in terms of planning. However, recent efforts to strengthen the capacity in procurement, as well as stronger links to the implementation plan are starting to show results. The Bank continues to work closely with the MOH to address this aspect, through focused implementation support and capacity building efforts in the area of procurement.

C. Proposed Changes

Change in Implementing Agency

Implementing Agency Name	Type	Action
Ministry of Health	Implementing Agency	New

Development Objectives/Results

Project Development Objectives (P102172 - Project in Support of Restructuring of Health Sector)

Original PDO

The Original PDO is to: (i) increase the effectiveness of the SSI and MOH in formulating and implementing reforms in provider payments and health systems performance; and, (ii) pilot output-based financing for non-communicable diseases (NCD) prevention and control.

Originally, the Project had three components: (A) Support for MOH’s strategic plan; (B) Piloting output-based financing for preventive health services and (C) Capacity building of the SSI.

Change in Project's Development Objectives

Please describe the change and explain the reason for change

The original PDO reflected the activities of all three components. Through this proposed restructuring, the Component B is being fully cancelled, the Component C is being partially cancelled, and as such the revised PDO reflects only the projected achievements of the Component A. This restructuring paper further streamlines the PDO and the results framework to reflect the cancellation of output-based financing pilot and remaining activities on capacity building of the SSI component. The Annex 1 to this RP reflects the changes in the Results Framework.

The revised PDO is presented below.

Proposed New PDO

To increase the effectiveness of the Ministry of Health in formulating and implementing reforms in provider

payments and health systems performance.

Change in Results Framework

Explanation:

A number of indicators have been revised or dropped to reflect the changes in the PDO and project design. Please refer to the attached Annex 1 for details.

Change in Legal Covenants

Explanation:

The following amendments are proposed with this Level 1 Restructuring:

1. The objective stated in the first paragraph in Schedule 1 is amended to read as follows:
“The objective of the Project is to increase the effectiveness of the Ministry of Health in formulating and implementing reforms in provider payments and health systems performance.”
2. Part B of the Project description entitled “Piloting Output-Based Financing for Preventive Health Services” in Schedule 1 is deleted in its entirety.
3. Part C of the Project description is revised to read as follows:
“Part C: Capacity Building of the SSI
 1. Provision of technical assistance and training for SSI, with the objective of enhancing SSI’s capacity for the implementation of universal health insurance in development of a distance learning system.
 2. Provision of support to the SSI’s Project Implementation Unit for effective Project management, including financing of Operating Costs.”
4. Section I.B of Schedule 2 entitled “Implementation Arrangements for Part B.1 of the Project” is deleted in its entirety.
5. The table in paragraph 2 of Section IV.A of Schedule 2 is replaced in its entirety by the following new disbursement table:

Category	Amount of the Loan Allocated (Expressed in EUR)	Percentage of Expenditures to be Financed
(1) Goods and Technical Services under Part A of the Project	2,406,000	100%
(2) Consultants' Services		100%
(a) under Part A	29,601,000	
(b) under Part C	399,000	
(3) Training and Workshops		100%
(a) Under Part A	20,346,000	
(b) Under Part C	213,000	
(4) Capitation Payments under Part B.1 <i>(Part B has been deleted)</i>	0	100%
(5) Operating Costs		
(a) Under Part A	657,000	100%
(b) Under Part C	3,000	100%
Amount cancelled as of September 25,	2,475,000	

2012		
TOTAL AMOUNT	56,100,000	

6. Paragraph 3(b) of Section IV.A of Schedule 2 is amended to read as follows:
“(b)the term “Operating Costs” means incremental expenditures incurred by MOH and the Project Implementing Entity on account of Project implementation, including: travel costs, lodging and per diem for field trips related to Project implementation, at the rates specified in the Project Financial Management Manual; vehicle rent; supplies and utilities; mail, advertisement costs, translation costs, commercial bank charges, communication costs, office equipment and maintenance, hardware and software, and MOH office rent and office costs, as such costs shall be agreed with the Bank on an annual basis.”
7. The definitions of terms in paragraphs 2, 6, 9, 10, 11, 17 and 18 of Section I of the Appendix are deleted.

Ln/Cr/TF	Finance Agreement Reference	Description of Covenant	Date Due	Status	Recurrent	Frequency	Action
IBRD-77 170	Schedule 2, section I, para B 5	The MOH shall maintain a team of auditors for carrying out continuous operational review of OBF with quarterly reports	29-Nov-2012	Complied with	<input type="checkbox"/>		No Change
IBRD-77 170	Schedule 2, section I, para B 1	The Borrower, through MOH, shall implement Component B in accordance with the procedures agreed with the Bank and described in the Operational Manual.	29-Nov-2012	Not complied with	<input type="checkbox"/>		Marked for Deletion
IBRD-77 170	Schedule 2, section I, para B 6	The MoH shall carry out Sub-component B. 1 on a pilot basis in two provinces selected upon agreement with the Bank.	29-Nov-2012	Not complied with	<input type="checkbox"/>		Marked for Deletion
IBRD-77 170	Schedule 2, section I, para B 6	The Borrower through MOH and the Bank shall conduct a joint evaluation of the piloted activities and shall identify appropriate follow-up actions based on the results of such evaluation.	29-Nov-2012	Not complied with	<input type="checkbox"/>		Marked for Deletion
IBRD-77 170	Schedule 2, section I, para B 2	The Borrower, through MOH, shall cause a respective Governorship to enter into	29-Nov-2012	Complied with	<input type="checkbox"/>		No Change

		contractual arrangements with the eligible members of Participating Family Medicine Practices					
IBRD-77 170	Schedule 2, section I, para B 4	The Borrower, through MOH Provincial Health Directorates, shall make Capitation Payments available to each eligible member of Participating Family Medicine Practice	29-Nov-2012	Complied with	<input type="checkbox"/>		No Change
IBRD-77 170	Schedule 2, section II para 1	The Borrower, through MOH, shall submit to the Bank for its review and approval a draft of the Annual Implementation Plan and a Procurement Plan for the upcoming calendar year,		After delay complied with	<input checked="" type="checkbox"/>	Yearly	No Change
IBRD-77 170	Schedule 2, section II para 2	The Borrower, through MOH, shall prepare Project Reports on the basis of the indicators agreed with the Bank.		Complied with	<input checked="" type="checkbox"/>	Yearly	No Change

Financing

Cancellations

Explanation:

The Component C – Capacity Building of the SSI is being partially cancelled. The undisbursed amount of USD 3,352,816.76 (EUR 2,475,000 equivalent), which was originally planned to finance the implementation of this component, will be cancelled.

Ln/Cr/TF	Status	Currency	Current Amount (in currency)	Cancelled Amount (in currency)	Proposed Amount (in currency)
IBRD-77170	Effective	USD	75,125,000.00	3,352,816.76	71,772,183.24

Change in Disbursement Arrangements

Explanation:

There is no need to keep two designated accounts, as the Social Security Institution will no longer be responsible for the implementation of the Component C, which is being partially cancelled.

Reallocations

Explanation:

Project funds should be reallocated between Components and disbursement categories, as the Components B is

being fully cancelled (no funds were spent under this Component) and C is being partially cancelled: reallocation of funds from the cancelled Component B to Component A, and cancellation of the total undisbursed amount of Component C.

The undisbursed funds originally allocated to finance the implementation of the Component C (USD 3,352,816.76, i.e. EUR 2,475,000 equivalent) will be cancelled. Additionally, the undisbursed amount of USD 5,229,937.65 (EUR 3,861,000 equivalent) will be reallocated from Component B to Component A.

Ln/Cr/TF	Currency	Current Category of Expenditure	Allocation (EUR)		Disbursement % (Type Total)	
			Current	Proposed	Current	Proposed
IBRD-77170	EUR	DISB - GOODS/TECH. SER. PART A & B2	8,810,000.00	2,406,000.00	100.00	100.00
		DISB - CONS. SER. PART A AND B.2	23,430,000.00	29,601,000.00	100.00	100.00
		DISB - CONSULTANTS' SERV. PART C	2,410,000.00	399,000.00	100.00	100.00
		DISB - TRAINING PART A AND B.2	17,010,000.00	20,346,000.00	100.00	100.00
		DISB - TRAINING PART C	600,000.00	213,000.00	100.00	100.00
		DISB - CAPITATION PAYMENT PART B1	2,990,000.00	0.00	100.00	100.00
		DISB - UNDER PART A AND B.2	770,000.00	657,000.00	100.00	100.00
		DISB - UNDER PART C	80,000.00	3,000.00	100.00	100.00
		Designated Account	0.00	0.00	100.00	100.00
		Designated Account	0.00	0.00	100.00	100.00
		Amount cancelled as of September 25, 2012		2,475,000		
		Total:	56,100,000.00	56,100,000.00		

Disbursement Estimates

Change in Disbursement Estimates

Explanation:

The Component B will be cancelled and the Component C will be partially cancelled, which affects the project planning as a whole and the disbursement estimates in particular.

The disbursement estimates below are stated in USD, but the estimates will be revised right after the conclusion of the restructuring process.

Fiscal Year	Current (USD)	Proposed (USD)
2009	0.00	0.00

2010	9,020,000.00	7,230,000.00
2011	19,520,000.00	12,400,000.00
2012	21,030,000.00	9,520,000.00
2013	21,030,000.00	10,580,000.00
2014	4,525,000.00	21,000,000.00
2015	0.00	10,500,000.00
Total	75,125,000.00	71,230,000.00

Components

Change to Components and Cost

Explanation:

The Components B is being fully cancelled and the Component C is being partially cancelled, as some funds were already spent under its implementation.

The activities under Component B aimed at piloting a new financing scheme, output-based financing for Non-Communicable Disease Prevention and Control. The pilot was cancelled after the Ministry of Health (MoH) decision to roll-out the new scheme nationwide immediately. As that decision was taken, conducting a pilot was no longer relevant. The activities of Component B, the pilot, were never started. However, as the program is being rolled out, support to and monitoring of the implementation remains relevant and is included under Component A1.3.3. Some funds originally planned for the Component B (USD 5,229,937.65, equivalent to EUR 3,861,000) will be reallocated for Component A.

The activities under Component C were implemented under the Social Security Institute Pharmaceuticals and Medical Equipment Institute. After the re-organization of the MoH, the institutional structure of the Pharmaceuticals and Medical Devices was changed to a separate Agency. As an Agency, it can no longer be a recipient of the Project funds. The undisbursed funds (USD 3,352,816.76, equivalent to EUR 2,475,000) will be cancelled from the loan.

Current Component Name	Proposed Component Name	Current Cost (EUR M)	Proposed Cost (EUR M)	Action
Support for MOH's Strategic Plan	Support for MOH's Strategic Plan	46.17	50.01	Revised
Output Based Financing for Preventive Health Services	Output-Based Financing for Preventive Health Services	6.84	3.00	Revised
Capacity Building for Social Security Institution	Capacity Building of the Social Security Institution	3.09	0.61	Revised
Amount proposed to be cancelled with this restructuring			2.48	
Total:		56.10	56.10	

Other Change(s)

Change in Institutional Arrangements

Explanation:

The Social Security Institute is no longer an implementing agency. The Primary Health Care General Directorate of the MoH, Provincial Health Directorate, Community Health Centers and Family Medicine Practices will no longer be responsible for the implementation of the Component B, which is being fully cancelled. The Inter Agency Coordination is not necessary any longer.

Change in Financial Management

Explanation:

The Component B will be fully cancelled and as a result, the arrangements for the payment of the capitation for the PHC services are no longer relevant for the project financial management.

Change(s) in Appraisal Summary

Appraisal Summary Change in Economic and Financial Analysis

Explanation:

Economic and Financial Analysis: the original economic and financial analysis was prepared for the overall APL, the Health Transformation and Social Security Reform Project (HTSSRP) of which this ongoing project is the second phase. Since HTSSRP is a "framework" project, largely supporting technical assistance, training and goods, the objective of the economic analysis was not to provide quantitative estimates of an economic rate of return (ROR) based on a cost-benefit analysis. Rather, the analysis focuses on: (i) evaluating the Health Transformation Program from a public finance angle, to determine if state involvement is justified in the areas supported under the project, and (ii) presenting a fiscal sustainability analysis of Universal Health Insurance (UHI), including under a scenario of macroeconomic downturns. The proposed restructuring, even though it cancels components (or parts of them), does not impact the above mentioned analysis and therefore no update or changes in benefit analysis is required. The assumptions remain the same.

ANNEX 1: REVISED INDICATORS

Original Component	Original PDO Indicators	Proposed Restructuring Change	Comment/Justification	Progress to date / likelihood of achieving the objective
Component A: Support for MoH's Strategic Plan of 2010-2014	Per-Capita Annual visits to Family Medicine Physicians	No change	This indicator was introduced as an alternative to indicators that were dropped under the first restructuring as it is more measurable and a better indication of the effectiveness of the reforms. It is one of the core indicators to measure the PDO achievement.	Likelihood this indicator will be achieved is high. There is already an indication from the monitoring data of an increase in visits.
	Share of Family medicine visits in total visits	No change	This indicator was added during the first restructuring and is a core indicator to measuring the PDO.	Likely, there is already indication that more first visits are to family physicians than to hospitals directly.
	Increase in percentage of first time visits to specialists that are referred by Family Physicians	Drop	This indicator was dropped at the first restructuring and was replaced with the first two above.	
	Client Satisfaction with health services	No change	This indicator was revised during the first restructuring.	There are signs of an increase in client satisfaction
	Ministry of Health reorganized and focus exclusively on the health sector stewardship function	No change	This indicator was introduced during the first restructuring to allow some measurement of the reforms taking place within the Ministry.	Very likely, much progress has been made, some final reforms needed to complete the transfer of responsibilities for implementation of services out of the Ministry.
Component B: Piloting Output-based Financing for Non-Communicable Diseases (NCDs) Prevention and Controls	Smoking prevalence among 18-29 age group in pilot provinces relative to non-pilot provinces.	Drop	Component B is cancelled and was never started as the MOH decided to go national instead of piloting the intervention first. As such no baseline was collected and there is no evaluation planned.	No longer applicable
	High blood pressure in population in pilot provinces decreases more as compared to non-pilot	Drop	Component B is cancelled and was never started as the MOH decided to go national instead of piloting the intervention first. As such no baseline was collected and there is no evaluation planned. The	No longer applicable

	provinces		intervention will be monitored by the MoH which will be supported through component A.	
Component C: Capacity building of the Social Security Institution	Decrease in SSI Expenditures on pharmaceuticals and outpatient health care.	Drop	Component C is being cancelled following a change in the law whereby SSI is no longer an agency that is eligible for WB funding.	The ICR will evaluate the achievement of this indicator.
Original Component	Original Intermediary Results Indicators	Proposed Restructuring Change	Comment/Justification	Progress to date / likelihood of achieving the objective
Component A: Support for MoH's Strategic Plan of 2010-2014	Number of Provinces implementing family medicine scheme	Drop	This indicator was added during the first restructuring but has already been achieved. Will be included in ICR.	Achieved
	Percentage of family medicine physicians who have completed second phase of orientation training	No change		Good progress, likely to reach target
	Establishment of Public Health Institution responsible for health promotion, disease prevention and family medicine	Drop	This indicator was added during the first restructuring but has already been achieved. Will be included in ICR.	Achieved
	Share of public hospitals in public hospital union with performance contracts for managers and global budgets	Drop	This indicator was added during the first restructuring but has already been achieved. Will be included in ICR.	Achieved
	MOH Annual performance program prepared and submitted to the National Assembly	No change		In progress, likely to be achieved
	Number of National Action Plans prepared ((i) Health Promotion, (ii) Healthy Aging, (iii) Diabetes, (iv) Obesity, (v) Cardiovascular Diseases (CVD), (vi) Chronic Respiratory Diseases	Changed wording	This indicator was introduced during the first restructuring to allow a link between activities such as consultancies and final influence on policies to be measured. The word Adoption has been replaced by preparation and submission which is more realistic in the given timespan.	In progress, likely to be achieved

	(CRD)			
	Establishment of the Pharmaceuticals and Medical Devices Agency of Turkey	Drop	This indicator was introduced at the first restructuring and has been achieved. The ICR will report.	Achieved
	Number of international conferences to share Turkey's health reform experience	No change		In progress, likely to be achieved.
Component B: Piloting Output-based Financing for Non-Communicable Diseases (NCDs) Prevention and Controls	Percentage of population of pilot provinces screened for NCD risk factors	Drop	This component has been dropped. The ICR will address the progress achieved to date.	No longer applicable.
	Higher increase in appropriate knowledge and attitudes regarding global risk factors for NCDs in pilot provinces as compared with non-pilot provinces	Drop	This component has been dropped. The ICR will address the progress achieved to date.	No longer applicable.
	Percentage of cases in pilot provinces diagnosed and under follow-up by family group practices for the following NCDs: hypertension, diabetes, obesity/overweight	Drop	The component has been dropped, no pilot is conducted.	
	100 percent compliance with reporting on implementation of screening activities as well as patient records (through family medicine information system)	Drop	The component has been dropped. The ICR will report on achievements to date.	
Component C: Capacity Building of the Social Security Institution	Actuarial analysis of UHI updated for 2010 and 2012 based on updated macro and micro data	Drop	The component has been dropped. The ICR will report on achievements to date.	

	Costly interventions under Benefits Package for UHI revised using cost-effectiveness criteria and guidelines developed by SSI	Drop	The component has been dropped. The ICR will report on achievements to date.	
	Prospective payment systems based on international evidence (capitation, global budgets, DRGs) or outpatient and acute care adopted for University, private and MOH hospitals	Drop	The component has been dropped. The ICR will report on achievements to date.	
	Percentage of acute care public hospitals using revised clinical guidelines for secondary care as requirement of performance payment system	Drop	Dropped during first restructuring	
	Dissemination of bi-annual HTP Tracking reports by M&E Directorate of MOH	Drop	Dropped during first restructuring	
	Percentage of family physicians using rational drug prescription guidelines	Drop	Dropped during first restructuring	
	Percentage of MOH Implementing Units for HTSSRP have formed Project Offices and connected to PMSU-Net for project monitoring	Drop	Dropped during first restructuring	