Administration Agreement between the European Commission and the International Bank for Reconstruction and Development concerning the Part II Europe 2020 Programmatic Single-Donor Trust Fund

Trust Fund (No TF072926)
(EC Contract No SRSS/2017/024)

This Administration Agreement is concluded under Direct Management in the context of the Framework Agreement between the World Bank Group and the European Commission dated April 15, 2016 (the Framework Agreement), which sets the general conditions for this Agreement. The Framework Agreement shall be applicable and form an integral part of the Administration Agreement for the Trust Fund.

1. The International Bank for Reconstruction and Development (the “Bank”) acknowledges that the European Commission (the “Donor”, and together with the Bank, the “Parties” and each a “Party”) agrees to provide the sum of three hundred thousand euros (€300,000) (the “Contribution”) for the Part II Europe 2020 Programmatic Single-Donor Trust Fund, No. TF072926 (the “Trust Fund”) in accordance with the terms of this Administration Agreement.

The estimated total budget of the Trust Fund is three hundred thousand euros (€300,000). The indicative budget set out in Annex 5 shall be used for monitoring purposes only and shall not be binding.

2. The Contribution shall be used to finance the activities set forth in the “Part II Europe 2020 Programmatic Single-Donor Trust Fund Description” attached hereto as Annex 1, and shall be administered by the Bank on behalf of the Donor in accordance with the terms of this Administration Agreement, including the “Standard Provisions” attached hereto as Annex 2 and “Governance” attached hereto as Annex 3.

Expected results of the Trust Fund and corresponding indicators (including baselines, result goals and sources of data) are set out in Annex 4.

The Implementation period shall start on November 1, 2017.

3. The Donor shall deposit the Contribution in accordance with the following schedule and in the currency specified in Section 1 above (“Contribution Currency”) into such bank account designated by the Bank (each amount deposited hereinafter referred to as an “Instalment”) upon submission of a payment request by the Bank:

   (A) €150,000 promptly following countersignature
   (B) €135,000 subject to the disbursement of 70% of the preceding instalment
   (C) €15,000 subject to the disbursement of 70% of the preceding instalment

The period for payment of further instalments shall be 60 days.
The period for payment of the balance shall be 60 days.
4. When making any deposit, the Donor shall instruct its bank to include in its deposit details information (remittance advice) field of its SWIFT deposit message, information indicating: the amount deposited, that the deposit is made by the Donor for **TF072926 (The Part II Europe 2020 Programmatic Single-Donor Trust Fund)**, the Commission internal reference number and the date of the Administration Agreement, the name of the project for which the funds are intended, the name of the Commission department responsible for the Trust Fund and the date of the deposit (the “Deposit Instructions”). In addition, the Donor shall provide a copy of the Deposit Instructions to the Bank's Accounting Trust Funds Division by e-mail sent to tfremitadvice@worldbank.org or by fax sent to +1 (202) 614-1315.

5. Except with respect to the Deposit Instructions, any notice, request or other communication to be given or made under this Administration Agreement shall be in writing and delivered by mail, fax or e-mail to the respective Party’s address specified below or at such other address as such Party notifies in writing to the other Party from time to time:

**For the Bank (the “Bank Contact”):**

- Arup Banerji
- Regional Director
- Europe and Central Asia Region
- World Bank Group
- Tel: +322 504-0994
- E-mail: abanerji@worldbank.org

**For the Donor (the “Donor Contact”):**

- Mary McCarthy
- European Commission
- Structural Reform Support Service
- CHAR 10/104
- B-1049 Brussels
- E-mail: Mary.Mccarthy@ec.europa.eu

6. In the event that any amounts are to be returned to the Donor under this Administration Agreement, the Bank shall transfer such amounts to the Donor, unless otherwise agreed with the Bank.

7. All annexes hereto and the Framework Agreement between the World Bank Group and the European Commission constitute an integral part of this Administration Agreement, whose terms taken together shall constitute the entire agreement and understanding between the Donor and the Bank. In the event of any inconsistency, the Framework Agreement prevails over the Administration Agreement and the Administration Agreement prevails over its Annexes. Unless otherwise specified in an annex hereto, this Administration Agreement may be amended only by written amendment between the Bank and the Donor.

8. The measures taken to identify the EU as a source of financing shall be in accordance with Attachment 4 of the Framework Agreement.
9. Each of the Parties represents, by confirming its agreement below, that it is authorized to enter into this Administration Agreement and act in accordance with these terms and conditions. The Parties are requested to sign and date this Administration Agreement, and upon possession by the Bank of this fully signed Administration Agreement, this Administration Agreement shall become effective as of the date of the last signature.

INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT

By: [Signature]
Name: Arup Banerji
Title: Regional Director
Date: October 26, 2017

EUROPEAN UNION represented by the EUROPEAN COMMISSION

By: [Signature]
Name: Mary McCarthy
Title: Director
Date: 07 NOV. 2017
PART II EUROPE 2020 PROGRAMMATIC SINGLE-DONOR TRUST FUND DESCRIPTION

This Annex shall be applicable to and form an integral part of the Administration Agreement for the Trust Fund between the Bank and the Donor.

1. Objectives

The objectives of the Trust Fund are:

The European Commission and the Bank share a common objective of building competitive and sustainable economies and reducing poverty and social exclusion - goals of the Europe 2020 Agenda which is built on three pillars of smart, sustainable and inclusive growth. The European Commission and the Bank concur that direct interaction is beneficial to both institutions and through them to the beneficiary countries. This applies particularly to the provision of analytical, advisory and knowledge services and technical assistance.

The European Commission has expressed an interest in ensuring that the Bank continues to provide technical assistance in the framework of the Trust Fund in furtherance of the common objective set forth above.

2. Activities

The European Commission has expressed an interest in ensuring that the Bank provides technical assistance in the framework of the Trust Fund with the specific objective of carrying out the following activities as part of the support to the Republic of Slovakia to help the Ministry of Health assess options for the optimization of the hospital network, strengthen the role of general practitioners, and improve procurement of medical equipment. Specific attention will be given in each activity to assess the feasibility and practical implications of the proposed recommendations from a fiscal sustainability and, as appropriate, quality of care perspective.

Activity 1: Inpatient facilities assessment and development of options for optimization of the hospital network

The Ministry of Health (MOH) is seeking to reduce the number of acute care beds to 2.5 per 1,000 and raise the occupancy rate to 85% by 2030. The MOH is planning a Stratification Project which will reconfigure the inpatient care provider network to match current and future needs. The work will aim at optimizing acute care inpatient network in view of the changing demographics (e.g., ageing, population size, etc.), epidemiology (e.g., noncommunicable diseases, multiple morbidity), technology (e.g., more day care surgery, etc.) and health system governance, if applicable (e.g., changing role of the MOH, health insurance funds (HIFs), or change of provider payment mechanisms, etc.) and reprofiling a subset of acute care hospitals for sub-acute/extended care to meet the unmet extended care need of an aging population.
Activity 1 will inform the upcoming Stratification Project. The work will be divided in two broadly defined consecutive tasks, namely:

(i) **Output 1.1: Report and presentation of a literature review of selected countries' approach to segmentation of hospital network**

The Bank will review hospital typologies and stratification methods of the following countries where applicable: Austria, Denmark, Germany, Ireland, Netherlands and Portugal. A key focus will be on principles of segmentation of providers. Key points to cover include:

- Basic overview of the system, including an overview of inpatient payer–provider relationship;
- Additional emphasis could be put on the ambulatory care services utilization and patients’ patterns cross the levels of care;
- Overview of payment mechanism of outpatient care;
- Basic regulatory principles governing contractual relationships between HIFs and providers and regulatory framework of the system;
- Legal and structural definitions of network of out-patient providers (e.g., who is responsible for setting standards, overseeing standards and are there any bonuses/maluses in its fulfillment, etc.); and
- Detailed description of segmentation of hospitals:
  - In terms of inputs (e.g., minimal number of beds, specialties, etc.);
  - In terms of outputs (e.g., minimal number of hospitalizations, EBHR principles, etc.);
  - Remuneration mechanism per different type; and
  - Relations between different type of hospitals.

The results will be presented to the Director of the Institute of Health Policies of Ministry of Health and other staff of the Ministry of Health before the final delivery of the review. Comments made during the presentation will be factored into the final deliverable.

(ii) **Output 1.2: Report and presentation of the selected optimal stratification options for Slovakia road map**

During the second phase, the Bank will elaborate a report on realistic and feasible options for stratification and optimization taking into account Slovakia’s overall health system goals and fiscal space. The Report will include, *inter alia*: (a) an assessment of the current situation across Slovakia’s inpatient facilities; and (b) recommendations for principles and options for optimizing the provider network. Such recommendations will address hospital typology, new stratification of the acute inpatient care network in terms of the level of specialized care, minimum standards of volume and quality, and related provider financial incentives. The Report will outline options for setting rules of operation among hospitals and for selecting Key Performance Indicators to stimulate quality and efficiency. It will also serve as an instrument to guide future investment in hospital infrastructure.

The work under (ii) will be based on both qualitative and quantitative information, with quantitative information to be provided by the Slovak authorities on:

- Inpatient care inputs, i.e., number of facilities and their geographic distribution in terms of beds, equipment, staffing mix, catchment areas (e.g., commitment and relevance indices) for a set of tracer conditions, inpatient care productivity indicators (e.g., admissions, admissions,
ALOS, OR, use of diagnostic technology, etc.), referral patterns and the existing interface with the ambulatory care and extended care services and patient outcomes, again for the same set of tracers (e.g., readmission rates, avoidable mortality, hospital-acquired infections, etc.);

- Documenting the gaps in access to inpatient care in terms of geographic (both time and distance), socio-cultural (e.g., rural minorities, etc.), organizational (e.g., opening hours, emergency care, etc.), and financial affordability;

- Data for projecting future acute inpatient care needs (e.g., population size and age distribution, population growth, burden of disease, etc.);

- Reports on envisaged infrastructure investment;

- Information on proposed/envisaged organizational and financing/resource allocation and provider payment changes that would modulate demand for inpatient care; and

- Outpatient care data, namely: service utilization, patient’s flow and financing.

Qualitative information will be collected through face-to-face interviews with key informants using focus or nominal group techniques.

Part (ii) should take on board existing work on classifying healthcare facilities resulting in a preliminary list that the MOH prepared, and data and methods used so far.

The recommendations will include operational aspects on the process leading towards the models proposed. In the case of Activity 1, the proposal will include, where possible, the different alternatives that could be given to the healthcare facilities which will be reprofiled as acute care facilities.

Equally important to the final report will be assuring the engagement of the national and local stakeholders in the process to seek their involvement, understanding and willingness to implement proposed solutions.

The results will be presented to the Director of the Institute of Health Policies of Ministry of Health and other staff of the Ministry of Health before the final delivery of the review. Comments made during this presentation will be factored into the final deliverable.

**Activity 2: Technical support on strengthening the role of GPs, including the use of payment mechanisms**

Strengthening the role of general practitioners (GPs) has been identified by MOH as a key priority for reform that requires both shorter and longer-term policy interventions. A long-term measure, for instance, is to reduce the average age of GPs (from 54 years to 40 by 2030). Short-term measures would include, among others, empowering GPs with new knowledge and skills aligned with the rapidly changing population health profile, investing in on-the-job-training, redefining the roles and accountability of GPs and specialists, and potentially refining provider payment modalities to encourage desirable behaviours.

Activity 2 will help identify strategies to broaden the roles and responsibilities of GPs and to elaborate options for refining provider payment mechanisms to support such revised service delivery model. Specifically, the following tasks are anticipated:
(i) **Output 2.1: Report and presentation of a literature review of scope of practice of generalists in the EU and selected OECD countries**

The Bank will review and help identify areas in which the scope of practice of GPs can be expanded in the Slovak Republic, based on experience from the EU and selected non-EU OECD countries. This Report will aim at strengthening the actual and perceived importance of GPs in the health system, and presenting options to shift selected specialist's responsibilities to generalists where appropriate, improving the efficiency of secondary care. The areas of care to be looked at include first contact, diagnostic services, treatment and follow-up care, prescription of medicines (including the possibility of ring-fencing prescriptions to primary care level), medical technical procedures, prevention and health promotion, and mother, child and reproductive health care. The review will include evidence of good practices from comparator countries, while remaining cognizant of relevant characteristics of the Slovak health system, such as polyclinics.

The results will be presented to the Director of the Institute of Health Policies of Ministry of Health and other staff of the Ministry of Health before the final delivery of the review. Comments made during this presentation will be factored into the final deliverable.

(ii) **Output 2.2: Report and presentation of recommendations for strengthening the role of GPs**

The Bank will provide recommendations for strengthening the role of GPs in the Slovak health system, including their training, scope of practice, payment mechanisms, and model of working (e.g., single practitioner versus group practices). The review will include evidence of good practices from comparator countries that have been successful in tackling challenges of GP shortages and overutilization of specialist services including related provider payment options. Lessons will be drawn from EU and non-EU OECD countries, as well as other countries in the region with similar health system histories. It will draw on document reviews (legislation and guidelines), interviews with Slovak health system stakeholders (including GP representatives and professional associations, among others) and original analysis of administrative data. In consultation with the MOH, relevant options and priorities for strengthening the role of GPs in line with the Strategic Framework for Health 2014-2030 will be proposed, with a focus on assessing their sustainability in the context of Slovakia's fiscal space. Recommendations will inform the MOH's Residency program and could be used as a basis for reform of GP responsibilities.

In order for the Bank to carry out the above activities, the following administrative data and materials will be needed, among others, from the Slovak authorities:

- Inpatient and outpatient claims;
- Diagnosis and procedures codes by specialty and facility;
- Clinical pathways guidelines, including clinical protocols currently being developed under an ESIF project;
- Payment mechanisms information;
- Review of medical education (both undergraduate and family medicine residency) and on-the-job training curricula;
- Current and projected GP workforce and distribution;
- Current certification and licensing regulatory framework; and
- Geographic identifiers.
A final report with recommendations for short-, medium- and long-term measures to strengthen the role of GPs where appropriate and applicable in the Slovak health system will be delivered. The report will also include operational aspects on how to implement favored recommendations.

The results will be presented to the Director of the Institute of Health Policies of Ministry of Health and other staff of the Ministry of Health before the final delivery of the review. Comments made during this presentation will be factored into the final deliverable.

Activity 3: Report and presentation on setting fair and transparent pricing guidelines for the procurement of medical devices

(i) **Output 3.1: Review of WBG experience in procurement of medical equipment for four technologies**

In 2015, the MOH introduced a benchmarking tool for purchasing prices of healthcare materials as a first step towards improving the transparency and efficiency of the procurement process. The MOH has requested support for expanding the scope and functionality of this tool. Activity 3 will contribute to enhancing the existing database, linking it to additional sources and exploring options for improvements in its structure and usage.

Specifically, Activity 3 will consolidate and present the World Bank Group (WBG) experience in procurement of medical equipment, its prices and categorization into groups and accepted procurement practices focusing on the following technologies as requested by the MOH:

- Linear accelerators
- Operating tables
- Ultra-sonography
- Servo-ventilators

The list of proposed equipment and potentially also devices to be included in the review will be finalized during the inception mission.

The Bank will provide a report based on its practical experience in advising government on procurement of the same technologies in similar countries in the region, including but are not limited to Croatia, Romania and Serbia. This includes review of documents and interview task teams in charge of relevant projects to distil lessons learned and good practice examples. To tailor the report to Slovakia’s context, the Bank will review the existing database and other benchmarking measures currently in use by the MOH, information on products paid by value and volume, as well as patterns of expenditures. The final deliverable will include a comprehensive review of available information on prices, procurement methods, potential examples of good practices, and lessons learned for the above-mentioned technologies. The analysis will enable the MOH to expand its existing pricing database and ultimately improve both value-for-money and transparency in public procurement of medical equipment.

The results will be presented to the Director of the Institute of Health Policies of Ministry of Health and other staff of the Ministry of Health before the final delivery of the review. Comments made during this presentation will be factored into the final deliverable.
Indicative table of expected deliverable and timelines

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<td>Output 1.1. Report and presentation of a literature review of selected</td>
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<td>countries’ approach to segmentation of hospital network</td>
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<td><strong>Activity 2. Technical support on strengthening the role of GPs, including</strong></td>
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<td>role of GPs</td>
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<td>Output 3.1. Review of WBG experience in procurement of medical equipment</td>
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<td>for four technologies</td>
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3. Eligible Expenditures

3.1 For Bank-executed activities, the Trust Fund funds may be used to finance:

(a) Staff and consultant services;
(b) Cost of travel;
(c) Cost of training and workshop; and
(d) Other services including translation.

4. Taxes

4.1 The foregoing activities and categories of expenditures may include the financing of taxes in accordance with the Bank’s applicable policies and procedures.

5. Program Criteria

5.1 Activities are to be financed in accordance with the following program criteria:

The Trust Fund is established to enable the European Commission and the Bank to continue to collaborate and exchange experience and expertise on a number of themes under all three pillars of the Europe 2020 Agenda – of smart, sustainable and inclusive growth. The express purpose of this Trust Fund is to allow the European Commission to avail itself of the Bank’s technical assistance and analytical and policy capacity for the purpose of pursuing the goals of Europe 2020. The three pillars of Europe 2020 are broadly in line with the objectives and strategies adopted in the Europe and Central Asia Region of the World Bank Group. All activities that are in pursuance of these three pillars are eligible to be financed and implemented under this Trust Fund.
6. Retroactive Financing

6.1 The Trust Fund funds may be used to retroactively finance payments for eligible expenditures made as of November 1, 2017 in accordance with the Bank’s applicable policies and procedures.
ANNEX 2

STANDARD PROVISIONS

This Annex shall be applicable to and form an integral part of the Administration Agreement for the Trust Fund between the Bank and the Donor it being understood that any plural references in the annexes to Donors, Administration Agreements, Contributions and pro rata shares shall be read as singular references to the Donor, its Administration Agreement, its Contributions thereunder and the remaining uncommitted balance of the Trust Fund, respectively.

1. **Administration of the Contributions**

1.1 The Bank shall be responsible only for performing those functions specifically set forth in this Administration Agreement and shall not be subject to any other duties or responsibilities to the Donor, including, without limitation, any duties or obligations that might otherwise apply to a fiduciary or trustee under general principles of trust or fiduciary law. Nothing in this Administration Agreement shall be considered a waiver of any privileges or immunities of the Bank under its Articles of Agreement or any applicable law, all of which are expressly reserved.

1.2 Each Donor Contribution (collectively, the “Contributions”) shall be administered in accordance with the Bank’s applicable policies and procedures, as the same may be amended from time to time, including its procurement, financial management, disbursement and safeguard policies, its framework to prevent and combat fraud and corruption and its screening procedures to prevent the use of Bank resources to finance terrorist activity, in line with the Bank’s obligations to give effect to the relevant decisions of the Security Council taken under Chapter VII of the of Charter of the United Nations. The Donor acknowledges that this provision does not create any obligations of the Bank under the anti-terrorist financing and asset control laws, regulations, rules and executive orders of an individual member country that may apply to the Donor.

2. **Management of the Contributions**

2.1 The funds deposited in the Trust Fund shall be accounted for as a single trust fund and shall be kept separate and apart from the funds of the Bank. The funds deposited in the Trust Fund may be commingled with other trust fund assets maintained by the Bank. The Bank, in its capacity as trustee, has legal title to the funds deposited in the Trust Fund.

2.2 The currency in which the funds in the Trust Fund shall be held is Euro (the “Holding Currency”).

2.3 The Donor agrees to deposit its Contributions in the Contribution Currency stated in its respective Administration Agreements. In the case of deposits received in a Contribution Currency other than the Holding Currency, promptly upon the receipt of such amounts and the accompanying Deposit Instructions, the Bank shall convert such amounts into the Holding Currency at the exchange rate obtained by the Bank on the date of the conversion. Where deposits prove to be insufficient to complete activities as a result of exchange rate fluctuations, neither the Bank nor the Donor shall bear any responsibility for providing any additional financing.

2.4 The funds deposited in the Trust Fund may be freely exchanged by the Bank into other currencies as may facilitate their disbursement at the exchange rate obtained by the Bank on the date of the conversion.

2.5 The Bank shall invest and reinvest the funds deposited in the Trust Fund pending their disbursement in accordance with the Bank’s applicable policies and procedures for the investment of
trust funds administered by the Bank. The Bank shall transfer all income from such investment to the Donor's applicable donor balance account with the Bank.

3. **Trust Fund Fees and Costs**

3.1 The Bank shall deduct and retain for its own account, as a deduction from each Instalment, an amount equal to five percent (5%) per Instalment as an administrative fee for the Trust Fund.

3.2 The Donor acknowledges and agrees that the percentage deductions for fees in this Trust Fund Fees and Costs section are estimated on the basis of anticipated Contributions. If actual Contributions significantly differ from what was originally anticipated at the time of signature of the first Administration Agreement, or if other circumstances affecting Trust Fund fees or costs change, the Bank reserves the right to request a change to the terms of this Trust Fund Fees and Costs section, which would be effectuated by amendments made to the Administration Agreements of the Donor and which would thereafter be applicable to all new Contributions that are provided either as amendments to supplement existing Administration Agreements or from new Administration Agreements.

4. **Accounting and Financial Reporting**

4.1 The Bank shall maintain separate records and ledger accounts in respect of the funds deposited in the Trust Fund and disbursements made therefrom.

4.2 The Bank shall furnish to the Donor current financial information relating to receipts, disbursements and fund balance in the Holding Currency with respect to the Contributions via the World Bank’s Trust Funds Donor Center secure website. Within six (6) months after all commitments and liabilities under the Trust Fund have been satisfied and the Trust Fund has been closed, the final financial information relating to receipts, disbursements and fund balance in the Holding Currency with respect to the Contributions shall be made available to the Donor via the World Bank’s Trust Funds Donor Center secure website.

4.3 The Bank shall provide to the Donor via the World Bank’s Trust Fund Donor Center secure website, within six (6) months following the end of each Bank fiscal year, an annual single audit report, comprising (i) a management assertion together with an attestation from the Bank’s external auditors concerning the adequacy of internal control over cash-based financial reporting for all cash-based trust funds as a whole; and (ii) a combined financial statement for all cash-based trust funds together with the Bank’s external auditor’s opinion thereon. The cost of the single audit shall be borne by the Bank.

4.4 If the Donor wishes to request, on an exceptional basis, a financial statement audit by the Bank’s external auditors of the Trust Fund, the Donor and the Bank shall first consult as to whether such an external audit is necessary. The Bank and the Donor shall agree on the appropriate scope and terms of reference of such audit. Following agreement on the scope and terms of reference, the Bank shall arrange for such external audit. The costs of any such audit, including the internal costs of the Bank with respect to such audit, shall be borne by the requesting Donor.

5. **Progress Reporting**

5.1 The Bank shall provide the Donor with semi-annual reports on the progress of activities financed by the Contributions. Within six (6) months of the End Disbursement Date (as defined below), the Bank shall furnish to the Donor a final report on the activities financed by the Trust Fund.

5.2 The Donor may review or evaluate activities financed by the Trust Fund at any time up to six (6) months following the End Disbursement Date. The Donor and the Bank shall agree on the scope and conduct of such review or evaluation, and the Bank shall provide all relevant information within
the limits of the Bank's applicable policies and procedures. All associated costs, including any costs incurred by the Bank, shall be borne by the Donor. It is understood that any such review or evaluation will not constitute a financial, compliance or other audit of the Trust Fund.

6. Disbursement; Cancellation; Refund

6.1 It is expected that the funds deposited in the Trust Fund will be fully disbursed by the Bank by October 30, 2018 (the "End Disbursement Date"). The Bank shall only disburse funds deposited in the Trust Fund for the purposes of this Administration Agreement (other than returns to Donor) after such date to the extent such date is changed in accordance with amendments made to the Administration Agreement(s) of the Donor. Following the End Disbursement Date, the Bank shall return any remaining balance of the Trust Fund to the Donor in the Holding Currency in the manner specified in its respective Administration Agreement on a pro rata basis with regard to the total funds deposited in the Trust Fund by such Donor relative to the total funds deposited in the Trust Fund by the Donor, all calculated as Holding Currency amounts.

6.2 The Donor may cancel all or part of such Donor's pro rata share/contribution, and the Bank may cancel all or any Donor's pro rata share/contribution, upon three (3) months' prior written notice, of any Contributions (paid and not yet paid) that are not committed pursuant to any agreements entered into between the Bank and any consultants and/or other third parties for the purposes of this Administration Agreement, including any Grant Agreements, prior to the receipt of such notice. In the event of a cancellation, the Bank shall return to the Donor its pro rata share in the Holding Currency as specified in the Administration Agreement unless otherwise agreed between the Bank and the Donor.

7. Disclosure; Dispute Resolution

7.1 The Bank shall disclose the Administration Agreements and related information on this Trust Fund in accordance with the Bank's Policy on Access to Information. By entering into Administration Agreements, the Donor consents to such disclosure of their respective Administration Agreements and such related information.

7.2 The Donor and the Bank shall use their best efforts to amicably settle any dispute, controversy, or claim arising out of or relating to the Administration Agreements.
ANNEX 3

GOVERNANCE FOR THE ACTIVITIES SET FORTH IN SECTION 2 OF ANNEX 1 TO
THIS ADMINISTRATION AGREEMENT

This Annex shall be applicable to and form an integral part of all Administration Agreements between the Bank and the Donor.

Working Modalities

1. The Bank will be in charge of the implementation of the activities and shall consult with the Structural Reform Support Service (SRSS) regularly. SRSS will take all appropriate measures to facilitate the Bank work in the performance of the activities, including, as needed, facilitating contacts with local authorities.

2. The activities will be undertaken in close collaboration with the SRSS and as appropriate with the local authorities.

3. In order to facilitate the implementation of the project, the SRSS will be responsible for involving other EU Commission services, where appropriate. SRSS will also provide support to ensuring the appropriate involvement of the local authorities for the smooth execution of the activities by the Bank. The SRSS, when legally possible, will provide the Bank with relevant documents, reports and findings, resulting from other technical assistance work streams the SRSS is or has been involved in.

4. The Bank and SRSS will have regular exchanges on the progress of the Project, on the Annual Work Plans or schedule of activities for the following month(s) including missions, and raise any issues as they arise concerning difficulties encountered. A representative of the SRSS will be invited to attend all missions and all pertinent events or activities.

5. Priorities and choices to be made in the planning of the activities will be discussed and consulted between the Bank and SRSS. To facilitate the organization and efficiency of missions the Bank will share with the SRSS in a timely manner the relevant documents.

6. It is expected that the Director of the Institute of Health Policies of Ministry of Health in Slovakia shall be the national contact point for the activities, and shall ensure the necessary coordination mechanisms within the Project.

7. It is expected that the Bank shall consult and cooperate with the Slovak authorities at all major stages of the activities to be implemented. It is expected that the Slovak authorities shall provide input for the analysis of the Bank, comment on the work plan of the Project, review draft outputs and provide detailed comments.

8. It is expected that the outputs resulting from the Action's activities shall be delivered by the Bank to the Slovak authorities and the SRSS directly. The Bank shall share with the SRSS draft outputs. The SRSS may provide comments that the Bank may take into account. The Bank shall inform the SRSS of those cases where the SRSS feedback was not taken into consideration.

9. The Slovak authorities shall be solely responsible for the implementation of the recommendations in the reports delivered through this Project. It is expected that Slovak
authorities, SRSS and Bank shall consult each other prior to the publication of the final report endorsed by the Slovak authorities.

10. The Bank shall notify the SRSS without delay on any circumstances likely to adversely affect the implementation and management of the Action or to significantly delay or jeopardize the performance of the activities or the expected outputs and outcomes.

11. The Bank will carry out the visibility activities agreed between the Bank and the SRSS in the Visibility Note, as may be updated from time to time by the parties, in line with Article 9 and Attachment 4 of the Framework Agreement.

Composition of the Bank team

The Bank shall, in its sole discretion, determine the composition of the staff (including staff holding consultant appointments) assigned to perform the activities under this Agreement. The Bank team will be managed by a Bank Task Team Leader with relevant experience, drawing on the expertise of the World Bank Group staff including personnel and consultants/experts contributing to specific segments of the activities in, among others, the following areas: health economics, health facility planning, human resources for health, procurement, and medical equipment, including interpretation and translation services.

The Bank team will include the following core competencies:

- Ability to provide hands-on technical assistance to design and implementation of analytics and advisory services on health system issues in middle- and high-income countries.
- Ability to carry analysis and draw recommendations taking into account the Slovakian context.
- Combination of economic, project management, business administration and other skills that will be considered necessary for the execution of the activities.
ICATIVE RESULTS INDICATORS FOR THE ANNEX 1 ACTIVITIES

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<tr>
<th>Indicators</th>
<th>Baseline</th>
<th>Result goals</th>
<th>Sources of Data (verification)</th>
<th>Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>DH is better to adopt options in several areas</td>
<td>Information exists but options are not elaborated based on systematic and updated evidence</td>
<td>Options are provided which are based on systematic review, analyses, and consultation</td>
<td>Reports and presentations</td>
<td>Full collaboration between the Slovak authority and Bank team. Results are acceptable and acted upon.</td>
</tr>
<tr>
<td>DH is better to make decisions on hospitalization</td>
<td>Information exists but options are not elaborated based on systematic and updated evidence</td>
<td>Options are provided which are based on systematic review, analyses, and consultation</td>
<td>Reports and presentations</td>
<td>Slovak authority will make more informed decisions based on reports provided.</td>
</tr>
<tr>
<td>Experience is segmented</td>
<td>Experience of other countries’ approach to segmentation is not reviewed systematically</td>
<td>A systematic review of selected countries’ approach to segmentation is conducted</td>
<td>Report and presentation</td>
<td>Countries reviewed are relevant to Slovak context.</td>
</tr>
<tr>
<td>for optimization</td>
<td>No options for optimization are elaborated with inputs from the WBG</td>
<td>Options are elaborated by the WBG based on desk work and consultation with Slovak authority</td>
<td>Report and presentation</td>
<td>Data requested from Slovak authority are made available to the team on time.</td>
</tr>
<tr>
<td>DH is better to make more informed decisions on strengthening of GPs</td>
<td>Information exists but options are not elaborated based on systematic and updated evidence</td>
<td>Options are provided which are based on systematic review, analyses, and consultation</td>
<td>Reports and presentations</td>
<td>Slovak authority will make more informed decision based on reports provided.</td>
</tr>
<tr>
<td>Indicators</td>
<td>Baseline</td>
<td>Result goals</td>
<td>Sources of Data (verification)</td>
<td>Assumptions</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>-------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>it experience is experienced</td>
<td>Experience of other countries’ approach to strengthening GPs role is not reviewed systematically</td>
<td>A systematic review of selected countries’ experience is conducted</td>
<td>Report and presentation</td>
<td>Countries reviewed are relevant to Slovak context</td>
</tr>
<tr>
<td>Recommendations foring GPs’ role are not reviewed</td>
<td>No recommendations are with inputs from the WBG</td>
<td>Options are elaborated by the WBG based on desk work and consultation with Slovak authority</td>
<td>Report and presentation</td>
<td>Data requested from Slovak authority are made available to the team on time</td>
</tr>
<tr>
<td>OHP is better timely to make decisions on procurement</td>
<td>Information exists but options are not elaborated based on systematic and updated evidence</td>
<td>Options are provided which are based on systematic review, analyses, and consultation</td>
<td>Reports and presentations</td>
<td>Slovak authority will make more informed decision based on reports provided</td>
</tr>
<tr>
<td>st experience is not documented</td>
<td>Experience of other countries in procuring medical equipment is not documented</td>
<td>Review and documentation performed based on Bank’s experience supporting procurement in relevant countries</td>
<td>Report and presentation</td>
<td>Countries reviewed are relevant to Slovak context. Data requested from Slovak authority are made available to the team on time</td>
</tr>
</tbody>
</table>
INDICATIVE BUDGET

FOR THE ANNEX 1 ACTIVITIES

<table>
<thead>
<tr>
<th>Expenditure Category</th>
<th>Average Number</th>
<th>Amount in Euro</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff and consultant services</td>
<td></td>
<td>202,203</td>
</tr>
<tr>
<td>Cost of travel</td>
<td></td>
<td>80,223</td>
</tr>
<tr>
<td>Training and workshops</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Other services including translation</td>
<td></td>
<td>2,574</td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td></td>
<td><strong>285,000</strong></td>
</tr>
<tr>
<td>Administration fee (5%)</td>
<td></td>
<td>15,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>300,000</strong></td>
</tr>
</tbody>
</table>

* Training costs, such as venue, equipment, printing, catering, etc., are to be assumed by the Slovak authority.

The amount estimated for personnel is calculated taking into account different levels of expertise estimated to be required for carrying out the activities described in Annex 1.

The World Bank Group entity may transfer amounts between categories of the indicative budget. This does not require an amendment of the Administration Agreement if the Action is carried out as described in Annex I – Trust Fund Description.

The number of units and amounts indicated in the budget are not binding and reflect the means envisaged for the implementation of the Action. The number of units indicated in the estimated initial budget may not be used to question the actual number of units reported during and at the end of Action.
Subject: Visibility note applicable to the TF072926 Trust Fund

I-Title of the Administrative Agreement


II- Objective

In accordance with article 9 and Attachment 4 of the Framework Agreement between the European Commission (the Commission) and the World Bank (the Bank), this note defines the visibility activities to be financed by the Bank in order to identify and explain the European Union's support for the activities of the Trust Fund (No TF072926) (EC Contract No SRSS/S2017/024) fully funded by the Commission.

III-Activities

- All press releases, publications, social media channels (inter alia Facebook, Twitter, Instagram), training programs, seminars or symposia or other public information materials issued shall clearly indicate that the activities have been funded by 'the European Union via the Structural Reform Support Service of the Commission'.

- Periodic and final reporting as per Article 5 of the Framework Agreement will identify the European Union as the source of financing of the Action.

- The Bank should ensure appropriate acknowledgment on any deliverable (periodic or final), funded by the European Union funds. This acknowledgment should include prominently displaying the EU logo.

- Whenever possible and appropriate, joint press releases and joint media activities should be undertaken to promote the partnership and to highlight common achievements. The Bank and the Commission shall invite each other to participate at press conferences, donor conferences and public debates on trust funds where the European Union is a significant contributor.

- Where high level visits are planned concerning joint funded activities, the Parties will inform each other and consider co-ordinating these visits and agreeing on joint messages.

- In all their common actions, the Commission and the Bank will use a common visual identity to put emphasis on their partnership.