
LOAN NUMBER 9641-CO

Loan Agreement

**(Program for Improved Access to Effective Health Services for the Vulnerable Population
and Enhanced Health System Resilience)**

*(Programa para Mejorar el Acceso Efectivo a los Servicios de Salud de la Población en
Colombia)*

between

REPUBLIC OF COLOMBIA

and

INTERNATIONAL BANK FOR RECONSTRUCTION
AND DEVELOPMENT

LOAN AGREEMENT

AGREEMENT dated as of the Signature Date between REPUBLIC OF COLOMBIA (“Borrower”) and INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT (“Bank”). The Borrower and the Bank hereby agree as follows:

WHEREAS:

- (A) the Bank has agreed to make a loan to the Borrower in an amount of three hundred million Dollars (USD 300,000,000) (the “Loan” as hereinafter defined), to assist in financing the program described in Schedule 1 to this Agreement (the “Program”); and
- (B) the Bank acting as the Trustee for the Social Sustainability Initiative for All Umbrella Multi-Donor Trust Fund, has agreed to provide a Grant (the “Grant”) in an amount of up to five million Dollars, of which, four million five hundred thousand Dollars (USD 4,500,000) have been allocated exclusively for Recipient-executed activities, to assist in financing the Program, under the terms and conditions set forth in the corresponding Grant Agreement.

NOW THEREFORE, the Borrower and the Bank hereby agree as follows:

ARTICLE I — GENERAL CONDITIONS; DEFINITIONS

- 1.01. The General Conditions (as defined in the Appendix to this Agreement) apply to and form part of this Agreement.
- 1.02. Unless the context requires otherwise, the capitalized terms used in this Agreement have the meanings ascribed to them in the General Conditions or in the Appendix to this Agreement.

ARTICLE II — LOAN

- 2.01. The Bank agrees to lend to the Borrower the amount of three hundred million Dollars (USD 300,000,000), as such amount may be converted from time to time through a Currency Conversion (“Loan”), to assist in financing the Program.
- 2.02. The Borrower may withdraw the proceeds of the Loan in accordance with Section IV of Schedule 2 to this Agreement. All withdrawals from the Loan Account shall be deposited by the Bank into an account specified by the Borrower and acceptable to the Bank.
- 2.03. The Front-end Fee is one quarter of one percent (0.25%) of the Loan amount.
- 2.04. The Commitment Charge is one quarter of one percent (0.25%) per annum on the Unwithdrawn Loan Balance.
- 2.05. The interest rate is the Reference Rate plus the Variable Spread; or such rate as may apply following a Conversion; subject to Section 3.02(e) of the General Conditions.
- 2.06. The Payment Dates are March 15 and September 15 in each year.

- 2.07. The principal amount of the Loan shall be repaid in accordance with Schedule 3 to this Agreement.

ARTICLE III — PROGRAM

- 3.01. The Borrower declares its commitment to the objectives of the Program. To this end, the Borrower, through MSPS, shall carry out the Program with the participation of ADRES, in accordance with the provisions of Article V of the General Conditions and Schedule 2 to this Agreement.

ARTICLE IV — REMEDIES OF THE BANK

- 4.01. The Additional Events of Suspension consists of the following: namely that the Health Legislation shall have been amended, suspended, abrogated, repealed, or waived, so as to affect materially and adversely, in the opinion of the Bank, the ability of the Borrower to comply with its Program related obligations set forth in this Agreement, including the responsibilities applicable to the SGSSS Entities.

ARTICLE V — EFFECTIVENESS; TERMINATION

- 5.01. The Additional Conditions of Effectiveness consist of the following:
- (a) that the Grant Agreement under the Social Sustainability Initiative for All Umbrella Multi-Donor Trust Fund, has been executed and delivered and all conditions precedent to its effectiveness or to the right of the Borrower to make withdrawals under it (other than the effectiveness of this Agreement) have been fulfilled;
 - (b) that the Program Operational Manual has been adopted in a manner and with contents acceptable to the Bank; and
 - (c) that the Memorandum of Collaboration between the Bank and the Borrower's Office of the Comptroller General has been signed.
- 5.02. The Effectiveness Deadline is the date one hundred twenty (120) days after the Signature Date.

ARTICLE VI — REPRESENTATIVE; ADDRESSES

- 6.01. The Borrower's Representative is its Minister of Finance and Public Credit.
- 6.02. For purposes of Section 10.01 of the General Conditions:
- (a) the Borrower's address is:

Ministry of Finance and Public Credit (MHCP)
Carrera 8 No. 6 C 38 Bogotá D.C. Piso 3; and

(b) the Borrower's Electronic Address is:

Facsimile: (+571) 350 9344

6.03. For purposes of Section 10.01 of the General Conditions:

(a) the Bank's address is:

International Bank for Reconstruction and Development
1818 H Street, N.W.
Washington, D.C. 20433
United States of America; and

(b) the Bank's Electronic Address is:

Telex:	Facsimile:	E-mail:
248423(MCI) or 64145(MCI)	(+1) 202 477 6391	mthomas1@worldbank.org

AGREED as of the Signature Date.

REPUBLIC OF COLOMBIA

By 
Authorized Representative

Name: Ricardo Bonilla

Title: Ministro de Hacienda y Crédito Pú

Date: 06-Sep-2024

MINISTRY OF HEALTH AND SOCIAL PROTECTION

By Guillermo Jaramillo
Authorized Representative

Name: Guillermo Jaramillo

Title: Ministro de Salud y Proteccion

Date: 27-Aug-2024

INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT

By Peter Siegenthaler
Authorized Representative

Name: Peter Siegenthaler

Title: Gerente Pais Banco Mundial

Date: 26-Aug-2024

SCHEDULE 1

Program Description

The objectives of the Program are to improve access to effective health services for the vulnerable population and enhance the resilience of the health system to climate change and public health threats.

The Program consists of the following activities:

Results Area 1: Access to Effective Health Services for the Vulnerable Population

Improving access to effective health services for the Vulnerable Population by:

- 1.1 the implementation of a unified and integrated monitoring and follow-up system for children with acute malnutrition complemented with advanced malnutrition screening and community surveillance in priority Departments;
- 1.2 the implementation of an integrated care model with advanced use of telemedicine to reduce lethality from extreme morbidity cases in pregnant women;
- 1.3 the implementation of an integrated care network for better targeting of women at risk of developing breast cancer to achieve higher levels of screening and improve early detection of the disease and the timeliness in initiation of treatment;
- 1.4 the implementation of integrated strategies to achieve effective access to antiretroviral treatment and comprehensive care for Eligible Migrants with HIV enrolled in the SGSSS subsidiary regime; and
- 1.5 the roll out of multidisciplinary Primary Health Care (“PHC”) in Territorial Entities.

Results Area 2: Resilience of the Health System to Climate Change and Public Health Threats

Enhancing the ability of the health sector to adapt and mitigate consequences of climate change, and better prepare and respond to future public health threats, by:

- 2.1 the implementation of a new set of infrastructure certification standards to adapt health care provision to the consequences of climate change and developing a plan to support the transition of the health sector to low-carbon emissions;
- 2.2 the development of a comprehensive climate change management plan for the health sector; and
- 2.3 the implementation of new requirements to strengthen public health surveillance capacities at the subnational level through the development and implementation of integrated public health risk communication strategies incorporating a One Health Approach and climate change considerations.

SCHEDULE 2**Program Execution****Section I. Implementation Arrangements****A. Program Institutions**

1. The Borrower, through the MSPS is vested with the overall implementation, supervision, and oversight of the Program. To this end, the Borrower, through the MSPS, shall maintain throughout Program implementation a Program Coordination Team (composed of a Program Coordinator and key staff from relevant MSPS vice-ministries, divisions, sub-divisions and other Departments; from ADRES, and other SGSSS Entities) with structure, functions, and responsibilities as set forth in the Program Operational Manual, including the responsibility for collecting the information required to ensure DLI compliance and submitting it to the Verification Agency, as well as for submitting progress reports to the Bank.
2. ADRES shall maintain its responsibility throughout Program implementation for the administration of the SGSSS resources received from MSPS and UPC payments, according to the information provided by BDUA's consolidated database and managed by the MSPS.
3. The CGR shall be responsible for: (a) supporting in the application of the Anti-Corruption Guidelines to the Program, and (b) conducting annual financial audits of the MSPS and ADRES reflecting the Program Expenditures; all as per the Memorandum of Collaboration to be signed between the CGR and the Bank.

B. Program Operational Manual

1. The Borrower, through MSPS, shall adopt and thereafter carry out the Program, and cause the Program to be carried out, in accordance with the Health Legislation and the provisions of a manual (the "Program Operational Manual" or "POM") satisfactory to the Bank, containing, *inter alia*: (a) the activities and timetable of actions to be carried out under the Program; (b) the respective roles and responsibilities of MSPS and ADRES; (c) the composition and responsibilities of the Program Coordination Team; (d) the fiduciary, environmental and social systems for the Program, as applicable; (e) the technical, operational aspects and procedures for implementation of the Program, including the financial management procedures; (f) the DLIs and DLRs for the Program; (g) the verification protocol for the DLIs and DLRs and the results monitoring framework; (h) the Anti-Corruption Guidelines for the Program; and (i) the Program Action Plan.
2. The Borrower, through MSPS, shall not abrogate, amend, suspend, waive or otherwise fail to enforce any provision of the Program Operational Manual without the Bank's prior written approval.
3. In case of any conflict between the terms of the Program Operational Manual and those of this Agreement, the terms of this Agreement shall prevail.

C. Verification Arrangements and Verification Protocols

1. The Borrower, through MSPS, shall engage and maintain, throughout Program implementation, a Verification Agency for the Program acceptable to the Bank, in accordance with the terms of reference acceptable to the Bank.
2. The Borrower, through MSPS, shall ensure that the Verification Agency referred to in the preceding paragraph shall: (a) verify the data and other evidence supporting the achievement(s) of one or more DLRs and recommend corresponding payments to be made in accordance with the verification protocol; and (b) submit to MSPS the corresponding verification reports in a timely manner and in form and substance satisfactory to the Bank.

D. Program Action Plan

The Borrower, through MSPS, shall carry out the Program Action Plan and cause the Program Action Plan to be carried out: (a) in accordance with the schedule set out in said plan, and in a manner satisfactory to the Bank; (b) except as the Bank and the Borrower, through MSPS, shall otherwise agree in writing not to assign, amend, abrogate, or waive, or permit to be assigned, amended, abrogated, or waived, the Program Action Plan, or any provision thereof; and (c) maintain policies and procedures adequate to enable it to monitor and evaluate, in accordance with guidelines acceptable to the Bank, the implementation of the Program Action Plan.

Section II. Excluded Activities

The Borrower shall ensure that the Program excludes any activities which:

- A. in the opinion of the Bank, are likely to have significant adverse impacts that are sensitive, diverse, or unprecedented on the environment and/or affected people; or
- B. involve procurement.

Section III. Program Monitoring, Reporting and Evaluation

The Borrower shall furnish to the Bank each Program Report not later than forty-five (45) days after the end of each calendar semester, covering the calendar semester.

Section IV. Withdrawal of Loan Proceeds

A. General

1. Without limitation upon the provisions of Article II of the General Conditions and in accordance with the Disbursement and Financial Information Letter, the Borrower may withdraw the proceeds of the Loan to finance Program Expenditures (inclusive of Taxes), on the basis of the results (“Disbursement Linked Results” or “DLRs”) achieved by the Borrower, through MSPS, as measured against specific indicators (“Disbursement Linked Indicators” or “DLIs”) in the amounts allocated against Categories (1) to (6) all as set forth in the table in paragraph 2 of this Part A and Schedule 4 of this Agreement.
2. The following table specifies each category of withdrawal of the proceeds of the Loan (including the Disbursement Linked Indicators as applicable) (“Category”), and the allocation of the amounts of the Loan to each Category:

Category (including Disbursement Linked Indicator as applicable)	Amount of the Loan Allocated (expressed in USD)
(1) DLI#1: Children under 5 years old with acute malnutrition identified, reported, and receiving treatment for acute malnutrition in Prioritized Departments.	50,000,000
(2) DLI#2: Reduction of maternal mortality in Prioritized Territories through the use of an integrated strategy.	50,000,000
(3) DLI#3: Vulnerable women diagnosed with breast cancer with Early-stage Diagnosis IIA.	50,000,000
(4) DLI#4: Migrants with HIV have accessed effective treatment.	50,000,000
(5) DLI#5: New infrastructure standards for health care providers including energy efficiency standards and adaptation and mitigation measures to climate change.	50,000,000
(6) DLI#6: Development of a Comprehensive Climate Change Management Plan for the Health Sector (PIGCCS).	50,000,000
TOTAL AMOUNT	300,000,000

B. Withdrawal Conditions; Withdrawal Period

1. Notwithstanding the provisions of Part A of this Section, no withdrawal shall be made:
 - (a) on the basis of DLRs, associated to its respective DLI, achieved prior to the Signature Date, except that, withdrawals up to an aggregate amount not to exceed twenty-four million thirty-five thousand eighty-eight Dollars (USD 24,035,088) from the Loan, may be made on the basis of DLRs 2.1 and 6.1, as per Schedule 4, achieved prior to this date but on or after March 15th, 2023; and
 - (b) for any DLR, associated to its respective DLI, under Categories (1) to (6) until and unless the Borrower has furnished evidence satisfactory to the Bank that said DLR has been achieved.
2. Notwithstanding the provisions of Part B.1(b) of this Section, if any of the DLRs under Categories (1) to (6) has not been achieved by the date by which the said DLR is set to be achieved (or such later date as the Bank has established by notice to the Borrower, through MSPS), the Bank may, by notice to the Borrower: (a) except for not scalable DLRs, authorize the withdrawal of such lesser amount of the unwithdrawn proceeds of the Loan then allocated to said Category which, in the opinion of the Bank, corresponds to the extent of achievement of said DLR, said lesser amount to be calculated in accordance with the

formula set out in Schedule 4 of this Agreement; (b) only for non-scalable DLRs, withhold the allocated amount for the unmet DLR(s) and, at its sole discretion, may authorize, at a later date, the full release of the amounts so withheld, if and when the Bank is satisfied that the respective DLR(s) has/have been achieved; (c) reallocate all or a portion of the proceeds of the Financing then allocated to said DLR to any other DLR; and/or (d) cancel all or a portion of the proceeds of the Loan then allocated to said DLR.

3. The Closing Date is June 30th, 2026.
4. For purposes of Section 2.03 and 7.04 of the General Conditions, the term “Program Expenditures” means specifically those expenditures incurred under the MPSPS’ budget lines (a) insurance premium (UPC) for prioritized vulnerable groups under the Borrower’s subsidized health regime, and (b) salaries or the accounts further specified in the Program Operational Manual, agreed with the Bank as part of the Program, but excluding any expenditures associated with the Excluded Activities.

SCHEDULE 3**Commitment-Linked Amortization Repayment Schedule**

The following table sets forth the Principal Payment Dates of the Loan and the percentage of the total principal amount of the Loan payable on each Principal Payment Date (“Installment Share”).

Level Principal Repayments

Principal Payment Date	Installment Share
On each March 15 and September 15 Beginning September 15, 2027 Through March 15, 2043	3.03%
On September 15, 2043	3.04%

SCHEDULE 4

Disbursement Linked Indicators, Disbursement Linked Results and Allocated Amounts and Scalable DLR Applicable thereto:

DISBURSEMENT LINKED INDICATORS	DISBURSEMENT-LINKED RESULTS			
	PRIOR RESULTS	EXPECTED RESULTS FOR PERIOD 1 (FROM THE SIGNING DATE UNTIL JUNE 30, 2024)	EXPECTED RESULTS FOR PERIOD 2 (FROM JULY 1, 2024 UNTIL JUNE 30, 2025)	EXPECTED RESULTS FOR PERIOD 3 (FROM JULY 1, 2025- UNTIL THE CLOSING DATE)
DLI # 1. Children under 5 years old with acute malnutrition identified, reported, and receiving treatment for acute malnutrition in Prioritized Departments		<u>DLR 1.1. (Scalable):</u> Prioritized Departments with children under 5 years old identified, reported, and receiving treatment for acute malnutrition		
Formula and Allocated Amount		US\$ 5,000,000 per each Prioritized Department, up to US\$ 50,000,000		
DLI # 2. Reduction of maternal mortality in Prioritized Territories through an integrated strategy				
	<u>DLR 2.1. (Scalable):</u> Prioritized Territories with an Acceleration Plan for the Reduction of Maternal Mortality that includes the implementation of a maternal health integrated network	<u>DLR 2.1. (Scalable):</u> Prioritized Territories with an Acceleration Plan for the Reduction of Maternal Mortality that includes the implementation of a maternal health integrated network		
Formula and Allocated Amount	US\$ 1,052,631.58 for each Prioritized	US\$ 1,052,631.58 for each Prioritized Territory with an acceleration plan, up to US\$ 12,631,579		

	Territory with an acceleration plan, up to US\$ 7,368,421			
		<u>DLR 2.2. (Scalable)</u> : IPS trained in obstetric emergencies based on simulation scenarios		
Formula and Allocated Amount		US\$ 115,384.61 for each IPS trained, up to US\$ 15,000,000		
		<u>DLR 2.3. (Scalable)</u> : ISABEL quality assessment tool used at least twice a year in IPS		
Formula and Allocated Amount		US\$ 48,076.93 for each IPS assessed (or re-assessed) twice a year, up to US\$ 15,000,000		
DLI # 3. Vulnerable women diagnosed with breast cancer with Early-stage Diagnosis IIA		<u>DLR 3.1. (Scalable)</u> : At least an increase of 0.5% in relation to: (a) In Period 1, from a baseline of 50.88 (b) In Period 2 from highest previously disbursed result (c) In Period 3 from highest previously disbursed result		
Formula and Allocated Amount		US\$ 4,084,967.32 per 0.50 percent increase up to US\$ 50,000,000		
DLI # 4. Migrants with HIV have accessed effective treatment		DLR 4.1. (Scalable) : At least one Eligible Migrant has accessed comprehensive care according to Verification Protocol		
Formula and Allocated Amount		US\$ 10,557.43 for each Eligible Migrant with access to comprehensive care according to protocol, up to US\$ 50,000,000		
DLI #5. New infrastructure standards for health care providers including energy efficiency standards and adaptation and mitigation measures to climate change		<u>DLR 5.1. (Non-Scalable)</u> : MSPS has adopted through an Administrative Act published in the Official Journal, a new framework of infrastructure and certification standards for health care providers, including social and environmental standards and climate change adaptation and mitigation measures		
Allocated Amount		US\$ 50,000,000.00		
DLI # 6. Development of a Comprehensive Climate Change Management Plan for the Health Sector (PIGCCS)				

	<p><u>DLR 6.1 (Non-Scalable):</u> MSPS has set up the sectoral committee for climate change management, with functions and responsibilities in the formulation and implementation of the PIGCCS, through an Administrative Act published in the Official Journal.</p>			
Allocated Amount	US\$ 16,666,666.66			
		<u>DLR 6.2. (Non-Scalable):</u> The MSPS has approved and published in its website the Roadmap for the Adoption of the PIGCCS		
Allocated Amount		US\$ 16,666,666.67		
		<u>DLR 6.3. (Non-Scalable):</u> MSPS has adopted the PIGCCS through an Administrative Act published in the Official Journal		
Allocated Amount		US\$ 16,666,666.67		

APPENDIX

Definitions

1. “Acceleration Plan for the Reduction of Maternal Mortality” means the MSPS’ planning tool to be adopted in accordance to Circular No. 047 of 2022, which describes interventions aiming to strengthen access to and effective health services for pregnant women and newborns; tailoring Prioritized Territories and their health delivery capacities to incorporate key actions in their own action plans, including: (i) the development of a maternal mortality care network strategy; (ii) the adoption of a special information system to monitor cohorts of pregnant women; (iii) the tracking of in-person and telemedicine consultations with reference hospitals in the care network for extreme cases and any additional requirements as described in the POM.
2. “Administrative Act” means any decision issued by the Borrower’s Administration in the appropriate modality in accordance with its national legal framework, referred to under DLIs 5 and 6 in Schedule 4.
3. “ADRES” means *Administradora de los Recursos del Sistema General de Seguridad Social en Salud*, the Administrator of the Resources of the General System of Social Security in Health established as an independent entity with financial authority, pursuant to the Republic of Colombia’s Law No. 1753 published in the Official Journal on July 9, 2015, or its successor acceptable to the Bank.
4. “Anti-corruption Guidelines” means, for purposes of paragraph 6 of the Appendix to the General Conditions, the Bank’s “Guidelines on Preventing and Combating Fraud and Corruption in Program-for-Results Financing”, dated February 1, 2012, and revised July 10, 2015.
5. “BDUA” means *Base de Datos Única de Afiliados*, the data base that ADRES manages, containing all the registered citizens affiliated to the Borrower’s health programs.
6. “Category” means a category set forth in the table in Section IV.A.2 of Schedule 2 to this Agreement.
7. “Departments” means the political sub-divisions of first level in the Borrower’s territory governed from their respective capital cities which have autonomy for the management of sectional issues and promotion of economic and social development in their territories.
8. “Disbursement Linked Indicator” or “DLI” means in respect of a given Category, the indicator related to said Category as set forth in the table in Section IV.A.2 of Schedule 2 to this Agreement.
9. “Disbursement Linked Result” or “DLR” means in respect of a given Category, the result under said Category as set forth in the table in Section IV.A.2 of Schedule 2 to this Agreement, on the basis of the achievement of which, the amount of the Loan allocated to said result may be withdrawn in accordance with the provisions of said Section IV.
10. “DNP” means the Borrower’s “*Departamento Nacional de Planeación*”, the Borrower’s national department of planning, or its successor, acceptable to the Bank.

11. “Early-stage Diagnosis IIA” means the stage of the illness where either one of the three following scenarios occur: (i) the tumor in the breast is 2 centimeters or smaller and cancer cells occur in one to three lymph nodes near the breastbone or in the armpit; (ii) there is no tumor in the breast, but there are cancer cells in the breast tissue and in one to three lymph nodes; or (iii) the tumor in the breast is 2–5 centimeters and there are no cancer cells in the lymph nodes, or any modified definition approved by the WHO as adopted by MSPS.
12. “Eligible Migrants” means regular migrants with a PPT or a similar document as approved by the Borrower for the regularization of said migrants.
13. “EPS” means “*Entidades Promotoras de Salud*” the health insurance companies which are part he SGSSS; in charge of organizing and guaranteeing access to mandatory health benefits in the Borrower’s territory, for which they receive financial resources (UPC) from ADRES.
14. “General Conditions” means the “International Bank for Reconstruction and Development General Conditions for IBRD Financing, Program-for-Results Financing”, dated December 14, 2018 (revised on August 1, 2020, December 21, 2020, April 1, 2021, January 1, 2022, and July 15, 2023).
15. “Health Legislation” means: (i) the Republic of Colombia’s Law No. 100 published in the Official Journal on December 23, 1993; (ii) the Republic of Colombia’s Law No. 1753 published in the Official Journal on June 9, 2015; (iii) the Republic of Colombia’s Law No. 1438 published in the Official Journal on January 19, 2011; (iv) the Republic of Colombia’s Law No. 1474 published in the Official Journal on July 12, 2011; (v) MSPS’ Decree No. 4107 dated November 21, 2011; (vi) MSPS’ Decree No. 2462, dated November 7, 2013; (vii) the Legislative Act No. 04 published in the Official Journal on September 18, 2019; (viii) the Republic of Colombia’s Law No. 610, published in the Official Journal on August 18, 2000; and/or (ix) any other legal instrument referred to in the Program Operational Manual.
16. “HIV” means the human immunodeficiency virus, a virus that attacks the body’s immune system.
17. “IPS” means “*Instituciones Prestadoras de Servicios de Salud*” the private entities that are part of the SGSSS; and provide medical services to the population in the Borrower’s territory.
18. “ISABEL” means the quality assessment tool used to assess compliance of hospitals with MSPS requirements for better management of cases of extreme maternal lethality.
19. “Memorandum of Collaboration” means the agreement between the Republic of Colombia’s Office of the Comptroller General and the Bank for collaboration in the application of the Anti-corruption Guidelines to the Program and its financial audits.
20. “MHCP” means “*Ministerio de Hacienda y Crédito Público*”, the Borrower’s Ministry of Finance and Public Credit, or its successor acceptable to the Bank.

21. “MSPS” means “*Ministerio de Salud y Protección Social*”, the Borrower’s Ministry of Health and Social Protection, or its successor acceptable to the Bank.
22. “Office of the Comptroller General” or “CGR” means “*Contraloría General de la República*”, the Borrower’s national comptroller entity, in charge of conducting annual financial audits of the MSPS; as well as of ADRES; covering the Program transfers made by the MSPS to ADRES and the BDUA.
23. “Official Journal” or “Official Gazette” means “*Diario Oficial*”, the Republic of Colombia’s official journal.
24. “One Health Approach” means an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals, and ecosystems.
25. “PHC” means primary health care.
26. “PIGCCS” means “*Plan Integral de Gestión del Cambio Climático Sectorial*”, the MPSP’s *Comprehensive Sectoral Climate Change Management Plan*; the medium and long term planning instrument structured into mitigation and adaptation components, that will guide the development of programs to address the risks to human health and the health system in the face of climate change; which plan, shall, *inter alia*: (i) have a national scope, to enable departments and territories articulate their own plans; (ii) take into account specific climate exposures and health vulnerabilities; (iii) follow the WHO recommendations and national guidelines and regulations; (iv) link actions to the Borrower’s commitments and goals in these areas; and (v) have a ten-year horizon; and any additional requirements as described in the POM.
27. “PPT” means “*Permiso por Protección Temporal*”, the temporary protection permit, available to Venezuelan migrants as set forth in the Republic of Colombia’s Decree No. 216, published in the Official Gazette on March 1, 2021.
28. “Prioritized Departments” means the Borrower’s departments that comply with certain criteria established under the Program, which include: La Guajira, Chocó, Cesar, Bolívar, Antioquia, Arauca, Guainía, Magdalena, Meta, Risaralda, Valle del Cauca, and Vichada, subject to modifications from time to time with the prior no objection of the Bank.
29. “Prioritized Territories” means the Borrower’s territories that comply with certain criteria established under the Program, which include Bogotá, Cali, Buenaventura, Santa Marta, Barranquilla, Cartagena, Bolívar, Boyacá, Cauca, Cesar, Chocó, La Guajira, Antioquia, Magdalena, Meta, Nariño, Norte de Santander, Valle del Cauca, and Vichada, subject to modifications from time to time with the prior no objection of the Bank.
30. “Program Action Plan” means the Borrower’s plan dated December 15, 2023, and referred to in Section I.D of Schedule 2 to this Agreement, as it may be amended from time to time with the prior agreement of the Bank.
31. “Program Operational Manual” means MSPS’ manual referred to in Section I.B of Schedule 2 to this Agreement, as the same may be amended from time to time with the agreement of the Bank.

32. “Roadmap for the Adoption of the PIGCCS” means the MPSP’s instrument that describes in detail the main requirements of the PIGCCS to be adopted; which requirements shall include, *inter-alia*: objectives, strategies, resources, deadlines, milestones, and the corresponding parties involved in climate change management, as well as the PIGCCS’ formulation, implementation processes, monitoring and evaluation; and any additional requirements as described in the POM.
33. “SGSSS” means “*Sistema General de Seguridad Social en Salud*”, the Republic of Colombia’s General System of Social Security in Health.
34. “SGSSS Entities” means the various public and/or private entities that are involved in activities related to the general system of social security in health, without necessarily being part of the Program financed by this Loan, including, *inter alia*: MSPS, ADRES, DNP, EPS, IPS, SNS, and CGR.
35. “Signature Date” means the later of the two dates on which the Borrower and the Bank signed this Agreement and such definition applies to all references to “the date of the Loan Agreement” in the General Conditions.
36. “SNS” means “*Superintendencia Nacional de Salud*”, the Republic of Colombia’s national health superintendency, or its successor acceptable to the Bank.
37. “Territorial Entities” or “Territories” means the Borrower’s political sub-divisions responsible for planning health care services and public health at the department and district levels and for supervising public hospitals and PHC.
38. “UPC” means “*Unidad de Pago por Capitación*”, the capitation payment made by ADRES for the provision of health insurance services as set forth in the Republic of Colombia’s Law No. 100 published in the Official Journal on December 23, 1993.
39. “Verification Agency” means for purposes of this Loan, “DNP” or the Borrower’s *Departamento Nacional de Planeación*, the governmental department responsible for conducting the external verification and reporting of DLI compliance, or any successor entity, satisfactory to the Bank.
40. “WHO” means the World Health Organization.