



RESTRUCTURING PAPER
ON A
PROPOSED PROJECT RESTRUCTURING
OF
HEALTH SYSTEM IMPROVEMENT PROJECT
APPROVED ON FEBRUARY 27, 2015
TO
THE REPUBLIC OF ALBANIA

HEALTH, NUTRITION & POPULATION

EUROPE AND CENTRAL ASIA

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ABBREVIATIONS AND ACRONYMS

CD	Country Director
COVID-19	Corona Virus 2019
DDO	Deferred Drawdown Option
EA	Environmental Assessment
EIA	Environmental Impact Assessment
EMP	Environmental Management Plan
ESMP	Environmental and Social Management Plan
HMP	Hospital Master Plan
HSIP	Health System Improvement Project
IBRD	International Bank for Reconstruction and Development
IP	Overall Implementation Progress
IR	Intermediate Results Indicator
MTR	Mid-term Review
MoHSP	Ministry of Health and Social Protection
MS	Moderately Satisfactory
NAIS	National Agency for Information Systems
OP	Operations Policy
PCU	Project Coordination Unit
PDO	Project Development Objective
PP	Procurement Plan
RHIS	Regional Hospitals Information System
QSUT	Mother Theresa National Referral Hospital (Qendra Spitalore Universitare)
SARS	Severe Acute Respiratory Syndrome
TA	Technical Assistance
UN	United Nations
WB	The World Bank
WHO	The World Health Organization



BASIC DATA

Product Information

Project ID P144688	Financing Instrument Investment Project Financing
Original EA Category Partial Assessment (B)	Current EA Category Partial Assessment (B)
Approval Date 27-Feb-2015	Current Closing Date 28-Feb-2021

Organizations

Borrower Republic of Albania	Responsible Agency Ministry of Health and Social Protection
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Project Development Objective (PDO)

Original PDO

The Project PDO is to contribute to improving the efficiency of care in selected hospitals in Albania, improving the management of information in the health system, and increasing financial access to health services.

Current PDO

The objective of the Project is to contribute to the modernization of selected public hospital services

Summary Status of Financing (US\$, Millions)

Ln/Cr/Tf	Approval	Signing	Effectiveness	Closing	Net		
					Commitment	Disbursed	Undisbursed
IBRD-84660	27-Feb-2015	24-Mar-2015	28-Aug-2015	28-Feb-2021	40.00	8.28	30.83

Policy Waiver(s)

Does this restructuring trigger the need for any policy waiver(s)?

No



I. PROJECT STATUS AND RATIONALE FOR RESTRUCTURING

Background

1. **The Albania Health System Improvement Project (HSIP) was approved on February 27, 2015 in the amount of EUR 32.1 million (US\$40.0 million equivalent) and became effective on August 28, 2015.** The PDO is to contribute to the modernization of selected public hospital services, through: (a) strengthening the capacity to manage the public hospital sector of hospitals managers, the Ministry of Health and Social Protection (MoHSP) and the supporting agencies, including the development of a master plan and revision of the hospital law; (b) investing in infrastructure rehabilitation and equipment in selected regions; (c) supporting the hospital payment reform; and (d) creating the enabling environment for e-health in regional hospital and implementing specific information system in selected regional hospitals, including platform to support new payments modalities. The project has three components: 1) Improving Public Hospital Sector Management and Infrastructure; 2) Improving Health Information Management for Hospital Services; and 3) Monitoring, Evaluation and Project Management.
2. **A Level 2 restructuring was approved in December 2018** to: (i) revise the PDO to reflect simplification of the Project design; (ii) revise the results framework to reflect on the simplified project activities and revised PDO; and (iii) revise Project components and costs to optimize the benefits to the population and ensure consistency with the revised PDO and Project scope.

Project Performance

3. **Following the above Level 2 restructuring, both the PDO and IP ratings were upgraded to Moderately Satisfactory (MS) in November 2019 and have since been maintained.** Implementation Progress by Component is described below.
 - **Component 1.** Progress in the implementation of activities under Component 1 has directly influenced the achievement of the PDO and the intermediate results indicators (IRs), with one of the PDO indicators already achieved. Component 1 was streamlined during the restructuring and is now focused on strengthening public hospital sector management capacity and supporting hospital services infrastructure. Four regional hospitals have met the minimum requirements of the accreditation in 2019 (exceeding the target of 3 hospitals). In addition, the technical assistance (TA) for the hospital masterplan (HMP) started in September 2019, and despite some delays in the initial phase of the COVID-19 pandemic, implementation has resumed. This activity will develop the strategic vision and roadmap for the strengthening and rationalization of the hospital sector. Critical milestones for key activities have been met, including: (i) launching of the physical rehabilitation works of the Pediatric Hospital; and (ii) signing of the contract for the physical rehabilitation of the hospital of Kukes.
 - **Component 2.** Component 2 saw notable progress in 2019, which subsequently slowed due to the earthquake and COVID-19 pandemic. Enabling institutional arrangements were put in place in 2019 – the MoHSP Technical Working Group has been appointed, cooperation between the MoHSP and National Agency for Information Society (NAIS) became more efficient, and the NAIS unit within the MoHSP is fully functional (3 persons employed). In addition, the procurement package for the Regional Hospitals Information System (RHIS) was prepared and the bidding published. In parallel, other activities also made progress, most importantly the RHIS related packages – the procurement of equipment for hospitals and central location. However, the earthquake and the COVID-19 crisis significantly slowed down the pace of activities. The RHIS bidding procedure is in the final evaluation phase, with the bidding evaluation report being reviewed for no-objection (September 2020). As a result, the RHIS implementation and all related activities cannot be implemented before the actual closing date (February 2021). While Component 2 is well structured and activities are progressing, the MoHSP would need additional time to finalize all activities as planned.
4. **The Project has disbursed EUR 7.36 million (equivalent of USD 8.73 million, 22.9 per cent of project total) and is expected to reach EUR 10 million (or 31.1 per cent) by December 31, 2020.** Total commitments as of September 2020 are EUR 17.92 million. Disbursement progress has been significantly affected by the delays in implementing big civil works contracts, as



well as temporary suspension of different TA contracts, due to the COVID-19 emergency. The project's financial management and disbursement arrangements remain adequate in terms of staff and effectiveness. The 2019 audit report has not yet been submitted due to COVID-19 situation. The Bank team has agreed to postpone the audit's due date by 5 months to November 30, 2020. There have been no issues identified from current or prior year audits. Other aspects of financial management are satisfactory. A procurement post review mission, conducted in March 2019, found that the selection/bidding process, for which the Project Coordination Unit (PCU) in the MoHSP is in charge, was generally in line with the World Bank's procurement rules and guidelines. PCU performance continues to be Moderately Satisfactory, taking into consideration the delays observed in the evaluation process for the RHIS package (bid submission was Nov 1, 2019, and for which bid validity extended for additional 7 months), as well as some delays noted overall during evaluation of bids/proposals.

5. **The Environmental and Social Safeguards continues to be Satisfactory.** The Project is classified as Category B based on the World Bank (WB) Operational Policy OP 4.01 on Environmental Assessment. This classification was assigned based on the planned rehabilitation of the Pediatric Hospital in Tirana and possible additional rehabilitation works in regional hospitals or similar facilities throughout Albania. As required by OP 4.01, a template checklist Environmental Management Plan (EMP) was prepared and disclosed in country and on the World Bank website prior to the start of Project appraisal (July 2014). The checklist EMP prepared for the Pediatric Hospital has been and will be used as a template for similar environmental safeguard assessments for the regional hospitals once the locations and interventions have been identified.

Country Context

6. **On November 26, 2019, a 6.3 magnitude earthquake hit Albania, causing extensive damage in 11 municipalities, including the two most populous, urbanized and developed municipalities (Tirana and Durres).** The worst affected municipalities were: Shijak, Durres, Kruja, Tirana, Kamza, Kavaja, Kurbin, and Lezha. The human toll included 51 people killed and, at the time of the post-disaster assessment performed in February 2020, more than 200,000 affected. Up to 17,000 people were displaced due to the loss of their homes. In addition to the human toll, the natural disaster severely affected the network of public health providers. Of the country's 480 health facilities, 36 were either fully or partially damaged. There were damages to three regional hospitals, nine university hospitals (units), two municipal hospitals, ten health centres, and 12 health posts.¹ The regional hospital in Laçi was severely damaged, including structural parts such as tiles, stones, blocks of the walls, floors, and reinforcement columns. Following the in-depth expertise of the Construction Institute, along with the findings of the technical assessment conducted by an external contracted consultant, the Government has decided to demolish the damaged structure. The regional hospital in Laçi was evacuated and remains unusable as of today.

7. **Not long after the earthquake, an outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) began spreading rapidly across the world in December 2019,** when the initial cases were diagnosed in Wuhan, Hubei Province, China. Since the beginning of March 2020, the number of cases outside China has increased thirteenfold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic. As of September 12, 2020, the outbreak has resulted in an estimated 28,329,790 cases, including 911,877 deaths worldwide.

8. **Albania's first cases of COVID-19 were confirmed on March 8, 2020,** in two travelers returning from Italy. COVID-19 was successfully contained through early and effective efforts to enact physical distancing. On March 23, 2020, a natural disaster and state of emergency were declared because of the COVID-19 outbreak, and several critical measures were taken to help contain the epidemic. An emergency WB loan² of USD 16.8m to support Albania to prevent, detect, and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness was approved on July 30th 2020. Since mid-June, however, the number of new cases per day has been on a steadily upward trend and as of mid-September 2020, almost

¹ Albania Post-Disaster Needs Assessment Volume A Report - February 2020. European Union; Government of Albania; UN Development Programme; UN Resident Coordinator for Albania; World Bank.

² The Albania Emergency COVID-19 Response Project (P174101)



12,000 cases and over 300 deaths have been recorded. Despite the measures taken, therefore, the pandemic has significantly affected the timeline of HSIP and its implementation pace.

9. **Overall, the pandemic put further strain on a health system that was already weakened by the destruction wrought by the earthquake**, causing delays in implementation of the Project such as of TA contracts and civil works (which were stopped for a period of four weeks). All members of the project working groups in the MoHSP are part of the National Task Force to respond to COVID-19, so their efforts have understandably been focused on other matters (instead of on project implementation) during the early stage of the pandemic. Despite these limitations, progress has been made on a number of key project activities, and as a result the Overall Implementation Progress (IP) and PDO ratings were maintained as Moderately Satisfactory in interim ISR of June 2020.

10. **The needs for hospital infrastructure reconstruction and upgrading, supply of new medical equipment, and strong health information system identified by the Government have become even more relevant in the short-term.** Those needs are only reinforced by the potential surge of patients suffering from COVID-19 who will require a well-functioning hospital network and a referral system that is enabled by a health information system to allow timely information-sharing across various designated health providers on COVID-19 patients and their test results. Therefore, strengthening the hospital network, including clinical and administrative information systems, will support Albania's emergency response to the earthquake and efforts to maintain and optimize the accessibility and quality of services for all patients.

11. **In response to these needs, the WB approved a new COVID19 Emergency Project on July 30, 2020.** The activities will support continued containment of COVID-19 in the short-term and will strengthen Albania's capacity for preventing and responding to public health emergencies (including further waves of the COVID-19 pandemic) in the medium- and long-term. In particular, it envisions strengthening the hospital network, principally through the expansion of Infectious Disease Clinic at the Mother Theresa University Hospital. This will enable the isolation of more patients in single-occupancy rooms. Strategies will also be developed to increase hospital bed availability, including deferring elective procedures and earlier discharge (with follow-up by home health-care personnel).

Rationale for Restructuring

12. **This Project restructuring will allow for an immediate response to earthquake damages in efforts to ensure the Ministry can build back better and more resilient hospitals.** It will reallocate funds to support increased investment in the public health hospital network and will extend the period of implementation by 22 months to December 31, 2022. Reallocations across categories are aimed at increased investment in civil works. The necessary reconstruction of the Laçi Hospital will be more costly than the rehabilitation works planned pre-earthquake (at the time of the previous restructuring). In addition, the 22 month extension will ensure sufficient time to implement the remaining activities related to hospital modernization delayed as a result of the COVID-19 pandemic, ensure continued implementation of existing project activities and signed contracts, and allow for timely infrastructure investments in hospitals damaged by the recent earthquake. Additional time will be necessary for successful completion of the RHIS package, expected to come to completion in February 2022, and 22-months will be sufficient to finalize the implementation of the other packages related to the Health Information Management for Hospital Services.

II. DESCRIPTION OF PROPOSED CHANGES

This Level 2 restructuring includes:

13. **Extension of Project Closing Date.** The closing date will be extended from February 28, 2021 to December 31, 2022. This would be the first extension of the project closing date for a combined total of 22 months beyond the original closing date.



14. **Revision of Project Component and Costs.** The revisions of Project components and costs will ensure sufficient funding for the new activities. The revised Project components and costs are outlined below and in Table 1.

15. **Several activities under Component 1 will be financed by alternate resources identified by the MoHSP or will be dropped** due to lack of official request from relevant stakeholders, such as below:

- Civil engineer to support implementation of civil works: this activity has been dropped because the civil works are being supervised by firms identified by the Government through other resources;
- TA for rehabilitation of selected hospitals under HMP/Accreditation: this activity has been dropped because designs for Kukes and Pogradec hospitals have been prepared by the MoHSP and Project funds are no longer needed;
- Contract Extension - Supply & installation of Financial Management System Software in about 420 PHCs: this activity has been dropped because the HIF has not submitted an extension request for additional functionalities.

16. **The following new activities are added under Component 1:**

- Managing the Volume of Laboratory Test Prescriptions, Annual Hospital Budget Caps and Fee for Service Performance Payments: this activity will support the Government’s ambitious program to improve performance of the health care system, focusing on the quality of services provided in public hospitals. TA will support the Government to develop capacity of the MoHSP and hospitals to adequately address the risk of misuse/overuse of lab tests, such as in: (i) reviewing ordering forms in line with the range of tests available at public hospitals; (ii) developing Albanian laboratory test prescription guidelines/protocols, as well as bureaucratic rules set to rationalize prescriptions for laboratory tests; and (iii) recommending an enforcement strategy to the MoHSP, including continuous evaluation of activities undertaken by the defined stakeholders under the monitoring system;
- Reconstruction work at Laçi Hospital: this activity will support reconstruction of a hospital that was severely damaged by the earthquake and cannot operate in current condition, thereby hindering access to quality services, especially at a time when functional hospitals are essential to respond to COVID-19 pandemic. Laçi Hospital is a regional one with direct access between two main highways in the country and is a critical facility to treat emergencies. Thus, immediate reconstruction of Laci Hospital remains imperative to resume the medical services for patients. Specifically, this activity will support reconstruction of the hospital in the same location, including facilities for improvement of hospital infrastructure and functionalizing its medical services. The selected hospital facility falls within the existing network of public hospitals already supported under Component 1;
- Supervision and inspection of civil works of Laçi Hospital: this activity will supervise the reconstruction work of Laçi.

17. **Activities under Component 2 remain the same, but the timeline and estimated costs have been revised:** Savings from canceled activities and lower estimated cost for RHIS software packages and linked activities were reallocated to component 1 to fund new activities.

Table 1: Revision of Component Costs.

Component	Original (EUR)	Revision of funds per component after mid-term review (EUR)	Revision of funds per component after restructuring (EUR)
Component 1: Improving management and infrastructure of Public Hospitals	15 100 000	18 061 000	22 230 315
Component 2: Improving Health information management system for hospital services	13 600 000	13 039 000	8 828 788



Component 3: Improving financial system in health care <i>Component was removed following the mid-term review</i>	2 400 000	0	0
Component 3: Project monitoring, assessment and management	919 750	919 750	960 647
Front-end Fee	80 250	80 250	80 250
TOTAL	32 100 000	32 100 000	32 100 000

18. **Revision of the Results Framework.** One IR target will be revised to reflect the changes in the activities supported. The end target of the IR “Number of facilities renovated and/or equipped” will be changed from “11 regional hospitals equipped; 3 regional hospitals renovated; 1 QSUT (Pediatric) renovated” to “11 regional hospitals equipped; 2 regional hospitals renovated or reconstructed; 1 QSUT (Pediatric) renovated” to better captured the scope and intensity of work required. Because of the earthquake, one regional hospital will be reconstructed, while the initial project envisioned rehabilitation work.

19. **Changes in the Legal Agreement.** To adapt the proposed Project component costs, the following changes have been made to the Legal Agreement:

- a. The percentage of the amount allocated under the category of Civil Works (including taxes) to be changed from 63% to 100% (including taxes). Schedule 2, Section IV.A.2
- b. An increase of category (1)/ civil works in the amount of EUR 4 586 382, Schedule 2, Section IV.A.2
- c. A reduction of category (2)/ non-consulting goods-services in the amount of EUR 3 830 206, Schedule 2, Section IV.A.2
- d. A reduction of category (3)/ consulting services, trainings and operating costs in the amount of EUR 356 426, Schedule 2, Section IV.A.2
- e. A reduction of category (6)/ unallocated funds in the amount of EUR 399 750, Schedule 2, Section IV.A.2
- f. Postponement of the project closing date until December 31, 2022, Schedule 2, Section IV.B.2

20. **Environmental and Social Safeguards Framework.** The original Project has been prepared and implemented under the World Bank Operational Policies (AKA Safeguards) corresponding to Category B based on the WB Operational Policy OP 4.01 on Environmental Assessment. This classification was assigned based on the planned rehabilitation of the Pediatric Hospital in Tirana, and possible additional rehabilitation works in regional hospitals or similar facilities throughout Albania. As required by OP 4.01, a template checklist EMP was prepared and disclosed in country and on the WB website prior to the start of Project appraisal in July 2014. The checklist EMP prepared for the Pediatric Hospital was used as a template for similar environmental safeguard assessments for the regional hospitals once the locations and interventions have been identified. Civil works (rehabilitation or small works) planned under the Project are not expected to trigger any social safeguards issues given that all works are located within the footprint and structure of existing buildings. These works should also improve the efficiency of the respective facilities. The main environmental concerns with the line of proposed reconstruction works deal with health and safety on site, dust and noise, access, waste management and material supply. The PCU will be familiarized with COVID-19 Guidelines of the World Bank to integrate into the ESMP and the documents for the reconstruction works in the Laçi hospital that is subject of this restructuring. The Client has prepared adequate environmental permitting, as per the Albanian laws and the EMP for the hospitals undergoing civil works. The site has an existing Environmental Impact Assessment (EIA) report as part of the Albanian permitting procedures, which shall be used as a basis for the ESMP. The overall implementation of environmental and social safeguards to date has been satisfactory and there were no issues noted during regular supervision missions. There are no changes in the associated impacts or additional risks identified for the activities proposed under this restructuring. Civil works (rehabilitation or small works) planned under the Project are not expected to trigger any social safeguards issues given that all works are located within the existing footprint and structure of buildings. These works should also improve the efficiency of the facility. The Client has prepared adequate environmental permitting as per the Albanian laws and also the Environmental Management Plan for the hospitals undergoing civil works. Understanding that there are no



additional works beyond what was envisaged in the original project scope, and that the safeguards implementation has been Satisfactory throughout project implementation, as reflected timely in Aide Memoires, the original documentation and category rating will remain and there will be no changes to the environmental and social safeguards, as a result of this restructuring.

III. SUMMARY OF CHANGES

	Changed	Not Changed
Results Framework	✓	
Components and Cost	✓	
Loan Closing Date(s)	✓	
Reallocation between Disbursement Categories	✓	
Disbursement Estimates	✓	
Implementation Schedule	✓	
Implementing Agency		✓
DDO Status		✓
Project's Development Objectives		✓
PBCs		✓
Cancellations Proposed		✓
Disbursements Arrangements		✓
Overall Risk Rating		✓
Safeguard Policies Triggered		✓
EA category		✓
Legal Covenants		✓
Institutional Arrangements		✓
Financial Management		✓
Procurement		✓
Other Change(s)		✓
Economic and Financial Analysis		✓
Technical Analysis		✓
Social Analysis		✓
Environmental Analysis		✓



IV. DETAILED CHANGE(S)

COMPONENTS

Current Component Name	Current Cost (US\$M)	Action	Proposed Component Name	Proposed Cost (US\$M)
Improving Hospital Services	21.50		Improving Hospital Services	21.50
Expanding Health Management Information System	16.20		Expanding Health Management Information System	16.20
Monitoring and Evaluation, and Project Management	1.20		Monitoring and Evaluation, and Project Management	1.20
TOTAL	38.90			38.90

LOAN CLOSING DATE(S)

Ln/Cr/Tf	Status	Original Closing	Revised Closing(s)	Proposed Closing	Proposed Deadline for Withdrawal Applications
IBRD-84660	Effective	28-Feb-2021		31-Dec-2022	30-Apr-2023

REALLOCATION BETWEEN DISBURSEMENT CATEGORIES

Current Allocation	Actuals + Committed	Proposed Allocation	Financing % (Type Total)	
			Current	Proposed
IBRD-84660-001 Currency: EUR				
iLap Category Sequence No: 1 Current Expenditure Category: DISB - CIVIL WORKS				
9,251,000.00	0.00	13,837,382.00	63.00	100
iLap Category Sequence No: 2 Current Expenditure Category: G,non-CS				
16,294,000.00	4,555,146.74	12,463,794.00	100.00	100.00



iLap Category Sequence No: 3	Current Expenditure Category: CS,TR,IOC			
6,075,000.00	1,690,969.90	5,718,574.00	100.00	100.00
iLap Category Sequence No: 5	Current Expenditure Category: Int.rate cap/collar premium			
0.00	0.00	0.00		
iLap Category Sequence No: 6	Current Expenditure Category: UNALLOCATED			
399,750.00	0.00	0.00		
Total	32,019,750.00	6,246,116.64	32,019,750.00	

DISBURSEMENT ESTIMATES

Change in Disbursement Estimates

Yes

Year	Current	Proposed
2015	0.00	0.00
2016	1,250,000.00	1,671,980.00
2017	4,360,000.00	0.00
2018	10,900,000.00	1,219,605.00
2019	10,900,000.00	3,478,350.00
2020	9,970,000.00	1,585,748.00
2021	2,620,000.00	29,514,680.00



Results framework

COUNTRY: Albania

Health System Improvement Project

Project Development Objectives(s)

The objective of the Project is to contribute to the modernization of selected public hospital services

Project Development Objective Indicators by Objectives/ Outcomes

Indicator Name	PBC	Baseline	Intermediate Targets				End Target
			1	2	3	4	
To contribute to the modernization of selected public hospital services							
Total number of hospitals in the selected region that have launched the implementation of the hospital master plan recommendations (Text)		0.00	0.00	0.00	0.00	0.00	3 hospitals have developed plan of actions
Number of regional hospitals with Hospital Information System (HIS) established and functional (Text)		0.00	0.00	0.00	0.00	4 HIS are established	4 HIS are established and functional
Number of regional hospitals meeting the minimum requirements of the accreditation agency (cumulative) (Number)		0.00	0.00	0.00	0.00	1.00	3.00



Intermediate Results Indicators by Components

Indicator Name	PBC	Baseline	Intermediate Targets				End Target
			1	2	3	4	
Improving Public Hospital Sector Management and Infrastructure							
Number of regional hospitals with social accountability mechanisms in place (Number)		0.00	0.00	0.00	0.00	0.00	4.00
Medical equipment management and maintenance revised strategy and plans adopted (Text)		No	No	No	No	No	Strategy updated and plans adopted by MoHSP
Number of clinical protocols and guidelines updated and implemented for management of five main chronic diseases (Text)		0.00	0.00	0.00	0.00	5 clinical guidelines and protocols updated	5 guidelines and protocols implemented and monitored in all regional hospitals
HIF experts and selected health personnel receiving training (disaggregated by gender) (Text)		0.00	0.00	0.00	0.00		55 females; 45 males
Roadmap for hospital payment reforms adopted by HIF (Text)		No	No	No	No	Roadmap developed	Roadmap adopted by HIF
Number of service payment packages (10 in total) using new platform processed (Number)		0.00	0.00	0.00	0.00	8.00	10.00



Indicator Name	PBC	Baseline	Intermediate Targets				End Target
			1	2	3	4	
Number of facilities renovated and/or equipped (cumulative) (Text)		0.00	0.00	0.00	11 hospitals equipped	11 regional hospitals equipped; 1 regional hospital renovated	11 regional hospitals equipped; 3 regional hospitals renovated; 1 QSUT (Pediatric) renovated
Improving Health Information Management for Hospital Services							
Master Plan for eHealth/HMIS activities developed (Text)		No	No	No	No	No	Yes
Number of essential registries that are consolidated and available online (cumulative) (Number)		0.00	0.00	0.00	0.00	1.00	4.00



The World Bank

Health System Improvement Project (P144688)
