

Implementation Status & Results
Kazakhstan
Health Sector Technology Transfer and Institutional Reform (P101928)

Operation Name: Health Sector Technology Transfer and Institutional Reform (P101928) Project Stage: Implementation Seq.No: 7 Status: ARCHIVED Archive Date: 27-Dec-2011

Country: Kazakhstan Approval FY: 2008
 Product Line: IBRD/IDA Region: EUROPE AND CENTRAL ASIA Lending Instrument: Specific Investment Loan
 Implementing Agency(ies): Ministry of Health

Key Dates

Board Approval Date	15-Jan-2008	Original Closing Date	30-Jun-2013	Planned Mid Term Review Date	31-Oct-2011	Last Archived ISR Date	27-Dec-2011
Effectiveness Date	15-Dec-2008	Revised Closing Date	30-Jun-2013	Actual Mid Term Review Date	31-Oct-2011		

Project Development Objectives

Project Development Objective (from Project Appraisal Document)

To introduce international standards and build long-term institutional capacity in MOH and related healthcare institutions in support of key health sector reforms pursued by the Government of Kazakhstan in the context of the State Health Care Reform and Development Program.

1. **Improved efficiency and equity of health expenditure and better financial protection for households in oblasts that implement a comprehensive package of healthcare financing and management reforms;**
2. **Improved quality and efficiency of medical care through the establishment of functioning systems/ institutions for clinical practice guideline development/ dissemination and health facility accreditation, and through improved performance in the laboratory and blood transfusion systems;**
3. **Improved quality of medical graduates and improved ability to carry out medical research through upgrading the medical/pharmacological education and research systems and introducing international standards;**
4. **Improved efficiency and quality in health facility management through access to reliable, timely health information from a unified health information system;**
5. **Improved safety, efficacy, quality and affordability of drugs through reforms in pharmaceutical procurement, pricing, prescribing monitoring, information provision, benefit package design and quality control; and**
6. **Improved food safety and speedier WTO accession through the introduction of international sanitary and phytosanitary norms.**

Has the Project Development Objective been changed since Board Approval of the Project?

Yes No

Component(s)

Component Name	Component Cost
Component A: Health Financing and Management	20.20
Component B: Health Care Quality Improvement	59.90
Component C: Reform of Medical Education and Medical Science	9.40
Component D: Health Information System Development	188.60
Component E: Pharmaceutical Policy Reform	4.20
Component F: Food Safety and WTO Accession	8.70
Component G: Project Management	4.60

Overall Ratings

	Previous Rating	Current Rating
Progress towards achievement of PDO	Moderately Satisfactory	Satisfactory
Overall Implementation Progress (IP)	Moderately Satisfactory	Moderately Satisfactory
Overall Risk Rating		

Implementation Status Overview

Overall implementation is proceeding well and pace of implementation has accelerated since Mid term review in November 2011. Much efforts were made to prepare restructuring plan and to move towards implementation of reforms as agreed during Mid Term review. Several key policy directions for the sector were agreed during a Brainstorming Session with Prime Minister in May 2012. As the project was designed to focus mostly on building capacity to develop policies through technical assistance and training, the actual implementation of reforms were not envisaged. The Project Appraisal Document recognized that adjustments could be needed depending on the pace of the reforms and evolving needs. Given the good progress made so far, it was recognized that the project should shift its focus towards implementation of a number of key reforms envisaged under Salamatti Kazakhstan. This will be possible because of considerable savings attained in the procurement of both equipment and provision of technical assistance from projections made at appraisal.

Locations

Country	First Administrative Division	Location	Planned	Actual
Kazakhstan	Not Entered	Shyghys Qazaqstan Oblysy		
Kazakhstan	Not Entered	Pavlodar Oblysy		
Kazakhstan	Not Entered	Qaraghandy Oblysy		
Kazakhstan	Not Entered	Astana		

Results

Project Development Objective Indicators

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Indicator Name	Core	Unit of Measure		Baseline	Current	End Target
Improved efficiency and equity of health expenditure and better financial protection for households in oblasts that implement a comprehensive package of healthcare financing and management reforms	<input type="checkbox"/>	Text	Value	Expenditure on: - utilities as a proportion of total recurrent spending in hosp. that introduce package of reforms is TBD; - outpatient care as a share of total expend. is 25.6%.	Expenditure on: (a) Delayed. Data on utilities expenditures by hospitals included in the Comprehensive survey of facilities/providers/patients to be conducted in 2012 & 2013. Contract for Comprehensive survey signed on June 7, 2012. (b) (b) PHC as a share of total health expend. is 22.5%.	Expenditure on: (a) utilities as a proportion of total recurrent spending in hosp. should be reduced by 10%; (b) outpatient hosp. care as a share of total hosp. expend. increased to 40%
			Date	01-Oct-2008	14-Jun-2012	31-Dec-2013
			Comments	Expenditure on: (a) utilities as a proportion of total recurrent spending in hosp. that introduce package of reforms is 1.6%; (b) outpatient care as a share of total expend. is 29.9%.		
Improved quality & efficiency of medical care through the establishment of functioning systems/institutions for clinical practice guideline development/dissemination & health facility accreditation	<input type="checkbox"/>	Text	Value	(a) No CPGs in place and no institution with capacity to develop them. (b) No accreditation body and (c) no health facilities have undergone accreditation to-date.	a) 59 clinical protocols developed and implemented. 2 CPGs implemented and 11 other CPGs approved; (b) 43 trainers and 160 inspectors trained; (c) Beside hospital accreditation standards, standards for outpatient facilities also developed and α-tested on 5 healthfacilities.	(a) At least 20 core CPGs developed in 5 specialties and reviewed; (b) Establishment of independent accreditation body, (c) which accredits at least 20 public facilities at republican and oblast levels.
			Date	01-Oct-2008	10-May-2012	31-Dec-2013
			Comments			
Improved quality of medical graduates & improved ability to carry out medical research through upgrading the medical/ pharmaceutical education & research systems & introducing international standards.	<input type="checkbox"/>	Text	Value	(a) Outdated curricula for medical and pharmaceutical educ.; (b) Participation rates in training courses in EBM centers is 0%; (c) No physicians have been licensed under new standards.	(a) Proposals on introduction of multiple mini-interview developed and to be piloted; (b) EBM centers established, 175 faculty members trained; (c) Center for independent assessment of knowledge and skills established within RCHD. Pilot online testing of internship graduates conducted in May 2011, and	(a) New curricula for medical and pharmaceutical educ. implemented in the 6 public univ.; (b) 100% participation rates in training courses in EBM centers; (c) 1500 physicians licensed under new standards.

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					final computer testing in June 2011.	
			Date	01-Oct-2008	14-Jun-2012	31-Dec-2013
			Comments			
	<input type="checkbox"/>	Text	Value	(a) There is no HMIS system in place; (b) 0% of staff are trained and able to use HMIS system.	(a) Regulatory body for e-Health established and capacity building planned. Delivery and installation of IT equipment in Karaganda oblast underway. Contract for East-Kazakhstan oblast delayed; (b) 52.2% (12275) of all key HMIS users in 4 pilot sites (23499) fullytrained and able to use the system, including 100% (6762) in Astana, 97.9% (5513) in Akmola oblast.	(a) HMIS fully designed and approved for use by MOH; (b) 75% of key HMIS users fully trained and able to use the system.
			Date	01-Oct-2008	14-Jun-2012	31-Dec-2013
			Comments			
	<input type="checkbox"/>	Text	Value	(a) Ratio of counterfeit drugs TBD; (b) Out-of-pocket drug expenditure is 54.4%; (c) Average retail and public procurement price for selected drugs TBD; (d) No restructuring of pharmaceutical policy sector.	(a) n/a; (b) Data not available. To be completed in 2012. Starting January 2012, outpatient drug benefits provided to eligible categories free of charge within BBP; (c) Second round of drug price survey (WHO/HAI) underway. MOH WG developing price setting methodology. Price regulation mechanism using reference prices considered by MOH in May 2012. Close coordination with Customs Committee, andfixing prices at drug registration stage; (d) Updated National Formulary approved by the Republican Formulary Commission in May 2011.	(a) Ratio of counterfeit drugs TBD; (b) 10% reduction in Out-of-pocket drug expend.; (c) 10% reduction in Average retail and publicproc. price for selected drugs; (d) Restructured pharma. policy sector.
			Date	01-Oct-2008	23-May-2012	31-Dec-2013
			Comments	(b) As per NHA 2008; (c) to be available in December		

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				2010; other special surveys to establish baseline values not conducted yet.		
Improved food safety and speedier WTO accession through the introduction of international sanitary and phytosanitary norms	<input type="checkbox"/>	Text	Value	(a) No safety norms in place; (b) No technical regulations in place.	(a) 26 sanitary norms and rules and 25 technical regulations upgraded to international standards for approval by MOH; Development of Handbook of international-standard sanitary norms and rules for local food industry underway.	(a) Harmonization of 10 food safety norms in accordance with int. standards; (b) Development and approval of 15 technical regulations;
			Date	01-Oct-2008	14-Jun-2012	31-Dec-2013
			Comments			Additional norms and technical regulations for harmonization identified; revised target value to be confirmed by the MOH following contract negotiations.

Intermediate Results Indicators

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Indicator Name	Core	Unit of Measure		Baseline	Current	End Target
Accreditation of medical education	<input type="checkbox"/>	Text	Value	National standards for institutional accreditation developed and approved based on WFME standards for basic medical education and tailored to Ministry of Education and Scienc*(National Accreditation Center (NAC MOES) requirements and national specifications.	On track: Implementation of twining agency recommendations on upgrading national accreditation standards to comply with international WFME standards for basic education underway.	International accreditation standards adopted on basic medical education for medical universities
			Date	31-Dec-2008	14-Jun-2012	30-Jun-2013
			Comments			
Improvements of medical research	<input type="checkbox"/>	Text	Value		Delayed: twining agency started technical activities in May 2012.	Mechanism developed for the prioritization and review of medical research and the issuance of competitive grants, according to international principles

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			Date		16-May-2012	30-Jun-2011
			Comments			
restructuring of the pharmaceutical policy sector	<input type="checkbox"/>	Text	Value		On track: draft Pharmaceutical Policy Concept developed and being publicly discussed.	Progressive restructuring of the pharmaceutical policy sector as evidenced by finalization and publication of a national drug policy by 2010
			Date		24-May-2012	31-Dec-2010
			Comments			
Drug approval system updated, based on international standards	<input type="checkbox"/>	Text	Value		On track: Updated National Formulary approved by the Republican Formulary Commission in May 2011.	Drug approval system updated, based on international standards by 2009, including removal from the market of some older drugs by 2012
			Date		14-Jun-2012	
			Comments			
Establishment of drug price regulations	<input type="checkbox"/>	Text	Value		On track: Second round of drug price survey (WHO/HAI) underway. MOH WG developing price setting methodology. Price regulation mechanism using reference prices considered by MOH in May 2012. Close coordination with Customs Committee, and fixing prices at drug registration stage.	Establishment of drug price regulations by 2009 that decrease the average retail and procurement price for selected drugs by 2010
			Date		14-Jun-2012	31-Dec-2009
			Comments			
Technical food regulations to international standards	<input type="checkbox"/>	Text	Value		On track: Recommendations provided on harmonization with international requirements of 25 technical regulations.	Development and approval of 15 technical regulations to international standards
			Date		14-Jun-2012	30-Jun-2013
			Comments			
Decrease in out-of-pocket drug expenditures	<input type="checkbox"/>	Percentage	Value	54.00		44.00
			Date		14-Jun-2012	30-Jun-2011
			Comments		Data not available	10 % decrease

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Harmonization of food safety norms and rules in accordance with international standards	<input type="checkbox"/>	Text	Value		On track: Development of Handbook of international-standard sanitary norms and rules for local food industry underway	Harmonization of 10 food safety norms and rules in accordance with international standards
			Date		14-Jun-2012	30-Jun-2013
			Comments			
Regulation of food standards and processing	<input type="checkbox"/>	Text	Value		On track: draft amendments to Law on food safety developed according to international standards.	Harmonize regulations with WTO standards
			Date		25-May-2012	30-Jun-2013
			Comments			
Establishment of a well-functioning Health Policy Unit	<input type="checkbox"/>	Text	Value	No policy unit in place	In addition to Strategic Planning Division, Health Policy Analysis Division created within DSD in April 2012.	Establishment and operation of a well-functioning Health Policy Unit with at least five staff possessing an appropriate skill-mix
			Date	01-Dec-2008	14-Jun-2012	30-Jun-2013
			Comments			
Implementation of National Health Accounts	<input type="checkbox"/>	Yes/No	Value	No	Yes	Yes
			Date	31-Dec-2008	24-May-2012	30-Jun-2013
			Comments	NHA 2007 & 2008 were developed by MOH outside the Project scope, i.e., without using new household/provider/client survey data	On track NHA report for 2010 was prepared in 2011 jointly with twining agency.	
improvement in allocative efficiency	<input type="checkbox"/>	Text	Value		Delayed. Data on utilities expenditures by hospitals included in the Comprehensive survey of facilities/providers/patients to be conducted in 2012 & 2013. Contract for Comprehensive survey signed on June 7, 2012.	10 percent decrease in the percentage of funds spent by hospitals (excluding outpatient facilities) on utilities (heat, electricity) in oblasts that introduce the full package of reforms
			Date		14-Jun-2012	30-Jun-2013
			Comments			
Users perceived quality of care	<input type="checkbox"/>	Percentage	Value	70.00	80.00	80.00
			Date	07-Dec-2009	14-Jun-2012	

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			Comments	Based on user surveys. Source: MOH Strategic Plan 2011-2015	Delayed: Questions on users perceived quality of care included in Comprehensive facility/provider/patient survey to be conducted in early 2012 & 2013. Contract for Comprehensive survey signed on June 7, 2012.	increase by 10%
Improvement in providers autonomy	<input type="checkbox"/>	Percentage	Value	1.00	15.30	75.00
			Date	31-Dec-2007	14-Jun-2012	20130631
			Comments	Less than 1% (26 facilities in 2007)	Partially on track: 240/1020, 23,5%	Not achievable
Improvement in facility planning	<input type="checkbox"/>	Text	Value	0	Partially on track. New hospital planning standards developed based on international experience and assessment of health care needs in 10-15 year period. Master plans for first 5 oblasts developed based on new standards. Potential pilot PPP projects identified based on master plans.	100% of newly-constructed/ major renovation hospitals based on new planning tool
			Date		14-Jun-2012	30-Jun-2013
			Comments			
licensing and accreditation of healthcare facilities	<input type="checkbox"/>	Text	Value	no licencing. Accreditation initiated		standards for licensing and accreditation of healthcare facilities developed, adopted and implemented
			Date	12-Dec-2004	07-Dec-2011	20130631
			Comments		On track.	
Improvement of Blood Safety	<input type="checkbox"/>	Text	Value		Contract with twinning agency terminated in February 2012.	Increased quality and effectiveness of donor screening at selection and laboratory screening
			Date		14-Jun-2012	30-Jun-2013
			Comments		Delayed.	Increased share of voluntary to paid donor
implementation of clinical practice guidelines	<input type="checkbox"/>	Number	Value	0.00	59.00	100.00
			Date	07-Dec-2008	14-Jun-2012	

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			Comments		Delayed: 59 clinical protocols developed and implemented. 2 CPGs implemented and 11 other CPGs approved.	60 percent of newly-developed CPGs implemented including medical condition-based ordering and interpreting of laboratory tests
Laboratory network improvements	<input type="checkbox"/>	Text	Value	not in place	Delayed: Assignment re-advertised, received EOIs being evaluated.	Laboratory network restructuring plan developed including equipment and HR standards, service profiles and quality control mechanisms
			Date	01-Dec-2008	14-Jun-2012	20130631
			Comments			
Improvement of medical education	<input type="checkbox"/>	Text	Value	State standards in place for 6 specialties of higher medical and pharmaceutical education.	On track: Proposals on introduction of multiple mini-interview developed and to be piloted.	New curricula for medical/ pharmaceutical education implemented, together with a unified testing system and updated/upgraded criteria for admission, by all public medical universities
			Date	01-Dec-2008	14-Jun-2012	30-Jun-2013
			Comments			
Improvement in continuous medical education	<input type="checkbox"/>	Text	Value		On track: Center for independent assessment of knowledge and skills established within RCHD. Pilot online testing of internship graduates conducted in May 2011, and final computer testing in June 2011.	Regulatory/institutional/ financial framework developed and approved for a sustainable, permanent system of continuing medical education
			Date	31-Dec-2008	14-Jun-2012	30-Jun-2013
			Comments			
Utilization of IT technology	<input type="checkbox"/>	Percentage	Value	0.00	52.00	75.00
			Date			
			Comments		On track with 52.2% (12275) of all key HMIS users in 4 pilot sites (23499) fully trained and able to use the system, including 100%(6762) in	75 percent of key HMIS users fully trained and able to use the system

					Astana, 97.9% (5513) in Akmola oblast. Indicator not sufficient to measure quality of IT services.			
Satisfaction with utilization of IT	<input type="checkbox"/>	Text	Value		Delayed: Data on user satisfaction included in the Comprehensive survey of facilities/providers/patients to be conducted in 2012 & 2013. Contract for Comprehensive survey signed on June 7, 2012.	75 percent of staff who use the HMIS report average or high levels of satisfaction		
				Date			14-Jun-2012	31-Dec-2013
				Comments				
Full HMIS package deployed in three oblasts plus Astana City	<input type="checkbox"/>	Text	Value		Partially on track: delivery and installation of IT equipment in Karaganda oblast underway. Contract for East-Kazakhstan oblast delayed	Full HMIS package deployed in three oblasts plus Astana City		
				Date			14-Jun-2012	30-Jun-2013
				Comments				

Data on Financial Performance (as of 13-Jun-2012)

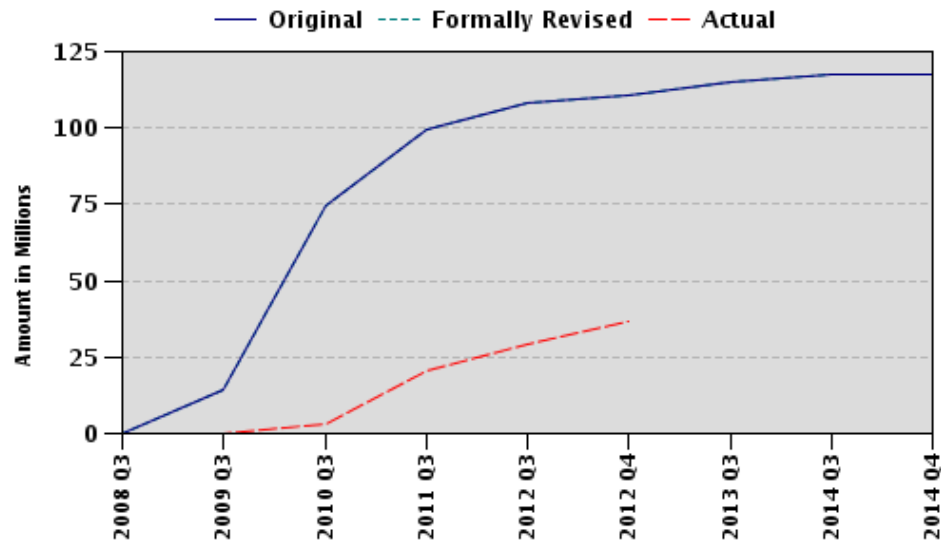
Financial Agreement(s) Key Dates

Project	Ln/Cr/Tf	Status	Approval Date	Signing Date	Effectiveness Date	Original Closing Date	Revised Closing Date
P101928	IBRD-48830	Effective	15-Jan-2008	02-Feb-2008	15-Dec-2008	30-Jun-2013	30-Jun-2013

Disbursements (in Millions)

Project	Ln/Cr/Tf	Status	Currency	Original	Revised	Cancelled	Disbursed	Undisbursed	% Disbursed
P101928	IBRD-48830	Effective	USD	117.70	117.70	0.00	36.41	81.29	31.00

Disbursement Graph



Key Decisions Regarding Implementation

The Ministry of Health completed proposal for restructuring and widening the scope of work, content, duration of tasks and estimated budgets and utilize huge savings achieved during the first phase of implementation of the Project. The Minister of Finance formally requested the extension of the closing date of the Loan to coincide with the duration of Salamatti Kazakhstan which runs to December 31, 2015. The Bank is currently processing this request

Restructuring History

There has been no restructuring to date.

Related Projects

There are no related projects.