Report Number: ICRR0022063

1. Project Data

Project ID P106735	**Project Name** AR Provincial Public Health Insurance
Country Argentina	**Practice Area(Lead)** Health, Nutrition & Population

L/C/TF Number(s)	Closing Date (Original)	Total Project Cost (USD)
IBRD-80620,IBRD-85160	31-Dec-2015	600,000,000.00
Bank Approval Date	**Closing Date (Actual)**	
28-Apr-2011	31-Aug-2019	

	IBRD/IDA (USD)	Grants (USD)
Original Commitment	400,000,000.00	0.00
Revised Commitment	600,000,000.00	0.00
Actual	600,000,000.00	0.00

Prepared by	Reviewed by	ICR Review Coordinator	Group
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2. Project Objectives and Components

a. Objectives

According to the Loan Agreement of 8/2/12, the objectives of the project were to: (a) increase utilization and quality of key health services for the uninsured target population; and (b) improve institutional management by strengthening the incentives for results in Participating Provinces and among Authorized Providers. The statements of objectives were identical in the PAD and ICR.

Project objectives were not revised, but associated outcome targets were revised downward in July 2015 at the time of additional financing. Therefore, this ICR Review applied a split evaluation methodology.

b. Were the project objectives/key associated outcome targets revised during implementation?
Yes

Did the Board approve the revised objectives/key associated outcome targets?
Yes

Date of Board Approval
06-Jul-2015

c. Will a split evaluation be undertaken?
Yes

d. Components

1. **Supporting Provincial Public Health Insurance** (Appraisal US$290 million; AF US$137 million; Actual US$427 million). The component consisted of capitation payments made by the National Health Ministry to participating provinces for the provision of (a) general health interventions; and (b) selected health interventions for catastrophic diseases, including congenital heart diseases.

2. **Institutional and Management Strengthening of National and Provincial Ministries of Health** (Appraisal US$59 million; AF US$25.5 million; Actual US$84.50 million). The component provided for management improvement, governance, monitoring and evaluation. The component included: (a) development of information systems and instruments; capacity enhancement to manage the project, including the preparation and execution of annual performance agreements between the National Health Ministry and Provincial Health Ministries, and between provincial ministries and authorized providers; and service delivery, including outreach, for rural and indigenous peoples; (b) strengthening health workforce skills; (c) improving epidemiological information, financial monitoring and evaluation, and human resource management systems; (d) streamlining regulatory and planning capacities; (e) carrying out of studies on health system financing aimed at facilitating policy-making decisions of the national and provincial ministries; (f) improving communication strategies for disseminating information about health plans, changing behavior among health sector staff, and promoting social participation; and (g) supporting the establishment of an observatory of the Borrower's health system.

3. **Building Capacity of the National and Provincial Ministries of Health To Deliver Services** (Appraisal US$50 million; AF US$37 million; Actual US$87 million). This third component was aimed at strengthening the supply capacity of national and provincial ministries of health through: (a) the provision of equipment (medical, transportation, information technology and communications); and (b) maintenance services needed to upgrade and expand national and provincial health ministries' information and communication systems (excluding civil works).

Explanatory note on coverage: Health services organization and related financing in the country (24 provinces, including the Autonomous City of Buenos Aires) largely consist of three clusters:

i. the contributory social security sub-sector (57% of the total population);
ii. the contributory private health insurance sub-sector (5.1% of the population); and
iii. the public health sector (37.9% of the population), providing free health care for anyone requesting it, including the uninsured.

The project (known as SUMAR) focused on the third cluster (the public health sector) and utilized a results-based financing approach. The project retained the essential features of the existing Plan Nacer, covering uninsured pregnant and lactating women, and children under 6, while concurrently expanding eligibility to new population groups, consisting of children aged 6 to 9 years, youth aged 10 to 19 years, and adult population aged under 65 without formal health insurance (ICR, p. 5). The PAD (p. 7) estimated that around 9.5 million people would directly benefit from the project.

Scale-up of components under the additional financing of 2015. The additional financing maintained the original project components to continue to finance health benefits for the original population groups (i.e., children aged 0 to 9, youth aged 10 to 19 years, and adult females aged under 65 without formal health insurance) and their further expansion to also include men 20-64 without formal insurance, as this was the main remaining population subgroup that still lacked any form of coverage by insurance or risk-pooling mechanism (ICR, p. 8). The additional funds were allocated among components roughly in the same proportions as the original allocations at appraisal (ICR, p. 9).

e. Comments on Project Cost, Financing, Borrower Contribution, and Dates

Cost and financing. The original amount of IBRD financing was estimated at US$400 million, and, with an additional financing of US$200 million, the actual cost amounted to US$600 million, including front end fees of US$1.50 million. The loan was fully disbursed.

Borrower contribution. Counterpart funding was not elucidated in the main ICR report. However, the economic analysis (Annex 4, ICR, p. 45) stated that the actual project cost amounted to US$788.7 million when provincial counterpart funds were included. According to the Borrower Comments, (Annex 5, ICR, p. 54), US$800 million were delivered throughout the project period, including Bank loans, Argentine Treasury contributions, and provincial co-financing.

Dates. The project was designed for a five-year implementation period. It was approved on 4/28/11 with a planned closing date on 12/31/15. The project became effective 18 months later on 10/17/12. Effectiveness was held off due to a delay in approving the Presidential Decree that was required for signing the Loan Agreement (Project Paper, Report No: PAD1397, dated 6/3/15, p. 7). According to the ICR (p. 21), the availability of funds from the preceding operation under Plan Nacer may have contributed to this delay. A Mid-term Review was undertaken on 11/7/14. In the context of additional financing in July 2015, the original closing date was extended by 21 months till 9/30/17. Effectiveness of the additional financing also encountered a delay of 11 months. Likewise, the ICR (p. 21) noted that the availability of funds from the original loan may have contributed to this delay. A level-2 restructuring on 6/16/17 extended the closing date by 15 months to 12/31/18 in view of delayed effectiveness, currency devaluation, and increased capitation payments. The closing date was further extended on 9/20/18 by eight months under a level-2 restructuring to 8/31/19, at which date the project closed.

3. Relevance of Objectives

Rationale

The objectives were responsive to the national long-term goals aiming at gradual development of universal health coverage, initiated in 2004. Under the existing flagship Plan Nacer, maternal and child health services were provided to uninsured pregnant and lactating women, and to uninsured children under six. The Bank and successive national administrations supported these efforts (Provincial Maternal & Child Health Investment Project - APL 1 & 2). While retaining the essential features of Plan Nacer, the project constituted a logical next step in incremental coverage of new uninsured population groups, namely children aged 6 to 9 years, youth aged 10 to 19 years, and adult population aged under 65 without health insurance. The project also provided additional services, such as for cancer prevention, sexual health, and prevention of non-communicable diseases (ICR, p. 10). At entry, the objectives were consistent with Argentina's Federal Health Plan 2010-2016 that reflected consensus among stakeholders for the need to address large inequalities in health services across provinces, weak stewardship capacity, uneven quality of care, and scarcity of resources allocated to prevention.

The ICR (p. 11) noted that the objectives were consistent with the Country Partnership Strategy FY2015-18, in particular with the CPS outcome on the proportion of eligible people benefiting from effective healthcare. The objectives were also aligned with the World Bank Strategy in support of the health sector in Argentina (Report AUS 14), which calls for: (i) improved effective coverage (defined by the project as an enrolled beneficiary who received at least one key health care service in the past 12 months according to agreed protocols) of essential services among the poor together with structural reforms in the provincial public subsystem; (ii) a focus on non-communicable disease prevention and control while maintaining the support provided to maternal and child care; and (iii) reducing fragmentation and increasing coordination in the country's health system. The ICR also stated that the objectives were consistent with the World Bank Group's twin goals of alleviating poverty and boosting shared prosperity, and with the Sustainable Development Goals, namely with SDG 3 to "Ensure healthy lives and promote well-being for all at all ages," and Target 3.8 to "Achieve universal health coverage."

This ICR Review notes that the objectives at project closing remained fully aligned with the Bank Group Country Partnership Framework (CPF) for the period FY19-FY22. Under Focus Area 2 (Addressing Key Institutional Constraints for Better Governance and Service Delivery), Objective 7 on 'improving the service delivery model for effective health services' is reflected by (a) the number of provinces actively implementing the universal health care system in the provinces; and (b) the increase in effective health coverage, both constituting CPF indicators 7.1 and 7.2.

Rating
High

4. Achievement of Objectives (Efficacy)

OBJECTIVE 1

Objective
Increase utilization of key health services for the uninsured target population.
(original outcome targets)

Rationale
Rationale

It was reasonably expected that:

- expanding eligibility for enrollment;
- results-based financial incentives;
- fee-for-service payments from provincial insurances to health care providers for the provision of health services according to established protocols;
- the provision of ambulances, medical equipment, including incubators, and information technology; and
- enhancing accountability mechanisms and technical assistance;

would increase the numbers of participating provinces, participating health care providers, enrolled beneficiaries, health services provided, visits by provincial auditors, and external technical audits that would assess the provision of services according to established criteria.

In turn, these outputs and intermediate results would plausibly contribute to increased utilization and quality of key health services provided to the uninsured target population.

Outputs and intermediate results

Transfers from the National Health Ministry to Provincial Health Insurances aggregated at US$414 million; and at US$54 million to the Solidarity Insurance Fund for health care services provided for catastrophic illnesses.

Under incentives to health care providers, the project provided fee-for-service payments, and allowed related expenditures that included medical and office supplies, medical equipment, infrastructure maintenance, technical assistance, and training. In some provinces, staff recruitment and salary incentives were also allowed.

16.7 million people were enrolled in the program by July 2019 (ICR, p. 54).

All 24 provincial jurisdictions and a total of 8,000 public health providers participated in the project.

The percentage of health facilities with a high proportion of indigenous people in their catchment areas that comply with their work plan increased from a baseline of zero in 2014 to 82.8% in 2019, exceeding the target of 70%.

The proportion of prioritized departments (administrative divisions below the provinces), where the infant mortality rate was above the provincial average, with enrollment rate above the provincial average, increased from a baseline of 10% in 2010 to 36% in 2019, short of the target of 70%.

The proportion of eligible indigenous population with effective coverage increased from a baseline of zero in 2010 to 16.1% in 2019, short of both the original target of 50% and the revised target of 30%.

Outcomes

Note: The results below consisted of updated data in June 2019, as reflected in the ICR, Annex 6, while the results framework data were generated in April 2019 (TTL clarifications, 2/26/2020).

The proportion of eligible children, youths, and women with effective coverage increased from a baseline of 7% in 2010 to 50.4% in 2019, short of the original target of 70%.

The proportion of eligible pregnant women receiving prenatal check-ups before the 13th week increased from a baseline of 15% in 2010 to 41.5% in 2019, short of the original target of 52%.

The proportion of eligible children under 10 years of age receiving complete health check-ups according to protocol increased from a baseline of 15% in 2010 to 69.8% in 2019, exceeding the target of 60%.

The proportion of eligible youths between 10 and 19 years of age receiving complete health check-ups according to protocol increased from a zero baseline in 2010 to 37.8% in 2019, short of the original target of 47%.

The proportion of eligible women between 25 and 64 years of age with regular cervical cancer screening following established norms increased from a baseline of 5% in 2010 to 25% in 2019, short of the original target of 53%.

The proportion of eligible men with effective coverage increased from a baseline of zero in 2015 to 13.4% in 2019, exceeding the target of 10%.

Rating
Modest

OBJECTIVE 1 REVISION 1
Revised Objective
Increase utilization of key health services for the uninsured target population.
(revised outcome targets)

Revised Rationale

Rationale and outputs: The same as under the original Objective 1, above.

Outcomes

The proportion of eligible children, youths, and women with effective coverage increased from a baseline of 7% in 2010 to 50.4% in 2019, meeting the revised target of 50%.

The proportion of eligible pregnant women receiving prenatal check-ups before the 13th week increased from a baseline of 15% in 2010 to 41.5% in 2019, above the revised target of 40%.

The proportion of eligible children under 10 years of age receiving complete health check-ups according to protocol increased from a baseline of 15% in 2010 to 69.8% in 2019, exceeding the target of 60%.

The proportion of eligible youths between 10 and 19 years of age receiving complete health check-ups according to protocol increased from a zero baseline in 2010 to 37.8% in 2019, exceeding the revised target of 25%.

The proportion of eligible women between 25 and 64 years of age with regular cervical cancer screening following established norms increased from a baseline of 5% in 2010 to 25% in 2019, exceeding the revised target of 20%.

The proportion of eligible men with effective coverage increased from a baseline of zero in 2015 to 13.4% in 2019, exceeding the target of 10%.

Revised Rating

High

OBJECTIVE 2

Objective
Increase the quality of key health services for the uninsured target population.
(original outcome targets)

Rationale
Rationale: The same as under Objective 1, above.

Outputs

The same as under the original Objective 1, above**.** Also, the project developed a total of 700 clinical protocols with a focus on prevention such as prenatal care, infant and child care, adolescent care, vaccination, and non-communicable disease and cancer prevention, in line with the guidelines of the World Health Organization and the Pan-American Health Organization. The application of the protocols was an eligibility requirement for health care services payments.

Outcomes

Note on outcomes: The ICR stated that dimensions of both utilization and quality were simultaneously incorporated in the outcome indicators, as health care services had to be provided according to defined standards of care, such as clinical protocols and data recording. This ICR Review notes that setting standards is a valuable measure that largely impacts the supply side of service provision, and would be reasonably expected to contribute to quality improvements. However, there are other downstream determinants that extend beyond technical quality and influence outcomes in the whole cycle of care. Hence, outcomes of service quality improvements for an explicitly stated project objective are more fully assessed by additional specific measurements, including for patient satisfaction. The project did provide some data on distal outcomes, beyond the indicators that were set by the results framework.

Outcomes are the same as those illustrated under the original Objective 1/original Targets, above. In addition, the following results were reported by the ICR: waiting lists for surgical treatment of congenital heart disease were eliminated, from 324 patients in 2012 to none in 2018, and the average lag time between diagnosis and surgery decreased from 28 days in 2013 to 16 days in 2019; patients who received treatment for congenital heart disease under SUMAR reported high levels of customer satisfaction with a satisfaction index of 91%; and the effectiveness of comprehensive neonatal care (reflecting survival of newborns with a low birth weight) increased from 72% in 2013 to 85% in 2019. Nevertheless, the extent of unachieved targets (see original Objective 1, above) indicates an overall low level of achievement.

Rating
Modest

OBJECTIVE 2 REVISION 1
Revised Objective
Increase the quality of key health services for the uninsured target population.
(revised outcome targets)

Revised Rationale
Rationale and outputs: The same as the original Objective 2/original targets, above.

Outcomes

In addition to the favorable results combining utilization and quality, shown under the revised Objective 1/revised targets above, the following outcomes were reported by the ICR: waiting lists for surgical treatment of congenital heart disease were eliminated, from 324 patients in 2012 to none in 2018, and the average lag time between diagnosis and surgery decreased from 28 days in 2013 to 16 days in 2019; patients who received treatment for congenital heart disease under SUMAR reported high levels of customer satisfaction with a satisfaction index of 91%; and the effectiveness of comprehensive neonatal care increased from 72% in 2013 to 85% in 2019.

Revised Rating
High

OBJECTIVE 3
Objective
Improve institutional management.

Rationale
Explanatory note on the objective statement: As described in the ICR and the theory of change (ICR, p. 6), improving institutional management was meant as that of the National Health Ministry, Provincial Health Ministries, and health care providers, in terms of management functions related to project interventions.

Rationale

In addition to strengthening the incentives for results in participating provinces and among providers, as described above under Objective 1, the provision of technical assistance in planning and human resources management, training, information technology, goods, medical equipment and maintenance were reasonably expected to increase related human resource skills and the number of trained staff, health facilities online billing, and rightly equipped hospitals with maintenance plans, all of which would plausibly contribute to improved institutional management in participating provinces and among authorized health care providers.

Outputs and intermediate results

The project provided the following inputs while considering the heterogeneous context in the provinces:

- technical assistance in overall planning and financial planning, human resources management, communications, and M&E;
- equipment and maintenance, including information technology and communications; and
- external audits (financial and technical) to ensure compliance with program eligibility and application of agreed protocols in the provision of health care services.

The percentage of provinces with at least 40% of participating health facilities visited by the provincial internal auditors increased from a zero baseline in 2010 to 80% in 2019, short of the target of 90%.

The number of institutional staff trained in the provinces reached 23,491 in 2019, exceeding the target of 14,000.

The percentage of health facilities billing regularly online reached 70.1% in 2019, exceeding the target of 65%.

The number of participating provinces implementing actions to disseminate grievance redress mechanisms reached 24, exceeding the target of 13 provinces.

The percentage of grievances responded to within the stipulated service standards for response reached 85.5%, exceeding the target of 70%.

The number of participating provinces with a Provincial Health Insurance Unit included within the organizational structure of the Provincial Ministries of Health increased from a baseline of 6 provinces in 2014 to 8 provinces in 2019, short of the target of 10 provinces.

The percentage of hospitals that received equipment and submitted a maintenance plan increased from a zero baseline in 2010 to 60% in 2019, attaining the target of 60%.

Outcomes

The percentage of provinces meeting the targets of their Annual Performance Agreements increased from a baseline of 17% in 2010 to 58.30% in 2019, attaining the target of 58%.

Rating
Substantial

OVERALL EFFICACY

Rationale
Under the original objectives and outcome targets, the project resulted only in partial increases in utilization and quality of key health services for the uninsured target population, but saw improvement in institutional management.

Overall Efficacy Rating
Modest

Primary Reason
Low achievement

OVERALL EFFICACY REVISION 1

Overall Efficacy Revision 1 Rationale
Under the revised objectives/revised outcome targets, the project resulted in increased utilization and quality of key health services for the uninsured target population, often exceeding targets, and saw improvement in institutional management. Along with a notable increase in beneficiaries consisting of poor and vulnerable

population groups, the outcomes indicate a high level of achievement. Hence, the project advanced the agenda for universal health coverage while concurrently homogenizing service quality standards.

Overall Efficacy Revision 1 Rating

High

5. Efficiency

The ex-ante cost-benefit analysis carried out by the PAD estimated health gains resulting from both direct benefits of healthy life gained in five years and indirect benefits related to (a) cost savings associated with reduced hospitalizations, consultations, and treatments; (b) benefits associated with reduced economic costs of illnesses and deaths of working-age adults; and (c) positive effects on the quality of life. The analysis estimated that 127,863 years of healthy life were saved or gained in five years. A discount rate of 10% was used. No sensitivity analysis was mentioned. The analysis estimated that the net present value of benefits was about US$395 million, with an internal rate of return estimated at 265%. However, this ICR Review notes that benefits and returns have likely been overestimated, as enrollment in the program in the first several years of the project was lower than anticipated. The second ex-ante cost-benefit analysis was undertaken in 2015 in the context of additional financing, and suggested that the estimated internal rate of return was 21.8%.

The ICR conducted an ex-post economic analysis evaluation with similar parameters, but based on actual implementation data (ICR, p. 17), and calculated direct and indirect economic benefits over the period 2012-2019. The analysis suggested that the operation helped prevent 651,467 Disability Adjusted Life Years, and rendered an estimated internal rate of return of 67.4%. According to the ICR, the results of the ex-post analysis indicated that the project was very efficient from an economic standpoint. Also, in terms of fiscal impact, the analysis reflected cost-effectiveness, as expenditures related to the project were less than 2% of the national health budget (2018) and negligible for provincial cofinancing (0.12% of the aggregate provincial health budgets in 2018).

The noteworthy economic returns were moderated by shortcomings in the efficiency of implementation. In addition to long delays in effectiveness (1 ½ years for the original loan and 11 months for the additional financing) and project extensions, the ratification of provincial participation in the program was slow, and it took until July 2014 for all 24 provincial jurisdictions to be formally incorporated in the program. Enrollment of newly included population groups was slow, and the ICR (p. 21) stated that slow project implementation prompted the extension of the closing date of the original loan and the downward adjustment of several outcome targets as part of additional financing in 2015. Insufficient technical capacity in planning, monitoring, and execution of procurement processes resulted in low-quality procurement documents, procedural errors, and substantial delays (ICR, p. 26). There were long delays in signing contracts. Procurement issues were encountered

throughout most of the implementation period. Also, managerial changes and high staff rotation contributed to weak procurement capacity (ICR, p. 26).

The project was implemented in a challenging macroeconomic environment, with Argentina's economy experiencing negative GDP growth rates in some years. As a result of tight fiscal conditions, budgetary restrictions were imposed. This limited annual disbursements and consequently contributed to slow project implementation. There was a high level of uncertainty in planning implementation activities and the use of funds. The impact on disbursements was compounded by currency devaluation. According to the ICR (p. 22), the combination of these factors required a longer implementation period. In response to fiscal constraints, the government instituted a hiring freeze at the national level from 2016 onward, resulting in understaffing of the project coordinating units, particularly at the national level. The ICR (p. 22) stated that the lack of human and operational resources limited the ability of the national coordinating unit to provide technical assistance to provinces and to foster horizontal cross-fertilization, particularly through face-to-face interactions, and, as a future recommendation, the ICR noted that restoring adequate levels of staffing was a necessary condition to successful implementation of the follow-on operation.

Efficiency Rating

Substantial

a. If available, enter the Economic Rate of Return (ERR) and/or Financial Rate of Return (FRR) at appraisal and the re-estimated value at evaluation:

	Rate Available?	Point value (%)	*Coverage/Scope (%)
Appraisal	✓	265.00	100.00 ☐ Not Applicable
ICR Estimate	✓	67.40	100.00 ☐ Not Applicable

* Refers to percent of total project cost for which ERR/FRR was calculated.

6. Outcome

Under the original objectives/outcome targets: Relevance of objectives is rated high across the entire project in view of full alignment of the objectives with national plans and the Bank Country Partnership Framework at project closing. Efficacy is rated modest, consistent with partly achieving the objectives. Efficiency is rated substantial across the entire project in view of favorable economic returns, but with shortcomings in the efficiency of implementation. These findings are consistent with an outcome rating of **moderately unsatisfactory.**

Under the revised objectives/outcome targets: Relevance of objectives is rated high, as noted above. Efficacy is rated high, consistent with fully achieved objectives. Efficiency is rated substantial, as noted above. These findings are consistent with an outcome rating of **highly satisfactory.**

Overall Outcome: The following breakdown substantiates the overall Outcome rating: According to IEG/OPCS guidelines, when objectives and/or associated outcome targets are revised, the final outcome is determined by the weight of Bank disbursements under each set of objectives (36.3% under the original objectives/outcome targets, and 63.7% under the revised objectives/outcome targets):

- Under the original objectives/outcome targets, the outcome is rated moderately unsatisfactory (3) with a weight value of 1.1 (3 x 36.3%).
- Under the revised objectives/outcome targets, the outcome is rated highly satisfactory (6) with a weight value of 3.8 (6 x 63.7%).

These add up to a value of 4.9 (rounded to 5), which corresponds to an overall Outcome rating of satisfactory, indicative of essentially minor shortcomings in the project's preparation, implementation, and achievement.

a. Outcome Rating
Satisfactory

7. Risk to Development Outcome

The strategic directions of the project in support of universal health coverage continue to benefit from strong consensus among health sector leadership, providers, stakeholders, and the Bank, and from presidential administration support. The project generated substantial strengthening of institutional capacity. However, according to the ICR (p. 28), there are challenges in expanding results-oriented financing mechanisms, as most national and provincial financing mechanisms in the country are based on traditional budgetary allocations unrelated to actual performance. The changes required to introduce and expand results-based financing are demanding. As such, substantial technical assistance and institutional support, including adequate staffing, would be further required in the future.

The government embarked on a follow-on operation (Supporting Effective Universal Health Coverage (P163345, 2018-2022, for US$658 million) to further strengthen effective and equitable health services coverage and institutional capacity at national and provincial health administrations. According to TTL clarifications (2/26/2020), the follow-on operation also intends to expand performance-based financing and to promote integration with other programs.

8. Assessment of Bank Performance

a. Quality-at-Entry

Preparation capitalized on the existing arrangements and political support under Plan Nacer. The main implementing agency was the National Health Ministry supported by its Project Coordination Unit, that was steering the implementation of Plan Nacer APL II. The coordination unit was responsible for working with participating provinces to implement the project while conforming to agreed-upon quality standards. Implementation and fiduciary arrangements were adequate and supported by an Operations Manual. Provincial financing was governed by an umbrella agreement between each province and the National Health Ministry (PAD, pp. 12-14). Lessons learned from the two previous phases of Plan Nacer and the Essential Public Health Functions Project were considered during preparation and reflected in the design, including the provision of substantial technical assistance to the provinces to cope with results-based financing mechanisms. M&E arrangements were strong and built on the existing National Health Ministry's M&E system, complemented by independent technical audits, household surveys to determine utilization and equity in access, bi-annual project management reports, mid-term and final assessments. Safeguards were addressed, including for social safeguards under the Indigenous Peoples Planning Framework. Main risks were identified, and mitigation strategies were developed, including for the potential risk of delayed implementation due to possible lack of coordination among actors in some provinces (PAD, p. 58). Enrollment projections were optimistic (ICR, p. 27), and these were subsequently addressed under the additional financing in 2015. According to the ICR (p. 21), the original targets were set based on the positive experience of Plan Nacer with pregnant women and young children, where rapid gains were observed. The ICR stated that, in retrospect, such rapid gains were not fully transferable to the added population groups under SUMAR, including because pregnant women had higher incentives to seek health care with conditional cash transfers, and some health care providers had hidden biases against adolescents (ICR, p. 21).

Quality-at-Entry Rating

Satisfactory

b. Quality of supervision

Supervision was reportedly thorough and regular with detailed Aide Memoires and ISRs (ICR, p. 27). The implementation support team was proactive and responsive, as demonstrated by 18 modifications to the Operation Manual and three project restructurings, including additional financing. The ICR stated that there was close coordination with the Borrower and the Bank team. In addition to implementation support provided by two Task Team Leaders, the operation benefited from the support provided by relevant specialists at the country office. During the Mid-Term Review, the team adequately identified mid-course challenges, including the need to adjust end-of-project targets. The Bank team was responsive to the Borrower's plans and was reportedly proactive in contributing to advancing progress toward the goal of universal health coverage in the country.

The operation was implemented under a challenging macroeconomic environment, which resulted in budgetary limits that were adjusted on a quarterly basis. In spite of a high level of uncertainty in planning implementation activities and the use of funds, both Bank and project teams maintained a proactive approach to ensure that project activities were ultimately implemented, with full disbursement of the project proceeds. The Borrower also recognized the value of Bank team interactions and described them as agile and fruitful (ICR, p. 55).

Quality of Supervision Rating
Highly Satisfactory

Overall Bank Performance Rating
Satisfactory

9. M&E Design, Implementation, & Utilization

a. M&E Design
The theory of change illustrating how key activities and outputs led to intended outcomes was plausible and reflected in the results framework. Development objectives were clearly specified. The indicators were measurable and reflected the statement of objectives, although more specific indicators to fully measure outcomes for the objective to increase the quality of key health services (see Section 4, Objective 2 Rationale) should have been included in the results framework. Intermediate results indicators were adequate to capture the contribution of the operation's activities and outputs toward achieving the desired outcomes. Baselines were available. M&E design and arrangements were well-embedded institutionally within a reliable existing system. The results framework was complemented with tracer indicators, including for tracking the performance of service providers and financial transfers to provinces (ICR, p. 23).

b. M&E Implementation
Project data were collected and analyzed as planned. Information on enrollment and health services provision was collected and compiled at the provincial level. The information was part of the provincial reports submitted to the national level. Provincial reports were verified by the national Project Coordination Unit and by an independent external auditor, including crosschecking the rosters of beneficiaries against the social security database to validate eligibility. In addition, the auditor conducted randomly selected field audits to verify the delivery and quality of services provided (e.g. whether medical records reflected service delivery protocols). If discrepancies were identified, the external auditor proposed sanctions (fines and debits). The Project Coordination Unit conducted its own verification,

except for field audits. Based on the findings, the Project Coordination Unit made decisions about the transfers to be made (ICR, p. 23).

M&E was supported by electronic systems. Enrollment and billing systems were developed at the national level and implemented at the service provider level, with over 67% of providers billing online in 2019. In addition, M&E capitalized on other existing information systems, such as the electronic system for cervical cancer screening that was developed by the National Cancer Institute. Evaluation and research activities focused on three main areas: (i) strategic expansion of the program scope; (ii) operational fine-tuning; and (iii) institutionalization. Evaluation activities also included the completion of the impact evaluation of Plan Nacer (APL 1), that showed that the program had resulted in both an increase in the use and quality of prenatal care and related health outcomes (e.g. number of visits, tetanus vaccination, reduced low birth-weight, and lower in-hospital neonatal mortality).

c. M&E Utilization

M&E findings were used for project monitoring, and the ICR (p. 24) stated that M&E helped in promoting a focus on results, accountability and transparency. The ICR (p. 25) noted that data utilization extended beyond the project. For example, 22% of all transfers made under the Pregnancy Allowance Program were automatically paid for those who met the requirements of the SUMAR project database. Project data were also used to support research on various health issues, such as a study on child obesity that was supported by UNICEF.

M&E findings were publicly available and used to inform project directions and the follow-on operation supported by the Bank (see Section 7). Monitoring and evaluation were robust overall, and related arrangements as designed and implemented were sufficient to assess the achievement of objectives. Therefore, the quality of M&E is rated high.

M&E Quality Rating

High

10. Other Issues

a. Safeguards

Both environmental and social safeguards were complied with.

Environmental safeguards. At appraisal in 2011, the project environmental assessment was rated as Category C, based on a determination that the scope of potential adverse impacts was limited (PAD, p. 21).

The additional financing of 2015, based on the findings of an Environmental Assessment carried out in March 2015, triggered OP/BP 4.01 on environmental safeguards, and the project classification was updated from Category C to Category B – Partial Assessment due to potential environmental concerns around the handling of health care waste resulting from high complexity interventions, such as those associated with high-risk pregnancies and congenital heart surgeries (Project Paper on a proposed Additional Loan, Report No: PAD1397, 6/3/15, p. 12). The project adopted an Environmental Management Framework that focused on health care waste management nationwide. The framework built upon that of the Second Essential Public Health Functions and Programs II Project (P110599), whose technical staff assisted in the application of related activities under this project. The framework was disclosed both by the National Health Ministry and the Bank. In addition, the project adopted the Guide to Rational Vaccine Waste Management that was developed under the H1N1 Prevention and Management of Influenza Type Illness (P117377) Project. Implementation performance on environmental safeguards was rated satisfactory throughout the project cycle.

Social Safeguards. The project triggered the Indigenous Peoples policy (OP/BP 4.10). The Indigenous Peoples Planning Framework (IPPF) was developed as a continuity to the one under Plan Nacer, and published in 2010. The IPPF included health services specifically tailored for indigenous people. It included training for indigenous sanitary agents and indigenous communities and communications support. The IPPF was updated on 4/9/15 and disclosed. The IPPF updates related mainly to the inclusion of additional eligible groups. The objectives of the updated IPPF continued to promote indigenous peoples' access to project benefits and to adapt services in a culturally appropriate manner. Participating provinces prepared their own updated IPPF plans as part of the updated annual performance agreements between the National Health Ministry and the provinces (Project Paper on a proposed Additional Loan, Report No: PAD1397, 6/3/15, p. 12)

Project activities addressing indigenous people under OP 4.10 were adequately implemented overall, but with variability among provinces. Activities were implemented in concert with other Bank projects and IDB health projects, resulting in institutional progress regarding indigenous people health agenda (ICR, p. 25). To ensure compliance in provinces that were reluctant to engage in the design and implementation of IPPs, national and other provincial teams provided additional technical assistance and close monitoring. Social safeguards performance was rated moderately satisfactory because of the challenges faced by provincial governments in the implementation of IPPs (ICR, p. 26).

b. Fiduciary Compliance

Financial management. The Bank team and the National Health Ministry maintained a close and constructive engagement on financial management aspects throughout the implementation period. Supervision consistently rated financial management performance as satisfactory. The ICR (p. 17) noted that, overall, the national and provincial governments transferred resources in a timely manner. Interim financial reports were also timely, and all were found acceptable. Argentina's Supreme Audit Institution

was responsible for auditing. There were occasional delays, but audit reports were unqualified, with no accountability issues arising throughout the operation period (ICR, p. 26). In addition to financial audits, external technical audits, carried out on a sample basis to validate delivery and output documentation, were simultaneously submitted with the interim financial reports.

Procurement. Performance in procurement was uneven throughout the operation's lifetime, including a rating of moderately unsatisfactory in 2016. Two Procurement Risk Assessments were conducted in 2015 and 2018. Insufficient technical capacity in planning, monitoring, and execution of procurement processes resulted in low-quality procurement documents and substantial delays, even in the procurement of simple goods, as well as procedural errors (ICR, p. 26). Following the Bank's "No Objection" notices, there were long delays in signing contracts. The Bank requested an action plan for performance improvement, and after delayed implementation of that plan, performance was upgraded to moderately satisfactory in October 2018. The ICR stated that managerial changes and high staff rotation contributed to weak procurement capacity (ICR, p. 26). To address these challenges, procurement supervision included, in addition to standard prior reviews, an annual post-review mission to identify areas for improvement and training that would strengthen implementation and shorten the learning curve of new staff.

c. Unintended impacts (Positive or Negative)

According to the ICR (p. 20), positive unintended impacts were observed. An e-learning platform was developed to support project training, collaboration activities, and working groups. The platform was adopted as the official e-learning platform for the National Health Ministry as a whole. It offered online courses and virtual working groups, with a total enrollment of 9,596 people and 8,494 active participants by the end of project (www.plataformavirtualdesalud.msal.gov.ar). The mechanism for grievance redress was used to respond to information requests from beneficiaries. Also, per TTL clarifications on 2/26/2020, data recording protocols and supporting information systems introduced by the project were adopted and further developed by the follow-on operation as digital medical records (*historia clinica digital*).

d. Other

The ICR (pp. 60-61) discussed favorable long term-outcomes such as decreased infant mortality, decreased inequality in access to health services, and decreased inequality in health outcomes between 2010 and 2018. While attribution depends on a large interplay of other direct and underlying determinants, contextual factors, and efforts of various stakeholders, it is not unreasonable to assume that the Bank-supported project had a partial contributory role to such ultimate outcomes.

11. Ratings

Ratings	ICR	IEG	Reason for Disagreements/Comment

Outcome	Satisfactory	Satisfactory
Bank Performance	Satisfactory	Satisfactory
Quality of M&E	High	High
Quality of ICR	---	High

12. Lessons

The ICR (pp. 28-29) offered several lessons and recommendations, including the following lessons restated by IEG:

The incorporation of new groups of beneficiaries into a public health insurance program can be challenging and calls for tailored strategies specific to targeted groups to promote enrollment. Under the project, youth required a more welcoming attitude on the part of health care providers. In the case of adult men, overcoming reticence to seek preventive health care was needed. In the case of indigenous persons, interventions were culturally sensitive, and the project also sought to enhance awareness about the benefits of "indigenous self-identification" when receiving health care.

Universal health coverage is facilitated by a carefully sequenced and incremental expansion. In Argentina, Plan Nacer benefited during its early years from a relatively narrow focus on its target population, consisting of pregnant women and young children with the likelihood of quick and visible gains. By contrast, under this follow-on SUMAR project, the target population was expanded to the remaining population groups that were diverse and required tailored strategies. The project limited implementation complexities by focusing on cost-efficient preventive services.

The implementation of results-based financing mechanisms in health programs and related organizational changes are demanding and, as such, they call for substantial technical assistance and adequate staffing levels. Under the project, the project coordination unit strived, despite its limitations in human and operational resources, to support the provinces that had uneven institutional and technical capacity, and to promote communication efforts through national and regional meetings, field visits, and thematic workshops.

Results-based financing incentives in health programs induce behavioral changes among institutional actors and health care providers. Under the project, related incentives promoted provincial buy-in into universal health care coverage, prioritization of preventive health care services, and homogenization of clinical and reporting protocols. Incentives also helped in inducing behavioral

changes in providers, such as with timely referral of high-risk pregnancies to facilities equipped to offer the appropriate level of care.

13. Assessment Recommended?

No

14. Comments on Quality of ICR

The ICR was results-oriented, clearly written, well-organized, and reasonably concise. The ICR adequately illustrated the theory of change that was aligned to development objectives. It appropriately framed the project in the larger context of the sector. The ICR's analysis and evidence were of good quality. The ICR adequately discussed outcomes that were sought by the project beyond the results framework, such as for service quality. The narrative was aligned to the messages outlined in the ICR and supported its conclusions. The ICR was consistent, both internally and with guidelines. Lessons were derived from project experience. As a minor shortcoming, the main ICR did not illustrate the Borrower contribution, although the contribution was discussed in the economic analysis.

a. Quality of ICR Rating

High