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REGIONAL

KNOWLEDGE NETWORK ON HEALTH BENEFITS PACKAGES

(RG-T1759)

PLAN OF OPERATIONS

This document was prepared by the project team consisting of: Amanda Glassman (SCL/SPH), Project Team Leader; Antonio Giuffrida (SPH/CDR); Ian Ho-A-Shu (SPH/CTT); Ignez Tristao (SCL/SPH); Dorota Raciborska (SCL/SPH); Diego Buchara (LEG/SGO). Martha Guerra (SCL/SPH) was in charge of document production.

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ABBREVIATIONS

DFID	Department for International Development (UK)
FIES	Fundación Iberoamericana de Economía de la Salud
HBP	Health Benefits Packages
KNH	Knowledge Network on Health Benefits Packages
NICE	UK National Institute for Health and Clinical Excellence
OS	<i>Observatorio de la Salud</i>
PAHO	Pan-American Health Organization
UAE	<i>Unidad de Análisis Económico</i>

PLAN OF OPERATIONS
Knowledge Network on Health Benefits Packages
(RG-T1759)

I. EXECUTIVE SUMMARY

Beneficiary:	Regional
Project team:	Amanda Glassman (SCL/SPH), team leader; Antonio Giuffrida (SPH/CBR); Ian Ho-A-Shu (SPH/CTT); Ignez Tristao (SCL/SPH); Dorota Raciborska (SCL/SPH); Diego Buchara (LEG/SGO); Gloria Coronel (CID/CME); Raúl Lozano (CID/CME); and Martha Guerra (SCL/SPH)
Executing agencies:	The Bank through SCL/SPH, and Estados Unidos Mexicanos through its Secretaría de Salud (in connection with the activities to be carried out in Mexico).
Beneficiaries:	Public and private health services insurers and purchasers in the Bank's borrowing member countries
Financing:	IDB: (Net income FSO – non-reimbursable) US\$1,000,000 Local: US\$ 135,000 Total: US\$1,135,000
Objectives:	The objective of the project is to provide tools for improved design, pricing, adjustment and purchasing practices for Health Benefits Packages (HPB) in Latin America and the Caribbean, with the broader goal of improving health system performance. This objective will be achieved through: (i) the development of a knowledge base and the creation of a Latin American network of institutions and experts, which will become the source of strategies and tools for the design of HBP; and (ii) through linking policy-makers with the knowledge and the network, for a sustained regional exchange of knowledge and experience.
Execution timetable:	Execution period 19 months Disbursement period 26 months
Special contractual conditions:	None
Exceptions to Bank Policies and Procedures:	None
Environmental and social review:	The Committee on Environment and Social Impact assessed the project's impact on 2009-07-24. No potential safeguard issues were identified, and the project was classified as "C".
Coordination with other Official Development Finance Institutions:	The project will complement the work of the Latin American Evidence-Informed Policy Network supported by Pan-American Health Organization (PAHO), of the Observatorio de la Salud (OS) supported by Instituto Carso, and of the UK National Institute for Health and Clinical Excellence.

II.

BACKGROUND AND JUSTIFICATION

- 2.1 Despite dramatic advances in health over the last half century, Latin American health systems face persistent challenges in reducing inequalities in health status and coverage, assuring access to and delivering cost-effective health services that respond to a changing demographic and epidemiological profile, protecting households from impoverishing out-of-pocket spending associated with disease and disability, and responding to increasing population demands as wealth and education levels grow. Balancing these multiple mandates given fiscal constraints, vulnerability to internal and external shocks and competing priorities is an on-going and complex technical and political negotiation for every government in the region.
- 2.2 A central policy instrument in the management of these multiple mandates is the Health Benefits Package (HBP), the set of services and benefits that will be legally mandated or guaranteed, financed and delivered to the entire or a sub-set of the population. Financing and delivery may be public or private and are organized differently from country to country, but an effective HBP implies combining a legal guarantee with effective and efficient financing and delivery mechanisms. Some countries in the region already have or are moving towards the legal definition of an explicit HBP, while others set broad policies and deliver a set of services that is essentially unknown. In the former systems, priority-setting and rationing decisions are made explicit and often face legal and political challenges, while in the latter rationing operates through ad hoc, facility-based, first-come, first-served mechanisms.
- 2.3 The design and implementation of HBP is fraught with technical, political and logistical complexities. Policy makers work under great time pressure and usually have little time to analyze latest research or read technical articles. When they do, the translation of technical information into a practical roadmap is not trivial. Substantial know-how and practical experience with the design, costing, pricing and purchasing of HBP exists in Latin America, but remains in the hands of very few specialized and dispersed professionals, policy research and consulting agencies, and without easy access for policy makers who would be able to utilize them. A program focused on linking policy and research on HBP, via individuals committed to knowledge sharing, can help bridge this divide.
- 2.4 The design of HBP poses a challenge because, fundamentally, the criteria used to determine which procedures and health services are to be included in the packages, are subject to debate and, in the absence of evidence and stakeholder consensus-building activities, existing incentives tend to maximize both the production and consumption of medical goods and services. Furthermore, the impact of investment in health is extraordinarily difficult to attribute to specific health outcomes, and the relationship between inputs and outputs is non-linear. By making available the relevant knowledge and tools to all countries in the Region, the Bank will support them in designing financially sustainable policies and implementable HBP.
- 2.5 As governments reform health systems and expand HBP, aiming to provide universal coverage to their populations, they increasingly find that public facilities are not able to provide sufficient quantity or quality of services. As a result, many

public purchasers outsource patient care to the private sector, particularly for underserved groups. Lacking information on how to formulate, adjust, price, and regulate the provision of services included in HBP, governments find themselves in a weak position to negotiate favorable rates, and risk overpaying for the outsourced services. The program will create and systematize knowledge and tools that all governments will be able to use for HBP pricing and control of quality. Access to these resources will help ensure that the Region's public funds for health are spent effectively and efficiently.

- 2.6 The program will complement relevant regional initiatives, such as the one on metrics and evaluation led by the Observatorio de la Salud (OS) based in Mexico, particularly in the areas of burden of disease estimation, national health expenditure accounting, and financial protection, as well as the Latin American Evidence-Informed Policy Network (EVIPNet Americas) supported by PAHO that seeks to promote the use of scientific evidence, particularly epidemiological and related evidence in health policy formulation in the Region. The UK National Institute for Health and Clinical Excellence (NICE), a public agency charged with evidence-based priority setting and the definition of protocols in the UK National Health System, has offered to collaborate with the program.¹ Furthermore, this project complements other Bank initiatives, such as PE-L1072 *Program for the Development of Policy Instruments for Sustainable Poverty Reduction*, which supports the design of benefits packages for migrants, as well as the large number of health operations in Colombia and Brazil, which support the design of benefits packages.

III. PROGRAM DESCRIPTION

A. Program goal and purpose

- 3.1 The purpose of the project is to help improve HBP design, costing, pricing, adjustment and purchasing practices in all countries of Latin America and the Caribbean, with the goal of improving health system performance. The mechanism to achieve the project objective is the creation of a Latin American network of institutions and experts—“knowledge brokers”, who are the source of strategies and tools for the design of HBP—and to link it with a network of policy-makers, the goal being a sustained, bidirectional flow of knowledge and experience.

B. Components

- 3.2 ***Component 1: Building the evidence base.*** The objective of the component is to create a knowledge base and build a regional network of experts, institutions, and policy-makers working on the design, costing, pricing, adjustment, and purchasing of HBP, including its three key elements: (i) cost-effectiveness analysis; (ii) cost-impact analysis; and (iii) estimating/setting and adjusting unit costs for HBP

¹ NICE's work incorporating principles of transparency, contestability, inclusiveness, and responsiveness in each decision making model are relevant to regional health systems facing legal threats; its tools related to health technology assessment and critical appraisal are useful to assist in decision-making on funding priorities.

services. Internationally and nationally recognized health system planning, economics and management experts from academic institutions, think tanks, government agencies, and others from across the LAC region, will be invited to form the Knowledge Network on HBP (KNH) and agree on a work plan. The KNH will meet at least two Regional Meetings and will collaborate virtually, in order to: (i) review existing knowledge and available tools, as well as the results of research commissioned under the program (see 3.3); (ii) adapt specialized analytical tools for use by policy-makers in the design and implementation of HBP; (iii) assess the technical assistance needs of all countries in the Region; and (iv) develop a medium-term work plan for the KNH.

- 3.3 Local and international consultants will be hired to work with think tanks and government agencies Region-wide. They will consolidate and systematize knowledge on the legislative, financial, data collection and management practices relevant to the design, pricing, adjustment and purchasing of HBP, and to the measurement of HBP impact on health system outcomes, sources of revenue and patterns of expenditure over time and across the Region. The research will identify key vulnerabilities and limitations, particularly in implementing HBP and making them effective. Where gaps are identified in current practices,² the consultants will carry out analytical work to meet immediate needs, share experiences, and develop analytical tools required for appropriate HBP design/adjustment/provision. International experiences of particular relevance to the Region's health systems will be reviewed and disseminated, and technical assistance opportunities pursued.
- 3.4 The resulting body of knowledge on practices and tools in the area of the design, costing, pricing, adjustment and purchasing of HBP, will be made available to all countries in the Region in the form of working papers, articles and Web-based content. The knowledge base will consist of links to a variety of resources, including publications, annotated bibliographies, manuals, and examples of current practices, including country case studies, to be housed on the Bank's website. Included will be also a list of professionals with relevant global experience, and a set of practical tools, such as survey instruments, algorithms for priority setting, instruments for measuring cost effectiveness, formulae for geographical allocation of resources and risk adjustment of premiums, tools for costing of interventions, and others. Knowledge sharing, essential for effective dissemination of project results and for the assimilation of knowledge by the entire Region, will be included as a key responsibility in all consultants' terms of reference.
- 3.5 Expected outputs include: the KNH, with 10-12 members, a governance structure, and a medium-term work plan; two Regional Meetings and meeting archives; a

² Pre-identified gaps include: (i) future demographic, technological and epidemiological trends as input into the design and adjustment of HBP; (ii) the relative scarcity of continuous price and cost information in the public and private sectors, which would allow for more informed purchasing and better results; (iii) the use of ad hoc contractual instruments to purchase health services, usually on a fee for service basis, limiting the public sector's ability to obtain better quality and health impact from its purchasing; and (iv) the absence of a publicly-vetted process for priority-setting within HBP, which has resulted in a barrage of legal challenges by individuals contesting coverage that threatens the fiscal sustainability and effectiveness of the health system.

webpage on knowledge, tools, and practices relevant to HBP, with repository of research articles, links to resources, and HBP implementation tools; at least eight research papers; and an agenda for further research and pilot studies.

- 3.6 **Component 2: Translating evidence into health policy.** The second component, to be initiated following the first Regional Meeting of the KNH, will: (i) establish a policy-maker peer exchange network; (ii) create a mechanism for knowledge exchange among policy-makers and with the KNH; and (iii) demonstrate the use and benefits of the knowledge and tools consolidated under Component 1.
- 3.7 Consultants, in collaboration with KNH members, will survey health policy-makers throughout the Region about their technical needs in regard to designing and implementing HBP. Policy-makers will be invited to become members of a network and to contribute their experiences and questions throughout the project duration, at the second Regional Meeting, and via the on-line KNH community. KNH and consultants will apply knowledge and tools from Component 1, using case studies and interactive technologies such as blogs and videos, guiding policy-makers in the step-by-step process of solving problems commonly encountered in the design of HBP (adjustment, pricing, implementation) and examining the fiscal and budgetary constraints and incentives around their provision. The public will be able to view these on-line demonstrations free of charge. Three week-long training workshops (one in each sub-region), led by project consultants, will be offered to health sector current and future policy-makers, mid- and high-level government officials, local governments, and members of Congress from all countries in the Region, using the case study methodology and examples relevant to their context, and addressing technical issues of particular policy relevance.
- 3.8 Expected outputs: policy-maker peer exchange network with at least 20 members; a survey of country technical assistance needs; an Internet-based knowledge exchange and communication tool linking the KNH and policy-makers; a minimum of three case studies demonstrating the application of tools collected in the first component; and a medium-term dissemination strategy for program products.

IV. COST AND FINANCING

- 4.1 Below is a summary table of the project budget. See Annex II for detailed budget.

SUMMARY OF PROGRAM COST (US\$)			
Category	Cost		
	IDB	local	total
Component 1. Building the evidence base (research & dissemination)	419,000	65,000	484,000
Component 2. Translating evidence into policy (research & training)	370,000	70,000	440,000
Contracted services (printing, translation, evaluation)	89,000	-	89,000
Office Space, Supplies, & Equipment	57,000	-	57,000
Subtotal	935,000	-	930,000
<i>Contingencies (6.5%)</i>	65,000	-	65,000
TOTAL	1,000,000	135,000	1,135,000

A. Description and composition of financing

- 4.2 The total cost of the program is estimated at US\$1,135,000, with US\$1,000,000 to be financed on a non-reimbursable basis with the net income of the Fund for Special Operations. Of the US\$1,000,000 FSO resources, US\$138,000 will be allocated to activities to be carried out by the Secretaría de Salud de los Estados Unidos Mexicanos and the team of consultants they contract, under a technical cooperation agreement. (For further details see section V and the budget below.) The remaining US\$135,000 will be provided in kind by Brazil as local counterpart.

SUMMARY OF PROGRAM COSTS IN RELATION TO ACTIVITIES IN MEXICO (US\$)			
Category	Cost		
	IDB	local	Total
Technical consultant	66,000	-	66,000
Research fellows (3)	48,000	-	48,000
Project assistant	10,000	-	10,000
Audit	7,000	-	7,000
Subtotal	131,000	-	131,000
Contingencies (5%)	7,000	-	7,000
TOTAL	<u>138,000</u>	<u>=</u>	<u>138,000</u>

B. Sustainability

- 4.3 The sustainability of the program outcomes depends on the creation of analytical capacity and institutional knowledge that are useful in that they respond to national context and are based on local effort and initiative. This will be the purpose of all training activities under Component 2 of the program. Furthermore, the program offers “proof of concept” for the effective functioning of a regional knowledge network; at the next stage, the gained experience will be leveraged to obtain funding from donors (public and private),³ for the engagement of other sub-regions (e.g. the Caribbean) and organizations (e.g. the World Bank and the Bill and Melinda Gates Foundation), and the inclusion of other topics.

V. EXECUTING AGENCY AND MECHANISM

A. Executing Agency

- 5.1 The regional purpose and scope of the project, the exchange of experiences and knowledge among Latin American countries, requires an executing agency with a regional reach and capacities. The Bank is best suited to provide execution coordination and oversight, and to support KNH members in pursuing sustainable funding options. Given the considerable administrative burden associated with the procurement under the project, as well as the strong interest in the project products in Mexico, the Unidad de Análisis Económico (UAE) de la Secretaría de Salud de

³ Following a model established by the Kaiser Foundation in the United States.

los Estados Unidos Mexicanos has agreed to implement a well-defined subset of project activities.

- 5.2 Under **Component 1**, UAE will identify, hire, and supervise consultants in: (1) developing and publishing at least four articles on agreed priority topics; (2) identifying three candidates for scholarships; (3) helping plan and organize Regional Meetings; and (4) providing any additional logistic support. Under **Component 2**, the Secretaría de Salud, through its consultants, will: (1) assess information needs via interviews with policy-makers; (2) identify members for policy-maker network in Mexico; (3) prepare Mexico case study and an annotated bibliography on HBP; and (4) assist with the development of curriculum for training workshops, identifying participants, and holding and evaluating training activities.
- 5.3 With respect to the activities described above, the Secretaría de Salud, which has proven institutional and fiduciary capacity, will be responsible for implementing those activities as well as for providing technical support and supervision. US\$138,000 in Bank resources will be allocated to carry out the activities in Mexico, subject to the prior signature of a Technical Cooperation Agreement between the Bank and Mexico. This amount includes US\$7,000 for audit of the operation with respect to the activities to be implemented in Mexico. These resources will become eligible for disbursement once the technical cooperation agreement between the Bank and Mexico has been signed. With respect to the portion of the Bank's resources to be utilized directly by the Bank, said resources will be eligible for disbursement once this technical cooperation operation is approved by the Bank.

B. Executing mechanism

- 5.4 The program will be implemented with the support of local and international consultants. The Washington, DC-based team will consist of the Bank project team, two research consultants, and a Web editor, and will undertake the following activities in collaboration with country partners and local and international consultants: (1) define the scope of work and timeline for project activities; (2) contract international and local consultants; (3) produce and publish core project papers and other materials; (4) manage and implement core project activities, such as research, development of the web site, and participation in Regional Meetings; (5) help identify and recruit members of the policy-maker peer exchange network; (6) contract consultants for the development of the curriculum and implement the training workshops; and (7) link research and policy analysis undertaken by the program, with donors and international agencies, and with the expertise of OECD countries in health systems and economic policy.
- 5.5 Local consultants hired by the program will be based in the Region, and will undertake the following activities: (1) carry out and publish an assessment of information needs via interviews and surveys with policy-makers; (2) collaborate with national universities to identify fellowship candidates; (3) develop working research papers on agreed priority topics and write at least four editorials, magazine articles, etc.; (4) prepare country case studies on agreed priority topics; (5) plan and organize Regional Meetings and training workshops; (6) tailor and

further develop curriculum for training workshops, identify participants, and hold and evaluate training activities; (7) provide any additional logistic support.

C. Program implementation readiness

- 5.6 Letters of commitment to the program have been received from the governments of Brazil, Colombia, and Mexico, seeing that those countries will be the major contributors to, as well as major direct beneficiaries of the program. However, the knowledge generated and the policy tools developed will benefit all the Bank's borrowing member countries. Once the project begins, steps will be taken to define and finalize items related to the collaborative nature of the work and the role other countries will play in the project, prior to and at the first Regional Meeting.

D. Execution period and disbursement schedule

- 5.7 The execution period will be 19 months, while the disbursement period will be 26 months, counted from the date of approval of the operation. In the case of Mexico, the disbursement period will be counted from the date of the signing of the technical cooperation agreement between the Bank and the Secretaría de Salud.

- 5.8 The following chronogram illustrates the program schedule of activities.

Milestone	Q1	Q2	Q3	Q4	Q5	Q6	Q7
First batch of consultants hired							
1 st Regional Meeting of HKBG							
HKBG governance structure and work plan developed							
Research on existing knowledge and resources completed							
Second batch of consultants hired							
Website designed and published							
Needs assessment conducted and case studies initiated							
MOH-MOF seminar series organized and implemented							
Training curriculum developed							
Case studies and Web demonstrations completed							
2 nd Regional Meeting							
Training courses conducted, evaluated							
Program evaluation completed							

E. Procurement

- 5.9 Social Protection and Health Division (SCL/SPH) and the Secretaría de Salud de los Estados Unidos Mexicanos will carry out the procurement of goods and the selection and contracting of consulting services in accordance with Bank policies and procedures set forth in documents GN-2349-7 and GN-2350-7. The responsibility for hiring and supervision of consultants based in Washington, as well as for the contracting specialized services (e.g. editing, translation, and printing) will be with the Bank, through SCL/SPH, and with the Ministry of Health of Mexico in connection with the consultants responsible for implementing the activities in Mexico.

VI. MONITORING AND EVALUATION

A. Monitoring

- 6.1 Bank staff will monitor execution of the program by relating the timeliness and quality of products to the terms of reference of consultants. The Secretaría de Salud in Mexico will monitor implementation by the UAE technical team and consultants, and will file quarterly expenditure and product reports to the Bank and the KNH, as well as the financial statements with respect to the use of Bank's resources, duly audited by a firm of independent accountants upon the program's conclusion.

B. Technical and basic responsibility

- 6.2 SCL/SPH will hold the technical oversight and basic responsibility for the project. SCL/SPH will be responsible for disbursements related to project staff in Washington, DC, travel, events logistics, training, and all publications.

C. Progress and final reports

- 6.3 Each consultant will submit to the Bank a work plan, a mid-term, and a final report, which will be reviewed by Bank staff and the KNH. The reports will contain description of all activities. Each consultant will also be responsible for the delivery of products (research articles, tools developed, and Web pages) as annexes to the reports or according to a schedule determined in the Terms of Reference. Same reports will be provided by the Secretaría de Salud de los Estados Unidos Mexicanos in connection with the activities to be implemented in Mexico.

D. Description of proposed evaluations

- 6.4 Results of the program will be measured in terms of intermediate outcomes, by evaluating the direct impact of the use in the countries of the products generated by the initiative. Independent evaluator will be contracted to evaluate project execution, technical soundness, and development effectiveness in the countries, as well as to assess modalities piloted under each component, along with their relative utility, and recommending areas for future work. The external evaluator will be asked to interview stakeholders, particularly policy makers, and propose impact measures tailored to the particular policy experience chosen. Standard Bank procedures for financial reporting and audit will be applied.

VII. PROGRAM BENEFITS AND RISKS

A. Program benefits and developmental impact

- 7.1 This program aims to strengthen decision-making capacity for major health investment decisions, such as those related to defining HBP. Information derived from financial and economic data is fundamental for effective and efficient governance of health systems and must be obtained and analyzed relatively quickly in order for it to be relevant. This project will generate access to technical expertise and guidelines on how to use this type of information as a direct input into designing HBP. Furthermore, the project will create a conduit for technical

exchange between countries, which will in turn help construct analytical and intellectual capital and ownership of the reforms it fosters.

B. Target Beneficiaries

- 7.2 Typically, technical staff and political leaders have little opportunity to learn about experiences elsewhere and adapt some of these to their reality. As a result, they take greater than necessary risks in regard to the technical and political feasibility of a comprehensive reform. By analyzing their own experiences and learning from the experiences of other countries in the region, policy-makers should be able to make better decisions using proven methods and best practices in the area designing HBP. Significant potential benefits of the program relate to the expanded use of evidence and information in the design of HBP, and, through that, in health systems policy-making, policy implementation, and management of health services in general.

C. Risks

- 7.3 A risk usually associated with initiatives of this kind relates to the ability of country teams to synchronize and collaborate to produce agreed upon outputs. Small scale projects frequently face difficulties in ensuring that participating institutions prioritize their project. For this reason, the project proposes to finance dedicated teams with demonstrated capacity to pursue the proposed activities and focus on the key outputs while constantly monitoring the evolution of policy debates and priorities in-country.
- 7.4 Turnover of local governments and management, as well as the scarcity of public resources dedicated to policy analysis, threaten the continuity of the development and application of policy tools envisioned herein (sustainability of project outcomes). To mitigate this risk, strategies and tools to facilitate knowledge sharing and the consolidation of local know-how in the long-term will be promoted within the policy-maker network, as well as by building a broader base of capacity via the engagement of future policy-makers at universities. The experience and products generated by the program will be leveraged to seek funding from other donors (public and private) for a subsequent phase.

VIII. ENVIRONMENTAL AND SOCIAL REVIEW

A. Date of CESI review

- 8.1 CESI reviewed the project on July 24, 2009.

B. Measures taken to avoid negative social and environmental impacts

- 8.2 This TC will support the creation of a knowledge network with expertise in health policy and financing, and will assemble a set of tools to facilitate decision making in regard to the design of health benefits packages, ensuring financial sustainability and reforming fiscal and budgetary incentives of health systems. Based on the application of the Safeguard Policy Screening and Classification Tools, CESI concluded that there are no environmental or social risks associated with this Project and no mitigating measures are needed.

IX. CERTIFICATION

- 9.1 The Grants and Cofinancing Management Unit (VPC/CGM) certifies that the amount of US\$1,000,000 from the Fund for Special Operations (FSO) are available for the financing of the proposed program budget of the current Plan of Operations.

<u>(Original signed)</u>	<u>10/16/09</u>
Marguerite S. Berger Chief Grants and Cofinancing Management Unit VPC/GCM	Date

X. APPROVAL

Concurrence:	<u>(Original signed)</u>	<u>10/20/09</u>
	Hugo Flórez Timorán, Chief SCL/SPH	Date
Approval:	<u>(Original signed)</u>	<u>10/21/09</u>
	Kei Kawabata, Sector Manager SCL	Date
	<u>(Original signed)</u>	<u>10/22/09</u>
	Gina Montiel, General Manager CID	Date

RESULTS MATRIX

Knowledge Network on Health Benefits Packages (RG-T1759)

	Expected Results	Results Indicators	Indicator Information Sources
Outputs	1. Knowledge Network on Health Benefits Packages operating	a. Roster of KNH members b. Governance structure and work agenda of the KNH	a. Bank team leader's records b. Proceedings and other documents from Regional Meetings
	2. Set of tools to address challenges related to HBP design and financial sustainability, accessible to and used by governments in LAC	a. Number of tools and articles published on the Web b. Number of requests from countries for information regarding the tools c. Number of visits to the website publishing the tools, research, and reference materials	a. Technical products developed by program consultants b. Web usage records c. Reports by local country institutions d. Published articles
	3. Assessment of country technical assistance needs in the region	a. Number of submitted or identified country problems or impending policy changes in need of addressing b. Number of requests from countries for technical assistance	a. Documents and minutes from Regional Meetings b. CPEG and HKBG communications record
	4. Research conducted, and case studies developed, demonstrating application of the tools relevant for HBP design	a. Number of case studies described and solution to problems published on the Web b. Number of visits to the webpage with case studies c. Number of queries regarding the contents d. Number of original publications	a. Website documentation b. Web usage records c. Email communication records regarding the case studies d. Works submitted for publications
	5. Regional Meetings organized and productive	a. Number of participants b. Number of topics discussed during meetings c. Number of implementable ideas developed during the meetings	a. Bank team leader's records b. Documents and minutes from the meetings
	6. Policy-maker peer exchange network operating	a. Number of policy-maker network members b. Number of policy-maker network Listserv subscribers c. Number of Listserv submissions/emails per month	a. Communication records from exchanges between the KNH, project team leader, and policy-maker network members b. Listserv usage records
	7. Training workshops for policy-makers organized and successful	a. Course curriculum b. Number of course participants c. Feedback from course participants	a. Documents from the workshops b. Evaluation of participants' experiences

	8. Health –Finance Dialogue seminars	a. Number of participants in seminars b. Feedback from seminar participants	a. Transcripts and other records form from the seminars b. List of participants
Outcomes*	1. Stronger linkages between country research/academic institutions and governments/policy-makers working in the area of HBP design, adjustment, pricing, and implementation	a. Increased communication and collaboration between policy makers and universities, think tanks or foundations b. Policy makers able to obtain in a timely manner appropriate information resources they need to make key decisions	a. Communication records with country institutions and policy makers b. Interviews with policy makers c. Listserv activity record
	2. An active network of health economists working in the Region on HBP and related issues	a. Number of information exchanges between HKBG and country institutions relating to health financing issues b. Number of new projects and collaborations emerging from the network	a. Communication records b. Web activity records
<p>Lesson learned (at the following levels: execution/management; thematic; policy):</p> <p>Execution/management – Whether mobilizing a knowledge resources and networks of experts by an external actor can help stimulate knowledge sharing and increase evidence-use by policy-makers in participating countries</p> <p>Thematic – Whether issues faced by the countries in the area of HBP design/adjustment/pricing/implementation can be adequately overcome using well-organized local and regional knowledge, and can help address resource shortages in health and increase access to health services</p> <p>Policy - Whether making knowledge more easily accessible has an impact on health policies.</p>			

*For definitions and examples click on the following address:

<http://idbdocs.iadb.org/wsdocs/getDocument.aspx?DOCNUM=968168>

DETAILED PROGRAM BUDGET
Knowledge Network on Health Benefits Packages (RG-T1759)

EXPENDITURE CATEGORY	IDB/FSO	LOCAL	TOTAL	%	Notes
Component 1: Building the evidence base	419,000	\$65,000	484,000	43%	
Review, organization, and dissemination of existing knowledge	152,000	\$65,000	217,000	19%	Brazil, Mexico, NICE & WDC teams
Regional meetings (Chile, Mexico)	115,000		115,000	10%	FIES Chile & Mexico teams; includes travel and logistic costs
Development of knowledge sharing tools and dissemination	152,000		152,000	13%	All teams + Web developer
Component 2: Translating evidence into policy	370,000	70,000	440,000	39%	
Knowledge development and policy applications	304,000	\$70,000	374,000	33%	Studies applying existing knowledge and tools to country cases
a. Design and adjustment of HBP (4 countries)	152,000		152,000	13%	FIES Chile, Colombia & Mexico teams (case of Chile, Guyana, Peru, T&T)
b. Evaluating capacity to make HBP effective (4 countries)	152,000	\$70,000	222,000	20%	Brazil, FIES Chile & NICE teams
Training workshops (3)	45,000		45,000	4%	Curriculum, trainers' time & travel, and logistics costs
Health-Finance Seminar series (3)	21,000		21,000	2%	Brazil, Colombia, Mexico & WDC teams + logistic costs
Contracted services	89,000		89,000	8%	
Printing, translation & publication	50,000		50,000	4%	
Program evaluation	32,000		32,000	3%	Time and travel of an external evaluator
Audit (Mexico)	7,000		7,000	1%	
Office space, equipment, and related costs	57,000		57,000	5%	
Office supplies	6,000		6,000	1%	
Office space rental	36,000		36,000	3%	Colombia, \$2000 per month for 18 months
Computer services and equipment	15,000		15,000	1%	
Subtotal	935,000		1,070,000	94%	
Contingencies (6.5%)	\$65,000		\$65,000	6%	
TOTAL	1,000,000	\$65,000	1,135,000	100%	
FIES Chile - Fundacion Iberoamericana de Economia de la Salud, Chile					
NICE - National Institutes for Health and Clinical Excellence, UK					

PROCUREMENT PLAN												
Knowledge Network on Health Benefits Packages (RG-T1759)												
Item number	Category and description of the contract	Estimated cost	Consulting firm/Individual consultant	Method of procurement	Review (ex-ante o ex-post)	Source		Prequalification (yes/no)	Approximate dates		Status (pending, in process, delayed, cancelled)	Comments
						IDB %	Other %		Publication and/or initiation of procurement	End of contract		
	1. CONSULTING SERVICES											
1	Consultancy 1 Researcher(s)	103,500	Individual consultant	CCII	N.A	100%		No	Fourth trimester 2009	First trimester 2011	Pending	
2	Consultancy 2 Researcher	72,000	Individual consultant	CCII	N.A	100%		No	Fourth trimester 2009	First trimester 2011	Pending	
3	Consultancy 3 Web developer/editor	91,000	Individual consultant	CCII	N.A	100%		No	First trimester 2010	First trimester 2011	Pending	
4	Consultancy 4 Colombia technical expert	75,000	Individual consultant	CCIN	N.A	100%		No	Fourth trimester 2009	First trimester 2011	Pending	
5	Consultancy 5 FIES Chile technical expert	79,000	Individual consultant	CCIN	N.A	100%		No	Fourth trimester 2009	First trimester 2011	Pending	
6	Consultancy 6 NICE technical expert(s)	49,600	Individual consultant	CCII	N.A.	100%		No	First trimester 2010	First trimester 2011	Pending	
7	Consultancy 7 Junior research fellows (3)	48,000	Individual consultants	CCIN	N.A	100%		No	First trimester 2010	First trimester 2011	Pending	

[illegible]

PROCUREMENT PLAN												
Knowledge Network on Health Benefits Packages (RG-T1759)												
Item number	Category and description of the contract	Estimated cost	Consulting firm/Individual consultant	Method of procurement	Review (ex-ante o ex-post)	Source		Prequalification (yes/no)	Approximate dates		Status (pending, in process, delayed, cancelled)	Comments
						IDB %	Other %		Publication and/or initiation of procurement	End of contract		
15	Service 1 Translation, printing, and publication services	50,000	N/A	CP	N.A.	100%		No	Fourth trimester 2009	First trimester 2011	Pending	
16	Service 2 Office space in Colombia	36,000	N.A.	CP	N.A.	100%		No	Fourth trimester 2009	First trimester 2011	Pending	First, define the zone, then compare prices within the zone, taking into account the criteria of location, size, and services available
17	Service 3 Travel to Regional Meetings	54,400	N.A.	CP	N.A.	100%		No	Fourth trimester 2009	First trimester 2011	Pending	
18	Service 4 Facilities rental and refreshments, Regional Meetings	30,000	N.A.	CP	N.A.	100%		No	Fourth trimester 2009	First trimester 2011	Pending	Two meetings
19	Service 5 Facilities rental and refreshments, MOH-MOF seminars	7,500	N.A.	CP	N.A.	100%		No	Fourth trimester 2009	First trimester 2011	Pending	Three seminars
20	Service 6 Facilities rental and refreshments,	15,000	N.A.	CP	N.A.	100%		No	Fourth trimester 2009	First trimester 2011	Pending	Three workshops

PROCUREMENT PLAN												
Knowledge Network on Health Benefits Packages (RG-T1759)												
Item number	Category and description of the contract	Estimated cost	Consulting firm/Individual consultant	Method of procurement	Review (ex-ante o ex-post)	Source		Prequalification (yes/no)	Approximate dates		Status (pending, in process, delayed, cancelled)	Comments
						IDB %	Other %		Publication and/or initiation of procurement	End of contract		
	training workshops											
	3. GOODS											
21	Goods 1 Office supplies and computer equipment	21,000	N.A.	CP	N.A.	100%		No	First trimester 2010	First trimestre 2010	Pending	
	TOTAL	935,000										

1. Si hubiesen grupos de contratos individuales similares que van a ser ejecutados en distintas localidades o distintas épocas, éstos pueden incluirse agrupados bajo un solo rubro con una explicación en la columna de comentarios indicando el valor promedio individual y el período durante el cual serían ejecutados. Por ejemplo: En un proyecto de educación que incluye construcción de escuelas, se pondría un ítem que diría “Construcción de Escuelas”, el valor total estimado en US\$20 Millones y una explicación en la columna Comentarios: “Este es un lote de aproximadamente 200 contratos para construcción de escuelas con valor promedio de US\$100.000.00 c/u a ser adjudicados individualmente por las municipalidades participantes en un período de 3 años, entre enero de 2006 y diciembre de 2008.”

2. Bienes y Obras: **LPI**: Licitación Pública Internacional; **LIL**: Licitación Internacional Limitada; **LPN**: Licitación Pública Nacional; **CP**: Comparación de Precios; **CD**: Contratación Directa; **AD**: Administración Directa; **CAE**: Contrataciones a través de Agencias Especializadas; **AC**: Agencias de Contrataciones; **AI**: Agencias de Inspección; **CPIF**: Contrataciones en Préstamos a Intermediarios Financieros; **CPO/COT/CPOT**: Construcción-propiedad-operación/ Construcción-operación- transferencia/Construcción-propiedad-operación-transferencia (del inglés BOO/BOT/BOOT); **CBD**: Contratación Basada en Desempeño; **CPGB**: Contrataciones con Prestamos Garantizados por el Banco; **PSC**: Participación de la Comunidad en las Contrataciones. Firmas Consultoras: **SBCC**: Selección Basada en la Calidad y el Costo; **SBC**: Selección Basada en la Calidad; **SBPF**: Selección Basada en Presupuesto Fijo; **SBMC**: Selección Basada en el Menor Costo; **SCC**: Selección Basada en las Calificaciones de los Consultores; **SD**: Selección Directa. Consultores Individuales: **CCIN**: Selección basada en la Comparación de Calificaciones Consultor Individual Nacional; **CCII**: Selección basada en la Comparación de Calificaciones Consultor Individual Internacional.

3. Aplicable para el caso de las Políticas nuevas solo para Bienes y Obras. En el caso de las Políticas Antiguas es aplicable a Bienes, Obras y Servicios de Consultoría.

4. Se utilizará la columna “Estatus” para adquisiciones retroactivas y actualizaciones del plan de adquisiciones

5. Los consultores se han identificado de manera conjunta entre el beneficiario y Banco teniendo en cuenta su experiencia, trayectoria y participación en los procesos de evaluación del Programa de Desarrollo Humano Oportunidades, así como en evaluaciones específicas en los temas de salud, alimentación y nutrición, educación y focalización. De igual forma, los consultores han tenido experiencia específica en México en estudios relacionados con los componentes y subcomponentes lo cual asegura la calidad y objetividad de los resultados previstos para el proyecto.

SAFEGUARD POLICY FILTER REPORT

This Report provides guidance for project teams on safeguard policy triggers and should be attached as an annex to the PP or PCD (or equivalent) together with the Safeguard Screening Form, and sent to ESR.

1. Save as a Word document. 2. Enter additional information in the spaces provided, where applicable. 3. Save new changes.

PROJECT DETAILS	IDB Sector	HEALTH-HEALTH SERVICES
	Type of Operation	Other Non-Lending or Non-Financing Instrument (enter details in final report)
	Additional Operation Details	
	Investment Checklist	Generic Checklist
	Team Leader	Glassman, Amanda Louise (AMANDAG@iadb.org)
	Project Title	Knowledge network on health benefits packages
	Project Number	RG-T1759
	Safeguard Specialist(s)	AmandaG
	Assessment Date	2009-07-24
	Additional Comments	

SAFEGUARD POLICY FILTER RESULTS	Type of Operation	Technical Cooperation / Regular TC	
	Safeguard Policy Items Identified (Yes)	The Bank will make available to the public the relevant Project documents.	OP-102
	Potential Safeguard Policy Items(?)	No potential issues identified	
	Recommended Action:	Operation has triggered 1 or more Policy Directives; please refer to appropriate Directive(s), including B13, for guidance. No project classification required. Submit Report and PCD (or equivalent) to ESR. <small>Policy Directives can be accessed from the Resources tab on the Toolkit home page.</small>	
	Additional Comments:		

ASSESSOR DETAILS	Name of person who completed screening:	
	Title:	
	Date:	2009-07-24

Red de Conocimiento Sobre Paquetes de Beneficios en Salud (RG-T1759)

PLAN DE OPERACIONES

Revisión de Calidad y Riesgo (QRR) – Informe de Resultados y Procedimientos

A. PROCESO QRR

El Plan de Operaciones fue distribuido al QRR solicitando comentarios el 11 de septiembre de 2009. El documento fue enviado a: Game, Francisco Javier; Stein, Ernesto Hugo; Profeta, Laura; Echebarría, Luis Estanislao; Falkner-Olmedo, Katharina B.; Herrera, Carlos; Álvarez, Carola; Santelices, Cristian; Berger, Marguerite S.; Ferretti, Janine. Adicionalmente, se envió copia de la distribución a: Executive VicePresident; Office of the Vice President for Countries; SCL-SCL; Office of the Manager - CID; Office of the Vice President, Sectors & Knowledge; Puig, Steven J.; Rapoport, Manuel; Seriu, Taro; ESRNET; Flórez Timorán, Hugo; Glassman, Amanda Louise; Giuffrida, Antonino; Ho-A-Shu, Ian; Tristao, Ignez M.; Raciborska, Dorota; Buchara, Diego Sebastian; Guerra, Martha M.. Los comentarios recibidos, así como acciones posteriores, han sido documentados en este Informe de Resultados y Procedimiento. No se realizó una reunión presencial.

B. Asuntos no resueltos

El monto de la contrapartida de México todavía no se ha definido. El 17 de septiembre de 2009, se envió una notificación al Gobierno de México al respecto.

C. COMENTARIOS

Nombre/Dept.	Tema	Comentarios	Respuestas
Sara Bojorge Saenz, CID/CID	Carácter regional del proyecto; mecanismo de ejecución; relación con otras operaciones del Banco	<p>A) Es necesario que el documento especifique claramente que los beneficiarios son todos los países de America Latina y el Caribe, y que se inicia con una serie de programas acordados con países con los que se ha venido trabajando en cada una de las regiones.</p> <p>B) El documento puede llamar a confusión sobre el aporte de contrapartida que realiza Brasil y la condición de co-ejecutor que tiene México. Se solicita aclarar esto.</p> <p>C) Se recomienda destacar si esta cooperación complementa otras iniciativas que el Banco apoya, como por ejemplo los proyectos apoyados por el Programa Mesoamerica.</p>	<p>A) Por favor ver las clarificaciones en: - Executive Summary – sección de Objectives - Párrafos 2.5, 3.1, 3.2, 3.3, 3.4, 3.7 (alternativamente, buscar palabra clave “region”)</p> <p>B) Referencia al aporte y rol de co-ejecutor de México fue revisada y se encuentra en la sección V. Executing Agency and Mechanism.</p> <p>C) Por favor ver la última frase del párrafo 2.6.</p>
Laura Profeta, LEG/SGO	Carácter regional de la CT; la participación de México; exclusión de HO y CH como beneficiarios	<p>1. According to the document, this operation will be implemented by the Bank with respect to the activities to be carried out in all participating countries except Mexico, where the activities will be carried out by Estados Unidos Mexicanos, through its Ministry of Health (paragraphs 3.5 and 3.9). This structure raises the question of whether this technical cooperation (TC) is truly regional, or whether it is a regional TC plus a national TC for Mexico, which would not be eligible for financing with resources of the net income of the Fund for Special Operations.</p>	<p>1. Please see changes made throughout section III - Program Description - regarding the regional scope of the Project.</p>

Nombre/Dept.	Tema	Comentarios	Respuestas
	directos del proyecto	<p>If, despite this structure, the regional nature of the entire operation can be confirmed and clarified in the document, then the Executive Summary should identify the participation of the Ministry of Health -Secretaría de Salud- in the execution of the activities to be carried out in said country as follows: "Estados Unidos Mexicanos through its Secretaría de Salud."</p> <p>Furthermore, since the Secretaría de Salud would utilize the Bank's resources concerning the implementation of the activities carried out in Mexico, the document should: (i) identify the amount of the Bank's resources to be allocated to Mexico; (ii) identify resources for the financing of the auditing of the operation with respect to the activities to be implemented in Mexico; and (iii) identify what will be the mechanism for the monitoring and evaluation of those activities. Finally, the costs associated with auditing and monitoring as well as the amount of the Bank's resources allocated to Mexico should be described in a separate cost table that would be part of the technical cooperation agreement to be entered into between the Estados Unidos Mexicanos and the Bank.</p> <p>Finally, since the resources allocated to Mexico will not be eligible for disbursement until the technical cooperation agreement is signed between the parties and the conditions precedent to the first disbursement are met, the document should specify that, with respect to the portion of the Bank's resources to be utilized directly by the Bank, said resources will be eligible for disbursement once the technical cooperation operation is approved by the Bank. The same distinction would need to be made with respect to the execution and disbursement periods, since those periods will be counted differently: in the case of Mexico, from the date of the technical cooperation agreement; with respect to the use of resources by the Bank, the periods will be counted from the date of approval of the operation.</p> <p>2. Since the present operation could benefit all of the Bank's borrowing member countries, in light of decisions currently in effect with respect to the processing and approval of operations that benefit Honduras and Chile, we recommend that in the execution of the operation the Project Team take all necessary steps in order to ensure that activities of the program not be carried out in Honduras and that no resources of the technical cooperation be provided to the Government of Chile or its agencies (for example for training or travel and per diem), while the respective decisions regarding operations that benefit those countries remain in effect.</p>	<p>Please see changes in the Executive Summary (section on Executing Agencies).</p> <p>(i) Regarding the amount of Bank's resources to be allocated to Mexico, see paragraphs 4.2 and 5.3.</p> <p>(ii) US\$7000 has been budgeted for auditing the operation with respect to the activities to be implemented in Mexico. See par. 5.3.</p> <p>(iii) See paragraph 6.1 and 6.3.</p> <p>See paragraph 5.7 for the recommended revisions.</p> <p>2. The recommendation duly noted and will be followed.</p>

Nombre/Dept.	Tema	Comentarios	Respuestas
Leyda Fajardo, VPS/VPS	Mecanismo de ejecución; participación de Mexico; exclusión de HO como beneficiario directo del programa	<p>...The executive summary states that we and Bank and the Ministerio de Salud de ME will execute the project but there is no mention in the Execution Section as to how this will take place, nor how the resources will be distributed, or how much is counterpart resources from ME, or whether an agreement will be signed with Ministerio de Salud to divide responsibilities and disbursement of Bank resources. Also, there should be monies put aside for the auditing report and any monitoring and evaluation.</p> <p>With regards to Honduras as a beneficiary, you will need to remove it for now until the situation is settled and the Bank has changed position regarding financing to that country.</p>	<p>Please see the extensive revisions to section V. Executing Agency and Mechanism.</p> <p>The execution of the operation the Project Team take all necessary steps in order to ensure that activities of the program not be carried out in Honduras and that no resources of the technical cooperation be provided to the Government of Chile or its agencies (for example for training or travel and per diem), while the respective decisions regarding operations that benefit those countries remain in effect.</p>
Carlos Lago Bouza, VPC/PDP	Adquisiciones	<p>1) En el PA las selecciones de consultoría (consultores individuales) 5 y 6 deberían justificar el porque de la selección directa. Como es de consultor individual deben aplicar algunas de justificaciones del art. 5.4 de la Política (GN-2350-7).</p> <p>2) El ítem 10 al ser servicios no de consultoría, por el monto y lo que están adquiriendo el método mas apropiado es comparación de precios (CP). Asumo que empaquetaron todo en un solo proceso y una misma firma va a realizar todos los trabajos (considero que seria lo mas indicado).</p> <p>3) Para los bienes a adquirir 12, 13, 14, 15, 16 y 17 utilizar comparación de precios. Es mas sencillo y eficiente para estos bienes y montos.</p> <p>4) Sobre el ítem 13 Office space, van a alquilar una oficina? O es solo parte del espacio dentro de una que ya existe? La pregunta me surge que van a tener que definir primero la zona donde la tendrían para luego poder comparar los precios de la zona. Los criterios que sugiero serian: ubicación, tamaño y servicios. En base a esos criterios luego comparar las ofertas.</p>	<p>1) Este fue un error. Por favor ver las revisiones en el Anexo III. Plan de Adquisiciones.</p> <p>2) De acuerdo, el ítem 10 será adquirido utilizando comparación de precios.</p> <p>3) De acuerdo, se corrigió el modo de adquisición a comparación de precios.</p> <p>4) Gracias por la recomendación. Se la tomara en cuenta.</p>
Nelly Wheelock, VPC/PDP		<p>1. Ejecución del Banco compartida con el gobierno de México. Desconozco el contenido del acuerdo que firmara el Banco con el gobierno de México a través de la Secretaria de Salud, no obstante entiendo por la reunión que tuvimos con Diego en días pasados, no se identifican riesgos en torno a esta ejecución compartida. Deseo confirmar</p>	<p>1. De acuerdo. El presupuesto para las actividades en México fue incluido en el Plan de Operaciones (párrafo 4.2). Se ha incluido los ítems en el Plan de Adquisiciones.</p>

Nombre/Dept.	Tema	Comentarios	Respuestas
		<p>la necesidad de que el documento que se firme entre el gobierno de México y el Banco defina claramente los roles, requisitos y responsabilidades. El Banco será co-ejecutor y a la vez supervisor de la parte que ejecute México. En ese sentido, también es importante definir claramente los presupuestos y los planes de adquisiciones de cada ejecutor, porque los temas de supervisión son diferentes.</p> <p>2. Considerando que el gobierno de México estará involucrado, sugiero la incorporación de los Especialistas Fiduciarios en la Representación de México en el Equipo de Proyecto. Me refiero a Gloria Coronel (Gestión Financiera) y Raúl E. Lozano (Adquisiciones), quienes les podrán apoyar en los siguientes puntos identificados:</p> <ul style="list-style-type: none"> Incluir tanto en el texto del documento como en el plan de adquisiciones, la justificación correspondiente a los procesos en los que se aplicara la metodología de contratación directa (hago referencia a las consultarías 5 y 6 del Plan de adquisiciones). En el Plan de Adquisiciones: <ul style="list-style-type: none"> Consultarías 1, 2, 3, 4, 7, 8 y 9, revisar el método de contratación. El método reflejado actualmente aplica para firmas consultoras, no para consultores individuales. En la parte 2. Services other than consultancies, eliminar el renglón que dice "Service 1". Parece ser que este monto sera el que contratara el gobierno de Mexico. Si es asi, se recomienda que este monto sea desglosado en un plan de adquisiciones independiente, bajo supervisión "ex ante". El renglón 10 es en efecto un servicio diferente de consultaría. En ese sentido, el método de contratación esta bajo las políticas de Bienes y Obras. Se recomienda modificar el método de contratacion y definirlo como "Comparación de Precios" (Price comparison - PC). El renglon 11, Service 3 entiendo que se trata de una consultoria y por tanto debería estar en todo caso a continuación de "Consultancy 9". Los renglones 13 al 17 son también servicios diferentes de consultaría y aplica igual el método de comparación de precios y bajo la parte 2. Services other than consultancies. La parte 2. Goods. En vez de 2 debería ser 3 (el numero 2 aparece ya en el grupo que le antecede). En el renglón que actualmente aparece como No. 12 (posiblemente cambiara cuando se trasladen los renglones 13 a 17 al grupo que le antecede, que es de servicios diferentes a consultaría), modificar 	<p>2. De acuerdo. Por favor ver el Equipo de Proyecto en la sección del Resumen Ejecutivo. Se extendió la invitación a Gloria y Raúl, solicitando apoyo para la implementación del proyecto.</p> <p>- El modo de adquisición para los ítems 5 y 6 fue redactado a SCC, en vez de SD. Ver el Anexo III.</p> <ul style="list-style-type: none"> Los ítems 1-9 serán adquiridos utilizando método CCII y/o CCIN. Se elimino Service 1. Se desglosa el monto que contratará el Gobierno de México, de acuerdo con la recomendación (ítems 10-12 y 14) De acuerdo, se ha modificado. De acuerdo, se ha modificado. De acuerdo, se ha modificado. De acuerdo, se ha modificado.

Nombre/Dept.	Tema	Comentarios	Respuestas
		<p>el método de contratación, corresponde el método de comparación de precios.</p> <ul style="list-style-type: none">• Se identifican varios procesos de contratación de renta de edificio. No queda claro si habrán varias oficinas y en que países. Se recomienda aclarar en el plan de adquisiciones y en el texto del documento.• El Banco debe evaluar la capacidad fiduciaria de la Secretaria de Salud de Mexico. Se recomienda pedir a los Especialistas Fiduciarios en la Representación de México que les apoyen en esta tarea.	<ul style="list-style-type: none">• De acuerdo, se lo modifiko en el Plan de Adquisiciones (item 16). Esta información se encuentra en el Anexo II, Presupuesto detallado del programa.• De acuerdo, por favor ver la respuesta al punto 2 arriba.