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RESTRUCTURING PAPER
ON A
PROPOSED PROJECT RESTRUCTURING
OF

Supporting Egypt's Universal Health Insurance System

APPROVED ON 16-Jun-2020

TO

Arab Republic of Egypt

Health, Nutrition & Population
Middle East And North Africa

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**ABBREVIATIONS AND ACRONYMS**

EHA	Egypt Healthcare Authority
ESCP	Environmental and Social Commitment Plan
FY	Fiscal Year
GAHAR	General Authority for Healthcare Accreditation and Regulation
GRM	Grievance Redress Mechanism
INT	Integrity Vice Presidency
IPC	Infection Prevention Control
IT	Information Technology
MOF	Ministry of Finance
MTR	Mid-Term Review
PBC	Performance-Based Condition
PBR	Performance Based Result
PHC	Primary Healthcare Center
PMU	Project Management Unit
PTES	Program for Treatment at Expense of State
SEP	Stakeholder Engagement Plan
SIA	Social Impact Assessment
UHIA	Universal Health Insurance Agency
UHIS	Universal Health Insurance System
UPA	Unified Procurement Authority

**BASIC DATA****Product Information**

Operation ID	Operation Name
P172426	Supporting Egypt's Universal Health Insurance System
Product/Financing Instrument	Geographical Identifier
Investment Project Financing (IPF)	Egypt, Arab Republic of
Approval Date	Current Closing Date
16-Jun-2020	30-Sep-2026

Environmental and Social Risk Classification (ESRC)

Substantial

Organizations

Borrower	Responsible Agency
Arab Republic of Egypt	Ministry of Finance

OPERATION STATUS**Project Development Objective (DO)**

Original Development Objective

To (i) increase the coverage of Egypt's Universal Health Insurance System in Phase I Governorates, (ii) strengthen UHIS-related governance and institutions, and (iii) provide temporary financial protection against high out of pocket health expenditures for vulnerable populations outside Phase I Governorates.

Disbursement Summary (in USD million)

Source of Funds	Net Commitment	Disbursed	Undisbursed	% Disbursed
IBRD	400.00	143.71	256.29	35.93



IDA	--	--	--	0
Grants	--	--	--	0

Policy Waivers

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

No



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I. PROJECT STATUS AND RATIONALE FOR RESTRUCTURING

A. PROJECT BACKGROUND AND STATUS

1. **The proposed second restructuring of the Supporting Egypt's Universal Health Insurance System (UHIS) Project (P172426) include:** i) revision of select Performance Based Conditions (PBCs), their disbursement formulas and allocations; ii) addition of new PBCs and iii) revision of select PDO indicators, intermediate result indicators and their targets in the results framework. This is in response to a request letter dated September 5, 2024, from the Ministry of Planning, Economic Development and International Cooperation.
2. **This US\$ 400 million Project was approved by the World Bank Board of Executive Directors on June 16, 2020 (EG Loan Number 9132) and became effective on August 29, 2021.** It was restructured in June 2024 to extend its closing date from October 31, 2024, to September 30, 2026. The project development objective PDOs is to (i) increase the coverage of Egypt's UHIS in Phase I Governorates, (ii) strengthen UHIS-related governance and institutions, and (iii) provide temporary financial protection against high out of pocket health expenditures for vulnerable populations outside Phase I Governorates. The project has four components:
 - **Component 1:** Enrollment and empanelment of the population into UHIS (US\$208 million).
 - **Component 2:** Strengthening UHIS governance, systems and facilitating environment (US\$132 million).
 - **Component 3:** Providing temporary financial protection against high OOP health expenditures for vulnerable populations outside of Phase I Governorates (US\$50 million).
 - **Component 4:** Institutional Capacity Building, Technical Assistance and Project Management (US\$10 million).
3. **The Project supports the Government of Egypt's (GoE) ambitious healthcare transformation agenda.** In 2018, the Government passed the Universal Health Insurance Law No 2/2018 to launch a major transformation to its Universal Health Insurance System (UHIS) - to roll out health insurance nationwide in six phases over a 15-year period. The Project supports the Ministry of Finance (MOF) and the newly created UHIS organizations to roll out UHIS in Phase 1 Governorates. Phase I of the roll out started in 2019 with a pilot in Port Said and then expanded to 3 additional governorates (Ismailia, Luxor, South Sinai). The four new public agencies established to implement the UHIS and supported by the Project are: (i) the Universal Health Insurance Agency (UHIA) - the purchaser; (ii) the Egypt Healthcare Authority (EHA) - the provider; (iii) the General Authority for Healthcare Accreditation and Regulation (GAHAR) - for quality accreditation and regulation; and (iv) the Unified Procurement Authority (UPA).
4. **Achievement towards the PDO and Implementation Progress are both rated Moderately Satisfactory as of the June 6, 2024, Implementation Status and Results Report (ISR).** As of January 2024, out of the five PDO indicators:
 - One indicator met the Year 3 target (enrollment and empanelment of population into UHIS - 2,542,666 beneficiaries vs target of 2,328,000).
 - Two indicators achieved at least 80 percent of the Year 3 targets, namely: (i) per capita annual PHC visits by UHIS enrollees in Phase I Governorates (2.05 vs target of 2.15); and (ii) percentage of contracted public provider entities accredited by GAHAR (86 percent vs target of 90 percent).
 - One indicator is off track (number of other vulnerable people benefiting from "Payment for Treatment at the Expense of the State" (PTES) in other Governorates (31.1 percent vs. target of 100 percent).
 - There is no data to accurately measure the last PDO indicator on annual percentage of payments by UHIA made to contracted providers within 60 days of claims submission.



5. **There has been implementation progress as the building blocks of UHIS are gradually being put in place.** As of January 2024, about 3.1 million people have been enrolled into UHIS, representing over 80 percent of the population of the four UHIS governorates. Among them, over half a million are poor and vulnerable people whose premium are subsidized by the Government. The Prime Minister's Decree 4586/2023, passed in November 2023, expands and clarifies the definition of the vulnerable groups and will ensure more poor and vulnerable people are enrolled into UHIS. The UHIS implementing agencies (UHIA, EHA, GAHAR and UPA) are now in place and operational. The Prime Minister issued a Decree in September 2023 to establish a high-level Committee responsible for the coordination and supervision of the implementation of the UHIS health system transformation process. GAHAR has developed and implemented national accreditation standards for hospitals, primary health care centers and units, laboratories, ambulatory service providers, radiological centers and pharmacies, and UHIA has contracted over 286 of such accredited providers. Revised provider payment mechanisms were adopted for UHIS, and most of the payment methods are being implemented. There has been recent progress with the UHIS IT system, with one of the 4 modules (Supply Chain Procurement module) completed and operational. The beneficiary and provider modules of the IT system are in advanced stages and expected to be fully operational in the coming months. The claims module will likely be completed by March 2025, though it can already process outpatient claims. Notwithstanding these advances, significant challenges remain and affect the pace of UHIS implementation including (i) lack of a UHIS roadmap to guide implementation; (ii) sub-optimal organizational structures and functions of the agencies, and (iii) the constitutional constraints in defining a prioritized benefit package.
6. **Disbursement:** The Project has currently disbursed 36 percent (US\$ 143.7 million) of the total financing amount. In addition, results have been achieved, submitted and verified for US\$ 35.1 million and expected to be processed and disbursed once an Authorized Signatory List and withdrawal application is submitted by the Government. Furthermore, the verification of an additional US\$ 17.6 million is being finalized for achievement of results for PBC 9 (number of other vulnerable people benefiting from PTES) and PBC 7.2 (creation of organizational structures). These will improve the disbursement to US\$ 196.4 million (49.1 percent).
7. **Fiduciary, safeguards, and INT compliance:** As of the last ISR of June 6, 2024, Procurement, Financial Management, and Environmental and Social Safeguards are all rated Moderately Satisfactory. There are no outstanding audit reports, and all previous Interim Financial Reports and audit reports have been received, reviewed and deemed acceptable. There are no open INT investigations related to the sector or Project.

B. RATIONALE FOR RESTRUCTURING

8. **The proposed restructuring will allow the PDO to be achieved within the project timeline.** The September 2023 Mid Term Review (MTR) provides a good diagnosis of project implementation issues. Per the MTR findings, while the overall project design remains relevant, some activities, PBCs, fund allocation and targets need to be modified to better address implementation bottlenecks and align with emerging institutional needs of UHIA, EHA, GAHAR and UPA after three years into UHIS implementation. It is also in keeping with the request of the Government to restructure the project in its letter of September 5, 2024.
9. **Specifically, the restructuring will allow the project to:** i) better reflect the proportion of the vulnerable populations in the UHIS governorates - change the targets for PBCs 1 and 2; ii) account for the cost of re-enrollment of the vulnerable population incurred by the MoF - add a PBR under PBC 2; iii) factor in the cost of facility renovations and administrative costs of launching UHIS in new governorates - add a new PBC under Component 1, result area 1; iv) account for the legislative constraints in defining a prioritized list of benefit package for UHIS - revise PBC 3; v) capture the current pace of UHIS IT rollout and take into account recommendations from the process assessment conducted



by the World Bank - revise PBC 4; vi) better align with the government's strategy to accredit and contract health facilities under UHIS - revise PBC 5; vii) account for the revised government's standards in claims management and processing - revise PBC 6; viii) better incentivize UHIA institutional strengthening - add new PBR under PBC 7; and ix) allow for a more accurate definition of health services that lead to high out of pocket expenses under the Program for Treatment at the Expense of the State (PTES)- revise PBC 9.

II. DESCRIPTION OF PROPOSED CHANGES

10. Changes to PBCs and their allocations. Below is the description of the proposed changes to PBCs. (See Annex 3 for more details and the disbursement formulas).

COMPONENT 1: ENROLLMENT AND EMPANELMENT OF THE POPULATION INTO UHIS (INCREASING ALLOCATION FROM US\$ 208 MILLION to US\$ 217.750 MILLION)

RESULTS AREA 1: INCREASING POPULATION COVERAGE AND EMPANELMENT FOR UHIS

Revision of allocations and disbursement formular for PBCs 1 and 2

- **Increase allocation for PBR 1.1 (Number of people enrolled with UHIA and empaneled with a GP in Phase I Governorates, excluding targeted vulnerable people) from US\$ 28.0 million to US\$ 32.3 million and revision of disbursement formula.** This PBR is for the initial enrollment of non-vulnerable populations into UHIS. The increased allocation reflects the ambition of the government and aligns with recent data received from the Project Management Unit (PMU) and Ministry of Social Solidarity (MOSS) with a target of enrolling at least 80 percent of the estimated non-vulnerable population in the six Phase I UHIS governorates or 3,588,033 people (compared to the original 3,107,065 target). The disbursement formula for the PBR will be revised to US\$ 898,518 (instead of US\$ 901,172) for every 100,000 people enrolled and empaneled.
- **Decrease allocation for PBR 2.1 (Number of targeted vulnerable people enrolled with UHIA and empaneled with a GP in Phase I Governorates) from US\$ 180 million to US\$ 122.8 million and revision of disbursement formula.** This PBR is for the initial enrollment of vulnerable people into UHIS. Per the recent data received from the PMU and MOSS, the vulnerable population in the six Phase I governorates is 1,682,511 people (compared to 2,620,584 estimated at project appraisal). The new allocation also reflects an increase in subsidized premium paid by the Treasury for every vulnerable beneficiary enrolled into UHIS (from 1200 EGP to 3,600 EGP, or US\$ 68.7 to US\$ 75 per person). Consequently, the disbursement formula is revised to US\$ 7,500,067 (instead of US\$ 6,868,698) for every 100,000 people enrolled and empaneled.

Addition of new PBR under PBC 2:

- **PBR 2.2 (Number of targeted vulnerable people re-enrolled with UHIA and empaneled with a GP in Phase I Governorates [US\$ 42.650 million]).** This new PBR is for annual renewal of UHIS enrollment for vulnerable people. This is to reflect the fact that after initial enrollment of the vulnerable in UHIS (PBC 2), the government still needs to renew their health insurance status annually as long as they remain eligible for this benefit. This PBR will be verified for three fiscal years ending June 2024, June 2025 and June 2026. The PBR payment contributes towards the cost of re-enrolling a cumulative target number of 2,526,467 vulnerable individuals over the stated period (paying US\$ 16.88 out of a premium of US\$ 75 per vulnerable person re-enrolled. The



disbursement formula for this PBR is US\$ 1,688,128 for every 100,000 people who are re-enrolled and empaneled.

Addition of new a PBC with its PBR:

- **PBC 10 and PBR 10.1 (Official launch of UHIS in the remaining two Governorates of Aswan and Suez under Phase 1 [US\$ 20 million]).** This PBR provides US\$ 10 million for each official UHIS launch in Aswan and Suez governorates. The official launch of UHIS is defined as the commencement of premium collection/subsidy payment for UHIS enrollees and the payment to providers for services rendered to these enrollees, following the Prime Minister's Memo authorizing UHIA to formally begin operations in a Governorate. This PBR payment contributes towards the cost of essential preparation activities prior to the official launch in any governorate – renovation of facilities to meet GAHAR accreditation standards and mass campaigns and awareness creation, amongst others. It also serves as an incentive for the Government to fully complete Phase I roll out of the UHIS.

COMPONENT 2: STRENGTHENING UHIS GOVERNANCE, SYSTEMS AND FACILITATING ENVIRONMENT (DECREASING ALLOCATION FROM US\$132 MILLION TO US\$ 122.250 MILLION)**RESULTS AREA 2. STRENGTHENING UHIA****Replacement of PBR 3.1 with three new PBRs with a reduced allocation:**

PBR 3.1 (Development and adoption by UHIA of a benefit package for the continuum of care [Primary care, secondary and tertiary hospital care]) in its current form will be dropped and replaced by three new PBRs listed below. Given the constitutional guarantee of health services to all Egyptians, the adoption of a well-defined, prioritized benefit package is unlikely during the project timeline. Therefore, PBR 3.1 will be dropped and replaced by new PBRs that reflect the more intermediate steps toward the development and adoption of a prioritized benefit package and improve financial sustainability of UHIS. Consequently, the initially allocated amount of US\$ 10 million to PBC 3 has also been revised downwards to US\$ 7 million amongst the three new PBRs.

- **PBR 3.1 (A methodology to govern the design and review of a prioritized benefit package is approved by UHIA board [US\$2 million]).** This methodology will include evidence-based inclusion and exclusion criteria for the benefits package (beyond the exclusions of services that are covered by the Ministry of Health and Population as currently stated in the UHIS Law). The PBR is in line with the current UHIA plan of activities and will be a first step in the definition of a prioritized benefits package.
- **PBR 3.2 (Define and cost the primary care benefit package [US\$2 million]).** The costing should include sub-components of the primary care services (for instance, capitated and non-capitated services) and is expected to inform contracting private and public providers of different capacities.
- **PBR 3.3 (UHIA to conduct a midterm actuarial assessment of the UHIS [US\$3 million]):** The previous actuarial study of UHIS was finalized in 2023. This PBR is to support a new midterm actuarial assessment as part of the effort to continuously monitor UHIS financial sustainability.

Replacement of PBR 4.3 with three new PBRs:



PBR 4.3 (Development and roll out of claims management module within UHIA) will be dropped and replaced by three new PBRs listed below. This is to account for the phased approach in the development of the claims management module. The US\$ 10 million allocation for the original PBR 4.3 will be distributed among them accordingly.

- **PBR 4.3 (Development and rollout of claims management module for outpatient services with manual adjudication [US\$2.5 million]).** The rollout shall be in primary health care facilities and hospitals.
- **PBR 4.5 (Development and rollout of claims management module for inpatient and emergency services with manual adjudication [US\$2.5 million]).** The rollout shall be in primary health care facilities and hospitals.
- **PBR 4.6 (Development and rollout of the medical rules and adjudication process for claims management in the UHIS IT system [US\$5 million]).**

Revised definition, target and allocation for PBC 5:

Revision of the definition of accreditation: Since project approval, the government has further finetuned the approach to accrediting hospitals and PHC facilities. Accreditation is now categorized as provisional vs full accreditation, with each category having four levels of decisions - 4th Decision (lowest) to 1st Decision (highest) with varying duration of accreditation. To reflect the new approach in the context of this PBC, "accreditation" means either full accreditation or provisional accreditation of the highest level (1st Decision). Facilities under this revised definition have at least 1 year of accreditation and are eligible for contracting by UHIA.

Revision of targets for PBRs 5.2, 5.3 and 5.4: The target of 30 pharmacies that are accredited by GAHAR and are to be contracted by UHIA, of which 20 are non-governmental pharmacies (PBR 5.2) has been reduced to 10 non-governmental pharmacies to take into account the challenges in the contracting of private pharmacies and the non-existence of standalone government-owned pharmacies. Similarly, the targets for PBRs 5.3 (accreditation by GAHAR and contracting by UHIA of 8 radiology service providers of which 4 are non-governmental service providers in Phase I Governorates) and 5.4 (accreditation by GAHAR and contracting by UHIA of 15 laboratory service providers of which 10 are non-governmental service providers in Phase I Governorates) are revised to 5 and 12 non-governmental radiological and laboratory service providers respectively. This is to reflect the fact that there are no standalone government-owned radiological and laboratory service providers, as envisaged under the initial design. As such, PBRs 5.2, 5.3 and 5.4 will be applicable to non-governmental service providers only.

Dropping of PBR 5.6 (Accreditation by GAHAR and contracting by UHIA of 3 telemedicine service providers, of which two are non-governmental telemedicine service providers in Phase I Governorates). The legal and regulatory frameworks for telemedicine in Egypt are still under development. The development and amendment of various relevant laws and regulations are required to address critical issues such as licensing of providers, confidentiality, and quality assurance in telemedicine. Their timeframe will be beyond the project period. For this reason, PBR 5.6 is dropped.

Decreased allocation for PBC 5 (from US\$25 million to US\$22 million). This is due to the dropping of PBR 5.6 as discussed above. Finally, the outcome of the proposed revisions to the PBRs under this PBC is as below.

- **PBR 5.1 (Accreditation by GAHAR and contracting by UHIA of 20 hospitals, of which 5 are non-governmental hospitals in Phase I Governorates [US\$ 10 million]).**
- **PBR 5.2 (Accreditation by GAHAR and contracting by UHIA of 10 non-governmental pharmacies in Phase I Governorates [US\$ 3 million]).**
- **PBR 5.3 (Accreditation by GAHAR and contracting by UHIA of 5 non-governmental radiology service providers in Phase I Governorates [US\$ 3 million]).**



- **PBR 5.4 (Accreditation by GAHAR and contracting by UHIA of 12 non-governmental laboratory service providers in Phase I Governorates [US\$ 3 million]).**
- **PBR 5.5 (Accreditation by GAHAR and contracting by UHIA of 15 ambulatory service providers, of which 5 are non-governmental ambulatory service providers in Phase I Governorates [US\$ 3 million]).**

Revised definition, allocation and disbursement formula for PBR 6.2 and addition of new PBR 6.3

- **There are three revisions to PBR 6.2 originally defined as “Annual percentage of payments by UHIA that are paid less than 60 days from the date of claim submission to UHIA by contracted service providers in Phase I Governorates”.** First, in the definition of this PBR, “payments by UHIA that are paid less than 60 days” is revised to “claims volume that are fully processed and paid by UHIA in less than 60 days”. Thus, the revised definition of PBR 6.2 is now **“Annual percentage of claims volume that are fully processed and paid by UHIA in less than 60 days from the date of claim submission to UHIA by contracted service providers in Phase I Governorates”**. This is to reflect the fact that it is the number of claims submitted by providers (not the claim amount) that this PBR measures. In other words, it refers to the transactions, not the monetary value. Second, allocation for this PBR is reduced **from US\$ 15 million to US\$ 11.25 million** to accommodate the new PBR 6.3 below. Third, the disbursement formula is revised to reflect the new allocation as well as to make it scalable, namely US\$ 140,625 for each percentage point increase in claims processing that meets the criteria, up to a maximum of US\$ 11,250,000.
- **PBR 6.3: UHIA has cleared the backlog of claims for years 2021 and 2022 (US\$3.75 million) by October 2024.** Claim processing has been delayed because a significant number of claims are being processed manually. This has resulted in a backlog of claims from 2021 and 2022, and UHIA has engaged third party agents to help clear the backlog and process new claims. As the system is being automated progressively, this new PBR is introduced to incentivize the clearing of the backlog.

RESULTS AREA 3. STRENGTHENING GOVERNANCE AND CREATING A FACILITATING ENVIRONMENT FOR UHIS**Decreased allocation and revision of PBRs under PBC 7**

The overall allocation to PBC 7 is decreased from US\$ 27 million to US\$ 23.250 million and the PBRs are revised. Except for the PBRs 7.2 and 7.6, which have been achieved, all other PBRs will be modified to incentivize UHIS institutional strengthening and address the governance challenges identified by the MTR. The modified PBRs are as below.

- **PBR 7.1: UHIS transformation Steering Committee created and had first meeting (US\$1.25 million).**
- **PBR 7.3: Final UHIS transformation roadmap has been submitted and approved by the UHIS Steering Committee (US\$5 million).** US\$ 2.5 million will be disbursed upon submitting a finalized UHIS Roadmap to the UHIS Steering Committee and a further US\$ 2.5 million will be disbursed upon approval of the roadmap by the Steering Committee.
- **PBR 7.4: UHIS Steering Committee has approved a general data management policy for UHIS based on the Egypt data protection Law (US\$2 million).**
- **PBR 7.5: UHIA recruited Standard Policy and Procedure Manager, Information security officer (ISO), and data protection officer (US\$ 3 million).** These staff need to have been recruited and in place for at least 6 months before PBR is eligible for disbursement.
- **PBR 7.7: UHIA analytics function has been created, annual workplan has been approved by UHIA board for first year and at least one output produced (US\$5 million).** All criteria need to be met before disbursement.



- **PBR 7.8: Establish and publish on UHIA website a dashboard for key performance indicators for the UHIS (US\$ 3 million).** This dashboard shall contain information on enrollment, access, utilization, quality and client satisfaction.

COMPONENT 3: PROVIDING TEMPORARY FINANCIAL PROTECTION AGAINST HIGH OOP HEALTH EXPENDITURES FOR VULNERABLE POPULATIONS OUTSIDE OF PHASE I GOVERNORATES (ALLOCATION OF US\$50 MILLION UNCHANGED)**RESULTS AREA 4: PROVIDING FINANCIAL COVERAGE FOR VULNERABLE POPULATION SUBGROUPS THAT ARE MOST SUSCEPTIBLE TO THE COVID-19 HEALTH AND ECONOMIC IMPLICATIONS****Revision of definition for PBR 9**

- **The definition of PBR 9 (Number of other vulnerable people benefiting from the PTES in other Governorates) will be revised.** The current definition of beneficiaries of PTES in the Project Financing Agreement are individuals outside of Phase I Governorates who meet the following criteria, (a) 50 years of age or older; (b) non-HIO beneficiaries; (c) utilizing PTES for health services requiring in-patient admissions; and (d) residing in Other Governorates within the meaning of this Agreement (Assyut, Sohag, Minya, North Sinai, Matrouh, Red Sea, Beheira, Qena, Beni-Suef, Giza and Cairo). Given that the Government's PTES program covers both in-patient and out-patient care, and out-patient care constitutes about equal proportion of current health expenditure (22 percent) as inpatient care (21 percent) and could also push households into poverty, criteria (c) will be revised as "utilizing PTES for health services requiring either in-patient admissions, out-patient care or day cases". Also, the timeline of to achieve the target number of 1 million beneficiaries for this PBR will be revised from FY 2022/23 to June 2024. The total allocation of US\$ 50 million for this PBR will not be changed.

11. Changes in Results Framework. Table 2 summarizes the changes in the Project results framework, along with the justification for each revision.

Table 2: Revisions to Project results framework

Indicator	Revision	Type	Justification
PDO indicators			
Number of people enrolled with UHIA and empaneled with a GP in Phase I Governorates (excluding Targeted Vulnerable People)	Change target	PDO	Target will be changed to reflect the revised corresponding PBC target
Per capita annual PHC visits by UHIS enrollees in Phase I Governorates	Unchanged	PDO	
Percentage of contracted public provider entities that have been accredited by GAHAR	Revised	PDO	Revision of the definition of "accreditation" to mirror the new GAHAR accreditation approach
Annual percentage of claims volume that are fully processed and paid by UHIA in less than 60 days from the date of claim submission to UHIA by contracted service providers in Phase 1 governorates	Revised	PDO	Revision of the definition of "payments" to "claims volume" as in PBR 6.2



Number of Other Vulnerable People benefiting from PTES in Other Governorates	Revised	PDO	Revise to include outpatient services and day cases under the list of eligible procedures, and timeline extended to June 2024
Intermediate Results Indicators (IRI)			
Number of Targeted Vulnerable People enrolled with UHIA and empaneled with a GP	Change target	IRI	Target will be changed to reflect the revised corresponding PBC target
People who have received essential health, nutrition, and population (HNP) services (CRI)	Unchanged	IRI	
Development and adoption by UHIA of a benefit package for the continuum of care (primary care, secondary and tertiary hospital care)	Revised	IRI	Indicator will be revised to reflect corresponding PBC as follows: A methodology to govern the design and review of a prioritized benefit package (including evidence-based criteria for BP inclusion and exclusion criteria) is approved by the Board of UHIA.
Supporting modular UHIS information system roll-out	Unchanged	IRI	
Establishment of a one- stop shop for licensing of private primary healthcare services	Dropped	IRI	Timeline for this will extend far beyond the project lifetime and the mandate for this extends beyond the Ministries of Health and Finance.
Development and adoption of a process guide for hospital accreditation standards by GAHAR	Unchanged	IRI	Achieved
Operationalization of a Big Data Analytics unit within UHIA	Revised	IRI	Indicator will be revised to reflect corresponding PBC as follows: UHIA analytics function has been created, annual workplan has been approved by UHIA board for first year and at least one output produced
Development of quality-of-care monitoring frameworks for PHC & hospitals	Unchanged	IRI	Achieved
Share of case-based payment in total UHIA's annual payment to hospitals	Dropped	IRI	No data is currently available to measure this indicator
Introduction of the risk adjusted capitation (at least for sex and age) in PHC payment	Dropped	IRI	Unachievable within the lifetime of the project given the delay in UHIS IT system that collects data for designing the risk adjusted capitation
Development of National Strategy for Quality of Care and Patient Safety	Dropped	IRI	This activity is beyond the project's purview. It falls under the broader mandate of the Ministry of Health who have recently developed a National Health Strategy that includes a section on quality of care.
Annual UHIA performance and expenditure review report published	Revised	IRI	Revised to: Conduct a midterm actuarial assessment of the UHIS. This PBR is expected to help inform the financial sustainability of UHIS
Annual report on patient satisfaction, grievances and utilization published	Revised	IRI	Target will be changed to 1 each per agency, making 3 per year



Annual UHIS Health Forum held at Governorate and national levels	Revised	IRI	Removing governorate level to make it Annual UHIS Health Forum held at national levels
Strengthening accreditation and provider contracting	Revise targets	IRI	Targets are revised to mirror the corresponding PBRs
Client satisfaction and utilization surveys conducted in project target areas	Revised	IRI	Revised to: Patient experience surveys conducted in project targets areas. This is because client satisfaction is a subset of patient experience GAHAR qualifies as independent from service provision and purchasing
Development of guidelines and protocols on data privacy and management of health records, to mitigate risk of data breaches	Revised	IRI	Indicator will be revised to reflect corresponding PBC as follows: UHIA recruited Standard Policy and Procedure Manager, Information security officer (ISO), and data protection officer (DPO)
Development and formal adoption of the organizational structure and a multi-year Human Resource Plan for each of UHIA, GAHAR and HCO	Unchanged	IRI	Achieved
Reduction of the staffing gap for each of UHIA, GAHAR and HCO	Dropped	IRI	Unachievable given the current recruitment constraints within the government
Level of satisfaction of citizens and patients in their participation in coordination committees (disaggregated for national and regional levels)	Dropped	IRI	No longer relevant as the coordination committee has a different composition and mandate
Revision of the strategy to target vulnerable people for UHIS subsidies	Unchanged	IRI	Achieved
Final UHIS transformation roadmap has been submitted to the SC for approval	NEW	IRI	New indicator
Official launch of UHIS in Phase 1 Governorates with commencement of premium/subsidy contribution and provider payment for services	NEW	IRI	New indicator

Summary of Performance of E&S Risk Compliance

Compliance with the ESCP: The PMU is working towards meeting all the requirements of the ESCP. They have hired a new environmental specialist and are in the process of filling the vacant position of the Social Specialist. The PMU has agreed to send progress reports to the Bank team, covering the period from December 2022 till the last quarter, in October 2023. The reports should reflect the actual progress on the Environmental and Social aspects and include analysis of common challenges and suggestions for improvement. The PMU will also ensure that all relevant stakeholders have copies of the ESCP, SEP, and SIA. Field Visit in Ismailia governorate: The Bank team visited two health care facilities that are registered with GAHAR. The facilities were observed to effectively implement GAHAR's standards for environmental protection, fire protection, and waste management. They had dedicated infection prevention control teams and waste management staff. Training on IPC measures and waste management was provided to both medical and non-medical staff. The facilities recorded the amount of generated waste and had proper storage areas. They also



conducted regular emergency drills and had contracts with licensed contractors for hazardous waste disposal.

Grievance Mechanisms and Beneficiaries' Satisfaction: The visited facilities have clear channels for grievance mechanisms and disseminate information about them. The social specialist resolves most complaints, and unresolved ones are referred to related entities and Facility Managers. The facilities also have Beneficiaries' Satisfaction Units and display the patients' rights charter. Reports on patients' complaints and stakeholder engagement are regularly submitted to the EHA office at the Governorate level. The Bank team suggested better communication of these reports to the PMU team. A new mobile application was launched for healthcare workers to report complaints, which should be reflected in the ESF reporting.

Improving E&S Performance: The Bank team commended the facilities' good E&S performance on grievance mechanisms and stakeholder engagement. However, some patients expressed dissatisfaction with the registration process, staff training, and the hotline for reservations at El Salam PMC. The Bank team advised the PMU to utilize the SEP and work with the facilities to improve information sharing and streamline registration requirements.

Capacity Building Activities: The PMU E&S team appreciated the support offered during a workshop in May 2023 to improve ESP and GRM templates. The PMU requested support from the Bank in conducting a 2-day workshop to discuss the ESP and user satisfaction survey, as well as the dissemination of findings to citizens and key stakeholders. The workshop is planned to be held in late November or early December 2023. The following actions were agreed during the last mission:

1- Continue the efforts to streamline the different GM systems and ensure consistency in the collected information both for GM and for stakeholder engagement activities
2- Workshop on user satisfaction survey and modalities of dissemination of findings to the citizens and to the key stakeholders.

**III. PROPOSED CHANGES**

Operation Information	Proposed Changes	Operation Information	Proposed Changes
Results	Yes	Loan Closing Date Extension	No
Disbursements Estimates	Yes	Loan Cancellations	No
Components	Yes	Reallocations	No
Development Objective	No	Financial Management	No
Summary Description (Operation Abstract)	No	Procurement	No
Legal Operational Policies	No	Institutional Arrangement	No
MFD/PCE	No	Implementation Schedule	No
Risks	No		
Legal Covenants	No		
Conditions	No		
Implementation Modalities	No		
Disbursements Arrangements	No		
DDO	No		
Clients	No		
Appraisal Summary	No		

IV. DETAILED CHANGE(S)**COMPONENTS**

Current Component Name	Current Cost (USD)	Action	Proposed Component Name	Proposed Cost (USD)
Component 1: Enrollment and empanelment of the population into UHIS	208,000,000.00	Revised	Component 1: Enrollment and empanelment of the population into UHIS	217,750,000.00
Component 2: Strengthening UHIS governance, systems and facilitating environment	132,000,000.00	Revised	Component 2: Strengthening UHIS governance, systems and facilitating environment	122,250,000.00
Component 3: Providing temporary financial protection against high out of pocket health	50,000,000.00	No Change	Component 3: Providing temporary financial protection against high out of pocket health expenditures for	50,000,000.00



expenditures for vulnerable populations outside Phase I Governorates		vulnerable populations outside Phase I Governorates	
Component 4: Institutional Capacity Building, Technical assistance and Project Management	10,000,000.00	No Change	Component 4: Institutional Capacity Building, Technical assistance and Project Management
Component 5: Contingent Emergency Response Component (CERC)	0.00	No Change	Component 5: Contingent Emergency Response Component (CERC)
TOTAL	400,000,000.00		400,000,000.00

COSTS & FINANCING**Private Capital Facilitation****Is this an MFD-Enabling Project (MFD-EP)?****Is this project Private Capital Enabling (PCE)?****LOANS****DISBURSEMENTS****Operation Dates & Projection Details**

Reasons to change the full Disbursement date and/or the projection

Restructuring, Change in Pace of Implementation

Implementation Start Date	Operation Closing Date
16-Jun-2020	30-Sep-2026

Projected Date for Full Disbursement

30-Jan-2027

Expected Disbursements (in US \$) (Absolute)

Year	Original Estimation at Preparation (Approval Package – 16 Jun 2020)	Revised Estimation	Actual
FY2020	0.00	0.00	0.00



FY2021	138,000,000.00	0.00	0.00
FY2022	127,000,000.00	99,280,429.00	99,280,429.00
FY2023	91,000,000.00	0.00	0.00
FY2024	44,000,000.00	43,434,143.14	43,434,143.14
FY2025	0.00	80,000,000.00	0.00
FY2026	0.00	140,000,000.00	0.00
FY2027	0.00	37,285,427.86	0.00

ENVIRONMENTAL & SOCIAL**Environmental & Social Assessment**

According to the E/S Specialist are there changes proposed to the operation's design that would impact the Bank's E&S assessment?"

No

**RESULTS**

COUNTRY: Egypt, Arab Republic of
Supporting Egypt's Universal Health Insurance System

PDO Indicators by PDO Outcomes

Enrollment and Empanelment of the Population into UHIS								
Indicator Name	Baseline		Actual (Previous)		Actual (Current)		Closing Period	
	Result	Month/Year	Result	Date	Result	Date	Result	Month/Year
Revise Number of people enrolled with UHIA and empanelled with a GP in Phase I Governorates (excluding Targeted Vulnerable People) (Number) PBC	0.00	Feb/2020	2,542,666.00	28-Jan-2024	2,542,666	29-Jan-2024	3,588,033.00	Sep/2026
Revise Percentage of people enrolled with UHIA and empanelled with a GP in Phase I Governorates (excluding Targeted Vulnerable People) who are female (Number) PBC	0.00	Feb/2020	48.60	28-Jan-2024	48.60	29-Jan-2024	50.00	Sep/2026
Revise Per capita annual PHC visits by UHIS enrollees in Phase I Governorates (Number)	1.10	Feb/2020	2.05	28-Jan-2024	2.05	28-Jan-2024	2.50	Sep/2026
Revise Per capita annual PHC visits by male UHIS enrollees in Phase I Governorates (Number)	0.98		2.00		2.00		2.40	



Strengthening UHIS Governance, Systems and Facilitating Environment								
Indicator Name	Baseline		Actual (Previous)		Actual (Current)		Closing Period	
	Result	Month/Year	Result	Date	Result	Date	Result	Month/Year
Revise Percentage of contracted public provider entities that have been accredited by GAHAR (Percentage)	0.00	Feb/2020	86.00	29-Jan-2024	86.00	29-Jan-2024	100.00	Sep/2026
Revise Annual percentage of claims volume that are fully processed and paid by UHIA in less than 60 days from the date of claim submission to UHIA by contracted service providers in Phase I Governorates (Percentage) PBC	0.00	Feb/2020	0.00	28-Jan-2024	0.00	28-Jan-2024	80.00	Sep/2026
Comments on achieving targets The related PBC will be scalable								
Temporary financial protection against high OOP healthcare expenditures for vulnerable populations								
Indicator Name	Baseline		Actual (Previous)		Actual (Current)		Closing Period	
	Result	Month/Year	Result	Date	Result	Date	Result	Month/Year
Revise Number of Other Vulnerable People utilizing PTES for health services requiring either in-patient admissions, out-patient care or day cases (Number) PBC	0.00	May/2020	868,640.00	28-Jan-2024	300,219	30-Jun-2023	1,000,000.00	Sep/2026
Comments on achieving targets Actual number verified was lower than initially reported								
Revise Female share of the number of Other Vulnerable People utilizing PTES for health services requiring either in-patient admissions, out-patient care or day cases (Percentage) PBC	0.00		0.00		65		45.00	

Intermediate Results Indicators by Components



Component 1: Enrollment and empanelment of the population into UHIS <small>Revised</small>								
Indicator Name	Baseline		Actual (Previous)		Actual (Current)		Closing Period	
	Result	Month/Year	Result	Date	Result	Date	Result	Month/Year
Revise Number of Targeted Vulnerable People enrolled with UHIA and empanelled with a GP (number) (Number) PBC	0.00	Feb/2020	536,322.00	29-Jan-2024	536,322.00	29-Jan-2024	1,682,511	Sep/2026
	Comments on achieving targets		Target now revised in line with recent data					
Revise Number of Targeted Vulnerable People enrolled with UHIA and empanelled with a GP (number) and share of females among them (percentage) (Text) PBC	0		51		51		1,682,511 / 60%	
	Comments on achieving targets		Target now revised in line with recent data					
New Official launch of UHIS in the remaining two Governorates of Aswan and Suez under Phase 1 (Number) PBC	0	Oct/2024			0	30-Oct-2024	2	Oct/2026
Revise People who have received essential health, nutrition, and population (HNP) services (Number)	0.00	Feb/2020	4,014,658.00	29-Jan-2024	4,014,658.00	29-Jan-2024	6,727,649.00	Sep/2026
Revise People who have received essential health, nutrition, and population (HNP) services - Female (RMS requirement) (Number)	0.00		NA		NA		6,727,649.00	
Component 2: Strengthening UHIS governance, systems and facilitating environment <small>Revised</small>								
Indicator Name	Baseline		Actual (Previous)		Actual (Current)		Closing Period	
	Result	Month/Year	Result	Date	Result	Date	Result	Month/Year
Revise Development and adoption by UHIA of a benefit package for the continuum of care (primary care,	No	Feb/2020	No	30-Jan-2024	No	28-Jan-2024	A methodology to govern the design and review of a	Oct/2026



secondary and tertiary hospital care) (Text) PBC							prioritized benefit package is approved by UHIA board	
Revise Supporting modular UHIS information system roll-out (Text) PBC	No modular UHIS Information System	Jan/2020	Partial	30-Jan-2024	Procurement Module developed and rolled out	29-Jan-2024	Beneficiary, Provider, Claims and Procurement modules of the UHIS IT system are developed and rolled out	Sep/2026
Revise Strengthen governance of UHIS and enhance stakeholder participation and input (Text) PBC	No	Feb/2020	1.00	30-Jan-2024	UHIS transformation Steering Committee created and had first meeting	28-Jan-2024	UHIS transformation Steering Committee created and had first meeting	Sep/2026
Revise Development and adoption of a process guide for hospital accreditation standards by GAHAR (Yes/No)	No	Feb/2020	Yes	30-Jan-2024	Yes	30-Jan-2024	Yes	Sep/2026
Revise UHIA analytics function has been created, annual workplan has been approved by UHIA board for first year and at least one output produced (Yes/No)	No	Feb/2020	No	30-Jan-2024	No	29-Jan-2024	Yes	Sep/2026
Revise Development of quality of care monitoring frameworks for PHC & hospitals (Text)	No	Feb/2020	yes	30-Jan-2024	yes	30-Jan-2024	Yes for PHC and hospitals	Sep/2026
Revise Conduct a midterm actuarial assessment of the UHIS (Yes/No)	No	Feb/2020	1.00	30-Jan-2024	No	29-Jan-2024	Yes	Sep/2026
Revise Annual report on patient satisfaction, grievances and utilization published (Number)	0.00	Feb/2020	1.00	30-Jan-2024	1.00	30-Jan-2024	6 (2 per agency)	Sep/2026
Revise Annual UHIS Health Forum held at national levels (Number)	No forums conducted at	Feb/2020	0	30-Jan-2024	0	29-Jan-2024	2	Sep/2026



	Governorate or national levels							
Revise Strengthening accreditation and provider contracting (Text) PBC	0	Feb/2020	Targets achieved for ambulatory providers	30-Jan-2024	15 public and 5 private ambulatory service providers	29-Jan-2024	15 public and 5 private ambulatory service providers, 15 public and 5 private hospitals, 10 private pharmacies, 5 private radiology service providers; 12 private laboratory service providers, 10 private pharmacies, 5 private radiology service providers; 12 private laboratory service providers	Sep/2026
Revise Patient experience surveys conducted in project targets areas (Number)	0.00	Apr/2020	1.00	30-Jan-2024	1.00	29-Jan-2024	4	Sep/2026
Revise UHIA recruited Standard Policy and Procedure Manager, Information security officer (ISO), and data protection officer (DPO) (Yes/No)	No	Apr/2020	Yes	30-Jan-2024	No	29-Jan-2024	Yes	Jun/2024
Comments on achieving targets		Indicator has been revised and is yet to be achieved						
New Final UHIS transformation roadmap has been submitted to the SC for approval (Yes/No)	No	Oct/2024			No	30-Oct-2024	Yes	Oct/2025
Revise Development and formal adoption of the organizational structure and a multi-year Human Resource Plan for each of UHIA, GAHAR and HCO (Yes/No)	No	May/2020	Yes	30-Jan-2024	Yes	29-Jan-2024	Yes	Jun/2024



Revise Development and adoption of a set of complementary regulations and strategies for UHIS (Text) PBC	No	May/2020	Yes	30-Jan-2024	Review of Decree No. 1948/2019 (targeting vulnerable groups for UHIS subsidies) and adopting a new framework	29-Jan-2024	Preparation and disclosure of a Strategic Environmental and Social Assessment (SESA) in accordance with the ESCP and associated with the rollout of UHIS	Sep/2026
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Performance-based Conditions (PBC)

PBC Name		Baseline	Actual (Previous)		Actual (Current)		End Target
			Result	Date	Result	Date	
Revise 1 Number of people enrolled with UHIA and empanelled with a GP in Phase I Governorates (excluding Targeted Vulnerable People) (Number) Total Allocation:32,300,000.00	Value	0.00	2,542,666.00	29-Jan-2024	2,293,825	30-Jan-2024	3,588,033
	Allocated Amount	0.00					32,300,000.00
New Official launch of UHIS in the remaining two Governorates of Aswan and Suez under Phase 1 (Number) Total Allocation:20,000,000.00	Value	0	0	30-Jan-2024	0	20,000,000.00	2
	Allocated Amount	0.00					
	Value	0.00	536,322	29-Jan-2024	536,841	30-Jan-2024	1,682,511



Revise 2 Number of Targeted Vulnerable People enrolled with UHIA and empanelled with a GP (number) (Number) Total Allocation:165,450,000.00	Allocated Amount	0.00					165,450,000.00
Revise 3 Development and adoption by UHIA of a benefit package for the continuum of care (primary care, secondary and tertiary hospital care) (Text) Total Allocation:7,000,000.00	Value	No	No	29-Jan-2024	No	30-Jan-2024	A methodology to govern the design and review of a prioritized benefit package is approved by UHIA board
	Allocated Amount	0.00					7,000,000.00
Revise 4 Supporting modular UHIS information system roll-out (Text) Total Allocation:35,000,000.00	Value	No modular UHIS Information System	Partial	29-Jan-2024	Procurement module developed and rolled out	30-Jan-2024	Beneficiary, Provider, Claims and Procurement Modules completed and rolled out
	Allocated Amount	0.00					35,000,000.00
Revise 5 Strengthening accreditation and provider contracting (Text) Total Allocation:22,000,000.00	Value	0	Targets are met for ambulatory providers only	29-Jan-2024	Target for ambulatory providers met -15 public and 5 private ambulatory service providers	30-Jan-2024	15 public and 5 private ambulatory service providers, 15 public and 5 private hospitals,10 private pharmacies, 5 private radiology service providers; 12 private laboratory service providers, 10 private pharmacies, 5 private



							radiology service providers; 12 private laboratory service providers
	Allocated Amount	0.00					22,000,000.00
Revise 6 Annual percentage of claims volume that are fully processed and paid by UHIA in less than 60 days from the date of claim submission to UHIA by contracted service providers in Phase I Governorates (Percentage) Total Allocation:20,000,000.00	Value	0.00					80.00
	Allocated Amount	0.00	0.00	29-Jan-2024	0.00	30-Jan-2024	20,000,000.00
Revise 7 Strengthen governance of UHIS and enhance stakeholder participation and input (Text) Total Allocation:23,250,000.00	Value	No	1.00	29-Jan-2024	Yes	30-Jan-2024	UHIS Transformation Steering Committee created and had first meeting 23,250,000.00
Revise 8 Development and adoption of a set of complementary regulations and strategies for UHIS (Text)	Value	No	Yes	29-Jan-2024	Decree No 1948/2019 (targeting vulnerable groups for UHIS subsidies) reviewed and new framework adopted	30-Jan-2024	Preparation and disclosure of a Strategic Environmental and Social Assessment (SESA) in accordance with the ESCP and associated with the rollout of UHIS



Total Allocation:15,000,000.00	Allocated Amount	0.00					15,000,000.00
Revise 9 Number of Other Vulnerable People utilizing PTES for health services requiring either in-patient admissions, out-patient care or day cases (Number) Total Allocation:50,000,000.00	Value	0.00	868,640	29-Jan-2024	300,219	30-Jan-2024	1,000,000.00
	Allocated Amount	0.00					50,000,000.00

**ANNEX 1: REVISED PROJECT ALLOCATIONS BY COMPONENT**

	Original Amount (US\$)	Status	Reallocation amount (US\$)	Revised Amount (US\$)	Rationale for increase/decrease
Component 1: Enrollment and empanelment of the population into UHIS (increasing allocation from US\$ 208 million to US\$ 217.750 million)					
PBC 1: Number of people enrolled with UHIA and empaneled with a GP in Phase I Governorates (excluding Targeted Vulnerable People)	28,000,000	15,182,117 disbursed and 5,489,192 authorized for disbursement but not yet withdrawn	4,300,000	32,300,000	Reflects the revised targets
PBC 2: Number of targeted vulnerable people enrolled with UHIA and empaneled with a GP in Phase I Governorates	180,000,000	21,252,026 disbursed and 15,621,961 authorized for disbursement but not yet withdrawn	(14,550,000)	165,450,000	Reflects the revised targets and a newly introduced PBR
PBC 10: Official launch of UHIS in the remaining two Governorates of Aswan and Suez under Phase 1	0	Newly introduced	20,000,000	20,000,000	Newly introduced
Component 2: Strengthening UHIS Governance, Systems and facilitating environment (decreasing allocation from US\$132 million to US\$ 122.250 Million)					
PBC 3: Development and adoption by UHIA of a benefit package for the continuum of care (primary care, secondary, and tertiary hospital care)	10,000,000	Undisbursed	(3,000,000)	7,000,000	Revised PBRs and allocations
PBC 4: Supporting modular UHIS information technology system rollout	35,000,000	5,000,000 authorized for disbursement for PBR 5.5 but not yet withdrawn	0	35,000,000	PBC allocation is unchanged, but there is reallocation within new PBRs
PBC 5: Strengthening accreditation and provider contracting	25,000,000	3,000,000 authorized for disbursement for PBR 5.4 but not yet withdrawn	(3,000,000)	22,000,000	Reflects dropping in PBR 5.6
PBC 6: Strengthening provider payment	20,000,000	5,000,000 disbursed for PBR 6.1	0	20,000,000	PBC allocation is unchanged, but there is reallocation within PBRs
PBC 7: Strengthen governance of UHIS and enhance stakeholder participation and input	27,000,000	2,000,000 disbursed for PBC 7.6 and 2,000,000 for PBR 7.2 has been verified but not yet authorized for disbursement	(5,600,000)	23,250,000	Reflects revision of PBRs



	Original Amount (US\$)	Status	Reallocation amount (US\$)	Revised Amount (US\$)	Rationale for increase/decrease
PBC 8: Development and adoption of a set of complementary regulations and strategies for UHIS	15,000,000	6,000,000 authorized for disbursement for PBR 8.1 but not yet withdrawn	0	15,000,000	No change to PBC/PBR allocation
Component 3: Providing temporary financial protection against high OOP health expenditures for vulnerable populations outside of Phase I Governorates (allocation of US\$50 million unchanged)					
PBC 9: Number of Other Vulnerable People benefiting from PTES in Other Governorates	50,000,000	15,010,950 for PBR 9.1 has been verified but not yet authorized for disbursement	0	50,000,000	No change to PBC/PBR allocation
Component 4: Institutional Capacity Building, Technical Assistance and Project Management (allocation of US\$10 million unchanged)					
IPF: Institutional Capacity Building, Technical Assistance and Project Management	10,000,000	IPF component for ongoing TA	0	10,000,000	Allocation unchanged
Project total	400,000,000		0	400,000,000	

ANNEX 2: SUMMARY OF REVISIONS TO THE PBC MATRIX UNDER PARTS 1,2 AND 3 OF THE PROJECT

Categories (including Performance Based Conditions as applicable)	Performance Based Results (as applicable)	Amount of the Loan Allocated (expressed in US\$)	Disbursement Calculation Formula	Summary of Changes
Component 1: Enrollment and empanelment of the population into UHIS (increasing allocation from US\$ 208 million to US\$ 217.750 million)				
PBC 1: Number of people enrolled with UHIA and empaneled with a GP in Phase I Governorates (excluding Targeted Vulnerable People)	PBR 1.1: Number of people enrolled with UHIA and empaneled with a GP in Phase I Governorates (excluding Targeted Vulnerable People)	32,300,000	New Baseline: 2,293,825 people Target: 3,588,033 people Payment for enrolling and empaneling of every 100,000 people (excluding Targeted Vulnerable People) will be revised to US\$ 898,518 (instead of US\$ 901,172)	<ol style="list-style-type: none"> Revised allocation amount Revised disbursement formula Revised Target Previous End project target = 3,107,065 Revised Yr 4 (Oct 2024) = 3,107,065 Revised Yr 5 (Oct 2025) = 3,347,549 Revised Yr 6 (Sept 2026) = 3,588,033



Categories (including Performance Based Conditions as applicable)	Performance Based Results (as applicable)	Amount of the Loan Allocated (expressed in US\$)	Disbursement Calculation Formula	Summary of Changes
PBC 2: Number of targeted vulnerable people enrolled with UHIA and empaneled with a GP in Phase I Governorates	PBR 2.1: Number of targeted vulnerable people enrolled with UHIA and empaneled with a GP in Phase I Governorates	122,800,000	New Baseline: 536,841 people Target: 1,682,511 people Payment for enrolling and empaneling of every 100,000 targeted vulnerable people will be revised to US\$ 7,500,067 (instead of US\$ 6,868,698)	<ol style="list-style-type: none"> 1. Revised allocation amount 2. Revised disbursement formula 3. Revised Target <p>Previous End project target = 2,620,584 Revised Yr 4 (Oct 2024) = 765,580 Revised Yr 5 (Oct 2025) = 1,224,046 Revised Yr 6 (Sept 2026) = 1,682,511</p>
	PBR 2.2: Number of targeted vulnerable people re-enrolled with UHIA and empaneled with a GP in Phase I Governorates	42,650,000	Baseline: 0 Target: 2,526,467 people Starting from June 2024, Payment for re-enrolling and re-empaneling of every 100,000 targeted vulnerable people will be US\$ 1,688,128	<ol style="list-style-type: none"> 1. New PBR with allocation, target and disbursement formula <p>Yr 4 (June 2024) = 536,841 Yr 5 (June 2025) = 765,580 Yr 6 (June 2026) = 1,224,046</p>
PBC 10: Official launch of UHIS in the remaining two Governorates of Aswan and Suez under Phase 1	PBR 10.1: Official launch of UHIS in the remaining two Governorates of Aswan and Suez under Phase 1	20,000,000	US\$ 10 million will be disbursed for each official UHIS launch in Aswan and Suez governorates	<ol style="list-style-type: none"> 1. New PBR with allocation and disbursement formula.
Component 2: Strengthening UHIS Governance, Systems and facilitating environment (decreasing allocation from US\$132 million to US\$ 122.250 Million)				
PBC 3: Development and adoption by UHIA of a benefit package for the continuum of care (primary care, secondary, and tertiary hospital care)	PBR 3.1: A methodology to govern the design and review of a prioritized benefit package is approved by UHIA board	2,000,000		<ol style="list-style-type: none"> 1. New PBR with allocation
	PBR 3.2: Define and cost the primary care benefit package	2,000,000		<ol style="list-style-type: none"> 1. New PBR with allocation
	PBR 3.3: UHIA to conduct a midterm	3,000,000		<ol style="list-style-type: none"> 1. New PBR with allocation



Categories (including Performance Based Conditions as applicable)	Performance Based Results (as applicable)	Amount of the Loan Allocated (expressed in US\$)	Disbursement Calculation Formula	Summary of Changes
	actuarial assessment of the UHIS			
PBC 4: Supporting modular UHIS information technology system rollout	PBR 4.1: Development and roll-out of beneficiary enrollment module within UHIA	10,000,000		No change
	PBR 4.2: Development and roll-out of provider management module within UHIA	10,000,000		No change
	PBR 4.3: Development and roll-out of claims management module for outpatient services (in both primary health care facilities and hospitals) with manual adjudication	2,500,000		1. Previous PBR 4.3 replaced with new PBR with allocation
	PBR 4.4: Development and roll-out of the procurement module within EASPMTM	5,000,000		No change
	PBR 4.5: Development and roll-out of claims management module for inpatient and emergency services with manual adjudication	2,500,000		1. New PBR with allocation
	PBR 4.6: Define and roll out the medical rules	5,000,000		1. New PBR with allocation



Categories (including Performance Based Conditions as applicable)	Performance Based Results (as applicable)	Amount of the Loan Allocated (expressed in US\$)	Disbursement Calculation Formula	Summary of Changes
	and adjudication process for claims management in the UHIS IT system			
PBC 5: Strengthening accreditation and provider contracting	PBR 5.1: Accreditation by GAHAR and contracting by UHIA of 20 hospitals, of which 5 are non-governmental hospitals in Phase I Governorates	10,000,000		<ul style="list-style-type: none">1. Revision of definition of Accreditation
	PBR 5.2: Accreditation by GAHAR and contracting by UHIA of 10 non-governmental pharmacies in Phase I Governorates	3,000,000		<ul style="list-style-type: none">1. Revision of definition of Accreditation2. Revision of target
	PBR 5.3: Accreditation by GAHAR and contracting by UHIA of 5 non-governmental radiology service providers in Phase I Governorates	3,000,000		<ul style="list-style-type: none">1. Revision of definition of Accreditation2. Revision of target
	PBR 5.4: Accreditation by GAHAR and contracting by UHIA of 12 non-governmental laboratory service	3,000,000		<ul style="list-style-type: none">1. Revision of definition of Accreditation2. Revision of target



Categories (including Performance Based Conditions as applicable)	Performance Based Results (as applicable)	Amount of the Loan Allocated (expressed in US\$)	Disbursement Calculation Formula	Summary of Changes
	providers in Phase I Governorates			
	PBR 5.5: Accreditation by GAHAR and contracting by UHIA of 15 ambulatory service providers, of which 5 are non-governmental ambulatory service providers in Phase I Governorates	3,000,000		No change to PBR 5.5 1. PBR 5.6 is dropped 2. Total allocation for PBC 5 is decreased from US\$ 25 million to US\$ 22 million as a result of dropping PBR 5.6
PBC 6: Strengthening provider payment	PBR 6.1: Development and adoption of a provider payment mechanism regulation by UHIA	5,000,000		No change
	PBR 6.2: Annual percentage of claims volume that are fully processed and paid by UHIA in less than 60 days from the date of claim submission to UHIA by contracted service providers in Phase I Governorates	11,250,000	Baseline: 0 Target: 80% Payment of US\$140,625 for each percentage point increase in claims processed within the set criteria.	1. Revision of definition of PBR 2. Revision of allocation 3. Revision of disbursement formula to make it scalable
	PBR 6.3: UHIA has cleared the backlog of claims for year 2021 and 2022 by October 2024	3,750,000	Target must be fulfilled by October 2024	1. New PBR with allocation and target



Categories (including Performance Based Conditions as applicable)	Performance Based Results (as applicable)	Amount of the Loan Allocated (expressed in US\$)	Disbursement Calculation Formula	Summary of Changes
PBC 7: Strengthen governance of UHIS and enhance stakeholder participation and input	PBR 7.1: UHIS transformation Steering Committee created and had first meeting	1,250,000		<ul style="list-style-type: none">1. New PBR with allocation to replace previous PBR
	PBR 7.2: Development and adoption of respective organizational structure and multi-year human resource plan for UHIA, GAHAR and HCO	2,000,000		No change
	PBR 7.3: Final UHIS transformation roadmap has been submitted and approved by the UHIS Steering Committee	5,000,000	Payment of US\$ 2.5 million upon submitting a finalized UHIS Roadmap to the UHIS Steering Committee and a further payment of US\$ 2.5 million will be disbursed upon approval of the roadmap by the Steering Committee.	<ul style="list-style-type: none">1. New PBR with allocation and disbursement formula to replace previous PBR
	PBR 7.4: UHIS Steering Committee has approved a general data management policy for UHIS based on the Egyptian data protection data Law.	2,000,000		<ul style="list-style-type: none">1. New PBR with allocation to replace previous PBR
	PBR 7.5: UHIA recruited Standard Policy and Procedure Manager, Information security	3,000,000	Payment will be made if all staff are recruited and in place for at least 6 months	<ul style="list-style-type: none">1. New PBR with allocation to replace previous PBR



Categories (including Performance Based Conditions as applicable)	Performance Based Results (as applicable)	Amount of the Loan Allocated (expressed in US\$)	Disbursement Calculation Formula	Summary of Changes
	officer, and data protection officer			
	PBR 7.6: Development and adoption of a process guide for hospital accreditation standards by GAHAR	2,000,000		No change
	PBR 7.7: UHIA analytics function has been created, annual workplan has been approved by UHIA board for first year and at least one output produced	5,000,000		1. New PBR with allocation to replace previous PBR
	PBR 7.8: Establish and publish on UHIA website a dashboard for key performance indicators for the UHIS on enrollment, access, utilization, quality and client satisfaction.	3,000,000		1. New PBR with allocation to replace previous PBR
PBC 8: Development and adoption of a set of complementary regulations and strategies for UHIS	PBR 8.1: Review of Decree No. 1948/2019 (targeting vulnerable groups for UHIS subsidies) and adopting a new framework	6,000,000		No change
	PBR 8.2: Preparation and disclosure of a	2,000,000		No change



Categories (including Performance Based Conditions as applicable)	Performance Based Results (as applicable)	Amount of the Loan Allocated (expressed in US\$)	Disbursement Calculation Formula	Summary of Changes
	Strategic Environmental and Social Assessment (SESA) in accordance with the Environmental and Social Commitment Plan (ESCP) on the environmental, climate change and social risks associated with the rollout of UHIS			
	PBR 8.3: Development and adoption of a green health insurance system strategy	2,000,000		No change
	PBR 8.4 Satisfactory adoption and implementation by three hospitals (including 2 public hospitals one nongovernmental hospital) of the green health insurance system strategy in Phase I Governorates	5,000,000		No change
Component 3: Providing temporary financial protection against high OOP health expenditures for vulnerable populations outside of Phase I Governorates (allocation of US\$50 million unchanged)				
PBC 9: Number of Other Vulnerable People benefiting from	PBR 9.1: Number of other vulnerable people benefiting from the	50,000,000	Baseline: 0 Target: 1,000,000 by June2024	1. Revised definition of PBR 9.1 2. Extension of timeline for PBR achievement



Categories (including Performance Based Conditions as applicable)	Performance Based Results (as applicable)	Amount of the Loan Allocated (expressed in US\$)	Disbursement Calculation Formula	Summary of Changes
PTES in Other Governorates	PTES in other Governorates		Payment for each 100,000 other vulnerable people will be US\$ 5,000,000	