

**PROJECT INFORMATION DOCUMENT (PID)
IDENTIFICATION/CONCEPT STAGE**

Report No.: PIDC71577

Project Name	Reducing Health Risk Factors
Region	EUROPE AND CENTRAL ASIA
Country	Bosnia and Herzegovina
Lending Instrument	IPF
Project ID	P160512
Borrower Name	Republic of Bosnia & Herzegovina
Implementing Agency	RS PCU, FBiH PCU
Environment Category	C - Not Required
Date PID Prepared	29-Dec-2016
Estimated Date of Approval	30-Nov-2016
Initiation Note Review Decision	The review did authorize the preparation to continue

I. Introduction and Context

Country Context

Over the last two decades, Bosnia and Herzegovina (BiH) has faced complex challenges on many fronts: recovery from the armed conflict, the dismantling of socialism, transition to capitalism and democracy and consequent state building processes. In steering the post-war development process, the state of Bosnia and Herzegovina, consisting of two entities (Republika Srpska, Federation of BiH and Brcko District) has been the leading agency along with the international community that provided massive assistance with the reconstruction and reforms. These processes were initiated in a number of segments of society since objectives such as peace, security, sustainable development, human rights and poverty alleviation are closely interlinked and their attainment requires close collaboration and coordination between all sectors. The reform of the health systems in the Republika Srpska (RS), the Federation of BiH (FBiH) and the Brcko District has been part of these continuous efforts; it illustrates the importance of the involvement of both the state and society at large in the development of the country in the twenty-first century.

Sectoral and Institutional Context

The pre-war socialist health care system where the public sector was the prime location of planning, organization, skills, initiative, finance and delivery of health care solely provided through the public sector proved to be unsustainable and exceptionally costly. Overcapacity, inefficiency, old power structures and thinking patterns, lack of a strategic and managerial approach, as well as power, control and monopoly over both medical knowledge and practice were other factors in favor of the reform. To that end, development agencies including the World Bank (WB), the Swiss Development Corporation (SDC), and the World Health Organization (WHO), became heavily engaged in the reform of the health systems in the RS, the FBiH and the Brcko District through substantial investments in reconstruction, equipment, technical assistance, know-how and provision

of appropriate training.

These joint efforts resulted in projects oriented towards primary, secondary and tertiary health care, pharmaceutical sector, and public health. These efforts included, inter alia, the introduction of family medicine and specialization for family doctors as gate-keepers to outpatient clinics at the secondary level; different sources of financing for outpatient clinics: predominantly funded by local community (local communities/municipalities are founders of outpatient clinics) and partially funded by government; and the definition of essential hospital services covered under compulsory health insurance. In addition, efforts were made towards improving health planning, management and efficiency, passing new laws on health and insurance that would determine the rights and duties of citizens and professionals and offering basic benefit packages of services accessible to all funded via compulsory insurance. Complementary insurance to finance additional services as well as private insurance were also offered. The reform of the pharmaceutical sector included the registration, financing, pricing, supply, and rational prescription of drugs.

While notable progress has been made to date, there are still areas to be covered and issues to be addressed. Public health is one of those areas where further actions should be taken to improve the general state of health of the population.

According to WHO estimates, 95% of total deaths in Bosnia and Herzegovina are attributable to four major NCD groups: cardiovascular diseases, cancers, diabetes, and chronic respiratory diseases. These NCDs are also the leading cause of ill-health and disability in the country. BiH has a high rate of smoking prevalence (according to WHO in 2012 the estimated prevalence rate was 31.2% among women and 49.0% among men, which is above estimated global prevalence rate of 6.8% among women and 36.1% among men. According to the Global Youth Tobacco Survey from 2008, 16% of boys and 10% of girls, between the ages of 13 and 15 used tobacco products: 19% of boys and 12 % of girls in the Federation of BiH, and 11% of boys and 8% of girls in the RS. Additionally, 77.3% of youth (79% in the FBiH and 75% in the RS) live in homes where others smoke in their presence and 84.0% (85% in the FBiH and 82% in the RS) are around others who smoke in places outside their home. Therefore, the incidence of second hand smoke is high in BiH. On average, 87% of the young people who were interviewed think that smoking should be banned from public places. In general, tobacco increases health care costs or lost productivity due to smoking related illnesses.

According to the Bank-executed Trust Funds (BETF) supported Reducing Health Risk Factors Project in Bosnia and Herzegovina baseline study, (Health Risk Factors for Non Communicable Disease (NCD) - Implications for Policy and Practice (: 26.9% of the population are smokers, more men (28.4%) than women (25.4%). The largest share of smokers belong to the population group age 35-44 men and 45-54 women, and the lowest one to the age group 15-18 (7.8%). The study shows that 40.8% of the population is exposed to second hand smoking at home, slightly more for women (41.6%) than men (40.1%). The group being most exposed to smoke are aged 25-34 (45.3%). Almost one third of respondents (30.9%) are exposed to second hand smoke at the workplace (indoors and outdoors), with an equal percentage of men and women, with respondents aged 45 to 54 (36%) being predominantly exposed to second hand smoke at work.

As for alcohol consumption, 1.9% of the population consume alcohol daily, more for men than women (F 0.5%; M 3%) while 55% of the population did not consume alcohol in the year preceding

the survey (F 65.6%; M 44.4%). Daily alcohol consumption is not present among younger categories of respondents aged 15 to 24, but it increases with age with men of age groups 45 to 54 at 8.2% and 55 to 65 8.4%. Daily alcohol consumption with women is highest at age group 55 to 65 at 1.9%. Almost one out of ten persons (8.3%) age 15-18 do not know that alcohol use can eventually become addictive (10.3% for male and 6.3% for female).

Eating habits of population are characterized by a low consumption of fruit and vegetables. Only 1.9% of respondents are familiar with recommendations on fruit consumption. 10% of the population consume fruits twice (or more) times daily with vegetables being scored even lower on the scale with 6.7%. In addition eating habits are also characterized by poor intakes of fish and cereals with 53.4% of population not consuming fish on a weekly basis and with 6% of respondents consuming cereals and whole grains once or more times a day. 8.6% of population put salt in their food before tasting it, men (9.0%) more often so than women (8.2%).

Finally, only 25.9% of the population practice physical activity on a daily basis for at least a half an hour, women being less active (23.4%) compared to men (28.4%). The most active population group is aged 15 to 18 (30.3%).

Government authorities have asked for the Bank's technical assistance and advice to undertake strategic interventions to reduce selected non-communicable diseases (NCDs) risk factors by promoting tobacco and alcohol control and improving diet and increasing physical activity.

The Swiss Embassy has agreed to provide funding and to partner with the World Bank through the Trust Fund in order to support the RS and the FBiH authorities in the design and implementation of efficient promotional and preventive programs for the reduction of selected NCDs risk factors among the populations.

The planned activities under this RETF will be complementary to a proposed IBRD lending operation expected to become effective in FY18, which plans to provide incentives to the respective government according to the results from this TF towards improving the health of the population by promoting prevention.

Relationship to CAS/CPS/CPF

The proposed activities to be supported by this RETF are aligned with the key priorities identified in the Systematic Country Diagnostics (SCD) dated November 2015. The SCD identifies the improvement of health services as one of the top ten priorities, with particular emphasis on discouraging smoking to increase life expectancy, improving the quality of life and reducing health-related expenditures. Increasing tobacco taxes and better enforcement of antismoking regulations, which are being addressed under the project, have also been recognized by literature as ways to decrease smoking prevalence among the population. The project is also aligned with the Country Partnership Framework (CPF) for the period FY16-FY20.

II. Project Development Objective(s) Proposed Development Objective(s)

The proposed Project Development Objective (PDO) of this small Recipient Executed Trust Fund (RETF) is to assist the RS and FBiH in reducing selected non-communicable disease (NCD) risk factors by promoting tobacco and alcohol control, and improving diet and physical activity in four selected local communities.

Key Results

Progress towards the achievement of the PDO will be measured using the following PDO indicators:

PDO Indicator 1. Proportion of schools and workplaces (in four local communities where project will be implemented) which have developed and implemented smoke free policies (baseline 0, target 50%)

PDO Indicator 2. Number of schools and kindergartens staff trained for implementation of healthy food and physical promotion programs in kindergartens and schools (baseline no staff trained, target 70% of total staff trained, number TBD)

PDO Indicator 3. Proportion of schools and kindergartens (in four local communities where project will be implemented) reporting to have had specific classes and lectures on prevention of substance use and promotion of healthy life styles (baseline 0, target 80%)

PDO Indicator 4. Increased awareness and knowledge of relationship between habits and behaviors, and disease risk among employees in kindergartens, schools and workplaces in four local communities where project will be implemented (baseline TBD, target 30% increase)

PDO Indicator 5. Increased awareness among pupils in primary and secondary schools (in four local communities where project will be implemented) about addictive potential of tobacco and alcohol use (baseline TBD, target 50% increase).

III. Preliminary Description

Concept Description

This project consists of only one component, which aims at reducing health risk behaviors in four local communities through prevention and health promotion by:

- a) strengthening the capacity of kindergarten and school teachers in promoting health behaviors among children and youths;
- b) strengthening capacity of employers to implement healthy lifestyle policies and related promotional programs among the employees;
- c) strengthening the capacity of local self-government units to promote healthy lifestyles and prevent non-communicable disease risk factors among the population;
- d) supporting advocacy and mass media campaigns for adoption and implementation of policy and regulation documents for improving health behaviors; and
- e) supporting social mobilization focused on behavioral changes.

These will be achieved through technical assistance, training, workshops, and operating costs.

IV. Safeguard Policies that Might Apply

Safeguard Policies Triggered by the Project	Yes	No	TBD
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Environmental Assessment OP/BP 4.01		x	
Natural Habitats OP/BP 4.04		x	
Forests OP/BP 4.36		x	
Pest Management OP 4.09		x	
Physical Cultural Resources OP/BP 4.11		x	
Indigenous Peoples OP/BP 4.10		x	
Involuntary Resettlement OP/BP 4.12		x	
Safety of Dams OP/BP 4.37		x	
Projects on International Waterways OP/BP 7.50		x	
Projects in Disputed Areas OP/BP 7.60		x	

V. Financing (in USD Million)

Total Project Cost:	1.409682	Total Bank Financing:	0
Financing Gap:	0		
Financing Source			Amount
Swiss State Secretariat for Economic Affairs			1.409682

VI. Contact point

World Bank

Contact: Ana Holt
 Title: Senior Health Specialist
 Tel: 5265+3714
 Email: aholt@worldbank.org

Borrower/Client/Recipient

Name: Republic of Bosnia & Herzegovina
 Contact:
 Title:
 Tel:
 Email:

Implementing Agencies

Name: RS PCU
 Contact: Sinisa Janjetovic
 Title: Assistant Minister
 Tel: 38765516606
 Email: sinisa.janjetovic@mzs.vladars.net

Name: FBiH PCU
 Contact: Vildana Doder
 Title: Assistant Minister
 Tel: 38761266755
 Email: vildana.doder@fmz.gov.ba

VII. For more information contact:

The World Bank
1818 H Street, NW
Washington, D.C. 20433
Telephone: (202) 473-1000
Web: <http://www.worldbank.org/projects>