

# INTEGRATED SAFEGUARDS DATA SHEET

## CONCEPT STAGE

Report No.: ISDSC15821

Date ISDS Prepared/Updated: 10-Dec-2015

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### I. BASIC INFORMATION

#### A. Basic Project Data

Country:	Bosnia and Herzegovina	Project ID:	P149920
Project Name:	Health Sector Project (P149920)		
Task Team Leader(s):	Ana Holt,Timothy A. Johnston		
Estimated Appraisal Date:	26-Apr-2016	Estimated Board Date:	20-Oct-2016
Managing Unit:	GHN03	Lending Instrument:	Investment Project Financing
Sector(s):	Health (75%), Public administration- Health (25%)		
Theme(s):	Health system performance (100%)		
Financing (In USD Million)			
Total Project Cost:	22.00	Total Bank Financing:	22.00
Financing Gap:	0.00		
Financing Source			Amount
Borrower			0.00
International Bank for Reconstruction and Development			22.00
Total			22.00
Environmental Category:	B - Partial Assessment		
Is this a Repeater project?	No		

#### B. Project Objectives

The proposed Project Development Objective (PDO) is to help improve efficiency and quality of health service delivery by strengthening systems for quality assurance, monitoring, and integration of care, improving hospital efficiency, and strengthening strategic purchasing of health care.

#### C. Project Description

The proposed Project would include the following three components:

## Component 1: Strengthen quality and integration of health service delivery

This component would focus on improving the quality and integration of health service delivery. Proposed activities include: (i) supporting the development of an information sharing system that links health care institutions, and would support integrated monitoring of efficiency and quality; (ii) development of performance scorecards for primary care and hospitals, which could be produced at least annually and shared with facility managers, policy makers, and the public; and (iii) strengthening of mechanisms for quality monitoring and quality assurance, including clinic audits, licensing, and accreditation. The focus will be primarily on noncommunicable diseases (NCDs), particularly improved integrated screening and management of NCDs such as hypertension, diabetes, and cervical cancer. The project may also support mechanisms to strengthen prevention and outreach services for maternal and child health at primary care level, including for vulnerable groups such as the Roma.

To improve the integration of care and monitoring of quality across levels, this component would support the development of an information sharing system that links all relevant health institutions. This would include health care providers, health insurance funds, public health institutes, pharmacies, etc., to allow for efficient information flows in accordance with patients' needs. It would build on the IT supports to primary care provided under the HSEP as well as extend support to secondary and tertiary care levels and promote interoperability between systems at different levels of care. This area would also support implementation of e-health systems, telemedicine solutions and diagnostic equipment, particularly for developing self-care and home-care.

Activities would be complemented by Component 3, including reforms to introduce quality-adjusted payment systems at primary care and hospital level. The component also would complement prevention and health promotion activities supported by the Reducing Health Risk Factors in BiH supported a Trust Funds financed by the Swiss Development Cooperation (SDC).

## Component 2: Modernizing the hospital sector toward efficiency

This component would focus on providing support to address a number of challenges facing the hospital sector in both entities, which currently represents the largest share of health expenditures. Modernization would involve strengthening financial management and accountability of hospitals, as well as shifting the role of hospitals to focus on intensive, lifesaving care while other functions would be ensured through outpatient polyclinics (specialized diagnostic and treatment), and primary care (integration of specialized care and family health as well as palliative and home-based care into primary health care teams ("health homes"). The component would support: (i) strengthening of management and accounting systems for hospitals; (ii) technical support for policy reforms to strengthen hospital accountability and autonomy; and (iii) management strengthening and skill development. It may also finance targeted investment to improve efficiency of care in selected hospitals, including limited financing of equipment to enable increased use of day surgeries, or to transition excess acute care beds to long-term or social care. This support would be contingent on hospital management adopting a rationalization plan, including addressing hospital arrears.

## Component 3: Strengthen health system strategic purchasing and governance

This component would aim to strengthen strategic purchasing and governance of the health system, including support for: (i) introduction and scaling up of quality and risk-adjusted capitation payments for primary health care; (ii) introduction of Diagnostic Related Group (DRG) payments for acute

hospital care in FBiH, and introduction of quality adjusted hospital payments in both RS (which has already introduced DRGs) and FBiH; (iii) strengthening capacity and coordination of the health insurance funds in both entities for strategic purchasing and health service monitoring; and (iv) supporting reforms for the pharmaceutical sector to improve efficiency and access of both generic and patented drugs. If agreed by the authorities, the project could provide technical support for reforms to help improve Universal Coverage of health care, including enhancing portability of health insurance among cantons or entities, or de-linking of health insurance from employment status.

This component would also support the operational costs of implementing the proposed Project. This would include project coordination and supervision, fiduciary management and monitoring and evaluation. The component would finance technical assistance, surveys, studies, hiring and training of consultants under the project implementation units (PIUs) of each entity, limited office equipment and recurrent costs. It would also help support institutionalization of health surveys to collect information at household level.

#### **D. Project location and salient physical characteristics relevant to the safeguard analysis (if known)**

The project is nationwide in scope and coverage. Key considerations for safeguard analysis may include investments under Component 2: Modernizing the hospital sector toward efficiency, such as provision of equipment and/or adaptation of hospitals as part of the modernization efforts in secondary and tertiary care. These investments might require minor renovations of selected hospitals (within the same footprint) to increase use of day surgeries or to convert acute care wards to long term care. Investments may also generate incremental health care waste (medical equipment), which will need to be handled properly.

#### **E. Borrowers Institutional Capacity for Safeguard Policies**

Both entities (FBiH and RS) have experienced in safeguards practices under the now closed (December 31, 2014) Health System Enhancement Project (HSEP) and the ongoing support from CEB (under World Bank management). Given the nature and small scale of impacts, the Clients will rely on external environmental consultant(s) to undertake supervision of environmental performance of contractors. In addition, it is worth mentioning that the ICR for the HSEP concluded that all the works done under HSPE have been carried out according to standards and environmental guidelines and that safeguards compliance has been satisfactory, throughout the project implementation period. This was also confirmed during the visit of the ICR team to several rehabilitated facilities.

#### **F. Environmental and Social Safeguards Specialists on the Team**

Esma Kreso (GENDR)

Ifeta Smajic (GSURR)

Maja Colovic-Daul (GEN03)

## **II. SAFEGUARD POLICIES THAT MIGHT APPLY**

<b>Safeguard Policies</b>	<b>Triggered?</b>	<b>Explanation (Optional)</b>
Environmental Assessment OP/BP 4.01	Yes	The project is categorized as B as the activities may increase health care waste by procuring medical equipment and create minor environmental impacts associated with minor renovation works planned for some adaptation of hospitals to increase use of day surgeries (existing sites) as part of the modernization

		efforts in secondary and tertiary care. In that case, impacts are expected to be small-scale and site-specific, which can be mitigated by following specific safeguard mitigation measures and provisions highlighted in an ESMP to be prepared before appraisal.
Natural Habitats OP/BP 4.04	No	Although the project covers the entire country, the project interventions are not located in or nearby protected areas or in areas with natural habitats
Forests OP/BP 4.36	No	The project does not include any activities that could affect forest, forest health and forest-dependent communities.
Pest Management OP 4.09	No	The project does not focus on disease control and will not finance pesticides, such as for control of vector-borne diseases.
Physical Cultural Resources OP/BP 4.11	No	Hospitals currently in use are not on the cultural heritage list for Bosnia and Herzegovina. There will be no new constructions or expansions of hospitals, therefore it is highly unlikely that the project will affect any physical cultural resources.
Indigenous Peoples OP/BP 4.10	No	Not applicable
Involuntary Resettlement OP/ BP 4.12	No	The policy is not triggered. At most the project will involve minor civil works within hospitals under component 2, if at all. Any potential rehabilitation will be within the existing hospital footprints and there is no scenario involving major changes to a ward during rehabilitation.
Safety of Dams OP/BP 4.37	No	The Project will not finance any activities related to the construction of dams nor affect operations of existing dams or affiliated reservoirs.
Projects on International Waterways OP/BP 7.50	No	The project will not affect international waterways.
Projects in Disputed Areas OP/ BP 7.60	No	The project will not affect international waterways.

### III. SAFEGUARD PREPARATION PLAN

**A. Tentative target date for preparing the PAD Stage ISDS: 04-Apr-2016**

**B. Time frame for launching and completing the safeguard-related studies that may be needed.  
The specific studies and their timing<sup>1</sup> should be specified in the PAD-stage ISDS:**

ESMP should be prepared prior to appraisal for Component 2 with potential hospital adaptation activities

All safeguards documents will be disclosed in local languages and English and publicly consulted prior to Appraisal. A meaningful citizen engagement mechanism and indicator, with particular focus on vulnerable groups targeted in component 1, will also be provided at the Appraisal Stage.

<sup>1</sup> Reminder: The Bank's Disclosure Policy requires that safeguard-related documents be disclosed before appraisal (i) at the InfoShop and (ii) in country, at publicly accessible locations and in a form and language that are accessible to potentially affected persons.

#### IV. APPROVALS

Task Team Leader(s):	Name: Ana Holt,Timothy A. Johnston	
<b><i>Approved By:</i></b>		
Safeguards Advisor:	Name: Zeynep Durnev Darendeliler (SA)	Date: 10-Dec-2015
Practice Manager/ Manager:	Name: Enis Baris (PMGR)	Date: 10-Dec-2015