



Project Information Document/ Identification/Concept Stage (PID)

Concept Stage | Date Prepared/Updated: 06-Apr-2022 | Report No: PIDC258881

**BASIC INFORMATION****A. Basic Project Data**

Project ID	Parent Project ID (if any)	Environmental and Social Risk Classification	Project Name
P178455		Moderate	BiH - Strengthening Emergency Preparedness and Response Project
Region	Country	Date PID Prepared	Estimated Date of Approval
EUROPE AND CENTRAL ASIA	Bosnia and Herzegovina	06-Apr-2022	
Financing Instrument	Borrower(s)	Implementing Agency	
Investment Project Financing	Bosnia and Herzegovina	Ministry of Health of the Federation of Bosnia and Herzegovina, Ministry of Health and Social Welfare of Republika Srpska	

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PROJECT FINANCING DATA (US\$, Millions)**SUMMARY**

Total Project Cost	1.78
Total Financing	1.78
Financing Gap	0.00

DETAILS**Non-World Bank Group Financing**

Trust Funds	1.78
Health Emergency Preparedness and Response Multi-Donor Trust	1.78

B. Introduction and Context

Country Context

Bosnia and Herzegovina (BiH) is governed as two independent political entities: the Federation of Bosnia and Herzegovina and Republika Srpska. The Federation has 10 autonomous cantons and 79 municipalities and



cities; Republika Srpska has 7 geographic (non-autonomous) regions and 64 municipalities and cities. The constitutional architecture also includes the autonomous Brčko District. Multiple reform efforts have improved economic links between the Federation of Bosnia and Herzegovina and Republika Srpska, and some progress has been made in creating a better environment for private sector development and job creation.

The country faces a significant risk of natural disasters, including earthquakes, droughts, floods, and landslides. More than 20 percent of the landmass is prone to flooding with annual losses of approximately US\$ 600 million resulting from the negative impacts of flooding. In 2014, unprecedented rainfall affected 25 percent of the population and severely disrupted the economy. River floods inundated fields in 81 municipalities, with consequences for workers employed in agriculture, who make up 20 percent of the country's total workforce. Flooding also triggered more than 3,000 landslides, with the economic damage estimated at nearly 15 percent of Gross Domestic Product.

BiH has also experienced conflict and political unrest in its recent history. The country has become a transition country for people displaced by conflict in the Syrian Arab Republic resulting in pressures on the strained health system to address the health needs of migrants and refugees. The country also faces seismic risk; its mountainous geography, aging infrastructure, and high urbanization rate compound its vulnerability to earthquakes and consequentially to landslides. A magnitude 6.0 earthquake in 1969 resulted in 14 deaths and over US\$300 million in damages. Based on current exposure, the same earthquake occurring today is estimated to cause over 400 deaths and more than US\$4 billion in damages.

BiH is highly vulnerable to the impacts of climate change particularly to the risk of hydrometeorological hazards including seasonal heat and periods of drought. By mid-century climate change is expected to produce temperature increases exceeding historical means by 2.4°C, with the number of hot days increasing by 6.3 days per year. Annual rainfall is expected to fall by 4.2 millimeters per year by mid-century with the consequence that droughts will become more frequent in some areas due to river runoff decrease or drying in lowland areas compounded by increased water demand.

Sectoral and Institutional Context

Health outcomes in BiH lag behind the average in the European Union. The average life expectancy at birth (77 years) was on par or better than the level in other EU accession states in the region but lower than Croatia's (78) and Slovenia's (81). Similar trends hold for age-standardized death rates (0-64 years of age) for malignant neoplasms, diseases of the circulatory system, ischemic heart disease, and cerebrovascular disease. BiH's infant mortality rate (5.1 per 1000 live births) is the highest in Western Balkans and above the EU average (3.3 per 1000 live births).

Non-communicable diseases (NCDs) are estimated to account for 80 percent of the country's annual deaths and dominate the overall burden of disease and disability, as do the risk factors that contribute to them, such as high blood pressure, tobacco use, and unhealthy nutrition. Total cancer incidence per 100,000 population



has been growing (an increase of 69% in the Federation of Bosnia and Herzegovina and 25 percent in Republika Srpska, during 2013-2017).

Natural disaster vulnerabilities contribute to health risks for the population. The elderly and those with pre-existing long-term medical conditions are susceptible to the effects of extreme heat. Extreme weather events may also adversely affect population health and the health system through acute impacts such as physical injuries and drowning. Adverse health impacts are also mediated through damage to health infrastructure as well as the mental health effects of traumatic experiences and the economic hardships that these events precipitate. Climate shifts are predicted to lead to increases in the range of vector-borne diseases such as dengue fever, reaching southern Europe.

Investing in health emergency preparedness and response is key to achieving Sustainable Development Goal (SDG) 3 “Ensuring healthy lives and promoting the wellbeing at all ages is essential to sustainable development”. It is particularly relevant to target 3.D, which deals with strengthening health emergency capacity and targets 3.1 (maternal mortality); 3.2 (infant mortality); 3.8 (universal health coverage), and 3.9 (deaths from chemical contamination). Investment in health emergency capacity also plays an important role in achieving other SDG goals such as: eliminating poverty and hunger (SDG 1, SDG 2); gender equality (SDG 5); decent work and economic growth (SDG 8); reduced inequalities (SDG 10); Climate Change (SDG 13); and Peace, justice and strong institutions (SDG 16).

In 2021, the World Bank-supported assessment of capacity for emergency preparedness and response identified measures to address these vulnerabilities. The diagnostic considered 18 criteria, 72 indicators, and 360 attributes grouped into five components, including legal and institutional accountability (scored 1.5 out of 5), information (scored 1.1 out of 5), facilities (scored 1.1 out of 5), equipment (scored 3.4 out of 5), and personnel (scored 2.8 out of 5). Hence, of the five components, equipment and personnel were relatively strong. On the other hand, information, facilities, and legal and institutional accountabilities are relatively weak.

The availability of funding varies significantly between the Brčko District, the Republic of Srpska, and the Federation, as well as between the different cantons within the Federation. A clear arrangement for budget distribution across all government levels, and especially to the municipalities, is missing, and no shared investment priorities have been defined. Legal accountability in the Emergency Preparedness and Response (EP&R) system shows important weaknesses. Since legislation is the foundation for the development of the other elements, the incompleteness of the legislative system resonates in challenges throughout the EP&R system.

Training centers and an integrated Disaster Management Information System (DMIS) are absent, with community engagement, logistics warehouses, response stations, and shelters and open spaces being weakly developed. Currently, there is no reliable warning messaging system in place to alert the public during emergencies. Also, sirens are nonfunctional. Although equipment received a relatively high quantitative scoring, equipment is vastly insufficient in terms of numbers and requires significantly more investments to be ready to respond to larger-scale impacts.



Based on an assessment of equipment by the United Nations Development Programme (UNDP 2018a), all relevant institutions in Bosnia and Herzegovina should adopt a well-coordinated investment priority plan for equipment distribution and the government was advised to secure a structural budget for equipment maintenance and replacement. Overall, the system has low personnel capacity to absorb project investments. Increasing the number of first responders, as well as staff working on policy, coordination, and data and information management is urgently needed to support a maturing organization in the future.

The assessment included the first steps towards the development of an investment plan to address these challenges, including implementing a strengthened procurement system, fostering community engagement, investing in early warning system, and in interoperable communication equipment. It envisages three investment scenarios for a total of US\$98,742,000, made up of short-term investments carried out over the first year (US\$1,335,000), medium-term investments carried out over one to three years (US\$53,897,000), and long-term investments carried out over more than three years (US\$43,510,000). In the short term, there is a need to further prioritize and sequence these investments to reflect projected flow of funds to emergency preparedness in the country.

Relationship to CPF

The 2016-2020 Country Partnership Framework centers on three key focus areas: increasing public sector efficiency and effectiveness, creating conditions for accelerated private sector growth, and building resilience to natural shocks. Combined, these areas are critical for helping the country address ongoing structural reform issues, strengthening competitiveness in the private sector, and enhancing the resilience of the country in the face of a changing climate. This activity contributes to building resilience to natural shocks that could derail the country's development agenda, by facilitating investments in systems and policies that shield the most vulnerable.

C. Project Development Objective(s)

Proposed Development Objective(s)

To develop and implement entity-level Action Plans for Health Emergency Preparedness that results in stronger emergency core capacities in Bosnia and Herzegovina.

Key Results

- 1) Adoption of entity-level Action Plans for Health Emergency Preparedness in Republika Srpska and the Federation of Bosnia and Herzegovina
- 2) Implementation of prioritized actions under the entity-level Action Plans in Republika Srpska and the Federation of Bosnia and Herzegovina



D. Preliminary Description

Activities/Components

Component 1: Developing multi-sectoral entity-level action plans for health security (US\$ 200,000)

Sub-component 1.1 Developing a multi-sectoral action plan for health security in Republika Srpska (US\$ 100,000)

Sub-component 1.2 Developing a multi-sectoral action plan for health security in the Federation of Bosnia and Herzegovina (US\$ 100,000)

This component will support the conduct of workshops and desk-based research to assess each entity's capacity for emergency preparedness and response, identify critical gaps in their response systems, prioritize actions for enhanced preparedness and response, and engage with current and prospective partners and donors to effectively target resources. The main deliverable in each entity will be a multi-sectoral action plan for health security derived from the assessment. The plans will consider the following capacities: legislation and financing, coordination, food safety, laboratory capacity, surveillance, human resources, national health emergency framework, health service provision, risk communication, points of entry, chemical events, and radiation emergencies.

Component 2: Implementing multi-sectoral entity-level action plans for health security (US\$ 1,500,000)

Sub-component 2.1: Implementing multi-sectoral entity-level action plans for health security in Republika Srpska (US\$ 750,000)

Sub-component 2.2: Implementing multi-sectoral entity-level action plans for health security in the Federation of Bosnia and Herzegovina (US\$ 750,000)

This component will support the implementation of prioritized and costed actions identified in the entity-level action plans. Investment opportunities will be prioritized by considering their potential implications for emergency preparedness, responsibility for design and implementation residing in the entity-level administration or involving existing coordination mechanisms, consensus for implementation among key stakeholders, and feasibility for implementation within the available budget and human resource capacity in the implementing agencies.

Component 3: Project management (USD 75,000)

This component will support project administration in each entity, including procurement, financial, environmental, and social management, and monitoring and evaluation of project results. Existing capacity in the entity-level ministries of health and project implementation units will support project management, with optional recruitment of external consultants as needed.



Environmental and Social Standards Relevance

E. Relevant Standards

ESS Standards

Relevance

ESS 1	Assessment and Management of Environmental and Social Risks and Impacts	Relevant
ESS 10	Stakeholder Engagement and Information Disclosure	Relevant
ESS 2	Labor and Working Conditions	Relevant
ESS 3	Resource Efficiency and Pollution Prevention and Management	Relevant
ESS 4	Community Health and Safety	Relevant
ESS 5	Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	Not Currently Relevant
ESS 6	Biodiversity Conservation and Sustainable Management of Living Natural Resources	Not Currently Relevant
ESS 7	Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	Not Currently Relevant
ESS 8	Cultural Heritage	Not Currently Relevant
ESS 9	Financial Intermediaries	Not Currently Relevant

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Legal Operational Policies

Safeguard Policies

Triggered

Explanation (Optional)

Projects on International Waterways OP 7.50

No

Projects in Disputed Areas OP 7.60

No

Summary of Screening of Environmental and Social Risks and Impacts

Environmental and Social risks are rated as moderate. Although the financed activities have no direct implications on the environment, nor will result in negative social impacts per se, the plans to be prepared will need to integrate a number of environmental and social issues, such as management of medical wastes, occupational health and safety, life and fire safety in medical facilities, labor and working conditions, community health and safety and stakeholder engagement. All of the plans need to be prepared in line with the World Bank's Environment Health and Safety guidelines (General Guidelines and Guidelines specific to the Health Care Facilities). The Clients will adapt, to the specific purposes of this Project, the Environmental and Social Management Framework that was developed for the Covid-19 Project in 2020, as its broad coverage of health-care issues and responding to emergency situations can also be very well applied to this activity. The revised and adapted ESMF will be disclosed during implementation and prior to the start of any project supported activities. The Project will result in significant emergency preparedness improvements and will therefore benefit the broader community in both entities in BiH. The main Project deliverable, the multi-sectoral entity-level Action Plans for health security raises a number of potential social risks which will have to be addressed. These relate to: labor and working conditions (ensuring safe and adequate working



conditions for workers who will be implementing the plans e.g. formality of employment etc.) and stakeholder engagement and information disclosure (engagement and communication between new and existing stakeholders). Considering the nature of the project, appropriate stakeholder engagement is key to project success as it will facilitate identifying bottlenecks, as well as opportunities for improvement in existing communication channels. Moreover, the appropriate application of principles of the ESS10 in the Action Plans will enable all people, including vulnerable groups to benefit from the project. The proposed Project will not finance any kind of civil works and it will cause neither land acquisition nor physical displacement to formal or informal occupants. The two implementing agencies (PAFPID in RS and PIU in FBIH) both have environmental specialists assigned to the Covid-19 Emergency Response Project. Also, the PAFPID in RS has an assigned social specialist, whereas the PIU in FBIH would need to appoint one to have adequate capacity for implementing this activity under the same arrangements. The Borrower should continue engagement and appointments of relevant staff for the purposes of this activity as well.

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