

**COMBINED PROJECT INFORMATION DOCUMENTS / INTEGRATED  
SAFEGUARDS DATA SHEET (PID/ISDS)  
CONCEPT STAGE**

**Report No.:** PIDISDSC15608

**Date Prepared/Updated:** 29-Dec-2015

**I. BASIC INFORMATION**

**A. Basic Project Data**

<b>Country:</b>	Belarus	<b>Project ID:</b>	P156778
		<b>Parent Project ID (if any):</b>	
<b>Project Name:</b>	Belarus Health System Modernization Project (P156778)		
<b>Region:</b>	EUROPE AND CENTRAL ASIA		
<b>Estimated Appraisal Date:</b>	14-Mar-2016	<b>Estimated Board Date:</b>	25-Oct-2016
<b>Practice Area (Lead):</b>	Health, Nutrition & Population	<b>Lending Instrument:</b>	Investment Project Financing
<b>Sector(s):</b>	Health (100%)		
<b>Theme(s):</b>	Health system performance (50%), Injuries and non-communicable diseases (30%), e-Government (20%)		
<b>Borrower(s):</b>	Republic of Belarus		
<b>Implementing Agency:</b>	Ministry of Health		
<b>Financing (in USD Million)</b>			
<b>Financing Source</b>			<b>Amount</b>
Borrower			10.00
International Bank for Reconstruction and Development			100.00
Financing Gap			0.00
Total Project Cost			110.00
<b>Environmental Category:</b>	B - Partial Assessment		
<b>Concept Review Decision:</b>	Track II - The review did authorize the preparation to continue		
<b>Is this a Repeater project?</b>	No		
<b>Other Decision (as needed):</b>			

## **B. Introduction and Context**

### **Country Context**

Belarus is an upper middle income country with a population of 9.5 million, similar in size to many Central and Eastern European countries and strategically located between the EU and Russia. Up until 2008 Belarus was performing strong economically, with an average GDP growth rate of 8.3 percent during 2001–2008, exceeding the rates for the Europe and Central Asia (ECA) region at 5.7 percent and the Commonwealth of Independent States at 7.1 percent.

However, since the onset of the global financial crisis in 2008, Belarus has experienced significant economic instability. Growth slowed down substantially and the country has gone through a period of recurring macroeconomic turmoil. A weak external environment, accumulated macroeconomic imbalances, and delays in structural reforms have put Belarus on a low growth path. Although real GDP grew modestly in 2013-14, the macroeconomic situation remained fragile. In 2013, real GDP growth slowed to 1 percent, slightly accelerating to 1.6 percent in 2014. The modest growth, however, was accompanied by monetary expansion, leading to double-digit annual inflation of around 16 percent in 2013 and 2014. From the beginning of 2015 real output is contracting for the first time in two decades. In January-August 2015, real GDP dropped by 3.5 percent year-on-year due to weaker demand from Russia and Ukraine. Overall, the economic outlook for the future shows significant challenges ahead if global conditions remain weak, domestic macroeconomic vulnerability continues, and structural reforms are delayed.

The rapid economic development in the first decade of the century has translated into remarkable progress in poverty reduction. Equity and social welfare are the key principles of the country's economic model. Poverty rates according to the international poverty lines of USD 2.50 and USD 5 per day were 0.1 percent and 4 percent, respectively, in 2010 (the latest available data), far below the ECA regional averages of 5.8 and 18.8 percent. In the first half of 2015, the estimated poverty rate remained unchanged at 3.5 percent compared to the same period of 2014.

Macroeconomic stability and well-sequenced structural reforms geared towards fundamental changes in the economic model are needed to put Belarus on a sustainable growth path. Strong and robust economic growth and development will also necessarily have to rely on the country's human capital. Social service delivery systems, while providing widely accessible and affordable social protection, health and education services, are costly and display some inefficiencies as shown in the 2013 Public Expenditure Review. Furthermore, similar to many Eastern European countries, Belarus has a rapidly declining and ageing population, at the same time life expectancy remains nine years below the Western European average, largely due to high adult mortality, especially among men (whose life expectancy is 12 years less than in Belarus's European neighbors). These issues pose additional risks to the future development of the country. An increased attention is needed to improve health and reduce mortality of workforce in an efficient way. Strengthening the quality and efficiency of health care provision is an important priority for the country. The health sector can benefit from modernization to reduce the duplication and inefficiencies in the use of available resources – development and introduction of modern eHealth solutions, state-of-art training for health providers, and better prevention and control of non-communicable diseases (NCDs).

### **Sectoral and Institutional Context**

Despite considerable change since independence, Belarus retains a commitment to the principle of universal access to health care, provided free at the point of use through predominantly state-

owned facilities, organized hierarchically on a territorial basis. Historically, Belarus emphasized maintaining as much as possible access to its health system for all citizens and efforts to this end often were considered to be a success in contrast with several other former Soviet countries. As a result, access health services is relatively equitable and not affected by how much income people have. There are no income-based economic barriers to receiving health services.

The health system has performed effectively on a range of indicators, including maternal and child health and containment of communicable diseases, including HIV and TB. In the last 15 years, infant and maternal mortality rates have improved remarkably to place Belarus amongst the lowest in the region (5 and 1 in 2013 in infant and maternal mortality, down from 17 and 37, respectively, in 1990). These figures are due to the strengthening of maternal and child healthcare, as well as ensuring safe deliveries and robust vaccination schedules. The prevalence of anaemia among women aged 15 - 49 is below the average in the WHO - Euro Region (22 versus 23). Belarus has also performed successfully regarding other Millennium Development Goals indicators such as the fight against communicable diseases (mainly, HIV and TB), although some TB underreporting has been suggested (World Bank, 2013). The current level of public health spending at 4 percent of GDP is in line with the spending in other middle-income countries in the region (2.7 percent on average for CIS countries, 4 percent for Europe and Central Asia region), but it remains below the level of public health spending in the EU and the OECD countries.

Notably, Life Expectancy at Birth has not been reported to have changed substantially in this period (72 in 2013 compared to 71 in 1990 for both sexes). Average life expectancy for women is now higher than it was prior to independence (76.6 years in 2009), though lower than the average for the WHO European Region of 79 years, and with disability-adjusted life expectancy (DALE) of only 66 years. Average life expectancy for men has improved (64.8 years in 2009), but life expectancy for men has yet to recover to pre-independence levels and is well below the European average of 72 years. Both tobacco and alcohol consumption are key factors contributing to this gender gap. Regional disparities are also observed. Life Expectancy at Birth in rural areas is six years lower than among urban population (66.4 years versus 72.4 years for both sexes; 60.3 versus 66.4 for men; 74.1 versus 77.8 for women).

Belarus lags behind on prevention of non-communicable diseases (NCDs), in particular of cardiovascular diseases, which are now the main cause of mortality and key reason for low life expectancy. Some 114,300 out of a total of 131,300 deaths were registered in Belarus under the heading NCDs in 2008, while only 2,700 deaths were registered under communicable, maternal, perinatal and nutritional conditions – the remaining 14,300 deaths were registered under the heading Injuries (WHO, 2011a). In other words, accounting for more than 87 percent of total deaths, NCDs broadly explain the lack of major improvements in life expectancy at birth in the last decades. Actions intended to increase awareness and mobilize the society against NCDs, plus the provision of the necessary technological infrastructure, will need to be introduced as soon as possible; they will have to be accompanied by substantial professional and management training which the Ministry of Health (MoH), at the regional and central level, will need to coordinate.

Belarus has also made considerable efforts in the development of e-solutions, although the implementation of the integrated e-health Strategy has not been easy, characterized by a large number of disparate information systems that contribute little to the exchange of clinical and health system data between providers at all levels and with other relevant agencies. Belarus has embarked on a process of developing electronic medical records (EMRs) in a number of health

care facilities in its health care system. This is part of a broader intent to develop an information and communications technology (ICT) strategy aimed at creating a common platform for exchange of health information between different settings – polyclinics, village health centers (ambulatories), hospitals, and diagnostic centers. The purpose of such an ICT strategy is to improve communication and coordination of care, and reduce duplication of tests. To this end, the government has launched several regional initiatives and pilot projects. The country has demonstrated experience with both building IT solutions using its own staff as well as procuring IT software. It has expertise with using secure web-based portals allowing remote access to different records. In general, there is a solid ground for establishment of an integrated e-health system in the country.

A strong primary care system will be necessary to address major health challenges in the country. Belarus is in the process of strengthening its primary care system to expand the use of General Practitioners (GPs) in both rural and urban areas, and to increase their scope of practice over time. Currently, only 12.4 percent of active physicians in Belarus are working in primary health care. Among them only 9.9 percent are qualified as GPs. The country currently has a 4-month program to retrain existing physicians into GPs, and is moving towards a curriculum for new physicians where the last year of the six-year program is devoted to general practice, as well as a one year internship after graduation. According to Government strategy on Primary Health Care (PHC) development, only physicians who have completed a postgraduate specialization in general practice or GP retraining courses should work as GPs. The current system of obligatory placement of medical graduates in primary health care is considered as a temporary emergency measure until the numbers and skills of GP reach international standards.

It is expected that GPs will become more involved in providing medical technical procedures. The medical curriculum should pay sufficient attention to the skills needed to provide these services. Both, the capacity for GP training and education and status of general practice will benefit from a rapid establishment of respective academic departments for general practice at all medical universities in Belarus and the creation of professorship in general practice.

### **Relationship to CAS/CPS/CPF**

The proposed Project is aligned with the World Bank Group's Country Partnership Strategy (CPS) for the Republic of Belarus FY2014-FY2017 and the Bank's Health Sector Strategy. The third pillar of the CPS calls for "Improved human development outcomes through better delivery of education, health, and social services". The development goal of "Greater efficiency and quality of services in health and education" is directly supported by the Project design. Meanwhile, the Project also contributes to the Bank's Health Sector Strategy. The project will contribute to improving the quality and the coordination of health care as well as the efficiency of Government spending in line with the Bank's Health strategy on improving health service delivery. This will be achieved by optimizing business processes, addressing the population's demand for more qualified and skilled health care providers and adopting innovative modalities to ensure effective management of chronic health conditions. Particularly, Project's investment in an integrated e-health will in the long term improve the quality of care provision through: (i) fast diagnosis of illnesses; (ii) prevention of medical and drug administration errors; (iii) reduction in waiting time for treatment. Furthermore, the efficiency of treatment will improve through: (i) reduction in drug administration and examination costs by preventing overlapping drug administration and examination; (ii) reduction in medical costs by reducing the number of days of hospitalization and hospital visits; and (iii) reduction of medical expenses burden for patients. The project will also improve the coordination of care to help the patients to navigate through the

health care system and improve the management of NCD risk factors and treatment at the population's first contact place with the medical care system.

The proposed Project contributes to the World Bank's twin goals of reducing poverty and boosting shared prosperity. Investments in health have long been linked with lower levels of transmission of intergenerational poverty.

### **C. Proposed Development Objective(s)**

#### **Proposed Development Objective(s) (From PCN)**

The proposed Project Development Objectives are to improve (a) the integration of health information and e-health solutions for better health service delivery in the Republic of Belarus; and (b) the quality of health care services focusing on Primary Health Care.

#### **Key Results (From PCN)**

The Proposed PDO indicators for Part (a) of the PDO :

- (a) Percentage of health facilities where information on patients' episodes, including imaging information, are available for secure viewing and are integrated in a nationwide health information system;
- (b) Percentage of electronic referrals out of total referrals at PHC level;
- (c) Percentage of e-Prescriptions out of all prescriptions.

The Proposed PDO indicators for Part (b) of the PDO:

- (d) Percentage of General Practitioners (GPs) trainees who have achieved certification of clinical skills acquired through simulation labs;
- (e) Percentage of PHC providers integrated into the e-health system in the pilot oblast using decision-making tools for selected NCDs management.

### **D. Concept Description**

The proposed project would focus on two main areas, namely: (a) the establishment of E-Health through (i) the development of E-Health architecture and legislation, (ii) standardization, and (iii) implementation; and (b) the improvement of competencies of health care providers in non-communicable diseases (NCD) management through (i) the provision of skill laboratories to medical universities, medical colleges, and the creation of simulation center in BelMapo, and (ii) the adoption of clinical tools for quality management in Primary Health Care (PHC).

Component 1: Establishment of E-health (estimated at US\$65 million equivalent). Similar to many neighboring countries, the Republic of Belarus has prioritized the development of an integrated e-health as a way to improve health service delivery to the population. While considerable efforts have been made to develop e-health solutions in the country, the analysis of current situation shows that different healthcare organizations use different computer programs which often lack interoperability. This hinders the implementation of cross-institutional patient care pathways because information about the diagnostic or treatment procedures made in one institution are not available in others. This also creates barriers for adoption of complex solutions based on unified standards for information exchange.

The objective of this component would be to support the Government of Belarus to establish an

integrated nationwide health information system which would ensure integral medical information for each citizen. A new e-health solutions would ensure a more qualified healthcare service to the society. It would allow seamless information exchange between all levels of healthcare and virtual communities where all stakeholders can freely share and exchange information according to medical consumer choices. In addition, it would provide more reliable information for effective health policy development and improved healthcare system transparency.

This component would finance: (i) civil works for rehabilitation of regional offices (oblast level) for housing IT related infrastructure; (ii) local advisory support for the design of the e-health system; standardization of healthcare digital data and data exchange protocols; standardization and customization of business processes, implementation of digital decision support tools based on clinical protocols, and improvement of laws, regulations, institutions and instructions for health information protection; (iii) hardware and software; (iv) telemedicine equipment; (v) medical equipment; (vi) training of health providers on the operation of e-health system; (vii) beneficiaries satisfaction survey; and (viii) study tours.

Component 2: Improve competencies of health care providers in non-communicable disease management (estimated at US\$35 million equivalent). The objective of this component would be to strengthen clinical skills of health care providers focusing on primary health care and the use of information for quality improvement of selected NCDs. The Government of Belarus has adopted a strategic direction to re-orient the PHC towards more cost-efficient system of general practice. This was driven by the need to cover the population with more qualified health care providers (physicians and assistants to doctors) capable of providing a wide range of preventive and treatment services at PHC level and possessing skills and competencies for better performance. Following the Order of the Ministry of Health № 98 of 25 May 1992 “On preparation for introduction of the services of general practitioners in the Republic of Belarus”; the MoH developed a comprehensive plan for the organization of GP training and approved protocols (standards) of examination and treatment of patients within the general practice.

The Government’s policy on reorganization of GP training is oriented towards eliminating the major drawbacks of the medical education in the past, such as reliance on didactic training and insufficient clinical practice to acquire skills and competencies in handling emergency conditions as well as management of chronic NCDs. It also intends to test innovative approaches in monitoring the quality of PHC services by adopting clinical best practices in line with international standards. The medium term plan for training of GPs is to complete the retraining of all PHC providers in the next five years. The total number of physicians to be re-trained is about 6000; the total number of nurses to be retrained is yet to be defined. This component has two subcomponents.

This component would finance:

- (a) subcomponent 2.1 on the provision of skill laboratories and creation of simulation center:
  - (i) advisory support to review the curriculum and development of unified standards for training of GPs as well as specialists;
  - (ii) advisory support for the development of a certification program for verifying student/trainees skills;
  - (iii) skills labs for all four universities and sixteen secondary colleges in Belarus;
  - (iv) creation of a high-tech simulation center at BelMapo for specialists training;

- (v) advisory support to faculties at universities and for the establishment of GP departments; (vi) training of trainers;
  - (vii) civil works to house the high-tech simulation center;
  - (viii) software to program different cases for trainees review;
  - (ix) study tours (including conferences, workshops); and
  - (x) beneficiary surveys; and
- (b) subcomponent 2.2 on the improvement of clinical decision support system for quality management:
- (i) advisory support for the development of quality indicators and practice tool – development of tools, customization and field testing, and clarification of roles and responsibilities;
  - (ii) training of clinical staff in pilot regions on the use of clinical practice tools;
  - (iii) advisory support for incorporation of the flow sheets, practice tools into the Electronic Medical Records (EMR);
  - (iv) advisory support for the creation of quality monitoring framework, including dashboards for each clinic in pilot regions allowing decision makers to monitor a limited number of high-level indicators; and
  - (v) publishing reports with established benchmarks to highlight differences in quality between different institutions and identify the highest performers who should be emulated.

## II. SAFEGUARDS

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

Nationwide. Key considerations for safeguard analysis include: Component 1: Small-scale civil works for the rehabilitation of regional offices (oblast level) for housing IT related infrastructure; Component 2: construction of premises for the establishment of a Simulation Center for post-graduate education of medical trainees. Reconstruction of neonatal resuscitation department at the Republican Center of Mother and Child (located in Minsk) is considered. All civil works as part of Components 1 and 2 will be carried out within the compounds of existing premises. Land acquisition and involuntary resettlement are not envisioned at this stage; this will be confirmed during the next visit starting January 25, 2016.

The impacts will be mainly small- to medium-scale and site-specific, and will be mitigated by good housekeeping practices.

### B. Borrower's Institutional Capacity for Safeguard Policies

The Client has no experience in safeguards. Given the nature and small scale of impacts, the Client will rely on external environmental consultant(s) to undertake supervision of environmental performance of the contractors.

### C. Environmental and Social Safeguards Specialists on the Team

Alexei Slenzak (GENDR)

Jennifer Shkabatur (GSU03)

### D. POLICIES THAT MIGHT APPLY

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	The project is categorized as B. The impacts will be mainly small- to medium-scale and site-specific,

		which can be mitigated by good housekeeping practices. Because the specific sites under Component 1 will not be known and identified at the time of appraisal, an Environmental and Social Management Framework (ESMF) will be prepared appropriate to the nature and scale of project risks and impacts, including a checklist EMP in the annex appropriate to small scale civil works. An EMP will be prepared appropriate to the nature and scale of risks and impacts consistent with larger scale civil works/construction under Component 2.
Natural Habitats OP/BP 4.04	No	
Forests OP/BP 4.36	No	
Pest Management OP 4.09	No	
Physical Cultural Resources OP/BP 4.11	No	
Indigenous Peoples OP/BP 4.10	No	
Involuntary Resettlement OP/ BP 4.12	TBD	The project team will clarify the issue of potential land acquisition and resettlement during the next visit planned for January 2016. The ISDS will be revised accordingly.
Safety of Dams OP/BP 4.37	No	
Projects on International Waterways OP/BP 7.50	No	
Projects in Disputed Areas OP/ BP 7.60	No	

### E. Safeguard Preparation Plan

#### 1. Tentative target date for preparing the PAD Stage ISDS

08-Feb-2016

#### 2. Time frame for launching and completing the safeguard-related studies that may be needed. The specific studies and their timing should be specified in the PAD-stage ISDS.

Appraisal is planned for March 14, 2016 with Decision meeting planned on March 10, 2016. PAD Stage ISDS will be prepared by March 1.

### III. Contact point

#### World Bank

Contact: Susanna Hayrapetyan

Title: Lead Health Specialist



**Borrower/Client/Recipient**

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Title:

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Task Team Leader(s):	Name: Susanna Hayrapetyan	
<b><i>Approved By</i></b>		
Safeguards Advisor:	Name: Zeynep Durnev Darendeliler (SA)	Date: 22-Dec-2015
Practice Manager/ Manager:	Name: Enis Baris (PMGR)	Date: 22-Dec-2015
Country Director:	Name: Young Chul Kim (CD)	Date: 29-Dec-2015

1 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.