

Project Fiche – IPA Annual Action Programme 2007 for Bosnia and Herzegovina
Strengthening of Public Health Institutes in BiH

1. Basic information

1.1 CRIS Number:

1.2 Title: STRENGTHENING OF PUBLIC HEALTH INSTITUTES IN B&H

1.3 ELARG Statistical code: 02.19 - Consumer and health protection

1.4 Location: Bosnia and Herzegovina

Implementing arrangements:

1.5 Contracting Authority (EC)

EC Delegation to Bosnia and Herzegovina

1.6 Implementing Agency:

EC Delegation to Bosnia and Herzegovina

1.7 Beneficiary (including details of project manager):

Ministry of Civil Affairs Health Sector, Ministry of Health and Social Welfare RS and
Ministry of Health FB&H, District Brčko Government – Department of Health and
other services

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Financing:

1.8 Overall cost: 1,5 Mil Euro

1.9 EU contribution: 1,5 Mil Euro

1.10 Final date for contracting: N+2

1.11 Final date for execution of contracts: N +4

1.12 Final date for disbursements: N + 5

2. Overall Objective and Project Purpose

2.1 Overall Objective:

To contribute to reform of the public health system through support development of health promoting policies and improvement of national preparedness to public health threats and the systems for health monitoring and disease surveillance.

2.2 Project purpose:

To strengthen the capacity of the public health functions in B&H with special focus on public health as an integrated part of planning and decision making and fulfilling of international obligations

2.3 Link with AP/NPAA / EP/ SAA

Health care priorities in European Union are regulated in **Article 152 of the Treaty** and it states among other issues that: .."actions shall cover the fight against the major health scourges, by promoting research into causes, their transmission and their prevention, as well as health information and education".

European Partnership for BiH – Medium Terms Priorities Plan under Chapter Democracy and the rule of law states that general priority is to "Further improve functioning of public administration" and to "implement the consolidated Action Plan on public administration reform and improve administrative procedures and improve policy-making and coordination capacities According to the Action Plan the objective is improving the sectoral capacity of public administration at all levels in the critical areas economy, education, returns, police, agriculture, **health**, environment, justice" (point 3a). The same document under chapter "Existence of a free market economy and structural reforms" states that the priority is "Further develop state-level capacities in statistics".

STABILISATION AND ASSOCIATION AGREEMENT between the European Communities and their Member States and Bosnia and Herzegovina in the Article 88 covering Statistical co-operation, states:

"Co-operation between the Parties shall primarily focus on priority areas related to the Community acquis in the field of statistics. It will notably be aimed at developing efficient and sustainable statistical systems capable of providing comparable, reliable, objective and accurate data needed to plan and monitor the process of transition and reform in Bosnia and Herzegovina. ... The statistical system should respect the fundamental principles of statistics issued by the UN, the European Statistical Code of Practice and the stipulations of the European Statistical law and develop towards the Community acquis."

EC Bosnia and Herzegovina 2006 Progress Report in the section 4.2.8. on Statistics emphasizes that "the statistical system of BIH is not compliant with the relevant European standards. Classifications need to be introduced in many areas to establish comparability of statistical information with other European countries

BIH preparations in the field of statistics are in their initial phase. Ensuring completeness of data, especially through the proper coordination between all producers of statistics in BIH, upgrading methodology and improving overall quality, remains the key challenges".

Aside from the clear justification in terms of more cost effective and better public health system for the population and an improved system of governance, the justification of the Project is based on the priorities in Sector Strategies, the National PAR Strategy, MTDS, MIPD for 2007-09; the European Partnership priorities; the EU-Treaty article 152 as well as on international obligations that Bosnia & Herzegovina has as the member of UN/WHO.

It is expected from B&H to implement International agreements in the field of public health. These include the newly revised WHO International Health Regulations due to come into force in June 2007, stating in the Article 5 covering Surveillance: "Each state Party shall develop, strengthen and maintain, as soon as possible, but no later than five years from the entry in the

force of these Regulation for that State Party, the capacity to respond promptly and effectively to public health risks and public health emergency of international concern.”

2.4 Link with MIPD

The MIPD for 2007-2009 in the section 1.2. on Objectives of pre-accession, and under title Socio-economic requirements states that “Community assistance will seek to improve the investment climate by creating the appropriate legal and administrative framework, by **reforming the public health system** with the emphasis on developing health promoting policies, improving national preparedness to public health threats and the systems for health monitoring and disease surveillance.” Under title European Standards reveals that “the statistical system of Bosnia and Herzegovina is not yet compliant with relevant European standards. Classification needs to be introduced in many areas to establish comparability of statistical information with other European countries.” Further in the Section 2.2.2 - Socioeconomic requirements, in the point 2.2.1.1 referring to Main areas of intervention, priorities and objectives recognise the importance of “Supporting the reform of the Public Administration including the institution responsible for EU integration policies, in order to obtain a reformed, streamlined, harmonised, effective, transparent and service oriented public administration, capable of leading Bosnia and Herzegovina through the Stabilisation and Association Process”. In the point 2.2.2.3 covering Programmes to be implemented in pursuit of the objectives includes “Assistance to the institutions and **capacity building for State level institutions on public health with focus on reform of the public health system, ...**”. In the section referring to European standards, under point 2.2.3.1. recognize Main areas of intervention, priorities, and objectives that is ”Supporting the development of strategies and policies in order to establish sectoral policies and a regulatory framework compatible with European standards...e.g. ...health.... As expected result from above mentioned activities “BiH will have the capacity to collect and produce reliable statistics”..

2.5 Link with National Development Plan (where applicable)

MTDS mention in the section 5.2. on EU policy regarding health sector as “Functions needed for EU accession: “Even though health sector is not directly part of EU legislation, it plays important role in the *acquis communautaire*. Out of 31 chapters of this document, two are directly related to issue of health protection - chapter 23 deals with "Users and health protection" while chapter 13 deals with "Social policy". Certain number of other chapters is directly related to health sector: for instance free movement of goods, persons and services which within health sector is related to free movement of medical equipment, drugs and medicine materials, medical experts, patients and benefits (including benefits of health insurance). Also, issues of health protection are included in number of other chapters such as statistics,...” MTDS highlights as priority the “Improvement of skills of strategic planning of policy creators and decision makers” and “Measure that requires special attention is to build strategy of **"new public health."**

2.6 Link with national/ sectoral investment plans(where applicable)

N/A

3. Description of project

3.1 Background and justification:

The socio-economic situation of the country and its population requires financial support to reform its public health system which is not capable to provide appropriate health care and consumes an unsustainable level of 13 % of the GDP.

EC Bosnia and Herzegovina 2006 Progress Report recognizes the need for Public administration Reform stating that “Bosnia and Herzegovina needs to accelerate reforms in this area in order to build a transparent, efficient and independent public administration, able to respond better to the needs of its citizens and the requirements of EU integration.”

B&H has, at all levels, embarked on a comprehensive modernization of its public administration (one of the main priorities in the EU Integration Strategy of B&H) to obtain the professionalism and capacity required for its participation in the European Administrative Space and to ensure smooth EU integration – so also within the health care sector. The Ministry of Civil Affairs (MoCA-B&H) is at the moment establishing the new Department of Health; Ministry of Health and Social Welfare of RS have over recent years strengthened its health sector planning and administrative capacity; and the Federal Public Health Institute has introduced strategic planning.

The existing health sector strategies for the Entities clearly point at the need for improving public health, planning, and decision-making both as an element in improving equity and equal access to health care services but also to ensure good governance within the health care sector.

There are 18 PHI institutes in the country, two entity and 10 cantonal institutes, 5 regional and one in District Brčko Department for Health; their capacity varies between cantons and regions, and some of them are understaffed with limited scope of activities. There is a need to conduct their institutional analysis and to define core set of activities that are institutes obliged to conduct and to define and establish an efficient network of institutes with good reporting lines to relevant Ministries.

The Public Health Institutes (PHIs) in the Entities, in the Cantons/Regions and the Department of Health in District of Brčko are, , charged with the tasks of collecting health data, and monitoring the health status of the population. However, the data basis, the data format, and reporting systems are not attuned to a planning process reflecting the needs of the population.

PHIs and Department of Health in District of Brčko are also performing the functions of prevention of spread of infectious diseases, sanitary control, provision of vaccines and immunization as well as laboratory analyses. However, modern well targeted disease prevention and health promotion, based on cost& benefits, with participation of NGOs are still weak; and most of the PHIs are still not aware of the reforms and changes required for fulfilling EU standards.

Therefore, this project will assist the PHIs and the Department of Health in Brčko, in cooperation with the Ministries, to strengthen and modernize their organization and capacity to provide better public health services, as well as better health information system, designed to planning and decision making which, in turn, will provide for a more cost effective provision of public health in B&H. Although, emphasis is placed on strengthening health promotion disease prevention, and the planning and decision making capabilities, EU

integration, and better horizontal and vertical coordination between all the stakeholders are cross cutting issue embedded as an integral part throughout the Project.

In order to upgrade capacity of staff in PHIs it is necessary to identify their training needs (specialists in public health, specialists in health management, specialists in epidemiology, specialists in hygiene/environmental health) based on already defined public health functions in the public health institutes. It is necessary to define the training needs in MoCA, entity, cantonal Ministries and Department of Health in District of Brcko according to public health policy and strategic plan. Possible topics for training could be: general management issues, evidence based public health, public health emergencies: preparedness and planning, health needs assessment (burden of diseases – DALY, QALY, HELY), health impact assessment, research methodology.

Bosnia and Herzegovina has different obligations to report to international organisations such as WHO, UNICEF, EUROSTAT, IAEA, ILO, etc. and to collect data to be presented at international level. For this it is necessary to define a core set of indicators, reporting protocols at state level, and to define contact point responsible for data delivery at international level. Comparison of data between Bosnia and Herzegovina and other countries will help to identify problems, gaps and issues, and to prioritize activities, to improve the situation in Bosnia and Herzegovina through the development of policies strategies and Action Plans. This Project will contribute strengthening of the health authorities to introduce evidence based planning systems.

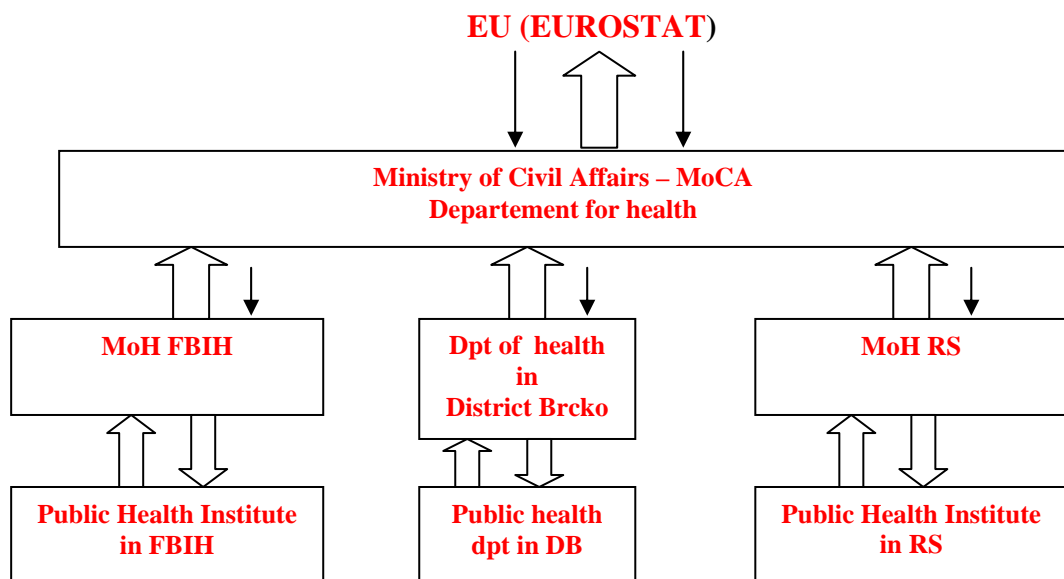
However, the system of providing comparable health data to guide evidenced based decision-making and reporting to international organizations remains fragmented or absent. B&H is not providing standardized health data to WHO and no data are issued to EUROSTAT. No formal structures exist provide authorities with reliable data, on which they can base policies to adjust the health system to provide the amount, type and quality of health care services to current and future needs.

In order to improve system of data collection and reporting and harmonize it with best international practices it is necessary to identify a core set of health indicators, according to recommendations of relevant international agencies – WHO, OECD, EUROSTAT including the main areas: demographic and socio-economic indicators such as health status, life style, environment, health expenditure/financing (System of national health account – SNHA), health resources (health professionals, health institutions/premises, equipment, network, etc.

Tailor made training of staff in the PHIs, MoCA, entity, cantonal Ministries and Department of Health in District of Brcko, HFIs and other health institutions in line with Eurostat approach focused on topics such as: Health statistics legislation, Health statistics methodology, Developing of health indicators (methodology, meta data base description), Health reporting system, etc.

Reporting system to other international organisations will be assessed as well and the same model will be applied to reporting to WHO, ILO, OECD, UNICEF, IAEA. Properly trained staff will be able to conduct these activities on regular basis.

Proper cooperation with B&H agencies for statistics will be introduced.
 As final outcome new health indicators will be introduced in practice and an efficient system of reporting (as presented bellow) will be introduced and B&H health authorities will report to international networks on regular basis.
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The project should be seen as following up the activities of previous EU funded projects in this sector and complementary to the ongoing project.
 The project will be implemented through two components: institutional development of PHI in B&H and improvement of health information system and its harmonisation with international requirements

3.2 Assessment of project impact, catalytic effect, sustainability and cross border impact (where applicable)

The most important impact of the Project implementation will be to reduce inequities in health of population throughout the country by adequate policy and strategic planning and planning of service provisions, rationalised expenditure, better resource allocation, HR planning in health sector based on accurate data.
 Through the Project, health system of B&H will increase its participation in international networks and organisations and benefit more from different programmes focused on specific areas in health.

3.3 Results and measurable indicators:

- Results:
1. The public health functions harmonised with EU practices and PHIs focus on disease prevention and health promotion.
 2. Health information system to provide relevant data/health indicators to international organisations and for policy planning and decision-making purposes within the health system in B&H strengthened

Indicators

Result 1:

- Situational and gap analysis report about internal organisation and network of PHIs completed by month 6 of project implementation
- Revised Internal rulebooks of PHIs endorsed by relevant authorities by month 18 of project implementation;
- Recommendations for an efficient network between PHIs and their cooperation with relevant Ministries of Health endorsed by relevant authorities by month 18 of project implementation
- Developed communication Protocol between PHIs and Ministries and with general public and endorsed by relevant authorities

Result 2:

- Recommendations report for introduction of core set of health indicators, according to EU obligations drafted and adopted by MoCA, entity, cantonal Ministries and Department of Health in District of Brcko by month 12 of Project implementation
- Action plan for implementation of the recommendations for improved health information system adopted by MoCA, entity, cantonal Ministries and Department of Health in District of Brcko by the end of the Project implementation

3.4 Activities:

Under Result 1: Strengthening the PH functions and modernising the PHIs

- To undertake activities for situational and gap analysis of: existing plans for development of the PHIs; existing practice and regulation related to health promotion and disease prevention; data of needs assessment for policy planning and decision-making, analysis of needs for intra-sectoral and inter-sectoral and international cooperation
- To undertake analysis of existing network between PHIs
- To conduct activities for preparation /revision of strategic and business plans of PHIs, To define training needs of staff in PHIs MoCA, entity, cantonal Ministries and Department of Health in District of Brcko and conduct training activities
- To conduct activities to define and introduce mechanisms for efficient cooperation, reporting and exchange of information between relevant Ministries, Department of Health in District of Brcko, PHIs and service providers
- To conduct activities for preparation of a Communication Protocols for PHI for sharing of information with public, media, patients and authorities

Under Result2: Strengthening the capacity of health statistics in B&H

- To undertake activities for analysis of existing legislation at all levels of decision making regulating practise of data collection related to health indicators
- To draft recommendations for introduction of core set of health indicators,
- To define training needs of staff in the PHIs, MoCA, entity, cantonal Ministries and Department of Health in District of Brcko, HFIs and other health institutions and conduct training activities in line with Eurostat approach.
- To assist relevant health institutions to improve system of data collection of identified health indicators
- To introduce reporting system for international purposes (EUROSTAT, ILO, OECD, UNICEF)

- To assist Department for planning, HR and health informatics within MoCA to report to relevant international purposes

To deliver expected results of the Project, input of experts is required and therefore appropriate contracting modality for this Project should be Technical Assistance.

3.5 Conditionality and sequencing:

N/A

3.6 Linked activities

EU involvement in the sector

PHARE 1999 - Total amount of the budget allocated was € 3.7 million. The budget was allocated to the following projects: (a) Technical Assistance in Public and Environmental Health (€ 1.25 million). The outcomes of the project were strategic and planning documents relevant for public health reform: (I) Integrated Public Health Plan, (II) Health Promotion Actions and (III) Master Plan for Human Resources Development (HRD) in Public Health. Equipment in the amount of € 200 000 has been delivered to the PHIs. (b) Technical Assistance in Health Care Reform (€ 2.45 million). The project was dealing with: (I) Health Care Management – providing TA to the Centres for Health Care Management, training of top and middle-level managers in health care (II) Health Financing - training in contracting and development of series of documents relevant for financing of health care, (III) Pharmaceuticals sector development - a set of documents, normative acts and policy recommendations produced; the BiH Association of Pharmacists established.

CARDS 2001 - EU/WHO TA to Health Care Reform - the amount of € 2 million was allocated to health care reform. The project is co-funded by WHO (in the amount of € 0.5 million) and completed in September 2006). The assistance was directed towards: (I) Primary Health Care (PHC) – development of policy and strategy for PHC, strengthening of family medicine model in B&H, and training of top and middle management staff relevant for policy development capacity, (II) Pharmaceutical Sector – support to establishment of the state level drug agency (basic equipment to be purchased and technical assistance to its staff to be provided), development of norms and regulations in pharmaceutical sector; and further development of policy for rational use of drugs, (III) Accreditation and Quality Assurance in B&H - technical assistance to the existing Agencies in order to harmonise standards for accreditation, piloting of the standards at the level of family medicine, Dom Zdravlja and hospitals. (IV) Public Health - Improvement of a surveillance system and control of communicable diseases in B&H.

CARDS 2003 - Functional Review of the Health Sector, € 0.5 million, the project lasted from April to December 2004 and undertook a review of public administration in 56 institutions in the health sector and produced a set of recommendations for streamlining the public administration.

Involvement of International Donors

- **The World Bank** has disbursed four operations (credits): 1. the War Victim Rehabilitation Project, 2. the Essential Hospital Services, 3. the Basic Health Project (US\$ 10 million) - supported development of primary health care system, national capacity for managing health care services, in particular family medicine, development of Centres for Health Care Management, contracting in Primary Health Care and public health institutional support and establishment of Accreditation and Quality Assurance Agencies in both Entities; and 4. SITAP project (Social Insurance Technical Assistance Project)

became effective in 2003 (US\$ 9.67 million). The project provides technical assistance to the Ministries of Health, Ministries of Labour, Health Insurance Funds, Pension Funds, Tax Administration Agencies and Ministry of Civil Affairs and supports reform of health insurance and pension funds.

- **Health Sector Enhancement Project** - in the amount of US\$ 10 million that is going to focus on Family Medicine and its implementation in the country and in addition to that further development of strategy and policy for care.
- **Canadian CIDA** is implementing project "Strengthening Balkans' Civil society Voice for Public Health through Public Health Associations". Goals of the project are:
 - to increase organizational and performance capacity of PHAs (Public Health Associations in RS and Federation of BH);
 - to enhance Competency and Capacity of Public Health by strengthening the capacity to develop public health education modules and resource materials; to enhance Capacity for Public Health Policy and Program Development by improvement of skills applying research findings to design policies and program in areas of tobacco control, gender & health; and to support PHAs networking: Local, Regional and International.
- **Global Fund** is investing USD 4,832,385 in two years starting from 01 November 2006 in coordinated national response to HIV/AIDS ..

The primary goal is to ensure effective and efficient implementation of the “Coordinated National Response to HIV/AIDS & Tuberculosis in a War-torn and Highly Stigmatized Settings” programme, as funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) implemented by UNDP as the Principal Recipient nominated by the Country Coordination Mechanism (CCM).

The activities as described under this IPA 2007 project are complementary with activities of other donors.

3.7 Lessons learned

Efficient coordination and cooperation, as well as commitment of all relevant stakeholders should be ensured from the begging of project implementation in order to provide basis for sustainable action.

Lack of mechanisms and scarce implementation results of previous projects results have been as an obstacle to sustainability. It is therefore of utmost importance to get approval of all relevant documents by Ministries of Health and Finances (if appropriate). Experience gained during the implementation of previous EU funded projects in Bosnia and Herzegovina proved that the establishment of a Project Steering Committee can contribute to decision making process and accelerate passing of different decisions at all Government level. Members of the Project Steering Committee should be ministers representing different government levels, meaning, Ministry of Civil Affairs, Federal Ministry of Health, RS Ministry of Health and Social Affairs and Department of Health of Brčko District Government.

4. Indicative Budget (amounts in €)

		<u>SOURCES OF FUNDING</u>
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Activities	TOTAL COST	EU CONTRIBUTION				NATIONAL PUBLIC CONTRIBUTION					PRIVATE	
		Total	% *	IB	INV	Total	% *	Central	Regional	IFIs	Total	% *
Activity 1												
STRENGTHENING OF PUBLIC HEALTH INSTITUTES IN B&H(service)	1,5milEuro	1,5milEuro		1,5milEuro		0						
TOTAL	1,5milEuro	1,5milEuro		1,5milEuro		0						

* expressed in % of the Total Cost

5. Indicative Implementation Schedule (periods broken down per quarter)

Contracts	Start of Tendering	Signature of contract	Project Completion
STRENGTHENING OF PUBLIC HEALTH INSTITUTES IN B&H	1 st quarter 2008	3 rd quarter 2008	3 rd quarter 2010

6. Cross cutting issues (where applicable)

6.1 Equal Opportunity

The Project activities will cover the needs of all relevant population groups without any kind of discrimination. It will pay special attention in addressing gender equity. It will contribute to equal access to medical services all over the country and in all regions, by getting all relevant data about health of population. Based on the results of the Project the Ministries will be able to plan medical service according the real needs of population.

6.2 Environment

6.3 Minorities

The Project will be implemented in both entities and cover needs of all citizens of Bosnia and Herzegovina including minorities. System established through new approach should enable the state and entities to measure inequities in health, reduce existing gaps and assure equal opportunities of all BH citizens to health.

ANNEXES

- 1- Log frame in Standard Format
- 2- Amounts contracted and Disbursed per Quarter over the full duration of Programme
- 3 - Reference to laws, regulations and strategic documents:

Reference to national / sectoral investment plans

n/a

- 4- Details per EU funded contract (*) where applicable:

For *TA contracts*: account of tasks expected from the contractor

Basically, the part of TORs – listing broadly and briefly what kind services contractor should provide. It must elaborate more specifically what is mentioned in section on activities

For *twinning covenants*: account of tasks expected from the team leader, resident twinning advisor and short term experts

The part of so-called twinning project fiche, scope of the assistance. Elaboration of activities section in more specific details

For *grants schemes*: account of components of the schemes

Setting out who are recipients of the grants, what kind of grants will be distributed, i.e. for what purpose, what financing levels will be applied

For *investment contracts*: reference list of feasibility study as well as technical specifications and cost price schedule + section to be filled in on investment criteria (**)

For *works contracts*: reference list of feasibility study for the *constructing works* part of the contract as well as a section on investment criteria (**); account of services to be carried out for the *service part* of the contract

(*) non standard aspects (in case of derogation to PRAG) also to be specified

(**) section on investment criteria (applicable to all infrastructure contracts and constructing works):

- Rate of return

The best reference Cost-benefit analysis of Major projects;

- Co financing

Indicate how investments will be co-financed by BIH side: state budget, entity budgets, etc. Indicate whether budgets are allocated, if not by when

- compliance with state aids provisions

describe how state aid regulations will be respected, i.e. not to infringe competition in the market by providing better conditions to one or a group of market operators

- Ownership of assets (current and after project completion)

Self-explainable: who owns the land the object will be built, whether ownership will change, etc.

ANNEX 1: Logical framework matrix in standard format

INTERVENTION LOGIC	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
Overall Objective			
To contribute to reform of the public health system through support development of health promoting policies and improvement of national preparedness to public health threats and the systems for health monitoring and disease surveillance.	<i>B&H reports to international organisations (WHO, EU, etc) regularly from year 2010</i> <i>WHO reports improvement in annual reporting by B&H Health Authorities by the year 2010</i>	<i>- WHO reports published</i> <i>- Eurostat reports published</i> <i>-</i>	
Project purpose			
To strengthen the capacity of the public health functions in B&H with special focus on public health as an integrated part of planning and decision making and fulfilling of international obligations.	<i>-Entity PHI's produce anual reports using new sets of health indicators from year 2010</i> <i>-B&H Health Authorities report regularly on Health Indicators from 2010 to international organisations</i>	<i>PHI annual reports</i> <i>WHO, UNICEF, ILO, EU reports</i> <i>Laws/regulations</i> <i>MOHs policy and strategy documents</i>	<i>Political agreement by stakeholders</i>
Results			
1. The public health functions harmonised with EU practices and PHIs focus on disease prevention and health promotion.	<i>SPI</i> <i>- Situational and gap analysis report about internal organisation and network of PHIs completed by month 6 of project implementation</i> <i>- Revised Internal rulebooks of PHIs endorsed by relevant authorities by month 18 of project implementation;</i> <i>- Recommendations for an efficient network</i>	<i>Project report</i> <i>Government decisions</i> <i>PHI internal rulebooks</i>	<i>Cooperation between MoH, MoCA and Agencies for Statistics established</i> <i>Absorption capacity of all relevant institutions sufficient</i> <i>CIDA funded project supporting NGO sector in PH under implementation</i> <i>Continuous involvement of all stakeholders</i>

<p>2. Health information system to provide relevant data/health indicators to international organisations and for policy planning and decision-making purposes within the health system in B&H strengthened.</p>	<p>between PHIs and their cooperation with relevant Ministries of Health endorsed by relevant authorities by month 18 of project implementation</p> <ul style="list-style-type: none"> - Developed communication Protocol between PHIs and Ministries and with general public and endorsed by relevant authorities <p>SP2</p> <ul style="list-style-type: none"> ▪ Recommendations report for introduction of core set of health indicators, according to EU drafted and adopted by MoCA, entity, cantonal Ministries and Department of Health in District of Brcko by month 12 of Project implementation ▪ Action plan for implementation of the recommendations for improved health information system adopted by MoCA, entity, cantonal Ministries and Department of Health in District of Brcko by the end of the Project implementation. 	<p><i>Project reports</i> <i>MoH decision documents</i> <i>Training programmes</i> <i>Training reports</i> <i>MoCA and MoHs reports</i> <i>MoCA international reports</i></p>	
Activities	Means	Cost	Pre-condition
<p>Under Result 1: Strengthening the PH functions and modernising the PHIs</p> <ul style="list-style-type: none"> ▪ To undertake activities for situational and gap analysis ▪ To undertake analysis of existing network between PHIs ▪ To conduct activities for preparation /revision of strategic and business plans of PHIs, <p>To define training needs of staff in PHIs MoCA, entity, cantonal Ministries and Department of Health in District of Brcko and conduct training activities</p> <ul style="list-style-type: none"> ▪ To conduct activities to define and introduce mechanisms for efficient cooperation, reporting and exchange 	<p><i>Technical assistance</i></p> <p>Input of experts:</p> <p>Long term expert Team leader 22 mmonths Expert for public health 14 mmonths Expert for epidemiology/health statistics 14mmmonths</p> <p>Pool of short term experts- 12mmmonths</p>	<p>1,5 MEURO</p> <p><i>Technical assistance</i></p>	

<p>of information between relevant Ministries, Department of Health in District of Brcko, PHIs and service providers</p> <ul style="list-style-type: none"> ▪ To conduct activities for preparation of a Communication Protocols for PHI for sharing of information with public, media, patients and authorities <p>Under Result2: Strengthening the capacity of health statistics in B&H</p> <ul style="list-style-type: none"> ▪ To undertake activities for analysis of existing legislation at all levels of decision making regulating practise of data collection related to health indicators ▪ To draft recommendations for introduction of core set of health indicators, ▪ To define training needs of staff in the PHIs, MoCA, entity, cantonal Ministries and Department of Health in District of Brcko, HFIs and other health institutions and conduct training activities in line with Eurostat approach. ▪ To assist relevant health institutions to improve system of data collection of identified health indicators ▪ To introduce reporting system for international purposes (EUROSTAT, ILO, OECD, UNICEF) ▪ To assist Department for planning, HR and health informatics within MoCA to report to relevant international purposes ▪ 			
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ANNEX II: amounts (in €) Contracted and disbursed by quarter for the project

Contracted	3 rd quarter 2008	1 st quarter 2009	3 rd quarter 2009	1 st quarter 2010	3 rd quarter 2010
Contract 1	1,500,000				
Cumulated	1,500,000				
Disbursed	3 rd quarter 2008	1 st quarter 2009	3 rd quarter 2009	1 st quarter 2010	3 rd quarter 2010
Contract 1	450.000Euro	300.000Euro	300.000Euro	300.000Euro	150.000Euro
Cumulated	450.000Euro	750.000Euro	1.050.000 Euro	1.350.000 Euro	1,500.000Euro

ANNEX III: Reference to laws, regulations and strategic documents:

Bosnia and Herzegovina

1. Law on Statistics in B&H (Official Gazette B&H”, No 26/04)
2. Law on evidences in health sector /Official Gazette SFRJ, No 22/78)

Federation of Bosnia and Herzegovina

1. Law on Statistics in Federation og B&H (Official Gazette F B&H, No 63/03)
2. Health Care Act (FBiH Official Gazette, No. 29/97);
3. Health Insurance Act (FBiH Official Gazette, No. 30/97 and 7/02);
4. Program of statistical research in Federation of B&H 2006-2009.
(Official Gazette F B&H, No 60/06)

Republic of Srpska

1. Law on Statistics in RS (Official Gazette RS, No 85/03)
2. Health Care Act (“RS Official Gazette”, No. 18/99,58/01 and 62/02);
3. Health Insurance Act (“RS Official Gazette”, No. 18/99 and 70/01);

BH Brčko District

1. Health Care Act (“BiH Brčko District Official Gazette”, No 2/01);
2. Health Insurance Act (“BiH Brčko District Official Gazette ”, No.1/02 and 7/02);

Reference to AP /NPAA / EP / SAA

1. STABILISATION AND ASSOCIATION AGREEMENT between the European Communities and their Member States and Bosnia and Herzegovina, Article 88 - Statistical co-operation:
“Co-operation between the Parties shall primarily focus on priority areas related to the Community acquis in the field of statistics. It will notably be aimed at developing efficient and sustainable statistical systems capable of providing comparable, reliable, objective and accurate data needed to plan and monitor the process of transition and reform in Bosnia and Herzegovina. It should also enable the state Agency for Statistics of Bosnia and Herzegovina as well as the entity Statistical Offices to better meet the needs of their national and international customers (both public administration and private sector). The statistical system should respect the fundamental principles of statistics issued by the UN, the European Statistical Code of Practice and the stipulations of the European Statistical law and develop towards the Community acquis.”
2. European Partnership for BiH – Medium Terms Priorities Plan - Chapter Democracy and the rule of law: “Further improve functioning of public administration” and to “implement the consolidated Action Plan on public administration reform and improve administrative procedures and improve policy-making and coordination capacities According to the Action Plan the objective is improving the sectorial capacity of public administration at all levels in the critical areas economy, education, returns, police, agriculture, health, environment, justice" (point 3a).
Chapter “Existence of a free market economy and structural reforms”: “Further develop state-level capacities in statistics”.
3. EC Bosnia and Herzegovina 2006 Progress Report - “the statistical system of BIH is not compliant with the relevant European standards. Classifications need to be

introduced in many areas to establish comparability of statistical information with other European countries. BIH preparations in the field of statistics are in their initial phase. Ensuring completeness of data, especially through the proper coordination between all producers of statistics in BIH, upgrading methodology and improving overall quality, remains the key challenges”.

4. International Health Regulations (due to come into force in June 2007):

“Each state Party shall develop, strengthen and maintain, as soon as possible, but no later than five years from the entry in the force of these Regulation for that State Party, the capacity to respond promptly and effectively to public health risks and public health emergency of international concern.”

Reference to MIPD

1. The MIPD for 2007-2009

Section 1.2. on Objectives of pre-accession, -

Socio-economic requirements: “Community assistance will seek to improve the investment climate by creating the appropriate legal and administrative framework, by reforming the public health system with the emphasis on developing health promoting policies, improving national preparedness to public health threats and the systems for health monitoring and disease surveillance.”

European Standards reveals that “the statistical system of Bosnia and Herzegovina is not yet compliant with relevant European standards. Classification need to be introduced in many areas to establish comparability of statistical information with other European countries.”

Section 2.2.2 Socioeconomic requirements - point 2.2.1.1 on Main areas of intervention, priorities and objectives: “Supporting the reform of the Public Administration including the institution responsible for EU integration policies, in order to obtain a reformed, streamlined, harmonised, effective, transparent and service oriented public administration, capable of leading Bosnia and Herzegovina through the Stabilisation and Association Process”.

Point 2.2.2.3 - Programmes to be implemented in pursuit of the objectives includes “Assistance to the institutions and capacity building for State level institutions on public health with focus on reform of the public health system, ...”.

Section 2.2.3. - European standards, point 2.2.3.1. - Main areas of intervention, priorities, and objectives: ”Supporting the development of strategies and policies in order to establish sectoral policies and a regulatory framework compatible with European standards...e.g. ...health.... As expected result from above mentioned activities “BiH will have the capacity to collect and produce reliable statistics..

2. European Union Treaty - Article 152

..”actions shall cover the fight against the major health scourges, by promoting research into courses, their transmission and their prevention, as well as health information and education”.

Reference to National Development Plan

1. BIH MEDIUM TERM DEVELOPMENT STRATEGY (PRSP) (2004-2007) - 4.4. *Strengthening the role of public health and multi-sectoral cooperation:*

Public health system will need in the near future to develop precise health care indicators relevant not only for B&H but for the region, and acceptable to the European Union. This development would be founded on a critical review of existing health care data and of the information used in the health care sector. In addition, there should be a precise definition of the essential data that the public health system in B&H should collect, appropriate data collection methods for implementation of this project should be developed, and finally, the required skills to analyze and interpret the data must be developed for transforming such data into information to be disseminated as reports to all potential users in the health care system.

Reform goals in the sector are:

- draft a strategy of the so-called new public health, under which the entire society takes care of the health of individuals and the community and through various intersectoral activities contributes to a change in individual behavior and health promotion,
- monitor the system performance indicators,
- prepare the terms of reference for the development of an integrated health information system at the entity level, and the development of an IT protocol for communication between information systems at the level of BiH,
- establish a body to coordinate public health activities throughout B&H

Annex IV

Input of experts:

Long term expert

Team leader 22 mmonths –

Professional background: Medical Doctor, Public Health expert preferably

Ten years of experience in reform of Public Health, extensive experience in management and health strategic and policy planning, preferably health management, experience in international setting and with complex projects

Good command of written and spoken English

Expert for public health 14 mmonths

Professional background: Medical Doctor, Public Health expert preferably

Ten years of experience in reform of Public Health in particular in reform of public Health Institutes, Experience in work in EU countries would be preferable, experience in cooperation with different levels of governments

Good command of written and spoken English

Expert for epidemiology/health statistics 14mmonths

Professional background: Medical Doctor, Epidemiologist, Health Statistics, Public Health and similar

Ten years of experience in reform of Public Health and practical approach in introducing new health indicators/statistical models, experience in cooperation with and reporting to different international organisations on health issues would be desirable

Good command of written and spoken English

Pool of short term experts- 12mmonths

Public Health, Health reforms, Legal issues, Financing, Policy planning, Health Statistics, HRD, EU policies in Health sector.