Preliminary Stakeholder Engagement Plan (SEP)
June 1, 2020

CHINA EMERGING INFECTIOUS DISEASES PREVENTION, PREPAREDNESS AND RESPONSE

1. Introduction/Project Description

Emerging infectious diseases (EIDs) with pandemic potential are a major threat to global health security – the prevention, preparedness and response to EIDs in the world's hotspots is thus a global public good. About 60 percent of all infectious pathogens of humans originate from animals and some 70 to 75 percent of emerging infectious diseases in humans originate in animals. Approximately 2.5 billion zoonotic infections occur in humans every year globally, causing at least 2.2 million human deaths, especially in low-and middle-income countries. The rate of emergence of infectious diseases with zoonotic origin has increased over the past decades. Prominent examples include AIDS, Ebola and Marburg hemorrhagic fevers, Escherichia coli O157 infection, Middle East respiratory syndrome coronavirus (MERS-CoV), and Severe Acute Respiratory Syndrome (SARS).

The economic consequences of zoonotic disease epidemics are significant. The direct costs of H5N1 highly pathogenic avian influenza (HPAI) outbreaks since its first emergence in Southeast Asia in 2003 have well exceeded $20 billion. When indirect costs such as losses in other parts of the animal product chain, trade, and tourism are included, these costs multiply. The SARS outbreak in East Asia and Canada led to losses estimated at $41.5 billion.[1] These costs tend to be higher for the poor and other vulnerable groups.

The global COVID-19 pandemic is a stark reminder of these risks. So far little is known about the origin of COVID-19, but one plausible hypothesis is that it, too, is of zoonotic origin. While the source of COVID-19 is unclear, its consequences are all too evident: globally over four million people infected and more than 300,000 deaths, and a global recession deeper than anything seen since the 1930s, as countries around the world have adopted measures to bring the outbreak under control. In China, the rate of new infections has slowed considerably since late February, and restrictions on economic and social life have been gradually lifted. Nonetheless, GDP declined by 6.8 percent in the first quarter and growth in 2020 is likely to decline some 4-5 percent below the pre-crisis trend.

The emergence and the spread of infectious diseases have social, economic and environmental causes. Disease risks are multiplying due to global trends such as booming trade, degradation of ecosystems and biodiversity loss, climate change, and urbanization. They also include the need to produce more food for a rapidly growing global population, increased demand for meat and animal products, and unregulated expansion of livestock farming and wildlife trade. As a result, domestic animals, humans, and wildlife are pushed into closer and more frequent contact. Crowded, unhealthy conditions create the same flashpoint for diseases in animals as they do in humans. Other drivers of EIDs include poaching and unregulated consumption of wildlife, and weak disease surveillance and response systems.

In addition to EIDs, there are also global human and animal health risks from anti-microbial resistance

[1] World Bank (2012b). People, Pathogens and Our Planet, Volume 2: The Economics of One Health.

(AMR). AMR is a major cause of concern for human and animal health, and no single action will provide an adequate solution. Resistant bacteria from animals, humans and food can be cross-transmitted and environmental reservoirs are a potentially important source for the mobilization and transfer of resistance genes. The potential economic losses from AMR are significant. They could reach up to 5 percent of GDP for some low-income countries, according to estimates by the World Bank.[2] Similar to zoonotic diseases, integrated cross-sectoral approach is needed to address the challenge of AMR.

China is a hotspot for EIDs. In the past two decades, China has witnessed the emergence of SARS, HPAI (H5N1 and H7N9), the COVID-19 outbreak, re-emergence of Schistosomiasis in southern provinces and Brucellosis in northern provinces. Other significant zoonotic pathogens are also present in China and may cause outbreaks in the future. Southern China, in particular, is a well-known high-risk area for emerging zoonotic diseases, due to the combination of high population density, deforestation, livestock production, wildlife abundance, density of animal production, land-use changes and natural resource exploitation. The COVID-19 crisis has invigorated the policy reform agenda to address the shortcomings in disease surveillance and control revealed by the outbreak. This creates an opportunity to work with China on addressing the causes of repeated EID outbreaks, with a view to mitigate future risks in an interconnected world. While China has moved beyond the initial public health sector response to COVID-19, given the scale of the outbreak in China and the urgency of and global interest in China's reform agenda to address the risk of EIDs, the proposed project has been prepared under emergency procedures.

China's livestock industry is one important risk factor for EIDs. Animal production in China is dominated by intensive production systems, accounting for 44.4 percent of pig production, 49.95 percent of dairy cattle rearing, and 65.4 percent of broiler chicken production as of 2016. With rising incomes, consumption patterns are shifting towards an animal protein intensive diet. The consumption growth projections by the World Bank show that China will be consuming 14 percent more pork, 10 percent more milk, and 97 percent more high-value dairy products by 2030.[3] The sheer size of the industry plus suboptimal biosafety practices make China particularly vulnerable. In the first half of 2017, a total of 84 animal disease outbreaks were reported with a mortality rate as high as 24.64 percent. The disease incidence and mortality rates of livestock in China are far higher than those in OECD countries. The increase of AMR among animals which can be transmitted to human through animal food is also a significant concern in China. China has recognized the urgent need to reboot their animal health systems. The Animal Disease Prevention and Control Law is being revised to address the threats of animal related epidemics, as well as biosecurity and zoonotic and epizootic diseases.

A second risk factor is increased human and animal exposure to wildlife, driven by habitat fragmentation and deforestation, wildlife trade and consumption. China is a mega-biodiverse country, and increased human and domestic animal exposure to wildlife is increasing zoonotic EID risks. For example, in 2017, a bat-originated coronavirus was found to be the cause of a new severe acute diarrheal disease in pigs resulting in the death of over 25,000 piglets in at least five farms in a matter of weeks. Human exposure is increasing due to existing wildlife trade practices. They act as conveyor belts through which animals, and the pathogens they carry, travel around the planet. In addition, existing commercial practices, oftentimes carried out irregularly in markets or in unauthorized businesses or e-commerce, make inspection and veterinary controls challenging, and increase EID risks. Natural habitat degradation and biodiversity loss are additional causes of zoonotic EIDs.

[2] World Bank. 2017. Drug-resistant infectious: A threat to our economic future.

[3] World Bank. Demand for Major Agro-food Commodities in China and Implications: A Meta-Analysis Approach. 2017.

A third important risk factor are shortcomings in food safety and sanitary practices, along the value chain from production to final consumption. China's agricultural sector, while highly intensive is also largely fragmented, creating challenges for effective supervision and control over agricultural practices. Despite significant progress in recent years in the adoption of a modern regulatory framework, food safety gaps remain in the food value chain, with particular risks in meat and dairy production and commercialization, and aquaculture. For instance, animal husbandry should be practiced in clearly delineated areas to avoid contact with wildlife and prevent the jumping of EIDs from wild to domesticated species through which they might enter the human food chain. Investment and public education are needed, in addition to tighter regulatory oversight and enforcement to improve animal husbandry practices. AMR is an important threat to animal and human health due to excessive anti-microbials use in the meat, dairy and aquaculture industries. Moreover, around three quarters of agricultural produce are still sold in China's wet markets. Around 10 percent of these markets function as both wholesale and retail markets, and some can be quite large. Inadequate sanitary practices and lax enforcement of zoning regulations in these markets increase the exposure of humans to zoonotic diseases. While farmers' markets are common in developed economies they are strictly regulated, and oversight is tight to ensure food safety from field to fork. The project consists of four components:

Component 1: Improving risk-based surveillance systems for zoonotic and other emerging health threats (US$90 million)

This component aims at identifying the signs of infectious diseases as well as priority health threats such as AMR in a timely and cost-effective manner. It will strengthen and upgrade key information systems needed to timely detect and monitor the risks of emergence of EIDs and other zoonotic diseases in project provinces, and their integration into suitable platforms, through technical assistance, training, provision of equipment and upgrading selected infrastructure. Importantly, by helping collect data from multiple sources, the component will not only facilitate improved risk management, but also reduce incentives to under-report or cover up notifiable infections, as the performance of each sectoral early warning system can be tested through the use of data from alternative sources. The project focus is on the risk of EIDs. Its scope does not include any analysis or investigation into the sources, and causes of the spread, of COVID-19. The component will support, among others:

(i) Conducting risk assessments, risk mapping and prioritization of EIDs and health threats. Assessments will be carried out to identify human and animal health risks and priorities (e.g., pathogens, species, location, seasonality) for endemic zoonotic and EIDs in human and livestock, as well as improve the ability to define geographical areas with higher presence of high-risk wildlife. This will allow for the development of a list of priority EIDs with outbreak potential and other emerging health threats, risk maps of various priority diseases, and hotspots where potential interaction between wildlife, livestock and/or humans can lead to EID outbreaks. The information generated will be used to guide the early warning and surveillance systems, planning for targeted prevention and control measures.

(ii) Improving or developing the following systems for priority infectious diseases and other emerging health threats: (a) early warning systems, (b) infectious disease reporting systems including event-based surveillance, and (c) disease or health threat specific systems such as periodic serological surveys among human, animal, and wildlife populations as necessary. Disease surveillance systems and related reporting mechanisms will be improved around technical performance and economic efficiency for each sector by using risk-based approaches, automation, big data and artificial intelligence (AI) technology, training of community human and animal health workers, regular supervision, independent technical audits and performance reviews. The project will facilitate peer learning and exchange with other countries with

good practices, as applicable. Data related to potential early signs of outbreaks (such as sales information on certain medicines, particularly antibiotics and antivirals, or school absenteeism for human health), or weather forecasts, land-use changes and other ecosystem variables in the wildlife sector, will be used to feed into early warning systems.

(iii) Strengthening and upgrading selected national and provincial laboratory resources and monitoring networks in human, animal and wildlife disease sectors. Support will be provided to: improve the corresponding functionality of CDC at different levels; establish hierarchy and networking of laboratory resources; support the accreditation of animal disease control, animal epidemic control and food safety laboratories; and upgrade and better integrate wildlife disease monitoring stations. Training and technical assistance will be provided in order to improve quality assurance and biosafety of the laboratory systems.

(iv) Developing guidelines and protocols for improved information sharing between relevant agencies and their respective information systems. Based on the improvements of each sector on their ability to assess risks and identify hotspots, design and operate warning systems, and upgrade key monitoring networks, mechanisms will be developed for each sector to tailor information products in a format, content and periodicity that is useful to the other sectors.

Component 2. Prevention and control programs targeting priority zoonotic and other emerging health threats (US$109 million)

This component will support the implementation of selected national or provincial programs aimed at reducing health risks at source. With the provision of technical assistance, equipment and improvements in infrastructure, the component will strengthen initiatives for prevention and control of priority zoonotic diseases and other health threats. The priorities for interventions will be further developed during implementation, and could include, among others:

(i) Risk communication for behavioral change, e.g. for good health seeking behaviors, good animal husbandry practices, reduced risks of exposure to wildlife, and others. Support will be provided to better communicate behavioral and environmental risks for disease occurrence or outbreaks, development of risk communication tools for influencing food, health, and hygiene behaviors, campaigns to communicate the risks of human exposure to wildlife, and others. Key frontline staff including family doctors, community health and veterinary workers, and other community organizations will be supported for disseminating behavior and risk management messages. In addition, sessions on public health and health security will be offered to the government officials at the selected schools of public administration, by making reference to global and local good practices and ill practices in handling public health emergencies.

(ii) Support programs aimed at reducing human exposure to (high-risk) wildlife. These exposure-reduction programs will be carried out with a focus on the identified hotspots, and could include improving the capacity of or building new wildlife rescue centers (to reduce the probability of contact with humans or livestock), programs to decouple or limit the overlap between the presence of high risk wildlife and humans or livestock (for example, through physical barriers, personal protection systems or others to minimize contact), or improving the ability of forestry institutions to identify and report instances of risky wildlife trade to CITES and other relevant authorities.

(iii) Demonstration of disease prevention and control measures in agriculture, livestock and aquaculture farms using One Health approach. Emphasis in these demonstrations will be placed on tailored farm-specific disease management plans by identifying risk and potential control points for the purpose of disease prevention, management of disease spread and minimizing the usage of pesticides and antimicrobials. Zoning and compartmentalization programs for isolating animal subpopulation with different animal health status and improving the traceability of food and animal products will also be

piloted, as necessary. The project will finance TA support for improving province/county biosecurity plans, cross border transmission prevention programs, activities to address veterinary procedures and administration gaps, capacity building programs; risk communication tools and implementation assessments.

(iv) Upgrading market and trade infrastructure and facilities. The project will adapt the Hazard Analysis and Critical Control Points (HACCP) approach for (i) piloting 'healthy marketplaces' practices through upgrade of local wet markets (community agriculture markets), and (ii) design of cross border inspection and quarantine infrastructure and facilities for trade in plant and animal products at the proposed freeport at Hainan. The interventions in the healthy marketplaces will entail market zoning and facility upgrades for reducing human-animal interactions and avoiding cross contamination, making improvements in food hygiene, water and sanitation utilities and enforcing weekly closures for cleaning and disinfection of marketplaces. Support will also be provided for promoting good animal health and animal welfare practices, deploying digital technologies for better animal disease and food safety surveillance, and undertaking systematic risk communication campaigns involving regulators, market operators, vendors, handlers and consumers.

(v) The project will support infection control measures to prevent the spread of infections in healthcare settings, as a part of an overall strategy for reduction of AMR. Support will include (a) strengthening surveillance on hospital acquired infections; (b) capacity building on hospital infection control through training and peer learning; (c) in the selected counties, setting up quality and infection control committees, promoting universal precaution practices and clinical audit; and (d) prevention of misuse of antibiotics and promotion of universal precaution practices.

Component 3. Institutional strengthening and human resources development for One Health (US$74 million)

This component will provide technical assistance and training to strengthen prevention and preparedness systems, extend targeted support to inform specific policies and guidelines, and facilitate coordination and joint approaches to EIDs. These actions will support the establishment of policies, plans, institutions, human resource capacities and regulation system for implementing a One Health approach, with a focus on the participating provinces. The project will support the following:

3.1. Institutional Strengthening

(i) Generate evidence to facilitate the development or revision of policies, plans, notices and guidelines related to emerging health threats including infectious disease prevention and control, animal disease, and human exposure to (high-risk) animals and wildlife. On-demand support will provide technical knowledge and international best practices to inform the technical preparation of policy instruments. Initial candidates include: guidelines for animal disease-related risk assessments including those for zoonotic diseases; pandemic preparedness plans; guidelines related to wildlife protection, wildlife management, and human exposure to wildlife, pesticides and antimicrobial resistance.

(ii) Technical assistance will be provided for piloting One Health governance and regulatory systems to strengthen One Health implementation. Spearheading implementation of One Health, the project in Hainan will support the establishment of cross sectoral coordination mechanisms, including establishment of a One Health council, a One Health promotion bureau, a One Health management leading group, and a governance committee. The project's support will be focused on the application of the new framework to regulation and supervision of the Hainan free port. The port will encourage cross-border flows in goods and services including animal and plant products, and people including health professionals. These flows

carry health risks emanating from the cross-border spread of infectious disease. Jiangxi has less elaborate institutional reform plans, and activities there will focus more on using evidence to inform a review of the provincial institutional framework.

(iii) Institutional assessments to identify prevention, preparedness and response gaps, to strengthen the system of CDCs and animal disease control centers. The project intends to support the development of One Health Network to institutionalize One Health practices in participating provinces. The One Health network will comprise universities, academic institutes, CDCs, and centers for animal disease control and wildlife health agencies. They will bring together the expertise on epidemiology, medicine, infectious control, biology, ecology, environmental and wildlife health, entomology and veterinary medicine for supporting project initiatives.

(iv) Strengthen the animal and wildlife systems and make connections with human health sector by facilitating preparation and implementation of Multi-Sectoral Plans (MSPs) at province level and in selected counties targeting specific zoonotic diseases or other public health threats. The coordinated multisectoral response will be led by the provincial or county governments. At least two of the agencies responsible for human health, animal health, wildlife health and other relevant sectors will agree to jointly prepare the MSP. The plans will comprise sector-specific activities as well as joint activities supported by the One Health network, such as joint capacity building on multi-sectoral approaches, joint risk assessment and risk mapping (to identify hotspots), etc. based on the analytical inputs received from the individual sectors. It will contain performance indicators and adaptive mechanisms to improve along the way.

(v) Partnerships and collaborations. In addition, the project will establish formal collaboration with universities, academic or research institutions to establish 'centers of excellence' for furthering scientific knowledge, applied research and medical and veterinary graduate education in priority One Health themes. Partnerships and twinning arrangements will be established with global institutions. Periodic events will be organized by these centers to exchange knowledge, scientific advancements and review of evidence generated from project implementation to enrich the policy dialogue. The project will finance capacity building activities such as training, seminars, conferences for promotion of One Health; action/operational research, assessments and studies; small equipment and other operating cost for One Health networks.

3.2. Human resources development

Human resources development. An assessment of existing training needs will be carried out, and a plan will be prepared both to strengthen skills of the current workforce and to build capacity of the future workforce. The project will support strengthening of combined clinical and public health training using a range of capacity building programs including building a cadre of senior professional trainers, initiating changes in medical and veterinary training curriculum to include public and veterinary health training and graduate trainings in veterinary epidemiology, public health and dual MD/MPH programs. Likewise, support will also be provided to China Animal Health Epidemiology Center (CAHEC) for upgrading the design and delivery of high-quality field veterinary epidemiology training programs (FVETPs) through e-learning and distance education options for reaching animal health workers at the grassroots. On the job training in One Health-related disciplines will be delivered to front line human health, animal health and environment staff to strengthen skills and mainstream inter-sectoral coordination. A variety of trainings related to EIDs, zoonotic diseases, One Health approaches, joint field epidemiological assessments, and others will be provided.

Component 4. Project management and M&E (US$ 27million)

4.1 Project management

Activities to be supported under this sub-component include (a) operating cost for the coordination needed for project implementation; (b) fulfilling fiduciary and environmental and social responsibility by the project management offices and implementation units in health, agriculture and forest and grassland sectors; and (c) timely reporting on the progress and results of project activities.

4.2 Monitoring and evaluation

The project will support (a) after action reviews; (b) systematic review of lessons learnt; (c) qualitative and quantitative research surveys on inter alia the performance and cost effectiveness of the health emergency response system in line with International Health Regulations and of the new risk-based disease surveillance programs; (d) development of national innovation marketplaces and case study competitions; and (e) benchmarking programs to international standards and best practices.

Hainan Province has developed a comprehensive roadmap for initiating One Health approaches. The box below provides brief description of how the project activities will contribute to establishing One Health systems and evidence based learning for adoption elsewhere in China and globally.

Stakeholder Engagement Plan (SEP)

The overall objective of this SEP is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The SEP outlines the ways in which the Government project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project and any activities related to the project. The involvement of the local population is essential to the success of the project in order to ensure smooth collaboration between project staff and local communities and to minimize and mitigate environmental and social risks related to the proposed project activities. In the context of infectious diseases, broad, culturally appropriate, and adapted awareness raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases. This is an umbrella SEP providing guidance to each participating PIUs/Provinces, who will prepare their separate SEPs.

2. Stakeholder identification and analysis

Project stakeholders are defined as individuals, groups or other entities who:

(i) are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as 'affected parties'); and

(ii) may have an interest in the Project ('interested parties'). They include individuals or groups whose interests may be affected by the Project and who have the potential to influence the Project outcomes in any way.

Cooperation and negotiation with the stakeholders throughout the Project development often also require the identification of persons within the groups who act as legitimate representatives of their respective stakeholder group, i.e. the individuals who have been entrusted by their fellow group members with advocating the groups' interests in the process of engagement with the Project. Community

representatives may provide helpful insight into the local settings and act as main conduits for dissemination of the Project-related information and as a primary communication/liaison link between the Project and targeted communities and their established networks. Verification of stakeholder representatives (i.e. the process of confirming that they are legitimate and genuine advocates of the community they represent) remains an important task in establishing contact with the community stakeholders. Legitimacy of the community representatives can be verified by talking informally to a random sample of community members and heeding their views on who can be representing their interests in the most effective way.

2.1 Methodology

In order to meet best practice approaches, the project will apply the following principles for stakeholder engagement:

- *Openness and life-cycle approach*: public consultations for the project(s) will be arranged during the whole life-cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
- *Informed participation and feedback*: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns;
- *Inclusiveness and sensitivity*: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders at all times encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups, in particular people living with HIV/AIDS, ethnic minorities, as well as other residents in Hubei.

For the purposes of effective and tailored engagement, stakeholders of the proposed project(s) can be divided into the following core categories:

- **Affected Parties** – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status[4], and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

[4] Vulnerable status may stem from an individual's or group's race, national, ethnic or social origin, color, gender, language, religion, political or other opinion, property, age, culture, literacy, sickness, physical or mental disability, poverty or economic disadvantage, and dependence on unique natural resources.

2.2. Affected parties

Affected Parties include local communities, community members and other parties that may be subject to direct impacts from the Project. Specifically, the following individuals and groups fall within this category:

- EID9 infected people
- People under EID quarantine, including workers in the quarantine facilities
- Patients
- Relatives of EID infected people
- Relatives of people under EID quarantine
- Neighboring communities to laboratories, quarantine centers, and screening posts
- People at EID risks (travelers, inhabitants of areas where cases have been identified, etc.)
- Public Health workers and security guard around quarantine center
- Municipal waste collection and disposal workers
- NHC
- Other Public authorities
- Airline, and border control staff
- Airlines and other international transport business
- People affected by or otherwise involved in project-supported activities
- Public Healthcare workers in contact or handle the waste

2.3. Other interested parties

The projects' stakeholders also include parties other than the directly affected communities, including:

- Traditional media
- Participants of social media
- Other national and international health organizations
- Other national & International NGOs
- Businesses with international links
- The public at large

2.4. Disadvantaged / vulnerable individuals or groups

It is particularly important to understand whether project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the impacts of a project and to ensure that awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups [on infectious diseases and medical treatments in particular,] be adapted to take into account such groups or individuals particular sensitivities, concerns and cultural sensitivities and to ensure a full understanding of project activities and benefits. The vulnerability may stem from person's origin, gender, age, health condition, economic deficiency and financial insecurity, gender identification, disadvantaged status in the community (e.g. minorities or fringe groups), dependence on other individuals or natural resources, especially those living in remote, insecure or inaccessible areas, etc. Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their

participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

Within the Project, the vulnerable or disadvantaged groups may include and are not limited to the following:

- Elderly at age 60 or above who stay home or in nursing facilities
- Left behind children live in remote rural area
- Ethnic minorities
- People with disabilities
- Female/or male-headed households
- Patient with chronic diseases and HIV/AIDS

Vulnerable groups within the communities affected by the project will be further confirmed and consulted through dedicated means, as appropriate. Description of the methods of engagement that will be undertaken by the project is provided in the following sections.

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

Due to the emergency situation and the need to address issues related to COVID19, no dedicated consultations beyond public authorities and health experts have been conducted so far. The Bank team will maintain close communication with National Health Commission, Ministry of Agriculture and Rural Affairs, and project provinces to agree needed human and financial resources.

3.2. Summary of project stakeholder needs and methods, tools and techniques for stakeholder engagement

The WHO "*COVID-19 Strategic Preparedness and Response Plan -- Operational Planning Guidelines to Support Country Preparedness and Response*--" (2020) outlines the following approach in Pillar 2 Risk Communication and Community Engagement, which will be the basis for the Project's stakeholder engagement:

It is critical to communicate to the public what is known about EIDs, what is unknown, what is being done, and actions to be taken on a regular basis. Preparedness and response activities should be conducted in a participatory, community-based way that are informed and continually optimized according to community feedback to detect and respond to concerns, rumours and misinformation. Changes in preparedness and response interventions should be announced and explained ahead of time and be developed based on community perspectives. Responsive, empathic, transparent and consistent messaging in local languages through trusted channels of communication, using community-based networks and key influencers and building capacity of local entities, is essential to establish authority and trust.

The project includes considerable resources to implement the above actions. The details will be prepared during the update of this SEP. Consultations will be done on final E&S instruments including ESMFs and ESMPss (when prepared) by each of the responsible agencies to be identified in a Project Operations Manual to be prepared prior to loan effectiveness.

3.3. Proposed strategy for information disclosure and consultation process

In terms of methodology, it will be important that the different activities are inclusive and culturally sensitive, thereby ensuring that the vulnerable groups outlined above will have the chance to participate in the Project benefits. The priority communication channel will be access to information via the National Development and Reform Commission, Ministry of Finance, National Health Commission, Ministry of Agriculture and Rural Affairs, National Forestry and Grassland Administration, and two project provincesand World Bank website, bulletin boards of local communities. For each SEP to be prepared, each implementing agency will need to identify the appropriate stakeholders, which documents to be disclosed (at what time/milestone) and the methods. These are likely to vary substantially depending upon the implementing agency. The table below provides an indicative format and content for updating of the SEPs.

Project stage	Target stakeholders	List of information to be disclosed (and timing)	Methods proposed
Component 1: Improving risk-based surveillance systems for zoonotic and other emerging health threats Component 2. Prevention and control programs targeting priority zoonotic and other emerging health threats Component 3. Institutional strengthening and human resources development for One Health Component 4: Project Management	Government entities; local communities; vulnerable groups; ethnic miniorities; health workers; health agencies; wildlife workers; Market holders (Component 2) Regulators	All documents to be disclosed as draft documents; redisclosed upon approval including responses to comments made during consultation period. The SEP will be disclosed in different formats appropriate for various stakeholders. Draft SEPs Draft ESMFs (including sub-studies) Draft ESMPs as needed (including sub-studies) Labor Management Procedure (if a separate document) Any amendments or updates to these documents also to be disclosed as outlined	Social media including WeChat and Weibo Public notices; Electronic publications and press releases on the implementing agency web-sites; Dissemination of hard copies at designated public locations; Press releases in the local media; Consultation meetings (EID safe); Information leaflets and brochures; *Separate focus group meetings with vulnerable groups*. Other methods to be identified in updated SEPS as appropriate

The ESCP and SEPs will be disclosed prior to formal consultations via established community communication systems including TV, radio and social media including Weibo and WeChat etc.

During updating of this SEP (within 30 days of loan effectiveness), a comprehensive stakeholder identification process will be carried out and targeted communication processes identified for each group/cohort of stakeholders.

3.4 Future of the project

Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the stakeholder engagement plan and grievance mechanism. This will be important for the wider public, but equally and even more so for suspected and/or identified infectious disease cases as well as their relatives.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

National Development and Reform Commission, Ministry of Finance, National Health Commission, Ministry of Agriculture and Rural Affairs, National Forestry and Grassland Administration, and two project provinces will be in charge of stakeholder engagement activities. Beneficiary and stakeholder engagement is a fundamental part of the project management and delivery activities. Accordingly, SEP updating and implementation will be funded from the Project Management budget as well as the budgets for individual activities. The updated SEPs will define actual budgets and sources.

4.2. Management functions and responsibilities

Project Steering Group at the National Level. A Steering Group will be established at the national level. It will be responsible for overall project direction and coordination, and will facilitate project review and policy dialogue. The Steering Group will consist of representatives of the National Development and Reform Commission, Ministry of Finance, National Health Commission, Ministry of Agriculture and Rural Affairs, National Forestry and Grassland Administration, and two project provinces. It will be supported by an office within the Ministry of Finance. The Steering Group will meet semi-annually to be informed of the project implementation progress, provide guidance on the overall direction of the project and facilitate project review and policy dialogue based on emerging evidence from project implementation. More specifically, its responsibilities are to: (i) provide guidance on emerging issues in project implementation; (ii) promote exchange of project experiences in the project provinces and/or nationwide; (iii) convey the project Mid-Term Review, and the project final evaluation reports to the World Bank; (iv) review and agree on key policy reviews and analytical work to be undertaken by NHC, MARA, NFGA, and the project provinces ; (v) share the project results and policy suggestions with relevant government agencies; (vi) facilitate exchange with other relevant agencies and stakeholders; and (vii) oversee the organization of and participate in high-level project seminars/workshops.

Project Management Offices at the National Level. NHC, MARA, and NFGA will be the implementation agencies for the project activities at the national level. A Project Management Office (PMO) in each ministry will be set up. The PMOs will be responsible for overall coordination, reporting, implementation, management, monitoring and evaluation of project activities at the national level. Key staff in the PMO will include Project Director, Project Coordinator, Safeguards Specialist, Lead Technical Specialist, and Monitoring and Evaluation Officer.

Project Implementation Units (PIUs) at the National Level. A PIU within each sectoral ministry will act as an executing agency with the responsibility of day-to-day operation of the project. The PIUs will manage project procurement, including signing of contracts, project designated account, financial management, safeguards, monitoring and evaluation. The PIUs will also be responsible for the preparation of annual workplans, the procurement plan, and the financial reports, organization of the trainings and seminars, coordination and arrangement for the Bank's supervision missions, and drafting of communications with the Bank.

Technical Expert Groups. Technical expert groups will be set up at the national level and provinces to provide technical expertise to the implementation agencies. The experts could be contracted as consultants using the loan funding. These experts will support the implementation agencies at national and provincial levels.

Coordination arrangements at the provincial level. In project provinces, project preparation has been coordinated by the Department of Finance (DOF) and the Department of Development and Reforms (DRC) in close cooperation with the provincial Health Commission, the Department of Agriculture and Rural Affairs, and the Department of Wildlife. The provincial DOF and DRC are expected to continue to coordinate aspects pertaining to Project implementation as part of their functional responsibilities working together with the 3 sectoral departments.

Project Management in Hainan Province. A PMO will be set up in the provincial DRC. The PMO will be responsible for implementation, overall coordination, consolidated reporting, and monitoring and evaluation of the project activities, coordination and arrangement for the Bank's supervision missions, and drafting of communications with the Bank. A PIU will be set up in each of the sectoral departments which will be implementing project activities. The PIUs will be responsible for the day-to-day operation of the project. The PIUs will manage project procurement, financial management, safeguards, monitoring and evaluation. The PIUs will also be responsible for the preparation of the annual workplan, the procurement plan, and the financial reports, organization of the trainings and seminars. Any additional implementation structures at the provincial, municipal or county level may be set up based on the needs during the project implementation period and prior agreement with the Bank.

Project Management in Jiangxi Province. A PMO will be set up in each of the three sectoral departments - health, agriculture, and forestry – at the provincial level. The PMOs will be responsible for the coordination, reporting, management, implementation, and monitoring and evaluation of their respective activities specified in the Annual Work Plans. The PMO within the provincial Health Commission will also be responsible for overall coordination, consolidated reporting, and monitoring and evaluation of the activities under the project. Any additional implementation structures at the provincial, municipal or county level may be set up based on the needs during the project implementation period and the Bank's prior agreement.

The detailed responsibilities and arrangements under the national, provincial, municipal and county level will be further developed and included in the Project Operations Manual, which will need to be acceptable to the Bank and prepared prior to effectiveness.

5. Grievance Mechanism

Communities and individuals who believe that they are adversely affected by a World Bank (WB) supported project may submit complaints to existing project-level grievance redress mechanisms (GRM) which is described in more detail in this section, or the WB's Grievance Redress Service (GRS).

The GRS is an avenue for people and communities to submit complaints directly to the World Bank if they believe a Bank-funded project has or is likely to adversely affect them and ensures that complaints received at the corporate level are promptly and proactively addressed by fostering dialogue and problem solving as well as applying relevant dispute resolution tools.

Project affected communities and individuals may submit their complaint to the WB's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of WB non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's

attention, and Bank Management has been given an opportunity to respond. For information on how to submit complaints to the World Bank's corporate Grievance Redress Service (GRS), please visit http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service. For information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org.

The main objective of a project-level Grievance Redress Mechanism (GRM) which will be designed to address the stakeholders and project risks for each PMO/PIU, is to assist to resolve complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective and lasting outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions. Specifically, the GRM:

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of projects;
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and
- Avoids the need to resort to judicial proceedings.

5.1. Description of GRM

The GRM system will be designed as part of the SEP updating and will ensure that the accountability for community feedback and grievance redress is assumed by the entity (National and Provincial PMOs and PIUs) able to influence project implementation and address grievances in the respective sectors and jurisdictions. The systems – to be fully documented in updated SEPS – will include clear time bound steps for grievance resolution.
Once all possible redress has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse.

5.2 Venues to register Grievances - Uptake Channels

A complaint can be registered directly at project management units through any of the following modes and, if necessary, anonymously or through third parties.

- By telephone at XXX, to be identified.
- By e-mail to XXX (tbd)
- By letter directly at provincial health authority/ and provincial contracted NGOs for healthcare services.
- By complaint form to be lodged at any of the address listed above- this form will be made available in the relevant healthcare facilities to be used by the complainants and can be filled.
- Walk-ins and registering a complaint on grievance logbook at healthcare facility or suggestion box at clinic/hospitals

Once a complaint has been received, it should be recorded in the complaints logbook or grievance excel-sheet-grievance database.

6. Monitoring and Reporting

6.1. Involvement of stakeholders in monitoring activities *[if applicable]*

6.2. Reporting back to stakeholder groups

The SEPs relating to each jurisdiction and/or sector will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project related activities and to its schedule will be duly reflected in the SEPs. Monthly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by responsible staff and referred to the senior management of the project. The [monthly] summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner. Information on public

engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:

- Publication of a standalone annual report on project's interaction with the stakeholders.
- A number of Key Performance Indicators (KPIs) will also be monitored by the project on a regular basis

Further details will be outlined in the Updated SEPs, to be prepared within one month of effectiveness.