



Concept Environmental and Social Review Summary

Concept Stage

(ESRS Concept Stage)

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BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
China	EAST ASIA AND PACIFIC	P171064	
Project Name	Hainan Health Sector Reform Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	2/3/2020	6/19/2020
Borrower(s)	Implementing Agency(ies)		
People's Republic of China	Hainan Provincial Health Commission		

Proposed Development Objective(s)

The Project Development Objective is to contribute to improving the quality and efficiency of primary health care services in Hainan.

Financing (in USD Million)	Amount
Total Project Cost	236.00

B. Is the project being prepared in a Situation of Urgent Need of Assistance or Capacity Constraints, as per Bank IPF Policy, para. 12?

No

C. Summary Description of Proposed Project [including overview of Country, Sectoral & Institutional Contexts and Relationship to CPF]

Hainan’s main health system challenges lie in the low value care emanating from a hospital-centric, fragmented and volume-driven health system not well-suited to address the high and increasing burden of non-communicable diseases and the needs of the rapidly aging population; financing incentives that result in the over-production of health services; and insufficient coordination among institutional actors. The fundamental building block for addressing these challenges of comprehensiveness, continuity and appropriateness of health care is a high quality comprehensive primary care - the lynchpin for people centered integrated care.

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The Project Development Objective of the Hainan Health Reform Project is to contribute to improving the quality and efficiency of primary health care services in Hainan. It will support the province to a) Build a High Quality and Value Based Service Delivery System by strengthening and streamlining the primary health care system to deliver people centered integrated care and achieve better care outcomes; aligning medical and public health to ensure prevention and population health over the life cycle; strengthen quality of care through improved measurement, feedback and aligned incentives. It will further address this system transformation by b) Strengthening the health system building blocks through developing a high-quality revitalized work force; improved strategic purchasing and using the disruptive power of information technology to enhance quality and strengthen management. A high focus on implementation support will ensure rigor, evidence and learning as core principles.

D. Environmental and Social Overview

D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social]

The Project will be implemented within Hainan at a provincial level wideeness. Hainan, consisting of the main Hainan Island (97% of the total area) and various small islands, is the southernmost province of China. As one of China's smallest provinces, it has a population around 9.34 million (2018 figure) in a total area of 35,000km², whose population density is lower than most Chinese coastal provinces. Hainan has totally 19 prefectures/counties, 6 of which are minority autonomous. According to the 2018 statistics, 18.2% of the population belong to minority groups, including Li (16.5%), Miao (0.87%), Zhuang (0.44%) and others. In Hainan, there are 3 counties on the national list of counties suffering extreme poverty, all of which are autonomous counties. Around 8.14% of the residents are aged 65 and above, over 3% lower than that of the national average.

With relatively rich land resources in tropical zone, Hainan's economy is predominantly agricultural and the province's industrial development has largely been limited to the processing of its mineral and agricultural products. Thanks to its tropical beaches, lush forests and good environmental quality, tourism also plays an important part of Hainan's economy. In particular, Hainan attracts a large number of the elderly from other provinces during winter, estimated around 1.31 million in 2017, and this number is expected to grow. This brings about additional burden to health service delivery system in Hainan.

The landscapes in Hainan vary significantly, from densely populated coastal plains to hills and low mountain ranges in middle of island, and the environmental and social (E&S) contexts differ among counties. In term of socio-economic development, the coastal towns are more advanced than inland mountain areas, where most ethnic minorities inhabit. These inland counties with mountain and forest features are prioritized for ecological protection rather than industrial development, where the infrastructure and development conditions are unbalanced and poorer compared to coastal counties. While technical approach keeps evolving, the project-specific E&S context will be further reviewed during preparation subject to the availability of further information on project geographical coverage and concentration.

D. 2. Borrower's Institutional Capacity

The implementing agency is the Hainan Provincial Health Commission (PHC) and Hainan Provincial Healthcare Security Administration (PHSA). These two departments will be responsible for the overall project implementation and coordination with other relevant governmental departments in Hainan, including the Legal Office of the Provincial Government, Department of Finance, Provincial Development and Reform Commission. A Project Steering Committee



(PSC) will be established by Hainan Provincial Government, under the oversight of Vice Governor who in charge of health, and Deputy Secretary. The PSC will organize a Project Management Office (PMO), headed by the Director of Health Reform Division in the PHC. Accordingly, similar institutional arrangements would be made at the regional level, to mirror this provincial structure, as regional PMOs. Each PMO will be staffed with dedicated personnel responsible for environmental and social risk management. The Provincial Department of Finance (DOF) and the Provincial Development and Reform Commission (DRC) will provide support and guidance to PHC and the provincial PMO on the policy framework, project procedures, use of funds, safeguard management and procurement.

This is the first human development operation in Hainan and the first operation to be implemented by the Provincial Health Commission (PHC) and local divisions. Government officials at both the provincial and prefectural levels have no prior experience of using the World Bank’s lending instrument and the project will entail a continuous learning curve for the government and the implementing agencies during preparation and implementation. Therefore, a project-specific capacity development plan will be developed as part of the ESMF and included in the ESCP to ensure smooth project implementation, through which technical, environmental and social consultants will be hired to support the project preparation and one of the project components will be designed to strengthen local capacity to ensure smooth project implementation. The Bank has provided and will continue to provide training on various aspects of project operations, including environmental and social management following the ESF requirements. On the government side, the risks will be mitigated by strong leadership and good coordination between the province and prefectures as well as among relevant agencies at all levels.

II. SCREENING OF POTENTIAL ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS

A. Environmental and Social Risk Classification (ESRC)

Substantial

Environmental Risk Rating

Substantial

Targeting at the improvement of accessibility, quality and efficiency of primary health care services in Hainan Province, the investments considered under the project at this stage mainly include the strengthening and consolidation of Town Hospitals/Community Health Centers (THs/CHCs), health care financing reforms, capacity building of health care workforce, and establishment of integrated patient information system. The project will only support equipment procurement, capacity building and technical assistance activities without involving any civil works and thus will not result in any direct and significant environmental impact. However, with the operation of reoptimized primary health care services/associated facilities, there will be some downstream environmental issues to be considered, including use and disposal of hazardous chemicals, increased production of wastewater and medical waste, Occupational, Health and Safety risk of healthcare workforce in the primary health care system. Considering limited information currently available and lack of institutional capacity at the provincial and local levels on environmental and social risk management, the overall environmental risk is rated substantial at this stage and this rating will be further checked by appraisal. By recognizing these potential risks, more modern technology, more efficient processes, more targeted awareness campaign and better management system will be incorporated into the project design to minimize waste streams and OHS risks and to secure safe handling and disposal of hazmat. Further assessment on project-related environmental risks will be conducted along with the optimization of project design in relevance to the ESSs during preparation.



Social Risk Rating

Substantial

The investments under this project are expected to mainly focus on technical design to improve health services delivery transformation and building a health system around high quality primary care. The project components excluded any physical investment. Thus, no physical activities on sensitive locations will be considered. No civil works is involved and no land take is expected to be required. Therefore, there is no displacement impact and no significant adverse impact on local communities and ethnic minorities. No community workers will be used and no significant risks on labor and working conditions are envisaged due to the nature of the project.

Considering the large scale of project coverage in whole Hainan province, all residents living in Hainan are identified as the “project affected people”, including vulnerable groups and ethnic minorities. The initial screening indicated high percentage (18%) of ethnic minorities in Hainan. In addition to that, ethnic minority areas are relatively in poor infrastructure condition which intended to result in unbalanced primary care services. Generally, the poor living in the rural areas of Hainan had relatively poorer health status and much more financial burden. According to National Health Service Survey (2018) the poor disproportionately utilize the primary care services with 18.3 percent of them seeking care in the past two weeks and 78.2 percent of which were at the primary care level. If not managed well, such large scope of investment activity could contribute to existing inequalities rather than remove them. For instance, improving the quality of primary care service may attract other users from upper income groups and induce to a situation of paying users would receive priority over more vulnerable users. Therefore, it is critical to tailor the project design to pay attention to the vulnerable groups and ethnic minorities.

Some concerns were identified during this stage regarding on how to use effective and appropriate stakeholder engagement approach to achieve the equal improvement for the most poor and ethnic minorities groups. The number and diversity of stakeholders and agencies to be involved in the project implementation, as well as the complexity of the required engagement process is dependent on the specific project activities yet to be defined. This may affect the potential risk level of the project failure in achieving equal healthcare services improvement to the vulnerable groups. Further technical design, a rapid poverty and social impact assessment to be undertake during the project preparation, as part of the ESMF development, and the initial stakeholder engagement would contribute to confirm the project complexity and its risk level.

Regarding borrower capacity and commitment, although the lack of previous experience of working with Bank policies, the Hainan PMO and implementation agencies have experienced health reform challenges in the past few years, which contributed to their management capacity development. In addition to that, it is important to consider the current context of a strong commitment from national and provincial level government on supporting the project. For these reasons, the overall social risk rating is considered substantial at this stage.

B. Environment and Social Standards (ESSs) that Apply to the Activities Being Considered

B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

Initial environmental and social (E&S) screening was conducted based on (i) information collected from Hainan Provincial Health Commission (PHC) and Hainan Provincial Health care Security Administration (PHSA) on its E&S risk

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management approach; (ii) initial interview with relevant provincial departments: Hainan Ecology and Environment Department; Hainan Ethnic Minority Committee; Hainan PHC and Hainan PHSA; (iii) consultation with health specialists from Hainan Medical University. At current stage, the investments considered under the project mainly include the strengthening and consolidation of Town Hospitals/Community Health Centers (THs/CHCs), health care financing reforms, capacity building of health care workforce, and establishment of integrated patient information system. The initial environmental screening suggests that these activities will bring overall environmental and social benefits by improving the accessibility, quality and efficiency of primary health care services and thus the public health and well-being in the province. Meanwhile, the project implementation is not anticipated with any direct and significant environmental and social impact since it will only support equipment procurement, capacity building and technical assistance activities without involving any civil works. However, with the operation of reoptimized primary health care services/associated facilities, there will be some downstream environmental issues to be considered, including increased use and disposal of hazardous chemicals, production of more wastewater and general/medical waste, and Occupational, Health and Safety risk of healthcare workforce in the primary health care system. Considering limited information currently available and lack of institutional capacity at the provincial and local levels on environmental and social risk management, the overall environmental risk is rated substantial at this stage and this rating will be further checked by appraisal. By recognizing these potential environmental risks and impacts, more modern technology, more efficient processes, more targeted awareness campaign and better management system will be incorporated into the project design to minimize waste streams and OHS risks and to secure safe handling and disposal of hazmat. Further assessment on project-related environmental risks will be conducted along with the optimization of project design in relevance to the ESSs during preparation.

There is no civil works identified and no land take is expected to be required at this stage. Therefore there is no displacement impact and direct adverse impact on local communities and ethnic minorities. No community workers will be used and no significant risks on labor and working conditions are envisaged considering the natural of the project. The negative social impacts is considered minor due to exclusion of civil works. However, due to large scale of project coverage and the limit of concrete project activities identified at this stage the initial screening indicates concerns over stakeholder engagement capacity of the diverse agencies involved in implementation and potential for project benefits to fail to contribute to improvement in vulnerable groups healthcare status . The exclusion of vulnerable groups from access to project benefits can be further assessed through a poverty and social impact assessment – proposed as a tool for ensuring improvements to project design as part of ESMF during the appraisal stage. This assessment will identify the barriers to inclusion in project benefits among ethnic and other poor communities. Poverty and social impacts of the proposed project will be assessed and measures to screen for and provide meaningful engagement with vulnerable groups will be identified and inform an ethnic minorities engagement framework to be included in the project ESMF.

During preparation, with reference to the ESSs under the ESF, the Bank will conduct E&S due diligence to further assess the adequacy of existing E&S management system in the sector to address these potential downstream environmental and social risks and impacts. At the same time, the Environmental Assessment (EA) to be conducted for the project will also refer to the applicable Environmental, Health and Safety Guidelines (both the general one and the specific one for Health Care Facilities) of the World Bank Group for the integration of Good International Industry Practice (GIIP).



Based on current design, the project will adopt the approach of results-based financing using Disbursement Linked Indicators and no specific project activities will be identified during project preparation. Therefore, an Environmental and Social Management Framework (ESMF) is proposed as the E&S management instrument to cover all the project-supported activities and associated facilities (if identified during project preparation) in compliance with both domestic regulations and the World Bank’s ESF . The ESMF will set out the principles, rules, guidelines and procedures to assess and manage the environmental and social risks and impacts. Based on the concept-stage findings, the ESMF will also include: i) Key findings and recommendations of EA, including review of existing OHS practice, current practice and facilities available for chemical/medicine management at the primary health care level and for final disposal; ii) Review of Chinese existing regulatory framework and their enforcement related to E&S management of health sector, along with mechanisms proposed to fill any major gaps if identified, including the labour law and related employment requirements regarding the employment termination and transfer issues etc; iii) E&S eligibility criteria/exclusion list for subproject screening, iv) review of existing institutional capacity on E&S management and arrangements for staffing and capacity building, and v) a generic ESMP to be developed based on project scoping and EA findings at appraisal, which will propose necessary gap-filling measures by targeting at the participating health facilities and associated facilities (if any identified during project preparation) to incorporate the OHS requirements for their employees and the guidelines for chemical/waste management with reference to GIIP. In addition, to address E&S capacity gaps, Hainan PMO is required to be staffed with dedicated E&S management personnel and to recruit environmental and social consultants to support the ESMF preparation. Following the ESS10 requirements, the ESMF, along with the project-specific Stakeholder Engagement Plan (SEP), will be developed with the implementation of appropriate mechanism for disclosure and public consultation, as elaborated in the ESS10 section below.

Areas where “Use of Borrower Framework” is being considered:

The existing Chinese E&S legal framework mainly focuses on the risks and impacts associated with civil works and will not be applicable to the project since it will support only equipment procurement, capacity building and technical assistance activities based on current design.

ESS10 Stakeholder Engagement and Information Disclosure

At this stage, stakeholders identified for the Project would include the Project Affected People—all residents in Hainan, including vulnerable groups in poverty counties and ethnic minority groups especially in the remote areas; other influenced parties -- government authorities for approval and implementation of subprojects, including, but not limited to, the provincial Ecology and Environment Department, Human Resource and Social Insurance Department, Poverty Reduction Office, Ethnic Minority and Religious Committee, etc; as well as hospitals/health care centers to be supported under the project. . Prior to the Appraisal, Hainan PMO will further identify the specific stakeholder groups and map the different approaches as part of the project Stakeholder Engagement Plan (SEP) consistent with the requirements of ESS10 to ensure the effective ongoing engagement and consultation throughout the project lifecycle. The SEP should also include an ethnic minorities engagement framework to address the effective and appropriate way of meaningful consultation with ethnic minorities to contribute to the project design to ensure the equal access of health care improvement achieved. Special needs include design of targeted healthcare interventions and information accounting for remoteness, cultural and other obstacles to access for local communities. The PMO will put in place, as part of the ESMF, procedures for stakeholder engagement and external communication on E&S

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issues for project activities. The ESMF will also include establishing and maintaining systems to respond to public enquiries and to ensure concerns are recorded and responded to on a timely basis.

B.2. Specific Risks and Impacts

A brief description of the potential environmental and social risks and impacts relevant to the Project.

ESS2 Labor and Working Conditions

Based on current design, the project will not support civil works and involve no construction worker and community workers. However, for this sector-wide IPF project, ESS2 is deemed relevant considering its potential impacts on those working in the health care system of Hainan Province, particularly the employees of primary health care facilities. Health care facilities are labor-intensive and potentially hazardous workplaces that expose their workers to a wide range of hazards. By design, the project targets at improving the quality and efficiency of primary health care facilities and is expected to improve the Occupational, Health and Safety (OHS) conditions and awareness of the health care sector in Hainan, particularly in the project-supported Town Hospitals/ Community Health Care Centers (THs/CHCs) through equipment upgrading and staff capacity building. During preparation, the project design and ESMF will be further developed to support and enable the better control of OHS risks in the sector, while at the same time promoting employee well-being and a safer work environment. The assessment to be undertaken during project preparation will also include labor management issues for waste disposal sites and systems. The Bank's industry-specific EHS guidelines will be used as the reference to assess the adequacy of existing OHS management in the primary health care agencies/facilities of Hainan Province and, as part of the project ESMF, to recommend any necessary measures to address the identified major gaps if any.

This project will rely on PMO and PIU's labor management system for managing labor related issues. The direct workers are all government staff and under Chinese government staff's human resources management framework. The hospitals have set up and maintained in place a comprehensive labor management system, providing clear documented guidelines and procedures for employee hiring, labor contract management, employee training, wage payment and welfare, social security and pension benefits, health examination, worker's organization, and grievance redress. Initial desktop review found that the labor management system is following China's Labor Law (amended in 2009) and Labor Contract Law (amended in 2012) and generally in conformance with relevant requirements on direct workers under ESS2. The risk of forced labor and child labor regarding project workers is low considering China's comprehensive regulations on labor protection and increasingly strengthened labor inspection by local authority. Therefore, no significant risks on labor and working conditions are envisaged considering the nature of the project.

However, primary supply workers that people employed or engaged by PMO/PIU's primary suppliers is pending to be further assessed. The labor and working conditions for the primary suppliers are also subject to further assessment during preparation. Relevance of ESS2 to all types project workers will be further reviewed during the preparation stage. Given the large scale of the project and the inclusion of primary supply workers, Labor Management Procedures will be prepared before the project implementation to meet the requirements of ESS2.

ESS3 Resource Efficiency and Pollution Prevention and Management



Though the project will not finance any civil works based current design, the operation of project-supported Town Hospitals/Community Health Care Centers (THs/CHCs) will still bring impacts and pressures on the environment, which include consumption of resources (e.g., water and energy), management of chemicals and hazardous materials, generation of hazardous and conventional waste, wastewater and various emissions (e.g., exhaust air from heating, ventilation and air conditioning (HVAC) systems, ventilation of medical gases, fugitive emissions released from sources such as medical waste storage areas and isolation wards, exhaust from any on-site medical waste incineration, etc.). Based on initial findings of environmental screening at the concept stage, it is understood that Hainan has already issued the official guidelines for the establishment of primary health care facilities at town/township/community/village levels, which also provides detailed requirements on resource efficiency and pollution prevention and management. During preparation, the adequacy of current practice of primary health care facilities in the province will be further assessed for gap analysis against GIIP, particularly the applicable EHSs. As an annex of the ESMF, a generic ESMP will be developed based on project scoping and EA findings at appraisal to recommend necessary mitigation measures for the participating health facilities and associated facilities (if identified during project preparation) to incorporate the OHS requirements for their employees and the guidelines for chemical/waste management with reference to GIIP. In addition, as part of the project, a capacity building plan will also be designed to support the actions proposed in the ESMF to improve resource efficiency and pollution management during the operation of primary health care facilities.

ESS4 Community Health and Safety

Based on current design, the project will not support civil works and will not bring any construction nuisance to nearby communities. Although it is anticipated that the project-targeted primary health care facilities will possibly located in the vicinity of communities, there will be no particular concern on community health and safety issues during the operation of health care facilities if they are designed and constructed following applicable national regulations and standards. However, community hazards associated with health care facility environments, particularly related to hazardous medical waste, necessitate that members of the public receive adequate information regarding potential infection hazards with the facility and at associated waste disposal site (if any). During preparation, relevant domestic practice in the sector will be reviewed against the requirements of ESS4 and the World Bank's applicable Environmental, Health and Safety Guidelines (EHS) to confirm the adequacy of existing system in China. Necessary actions may be proposed in the ESMF and ESCP at the appraisal stage if any major gap is identified. The EHS requirements will be incorporated into the ESMF.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

The project components do not involve any physical investment. No civil works is identified and it is excluded from the project component. The project investment activities do not involve any physical investments, such as extension of primary healthcare center and new disposal sites etc therefore there is no acquire land is identified.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

Based on current project design, the project will not finance civil works. In addition, as part of the subproject exclusion list, any activity with potential impacts on biodiversity or natural habitat will be excluded from project financing. However, ESS6 is considered relevant at this stage as a precaution against potential impacts of waste



management systems on natural resources, and the ESMF will include measures to ensure that waste management systems of participating hospitals do not impact natural resources. Further assessment will be conducted on this in the EA during project preparation.

ESS7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities

The Project would have a provincial wide coverage in Hainan province and 9 counties with a higher composition of ethnic minorities will be potentially involved inter alia. According to the 2018 statistics, 18.2% of the population belong to minority groups, including Li (16.5%), Miao (0.87%), Zhuang (0.44%) and other 45 ethnic minorities in small numbers live scattered in Hainan. Civil works and land taken is exclude in the project component therefore no displacement impact and direct adverse impact on ethnic minorities is identified. The project nature and coverage indicates that the project benefit is not sole to ethnic minorities.

However, considering the large scale of project coverage in whole Hainan provide, ethnic minorities are identified as key project affected people as part of the whole Hainan people. The initial screening indicated high percentage of ethnic minorities in Hainan and ethnic minority areas are relatively in poor infrastructure condition which tend to result in unbalanced primary healthcare services. Therefore it is critical to tailor the project design to pay attention to the vulnerable groups and ethnic minorities throughout the effective stakeholder engagement approach to achieve the equal improvement in the poor and ethnic minorities areas. As of the early concept stage the limit of concrete project activities bring concerns over stakeholder engagement capacity of the diverse agencies involved in implementation and potential for project benefits to fail to contribute to improvement in vulnerable groups healthcare status. This is intended to be a major social risk identified at this stage.

At current concept stage, ESS7 is expected to be relevant to the Project in consideration of coverage on ethnic minorities areas and tailored design to ethnical minorities in a culturally appropriate and effective engagement approach. The exclusion of vulnerable groups from access to project benefits shall be further assessed through a poverty and social impact assessment – proposed as a tool for ensuring improvements to project design as part of ESMF during the appraisal stage. Poverty and social impacts of the proposed project will be assessed and measures to screen for and provide meaningful engagement with vulnerable groups will be identified and inform an ethnic minorities engagement framework (EMEF) to be included in the project ESMF. In addition to the proposed EMEF focusing on aspects to include and engage with ethnic minorities, the social assessment will also propose particular measures incorporated into the EMEF and ESMF that would enhance the benefits to ethnic minorities. This assessment will also bring early engagement with these ethnic minorities and vulnerable groups to ensure they are aware of the project benefits and know how to get access to the future project achievements so as to identify the barriers to inclusion in project benefits among ethnic and other poor communities. Project preparation should include consultations with ethnic minorities to inform the social assessment, EMEF, SEP and ESMF.

ESS8 Cultural Heritage

Based on current project design, the project will neither finance any civil works, nor involve activities with potential risks or impacts associated with culture heritage.



ESS9 Financial Intermediaries

The project will involve no FI and this standard is not applicable.

B.3 Other Relevant Project Risks

At this stage, there are no other specific risks of relevance for the project.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways No

OP 7.60 Projects in Disputed Areas No

III. WORLD BANK ENVIRONMENTAL AND SOCIAL DUE DILIGENCE

A. Is a common approach being considered? No

Financing Partners

Not applicable

B. Proposed Measures, Actions and Timing (Borrower’s commitments)

Actions to be completed prior to Bank Board Approval:

- Hainan PMO to conduct the poverty and social impact assessment and the environmental assessment.
- Hainan PMO to develop an ESMF (including the ethnic minority engagement framework) based on environmental and social assessment. The ESMF should include the conditions that applicable instruments, such as ESIA, RAP etc when any specific project activities or associated facilities identified. The ESMF will be prepared and disclosed prior to appraisal.
- Hainan PMO to develop a SEP consistent with ESS10
- Screening reports and assessments of legacy or new subprojects (if any identified) consistent with the ESMF and demonstrating its resourcing and functionality

Possible issues to be addressed in the Borrower Environmental and Social Commitment Plan (ESCP):

- Hainan PMO will develop a timebound E&S capacity building plan.
- Hainan PMO will implement ESMF (including ESMP, SEP and the ethnic minority engagement framework) consistent with ESS1.
- Hainan PMO and implementation agencies will implement labor management procedure.
- PIUs will apply relevant requirements of ESSs



- Hainan PMO will report to the Bank and agree on measures and actions if a subproject risk profile increases significantly at any stage during the life of the project

C. Timing

Tentative target date for preparing the Appraisal Stage ESRS

05-Jan-2020

IV. CONTACT POINTS

World Bank

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Borrower/Client/Recipient

Borrower: People's Republic of China

Implementing Agency(ies)

Implementing Agency: Hainan Provincial Health Commission

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

Task Team Leader(s):	Dinesh M. Nair
Practice Manager (ENR/Social)	Susan S. Shen Recommended on 26-Jun-2019 at 08:29:27 EDT
Safeguards Advisor ESSA	Surhid P. Gautam (SAESSA) Cleared on 26-Jun-2019 at 09:12:28 EDT

Public Disclosure