

COUNTRY NATIONAL VACCINE ALLOCATION PLAN

A. The National Deployment and Vaccination Plan

1. The Government of Mongolia prepared the National Deployment and Vaccination Plan (NDVP) which was approved by the Deputy Prime Minister's Order No. 5 of January 2021.¹ The NDVP is an integral part of Mongolia's overall national COVID-19 pandemic prevention and response strategic plan.² The NDVP is based on country's readiness assessment by utilizing the vaccine introduction readiness assessment tool (VIRAT) and the vaccine readiness assessment framework (VRAF) developed together with international partners, including the Asian Development Bank (ADB), United Nations Children's Fund (UNICEF), World Health Organization (WHO), the World Bank, and other government organizations involved in the vaccination program.³ The NDVP has been validated by the WHO Joint Regional Committee. The NDVP is a living document adaptable to the changing circumstances as to vaccine type, availability, dose allocation, target groups, manufacturer's instruction, and epidemiological situation.

2. **Goal and objectives.** The NDVP aims to reduce morbidity and mortality and overcoming the pandemic with minimal loss through organizing immunization activities against COVID-19 using safe vaccines. Vaccination strategy will depend on the vaccine supply, manufacturer's instruction and guidelines, and recommendations by Mongolia's National Immunization Technical Advisory Group.

3. **Vaccine prioritization.** The government aims to vaccinate 60% of the total population or 1,978,120 people. The order of priority and numbers of targets are summarized in Table 1. The first three target groups will comprise 20% of the population. By initially prioritizing these groups, the vaccination program will achieve its impact in reducing the consequences of the pandemic even in conditions of vaccine supply constraints. When subsequent consignments of vaccine become available, up to 60% of the population or all adult population will be vaccinated. The prioritization of target groups is based on the health risks of the group, regardless of their tribal, urban, rural, pastoral residential identities, or the degrees of vulnerability. The prioritization of vaccine access is consistent with the WHO Strategic Advisory Group of Experts on Immunizations' recommendations.

4. Vaccination began on 23 February 2021 in Ulaanbaatar following the COVID-19 vaccination plan developed and approved by the Ministry of Health (MOH). As of 28 April 2021, 1,007,030 people received their first dose including health care workers and frontline civil servants, about 50% of the target population.

¹ Government of Mongolia, State Emergency Commission. 2021. *Deploying and Vaccinating Against COVID-19*. Order No. 5. Ulaanbaatar.

² Government of Mongolia, MOH. 2020. *Approving COVID-19 Pandemic Response Plan*. Ministerial Order No. A/418. Ulaanbaatar.

³ Government of Mongolia, MOH. 2020. *Updated COVID-19 Vaccine Introduction Readiness Assessment Tool/Vaccine Readiness Assessment Framework 2.0 (Version 3)*. Ulaanbaatar.

Table 1: Mongolia's Target Population for COVID-19 Vaccination

Target Group	Number of Target Population	Target Population's Share of Total Population (%)
1. Health care workers in public and private health facilities	56,047	1.7
2. Multisector personnel working in national COVID-19 response activities, including frontline workers from the National Emergency Management Agency, General Agency for Specialized Inspection, border control, and police departments	52,750	1.6
3. Older adults aged 50 and above	583,545	17.7
4. People with disabilities	230,781	7.0
5. People who suffer from chronic comorbidities	276,937	8.4
6. Additional workers and volunteers deployed for vaccination	65,937	2.0
7. Vulnerable groups requiring social welfare assistance	313,202	9.5
8. Workers from strategically important sectors whose services will continue without disruptions	329,687	10.0
9. Staff from educational facilities, including kindergartens, elementary, secondary, and high schools, and higher educational institutions	69,234	2.1
Total	1,978,120	60.0

COVID-19 = coronavirus disease.

Source: Government of Mongolia, State Emergency Commission. 2021. *About Approving National Deployment and Vaccination Plan against COVID-19*. Order of the Chair of the State Emergency Commission. No. 5. Ulaanbaatar.

5. **Vaccine delivery, distribution, and storage.** The COVID-19 vaccine supply chain is designed in a similar way to the current routine immunization following national guidelines on the storage, transportation, and dissemination of vaccines, and biological preparations.⁴ Additional refrigerators and cold chain equipment will be given to each immunization unit to specifically store the COVID-19 vaccines. Based on the gap assessment on existing storage and cold chain capacity conducted by MOH with the support of WHO and UNICEF, cold chain storage capacity for COVID-19 vaccines at positive temperatures (2°C–8°C) is sufficient, but ultra-cold chain storage at –70°C temperatures is inadequate, including local production capacity for dry-ice and cold chain facilities for ultra-cold chain.⁵ Vaccine transport and security is another area of concern, particularly during heavy winter periods because of inaccessibility by land roads. The NDVP recommends the necessary expansion of storage capacity at the National Center for Communicable Diseases (NCCD) and purchase of additional ultra-cold chain equipment at service delivery levels.

6. **Service delivery strategies.** Vaccination will be carried out at permanent health units of the NCCD, tertiary hospitals, district hospitals, district health centers, *soum* health centers in rural provinces, and family health centers. Additional temporary units (including public and private health organizations, universities and higher educational institutions, military units, prison facilities, care homes) will be set up depending on COVID-19 epidemiology, location, and number of target population. Health care workers will be vaccinated at the facilities of their employment. Most of the target population, including adults aged 50 and above, people with disabilities, and vulnerable will be vaccinated using a fixed strategy (facility-based approach) at the nearest health facility from their place of residence to ensure they receive proper care and emergency medical assistance in case of any adverse events following immunization. For health facilities where a permanent immunization unit does not exist, an outreach vaccination strategy will be used by

⁴ Government of Mongolia, MOH. 2004. *Approving Guidelines for Receiving, Transporting, and Storing Vaccines and Bioproducts*. Ministerial Order No.189. Ulaanbaatar.

⁵ Government of Mongolia, Ministry of Health, WHO, UNICEF. 2020. *Joint Review: Country Readiness Assessment: National Deployment and Vaccination of COVID-19 Vaccines*. Ulaanbaatar.

establishing temporary immunization units to provide vaccination services. Multisector personnel who are deployed in the national COVID-19 response measures as essential response teams will be given vaccines using an outreach vaccination strategy by establishing temporary immunization units. For the hard-to-reach populations who reside in remote areas deep in the countryside, a mobile vaccination strategy will be used. Out of the planned 548 immunization units, 50 permanent immunization units have been established in Ulaanbaatar City, where vaccination against COVID-19 began on 23 February 2021.

7. **Human resources.** The Immunization Department of the NCCD serves as the central level immunization service provider. NCCD staff members are the most experienced vaccinators in the country, and they will serve as trainers to other vaccinators from lower levels. The MOH has carried out a comprehensive mapping of all available human resources, including additional staff required from the Red Cross, retired staff, preschool health staff. The MOH has also developed a detailed list of health workers to be mobilized with an assigned role for each worker. Staff training has been planned and will be carried out in phases and cover about 21,000 health care workers and 17,000 non-health sector workers, including social mobilizers, journalists, and volunteers. The training will include vaccination techniques, cold chain equipment operation and maintenance, and strategies to reach target populations and risk communication.

8. **Medical waste management.** Medical waste management is carried out following the standard procedures approved by the joint order of the ministers of health and environment.⁶ Based on the VIRAT and VRAF assessments validated by WHO, the NDVP outlines the need for procurement of additional equipment, such as autoclave in some remote areas. Additionally, due diligence assessments⁷ conducted by ADB on medical waste management systems found them to be largely adequate with some gaps in capacity in *aimags* and *soums* particularly in the rural areas. This will be addressed through the World Bank COVID-19 emergency project⁸ and the proposed Japan Fund for Poverty Reduction grant linked to the project.⁹

9. **Vaccination registration and information.** The NDVP has envisaged the development of a unified electronic immunization registry of COVID-19 vaccination which includes personal information. Vaccination data will be compiled and analyzed daily for each vaccination unit and for each vaccinated group. Vaccination coverage data will be reported according to the information inputs. The unified electronic register has been created and is fully operational. All immunization units are connected to the national register which allows real-time recording and reporting of vaccination progress. Notification of the date of the second dose vaccination date is delivered via smartphones and an electronic certificate of vaccination is available through various electronic portals.

10. **Risk communication.** The NDVP provides a plan for conducting a risk communication assessment and developing a COVID-19 vaccination risk communication plan which is approved by MOH.¹⁰ The vaccination risk communication plan includes comprehensive set of actions, including development of information, communication, and training materials for health care

⁶ Government of Mongolia, MOH and Ministry of Environment. 2011. *Approving Guidelines for Collecting, Storing, Transporting, Disinfecting, and Disposing Waste from Health Care Facilities*. Joint order No. A/320-305. Ulaanbaatar.

⁷ Due Diligence of Medical Waste Management Plan in Mongolia (accessible from the list of linked documents in Appendix 2 of the report and recommendation of the President).

⁸ World Bank. 2021. *Mongolia COVID-19 Emergency Response and Health System Preparedness Project Additional Financing*. Washington, DC.

⁹ ADB. Forthcoming. *Mongolia: Strengthening Rapid Epidemic Response Capacity of Health Systems in Mongolia*. Manila.

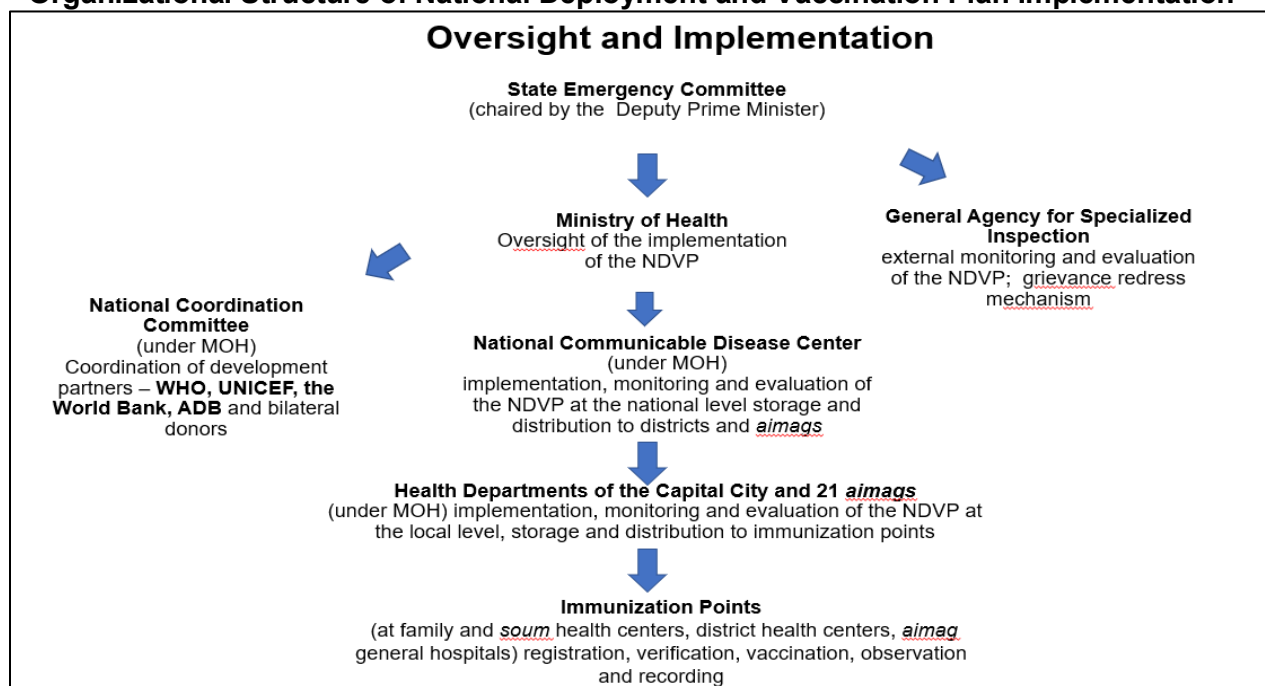
¹⁰ Government of Mongolia, MOH. 2021. *COVID-19 Vaccination Risk Communication Plan*. Ulaanbaatar.

workers; as well as training, planning, and implementing information and communication activities for the general public. Other aspects include guidelines for training social mobilizers and spokespersons to provide information to the public on COVID-19 vaccination; preparation and dissemination of risk communication and information materials; and conducting active surveillance of public attitude prior to, during, and after vaccination.

11. **Monitoring and supervision.** The NDVP outlines the creation of joint teams of officials and health workers from emergency response commissions and health departments of the *aimag*, city, *soum*, and district levels for monitoring and supervision. Currently in the capital, where vaccination began, the MOH and the Ulaanbaatar City Department of Health have appointed a joint working group to monitor the preparation of temporary and permanent immunization units and monitor vaccine quality, safety, transportation, and storage on site. In addition, the General Agency for Specialized Inspection carries out external monitoring of the vaccination process and reports directly to the State Emergency Committee chaired by the deputy prime minister. Grievance mechanisms have been established at the General Agency for Specialized Inspection, the Ulaanbaatar City Department of Health, and the MOH. Monitoring and supervision teams are guided by guidelines and regulations approved by MOH.¹¹

12. **Organization and management.** The NDVP outlines the division of responsibility between different government agencies for delivery, transportation, storage, and implementation of COVID-19 vaccination program.

Organizational Structure of National Deployment and Vaccination Plan Implementation



ADB = Asian Development Bank, APVAX = Asia Pacific Vaccine Access Facility, COVAX = COVID-19 Vaccines Global Access, COVID-19 = coronavirus disease, MOH = Ministry of Health, NDVP = National Deployment and Vaccination Plan, UNICEF = United Nations Children's Fund, WHO = World Health Organization.
Source: ADB.

¹¹ Government of Mongolia, MOH. 2021. *Approval of Guidelines*. Ministerial Order No.108. Ulaanbaatar.

B. COVID-19 Vaccine Regulation, Procurement, and Financing

13. **Regulation.** The Law on Immunization governs primarily all the issues related to immunization activities in Mongolia.¹² The law stipulates state's responsibility for immunization of the population against most common vaccine preventable diseases, and provision of the possibility for every citizen to be immunized free of charge. Recently, additional regulations were issued to address issues related to the response to COVID-19 pandemic, including vaccination. The new law to prevent, control, and reduce the negative impact of the COVID-19 pandemic stipulates equal access to vaccines, and enables emergency use authorization and importation of medicines, including vaccines against COVID-19.¹³ Consequently, the MOH approved a regulation¹⁴ on granting national emergency use authorization for COVID-19 vaccines if the vaccine is included in WHO's emergency use listing or approved by a stringent regulatory authority.¹⁵

14. **Procurement.** Mongolia joined the COVID-19 Vaccines Global Access (COVAX) facility on 16 June 2020 and was identified as a COVAX advance market commitment participant by the The Vaccine Alliance ([GAVI] formerly Global Alliance for Vaccines and Immunization) Board of Directors. In December 2020, Mongolia submitted its vaccine request to the COVAX facility to use more than one type of vaccine in its national response. As of 12 May 2021, Mongolia received its first 64,800 doses of AstraZeneca produced in SK Bioscience Co. Ltd. of the Republic of Korea and 25,740 doses of Pfizer vaccine produced in Germany. In addition to participation in the COVAX facility, the government continuously engages in bilateral dialogue with countries and manufacturers to ensure speedy procurement of vaccines and avoid forecasted delays in procurement through COVAX because of limited access to global vaccine supplies. The government also encourages the private sector to actively engage in deals with vaccine suppliers and manufacturers to ensure access to more vaccines.¹⁶

15. **Indicative financing need.** Based on the results of VIRAT and VRAF, the government has estimated an indicative financing need for NDVP implementation. Financing needs are estimated at between \$68.5 million (based on \$7.0 per dose) to \$114.0 million (based on \$17.0 per dose) depending on the unit price of vaccines (Table 2). The World Bank and the Government of Japan have committed \$72.2 million, of which \$34.5 million (47.8%) is for vaccine procurement. Both the World Bank and the Government of Japan planned to purchase vaccines through COVAX and UNICEF and estimated the unit cost of one vaccine dose at \$7.00. However, according to UNICEF's COVID-19 vaccine market dashboard, the unit price of a single dose of vaccine can be much higher, ranging between \$2.06–\$44.00.¹⁷ As such, the government revised its estimated financing needs at \$114.0 million based on the approximate average of the COVID-19 vaccines within a higher range of prices (\$15.00–\$19.50) or \$17.00 per dose. Given the limited

¹² State Great Khural (Parliament) of Mongolia. 2000. *Law on Immunization*. Ulaanbaatar.

¹³ State Great Khural (Parliament) of Mongolia. 2020. *Law on Prevention, Control, and Reduction of Negative Impact of the COVID-19 Pandemic*. Ulaanbaatar.

¹⁴ Government of Mongolia, MOH. 2021. *Approval of Regulation*. Ministerial Order No. A/06. Ulaanbaatar.

¹⁵ As of 28 April 2021, the National Human Medicine Council of Mongolia approved following vaccines for use in Mongolia: (i) Pfizer-BioNTech COVID-19 vaccine; (ii) Moderna COVID-19 vaccine; (iii) AstraZeneca (AZD1222) vaccine licensed to and manufactured by SK Bioscience Co. Ltd. of the Republic of Korea; (iv) Covishield, the AstraZeneca vaccine licensed to and manufactured by the Serum Institute of India Pvt. Ltd.; (v) Sputnik V produced by the Gamaleya Institute of Russia; and (vi) COVID-19 vaccine produced by the Sinopharm of the People's Republic of China. As of 28 April 2021, only Pfizer, Moderna, and AstraZeneca vaccines are eligible for APVAX financing.

¹⁶ As of 28 April 2021, the MedImpex, a private wholesaler of medicines and medical devices, imported 20,000 doses of Sputnik V vaccine from Russia, and few other private wholesalers applied for registration of vaccines against COVID-19.

¹⁷ UNICEF. [COVID-19 Vaccine Market Dashboard](#) (accessed 17 March 2021).

access to and delays in supply of vaccines through COVAX, the Government of Mongolia has requested ADB's assistance to finance the purchase of vaccines through bilateral agreements directly from manufacturers.

16. The government has allocated MNT20.3 billion (equivalent to \$7.2 million) in the 2021 State Budget for expenses associated with the implementation of the NDVP (including local logistics and transportation, development of an electronic vaccine register) on top of the regular budget allocation for the salaries and benefits of the health and other sectors' civil servants involved in the COVID-19 vaccination program, and other operating expenses.

Table 2: Indicative Financing Needs for National Deployment and Vaccination Plan

Item	Financing Needs (Indicative)		Development Partners' Commitment ^a	Financing Gaps (Indicative)	ADB and AIIB Contribution ^b
	Unit Price Per Dose	Total (\$ million)			
A. COVID-19 vaccines					
1. Procurement of COVID-19 vaccines	\$7.0 ^c	31.8	34.5	(2.7)	
	\$17.0 ^d	77.3	34.5	42.8	40.0
B. Non-vaccine items					
2. Procurement of cold chain equipment, storage facility, dry-ice units		20.1	18.1	2.0	2.0
3. Rapid tests, reagents, medicines, and PPE		4.6	2.8	1.8	1.8
4. Service delivery, capacity building		9.6	8.7	0.9	0.9
5. Risk communication		2.4	2.4	0.0	0.0
Total (A+B)		68.5–114.0	66.5	4.7–47.5	44.7

ADB = Asian Development Bank, AIIB = Asian Infrastructure Investment Bank, APVAX = Asia Pacific Vaccine Access Facility, COVID-19 = coronavirus disease, PPE = personal protective equipment, RRC = rapid response component.

^a Includes (i) World Bank concessional loan \$50.7 million, and (ii) Government of Japan grant \$21.5 million.

^b Includes the proposed ADB APVAX RRC loan of \$19.0 million, AIIB cofinancing of \$21 million.

^c Based on estimation from the World Bank and the Government of Japan project proposals, where the vaccine price is \$5.0 per dose and the cost of international freight transport and UNICEF logistics management is \$2.0 per dose.

^d The cost of \$17.0 per dose based on the approximate average of the COVID-19 vaccines within higher range of prices (\$15.00–\$19.50). UNICEF. [COVID-19 Vaccine Market Dashboard](#) (accessed 28 April 2021).

Source: ADB estimates.

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Date 23.03.2021
Ref. 10-1/1253

Masatsugu Asakawa
President
Asian Development Bank

Dear President Asakawa,

Subject: APVAX Support for COVID-19 Vaccine Delivery in Mongolia

First of all, on behalf of the Government of Mongolia, I would like to express my deepest gratitude to the Asian Development Bank (ADB) for the effective and continuous commitment and support extended to the Government of Mongolia in combating the coronavirus disease (COVID-19) pandemic.

As a neighboring country to the People's Republic of China, the Government of Mongolia started taking preventive measures since January 2020 to prevent and control the outbreak of the COVID-19. The Government was able to prevent local transmissions for almost a year through decisive and strict measures such as announcing semi to full lock-down with strict border closures, suspension of all international flights, enforced quarantine for the incoming passengers, and public awareness activities.

The Government had approved the Law on Prevention, Response and the Reduction of the Negative Socio-Economic Impacts of the Coronavirus /COVID-19/ Pandemic and its amendment on 29 April 2020 and 31 December 2020, respectively, to identify the necessary measures to be taken continuously to combat the pandemic and ensure equal access for health care services, vaccines and medicines to be provided to the public during the pandemic.

However, on 10 November 2020, Mongolia encountered its first local transmission case and since then, the total number of detected cases have reached 6,332 with 51,834 under quarantine and observation. Since March 2021, the daily transmission cases have increased by fourfold. Compared to the total population of the country, the increasing rate of infections is alarming for the Government. In case of a larger outbreak, with most vulnerable groups living under the poverty line (28.4%) and about 20% of the population identified as at high risk of infection, a surge in infections would result in a shortage of quarantine facilities, essential equipment, and medical resources.

The Government recently announced a MNT 10 trillion Comprehensive Program towards Protecting the Public Health and Reviving the Economy as a scale up to the previously implemented MNT 5.1 trillion Countercyclical Development Expenditure Program approved in March 2020. The Government recognizes that the most important factor in protecting and recovering the economy and the public health of Mongolia amidst the pandemic is the immunization of its people with the COVID-19 vaccines. Accordingly, the Government's very near-term priority under the Comprehensive Program is timely access

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to safe and efficacious COVID-19 vaccines to immunize 60% of the population, prioritizing the highest-risk groups and frontline workers.

The Government's National Deployment and Vaccination Plan, approved under the Order No. 5 of the Head of the National Emergency Committee on 11 January 2021, clearly stipulates the detailed strategic direction of the vaccination process, clear mandate and responsibilities of the stakeholders, distribution and immunization activities, and monitoring and evaluation processes. Under the National Deployment and Vaccination Plan, healthcare workers (1.7%), emergency, police, inspection and border protection staff working to respond to the pandemic (1.6%), people above the age of 50 (17.7%), people with chronic illnesses (8.4%), and the most vulnerable groups (9.5%) will be given priority, respectively. Moreover, staff of private and public organizations (10%) that are required to continue operations without interruptions will be given priority as well. Overall, the Government plans to immunize 60% of the population (1,979,482). The total financial resources needed to secure vaccines for the 60% of the population is at least \$72.0 million with a likelihood of increase depending on the negotiation with manufacturers on the price of each dose of COVID-19 vaccine.

Mongolia joined the COVAX Facility on July 16, 2020 becoming one of the AMC Participant Countries to access safe and efficacious COVID-19 vaccines without delay and at affordable prices. We have submitted our first request to COVAX on December 2, 2020 expressing our interest in accessing COVID-19 vaccines through the Facility to vaccinate up to 20% of the population that are at high risk including frontline medical staff and emergency workers. Under the "first wave" rollout of the COVID-19 vaccines, Mongolia received total of 14,400 doses of AstraZeneca/Oxford vaccines on 12 March 2021.

Moreover, the World Bank has agreed to extend USD 50.7 million loan to the Government of Mongolia for securing the vaccines through the COVAX Facility, procuring ancillary materials, additional ultra-low temperature freezers and cold-chain equipment, upgrading of Central Warehouse for Vaccines and Bio Preparation and financing necessary communication and management costs to be incurred during the nationwide immunization. Under the support, approximately USD 16.2 million will be used for the procurement of COVID-19 vaccines.

The Government has planned to vaccinate the people of Ulaanbaatar city, the epicenter of the pandemic, by 1 May 2021 and to complete the nationwide vaccination by 1 July 2021. However, due to delays in vaccine delivery under the COVAX program, we are in urgent need to immediately purchase COVID-19 vaccines under bilateral agreements.

In this regard, the Government requests the support of the Asian Development Bank to finance USD 40 million from its Asia Pacific Vaccine Access Facility (APVAX) to purchase and transport COVID-19 vaccines. The Government confirms its commitment to following the following APVAX vaccine eligibility criteria, for those vaccines that are proposed to be procured from ADB's financing, namely that: (i) have been selected for procurement through COVAX on behalf of its participating countries, or have marketing authorization from a Stringent Regulatory Authority (SRA), or at least have an emergency use listing by the World Health Organization (WHO) and are considered acceptable to the Government; or (ii) have been prequalified by the WHO; or (iii) have been authorized by a SRA for manufacture in an SRA country or the SRA has authorized its manufacture in a non-SRA country.

The Government Regulation on Granting Emergency Use Authorization for COVID-19 Vaccines approved under the Resolution No. A/06 of the Minister of Health, dated 5 January 2021, requires the Government to rely on the Emergency Use Listing by the World Health Organization for authorizing COVID-19 vaccines, or authorization by the WHO-designated Stringent Regulatory Authorities. Accordingly, as of 4 March 2021, our Ministry of Health's Human Drug Council endorsed the emergency use for Pfizer-BioNtech COVID-19 vaccine, Moderna COVID-19 vaccine, AZD1222 vaccine manufactured by AstraZeneca, AZD1222 vaccine licensed to and manufactured by SK Bioscience Co Ltd (Republic of Korea) and the AstraZeneca vaccine (COVISHIELD) licensed and manufactured by the Serum Institute of India Pvt. Ltd.

Furthermore, the Government conducted an evaluation for the vaccine readiness by utilizing the VIRAT/VRAF 2.0 tool together with our Development Partners, including WHO, UNICEF, World Bank and Asian Development Bank, and the Government stakeholders.

Taking this opportunity, please allow me to emphasize that Mongolia has many years of experience in deploying vaccine programs and is fully ready to procure, receive and roll-out the COVID-19 vaccines nationwide.

Mongolia has an existing regulatory framework for medical waste management, including Regulation for Classification, Collection, Storage, Transportation, Disinfection and Disposal of Medical Waste from Health Facilities approved under the Joint Resolution No. A-320/305 of Minister of Environment and Tourism and Minister of Health, dated 28 September 2011, and Guiding Document for implementing this Regulation.

As of today, the Government is continuing to have bilateral discussions with COVID-19 vaccine manufacturers including AstraZeneca, Moderna and Pfizer, and other manufacturers with COVID-19 vaccines awaiting WHO pre-qualifications, and has made significant progress.

The Government has started working on preparing to receive, store, rollout the COVID-19 vaccines nationwide by procuring necessary supplies, preparing the -20C – -80C cold chain infrastructure to store a total of 2.5 million doses nationwide, and issuing necessary decisions to expedite the customs and local transportation processes. In addition, UNICEF conducted an assessment on current readiness of cold chain equipment in the country and have indicated that Mongolia has no difficulty in receiving the COVID-19 vaccines, particularly the vaccines with normal storage condition (2°C - 8°C) for 20% of its population at once.

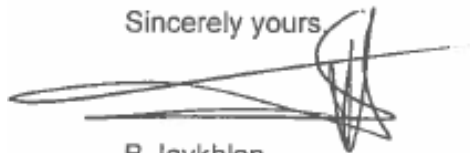
Mr. President, on behalf of the Government, please be assured that the Government is fully committed to carrying out its National Deployment and Vaccination Plan and following the APVAX vaccine eligibility criteria.

High-Level Government Working Group, led by the Deputy Prime Minister of Mongolia and comprising of Minister of Finance, Minister of Health, Minister of Justice and Home Affairs, and Minister of Foreign Affairs, will oversee and ensure timely and effective implementation of the COVID-19 vaccination. The Ministry of Health will be responsible for conducting procurement of COVID-19 vaccines from manufacturers through direct procurement method and managing the relevant contracts. The Ministry of Finance will continue to play the leading role in the coordinating with our Development Partners in accordance to the Law on Government of Mongolia.

Therefore, on behalf of the Government of Mongolia, I hereby submit our Vaccine Readiness Evaluation, Training Plan, Regulation on Granting Emergency Use Authorization for COVID-19 Vaccines, National Deployment and Vaccination Plan and the Regulation for Classification, Collection, Storage, Transportation, Disinfection and Disposal of Medical Waste from Health Facilities, and the procurement arrangement to demonstrate the technical readiness to deploy the COVID-19 vaccines in Mongolia, including fully equipped charter planes to receive the vaccines.

Mr. President, the Government is fully committed to steering Mongolia out of this unprecedented global crisis. Again, please allow me to extend my gratitude to ADB for working closely with the Government of Mongolia and for the continuous support during this pressing time.

Sincerely yours,

A handwritten signature in black ink, appearing to be 'B. Javkhlan', written over a horizontal line. The signature is stylized and somewhat abstract.

B.Javkhlan