



*Islamic Republic of Afghanistan*  
*Ministry of Finance*  
*Aid Management Directorate*

د مرستو د ادارې ریاست

Date: *March 10, 2021*  
Letter No. *814864*

Mr. Masatsugu Asakawa  
President  
Asian Development Bank  
Manila, Philippines

**Subject: Islamic Republic of Afghanistan: COVID-19 Vaccine Support Project under the Asia-Pacific Vaccine Access Facility**

Dear Mr. President,

On behalf of the Government of the Islamic Republic of Afghanistan, we would like to express our appreciation for the continuous commitment of the Asian Development Bank (ADB) to supporting Afghanistan in its fight against coronavirus disease (COVID-19) and reducing the adverse impact of the pandemic on the lives of Afghans and the economy.

This letter outlines Afghanistan's response to COVID-19, highlighting our national vaccination plan to protect the vulnerable groups from morbidity and mortality due to the COVID-19 disease. The COVID-19 outbreak, which was declared a global pandemic by the World Health Organization (WHO) on 11 March 2020, has resulted in 55,770 confirmed cases and 2,446 deaths as 2 March 2021. The first case of COVID-19 in Afghanistan was confirmed on 22 February 2020, prompting the Government to step up control measures and implement the National Emergency Response Plan (NERP) for COVID-19.

Following a first wave in May–June 2020, a second wave started in late 2020. The International Monetary Fund (IMF) estimates the real gross domestic product contracted by 5% in 2020, primarily due to a decline in consumption, remittances, and foreign investment, resulting in a significant increase in the poverty rate. Quick introduction of vaccination is therefore essential to reduce COVID-19 health and socio-economic impacts.

The Ministry of Public Health (MOPH) prepared the NERP in March 2020, in coordination with relevant ministries and agencies, and based on the preparedness and response plans of WHO and the United Nations Children's Fund (UNICEF). NERP focuses on measures such as public awareness campaigns, enhanced surveillance, increased testing capacities, provision of quarantine facilities, and increased treatment facilities. NERP is implemented by a national response coordinating committee, composed of multiple ministries and guided by the President of Afghanistan. To effectively fight the COVID-19 pandemic, to save Afghan lives, to protect the most vulnerable and to support economic recovery, it is essential to complement NERP with a comprehensive vaccination rollout.

MOPH has spearheaded the development of the National Plan for COVID-19 Vaccination in Afghanistan (NPCVA) through a multi-stakeholder consultation with different ministries, provinces, and development partners. The NPCA is formulated based on the Vaccine Introduction Readiness Assessment Tool

(VIRAT) of WHO and UNICEF, and the Vaccine Readiness Assessment Framework (VRAF) of the World Bank. The NPCA aims to: (1) protect vulnerable groups from morbidity and mortality due to COVID-19 disease; (2) interrupt transmission and outbreaks of COVID-19; and (3) protect critical social and routine services.

The NPCA is aligned with WHO strategic advisory group of experts (SAGE) on COVID-19 policies and strategies for vaccine development and vaccination programs. The five target groups, in order of succession, are: (1) all public and private health workers, teachers in public and private schools and universities; (2) security personnel, prisoners, and people with co-morbidities (e.g., heart diseases, tuberculosis, diabetes); (3) people over 50 years old, nomadic population (all men and women aged 30–50 years), persons living in the internally-displaced people camps aged 30–50 years; (4) returnees from neighboring countries (Iran and Pakistan) over the age of 30, government employees working with crowd of people aged 18 and above (e.g., passport department); and (5) people living in urban slums of big cities and people aged 18 requiring emergency use.

MOPH estimates that it will cost approximately \$319 million to vaccinate 60% of Afghanistan's population. This figure includes the cost of vaccines, cost of operations (i.e. distribution), cold chain, and technical assistance for central and provincial capacity building. A critical assumption is that the vaccine that will be procured costs \$7 per shot. Development partners are providing financing to support the vaccination program. GAVI (the Vaccine Alliance) has made an aspirational commitment of financing vaccine doses for 20 percent of the population, amounting to \$84 million. World Bank has committed \$63 million for vaccines, cold chain equipment, additional vaccinators and supervisors, vaccine delivery and technical assistance. The Afghanistan Reconstruction Trust Fund (ARTF) will provide \$50 million as co-financing to the World Bank project. This leaves a financing gap of \$112 million.

The general scope of procurement will rely upon UNICEF performing the role of a procurement agent to carry out turnkey procurement and logistics services for vaccines and ancillary items. As the sole procurement coordinator under COVAX, they are ideally positioned to handle all aspects of the vaccine supply chain from procurement, contract management, and distribution. MOPH has an existing contractual relationship with UNICEF under ADB Grant EAG 0700 and we anticipate a similar contract for vaccine support. Discussions are ongoing with UNICEF with no contracts finalized as of the date of this letter.

The national plan for vaccine readiness takes into account the cold chain requirements needed for safe receipt, storage, and distribution of vaccines throughout the country. The National Vaccine Store in Kabul will be utilized for distribution and construction is ongoing to enhance its storage capacity. In addition, cold chain enhancement plans are in place for regional and health facility level vaccine stores as part of the Logistics and Cold Chain Enhancement Plan. Along with procurement of the actual vaccines, UNICEF will be used to manage transportation from point of vaccine origin all the way to final destination.

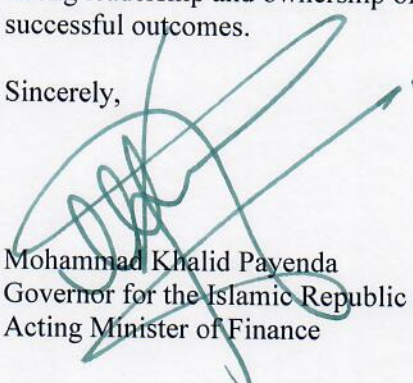
We are grateful that ADB has established the Asia-Pacific Vaccine Access Facility (APVAX) to assist countries in securing timely access to COVID-19 vaccines. Through the COVID-19 Vaccine Support Project under the Asia-Pacific Vaccine Access Facility, we have requested financing of \$50 million through the Project Investment Component of APVAX to: (i) procure and deliver COVID-19 vaccines to designated points; and (ii) strengthen the capacity of MOPH to procure and deliver the vaccines. Our proposal meets the APVAX access criteria as Afghanistan has: (i) demonstrated adverse impact due to COVID-19; (ii) completed a needs assessment and national vaccination allocation plan (indicating prioritization of vaccine access consistent with international norms and safeguarding against exclusion of marginalized and

vulnerable groups); and (iii) an effective development partner coordination mechanism in place, as elaborated above.

Through this letter, we are conveying our commitment to implement our COVID-19 vaccination allocation plan and manage incremental medical waste due to the immunization campaign. Details of the vaccination allocation plan and the waste management plan are summarized in the attachment to this letter. The Government is aware of the APVAX vaccine eligibility criteria and understands that all purchases of vaccines will be required to meet such criteria<sup>1</sup>, and meeting the vaccine eligibility criteria will be a disbursement condition to the use of the ADB financing.

We would like to thank ADB for working closely with us in developing this project. With our government's strong leadership and ownership of the vaccination program, we are confident that this project will lead to successful outcomes.

Sincerely,



Mohammad Khalid Payenda  
Governor for the Islamic Republic of Afghanistan in the Asian Development Bank  
Acting Minister of Finance

Attachment: Vaccination Allocation Plan and Waste Management Plan

Cc:  
- Ministry of Public Health (MoPH)

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<sup>1</sup> To be eligible for financing under APVAX, COVID-19 vaccines must meet one of the following eligibility criteria: (i) the vaccine has been selected for procurement through COVAX on behalf of its participating countries; (ii) vaccine manufacture is prequalified by the WHO; or (iii) vaccine is authorized by a stringent regulatory authority (SRA) for manufacture in an SRA country, or the SRA has authorized its manufacture in a non-SRA country.

## DETAILS OF THE VACCINATION ALLOCATION PLAN AND THE WASTE MANAGEMENT PLAN

### A. Vaccination Allocation Plan

The vaccination allocation plan refers to the categories of the population of Afghanistan to be vaccinated over the course of time in a context where not all of the population can be vaccinated at once due to limited supply and logistical constraints. The World Health Organization (WHO) through SAGE (Strategic Advisory Group of Experts on Immunization) has provided guidance to assist member countries in establishing a prioritization roadmap based on a “Value Framework.”

The vaccination allocation plan is built on “the principles on equitable access and fair allocation of coronavirus disease (COVID-19) health products developed for the Access to COVID-19 Tools (ACT) Accelerator COVID-19 Vaccines Global Access Facility (COVAX).”

The National Technical Committee for COVID-19 deployment has established a clear prioritization of the target groups in line with SAGE recommendations, assisted by WHO and United Nations Children’s Fund (UNICEF).

The designated groups to be vaccinated over 2021, based on an overall target of 20% of the national population will be vaccinated (based on the assumption of COVAX providing the vaccine doses) and will be managed in sequence as follows:

- (i) All health workers, teachers in schools and universities (public and private)
- (ii) Security personnel, prisoners, people with co-morbidities (e.g., heart diseases, TB, diabetes)
- (iii) People over 50 years old, nomadic population (all men and women aged 30–50 years), people living in internally displaced persons camps age 30–50 years
- (iv) Returnees from neighboring countries (Iran and Pakistan) over the age of 30, government employees working with crowd of people aged 18 years or above e.g., Passport department
- (v) People living in urban slums of big cities and emergency uses among above 18-year-olds

The remainder of the population will be vaccinated afterwards based on vaccine availability outside the COVAX Advance Market Commitment mechanism. The Government of Afghanistan will rely on resources from donors to vaccinate at least 40% of the population but would like to reach 60%. The estimated costs for each scenario are detailed in the following table:

Cost categories (\$ thousand)	20%	40%	60%
2. Cost of operation (distribution, demand side, etc.)	15,560	31,120	46,680
3. Transportation	246	492	738
4. Cold chain equipment and cost of infrastructure	13,799	13,799	13,799
5. TA + provincial level capacity cost	4,240	8,480	12,720
<b>Total cost of vaccination</b>	<b>115,535</b>	<b>217,271</b>	<b>319,007</b>

### B. Medical Waste Management Plan

The Guidelines for Introduction of COVID-19 vaccine describes the collection and safe disposal of all medical sharps waste and syringes in safety boxes, to centralized health facility for safe incineration.

The National Plan for COVID-19 Vaccination in Afghanistan (NPCVA) for Afghanistan describes the procedures in place based on the Health Care Waste Management Plan (HCWMP) validated in 2018 for handling and disposal of medical waste, which is being updated for COVID-19. This plan provides guidance for (i) segregation according to color coding for different types of bio-medical waste; (ii) collection using different types of containers; (iii) designated storage location within health care facilities; (iv) safe transportation for treatment (on-site and off-site); (v) use of personnel safety device mandatory for all personnel handling waste; and (vi) adequate treatment and disposal of the following:

- (i) Cotton and gauze soiled with blood will be autoclaved or microwaved and sent for landfilling after disinfection and converted into pieces.
- (ii) Plastic syringes will be autoclaved or microwaved and treated for formal recycling.
- (iii) Needles will receive a chemical treatment, will be autoclaved and stored in puncture-proof containers for formal recycling after disinfection.
- (iv) Glass vials and personal protective equipment (PPE) used by health care workers will be managed specifically.

The procedures in force are based on the existing policy framework relevant for healthcare waste management in Afghanistan, especially:

- (i) The Environmental Protection Act, 2007
- (ii) The National Environment Protection Agency (NEPA)
- (iii) The Ministry of Public Health Strategic Plan
- (iv) The Infection Prevention and Control Policy, 2005
- (v) The IAEA Safety Standards Series Occupational Radiation Protection
- (vi) The Stockholm Convention, the Basel Convention and the Rotterdam Convention.