



# Report and Recommendation of the President to the Board of Directors

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Project Number: 55078-001  
May 2021

## Proposed Grant Republic of Tajikistan: COVID-19 Vaccine Support Project under the Asia Pacific Vaccine Access Facility

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Asian Development Bank

## CURRENCY EQUIVALENTS

(as of 25 May 2021)

Currency unit	–	somoni
TJS1.00	=	\$0.0885214266
\$1.00	=	TJS11.296700

## ABBREVIATIONS

ACT	–	Access to COVID-19 Tools
ADB	–	Asian Development Bank
AMC	–	Advance Market Commitment
APVAX	–	Asia Pacific Vaccine Access Facility
CAREC	–	Central Asia Regional Economic Cooperation
COVAX	–	COVID-19 Vaccines Global Access
COVID-19	–	coronavirus disease
Gavi	–	Gavi, the Vaccine Alliance
GDP	–	gross domestic product
MCHICP	–	Maternal and Child Health Integrated Care Project
MOHSPP	–	Ministry of Health and Social Protection of the Population
NDVP	–	National Deployment and Vaccination Plan
NITAG	–	National Immunization Technical Advisory Group
PAG	–	project administration group
PAM	–	project administration manual
PPE	–	personal protective equipment
RCIP	–	Republican Center for Immunoprophylaxis
UNDP	–	United Nations Development Programme
UNICEF	–	United Nations Children’s Fund
WHO	–	World Health Organization

## NOTE

In this report, “\$” refers to United States dollars.

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## PROJECT AT A GLANCE

<b>1. Basic Data</b>		<b>Project Number: 55078-001</b>	
<b>Project Name</b>	COVID-19 Vaccine Support Project under the Asia Pacific Vaccine Access Facility	<b>Department/Division</b>	CWRD/CWSS
<b>Country Recipient</b>	Tajikistan Republic of Tajikistan	<b>Executing Agency</b>	Ministry of Health and Social Protection of the Population of the Republic of Tajikistan
<b>Country Economic Indicators Portfolio at a Glance</b>	<a href="https://www.adb.org/Documents/LinkedDocs/?id=55078-001-CEI">https://www.adb.org/Documents/LinkedDocs/?id=55078-001-CEI</a> <a href="https://www.adb.org/Documents/LinkedDocs/?id=55078-001-PortAtaGlance">https://www.adb.org/Documents/LinkedDocs/?id=55078-001-PortAtaGlance</a>		
<b>2. Sector</b>	<b>Subsector(s)</b>	<b>ADB Financing (\$ million)</b>	
✓ <b>Health</b>	Disease control of communicable disease		25.00
		<b>Total</b>	<b>25.00</b>
<b>3. Operational Priorities</b>		<b>Climate Change Information</b>	
✓ Addressing remaining poverty and reducing inequalities		GHG reductions (tons per annum)	0.000
✓ Accelerating progress in gender equality		Climate Change impact on the Project	Low
✓ Fostering regional cooperation and integration			
		<b>ADB Financing</b>	
		Adaptation (\$ million)	0.00
		Mitigation (\$ million)	0.00
		<b>Cofinancing</b>	
		Adaptation (\$ million)	0.00
		Mitigation (\$ million)	0.00
<b>Sustainable Development Goals</b>		<b>Gender Equity and Mainstreaming</b>	
SDG 1.5		Effective gender mainstreaming (EGM)	✓
SDG 3.8, 3.d			
SDG 5.1		<b>Poverty Targeting</b>	
SDG 10.4		General Intervention on Poverty	✓
<b>4. Risk Categorization:</b>	Complex		
<b>5. Safeguard Categorization</b>	<b>Environment: C Involuntary Resettlement: C Indigenous Peoples: C</b>		
<b>6. Financing</b>			
<b>Modality and Sources</b>		<b>Amount (\$ million)</b>	
<b>ADB</b>		<b>25.00</b>	
Sovereign Asia Pacific Vaccine Access Facility: Asian Development Fund		25.00	
<b>Cofinancing</b>		<b>0.00</b>	
None		0.00	
<b>Counterpart</b>		<b>1.80</b>	
Government		1.80	
<b>Total</b>		<b>26.80</b>	
<b>Currency of ADB Financing: US Dollar</b>			

## I. THE PROPOSAL

1. I submit for your approval the following report and recommendation on a proposed grant to the Republic of Tajikistan for the COVID-19 Vaccine Support Project under the Asia Pacific Vaccine Access Facility (APVAX).

2. The project will provide the Government of Tajikistan with financing for coronavirus disease (COVID-19) vaccine procurement and logistics and capacity-strengthening activities through APVAX.<sup>1</sup> Tajikistan has met all APVAX access criteria (Table 1). The project investment component under APVAX will be utilized. The project will support the implementation of the National Deployment and Vaccination Plan (NDVP) to introduce COVID-19 vaccines in Tajikistan in line with Strategy 2030 of the Asian Development Bank (ADB).<sup>2</sup>

**Table 1: Compliance with Access Criteria of the Asia Pacific Vaccine Access Facility**

Access Criteria	ADB Staff Assessment
Demonstrated adverse impact of COVID-19	Economic growth slid to 4.5% in 2020 from 7.5% in 2019; fiscal deficit expanded from 3.8% of GDP in 2019 to an estimated 5.2% in 2020; unemployment rose to 6.1% by the end of 2020 from 2.0% in early 2020; remittance inflows dropped by an estimated 32.4%, from \$2.7 billion in 2019 to \$1.7 billion, or 22.2% of GDP; volume of foreign trade dropped by 10.9%; and total public debt grew from 44.9% of GDP in 2019 to 47.3% at the end of 2020.
Completed needs assessment  National vaccination allocation plan	Assessment of readiness, using WHO's COVID-19 Vaccine Introduction Readiness Assessment Tool and the World Bank's Vaccination Readiness Assessment Framework, is updated periodically with UNICEF and other development partners' support.  The MOHSPP developed the NDVP in consultation with ministries, institutions, and partners. It is aligned with the WHO Strategic Advisory Group of Experts on Immunization on global COVID-19 policies and strategies. The NDVP earmarks vaccines for priority groups, including health-care workers, public officers, and vulnerable groups (older people and those with preexisting conditions).
Incremental medical waste management plan  Governor's letter <sup>a</sup>	The waste management plan is elaborated in a standard operating procedure for disposal of medical waste after vaccination against COVID-19 (approved on 6 March 2021 by the MOHSPP), newly developed with support from UNICEF, based on latest waste management guidelines institutionalized by the government in the context of COVID-19 vaccination.  ADB has received the governor's letter confirming the government's commitment to implement the NDVP, including the prioritization plan, and the standard operating procedure on disposal of medical waste after vaccination against COVID-19, and compliance with APVAX vaccine eligibility criteria.
Established an effective development partner coordination mechanism with a clear ADB role	An effective development partner coordination mechanism is in place in which ADB participates and contributes. The Development Coordination Council Working Group on Health is chaired by European Union and co-chaired by WHO. The NITAG is chaired by the MOHSPP technical experts and participated in by development partners, including ADB.

<sup>a</sup> Accessible from the list of linked documents in Appendix 2.

ADB = Asian Development Bank, APVAX = Asia Pacific Vaccine Access Facility, COVID-19 = coronavirus disease, GDP = gross domestic product, MOHSPP = Ministry of Health and Social Protection of the Population, NDVP = National Deployment and Vaccination Plan, NITAG = National Immunization Technical Advisory Group, UNICEF = United Nations Children's Fund, WHO = World Health Organization.

Source: Asian Development Bank.

<sup>1</sup> The proposed project was prepared under the One ADB approach following streamlined business processes outlined in the APVAX policy paper (ADB. 2020. [ADB's Support to Enhance COVID-19 Vaccine Access](#). Manila).

<sup>2</sup> Republic of Tajikistan, Ministry of Health and Social Protection of the Population (MOHSPP). 2021. *National Deployment and Vaccination Plan*. December; ADB's strategic approach in Tajikistan is defined in the upcoming country partnership strategy for 2021–2025. ADB. 2018. [Strategy 2030: Achieving a Prosperous, Inclusive, Resilient, and Sustainable Asia and the Pacific](#). Manila; Contribution to Strategy 2030 Operational Priorities (accessible from the list of linked documents in Appendix 2). The project is aligned with operational priority 1 through increasing access to COVID-19 vaccines, operational priority 2 by generating skilled jobs for women, and operational priority 7 by breaking the chain of COVID-19 transmission in Asia and the Pacific.

## II. THE PROJECT

### A. Rationale

#### 1. The COVID-19 Pandemic

3. **Status of the pandemic.** COVID-19 rapidly accelerated into a global pandemic, as declared by the World Health Organization (WHO) on 11 March 2020. The number of cases grew exponentially across countries and continents, resulting in closed borders; travel restrictions; lockdowns; national health crises; and disruptions in trade, investment, tourism, and remittance flows. Tajikistan confirmed its first 15 cases of COVID-19 on 30 April 2020 and, as of 12 May 2021, total cases have risen to 13,308 although no new cases have been reported since December 2020. Tajikistan also confirmed 90 deaths.<sup>3</sup> Only 407,841 tests were completed in Tajikistan up to 28 February 2021, indicating a high probability of undetected cases. The country is ill-equipped to handle large-scale health crises and remains highly vulnerable to the COVID-19 pandemic. Limited testing capacity and absence of strict social distancing and self-isolation measures have led to increasing pressures in the health system.<sup>4</sup>

4. **Country context.** Tajikistan is a small, landlocked country in southeastern Central Asia. Tajikistan is bordered by Uzbekistan and the Kyrgyz Republic to the west and north, the People's Republic of China to the east, and Afghanistan to the south. COVID-19, therefore, presents a regional challenge that needs coordinated actions. Transit arrangements with neighbors will be critical to maintain trade and tourism flow into the country, as well as ease mobility of migrant workers as remittances are important for the economy, accounting for about a third of gross domestic product (GDP).<sup>5</sup> The legacy of the Semashko health system,<sup>6</sup> is that the country has a significantly higher number of physicians, nurses, and hospital beds than average for low-income countries. The system has resulted in significantly better health outcomes compared with income level (i.e., the measles, mumps, and rubella immunization rate is 97.0%, compared with 62.8% in low-income countries in 2019). However, such a system incurs higher costs and, because government financing is limited, results in a disproportionate out-of-pocket burden (68% of current health expenditure in 2018).

#### 2. Impact of the Pandemic

5. **Cost for the economy.** COVID-19 has significantly weakened the economy as prevention measures and external factors have slowed domestic consumption and the output of firms, including micro, small, and medium-sized enterprises. COVID-19-related lockdowns adversely affected the economy in 2020, where reported growth dropped from 7.5% in 2019 to 4.5% in 2020. Growth deceleration could have been worse without government support measures assisted by development partners, which exceeded 4.5% of GDP in 2020. COVID-19 has significant impact on remittances, tourism, and trade, with remittances falling by 14.8% in the first half of 2020;<sup>7</sup> tourism receipts had decreased by 56.0% as of September 2020 (compared with the same period in 2019, according to the United Nations World Tourism Organization) as the

<sup>3</sup> MOHSPP. [Single National Coronavirus \(COVID-19\) Portal](#) (accessed 12 May 2021).

<sup>4</sup> Tajikistan's technology infrastructure and employment profile are not well suited to work-from-home measures.

<sup>5</sup> Current US dollars, Atlas method. World Bank. 2020. [World Development Indicators](#) (accessed 3 March 2021).

<sup>6</sup> "The Semashko model was built in the former Soviet Union as a multi-tiered system of care with a strongly differentiated network of service providers, where each of the five levels corresponded to the severity of the disease (district, central *rayon*, municipal, *oblast* and federal hospitals) and these were all connected by a sound referral system" (WHO. 2013. [Rocky Road from the Semashko to a New Health Model](#)).

<sup>7</sup> ADB. 2020. [Asian Development Outlook \(ADO\) 2020 Update: Wellness in Worrying Times](#). Manila.



number of tourist arrivals dropped by 72.0% in 2020; and foreign trade contracted by 10.9% according to the government.

6. **Impact on poor and vulnerable groups.** Tajikistan remains one of the lowest-income economies in Central Asia, with gross national income per capita of \$1,030 (Atlas method) in 2019 (footnote 5). The national poverty rate is 27.4%; 12% of the population is extremely poor and an additional 46% is classified as vulnerable and at risk of falling into poverty.<sup>8</sup> A late 2020 United Nations Development Programme (UNDP) report stated that “incomes from self-employment, migrant labor and non-registered jobs have had the largest declines as a result of the COVID-19 outbreak, the lack of savings and the presence of loans forces households into further indebtedness, and there is a high risk of perpetual indebtedness of the sizable proportion of the population, and risking expansion and intensification of poverty.”<sup>9</sup> Official data show that unemployment rates increased from 2.0% in January 2020 to 6.1% in December 2020.<sup>10</sup>

7. **Impact on gender.** Women are among those most vulnerable to the fallout from the COVID-19 pandemic. They are heavily represented among formal (82,842 of 113,899 health workers are women) and informal care workers. External labor migration has affected women’s economic and social well-being. The heavy reliance on remittances has resulted in missed opportunities for women in their socio-economic lives and personal aspirations. The UNDP survey report (footnote 9) confirmed that “social factors negatively affect women’s mobility, education and skills and hence exacerbating their vulnerability to COVID-19 impacts; the share of women and girls in informal employment is very large; and gender and age disparities are evident with women and youth at higher risk of long-term unemployment.”

8. **Impact on the health system.** The health system is ill-prepared to deal with a large-scale health crisis such as COVID-19 and the accompanying surge in demand for medical services, as indicated by Tajikistan’s ranking of 130th out of 195 countries in the Global Health Security Index.<sup>11</sup> The sector has insufficient resources, and government spending on health is low at 7% of general government spending, compared with 12% in the Kyrgyz Republic and a regional average of 16%.<sup>12</sup> Out-of-pocket spending accounts for 68% of current health expenditure, and per capita current health expenditure is the lowest in the region at \$60 in 2018.<sup>13</sup> Limited capacity in medical management of COVID-19 cases and limited medical supply and access to high-quality health care are all expected to contribute to the severe impact of COVID-19. Tajikistan has limited testing and contact tracing capacity; only 42 tests per 1,000 population had been conducted as of 28 February 2021, compared with 437 in Kazakhstan as of 18 March 2021. COVID-19 cases are most likely underreported because of inadequate testing and tracing capacity across the country.

9. **Initial government measures to control the pandemic.** The government implemented rapid measures at the start of the global outbreak to prevent the spread of the virus and protect the health system. A task force was established, chaired by the Prime Minister, to determine measures to mitigate the COVID-19 pandemic and deal with its impacts. The government then approved the Tajikistan COVID-19 Country Preparedness and Response Plan on 19 March 2020. Among the restrictions imposed included closure of the border with the People’s Republic of China in January 2020; prohibition of citizens from five high-risk countries from entering Tajikistan from

<sup>8</sup> Poverty figures are sourced from the Tajikistan State Statistical Agency 2018 Household Budget Survey.

<sup>9</sup> UNDP. 2020. *Impact of COVID-19 on Lives, Livelihoods and Micro, Small and MSMEs in Tajikistan*. Dushanbe.

<sup>10</sup> Figure from official correspondence with Tajikistan’s first deputy minister.

<sup>11</sup> Global Health Security Index. 2019. [2019 GHS Index Country Profile for Tajikistan](#).

<sup>12</sup> WHO. 2020. [Global Health Expenditure Database](#) (accessed 22 February 2021).

<sup>13</sup> WHO. 2016. [Tajikistan: Health System Review](#). Copenhagen.

February 2020; suspension of all flights and closure of airports from 20 March 2020; mandatory 14-day quarantine of all evacuated citizens upon arrival at Dushanbe airport; cancellation of Dushanbe City celebrations in April 2020; closure of mosques, schools, and nonfood markets from 27 April 2020; and compulsory wearing of masks from 30 April 2020. Throughout the pandemic, TJS1.6 billion of additional funds were allocated from the state budget to the health sector to purchase medicines and medical equipment, create temporary hospitals, and support health workers—an increase of 19% in current health expenditure (TJS1.347 billion in 2018).

10. **Lessons learned.** The Ministry of Health and Social Protection of the Population (MOHSPP), the executing agency, has experiences in implementing projects funded by development partners, including ADB, KfW, and the World Bank. The project design is informed by best practices learned from recent projects (para. 20). These include: (i) the importance of a strong coordination mechanisms between development partners and the MOHSPP; (ii) the value in partnering with agencies such as UNICEF that can provide strong technical support and expertise; and (iii) the need to continue strengthening project management capacity within the executing agency and/or implementing agency. The project administration group (PAG) of the Maternal and Child Health Integrated Care Project (MCHICP) has been implementing the ADB-funded project since 2019 and is familiar with ADB’s safeguards and due diligence requirements.<sup>14</sup> Strengthening capacity requires a long-term commitment from ADB and should be continued under the proposed project.

### 3. Government’s Response (Needs Assessment and Vaccination Allocation Plan)

11. **Needs assessment.** Tajikistan is among the youngest countries, with a median age of just 22 years. The government will aim for functional immunity through the vaccination of 62.5% of the population (e.g., all those above the age of 18). The total cost estimate for the implementation of the NDVP is \$99 million. The amount includes the funding requirements for all NDVP components, including vaccines and injection supplies, with an estimated cost of \$7 per dose. The NDVP will be funded through various sources, including the government; COVID-19 Vaccines Global Access (COVAX); and Gavi, the Vaccine Alliance (Gavi), channeled through the United Nations Children’s Fund (UNICEF) and WHO. Other donors include ADB, the Agha Khan Foundation and World Bank.<sup>15</sup>

12. **National Deployment and Vaccination Plan.** Through the NDVP, adopted in early February 2021, the government aims to protect vulnerable groups, interrupt transmission of COVID-19, protect critical social and routine health services, create and maintain effective stakeholder communication during planning and vaccine administration, ensure a high level of awareness and regular monitoring of the process, and mobilize the resources and partnerships needed to implement the plan. The MOHSPP developed the NDVP with members from the National Immunization Technical Advisory Group (NITAG), various agencies under the MOHSPP, and representatives from development partners.

13. The NDVP builds on WHO’s Vaccine Introduction Readiness Assessment Tool and the World Bank’s Vaccine Readiness Assessment Framework. The NDVP is aligned with the WHO Strategic Advisory Group of Experts on Immunization on global COVID-19 policies and strategies. The first stage will be vaccination of the first and second priority groups. The first (3%

<sup>14</sup> ADB. 2018. *Tajikistan: Maternal and Child Health Integrated Care Project*. Manila.

<sup>15</sup> More details are in the linked document Vaccine Needs Assessment (accessible from the list of linked documents in Appendix 2).

of the total population or 297,817 people) will include all health workers and people from the 70+ age group. The second (7% of the total population or 690,988 people) will include (i) the 60–69 age group and people living with HIV; and (ii) patients with chronic diseases (diabetes, tuberculosis, hypertension, chronic respiratory diseases, ischemic heart diseases, and cancer). The second stage will be vaccination of the third priority group (9.41% of the total population or 876,857 people), consisting of (i) the 50–59 age group; (ii) people with chronic kidney disease, obesity, immunodeficiency (including posttransplant patients), and neurological diseases; and (iii) teachers (employees of educational and science institutions). The third stage will cover the remaining 42.5% of the population and will include those who are above 18 but do not fall into any of the categories outlined in first two stages. The NDVP was approved by the Regional Review Committee of the WHO, which described the NDVP as “a solid and comprehensive plan.”

14. The NDVP will be carefully monitored and followed to ensure delivery of vaccines, with attention to equity and inclusion. The NDVP’s monitoring system will undertake surveillance with the support of the government’s Republican Center for Immunoprophylaxis (RCIP), which is mandated to coordinate and implement vaccination-related activities, including planning, implementation, monitoring, and evaluation. Locally, regional branches of the RCIP and district immunization centers will report on data using a bottom-up approach, from primary health-care facilities up to the national level. The MOHSPP will utilize the WHO and European Centre for Disease Prevention and Control Joint Weekly Data Collection Facility on COVID-19 Vaccine Distribution and Vaccine Coverage. Data collection will use The European Surveillance System (TESSy) online software, a tool to monitor vaccination in WHO member countries. To ensure higher vaccine uptake and cover the priority groups as planned, the government will enact additional measures such as vaccination registers, reporting forms, tally sheets, tools for vaccination analysis, an electronic system for registration of vaccination, vaccine tracing and distribution, as well as distribution of injection equipment and supplies, home-based personal records as reminders for vaccination follow-up, and home visits and reminder phone calls.

#### 4. Development Partner Coordination

15. Tajikistan is a member of the COVAX Advance Market Commitment (AMC),<sup>16</sup> one of the four pillars of the Access to COVID-19 Tools (ACT) Accelerator,<sup>17</sup> under WHO.<sup>18</sup> As a beneficiary of COVAX AMC, Tajikistan is eligible to receive vaccines for 20% of the population.<sup>19</sup> ADB’s proposed grant of \$25 million is one of a series of APVAX projects in Central Asia, which will support procurement and transport of vaccines, operating expenses, a demand generation campaign, and training, and fully complement the assistance of other development partners. The MOHSPP is working closely with development partners to mobilize funding and ensure close coordination in delivering priority assistance for the COVID-19 response.<sup>20</sup> The first round of

<sup>16</sup> Gavi launched COVAX-AMC in June 2020. It is an innovative financing instrument that aims to support the participation of 92 low- and middle-income economies in COVAX, which enables them to access donor-funded doses of safe and effective COVID-19 vaccines. Together with support for country readiness and delivery, COVAX AMC will ensure that the most vulnerable in all countries can be protected in the short term, regardless of income level (S. Berkley. [The Gavi COVAX AMC Explained](#). Gavi).

<sup>17</sup> Launched in April 2020, the ACT Accelerator, is a groundbreaking global collaboration to accelerate development, production, and equitable access to COVID-19 tests, treatments, and vaccines. It is organized into four pillars: diagnostics, treatment (therapeutics), vaccines, and health system strengthening (WHO. [COVAX](#)). Each pillar is vital to the overall effort and involves innovation and collaboration (WHO. [The Access to COVID-19 Tools \(ACT\) Accelerator](#)).

<sup>18</sup> The Coalition for Epidemic Preparedness Innovations, Gavi, WHO, and the World Bank.

<sup>19</sup> In March 2021, 192,000 of the 624,000 expected doses of AstraZeneca vaccines under the COVAX facility have been delivered to Tajikistan. As of May 2021, about 74,000 individuals have been vaccinated with at least one dose.

<sup>20</sup> Donor Coordination Matrix (accessible from the list of linked documents in Appendix 2).

vaccines for 20% of the population will be financed through COVAX AMC for about \$30 million. COVAX will support the government with additional cold chain equipment funded through Gavi, and with technical assistance through WHO and UNICEF. The UNICEF and WHO will help the government with NDVP measures such as cold chain assessment, waste management, and capacity building. The World Bank added \$8.63 million to its Tajikistan Emergency COVID-19 Project, which will support the purchase of additional vaccines through COVAX, personal protective equipment (PPE), in-country transport, a demand generation campaign, training, database management, supervision, and monitoring.<sup>21</sup> The Aga Khan Foundation has committed financing of \$0.24 million for medical supplies (PPE, cold chain equipment, and program management). Discussions are ongoing with development partners to fill the financing gap (about \$32.5 million) to vaccinate all those above 18 years old (62.5% of the population).

## B. Project Description

16. The project responds to the government's request for ADB support under APVAX to help meet COVID-19 vaccine response challenges. In accordance with the guidance provided in Appendix 5 of the APVAX policy, the project investment component under APVAX will support ADB's procurement and project implementation, which will benefit Tajikistan given due diligence assessments that identified fiduciary-related risks (footnote 1).

17. **Impacts and outcome.** The project is aligned with the following impacts: (i) vulnerable groups are protected from morbidity and mortality caused by COVID-19;<sup>22</sup> and (ii) the spread of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is reduced,<sup>23</sup> and confidence of citizens is restored.<sup>24</sup> The project's outcome is priority populations are vaccinated against COVID-19.<sup>25</sup> The project outputs are described below.

18. **Output 1. COVID-19 vaccine procured and delivered to designated points.** The project will provide financing to procure vaccines through COVAX AMC with support from UNICEF as the procurement agent through a turnkey service. The project will support procurement of about 3 million doses (assuming 2 doses per person), which will be sufficient to vaccinate more than 1.3 million people or about 14% of the population. The expenditure items will include (i) vaccines that meet any of the eligibility requirements of the APVAX policy,<sup>26</sup> including advance payments; (ii) safety boxes, syringes, and other items required to administer the vaccines; and (iii) international and national logistics and related services required to transport vaccines from the place of purchase to national, regional, and district health facilities.

19. **Output 2. Vaccination program implementation capacity strengthened.** The output will help strengthen the MOHSPP's capacity to effectively and efficiently manage procurement and delivery of COVID-19 vaccines, and develop and conduct information, education, and communication campaigns and outreach programs with tailored messages for the different target groups using gender- and age-sensitive approaches. The capacity-strengthening activities will be coordinated with regional technical assistance under the Central Asia Regional Economic Cooperation (CAREC) framework to support information and knowledge sharing with other

<sup>21</sup> World Bank. 2020. [Tajikistan Emergency COVID-19 Project](#).

<sup>22</sup> MOHSPP. 2021. *National Deployment and Vaccination Plan for the Introduction of COVID-19 Vaccines in the Republic of Tajikistan*. Dushanbe.

<sup>23</sup> SARS-CoV-2 is the virus that causes COVID-19.

<sup>24</sup> ADB. 2020. [ADB's Support to Enhance COVID-19 Vaccine Access](#). Manila.

<sup>25</sup> The design and monitoring framework is in Appendix 1.

<sup>26</sup> Eligibility of vaccines for APVAX financing will adhere to the criteria in para. 29, including footnotes 28, 29, and 30, of the APVAX policy paper (footnote 24).

CAREC member countries.<sup>27</sup> Consultant support will be provided to help the MOHSPP's PAG on project management and coordination; procurement; financial management and disbursement; gender mainstreaming; monitoring and evaluation; performance and financial audits; waste management; and impact assessment, including a satisfaction survey among vaccine recipients.

20. **ADB value addition.** The project is integral to ADB's support for Tajikistan's COVID-19 response. ADB provided \$50 million through the COVID-19 Active Response and Expenditure Support Program,<sup>28</sup> and a \$2.5 million grant through the Asia Pacific Disaster Response Fund to purchase medical supplies for COVID-19. For the quick purchase of medical supplies and PPE for health-care staff, ADB provided about \$1 million sourced from regional technical assistance,<sup>29</sup> and reallocation from the ongoing MCHICP (footnote 14). The CAREC RETA (footnote 26) supports the project's behavior change communication, among others. Through targeted assistance in 2020, ADB has established monitoring mechanisms to ensure that its support covers the most vulnerable groups and promotes gender-sensitive approaches.

21. ADB's involvement in health is not limited to vaccination; ADB is a main partner and key financier of the health sector. The MCHICP (\$32 million) focuses on integrating health care and strengthening health systems. Reinforcing the government's efforts is crucial value addition that allows for holistic ADB support to fight COVID-19. The MCHICP has innovative components that pilot critical interventions in maternal and child health. For instance, the project's behavior change communication component has a prospective impact evaluation design to rigorously examine what route of information campaigns is most effective in routine immunization of children. Lessons from these experiments will be incorporated into the design of behavior change communication and social mobilization campaigns for COVID-19 vaccination and future health operations. Sustained support to the health sector is a good platform from which to pursue ADB's gender mainstreaming efforts, given the significant role and participation of women in the sector. With global health interconnectedness highlighted by the COVID-19 pandemic, the call for regional approaches is heightened. Through the CAREC Program, ADB has been expediting regional dialogue and knowledge sharing on mitigating risks at borders, including a \$4.35 million regional technical assistance (footnote 26) to support the formulation of a CAREC health strategy leading to 2030. At the 19th CAREC Ministerial Conference, Tajikistan, together with its partners in the CAREC Program, reaffirmed its commitment to regional cooperation to face the challenges posed by the pandemic.

### C. Summary Cost Estimates and Financing Plan

22. The project is estimated to cost \$26.8 million (Table 2). Detailed cost estimates by expenditure category and by financier are included in the project administration manual (PAM).<sup>30</sup> The major expenditure items that constitute the project are the purchase and delivery of COVID-19 vaccines that meet APVAX eligibility criteria, goods, and consulting services to develop the MOHSPP's capacity.

<sup>27</sup> ADB. 2020. [Regional: Addressing Health Threats in Central Asia Regional Economic Cooperation Countries and the Caucasus](#). Manila.

<sup>28</sup> 2020. ADB. [Tajikistan: COVID-19 Active Response and Expenditure Support Program](#). Manila.

<sup>29</sup> ADB. 2020. [Regional Support to Address the Outbreak of Coronavirus Disease 2019 and Potential Outbreaks of Other Communicable Diseases](#). Manila.

<sup>30</sup> Project Administration Manual (accessible from the list of linked documents in Appendix 2).



**Table 2: Summary Cost Estimates**  
(\$ million)

Item	Amount <sup>a</sup>
<b>A. Base Cost<sup>b</sup></b>	
1. Output 1: COVID-19 vaccine procured and delivered to designated points	23.0
2. Output 2: Vaccination program implementation capacity strengthened	1.2
<b>Subtotal (A)</b>	<b>24.2</b>
<b>B. Contingencies<sup>c</sup></b>	<b>2.6</b>
<b>Total (A+B)</b>	<b>26.8</b>

<sup>a</sup> Numbers may not sum precisely due to rounding. In prices as of March 2021.

<sup>b</sup> Includes taxes and duties of \$1.41 million. Of this, the government will finance \$1.37 million through tax and duty exemptions. The amount does not represent an excessive share of the project cost.

<sup>c</sup> Physical contingencies computed at 7.1% for all cost categories. Price contingencies are calculated based on escalation rates for domestic and international costs estimated for Tajikistan, including provision for potential exchange rate fluctuation under the assumption of a purchasing power parity exchange rate. The annual escalation rate for international costs is estimated at 1.6% for 2021 and 1.7% for 2022 and 2023. The annual escalation rate for domestic costs is estimated at 8.5% for 2021 and 7.0% for 2022 and 2023.

Source: Asian Development Bank.

23. The government has requested a grant not exceeding \$25 million from ADB's Special Funds (Asian Development Fund) to help finance the project. The summary financing plan is in Table 3. ADB will finance the expenditures related to COVID-19 vaccine procurement and delivery to designated vaccine administration points, goods, consulting services, and some portion of taxes. The government provided assurance to cover any shortfall in the finances required. The government agreed to contribute \$1.8 million to cover taxes and duties through exemption and to provide office space and counterpart staff.

**Table 3: Summary Financing Plan**

Source	Amount (\$ million)	Share of Total (%)
<b>Overall program</b>		
Asian Development Bank		
ADF Grant <sup>a</sup>	25.0	93.3
Government <sup>b</sup>	1.8	6.7
<b>Total</b>	<b>26.8</b>	<b>100.0</b>

ADF = Asian Development Fund.

<sup>a</sup> The project will be funded by freed-up ADF grant resources (\$20 million) from reprogramming of an upcoming project, and the Expanded Disaster and Pandemic Response Facility (DRF+) grant (\$5 million).

<sup>b</sup> Government in-kind contribution includes tax and duty exemptions for vaccines (including ancillary goods and transport costs), office space, and counterpart staff.

Sources: Asian Development Bank and Government of Tajikistan.

## D. Implementation Arrangements

24. **Project organization structure.** The MOHSPP will be the project's executing agency. The implementing agency will be the ongoing ADB project PAG, which will be augmented with consultants. The PAG, headed by a project director, will be appointed by the MOHSPP. The project director will be supported by a national coordinator, who will oversee the day-to-day implementation supported by six regional coordinators or vaccination specialists. The coordinators (national and regional) and other key PAG staff (gender, procurement, financial management and disbursement, monitoring and evaluation, waste management, translation) will be selected through a competitive procedure and financed by the project under the recurrent cost category. Auditing firms (financial and performance) will be engaged to ensure comprehensive fiduciary assurance to ADB on overall project delivery. A consulting firm will be engaged to handle impact assessment, including a satisfaction survey among vaccine recipients, and third-party monitoring. The roles, responsibilities, and draft terms of reference for staff and consultants who

will support the MOHSPP and the PAG are described in the PAM. Implementation arrangements are summarized in Table 4.

25. **Governance structure.** The project's oversight and implementation arrangements are anchored on the government's governance structure. The project will be guided by the directives of the national multisectoral COVID-19 task force chaired by the Prime Minister. The MOHSPP has the overall mandate to implement the NDVP. The responsibility for strategic decision-making on COVID-19 vaccine introduction is under the NITAG, with members from the State Sanitary Epidemiological Surveillance Service, the RCIP, the Republican Healthy Lifestyle Center, and the Republican Center for Medical Statistics and Information. Development partners such as ADB, the Aga Khan Foundation, Gavi, UNICEF, WHO, and the World Bank will meet regularly to ensure timely implementation of the NDVP. The well-established country-wide institutional mechanisms will be used to execute the vaccination plan.

**Table 4: Implementation Arrangements**

Aspects	Arrangements		
Implementation period	July 2021–June 2023		
Estimated completion date	30 June 2023		
Estimated grant closing date	31 December 2023		
Management			
(i) Oversight body	National Inter ministerial or Intersectoral COVID-19 task force chaired by the Prime Minister with participation of relevant ministries		
(ii) Executing agency	Ministry of Health and Social Protection of the Population		
(iii) Implementing agency	Ministry of Health and Social Protection of the Population PAG		
Procurement	Direct contracting to UNICEF for vaccine supply, safety boxes, syringes, and other related items, and delivery to designated points	1 contract	\$21,776,501
	PAG office equipment and furniture	1 contract	\$22,913
Consulting Services	PAG staff for APVAX	Multiple contracts	\$300,000
	CQS (performance auditor firm)	1 contract	\$60,000
	LCS (project financial auditing firm)	1 contract	\$20,000
	CQS (firm for impact assessment and/or third-party monitoring firm)	1 contract	\$38,800
Retroactive financing and/or advance contracting	Grant funds may be used to reimburse eligible expenditures incurred before grant effectiveness, subject to a maximum amount equivalent to 30% of the grant amount, provided that expenditures are incurred after the allocation by the government of resources to respond to the COVID-19 emergency <sup>a</sup> but not earlier than 12 months before the date of the grant agreement, and provided that disbursement conditions are met. The issuance of (i) invitations for bids and (ii) consulting services recruitment notices under advance contracting and retroactive financing will be subject to ADB approval.		
Disbursement	The grant proceeds will be disbursed following ADB's <i>Loan Disbursement Handbook</i> (2017, as amended from time to time) and detailed arrangements agreed between the government and ADB.		

ADB = Asian Development Bank, APVAX = Asia Pacific Vaccine Access Facility, COVID-19 = coronavirus disease, CQS = consultants' qualification selection, LCS = least-cost selection, PAG = project administration group, UNICEF = United Nations Children's Fund.

<sup>a</sup> On 30 March 2020, the national government approved the allocation of resources in support of the disaster response efforts to fight COVID-19 and indicated that external assistance was welcome.

Source: Asian Development Bank.

26. The RCIP is mandated to coordinate and implement immunization-related activities, including planning, implementation, monitoring, and evaluation. The vaccines will be delivered throughout the country, from the central vaccine store in Dushanbe to 5 regional zones, 63 district

stores, 888 rural health centers, 52 district health centers, 48 city health centers, 22 family medicine centers, 13 family medicine ambulatories, 20 medical posts, and 1,742 health houses.

### III. DUE DILIGENCE

27. ADB's standard due diligence requirements for processing sovereign operations have been applied.

#### A. Economic and Financial Analysis

28. The COVID-19 pandemic is both a health and an economic crisis, causing loss of lives and a major economic downturn arising from the introduction of containment measures that restrict economic activities and an economy-wide slowdown in investment and international trade. Reducing morbidity and mortality of vaccinated vulnerable populations will not only quickly ease stress on hospital activities but also help contain and diminish the spread of the virus across borders and complement response efforts in Tajikistan's neighbors. Reducing morbidity and mortality will create a joint enabling environment to expedite the return of normal cross-border activities, contributing to economic growth in Tajikistan and its neighbors. A project financial viability assessment was not undertaken since project outputs are not meant to produce cost recovery direct revenue. Basic public health services are provided in Tajikistan free of charge. The government has allocated only 6.8%–8.4% of the national budget to health care since 2016, with a forecast allocation up to 2024 that will cover only general and other health-care projects. If expected development partner support does not continue, the vaccination program's fiscal sustainability will be at risk.<sup>31</sup>

#### B. Governance and Anticorruption Measures

29. Tajikistan has taken steps to fight corruption, including establishing specialized bodies to control utilization of budget resources (the Agency of State Financial Control and Combating Corruption, and the Chamber of Accounts), and adopting and implementing the comprehensive Anticorruption Strategy 2013–2020, which is being updated and was aligned with the National Development Strategy 2030, among others. The two specialized bodies annually audit all government organizations that receive budget allocations. Internal control and audit departments in line ministries, including in the MOHSPP, also monitor the use of resources. The MOHSPP is guided by its own anticorruption strategy (section 7: preventing corruption in education and health care). The Public Expenditure and Financial Accountability assessment for 2017 supported by the World Bank shows that some improvements had been made since 2012 in four of six pillars, including control and transparency of budget execution, accountability, and reporting.<sup>32</sup> According to ADB's country performance assessment for 2020, the score for public sector management and institutions did not improve significantly, and the score of 2.5 out of 6 for transparency, accountability, and control of corruption in the public sector had not changed since 2016. ADB's Anticorruption Policy (1998, as amended to date) was explained to and discussed with the government and the MOHSPP. Under output 2 and in the areas of financial management and procurement (discussed below), steps are being taken to ensure sufficient governance of the project. The risk assessment and risk management plan (Table 5) includes governance-related risks and mitigating measures developed with inputs from ADB's Office of Anticorruption and Integrity.

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<sup>31</sup> Financial Analysis (accessible from the list of linked documents in Appendix 2).

<sup>32</sup> Government of Tajikistan. 2017. [Tajikistan: Public Expenditure and Financial Accountability Assessment](#). Dushanbe.



### C. Environment and Social Safeguards

30. In compliance with ADB's Safeguard Policy Statement (2009), the project's safeguard categories are as follows.<sup>33</sup>

31. **Environment (category C).** The COVID-19 vaccination will result in a temporary increase of hazardous health-care waste (used syringes, needles, PPE, etc.) at service points. Minimal environmental impacts are envisaged as the waste will be disposed of in accordance with the standard operating procedure on disposal of medical waste after vaccination against COVID-19 (approved on 6 March 2021 by the MOHSPP), which was reviewed and confirmed to be adequate by ADB, as well as the requirements of relevant national legislation and regulations. Management of incremental waste generated from this activity will be monitored to ensure proper implementation of the standard operating procedure.<sup>34</sup>

32. **Involuntary resettlement and indigenous peoples (category C).** The project does not entail any physical intervention that would cause involuntary resettlement or impact indigenous peoples and thus is classified as category C for involuntary resettlement and indigenous peoples.

### D. Poverty, Social, and Gender

33. **Poverty and social considerations.** The project supports reducing poverty with measures to safeguard health to allow people to resume their livelihoods.<sup>35</sup> Overall food security deteriorated during the pandemic across a range of indicators, with rising numbers of people reporting going hungry, reducing dietary diversity, worrying about obtaining enough food, being less able to pay for utilities, and coping by selling assets and reducing spending on medical care.

34. **Gender.** Most of the groups prioritized for vaccination, i.e., health workers, the elderly, and teachers, are predominantly women. While the prioritization plan bodes well for women, social and physical barriers could keep them from fully enjoying the benefits of vaccination, such as limited decision-making power in the household and inadequate gender awareness of health workers. The project is categorized as effective gender mainstreaming as it tackles these gender issues through demand-raising community campaigns, for example, that include gender-sensitive messages targeting women's and men's concerns on the benefits of vaccination.<sup>36</sup> The project conducts gender sensitivity training for health workers to enable them to administer the vaccines in a culturally appropriate way that respects beneficiaries' gender, class, and preconceived notions. Gender-sensitive messages and clear information on the vaccines and post-vaccine procedures, including how to treat symptoms that follow vaccinations, will help health workers ensure that beneficiaries are fully informed. Vaccination sites will be set up with consideration given to women's need for privacy and security from harassment. To resolve issues related to mobility, decision-making power, and financial constraints that women in remote and rural areas experience, 196 mobile teams will be deployed to administer vaccines to women and men from the targeted population groups in those locations. The project will conduct a satisfaction survey on the vaccinated population to assess the gender-sensitive approaches to vaccination, and develop a sex-disaggregated database of the priority groups for vaccination.

<sup>33</sup> ADB. 2009. [Safeguard Policy Statement](#). Manila.

<sup>34</sup> Due Diligence on Hazardous Health Care Waste Management (accessible from the list of linked documents in Appendix 2).

<sup>35</sup> Summary Poverty Reduction and Social Strategy (accessible from the list of linked documents in Appendix 2).

<sup>36</sup> Gender Action Plan (accessible from the list of linked documents in Appendix 2).

## E. Financial Due Diligence

35. **Financial management.** The financial management assessment concluded that the overall pre-mitigated financial management risk of the project is *high*, owing in part to the risks associated with the weak public financial management system, inadequate institutional governance and internal control system, and limited experience with ADB-funded projects. To correct these shortcomings, the following mitigation measures, as presented in the PAM timebound financial management action plan, were discussed and agreed with the MOHSPP: (i) financial management consultants and disbursement consultant engaged to support MOHSPP, (ii) training provided by ADB to MOHSPP PAG staff on ADB financial management and disbursement guidelines and policies, (iii) PAG staff with ADB or World Bank project experience deployed, (iv) an information system to monitor project implementation operationalized, (v) internal controls and financial reporting strengthened, (vi) independent auditors conduct project financial reporting audit and performance audit, and (vii) an inventory information system operationalized.

## F. Procurement

36. Procurement will be undertaken in a manner consistent with the simplified and expedient procedures permitted under the ADB Procurement Policy (2017, as amended from time to time) and Procurement Regulations for ADB Borrowers (2017, as amended from time to time).<sup>37</sup> Following the APVAX policy (footnote 1), ADB member country eligibility restrictions will be waived and universal procurement apply. UNICEF will be engaged through direct contracting as a turnkey procurement agent to handle all aspects of goods and logistics procurement. The task will include procurement of vaccines and ancillary items through COVAX, along with transport and logistics from origin to final destinations throughout Tajikistan. Goods and logistics services will be procured in accordance with UNICEF's Supply Manual.<sup>38</sup> The use of direct contracting as the procurement method is well justified since most vaccine contracts are being entered into globally through UNICEF under COVAX. UNICEF has the resources to immediately provide services through COVAX and is best positioned to navigate the quickly evolving vaccine market. UNICEF has been procuring routine immunizations for Tajikistan since 2004 and is well positioned to handle in-country logistics, and UNICEF's cold chain experience is critical for the safe handling of vaccines.

37. Value for money in procurement will be achieved by (i) selecting candidate vaccine types that are best suited to the domestic logistics supply chain and distribution mechanisms; (ii) identifying vaccines that will meet project disbursement conditions; (iii) engaging a procurement agent who has direct contact with manufacturers who can ascertain vaccine availability and delivery timelines; and (iv) entering into agreements on terms and conditions that are reasonable, noting the currently constrained global market for vaccines. ADB will provide financing for vaccine procurement only once the APVAX vaccine eligibility criteria have been met (footnote 25).

<sup>37</sup> Strategic Procurement Plan (accessible from the list of linked documents in Appendix 2).

<sup>38</sup> ADB. 2010. *Strengthening the Partnership between the Asian Development Bank and the United Nations Children's Fund: Procurement Arrangements*. Manila. Under this Board-approved paper, ADB agrees to the use of UNICEF's Supply Manual and UNICEF's Human Resources Manual for the procurement of associated goods, equipment, and services (including consulting services); and the procurement of goods, equipment, and services in a nonmember country or the procurement of goods, equipment, and services produced in a nonmember country. Administrative arrangements, including on procurement, for ADB-UNICEF project cooperation are spelled out in the memorandum of understanding between UNICEF and ADB dated October 2018.

38. All cold chain equipment, from the national to the district level, are prequalified by WHO. All other procurement requirements (Table 4) will be handled by the MOHSPP per the approved procurement plan in the PAM.

### G. Summary of Risk Assessment and Risk Management Plan

39. Major risks and mitigating measures are summarized in Table 5 and described in detail in the risk assessment and risk management plan.<sup>39</sup> Considering that risks and the required mitigation measures will evolve as vaccines are rolled out, ADB will work with the MOHSPP and other development partners on monitoring the rollout of the vaccines and mitigation measures.

**Table 5: Summary of Risks and Mitigating Measures**

Major Risks	Mitigation Measures
Implementation of the NDVP faces delays because of administrative bottlenecks, including lack of site readiness for final delivery locations and sufficient receiving and storage capability required at the final sites.	<ul style="list-style-type: none"> <li>• The project goes through COVAX, ensuring that vaccine eligibility and processes are governed by WHO and Gavi.</li> <li>• Milestones on vaccine readiness are with the MOHSPP, the progress of which will be part of the project monitoring mechanism.</li> <li>• The MOHSPP focuses on this critical aspect of the NDVP rollout. Site surveys can be conducted, leading up to national, regional, and district delivery of vaccines.</li> </ul>
Vaccine rollout, end-to-end distribution, monitoring, surveillance, and monitoring chain are compromised by the weakest link.	<ul style="list-style-type: none"> <li>• The NDVP details procedures for vaccine distribution, monitoring, and surveillance.</li> <li>• The project utilizes well-established health-care facilities at national, regional, district, and primary health-care levels.</li> <li>• The project engages a performance auditor or third-party monitoring specialist to monitor and assess the vaccination program.</li> </ul>
Corruption and poor governance.	<ul style="list-style-type: none"> <li>• Procedures for importation, customs clearance, storage, distribution, documentation, inventory, monitoring, and surveillance are in place following established routine immunization programs.</li> <li>• The MOHSPP ensures that the Agency for State Financial Control and Fight against Corruption and the National Anticorruption Council, chaired by the Prime Minister, are engaged in anticorruption activities.</li> <li>• Regular DCC meetings are a forum to discuss implementation issues and mitigating measures with the government.</li> <li>• Performance and financial auditors and a third-party monitoring firm are engaged under the project to provide fiduciary checks and assurances.</li> <li>• ADB provides training and knowledge sessions on ADB's Anticorruption Policy and Integrity Principles Guidelines.</li> </ul>
Vaccine theft and misappropriation.	<ul style="list-style-type: none"> <li>• NDVP implementation is closely monitored by independent bodies, including a third-party monitoring specialist engaged under the project.</li> <li>• The MOHSPP develops and implements internal control systems with adequate accountability, transparency, and monitoring measures.</li> <li>• The performance auditor and/or third-party monitoring firm detect red flags and recommend risk prevention measures.</li> <li>• Ensure the product remains in custody and control of the procurement agent for as far as possible in the supply chain.</li> </ul>

<sup>39</sup> Risk Assessment and Risk Management Plan (accessible from the list of linked documents in Appendix 2).

Major Risks	Mitigation Measures
Limited procurement capacity of the MOHSPP, with little familiarity with ADB procurement policies and regulations and limited experience in procuring vaccines, including handling of issues such as lengthy shipping lead times, which may derail the national vaccine plan.	<ul style="list-style-type: none"> <li>• UNICEF will procure the vaccine through COVAX. UNICEF is the procurement arm of Tajikistan for the routine immunization program based on a bilateral agreement. The well-established arrangement bodes well for the project.</li> <li>• The project supports a national procurement officer to assist the PAG in other procurement activities.</li> <li>• ADB provides training to PAG staff through consultants and learning programs.</li> </ul>
Tajikistan has a weak public financial management system, internal control environment and budgeting with a risk of potential fund misused.	<ul style="list-style-type: none"> <li>• The PAG is responsible for all financial management-related tasks. Experts in financial and disbursement management are hired for the PAG team.</li> <li>• The direct payment mechanism to purchase vaccines and related logistics are in one contract with UNICEF.</li> <li>• The ceiling amount for the advance account and statement of expenditures procedures is applied.</li> <li>• Financial management manuals and arrangements with existing ADB projects are replicated, as suitable.</li> </ul>
Weak internal audit functions in line ministries may result in poor internal controls.	<ul style="list-style-type: none"> <li>• MOHSPP to include internal audit function on the assessment of the project as needed based on the instruction of the minister.</li> <li>• PAG shall use financial management manuals and arrangement with existing ADB projects to strengthen controls and request internal audit department to include the project in annual internal audit work plan.</li> <li>• Project financial statements are audited by independent auditors acceptable to ADB.</li> </ul>
The MOHSPP has only manual system for accounting and financial reporting, and inventory management system, which are not regular and reliable.	<ul style="list-style-type: none"> <li>• An automated accounting system for the project is installed to generate interim financial reports for regular submission to ADB.</li> <li>• Setting-up and implementation of 1C inventory management system to (i) efficiently track vaccines and ancillary items' levels and location; (ii) control risk of expiration, theft, and misappropriation; and (iii) provide timely and accurate information in collaboration with UNICEF and World Bank.</li> </ul>

ADB = Asian Development Bank, COVAX = COVID-19 Vaccines Global Access, COVID-19 = coronavirus disease, DCC = Development Coordination Council, Gavi = Gavi, the Vaccine Alliance, MOHSPP = Ministry of Health and Social Protection of the Population, NDVP = National Deployment and Vaccination Plan, PAG = project administration group, UNICEF = United Nations Children's Fund, WHO = World Health Organization.

Source: Asian Development Bank.

#### **IV. ASSURANCES AND CONDITIONS**

40. The government and the MOHSPP have assured ADB that implementation of the project shall conform to all applicable ADB policies, including those concerning anticorruption measures, safeguards, gender, procurement, consulting services, financial management, and disbursement as described in detail in the PAM and the grant documents. The government and the MOHSPP have agreed with ADB on certain covenants for the project, which are set forth in the draft grant agreement.

41. No withdrawals shall be made from the grant account to finance the UNICEF turnkey contract for procurement of vaccines, ancillary items, and logistics services until ADB has received a letter from the government confirming (i) which COVID-19 vaccine(s) have been selected to be procured using the proceeds of the grant; (ii) which of the eligibility criteria (footnote

25) have been satisfied in respect of such COVID-19 vaccine(s); and (iii) that such COVID-19 vaccines have received all necessary authorizations of the government, and have been authorized by the Tajikistan National Regulatory Authority and any other relevant regulatory authorities for distribution and administration within Tajikistan and, based on the information provided in this government letter, ADB has notified the government that the COVID-19 vaccine(s) to be procured are designated as eligible vaccines.

## **V. RECOMMENDATION**

42. I am satisfied that the proposed grant would comply with the Articles of Agreement of the Asian Development Bank (ADB) and recommend that the Board approve the grant not exceeding \$25,000,000 to the Republic of Tajikistan from ADB's Special Funds resources (Asian Development Fund) for the COVID-19 Vaccine Support Project under the Asia Pacific Vaccine Access Facility, on terms and conditions that are substantially in accordance with those set forth in the draft grant agreement presented to the Board.

Masatsugu Asakawa  
President

26 May 2021

## DESIGN AND MONITORING FRAMEWORK

<b>Impacts the Project are Aligned with</b> Vulnerable groups protected from morbidity and mortality caused by COVID-19 (National Deployment and Vaccination Plan [NDVP] to introduce COVID-19 vaccines in Tajikistan, 2021). The spread of the SARS-CoV-2 virus reduced and confidence of citizens restored (ADB's Support to Enhance Access to COVID-19 Vaccine, 2020).			
Results Chain	Performance Indicators	Data Sources and Reporting Mechanisms	Risks and Critical Assumptions
<b>Outcome</b> Priority populations vaccinated against COVID-19	By 2022: a. About 1.3 million people in priority groups, based on the NDVP, vaccinated (data disaggregated by sex) (2021 baseline: 0) (OP 1.1)	a. Periodic progress reports prepared by the MOHSP, WHO, and UNICEF	A: Priority populations are willing to get vaccinated.  A: Vaccines are utilized right away.  A: Wastage rate is 15%.  R: Vulnerable groups are not prioritized because of political pressures.  R: Weaknesses in the subnational supply chain systems disrupt delivery of vaccines to health facilities, resulting in higher-than-acceptable closed-vial wastage rates.
<b>Outputs</b> 1. COVID-19 vaccines procured and delivered to designated delivery points  2. Vaccine program implementation capacity strengthened	By 2021: 1.1 At least 3 million doses (2 per person) of COVID-19 vaccine (with syringes and safety boxes) delivered to designated delivery points (2021 baseline: 0) (OP 1.1.2)  By 2022: 2.1 At least 80% of vaccinated women and men find the vaccination services and post-vaccination information satisfactory, including	1.1 Periodic progress reports prepared by the MOHSP, WHO, and UNICEF  2.1 and 2.3 Satisfaction survey for vaccine recipients and social media analytics	A: Timely approval of vaccines by the national regulatory authority  R: Delays in procurement because of supply chain constraints.  R: Price and exchange rate fluctuations beyond project projections may raise costs.

Results Chain	Performance Indicators	Data Sources and Reporting Mechanisms	Risks and Critical Assumptions
	<p>the respectful and positive way their concerns are dealt with (2020 baseline: 0%) (OP 2.2.2)</p> <p>2.2 196 mobile teams deployed to administer vaccines to the population in remote and rural areas, including all women (2020 baseline = 0) (OP 2.2.2)</p> <p>2.3 At least 50% of the population reached by COVID-19 information campaigns that include gender concerns<sup>a</sup> (radio, print, and social media) (2020 baseline: 0) (OP 2.2.2)</p>	<p>2.2 Periodic progress reports prepared by the MOHSPP</p>	
<p><b>Key Activities with Milestones</b></p> <p><b>1. COVID-19 vaccine procured and deployed to designated points</b></p> <p>1.1 The MOHSPP prepares the TOR and drafts the contract to engage UNICEF (Q2 2021)</p> <p>1.2 The MOHSPP signs and/or awards the contract with UNICEF (Q3 2021)</p> <p>1.3 UNICEF procures and delivers vaccines to designated points (Q3 2021–Q2 2022)</p> <p>1.4 The MOHSPP closely supervises and monitors the vaccine rollout in coordination with development partners, including ADB (Q4 2021–Q4 2022)</p> <p><b>2. Vaccination program implementation capacity strengthened</b></p> <p>2.1 The MOHSPP prepares the TOR and engages and signs contracts with consultants (Q2–Q3 2021)</p> <p>2.2 Individual consultants (including PAG staff) and firms commence work to help the MOHSPP implement the project (Q3–Q4 2021)</p> <p>2.3 Capacity-building programs are developed and delivered to the relevant MOHSPP and PAG staff to deliver the vaccination program (Q3 2021–Q3 2022)</p> <p>2.4 Develop materials for and undertake information, education, and communication campaigns and outreach programs for target groups (Q3 2021–Q4 2022)</p> <p>2.5 Conduct an impact assessment, including a satisfaction survey, for vaccine recipients (Q1–Q4 2022)</p> <p><b>3. Project management activities</b></p> <p>3.1 Recruit the PAG and consultants (Q2–Q3 2021)</p> <p>3.2 Establish and use data collection systems to report on DMF indicators, including collection of sex-disaggregated and gender-related information relevant to the Gender Equality and Social Inclusion Action Plan (Q3 2021–Q4 2022)</p> <p>3.3 Monitor implementation of the standard operating procedure on disposal of medical waste after vaccination against COVID-19 (Q4 2021–Q4 2022)</p> <p>3.4 Prepare annual audits (financial and performance) and quarterly progress reports (Q3 2021–Q4 2022)</p> <p>3.5 Conduct a midterm review (Q2 2022)</p> <p>3.6 Prepare a project government completion report (Q2 2023)</p>			

**Inputs**

ADB: \$25,000,000 (ADF grant and DRF+)

Government: \$1,800,000 (in-kind)

A = assumption, ADB = Asian Development Bank, ADF = Asian Development Fund, COVID-19 = coronavirus disease, DMF = design and monitoring framework, DRF+ = Expanded Disaster and Pandemic Response Facility, MOHSPP = Ministry of Health and Social Protection of the Population, N/A = not applicable, NDVP = National Deployment and Vaccination Plan, OP = operational priority, PAG = project administration group, Q = quarter, R = risk, RCIP = Republican Center for Immunoprophylaxis, SARS-CoV-2 = severe acute respiratory syndrome coronavirus 2, TOR = terms of reference, UNICEF = United Nations Children’s Fund, WHO = World Health Organization.

<sup>a</sup> Examples of gender concerns are women’s access to scientific information and real-time updates on the vaccines’ safety and efficacy, and gender-sensitive administration of vaccines, especially to women, among others.

**Contribution to Strategy 2030 Operational Priorities**

Expected values and methodological details for all OP indicators to which this project will contribute results are detailed in Contribution to Strategy 2030 Operational Priorities (accessible from the list of linked documents in Appendix 2). In addition to the OP indicators tagged in the DMF, this project will contribute results for OP 7.3.3 measures to improve regional public health and education services supported in implementation.

Source: Asian Development Bank.



**LIST OF LINKED DOCUMENTS**

<http://www.adb.org/Documents/RRPs/?id=55078-001-2>

1. Grant Agreement
2. Vaccine Needs Assessment
3. Project Administration Manual
4. Contribution to Strategy 2030 Operational Priorities
5. Development Coordination
6. Country Economic Indicators
7. Financial Analysis
8. Governor's Letter
9. Summary Poverty Reduction and Social Strategy
10. Gender Action Plan
11. Risk Assessment and Risk Management Plan
12. APVAX Strategic Procurement Planning
13. Due Diligence on Hazardous Health Care Waste Management

**Supplementary Document**

14. Financial Management Assessment