



The World Bank

MONGOLIA COVID-19 EMERGENCY RESPONSE AND HEALTH SYSTEM PREPAREDNESS PROJECT ADDITIONAL FINANCING
(P175730)

Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 20-Jan-2021 | Report No: PIDA30878

**BASIC INFORMATION****A. Basic Project Data**

Country Mongolia	Project ID P175730	Project Name Mongolia COVID-19 Emergency Response and Health System Preparedness Project Additional Financing	Parent Project ID (if any) P173799
Parent Project Name MONGOLIA COVID-19 EMERGENCY RESPONSE AND HEALTH SYSTEM PREPAREDNESS PROJECT	Region EAST ASIA AND PACIFIC	Estimated Appraisal Date 22-Jan-2021	Estimated Board Date 11-Feb-2021
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) Mongolia	Implementing Agency Ministry of Health

Proposed Development Objective(s) Parent

The proposed project development objective is to strengthen Mongolia's capacity to prevent and respond to the COVID-19 outbreak and strengthen national systems for public health preparedness.

Components

- Component 1: Emergency COVID-19 Prevention and Response
- Component 2: Strengthening Health Care Delivery Capacity
- Component 3: Implementation management and Monitoring and Evaluation
- Component 4: Contingent Emergency Response Component

PROJECT FINANCING DATA (US\$, Millions)**SUMMARY**

Total Project Cost	50.70
Total Financing	50.70
of which IBRD/IDA	50.70
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	50.70
IDA Credit	50.70

Environmental and Social Risk Classification

Substantial

B. Introduction and Context

1. **This Project Information Document outlines the proposal for a US\$50.7 million equivalent additional financing (AF)** to support the costs of expanding activities of the Mongolia COVID-19 Emergency Response and Health System Preparedness Project (P173799, the parent project)¹ under the COVID-19 Strategic Preparedness and Response Plan (SPRP) using the Multiphase Programmatic Approach (MPA), approved by the Board on April 2, 2020 and the additional financing (AF) to the SPRP approved on October 13, 2020.² The primary objectives of this proposed AF are to enable affordable and equitable access to COVID-19 vaccines, to help ensure effective vaccine deployment in Mongolia through enhanced vaccination system strengthening, and to further strengthen preparedness and response activities under the parent project.
2. **The purpose of the proposed Additional Financing is to help the Government of Mongolia (GOM) to purchase and deploy COVID-19 vaccines that meet Bank standards.** The latest country population is 3,295,615 million people, of which 52,000 are estimated to be frontline health workers, and an additional 608,000 are other frontline workers, the elderly, and others highly vulnerable to COVID-19. The proposed US\$50.7 million AF will help pay for deployment of COVID-19 vaccines (cold chain upgrade, logistics, training of staff, public information, monitoring, etc.) and pay the cost of purchasing the vaccine for at least 4 percent of the first 20 percent of prioritized groups, with 16 percent estimated to be covered by the COVAX facility by the end of CY 2021. The proposed AF will also cover the cost of vaccine purchase for up to an additional 40 percent of the population beyond the first prioritized 20 percent. The specific amount of additional population vaccination coverage will depend on the evolving epidemiological conditions in Mongolia and on the global vaccine market. Critically, the AF will enable GOM to take a portfolio approach to its vaccine acquisition; the preferred plan is to source through COVAX, but the AF may also finance direct acquisition from manufacturers, depending on features such as value for money, regulatory standards, and delivery timing. Additional details are provided

¹ World Bank. 2020. Mongolia - COVID-19 Emergency Response and Health System Preparedness Project . Washington, D.C. : World Bank Group. <https://hubs.worldbank.org/docs/imagebank/Pages/docProfile.aspx?nodeid=31925029>

² The World Bank approved a US\$12 billion WBG Fast Track COVID-19 Facility (FTCF or “the Facility”) to assist IBRD and IDA countries in addressing the global pandemic and its impacts. Of this amount, US\$6 billion came from IBRD/IDA (“the Bank”) and US\$6 billion from the International Finance Corporation (IFC). The IFC subsequently increased its contribution to US\$8 billion, bringing the FTCF total to US\$14 billion. The Additional Financing of US\$12 billion (IBRD/IDA) was approved on October 13, 2020 to support the purchase and deployment of vaccines as well as strengthening the related immunization and health care delivery system.

later in the document.

- The need for additional resources to expand the COVID-19 response was formally conveyed by the Government of Mongolia** in a letter from the Minister of Finance dated September 23rd, 2020, requesting the use of the International Development Association (IDA) Crisis Response Window (CRW) resources for the purchase of the COVID-19 vaccine. The proposed AF will form part of an expanded health response to the pandemic. As of December 31, 2020, 25.9 percent of the total funding of the parent project has been disbursed. The need for additional resources in Mongolia are significant given the fact that since the parent project was approved (April 2, 2020), a great deal of progress has been made in COVID-19 response, including vaccine development. The Government of Mongolia is leading the donor coordination in close consultation with the United Nations Children’s Fund (UNICEF), the World Health Organization (WHO) and the World Bank. The World Bank is currently the only confirmed external financier of the COVID-19 response. Therefore, continuing the World Bank engagement is essential to enable a sustained and comprehensive pandemic response in Mongolia.

Country context

- Mongolia, with a population of 3,295,615 has only had 1,215 cases and no deaths due to COVID-19 as of December 2020.** However, of those, 816 are confirmed as due to internal transmission, highlighting the risks the country faces. Mongolia is one of a few countries that has taken aggressive measures since January 2020 in terms of prevention and containment of the COVID-19 outbreak. The country immediately closed down its borders with China when the first information about the pandemic was announced, and evacuated their students from Wuhan and other locations abroad. They instituted quarantine for 21 days in designated institutions and 14 days self-isolation at home for people entering the country. Schools, sports events, businesses and all large gatherings were suspended. Since September 2020, schools and most activities have re-opened, although the most recent increase in cases has resulted in a temporary closure.

Sectoral and Institutional Context

- The Ministry of Health (MOH) is the implementing agency of the parent project.** A designated Project Director will provide oversight and coordination of the project implementation in close coordination with relevant divisions and departments of the MOH. The Project Implementation Unit of the ongoing World Bank supported E-Health Project (P131290)³ has been expanded and staffed with relevant experts to provide support for project implementation of the COVID-19 operation; it is considered to be an integrated Project Implementation Unit (IPIU). Through its central departments and provincial offices, the MOH is responsible for implementation of the project, including overall coordination, results monitoring and communicating with the World Bank. The existing Project Steering Committee (PSC) for the E-Health Project, chaired by the Minister of Health, has been expanded with additional members from the MOH and other ministries to form the Integrated PSC for the E-Health and the Mongolia COVID-19 Emergency Project (the parent project). The Integrated PSC provides oversight and strategic policy advice and guidance to the project and is responsible for ensuring synergies between the project activities and the State Emergency Preparedness Plan. To incorporate the proposed AF for vaccine and vaccine-related activities, the Integrated PSC will be further expanded to include the National Immunization Program structure. The multisectoral aspects of the COVID-19 response are guided by the National Emergency Commission, chaired by the Deputy Prime Minister.

³ World Bank. 2014. Mongolia - E-Health Project. Washington, DC : World Bank Group.
<https://hubs.worldbank.org/docs/imagebank/pages/docprofile.aspx?nodeid=19541993>

Project Implementation Status

6. **The parent project's progress towards achievement of PDO and overall implementation progress were rated satisfactory in the last implementation status report (ISR) as of August 3, 2020, and the project continues to make good progress.** By January 31, 2021, expenditures amounting to about US\$9.6 million (35.7 percent) are expected to be disbursed. These projected expenditures include procurement in amount of about US\$9.5 million of: (a) essential medical equipment and personal protective equipment (PPE), such as ventilators, N95 masks, coveralls, face shields, for hospitals of 21 aimags⁴ and 9 districts; (b) mobile x-ray and ultrasound machines for Perinatology, State Third and Teaching Hospitals and the COVID-19 designated health facilities; and (c) project operating costs. This is higher than the estimated US\$5.4 million projected disbursements for this period at the time of the parent project preparation. The Government of Mongolia has been accelerating implementation, including the procurement of the essential medical equipment for the designated health facilities, so that the majority of the supply contracts are drawn by the end of 2020, with deliveries expected during January-March 2021. Fast track procurement processes, including Bank-Facilitated Procurement (BFP) contracts, have also been deployed to ensure quick turnaround. The balance is still needed for the original scope and components in the parent project.

7. **The IPIU has been coordinating effectively.** There has been good progress of activities implementation under component 1, with more than 17 different project activities for risk communication underway, including: (a) public health information and communication campaigns for disease prevention and management through mass media platforms; (b) instituting infection control guidelines and service standards; and (c) training of key front-line staff, including emergency doctors, nurses and paramedical staff. The MOH developed 265 infographics and 181 video spots and shared these via Facebook with about 10 million views cumulatively. A technical working group has been established, with representatives of relevant MOH departments and divisions, and is currently consolidating major emergency response and risk communication activities and developing the terms of reference aiming to proceed with direct selection of government agencies and specialized NGOs. The IPIU has been effectively coordinating the project planning and procurement with one qualified procurement staff, along with a Bio-Medical Engineer and an Environment and Occupational Health Specialist. In view of the additional procurement planned, additional specialists are also being recruited.

C. Proposed Development Objective(s)

Original PDO

8. The project development objective is to strengthen Mongolia's capacity to prevent and respond to the COVID-19 outbreak and strengthen national systems for public health preparedness.

Current PDO

9. The PDO remains the same with the AF.

Key Results

10. The key project results achievement will be monitored via the following PDO indicators:
 - Proportion of laboratory-confirmed cases of COVID-19 responded to within 48 hours;

⁴ Aimag is an administrative subdivision in Mongolia. The country currently has 21 aimags.

- Samples from suspected cases of COVID-19 / SARI that are confirmed within the stipulated WHO standard time;
- Percentage (%) of priority population vaccinated, based on the targets defined in national plan (new indicator);
- Number of hospitals meeting MOH established standards to manage Severe Acute Respiratory Infections (SARI) patients including intensive care;
- Number of designated laboratories with COVID-19/SARI diagnostic capacities established per MOH guidelines.

11. **To measure overall progress in the coverage and deployment of the COVID-19 vaccine**, and the gender gaps the project can address, the revised results framework will include one additional PDO indicator to measure the percentage of the priority population vaccinated has been included, with targets based on and defined in the national plan. Three intermediate indicators are being revised, and an additional four new intermediate indicators are included. The following table highlights changes made in the results framework.

Table 1: Summary of changes to PDO and Intermediate Results Indicators under the AF

Indicator	Level	New / Revised
Percentage (%) of priority population vaccinated, based on the targets defined in national plan. Target: 100% Share of females	PDO	New
Number mass media messages disseminated on COVID -19 – vaccine sequencing, target groups for COVID-19 vaccination and prevention measures, six monthly (Number)	Intermediate	Revised
Number of health staff trained in provision of COVID-19 vaccination and infection prevention and control per MOH-approved protocols (Number) Share of females (Percentage)	Intermediate	New
Share of vaccination units fully equipped with adequate and functioning cold chain	Intermediate	Revised
Percentage of Aimag/district hospitals with (i) pandemic preparedness and response plans per MOH Guidelines (Percentage) and (ii) microplans for deployment of COVID 19 vaccine as per MOH guidelines	Intermediate	Revised
Share of vaccinated persons with records of vaccine vial used	Intermediate	New
Beneficiary feedback and response mechanisms on COVID-19 prevention and vaccination established and carried out with reporting every six months	Intermediate	New

D. Project Description

12. To assist Mongolia respond to urgent COVID-19 related needs, in April 2020, the World Bank Board granted Mongolia temporary access to the IDA19 Crisis Response Window (CRW) in fiscal year 2021, for the same performance-based allocation amount the country received in fiscal year 2020, i.e., US\$50.7 million, and waived the CRW country eligibility criteria for this purpose. Further, while a number of development partners have expressed interest in supporting COVID-19 vaccination in Mongolia, to date only IDA assistance is being formalized. This AF will play a critical role in further strengthening the health system in Mongolia and enable affordable and equitable access

to vaccines. Both WHO and UNICEF have been instrumental in preparing Mongolia’s COVAX⁵ application, as well as their vaccination deployment plan; they will continue to play an integral role in supporting implementation and building capacity. Through their fully established offices, skilled manpower and longstanding relations with the MOH, especially in the areas of health system development and health service delivery, they are in a unique position to provide this support.

13. **The proposed AF will finance the scale-up of project activities and add new activities that focus on results to achieve the PDO and enhance the impact of the parent COVID-19 IPF project (P173799).** Since the parent project, as well as other COVID-19 projects, has been implemented for less than 12 months, a blanket waiver (to the Investment Project Financing Policy, Section III, paragraph 28) has been granted.
14. **The component structure of the parent project remains unchanged but the results framework of the parent project is being modified to reflect the expanded scope and the new activities proposed under the AF.** Project management will remain the same and continue to leverage the capacity within the IPIU to also manage the AF. The IPIU team developed the project implementation manual (PIM), which was cleared by the World Bank and approved by the Integrated PSC on June 12, 2020. The closing date of the project will remain March 31, 2023.
15. The Table 2 provides a summary of the parent component activities and the additionality provided through the AF; followed by a more detailed component description.

Table 2: Original Activities and Activities under AF

Original components and activities	Changes or Additionalities under AF
Component 1: Emergency COVID-19 Prevention and Response	
Sub-component 1.1 will support comprehensive communication and behavior change intervention to support key prevention behaviors (hand washing, social distancing etc.).	This component will be expanded with evidence based, strategic communication activities to raise public awareness on the rationale for vaccinating selected target populations, vaccine safety and vaccine deployment process; to address misinformation and vaccine hesitancy to build confidence and trust in vaccines, reduce stigma around COVID-19 vaccine; and create demand for and positive attitude and behavior towards the vaccine among the public. It will also ensure development of community complaint and feedback mechanism on preventive information and vaccine provisions. A massive communication campaign tailored to the context of Mongolia will be implemented through multiple communication channels, which will be developed based on evidence from qualitative and quantitative baseline surveys using innovative technologies on public knowledge, perceptions and attitude towards the new vaccine, vaccine hesitancy and barriers analysis, analysis of communication capacity of service providers and stakeholder analysis and mapping etc.

⁵ COVAX, COVID-19 Vaccine Global Access Facility, is the vaccines pillar of the Access to COVID-19 Tools (ACT) Accelerator and is co-led by Gavi, the Coalition for Epidemic Preparedness Innovations (CEPI) and WHO. Its aim is to accelerate the development and manufacture of COVID-19 vaccines, and to guarantee fair and equitable access for every country <https://www.gavi.org/covax-facility>.



Original components and activities	Changes or Additionalities under AF
Sub-component 1.2 will support improved management of public health emergencies.	Activities will be expanded to include the preparation of (i) a detailed vaccine deployment plan, and, based on the WHO Fair Allocation Framework to identify priority population groups to receive vaccination; (ii) development of a monitoring and evaluation system to record the details of the recipients of vaccine as well as vaccine adverse effects while benefitting from the fairly robust personal identification system available in the country; and (iii) districts/ aimags to design, adapt, and scale innovative service delivery and community mobilization plans; local community-based organizations will be contracted to perform such actions where relevant.
Sub-component 1.3 will support expansion of human resources in a public health emergency.	Activities will be expanded to include a human resource deployment and training plan for effectively delivering a vaccine program. This would need to be rolled out across the country in the shortest possible time to existing staff and additional vaccinators (retired health staff, Red Cross members, pharmacists etc.) on provision of the vaccine, infection control, pharmacovigilance and environmental safety measures as well as interpersonal communication tools to counter any resistance to the vaccine.
Subcomponent 1.4 will strengthen capacities for multi-sectoral response operations to emerging and new infectious diseases	No additional activities
Component 2: Strengthening Health Care Delivery Capacity	
Sub-component 2.1 will upgrade health facilities for diagnostics and treatment of COVID-19	No additional activities
Sub-component 2.2 will support the health system with supplies for medical emergencies	Activities will be expanded to include the procurement of vaccine and supplies required for vaccine deployment as well as the required storage facility and cold chain upgrade (including minor civil works). Minor civil works for WASH and environmental health may also be supported.
Component 3: Implementation Management and Monitoring and Evaluation	
Supports the IPIU staff and M&E	Activities will support any additional technical staff required for management and monitoring with regard to vaccine procurement, cold chain strengthening and vaccination delivery support. This may include engaging partner organizations, especially UNICEF and WHO, in various roles. In addition to routine immunization recording, daily records documenting the bar code of the vaccine provided to each individual and records of any adverse vaccination effects will be maintained. Further, third-party performance monitoring of vaccination program implementation and efficient utilization of project investments will be carried out as needed.

Original components and activities	Changes or Additionalities under AF
Component 4: Contingent Emergency Response Component	
In the event of an Eligible Crisis or Emergency, the project will contribute to providing immediate and effective response to said crisis or emergency.	No additional activity

16. **Mongolia has a number of options for vaccine purchase and GOM has identified COVAX as its preferred purchase mechanism.** Vaccine candidates suitable for Mongolia are likely to be using relatively established technologies, including whole vaccine, viral vector vaccine and sub-unit vaccines. However, mRNA vaccines may also be deployed depending on availability and pricing and if proper freezer capacity is available. The GOM has explored possibilities for vaccine purchase through a number of mechanisms, but have, at present, expressed their preference for receiving all their vaccines through COVID-19 Vaccine Global Access Facility Advanced Market Commitment (COVAX AMC). They are expecting the initial 16-20 percent population coverage with the free COVAX supply option and the subsequent 40-44 percent population to be vaccinated with vaccine purchased directly through COVAX/UNICEF. The Government will be in close contact with UNICEF and WHO and other partners as the parameters of the COVAX AMC Facility develop. Given the unprecedented pace of vaccine development, and the need for both speed and prudence, the GOM is fully aware that the World Bank will accept as the threshold for eligibility of IDA resources in vaccine purchase either: (a) approval by 3 SRAs in three regions, (b) WHO prequalification and approval by 1 SRA. Vaccine supplies (needles, syringes, alcohol for disinfection, safety boxes) and PPE as well as any medicines required to treat COVID-19 patients or address minor side effects of the vaccination are also part of the procurement plan and it is likely these will use the BFP facility.
17. **The Government of Mongolia’s vaccine coverage and purchase plan is a central part of its national vaccination readiness.** Mongolia’s vaccine strategy is to vaccinate at least 60 percent of its population. This proposed AF will support the entire vaccine purchase and deployment (see table 3 for prioritization of the initial 20 percent coverage). Stage 1 vaccines will be purchased through COVAX, with the first 16-20 percent of doses financed by the COVAX AMC, and Mongolia intend to use the proposed additional IDA credit to pay for an additional 40-44 percent coverage, as well as the national roll out of the initial round of 20 percent coverage. Mongolia expects to fully finance the vaccine not covered by the initial free vaccine from COVAX with this AF; depending on factors including value for money, regulatory standards, and timing of delivery, these additional vaccines may also be sourced through COVAX or through direct purchase from manufacturers whose vaccines meet World Bank standards. The country has decided to not, if possible, use the more expensive mRNA vaccines, as they will require a large investment in deep cooling cold chain.
18. **COVID-19 vaccine deployment will be an unprecedented effort.** Mongolia will face major challenges deploying vaccines at scale; ss in many countries, Mongolia is used to vaccinating infants/children. For COVID-19 vaccine deployment, Mongolia has prepared a comprehensive (and sustainable) COVID-19 vaccine deployment strategy and plan which includes: (a) ensuring free and voluntary vaccination practices; (b) regulatory standards for vaccine quality; (c) guidelines for acceptable minimum standards for vaccine management, including cold chain infrastructure; and (d) policies to ensure robust governance, accountability, pharmacovigilance, and citizen engagement mechanisms.
19. **In parallel, Mongolia will continue to strengthen systems to ensure that the health systems can effectively**

implement this deployment plan. Mongolia has identified⁶ the target population for the initial vaccination to be (a) primary health care workers; (b) people with comorbidities, adults more than 60 years old, and family members of front-line health workers; and (c) employees of state and private entities who will be mobilized for immunization points. When subsequent doses of vaccine are received, up to 60 percent of the population will be offered the COVID-19 vaccine – excluding healthy children up to the age of 18 years. The vaccine readiness assessment shows that Mongolia is well advanced in their preparation for the vaccination. The undisbursed balance of US\$20 million from the parent project will be required to complete the activities – including health system strengthening activities – originally planned.

Legal Operational Policies

	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Areas OP 7.60	No

Summary of Assessment of Environmental and Social Risks and Impacts

20. Activities under the AF will have positive impacts as it will improve capacity for surveillance, monitoring **and containment of COVID-19**. However, it could also cause environment, health and safety risks due to the dangerous nature of the pathogen (COVID-19) and reagents and equipment used in the project-supported activities. Facilities treating patients may also generate biological, chemical waste, and other hazardous by-products that could be injurious to human health. These risks will be mitigated with occupational health and safety standards and specific infectious-control strategies, guidelines and requirements as recommended by WHO and CDC. Effective administrative and infectious-controlling and engineering controls would be put in place to minimize these risks. Climate change can affect the trajectory of the COVID-19 pandemic and impact groups that are most susceptible to the virus including healthcare workers, the elderly, those with pre-existing conditions, people with disabilities and other disadvantaged groups. These vulnerabilities will be addressed through targeting and improving health care interventions described above as well as the surveillance monitoring.
21. **In line with WHO Interim Guidance (February 12, 2020) on “Laboratory Biosafety Guidance related to the novel coronavirus (2019-nCoV)”**, and other guidelines, the parent project prepared an Environmental and Social Management Framework (ESMF) by adding to it WHO standards on COVID-19 response. The plan includes training of staff to be aware of all hazards they might encounter. This provides for the application of international best practices in COVID-19 diagnostic testing and handling the medical supplies, disposing of the generated waste, and road safety.
22. **In addition to the ESMF, the client will implement the activities set out in the Environmental and Social Commitment Plan (ESCP)**. The Environmental and Social Review Summary (ESRS), ESCP, ESMF and Stakeholder Engagement Plan (SEP) of the parent project have been updated. The project implementation will ensure appropriate stakeholder engagement, proper awareness raising and timely information dissemination. This will help: (a) avoid conflicts resulting from false rumors; (b) ensure equitable access to services for all who need it; and

⁶ Following the WHO Fair Allocation Framework.



(c) address issues resulting from people being kept in quarantine. These will be guided by standards set out by WHO as well as other international good practices including social inclusion and prevention of sexual exploitation and abuse and sexual harassment.

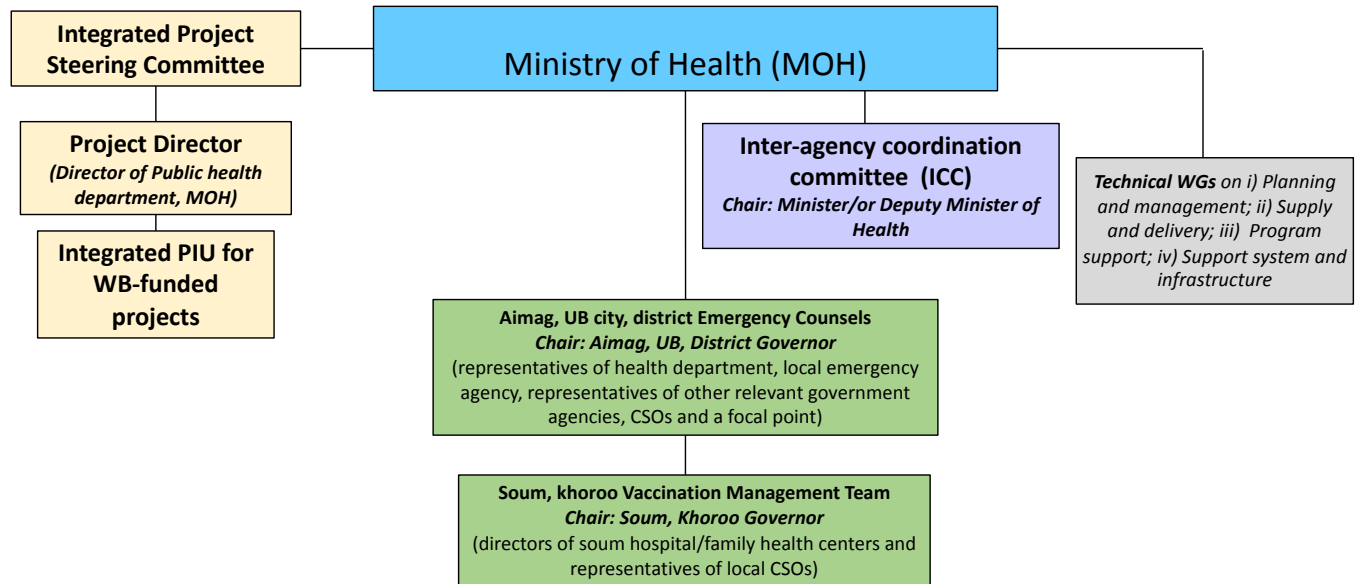
23. **The gender analysis** revealed caring for ill family members and the elderly often becomes the responsibility of women and girls due to prevailing social norms. School closure and home quarantine have increased the burden on women of caring for children. Women constitute 81.9 percent of frontline health sector workers in Mongolia, facing extreme stress especially with regard to survival of patients as well as personal safety, and requiring psychosocial support. Global studies have shown an increase in GBV during lock-down as well as this additional care burden on women. The AF will continue to support communication campaigns including messages regarding appropriate care for sick family members, resources available, coping strategies, etc. to minimize psychosocial impacts as well as targeted community messages on GBV. It will also support psychosocial training for front line health workers. The Project will ensure that MOH guidelines for pandemic preparedness, response and vaccine micro plans consider the unique needs of vulnerable populations as well as gendered roles and responsibilities, and social norms; it will routinely analyze and track their implementation. Deployment of a safe and effective vaccine has potential to reduce this additional burden placed on women due to the COVID-19 pandemic. PDO and Intermediate results will capture and track gender disaggregated data on share of females reached through vaccines and providing feedback. Specifically, for the female health workers and volunteers, PPE which is well fitting for the female body must be procured in adequate supply.
24. **One obvious social risk is that of marginalized and vulnerable social groups** including women and disabled population having barriers to access to COVID-19 services and information. There is a risk that vaccine deployment plans could leave women behind, considering the larger male mortality of COVID and the tendency in many countries, sadly, to overlook the importance of gender in economic activity. This risk will be reduced as teams are encouraged to carefully assess this aspect of deployment, and the gender assessment and tag is one of the tools we have to foster this careful analysis by task teams.

E. Implementation

Institutional and Implementation Arrangements

25. Following a recently concluded restructuring of the MOH, the current Integrated Project Steering Committee (IPSC), chaired by the Minister of Health, will be reconstituted in early 2021 and be responsible for all World Bank-funded projects in the health sector; a new Project Director for the COVID-19 Emergency Response Project is to be appointed. The reconstituted IPSC will provide oversight and management of the project and provide strategic policy advice and guidance to project implementation.
26. **The Inter-agency Coordination Committee (ICC) consists of representatives of the National Emergency Management Agency, General Agency for Specialized Inspection**, other relevant government agencies and the IPIU. Representatives of relevant international organizations will join with advisory and observer roles. The ICC is chaired by the Minister/or Deputy Minister of Health and the Director of the Public Health Department of the MOH acts as the Secretary of the ICC. The ICC will be responsible for overall management of COVID vaccine deployment at the national level. The ICC will discuss and approve all regulations, guidance and national plans as relevant to the COVID vaccination and vaccine deployment.

Institutional arrangements



27. **For the COVID-19 vaccine deployment and management, a number of temporary Technical Working Groups will also be established** under the MOH to provide technical advice and guidance including on (a) Planning and Management of COVID vaccine; (b) Vaccine Supply and Delivery; (c) Vaccine Program Support; and (d) Support System and Infrastructure. The IPIU at the MOH will be expanded and 3 additional staff recruited, including: (a) Vaccine Officer; (b) Monitoring and Evaluation Officer; and (c) Procurement Officer.
28. **The PIM** for the parent project will be modified according to the activities of the AF. The PIM will also be updated to reflect the component activities based on finalization of the Vaccine Readiness Assessment Framework and the Vaccine Introduction Readiness Assessment Tool. The PIM will describe responsibilities of the PIU, operational systems and procedures, project organizational structure, office operations and procedures, finance and accounting procedures (including funds flow and disbursement arrangements), procurement procedures and implementation of project Environment and Social Management Plan and SEP per the World Bank ESMF guidance.

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APPROVAL

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