



Country: Islamic Republic of Iran

Initiation Plan

Project Title: *Overcoming Challenges in the Health Supply Chain (Supply -Health Project)*

Expected UNDAF/CP Outcome(s): CPD Outcome 2: The health sector in the Islamic Republic of Iran formulates, implements and monitors policies and programmes on HIV/AIDS, other communicable disease and non-communicable disease more effectively

Expected CPD Output(s): Output 2.1: Strategies, mechanisms and tools to further strengthen implementation of the National Strategic Plans on HIV/AIDS, TB and Malaria and other communicable diseases are developed and considered for adoption by the Islamic Republic of Iran

Output 2.2: Solutions that help address priority NCDs are identified, developed and considered for adoption / implementation by the Government

Initiation Plan Start/End Dates: 15 April 2020-15th October 2020

Implementing Partner: UNDP

Brief Description

On 25 December 2019 the **Government of the Islamic Republic of Iran** officially requested the UN to provide large-scale support in procuring life-saving and essential medicines and other health products to overcome the obstacles they are increasingly encountering due to the inadvertent consequences of sanctions.

In close coordination with WHO and UNICEF, UNDP seeks to provide such support to the Government of I.R. Iran by leveraging its robust international operational capacity and extensive experience working in the area of Health and Development (including on health supply chain management). In particular, the experience of UNDP implementing activities (including procurement) supported by the Global Fund Against Aids, Tuberculosis and Malaria (GFATM) will be instrumental in providing such assistance.

This initiation plan will contribute to:

- (i) test the viability of new internal protocols for large-volume and complex health-sector procurement operations, through an actual procurement process (i.e. proof of concept), and, concomitantly,
- (ii) document lessons learned and experiences on the interface between, on the one hand, UNDP’s operations, the international banking sector and the global health supply chain, for the provision of critical (non-GFATM funded) health supplies at scale; and, on the other hand, between UNDP’s non-GFATM operations and the national health system.

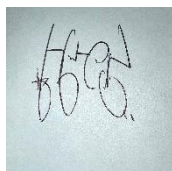
Lessons learned during the implementation of this Initiation Plan will help inform the formulation of a fully-fledged Project Document upon request by the Ministry of Health and Medical Education.

Programme Period:	CPD 2017-2021
Atlas Project Number:	00125453
Atlas Output ID:	00119813
Gender Marker:	__GEN1__

Total resources required	\$70,005,000
Total allocated resources	\$70,000,000. Source of Funds: Government of I.R. Iran (Government Financing Agreement)
	\$5,000 Source of Funds: UNDP (TRAC seed funding).

Agreed by UNDP: Mazen Gharzeddine, UNDP Deputy Resident Representative a.i.

Date: 05.04.2020



I. PURPOSE AND EXPECTED OUTPUT

Purpose. The overall goal of this Initiation Plan is **to contribute to the formulation of a fully-fledged Project Document upon request by the Ministry of Health and Medical Education (MHME), to assist I.R. Iran in overcoming critical and systemic health supply chain bottlenecks.**

Such goal is expected to be achieved by both:

- (i) testing the viability of new internal protocols for large-volume and complex health-sector procurement operations, through an actual procurement process** (i.e. proof of concept), and, concomitantly,
- (ii) documenting lessons learned and drawing recommendations** on the interface between UNDP's operations, the international banking sector and the global health supply chain, for the provision of critical (non-GFATM funded) health supplies at scale, and between UNDP's (non-GFATM) operations and the national health system

Expected output. The initiation Plan will enable the delivery of the following **output**:

Protocols and administrative arrangements to undertake large scale and complex health-supply-chain management operations are developed and tested, by providing an immediate response to MOHME's requests for support on health procurement operations, creating enabling conditions for the fully-fledged 'Supply-Health Project' to be agreed upon with partners within the next six to twelve months.

This initiation plan is a complementary initiative to existing projects which involve a number of strategic, institutional and capacity development interventions with GFATM's support in the areas of HIV-AIDS, TB (multi-country initiative for Afghan migrants – covering Iran, Afghanistan and Pakistan), Country Coordinating Mechanism, and East Mediterranean Regional Constituency of the GFATM.

This initiative is also being implemented **in close coordination with WHO and UNICEF**, and is closely aligned with existing UNDAF and CPD priorities.

Notes on the streamlining of gender

Particular attention will be paid to ensure: (i) that both men and women, boys and girls benefit from the operational support being provided through the initiation plan, using (virtual) spot-checks; (ii) that protocols and knowledge products adequately streamline gender-equity considerations, and that recommendations to be issued contribute to address gender disparities. [Gender marker: 1]

II. MANAGEMENT ARRANGEMENTS

The Initiation Plan will be **directly implemented** by UNDP Iran. The financing of the activities will be primarily covered by the I.R. of Iran, under a Government Financing Agreement. Limited seed

funding and in-kind support will be provided by UNDP for the technical assistance component of the plan.

The overall coordination of the IP implementation will be the responsibility of the ARR, Programme, who will liaise closely with the key national partner, Ministry of Health and Medical Education. He/she might delegate day-to-day tasks, but he/she will have the overall responsibility to ensure that planned activities are duly completed as much as possible as per AWP timeline, and will identify and alert senior management on significant bottlenecks in implementation if/when these are encountered.

The ARR will report to **CO senior management** on a regular basis on progress achieved, challenges encountered, and lessons learned, under each of the two components (technical advisory and operations).

What follows is a brief description of **personnel** and supervisory requirements for each of the two components (technical advisory and procurement operations)

Technical advisory component: personnel arrangements

An Individual Consultant (IC) with expertise in health supply chain management will be contracted by UNDP Iran (part time, on retainer) to undertake the following tasks:

(a) Provide guidance and technical support to the procurement operation with a view to inform (b), listed below. This particular activity will entail the following:

(i) support engagements with the relevant departments of MOHME (e.g. review and clearance of detailed specifications of items and required volumes, pre-purchase), and facilitate liaison with UNDP's global and regional procurement and health & development teams;

(ii) facilitate the obtaining and sharing of documentation that might be required for OFAC licensing purposes;

(iii) ensure close follow-up with suppliers, shipment and transportation companies;

(iv) follow up with partners on customs arrangements as well as storage facility arrangements,

(v) coordinate as needed with other UN agencies that might be providing procurement support in the health sector, such as WHO and UNICEF

(vi) conduct spot-checks of end-distribution points (e.g. through remote/virtual meetings)

(b) Development of protocols and guidelines, and knowledge management, by undertaking the following tasks:

(i) Based on the experience under 'a', to develop protocols and guidelines for complex, large-scale, procurement operations of critical health items,

(ii) To document relevant experiences and lessons learned pertaining to the interface between, on the one hand, UNDP's operations, the international banking sector and the global health supply chain, for the provision of critical (non-GFATM funded) health supplies at scale; and, on the other hand, between UNDP's non-GFATM programmatic activities and the national health system.

(iii) To document relevant experiences and lessons learned on inter-agency engagements (e.g. WHO and UNICEF), as applicable.

(iv) Based on experience and lessons learned documented under 'ii' and 'iii', to articulate recommendations for CO's management consideration, to inform a possible fully-fledged Project Document

(c) Other related activities, as requested by the ARR, to enable the achievement of the IP outputs

The IC will report directly to the ARR. The ARR may decide to delegate to another staff member the day-to-day supervision of the IC.

Procurement operations

Actual procurement operations (including shipment) will be conducted by the UNDP procurement teams in Copenhagen, in close coordination with UNDP Iran CO, including, inter alia, UNDP Iran's ARR and Procurement Unit.

The ARR, with the support of the IC, and calling upon CO senior management when required, will regularly engage with the UNDP procurement teams to ensure the smooth implementation of the procurement operations. CO's Procurement Unit will also be engaged by the ARR and the IC as needed to facilitate procurement operations (including facilitation of arrangements pertaining to consignee/receipt of shipments, in coordination with MOHME).

The items to be procured under this IP are annexed to this IP (Annex I). Such items might be revisited upon written request by government, following the signing of the GFA, ensuring additional resources are made available from government or other sources for such revisions.

Key national partners

The key national partner will be the Ministry of Health and Medical Education. Other partners might be engaged as required to facilitate/enable implementation. The Ministry of Foreign Affairs will be kept regularly informed about the progress of this Initiation Plan.

Inter-agency synergies; WHO coordination

The activities will be delivered in close coordination with WHO and UNICEF, which are also part of the UNDAF's Health Pillar Group and the Health Procurement (Pro-Health) Team under such Pillar Group. The procurement support to be provided by UNDP will be complementary to that which may be provided by the other two agencies (WHO, UDP). WHO, in particular, has taken an important

coordinating role in facilitating a coherent 'One UN' support to the Ministry of Health and Medical Education.

Notes on personnel's safety and wellbeing

All personnel will be required to adopt adequate protection measures in light of any ongoing public health risks (e.g. COVID-19 epidemic) as well as other risks, in line with corporate advisories and guidelines, and UNDP's Programme and Operations Policies and Procedures (POPP).

I. MONITORING

Implementation of activities under the PI will be regularly monitored by the Programme Support Unit of UNDP Iran (PSU).

The key output indicators will be the following:

(a) Procurement Operations

- % value of health supplies delivered to MOHME against total value of target procurement
 - Baseline: 0; Target: 100%
 - Source of information: UNDP CO's Procurement Unit; MOHME; Global Procurement team

- Timeliness of delivery of health supplies to MOHME (5= as planned; 0: not delivered)
 - Baseline: 0; Target: 5
 - Source of information: UNDP CO's Procurement Unit; MOHME; Global Procurement team

(b) Protocols/guidelines and knowledge management

- Quality of protocols/guidelines developed (5=first class standards; 0= not up to minimum standards) [qualitative indicator, for peer review and to be signed off by UNDP DRR]
 - Baseline: 0; Target: 5
 - Source of information: Peer Desk review; DRR review

- Quality of knowledge products developed (5=first class standards; 0= not up to minimum standards) [qualitative indicator, for peer review and to be signed off by UNDP DRR]
 - Baseline: 0; Target: 5
 - Source of information: Peer Desk review; DRR review

Furthermore, an Initiation Phase Report will be prepared at the end of the Initiation Plan by the PSU, with inputs from the ARR, using the standard format available in the [Executive Snapshot](#). The report will include the full project document as an annex, if developed.

WORK PLAN

Period 15th April 2020 – 15th October 2020

EXPECTED OUTPUTS	PLANNED ACTIVITIES		TIMEFRAME						RESPONSIBLE PARTY	PLANNED BUDGET		
			M1	M2	M3	M4	M5	M6		Funding Source	Budget Description	Amount
<p>Protocols and administrative arrangements to undertake large scale and complex health-supply-chain management operations are developed and tested</p> <p><i>Indicators, baselines and targets:</i></p> <p>[Procurement Operations/testing]</p> <p>(a) % value of critical health supplies delivered to MOHME against total value of target procurement Baseline: 0; Target: 100%</p> <p>(b) Timeliness of delivery of health supplies to MOHME (5= as planned; 0: not delivered)</p>	<p><i>Procurement of health items¹ see Annex 1</i></p>	Banking operations; Sourcing, QA							UNDP	Government	Procurement of good and services	\$67,900,000
		Purchase operations; vendor follow-up										
Shipments												
	<p><i>Development of Protocols and stock-taking report (with recommendations)</i></p>	First draft of protocols							UNDP	UNDP	Technical advisory (IC)	\$5,000 (IC)
		Peer review of first draft of protocols										
		Stock-taking report 1.0										
		Protocols 2.0										
		Stock-taking report 2.0										

¹ Proof of concept operations to demonstrate the viability of UNDP support for large scale, complex, health procurement activities.

<p>Baseline: 0; Target: 5</p> <p>[Protocols/guidelines and knowledge management]</p> <p>(c) Quality of protocols/ Guidelines developed (5=first class standards; 0= not up to minimum standards) [qualitative indicator, for peer review and to be signed off by DRR] Baseline: N.A.; Target: 5</p> <p>(d) Quality of knowledge product developed (5=first class standards; 0= not up to minimum standards) [qualitative indicator, to be signed off by DRR] Baseline: N.A.; Target: 5</p>												
Monitoring		Notes: Monitoring activities will include regular data collection to track progress against targets and (virtual) 'spot checks' at destination points (M6), including collection of sex-disaggregated data of direct/indirect beneficiaries.									Staff time (in kind)	N.A.
General Management Services (3%)											GMS	\$2,100,000
TOTAL											Total	\$70,005,000

Annex 1: Health Items to be procured by UNDP through Government Financing Agreement

Description	Unit quantity	Unit (specify tab/vials)	Pack type	Pack size	Number of packs required per year	National Priority (1 High, 2 Medium, 3 Low)	Listed in Iran EDL 2019	Indications
MYOZYME INJECTION 50 mg	23,000	vial	Each	Each	23,000	High	yes	Intravenous Infusion
AMBISOME INJECTION 50 mg	110,000	Vial	Each	Each	110,000	High	yes	fungal infection
FUNGIZONE INJECTION 50 mg	55,000	Vial	Each	Each	55,000	High	yes	fungal infections
LEUNASE 10000IU	24,000	Vial	Each	Each	24,000	High	yes	treat leukaemia and some types of cancer
DAUNOBLASTINA INJECTION 20 mg	15,000	Vial	Each	Each	15,000	High	yes	treat acute leukaemia
FLUORESCIN INJECTION 10 % 5 mL	60,000	Vial	Each	Each	60,000	High	yes	fluorescein angiography or angioscopy of the retina and iris vasculature
ALKERAN INJECTION, L 50 mg	10,000	Vial	Each	Each	10,000	High	yes	patients with multiple myeloma

PURI-NETHOL TABLET ORAL 50 mg	2,000,00 0	Tablet	Each	Each	2,000,000	High	yes	react a certain type of cancer (acute lymphocytic leukaemia)
VINBLASTIN- RICHTER INJECTION 10 mg	20,000	Vial	Each	Each	20,000	High	yes	treat Breast Cancer, Cancer, Choriocarcinoma, Histiocytosis, Hodgkin's Lymphoma, Kaposi's Sarcoma, Lymphoma, Mycosis Fungoides and Testicular Cancer.
ZANOSAR 1G VIAL	500	Vial	Each	Each	500	High	yes	treatment of metastatic islet cell carcinoma of the pancreas
BERINERT 500	30	Vial	Each	Each	30	High	yes	treatment and pre-procedure prevention of the hereditary angioedema type I and II (HAE, edema = swelling)