Annual Project Progress Report 2021

Project title: Sustaining quality health services for the people of Turkmenistan through procurement of medical products for the Ministry of Health and Medical Industry of Turkmenistan

Award ID: 00109010
Project ID: 00109805

Implementing partners: Ministry of Health and Medical Industry of Turkmenistan

Date of last Annual Report: 31.12.2020
Date of the last Project Board meeting: 30.03.2021
Date of last Quality Assurance and rating: 23.12.2020, Needs improvement

1. Project Performance
a) Please state the expected Output of the Project, set indicators and corresponding CP Outcome (as per project document/AWP):

Project Output 1:
Output indicators:
- TB I-3(M): TB mortality rate per 100,000 population

Output targets: Target : 2.4 Actual: 2.6 (2020)

b) Were the indicators and output achieved? Yes ✓ No □ Partially □

c) If no or partially, please explain why?

Note: The actual TB mortality rate for 2021 will be available in Jan 2022.

- TB I-4(M): RR-TB and/or MDR-TB prevalence among new TB patients: Proportion of new TB cases with RR-TB and/or MDR-TB

Output targets: Target : 13% Actual: 23% (2020)

b) Were the indicators and output achieved? Yes ✓ No □ Partially □

c) If no or partially, please explain why?

Note: In 2020 for the actual result for RR/MDR-TB prevalence among new TB cases, the data of second Drug Resistance Survey were used. The actual result will be available in Jan 2022.

- TB O-4(M): Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated
Output targets: Target: 64% (Cohort 2019)  Actual: 50% (Q1-Q3, 2019)
b) Were the indicators and output achieved?  Yes □  No □  Partially □
c) If no or partially, please explain why?

Note: The actual treatment success rate is lower than the target however the actual result for Cohort of 2019 will be available in Jan 2022.

- TB O-5(M): TB treatment coverage: Percentage of new and relapse cases that were notified and treated among the estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed)

Output targets: Target: 90%  Actual: 68.50% (2020)
b) Were the indicators and output achieved?  Yes □  No □  Partially □
c) If no or partially, please explain why?

Note: The actual output of TB treatment coverage is reported for 2020. For 2021 the data will be available in October 2022 after the release of the WHO Global Tuberculosis Report 2021. The achievement ratio is 95.6%, however all notified TB cases were enrolled on the quality TB treatment provided either with the Global Fund or government support.

- MDR TB-3(M): Number of cases with RR-TB and/or MDR-TB that began second-line treatment

Output targets: Target: 800  Actual: 683 (Q1-Q3 2021)

Note: The actual number of RR-TB and/or MDR-TB cases that began second-line treatment in 2021 will be available by Jan 2022.
b) Were the indicators and output achieved?  Yes □  No □  Partially □
c) If no or partially, please explain why?

2. Progress Reporting

a) Please summarize the main achievements during the project cycle:

The following actions were taken by the project to ensure achievement of the targets:

- All medicines and health products for TB, HIV, Hep C and safe blood transfusion requested by the Ministry of Health procured on considerable savings that were achieved in 2021.

- Delivery schedule for medicines and health products was planned in accordance with information on available stock, planned consumption and buffer-stock to prevent any stock-outs of medicines and reagents in all healthcare facilities.

- For the TB service: UNDP procured First line TB drugs (FLD) for more than 6 070 TB patients, including children; Second line TB drugs (SLD) for more than 2 650 TB patients, including children; reagents and consumables for TB diagnostics.
For HIV service: UNDP procured HIV Blot, Genscreed and RPC test systems; Male contraceptives; A vehicle for AIDS Prevention Centre in Ashgabat was procured and transferred; Procurement of 6 Genexpert machines for HIV testing for AIDS centres of Ashgabat and 5 regions were procured and installed; Laboratory equipment for AIDS Prevention Centre in Ashgabat (1,500-litre refrigerator and multi scanner) and for region AIDS Centres (500-litre refrigerators); Other needed equipment were procured additionally per MoH request.

For safe blood transfusion, Blood bags, reagents and consumables were delivered. PCR lab equipment for additional testing of donors was ordered for Blood Transfusion Centre. Project also ordered lab equipment for donor blood collection and storage, including multi-component collection station, blood mixers, plasma extractors, sealers and etc.

Neither of the health services supported by this project were interrupted in 2021. All medicines, reagents, respirators, equipment were delivered to Turkmenistan. As a result, access of people to testing and treatment was not interrupted.

### 3. Project Risks and Issues

The project Risk Log is maintained throughout the project implementation to capture potential risks to the project and associated measures to mitigate risk. The key risks are explained below.

<table>
<thead>
<tr>
<th>Description of risk</th>
<th>Type and category</th>
<th>Risk management actions</th>
<th>Current situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delays with timely receipt of the cost-sharing agreement funding. As procurement of medicines and medical goods takes 6-9 months, the delays with transfer of the funding will lead to late delivery of the products and there is risk of shortage the reagents and drugs for respective health care services.</td>
<td>Financial</td>
<td>UNDP followed up with the Govt the transfer of funding and there were not serious delays with funding transfer.</td>
<td>Completed.</td>
</tr>
<tr>
<td>Unstable foreign currency exchange rates and inflation</td>
<td>Financial</td>
<td>The possible influence of inflation and unstable currency exchange rates was addressed through budgeting in USD and cost estimates to the highest possible extent. The Project has certain flexibility to reallocate the</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Potential negative impacts of COVID-19 on production lead-times and transportation of goods</td>
<td>Environmental</td>
<td>Health services have sufficient stock of medicines and medical goods. To prevent potential stock out of medicines and medical products, health services exercised control over rational use of the stock.</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

4. Lessons learned and follow-up steps (if applicable)

a) Please provide the lessons learned and further steps after the project’s closure.

The transfer of funding for the 1st year of the project was delayed for about 9 months. This led to a serious risk of stock-out of 1st line TB medicines by the end of 2019. To prevent the stock-out, UNDP used the ongoing Global Fund grant for raising PO for 1st line TB medicines, and then returned the funding when the Govt tranche arrived. Overall, once UNDP received the Govt funding, all supplies were on time with no major delays. The lesson learned is that due to long bureaucratic procedures the implementation of the procurement activities might be seriously delayed, therefore UNDP should always keep a sufficient buffer stock of the key supplies or use alternative funding to prevent the stock out risks.

The main lesson learned from previous joint procurement agreements is the importance of accurate budget estimates. Because prices for medical products and the freight costs change, the ratio of euro to dollar fluctuates, prices in the local market (for transport services, standardization, etc.) change - these factors carry the risk that the funding may not be sufficient for fulfillment of all obligations. In this regard, when calculating the current budget, the latest quotes were used. However, forecasting the euro / dollar and local currency is not possible, although the assumption is that these fluctuations will not exceed 10% and the budget can cover these fluctuations. In the case, on the contrary, of a favourable euro exchange rate and reduction in prices - savings occurred and used for procurement and delivery of required medical goods, as per decision of the MoHMI and together with the Country Coordination Mechanism (CCM).

It is important to note that the Government was convinced that procurement of TB medicines and other medical goods through UNDP is cost-efficient, transparent and with assured quality. The MoHMI is keen to further continue cooperation in procurement of TB medicines and other necessary medical goods through UNDP in even greater volumes and signed new agreement for procurement of medicines and health products for control of infectious diseases. The MoHMI has also signed new agreement to extend cooperation in health with UNDP by initiating procurement of medicines for non-communicable diseases (NCDs).

The impacts of the pandemic will test the health system of Turkmenistan in terms of both technical and technological equipment, human resources, capacity, and funding of healthcare sector. The procurement of essential health products under this project contributed to the implementation of the Preparedness and Response Plan of Turkmenistan to Acute Respiratory Infection (CPRP) and Immediate socio-economic response plan to acute infectious disease (SERP) as both set the quality and access to essential health services for the population of Turkmenistan as the top priority.
5. Transfer of Assets or other related matter
a) Please state on any past or future transfer of assets made within the project cycle (Attach list of equipment, cooperation frameworks with beneficiaries, etc.)
   n/a.

7. Financial management

<table>
<thead>
<tr>
<th>Activity</th>
<th>Cumulative Budget</th>
<th>Open Commitments</th>
<th>Cumulative Expenses</th>
<th>Total Outflow</th>
<th>Utilization Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB - Procurement of laboratory reagents and consumables for National TB Programme</td>
<td>712,845</td>
<td>533,097</td>
<td>540,505</td>
<td>1,073,602</td>
<td>151%</td>
</tr>
<tr>
<td>TB - Procurement of 1st line TB drugs</td>
<td>498,886</td>
<td>356,098</td>
<td>717,791</td>
<td>1,073,889</td>
<td>215%</td>
</tr>
<tr>
<td>TB - Procurement of 2nd line TB drugs</td>
<td>3,327,915</td>
<td>49,645</td>
<td>2,610,212</td>
<td>2,659,857</td>
<td>80%</td>
</tr>
<tr>
<td>HIV - Procurement of HIV test kits</td>
<td>1,529,005</td>
<td>869,617</td>
<td>1,601,356</td>
<td>2,470,973</td>
<td>162%</td>
</tr>
<tr>
<td>HIV - Procurement of male condoms</td>
<td>118,384</td>
<td>0</td>
<td>116,971</td>
<td>116,971</td>
<td>99%</td>
</tr>
<tr>
<td>Blood transfusion - Procurement of reagents and consumables for Blood Transfusion Centre of Directorate of Centres of Infectious Diseases</td>
<td>2,119,180</td>
<td>319,322</td>
<td>688,761</td>
<td>1,008,083</td>
<td>48%</td>
</tr>
<tr>
<td>Blood transfusion - Procurement of test systems for PCR screening of donated blood for HIV, VGB and VHC</td>
<td>108,587</td>
<td>146,302</td>
<td>990,826</td>
<td>1,137,128</td>
<td>1047%</td>
</tr>
<tr>
<td>Viral hepatitis - Procurement of medicine for Viral Hepatitis C</td>
<td>152,653</td>
<td>0</td>
<td>1,134,644</td>
<td>1,134,644</td>
<td>743%</td>
</tr>
<tr>
<td>Viral hepatitis - Purchase of drugs for the treatment of VHC</td>
<td>2,033,492</td>
<td>0</td>
<td>106</td>
<td>106</td>
<td>0%</td>
</tr>
<tr>
<td>Operational Expenses</td>
<td>167,807</td>
<td>0</td>
<td>102,713</td>
<td>102,713</td>
<td>61%</td>
</tr>
<tr>
<td>GMS</td>
<td>753,813</td>
<td>158,339</td>
<td>586,263</td>
<td>744,602</td>
<td>99%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>11,522,567</td>
<td>2,432,420</td>
<td>9,090,148</td>
<td>11,522,567</td>
<td>100%</td>
</tr>
</tbody>
</table>

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Date: 25/01/2022

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Date: 25/01/2022