



## FINAL PROJECT REVIEW REPORT

2021

### United Nations Development Programme Turkmenistan

#### “Procurement of health products for Ministry of Health and Medical Industry of Turkmenistan”

<p><b>Award ID:</b> № 00104976 <b>Project Duration:</b> 1 July 2017 - 31 Dec 2018 <b>Extension(s):</b> 1 Jan 2019 – 31 Dec 2021 <b>Implementing Partner:</b> Ministry of Health and Medical Industry of Turkmenistan <b>Total Budget:</b> USD \$3,349,190.81 <b>Global Fund Contribution:</b> USD \$0 <b>UNDP TRAC Fund:</b> USD \$0 <b>GoT:</b> USD \$3,349,190.81 <b>CO Focal Points:</b> Lale Chopanova <b>Report Prepared by:</b> Muradgeldy Avlyakulov <b>Date of Report:</b> Dec, 2021</p>
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#### *Brief project description:*

Under the leadership of the President of Turkmenistan, Gurbanguly Berdimuhamedov, and based on the “Health of the People is the Wealth of the Country” principle, Turkmenistan makes major public health care efforts to prevent and eliminate diseases, and to develop healthcare system and medical industry, on its way towards global level standards. On 17 July 2015, the President of Turkmenistan approved the State Health (“Saglyk”) Programme, which aims to improve public health and well-being, increase average life expectancy, provide comprehensive equal opportunities and health protection to its citizens, and to create an improved and efficient healthcare system. The Saglyk Programme was developed in line with the WHO Health-2020 policy which is the framework for the policies and practices in the countries of the WHO European Region.

This project aimed to provide technical support to the Ministry of Health and Medical Industry of Turkmenistan in the procurement of health products for the needs in 2016 – 2018 to ensure quality health services in:

- Tuberculosis.
- HIV and reproductive health.
- Safe blood transfusion.
- Viral hepatitis C.
- Other health programmes, if required,

The project complemented the UNDP TB project funded by the Global Fund to Fight AIDS, tuberculosis, and malaria, and as such aims to ensure full transition of the Global Fund TB programme to domestic funding by end-2021, including technical assistance, capacity building, social contracting with civil society organizations, and adherence support to TB patients to ensure quality, continuation, and sustainability of the Global Fund programme in Turkmenistan.

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## ACRONYMS

CCM	Country Coordinating Mechanism
CD	Capacity Development
CO	Country office
CPAP	Country programme action plan
DOTS	Directly observed treatment short course
DRS	Drug Resistance Survey
DR-TB	Drug-resistant tuberculosis
DST	Drug susceptibility testing
GIU	Grant implementation unit
GF	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GoT	Government of Turkmenistan
HIV	Human Immunodeficiency Virus
HIV DCT	Diagnostic counselling and testing for HIV
HSS	Health system strengthening
M&E	Monitoring and Evaluation
MDR-TB	Multidrug-resistant tuberculosis
MGIT	Mycobacteria growth identification test
MoH	Ministry of Health and Medical Industry
MoIA	Ministry of Internal Affairs
NFM	New Funding Model
NGO	Non-governmental organization
NRCS	National Red Crescent Society
NRL	National Reference TB Laboratory
NTP	National Tuberculosis Program
PHC	Primary Health Care
ROAR	Results Oriented Annual Report
SNRL	Supra National Reference Laboratory
ss+	Sputum smear positive
TB	Tuberculosis
UNDP	United Nations Development Fund
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
UNODC	United Nations Office for Drug Control
USAID	United States Agency for International Development
USD	United States Dollar
WHO	World Health Organization
XDR-TB	Extensively drug-resistant tuberculosis
Xpert MTB/RIF	Xpert MTB/RIF diagnostic

## **EXECUTIVE SUMMARY**

Under the leadership of the President of Turkmenistan, Gurbanguly Berdimuhamedov, and based on the "Health of the People is the Wealth of the Country" principle, Turkmenistan makes major public health care efforts to prevent and eliminate diseases, and to develop healthcare system and medical industry, on its way towards global level standards. On 17 July 2015, the President of Turkmenistan approved the State Health ("Saglyk") Programme, which aims to improve public health and well-being, increase average life expectancy, provide comprehensive equal opportunities and health protection to its citizens, and to create an improved and efficient healthcare system. The Saglyk Programme was developed in line with the WHO Health-2020 policy which is the framework for the policies and practices in the countries of the WHO European Region.

The Government of Turkmenistan is committed to fight against tuberculosis and other communicable diseases and funds the majority of the relevant programmes. The most important factor is the steady increase of domestic investments in health care which is the basis for sustainable work of the healthcare systems. Within the Saglyk Programme, priority is placed, inter alia, on the anti-tuberculosis activities, acute respiratory diseases, and sexually transmitted infections. It is well noted that the Programme will improve funding of the pharmaceutical provisions for the cancer, diabetes, viral hepatitis, tuberculosis, hemophilia, and other patients.

Medical drugs and health supplies are important to address health issues and improve the quality of life. They are an integral part of the disease prevention, diagnostics, and treatment, as well as a solution of the disability-related and functional limitations' problems. Improvement of access to the essential medicines and medical supplies is of critical importance for achievement of the universal coverage with healthcare services and is recognized as an essential component of effective healthcare systems.

The Ministry of Health and Medical Industry of Turkmenistan (MoHMI) collaborates with the UN agencies in various health care areas within the Sustainable Development Cooperation Framework for 2016 – 2020 signed between the Government of Turkmenistan and the United Nations, including the Children's Fund (UNICEF), the Population Fund (UNFPA), WHO and the United Nations Development Programme (UNDP). UNDP and the MoHMI have been cooperating in public health over years, but most notably – since 2010 when UNDP country office was nominated as Principal Recipient of the TB grant from the Global Fund to Fight AIDS, TB and malaria. In addition to TB, UNDP procures health products for other major infectious diseases: HIV testing, viral hepatitis C, blood-transferred infectious diseases, sexually transmitted infections.

The increased coverage with testing and treatment was possible because the Government met its co-funding obligations, e.g., through taking over the procurement of TB diagnostics and 100% of 1st line and 2d line medicines for MDR-TB.

### **I. CONTEXT**

The Government of Turkmenistan is committed to fight against tuberculosis and other communicable diseases and funds the majority of the relevant programmes. The most important factor is the steady increase of domestic investments in health care which is the basis for sustainable work of the healthcare systems. Within the Saglyk Programme, priority is placed, inter alia, on the anti-tuberculosis activities, acute respiratory diseases, and sexually transmitted infections. It is well noted that the Programme will improve funding of the pharmaceutical provisions for the cancer, diabetes, viral hepatitis, tuberculosis, hemophilia, and other patients.

Medical drugs and health supplies are important to address health issues and improve the quality of life. They are an integral part of the disease prevention, diagnostics, and treatment, as well as a

solution of the disability-related and functional limitations' problems. Improvement of access to the essential medicines and medical supplies is of critical importance for achievement of the universal coverage with healthcare services and is recognized as an essential component of effective healthcare systems.

*Tuberculosis:*

Funding from the Global Fund:

The Global Fund which had provided the TB Grants since 2010, in total more than \$21,0 mln:

Grant:	Period:	Amount (USD)
Round 9 grant	1 Oct 2010 – 30 Jun 2016	17, 369, 918.00
New Funding Model grant	1Jul 2016 – 30 Jun 2018	4, 053, 361.00
		21, 423, 279.00

The Government of Turkmenistan demonstrates significant political commitment in terms of protecting and improving the population's health. Strong stewardship and a governance framework for health care are in place and supported by the high-level policy documents and substantial government financing of health care interventions, including those for TB prevention and care. The Government of Turkmenistan has increasingly taken over TB priority interventions that were previously supported by the Global Fund. Starting from 2017, the Government covered 100% needs in the first-line anti-TB drugs and reagents for microscopy and culture investigations. In 2018, the Ministry of Health and Medical Industry (MoHMI) endorsed *the Plan for Sustainability and Transition to Full Domestic Financing of the National TB Control Program by 2021*, gradually increasing the financing for SLDs, consumables, reagents for drug susceptibility testing, and its implementation is on track.

Table 4. Transition plan for procurement of TB supplies: government share of funding for procurement of TB diagnostics and TB drugs, 2016–2020.

TB Supplies	2016	2017	2018	2019	2020
Xpert MTB/RIF (Ultra) cartridges	0%	0%	0%	20%	40%
Reagents for culture testing and phenotypic DST (MGIT)	0%	0%	0%	20%	40%
Reagents for <i>M. Tb.</i> identification, FL-/SL-DST (LPA Hain)	0%	0%	0%	20%	40%
First-line TB drugs	0%	100%	100%	100%	100%
Second-line TB drugs (RR/MDR-TB, FQ-sensitive)	0%	50%	75%	100%	100%
Second-line TB drugs (RR/MDR-TB, FQ-resistant)	0%	0%	0%	0%	0%

Source: UNDP Turkmenistan.<sup>1</sup>

Such gradual takeover was set up by the National Strategic Plan to ensure effective control of TB in Turkmenistan in 2021-2025<sup>2</sup> currently awaiting approval by the Government. The transition arrangements are in line with the Global Fund's sustainability, transition, and co-financing policy.

Thus, this project will contribute to the sustainability of the Global Fund programme in Turkmenistan by full transition of programme to domestic funding by end-2024, including technical assistance, capacity building, social contracting with civil society organizations, and adherence support to TB

<sup>1</sup> UNDP Turkmenistan. Sustaining quality health services for the people of Turkmenistan through procurement of medical products for the Ministry of Health and Medical Industry of Turkmenistan (Project document, November 2018). UNDP Turkmenistan; 2018.

<sup>2</sup> National strategic plan to ensure effective control of TB in Turkmenistan in 2015 - 2020

patients to ensure quality, continuation, and sustainability of the Global Fund programme in Turkmenistan.

Fulfillment of obligations in NTP public financing will be monitored by the Board of the Global Fund.

Besides TB, the project provided free and quality testing and treatment for other major infectious diseases:

#### *HIV testing*

Although in all surrounding neighbors of Turkmenistan the prevalence of HIV infection has increased during the last decade, no HIV cases were registered in the country. The testing is conducted in accordance with national guidelines, for some people the coverage is 100%, e.g. for TB patients, pregnant women, people undergoing surgery, blood donors etc. UNDP contributes to high coverage with HIV testing in Turkmenistan by procurement of WHO-prequalified test systems. For people at risk of HIV AIDS Centres provide free condoms procured through UNDP.

#### *Safe blood*

Started from 2018 the project provided commodities for screening of donated blood for infections that can be transmitted through blood transfusion. Reagents and consumables for Blood Transfusion Centre were procured.

#### *Skin-Venerology*

Procurement of medical equipment for Skin-Venerology Centre of Directorate of Centres of Infectious Diseases.

## **II. PROJECT RESULTS SUMMARY**

The annual work plans for 2016-2018 and cost-sharing agreements were signed and approved by the Ministry of Health for implementation by the UNDP CO in collaboration with the Directorate of Centres for Infectious Diseases.

The project supported the Government of Turkmenistan in the implementation of the National Programme for Prevention and Control of TB in 2016-2020. The project specifically facilitated the procurement of 1st and 2nd line anti-tuberculosis medicine, and TB reagents and consumables for the National TB Programme (NTP) to ensure continuous quality treatment and diagnostics services to patients. The project also contributed to reducing inequalities in access to quality TB diagnostics and treatment for people living in remote areas as procurement of 1st and 2nd line anti-tuberculosis medicine and TB reagents and consumables was done with consideration of needs in TB medical institutions at the primary health care level and at specialized hospitals across the country.

The project budget was sufficient to deliver the requested quantity of 1st and 2nd line anti-tuberculosis medicine and TB reagents and consumables. For the period 2016-2018, the project facilitated the procurement of 1st line anti-tuberculosis medicines, TB reagents and consumables for 100% of the needs. For 2nd line anti-tuberculosis medicines, the project covered 50% of the estimated needs in MDR-TB. Moreover, the project made cost-efficiency savings and helped the Blood Center of the Directorate of Centres for Infectious Diseases to procure consumables, including blood bags, for safe donor blood.

All planned medicine, reagents and consumables were delivered and transferred to the National TB programme by the stated deadlines. The project team and TB Diagnostics and Treatment Centre learned through implementation of this procurement project. The knowledge and lessons learned helped to improve planning and design of similar projects in upcoming years. Some changes were made to the project as a result to ensure its continued relevance (e.g. revised quantities of TB medicine due to best value for money and market search, revision of the manufacturer to ensure better prices and better logistics).

The beneficiaries of the project and the end-users (TB Specialists, MOH managers) were engaged as CCM members and provided feedback. The project team and TB Diagnostics and Treatment Centre also discussed new methods of TB testing and treatment, quality assurance, the requirements for maintenance of lab equipment, counselling.

The project sustainability has been discussed, and the agreement is that MoH and UNDP will continue cost-sharing agreement in 2019 and thereafter as it is important to provide continuous and quality anti-tuberculosis medicine, TB reagents and consumables.

### **III. PERFORMANCE REVIEW**

#### **PROGRESS REVIEW**

This section assesses the overall progress of the project towards different development outcomes and the overall capacity development process.

##### **(i) Overall progress towards the CPAP outcome and output(s)**

The project contributed to achievement of the Country Programme Action Plan, 2016-2020:

CPAP Outcome #3 (UNPFD/CPD outcome #8): State institutions implement and monitor laws, national programmes, and strategies, in a participatory manner in line with the country's human rights commitments.

The project made its contribution to the SDG3:

- 3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases.
- 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality, and affordable essential medicines and vaccines for all.
- 3.c Substantially increase health financing and the recruitment, development, training, and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.
- 3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

##### **(ii) Capacity Development**

No capacity building activities were planned.

##### **(iii) Gender Mainstreaming**

The project was designed in such a way that allows all citizens, regardless of gender, age or other factors, to have free access to diagnostic, treatment and consultation services. The availability of healthcare services in close proximity to the place of people's residence reduces gender-related barriers to the access, use and/or following preventive services for women, girls, men, boys, and key populations. Gender-related obstacles may include stigma, discrimination, gender-based violence, access to resources and discrimination based on gender identity or sexual orientation.

##### **(iv) Human Rights Mainstreaming**

The project interventions contributed to realization of basic human right to health care through ensuring access to quality TB/MDR-TB care for all, including prisoners. The project interventions make important contribution to the human right agenda ensuring access to the free-of-charge and high-quality health care for all, following the principle of "Leaving No One Behind." This includes people at high risk of infectious diseases and vulnerable populations, namely, people living in remote areas, migrants, prisoners, and those having severe forms of the TB and viral hepatitis C. Efficient and free treatment will improve the quality of life, reduce disability and mortality, will protect the affected people from financial costs associated with treatment, and will return working and earning ability after successful cure.

(v) Impact on direct and indirect beneficiaries

Beneficiaries of the project:

- Patients with tuberculosis.
- People at risk for STD and HIV infections.
- Recipients of donor blood.
- Health care workers.

**MANAGEMENT EFFECTIVENESS REVIEW**

This section assesses the effectiveness of the project management structure in terms of cost-effectiveness, timeliness, and quality of monitoring.

(i) Monitoring and Evaluation

In accordance with UNDP's policies and procedures, the project was monitored through the following monitoring and evaluation activities:

Monitoring Activity	Purpose	Frequency	Expected Action	Partners (if joint)
Track results progress	Progress data will be regularly analyzed to assess the implementation	On-going	In case the progress is slower than expected, project management shall take appropriate actions.	MoHMI DCID
Monitoring and risk management	Identify specific risks that may hinder achievement of the intended results.	Quarterly	Risks are identified by project management and actions are taken to manage risk. The risk log is maintained to keep track on regular base.	MoHMI DCID
Lessons learned	Knowledge, best practices and lessons will be captured regularly, as well as actively sourced from other projects and partners and integrated back into the project.	On-going	Relevant lessons are captured by the project team and used to inform management decisions	MoHMI DCID
Quality assurance	The quality of the project will be assessed against UNDP's quality standards to identify project strengths and weaknesses and to inform management decision making to improve the project.	Annually	Areas of strength and weakness will be reviewed by project management and used to inform decisions to improve project performance.	MoHMI DCID



Project Report	A progress programmatic and financial report will be presented to the Project Board, donors and key stakeholders.	Annually, and at the end of the project (final report)	Areas of strength and weakness, achievements and drawbacks will be reviewed by project board and used to inform decisions to improve project performance.	MoHMI DCID
Project Review (Project Board/ CCM)	The project's governance mechanism (i.e., project board (CCM) will hold regular project reviews to assess the performance of the project and review the Multi-Year Work Plan to ensure realistic budgeting over the project lifecycle.	At least annually	Quality concerns or slower than expected progress will be discussed by the project board/CCM.	MoHMI DCID

(ii) Resource Allocation

Resource allocation was adequate, there were no ineligible expenses (as per the Global Fund regulations and UNDP POPP). The proportion of other project costs vs. development activity costs were in line with the UNDP operational policies.

(iii) Cost-effective use of inputs

The project activities were implemented in a cost-efficient way. First, when designing the project, the evidence gathered in other countries was used to plan the most cost-efficient and effective interventions. During implementation, the project made efficiency savings through pooled procurement, market research, procurement through open tender, etc. The lessons learned through analysis of the cost-effectiveness of the project were used in the development of the CSA agreement for 2019-2020.

**IV. IMPLEMENTATION ISSUES and RISKS**

This section is a concise analysis of the main implementation issues that are generic to the project and not related to a specific output or activity; and adjustments performed to address these issues.

#	Description	Date Identified	Type	Impact & Priority	Countermeasures / Mngt response	Owner	Submitted, updated by	Last Update	Status
1	Delays with timely receipt of the cost-sharing agreement funding. As procurement of reagents and drugs takes 6-9 months, the delays with transfer of the funding will lead to late delivery of the products, and there is risk of interruption of the essential diagnostic and treatment services in 2017.	2017	Financial	P = 0 I = 0	The CO pushed relevant national counterparts (National TB Programme, Ministry of Health, Ministry of Finance) on the importance of timely transfer of the funding to UNDP so that to timely place the orders and to ensure uninterrupted supply of reagents and drugs in 2017. The funding was received on 25 Nov 2016.			2018	Dead

## V. LESSONS LEARNED

Attached to the report.

## VI. FINANCIAL STATUS AND UTILISATION

### Financial Summary

The cumulative budget of the project for the period 1 July 2018 – 31 Dec 2021 was USD\$3,349,190.81. The total project budget was fully utilized.

### Financial Utilization

Account	Description	Amount
74510	Bank Charges	101.21
72342	CONTRACEPTIVES-CONDOMS	22,050.00
71415	Contribution to Security SC (HR)	746.02
75105	Facilities & Admin - Implement (GMS)	220,099.34
72220	FURNITURE	1,115.99
74505	INSURANCE	1,532.89
74115	LEGAL FEES	2,219.45
72210	MACHINERY AND EQUIPMENT	36,082.08
73410	MAINT, OPER OF TRANSPORT EQUIP	1,246.86
71410	MAIP Premium SC (HR)	9.00
72350	MEDICAL KITS	638,193.93
72330	MEDICAL PRODUCTS	2,162,643.39
74725	OTHER L.T.S.H.	251,884.71
76135	REALIZED GAIN (Euro/dollar currency exchange gains)	(15,184.68)
71405	Service Contracts-Individuals	19,042.04
64397	Services to projects -CO staff	1,659.80
74596	Services to projects -GOE	2,133.55
72505	STATIONERY OTHER OFFICE SUPP	1,956.51
74220	TRANSLATION COSTS	1,658.75
	<b>Grand Total</b>	<b>3,349,190.84</b>

## ANNEXES

Annual Work Plan

Project Document