

## Annual Project Progress Report

**Project title:** Exit of NTP Turkmenistan from the Global Fund support by 2021

**Award ID:** 00105124

**Project ID:** 00103144

**Implementing partners:** Ministry of Health and Medical Industry of Turkmenistan, Ministry of Internal Affairs of Turkmenistan, National Red Crescent Society and World Health Organization

**Period covered in this report:** 01.07.2018 – 31.12.2018

**Date of last Annual Report:**

**Date of the last Project Board meeting:** 26.10.2018

**Date of last Quality Assurance and rating:** 17.07.2018, Highly Satisfactory

### 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 : 3.2 Actual: 3.2

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

c) If no or partially, please explain why?

- **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 : 14% Actual: 15,9%

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

c) If no or partially, please explain why?

- **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 : 67% Actual: 68%

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

c) If no or partially, please explain why?

Note: The Treatment success rate is preliminary and may change slightly after the official submission of NTP reports

- **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 : 80,0%    Actual: 77,3 %

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

c) If no or partially, please explain why?

The actual treatment coverage (77,3%) was slightly lower than the target (80%). However, all notified 2,630 cases were enrolled on treatment. The lower than the target % might be due to WHO population numbers used for modelling and estimations.

- **MDR TB-2(M): Number of TB cases with RR-TB and/or MDR-TB notified**

**Output targets:** Target : 425    Actual: 636

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

c) If no or partially, please explain why?

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

**Output targets:**

Target : 425    Actual: 636

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

c) If no or partially, please explain why?

- **MDR TB-8: Number of cases of XDR TB enrolled on treatment**

Target : 49    Actual: 50

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

c) If no or partially, please explain why?

Note: the outcome indicators' results are reported for 2017 as this is the latest available data as of 26 Dec 2018. The results for 2018 will be available in Feb 2019.

## **2. Progress Reporting**

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

To ensure achievement of the targets the project did the following:

- 636 MDR-TB cases were enrolled on quality second-line treatment. The factors that enabled such excellent results on MDR-TB are: 1) the Global Fund's transitional grant was signed and started with no delays due to efficient grant-making process led by UNDP with support from the HIST in Geneva and New York; 2) the Government co-funded procurement of 2nd line medicines: in 2017 – covered 330 cases (vs. 330 covered by the Global Fund grant) and in 2018 – covered 850 (vs. 268 covered by the Global Fund). In total \$3.3 mln Government funding were made available to UNDP in 2018;
- This year NTP scaled up treatment of XDR-TB. Overall, 50 patients were enrolled on treatment vs. 20 in 2017 . Treatment regimens for XDR-TB are up to the current WHO recommendations, and all innovative medicines, such as Bedaquiline, Delamanid, are available with the UNDP support.
- With UNDP support, National TB Programme maintained rapid molecular testing and drug susceptibility testing in all regions: 10,482 Genexpert tests were performed in the reporting period. In total 4,856 patients were tested for DST: 1st line DST 3,480 patients, among them 2nd line DST - to 1,376 patients.
- Country-wide TB labs performed 150,507 sputum microscopy tests, 39,128 solid culture tests, 18,190 liquid culture BACTEC tests.
- NRL was re-certified by SNRL for DST to both 1st and 2nd line TB drugs, as per the annual External Quality Assurance exercise. Three regional labs (Mary, Lebap and Dashoguz) passed certification for DST to 1st and 2nd line TB drugs.
- Maintenance of lab equipment was done in reporting period: calibration of Xpert machines (Lebap, Dashoguz and Mary), preventative maintenance of Bactec MGIT equipment (in all regions), and quarterly maintenance of ventilation systems installed in regional TB labs and in MDR-TB department of Akhal regional TB hospital.
- Procured lab equipment (Hein LPA) for the Central Prison Hospital and it will be delivered in January, 2019
- Patient support: the Sub-recipient of the grant National Red Crescent Society took 191 new MDR-TB patients for support in July – Dec 2018, and cumulatively 1,078 MDR-TB patients were on support during that period. NRCS conducted 4,523 home visits to MDR-TB patients, conducted 67 educational sessions for patients and their families, 169 people attended these educational sessions.
- UNDP procured 2nd line TB drugs for the target MDR cases and XDR TB cases, and there were no stock-outs of the medicines. All medicines were registered by the National Medicines Registration Authority in accordance with the local legislation.
- UNDP and the National TB Programme staff conducted quarterly monitoring visits to monitor quality case detection and treatment in the TB and primary health care facilities.
- In 2018 NTP completed the 2nd nation-wide drug resistance survey aiming to estimate the current burden of drug-resistant TB in Turkmenistan. The research will generate evidence for planning the NTP interventions in the next programme cycle 2021-2025.

### **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.

<b>Description of risk</b>	<b>Type and category</b>	<b>Risk management actions</b>	<b>Current situation</b>
Lack of TB and lab staff at TB facilities for adequate coverage with diagnostics and treatment services.	Organizational	The technical assistance mission to develop a sustainability plan for HR is planned for March 2019.	Ongoing
Unstable foreign currency exchange rates and inflation	Financial	The possible influence of inflation and unstable currency exchange rates are fixed through budgeting in USD and as much as possible cost estimates. The project has some flexibility to reallocate the budget to cover the emerging gaps.	Ongoing

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

#### **a) Please provide the lessons learned and further steps after the project's closure.**

In 2018 UNDP along with key national partners successfully signed transitional grant. The project will continue support to the National TB Programme with the transitional funding from the Global Fund for the period 1 July 2018 – 30 June 2021.

The Government fulfils its commitments on domestic funding. In 2018 the key supplies of reagents and medicines for National TB Programme were delivered by UNDP within the government cost-sharing agreement signed in 2017. This year the Ministry of Health confirmed its commitment to fund the procurement of diagnostics and medicines for 2019-2020 needs and worked out with the UNDP the project worth \$11,5 mln. In resource mobilization for the health procurement project UNDP assisted the Government with recovery of stolen \$1.1 mln Euro through the Swiss Agency for Development and Cooperation. Through a restitution process two major ministries – Ministry of Foreign Affairs and Ministry of Finance – build their skills and confidence in recovery efforts and were encouraged to continue the success.

As the Global Fund and the Government are the only donors of the National TB Programme, it is challenging to fund the existing gaps, for example participation of national TB specialists in the international events is not covered as not a priority. In this regard, it was helpful that WHO CO signed a small funding with the USAID for the project Challenge TB. In collaboration with UNDP the Challenge TB project covered the key gaps, such as training on infectious

control, capacity building of TB doctors on management of side effects of MDR-TB treatment, participation of the Turkmen specialists in the international events, including the WHO “Barcelona Course on Health System Strengthening for Improved TB Prevention and Care”.

The weaknesses and challenges remain the same:

Obtaining TB data by any international donor remains difficult. Annual TB statistics submitted to the WHO are delayed, incomplete, and of inadequate quality. The transitional grant will address the issue of availability and quality of data through several activities, including advocacy at the highest levels with involvement of WHO and UN top officials, capacity building activities, support to NTP supervision, and the NTP programme review in 2019.

Community involvement to TB care is still weak due to the lack of social contracting mechanisms. The only CSO with meaningful engagement to TB care is the National Red Crescent Society through the Global Fund grant. In the reporting period UNDP arranged a round table to discuss a potential of the Women Union of Turkmenistan in implementation of the TB interventions. As a result, Women Union and Ministry of health signed memorandum of understanding, and Women Union conducted information sessions, lectures, etc for the women in all regions, including in the remote and rural areas.

## **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.)**

Attached.

## **7. Financial management**

<b>Budget item</b>	<b>Total approved in 2018 (in USD)</b>	<b>Expenses + commitments</b>	<b>Budget utilization in % to planned</b>
Working Group coordination meetings to coordinate transitional arrangement, high-level advocacy and enhance a level of political commitment to ensure overcoming of the challenges of the transition period	634.29		0%
Facilitation of implementation of the NTP Transition Readiness Plan	7,000.00		0%
Support to the Working Group on the involvement of the communities’ organizations in the realization of the TB control activities	221		0%
Support to M&E visits of the Central Unit of the NTP	2,348.57	4,481.75	191%
Supplies of cartridges for Xpert MTB/RIF equipments		75,132.00	
Maintenance and servicing of Xpert MTB/RIF instruments	64,000.00	47,391.89	74%
Isolation of strains in liquid culture and DST (automated MGIT)		12,683	
M.Tb identification and DST to FLD and SLD (LPA Hain)		16,579.66	

Procurement of lab equipment: for Central Prison Hospital needs to perform culture investigations on liquid media (Bactec MGIT) for culture growth and DST to 1st and 2nd line TB drugs. The grant will procure general equipemtn and Bactec MGIT. The Ministry of Interior will cover the costs of infrastructure renovations (small repairs to ensure sufficient rooms), the creation of lab personnel positions. The Central Prison Hospital has been equipped with Xpert (Feb 2018). Further installation of Bactec MGIT will facilitate quality case detections and treatment monitoring as per the standards.	190,921.66	86,287.68	45%
External technical assistance from the SRL Gauting aimed on country TB laboratory network functions, update of lab algorithm in Q4 of 2018 as per the TRP recommendation, and other TA	5,000.00		0%
Maintenance and servicing of laboratory equipment	86,428.57	55,599.78	64%
Strengthening capacities of TB and PHC staff in program management of DR-TB, including the staff of penitentiary system.	3,282.57		0%
Revision of the education module for MDR-TB Patient School	2,940.00		0%
Adherence suport to M/XDR-TB patients on treatment	45,714.99	41,235.60	90%
Adherence support to M/XDR-TB patients on treatment	5,932.57	2,087.51	35%
PR Costs - Staff	88,550.00	90,748.28	102%
Project monitoring costs	4,978.29	2,036.86	41%
SR WHO Costs - Staff	12,000.00		0%
UNDP HQ Overheads - GMS	43,538.00	13,121.35	30%
WHO HQ Overheads - GMS	3,569.80		0%
Travel related costs for budget line 32	2,913.00		0%
Operational Costs	48,972.54	31,193.79	64%
SR NRCS Costs - Staff	46,559.33	44,706.21	96%
<b>TOTAL</b>	<b>665,505.18</b>	<b>523,285.36</b>	<b>79%</b>
In % to total project budget	17%	13%	
TOTAL BUDGET	3,956,665.00	3,956,665.00	

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