



## PROJECT DOCUMENT

### Turkmenistan

**Project Title:** Exit of NTP Turkmenistan from the Global Fund support by 2024

**Project Number:** 00129731

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

**Start Date:** 01 July 2021 **End Date:** 31 December 2024

**CCM Meeting date:** 28 Aug 2020

#### **Brief Description**

Turkmenistan is a high-priority country for tuberculosis (TB) in the WHO European region. The country has reached the End TB Strategy 2020 milestone in reducing the TB incidence by 20% compared to the 2015. According to the WHO, in 2019 the estimated TB incidence rate in Turkmenistan was 45 per 100,000 which is 36% decline from the 2015 rate 71 per 100,000. The estimated TB mortality declined slower, from 12 per 100,000 in 2015 to 10 per 100,000 in 2019. Despite positive changes the speed of the progress is yet slow, due to high prevalence of drug-resistance. The Drug Resistance Surveillance (DRS) survey conducted in 2018 identified 23% of rifampicin-resistance or multiple drug resistance (RR/MDR-TB) among new TB cases and 54% - among previously treated cases. This is a significant increase compared to the 2013 DRS results (13.9% and 37.6%, respectively). The 2018 DRS results also showed a high prevalence of fluoroquinolone (FQ) resistance at 31%. The treatment success rate in MDR-TB patients of 2016 was low at 54% as elsewhere (the WHO Euro regional average 57%).

The Government of Turkmenistan demonstrates significant political commitment to improving the population's health. Strong stewardship and a governance framework for health care are in place, 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 covers 100% needs in the supplies for drug-sensitive TB. Since 2019 the Government has also taken over the financing for second-line TB medicines and reagents for drug resistance TB in accordance with the *Plan for Sustainability of the National TB Program of Turkmenistan and preparedness of transition to fully domestic funding by 2021*. Only the most programmatically challenging and expensive interventions for extensively drug-resistant TB (XDR-TB) are still under the Global Fund funding as of 2020.

In 2021-2025 the National TB response will be guided by the *National Program for Prevention and Control of Tuberculosis in Turkmenistan for years 2021 - 2025*. The main goal of the program is to decrease the burden of TB in Turkmenistan by ensuring universal

access to timely and quality diagnosis and treatment of all forms of TB. In line with the Global End TB Strategy, the NTP defined the following targets to be met by 2025:

- TB mortality rate (incl. prisons): 5.2 per 100,000 population
- TB incidence rate (incl. prisons): 35.5 per 100,000 population
- MDR-TB treatment coverage rate: 90%
- MDR-TB treatment success rate: 70%

To assist NTP with attainment of the national goals for TB, strengthen the sustainability of the previous achievements and to complete the exit from the Global Fund support, Turkmenistan will implement the Global Fund's transitional grant.

The goal of the project is: To finalize the successful transition and strengthen the sustainability of the Global Fund investments in Turkmenistan through progressive government co-financing of all key interventions by 2024 and reaching sustainability and self-reliance of the National TB Program by 2025. The project is streamlined around two main Objectives: 1) To sustain the National TB response in the successful and complete transition to domestic funding and to ensure universal access to prevention, diagnosis, treatment, and 2) care services for people with drug-resistant TB leaving no one behind and apply people-centred strategic interventions during the transition period. Additional funding provided by the Global Fund will help Turkmenistan finalize its full transition to self-reliance by 2025. The transitional grant will invest in the activities prioritized by the National Program for Prevention and Control of Tuberculosis in Turkmenistan in 2021-2025, and in line with the Global Fund's sustainability, transition, and co-financing policy.

**Contributing Outcome (UNDAF/CPD, RPD or GPD):**

**National priority or goal:** Ensure high-level human capital development as a result of improvement in quality of social services. **UNSCDF (or equivalent) outcome involving UNDP #4:** By 2025, the population of Turkmenistan enjoys higher quality and inclusive health and social protection services. **Related Strategic Plan outcome: Indicative Output(s) with gender marker:** Indicator 4.7. Tuberculosis case notification rate per 100,000 (SDG 3.3); *Baseline:* 32.9 (2019); *Target:* 31.4 (2024)

**GEN1** – Limited contribution to gender equality.

<b>Total resources required:</b>		<b>USD 5,067,499.00</b>
<b>Total resources allocated:</b>	<b>UNDP TRAC:</b>	0
	<b>Global Fund:</b>	USD 5,067,499.00
	<b>Government:</b>	0
	<b>In-Kind:</b>	0
	<b>Other</b>	0
<b>Unfunded:</b>	0	

Agreed by:

**Ministry of Health and Medical Industry of  
Turkmenistan**



Name: Nurmuhamet Amannepesov,  
Minister

Date: 06 12.2020

**United Nations Development  
Programme**



Name: Natia Natsvlshvili,  
Resident Representative a.i.

Date: 06 12.2020

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## LIST OF ABBREVIATIONS

CCM	Country Coordinating Mechanism
COVID-19	Infectious disease caused by the novel coronavirus SARS-CoV-2
DRS	Drug resistance survey
DR-TB	Drug-resistant tuberculosis
DS-TB	Drug sensitive tuberculosis
DST	Drug susceptibility testing
FQ	Fluoroquinolones
GF	The Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human immunodeficiency virus
LFA	Local Fund Agent
M&E	Monitoring and evaluation
MAF-TB	Multisectoral accountability framework for TB
MDR-TB	Multidrug-resistant TB
MFA	Ministry of Foreign Affairs
MFE	Ministry of Finance and Economy
MIA	Ministry of Internal Affairs
MoHMI	Ministry of Health and Medical Industry
NGO	Non-governmental organization
NRCS	National Red Crescent Society
NRL	National Reference Laboratory
NSP	National Strategic Plan
NTP	National Tuberculosis (Control) Program
PHC	Primary health care
PR	Principal Recipient
PSM	Procurement and Supply Management
RR	Rifampicin-resistant
R&R	(TB) recording and reporting system
RSSH	Resilient and Sustainable Systems for Health
SDG	Sustainable Development Goal
SLDs	Second-line TB drugs
SR	Sub-recipient
TA	Technical assistance
TB	Tuberculosis
UN	United Nations
UNDP	United Nations Development Programme
UNOPS	United Nations Office for Project Services
WG	Working group
WHO	World Health Organization
XDR-TB	Extensively drug-resistant tuberculosis

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## I. SITUATION ANALYSIS

### *Introduction*

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.

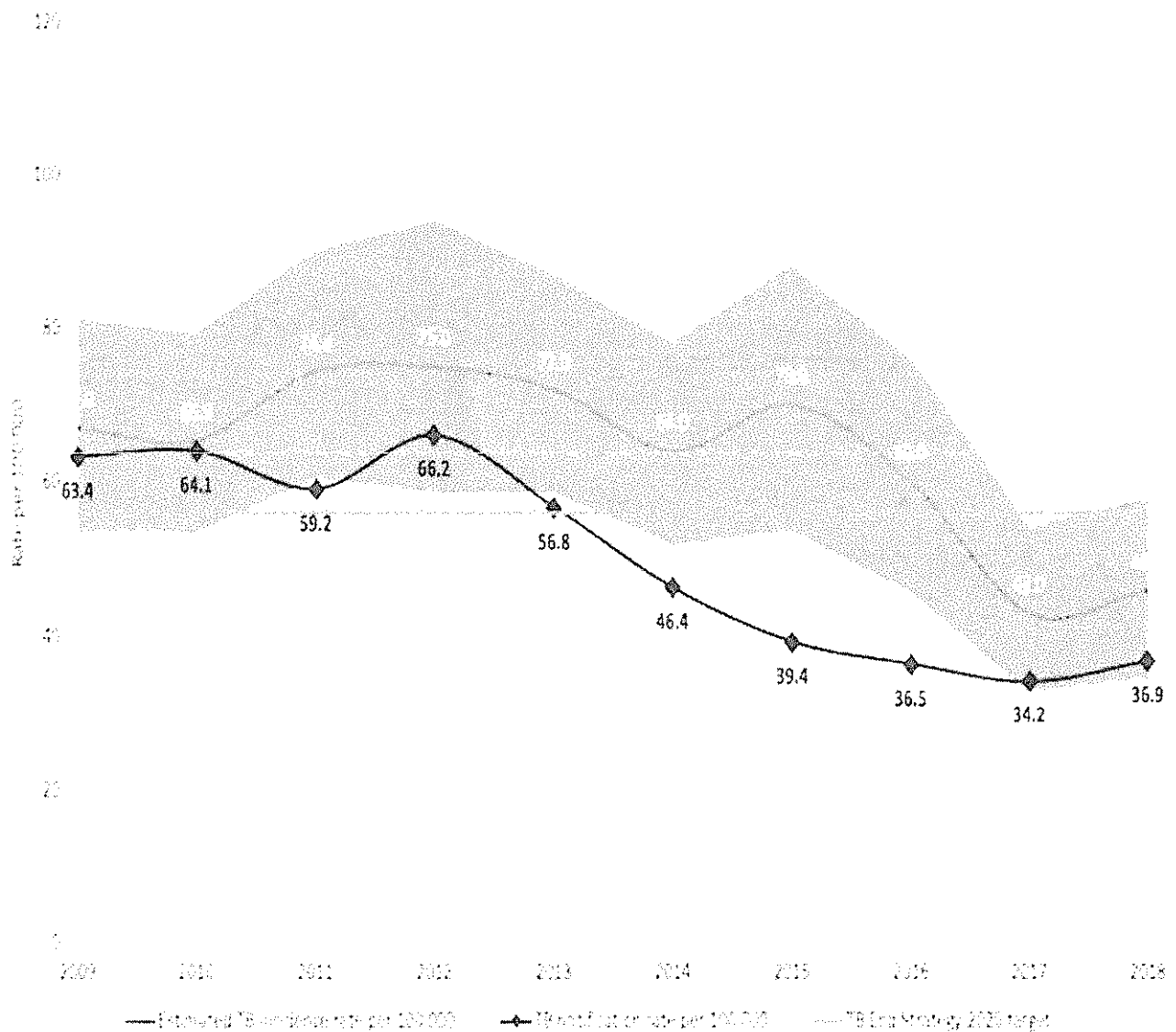
Turkmenistan was among the first countries to commit to implementation of the 2030 agenda for Sustainable Development Goals (SDGs). In September 2016 Turkmenistan has adopted 17 SDGs and 148 objectives, including SDG 3 and its indicators for tuberculosis (TB).

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.

### *Tuberculosis*

Turkmenistan is a high-priority TB country in the WHO European region. Despite positive changes observed in Turkmenistan over the recent years (the country reached the End TB Strategy 2020 milestone in reducing the TB incidence by 20% comparing to the 2015:

Diag. 1. Estimated TB incidence and notification rate per 100,000 population (a); estimated TB deaths rate and TB mortality rate per 100,000 population (b) compared against the End-TB Strategy 2020 milestones (green line), 2009-2018.



The National TB Program (NTP) notified 2,863 total TB cases in 2019, among them 2,117 were new and relapsed TB cases. Among new TB cases registered in 2019, males are 60% and females are 40% (male / female ratio 2:1). Like across the region, the disease affects mainly young and the most economically productive part of the population.

TB remains an issue of public health concern. The speed of the progress is yet slow, due to high prevalence of drug-resistance. A high level of drug resistant TB remains the key challenge. The Drug Resistance Surveillance (DRS) survey conducted in 2018 identified 23% of rifampicin-resistance or multiple drug resistance (RR/MDR-TB) among new TB cases and 54% - among previously treated cases. This is a significant increase compared to the 2013 DRS results (13.9% and 37.6%, respectively). The 2018 DRS results also showed a high prevalence of fluoroquinolone (FQ) resistance at 31%.

With the support from the Global Fund grant, NTP started treatment of MDR-TB in 2013 and of XDR-TB in 2017. Up to date, more than 3,600 patients were enrolled on treatment:

year	Number of MDR-TB cases enrolled on treatment	Number of XDR-TB cases enrolled on treatment
2013	81	
2014	210	



2015	323	
2016	611	
2017	387	20
2018	627	67
2019	725	113
2020 <sup>1</sup>	337	197
Total:		3,698

The treatment success rate in MDR-TB patients of 2016 was low at 54% as elsewhere (the WHO Euro regional average 57%). According to the preliminary data for the 2017 cohort, it has increased to 64%. The treatment success among XDR-TB cases is still low at 39%. All new effective medicines are available in Turkmenistan.

In 2020 NTP completed its 2016-2020 programme cycle. The national TB response in 2021-2025 will be guided by in *National Program for Prevention and Control of Tuberculosis in Turkmenistan for years 2021 - 2025*<sup>2</sup>. The **goal** of the program is to decrease the burden of TB in Turkmenistan by ensuring universal access to timely and quality diagnosis and treatment of all forms of TB. In line with the Global End TB Strategy, the NTP defined the following targets to be met by 2025:

- TB mortality rate (incl. prisons): 5.2 per 100,000 population
- TB incidence rate (incl. prisons): 35.5 per 100,000 population
- MDR-TB treatment coverage rate: 90%
- MDR-TB treatment success rate: 70%

The national goals for TB will be achieved through the three **objectives**:

1. To provide appropriate TB diagnostics with high-quality modern methods aligned to people-centred care and focused on key populations and people with latent TB infection (LTBI) to ensure 95% coverage of all presumptive TB by WHO-recommended rapid diagnostics;
2. To provide people-centred treatment and care to all people with TB, including key populations and people with LTBI, reaching at least 90% treatment success for DS-TB and at least 70% treatment success for M/XDR-TB;
3. To strengthen the health system that ensures effective TB control and management of the National TB Program.

The Government of Turkmenistan covers most of the NTP needs. The major donor supporting the country is the Global Fund to fight AIDS, TB and malaria. The Global Fund has been providing TB grants to Turkmenistan since 2010; the up-to-date investments total to \$27,9 mln from the signed \$28,0 mln. Among the key achievements of the Global Fund support are: roll-out of drug susceptibility testing to regional level and increase of coverage with DST from 11% before the grant to the current >80%, including in the prison sector; introduction of rapid molecular tests such as Xpert technology, including in the prison sector; introduction of innovative effective medicines for treatment of M/XDR-TB; introduction of active management of drug safety; provision of treatment of adherence support during

<sup>1</sup> Note: the 2020 data are for Jan-Jun only

<sup>2</sup> As of Nov 2020, still draft. Endorsement by the Government is due by Jan 2021.

treatment; introduction of infection control measures in the TB facilities; piloting ambulatory treatment mode of TB; capacity building for thousands TB and PHC workers.

Since 2016 Turkmenistan is preparing to exit from the Global Fund support. The transition process can be roughly subdivided into three phases:

- Stage I: Transition preparedness (2016-2018). In view of upcoming transition and within the NFM grant support, the country started transition of the funding for core supplies, namely for drug-sensitive TB. NTP's core capacities in detection and treatment of drug-sensitive TB were maintained, while it was crucial to continue the GF support for more complex interventions tackling drug-resistant TB.
- Stage II: Transition (2019 – 2021). The Government has increased commitments, and now covers full needs in MDR-TB treatment, including child formulations, as well nearly half of the DR-TB detection. The GF continues providing technical assistance, patient support and supplies for XDR-TB as they are either more expensive, programmatically challenging, or require amendments in the national mechanisms/legislation.
- Stage III: Institutionalisation. In 2022-2024, the country will take over all interventions currently implemented, partially or in full, under the GF grant. This will go beyond procurement and supplies, to ensure the full national ownership over the most challenging interventions like patient support, quality assurance, maintenance of lab equipment etc. The transition process of these activities is not a matter of available funding only, but of legislative barriers, institutional limitations and capacities.

The current Project Document is developed for implementation of the transitional grant during 1 Jan 2021- 31 Dec 2024. The amount of the additional funding is not large but helps to ensure expedited introduction and scale up of new WHO recommendations on DR-TB diagnostics, treatment and care; later those activities will be also absorbed by the state. The strategy and approaches for this are described below.

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## II. STRATEGY

The **goal** of the project is *To finalize the successful transition and strengthen the sustainability of the Global Fund investments in Turkmenistan through progressive government co-financing of all key interventions by 2024 and reaching sustainability and self-reliance of the National TB Program by 2025*. The project is streamlined around two main Objectives:

**Objective 1.** To sustain the National TB response in the successful and complete transition to domestic funding

**Objective 2.** To ensure universal access to prevention, diagnosis, treatment, and care services for people with drug-resistant TB leaving no one behind and apply people-centred strategic interventions during the transition period

Given the fact that the project is tailored for transition, the first objective of the proposal contributes to *the Resilient and Sustainable Systems for Health (RSSH)*; all proposed interventions have been highlighted as prioritized in the Global Fund's Country Portfolio Analysis and designed to support the final and complete takeover of the financing of TB control activities from the external to domestic funding. To ensure that the legal and policy environment in the country supports the required shift in programmatic and clinical management of DR-TB, the national Multisectoral accountability framework (MAF-TB) will be established based on CCM. Coordination of multiple government agencies and other



partners through MAF-TB will be instrumental the transition process and other priorities of TB control.

The second objective supports interventions under the MDR-TB module. The high burden of DR-TB continues to represent the major obstacle to control the epidemic and achieve the TB control targets. To address suboptimal MDR-TB treatment coverage and success rate, a mix of interventions, including targeted approach to scale up case detection, early TB diagnostics with WHO-recommended rapid methods and retention in care, will be applied. Priorities will be given to key and vulnerable populations, including children, women, rural populations, migrants and prison inmates.

### ***Beneficiaries:***

- People with presumptive and latent TB
- People with confirmed drug-sensitive TB, drug-resistant TB, particularly those with additional resistance to FQ, in civil and penitentiary sectors
- Families and communities affected by TB
- Health care providers in the civil and penitentiary sectors
- Civil society organizations

### ***Human Rights:***

The project interventions make important contribution to the human right agenda ensuring access to the free-of-charge and high-quality TB care for all, following the principle of "Leaving No One Behind." This includes people at high risk of TB infection and progression to the disease and vulnerable populations, namely, people living in remote areas, migrants, prisoners, and those having severe forms of the diseases caused by drug resistant strains. The process of TB treatment is accompanied with improvement of the quality of life and social benefits protecting people affected by TB from financial costs associated with prolonged TB treatment and ensuring improved working and earning ability after successful completion of treatment.

Information about discrimination, exclusion of TB patients is not available publicly. However, there are legal mechanisms established to address such complains that enable the MoHMI and juridical bodies to act in accordance with their legal power to ensure protection of the people's rights to health care, safety, and security. Through the "Patient School" model administrated by NRCS, patients with DR-TB and their family members receive critical information about the disease, their rights, and the services available to support them.

### ***Gender:***

The NTP interventions are planned in a way that assume universal access for all and meet the individual needs of affected people of any age and gender equally. The availability of TB services at the PHC level in close proximity to the place of residence reduces gender-related barriers and ensures equal access to a full range of TB services for women, girls, men, boys, and key populations. Routine TB data disaggregated by age and sex are collected and analyzed, however the national TB strategy could have been more gender sensitive if a differentiated approach were adopted based on qualitative data on the unique needs of women, for example on gender-related stigma, discrimination, gender-based violence.

Representation of women and vulnerable populations in the CCM Turkmenistan ensures that gender and human rights issues are not neglected: 56% of CCM members are women (14 out of total 25 members) and 2 members are ex-TB patients representing people affected by TB.

Overall, the project is designed so that all people with TB regardless of sex, age and other factors can have free access to quality testing, treatment, and counselling services.

***Theory of change:***

A **theory of change** for the project will be framed into two M&E logical frameworks:

- 1) for **national TB response** as shown below, the investments will lead to changes in TB epidemiology (impact) through improved surveillance, service delivery, case management in the current country context.

Achievement of the national targets for TB will contribute to End TB Strategy's "A world free of TB" vision for 2030 and the four global targets set in the political declaration at the UN high-level meeting on TB. The 2030 targets are:

- Reduction in number of TB deaths by 90%;
- Reduction of TB incidence rate by 80%; and
- Zero TB-affected families facing catastrophic costs due to TB<sup>3</sup>.

The End TB strategy indicators and targets are linked to SDG 3 specific targets for TB:

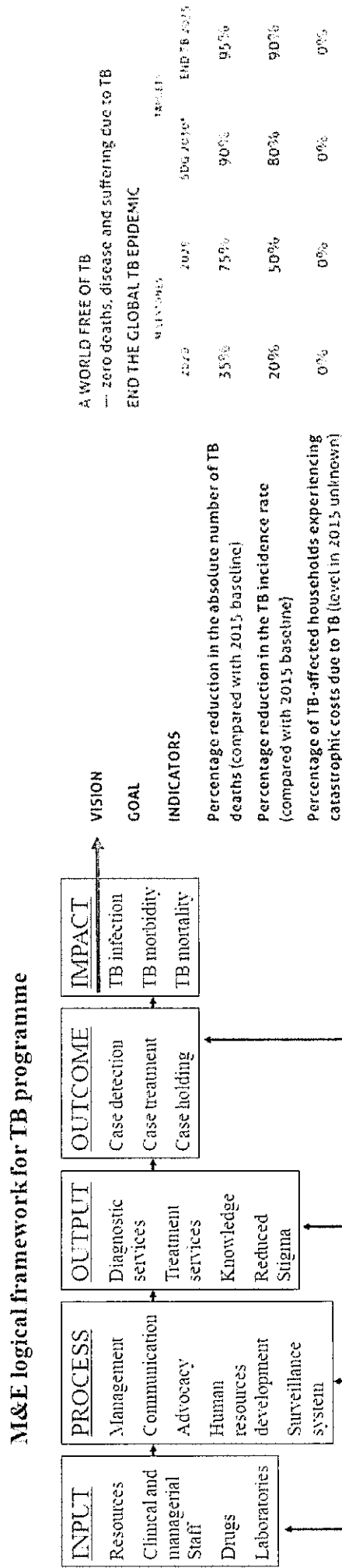
- 3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases;
- 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

The Diagram 2 visualizes the theory of change for TB interventions of the project.

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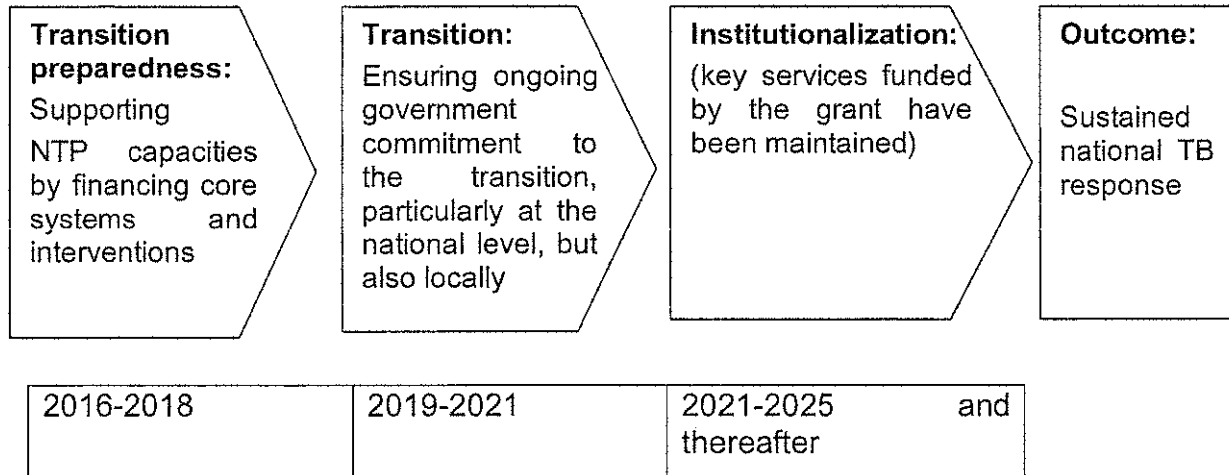
<sup>3</sup> The WHO's End TB Strategy

Diagram 2: Theory of change for national TB response:



2) As this is a transitional grant, besides improvements in TB epidemiology it will also bring changes in the transition process<sup>4</sup>:

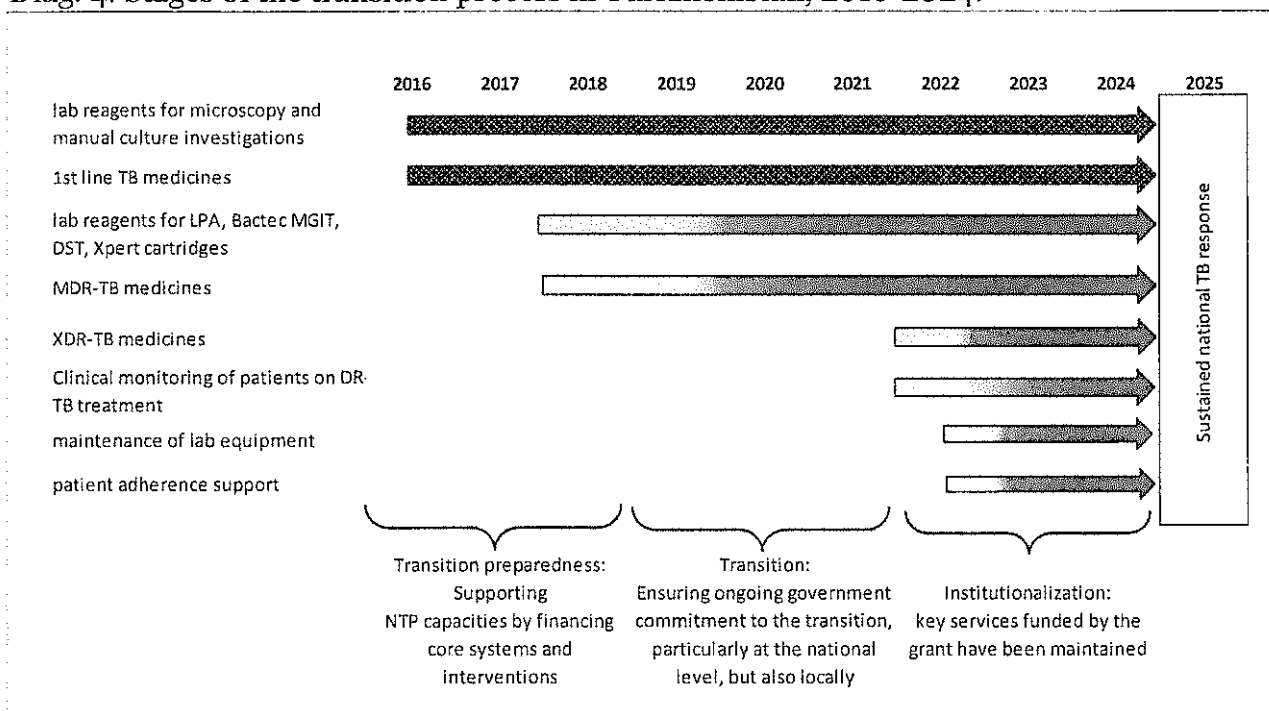
Diagram 3: Theory of change for transition process:



As described above, the previous implementation of transition in 2016-2020 was on track, and now the country is in final stage of institutionalization of the key programme activities previously funded by the Global Fund. The new NSP-2025 envisions that the final and complete transition to domestic funding of all TB interventions in the country will be finalized by 2025:

<sup>4</sup> Adapted from: Sara Bennett et al. Monitoring and evaluating transition and sustainability of donor-funded programs: Reflections on the Avahan experience. Evaluation and Program Planning 52 (2015) 148–158.

Diag. 4. Stages of the transition process in Turkmenistan, 2016-2024.



Most of the health supplies have been already transferred to the Government in 2016-2019. The remaining medicines and reagents for XDR-TB will be also gradually transitioned by 2025. This grant also supports transition of the following key interventions currently funded by the Global Fund:

Maintenance and repairs of laboratory equipment and ventilation systems	The GF will cover the maintenance in 100% 2021-2022, and 50% in 2023. The Government will take over 50% of cost in 2023 and 100% thereafter.
Patient treatment adherence support	The GF grant will cover the activities aiming at patient adherence support (implemented by the National Red Crescent Society) in 100% in 2021, 50% in 2022 and 25% in 2023. The Government will take over the gap in 2022-2023 and takeover 100% in 2024 and thereafter.

In order to track the progress of transition and identify the need for corrective actions, the CCM, PR, NTP, national and international partners will meet and discuss the issues on a regular basis through the Multisectoral Accountability Framework for TB (MAF-TB) - a newly established working group at the CCM.

### III. RESULTS AND PARTNERSHIPS

#### ***Expected Results***

The achievement of project targets will contribute to achievement of the following results:

SDG:	National priority or goal:	UNSCDF (or equivalent) outcome involving UNDP
<b>SDG 3: Ensure healthy lives and promote well-being for all at all ages:</b> <ul style="list-style-type: none"> <li>3.3: End the epidemics of HIV, TB, malaria and NTD and combat hepatitis, waterborne and other communicable diseases;</li> <li>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.</li> </ul>	Ensure high-level human capital development as a result of improvement in quality of social services. Tuberculosis case notification rate per 100,000 (SDG 3.3); <i>Baseline: 32.9 (2019); Target: 31.4 (2024)</i>	<b>#4:</b> By 2025, the population of Turkmenistan enjoys higher quality and inclusive health and social protection services.

The proposed project interventions will be implemented through the activities grouped into two Objectives and linked to the higher-level results in accordance with the *National Program for Prevention and Control of Tuberculosis in Turkmenistan for years 2021-2025*. The main goal of the program is to decrease the burden of TB in Turkmenistan by ensuring universal access to timely and quality diagnosis and treatment of all forms of TB. The NTP defined the following targets to be met by 2024:

**Impact indicators:**

	Indicator:	Baseline			Targets			
		Value	Year	Source	2021	2022	2023	2024
1	TB mortality rate (per 100,000 population)	6.9	2019	R&R TB system, yearly management report	6.3	6.0	5.7	5.4
2	TB incidence rate (per 100,000 population)	31,9	2019	R&R TB system, yearly management report	32.1	32.6	32.5	31.4

**Outcome indicators:**



	Indicator:	Baseline			Target			
		Value	Year	Source	2021	2022	2023	2024
1	Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated	63.39%	Cohort 2017	R&R TB system, yearly management report	64%	65%	66%	67%

The project will provide quality treatment to estimated 4,053 patients with M/XDR-TB. The details are provided in Section V. Results Framework of this Project Document, and in the grant-specific M&E Plan and Performance Framework.

### ***Resources Required to Achieve the Expected Results***

Budget: The total budget is USD 5,067,499.00

People: the project will be implemented by the following staff:

- project implementation unit at UNDP consisting of 8 staff (6 full time and 2 part-time), the Project Organisation Structure is presented below;
- project implementation unit set up at National Red Crescent Society consisting of full-time Project Coordinator, Project Assistant, 12 patronage nurses and 2 drivers.
- Project Assistant at World Health Organization, country office in Turkmenistan

The project will be supervised by UNDP Assistant Resident Representative (Programme). UNDP Health Implementation Support Teams based in Geneva and New York will support the project implementation.

The staff engaged into the project coordination/implementation but not paid by the grant:

- Coordinators at Ministry of Health and Ministry of Internal Affairs of Turkmenistan
- Management of Centres for Infectious Diseases and 5 regional TB hospitals
- TB Department of Turkmen State Medical University
- TB doctors, nurses
- Laboratory specialists
- Primary Health Care doctors and nurses

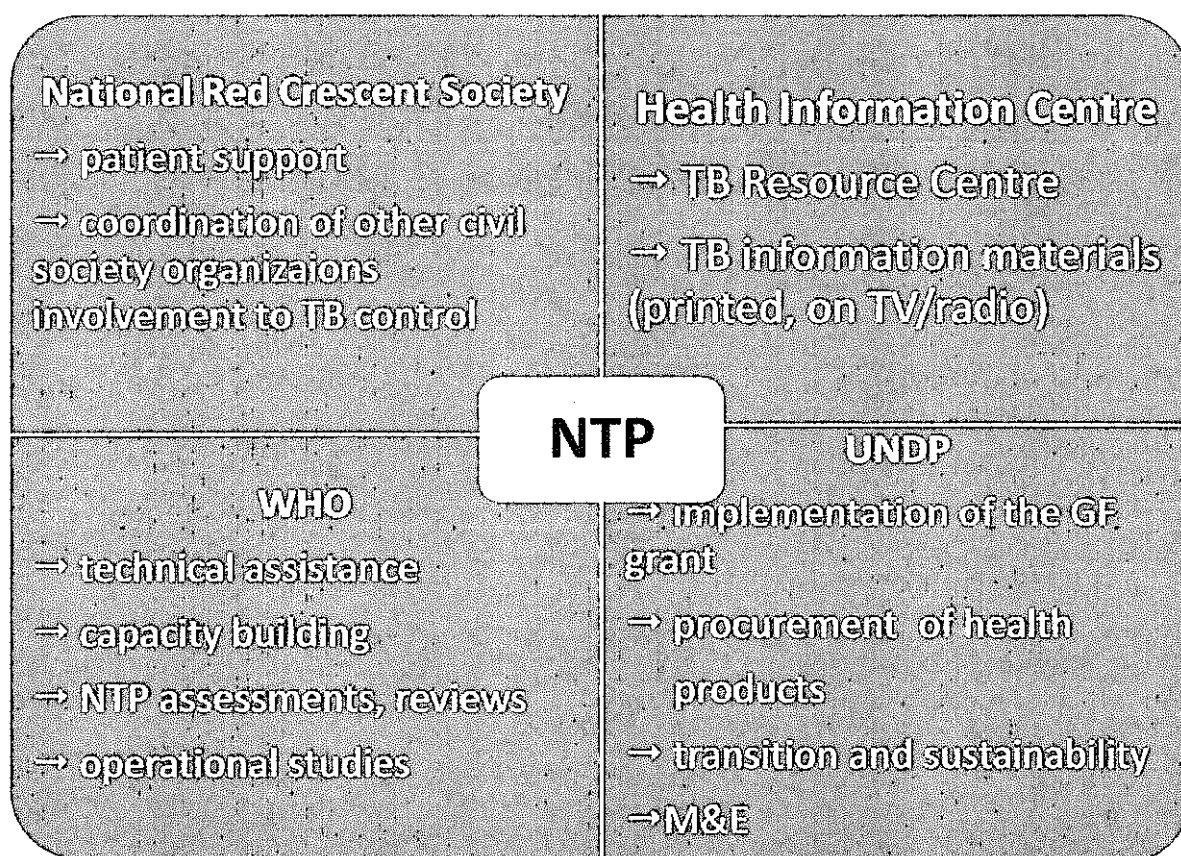
Purchases: the project includes purchases of:

- TB lab reagents, consumables and equipment
- 2nd line TB drugs for XDR-TB
- services and spare parts for maintenance of lab equipment

- patient incentives (small packages containing food and personal hygiene items as incentives for attending patient educational sessions)
- services of local experts for core TA and training activities
- services of international experts for technical assistance

### **Partnerships**

The partnership framework for achievement of the project results is limited to UNDP, WHO, National Red Crescent Society and Health Information Centre of the MoHMI. The latter is not Sub-recipient of the grant anymore (it was in 2011-2015) but has its own funds to conduct TB-related informational and educational activities contributing to the overall project and national goals. NTP coordinates all stakeholders working on TB. NTP here includes health facilities for detection and treatment of TB in the civil and penitentiary sectors, and the academia (TB department of Turkmen State Medical University).



The working arrangements have been already set up in the previous Global Fund grants in 2010-2021 and no major issues are expected in this project.

### **Risks and Assumptions**

#### **Pandemia:**

Due to the effective measures taken by the Government of Turkmenistan at an early stage to prevent the penetration of COVID-19 into the country, no cases of coronavirus infection have been registered in Turkmenistan, and the economy is functioning without shutdowns. The country launched stringent preventive measures as early as 7 February 2020: The Extraordinary Anti-Epidemic Committee imposed ban on international travel, introduced

quarantine measures as needed, the general population was extensively advised to follow personal hygiene measures. In July 2020, the Government tightened restrictions: people were requested to wear face masks and observe social distancing, public gatherings were banned. As the possibility of COVID-19 cases could not be excluded, the Government of Turkmenistan jointly with the UN agencies developed a "Preparedness and Response Plan of Turkmenistan to Acute Respiratory Infection" aiming at prevention of import of COVID-19 into the country and, if occurs, suppression of further transmission and mitigation of social and economic consequences of the outbreak in the country. COVID-19 funding from the Global Fund was not requested by CCM Turkmenistan.

TB service provision was not interrupted throughout the pandemic. TB medicines, reagents, respirators, masks were delivered to Turkmenistan by UNDP at the end of 2019 – early 2020 and were distributed to the TB facilities by February 2020. After the country borders were closed in March, the Government and UNDP negotiated on arranging a dedicated charter flight with all medical goods pending delivery. Thanks to the Government of Turkmenistan support and coordination, on 7 June 2020, all goods were delivered, and the country has been stockpiled with sufficient quantities of all TB supplies. Since August 2020 all medicines are arriving by truck, no risks of stockouts.

The pandemic-related and other risks are:

Key Implementation Risks	Corresponding Mitigation Measures
<i>Impact of the COVID-19 epidemic and social and economic consequences.</i>	Anticipating the long-lasting health and economic impact of Covid-19 is difficult. The Government demonstrated the high-level commitment by establishing the Extraordinary Anti-Epidemic Committee and jointly with the UN agencies supporting the Preparedness and Response Plan of Turkmenistan to Acute Respiratory Infection.
<i>The global supply chains have been distorted and remain so as of end 2020. The project might face much higher costs for transportation of health and non-health products.</i>	The budgeting was done using the most recent prices and included a buffer to absorb the potential high costs.
<i>The supply side for personal protective equipment and other medical items have been more expensive. The project procures FFP3 respirators for TB facilities, face masks for TB patients, some other lab and infection control equipment – all now more expensive than in the past.</i>	The project budgeted all items with the most recent prices and included buffers to minimize the risks of insufficient budget.
<i>The project plans various technical assistance missions to be provided through the WHO by international experts. The borders of Turkmenistan will open up in 2021, but it is expected the number of visits will be reduced.</i>	This challenge, however, can be to some extent mitigated by on-line missions. For the most needed in person missions the WHO/UNDP will negotiate with the Government officials on obtaining necessary approvals.

<i>Unmet financial gap of the NTP</i>	<ul style="list-style-type: none"> <li>• Establishment of the MAF-TB mechanisms and regular update on financial sustainability of the National TB Program.</li> <li>• Support for innovative cost-efficient solutions in the health system, such as new models of ambulatory care; the TB bed infrastructure optimization plan and use of new DR-TB treatment regimens.</li> <li>• Gradual increase of the country financing of the TB control activities as per NSP 2021-2025.</li> </ul>
<i>Macroeconomic factors, financial instability on global markets</i>	<ul style="list-style-type: none"> <li>• Re-evaluation of the Budget and Work - plan in case of major strike situations caused by inflation or change of local currency rate.</li> <li>• Discussion of budget adjustment at CCM level.</li> <li>• Negotiation of reprogramming of the activities with the Global Fund country team.</li> </ul>

The risks log is attached.

### ***Stakeholder Engagement***

The national stakeholders, including civil society (NRCS, Women Union, Youth Union) and the representatives of target groups (ex-TB patients, health care workers) and international partners (UNDP, WHO, USAID, GF, Stop TB Partnership) have been engaged into the project development process through the Country Coordination Mechanism. There were a series of consultations of the CCM working group to develop the funding request, its activities, budget, and the implementation approaches.

All stakeholders will be engaged also in regular CCM meetings (all CCM members) and MAF-TB (narrow working group) meetings to update on the project progress and re-programming needs.

### ***South-South and Triangular Cooperation (SSC/TrC)***

The project plans several activities enabling national TB and lab specialists to share knowledge, skills, expertise and resources with the counterparts in other developing countries: participation in conferences, trainings, contribution to the WHO's periodic TB reports and compendiums. As one of the first countries undergoing exit from the Global Fund support, Turkmenistan is expected to share experience to both the donor and to other countries in the line.

Triangular cooperation will be facilitated by UNDP, WHO, supra-national TB laboratory (Germany) and the Global Drug Facility.

### ***Information sharing***

Current events and project news will be published in UNDP media at country level and at headquarters.

### ***Lessons learned***

The project was developed taking into account the experience and lessons learned in the implementation of the Global Fund grants (since 2010) and the joint procurement agreements between UNDP and MoHMI (since 2016):

- Since 2010 up to date, Turkmenistan has received from the Global Fund in total about \$28 million. In all grants, the key observation is that the Government is strongly committed to fight against TB. The implemented grant activities have been fully supported by the MoHMI and operated in favorable environment. The MoHMI efficiently coordinated in-country stakeholders in TB and cross-cutting areas, with no duplication of their efforts. The MoHMI is receptive to innovative technologies and service delivery with the proven evidence: new molecular diagnostics, such as Xpert MTB/RIF (Cepheid) and GenoType MTBDRplus assay (Hain Lifescience) have been introduced since 2013, ambulatory model has been in pilot since 2016, and most recently the treatment with “new” TB drugs has been launched. The lesson to extrapolate is that the current project will be given the same high priority and support from the Government.
- The Government was proactive in starting early transition from the Global Fund support, e.g. taking over the funding of TB drugs and reagents already in 2016 fiscal year – 2 years in advance of the transitional grant. It is important to note that the Government has decided to procure TB drugs and reagents through UNDP, because of cost-effectiveness, transparency, and quality assurance of medical products. The lesson learned is that the established cooperation between UNDP and MoHMI is mutually beneficial and will continue after the completion of the Global Fund grant.
- Regarding procurement and supply chain system, the Global Fund grants' PSM were not a parallel system but worked within the national structures. There were no cases of stock-outs, expiration or pilferage of drugs.
- 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 estimated 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 favorable euro exchange rate, or a reduction in prices, that is, if savings occur, this will be informed by MoHMI and together with the Country Coordination Mechanism (CCM) the decision will be made on required reprogramming.

### ***Sustainability and Scaling Up***

The co-financing commitments for the Global Fund up to date have been fully realized by the Government, which remains the main source of public domestic funding of TB control. The share of government spending for the TB Program out of Total Expenditures for TB control activities in the country has been increased constantly and reached 85% in 2019 compared to 65% in 2013. As further funding from Global Fund is not expected after 2024 (Turkmenistan is not eligible as an upper-middle income country) the transitional grant will assist the country to finalize the exit from the Global Fund support. The transition arrangements have been described above.

The prospective data indicates a stable increase in the Government funding for TB in 2021-2025: According to the NSP, the total funding needs of the NTP in the 2021-2025 cycle is \$121.3 million. Out of that amount, in the GF-allocation period 2021-2024 the needs are estimated at 94.5 million. From the total need USD 94.5 million, 86% (USD 81.3 million) will be covered under domestic sources and only 1.1% (USD 889,118) under the approved external sources (WHO, USAID and Global Fund), and 13% (USD 12.2 million) represent unfunded gap. It must be noted that out of USD 889,118 external funds USD 802,257 (or

90%) are the WHO funds that were estimated in the beginning of 2019; at present the WHO funding is under question mark due to current disputes over the US funding for the organization.

The Global Fund is the sole major source of external financial support to TB prevention and care in the country and its investments have been steadily decreasing (from 11.2% to 6.1% of the total annual TB funding needs between 2018 and 2020). In the next funding cycle, the Government of Turkmenistan will complete the process of transition and uptake all interventions currently funded by the Global Fund to domestic funding.

To ensure quality and cost-efficiency of the TB supplies, the MoHMI provides increasing funding to UNDP Turkmenistan for procurement through the international pooled mechanisms:



The total Government funding for health procurement for infectious diseases (through UNDP CO) increased from \$1.02 mln in 2017 to the current \$6.6 per year and is expected to grow to \$7.1 in 2023. Procurement for TB within that funding comprises its major part: in 2020 it was at \$2.37 mln and will reach \$3.4 mln in 2023 as the Government will continue the transition process. The details were provided on p. 11 of this document.

#### IV. PROJECT MANAGEMENT

##### ***Cost Efficiency and Effectiveness***

*Cost-efficiency:* The project will apply the lowest costs for quality inputs. The medicines, reagents and equipment procured within the grant will be only from the WHO-prequalified sources and at the lowest price due to pooled procurement mechanisms. Use of novel treatment regimens and innovative technologies for detection of DR-TB (such as Xpert



cartridges) are the evidence-based cost-efficient interventions. The NTP plans operational research on the short treatment regimens for MDR-TB so that to contribute to regional/global analyses on their effectiveness, safety and cost-efficiency. The use of AI X-Ray in the penitentiary sector will improve the quality, high throughput of the investigations in the current situation of severe shortage of health care workers in the sector.

*Effectiveness:* the project strategically focuses on support with the most challenging interventions on XDR-TB and on transition process. The project is technically sound as was developed with assistance from WHO, the Stop TB Partnership, and other technical partners; it is based on analyses of epidemiological trends and context in the country; it includes only evidence-based, most effective and innovative approaches.

### ***Project Management***

The project to be located in UN building (UNDP premises) and operationalized by UNDP country office in Turkmenistan. UNDP Assistant Resident Representative (Programme) will supervise the project implementation. The dedicated grant implementation unit consists of 8 staff (some to be engaged part-time, depending on the funding and workload). See Project Organisation Structure diagram below.

The audit of the project will be conducted as per UNDP audit procedures, which are described in Section 6.8 of the UNDP Programming Manual rules, in consultation with the Office of Audit and Investigations (OAI) UNDP headquarters. The Office of Audit and Investigations (OAI) audits the PR in accordance with its standard procedures. The report is issued to the Administrator. No special audit arrangements are necessary.

The PR, UNDP, will ensure that the SR expenditure statements are audited as per the NIM/NGO audit rules of UNDP, and the audit arrangements agreed with the Global Fund. The cost of the audit will be charged to the "audit" budget line.

The charges for UNDP country office support services and direct project costing will be applied in accordance with the Policy on Cost Recovery from Regular and Other Resources.

**V. RESULTS FRAMEWORK<sup>5</sup>**

<p><b>SDG 3: Ensure healthy lives and promote well-being for all at all ages: 3.3) End the epidemics of HIV, TB, malaria and NTD and combat hepatitis, waterborne 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.</b></p> <p><b>National priority or goal:</b> Ensure high-level human capital development as a result of improvement in quality of social services</p> <p><b>UNSCDF (or equivalent) outcome involving UNDP: #4:</b> By 2025, the population of Turkmenistan enjoys higher quality and inclusive health and social protection services.</p> <p><b>Outcome indicators as stated in the Country Programme Results and Resources Framework, including baseline and targets:</b> Tuberculosis case notification rate per 100,000 (SDG 3.3); Baseline: 32.9 (2019); Target: 31.4 (2024)</p> <p><b>Applicable Output(s) from the UNDP Strategic Plan:</b> For 2021 the UNDP SP 2018-2021 Outcome 2: Accelerate structural transformations for sustainable development. For 2022-2024 not yet available, as UNDP SP for 2022-2025 is being drafted.</p>						
<p><b>EXPECTED OUTPUTS</b></p>	<p><b>OUTPUT INDICATORS<sup>6</sup></b></p>	<p><b>DATA SOURCE</b></p>	<p><b>BASELINE</b></p>		<p><b>TARGETS (by frequency of data collection)</b></p>	<p><b>DATA COLLECTION METHODS &amp; RISKS</b></p>
			<p>Value</p>	<p>Year</p>		
<p><b>Project title and Atlas Project Number: Exit of NTP Turkmenistan from the Global Fund support by 2024, 00129731</b></p>						

<sup>5</sup> UNDP publishes its project information (indicators, baselines, targets and results) to meet the International Aid Transparency Initiative (IATI) standards. Make sure that indicators are S.M.A.R.T. (Specific, Measurable, Attainable, Relevant and Time-bound), provide accurate baselines and targets underpinned by reliable evidence and data, and avoid acronyms so that external audience clearly understand the results of the project.

<sup>6</sup> It is recommended that projects use output indicators from the Strategic Plan IRRF, as relevant, in addition to project-specific results indicators. Indicators should be disaggregated by sex or for other targeted groups where relevant.

<b>Output: MDR-TB</b>	MDR TB-2(M): Number of TB cases with RR-TB and/or MDR-TB notified	R&R TB system, yearly management report	838	2019	800	777	787	769	Routine data collection.
	MDR TB-3(M): Number of cases with RR-TB and/or MDR-TB that began second-line treatment	R&R TB system, yearly management report	838	2019	800	777	787	769	Routine data collection.
	MDR TB-8: Number of cases of XDR TB enrolled on treatment	R&R TB system, yearly management report	113	2019	220	233	236	231	Routine data collection.
	MDR TB-7.1 Percentage of confirmed RR/MDR-TB cases tested for resistance to second-line drugs	R&R TB system, yearly management report	92%	2019	95%	97%	99%	100%	Routine data collection.

## VI. MONITORING AND EVALUATION

In accordance with UNDP's programming policies and procedures, the project will be monitored through the following monitoring and evaluation plans: *[Note: monitoring and evaluation plans should be adapted to project context, as needed]*

The grant-specific M&E Plan is available with all the details of M&E of the project.

### Monitoring Plan

Monitoring Activity	Purpose	Frequency	Expected Action	Partners (if joint)	Cost (if any)
<b>Track results progress</b>	Progress data against the results indicators in the RRF will be collected and analysed to assess the progress of the project in achieving the agreed outputs. The project team and the NTP team will conduct monitoring visits for verification and supervision purpose.	Quarterly, or in the frequency required for each indicator.	In case of slow progress, low quality service provision, other issues the management will take corrective actions	MoHMI MIA NRCS	\$26,550 Cost of monitoring visits
<b>Monitor and Manage Risk</b>	Identify specific risks that may threaten achievement of intended results. Identify and monitor risk management actions using a risk log. This includes monitoring measures and plans that may have been required as per UNDP's Social and Environmental Standards. Audits will be conducted in accordance with UNDP's audit policy to manage financial risk.	Constantly	Risks are identified by project management and actions are taken to manage risk. The risk log is actively maintained to keep track of identified risks and actions taken.		
<b>Learn</b>	Knowledge, good practices and lessons will be captured regularly, as well as actively sourced from other projects and partners and integrated back into the project.	Constantly	Relevant lessons are captured by the project team and used to inform management decisions.		

<b>Annual Progress Update and Disbursement Request (PUDR)</b>	The grant will analyse achievement of the programme targets and financial absorption rate, as well as any quality issues, and report to the Global Fund and the CCM.	Annually	The GF will provide the grant performance rating and suggest management actions for improvement.	Global Fund UNOPS (LFA) CCM	
<b>Programme Quality Review</b>	Review of data and verification by filed visits to inform management actions.	Periodically (once in 1-2 years)	Randomly selected indicators and sites for verification are checked by the LFA, programme quality, service delivery quality is reviewed, recommendations provided for improvement	UNOPS (LFA) GF	Cost of visits covered by the GF
<b>Project Report</b>	A progress report will be presented to the CCM and key stakeholders, consisting of progress data showing the results achieved against pre-defined annual targets at the output level, the annual project quality rating summary, an updated risk log with mitigation measures, and any evaluation or review reports prepared over the period.	Annually, and at the end of the project (final report)		CCM MFA MFE	
<b>Project Review (Project Board)</b>	The project's governance mechanism (i.e., CCM) will meet 1 or 2 times per year, or as required, assess the performance of the project and review the Multi-Year Work Plan to ensure realistic budgeting over the life of the project. In the project's final year, the CCM shall hold an end-of project review to capture lessons learned and discuss opportunities for scaling up and to	At least semi-annually	Any quality concerns or slower than expected progress should be discussed by the project board and management actions agreed to address the issues identified.	CCM	

	socialize project results and lessons learned with relevant audiences.				
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### Evaluation Plan<sup>7</sup>

UNDP CO evaluation will include the project evaluation. NTP will be reviewed by the WHO Euro in 2024, and this will evaluate the project's achievements and drawbacks.

### Multi-Year Work Plan <sup>89</sup>

*All anticipated programmatic and operational costs to support the project, including development effectiveness and implementation support arrangements, need to be identified, estimated and fully costed in the project budget under the relevant output(s). This includes activities that directly support the project, such as communication, human resources, procurement, finance, audit, policy advisory, quality assurance, reporting, management, etc. All services which are directly related to the project need to be disclosed transparently in the project document. fixed drawbar with ball hitch*

### Summary budget of the project for 1 July 2021- 31 Dec 2024, in USD:

Implementer:	2021	2022	2023	2024	Total:
WHO	74,990.83	162,624.11	134,260.80	57,359.64	429,235.38
NRCS	155,101.12	170,611.24	93,836.18	-	419,548.54
UNDP	2,193,382.80	1,303,368.17	462,299.62	259,664.49	4,218,715.08

<sup>7</sup> Optional, if needed

<sup>8</sup> Cost definitions and classifications for programme and development effectiveness costs to be charged to the project are defined in the Executive Board decision DP/2010/32

<sup>9</sup> Changes to a project budget affecting the scope (outputs), completion date, or total estimated project costs require a formal budget revision that must be signed by the project board. In other cases, the UNDP programme manager alone may sign the revision provided the other signatories have no objection. This procedure may be applied for example when the purpose of the revision is only to re-phase activities among years.



<b>Total:</b>	2,423,474.75	1,636,603.51	690,396.60	317,024.13	5,067,499.00
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**Annual Work Plan for 2021**

No	Budget Line in the grant	Activity Description	Implementer	01.07.2021-30.09.2021	01.10.2021-31.12.2021	Total for 2021
1	1	Meetings to support of the to discuss transition, introduction of MAF-TB mechanism and other TB priorities in Turkmenistan	UNDP	1,294.00		1,294.00
3	5	Development of the National Lab Network Plan 2021-2025, incl. mid-term evaluation	WHO		11,963.04	11,963.04
4	8	Development of people-centred TB care model, incl. new funding mechanisms	WHO		12,960.04	12,960.04
5	11	Support to M&E visits of the Central Unit of the NTP and Medical Department of MIA (to Central Prison Hospital)	UNDP	1,425.00	1,425.00	2,850.00
7	14	Finalization and maintenance of the National E-TB register (IT support, training)	WHO	1,685.00	4,563.33	6,248.33
8	15	Operational research to support introduction of the novel DR-TB regimens	WHO	14,818.40	3,178.41	17,996.81
9	16	Evaluation and technical support on expansion of the Xpert technology	UNDP		2,510.00	2,510.00
14	21	Training on M&E for NTP	UNDP	3,696.00		3,696.00
17	28	Procurement of 6 GX (4 module, 10-color) platforms with desktop	UNDP	117,000.00		117,000.00
18	29	Procurement of 6 UPS and printers for Xpert platforms	UNDP	6,000.00		6,000.00
19	30	PSM cost, incl. in country logistics, for GeneXpert (6 new platforms)	UNDP	25,561.80		25,561.80
20	31	3-year warranty extension for 6 new GX-IV (2-Module) platforms	UNDP	47,412.00		47,412.00
21	32	Xpert warranty package for previously procured machines	UNDP	27,657.00		27,657.00
22	33	Supplies of cartridges for Xpert MTB/RIF tests	UNDP	148,552.30		148,552.30

23	34	PSM cost for Xpert MTB/RIF cartridges, incl. in-country logistics	UNDP	31,195.98		31,195.98
24	35	Supplies of cartridges for novel Xpert XDR assay	UNDP	8,710.00		8,710.00
25	36	PSM cost for Xpert MTB/RIF cartridges, incl. in-country logistics	UNDP	1,829.10		1,829.10
26	37	Bacteriologic lab equipment set	UNDP	80,197.29		80,197.29
27	38	PSM cost for bacteriologic lab equipment, incl. in-country logistics	UNDP	18,044.39		18,044.39
28	39	M.Tb identification, isolation of strains and DST (LPA Hain, automated MGIT)	UNDP	152,743.19		152,743.19
29	40	Preventive maintenance and servicing of laboratory equipment	UNDP	132,578.80		132,578.80
31	44	Annual external quality assessment of NRL by SNRL	UNDP		3,700.00	3,700.00
33	48	Procurement of SLDs (for treatment of FQ-res RR/MDR-TB)	UNDP	833,345.40		833,345.40
34	49	Supply management of SLDs	UNDP	132,085.25		132,085.25
36	51	Clinical monitoring by procurement of reagents for clinical and biochemistry tests for detection and treatment monitoring of M/XDR-TB patients	UNDP	42,939.00		42,939.00
37	52	Adherence support to M/XDR-TB patients on treatment	NRCS	40,024.35	40,024.35	80,048.71
38	53	SR NRCS Costs - Staff	NRCS	33,695.01	33,695.01	67,390.02
39	54	Digital innovative adherence support technologies (video DOT)	UNDP		9,600.00	9,600.00
40	55	Procurement of IPC equipment (upper room UVGI, PPE), incl. prisons	UNDP		20,285.20	20,285.20
41	56	Procurement of AI X-ray equipment for the prison sector TB services (and civil sector - PAAR)	UNDP	75,000.00		75,000.00
42	57	Project monitoring costs	UNDP	1,500.00	1,500.00	3,000.00
43	58	Adherence support to M/XDR-TB patients on treatment / Grant mgt	NRCS	3,831.20	3,831.20	7,662.40
45	60	SR WHO Costs - Staff	WHO	10,458.33	10,458.33	20,916.67
46	61	WHO HQ Overheads	WHO	1,887.32	3,018.62	4,905.94

47	62	Operational Costs	UNDP	15,233.75	15,233.75	30,467.50
48	63	PR Costs - Staff	UNDP	38,291.77	38,291.77	76,583.53
51	68	UNDP HQ Overheads	UNDP	143,408.41	15,136.66	158,545.08
		<b>TOTAL</b>		<b>2,192,100.03</b>	<b>231,374.725</b>	<b>2,423,474.75</b>

### Annual Work Plan for 2022

No	Budget Line in the grant	Activity Description	Implementer	01.01.2022-31.03.2022	01.04.2022-30.06.2022	01.07.2022-30.09.2022	01.10.2022-31.12.2022	Total for 2022
1	1	Meetings to support of the to discuss transition, introduction of MAF-TB mechanism and other TB priorities in Turkmenistan	UNDP	1,294.00		1,294.00		2,588.00
2	2	Update national legislation to support procurement of WHO-prequalified products	UNDP		11,502.00		11,502.00	23,004.00
5	11	Support to M&E visits of the Central Unit of the NTP and Medical Department of MIA (to Central Prison Hospital)	UNDP	1,425.00	1,425.00	1,425.00	1,425.00	5,700.00
7	14	Finalization and maintenance of the National E-TB register (IT support, training)	WHO	1,685.00	4,563.33	185.00		6,433.33
8	15	Operational research to support introduction of the novel DR-TB regimens	WHO	14,818.40	3,178.41	578.40	3,178.41	21,753.62
9	16	Evaluation and technical support on expansion of the Xpert technology	UNDP	2,510.00		2,510.00		5,020.00
10	17	Annual Green Light Committee operations fee	UNDP	25,000.00				25,000.00

11	18	Training on new DR-TB guidelines for TB, PHC specialists, incl. prisons	WHO	5,545.12	3,696.00	5,545.12	3,696.00	18,482.24
12	19	Training on drug management (QuantB) for the designated staff of TB centers	WHO	4,693.00				4,693.00
13	20	Training on aDSM for TB and PHC specialists	WHO	5,545.12	5,545.12	5,545.12	5,545.12	22,180.48
15	22	TA on development of the community-based package of TB services	UNDP		12,960.04			12,960.04
16	25	Development of a Roadmap on community-based adherence support in TB care	UNDP	13,660.04				13,660.04
22	33	Supplies of cartridges for Xpert MTB/RIF tests	UNDP	75,478.74				75,478.74
23	34	PSM cost for Xpert MTB/RIF cartridges, incl. in-country logistics	UNDP	15,850.54				15,850.54
24	35	Supplies of cartridges for novel Xpert XDR assay	UNDP	4,405.00				4,405.00
25	36	PSM cost for Xpert MTB/RIF cartridges, incl. in-country logistics	UNDP	925.05				925.05
28	39	M.Tb identification, isolation of strains and DST (LPA Hain, automated MGIT)	UNDP	115,799.54				115,799.54
29	40	Preventive maintenance and servicing of laboratory equipment	UNDP	132,578.80				132,578.80
30	41	External technical assistance by SRL	WHO	12,960.04				12,960.04
31	44	Annual external quality assessment of NRL by SNRL	UNDP			3,700.00		3,700.00
32	45	TA for TB in prison, including update of guidelines	WHO		12,147.10			12,147.10
33	48	Procurement of SLDs (for treatment of FQ-res RR/MDR-TB)	UNDP	444,374.29				444,374.29
34	49	Supply management of SLDs	UNDP	66,549.77				66,549.77
35	50	Quality assurance of TB drugs	UNDP	2,500.00				2,500.00
36	51	Clinical monitoring by procurement of reagents for clinical and biochemistry tests for detection and treatment monitoring of M/XDR-TB patients	UNDP			30,454.52		30,454.52

37	52	Adherence support to M/XDR-TB patients on treatment	NRCS	22,013.39	22,013.39	22,013.39	88,053.58
38	53	SR NRCS Costs - Staff	NRCS	18,532.26	18,532.26	18,532.26	74,129.02
39	54	Digital innovative adherence support technologies (video DOT)	UNDP	1,350.00	1,350.00	1,350.00	5,400.00
42	57	Project monitoring costs	UNDP	1,500.00	1,500.00	1,500.00	6,000.00
43	58	Adherence support to M/XDR-TB patients on treatment / Grant mgt	NRCS	2,107.16	2,107.16	2,107.16	8,428.64
45	60	SR WHO Costs - Staff	WHO	10,458.33	10,458.33	10,458.33	41,833.33
46	61	WHO HQ Overheads	WHO	3,899.35	3,899.35	3,899.35	10,638.96
47	62	Operational Costs	UNDP	15,233.75	15,233.75	15,233.75	60,934.99
48	63	PR Costs - Staff	UNDP	34,780.09	34,780.09	34,780.09	139,120.35
49	64	TA on child TB, including child MDR-TB	WHO	11,502.00			11,502.00
50	67	Training for the SR NRCS on new guidelines of DR-TB treatment	UNDP	5,932.50			5,932.50
51	68	UNDP HQ Overheads	UNDP	72,639.30	11,114.18	9,304.61	105,432.01
		<b>TOTAL</b>		<b>1,136,043.58</b>	<b>169,888.15</b>	<b>142,227.56</b>	<b>1,636,603.51</b>

**Annual Work Plan for 2023**

No	Budget Line in the	Activity Description	Implementer	01.01.2023-31.03.2023	01.04.2023-30.06.2023	01.07.2023-30.09.2023	01.10.2023-31.12.2023	Total for 2023
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37	52	Adherence support to M/XDR-TB patients on treatment	NRCS	12,107.3 7	12,107.3 7	12,107.3 7	12,107.3 7	12,107.3 7	12,107.3 7	48,429.47
38	53	SR NRCS Costs - Staff	NRCS	10,192.7 4	10,192.7 4	10,192.7 4	10,192.7 4	10,192.7 4	10,192.7 4	40,770.96
42	57	Project monitoring costs	UNDP	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	6,000.00
43	58	Adherence support to M/XDR-TB patients on treatment / Grant mgt	NRCS	1,158.94	1,158.94	1,158.94	1,158.94	1,158.94	1,158.94	4,635.75
44	59	Audit Costs	UNDP	95,000.0 0						95,000.00
45	60	SR WHO Costs - Staff	WHO	7,125.00	7,125.00	7,125.00	7,125.00	7,125.00	7,125.00	28,500.00
46	61	WHO HQ Overheads	WHO	4,026.39	979.96	1,959.69	1,817.37	1,817.37	1,817.37	8,783.42
47	62	Operational Costs	UNDP	15,233.7 5	15,233.7 5	15,233.7 5	15,233.7 5	15,233.7 5	15,233.7 5	60,934.99
48	63	PR Costs - Staff	UNDP	27,554.4 7	27,554.4 7	27,554.4 7	27,554.4 7	27,554.4 7	27,554.4 7	110,217.87
50	67	Training for the SR NRCS on new guidelines of DR-TB treatment	UNDP	5,932.50						5,932.50
51	68	UNDP HQ Overheads	UNDP	22,077.0 2	5,790.86	8,885.26	6,777.48	6,777.48	6,777.48	43,530.62
		<b>TOTAL</b>		<b>362,462. 96</b>	<b>88,517.4 9</b>	<b>135,817. 60</b>	<b>103,598.5 6</b>	<b>103,598.5 6</b>	<b>103,598.5 6</b>	<b>690,396.60</b>

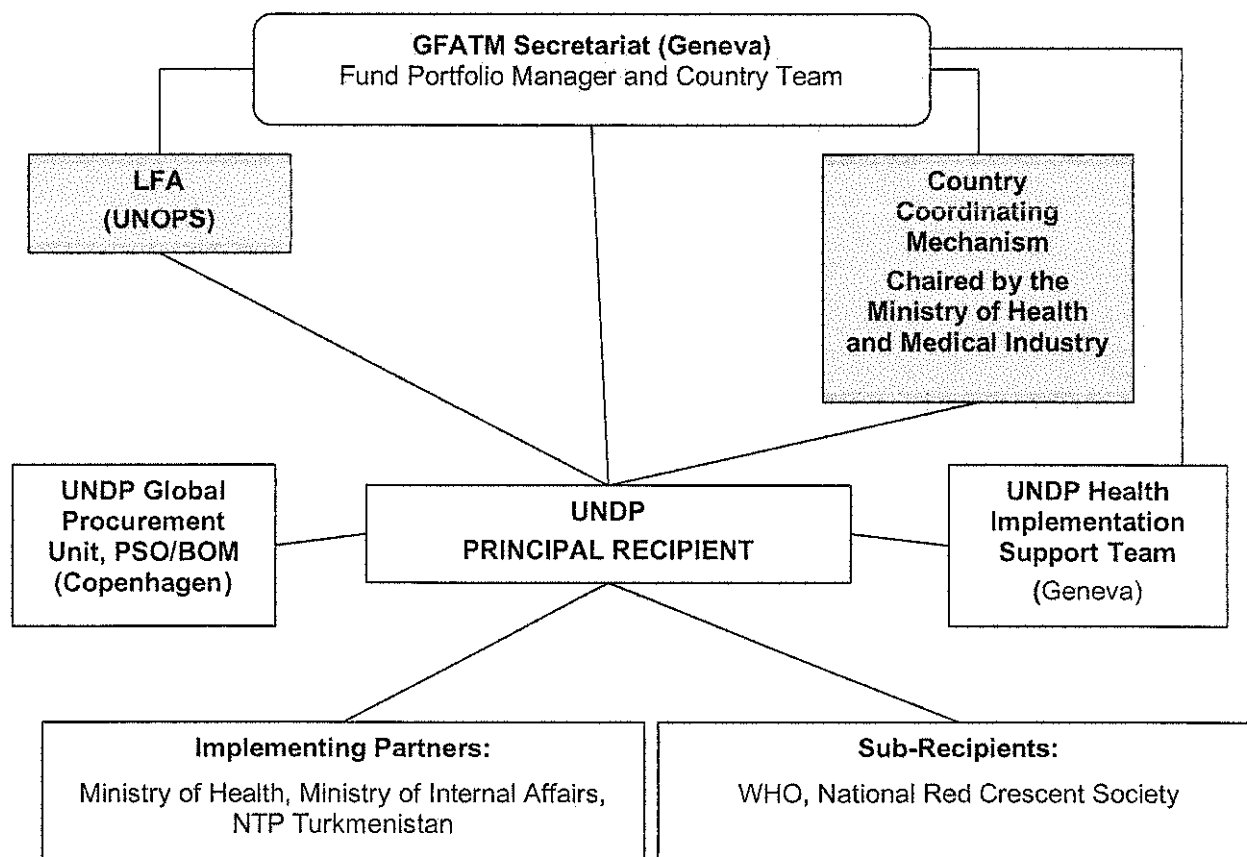
**Annual Work Plan for 2024**

No	Budget Line in the grant	Activity Description	Implementer	01.01.2024-31.03.2024	01.04.2024-30.06.2024	01.07.2024-30.09.2024	01.10.2024-31.12.2024	Total for 2024
9	16	Evaluation and technical support on expansion of the Xpert technology	UNDP	2,510.00		2,510.00		5,020.00
10	17	Annual Green Light Committee operations fee	UNDP	25,000.00				25,000.00

28	39	M. Tb identification, isolation of strains and DST (LPA Hain, automated MGIT)	UNDP	36,943.65						36,943.65
30	41	External technical assistance by SRL	WHO		12,960.04					12,960.04
31	44	Annual external quality assessment of NRL by SNRL	UNDP			3,700.00				3,700.00
32	45	TA for TB in prison, including update of guidelines	WHO		2,147.10					12,147.10
42	57	Project monitoring costs	UNDP	1,500.00				1,500.00		3,000.00
45	60	SR WHO Costs - Staff	WHO	7,125.00	7,125.00			7,125.00	7,125.00	28,500.00
46	61	WHO HQ Overheads	WHO	498.75	2,256.25			498.75	498.75	3,752.50
47	62	Operational Costs	UNDP	15,233.75	15,233.75			15,233.75	15,233.75	60,934.99
48	63	PR Costs - Staff	UNDP	26,490.37	26,490.37			26,490.37	26,490.37	105,961.47
51	68	UNDP HQ Overheads	UNDP	6,321.11	5,334.88			3,994.05	3,454.35	19,104.38
		<b>TOTAL</b>		<b>121,622.62</b>	<b>81,547.38</b>			<b>61,051.92</b>	<b>52,802.22</b>	<b>317,024.13</b>

## VII. GOVERNANCE AND MANAGEMENT ARRANGEMENTS

The framework of the Global Fund grant in Turkmenistan is presented below:



**The Global Fund to Fight AIDS, tuberculosis and malaria (GFATM)** is a financing institution, providing support to countries in the response to the three diseases.

**The Local Fund Agent (LFA)** are independent consultants hired by GFATM to assess implementation and data quality.

The project is coordinated through **the Country Coordination Mechanism (CCM)**, which includes representatives from government, multilateral or bilateral agencies, non-governmental organizations, academic institutions, and people affected by TB. CCM coordinates and oversees implementation of the approved grant; evaluate the performance of the programs.

**Ministry of Health and Medical Industry of Turkmenistan (MOHMI)** as the national government entity responsible for health programmes in the country chairs the CCM. The Ministry coordinates and facilitates implementation of the project either directly or through its subordinates (Departments of Health, Administration of Centres for Infectious Diseases, administrations of TB facilities, etc).

**Ministry of Internal Affairs of Turkmenistan** through its Medical Department will implement DR-TB control in penitentiary sector. As agreed in 2010, communication between UNDP and MoIA will be through the MoHMI.

**UNDP Global Procurement Unit PSO/BOM (Copenhagen)** is an agency to support UNDP

Country Office in procurement processes and operations-related procurement aspects.

**UNDP Health Implementation Support Team** based at HIV, Health and Development Group within Bureau for Policy and Programme Support. The Team provides support to UNDO CO where UNDP is a Global Fund PR.

**Sub-Recipients** are entities to which UNDP provides funding in order to carry out activities contemplated under the programme. In UNDP terms, an SR is a 'responsible entity' or 'contractor'. Details of the procedures for selection of SRs are available in Operation Manual<sup>10</sup> for projects financed by the GFATM for which UNDP is Principal Recipient. The following partners have been identified as Sub-Recipients:

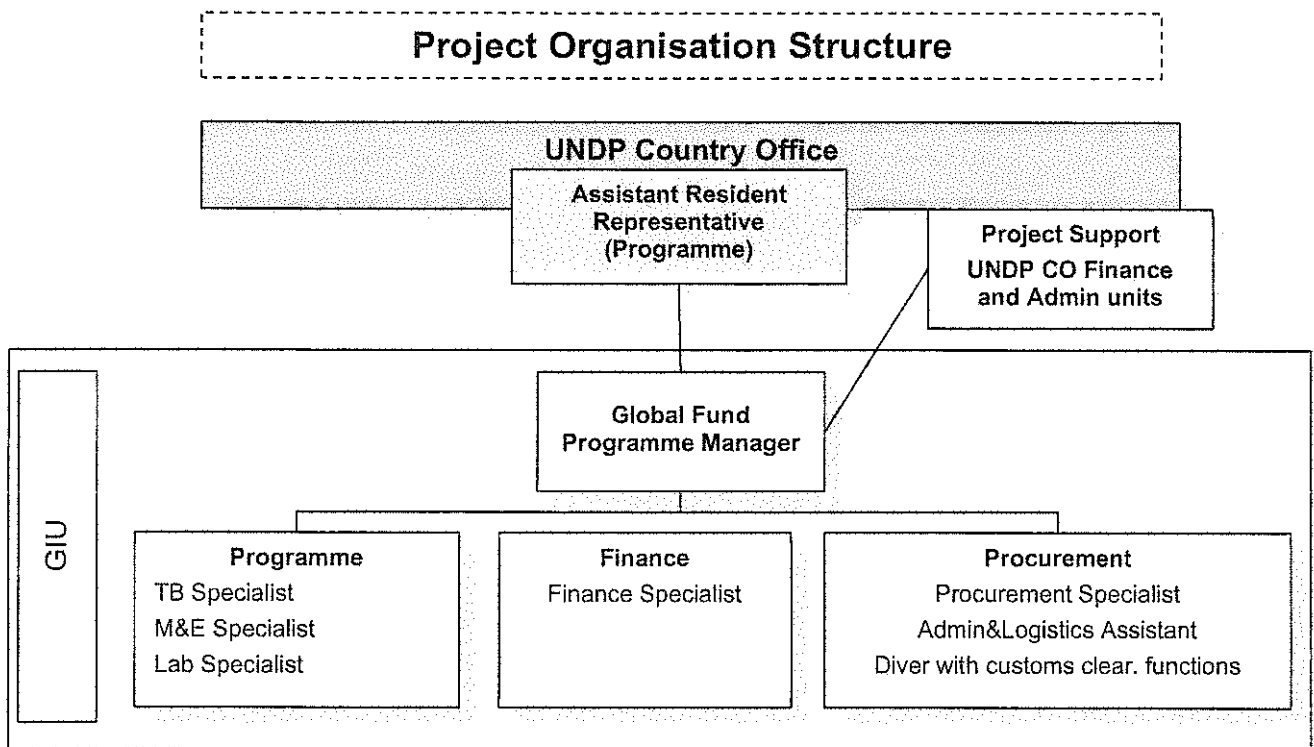
- **World Health Organization (WHO)** is a specialized agency of the United Nations in the area of health. Through the WHO Country Office in Turkmenistan, it will render technical assistance on various aspects of TB care, focusing on drug-resistant tuberculosis. WHO will organize technical assistance of various experts, trainings of national specialists, NTP review, operational research. UNDP CO conducted capacity assessment of the WHO CO in 2010. Based on the positive performance evaluation for grant implementation in 2011-2020 and considering that the Terms of Reference does not substantially change for new grant, a new SR capacity assessment is not required. The planned budget for the WHO implementation in this project 8% of the total grant.
- **National Red Crescent Society of Turkmenistan (NRCS)** is a national civil society organization which has a unique mission and experience to carry out the health care related programmes, including public health advocacy campaigns, providing social support to the most vulnerable people, prevention of various diseases, including TB, HIV/AIDS, in all regions of Turkmenistan. The CCM identified the NGO as the SR to provide MDR-TB patient support (adherence support through home visits, educational sessions). The UNDP CO conducted Capacity Assessments in 2010 and 2013. Based on positive performance evaluation in 2011-2020, and no major changes into the scope of activities, the NRCS will be awarded contract. Value for Money analysis will be approved by the PSO. The tentative budget for the NRCS is 8% of the grant.

### **Grant Implementation Unit (GIU) at UNDP**

The project will be implemented by UNDP through its Grant Implementation Unit (GIU) for GFATM grant and supervised by the UNDP Assistant Resident Representative (Programme). The project organization chart is presented below.

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<sup>10</sup> <https://undphealthimplementation.org/>



Note: Procurement Specialist will be covered by the Government-funded project on health procurement, but this person will perform procurement activities for the grant.

## VIII. LEGAL CONTEXT AND RISK MANAGEMENT

### LEGAL CONTEXT

#### Option a. Where the country has signed the Standard Basic Assistance Agreement (SBAA)

This project document shall be the instrument referred to as such in Article 1 of the Standard Basic Assistance Agreement between the Government of Turkmenistan and UNDP, signed in 1993. All references in the SBAA to "Executing Agency" shall be deemed to refer to "Implementing Partner."

### RISK MANAGEMENT

#### Option a. Government Entity (NIM)

1. Consistent with the Article III of the SBAA *[or the Supplemental Provisions to the Project Document]*, the responsibility for the safety and security of the Implementing Partner and its personnel and property, and of UNDP's property in the Implementing Partner's custody, rests with the Implementing Partner. To this end, the Implementing Partner shall:
  - a) put in place an appropriate security plan and maintain the security plan, taking into account the security situation in the country where the project is being carried;
  - b) assume all risks and liabilities related to the Implementing Partner's security, and the full implementation of the security plan.

2. UNDP reserves the right to verify whether such a plan is in place, and to suggest modifications to the plan when necessary. Failure to maintain and implement an appropriate security plan as required hereunder shall be deemed a breach of the Implementing Partner's obligations under this Project Document.
3. The Implementing Partner agrees to undertake all reasonable efforts to ensure that no UNDP funds received pursuant to the Project Document are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by UNDP hereunder do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via [http://www.un.org/sc/committees/1267/aq\\_sanctions\\_list.shtml](http://www.un.org/sc/committees/1267/aq_sanctions_list.shtml).
4. Social and environmental sustainability will be enhanced through application of the UNDP Social and Environmental Standards (<http://www.undp.org/ses>) and related Accountability Mechanism (<http://www.undp.org/secu-srm>).
5. The Implementing Partner shall: (a) conduct project and programme-related activities in a manner consistent with the UNDP Social and Environmental Standards, (b) implement any management or mitigation plan prepared for the project or programme to comply with such standards, and (c) engage in a constructive and timely manner to address any concerns and complaints raised through the Accountability Mechanism. UNDP will seek to ensure that communities and other project stakeholders are informed of and have access to the Accountability Mechanism.
6. All signatories to the Project Document shall cooperate in good faith with any exercise to evaluate any programme or project-related commitments or compliance with the UNDP Social and Environmental Standards. This includes providing access to project sites, relevant personnel, information, and documentation.
7. The Implementing Partner will take appropriate steps to prevent misuse of funds, fraud or corruption, by its officials, consultants, responsible parties, subcontractors and sub-recipients in implementing the project or using UNDP funds. The Implementing Partner will ensure that its financial management, anti-corruption and anti-fraud policies are in place and enforced for all funding received from or through UNDP
8. The requirements of the following documents, then in force at the time of signature of the Project Document, apply to the Implementing Partner: (a) UNDP Policy on Fraud and other Corrupt Practices and (b) UNDP Office of Audit and Investigations Investigation Guidelines. The Implementing Partner agrees to the requirements of the above documents, which are an integral part of this Project Document and are available online at [www.undp.org](http://www.undp.org).
9. In the event that an investigation is required, UNDP has the obligation to conduct investigations relating to any aspect of UNDP projects and programmes. The Implementing Partner shall provide its full cooperation, including making available personnel, relevant documentation, and granting access to the Implementing Partner's (and its consultants', responsible parties', subcontractors' and sub-recipients') premises, for such purposes at reasonable times and on reasonable conditions as may be required for the purpose of an investigation. Should there be a limitation in meeting this obligation, UNDP shall consult with the Implementing Partner to find a solution.

10. The signatories to this Project Document will promptly inform one another in case of any incidence of inappropriate use of funds, or credible allegation of fraud or corruption with due confidentiality.

Where the Implementing Partner becomes aware that a UNDP project or activity, in whole or in part, is the focus of investigation for alleged fraud/corruption, the Implementing Partner will inform the UNDP Resident Representative/Head of Office, who will promptly inform UNDP's Office of Audit and Investigations (OAI). The Implementing Partner shall provide regular updates to the head of UNDP in the country and OAI of the status of, and actions relating to, such investigation.

11. UNDP shall be entitled to a refund from the Implementing Partner of any funds provided that have been used inappropriately, including through fraud or corruption, or otherwise paid other than in accordance with the terms and conditions of the Project Document. Such amount may be deducted by UNDP from any payment due to the Implementing Partner under this or any other agreement. Recovery of such amount by UNDP shall not diminish or curtail the Implementing Partner's obligations under this Project Document.

The Implementing Partner agrees that, where applicable, donors to UNDP (including the Government) whose funding is the source, in whole or in part, of the funds for the activities which are the subject of this Project Document, may seek recourse to the Implementing Partner for the recovery of any funds determined by UNDP to have been used inappropriately, including through fraud or corruption, or otherwise paid other than in accordance with the terms and conditions of the Project Document.

Where such funds have not been refunded to UNDP, the Implementing Partner agrees that donors to UNDP (including the Government) whose funding is the source, in whole or in part, of the funds for the activities under this Project Document, may seek recourse to the Implementing Partner for the recovery of any funds determined by UNDP to have been used inappropriately, including through fraud or corruption, or otherwise paid other than in accordance with the terms and conditions of the Project Document.

*Note:* The term "Project Document" as used in this clause shall be deemed to include any relevant subsidiary agreement further to the Project Document, including those with responsible parties, subcontractors and sub-recipients.

12. Each contract issued by the Implementing Partner in connection with this Project Document shall include a provision representing that no fees, gratuities, rebates, gifts, commissions or other payments, other than those shown in the proposal, have been given, received, or promised in connection with the selection process or in contract execution, and that the recipient of funds from the Implementing Partner shall cooperate with any and all investigations and post-payment audits.
13. Should UNDP refer to the relevant national authorities for appropriate legal action any alleged wrongdoing relating to the project, the Government will ensure that the relevant national authorities shall actively investigate the same and take appropriate legal action against all individuals found to have participated in the wrongdoing, recover and return any recovered funds to UNDP.
14. The Implementing Partner shall ensure that all of its obligations set forth under this section entitled "Risk Management" are passed on to each responsible party, subcontractor and sub-recipient and that all the clauses under this section entitled "Risk

Management Standard Clauses” are included, *mutatis mutandis*, in all sub-contracts or sub-agreements entered into further to this Project Document.

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**IX. ANNEXES**

**1. Grant Agreement with the Global Fund**