



PROJECT DOCUMENT

Turkmenistan

Project title: Procurement of health products for the control of infectious diseases in 2021-2023 for the Ministry of Health and Medical Industry of Turkmenistan

Project number: № 00129733

Implementing partners: Ministry of Health and Medical Industry of Turkmenistan
Directorate of Centres for Infectious Diseases

Start date: 01.07.2021

End date: 31.12.2023

CCM meeting date: __/__/2021

Project Brief

This project will provide technical support to the Ministry of Health and Medical Industry of Turkmenistan in the procurement of health products for the needs in 2021 - 2023 to ensure quality health services in:

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

The project will complement 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-2024, 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.

At present continuous and quality-assured health services are of particular concern worldwide as the COVID-19 pandemic caused "supply shock" due to disruption of global manufacturing and transportation of goods. The procurement of health products in this project will contribute to the implementation of *Preparedness and Response Plan of Turkmenistan to Acute Respiratory Infection and Immediate socio-economic response plan to acute infectious disease* as both set the quality and access to essential health services for the population of Turkmenistan as the top priority.

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

Outcome 4: By 2025, the population of Turkmenistan enjoys higher quality and inclusive health and social protection services.

Indicative Output(s) with gender marker: Indicative Output(s): **4.7** TB case notification rate per 100,000 population (SDG 3.3). Baseline: 32.9 (2019), Target: 31.4 (2024).

GEN1 – Limited contribution to gender equality.

Total resources required, USD:		18 593 120,54
Total resources allocated, USD:	UNDP TRAC:	0,00
	Government:	18 593 120,54
	In-Kind:	0,00
	Other	0,00
Unfunded:	0,00	

Agreed by:

Ministry of Health and Medical Industry of Turkmenistan



N. Amanepesov
Name: Nurmuhamet Amanepesov,
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Resident Representative a.i.

Date: 06 December 2020

Date: 06 December 2020

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.

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 2021 – 2025 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 IADS, TB and malaria. Up to date, UNDP and MoHMI utilized more than 25 mln USD from the Global Fund, significantly improving control of drug-resistant tuberculosis. In 2016 the Global Fund announced gradual exit from Turkmenistan, and the Government started planned takeover of the Global Fund activities. At present the exit from the Global Fund support is planned by the end of 2024, and in 2021-2024 the country will receive a \$5,0 mln TB grant to support the most challenging activities on extremely drug-resistant TB. The Government has fully undertaken funding for medicines and reagents for drug-susceptible TB and TB with multiple drug resistance (MDR-TB), moreover – to ensure quality the TB supplies are procure through UNDP Turkmenistan. 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 funding for health procurement has been steadily increasing: 2016 – \$1,6 mln, in 2018 - \$3,3, and the on-going project for 2020-2021 need has an estimated budget \$11,5 mln.

To ensure uninterrupted and quality health services in infectious diseases, the MoHMI and UNDP are planning the next project cycle to start from 1 July 2021 along with the new TB grant from the Global Fund and cover the needs of 2022-2023. Besides procurement of reagents, commodities and medicines, the project will absorb the activities previously covered by the

Global Fund: maintenance and warranty of medical equipment, infection control measures, capacity building of health workers, and also adherence support to DR-TB patients. Implementation of the project in this way will ensure full continuation of the Global Fund programme until the national legislation and mechanisms are ready to implement the programme, including soft components such as technical assistance from international experts, capacity building, adherence support to patients and social contracting with civil society organizations.

Funding from the Global Fund:

The Global Fund which had provided the TB Grants since 2010, in total more than \$28,0 mln:

Grant:	Period:	Amount (USD)
Round 9 grant	1 Oct 2010 – 30 Jun 2016	17 369 918.00
New Funding Model grant	1 Jul 2016 – 30 Jun 2018	4 053 361.00
Transitional grant	1 Jul 2018 – 30 Jun 2021	6 644 165.00
		28 067 444.00

At present the country is preparing to submit a new funding request for \$5,067,499 grant for the period 1 July 2021- 31 Dec 2024 to complete exit from the Global Fund support and ensure full transition to the domestic funding.

National TB Programme (NTP) of Turkmenistan made significant progress in control of TB over the last decade, resulting into decline of estimated incidence of TB from 79 (2010) to 46 (2018) per 100,000 and mortality from 14 (2010) to 11 (2018) per 100,000. The high level of drug resistant TB remains a challenge. According to the 2018 nationwide Drug Resistance Survey (DRS), prevalence of multiple drug resistant TB MDR-TB among new TB cases was 21,8% and among retreatment cases - 51,2%. The data on burden of XDR-TB are not yet available, but the estimation is that about 15% of MDR-TB cases might develop XDR-TB.

The Global Fund grant supported introduction of modern technologies for drug-resistance testing, including in the regions of Turkmenistan. As a result, coverage with drug susceptibility testing (DST) increased from 28% in 2011 to around 87% in 2019. NTP started treatment of MDR-TB in 2013 and XDR-TB – in 2017 with the support from the Global Fund. More than 3,300 cases were enrolled up to date, including in the penitentiary sector. The scale up of MDR-TB case detection and treatment was due not only to the Global Fund support, but also to the Government co-funding since 2016. Ambulatory treatment of TB in all regions of the country also contributed to the NTP capacity to manage more MDR-TB cases.

Besides the high burden of drug-resistant TB, another challenge for the NTP is that as an upper-middle income country after 2024 Turkmenistan is ineligible for the Global Fund TB funding. Thus, the country will fully exit from the Global Fund support by then and NTP will need to sustain the achievements. To support NTP Turkmenistan in control of high burden of drug-resistant TB and ensure smooth and quality transition process, Turkmenistan has been allocated the Global Fund’s second transitional grant until 31 Dec 2024.

It must be noted that the Government of Turkmenistan started transition to domestic funding already in 2016 for 2017-2018 needs, by signing the cost-sharing agreement (CSA) with UNDP and continued its plan in 2019 by signing the Financing agreement for 2020-2021 needs, which ensured transition of funding of key supplies to the government funding.

At present the Government funds 100% of reagents, commodities and medicines for all forms of TB excepts for extensively drug-resistant TB. In the present Financing agreement, the Ministry would gradually take over those supplies as well, and will also absorb the rest of the Global Fund activities as follows:

<i>Intervention / Activity</i>	<i>2021</i>	<i>2022</i>	<i>2023</i>	<i>2024</i>
Supplies of cartridges for Xpert MTB/RIF tests	50%	75%	100%	100%
Supplies of cartirdges for novel Xpert XDR assay	50%	75%	100%	100%
M.Tb identification, isolation of strains and DST (LPA Hain, automated MGIT)	60%	70%	80%	90%
Preventive maintenance and servicing of laboratory equipment	0%	0%	50%	100%
Procurement of SLDs (for treatment of FQ-res RR/MDR-TB)	25%	50%	75%	100%
Quality assurance of TB drugs	0%	0%	0%	100%
Clinical monitoring of patients on DR-TB treatment	0%	33%	50%	100%
Adherence support to M/XDR-TB patients on treatment	0%	50%	75%	100%

Such gradual takeover was set up by the National Strategic Plan to ensure effective control of TB in Turkmenistan in 2021-2025¹ 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 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, it is important that the project will provide free and quality testing and treatment for other major infectious diseases:

Viral hepatitis C (HCV):

Viral hepatitis is a global public health challenge that has been largely ignored as a health and development priority until recently. In the European Region, approximately 14 million people are estimated to be living with chronic HCV infection, two thirds of those infected are in eastern Europe and Central Asia². The virus often causes chronic infection, which may remain

¹ National strategic plan to ensure effective control of TB in Turkmenistan in 2021-2025

² Fact sheets on health SDGs; viral hepatitis. WHO

undetected for decades and lead progressively to cirrhosis and liver cancer. The 2030 Agenda for Sustainable Development calls for specific action to eliminate viral hepatitis.

Rapid progress in the development of treatments for chronic viral hepatitis infections in recent years has made it possible to cure chronic HCV infection in more than 90% of patients. As a result, there has been a substantial reduction in viral hepatitis-related morbidity and mortality. Affordability and sustainability of treatment, as well as treatment access, remain major obstacles in most states, particularly as the cost of novel direct-acting antiviral therapies for chronic HCV infection remained extremely high. In 2018 the UNDP at corporate level managed to dramatically reduce the cost of innovative medicines from \$1000 to less than \$100. UNDP Turkmenistan made use of the LTAs for HCV medicines, and provided treatment to 1 500 patients in 2020, and will provide to 5 500 in 2021, thus helping to 7,000 people in total vs. the initial target of 3 000 patients.

The current project will scale up the achievements of the previous years and will continue supplies of tests and medicines for HCV.

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 until now in the country. Further prevention of HIV is a priority for the health system of Turkmenistan. 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. The guidelines for HIV prevention are in place. 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

Since 2018 the project provides commodities for screening of donated blood for infections that can be transmitted through blood transfusion: HIV, brucellosis, viral hepatitis B and C, syphilis, etc. including some rapid test. The project also supplies quality-assured consumables such as bags for storage of blood. Overall, project contributes to ensuring safe blood and blood products for transfusion.

The project has been developed with the participation of representatives of various ministries, departments, public organizations and target groups: former tuberculosis-diseased patients, medical workers, and representatives of risk groups through the country coordinating mechanism (CCM).

Beneficiaries of the project:

- Patients with tuberculosis, with priority on drug-resistant tuberculosis;
- People at risk for STD³ and HIV infections;
- Patients with viral hepatitis C or at risk for viral hepatitis C infection;
- Recipients of donor blood;
- Health care workers.

³ STDs - sexually transmitted diseases

Coverage:

The project will cover the needs of the whole country, including the penitentiary sector. People residing even in the most remote places and rural setting will have access to the quality health products, as the procured goods will be distributed across all health facilities.

Equity:

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.

Gender:

The project is 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.

Pandemic:

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 (CPRP) 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. The Government also endorsed Immediate socio-economic response plan to acute infectious disease (SERP) for the measures to mitigate the negative impact of the global pandemic on the socio-economic situation in Turkmenistan, with particular focus on the most vulnerable groups in line with the principle of "leaving no one behind".

Although the global pandemic has not affected the country's population, its socio-economic impact should not be underestimated. Globally, health systems experienced "supply shock",

coming from disruption of global manufacturing and transportation⁴. Unavailability/stock outs of essential medicines or technologies are among the causes of disruptions to health services.

The impacts of the pandemic will test the health system of Turkmenistan in terms of both technical and technological equipment, human resources, capacity, and funding of healthcare sector. The procurement of essential health products in this project will contribute to the implementation of CPRP and SERP as both set the quality and access to essential health services for the population of Turkmenistan as the top priority.

The agreement will contribute to the achievement of the Outcome 4 in the Sustainable Development Cooperation Framework signed between the United Nations and the Government of Turkmenistan for 2021-2025: *By 2025, the population of Turkmenistan enjoys higher quality and inclusive health and social protection services. The result of the outcome 4 is related to the National Development Outcome 3.5: Improvement of the population's health insurance system; Diseases prevention, healthy lifestyle promotion, increasing investments in the healthcare sector, bringing the healthcare system into conformity with international standards.*

Ultimately, the agreement will contribute to achieving the Sustainable Development Goal 3: Ensuring healthy lives and promoting well-being for all at all age, namely:

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.

3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

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.

II. STRATEGY

The aim of the project is to ensure universal access to quality services for TB and other infectious diseases for the people of Turkmenistan. This will be achieved through:

- uninterrupted and quality supplies for TB, HIV, reproductive health, safe blood and viral hepatitis C services.
- capacity building for health care workers of the abovementioned services, both clinicians and lab personnel
- gradual takeover of the Global Fund programme to ensure its full transition to the domestic funding by end-2024, 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

Procurement through the UNDP is justified for the following considerations: 1) ensure the quality of health products: UNDP buys the products from manufacturers that have been qualified by the WHO and comply with the environmental protection standards; 2) achieve economic efficiency: at the corporate level, UNDP has long-term agreements with manufacturers and makes consolidated orders for many countries, which allows negotiating low competitive prices; UNDP

⁴ Turkmenistan: Immediate socio-economic response plan to acute infectious disease, July 2020.

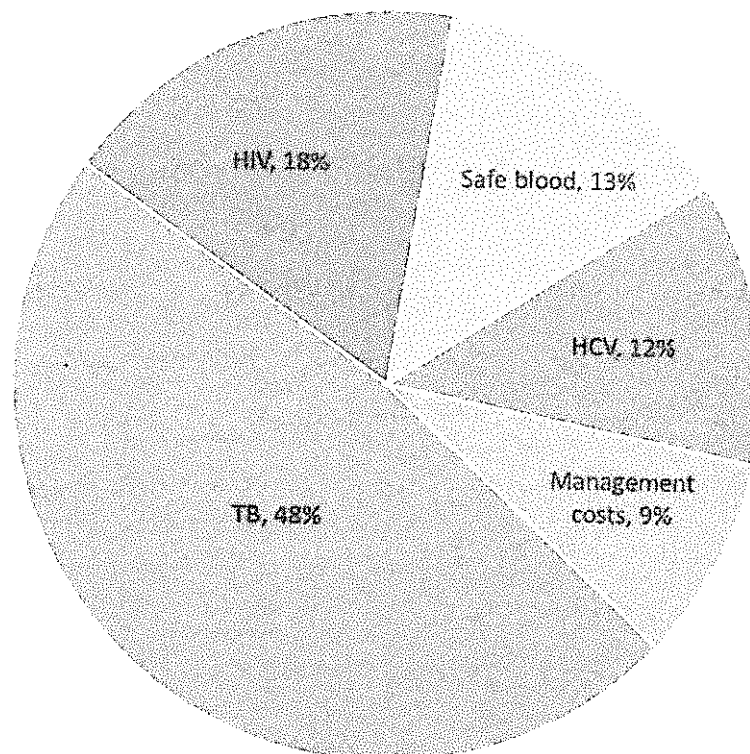
also has long-term agreements with international freight forwarders, which makes it possible to transport products in a well-timed and price-saving manner, and in compliance with the temperature requirements; 3) ensure transparent procurement, risk management, insurance and finance management.

According to estimates, the total purchase demand for 2021-2023 is as follows:

Year:	Budget in US dollars
2021	\$ 8 744 981,89
2022	\$ 9 677 825,99
2023	\$ 170 312,66
Total:	\$ 18 593 120,54

The total project budget is based on the estimated needs and prices of 2020. Supplies under the separate budget lines (tuberculosis, HIV and reproductive health, blood service, viral hepatitis) in this project may be slightly changed, depending on the amended needs, prices, available funding and other factors. This agreement also allows for the addition of procurement for other health services as agreed between the Ministry of Health and Medical Industry of Turkmenistan and the UNDP in case of such need.

As explained above, due to transition of the Global Fund programme to this project, the TB component will have nearly half of the budget:



Important to note that the \$72,000 have been allocated to various capacity development activities for health care personnel of labs and clinics, including attendance of international

conferences. The budget for capacity building can be increased by re-allocation of savings upon agreement of the MoHMI.

If necessary and subject to availability of funds, the project can include procurement of medicines, reagents and medical equipment for other health services.

Procurement will be carried out by the UNDP by the following methods:

Product:	Procurement method:
<p>Diagnostic reagents and accessories for tuberculosis, HIV, viral hepatitis, blood safety.</p> <p>Medical equipment.</p> <p>Personal protection equipment (masks, respirators)</p>	<p>Through the UNDP Procurement Unit, Copenhagen. The department has long-term agreements with manufacturers and consolidators (i.e., they consolidate the orders consisting of various products from different manufacturers). These companies provide cost estimates, delivery times, shelf lives for the products etc. Of these, the best offer on price-quality ratio is selected in agreement with the end-users.</p>
<p>Medicines for drug-sensitive TB</p>	<p>UNDP procures through the Global Drug Facility (GDF), which is recommended by WHO and the Global Fund. GDF has contracts with manufacturers of the TB medicines. UNDP enters into a contract through GDF. UNDP purchases medicines by generic name (international non-proprietary name), but the WHO prequalification is mandatory.</p> <p>Alternative option for procurement is the UNDP's long-term agreements with the manufacturers of 1st line TB drugs prequalified by WHO (for example, Lupin, Macleods) with fixed low prices. The contracts with these companies would be signed in agreement with the end-users. UNDP purchases medicines by generic name (international non-proprietary name), but the WHO prequalification is mandatory for all TB medicines.</p>
<p>Medicines for treatment of TB with poly-, multiple or extensive drug resistance</p>	<p>UNDP procures through the Global Drug Facility (GDF), which is recommended by WHO and the Global Fund. GDF has contracts with manufacturers of the TB medicines. UNDP enters into a contract through GDF. UNDP purchases medicines by generic name (international non-proprietary name), but the WHO prequalification is mandatory.</p>
<p>Contraceptives</p>	<p>UNDP purchases through the United Nations Population Fund (UNFPA) procurement office in Copenhagen, which has long-term agreements with manufacturers. UNFPA provides quality assurance of contraceptive supplies.</p>
<p>Medicines for the treatment of viral hepatitis C</p>	<p>UNDP has long-term agreements with the manufacturers of the viral hepatitis C medicines, prequalified by WHO. The contracts with these companies would be signed in agreement with the end-user.</p>

	UNDP purchases medicines by generic name (international non-proprietary name), but the WHO prequalification is mandatory.
Maintenance of lab equipment and ventilation systems at TB facilities	UNDP country office will either sign contract with the local or international suppliers: <ul style="list-style-type: none"> • by direct contracting with manufacturers of branded equipment, such as BD, Cepheid • by tender selection for general equipment such as ventilation systems or biosafety boxes
Adherence support for patients with drug-resistant TB	Following the experience in the Global Fund grant, UNDP will sign contract with National Red Crescent Society

Immediately upon completion of the customs clearance procedure of the arrived cargo, the medical goods will be transferred by UNDP to full ownership of the Implementing Partner by signing "Act of acceptance-transfer".

Amount of the proposed procurements will be small compared to the total amount of procurements of other medicines and reagents made by the MoHMI through their own tenders; however, it will be sufficient to fully meet the needs of the above listed services in the country. When necessary, this agreement can be supplemented with the purchases for other healthcare services.

III. RESULTS AND PARTNERSHIPS

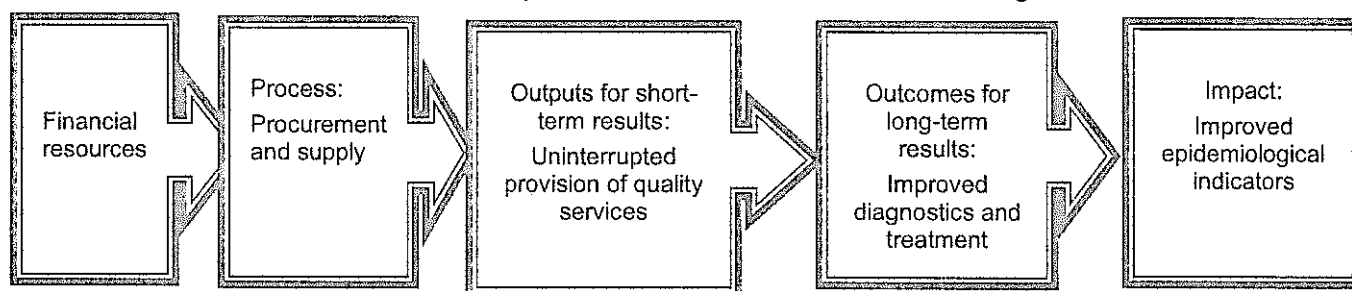
Expected Results

The purpose of this project is to contribute to ensuring universal health care services for the people of Turkmenistan through uninterrupted and quality supplies for TB, HIV, reproductive health, safe blood, and viral hepatitis C services, and to ensure successful transition of the Global Fund programme to full domestic funding by end 2024. The project covers needs all over the country.

The expected result of the project will be the uninterrupted supply of quality reagents and medicines for the diagnosis and treatment of tuberculosis, HIV testing, prevention and timely detection of sexually transmitted diseases, skin-venereologic diseases, for ensuring blood transfusion safety, diagnosis and treatment of viral hepatitis C.

For a detailed table of indicators, please see page 21.

Simplified logical matrix of the project results is shown in the following flowchart:



A multivector approach to investing in procurement under this agreement shall allow countrywide improvement of coverage, accessibility and quality of health services.

Resources Required to Achieve the Expected Results

- Financial resources: this agreement will be funded by the Ministry of Health and Medical Industry of Turkmenistan. Transfer of funds will be done in several installments, as spelled out in Section II – Strategy on page 7 above and in the Financing agreement between the United Nations Development Programme and the Ministry of Health and Medical Industry of Turkmenistan.
- Human resources:
 - The agreement will be mainly implemented by the existing UNDP TB project team financed by the Global Fund, which includes a manager, a finance specialist, a TB specialist, a laboratory specialist, a logistics assistant, and a driver. The Global Fund will cover those project staff salaries. The CSA will cover the salary of project specialist (procurement specialist). In agreement with the MoHMI UNDP can hire additional staff, depending on the estimated workload.

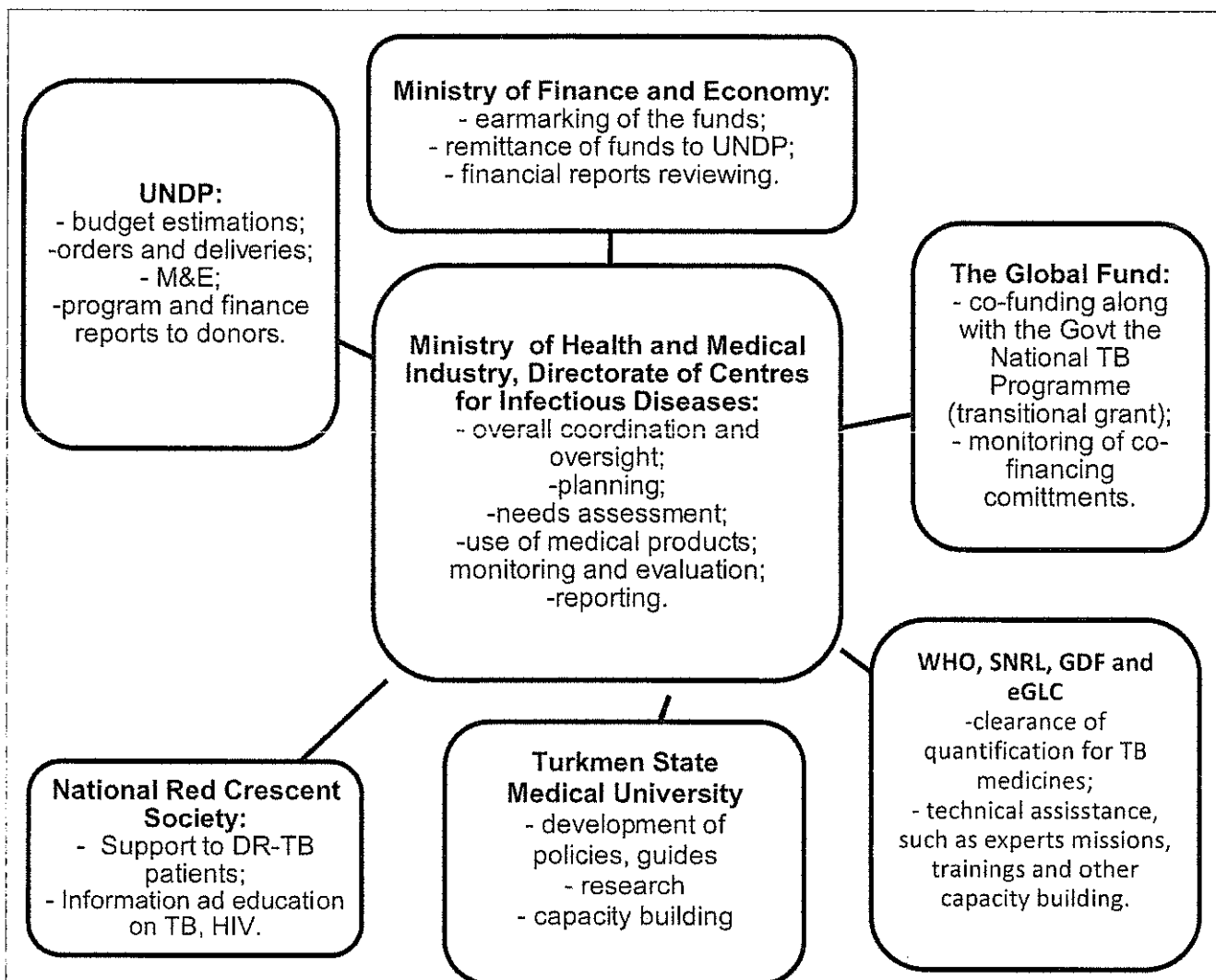
Administrative resources:

- The agreement will be implemented by UNDP in accordance with relevant administrative, financial and procurement mechanisms.
- The customs procedures and storage of medical products will be done in accordance with national regulations and using the available storage facilities of the Turkmen Pharmacy and Directorate of the Communicable Diseases Centers.

Partnerships

The Ministry of Health and Medical Industry of Turkmenistan will be the main partner of UNDP under this project. The Directorate of Centres for Infectious Diseases will play a leading role, particularly in the needs assessment and planning. The project will request technical assistance from international partners such as WHO, GDF, UNFPA, which can provide advice on quantification of needs and specifications, and also act as procurement agencies.

Public organizations in Turkmenistan, such as the National Red Crescent Society, will implement a program to support the treatment adherence of patients with MDR-TB. The project will request the feedback of the end users (health workers, patients, most-at-risk people) regarding their views on service improvement. A simplified visual presentation of the partnership is as follows:



Risks and Assumptions

The project will work using already well-established procurement mechanisms. Possible risks are:

- Fluctuations of the products' prices and transportation fares, especially due to the fact that the budget estimates are based on the 2020 contracts, while prices can change over time;
- Changes in the Euro/USD exchange rate may affect the project budget because some suppliers request that payments should be made in euros while the budget operates in the US dollars;
- Changes in the exchange rate of the national currency may affect the project budget; therefore, the budget is calculated in the US dollars; however, actual payments will be made according to the official exchange rate on the date of tranche from Ministry of Finance to UNDP.
- Challenges with freight due to global disruption of supply chains in 2020 because of COVID-19: in 2020 the delivery of medical goods became extremely difficult as the air routes were closed, delivery by trucks/sea are longer and require additional measures for keep cool/frozen goods. This will be mitigated by budgeting buffer in the freight costs and analyzing the most recent cost estimates.

The project is based on the assumption that a high quality and uninterrupted supply of medical services for tuberculosis, HIV, reproductive health, safe blood transfusion and control of viral hepatitis is a priority for the Ministry of Health and Medical Industry of Turkmenistan. The implementation of the project and its success depend on the continued support of the Ministry of Health and Medical Industry of Turkmenistan, timely obtaining of all approvals for the project, and the allocation of the necessary financial resources.

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, Turkmenistan received TB grants: within the Round 9 and a new funding model, in total about \$25 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 scope expansion

The project includes the procurement of reagents and drugs for tuberculosis, maintenance of lab equipment, ensuring infection control, as well soft component aiming at patient adherence

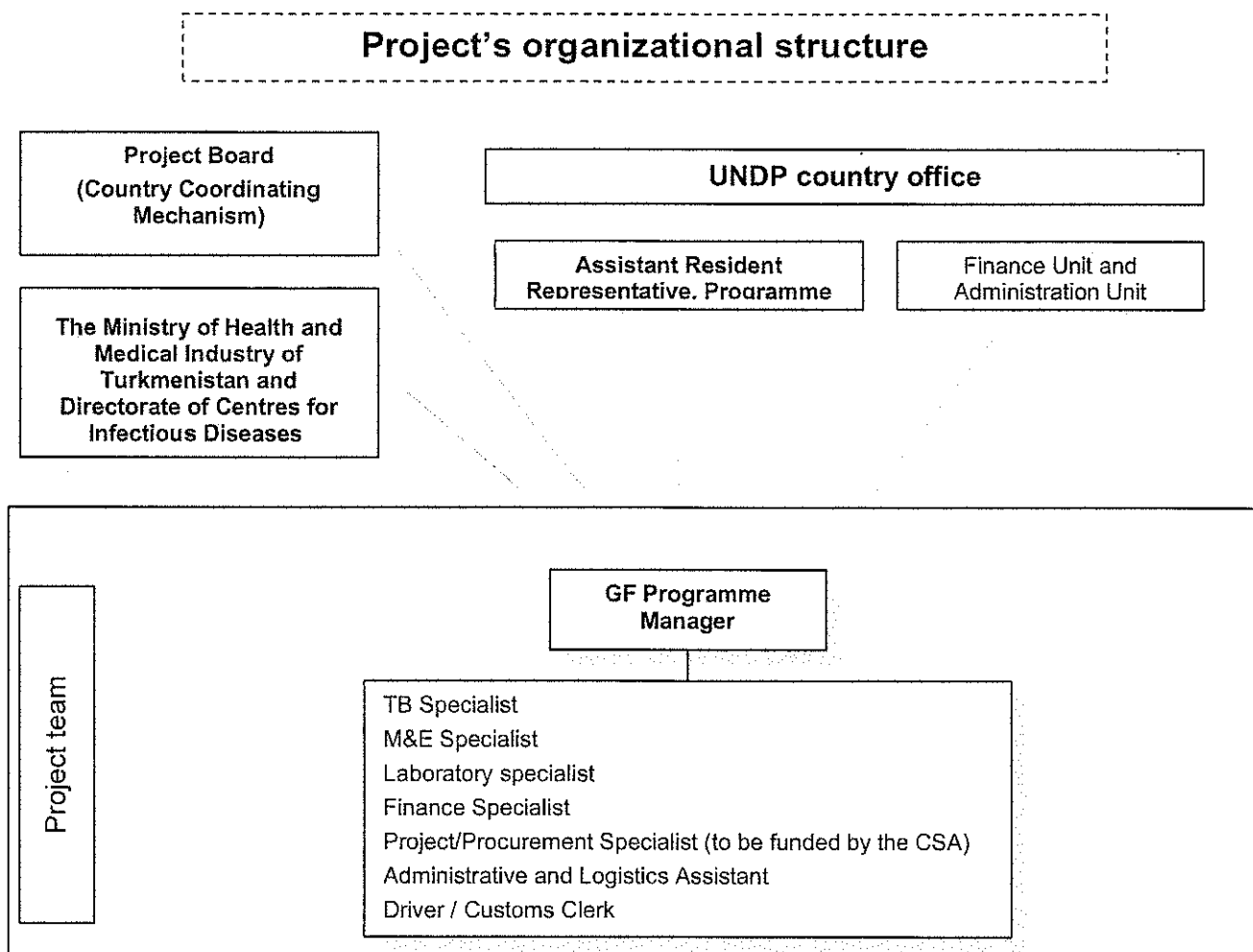
support and capacity building for health care workers. This part of the project will contribute to the Global Fund grant's sustainability. Also, it is related to the fulfillment of the Global Fund's co-financing and transition readiness requirements.

As part of the Global Fund's transition grant, technical assistance is planned so that the national procurement and supply chain can function without UNDP, i.e. to procure the same quality medical products at an affordable price, and in accordance with the efficiency and transparency principles. During the transition grant in 2021-2024, MoHMI will receive technical assistance on revision of national legislation so that to enable a long-term cooperation agreement with UNDP. MoHMI will also work on changes to national procurement mechanisms to ensure that only WHO pre-qualified medicines can be purchased after the subsequent withdrawal from UNDP support in the perspective.

Procurement mechanisms established under the project shall contribute to the strengthening of the health system. The project itself was developed to encourage continuous professional capacity building and facilitate sustainable institutions within the Ministry of Health and Medical Industry of Turkmenistan and Directorate of Centres for Infectious Diseases to improve procurement procedures after completion of the project (see section II Strategy on page 10-12).

IV. PROJECT MANAGEMENT

The project will be implemented through the national implementation mechanism (NIM). The project will work in close partnership and in the framework of the UNDP TB project which is currently financed by the Global Fund:



The Global Fund's project resources will be used for the Agreement implementation, in particular: procurement, payments, customs clearance, administration and management.

The **Ministry of Health and Medical Industry of Turkmenistan** will coordinate, as the key national partner, all aspects of the project implementation. This role is in line with the MoHMI role of the national institution, which is responsible for the healthcare, including supply of health facilities with necessary medicines, reagents and equipment. The **Directorate of Centres for Infectious Diseases** will play its leading role in the technical issues related to the project implementation at the working level.

The Ministry of Health and Medical Industry of Turkmenistan and Directorate of Centres for Infectious Diseases will:

- Prepare the lists of products to be procured on an annual basis, with detailed specifications, numbers and delivery dates;
- Appoint a national focal point to facilitate the project implementation;
- Assist UNDP with timely receipt of funds to operationalize the procurement;
- Accept or reject procurement proposals (items, prices, expiration/shelf life dates), provided by UNDP;
- Facilitate registration of medicines in the MoHMI Center for Registration of Medicines and State Quality Control;
- Assist with obtaining customs clearances and permits from the Turkmen Standards Agency for procured equipment;
- Upon arrival of cargo from UNDP, prepare the products' distribution lists and provide transportation to the points of destination;
- Assist with the responsible storage of goods, when needed;
- Provide storage spaces for the arrived goods before their distribution and dispatch to the regions;
- Propose possible re-programming of saved funds;
- Organize regular meetings of the Project Coordination Committee (Project Board).

Overall management of the project will be performed by the **Project Board (Country Coordination Mechanism (CCM))**. CCM is a national committee created in 2006 for the first application for the Global Fund's TB grant. The CCM includes representatives from government, academia, civil society, faith-based organization international and bilateral agencies (UN, USAID), and people affected by the diseases. The Country Coordinating Mechanism:

- Coordinates the development of the national request for the Global Fund funding;
- Nominates the Principal Recipient and Sub-Recipients of the Global Fund grant;
- Oversees the implementation of approved grants;
- Approves any reprogramming requests;
- Ensures linkages and consistency between Global Fund grants and other national health and development programs.

CCM functions, including managing Conflict of Interest, rotation of the Chair, voting, are regulated by the CCM Statute developed in accordance with the Global Fund recommendations. The meetings of the Project Board/CCM will take place before the project launch with aim of approval of the project, then at least once a year to discuss and approve an annual work plan

for the next year. Additional meetings can also be called for the updates, reporting and re-programming purposes, when necessary.

CCM meeting reports can be made available for the partners of the current project.

UNDP will:

- Perform procurements based on the requests from the Ministry of Health and Medical Industry of Turkmenistan;
- Obtain customs clearances and unload the goods to the storage facilities of Turkmenpharmacy or Directorate of Centres for Infectious Disease;
- Facilitate registration of medicines in accordance with the national legislation;
- Submit regular programmatic and financial reports of the project implementation to the Ministry of Health and Medical Industry of Turkmenistan;
- Report information on the saved funds to the MoHMI and make decisions of their re-programming together with the MoHMI.

The main part of the project implementation from UNDP will be performed by Procurement/Project Specialist hired to implement this agreement under the supervision of the Global Fund Programme Manager and other programme staff, including the UNDP Resident Representative and Assistant Resident Representative (Programme) as the authorized representatives. The Global Fund project staff will perform routine project operations.

UNDP country office staff will help the project with the administrative issues, including logistical and financial procedures.

National Red Crescent Society of Turkmenistan (NRCS):

National Red Crescent Society of Turkmenistan 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. Under this project as continuation of the Global Fund programme, the NRCS will patient adherence support to patients with drug-resistant TB in Ashgabat and all regions of the country:

- home visits to patients identified as having high risk for treatment interruption based on individual risk assessment; during home visits the nurse of NRCS will ensure that a patient is on treatment; if not then will help with the issues to the extent possible. The NRCS nurses will liaise with the TB or primary health care specialists and advise on individual problems of patients.
- educational sessions for patients and their families, to explain the disease, its curability, and to empower patients to take own responsibility over the treatment course.
- Patients with DR-TB adhering to treatment might be given various stimulus packs (food or hygiene sets) either during educational sessions or home visits
- NRCS and UNDP may engage in introduction of innovative technologies for patient monitoring, for example video-observed treatment (VOT). The mobile app for VOT is planned within the Global Fund's transitional grant and the regional grant TB-REP2, but the available funding is insufficient, or more innovative solutions/technologies might appear in the course of this project. If the budget allows and all partners agree, the project will support those interventions.

V. OUTCOMES STRUCTURE⁵

The project will use the Monitoring Plan for the Global Fund grant, since 1) the Agreement's major part is aimed at procurement for NTP and enables monitoring of the co-financing commitments of the Government; 2) The NTP monitoring and evaluation plan is well developed, routine data collection, standard report forms are established; 3) a verification system is established by the UNDP and the Global Fund.

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; 3.7) By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes; 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.					
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.					
Outcome indicators as stated in the Country Programme Results and Resources Framework, including baseline and targets: Tuberculosis case notification rate per 100,000 (SDG 3.3); Baseline: 32.9 (2019); Target: 31.4 (2024)					
Applicable Output(s) from the UNDP Strategic Plan: 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.					
Project title and Atlas Project Number: Procurement of health products for the control of infectious diseases in 2021-2023 for the Ministry of Health and Medical Industry of Turkmenistan, № 00129733					

Level	Indicators ⁶	Data Source	Baseline		Targets		Data collection methods
			Value	Year	2021	2022	
Impact indicators	TB mortality rate (per 100,000 population)	MoHMI	6.9	2019	6.3	6.0	NTP routine data collection Disaggregated by sex.

⁵ 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.

⁶ 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.

	TB incidence rate (per 100,000 population)	MoHMI	36.9	2019	38.1	38.7	<i>NTP routine data collection Disaggregated by sex</i>
Outcome indicators	Treatment Success Rate among DR/TB and MDR/TB: percentage of successful treatment among DR/MDR-TB	MoHMI	63.4	cohort of 2017	64%	65%	<i>NTP routine data collection. Disaggregated by sex.</i>
Process indicators	Number of RR/MDR-TB cases enrolled on second-line therapy	MoHMI	838	2019	734	777	<i>NTP routine data collection Disaggregated by sex.</i>

VI. MONITORING AND EVALUATION

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

Monitoring Activity	Purpose	Frequency	Expected Action	Partners (if joint)	Cost (if any)
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. Annex 1.	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	-

VII. MULTI-YEAR WORK PLAN⁷⁸

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.

Period: 2021-2023

Budget: USA dollars

Financing sources: The Government of Turkmenistan

No	PLANNED ACTIVITIES	PERFORMANCE PERIOD			Responsible agency	PLANNED BUDGET		
		2021 ⁹	2022	2023		Fund sources	Code of budget line	Amount, US dollars
1	Procurement of health products and the related freight, insurance, customs clearance and other PSM costs	x	x	x	UNDP	MOHMI	64300, 72300, 72200, 74500, 74700	\$16 956 714,10
2	Cost of registration of medicines (market authorization)	x	x	x	UNDP	MOHMI	72300	\$22 400,00
3	Cost of customs clearance of goods	x	x	x	UNDP	MOHMI	72300	\$44 742,86
4	Direct Project Costs of the UNDP country office	x	x	x	UNDP	MOHMI	61100, 61200, 64300,	\$353 183,93

⁷ 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

⁸ 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.

⁹ 3rd and 4th quarters of 2021

									71400, 74500	
5	7% for UNDP GMS fee	x	x	x		UNDP	MOHMI	75100		\$1 216 079,66
	Total:									\$ 18 593 120,54

VIII. LEGAL CONTEXT AND RISK MANAGEMENT

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 on 5 October 1993. All references in the SBAA to "Executing Agency" shall be deemed to refer to "Implementing Partner."

This project will be implemented by the Ministry of Health and Medical Industry of Turkmenistan and Directorate of Centres for Infectious Diseases ("Implementing Partners") in accordance with their financial regulations, rules, practices and procedures only to the extent that they do not contravene the principles of the Financial Regulations and Rules of UNDP. Where the financial governance of an Implementing Partner does not provide the required guidance to ensure best value for money, fairness, integrity, transparency, and effective international competition, the financial governance of UNDP shall apply.

Risk management standards:

1. Consistent with the Article III of the SBAA, the responsibility for the safety and security of the Implementing Partner, 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) develop and adhere to an appropriate 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 carry out 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. This provision must be included in all sub-contracts or sub-agreements entered into under/further to this Project Document.
4. Consistent with UNDP's Programme and Operations Policies and Procedures, 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 risk 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.
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.

IX. SPECIAL CLAUSES

1. The Ministry of Health and Medical Industry of Turkmenistan, in accordance with the provisions of the Agreement between the Government of Turkmenistan and the United Nations Development Program on co-financing will provide a contribution for the implementation of this project in the amount of **18,593,120.54** (eighteen million five hundred ninety three thousand one hundred twenty US dollars and fifty four cents) US dollars, which will be credited to the UNDP accounts as follows.
- a. The Ministry of Health and Medical Industry of Turkmenistan, in accordance with the following payment schedule, will transfer a contribution in the manat equivalent in the amount **1,000,000.00** (one million US dollars) US dollars to the Turkmen-Turkish Commercial Bank, to the account 23203934273168502583000.

	Payment date	Amount
1.	01 March 2022	USD 1,000,000.00 in manat equivalent

- b. The Ministry of Health and Medical Industry of Turkmenistan, in accordance with the payment schedule below, will transfer a USD equivalent contribution of **17,593,120.54** (seventeen million five hundred ninety three thousand one hundred twenty US dollars and fifty four cents) US dollars to Citibank NA, 111 Wallstreet New York, NY 10043, account number 36349562 and details: SWIFT no.CITIUS33, ABA no. 021000089.

	Payment date	Amount
1.	01 March 2021	USD 8,744,981.89
2.	01 March 2022	USD 8,848,138.65

- c. The value of the Contribution when it is made in a currency other than the US dollar should be determined using the UN¹⁰ exchange rate, a. effective on the date the deposit was accepted. If the UN exchange rate changes before the UNDP Contribution is fully disbursed, the value of the remaining funds will be revalued accordingly. When determining losses of the remaining funds in the balance, UNDP informs the Government about the possibility of additional funding from the Government. If additional funding is not possible, support for the Action Plan under this project document may be reduced, postponed or terminated by UNDP.
- d. The above payment schedule is based on the requirement that the Contribution must be made prior to the commencement of planned activities. This schedule is subject to change in accordance with the progress of the project.

¹⁰ The UN exchange rate for Turkmenistan is determined based on the official exchange rate of the Central Bank of Turkmenistan.

- e. UNDP shall receive, administer and use the Project Contribution in accordance with its applicable UNDP rules, regulations, policies, procedures and directives, including in particular the Financial Rules issued by the UNDP Executive Board.
2. UNDP undertakes to provide the Ministry of Health and Medical Industry of Turkmenistan with reports on the implementation of activities and the use of the project's financial resources in accordance with Article 4 of the co-financing Agreement. All financial accounts and reports must be denominated in US dollars.
 3. In the event that unexpected increases in costs or liabilities are expected or realized (either due to inflationary factors, fluctuations in exchange rates or unforeseen circumstances), UNDP should provide the government with additional cost estimates in a timely manner reflecting the further funding that will be required. The government should take all possible measures to obtain the required additional funds.
 4. All unspent funds of the Contribution remaining after the preparation of the final balance sheet will be used for the purchase of additional services and (or) equipment, in agreement with the Ministry of Health and Medical Industry of Turkmenistan.
 5. If the payments mentioned above are not received in accordance with the payment schedule and the additional deadline during the implementation of the project is not received from the Government or other sources, UNDP may reduce, suspend or terminate the assistance provided to the project under this project document.
 6. All interest income attributable to the contribution must be credited to the UNDP account and must be used in accordance with established UNDP procedures.
 7. The following costs must be attributed to the contribution:
 - (a) 7% reimbursement of indirect costs associated with the provision of general management support from UNDP headquarters and country office;
 - (b) Direct costs of implementation support services provided by UNDP.
 8. Ownership of equipment, materials and other property financed from the contribution proceeds shall be held by UNDP prior to delivery and installation of the equipment. Ownership of the equipment purchased from the donated funds will be transferred from UNDP to the Ministry of Health and Medical Industry of Turkmenistan upon completion of the equipment installation in accordance with UNDP rules and procedures.

X. ANNEXES

1. **Detailed annual work plan** (in excel, attached)

Multi-year work plan of the project "Procurement of health products for the control of infectious diseases in 2021-2023 for the Ministry of Health and Medical Industry of Turkmenistan"

#	ACTIVITIES	DESCRIPTION	2021			2022					2023					GRAND TOTAL (USD):
			Q3	Q4	TOTAL:	Q1	Q2	Q3	Q4	TOTAL:	Q1	Q2	Q3	Q4	TOTAL:	
I. Tuberculosis			\$ 4,476,127.98	\$ -	\$ 4,476,127.98	\$ -	\$ -	\$ 4,418,515.36	\$ -	\$ 4,418,515.36	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8,894,643.33
1.1	Procurement of laboratory reagents, consumables and laboratory equipment for National TB Programme		\$ 1,125,831.22		\$ 1,125,831.22			\$ 824,926.35		\$ 824,926.35					\$ -	\$ 1,950,757.58
1.2	Procurement of 1st line TB medicines for treatment of susceptible TB cases		\$ 363,605.09		\$ 363,605.09			\$ 363,605.09		\$ 363,605.09					\$ -	\$ 727,210.19
1.3	Procurement of 1st line and 2nd line TB medicines for treatment of poly-drug resistant TB cases		\$ 94,970.00		\$ 94,970.00			\$ 98,009.00		\$ 98,009.00					\$ -	\$ 192,979.00
1.4	Procurement of 2nd line TB drugs for treatment of MDR- and XDR-TB cases		\$ 2,625,421.89		\$ 2,625,421.89			\$ 2,660,572.48		\$ 2,660,572.48					\$ -	\$ 5,285,994.37
1.5	Procurement of items for infectious control in TB facilities (masks for patients and respirators for medical workers)		\$ 80,688.53		\$ 80,688.53			\$ 80,947.49		\$ 80,947.49					\$ -	\$ 161,636.02
1.6	Maintenance of laboratory equipment and ventilation in regional TB facilities		\$ -		\$ -			\$ 93,946.40		\$ 93,946.40					\$ -	\$ 93,946.40
1.7	Adherence support to M/XDR-TB patients on treatment		\$ 170,611.24		\$ 170,611.24			\$ 281,508.54		\$ 281,508.54					\$ -	\$ 452,119.78
1.8	Strengthening the capacity of NTP specialists, including TB laboratories (training at local or international level) in agreement with the MoHMI		\$ 15,000.00		\$ 15,000.00			\$ 15,000.00		\$ 15,000.00					\$ -	\$ 30,000.00
II. HIV			\$ 1,655,392.17	\$ -	\$ 1,655,392.17	\$ -	\$ -	\$ 1,655,392.17	\$ -	\$ 1,655,392.17	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,310,784.33
2.1	Procurement of HIV test kits		\$ 1,359,285.26		\$ 1,359,285.26			\$ 1,359,285.26		\$ 1,359,285.26					\$ -	\$ 2,718,570.52
2.2	Procurement of cartridges for PCR screening of HIV		\$ 113,633.78		\$ 113,633.78			\$ 113,633.78		\$ 113,633.78					\$ -	\$ 227,267.56
2.3	Procurement of male condoms		\$ 108,953.13		\$ 108,953.13			\$ 108,953.13		\$ 108,953.13					\$ -	\$ 217,906.25
2.4	Procurement of consumables for Skin-Venerology Centre		\$ 66,520.00		\$ 66,520.00			\$ 66,520.00		\$ 66,520.00					\$ -	\$ 133,040.00
2.5	Strengthening capacity of HIV Center's specialists (training at local or international level) in agreement with the MoHMI		\$ 7,000.00		\$ 7,000.00			\$ 7,000.00		\$ 7,000.00					\$ -	\$ 14,000.00
III. SAFE BLOOD			\$ 806,186.04	\$ -	\$ 806,186.04	\$ -	\$ -	\$ 1,678,722.93	\$ -	\$ 1,678,722.93	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,484,908.97
3.1	Procurement of reagents and consumables for Blood Transfusion Centre of Directorate of Centres of Infectious Diseases		\$ 267,691.22		\$ 267,691.22			\$ 1,124,705.13		\$ 1,124,705.13					\$ -	\$ 1,392,396.35

3.2	Procurement of blood bags for collection of donor blood for Blood Transfusion Centre of Directorate of Centres of Infectious Diseases		\$ 531,494.82		\$ 531,494.82			\$ 547,017.80		\$ 547,017.80					\$ -	\$ 1,078,512.62
3.3	Strengthening capacity of Blood Center's specialists (training at local or international level) in agreement with the MoHMI		\$ 7,000.00		\$ 7,000.00			\$ 7,000.00		\$ 7,000.00					\$ -	\$ 14,000.00
IV. VIRAL HEPATITIS C			\$ 1,133,188.73	\$ -	\$ 1,133,188.73	\$ -	\$ -	\$ 1,133,188.73	\$ -	\$ 1,133,188.73	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,266,377.46
4.1	Procurement of medicine for Viral Hepatitis C		\$ 1,126,188.73		\$ 1,126,188.73			\$ 1,126,188.73		\$ 1,126,188.73					\$ -	\$ 2,252,377.46
4.2	Strengthening capacity of national specialists in diagnosis and treatment of viral hepatitis (training at local or international level) in agreement with the MoHMI		\$ 7,000.00		\$ 7,000.00			\$ 7,000.00		\$ 7,000.00					\$ -	\$ 14,000.00
TOTAL FOR MEDICINES AND MEDICAL			\$ 8,070,894.92	\$ -	\$ 8,070,894.92	\$ -	\$ -	\$ 8,885,819.18	\$ -	\$ 8,885,819.18	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 16,956,714.10
V. PROJECT MANAGEMENT AND ADMINISTRATION			\$ 631,508.81	\$ 42,578.17	\$ 674,086.98	\$ 42,578.17	\$ 42,578.17	\$ 664,585.51	\$ 42,264.97	\$ 792,006.81	\$ 42,578.17	\$ 42,578.17	\$ 42,578.17	\$ 42,578.17	\$ 170,312.66	\$ 1,636,406.44
5.1	Registration of drugs in Turkmenistan		\$ 22,400.00	\$ -	\$ 22,400.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 22,400.00
5.2	Charges for customs clearance of delivered goods		\$ 4,474.29	\$ 4,474.29	\$ 8,948.57	\$ 4,474.29	\$ 4,474.29	\$ 4,474.29	\$ 4,474.29	\$ 17,897.14	\$ 4,474.29	\$ 4,474.29	\$ 4,474.29	\$ 4,474.29	\$ 17,897.14	\$ 44,742.86
5.3	Operational expenses		\$ 35,318.39	\$ 35,318.39	\$ 70,636.79	\$ 35,318.39	\$ 35,318.39	\$ 35,318.39	\$ 35,318.39	\$ 141,273.57	\$ 35,318.39	\$ 35,318.39	\$ 35,318.39	\$ 35,318.39	\$ 141,273.57	\$ 353,183.93
5.4	7% UNDP GMS fee		\$ 569,316.13	\$ 2,785.49	\$ 572,101.62	\$ 2,785.49	\$ 2,785.49	\$ 624,792.83	\$ 2,472.29	\$ 632,836.09	\$ 2,785.49	\$ 2,785.49	\$ 2,785.49	\$ 2,785.49	\$ 11,141.95	\$ 1,216,079.66
TOTAL FOR MANAGEMENT AND ADMINISTRATION			\$ 631,508.81	\$ 42,578.17	\$ 674,086.98	\$ 42,578.17	\$ 42,578.17	\$ 664,585.51	\$ 42,264.97	\$ 792,006.81	\$ 42,578.17	\$ 42,578.17	\$ 42,578.17	\$ 42,578.17	\$ 170,312.66	\$ 1,636,406.44
GRAND TOTAL (USD):			\$ 8,702,403.73	\$ 42,578.17	\$ 8,744,981.89	\$ 42,578.17	\$ 42,578.17	\$ 9,550,404.69	\$ 42,264.97	\$ 9,677,825.99	\$ 42,578.17	\$ 42,578.17	\$ 42,578.17	\$ 42,578.17	\$ 170,312.66	\$ 18,593,120.54