



## **PROJECT DOCUMENT**

### **Turkmenistan**

**Project title:** Procurement of medicines and health products through the United Nations Development Programme for the control of noncommunicable diseases (NCD) in Turkmenistan

**Project number:** № 00129732

**Implementing partners:** Ministry of Health and Medical Industry of Turkmenistan

**Start date:** 01.01.2021

**End date:** 31.12.2022

**Project Board meeting date:** \_\_\_/\_\_\_ 2021

#### **Project Brief**

This project will provide technical support to the Ministry of Health and Medical Industry of Turkmenistan in the implementation of the National Programme for control of noncommunicable diseases in Turkmenistan through procurement of medical products for prevention and treatment of:

- Cardio-vascular diseases;
- Oncological diseases;
- Endocrinological diseases;
- Respiratory diseases;
- Neurological diseases;
- Other noncommunicable diseases, if required

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. According to a WHO survey 2020, prevention and treatment services for NCDs have been severely disrupted everywhere since the pandemic began. Unavailability/stock outs of essential medicines or technologies disrupted NCD services in one in five countries. 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.

**4.4 Mortality rate from cardio-vascular diseases, cancer, diabetes mellitus and chronic respiratory diseases.** Baseline: Death likelihood, 24.5% (MoHMI, 2017). Target: 1,5% annual reduction.

**GEN2** – gender equality is a significant objective.

<b>Total resources required, USD:</b>		<b>32,752,098.49</b>
<b>Total resources allocated, USD:</b>	<b>UNDP TRAC:</b>	<b>32,800.00</b>
	<b>Government:</b>	<b>32,719,298.49</b>
	<b>In-Kind:</b>	<b>0</b>
	<b>Other</b>	<b>0</b>
<b>Unfunded:</b>	<b>0</b>	

Agreed by:

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


Name: Nurmuhammet Amannepesov,  
Minister

**United Nations Development  
Programme**


Name: Natia Natsvlishvili,  
Resident Representative a.i.

Date: 06 December 2020

Date: 06 December 2020

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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, on developing the healthcare system and medical industry to achieve the international standards. On 17 July 2015, the President of Turkmenistan approved the State Health Programme (*"Saglyk"*), which aims to improve public health and well-being, increase average life expectancy, provide comprehensive equal opportunities and conditions for health protection to its citizens, to create an enhanced and highly 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 European Region of the World Health Organization.

The Government of Turkmenistan is especially committed to controlling noncommunicable diseases (NCDs) and reducing economic burden that the NCDs impose on country's economy. Noncommunicable diseases account for 76% of all deaths in Turkmenistan (2016, WHO). Out of all deaths, 47% are due to cardiovascular diseases, 11% - to cancer, 2% - to diabetes, 1% - to chronic respiratory diseases, and 15% - to other NCDs. The risk of death from the NCDs at age 30-70 years is higher among men (37%) than women (23%). For purposes of controlling noncommunicable diseases, the Government of Turkmenistan has created the Intersectoral Committee, which includes more than 30 ministries and departments, and has approved the following programs:

- The National program for prevention and control of noncommunicable diseases in Turkmenistan for period 2014-2020;
- The National tobacco control action plan for period 2017–2021;
- The National program to reduce harmful use of alcohol for period 2018-2024;
- The National program for support and development of sports and physical education for period 2011-2020;
- The National strategy for increasing physical activity of population for period 2018-2025;
- The National program for protection of population's mental health;
- The National healthy nutrition program.

As the result of successful anti-smoking measures, Turkmenistan has the lowest smoking rate in the WHO European Region: smokers make up only 8.3% of population (15% men and 0.6% women)<sup>1</sup>. For prevention of non-communicable diseases and to fight overweight and obesity (41.5% of population are overweight and 13.2% are obese), the Government pays eminent attention to attracting citizens to physical activity, sports and healthy lifestyle. Ashgabat hosted two WHO European Ministerial Conferences on prevention and control of noncommunicable diseases, in 2013 and 2019, during which high-level declarations were signed. In July 2019, Turkmenistan was awarded with the WHO Certificate of appreciation "For outstanding contribution to prevention of noncommunicable diseases".

In addition to population-level measures to reduce smoking, prevent harmful use of alcohol, improve nutrition and increase physical activity, to control the NCDs it is necessary to provide

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<sup>1</sup> STEPS, 2016.

individual treatment and prevention services at the level of medical facilities. Most of the NCDs leading to death can be treated with essential medicines that must be provided throughout the patient's life. Unfortunately, even in high-income countries, access to medicines for treating chronic diseases is usually inadequate<sup>2</sup> due to their high cost. The need to treat a chronic disease creates a huge and continuous financial burden on budgets of households, especially low-income families, often representing catastrophic expenses.

To ensure universal access to treatment of the NCDs, the Ministry of Health and Medical Industry of Turkmenistan will implement procurement through the United Nations Development Program. The Ministry of Health and Medical Industry of Turkmenistan has long-term experience of working with the United Nations Development Program in procurement of medical products for infectious diseases (tuberculosis, HIV, hepatitis C, diseases transmitted through donor blood). Since 2010, jointly implementing the Global Fund TB grants, absorbed in total more than \$25 million. Since 2016, UNDP has been procuring medical products for control of infectious diseases with funding from the Government of Turkmenistan, with a total budget of \$16.5 million. In other countries of the region, there are also many examples where the Government approaches UNDP for procurement of reagents, medicines and medical equipment for infectious and non-communicable diseases. Based on many years of cooperation in Turkmenistan, as well as similar projects in other countries, the Ministry has requested UNDP's support in procurement of medicines for the noncommunicable diseases.

This project will provide support in implementation of the "National Program for prevention and control of noncommunicable diseases in Turkmenistan for period 2014-2020", by providing universal access to medicines for treatment of the NCDs of guaranteed quality and at affordable for public health prices. Access to medicines will be provided by procurement through UNDP, as well as by provision of technical experts in strengthening national procurement system, drug management, and other technical support. Representatives of the Ministry of health and medical industry of Turkmenistan, leading experts in the The project was developed with participation of representatives of Ministry of Health and Medical Industry of Turkmenistan, the leading specialists of NCD programmes in Turkmenistan, of the Center for registration of medicines and state quality control, and specialists from UNDP and WHO.

#### *Beneficiaries of the project:*

- *Direct beneficiaries* are the people who will be the end-users of the health care services and will improve their health:
  - Patients with noncommunicable diseases, specifically:
    - from vulnerable and socially disadvantaged groups;
    - men of working age;
    - women of working age;
    - people of older age groups;
  - People at risk of developing noncommunicable diseases, specifically:
    - from vulnerable and socially disadvantaged groups;
    - men of working age;
    - women of working age;
    - people of older age groups;

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<sup>2</sup> Briefing Document: Essential Medicines for Non-Communicable Diseases (NCDs), WHO, 2011

- *Indirect beneficiaries* are the health care system through improved services to and satisfaction of the clients:
  - Health care workers in the NCDs services
  - Ministry of Health and Medical Industry of Turkmenistan

#### *Coverage:*

The project will cover the needs of the whole country. People residing even in the most remote and rural areas will have access to the quality medicines and medical devices, as the procured goods will be distributed across all health facilities.

#### *Equity:*

The project activities contribute to implementation of the basic human rights to health by providing universal access to quality diagnostics and treatment of the NCDs for all citizens. The procured medical devices and medicines will be available free of charge in medical facilities at the primary health care level or at the specialized velayats/central level hospitals, facilitating patients' access to quality services and new technologies. The project is designed in such a way that all citizens, regardless of gender, age, social status and other factors, could have free access to diagnostic, treatment and counseling services.

It is important to note that vulnerable and socially disadvantaged groups face a higher risk of developing NCDs in all countries<sup>3</sup>: there is strong evidence of a link between some social determinants and premature mortality from the NCDs. There is also an opposite relation, when due to costs of treatment and disability due to a disease, people suffer economic losses and become socially vulnerable.

The project will maximize the provision of high-quality and free health services to population, thereby reducing health inequalities.

#### *Gender:*

The project will help ensure gender equality and overcome disparities in structure of morbidity among women and disproportionately high mortality among men. It was noted that among men there is a higher level of premature mortality due to cardiovascular diseases, not only in Turkmenistan (Fig. 1) but throughout the European region<sup>4</sup>.

<sup>3</sup> Информационные бюллетени ВОЗ о Целях в области устойчивого развития: задачи, связанные со здоровьем: Неинфекционные заболевания. WHO, 2018.

<sup>4</sup> Why using a gender approach can accelerate noncommunicable disease prevention and control in the WHO European region. WHO, 2019.

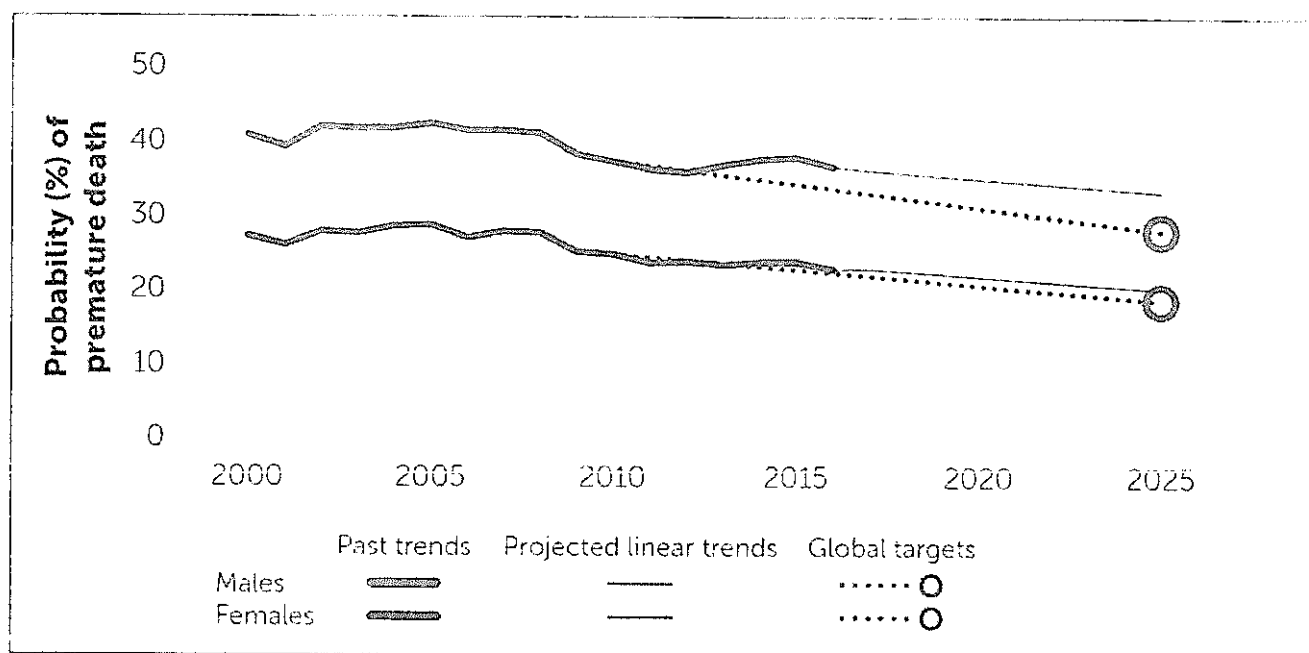


Figure 1: Risk of premature death due to NCDs in Turkmenistan. Source: Turkmenistan Profile. World Health Organization – Noncommunicable diseases country profile, 2018

Levels of physical activity, a less healthy diet, tobacco and alcohol use among men are generally higher in view of the “masculine” pattern of behavior<sup>5</sup>. At the same time, men of all age groups and educational levels are less likely to seek medical help. For those reasons, in the countries of the Commonwealth of Independent States, where the mortality rates from cardiovascular diseases are highest in the European Region, identification of men as the target population for strategies to prevent tobacco and alcohol use and increase access to and sustainability of health services is crucial for reducing inequality between men and women.<sup>67</sup>

For women, the perception of risk of cardiovascular disease is low among both women and health workers, despite they are the leading cause of death among women in the Region. Among women (including in Turkmenistan)<sup>8</sup> there is a higher level of obesity and low physical activity<sup>9</sup>. Across the WHO European Region, women at age over 50 years have the risk of premature mortality from cardiovascular disease similar to those in men<sup>10</sup>. Factual data also highlights increased level and persistence of depression among older women in all countries<sup>11</sup>. In addition, gender norms may limit women's access to economic resources and services that require payment. The availability of health services in the immediate vicinity of community reduces gender-related barriers to accessing, using and/or following preventive services for women and girls.

<sup>5</sup> Why using a gender approach can accelerate noncommunicable disease prevention and control in the WHO European region. WHO, 2019.

<sup>6</sup> Информационные бюллетени ВОЗ о Целях в области устойчивого развития: задачи, связанные со здоровьем: Неинфекционные заболевания. WHO, 2018.

<sup>7</sup> Action plan for the prevention and control of noncommunicable diseases in the WHO European Region, WHO, 2016.

<sup>8</sup> Turkmenistan Profile. World Health Organization – Noncommunicable diseases country profiles, WHO, 2018.

<sup>9</sup> Better noncommunicable disease outcomes: challenges and opportunities for health systems. Turkmenistan country assessment, WHO, 2019.

<sup>10</sup> Towards a Europe free of avoidable noncommunicable diseases: The future course of premature mortality in the WHO European region. WHO, 2017.

<sup>11</sup> Why using a gender approach can accelerate noncommunicable disease prevention and control in the WHO European region. WHO, 2019.



This project will address the dual challenge of promoting health and gender equality by ensuring equal access to health services, taking into account specific needs of men and women.

#### *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 transportation<sup>12</sup>. According to a WHO survey 2020, prevention and treatment services for NCDs have been severely disrupted everywhere since the pandemic began: one in five countries reported that unavailability/stock outs of essential medicines or technologies were causing disruptions to NCD-related services<sup>13</sup>.

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<sup>14</sup>. 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 project will result in not only improved quality and saved lives, but also social and economic benefits for the beneficiaries, such as protection from financial costs associated with treatment of the NCDs, improved working ability and earning potential.

At the same time, the project will contribute to economic development of the whole country, since every dollar spent on expanding the fight against the NCDs brings to society a profit of at least \$7 due to growing employment, productivity and life expectancy<sup>15</sup>.

The agreement will contribute to the achievement of the Outcome 4 in the Sustainable Development Cooperation Framework signed between the United Nations and the

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<sup>12</sup> Turkmenistan: Immediate socio-economic response plan to acute infectious disease, July 2020.

<sup>13</sup> The impact of the COVID-19 pandemic on noncommunicable disease resources and services: results of a rapid assessment. WHO, 2020.

<sup>14</sup> Turkmenistan: Immediate socio-economic response plan to acute infectious disease, July 2020.

<sup>15</sup> Saving lives, spending less: a strategic response to NCDs. WHO, 2018.

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:

3.4. By 2030 reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing

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.

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## II. STRATEGY

The aim of this project is to support in the implementation of the National Program for control of the NCDs in Turkmenistan by ensuring access to and quality of services for diagnostics and treatment of the NCDs. This goal will be achieved by the following objectives:

- Procurement of medicines and medical devices of guaranteed quality and safety, and at affordable prices for public health;
- Development or update of the national treatment protocols;
- Training of clinical doctors on developed or updated treatment protocols;
- Strengthening of the national procurement and supply system;
- Monitoring, evaluating and improving routine reporting on the NCDs.

Procurement through UNDP is justified for the following considerations: 1) ensures quality of health products, since UNDP procures products from manufacturers that have been qualified by WHO and comply with the environmental protection standards; 2) achieves economic efficiency, since 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 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 temperature requirements; 3) ensures transparent procurement, risk management, insurance and finance management.

According to estimates, the total procurement demand for 2020 would be \$32,752,098.49 for the following noncommunicable diseases:

- Cardio-vascular diseases;
- Oncological diseases;



- Endocrinology diseases;
- Respiratory diseases;
- Neurological diseases;

Lists of products for procurement are attached as a separate document. Procurement volumes within the project budget lines (cardiovascular, oncological, endocrine, respiratory and neurological diseases) may be subject to slight changes, depending on the revised national treatment standards, specified needs, prices, available funding and other factors. This project also allows addition of procurement for other health services as agreed between the Ministry of Health and Medical Industry of Turkmenistan and UNDP.

The volume of proposed procurement will be small in comparison with the total volume of purchases of other medicines and reagents carried out by the Ministry of Health and Medical Industry of Turkmenistan through its tenders, but it is still significant and fully meets the needs of the above services throughout the country.

Within the framework of the project, UNDP will also provide technical support in strengthening the national procurement and supply mechanisms and systems, quantifications for the NCDs services, and monitoring of medicine use. Technical assistance in "clinical" aspects such as development or update of the national treatment protocols and training of clinical doctors will be carried out by the WHO country office as part of collaborative project between WHO and UNDP. Both projects: UNDP-MoHMIT and WHO-UNDP will work in close collaboration, will share information, plan activities so that to contribute to achieving the common goal.

### III. RESULTS AND PARTNERSHIPS

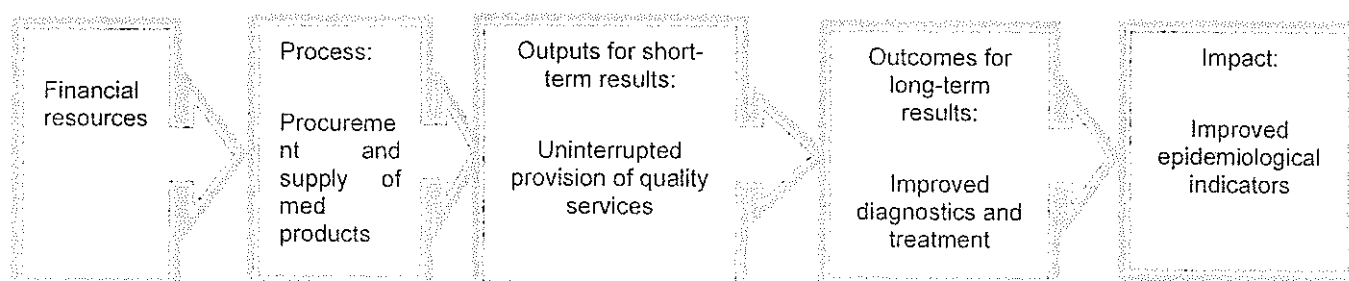
#### ***Expected Results***

The purpose of this project is to ensure access to and quality of services for diagnostics and treatment of the NCDs in Turkmenistan through:

- Procurement of medicines and medical products of guaranteed quality and safety and at affordable prices for public health;
- Development or update of the national treatment protocols
- Strengthening of the national procurement and supply system;
- Monitoring and evaluation.

The expected result of the project will be reduction of mortality from the major noncommunicable diseases (cardiovascular, oncological, endocrine, respiratory and neurological diseases). For a detailed table of indicators, please see page 23.

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



A multi-vector approach to investing in procurement under the present project will expand coverage, access, and ensure quality of comprehensive medical services throughout the country. The result of the project will be not only improved quality and saved lives, but also social and economic benefits for the beneficiaries, such as protection from financial costs associated with treatment of the NCDs, improved working ability and earning potential. At the same time, the project will contribute to economic development of the whole country, since every dollar spent on expanding the fight against NCDs brings to society a profit of at least \$7 due to the growth of employment, productivity and life expectancy<sup>16</sup>.

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

- Financial resources: the project will be funded by the Ministry of Health and Medical Industry of Turkmenistan. Transfer of funds is spelled out in the Financing Agreement between the United Nations Development Programme and the Ministry of Health and Medical Industry of Turkmenistan.
- Human resources:
  - The project will be mainly implemented by the existing UNDP TB project team financed by the Global Fund. UNDP will hire additional personnel for implementation of the present project (one programme specialist, one logistics associate). National and international consultants may also be hired as agreed with the MoHMIT.
- Administrative resources:
  - UNDP will provide administrative resources required for implementation of the project, such as office, office equipment, communication means and etc.
  - The MoHMIT will provide warehouse facilities meeting requirements for storage of medical products.

The project will follow the national procedures in terms of customs procedures and storage of medical products. Immediately after the customs clearance, the goods will be transferred to the Ministry of Health and medical industry of Turkmenistan. Import of medicines will be in accordance with the national legislation, e.g. medicines will be registered by the Center for registration of medicines and state quality control.

### ***Partnerships***

The Ministry of Health and Medical Industry of Turkmenistan will be the main partner of UNDP under this project. Cardiology, oncology, neurology, endocrine diseases, respiratory diseases centers will play a leading role, especially in matters related to providing quantification and procurement planning.

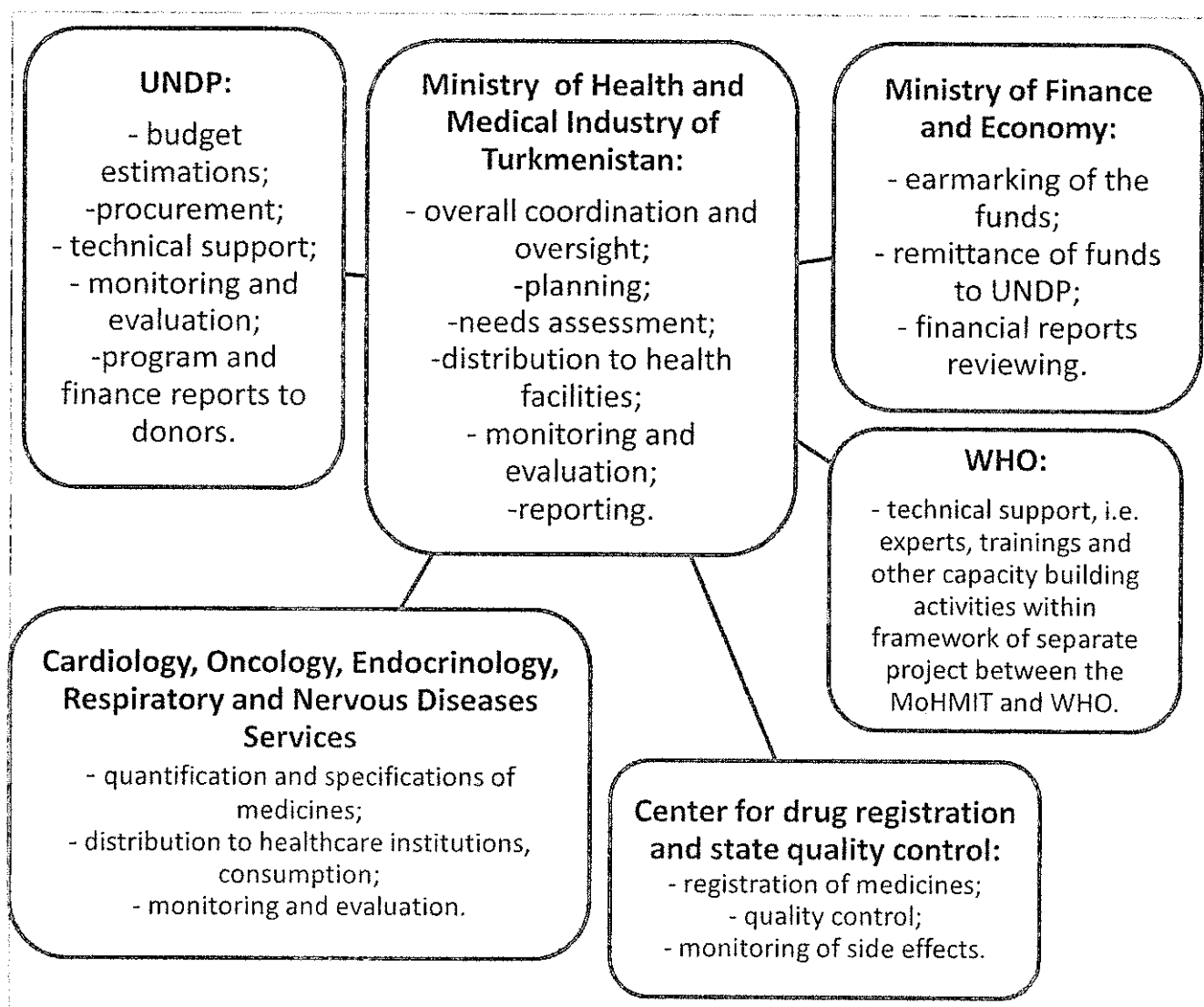
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<sup>16</sup> Saving lives, spending less: a strategic response to NCDs. WHO, 2018.

For successful control of the NCDs, it is necessary to ensure equitable access to medicines, their guaranteed quality and safety, as well as their rational use by medical personnel in accordance with the national clinical protocols for the NCDs developed with principles of evidence-based medicine and indication of generic medicines. Development of the national treatment protocols and training of clinical physicians will be carried out by the WHO country office as part of a collaborative project between WHO and UNDP. Both projects: UNDP-MoHMIT and WHO-UNDP will work in close collaboration, will share information, plan activities so that to contribute to achieving the common goal.

The project will seek technical assistance from international partners, such as UNDP and WHO headquarters, who can provide advice on treatment standards, quantification and development of specifications, and act as procurement agencies. MoHMIT and leading national experts will maintain feedback with end users (beneficiaries, local health workers) to receive their recommendations for improving services.

A simplified partnership scheme is as follows:



## ***Risks and Assumptions***

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

- Fluctuations of products' prices and transportation costs, especially because the project estimated the budget with 2019 prices, and over time, there may be changes in prices, especially for freight costs;
- Changes in the Euro/USD exchange rate may affect the project budget because some contracts will be in Euro while the budget is estimated in the US dollars;
- Changes in 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 and Economy of Turkmenistan to UNDP's account.
- Impact of the COVID-19 epidemic and social and economic consequences: predicting 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 CPRP and SERP.

The project is based on the assumption that a high quality and uninterrupted supply of medical products for the NCDs is a priority for the Ministry of Health and Medical Industry of Turkmenistan. The implementation of the project and its success depends on the continued support of the Ministry of Health and Medical Industry of Turkmenistan through timely obtaining of state approvals and allocation of the necessary financial resources.

## ***Lessons learned***

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

- Since 2010, Turkmenistan received three TB grants: within the Round 9, the new funding model and the transitional grant, in total more than \$25 million, and funds from the Government in total amount of \$16,5 million for control of infectious diseases. This project will also be given the same high priority and support from the Government as the previous projects for control of infectious diseases.
- The main lesson learned from previous joint procurement agreements is the importance of accurate budget estimation. Due to the fact that prices for medical products and freight costs to Turkmenistan often change, the ratio of euro to dollar fluctuates, prices in the local market (for transportation services, customs clearance, 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, the local currency and the inflation 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 to the MoHMIT and together with the national experts the decision will be made on application of those saved funds.

### ***Sustainability and scope expansion***

As part of the collaboration between the MoHMIT and the WHO, technical assistance is planned to develop or update the national standards (protocols) for treatment of the NCDs in accordance with recommendations of WHO or European associations such as the European Society of Medical Oncology. Treatment protocols are systematically developed recommendations based on evidence-based medicine, transparency and cost-effectiveness. National treatment standards will serve as the basis for procurement of medicines through public tenders in future, which will contribute to sustainability of the project undertakings.

It is also planned to provide support in strengthening of the national procurement and supply system so that procurement can be carried out without UNDP, i.e. to facilitate procurement through a state tender of medical products of same quality and at an affordable price, in compliance with principles of efficiency and transparency.

Procurement mechanisms of medical products created through the project would contribute to strengthening healthcare system. The project is designed in such a way as to stimulate continuous professional development, to promote creation of strong institutions within the Ministry of Health and Medical Industry of Turkmenistan and various health services to further improve procurement process after period of the project.

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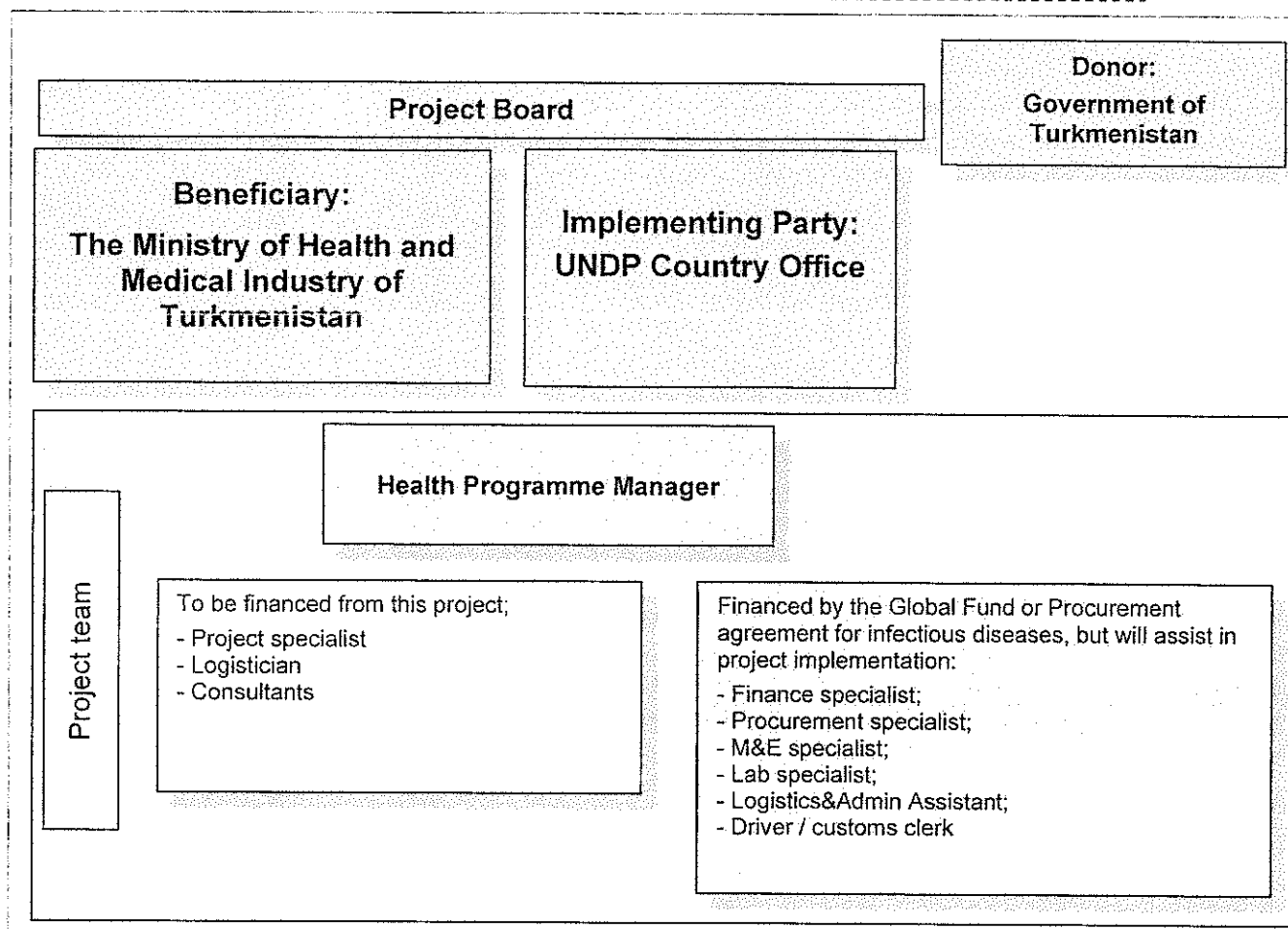
## **IV. PROJECT MANAGEMENT**

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

Donor of the project – **the Government of Turkmenistan**, will approve the project, provide funding and provide general guidance on the project.

Overall supervision of the project will be carried out by the **Project Board** in accordance with UNDP rules and procedures. The project council will consist of representatives of the MoHMIT, relevant health services, academic sector, public organizations, people suffering from the NCDs, UN agencies. The Project Board will be created on basis of the current Interdepartmental Committee on the NCDs.

## Project's organizational structure



Beneficiary (on behalf of the beneficiaries indicated on page 6) – **the Ministry of Health and Medical Industry of Turkmenistan**. The MoHMIT will coordinate all aspects of project implementation. This role is consistent with the role of the MoHMIT as a national agency responsible for health, including provision of health facilities with necessary medicines, reagents and equipment. The Ministry of Health and Medical Industry of Turkmenistan will play a leading role in technical issues of the project implementation at working level. To assist in implementation of the project, the MoHMIT will appoint a National Project Coordinator.

The Ministry of Health and Medical Industry of Turkmenistan and the leading NCDs centers will:

- Provide UNDP with the lists of products to be procured on an annual basis, with detailed specifications, quantities and delivery dates;
- Assist UNDP with timely receipt of funds for procurement;
- Accept or reject procurement proposals (items, prices, expiry dates and delivery schedule), provided by UNDP;
- Facilitate registration of medicines in the MoHMIT Center for registration of medicines and state quality control;



- Assist with obtaining import permits, licenses and other documents for customs clearances;
- For procured medical equipment, to assist in customs clearance and obtaining permits from Turkmenstandarts;
- Upon acceptance of goods from UNDP, prepare products' distribution lists and provide transportation to points of destination;
- Assist with responsible storage of goods, when needed;
- Provide storage spaces for delivered goods before their distribution and hand-over to hospitals;
- Advise on re-programming options in case of savings;
- Organize regular meetings of the Project Board;
- Assist in monitoring and evaluation of the project;
- Provide data required for reporting under the project.

**UNDP will:**

- Perform procurements per se based on requests from the Ministry of Health and Medical Industry of Turkmenistan;
- Execute customs clearances and transportation of goods to Turkmenpharmacy warehouse facilities;
- Facilitate registration of medicines in accordance with the national legislation;
- Submit regular programmatic and financial reports of the project implementation in accordance with UNDP rules;
- Report to the MoHMIT on the savings and together with the MoHMIT make decisions of the required re-programming.

## V. OUTCOMES STRUCTURE<sup>17</sup>

For monitoring and evaluation at impact level, the project will use target from the Strategic goals of the national development. For monitoring of procurement process the indicators recommended by WHO<sup>18</sup> will be used.

<b>SDG 3: Ensure healthy lives and promote well-being for all at all ages: 3.4.</b> By 2030 reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing; 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>National priority or goal:</b> Ensure high-level human capital development as a result of improvement in quality of social services
<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.
<b>Outcome indicators as stated in the Country Programme Results and Resources Framework, including baseline and targets:</b> Mortality rate from cardio-vascular diseases, cancer, diabetes mellitus and chronic respiratory diseases. Baseline: Death likelihood, 24.5% (MoHMI, 2017). Target: 1,5% annual reduction.
<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.
<b>Project title and Atlas Project Number:</b> Procurement of medicines and health products through the United Nations Development Programme for the control of noncommunicable diseases (NCD) in Turkmenistan, № 00129732

<sup>17</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>18</sup> Harmonized monitoring and evaluation indicators for procurement and supply management systems, WHO, 2011

Level	Indicators <sup>19</sup>	Data Source	Baseline		Targets		Data collection methods
			Value	Year	2021	2022	
Impact indicators	Mortality rate from cardio-vascular diseases, cancer, diabetes mellitus and chronic respiratory diseases, disaggregated by sex	MOHMI, WHO	24.5	2017	1.5% annual reduction	1.5% annual reduction	MoHMI Routine data collection Disaggregated by sex
Process indicators	Percentage of medicines and medical products actually purchased and delivered to health facilities during the project period, out of total quantity planned for the same period.	UNDP	N/a		90%	90%	UNDP project data

<sup>19</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.

## 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.	MoHMIT	-
Monitoring and risk management	Identify specific risks that may hinder achievement of the intended results.	Quarterly	Risks are identified by consultants, project specialists and management, as well as national partners, and actions are taken to manage risk. The risk log is maintained to keep track on regular base.	MoHMIT	-
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.	MoHMIT	-
Quality assurance	The quality of the project will be assessed against UNDP's quality standards to identify project strengths and weaknesses and to inform management decision making to improve the project.	Annually	Areas of strength and weakness will be reviewed by project management and used to inform decisions to improve project performance.	MoHMIT	-
Project Report	A progress programmatic and financial report will be presented to required Parties.	Annually and upon completion of the project (final report)	Areas of strength and weakness, achievements and drawbacks will be reviewed and used to inform decisions to improve project performance.	MoHMIT	-

## VII. MULTI-YEAR WORK PLAN 2021

*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: 2021-2022

Budget: USA dollars

No	PLANNED ACTIVITIES	PERFORMANCE PERIOD – 2021-2022	Responsible agency	PLANNED BUDGET		
				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	UNDP	MoHMI	64300, 72300, 72200, 74500, 74700	\$29,817,358.26
2	Technical assistance of international experts in strengthening of the national procurement and supply system	x	UNDP	MoHMI	71200	\$54,000.00
3	Increasing capacity of doctors, working in the NCDs programs through trainings in foreign hospitals/centers, participation in international conferences and etc.	x	UNDP	MoHMI	75700	\$30,000.00

<sup>20</sup> Definition and classification of costs for programme and costs of development effectiveness that will be charged to the project are determined by the decision of the Executive Council DP/2010/32.

<sup>21</sup> Changes to the project budget that will affect scope of work (activities), completion date or total estimated project budget will require changes to the budget, which must be signed by the Project board. In other cases, the UNDP project manager may sign the changes, subject to the consent of the other signatory. Such procedure can be applied, for example, when changing activities execution dates.

4	Development or update of the national protocols for treatment of the NCDs and training of clinical doctors	x	WHO	MoHMI		\$175,000.00
5	Cost of registration of medicines by MoHMIT Center for registration of medicines and state quality control	x	UNDP	MoHMI	72300	\$107,000.00
6	Monitoring visits of specialists from the MoHMIT, the NCDs centers, UNDP		UNDP	MoHMI	71600	\$16,000.00
7	Direct Project Costs of the UNDP country office	x	UNDP	MoHMI, UN DP TRAC	61100, 61200, 64300, 71400, 74500	\$412,225.38
8	7% for UNDP headquarters GMS fee	x	UNDP	MoHMI	75100	\$2,140,514.85
	<b>Total:</b>					<b>\$32,752,098.49</b>



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## 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 (SBAA) 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 ("Implementing Partner") 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](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](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.

## 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 **32,719,298.49** (thirty two million seven hundred nineteen thousand two hundred ninety eight US dollars and forty nine US 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 **4,907,894.77** (four million nine hundred seven thousand eight hundred ninety four US dollars and seventy seven cents) US dollars to the Turkmen-Turkish Commercial Bank, to the account 23203934273168502583000.

	Payment date	Amount
1.	01 March 2021	USD 4,907,894.77 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 **27,811,403.72** (twenty seven million eight hundred eleven thousand four hundred three US dollars and seventy two 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 15,000,000.00
2.	01 July 2021	USD 12,811,403.72

- c. The value of the Contribution when it is made in a currency other than the US dollar should be determined using the UN<sup>22</sup> 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.

<sup>22</sup> 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 above 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.

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## **X. ANNEXES**

1. Detailed annual work plan (attached, Excel table)

Multi-year work plan of the project "Procurement of medicines and health products for the control of noninfectious diseases (NCD) in Turkmenistan through the United Nations Development Programme"

Medicines:	for 1 year	Devices:	for 1 year
Cardiology	\$ 8,338,499.65	Respiratory diseases	\$ 305,945.90
Oncology	\$ 8,054,987.43	Endocrinology	\$ 305,540.80
Respiratory diseases	\$ 244,699.39	Traumatology	\$ 10,537.20
Endocrinology	\$ 5,337,032.41		
Mental Health	\$ 2,002,125.82		
<b>Total for medicines</b>	<b>\$ 23,977,344.70</b>	<b>Total for devices</b>	<b>\$ 622,023.90</b>
Transport	\$ 4,315,922.05	Transport	\$ 41,036.00
Handling fees (HIST)	\$ 1,011,801.17	Handling fees (GPU)	\$ 60,230.44
Operational costs (DPC)	\$ 539,576.02	Operational costs (DPC)	\$ 10,849.36
GMS 7%	\$ 2,089,125.08	GMS 7%	\$ 51,389.78
<b>Grand Total</b>	<b>\$ 31,933,769.02</b>	<b>Grand Total</b>	<b>\$ 785,529.47</b>

PROJECT GRAND TOTAL \$ 32,719,298.49