



**JOINT  
SDG  
FUND**

**Joint Programme Document:  
Integrated Approaches for  
Digital Health Transformation  
in Kazakhstan**



## Cover-page

<b>MPTFO Project Reference Number</b>	<i>(Leave blank, for automatic population in Quantum)</i>
<b>Country</b>	Kazakhstan
<b>Region</b>	Europe and Central Asia
<b>Joint programme title:</b>	Integrated Approaches for Digital Health Transformation in Kazakhstan
<b>Duration:</b>	9 months
<b>Anticipated start and end dates:</b>	01 April – 31 December 2025
<b>Short description:</b>	<p>The proposed JP intends to use the requested seed funds to accelerate the digital transformation of the healthcare sector by 1) creating the gender-sensitive <b>strategic vision</b> and enabling <b>effective coordination</b> for the inclusive and sustainable development of digital health; 2) developing a favourable environment for efficient introduction and uptake of digital health interventions, and 3) <b>leveraging investments in digital health</b> through the development of the investment case, with a focus on most vulnerable populations.</p> <p>The concrete expected results include 1) developed <b>National Digital Health Strategy</b>; 2) launched <b>Secretariat on Digital Health</b> serving as a hub for coordinating efforts, driving digitalization initiatives, and knowledge sharing; 3) conducted <b>investment case</b> to support evidence-based digital health policy-making based on cost-effectiveness analysis and return on investment on healthcare digitalization calculation; 4) <b>improved capacities of national partners</b> on health data analysis and secondary data use.</p> <p>The expected results contribute to the “<b>Digital Transformation</b>” and “<b>Jobs and social protection</b>” <b>SDG transitions</b> as the activities within the proposal will address the urgent need for the long-term national vision for digitalization in health that consequently will lead to improved social protection of the vulnerable groups in Kazakhstan.</p> <p>The results of the JP mainly fall under the two engine room actions: Shifts across policy and regulatory frameworks as the activities will prompt innovative policies; and the ‘deal room’ – a financing mix with innovative instruments, stemming from the proposed investment case for financing.</p>
<b>Joint Programme team:</b>	
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<b>Total budget:</b>	\$250,000
<b>Source of funds:</b>	
UN Joint SDG Fund	\$250,000
UNDP co-funding	<b>Total: \$335,823</b>  <i>TRAC2 (2023)- \$150,000</i> <i>1 Regular NPSA-9 - \$40,026.96</i> <i>1 PIU Assistant NPSA-5 - \$USD 17,564.08</i> <i>1 NOB – \$45,080.70</i> <i>1 Procurement Specialist GS-7 - \$24,517.55</i> <i>1 NOC - \$58,634.03</i>
WHO co-funding	<b>Total: \$62,992</b>  <i>Project Officer on Data and Digital Health - \$53,966</i> <i>50% of Programme Assistant - \$9,026</i>
UNICEF co-funding	<b>Total: \$43,280</b>  <i>Health and Nutrition Specialist - \$33,371</i> <i>25% of Programme Assistant - \$10,009</i>
Government co-funding	\$ 7, 560, 000
International donor co-funding	\$ 0
Other sources co-funding	\$ 0
<b>Legal context</b>	<a href="#"><i>UN Sustainable Development Cooperation Framework 2021-2025, Annex 2: The Cooperation Framework Legal Annex; signed on August 12, 2020.</i></a>

## Joint Programme Profile

<b>Contribution to Cooperation Framework Outcome(s) and Output(s)</b>	<p><b>Outcome 1.1.</b> By 2025, effective, inclusive and accountable institutions ensure equal access for all people living in Kazakhstan, especially the most vulnerable, to quality and gender-sensitive social services according to the leaving no one behind principle.</p> <p><b>Outcome 1.2.</b> By 2025, all people in Kazakhstan, especially the most vulnerable are empowered with knowledge and skills to equally contribute to sustainable development of the country.</p> <p><b>Outcome 2.1.</b> By 2025, all people in Kazakhstan are protected and enjoy full realisation of human rights and gender equality and a life free from discrimination, violence and threats, and equally participate in decision-making.</p> <p><b>Outcome 2.2.</b> By 2025, state institutions at all levels effectively design and implement gender-sensitive, human rights and evidence based public policies and provide quality services in an inclusive, transparent and accountable manner.</p>
<b>SDG Targets directly addressed by the Joint Programme</b>	SDG 3 Good Health and Well-Being; SDG 8 Decent Work and Economic Growth; SDG 9 Industry, Innovation and Infrastructure; SDG 17 Partnership for the Goals;
<b>Expected key results of the Joint Programme</b>	<p style="text-align: center;"><i>Include (up to) 3 main expected results</i></p> <p>The main expected results include:</p> <ol style="list-style-type: none"> <li>1) developed gender-sensitive <b>National Digital Health Strategy</b>;</li> <li>2) launched <b>Secretariat on Digital Health</b> serving as a hub for coordinating efforts, driving digitalization initiatives, and knowledge sharing;</li> <li>3) conducted <b>investment case</b> to support evidence-based digital health policy-making based on cost-effectiveness analysis and return on investment on healthcare digitalization calculation.</li> </ol>
<b>Anticipated direct beneficiaries</b>	<b>Anticipated direct beneficiaries:</b> 280,711 that include total number of healthcare professionals (270,711) as regular users of digital health applications (doctors and nurses) in Kazakhstan <sup>1</sup> , out of whom 70% or about 190,000 women, and approx. 1,000 policymakers and technical experts working in the area of digital health.
<b>Anticipated financial leverage</b>	<p style="text-align: center;"><i>The total amount in USD (including co-funding and co-financing from diverse sources)</i></p> <p>According to the preliminary discussions with the national counterparts along with the existing public budget estimations, the anticipated financial leverage is the following:</p> <ol style="list-style-type: none"> <li>1) Social Health Insurance Fund: \$960,000</li> <li>2) SK Pharmacy: \$500,000</li> <li>3) Republican Center for Electronic Health: \$5,500,000</li> <li>4) Pandemic Fund: \$600,000</li> </ol> <p><b>Total financial leverage amount</b> (Government co-funding and PUNO's co-funding): \$7,560,000 + \$335,823= <b>\$7,895,823</b></p>

<sup>1</sup> Annual Statistical Report of the Ministry of Health of the Republic of Kazakhstan for 2022. Available at: [https://nrchd.kz/index.php/ru/?option=com\\_content&view=article&id=973](https://nrchd.kz/index.php/ru/?option=com_content&view=article&id=973)

**Localization marker score**
**The total score: 2 – Significant contributions to localizing the SDGs.**

There is a substantial contribution to SDG localization in the design, implementation, and accountability of the joint programme or initiative. This is characterized by at least one explicit result and a level of adequate funding focused on localizing the SDGs within the programme. The active participation of local and regional governments, local service providers, or other local actors and stakeholders, in programme design, implementation and accountability activities, along with results that significantly contribute to SDG localization, distinguishes this level of commitment from other pursued outcomes.

<p>The primary focus on SDG Transitions in the JP. <i>Select all that are incorporated into the JP strategy and results.</i></p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Digital Transformation</li> <li><input type="checkbox"/> Food Systems</li> <li><input checked="" type="checkbox"/> Decent Jobs and Universal Social Protection</li> <li><input type="checkbox"/> Energy Access and Affordability</li> <li><input type="checkbox"/> Transforming Education</li> <li><input type="checkbox"/> Climate, Biodiversity, Pollution</li> </ul>
<p>Main engine room actions that the JP supports. <i>Select all that are incorporated into the JP strategy and results.</i></p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Shifts across policy and regulatory frameworks</li> <li><input type="checkbox"/> Capacity building at scale</li> <li><input checked="" type="checkbox"/> Deal room (financing mix)</li> <li><input type="checkbox"/> Pipeline of bankable and market-ready projects</li> </ul>

## JOINT PROGRAM DESCRIPTION

### Situation analysis *(maximum of 500 words)*

*This section offers a context description and brief rationale for the JP. At a minimum the section will describe the context and challenges/barriers/blockages to be addressed by the JP based on disaggregated data. Apply a gender, human rights and leave no one behind lens to the analysis and description of the problem/s to be addressed.*

Kazakhstan has achieved a significant degree of digital transformation across various sectors, with high levels of internet and mobile communication penetration. Over 400 information systems are operational across all ministries, and the government is working towards establishing a unified digital architecture. The country aims to enhance its existing ICT capacity amid substantial growth in the IT sector. Since 2007, substantial funding and resources have been allocated to developing unified data systems in the healthcare sector, involving multiple organizations and stakeholders. The private sector has evolved into a competitive and capable market for delivering digital health projects. For example, more than 40 medical information systems have been developed by private companies over the years. Previous investments in the sector include a World Bank loan aimed at establishing a cohesive digital health infrastructure. Despite these efforts, the digital health ecosystem remains siloed and fragmented due to the absence of unified leadership, a clear vision, and coordinated strategies. This fragmented approach leads to inefficiencies in funding, limited measurable outcomes, and misalignment across stakeholders, preventing the realization of a cohesive and impactful digital health strategy.

Currently, around 16 health information systems are functional, but patient data is scattered across them. These systems lack interoperability, resulting in inefficiencies and reduced transparency within the health sector. The UNDP CO team has developed an interoperability platform to integrate these disparate information systems. While not yet launched by the government, this platform has the potential to incorporate industry standards for interoperability, such as FHIR/HL7, and coding standards like ICD-10 and SNOMED. There is significant scope to build further on this foundation to enhance the digital health ecosystem. However, there is a challenge of not having a costed e-health strategy for the country. The previous e-health strategy (2013–2020), developed under a large-scale World Bank project with technical support from international experts, led to significant advancements in the institutional framework, digital infrastructure, and the implementation of various digital health initiatives. However, since 2020, despite a clear demand for a new strategy, the Ministry of Health has struggled to develop one due to the absence of external technical support. Currently, there is no established model to guide this process in an integrated and financially sustainable manner. As a result, there is a significant risk that existing government investments will remain fragmented and siloed, limiting their overall impact and restricting equitable access to digital health benefits. The fragmented nature of these systems remains a critical challenge that the JP seeks to address. Even within centralized bodies such as the Republican Center for Electronic Healthcare, internal systems are not fully integrated.

PUNOs can play a key role in developing this costed gender sensitive strategic plan building on the previous work, in collaboration with the government and other partners. The focus should be on establishing strong governance mechanisms, including legislation, standards, regulation, workforce development, and interoperable technologies. This includes aligning standard operating procedures and workflows to facilitate the creation of an integrated digital health platform.

The current JP proposal aims to support the government of Kazakhstan to strategically rethink the existing reactive approach to digital health development through developing an inclusive long-term vision for digital transformation and fostering a favourable environment for technologies uptake and decision-making support. The seed funding will be used to generate evidence and related digital health strategy leading to increased transparency, better coordination

among various public and private institutions, and overall improved patient-centered healthcare delivery system leaving no one behind.

The proposal is timely and urgent as it responds to the strategic national priority of the government to upgrade its work on digitalization in health and addresses challenges identified by assessments conducted by the UNDP and WHO country teams<sup>2</sup>. First, there is no strategy document defining all the aspects enabling sustainable development of digital health, resulting in siloed and fragmented interventions, uncoordinated recourse development efforts, and duplication and inefficiency of efforts by public and private actors. Secondly, immature development and implementation of the interoperability standards have led to fragmentation of the health information system at large, lack of digital data exchange, duplication of efforts, high burden of multiple data collection and reporting for healthcare providers, and, ultimately, questionable data quality. Thirdly, despite the strong focus of the national digital health layers towards health financing support, the government still has a limited understanding of health spending, viewing it as a cost without the ability to conduct data linkage and complex analysis of patient and population health demands and pathways, which is a shortsighted view leading to a higher burden in the long run. Fourth, there is a cross-cutting challenge of limited capacities for gender-disaggregated data analysis and secondary use at all levels, leading to the inability to harness digital benefits for evidence-based policy-making.

Akmaral Alnazarova, the Minister of Health, noted that “Over the last 5 years alone, over 15 billion tenge [33 million USD] have been allocated for these purposes - the effect is practically zero.”<sup>3</sup>

Hence, the expected results of the JP will address the key challenges of the national partner by :

1. Creating a strategic vision based on an in-depth analysis of strengths and challenges and addressing key aspects required for sustainable development of digital health.
2. Suggesting mechanisms to streamline the inclusiveness and effective coordination of digital health development for better results and transparency.
3. Leveraging investments in digital health through cost-effectiveness analysis and calculating the return on investment in healthcare digitalization.

Developing a favourable environment for efficient introduction and uptake of digital health interventions through improved capacities in health data analysis and secondary use among counterparts at national and sub-national levels, all with a focus on the most vulnerable populations. The seed funding will be instrumental as it will provide a coordinated and strategic approach towards leveraging the country’s advances in digital transformation. By integrating evidence-based cost-effectiveness analysis and return-on-investment calculations, the JP will enhance transparency in Kazakhstan’s health budgetary system. This will enable data-driven decision-making, ensuring that digital health investments are efficiently allocated and aligned with national priorities. As a result of the JP, the UNCT will provide the national counterpart with a solid case and a roadmap towards digital transformation in the health sector.

While the Kazakhstan government has shown commitment to health digitalization, the current approach remains largely conventional and hardware-focused. This JP takes specific risks on innovative approaches by: 1) introducing citizen co-design methodologies never before applied in Kazakhstan's health sector, 2) testing shared governance models that challenge traditional ministerial authority structures, and 3) piloting open health data standards that currently don't exist in the national framework. These innovations cannot be funded through existing government

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<sup>2</sup> World Health Organization. Regional Office for Europe. (2022). Situation analysis on evidence-informed health policy-making: Kazakhstan. World Health Organization. Regional Office for Europe. <https://iris.who.int/handle/10665/357158>

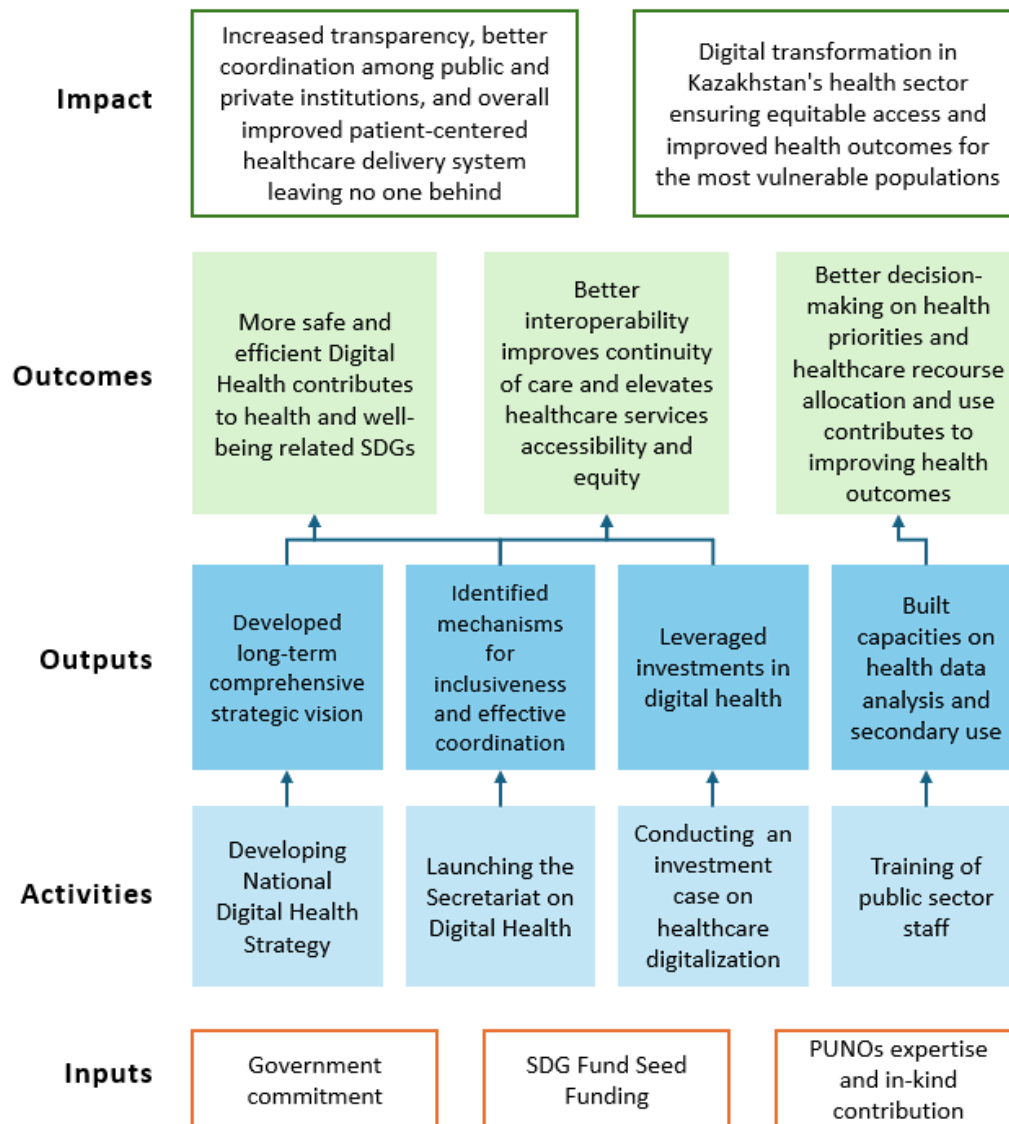
<sup>3</sup> <https://bes.media/news/15-mlrd-tenge-a-effekt-prakticheski-nulevoy-glava-minzdrava-o-tsifrovizatsii-zdravoozraneniya/>

channels which are restricted to established approaches with proven outcomes, making seed funding essential to demonstrate viability before larger-scale adoption.

**Programme Strategy and theory of change** *(maximum of 1500 words)*

*This section summarizes the JP strategy, describes the expected results and how they relate, complement and are coherent. Including:*

- (1) Brief written explanation and simple graphical diagram of the [Theory of Change](#), including major assumptions. This defines the change pathway required to achieve the expected results.*



The proposed JP addresses several key challenges the Government of Kazakhstan faces regarding the further advancement of digital health. It underlines the progressing role of technologies as an enabling factor towards achieving Universal Health Coverage while leaving no one behind and fostering health and well-being.

Unlike traditional top-down digital health initiatives, the JP adopts a multi-sectoral approach, integrating digital health into Kazakhstan’s broader digital governance ecosystem. Rather than operating in isolation, the programme will align with ongoing government-wide digitalization efforts, including the Digital Kazakhstan strategy, and leverage synergies with digital social protection and education initiatives. A key innovation is the establishment of a co-creation bottom-up model, where

private sector actors, startups, and civil society organizations actively co-develop digital health solutions alongside government agencies. This ensures that digital health transformation is not solely government-driven but benefits from diverse expertise and funding streams.

Additionally, the Secretariat on Digital Health will serve as a cross-sectoral governance body, bringing together representatives from the Ministry of Health, Ministry of Digital Development, and Ministry of Labour and Social Protection, ensuring integrated policy action beyond sector silos.

Gender disparities in healthcare access and outcomes are critical to understanding the broader digital health challenges in Kazakhstan. Currently, women, particularly those in rural and underserved areas, face barriers to accessing healthcare, including lack of healthcare facilities, financial constraints, and social stigmas. These issues can be compounded by a lack of gender-sensitive data collection and analysis, which hinders the ability to design interventions that address the specific health needs of women and girls. Additionally, healthcare services, especially digital health solutions, often fail to account for gender-specific health risks and requirements.

In response, this JP will apply a gender-sensitive approach by ensuring that the National Digital Health Strategy includes gender-disaggregated data collection and analysis. The strategy will prioritize addressing these gaps to improve healthcare access and outcomes for women and other marginalized groups, narrowing the gender equality gap in healthcare. By building the capacity of healthcare providers to understand and use gender-disaggregated data, this initiative will support evidence-based policies that enhance healthcare access and quality for all, particularly the most vulnerable populations.

Proposed actions and results recognize the complexity of the existing institutional framework, info- and infrastructure of digital health in Kazakhstan and build on the inclusive engagement, coordination, and improved capacities of key stakeholders and beneficiaries based on the theory of change as follows:

1. IF the long-term comprehensive strategic vision is developed covering essential aspects, including leadership and governance, investments and funding, legislation and policy, standards and interoperability, workforce and capacity building AND multiple stakeholders' efforts are well-coordinated and streamlined towards achieving the vision, THEN more safe and efficient digital health can accelerate the achievement of the health and well-being-related Sustainable Development Goals, while particularly addressing the most vulnerable. The strategic vision will include specific actions to address gender norms, attitudes, and discrimination that may affect healthcare providers and recipients. By doing so, the ToC ensures that digital health transformations are sensitive to gender dynamics and promote equitable healthcare experiences and outcomes.
2. IF investments in digital health are leveraged through the support of policy decision-making by evidence on cost-effectiveness and return on investments AND digital solutions and tools provided by multiple stakeholders are better coordinated, THEN focused actions will enable better interoperability between systems and actors, improving continuity of care and elevating healthcare services accessibility and equity.
3. IF capacities in health data analysis and secondary use among counterparts at national and sub-national levels are enhanced, THEN better decision-making on health priorities and healthcare recourse allocation and use is enabled, contributing to improving health outcomes. In building these capacities, the JP will also account for how gender norms, attitudes, and discrimination affect data interpretation and health decision-making for both male and female healthcare providers and patients. This ensures a nuanced understanding of gender influences on health outcomes and fosters gender-responsive practices within data use.
4. IF the comprehensive strategic vision and actions actively address structural issues, such as gender norms, attitudes, and discrimination impacting both healthcare providers and recipients, THEN the JP will foster an equitable digital health system that improves health outcomes for all, particularly the most vulnerable.

### Major assumptions:

1. **Government commitment:** The government of Kazakhstan, particularly the Ministry of Health, remains committed to digital transformation in the health sector and actively supports the project. Relevant national counterparts are willing to share information and support project activities.
2. **Successful implementation of the suggested National Digital Health Strategy:** The indirect beneficiaries of the JP will be the patients (i.e. healthcare consumers) who are a part of the State Guaranteed Benefit Package (SGBP) and Compulsory Social Health Insurance (CSHI), which is the whole population – 20 095 963 people. This benefit will be reached assuming the National Digital Health Strategy is successfully implemented.
3. **Sufficient Seed Funding:** The allocated seed funding is adequate to effectively kickstart the initial phases of the project.
4. **Readiness and Capacity for Change:** Involved public and private sector partners are ready and have the capacity to successfully engage in the project. Specifically:
  - a. National staff of health institutions are willing to participate in capacity-building activities focused on health data analysis and secondary use.
  - b. Decision-makers in the health sector are open to adopting innovative approaches in their work.
  - c. Policymakers recognize the importance of the digital strategy and are supportive of its implementation.

*(2) How JP complement the efforts of other development partners and programmes already working on the same or similar problems. Indicate also **what the added value of the UN working jointly on this JP.***

Despite Kazakhstan’s advancements in the digitalization of public services – the country is ranked 24<sup>th</sup> in the e-Government Development Index, outmatching all other UMICs<sup>4</sup> - the health sector is lagging behind in implementing digital transformation. The sector suffers from a lack of strategic vision, uncoordinated actions, and fragmentation of data and processes. The JP will consolidate the existing efforts of national and international development partners in Kazakhstan, creating momentum for systemic change and based on the established Digital Public Infrastructure, including the eGovernment Platform and services, identity management systems and e-signature, rapidly developing cloud infrastructure and improving connectivity. The government’s ambitious plans on the transition to a digital state, promoting an innovative ecosystem, and transforming economy sectors while focusing on a people-centered approach lay a solid foundation for digital health strategy adoption through the conducted investment case. The added value of the PUNOs working jointly is their combined and coordinated efforts in supporting the government. UNDP is a leading PUNO with extensive experience in driving digitalization projects in social protection. In collaboration with the Ministry of Digital Development, Innovations and Aerospace Industry of the Republic of Kazakhstan and the Ministry of Labor and Social Protection of Population of the Republic of Kazakhstan, UNDP led the launch of the innovative decision-making tool Digital Family Card, which is now the basis of the Social Code of the country. UNDP’s added value is its experience working as a convener at the highest level and its solid skills in digitalization for public good. UNDP has strong existing relations with the Ministry of Health of the Republic of Kazakhstan, the Republican Center of e-Health, the Ministry of Digital Development, Innovations and Aerospace Industry of the Republic of Kazakhstan, SK Pharmacy (the national drug procurement and distribution agency for MoH), and the Social Health Insurance Fund (SHIF).

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<sup>4</sup> <https://publicadministration.un.org/egovkb/en-us/Data/Country-Information/id/87-Kazakhstan>

Other PUNOs, WHO and UNICEF, have specific sectoral knowledge in health, children's and maternal health. Specifically, WHO will ensure that all activities implemented under the JP are aligned with WHO global and regional guidelines and recommendations on digital health and health information systems. Since 2021, WHO has already contributed to the strengthening of digital health in Kazakhstan through the implementation of several national and sub-national evaluations, providing the Ministry of Health with evidence on the digital data landscape, routine data flows and processes, interoperability maturity level, and Health Information System strengths and weaknesses. The results of the assessments led to the comprehensive revision of national requirements for medical data collection conducted by WHO, with 40% of paper-based templates transformed into standardised data sets and proposed for cancellation under the new digital-friendly regulation. Over 250 healthcare and IT experts in Kazakhstan benefitted from capacity building on various aspects of digital health and Health Information System strengthening, provided by WHO.

UNICEF supports the strengthening of the primary health care system, particularly the universal and progressive home visiting model, which aims to identify, reduce, or mitigate the effects of not only direct medical risks, but also all other risks to the health of pregnant women and children, such as social status, living conditions, family relationships, and so on. The strength of this strategy is the development of partnerships to assist families by organizations from both the health-care system and other social systems and services (education and social protection), which necessitates information interchange between sectors. UNICEF's efforts are also geared at ensuring that the health-care system covers all individuals, not only those registered at their place of residence, which is why it is critical to develop data sharing between systems. The Multiple Indicator Cluster Survey (MICS), conducted this year with UNICEF support, will collect data on critical indicators of children's and women's well-being, including about 30 SDG indicators. A comparison data from MICS and digital health systems and recommend additional steps to improve the quality of this data

Previous and current successful projects with these agencies have ensured solid working relationships that will add value to the implementation of this JP. Together, the participating PUNOs will create momentum and leverage the existing urgency around digitalization in health while leaving no one behind. Acting as a one UN voice, the PUNOs will strengthen the desired outputs and create political motivation for the government to participate in the proposed JP.

The JP aligns closely with Kazakhstan's broader digital public infrastructure (DPI) and digital public goods (DPG) ecosystem. It will leverage existing government investments in identity management, interoperability with national govtech platforms (egov), and cloud-based health information systems to ensure seamless data integration across sectors. By integrating with these platforms, the JP avoids duplication and builds on existing digital transformation efforts. Additionally, lessons from Kazakhstan's govtech initiatives, such as the Digital Family Card for social protection, will be applied to ensure interoperability between health and social service data systems. The programme will also explore partnerships with open-source digital health tools, such as OpenMRS, DHIS2, eLMIS and GovStack for interoperability and scalability.

*(3) The expected JP outputs, their contribution to accelerating the SDGs and how they are anchored and contribute logically to the country's CF outcome/ outputs and national priorities. Indicate how the JP aligns with different SDG transitions and capacities engine room actions<sup>5</sup>.*

The JP aims to address the pressing need for digital transformation in Kazakhstan's health sector, ensuring equitable access and improved health outcomes for the most vulnerable populations. The expected outputs and their contributions are detailed below:

#### **1. Developed long-term comprehensive strategic vision for digital health:**

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<sup>5</sup> (1) shifts in policy and regulatory frameworks; (2) development of market-ready bankable pipelines; (3) devising a financial mix (deal room); and (4) capacity-building at scale.

The JP will support the creation of a holistic and systemic approach to digitalization in health based on the WHO-ITU National eHealth strategy toolkit<sup>6</sup> covering all the digital health components: leadership and governance, strategy and investment, services and applications, infrastructure, standards and interoperability, legislation, policy and compliance, and workforce. The JP output will provide national stakeholders with a clear vision and a coordinated roadmap of actions. This will result in more inclusive and accountable institutions, ensuring equal access for all, including vulnerable populations. The vision development will be rooted in the results of the comprehensive assessment of the health information system<sup>7</sup> (HIS) conducted by the WHO in Kazakhstan in 2023-2024. The assessment identified strengths, weaknesses, opportunities, and threats for every HIS component: data sources, data infrastructure, analysis, reporting, knowledge translation, and governance and recourses. PUNOs will ensure the engagement of multiple stakeholders and beneficiaries in consultations and brainstorming, including not only government agencies engaged into broader scope of digital innovations (such as the Ministry of Digital Development, Innovations and Aerospace Industry, the Ministry of Labour and Social Protection of Population, and the National Information Technology JSC (eGovernment operator) and public institutions representing the policymakers and end-users (healthcare providers) but also non-government actors representing patients, the IT industry, startups, and NGOs. Thereby, the JP will leverage an open innovation model, where key stakeholders directly shape the digital health strategy through co-creation, digital health innovations are promoted and supported by both public and private sector actors and deeply rooted into existing and planned Digital Public Goods and Digital Public Innovations. PUNOs actions will be guided by the findings of the scoping review on equity within digital health technology<sup>8</sup>.

The strategic vision will be based on the initial feasibility study, which will encompass existing accountability and ethical considerations, such as adherence to privacy regulations, transparency in data practices, patient involvement in healthcare decisions, and the equity of healthcare digitization. This includes analysing the accessibility and affordability of digital health technologies for marginalized and underserved communities, and addressing disparities in access and outcomes across different socioeconomic groups. Gender stereotypes can affect how individuals are treated by healthcare providers and how they engage with health systems. These stereotypes and social norms, along with discrimination faced by women healthcare workers, will be addressed in the design and implementation of the digital health strategy. The JP will ensure improving healthcare outcomes as well as challenging gendered attitudes and biases within the healthcare sector, ensuring equitable access for all. The feasibility study will use existing resources, such as “Integrating Human Rights in Programming on the Six Transitions: Digital Transformation” published by the Office of the United Nations High Commissioner for Human Rights as well as literature on producing gender responsive health programming. The JP will pave the way for emerging technologies such as AI-powered diagnostics, aligning with Kazakhstan’s broader digital economy transformation and ensuring that digital health is not an isolated sectoral intervention but a driver of national innovation.

Gender-sensitive, gender-disaggregated data, and methods will be used in formulating the strategic vision, ensuring contribution to Outcomes 1.1. and 2.2 of the UNSDCF. The output is aligned with the national priority of strengthening the health sector and leveraging the

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<sup>6</sup> World Health Organization & International Telecommunication Union. (2012). National eHealth strategy toolkit. International Telecommunication Union. <https://iris.who.int/handle/10665/75211>

<sup>7</sup> World Health Organization. Regional Office for Europe. (2021). Support tool of the WHO Support tool to strengthen health information systems: guidance for health information system assessment and strategy development. World Health Organization. Regional Office for Europe. <https://iris.who.int/handle/10665/342048>

<sup>8</sup> World Health Organization. Regional Office for Europe. (2022). Equity within digital health technology within the WHO European Region: a scoping review. World Health Organization. Regional Office for Europe. <https://iris.who.int/handle/10665/365326>

advancements brought about by the digitalization of government services. The output falls under the first engine room action on driving the shift across policy and regulatory frameworks. One of the key priorities for setting the strategic vision will be digital equity and inclusion, combatting the digital divide and uneven access to digital health benefits among population groups, including vulnerable populations and undeserved communities. It is expected that the implementation of this objective will be interconnected with three others and conducted in close collaboration.

## **2. Identified mechanisms to streamline inclusiveness and effective coordination of digital health development:**

The JP will propose mechanisms to foster engagement and solidification of efforts of a diverse range of actors involved in planning, managing, implementing, maintaining, and use of digital health tools, data, and processes. This will ensure the effective use of resources and better governance of initiatives. The output is anchored in the “Digital Transformation” SDG transition as it aims to use existing digital tools and expertise to strengthen various siloed components of digital health. The implementation of this JP output will contribute to Outcomes 2.1 and 2.2 as streamlined data will provide transparent and data-driven decision-making and financing of services for the most vulnerable. The JP will incorporate mechanisms to ensure that diverse stakeholders, including women and vulnerable groups, are actively engaged in the coordination process. This will involve prioritizing gender balance in decision-making roles and ensuring that women’s perspectives are adequately represented in the planning, implementation, and evaluation of digital health initiatives. Stakeholder engagement processes will include a focus on addressing barriers to women’s participation, such as social norms, financial constraints, or potential lack of decision-making power, thereby improving the inclusiveness and accountability of the health system. Moreover, the Secretariat on Digital Health will serve as a cross-sectoral governance platform, breaking traditional silos by integrating representatives from health, digital development, labour and social protection, and finance ministries, as well as the private sector and civil society. The output is aligned with the national priority of strengthening the health sector and leveraging the advancements brought about by the digitalization of government services. This output will involve the active engagement of national staff working in e-health systems contributing to the shift across policy and regulatory frameworks driven by elevated staff conceptions around digital transformation in health (first engine room).

## **3. Leveraged investments in digital health:**

The financing strategy intentionally moves beyond government-led digital health investments by introducing innovative financing mechanisms. The investment case will assess the feasibility of engaging private sector investors, particularly in the fintech and private sector industries, to co-finance digital health initiatives. Additionally, the JP will explore international donor support through mechanisms such as blended finance models and results-based financing structures. By integrating private sector and donor-driven funding streams, the JP ensures that digital health investments remain sustainable beyond government allocations, aligning with the funding window’s objective of fostering scalable, innovative approaches to health digitalization.

Kazakhstan has established diversified and sustainable mechanism for financing the ongoing digital transformation of healthcare sector. The national budget planned includes sufficient funds to further develop and maintain databases and applications at the national level, while regional initiatives are financed through local budgets. The implementation of specific digital solutions at the level of healthcare provides is integrated into cost of care reimbursed by the Social Health Insurance Fund. While MoH is monitoring overall implementation of various digital health solutions across the country, there is lack of evidence of clinical and cost-effectiveness of implemented applications and

technologies. The JP will utilize the proposed seed funding to conduct an investment case study on the impact and economic rationale of healthcare digitalization, ensuring the adherence to the human rights-based approach in digital transformation. The investment case study provided by the PUNOs will outline economic benefits, offering the government a solid rationale for prioritizing the specific actions towards digitalization of health as a long-term, strategic national priority. Unlike previous government-driven digital health efforts, this JP will promote public-private financing mechanisms, ensuring that digital health solutions are scalable and financially sustainable beyond government funding. The investment case will not only assess cost-effectiveness but also identify opportunities for impact investors, fintech solutions, and blended financing mechanisms to scale digital health innovations. The implementation of this JP output will contribute to Outcomes 1.1 and 2.2 by ensuring better access to social protection and more effective services through higher investment in health. This output aligns with the “Digital Transformation” and “Jobs and Social Protection” SDG transitions, demonstrating how digitalization can enhance social protection services for all. It leverages the third engine rooms, focused on attracting necessary financing, which the investment case will facilitate.

#### 4. **Built capacities of public sector staff on health data analysis and secondary use:**

The JP implementation includes a capacity-building component for healthcare managers and public health experts, ensuring that public institution personnel have the necessary knowledge and skills to enhance data-driven decision-making. This is also connected to further implementation of the strategic vision for health digitalization through leveraging uptake and demand for digital interventions. The JP aims to equip national staff with knowledge and skills identified through preliminary needs assessments and partner interviews. Capacity-building efforts will include training for public sector staff not only on health data analysis but also on how to recognize and address gender biases within health data and health service delivery. Training will focus on how social determinants such as gender, age, and socio-economic status can influence health outcomes. Staff will be equipped with tools to ensure that gender-disaggregated data is collected and used to inform policy and decision-making processes, ultimately leading to more gender-responsive health interventions. This output aligns with the “Digital Transformation” and “Jobs and Social Protection” SDG transitions by training local staff in essential digital skills. It will contribute to Outcome 1.2 by empowering health workers with knowledge and skills, helping them remain competitive in the job market. Additionally, this output aligns with the fourth engine room's focus on capacity building of public institutions at scale.

*(1) Include explanation about how people, and especially marginalized and vulnerable groups, will benefit directly from the JP. Please select the groups from the table below that have a dedicated output in the joint programme. Be mindful that the joint programme will be requested to monitor and report on its direct contribution to the selected marginalized and vulnerable groups. Explain also briefly how the project will seek meaningful participation of rightsholders, including marginalized and vulnerable groups, in the implementation of the project.*

The JP prioritizes direct benefits for marginalized and vulnerable groups, ensuring their inclusion in the output “Strategic Vision for Digital Health Development ” where the impact on vulnerable groups will be carefully considered to ensure no marginalized population is left behind. The JP will effectively address the health protection gap as there are gaps in the population covered by the mandatory health insurance. According to the government of Kazakhstan, over 3 million who are currently uninsured and therefore on the verge of socio-economic collapse in the event of an

emergency<sup>9</sup>. Uninsured people are at financial risk of falling below the poverty line in the event of ill health, as they have to pay out of pocket for medical services.

In addition to the identified vulnerable groups, the JP will also consider populations affected by environmental risks, including those impacted by climate change-induced displacement ("climate refugees") and communities facing conflicts over access to natural resources. The digital health strategy will integrate mechanisms to ensure that these groups have equitable access to health services, particularly in cases where environmental factors exacerbate health risks. The investment case will also assess the financial and operational feasibility of extending digital health services to these populations, ensuring that health sector digitalization contributes to broader resilience-building efforts in Kazakhstan.

Examples of these considerations include:

- **Women and Girls:** The investment case and the strategic vision for the digital health development will address gender disparities and consider differentiated access to health services based on gender.
- **Persons with Disabilities:** Inclusive approaches in the development of the national strategy will ensure accessibility and inclusivity in digital healthcare services.
- **Older Persons:** The needs of older persons will be integrated into the investment case and national strategy, promoting age-friendly digital healthcare solutions.
- **People with HIV/AIDS:** Robust data handling protocols will be implemented to ensure that information related to HIV/AIDS status is securely stored, transmitted, and accessed only by authorized personnel.
- **Vulnerable children and adolescents:** The specific needs of children and adolescents, especially those most vulnerable, will be integrated into the investment case and national digital health strategy, ensuring inclusive and adapted digital healthcare solutions.

While gender equality remains a key focus, the JP also prioritizes the inclusion of other vulnerable groups such as persons with disabilities, older persons, refugees, and ethnic minorities. The programme will ensure that digital health interventions are accessible to people with disabilities by integrating international accessibility standards into digital health platforms. Similarly, training programmes will incorporate modules on culturally sensitive healthcare delivery to ensure inclusivity for ethnic minorities and displaced populations. The programme will also strengthen youth engagement by leveraging digital platforms to provide health awareness campaigns tailored to younger demographics, particularly those in underserved communities.

List of marginalized and vulnerable groups <sup>10</sup>	Dedicated Output
Women and girls	Output 1.4, Output 1.1

<sup>9</sup>More than 3 million Kazakhstanis are not covered by the compulsory health insurance system, Oct 9, 2023: <https://24.kz/ru/news/social/item/621397-boleev-3-mln-kazakhstanstsev-ne-okhvacheno-sistemoi-osms>

<sup>10</sup>The other marginalized and vulnerable groups include, amongst other, minorities (incl. Ethnic, religious, linguistic...), people of African Descent, persons deprived of their liberty, peasants and rural workers, human rights defenders (incl. NGOs, journalists, union leaders, whistleblowers...), migrants, stateless persons, LGBTIQ+ persons (sexual orientation and gender identity), persons living with (HIV/AIDS, leprosy...), persons with albinism, victims or relatives of victims of enforced disappearances, victims of (slavery, torture, trafficking, sexual exploitation and abuse...). List as per the standard 20 LNOB groups according to the Implementation Guide for the Output Indicator Framework for measuring the United Nations contribution towards the Sustainable Development Goals: [https://1102656428-files.gitbook.io/~files/v0/b/gitbook-x-prod.appspot.com/o/spaces%2F-MbDdHe\\_y0zwBb9YTe4W%2Fuploads%2F4114YgYQuQo7qKb5ycyL%2FG%20-%20221031-%20Implementation%20Guide.pdf?alt=media&token=e54c735a-c0a6-4984-8025-2f8b777d1d89](https://1102656428-files.gitbook.io/~files/v0/b/gitbook-x-prod.appspot.com/o/spaces%2F-MbDdHe_y0zwBb9YTe4W%2Fuploads%2F4114YgYQuQo7qKb5ycyL%2FG%20-%20221031-%20Implementation%20Guide.pdf?alt=media&token=e54c735a-c0a6-4984-8025-2f8b777d1d89).

Children	Output 1.1
Youth	Output 1.1
Persons with disabilities	Output 1.1
Older persons	Output 1.1
Indigenous peoples	Output 1.4, Output 1.1
Refugees & asylum seekers	Output 1.1
Internally displaced persons	Output 1.1
Other groups: People with AIDS/HIV	Output 1.1

*(2) Identify up to 5 UN Human Rights Mechanisms<sup>11</sup> that the implementation of the programme will contribute to (eg. From the UPR, treaty bodies, or special procedures; you may want to use the Universal Human Rights Index to identify these). Explain in at least one sentence per recommendation how the programme will contribute to that recommendation.*

The programme recognizes the influence of various interest groups in Kazakhstan’s healthcare sector and ensures an inclusive and transparent stakeholder engagement process. To mitigate potential biases or external pressures, the JP will include representatives from patient advocacy groups, healthcare professionals, academia, and civil society. This structure will ensure that policy recommendations and investment decisions are driven by broad-based consensus rather than particular lobbying interests. Additionally, the investment case will include an analysis of how different financial stakeholders—both public and private—impact the adoption and sustainability of digital health solutions. This approach will enhance transparency and accountability in health financing decisions.

Meaningful participation of rights holders, including marginalized and vulnerable groups, is ensured through consultation mechanisms and stakeholder engagement throughout the programme implementation process.

- **Universal Periodic Review (UPR):** The JP contributes to UPR recommendations related to health accessibility and digital inclusion by enhancing access to quality digital health services for all citizens.
- **Committee on the Elimination of Discrimination against Women (CEDAW):** The JP aligns with CEDAW recommendations by addressing gender disparities in access to healthcare, ensuring that women and girls have equitable access to digital health services.
- **Treaty Bodies:** Implementation of the JP aligns with treaty body recommendations on inclusive health and digital rights, particularly through efforts to address gender disparities and disability inclusion.
- **Special Procedures:** The JP addresses recommendations from special procedures by promoting inclusive and age-friendly digital healthcare solutions, ensuring that the rights and needs of all individuals are met.
- **Committee on the Rights of the Child (CRC):** The JP contributes to CRC recommendations by incorporating the health needs of children into the digital health strategy, ensuring that children’s health rights are protected and prioritized.

<sup>11</sup> Please consult the full list of human rights mechanisms here: [https://docs.google.com/document/d/1Yu6wJSofghZV\\_J5HpC-jlsmUBWtA4Baw/edit?usp=drive\\_link&ouid=102351661986173461034&rtpof=true&sd=true](https://docs.google.com/document/d/1Yu6wJSofghZV_J5HpC-jlsmUBWtA4Baw/edit?usp=drive_link&ouid=102351661986173461034&rtpof=true&sd=true) Please, consult this database, as well: <https://uhri.ohchr.org/en/>

By targeting these specific human rights mechanisms, the JP aims to make substantial contributions towards fulfilling international human rights obligations, ensuring that the benefits of digital health advancements are equitably shared among all populations.

### **Sustainability and Exit Strategy** *(maximum 500 words)*

*A brief description about how expected JP results from the preparatory seed-funding phase will be built-on and sustained beyond the timeline of the JP with a focus on: (1) Community sustainability, (2) Financial sustainability, and (3) institutional sustainability. If possible, describe expected roles and responsibilities of government, PUNOs, donors and other relevant stakeholders at the country and local levels. The section should provide an outline of the plans to sustain positive impact and catalyse lasting change beyond this initial implementation period.*

The expected JP results will serve as catalysts for launching a whole-of-government inclusive action on health digitalization. The seed funding will enable PUNOs to develop a concrete vision and an offer tailored to the national context, aligned with best international practices and UN human rights mechanisms. The participatory nature of the JP will ensure project sustainability and continued partnership with relevant public and private sector institutions. Specifically:

- 1) **Community Sustainability:** The JP will engage national staff members from local communities in Kazakhstan. By equipping them with data analysis and secondary use knowledge, these community members will enhance the quality of decision-making in health sector, leading ultimately to better resource allocation and use and improvement of health outcomes. Sustainability will be further ensured by involving national staff in other existing or future projects run by PUNOs.
- 2) **Financial Sustainability:** Three outputs of the JP will contribute to the financial sustainability. Output 3 “Leveraged investments in digital health” will demonstrate the financial benefits of investing in digital health systems through economic analysis, while Output 1 “Developed long-term comprehensive strategic vision for digital health” will provide a detailed plan of institutional strengthening and financing for all the proposed changes, and Output 2 “Identified mechanisms to streamline inclusiveness and effective coordination of digital health development” will ensure the coordination and monitoring aspects. Relevant government agencies responsible for health digitalization will be able to leverage JP results to identify and fund necessary activities. For example, agencies have dedicated budgets for digital initiatives, allowing successful JP outcomes to be financed by government agencies, thus ensuring financial sustainability.
- 3) **Institutional Sustainability:** PUNOs have strong working relationships with the government agencies and non-government actors involved in the JP. The inclusive and participatory nature of the JP will ensure institutional sustainability, as the expected results are strategic, high-level, and impactful across the broad range of digital health stakeholders and beneficiaries. Key stakeholders and beneficiaries of digital health will be directly engaged in consultations and brainstorming for the digital health strategy. Trainings under Output 4 will ensure the dissemination of knowledge and skills, thereby increasing the demand and engagement in digital transformation. Moreover, all the actions under the JP imply capacity building for involved actors, increasing understanding and commitment to the implementation of the long-term strategic digital health vision.

To ensure sustainability beyond the JP timeframe, the programme will integrate digital health priorities into the broader national e-health governance framework, aligning with Kazakhstan’s Digital Kazakhstan strategy and the National Health Development Programme. In addition to government funding, the JP will engage international development banks, impact investors, and multilateral funding sources to diversify financing beyond public sector allocations. PUNOs will leverage ongoing

partnerships with key development actors, such as the World Bank and the Asian Development Bank, to explore blended financing mechanisms that support digital health investments at scale.

To mitigate risks associated with a government-dependent financing model, the investment case will explicitly assess co-financing options through public-private partnerships (PPPs), donor grants, and innovative financing instruments such as social impact bonds. The Secretariat on Digital Health, as a coordination hub, will establish a financing roadmap that outlines long-term budgetary commitments and investment priorities.

Capacity-building efforts within the JP will institutionalize digital health expertise across multiple government agencies, ensuring sustained national ownership. By training a critical mass of professionals in digital health governance, data analytics, and interoperability standards, the programme will create a skilled workforce capable of sustaining and expanding digital health initiatives without external technical assistance.

#### **Expected roles and responsibilities:**

- **Government:** Relevant government agencies, such as the Ministry of Health of the Republic of Kazakhstan, the Republican Center of e-Health, the National Research Center for Health Development, the Ministry of Digital Development, Innovations and Aerospace Industry of the Republic of Kazakhstan, SK Pharmacy, and the Social Health Insurance Fund, will be actively engaged in the launch and operation of the Secretariat on Digital Health and drafting and finetuning the national digital health strategy. Sub-national health authorities and healthcare organizations will be engaged in the capacity building activities on health data analysis and secondary use.
- **Non-government actors:** Representatives from patient advocacy groups, professional associations, NGOs, IT companies, and startups working in digital health in Kazakhstan will be engaged in consultations and brainstorming sessions for the digital health strategy and investment case. Selected non-government actors will also be invited to participate in the digital health coordination mechanism.
- **PUNOs:** PUNOs will sustain positive impact and catalyse lasting change by providing the national counterparts with practical policy advice and recommendations on digital health based on robust data, economic calculations, and successful governance mechanisms. PUNOs will also engage and attract local development partners, including development banks, bilateral and multilateral development organizations, and local private companies, to invest in digital health systems.
- **UNDP:** As the leading PUNO, UNDP will coordinate the joint efforts of PUNOs. As a convener, UNDP will be responsible for creating a favorable environment and ensuring that the planned activities within the JP are achieved and sustained. UNDP will contribute in-house resources, including national staff working on governance, health digitalization, innovation, and gender, to support the implementation of the seed funding.
- **WHO** will ensure alignment with global and regional guidelines and recommendations on digital health and health information systems and provide key technical input in the activities related to strategy developing and capacity building. WHO will build on the previous active collaboration with key digital health stakeholders in the country and results of comprehensive assessments conducted at national and sub-national levels.

The PUNOs' collaboration on this JP is grounded in a strong foundation of successful partnership and shared accountability. Each PUNO brings a distinct yet complementary area of expertise to the JP.

This complementary structure ensures a cohesive and comprehensive approach to achieving the JP's objectives.

To reinforce this collaboration, the JP includes a clear governance structure and an M&E framework, which provide clear decision-making, alignment with national priorities, and streamlined operations. The JP working group will meet regularly to adapt strategies, address challenges in real time, and ensure efficient resource use. Additionally, the PUNOs are jointly accountable for the JP's outcomes through shared success metrics and reporting processes, promoting transparency and trust among partners.

The JP also emphasizes long-term capacity building and sustainability by engaging national and local stakeholders, fostering ownership, and ensuring that developed expertise will benefit Kazakhstan's health sector beyond the JP's timeframe. Through these adaptive and inclusive mechanisms, the PUNOs are positioned to effectively deliver impactful, sustainable results for the JP.

In the post-project period, the sustainability will be ensured by embedding digital health priorities into Kazakhstan's overall national digital ecosystem. The Ministry of Health and the Ministry of Digital Development, Innovations and Aerospace Industry of the Republic of Kazakhstan have already committed financial and institutional support for digital health transformation, with a dedicated budget of \$6,960,000 allocated for digital health initiatives. The National Digital Health Strategy developed through this JP will provide a long-term roadmap for investment and policy decisions, ensuring continued impact. The Secretariat on Digital Health will serve as a coordination hub, eventually transitioning into a government-led structure to guide future digital health developments and its alignment with the Digital Public Goods and Digital Public Infrastructure.

The investment case analysis conducted through the JP will provide evidence for cost-effective digital health interventions, supporting government decision-making on future funding priorities. Additionally, the JP's capacity-building efforts will establish a skilled workforce capable of maintaining and expanding digital health initiatives beyond the project's timeframe. The JP Steering Committee, composed of government representatives, UN agencies, and key stakeholders, will continue to monitor progress and provide strategic oversight after the project's completion, ensuring alignment with national policies and sustained impact.

### **Steering and management arrangements** *(maximum 500 words)*

*This section describes steering and management arrangements for the JP. It does not substitute for organization-specific arrangements required by the respective internal policies of PUNOs. It offers a brief description of key groups, their composition, and major roles and responsibilities. Explain the specific roles and responsibilities of RC/RCO, PUNOs and other partners – to ensure integrated implementation and decision-making as well as effective governance under the RC leadership. Focus on coordination, decision-making, reporting and how transaction costs will be reduced. Explain why this is the best approach including how it avoids introducing parallel structures to those that already exist, and confirm that existing structures and mechanisms of UNCT, government, and related programs/initiatives are leveraged. It includes:*

- *The JP Steering Committee: Refer to ToRs in the [UNSDG Guidance Note on Joint Programmes](#). Specify Co-chairs (one of this has to be the RC), members, frequency of meetings and tasks, only if deviating from ToR.*
- *The JP Team: Refer to ToRs in the [UNSDG Guidance Note on Joint Programmes](#). Specify members, frequency of meetings and tasks, only if deviating from ToR.*

The proposed project is high-profile and urgent to implement to protect vulnerable groups amid existing inequalities in health sector. PUNOs in this JP proposal have experience working together towards a common goal, ensuring effective and integrated implementation with reduced transaction costs. To capitalize on the existing momentum and urgency around digitalization in health – repeatedly voiced by the Ministry of Health and other healthcare sector actors – implementers will actively engage with key government and non-government stakeholders, ensure alignment with national

health policies and priorities, and promote stakeholder ownership through regular consultations and progress-sharing platforms. By leveraging these combined comparative advantages and maintaining a visible presence in Kazakhstan’s ongoing digital health discourse, PUNOs will drive swift adoption, secure buy-in across sector, and ensure the successful achievement of JP outputs.

The JP Steering Committee (JPSC) will be established in line with the UNSDG Guidance Note on Joint Programmes. The JPSC will be co-chaired by the UN RC and a high-level representative from the Government of Kazakhstan, ensuring top-level oversight and alignment with national priorities. The committee will include representatives from all PUNOs involved in the JP, relevant government ministries, key stakeholders, and donor representatives. The JP working group will provide:

- Strategic guidance and oversight for the JP;
- Ensure alignment with national priorities and UNCT strategies;
- Facilitate coordination among various stakeholders and promote high-level advocacy for the JP.

The JP working group will be responsible for the day-to-day management and implementation of the JP activities. The working group will include technical and operational staff from the PUNOs, government counterparts, and other relevant stakeholders. The team will be led by a JP Coordinator from the lead PUNO (UNDP) to ensure cohesive and streamlined operations. The JP Coordinator will ensure regular updates and engagement with all PUNOs, maintaining alignment and preventing duplication of efforts. A working group will meet regularly to discuss implementation matters. The working group will ensure synergy with ongoing efforts and maximizes resource efficiency.

This describes management arrangements ensure effective governance, integrated implementation, and reduced transaction costs. It builds on the strong collaboration among PUNOs and leverages existing structures to achieve the JP’s goals efficiently. The use of established mechanisms and a participatory management structure ensures the project’s sustainability and alignment with national and international priorities.

### **Monitoring, accountability, financial management, and public disclosure**

Reporting on the Joint SDG Fund will be focused on concrete results and grounded in evidence. The RCO focal point and lead PUNO is responsible for coordinating and drafting a concise annual report (using the Fund Secretariat template/guidance), which is submitted to the Joint SDG Fund Secretariat through the RC by January 31st of the following year. Additionally, a final narrative report must be prepared and submitted to the Joint SDG Fund Secretariat through the RC no later than two (2) months after the operational closure of the Joint Programme activities.

The JP Steering Committee, co-chaired by the RC, is mandated to oversee and monitor the implementation of the joint programme, with the involvement of Joint SDG Fund Secretariat to which it must submit data and information upon requested. Additionally, the Joint SDG Fund Secretariat may request additional insights, such as policy papers, value-for-money analysis, case studies, infographics, or blogs/articles, as needed.

PUNOs will be required to include information on complementary funding received from other sources (both UN cost sharing, and external sources of funding/financing) for the activities supported by the Fund, including in kind contributions and/or South-South Cooperation initiatives, in the report.

PUNOs at Headquarters level shall provide the Administrative Agent with the following statements and reports prepared in accordance with its accounting and reporting procedures, consolidate the financial reports, as follows:

- Annual financial reports as of 31st December each year with respect to the funds disbursed to it from the Joint SDG Fund Account, to be provided no later than four months after the end of the applicable reporting period; and
- A final financial report, after the completion of the activities financed by the Joint SDG Fund and including the final year of the activities, to be provided no later than 30 April of the year following the operational closing of the project activities.

The JP will be using a pass-through fund management modality where UNDP Multi-Partner Trust Fund Office will act as the Administrative Agent. The programmatic UN entity of the Facility shall assume full programmatic and financial accountability for the funds disbursed to it by the Administrative Agent of the Joint SDG Fund (Multi-Partner Trust Fund Office). Such funds will be administered by each UN Agency, Fund, and Project in accordance with its own regulations, rules, directives and procedures. The entity shall establish a separate ledger account for the receipt and administration of the funds disbursed to it by the Administrative Agent.

A minimum of 5% of the JP budget is allocated for monitoring, reporting, evaluation, audit and communications. Indirect costs of the Participating Organizations recovered through project support costs will be 7%, with exception of WFP and UNHCR which should be 6,5%. All other costs incurred by each PUNO in carrying out the activities for which it is responsible under the Fund will be recovered as direct costs. Procedures on financial transfers, extensions, financial and operational closure, and related administrative issues are stipulated in the Operational Guidance of the Joint SDG Fund. PUNOs and partners must comply with Joint SDG Fund brand guidelines, which includes information on donor visibility requirements.

## Annex 1: Integrated results framework and workplan

### Remarks:

The [Excel file provided](#) includes nearly all the annexes listed below, except for the markers. These markers must be filled out in this document only. When submitting this document, please ensure to **upload the Excel file to the [online application platform](#)**, reflecting the information shared in the document.

- **The link with CF should be reflected through at least one CF outcome indicated in the Joint Programme profile, but not a part of the JP Results Framework, as well as through CF outputs.**
- **There should be a maximum of 4 outputs in total, with at least one from the CF.**
- **Add one additional output that integrates joint programme management, monitoring and reporting, and communications.**
- **All results and related budgets under a JP are tagged as 'joint' in UN Info and UNO ERP systems for reporting on the QCPR and Funding Compact.**
- **A minimum of 5% percent of the JP budget is allocated for monitoring, reporting, evaluation, audit and communications.**
- For [gender equality, human rights, and peace markers \(the latter optional\)](#) as well as [QCPR function](#) the coding is done per output. Further annex provides total scoring and justification.

**JP Outputs**

<b>Output 1.1.: National Digital Health Strategy is developed</b>			
Output indicator 1: A gender-sensitive feasibility study is conducted that covers existing digital health capacities, infrastructure, gender-specific gaps, and recommendations.	Baseline: 0	Target: 1	Means of verification: A feasibility study document, including a section on inclusivity in digital health.
Output indicator 2: At least 3 institutions working on digital health are consulted for the development of the strategy.	Baseline: 0	Target: 3	Means of verification: Meeting minutes with clear results including feedback from the gender expert.
Output indicator 3: Draft version of the National Digital Health Strategy, including gender-sensitive considerations, is produced and circulated for feedback.	Baseline: 0	Target: 1	Means of verification: Draft strategy document, with feedback collected from diverse groups, including private sector organizations, NGOs, patients' association, and feedback from the gender expert. .
<b>Output 1.2: The Secretariat on Digital Health is launched</b>			
Output indicator 1: The Secretariat on Digital Health is officially established with a defined structure and mandate.	Baseline: 0	Target: 1	Means of verification: Submission of official establishment document or governing structure with gender-inclusivity clearly outlined in the mandate.
Output indicator 2: Number of stakeholder organizations engaged to participate in the Secretariat on Digital Health including relevant nominations from the gender expert.	Baseline: 0	Target:7	Means of verification: Meeting minutes, including feedback from gender expert, with clear results.

<b>Output 1.3: Investment case on healthcare digitalization is conducted</b>			
Output indicator 1: Number of stakeholder consultations conducted during the development of the investment case disaggregated by sex and with representation of at least 30% of women.	Baseline: 0	Target: 3	Means of verification: Meeting minutes and attendance lists from stakeholder consultations attendance lists disaggregated by sex.
Output indicator 2: Development of gender-sensitive policy recommendations based on the investment case findings, ensuring the inclusion of gender and equity perspectives.	Baseline: 0	Target: 3	Means of verification: number of gender-sensitive policy recommendations in the investment case document.
<b>Output 1.4: Public sector staff are trained on health data analysis and secondary use</b>			
Output indicator 1: Number of public sector staff trained in health data analysis and secondary use , disaggregated by sex.	Baseline: 0	Target: 100	Means of verification: Training attendance records and participant lists, disaggregated by sex.
Output indicator 1: Number of knowledge exchange workshops conducted to share best practices and experiences among trained staff, incorporating participatory methodologies to capture the perspectives of diverse groups.	Baseline: 0	Target: 3	Means of verification: Workshop agendas, participant lists (disaggregated by sex), and workshop summaries.

**Annex 1.2 JP contribution to Joint SDG Fund global indicators (select only relevant indicators for the JP)**

<b>Engine room 1. Shifting policy/regulatory frameworks</b>			
<b>Number of new or enhanced the integrated policy solutions and regulatory changes formulated to accelerate SDGs with Joint SDG</b>	Baseline: 0	Target: 1	MOV: Developed National Digital Health Strategy document

<b>Fund support.</b>			
Number of targeted countries where the integrated policy solutions and regulatory changes are implemented to promote equal access to and use of services, goods and resources by women and girls with Joint SDG Fund support.	Baseline: 0	Target: 1	MOV: National Digital Health Strategy document is discussed and adopted by the government of Kazakhstan. The adoption is verified by the meeting minutes.
Number of individuals benefiting from the integrated policy solutions and regulatory changes implemented with Joint SDG Fund support, disaggregated by population segments (e.g. sex, age, persons with disabilities, etc.) with a focus on Leaving No One Behind.	Baseline: 0	Target: 100	MOV: Implementation reports.
<b>Engine room 2. Capacity building at scale</b>			
<b>Number of governmental (both at central and sub-central levels) and non-governmental organizations with enhanced capacity to design, implement and finance integrated policies, regulations and innovative solutions for SDG acceleration, with Joint SDG Fund support.</b>	Baseline:	Target:	MOV:
Number of tools, procedures and mechanisms (e.g. SOPs, training module, incentive structures) developed or implemented, focused on building capacities for SDG acceleration with Joint SDG Fund support (disaggregated by central and local actors).	Baseline:	Target:	MOV:
Number of experts identified and deployed to support RCs/UNCTs on SDG acceleration with Joint SDG Fund support.	Baseline:	Target:	MOV:
<b>Engine room 3. Developing market-ready pipeline of actions.</b>			
<b>Number of integrated multi-sectoral financing solutions or instruments created and launched with Joint SDG Fund support, disaggregated by theme/type.</b>	Baseline:	Target:	MOV:
Number of actions, projects, businesses or organizations identified for	Baseline:	Target:	MOV:

inclusion in market-ready pipeline with Joint SDG Fund support.			
Ratio of actions, projects, businesses or organizations securing funding and receiving investments, in relations to those identified with Joint SDG Fund support.	Baseline:	Target:	MOV:
<b>Engine room 4. Devising a financing mix (deal room)</b>			
<b>Amount in US\$ of financing leveraged for integrated multi-sectoral solutions, with support from the Joint SDG Fund (disaggregation by type of investors – e.g. Gov, private, PPP, DFIs/IFIs).</b>	Baseline: 0	Target: Government \$6,960,000	MOV: meeting minutes, joint agreement documents, letters of commitment
<b>Ratio of financing leveraged for integrated multi-sectoral solutions against the committed funds provided by the Joint SDG Fund.</b>	Baseline: 0	Target: 27.84/1	MOV: Progress reports, breakdown of leveraged funds
Number of investors providing direct financing to integrated multi-sectoral solutions developed, with support from the Joint SDG Fund (disaggregation by type of investors – e.g. Gov, private, PPP, DFIs/IFIs).	Baseline: 0	Target: 1 (Government )	MOV: Meeting minutes, endorsement letters.

### Annex 1.3 Joint Programme Workplan

Output	Geographic focus	Start	End	PUNO	SDG Target	Human Rights Marker	Gender Marker	QCPR function	Available Budget (US\$)
Output 1.1: National Digital Health Strategy is developed	Kazakhstan	1.10.2024	1.08.2025	UNDP, WHO	3.8	B	2	2	\$60,000
Output 1.2: The Secretariat on Digital Health is launched	Kazakhstan	1.10.2024	1.04.2025	UNDP, WHO	16.6, 17.18	B	2	2	\$50,000
Output 1.3: Investment case on healthcare digitalization is conducted	Kazakhstan	1.10.2024	31.12.2024	UNDP, WHO	3.C	B	2	4	\$80,000
Output 1.4: Public sector staff are trained on health data analysis and secondary use	Kazakhstan	1.01.2025	30.09.2025	UNDP, WHO	4.4	A	2	4, 3	\$60,000
								<b>Total:</b>	<b>\$250,000</b>

## Annex 2: Risk Matrix

Assess the main risks related to implementation of the JP in the simplified risk matrix below. Risk level should be determined by multiplying the likelihood by the impact. Risk level should be described as Very High, High, Medium, or Low based on the image below. See further instruction below (delete the instructions before finalizing the ProDoc)

Risks	Categories	Risk Level: (Likelihood x Impact, as per instructions)	Likelihood:	Impact:	Mitigation measures	Risk owner
			Certain - 5 Likely - 4 Possible – 3 Unlikely - 2 Rare – 1	Essential – 5 Major - 4 Moderate - 3 Minor – 2 Insignificant - 1		
Turnover of national partners' key decision-making personnel	Political	Low	2	3	Strong high-level support of the national partner will be guaranteed from the start of the project to ensure that changes in staff turnover will not affect the project implementation.	RCO
Delays in implementation due to operational constraints (e.g. late signing of contracts, delays with procurement cases and payments, recruitment etc.)	Organizational	Low	2	2	PUNOs acknowledge tight deadlines and thus have received support from the senior management to make sure operational activities in this project are prioritized. The working group will ensure timely preparation, planning for procurement and recruitment of personnel mobilizing the necessary resources in advance.	UNDP and WHO
The JP outputs are not adopted or used by a national partner.	Operational	Low	2	3	UNDP and WHO are closely working with the national partners to ensure that the project meets their needs and priorities. Recommendations on the legislative changes will be developed to outline how the partner can adopt the JP outputs across the government to serve people.	UNDP and WHO

Insufficient funding for the digital health strategy implementation	Organizational	Low	1	3	Kazakhstan has established sustainable and diversified mechanisms for financing of the ongoing digitalization of healthcare sector. During the strategy drafting, additional mechanisms will be explored to ensure that all the envisaged investment and maintenance costs are covered.	UNDP and WHO
Lack of demand and engagement in the digital health strategy implementation from key stakeholders	Organizational	Low	2	3	The strategy development process will ensure participatory and inclusive approach engaging all key stakeholders representing public, private and non-governmental sector to ensure equity in access to digital health benefits. Special attention will be given to addressing the needs of end-users and vulnerable groups. Moreover, Output 4 of the JP will also facilitate the increase in demand for digital means through the capacity building of healthcare professionals.	UNDP and WHO



Likelihood	Occurrence	Frequency
Very Likely	The event is <b>expected</b> to occur in most circumstances	Twice a month or more frequently
Likely	The event <b>will probably</b> occur in most circumstances	Once every two months or more frequently
Possibly	The event <b>might</b> occur at some time	Once a year or more frequently
Unlikely	The event <b>could</b> occur at some time	Once every three years or more frequently
Rare	The event <b>may</b> occur in exceptional circumstances	Once every seven years or more frequently

Consequence	Result
Extreme	An event leading to <b>massive or irreparable</b> damage or disruption
Major	An event leading to <b>critical</b> damage or disruption
Moderate	An event leading to <b>serious</b> damage or disruption
Minor	An event leading to <b>some degree</b> of damage or disruption
Insignificant	An event leading to <b>limited</b> damage or disruption

Likelihood	Consequences				
	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Very likely (5)	Medium (5)	High (10)	High (15)	Very High (20)	Very High (25)
Likely (4)	Medium (4)	Medium (8)	High (12)	High (16)	Very High (20)
Possible (3)	Low (3)	Medium (6)	High (9)	High (12)	High (15)
Unlikely (2)	Low (2)	Low (4)	Medium (6)	Medium (8)	High (10)
Rare (1)	Low (1)	Low (3)	Medium (3)	Medium (4)	High (5)

Level of risk	Result
Very High	Immediate action required by executive management. Mitigation activities/treatment options are mandatory to reduce likelihood and/or consequence. Risk cannot be accepted unless this occurs.
High	Immediate action required by senior/ executive management. Mitigation activities/treatment options are mandatory to reduce likelihood and/or consequence. Monitoring strategy to be implemented by Risk Owner.
Medium	Senior Management attention required. Mitigation activities/ treatment options are undertaken to reduce likelihood and/or consequence. Monitoring strategy to be implemented by Risk Owner.
Low	Management attention required. Specified ownership of risk. Mitigation activities/treatment options are recommended to reduce likelihood and/or consequence. Implementation of monitoring strategy by risk owner is recommended.

**Risk Categories (for reference)**

1.Social and Environmental	2. Financial	3.Operational	4.Organizational	5. Political	2.Regulatory	7. Strategic	8. Safety and Security
<b>1.1. Human rights</b>	2.1. Cost recovery	3.1. Alignment with national priorities	4.1. Governance	5.1. Government commitment	6.1. Changes in the regulatory framework within the country of operation	7.1. Theory of change	8.1. Armed Conflict
<b>1.2. Gender</b>	2.2. Value for money	3.2. Responsiveness to lessons learned and evaluations	4.2. Monitoring	5.2. Political will	6.2. Changes in the international regulatory framework affecting the whole organization	7.2. Alignment with UN Strategic priorities	8.2. Terrorism
<b>1.3. Biodiversity and use of natural resources</b>	2.3. Corruption and fraud	3.3. Leadership & management	4.3. Independence and quality of evaluation	5.3. Political instability	6.3. Deviation from UN internal rules and regulations	7.3. Capacities of the partners	8.3. Crime
<b>1.4. Climate change and disaster</b>	2.4. Fluctuation in credit rate, market, currency	3.4. Flexibility and opportunity management	4.4. Knowledge management	5.4. Change/turnover in government	7.4. Roles and responsibilities among partners	7.5. Code of conduct and ethics	8.4. Civil Unrest
<b>1.5. Community health and safety</b>	2.5. Delivery	3.5. Synergy potential (linking with other initiatives as relevant)	4.5. Grievances		7.6. Public opinion and media	7.7. Synergy with UN / Delivery as One	8.5. Natural Hazards
<b>1.6. Labour conditions/standards</b>		3.6. Reporting and communication	4.6. Due diligence of private sector partners				8.6. Manmade Hazards
<b>1.7. Cultural heritage</b>		3.7. Partnership	4.7. Human Resources				
<b>1.8. Rights of Indigenous Peoples</b>		3.8. Capacity development of national partners	4.8. Budget availability and cash flow				
<b>1.9. Displacement and resettlement</b>			4.9. Internal control				
<b>1.10. Pollution and resource efficiency</b>			4.10. Procurement				
<b>1.11. Stakeholder engagement</b>							

<p><b>1.12. Sexual exploitation and abuse</b></p>		<p>3.9. Engagement of national partners in decision-making</p> <p>3.10. Transition and exit strategy</p>	<p>4.11. Innovating, piloting, experimenting,</p>				
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### Annex 3: Localization, Gender Equality and Human Rights markers

#### SDG Localisation Marker

Please see refer to the detailed guidance on applying the marker here: <https://www.jointsdgfund.org/publication/sdg-localization-marker>

Dimensions	Criteria or eligibility	Responses	Explanation	Means of verification
<b>Programme Design</b>	<ul style="list-style-type: none"> <li>Does the programme or initiative explicitly include results and/or expected outcomes directly related to advancing SDG localization?</li> </ul>	Yes	The JP directly targets local populations in Kazakhstan national government (the Ministry tailoring global expertise to local contexts.	Endorsement of the JP by the Health of the Republic of Kazakhstan).
	<ul style="list-style-type: none"> <li>Is at least 70% or more of the programmatic budget allocated specifically to activities that enhance advocacy, actions or monitoring related to SDG localization?</li> </ul>	Yes	93% of costs are direct costs allocated to programmatic efforts on SDG localization.	Submitted JP budget and the final report.
	<ul style="list-style-type: none"> <li>Were local and regional governments actively engaged and consulted during the programme design phase?</li> </ul>	Yes	The Ministry of Health of the Republic of Kazakhstan was engaged and consulted during the JP design. As a result, the JP was endorsed by the Vice Minister of Health responsible for the digitalization.	The meeting minutes.
	<ul style="list-style-type: none"> <li>Were local service providers and/or other local actors and stakeholders actively engaged and consulted during the programme design phase?</li> </ul>	Yes	During the project design phase, key stakeholders in digital health were actively engaged and consulted to ensure comprehensive input and alignment with local	JP project management documentation.

			<p>needs. These stakeholders included the Ministry of Health, the Republican Center for e-Health, the Social Health Insurance Fund, SK Pharmacy LLP (the sole distributor of the Ministry of Health for procuring medical supplies), and the National Scientific Center for Health Development. The main activities of the program were developed based on these consultations, particularly addressing the primary concern of the absence of a unified vision and standardization in digital health. Insights and feedback from these stakeholders were critical in shaping a program that is both relevant and responsive to the current gaps and challenges in the digital health landscape. The local actors will be engaged during the JP implementation stage.</p>	
<b>Advocacy</b>	<ul style="list-style-type: none"> <li>Has the programme or initiative planned to develop new knowledge material, research, publication or relevant</li> </ul>	Yes	Yes, one of the core JP's results will be the newly	The National Digital Health Strategy document.

	resources related to SDG localization, specifically building on local experience?		developed National Digital Health Strategy.	
	<ul style="list-style-type: none"> <li>Has the programme or initiative planned to develop specific events, campaigns, communications or capacity-building activities on SDG localization, especially targeted at local or regional governments, local service providers, or other local actors and stakeholders?</li> </ul>	Yes	The JP outputs will have capacity-building activities aimed at national public service staff.	Agenda of capacity-building activity.
<b>Actions</b>	<ul style="list-style-type: none"> <li>Does the joint programme or initiative incorporate mechanisms, spaces or activities designed to bolster coherent policies, regulations, plans, programmes, and service-delivery approaches or models by local and regional governments and/or local service providers, facilitating their meaningful contributions to the SDGs and addressing the principles of leaving no one behind?</li> </ul>	Yes	The JP activities directly incorporate policies on digital health involving local, regional, and national authorities aimed at the SDGs outlined in this JP, namely, SDG3.	JP project management documentation.
	<ul style="list-style-type: none"> <li>Does the joint programme or initiative have an inclusive and participatory multi-stakeholder approach, involving civil society, academia, citizens, the private sector and/or others to jointly implement transformative initiatives toward localizing the SDGs? This could include, for example, mobilizing and sharing knowledge, expertise, technologies and financial resources to support the</li> </ul>	Yes	The implementation of the JP will involve the participation of various actors during the knowledge sharing stage.	Agenda of capacity building activities, list of participants.

	achievement of the SDGs at the local level.			
	<ul style="list-style-type: none"> <li>Does the joint programme or initiative include a multi-level governance approach to address the SDG challenges through collaboration between different levels of government, as well as with international organizations, and local communities? This approach recognizes that effective action requires coordinated efforts at various scales, from local and regional to national and global.</li> </ul>	Yes	The JP will be led by the UNJP project management team (UNDP, WHO, UNICEF) documentation with the engagement of the Ministry of Health and different levels of the government (regional and local departments).	
	<ul style="list-style-type: none"> <li>Does the joint programme or initiative feature mechanisms or activities aimed at improving the transparent and accountable financing of SDG localization? This may include the development of decentralized financing policies, the creation of market-ready pipeline of local actions, expansion of local fiscal space, resource mobilization by local or regional governments, participatory budgeting approaches, etc.</li> </ul>	Yes	Yes, the developed Investment Analysis Case Study will contribute to improving transparency in the financing of digital health initiatives and will assist in making decisions on where to invest or not invest using cost-effectiveness principles	Developed investment case study
<b>Accountability &amp; Sustainability</b>	<ul style="list-style-type: none"> <li>Does the joint programme or initiatives include dedicated results, supported by a robust accountability framework, to systematically collect and report on contributions to SDG localization, both at the outcome and output levels?</li> </ul>	Yes	The JP includes a robust JP Theory of Change, project results framework with clear outputs and outcomes.	JP Theory of Change, project management documentation.

	<ul style="list-style-type: none"> <li>Does the joint programme or initiative include a dedicated plan to ensure the sustainability, leveraging of financial resources and replication/expansion of the SDG actions in additional localities, developed in collaboration with local and regional governments, local service providers and other local actors and stakeholders?</li> </ul>	Yes	The JP PUNOs ensured the endorsement of the national counterpart.	Meeting minutes.
<b>Criteria for Scoring</b> <ul style="list-style-type: none"> <li><b>Marker 3: Between 9 and 12 criteria marked as Yes.</b></li> <li><b>Marker 2: Between 4 and 8 criteria marked as Yes.</b></li> <li><b>Marker 1: Between 1 and 3 criteria marked as Yes.</b></li> <li><b>Marker 0: None of the criteria marked as Yes.</b></li> </ul>		<b>Total # of Yes: 12</b>		

### Gender Equality Marker

Please copy the output as per in the workplan and add the Gender Equality marker score and justify the scoring. Please refer to the UNSDG guidance here: <https://help.uninfo.org/un-info/results-framework/results-framework-structure/suboutput-level/guidance-on-applying-tags-and-markers/guidance-on-applying-the-gender-equality-human-rights-and-sustaining-peace-markers>

Joint Programme Outputs	GEM Score	Justification
<b>Output 1.1: National Digital Health Strategy is developed</b>	2	The National Digital Health Strategy will actively contribute to gender equality and the empowerment of women and girls by ensuring that gender-disaggregated data is used to identify and address health disparities. Women will be actively engaged in the consultation process, ensuring that their needs and perspectives, especially from vulnerable communities, are reflected. The strategy will also address gender stereotypes and biases within the healthcare sector and ensure equitable access to digital health technologies for women. Gender experts will be involved in the

		development of the strategy to ensure gender considerations are integrated throughout, with a focus on improving digital equity and inclusion for women.
<b>Output 1.2: The Secretariat on Digital Health is launched</b>	2	The Secretariat on Digital Health will incorporate gender considerations by developing guidelines that address gender-specific health issues and promote gender equality. Gender-balanced teams will be established, and an analysis of the gender balance in digital health leadership in Kazakhstan will be conducted to understand the causes of gender disparity. If needed, additional measures will be taken to ensure gender parity within the Secretariat, including targeted recruitment, mentorship, and gender awareness initiatives. These actions will ensure diverse perspectives and promote gender equality in the Secretariat's work.
<b>Output 1.3: Investment case on healthcare digitalization is conducted</b>	2	The investment case for healthcare digitalization will emphasize the economic impact of improved health outcomes across the life course, with a focus on addressing the needs of diverse groups. It will analyze how digital healthcare solutions can enhance health outcomes for everyone at various stages of life. The final results of the investment case will serve as an advocacy tool for the government to secure additional funding for digital health initiatives and/or make informed decisions based on the data-driven insights provided.
<b>Output 1.4: Public sector staff are trained on health data analysis and secondary use</b>	2	Gender analysis and sensitivity training, designed with input from gender experts, are included in the curriculum to address gender-specific health issues. The training will also tackle the gender digital divide in the health sector, with targeted digital skills training to ensure women fully benefit and can advance in public sector roles. This approach empowers women by enhancing their digital skills and promoting equal participation in the digital health workforce.

## Human Rights Marker

Please copy the output as per in the workplan and add the Human Rights marker score and justify the scoring. Please refer to the UNSDG guidance here: <https://help.uninfo.org/un-info/results-framework/results-framework-structure/suboutput-level/guidance-on-applying-tags-and-markers/guidance-on-applying-the-gender-equality-human-rights-and-sustaining-peace-markers>

Joint Programme Outputs	HRM Score	Justification
Output 1.1: National Digital Health Strategy is developed	2	The development of the National Digital Health Strategy will integrate human rights considerations, ensuring provisions for non-discrimination and equal access to health services for all population segments. Human rights-based approaches are used to address privacy concerns related to digital health data.
Output 1.2: The Secretariat on Digital Health is launched	2	The establishment of the Secretariat on Digital Health will promote human rights principles within digital health initiatives. Policies and guidelines developed by the Secretariat prioritize the right to health and privacy of health information.
Output 1.3: Investment case on healthcare digitalization is conducted	2	Investments prioritize healthcare services that are accessible, affordable, and of high quality for all population groups. Economic assessments consider the impact on vulnerable populations, ensuring no one is left behind.
Output 1.4: Public sector staff are trained on health data analysis and secondary use	2	Gender-sensitive and disability-inclusive training ensures equal access to digital health information and services. Monitoring and evaluation mechanisms assess the impact of training on enhancing human rights awareness and practices among public sector staff.

### Sustaining Peace Marker *(optional- please only fill out if you added the marker to the workplan above)*

Please copy the output/outcomes as per in the workplan and add the Sustaining Peace marker score justify the scoring. Please refer to the UNSDG guidance here: Please refer to the UNSDG guidance here: <https://help.uninfo.org/un-info/results-framework/results-framework-structure/suboutput-level/guidance-on-applying-tags-and-markers/guidance-on-applying-the-gender-equality-human-rights-and-sustaining-peace-markers>

Joint Programme Outputs	SPM Score	Justification
Output 1.1: National Digital Health Strategy is developed		
Output 1.2: The Secretariat on Digital Health is launched		
Output 1.3: Investment case on healthcare digitalization is conducted		
Output 1.4: Public sector staff are trained on health data analysis and secondary use		

## Annex 4: Budget per UNSDG Categories

Budget per UNSDG Categories								
UNSDG BUDGET CATEGORIES	UNDP		WHO		UNICEF		TOTAL	
	Joint SDG Fund (USD)	PUNO Contribution (USD)	Joint SDG Fund (USD)	PUNO Contribution (USD)	Joint SDG Fund (USD)	PUNO Contribution (USD)	Joint SDG Fund (USD)	PUNO Contribution (USD)
1. Staff and other personnel	20,000	<b>\$335,823</b>	21,000	<b>\$62,992</b>	0	<b>\$43,280</b>	41,000	<b>\$442,095</b>
2. Supplies, Commodities, Materials	0		0		0		0	
3. Equipment, Vehicles, and Furniture (including Depreciation)	0		0		0		0	
4. Contractual services	95,000		50,845		0		145,845	
5. Travel	15,000		16,000		0		31,000	
6. Transfers and Grants to Counterparts	0		0		0		0	
7. General Operating and other Direct Costs	10,200		5,600		0		15,800	
<b>Total Direct Costs</b>	<b>140,200</b>				<b>93,445</b>			
8. Indirect Support Costs (7% of total direct costs – except for WFP and UNHCR which should apply 6.5% of total direct costs)	9,814		6,541		0		16,355	
<b>TOTAL Costs</b>	<b>\$150,014</b>	<b>\$335,823</b>	<b>\$99,986</b>	<b>\$62,992</b>	<b>\$0</b>	<b>\$43,280</b>	<b>\$250,000</b>	<b>\$442,095</b>

A minimum of 5% of the JP budget is allocated for monitoring, reporting, evaluation, audit and communications.