ASM-20535 - Quality Assurance - Closure

Procedure Year: 2026

Procedure Rating: Satisfactory

Procedure Status: Approved

Procedure Name: ASM-20535

Procedure Department: CO - Pacific Ofc - Fiji

Procedure Type: Closure

Record Owner: Emmilia Tuiwawa

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Portofolio/Project Type: Project

Initiating Portfolio/Project: 00123467

RELATED PORTFOLIOS/PROJECTS (2)

NAME	PORTOFOLIO/PROJECT NAME	DEPARTMENT	STATUS	ATLAS PROJECT NUMBER	START DATE	END DATE
00123467	Integrated HIV /TB Programme-UNDP-FJI-00123467	CO - Pacific Ofc - Fiji	Financially Closed	00129927	1/1/2021	12/31/2025
00129298	Covid 19RM Programme-UNDP-FJI-00129298	CO - Pacific Ofc - Fiji	Financially Closed	00129927	1/1/2021	12/31/2025

Approval Information

Approval Date: Wed Jun 24 00:00:00 GMT 2026

Approved By: Syed Sabeeh <syed.sabeeh@undp.org>

APPROVAL HISTORY

STEP NAME	DATE	STATUS	ASSIGNED TO
Submitted for Approval	2026-06-24 22:55:37	Approved	Syed Sabeeh
Approval Request Submitted	2026-06-24 19:04:07	Started	Emmilia Tuiwawa

QA Questionnaire:

Strategic — Status: Complete — Quality Rating: Satisfactory

1. Did the project pro-actively identified changes to the external environment and incorporated them into the project strategy?

- ○ 3: The project team has identified relevant changes in the external environment that may present new opportunities or threats to the project's ability to achieve its objectives and the assumptions have been tested to determine if the project's strategy is still valid. There is evidence that the project board has considered the implications, and documented any changes needed to the project in response. (all must be true)
- ◉ 2: The project team has identified relevant changes in the external environment that may present new opportunities or threats to the project's ability to achieve its objectives. There is some evidence that the project board discussed this, but relevant changes may not have been fully integrated in the project. (both must be true)
- ○ 1: The project team may have considered relevant changes in the external environment since implementation began, but there is no evidence that the project team has considered changes to the project as a result.

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

Yes. The recent global financial reshuffle within Global Funds projects, which led to a reduction in project funding in early 2025, was absorbed by the project. As a result, the project team facilitated a budget revision and rearranged activities according to priority. The recent increase in HIV cases in Fiji also prompted the project to present a special case for the procurement of HIV drugs to address the emerging risk identified by the Ministry of Health (MOH) and the project team (E3)

2. Was the project aligned with the thematic focus of the Strategic Plan?

- ○ 3: The project responds at least one of the development settings as specified in the Strategic Plan (SP) and adopts at least one Signature Solution and the project's RRF includes at all the relevant SP output indicators. (all must be true)
- ◉ 2: The project responds to one of the three areas of development work as specified in the Strategic Plan. The project's RRF includes at least one SP output indicator, if relevant. (both must be true)
- ○ 1: While the project may respond to a partner's identified need, this need falls outside the UNDP Strategic Plan. Also select this option if none of the relevant SP indicators are included in the RRF.

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

Yes, the project was aligned with the thematic focus of the Strategic Plan.
• MCPD Alignment: The project is aligned with the Multi-country programme document (MCPD) for 2023-2027.
• Specific Output: The project contributes to OUTPUT 3.1: Governance institutions are accountable and have improved capacities for service delivery.
• Indicator: This alignment is measured by Indicator 3.1.3: Percentage of people living with HIV who are receiving antiretroviral therapy
Reference is made to E4

Relevant | Status: Complete | Quality Rating: Highly Satisfactory

3. Are the project's targeted groups, and particularly those marginalized, vulnerable and left further behind (LNOB), being systematically engaged, with a priority focus on the discriminated and marginalized, to ensure the project leaves no one behind (LNOB) and remains relevant for them?

- ○ 3: Systematic and structured feedback was collected over the project duration from a representative sample of beneficiaries, with a priority focus on the discriminated and marginalized, as part of the project's monitoring system. Representatives from the targeted groups were active members of the project's governance mechanism (i.e., the project board or equivalent) and there is credible evidence that their feedback informs project decision making. (all must be true)
- ◉ 2: Targeted groups were engaged in implementation and monitoring, with a priority focus on the discriminated and marginalized. Beneficiary feedback, which may be anecdotal, was collected regularly to ensure the project addressed local priorities. This information was used to inform project decision making. (all must be true to select this option)
- ○ 1: Some beneficiary feedback may have been collected, but this information did not inform project decision making. This option should also be selected if no beneficiary feedback was collected
- ○ Not Applicable

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

Civil Society Organizations (CSOs/CBOs): Implementation relies heavily on CSOs and CBOs, particularly those representing the LGBTI community, to provide services, conduct community mobilization, and perform advocacy in defense of sexual and human rights. The grant supports the Pacific Disability Forum (PDF), a regional network, to strengthen the access of people with disabilities to HIV/STI, TB, and other health services. This includes institutional strengthening, advocacy for legal frameworks, accessibility audits of health services, and capacity building (E4 - P15 Prodoc)

4. Did the project generate knowledge, and lessons learned (i.e., what has worked and what has not) and has this knowledge informed management decisions to ensure the continued relevance of the project towards its stated objectives, the quality of its outputs and the management of risk?

- ◉ 3: Knowledge and lessons learned from internal or external sources (gained, for example, from Peer Assists, After Action Reviews or Lessons Learned Workshops) backed by credible evidence from evaluation, corporate policies/strategies, analysis and monitoring were discussed in project board meetings and reflected in the minutes. There is clear evidence that changes were made to the project to ensure its continued relevance. (both must be true)

2: Knowledge and lessons learned backed by relatively limited evidence, drawn mainly from within the project, were considered by the project team. There is some evidence that changes were made to the project as a result to ensure its continued relevance. (both must be true)

1: There is limited or no evidence that knowledge and lessons learned were collected by the project team. There is little or no evidence that this informed project decision making.

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

Fiji's HIV epidemic reached a critical point, with over 1,300 new cases reported by September 2024 and an estimated 6,100 people now living with HIV by end of December 2024. Only 21% (1300/ 6100) are currently on ART.1In response, the government activated a national outbreak plan, supported by national and international partners, and committed to major shifts in testing, treatment, and community outreach. In 2025, UNDP, the Joint UN Programme on HIV/AIDS (UNAIDS), the Global Fund and the Australian Government Department of Foreign Affairs and Trade (DFAT) are supporting the Fiji Ministry of Health and Medical Services (MHMS) to undertake a national Integrated Behavioural and Biological Survey (IBBS) on men having sex with men, transgender people and sex workers to improve understanding of the epidemic and inform targeted action. (E2. Annual Report - P4)

5. Was the project sufficiently at scale, or is there potential to scale up in the future, to meaningfully contribute to development change?

3: There was credible evidence that the project reached sufficient number of beneficiaries (either directly through significant coverage of target groups, or indirectly, through policy change) to meaningfully contribute to development change.

2: While the project was not considered at scale, there are explicit plans in place to scale up the project in the future (e.g. by extending its coverage or using project results to advocate for policy change).

1: The project was not at scale, and there are no plans to scale up the project in the future.

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The grant currently spans 12 countries across Micronesia, Melanesia, and Polynesia, sustaining HIV, TB, and malaria services while strengthening health systems. Its regional pooled model—where countries share resources, reduce costs, and coordinate efforts—has proven highly effective and offers a viable option for future scale-up. This approach facilitates bulk procurement, shared technical assistance, and consistent service delivery, demonstrating strong potential for expansion across other health and development priorities in the region. (E2 - P8 - Annual report)

Principled | Status: Complete | Quality Rating: Satisfactory

6. Were the project's measures (through outputs, activities, indicators) to address gender inequalities and empower women relevant and produced the intended effect? If not, evidence-based adjustments and changes were made.

3: The project team has systematically gathered data and evidence through project monitoring on the relevance of the measures to address gender inequalities and empower women. Analysis of data and evidence were used to inform adjustments and changes, as appropriate. (both must be true)

2: The project team had some data and evidence on the relevance of the measures to address gender inequalities and empower women. There is evidence that at least some adjustments were made, as appropriate. (both must be true)

1: The project team had limited or no evidence on the relevance of measures to address gender inequalities and empowering women. No evidence of adjustments and/or changes made. This option should also be selected if the project has no measures to address gender inequalities and empower women relevant to the project results and activities.

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The programme integrates strong gender-responsive and rights-based approaches across its implementation. Civil society organizations play a central role in delivering targeted services to vulnerable groups, including transgender people and female sex workers, through initiatives such as mobile and integrated clinics that improve access for women and girls. The project also supports policy engagement to address legal and structural barriers to care and includes gender-responsive indicators in its monitoring framework, ensuring equitable and inclusive service delivery. This approach provides a strong foundation for scaling up gender and rights integration in future programming. Example: Medical Services Pacific (MSP) operates mobile health clinics in remote areas of Fiji to reach female sex workers and survivors of gender-based violence, providing reproductive health services and HIV testing (P 19 - Annual report) (E2)

7. Were social and environmental impacts and risks successfully managed and monitored?

○ 3: Social and environmental risks were tracked in the risk log. Appropriate assessments conducted where required (i.e., Environmental and Social Impact Assessment (ESIA) for High risk projects and some level of social and environmental assessment for Moderate risk projects as identified through SESP). Relevant management plan(s) developed for identified risks through consultative process and implemented, resourced, and monitored. Risks effectively managed or mitigated. If there is a substantive change to the project or change in context that affects risk levels, the SESP was updated to reflect these changes. (all must be true)

◉ 2: Social and environmental risks were tracked in the risk log. Appropriate assessments were conducted where required (i.e., Environmental and Social Impact Assessment (ESIA) for high/substantial-risk projects and targeted assessments for moderate risk projects as identified through SESP). Relevant management plan(s) developed, implemented, and monitored for identified risks. Select this option for SESP exempted projects and/or categorized as low risk through the SESP.

○ 1: Social and environmental risks were tracked in the risk log. For projects categorized as High or Moderate Risk, there was no evidence that social and environmental assessments completed and/or management plans or measures development, implemented or monitored. There are substantive changes to the project or changes in the context but SESP was not updated. (any may be true)

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The project actively managed and monitors social and environmental risks by addressing interconnected challenges such as climate vulnerability, disease resurgence, social barriers, and weak health infrastructure. Its strategic responses to social and environmental shocks, alongside investments in long-term system resilience, demonstrate a strong commitment to sustainable and adaptive risk management.

For example: ◦ Integrating Services into Disaster Preparedness: Given Vanuatu's vulnerability to natural disasters, a crucial management decision was integrating malaria prevention and case management into disaster preparedness activities. The UNDP is supporting the Ministry of Health Malaria Programme to ensure the continuity of malaria services during crises, thereby maintaining momentum toward elimination goals at provincial levels.
◦ Resilient Infrastructure: The use of COVID-19 Response Mechanism (C19RM) funds supported investments that enhance environmental safety and system resilience, such as cold chain upgrades and strengthening Infection Prevention and Control (IPC). These assets are now routinely used to store temperature-sensitive supplies, including HIV and TB commodities and vaccines, helping mitigate the impact of climate-related disruptions and shipping delays

8. Were grievance mechanisms available to project-affected people and were grievances (if any) addressed to ensure any perceived harm was effectively mitigated?

○ 3: Project-affected people actively informed of UNDP's Corporate Accountability Mechanism (SRM/SECU) and how to access it. If the project was categorized as High or Moderate Risk through the SESP, a project -level grievance mechanism was in place and project affected people informed. If grievances were received, they were effectively addressed in accordance with SRM Guidance. (all must be true)

◉ 2: Project-affected people have been informed of UNDP's Corporate Accountability Mechanism and how to access it. If the project is categorized as High Risk through the SESP, a project -level grievance mechanism is in place and project affected people informed. If grievances have been received they are responded to but face challenges in arriving at a resolution. Select this option for SESP Exempted projects.

○ 1: Project-affected people was not informed of UNDP's Corporate Accountability Mechanism. If grievances were received, they were not responded to. (any may be true)

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

Oversight of the grant is provided by the Pacific Islands Regional Multi-Country Coordinating Mechanism (PIRMCCM), which ensures alignment with national priorities and inclusive governance. While not a grievance mechanism, this governance body ensures a broad oversight structure including addressing any grievances on grant implementation. (P7 - Annual Report) (E2)

Management & Monitoring | Status: Complete | Quality Rating: Satisfactory

9. Was the project's M&E Plan adequately implemented?

○ 3: The project had a comprehensive and costed M&E plan. Baselines, targets and milestones were fully populated. Progress data against indicators in the project's RRF was reported regularly using credible data sources and collected according to the frequency stated in the Plan, including sex disaggregated data as relevant. Any evaluations conducted, if relevant, fully meet decentralized evaluation standards, including

gender UNEG standards. Lessons learned, included during evaluations and/or After-Action Reviews, were used to take corrective actions when necessary. (all must be true)

2: The project costed M&E Plan, and most baselines and targets were populated. Progress data against indicators in the project's RRF was collected on a regular basis, although there was may be some slippage in following the frequency stated in the Plan and data sources was not always reliable. Any evaluations conducted, if relevant, met most decentralized evaluation standards. Lessons learned were captured but were used to take corrective actions. (all must be true)

1: The project had M&E Plan, but costs were not clearly planned and budgeted for, or were unrealistic. Progress data was not regularly collected against the indicators in the project's RRF. Evaluations did not meet decentralized evaluation standards. Lessons learned were rarely captured and used. Select this option also if the project did not have an M&E plan.

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The M&E plan is comprehensive and sufficient for a grant of this scope, covering various dimensions of public health intervention and system strengthening.The grant monitors a total of 36 key indicators across essential areas, ensuring a holistic view of performance. These areas include:

◦ Prevention, Testing, and Treatment (HIV, TB, Malaria).

◦ Health System Strengthening.

vulnerable populations, such as men who have sex with men (MSM), transgender people (TG), and female sex workers (FSW), tracking their reach with prevention programs. Results are tracked through routine programmatic reporting, onsite supervision and data verification visits, and joint planning missions. (P9 , Annual report) (E2 and E4)

10. Did the project's governance mechanism (i.e., the project board or equivalent) function as intended?

3: The project's governance mechanism operated well, and was a model for other projects. It met in the agreed frequency stated in the project document and the minutes of the meetings were all on file. There was regular (at least annual) progress reporting to the project board or equivalent on results, risks and opportunities. It is clear that the project board explicitly reviewed and used evidence, including progress data, knowledge, lessons and evaluations, as the basis for informing management decisions (e.g., change in strategy, approach, work plan.) (all must be true to select this option)

2: The project's governance mechanism met in the agreed frequency and minutes of the meeting are on file. A project progress report was submitted to the project board or equivalent at least once per year, covering results, risks and opportunities. (both must be true to select this option)

1: The project's governance mechanism did not meet in the frequency stated in the project document over the past year and/or the project board or equivalent was not functioning as a decision-making body for the project as intended.

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The PIRMCCM provided oversight and ensures the grant's actions maintain alignment with national priorities and inclusive governance across the 12 covered countries. In Vanuatu, the project successfully established the Malaria Elimination Steering Committee (MESC), which meets quarterly and includes key stakeholders like the Ministry of Health, the Global Fund, the Australian Government Department of Foreign Affairs and Trade (DFAT), and the Vanuatu Red Cross Society. A BTOR summarizing the recent PRCCM oversight meeting is attached (E1)

11. Were risks to the project adequately monitored and managed?

3: The project monitored risks every quarter and consulted with the key stakeholders, security advisors, to identify continuing and emerging risks to assess if the main assumptions remained valid. There is clear evidence that relevant management plans and mitigating measures were fully implemented to address each key project risk and were updated to reflect the latest risk assessment. (all must be true)

2: The project monitored risks every year, as evidenced by an updated risk log. Some updates were made to management plans and mitigation measures.

1: The risk log was not updated as required. There was may be some evidence that the project monitored risks that may affected the project's achievement of results, but there is no explicit evidence that management actions were taken to mitigate risks.

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

Yes, risks to the project are being adequately monitored and managed, as evidenced by the project's ability to identify major threats, implement emergency responses, and incorporate structural risk mitigation measures into its ongoing strategic priority. Example, after the hike in HIV cases, MOH with the support of the project activated a national HIV outbreak response plan which led to the procurement of HIV related Drugs. (P9 -10, Annual report) (E2)

Efficient | Status: Complete | Quality Rating: Satisfactory

12. Adequate resources were mobilized to achieve intended results. If not, management decisions were taken to adjust expected results in the project's results framework.

- (●) Yes
- ( ) No

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The project has mobilized substantial resources through the Global Fund Multi-Country Western Pacific Grant (GC7), and these funds are being utilized effectively for existing planned activities:

• Grant Value: The total value of the GC7 grant (2024–2026) for HIV/TB and malaria is USD $13.8 million.

• High Utilization Rate: In 2024, the allocated funds were utilized at a high rate across all programme areas:

◦ HIV/TB: 87% utilization (USD $3,235,413 expended out of $3,738,593 allocated).

◦ Malaria (Vanuatu): 95% utilization (USD $860,303 expended out of $904,639 allocated).

◦ COVID-19 (C19RM): 93% utilization (overall, 3 years)

13. Were project inputs procured and delivered on time to efficiently contribute to results?

- ( ) 3: The project had a procurement plan and kept it updated. The project quarterly reviewed operational bottlenecks to procuring inputs in a timely manner and addressed them through appropriate management actions. (all must be true)
- (●) 2: The project had updated procurement plan. The project annually reviewed operational bottlenecks to procuring inputs in a timely manner and addressed them through appropriate management actions. (all must be true)
- ( ) 1: The project did not have an updated procurement plan. The project team may or may not have reviewed operational bottlenecks to procuring inputs regularly, however management actions were not taken to address them.

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The region frequently experiences maritime transport delays, which directly impact the timely delivery of goods and commodities, thereby constraining the ability of health systems to plan and deliver services reliably. Several countries specifically reported delays in procuring TB consumables in 2024. These delays impede the efficient expansion and maintenance of essential TB services.

To address the issues of procurement, the grant's established a regional pooled model serves as a mechanism to mitigate risks associated with small island states:

• The model supports bulk procurement and regional supply chain solutions, which are intended to help mitigate stockouts and transport delays caused by maritime transport challenge.

14. Was there regular monitoring and recording of cost efficiencies, taking into account the expected quality of results?

- ( ) 3: There is evidence that the project regularly reviewed costs against relevant comparators (e.g., other projects or country offices) or industry benchmarks to ensure the project maximized results delivered with given resources. The project actively coordinated with other relevant ongoing projects and initiatives (UNDP or other) to ensure complementarity and sought efficiencies wherever possible (e.g. joint activities.) (both must be true)
- (●) 2: The project monitored its own costs and gave anecdotal examples of cost efficiencies (e.g., spending less to get the same result,) but there was no systematic analysis of costs and no link to the expected quality of results delivered. The project coordinated activities with other projects to achieve cost efficiency gains.
- ( ) 1: There is little or no evidence that the project monitored its own costs and considered ways to save money beyond following standard procurement rules.

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The project regularly monitors financial expenditure against allocations. The monitoring report provides detailed utilization rates for 2024 across funding areas:
◦ HIV/TB: 87% utilization.
◦ Malaria (Vanuatu): 95% utilization.
◦ C19RM: 93% overall utilization. This data demonstrates regular tracking of how resources are being spent (financial monitoring. (P8, Annual report) (E2).

The regional pooled model intended to ensure value for money through pooled procurement, shared technical assistance, and joint planning. It is cost-effective and adaptable for small island states. The project acknowledges that global funding cuts for HIV programming require a shift towards more strategic, cost-effective, and integrated programming. This implies that management decisions are being driven by a need to maximize results within budget constraints.

Effective | Status: Complete | Quality Rating: Satisfactory

15. Was the project on track and delivered its expected outputs?

- (●) Yes
- ( ) No

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The project's governance and monitoring mechanisms successfully identified where it is off track, and management decisions was taken to adjust future priorities to get critical components back on the elimination or control trajectory.

16. Were there regular reviews of the work plan to ensure that the project was on track to achieve the desired results, and to inform course corrections if needed?

- ( ) 3: Quarterly progress data informed regular reviews of the project work plan to ensure that the activities implemented were most likely to achieve the desired results. There is evidence that data and lessons learned (including from evaluations /or After-Action Reviews) were used to inform course corrections, as needed. Any necessary budget revisions were made. (both must be true)
- (●) 2: There was at least one review of the work plan per year with a view to assessing if project activities were on track to achieving the desired development results (i.e., outputs.) There may or may not be evidence that data or lessons learned were used to inform the review(s). Any necessary budget revisions have been made.
- ( ) 1: While the project team may have reviewed the work plan at least once over the past year to ensure outputs were delivered on time, no link was made to the delivery of desired development results. Select this option also if no review of the work plan by management took place.

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

Yes, the project report clearly indicates that there have been regular reviews of the work plan to monitor if the project is on track to achieve desired results. The grant monitors a total of 36 key indicators across prevention, testing, treatment, and system strengthening. The performance data for 2024, detailed in the annexes, confirms that achievements against targets were regularly calculated and reviewed. (P8-9 annual report)

17. Were the targeted groups, and particularly those marginalized, vulnerable and left further behind (LNOB), systematically identified and engaged, prioritizing the marginalized and excluded, to ensure results were achieved as expected?

- ( ) 3: The project targeted specific groups and/or geographic areas, identified by using credible data sources on their capacity needs, deprivation and/or exclusion from development opportunities relevant to the project's area of work. There is clear evidence that the targeted groups were reached as intended. The project engaged regularly with targeted groups over the past year to assess whether they benefited as expected and adjustments were made if necessary, to refine targeting. (all must be true)
- (●) 2: The project targeted specific groups and/or geographic areas, based on some evidence of their capacity needs, deprivation and/or exclusion from development opportunities relevant to the project's area of work. Some evidence is provided to confirm that project beneficiaries are members of the targeted groups. There was some engagement with beneficiaries in the past year to assess whether they were benefiting as expected. (all must be true)
- ( ) 1: The project did not report on specific targeted groups. There is no evidence to confirm that project beneficiaries are populations have capacity needs or are deprived and/or excluded from development opportunities relevant to the project area of work. There is some engagement with beneficiaries to assess whether they benefited as expected, but it was limited or did not occurred in the past year.

Not Applicable

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

Yes, targeted groups, particularly those marginalized, vulnerable, and left further behind (LNOB), are being systematically identified and extensively engaged by the project, with their engagement being a central strategy for achieving results, especially in HIV prevention and outreach. The project explicitly recognizes that addressing inequities and engaging these populations is essential for both public health and long-term security in the region (PG 6, Annual report)

18. If there is a digital or data technology solution in the project: have technology and data risks been addressed specifically for closure, or continued use by partners or UNDP?

3: Yes, a) the implementation and closure followed good practices, such as UNDP's digital standards and data principles; b) technology sustainability risks are addressed: hosting, licenses, intellectual property, data ownership, code documentation, or partner capacity (operations, maintenance and continued improvement); and c) post project scalability has been considered: digital public goods or reusability for other UNDP units. (All must be true)

2: Specific technology and data risks have been partially addressed for project closure, next to Standard UNDP sustainability practices and project risk management.

1: Standard UNDP sustainability practices and project risk management are applied, but no specific practices to address technology or data risks are followed.

The project did not utilize a data or digital technology solution.

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

Polymerase Chain Reaction (PCR) and GeneXpert platforms procured during the pandemic are now used across multiple disease programs, including TB diagnosis and HIV viral load testing. These platforms help to expand testing capacity and reduce reliance on overseas reference lab. The project actively seeks to use digital technology to overcome severe systemic data risks associated with paper-based reporting and fragility, using measures like quality control training and infrastructure upgrades. (PG17, Annual reporting)

Sustainability & National Ownership | Status: Complete | Quality Rating: Satisfactory

19. Were stakeholders and national partners fully engaged in the decision-making, implementation and monitoring of the project?

3: Only national systems (i.e., procurement, monitoring, evaluation, etc.) were used to fully implement and monitor the project. All relevant stakeholders and partners were fully and actively engaged in the process, playing a lead role in project decision-making, implementation and monitoring. (both must be true)

2: National systems (i.e., procurement, monitoring, evaluation, etc.) were used to implement and monitor the project (such as country office support or project systems) were also used, if necessary. All relevant stakeholders and partners were actively engaged in the process, playing an active role in project decision-making, implementation and monitoring. (both must be true)

1: There was relatively limited or no engagement with national stakeholders and partners in the decision-making, implementation and/or monitoring of the project.

Not Applicable

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

National partners are fully engaged in the project's decision-making, implementation, and monitoring processes, reflecting strong ownership and alignment with local priorities. Oversight is provided through the Pacific Islands Regional Multi-Country Coordinating Mechanism (PIRMCCM), which ensures inclusive governance and coordination across government, civil society, and regional actors. This structure embeds national stakeholders in key strategic decisions, reinforcing transparency, accountability, and sustainability.

Examples of active engagement include the Government of Fiji joining the grant as a Sub-Recipient in 2024 to lead the HIV response, and the establishment of the Malaria Elimination Steering Committee (MESC) in Vanuatu, which brings together health authorities, development partners, and civil society to guide implementation. These initiatives demonstrate that national partners are not just implementers but active leaders driving the project's results and long-term impact. (P14, Annual reporting)

20. Were there regular monitoring of changes in capacities and performance of institutions and systems relevant to the project, as needed, and were the implementation arrangements8 adjusted according to changes in partner capacities?

- ○ 3: Changes in capacities and performance of national institutions and systems were assessed/monitored using clear indicators, rigorous methods of data collection and credible data sources including relevant HACT assurance activities. Implementation arrangements were formally reviewed and adjusted, if needed, in agreement with partners according to changes in partner capacities. (all must be true)
- ◉ 2: Aspects of changes in capacities and performance of relevant national institutions and systems were monitored by the project using indicators and reasonably credible data sources including relevant HACT assurance activities. Some adjustment was made to implementation arrangements if needed to reflect changes in partner capacities. (all must be true)
- ○ 1: Some aspects of changes in capacities and performance of relevant national institutions and systems were monitored by the project, however changes to implementation arrangements were not considered. Also select this option if changes in capacities and performance of relevant national institutions and systems were not monitored by the project.
- ○ Not Applicable

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The project monitors institutional capacity gaps, noting that over half of the Pacific Island Countries (PICs) reported staffing shortages or unfilled health worker posts in 2024. Furthermore, TB services are fragile, as many national programmes remain dependent on just one or two staff. The project identified that reliance on paper-based reporting systems in most countries is a critical gap that limits timely case management and regional visibility. It also monitors logistical constraints like maritime transport delays and the impact of natural disasters.

In Vanuatu, following a malaria resurgence that exposed the fragility of the centralized approach, the implementation arrangement shifted to a decentralized implementation model. This model was designed to strengthen provincial-level leadership and restore routine malaria services. Under this approach, provincial teams are now responsible for planning, implementation, and reporting, with technical oversight from the national programme. (P14, Annual report)

21. Were the transition and phase-out arrangements were reviewed and adjusted according to progress (including financial commitment and capacity).

- ○ 3: The project's governance mechanism regularly reviewed the project's sustainability plan, including arrangements for transition and phase-out, to ensure the project remained on track in meeting the requirements set out by the plan. The plan was implemented as planned by the end of the project, taking into account any adjustments made during implementation. (both must be true)
- ◉ 2: There was a review of the project's sustainability plan, including arrangements for transition and phase-out, to ensure the project remained on track in meeting the requirements set out by the plan.
- ○ 1: The project may have had a sustainability plan but there was no review of this strategy after it was developed. Also select this option if the project did not have a sustainability strategy.

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The review process took into account the reality of Global funding cuts for HIV programming which have started to take effect, raising serious concerns about the long-term sustainability of efforts. This external financial constraint necessitates a formal review of existing transition plans. Reviews of performance showed that gains are fragile (e.g., malaria resurgence in Vanuatu, deepening HIV crisis in Fiji), emphasizing that transition and phase-out cannot proceed without careful planning and continued support. With the limited health workforces, the plan continues to support community health worker models to improve outreach, continuity of care, and early case detection. (P14 - Annual report)