



# PARTNERSHIPS FOR A HEALTHY REGION

## ANNUAL PERFORMANCE SUMMARY REPORT 2024

October 2025

# Partnerships for a Healthy Region at a glance

33 (**67%**) PHR projects focus on communicable disease control

11 (**22%**) PHR projects focus on non-communicable disease control

**$147.6 million** funding to advance sexual and reproductive health rights and services

35 (**71%**) PHR projects support resilient health systems

**77%** of investments effectively integrate and progress gender equality

**66%** of investments effectively integrate and progress disability equity

**6 partners** have committed to engaging with First Nations' Australians in project implementation

**23%** of PHR projects include a climate outcome

**25%** PHR projects promote One Health

19 projects (**37%**) reported support for locally-led development

By Dec 2024, **95%** of planned PHR contracts signed

**93%** of projects rated as satisfactory or above on effectiveness and efficiency*

**91%** of PHR partner MEL plans align with DFAT standards

** Note: these results are measured by DFAT investments. Some investments are made up of multiple projects*

# PROGRAM SUMMARY AND CONTEXT

Partnerships for a Healthy Region (PHR) is a five-year $620 million initiative that supports partner countries in Southeast Asia and the Pacific to address priority health concerns. It has four broad focus areas - prevention and control of communicable and non-communicable diseases (NCD), realisation of sexual and reproductive health and rights (SRHR), and broader health system functions. PHR builds on and complements other Australian bilateral and regional health initiatives. The Department of Foreign Affairs and Trade (DFAT) collaborates with national governments and project partners to deliver a portfolio of investments under PHR.

Projects are delivered through diverse partners to foster cross-regional linkages and build lasting relationships with national governments and regional and national health research institutions. Implementing organisations include multilateral agencies, Australian Government agencies, regional organisations, leading Australian health institutions, non-government organisations and health product development partnerships - all collaborating with national partner governments. The Global Health Division (GHD) within DFAT manages PHR, which comprises 63 partner agreements, combined into 37 DFAT investments.[1] The 2024 performance report covers the PHR inception phase and more substantial outcomes are anticipated in 2025 as implementation progresses and partnerships mature.

In 2024, our region continued to experience health challenges. NCDs, including diabetes, cardiovascular disease, and cervical cancer, constituted a significant and ongoing burden, accounting for 75% of mortality in the Pacific, and the leading cause of premature death in the region. More than a quarter of global cervical cancer cases occurred in WHO's Western Pacific Region, causing approximately 74,900 deaths in 2020.[2]

Communicable diseases continued to pose a major threat, including through growing HIV epidemics in Fiji, Papua New Guinea (PNG) and the Philippines and outbreaks of rabies in Timor-Leste, vector-borne diseases such as dengue in the Pacific and vaccine-preventable disease such as pertussis in Samoa.[3,4] Despite improvements in testing and treatment technologies, tuberculosis (TB) remains a major threat to health in the region, with an estimated 1.9 million new cases and 95,000 deaths in 2023.[5] Measles surged in WHO's South-East Asia Region from 6,900 cases in 2021 to more than 86,000 in 2023.[6] The burden of communicable and non-communicable diseases was compounded by limited health financing, workforce shortages, and fragile health systems, as well as the impacts of climate-related disasters.

In the Pacific, adolescent pregnancy rates exceeded the global average, and, in 2023, increased in five Pacific countries. The rate of contraception use in the Pacific was also significantly lower than the global average. In Southeast Asia, the impact of adolescent marriage, teen pregnancy and early unions, driven by gender inequality, lack of education and weak policy frameworks, continued to hinder progress towards the realisation of SHRH.

# PROGRAM HIGHLIGHTS

## Communicable Disease Control

Australia invests in health security in the Pacific and Southeast Asia to strengthen regional health systems, improve disease surveillance, and strengthen health response capacity. These efforts contribute to reduced risk of cross-border health threats, build resilience in communities vulnerable to health threats, and contribute to sustainable development outcomes. In 2024, 33 PHR projects worked across 22 countries to improve systems and strengthen skills to prepare for, prevent and respond to infectious diseases. PHR funded partners focused on strengthening population-based surveillance, laboratory systems, point-of-care diagnostics, outbreak response and immunisation,

[1] Under PHR, DFAT funded 63 projects (activities) including core funding to global agencies. These PHR projects were combined into 37 DFAT investments. Data provided in the 'PHR at glance' page cover 50 projects. The data on gender equality, disability inclusion and performance rating in the 'PHR at glance' page are limited to the 27 investments that undertook an IMR for 2024 results.

[2] WHO Western Pacific Region – refer Eliminating cervical cancer in the Western Pacific

[3] Rabies- Timor-Leste

[4] Samoa Pertussis Situation Report, No.2 draft.pdf

[5] WHO Western Pacific Region

[6] WHO SEARO Fact Sheet- Expanded programme on Immunization (EPI) factsheet 2024 – covers the SEARO region which includes three member nations where PHR supports programming. The remaining 18 countries are located in the WHO Western Pacific region (WPRO).

with additional efforts targeting HIV, TB, and neglected tropical diseases. Highlights include:

- Greater understanding of vector control needs through support to 13 Pacific island countries to complete Vector Control Needs Assessments to strengthen disease **surveillance and control**. This informed targeted technical support and proved invaluable in responding to the 2025 Pacific dengue outbreak. *(PacMOSSI – JCU)*
- Expanding epidemiological capacity across the region through training and mentoring more than 100 human and animal field epidemiologists (61% female), from PNG, Fiji, Tonga, Samoa, Vanuatu, Nauru, Timor-Leste, Vietnam, Malaysia, Cambodia and Indonesia. This increased national capacity to detect **emerging diseases** such as rabies in Timor-Leste and dengue in Kiribati, Fiji, Tonga and Samoa. (*USYD, ANU, UoN*)
- Expansion of **community-based surveillance (CBS)** in Vanuatu and Fiji, resulting in improved public health surveillance and use of early warning alerts, with all CBS reports were shared with the national and divisional governments to inform public health response. *(FRCS - delivered by Australian Red Cross via Fiji Red Cross & Vanuatu Red Cross).*
- Strengthening national and regional **laboratory networks**, focusing on biosafety diagnostic methods, information management (IMS) and timely links with surveillance systems. Examples included:
  - the PNG Molecular Hub now uses real-time testing to detect outbreaks and drug resistance, to better understand malaria resistance and guide national disease strategies. *(Burnet-STRIVE)*
  - Palau, Nauru, PNG, Tonga, Samoa and Kiribati now use SENAITE, a laboratory information management system designed to improve data management and disease surveillance. *(BES)*
  - Laboratory staff from 11 Pacific countries participate in a regional anti-microbial resistance network to standardise diagnostics, share data and support human and animal health surveillance. *(SPC)*
- Improved **detection of** and **access to high-quality care** for HIV and TB:
  - Screened 3551 people at-home in Kiribati following technical support for an accessible combined method to treat and monitor TB adherence and detect Hepatitis B. *(USYD - Pearl+)*
  - Established and piloted a virtual learning platform for community-based Point of Care or HIV prevention, testing and treatment in 23 priority districts in Indonesia. *(UNAIDS)*
  - Supported 2,500 viral load tests for 1,043 people living with HIV in PNG (73% of tests returned same-day), 417 HIV point-of-care infant diagnosis tests, and access to life-saving treatment for drug-resistant HIV patients living in remote areas. *(Kirby Institute - ACTUP)*
  - Improved access to, and quality of, HIV services, including strengthening HIV treatment hubs in the Philippines; reviewed and updated national counselling and testing procedures in PNG to include community-led testing and HIV self-screening; and trained key staff in Fiji on HIV monitoring, reporting and data analysis. *(UNAIDS)*
- Strengthening of **regional capacity to increase immunisation coverage:** for example, technical support to increase coverage of measles-rubella vaccination in Solomon Islands (1st dose increased by 9.6% compared to 2023 and 2nd dose by 17.3%) (NCIRS); and training nurses in Samoa to use digital tools to better schedule, follow-up and track childhood vaccinations. (BES)
- **Development of new medical products** (vaccines, diagnostics, treatments, vector control tools) to respond to emerging and neglected diseases, including:
  - The first-ever chikungunya vaccine (regulatory approval in USA and Europe), which is critical given increasing chikungunya virus in the Asia-Pacific region, linked to changing climate. (*CEPI*)
  - A Long-lasting Insecticidal Net to control insecticide-resistant mosquitoes and trial of spatial emanators for PNG. The Global Fund has delivered 50,000 nets to PNG. *(IVCC)*
  - Advancing new drugs to shorten TB treatment and launch of a peer-knowledge hub to drive market access to the new treatments, with eight countries supported to accelerate adoption of shorter, safer and more effective drug-resistant TB treatments. *(TB Alliance)*
  - Developing new leprosy treatment and trialling treatment for lymphatic filariasis in Fiji. *(MDGH)*

## Non-communicable disease control

Australia invests in early prevention, screening and management of non-communicable disease (NCD) to address the region's high burden of chronic illnesses, which account for up to 80% of deaths in the Pacific and Southeast Asia.[7] Australia further supports the promotion of mental health and wellbeing, including through community-based approaches and rights-based models of care. Highlights include:

- Providing policy, technical and funding support to improve delivery of, and equitable access to **diabetes screening, education and treatmen**t in Tonga, Kiribati, Vanuatu and Tuvalu. *(SPC)*
- Improvement in **Type 2 diabetes management** in Samoa, with new Tamanu[8] diabetic patient registry and digitisation of a Diabetic Foot Clinic, providing data to support follow-up care which can significantly reduce complications and amputations. *(BES)*
- Launching a new partnership to **eliminate cervical cancer** in PNG, Malaysia, Timor-Leste, Solomon Islands, Vanuatu, Tuvalu, Fiji, and Nauru. For example, 3,049 females in PNG's New Ireland Province alone accessed human papillomavirus vaccine (HPV) screening, many for the first time. *(EPICC)*
- Contributing to better **mental health and wellbeing** in Tonga and Vanuatu, through co-design of culturally anchored models of care. In the early stages of co-design, 35 people in Vanuatu (20 female, 15 male) and 25 people in Tonga (15 female, 10 male) requested early mental health and psychosocial support. *(Pasifika Medical Association)*
- Training of health staff across 10 Pacific countries to improve **NCD service delivery**, with more than 90% of participants reporting improved capacity to monitor NCD risk factors. *(SPC)*

## Sexual and Reproductive Health and Rights

Australia's investment in sexual and reproductive health and rights (SRHR) across the Asia-Pacific reflects that SRHR is a development 'best buy' that makes a direct contribution to improving health and saving lives, reducing costs to governments, strengthening human capital and supporting economic outcomes. PHR partners have expanded the delivery of quality sexual and reproductive health (SRH) services, information and education, and supported advocacy to advance equitable and comprehensive SRHR. This includes progress towards ending harmful practices such as child, early and forced marriage and female genital mutilation and cutting.

**In the Pacific and Timor-Leste**, IPPF Member Agencies (MAs) and UNFPA supported SRHR in 15 countries (Federated States of Micronesia, Fiji, Kiribati, Tuvalu, Marshall Islands, Nauru, Samoa, Solomon Islands, Tonga, Vanuatu, Cook Islands, Niue, Palau along with PNG and Timor-Leste). Highlights include:

- Delivering **SRH services to more than 260,000 clients**, including more than 70% women and girls, 35% under the age of 25 (23% increase on 2023) and 41% people in vulnerable situations. (*IPPF, UNFPA*)
- Kiribati, Samoa and Vanuatu launched behaviour change and communication campaigns reaching 7,172 women and young people, working closely with existing community structures to communicate on SRH/family planning (FP) information. *(UNFPA)*
- Increasing capacity to deliver **SRH services in humanitarian contexts**, such as providing access to SRH services for more than 9,000 women after the December 2024 earthquake in Vanuatu. (*IPPF, UNFPA*)
- Providing **sexual and reproductive health commodities** for 14 countries, which averted 232 maternal deaths, provided an estimated 163,500 couple years of protection (CYPs) from unplanned pregnancies, prevented an estimated 3,967 unsafe abortions and 38,005 unintended pregnancies, expanded access to contraception (89% primary health facilities had three or more methods; 93% secondary/tertiary health facilities had five or more methods), and saved approximately AUD7 million in national government expenditure. (*UNFPA Supplies*).
- Support for midwifery curriculum revisions, new supervision tools and client satisfaction surveys in five countries, under the **new Regional Midwifery Strategy** which aligned these processes with international best practice, including rights-based approaches to health service delivery. (*UNFPA*)
- Strengthening contraceptive commodity management systems in Fiji, Nauru and Vanuatu, which enabled more proactive tracking of contraceptive availability across health facilities and improved forecasting. (*BES, mSupply*)

[7] Non-communicable-diseases-n Pacific-Southeast-Asian-countries_c280325.pdf

[8] BES Electronic Health Record System

- Expanding access to **SRHR information and services** for young people through training 50 master trainers to train in-service health workers on improved, youth-friendly service delivery in Fiji, Kiribati, Samoa, and Tonga, reaching 55,900 students with comprehensive sex education (CSE) in schools and 319 out-of-school youth in Fiji and FSM; and piloting two SRH information applications to help young people access quality assured, accurate information on sexual and reproductive health issues (YES in Fiji and *Talavou* in Samoa). (*IPPF, UNFPA*)

**In Southeast Asia,** partners (Marie Stopes International (MSI), IPPF, UNFPA, UNICEF) worked across Vietnam, Cambodia, Laos, Indonesia and the Philippines resulting in enhanced provider skills, and supporting civil society organisations to maintain essential services and improve accessibility for marginalised groups. Highlights include:

- Delivering 476,089 **family planning and SRHR services** to 94,606 clients across Laos, Cambodia, the Philippines, and Myanmar (generating an estimated 39,186 CYPs), while reaching more than 3,400 clients through digital health and telemedicine, particularly women (e.g. 80% of service users in Laos), and initiating a family planning gap assessment in Vietnam to inform future programming. *(MSI, IPPF)*
- Improvements toing the **Maternal-Perinatal Deaths Surveillance and Response Systems** in Cambodia and Laos, to inform public policy decision making focused on reducing maternal mortality. (*UNFPA*)
- Supporting **strategic planning** to expand efforts towards **elimination of child, early, and forced marriage** in Cambodia, Laos and the Philippines, and addressing **female genital mutilation/cutting** in Indonesia and Malaysia, and support for collaboration with Sri Lanka and Maldives. *(UNICEF & UNFPA)*

## Resilient Health Systems

Australia supports health system strengthening in the Pacific and Southeast Asia to help countries deliver safer and more effective health services. Investments in health information systems, workforce capabilities, and regulatory mechanisms improve how health data is used, support the availability of skilled personnel and support access to quality-assured medicines. These efforts contribute to improved healthcare and better outcomes for communities across the region. Highlights include:

- Support for integrated **digital health** data systems across 14 countries, and their use**,** through partnerships with BES, SPC PHD, AIHW and CSIRO,[9] including:
  - Expanded use of the Tamanu application to support **continuity of care** across the Pacific, with more than 2,700 health workers using the system to record six million clinical events across 1.2 million patients. *(BES)*
  - Introducing the Tamanu application for use by NCD programs in Samoa and Nauru, with more than 6,300 NCD screenings recorded. This has led to **improved tracking of patients** allowing better treatment and management. *(BES)*
  - Strengthening the use of **data to inform decision-making**, with Kiribati using the Tamanu and Tupaia applications to track Hepatitis B screening and hotspots; Kiribati and Solomon Islands using mSupply data to secure increased 2025 medicine budgets (including a 300% increase in budget allocation for medicines in the Solomon Islands); and 11 countries accessing mSupply dashboards to monitor supply chains and identify facilities needing support. (*BES-mSupply*)
- **Strengthened regulatory systems across the region through:**
  - Collaboration with national regulatory authorities and health ministries to improve access to medical products, resulting in enhanced practices and systems in eight countries.
  - Collaboration with national regulatory authorities and health ministries to improve access to quality-assured medical products, resulting in enhanced practices and systems in Southeast Asia and the Pacific and authorisation for use of four new products and vaccine development in Thailand, Malaysia, and Fiji. *(TGA RSP)*

[9] The BES strategic partnership covers 13 countries (Fiji, FSM, Kiribati, Myanmar, Nauru, Palau, PNG, Samoa, Solomon Islands, Timor-Leste, Tonga, Tuvalu, Vanuatu). AIHW focus on use of data for decision making in five countries (Fiji, Samoa, Solomon Islands, Tonga, and Vanuatu). SPC PHD supports regional coordination, country governance, guidelines and standards for digital health systems across the Pacific and CSIRO supports regional interoperability of digital health systems in the Philippines and Fiji.

- Establishing agreements with ministries of health and in-country partners for new medical manufacturing projects in Thailand and Malaysia. This included conducting co-design and baseline assessments. *(CSIRO)*

**1,356 people (68% females) trained in public health related functions**

- Strengthening regional public health workforces, including:
  - During this inception period1,356 people (68% female) participated in training leading to improved quality of care and workforce systems across epidemiology, nursing and midwifery, surveillance and laboratory skills, digital health, SRHR, communicable disease response and NCDs.

## Cross Cutting Priorities

### One Health and Climate Change

Australia integrates One Health and climate resilience across our health programming, in recognition of the interdependence of animal, ecosystem and human health systems and to protect communities from worsening climate-related health risks. In 2024, PHR partners responded to direct and indirect threats to health from climate change and variability, and environmental change. Highlights include:

- Contributing to the generation and use of climate-risk informed data across the Pacific, including:
  - Incorporating climate data in Fiji's Climate-Based Dengue Early Warning System and the National Notifiable Disease Surveillance System. (BES)
  - Support to the PNG Ministry of Health Vector Control Unit to document community perceptions and solutions to climate impacts on vector-based disease in two provinces. *(PNGIMR)*
  - Establishing digital community-based surveillance across 200 communities in Fiji, which provide rapid notification to government surveillance officials; with 88% of reports verified within 48 hours of detecting signs of outbreak-prone illnesses; volunteers were 89% accurate in reporting symptoms. (*FRCS*)
- Strengthened One Health surveillance, diagnostics and disease prevention and control systems for chronic, endemic and emerging diseases through:
  - Improving the epidemiological capacity of 42 laboratory experts from 11 Pacific island countries through field epidemiology training, laboratory support and surveillance for zoonotic diseases, including antimicrobial resistance efforts, focused on strengthening diagnostics for human and animal health. *(SPC)*
  - Strengthening partner governments' response capacity, such as in Timor-Leste, where canine rabies vaccines, technical guidance for communications and training for 34 para-veterinary municipal officers (now training others) were instrumental in managing a rabies outbreak. *(DAFF, WOAH*)

### Gender Equality, Disability Equity and Social Inclusion

Gender equality, disability equity and social inclusion (GEDSI) are recognised as fundamental to progressing effective and inclusive development outcomes in health, acknowledging that social norms, power dynamics, and intersecting identities impact susceptibility to disease and access to health services, affecting health outcomes. PHR is intentional in progressing GEDSI, requiring partners to conduct contextual analyses, develop strategies and allocate resourcing. Partners have contributed towards gender equality and disability equity and rights with highlights including:

- Contributing to strengthened gender equality efforts, through:
  - Facilitating Outbreak Response Leadership Training across senior female leaders from 12 countries to support strategic, operational, and decision-making skills in emergency settings, alongside ongoing support to navigate challenges faced by women in leadership. *(GOARN)*
  - Supporting advocacy for SRHR in a challenging global climate by initiating a joint statement through Nexus to commemorate the 30th anniversary of the International Conference on Population and Development. This secured sign-on from 81 countries, including several that had not visibly supported SRHR previously.
- Supporting greater voice in, and access to, health services for people with disabilities, including:
  - Mainstreaming disability awareness for health workers across 15 Pacific countries, with training for 877 health workers (602 female, 275 male), with a 2024 SPC evaluation finding that Ministries of Health and trained staff reported high confidence in their skills. *(SPC)*

- A community-based pilot aimed at providing SRH and gender-based violence information and services to persons with disabilities in Fiji made significant progress, with the MHMS committed to including disability inclusion in regular SRH and family planning outreach. Learning will inform future pilots across the Pacific (*UNFPA*)
- Strengthened access to SRHR service delivery and outreach, through engaging with people with disabilities to support greater awareness of SRH in Timor-Leste, Myanmar, Cambodia, Philippines and Laos. (*MSI, IPPF, UNICEF, UNFPA)*

GHD has established a PHR GEDSI community of practice as a forum to share learnings and support collaboration amongst partners. GHD also commissioned a report to examine the integration of Gender Equality, Disability, and Social Inclusion (GEDSI) principles within Product Development Partnerships (PDPs) and the product innovation and development continuum. The Inclusive Innovation report captures best practices and provides actionable recommendations to support PDPs in their journey to improve GEDSI integration.

### First Nations Engagement

Australia invests in the meaningful engagement of First Nations Australians, reflecting commitments made in the International Development Policy to embed First Nations Australians' perspectives and experiences in our development effort to support a more effective response to the priorities of the region. During the inception period, six PHR partners committed to engaging with First Nations Australians in their program implementation. Additionally, a flagship partnership with First Nations organisation and national peak association, the National Association for Aboriginal and Torres Strait Health Workers and Practitioners (NAATSIHWP), was established to improve health at community level in Vanuatu. The partnership with NAATSIHWP is taking an adaptive approach to support engagement in a manner consistent with First Nations cultural values and approaches, including the principle of self-determination. At an initiative level, the Global Health Division (GHD), worked with Indigenous organisation Ninti One to provide technical support during design and to establish a community of practice intended to support partner collaboration and learning of the engagement of First Nations Australians.

### Locally-led Development

Australia invests in locally-led development in its global health programs to ensure solutions are context-specific, sustainable, and driven by community priorities. Strategically, this approach builds local capacity, fosters ownership, and enhances the effectiveness and sustainability of DFAT programming. Under PHR, this includes significant investment in partnerships with community leaders, health services, and organisations during the co-design and implementation phases. For example, Pasifika Medical Association engaged 21 organisations in Tonga and 26 organisations in Vanuatu to contribute to program design. These Talanoa sessions reinforced the value of co-design with local stakeholders and the importance of community ownership. While it is too early to report results from community engagement, partners have actively consulted and collaborated with national and sub-national governments, civil society, and communities to ensure project sustainability.

### PHR Coordination, and Monitoring, Evaluation and Learning

To maximise cohesive regional and bilateral programming, GHD prioritised support for DFAT posts through funding 13 in-country coordinators, appointing internal Country Focal Points for each of the 22 countries and facilitating monthly health calls with posts. GHD's technical hub and specialist advisers provided direct health advice to posts, and GHD provided technical guidance to bilateral health designs and evaluations, as requested, including to support alignment between bilateral, regional and global health programming.

To strengthen quality program implementation in 2024, GHD also held monthly calls with implementing organisations to review progress, identify opportunities, and address any challenges. GHD provided technical guidance to partners to complete their monitoring, evaluation and learning plans (leading to 91% of MEL plans aligned with DFAT standards in 2024, with the remaining 9% re-submitted for alignment in 2025) and other key deliverables including GEDSI analyses and strategies. GHD established a partner reporting system that provides country and outcome level data and evidence for DFAT annual and 6-monthly reports and facilitates ongoing learning. In accordance with best practice, independent evaluations planned for PHR projects will represent more than 71% of PHR funding. An independent mid-term review of the PHR initiative is also scheduled for 2026, with a final evaluation planned for the 2027-28 Financial Year.

# Annexes

## Annex 1 Abbreviations

| | |
|---|---|
| ACTUP | Accelerating the Uptake of HIV Drug Resistance surveillance initiatives in Papua New Guinea |
| AIHW | Australian Institute for Health Welfare |
| ANU | Australian National University |
| AUD | Australian Dollars |
| BES | Beyond Essential Systems |
| CDC | Communicable Disease Control |
| CEPI | Coalition for Epidemic Preparedness Innovations |
| CSE | comprehensive sex education |
| CSIRO | Commonwealth Scientific and Industrial Research Organisation (Australia's Science Agency) |
| CSO | Civil Society Organisations |
| CYP | Couple years protection |
| DAFF | Department of Agriculture, Forestry and Fisheries (Australia) |
| DFAT | Department of Foreign Affairs and Trade (Australia) |
| DOH | Department of Health (various countries) |
| EPICC | Elimination Partnership in the Indo-Pacific for Cervical Cancer |
| FRCS | Federation of Red Cross Societies |
| FSM | Federated States of Micronesia |
| GEDSI | Gender equality, disability equity and social inclusion |
| GHD | Global Health Division (a division of DFAT Australia) |
| GOARN | Global Outbreak Alert and Response Network |
| GHD | Global Health Division |
| HIV | Human Immunodeficiency Virus |
| IMS | Information Management System |
| IPPF | International Planned Parenthood Federation |
| IVCC | Innovative Vector Control Consortium |
| JCU | James Cook University |
| JEE | Joint Evaluation |
| MA | Member Agencies (of IPPF) |
| MDGH | Medicines Development For Global Health |
| MSI | Marie Stopes International |
| NCD | Non-Communicable Disease |
| OPD | Organisation of Persons with Disabilities |
| PHR | Partnerships for a Healthy Region |

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| PNG | Papua New Guinea |
| PNGIMR | Papua New Guinea Institute of Medical Research |
| RSP | Regulatory Support Program |
| UNICEF | United Nations Agency for Children |
| UNFPA | United Nations Sexual and Reproductive Health Agency |
| UoN | University of Newcastle (Australia) |
| USYD | University of Sydney |
| SPC-PHD | Secretariat for the Pacific Community – Public Health Division |
| SRHR | Sexual and Reproductive Health and Rights |
| TB | Tuberculosis |
| TGA | Therapeutic Goods Administration |
| WOAH | World Organization for Animal Health |
| WHO | World Health Organization |

## Annex 2 PHR List of Partners

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| **Australian Centre for International Agricultural Research** (ACIAR) – commenced late 2024 |
| **Alfred Health**: the lead agency implementing Regional Emergency and Critical care Systems Strengthening (RECSI) A partnership with Australian College of Emergency Medicine, Australia & NZ Intensive Care Society, the National Critical Care and Trauma Response Centre (NCCTRC), SPC, St Johns Ambulance PNG and Menzies. |
| **Asia Pacific Leaders Malaria Alliance** (APLMA) |
| **Australian Institute for Health Welfare** (in partnership with SPC) |
| **Australian National University** – PAC EVIPP+ (In partnership with SPC) |
| **Beyond Essential Systems** in partnership with mSupply, National Ministries of Health, and a range of other PHR funded partners. |
| **CBM Australia** |
| **Center for Community Health Research and Development** (CCRD) |
| **Coalition for Epidemic Preparedness Innovations** |
| **Commonwealth Scientific and Industrial Research Organisation** (Australia's Science Agency) – 4 projects under 1 investment– Australian Centre for Disease Preparedness (4 projects), Biomedicine in Malaysia and Thailand, e-health in Philippines and Fiji. |
| **Department of Agriculture, Forestry and Fisheries** (Australia) – partnerships with national Departments of Agriculture to implement One Health activities |
| **Department of Health, Disability and Aged Care (Australia)** – under design and will be contracted in 2025 |
| **Peter Doherty Institute**- in-country partnerships between universities and institutions in Thailand, Vietnam, Indonesia, Cambodia, Papua New Guinea and Australia. |
| **Elimination Partnership in the Indo-Pacific for Cervical Cancer** (EPICC) – a partnership led by the University of Sydney with the Kirby Institute, Australian Centre for the Prevention of Cervical Cancer, Family Planning Australia, Unitaid and the National Centre for Immunisation Research and Surveillance (NCIRS) |
| **Food and Agricultural Organization** (FAO) – regional and national partnerships |
| **Federation of Red Cross Societies** – partnership between the Australian Red Cross and Fiji and Vanuatu national societies of the Red Cross. |
| **Global Outbreak Alert and Response Network** (WHO) – agreements with Governments across the region. |
| **International Planned Parenthood Federation** – Nexus |
| **International Planned Parenthood Federation** – Pacific Core Funds |
| **Innovative Vector Control Consortium** – a product development partner with partnerships across 4 countries in the region. |
| **James Cook University** - implementing PacMOSSI across the Pacific (13 countries funded through PHR) |
| **Macfarlane Burnet Institute** (Burnet) – implementing STRIVE |
| **Murdoch Children's Research Institute** (MCRI) – work with 26 organisations across 12 countries in the region |
| **Medicines Development For Global Health** – a product development partner |
| **Menzies School of Health Research** (Menzies) – works in partnership with a range of Australian and national organisations across Timor-Leste, Indonesia and Malaysia. |
| **National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP)** implementing Regional Indigenous Partnership: Collaboration for Primary Health Care Workforce Strengthening |

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| – contract signed 30 April 2025. |
| National Critical Care and Trauma Response Centre (NCCTRC) implementing PHOENIX initiative |
| National Centre for Immunisation Research and Surveillance (NCIRS): implementing RISE 2 |
| National Health and Medical Research Council (NHMRC) – under design and commenced in 2025- will be a collaboration with Australian and regional health research institutions. |
| National University of Singapore – contract completed. |
| Pasifika Medical Association (PMA) implementing *Ngalo Fanifo.* |
| Papua New Guinea Institute of Medical Research (PNGIMR) – collaborates with a range of Australian health institutes working in PNG. |
| Path – a product development partner |
| Joint United Nations Programme on HIV/AIDS (UNAIDS) in partnership with Health Equity Matters (HEM) |
| United Nations Agency for Children (UNICEF) - TUSIP (ending child marriage). |
| UNFPA (United Nations Sexual and Reproductive Health Agency) Supplies (sexual and reproductive health commodities in partnership with national Ministries of Health). |
| UNFPA (United Nations Sexual and Reproductive Health Agency) – TUSIP (2 projects – Digital Health, eliminating female genital mutilation and cutting). |
| UNFPA (United Nations Sexual and Reproductive Health Agency) – Transformative Agenda 2 |
| University of NSW, Kirby Institute - implement ACTUP with PNGIMR. |
| University of Newcastle (Australia) |
| University of Sydney – SAPPHIRE |
| University of Sydney - APCOVE |
| Secretariat for the Pacific Community - Public Health Division |
| TB Alliance – a product development partner |
| The Georges Institute for Global Health – RESist NCD |
| Therapeutic Goods Administration – Regional Health Program |
| WHO Collaborating Centre for Nursing, Midwifery and Health Development at the University of Technology Sydney (WHO CCNM UTS) - Strengthening Health Workforce in the Pacific (Nursing and Midwifery) |
| World Bank – Advance Universal Health Coverage |
| World Organization for Animal Health (WOAH) |
| World Health Organization |
| World Mosquito Program – works in partnership with national Ministries, national and international organisations. |

## Annex 3 Partnerships for a Health Region Program Logic (2024)