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Annual Performance Summary Report 2025

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Acknowledgement of Country

The Australian Government acknowledges Australia's First Nations peoples as the Traditional Custodians of Country throughout Australia and recognises and respects their continuing connections to lands, waters and communities.

The government pays respect to Elders past and present, to emerging leaders, and to all First Nations peoples, and recognises the continuation of diverse cultural, spiritual and educational practices.

The government thanks all First Nations peoples who have generously shared their knowledge and expertise to inform the *Partnerships for a Healthy Region: Annual Performance Summary Report 2025.*

Cover image credits: World Bank, UNAIDS, NCCTRC, UNAIDS

Introduction

Across the Pacific and Southeast Asia, governments, communities and regional institutions are working together to address increasingly complex health challenges and improve health outcomes for millions of people. Through trusted partnerships and locally led approaches, Australia's flagship regional health initiative, the $620 million Partnerships for a Healthy Region (PHR), supports progress across 22 partner countries.

This report showcases PHR's performance during 2025, highlighting how PHR is working with partner governments, Australian institutions, regional organisations, and communities to strengthen regional health security, address communicable and Non-Communicable Diseases (NCDs), advance Sexual and Reproductive Health and Rights (SRHR), and build more resilient health systems. It also demonstrates how PHR advances cross-cutting priorities including Gender Equality, Disability Equity and Social Inclusion (GEDSI), Locally Led Development, Climate Resilience, One Health, and First Nations engagement across its investments.

The program's strength lies in its partnerships, adapting programming to local contexts while fostering regional collaboration and collective action. Together, these partnerships support Pacific and Southeast Asian countries to deliver better health outcomes for all.

Context

Countries across Southeast Asia and the Pacific are navigating an increasingly complex and interconnected health landscape shaped by emerging health threats, demographic change, climate impacts and evolving health system demands. Communicable diseases remain a major regional concern.

In 2025, HIV epidemics continued to grow in Fiji, Papua New Guinea (PNG), and the Philippines; dengue outbreaks were declared across several Pacific island countries and territories; and PNG and Laos declared poliovirus outbreaks. Vaccine-preventable diseases such as pertussis[1] and measles continue to require stronger surveillance and immunisation across the region.

Tuberculosis (TB) remains one of the region's most significant health threats, with the Pacific and Southeast Asia accounting for a substantial share of global TB cases and deaths, including some of the highest incidence rates in PNG, Philippines, Timor-Leste, and Myanmar.[2] The risk of TB and other communicable diseases is further exacerbated by climate change, urbanisation, deforestation and increasing human–animal–environment interactions, with many emerging infectious diseases originating in animals.

At the same time, the prevalence of NCDs continues to rise across the Pacific and Southeast Asia and represent the largest share of disease burden and the leading cause of premature mortality. NCDs

1 Commonly known as 'whooping cough'.

2 The global TB incidence rate in 2024 was 131 cases per 100,000 population, with 10.7 million estimated incident TB cases worldwide (Global Tuberculosis Report 2025).



An outreach worker of Hoa Ban Trắng CLO for men who have sex with men (MSM) conducts counseling and lay testing for a young MSM. Credit: UNAIDS

create increasing demands on health systems, households and economies, due to underlying risk factors such as unhealthy diets, tobacco, and alcohol use, as well as unequal access to prevention, early detection, treatment, and long-term care. Without coordinated action, NCDs will continue to deepen social inequalities, reduce economic productivity and undermine sustainable development.

SRHR are central to health, gender equality and individual autonomy. Access to contraception, information and quality services helps prevent unintended pregnancies, unsafe abortions and maternal deaths, thereby enabling women, adolescents, and underserved communities to make informed decisions about their health and futures. While progress has been made, access remains uneven, and continued progress on SRHR requires sustained advocacy and practical investment, particularly as these rights are increasingly contested globally.

Cutting across these priorities, health systems across the region continue to evolve, though many countries still face persistent constraints, including shortages in skilled health workers, fragmented data systems, unreliable power, climate vulnerability, regulatory gaps, and fragile supply chains for medicines, vaccines and diagnostics. These challenges can limit countries' ability to prevent, detect and respond to health threats while maintaining safe, quality and equitable health services. Health disparities are exacerbated by persistent social and structural inequalities, demographic shifts, and climate-related vulnerabilities undermining progress toward health equity.

PHR at a Glance: Key Highlights

Annual Performance Highlights (2025)

22 countries supported, working in partnership across the Pacific and Southeast Asia, $620 million: Australia's flagship 5-year investment

Communicable Disease Prevention and Control

Stronger prevention. Earlier detection. Faster response.

233
epidemiologists trained across 16 countries

200,000
canine rabies vaccines delivered in Timor-Leste

16,000
people screened for TB in Cambodia and Kiribati

246,000
new all-oral treatment courses for drug-resistant TB procured across 110+ countries

Non-Communicable Diseases Prevention and Control

Preventing disease. Detecting earlier. Saving lives.

5,766
women accessed HPV screening services

10.3%
NCDs screening coverage in supported Cambodian communes vs 2.3% national average

11
Pacific island countries using the Monitoring Alliance for NCD Action (MANA) dashboard

9
countries advancing cervical cancer elimination

Sexual and Reproductive Health and Rights

Empowering choices. Protecting rights. Improving futures.

313,000+
Couple-Years of Protection (CYP) generated

1.22m
SRHR services delivered across 9 countries

281,955
women, adolescents, and underserved clients reached with SRHR services

43,659
unintended pregnancies prevented

1.8m
people reached through digital engagement

Resilient Health Systems

Stronger systems. Better data. Reliable services for all.

8.5m
clinical events digitally recorded

460%
increase in clinical encounters recorded in Kiribati

1,000
health workers trained to deliver cervical cancer services across seven countries

150+
essential medicines approved in Fiji

8
Pacific island countries achieved 90%+ essential medicines availability

Cross-cutting priorities

Gender Equality, Disability Equity, and Social Inclusion (GEDSI)

84%
of investments effectively integrated and progressed gender equality

78%
of investments effectively integrated and progressed disability equity

125,822
women accessed contraceptives across seven Pacific island countries

3,633
survivors of gender-based violence received first-line care

325
people with disabilities accessed disability-inclusive SRHR services in Fiji

2,692
people from ethnic minority communities accessed HIV testing in Vietnam

Climate and One Health

10,000
wildlife interface samples collected across four countries for pandemic risk surveillance

2,054
climate-sensitive disease alerts generated in Fiji and Vanuatu (1,448 alerts in Fiji, with 91% accuracy, and 606 alerts in Vanuatu, with 98% accuracy)

First Nations Engagement

100+
participants reached through initiative-wide First Nations engagement learning and collaboration events in 2025

Locally Led Development

6
Pacific island countries improving locally governed digital health implementation

These highlights reflect the collective effort of our partner countries, communities and stakeholders. Together we are building a healthier, more resilient Pacific and Southeast Asia.

Communicable Disease Prevention and Control

Infectious disease threats can spread quickly across borders, disrupting health systems, communities and economies. By focusing on prevention, detection and response across the Pacific and Southeast Asia, Australia's investments support countries to prepare for outbreaks, control disease more effectively, and improve access to new health products and technologies that protect lives and regional health security.

Health Emergency Preparedness and Response

- Two Global Outbreak Alert and Response Network (GOARN) deployments in Fiji (HIV) and Vietnam (measles) provided surge capacity through epidemiology, surveillance, and clinical case management expertise targeted to local contexts (WHO).
- Three Joint External Evaluations (Laos, Vanuatu, and Vietnam) assessed country capacities to prevent, detect and rapidly respond to public health threats and emergencies (WHE).
- Training for 193 public health specialists from 26 countries provided practical tools to help prepare for and respond to disease outbreaks in the Pacific and Southeast Asia, including train-the-trainer courses to pass knowledge and tools to other public health actors (NCCTRC PHOENIX).
- Training and mentoring for 233 field and veterinary epidemiologists across 16 countries, who played a key role in dengue, measles, rabies and other disease investigation, surveillance and response (FEiA, Pac-EVIPP+, APCOVE).
- 1,448 disease alerts in Fiji and 606 alerts in Vanuatu were generated through expanded community-based surveillance, strengthening early warning and outbreak response. Alerts achieved high accuracy (91% in Fiji; 98% in Vanuatu) and were acknowledged by authorities to inform targeted public health action (SECURE).

Case study

Enhancing Measles and Rubella Elimination in Vietnam

With the support of the Australian Government, the National Centre for Immunisation Research and Surveillance (NCIRS) provided technical support to the Vietnam Ministry of Health during 2025 through the deployment of two technical specialists. Working via the WHO's Global Outbreak Alert and Response Network (GOARN) these deployments strengthened both outbreak response and long-term measles and rubella elimination planning in Vietnam.

Analysis of surveillance and immunisation data, field visits, and consultations with more than 60 national and provincial stakeholders helped build a shared understanding that measles outbreaks result from immunity gaps caused by missed vaccination rather than being unavoidable events. These efforts contributed to the inclusion of vaccine supply security and preventative Supplementary Immunisation Activities (SIAs) in Vietnam's revised Law on Disease Prevention and accelerated development of a national immunisation strategy and dedicated measles and rubella elimination plan. Together, these outcomes demonstrate how embedded technical expertise, trusted partnerships, and evidence-based analysis can translate lessons from outbreak responses into stronger, more resilient immunisation systems – bringing Vietnam a step closer to measles elimination and a safer future for children.

> "The dedication of local health teams was remarkable. Everyone we met was eager to learn from the outbreak and prevent the next one."

Dr Madeleine Marsland, NCIRS Medical Epidemiologist

Immunisation Systems and Outbreak Prevention

- Immunisation systems were improved across the region, by:
  - » Reviews of Expanded Programme on Immunisation (EPI) programs in Thailand and Vietnam.
  - » Establishment of six new rotavirus surveillance sites in Timor-Leste.
  - » Expansion of PNG's Triple Elimination Strategy to include hepatitis B alongside HIV and syphilis (RISE-2).
- Digitisation through the Australian-designed Tamanu Electronic Medical Record (EMR) system improved immunisation data quality in Samoa recording 80,000 vaccinations (BES).
- Multisectoral coordination for outbreak prevention improved collaboration between health ministries, disability organisations, and community groups, enabling more effective resource mobilisation (RISE-2).
  - » In Timor-Leste, 200,000 canine rabies vaccines helped authorities respond to the rabies outbreak, along with strengthening systems for post-exposure prophylaxis (WOAH; DAFF; RISE-2).

Vector Surveillance and Control

- Regional vector control and outbreak response capability was enhanced by:
  - » Conducting vector control needs assessments in 19 Pacific island countries (PacMOSSI).
  - » Training over 450 vector control staff from 20 countries (PacMOSSI, IVCC).
  - » Providing outbreak response support to six countries during dengue outbreaks (PacMOSSI, IVCC).
- Self-sustaining *Wolbachia*[3] method improved government-led dengue prevention in Indonesia, Timor-Leste and Kiribati, with high community acceptance (World Mosquito Program).
- Training for 850 participants across Southeast Asia enhanced malaria surveillance capacity across the region
  - » Participants' knowledge scores increased from 66.7% (pre-test) to 84.4% (post-test) and 93% reported confidence in applying new knowledge and skills.
  - » Participants represented a range of organisations, including government agencies, academic and research institutions, and non-government organisations (NGOs) (APLMA/APMEN).
- New class of WHO-recommended vector control tools (spatial emanators) were introduced in PNG and Malaysia for malaria and dengue respectively, while also establishing for the first time an Aedes colony in PNG to facilitate testing of dengue vector control tools in the region (IVCC).

Tuberculosis and HIV Control programs

- 16,000 people in Cambodia and Kiribati were reached through community-based TB screening. This allowed for the identification of cases that may otherwise have been missed. In Kiribati, screening detected 90 TB cases and 30 leprosy cases, enabling earlier diagnosis, treatment and follow-up (SAPPHIRE).
- Through expanding testing outreach via satellite clinics, PNG health laboratories now provide 35% of PNG's HIV viral load testing and 60% of early infant HIV diagnostic testing strengthening national HIV surveillance (ACT-UP PNG).
- In Fiji, Australia supported implementation of Tamanu EMR at sexual and reproductive health clinics to provide real-time monitoring of HIV diagnoses, service utilisation and treatment outcomes, enabling timely decision-making, improving HIV management and improving continuity of care (BES, Doherty).

3 A safe, natural technique used to reduce the spread of dangerous viruses like dengue, Zika, chikungunya, and yellow fever by introducing safe bacteria into Aedes aegypti mosquitoes (How WMP's Wolbachia method works)

"For many years, community organisations have carried the weight of HIV prevention with our own communities. It is encouraging to see the Government now working in genuine partnership with us to strengthen a community-led response. With support from the Australian Government, through Health Equity Matters, we can finally build on our experience in a sustainable way."

(Asaeli Sinusetaki, Interim CEO of Rainbow Pride Foundation)

Product Development and Access to New Technologies

- A new all-oral treatment course for drug-resistant TB (pretomanid-containing BPaL/M regimen[4]) has reached approximately 80% of the global treatment market, with 246,000 treatment courses procured across 110+ countries and projected to deliver US$1.3 billion in global health system savings by 2030, including US$100 million across five Southeast Asian and Pacific island countries (TB Alliance).
- PeerLINC in Manila has trained 1,200+ TB experts from 48 countries since 2024, providing rapid, lower-cost technical assistance that is helping countries implement WHO-recommended drug-resistant TB treatments faster and at scale[5] (TB Alliance).



Aticha Thiraporn, a researcher from BIOTEC, utilising continuous flow chemistry in the preparation of an HIV medicine at CSIRO's Clayton laboratories. (Credit: James Gardiner CSIRO, 2025)

- Advanced new 'next-generation' vaccines, treatments, diagnostics and technologies for epidemic-prone diseases, malaria and neglected tropical diseases are strengthening health security and equitable access (IVCC, CEPI, MMV, PATH and MDGH).
- Support for Malaysia and Thailand to build sovereign vaccine manufacturing capability is developing national and regional resilience and strengthening preparedness for future outbreaks. This will reduce reliance on imported vaccines and strengthen regional emergency response capacity (CSIRO).

Non-Communicable Disease Prevention and Control

NCDs, including mental health conditions, place a growing burden on individuals, families and health systems. By investing in prevention, early detection and long-term care, Australia is working with partners toward improved health systems so people can access support earlier and closer to home. Expanding rights-based, community-level mental health and psychosocial support services promotes dignity, inclusion and informed choice, reduces stigma, and helps reach underserved populations.

4 Tuberculosis drugs are short, oral 6-month treatments developed by TB Alliance: Pretomanid and the BPaL Regimen - TB Alliance | Putting science to work for better, faster TB cures.

5 PeerLINC Knowledge Hub



Juliana Sili (left) one of the first eight midwives to graduate from Samoa's revised midwifery curriculum under the Transformative agenda Program for women and girls Phase II. Credit: Tairah Firduos, UNFPA Pacific

Policy and Regulatory Reform

- NCDs policy monitoring improved by using the Pacific Data Hub (MANA dashboard) across 11 Pacific island countries[6] to track NCDs policies, legislation and national commitments resulting in strengthened accountability and evidence-based decision-making (SPC).
- In Fiji, Samoa, Cook Islands, Cambodia, Tonga, Kiribati, and Tokelau, country-led efforts progressed fiscal and legislative measures targeting tobacco use and unhealthy diets (SPC).
- Fiji, Indonesia, Malaysia, Nauru, PNG, Solomon Islands, Timor-Leste, Tuvalu, and Vanuatu have advanced evidence-based planning to achieve cervical cancer elimination.
    - » This includes HPV vaccination planning and modelling contributing to improved vaccination strategies, progress toward WHO cervical cancer elimination targets (EPICC).

Community-Based Prevention and Service Delivery

- 5,766 women accessed HPV screening services, increasing opportunities for early detection and timely follow-up, treatment and care for women at risk of cervical cancer.
    - » Community-based prevention efforts increased demand for cervical cancer screening and strengthened referral pathways for women needing follow-up care (EPICC).
- NCDs screening coverage in supported Cambodian communes reached 10.3%, compared with 2.3% nationally, demonstrating the value of localised primary health care approaches in identifying NCDs earlier and linking people to treatment (RESist-NCD).
    - » 1,086 students in Solomon Islands were screened for rheumatic heart disease, identifying and commencing treatment for 26 children (Pacific RHD program).
- Digital health systems improved patient tracking, referrals and continuity of care.
    - » Tools including Tamanu, canSCREEN and national registries strengthened follow-up, referrals and chronic disease monitoring, helping manage NCDs more effectively (BES; EPICC; PHISH).
- Diabetes prevention, screening and management were strengthened in Tonga, Kiribati, Vanuatu, Tuvalu, and Samoa, while integrated diabetes care models improved service delivery and coordination in Fiji, Niue, and Vanuatu (SPC).

Mental Health

- Mental health policy reform supported in Fiji (review of Fiji's Mental Health Act) and the Philippines, advanced more evidence-based and community-oriented mental health systems strengthening the foundations for more inclusive, rights-based mental health systems. (Rise & Thrive - CBM Australia).
- Community mental health projects Ngalu Fānifo, implemented by PMA in Vanuatu and Tonga, strengthened local capacity for early, culturally appropriate mental health support, including:
    - » Training of 26 community leaders and clinic staff in Vanuatu;
    - » Co-designing locally relevant training in Tonga; and
    - » Developing translated resources in Bislama and Tongan to improve awareness, reduce stigma and enable access to care (Ngalu Fānifo, PMA).

6 Cook Islands, Kiribati, Fiji, Vanuatu, Tonga, Solomon Islands, Naoero, Samoa, Tuvalu, Marshall Islands, and Niue



Timor-Leste Mana Betty, Formosa Community Health Centre., Dili. Credit: Dr Andriano Pereira

Case study

Advancing equitable access to cervical cancer screening in Timor-Leste

In October 2025, the Elimination Partnership in the Indo-Pacific for Cervical Cancer (EPICC) together with the Ministry of Health and the Secretariat of State for Equality and Social Inclusion, convened the inaugural GEDSI Workshop in Dili, bringing together 27 representatives from government, civil society, health services, UN agencies, and community groups.

Participants identified key barriers to cervical screening, including stigma, inaccessible information and transport constraints, and developed ten priority recommendations to improve equitable access. The workshop also identified local equity champions and informed national discussions on inclusion standards, accessibility and stakeholder engagement in Timor-Leste's cervical cancer elimination program.

Timor-Leste achieved remarkable results in 2025, with more than 1,000 women screened for HPV through the country's first same-day HPV screen-and-treat clinic. The model enables eligible women to access assessment and treatment in a single visit, reducing loss to follow-up and thereby allowing for early intervention.

> "Through this workshop I learned cervical cancer is not only a health problem—it is about access, respect, and inclusion. Now I feel confident to bring this knowledge back to my community."

Workshop participant

Sexual and Reproductive Health and Rights

Access to SRHR is essential to health, gender equality and individual autonomy. Australia's SRHR investments across Southeast Asia and the Pacific are helping women, adolescents, and underserved populations access quality services, make informed choices about their bodies and futures, and avoid preventable health risks. By improving contraceptive security, strengthening service delivery systems and supporting rights-based advocacy, these investments help ensure SRH services and commodities reach those most in need, particularly in settings where barriers to care remain high.

Access and Reach of Services

- Australia's SRHR investments contributed to more than 313,000 CYP across the Pacific and Southeast Asia, significantly expanding access to contraception and reducing preventable health risks for women and adolescents:
  - » In the Pacific, contraceptives distributed through UNFPA Supplies generated 209,342 CYPs, preventing an estimated 43,659 unintended pregnancies, 4,557 unsafe abortions and 267 maternal deaths, and generating USD 5.3 million in direct healthcare savings (UNFPA Supplies).
  - » Across 9 countries in South and Southeast Asia, a further 103,800 CYPs were generated through the delivery of 1.22 million SRH services to 281,955 women, adolescents and underserved clients (TUSIP/ RESPOND Phase II).
- Strong year-on-year growth for modern contraceptive use was recorded in Samoa (60.6%), Tonga (41.7%), Kiribati (32.0%), Naoero (21.1%), and the Federated States of Micronesia (6.6%) (UNFPA Supplies).
- 140,081 women in nine Pacific island countries, accessed family planning services due to expanded contraceptive availability and more inclusive service delivery.
  - » This included introduction of new methods such as self-injectable contraceptive (DMPA-SC) alongside strengthened youth-friendly and disability-inclusive services (UNFPA Supplies).
- In Southeast Asia, digital SRHR engagement reached approximately 1.8 million people online, and delivered 955 education sessions, including digital reach to nearly 90,000 users under 25 in Vietnam (TUSIP/RESPOND Phase II).

Reducing Contraceptive Supply Gaps

- Australia helped strengthen contraceptive security in the Pacific by increasing the volume of contraceptive protection reaching service delivery points.
  - » Contraceptive protection distributed from central medical stores to service delivery points increased by 14.9% (from 182,230 CYPs in 2024 to 209,342 CYPs in 2025), contributing to more reliable access to contraception (UNFPA Supplies).
- Strengthened data systems helped countries better identify supply gaps and plan more equitable services. Automated SRHR commodity forecasting and reporting dashboards were implemented across 10 Pacific island countries, improving order accuracy, strengthening commodity visibility and supporting more timely decision-making (BES).

Global Advocacy

- Australia sustained global leadership on rights-based SRHR in an increasingly contested international environment:
  - » Through support to the Nexus Initiative, engagement with 129 UN Member States helped defend inclusive, evidence-based and rights-based approaches to SRHR (Nexus Initiative).

Resilient Health Systems

By investing in skilled health workers, stronger use of data and evidence, and reliable systems for safe medical products, Australia's investments are helping countries build health systems that are better prepared, more responsive and more sustainable. Working through national institutions supports locally led solutions that can be sustained beyond individual programs.

Strengthened Health Workforce

- More than 1,000 health workers were trained to deliver cervical cancer services across seven countries (EPICC), while 490 community health workers were trained on scabies prevention, diagnosis and treatment in Fiji (ReALiSE).
- Health professionals from all 22 Pacific island and Southeast Asian countries participated in regional training in laboratory diagnostics, genomics, antimicrobial resistance, digital health, and biosecurity, strengthening specialised workforce capability (SPC; RECSI; Pacific Nursing and Midwifery Program).

Strengthening and Use of Health Data and Evidence

- Australian-supported and Australian-designed digital health information systems (Tamanu and Tupaia) strengthened reporting and disease monitoring across six Pacific Island countries and the Philippines (BES). Achievements include:
  - » 8.5 million clinical events recorded across six Pacific island countries, strengthening patient management, service delivery, and health planning.
  - » In Kiribati, Tamanu expansion contributed to a 460% increase in recorded clinical encounters between 2024 and 2025, significantly improving the quantity and quality of health data available for decision-making.
  - » Tupaia supported 531 users across 14 Pacific island countries to access more than 8,000 data visualisations for outbreak monitoring, NCDs surveillance, and health planning.
  - » In Fiji, the digitised National Notifiable Disease Surveillance System introduced automated epidemiological reporting, heat maps and sex-disaggregated analysis, enabling earlier identification of disease trends and public health risks.
- PHR supported locally led efforts to improve budget management. In Solomon Islands a Supply Chain Management assessment created a 30% increase in the National Medical Store budget which freed up additional resources to buy, store and disseminate essential medicines and medical equipment. In PNG analytics and targeted technical advice contributed to a 16% increase in the health budget, a reversal of a post-2022 downward trend (Advance UHC).
- National health information systems were strengthened in Vanuatu, Solomon Islands and Tonga through improved reporting processes, health information system assessments and workforce capability in data governance and analysis (PHISH).

Safe Medical Products, Medicines, Regulatory Systems and Medical Supply Chains

- Our technical assistance supported Lao PDR to transition to a fully paperless medicine registration system, and establish a regulatory recognition pathway in Fiji that enabled approval of more than 150 essential medicines. Regulatory strengthening activities also reached 11 Pacific island countries without National Regulatory Authorities (TGA).
- Technical support to 23 laboratories helped seven countries meet regional quality assurance standards. This led to improved testing and diagnostic reliability. Strengthened antimicrobial resistance surveillance in 12 countries across the region (CSIRO – APPLLe; SAPPHIRE; Doherty; SPC; Menzies' RESPOND).

- Implementation of medical supply information systems saw significant improvements in medical stock levels and national supply chains (BES/TMF), including:
  - » 300+ health facilities in Timor-Leste migrated to Open mSupply medical inventory and supply chain software in 2025, improving visibility of medicine stock levels and strengthening national supply chain management.
  - » Eight Pacific island countries achieved at least 90% availability of essential medicines at central medical stores, improving medicine availability and reducing the risk of stockouts.
  - » In Kiribati, stock transaction accuracy improved from 67% to 92%, enabling more accurate forecasting, stronger accountability and reduced medicine losses.



Prof. Dr. Woo Yin Ling, Founding Trustee of ROSE Foundation explaining to participating healthcare providers on how to counsel patients at a colposcopy workshop in UMMC, Kuala Lumpur. Credit: ROSE Foundation

Case study

Strengthening Medicine Safety for Lifesaving Antibiotics in the Pacific

In 2024–25 when Pacific island countries reported serious adverse events, including fatalities, following administration of benzathine benzylpenicillin (an essential medicine to prevent congenital syphilis and rheumatic heart disease), pharmacy teams from Fiji, Samoa and Kiribati sought technical support from Australia. Through the Regulatory Strengthening Program (RSP), the Therapeutic Goods Administration (TGA) responded by extending support towards clinical investigations, causality assessments, Product Information reviews and regulatory guidance to inform national safety decisions and alerts. TGA's support contributed to stronger medicine safety systems, including Fiji's safety recommendations and Samoa's improved understanding of procurement and quality assurance during shortages. Through the program's support, Pacific island countries are strengthening systems to maintain safe access to this lifesaving antibiotic.

Cross-Cutting Priorities

PHR is committed to advancing four cross-cutting priorities: GEDSI, First Nations engagement, Climate and One Health, and Locally Led Development.

Gender Equality, Disability Equity, and Social Inclusion

Embedding GEDSI in health investments is key to addressing the unequal norms, barriers and discrimination that can affect access to opportunities and services, and drive inequitable health outcomes. PHR supports equitable participation of people experiencing social disadvantage and exclusion in its investments, with a particular focus on women and people with disabilities. This is reflected in investments in women's leadership, partnerships with people with disabilities, efforts to reduce barriers to access, and improved use of data to drive more inclusive and responsive health programs.

Achievements in Gender Equality

- Expanded access to sexual and reproductive health services, including by providing choice



Kiribati project team members releasing Wolbachia mosquitoes during the official mosquito release launch in South Tarawa, Kiribati. Credit: World Mosquito Program

and reproductive agency, and supporting 125,822 women to access contraceptives across seven Pacific island countries (UNFPA Supplies).

- Improved sexual and gender-based violence prevention and response, by strengthening access to survivor-centred services, supporting provider training and improving referral to medical, psychosocial, and legal support, supporting 3,633 survivors to receive first-line care (RESPOND II).
- Supported women's leadership in health including by:
  - » Elevating the nursing profession and facilitating career pathways for women in nursing and midwifery leadership through the Pacific Leadership Program with the 2025 program supporting 23 female fellows (SHWP).
  - » Access to professional development and leadership support, with public health specialists across 17 countries (76% women) reporting improved confidence among women leaders, greater inclusion of women in decision-making, and stronger integration of equity considerations in preparedness and response planning (PHOENIX).
- Addressed gender norms including by recognising men as allies and engaging them to support cervical cancer screening in PNG (EPICC).
- Reversing decades of underrepresentation in clinical research, PDPs helped to build the evidence needed to safely expand access to new TB and malaria medicines for pregnant and lactating women (MMV, TB Alliance).
- Improved the enabling environment through policy change and strategy development, including using sex- and age-disaggregated HIV data to inform PNG's new HIV Care and Treatment Guidelines and Triple Elimination Strategy, and influencing practice change (ACT-UP).
- Utilised data to support capacity of health systems to improve equitable access, including:
  - » At the national hospital in Naoero, new antenatal and maternity modules integrated into Tamanu improved monitoring and continuity of maternal care (BES/TMF).
  - » Delivery of gendered data analysis training in Tonga helped health, statistics, and justice sector staff to interpret and apply gender-responsive data within health information systems and policy processes (PHISH in partnership with SPC and Vital Strategies).

Achievements in Disability Equity and Rights

- Embedded lived experience in program implementation and worked in partnership with organisations of people with disabilities (OPDs) including:
  - » World Mosquito Program collaborated with Te Toa Matoa in Kiribati to improve the accessibility of communications, meetings and outreach activities (World Mosquito Program).
  - » OPDs in Cambodia and Vietnam joined governance committees supporting inclusive program oversight (RESist-NCD).

    - » A partnership with the National Disability Forum of Solomon Islands supported two-way learning on GEDSI in field epidemiology (FEiA).
- Supported people with disabilities to contribute to health program delivery, including by enabling people with psychosocial disabilities to deliver mental health training and 274 people with psychosocial disabilities to access training on their rights (Rise and Thrive - CBM Australia).
- Expanded access to disability-inclusive SRHR services which reached 325 people with disabilities in Fiji, many of whom were accessing SRHR services for the first time (Transformative Agenda for Women, Adolescents and Girls Phase II).
- Progress was made through an increased focus on disability data collection and analysis including:
    - » The Washington Group Short Set in Functioning (WG-SS) was integrated into the canSCREEN™ registry, supporting attention to disability data in HPV screen and treat activities, with routine use established in Timor-Leste, Naoero, Tuvalu, and PNG (EPICC).
    - » A national disability registry in Naoero, implemented through Tamanu and aligned to the WG-SS, enabled functional limitations and service needs to be captured to improve service planning (BES/TMF).
    - » Disability-inclusive indicators were incorporated into national HIV monitoring frameworks and community-led monitoring tools in PNG, addressing long-standing disability data gaps (Indo-Pacific HIV Partnership).

Achievements in Social Inclusion

- Addressed financial barriers to access by conducting outreach in Vietnam to reach women living in poverty and providing service fee waivers to 49 clients in Cambodia, enabling access to a range of sexual and reproductive health services (RESPOND II).
- Supported the inclusion of underrepresented groups by strengthening Vietnam's decentralised primary health care (PHC) model to include ethnic minority women in site selection (RESist-NCD); and enabling 2,692 people from ethnic minority communities in Dien Bien, Vietnam, to access HIV testing (CCRD).
- Improved meaningful participation of key populations in HIV program delivery by enabling people living with HIV, sex workers, female entertainment workers, LGBTQIA+ communities, young people, and networks of people who use drugs to influence outreach strategies and service improvements in Cambodia; and to co-design prevention messaging and shape policy discussions in Fiji (Indo-Pacific HIV Partnership).
- Supported youth engagement by building the capacity of local youth organisations to deliver community-based sexual and reproductive health information and referral services (RESPOND II); and by spearheading the youth-led initiative Hakdaw Kabataan in Philippines, which has strengthened local HIV/AIDS awareness, planning and financing advocacy (Indo-Pacific HIV Partnership).

First Nations Engagement

PHR is promoting self-determination, cultural safety and respectful knowledge exchange through its First Nations engagement programming, contributing to more locally led, trusted and sustainable health solutions. Notable achievements include:

- RESPOND, implemented by Menzies School of Health Research, facilitates relationships between First Nations Australians and Timorese partners through Hili Saudável ('Choose to Be Healthy'), a co-designed, culturally appropriate health promotion initiative grounded in local priorities (Menzies' RESPOND).
- The National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP) is implementing the Regional Indigenous Partnership: Collaboration for Primary Health Care Workforce Strengthening in Vanuatu (RegIP - NAATSIHWP).

» The project is anchored in First Nations objectives, strategy and perspectives. This ensures cultural safety, self-determination and community-led approaches shape support, working alongside ni-Vanuatu partners to strengthen the primary health care workforce (RegIP - NAATSIHWP).

DFAT works in partnership with Indigenous organisation, Ninti One, to inform and strengthen approaches to First Nations engagement, facilitate collaboration, and share learnings across the PHR portfolio. This includes co-hosting communities of practice with Ninti One, supporting cross-learning, shared learning and collaboration between PHR partners reaching over 100 people over 3 events in 2025.

Climate and One Health

By treating climate change and One Health as core health system concerns, PHR works with countries to detect threats earlier, maintain essential services during shocks, and respond to health risks that cut across human, animal, and environmental systems. Notable achievements include:

Strengthening Surveillance for Climate-Sensitive and Emerging Disease Risks

- Through strengthened surveillance, more than 10,000 wildlife-interface samples were collected across Cambodia, Indonesia, Laos and the Philippines, contributing to improved One Health preparedness (CSIRO — WIViREIDS).
- Digital community-based surveillance improved early detection of outbreak risks in Fiji and Vanuatu, including disease patterns influenced by seasonal and climate-related changes. The system generated 1,448 alerts in Fiji with 91% accuracy and 606 alerts in Vanuatu with 98% accuracy, supporting earlier community-level response (SECURE Pacific).
- Strengthened laboratories and clinical surveillance systems and genetic surveillance capacity helped combat zoonotic malaria in Malaysia and Indonesia (Menzies' RESPOND).

Adapting Health Services to Climate Disruption

- SRHR systems were improved across 9 Pacific island countries to maintain essential services during climate-related disruptions. This included pre-positioning supplies, integrating SRHR and gender into disaster risk reduction frameworks, and supporting continuity of care during emergencies (Transformative Agenda for Women, Adolescents and Girls Phase II).
- Health service delivery was adapted to reduce climate-related access barriers. In Kiribati, flexible delivery and home-based screening helped maintain access when flooding disrupted transport and outreach (SAPPHIRE).
- Medicine regulatory systems were enhanced to support continuity and safety during climate-related shocks, including rising temperatures, storms, and supply chain disruptions (RSP).

Improving Environmental Sustainability and System Efficiency

- Laboratory and biomedical manufacturing activities incorporated waste reduction, low-carbon practices, and climate-risk considerations. This included biological waste management improvements in Indonesia, green chemistry principles in Thailand, and climate-related content in training packages (CSIRO).
- Environmental safeguarding and product stability work reduced wastage and costs in medicine delivery. Stability studies for hot and very humid conditions (such as those in our region) extended the approved in-use period for 500-tablet bottles from 24 hours to 14 days, supporting a more sustainable and efficient delivery during major launches of medicines in our region (MDGH).

Locally Led Development

Locally led development helps ensure health investments are relevant, trusted and sustainable. By enabling governments, regional organisations, civil society and communities to lead implementation and decision-making, PHR strengthens country ownership, embeds improvements within national systems, and supports lasting gains in health services and systems. Examples include:

- Governments across the Pacific leading NCDs policy, health workforce, and regulatory reforms (SPC).
- Locally led diabetes and hypertension programs achieving a 10.3% screening coverage in supported communities, compared with 2.3% nationally in Cambodia. Community-led surveillance across the Pacific and co-designed TB and health promotion programs in Southeast Asia.
- Greater participation of people with psychosocial disabilities in mental health reform has led to improved engagement and more locally owned solutions across the Pacific and Southeast Asia.
- Locally led and culturally anchored models of care for mental health and wellbeing are being implemented, guiding community mental health training in the Pacific.



Ngalu Fānifo: Community-based mental health support.
Credit: Pasifika Medical Association group, Tongatapu

Case study

Ngalu Fānifo[7] – Community trust opens doors

Pasifika Medical Association (PMA) is working with governments and communities in Tonga and Vanuatu to improve mental health outcomes through its Ngalu Fānifo community mental health program. Using Pacific talanoa methodologies, PMA has co-designed locally informed models of care that reflect community priorities and lived experiences.

PMA's strong cultural connections and trusted relationships have been central to the program's success. During a recent visit to Tonga, PMA engaged community leaders, health workers, church representatives and families to test and refine their community-based mental health model. A consistent message emerged: people are more likely to seek mental health support from trusted individuals such as family members, church leaders and community elders than from formal health services. These insights highlighted the critical role of local champions in promoting mental wellbeing and connecting people to support. Ngalu Fānifo demonstrates how locally led, culturally relevant approaches that build on existing community trust can strengthen mental health systems and deliver more sustainable outcomes for Pacific communities.

7 A $3.5 million regional mental health initiative led by the Pasifika Medical Association (PMA) in partnership with the Australian Government and the Ministries of Health in Tonga and Vanuatu

Annex 1: Abbreviations

Abbreviations	Description
ACT-UP	Accelerating the Uptake of HIV Drug Resistance Surveillance Initiatives in PNG
Advance UHC	Advance Universal Health Coverage Multi Donor Trust Fund
APCOVE	Asia Pacific Consortium of Veterinary Epidemiology
APLMA	Asia Pacific Leaders Malaria Alliance
APMEN	Asia Pacific Malaria Elimination Network
APPLe	Asia-Pacific Placements and Laboratory Leadership
BES	Beyond Essential Systems
BPaL	Bedaquiline, Pretomanid and Linezolid regimen
BPaLM	Bedaquiline, Pretomanid, Linezolid and Moxifloxacin regimen
CCRD	Centre for Community Health Research and Development
CEPI	Coalition for Epidemic Preparedness Innovations
CoP	Community of Practice
CSIRO	Commonwealth Scientific and Industrial Research Organisation
CYP	Couple-Years of Protection
DAFF	Department of Agriculture, Fisheries and Forestry
DFAT	Department of Foreign Affairs and Trade
DMPA-SC	Depot Medroxyprogesterone Acetate, Subcutaneous
Doherty	Peter Doherty Institute for Infection and Immunity, University of Melbourne
DR-TB	Drug-Resistant Tuberculosis
EMR	Electronic Medical Record
EPI	Expanded Programme on Immunisation
EPICC	Elimination Partnership in the Indo-Pacific for Cervical Cancer
FEiA	Field Epidemiology in Action
GEDSI	Gender Equality, Disability Equity, and Social Inclusion
GOARN	Global Outbreak Alert and Response Network
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
IVCC	Innovative Vector Control Consortium
LGBTQIA+	Lesbian, Gay, Bisexual, Trans, Queer, Intersex, Asexual, and other gender identities or sexual orientations (+)
MANA	Monitoring Alliance for NCD Action
MDGH	Medicines Development for Global Health
MMV	Medicines for Malaria Venture
MSM	Men who have sex with men
NAATSIHWP	National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners
NCCTRC	National Critical Care and Trauma Response Centre
NCDs	Non-Communicable Diseases
NCIRS	National Centre for Immunisation Research and Surveillance
NGO	Non-Governmental Organisation
OPD	Organisation of Persons with Disabilities

Abbreviations	Description
Pac-EVIPP+	Pacific Evidence-Informed Policies and Programmes Plus
PacMOSSI	Pacific Mosquito Surveillance Strengthening for Impact
PATH	PNG-Australia Transition to Health
PDPs	Product Development Partnerships
PHC	Primary Health Care
PHISH	Pacific Health Information Support Hub
PHOENIX	Public Health Operations in Emergencies for National Strengthening in the Indo-Pacific
PHR	Partnerships for a Healthy Region
PMA	Pasifika Medical Association
PNG	Papua New Guinea
ReALiSE	Regional Alliance for Learning in Systems for Equitable Child and Adolescent Health
RECSI	Regional Emergency and Critical Care Systems Strengthening Initiative
RegIP	Regional Indigenous Partnership: Collaboration for Primary Health Care Workforce Strengthening in Vanuatu
RESist-NCD	Building resilient and people-centred health systems for non-communicable disease prevention and control in Pacific and Southeast Asian countries
RESPOND	Regional Engagement in Surveillance and Response to Priority Diseases, providing Opportunities for National health system strengthening and Development
RHD	Rheumatic Heart Disease
RISE-2	Regional Immunisation Strengthening and Engagement 2
ROSE	Removing Obstacles to Cervical Screening
RSP	Indo-Pacific Regulatory Strengthening Program
SAPPHIRE	Sydney Asia-Pacific Partnership for Health Innovations and Resilient Ecosystems
SEA	Southeast Asia
SECURE	Strengthening Community Preparedness and Response to Epidemics
SHWP	Strengthening Health Workforce in the Pacific (Nursing and Midwifery)
SIA	Supplementary Immunisation Activities
SPC	Secretariat for Pacific Community (Public Health Division)
SRHR	Sexual and Reproductive Health and Rights
TB	Tuberculosis
TGA	Therapeutic Goods Administration
TMF	The mSupply Foundation
TUSIP	Towards Universal Sexual and Reproductive Health and Rights in the Indo-Pacific
UMMC	University of Malaya Medical Centre
UNFPA	United Nations Population Fund
WG-SS	Washington Group Short Set on Functioning
WHE	The WHO Health Emergencies Programme
WHO	World Health Organization
WIViREIDS	Wildlife Interface Viromic Regional Emerging Infectious Disease Surveillance
WOAH	World Organisation for Animal Health

Annex 2: PHR Program logic

GOAL	Pacific and Southeast Asian countries deliver better health outcomes for all.
Strategic Objective	Australia is a trusted health partner in the Pacific and Southeast Asia, with stronger institutional linkages and high value placed on our public health expertise.
Development Objective	Pacific and Southeast Asian countries have more resilient and equitable public health systems with greater capability to respond to health emergencies.

Development Outcomes	EOPO1	EOPO2	EOPO3	EOPO4
	Australian assistance contributes to improved ability of partner countries to anticipate, prevent, detect and control communicable disease threats and to address equity in the delivery of these functions	Australian assistance contributes to improved capacity of partner countries to prevent and control non-communicable disease in an equitable way.	Australian assistance contributes to increased capacity of partner countries to advance equitable and comprehensive SRHR, particularly for women and girls.	Australian assistance contributes to partner countries' improved regulatory mechanisms, data systems, and capabilities to deliver equitable public health action.
	• **IO 1.1:** Strengthened capacity and systems to respond to epidemic and endemic communicable disease threats. • **IO 1.2:** Strengthened pandemic preparedness and outbreak response systems and capacity. • **IO 1.3:** Increased development, trialling, registration of and access to new or modified medical products.	• **IO 2.1:** Effective health promotion, policy and regulatory reform focused on NCDs risk factors resulting in changes in behaviour. • **IO 2.2:** Strengthened screening, early detection and management of NCDs. • **IO 2.3:** Effective models of care are supported which promote physical and psychosocial wellbeing.	• **IO 3.1:** Improved systems and capabilities to deliver comprehensive, rights-based SRH services and quality information and education. • **IO 3.2:** Australia and partners advocate for and support strengthened legislative and policy environments that advance universal, equitable SRHR. • **IO 3.3:** Improved quality, range and availability of SRH commodities, particularly for women and girls.	• **IO 4.1:** Improved regulatory systems increase the availability of high-quality, safe, effective and essential medicines and products. • **IO 4.2:** Strengthened data systems, with quality data increasingly informing evidence-based decision-making to enhance health policy and programming. • **IO 4.3:** Workforce skills enhanced across key areas, addressing partner government priority needs. • **IO 4.4:** High-quality advice made available to meet partner needs, including by deployees.

Strategic Outcome	EOPO5
	Australia's regional health assistance is flexible, responsive and meets the needs of partner countries.
	• **IO 5.1:** Partnerships across government agencies and Australian institutions support the provision of Australian health expertise into the region. • **IO 5.2:** Coordinated action and policy dialogue across global, regional and Australian partners and with posts. • **IO 5.3:** Efficient program delivery.

Cross-Cutting Outcomes	IO CC1	IO CC2	IO CC3	IO CC4
	Greater adoption of One Health approaches and integration of climate change considerations.	PHR investments effectively progress gender equality, disability equity and social inclusion (GEDSI) outcomes.	PHR programming is enhanced by First Nations Australians' perspectives.	Increased community engagement and locally led development across PHR investments.