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Project Document Cover Page

Project Title: **Fiji Health Procurement Project (FHPP)**

Project Number: 01002886

Implementing Partner: UNDP

Start Date: 01 August 2024 **End Date: 31 December 2026** **LPAC Meeting date: August (virtual)**

Brief Description

The Fiji Health Procurement Project is an initiative aimed at ensuring timely and quality delivery of health products to the Fiji Ministry of Health and Medical Services (MHMS) from WHO pre-qualified suppliers in an affordable prices and acceptable lead time. The project aims at improving the HIV, TB and STI treatment in the country contributing to improvement of the overall health of the targeted population groups in Fiji.

United Nations Development Programme (UNDP) Pacific office and Ministry of Health and Medical Services (MHMS) collaboration is to support in procurement of HIV, STI, Hepatitis B and TB medications, diagnostic kits, and comorbidities, utilizing UNDP procurement architecture. This serves as a testament to UNDPs shared commitment to addressing the challenges of reaching the people most affected and hard to reach population. This project will enable Fiji Government's goal of ensuring no one is left behind from essential health care services.

The key areas this project will focus is:

i. Supply Chain Management: Enhancing the supply chain to ensure that health products are delivered in a timely manner to enable timely treatment and diagnoses of the HIV, TB and STI cases in Fiji.
ii. Quality Assurance: Ensuring that all procured health products meet quality standards and are safe and effective for use.
iii. Cost-Effectiveness: Implementing strategies to procure health products at the best possible prices to maximize the use of available resources.
iv. Collaboration and Partnerships: Working with the Government of Fiji to support the procurement process and ensure the availability of essential health products.

UNSDCF Outcome 2: STRATEGIC PRIORITY: PEOPLE

By 2027, more people, particularly those at risk of being left behind, benefit from more equitable access to resilient, and gender-responsive infrastructure, quality basic services, food security/nutrition and social protection systems.

Project Output 1 (GEN 3): Strengthening Fiji healthcare system in efforts to scaling up and improving the service delivery of HIV/ STI and TB services, especially to key, vulnerable and hard to reach populations.

Output #	Disease	Allocation (USD)	
1278871	**FHPP**	USD 2,304,603	
1290899	**IBBS- DFAT**	USD 165,234	
	TOTAL	USD 2,469,838	
*Conversion of AUD to USD is @exchange rate of *1.513, FJD to USD is @exchange rate of 2.27, which is subject to change upon receipt of fund as per schedule of payment.*	**Total Resources required**		
	Total resources allocated:	**UNDP TRAC:**	0
		Fiji Government:	USD 2,304,603.36
		Donor (DFAT):	USD 165,233.58
		In- Kind	0
	Unfunded:	0	

Agreed by (signatures):

Munkhtuya Altangerel
Resident Representative
Pacific Office in Fiji, United Nations Development Programme
Date:

DocuSigned by:
Tuya Altangerel
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I. DEVELOPMENT CHALLENGE

Overall context of the Western Pacific Region

Several factors frame the region's unique development context. Many of the PICs are among the smallest and most isolated countries in the world. These countries host small populations on small islands that are widely scattered across an enormous expanse. The region reveals significant differences in terms of the development progress. The scores for commitment and capacity vary greatly, reflecting the wide variation in the income level and development status among the PICs[1].

Table 1. The World Bank's classification of countries by income for the 2023 fiscal year

High-income	Upper middle income	Lower middle income
Nauru	Fiji, Marshall Islands, Palau, Tonga, Tuvalu	Kiribati, Federated States of Micronesia, Samoa, Vanuatu

Source: World Bank, 2023.

The structural features of Pacific economies include lower growth, higher inflation, and a deterioration of fiscal and current account balances. The geographic remoteness and smallness of Pacific land sizes and populations make it difficult to achieve the economies of scale needed to attract new foreign investment and expand trade. This in turn limits business expansion, employment opportunities, and income generation. Overall, these structural features are binding constraints to economic growth in the region, and fuel economic dependency and vulnerability. Apart from fisheries and tourism, Pacific economies depend on a few other shock-prone commodities. Most exports from the PICs are limited to agriculture (including fisheries and forestry), tourism, and minerals. The trade of this limited set of exports plays a crucial role in the economies of the PICs. Limited digital connectivity and transport options further prohibit economic opportunities. Some islands in the Pacific are so remote that regular transport services do not exist, leaving people on these islands with limited access to economic opportunities or social services. The remoteness and geographical characteristics of the Pacific countries put a high cost on the movement of goods, services, and people. Private investment is not the main driver of growth and jobs for many PICs because of their small economies, high cost of doing business, and the lack of an enabling environment[2].

Common health problems in the Pacific

The Pacific Island countries and areas are diverse in culture and language, but they share many health challenges. Rates of premature death from communicable and non-communicable diseases are among the world's highest. Communicable diseases such as HIV, hepatitis and tuberculosis continue to be a major health burden, and persistent tropical diseases such as lymphatic filariasis and yaws persist. Low-lying islands are vulnerable to climate change and rising sea levels.

Many Pacific Island Countries (PICs) have achieved remarkable progress on many health targets, including communicable diseases and child and maternal health. However, progress has not equally benefited everyone, and some population groups remain left behind, even those with robust health systems. Disruption to the delivery of essential health services during the COVID-19 pandemic further impeded the progress towards achieving health targets, particularly for unreached groups.

[1] World Bank, 2023; https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups.

[2] USAID Pacific Islands Strategic Framework, March 11, 2022 – March 11, 2027.

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Impacts of COVID-19

While many of the PICs have so far escaped the high infection and death rates of the pandemic, partly due to their remoteness, COVID-19 revealed the PICs' limited capacity to cope with external shocks. The COVID-19 pandemic severely weakened the undiversified and disconnected economies of the PICs, with the collapse of tourism, disruptions to international trade, and a reduction in remittances. The pandemic also exposed the fragility of health systems and governance structures, with a disproportionate impact on women and children. Lockdowns are not safe for everyone, and as a result, women and children face even higher rates of violence. There is increased pressure for women to take on exploitative employment and be more vulnerable to human trafficking[3]. The Global Fund responded to the disruptions in essential health service delivery by providing additional funding to countries, including PICs, through the COVID-19 Response Mechanism (C19RM) with additional funding of USD 1,998,226 with all countries agreed that the activities would mainstream COVID-19 prevention and containment, especially in diagnostics, contact tracing, and prevention related IEC. Disruption to the delivery of essential health services during the COVID-19 pandemic further impeded the progress towards achieving health targets, particularly for unreached groups[4].

HIV, STI and viral hepatitis situation in the Pacific region

While the combined number of PLHIV who know their status in 11 out of 12 countries under the MCWP is only 68 in 2023, the situation is quite different in Fiji, which has a much higher HIV disease burden. Apart from Fiji, which has an adult (15-49 years) HIV prevalence of 0.2%, the HIV prevalence in the rest of the countries is less than 0.1%. The estimated number of PLHIV in Fiji by the end of 2022 was 2,039. There were 870 PLHIV who were aware of their status in all 12 PICs combined[5]. Of these, 711 (81.7%) were on ART (see Table 2). Alone, Fiji contributes 92% of the number of known PLHIV and 91% of those on ART in the region. At 80.5%, it also has the lowest ART coverage rate of PLHIV who know their status. There is no published data from UNAIDS on progress made towards 95-95-95 fast-track targets to end HIV for all the PICs except Fiji. In 2021, 57% of estimated 1,400 PLHIV in Fiji were aware of their status; of them 46% were on ART and 50.4% of those taking treatment were virally suppressed[6].

Table 2: Estimated number of PLHIV and ART coverage in Western Pacific countries: 2021

Country	No. of PLHIV	No. on ART	ART coverage
Fiji	804	647	80.5%
Micronesia	14	12	85.7%
Samoa	12	12	100%
Kiribati	9	9	100%
Marshall Islands	7	7	100%
Vanuatu	7	7	100%
Palau	6	6	100%
Tonga	6	6	100%
Cook Islands	2	2	100%

[3] USAID Pacific Islands Strategic Framework, March 11, 2022 – March 11, 2027.
[4] GDocs_COMBINED_Regional Workshop on Reaching the Unreached_Final.pdf
[5] 2022 UNAIDS GAM report (Fiji) & Programme data reported in 2021 MCWP PUDR.
[6] Global Fund Portfolio Analysis.

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Nauru	2	2	100%
Tuvalu	1	1	100%
Niue	0	0	N/A
Total	**870**	**711**	**81.7%**

HIV vulnerability among PICs and particularly in Fiji is very high, despite low prevalence and absolute numbers. The region has very high rates of untreated STIs, low comprehensive HIV knowledge, high mobility and migration, complex sexual networks, transactional sex, as well as intimate partner and gender-based violence *(UNDP, 2018).* Stigma and discrimination towards PLHIV are also considerably high. The magnitude of the challenges may vary from one country to another, but these issues are common in all PICs. Consequently, national strategic plans and interventions to address HIV and STIs in the region are comparable.

HIV in Fiji – The last IBBS study in Fiji was conducted in 2014 among female sex workers[7]. In total, 857 female and transgender sex workers were identified as actively working in the previous two weeks in Suva, Nausori, Lautoka, Ba, Nadi, Labasa, Savusavu. Sex work in Fiji is less structured than other countries, with virtually no managed sector (e.g. brothels) and workers tend to operate in a more casual manner conducting business as the opportunity arises. The most common venue participants reported operating from was the street, followed by bars, nightclubs and/or restaurants. There appeared to be no public advertising with sex workers relying on word-of-mouth referrals or being directly picked up clients. More recent IBBS data are not available for these and other key and vulnerable populations, which highlights the need to conduct a follow-up IBBS study under the new grant.

95-95-95 Targets

There are no accurate estimates of the total number of PLHIV in most PICs. However, results from the last IBBS conducted among key populations in nine PICs (excluding Fiji) in 2015-16 show that the proportion of key populations that were tested for HIV in the last 12 months was generally low: for MSM, this ranged from 7% (FSM) and 14% (Vanuatu) to 50% (Tuvalu) and 64% (Palau). For sex workers, this ranged from 0% (Samoa) and 11% (Tonga) to 69% (RMI) and 75% (Cook Islands).

In Fiji in 2021, the *cumulative* number of diagnosed HIV-infected people since the beginning of the epidemic was 1,417. In the same year, only 804 PLHIV knew their HIV status, and around 80.5% (647/804) of those who knew their status were on ART *(MOH, 2021).* For 2022, the number of PLHIV in Fiji was estimated to be 2,039, with only 1,057 (51.8%) PLHIV aware of their HIV status; of whom 574 (28%) were on ART. This drop in PLHIV on ART from 647 to 572 from the year before, was mainly due to lost to follow-up as a result of the COVID-19 pandemic. Programme data from the Global Fund programme on 11 PICS in 2022 (excluding Fiji) reported a total of 69 *known* PLHIV, of whom 66 PLHIV (95.7%) were on treatment; however, no estimates are available of the total number of PLHIV in these 11 PICs. Out of the 66 PLHIV on treatment, only 37 (56%) were virologically suppressed. Data from Fiji for 2021 and 2022 showed very low rates of viral suppression: 5.7% (37/647) and 10.4% (60/574) respectively, mainly due to the low proportion of ART patients tested for viral load. In 2022 alone, there was a sharp increase, with 245 new HIV cases, bringing the total number of

[7] Mossman, E., M. Roguski, R. Ravuidi & R. Devi (2014). Integrated Biological Behavioural Surveillance Survey and Size Estimation of Sex Workers in Fiji: HIV Prevention Project. Suva: UNAIDS Pacific Office.

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cumulative cases to 1,657, with 1,057 PLHIV in care and 574 [people on ART, and 60 out of 119 VL tests being virally suppressed.

Hence, while there are no reliable data on the test-treatment cascade, the limited available data suggest that a very low proportion of PLHIV in the Pacific region is aware of their HIV status; with good ART enrolment rates (second 95) in the smaller PICs, but very poor ART enrolment in Fiji, which has a much larger number of HIV cases than the combined other PICs. Similarly, virological suppression (third 95) in 2022 was low, partly due to the impact of the COVID-19 pandemic, as ART patients were not tested for viral load in a timely manner as a result of the COVID-19 lockdowns and travel restrictions; as well as due to challenges regarding the supply-chain of viral load testing cartridges (PUDR, 2022).

Table 3. National and regional KP size estimates

Country (scope of estimate)	Female Sex Workers	MSM	TG women
FSM	505	421	406
Kiribati	626	362	642
Cook Islands	104	267	444
RMI	236	136	193
Samoa	453	667	922
Vanuatu	629	437	1,048
Palau	59	39	55
Tonga	1,602	428	293
Nauru	0	0	0
Tuvalu	12	13	13
Niue	0	0	0
Western Pacific Region	**4,227**	**2,771**	**4,018**

Source: UNDP PSE, 2022

HIV Situation in Fiji

The data information presents Fiji's HIV situation by end of 2022. The HIV trend has dramatically increased in 2023 and 2024.

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HIV and AIDS Estimates

Adults and children living with HIV	**2000 [1200 - 4100]**
Adults aged 15 and over living with HIV	2000 [1200 - 4000]
Women aged 15 and over living with HIV	<1000 [<1000 - 1800]
Men aged 15 and over living with HIV	1100 [<1000 - 2100]
Children aged 0 to 14 living with HIV	<100 [<100 - <200]
Adult aged 15 to 49 HIV prevalence rate	**0.3 [0.2 - 0.7]**
Women aged 15 to 49 HIV prevalence rate	0.3 [0.2 - 0.6]
Men aged 15 to 49 HIV prevalence rate	0.4 [0.2 - 0.7]
HIV prevalence among young women	0.1 [<0.1 - 0.2]
HIV prevalence among young men	<0.1 [<0.1 - 0.1]
Adults and children newly infected with HIV	**<500 [<200 - <1000]**
Adults aged 15 and over newly infected with HIV	<500 [<200 - <1000]
Women aged 15 and over newly infected with HIV	<200 [<100 - <500]
Men aged 15 and over newly infected with HIV	<200 [<100 - <500]
Children aged 0 to 14 newly infected with HIV	<100 [<100 - <100]
HIV incidence per 1000 population (adults 15-49)	**0.54 [0.24 - 1.12]**
HIV incidence per 1000 population (all ages)	0.33 [0.15 - 0.70]
Adult and child deaths due to AIDS	**<100 [<100 - <200]**
Deaths due to AIDS among adults aged 15 and over	<100 [<100 - <200]
Deaths due to AIDS among women aged 15 and over	<100 [<100 - <100]

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Deaths due to AIDS among men aged 15 and over	<100 [<100 - <100]
Deaths due to AIDS among children aged 0 to 14	<100 [<100 - <100]
Orphans due to AIDS aged 0 to 17	**<500 [<500 - <1000]**

Epidemic transition metrics

Percent change in new HIV infections since 2010	260
Percent change in AIDS-related deaths since 2010	238
Incidence : prevalence ratio	14.81
Incidence : mortality ratio	4.65

HIV testing and treatment cascade

People living with HIV	**2000 [1200 - 4100]**	
People living with HIV who know their status	**1000**	
Percent of people living with HIV who know their status	51 [30 - >98]	
People living with HIV who are on ART	**<1000**	
Percent of people living with HIV who are on ART	28 [16 - 56]	
People living with HIV who have suppressed viral loads		**undefined_boldify**
Percent of people living with HIV who have suppressed viral loads		

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Coverage of adults and children receiving ART (%)	**28 [16 - 56]**
Adults aged 15 and over receiving ART	27 [16 - 54]
Women aged 15 and over receiving ART	25 [14 - 49]
Men aged 15 and over receiving ART	28 [16 - 56]
Children aged 0 to 14 receiving ART	61 [35 - >98]
Number of adults and children receiving ART (#)	**568**
Adults aged 15 and over receiving ART	522
Women aged 15 and over receiving ART	226
Men aged 15 and over receiving ART	296
Children aged 0 to 14 receiving ART	46

Elimination of vertical transmission

Coverage of pregnant women who receive ARV for PMTCT (%)	**36 [20 - 72]**
Pregnant women who received ARV for PMTCT (#)	30
Pregnant women needing ARV for PMTCT (#)	<100 [<100 - <200]
Early infant diagnosis (%)	**43 [21 - 75]**
Final vertical transmission rate including during breastfeeding	**26.10 [20.46 - 29.79]**
New HIV infections averted due to PMTCT (%)	**<100 [<100 - <100]**
Number of HIV-exposed children who are uninfected	<1000 [<500 - <1000]

TB and HIV

Co-management of TB and HIV treatment (%)	93
Estimated TB-related deaths among people living with HIV (#)	<100 [<100 - <100]
Incident TB cases in people living with HIV	44.00 [28.00 - 64.00]

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Sexually transmitted infections (STIs)

The most common curable STIs are syphilis, gonorrhoea, chlamydia, trichomoniasis, as well as hepatitis B. *chlamydia* rates among women 15-25 years are among the highest in the world, especially in Fiji, FSM, Samoa, Kiribati, Tonga and Vanuatu. In addition, non-curable STIs, including herpes simplex virus and HPV are also common. Reliable STI data are scarce in the region, as most treatment is syndromic, with no systematic testing done in most countries. A limited number of studies show high STI rates across the Western Pacific region.

In 2020, the *Fiji Antenatal STI Testing (FAST) Survey* found an overall rate of 33.9% for chlamydia (with 41.3% for <25 years) and an overall rate of 9.4% for gonorrhoea (13.1% for <25 years); while 8.2% of those tested had both infections. A study in 2018 in Fiji found an overall positivity rate of 17.9% for chlamydia, with 30.5% among <25 years and 36% among transactional sex workers. A 2020 Spectrum model STI estimates study in Fiji, Micronesia, PNG and Samoa found high STI levels in all countries. In 2017, *active syphilis* prevalence was estimated in Fiji at 3.9%; in FSM at 1.5%; and in Samoa at 0.16%. For *gonorrhoea*, the prevalence in Fiji was 1.6%; in FSM 1.6%; and in Samoa 1.6%. The prevalence of *chlamydia* in Fiji was 24.1%; in FSM 23.9%; and in Samoa 30.6%[8]. Similarly, a narrative review of original research and surveys from 1980 to 2022 found an extremely high prevalence of chlamydia and gonorrhoea – approximately 30% and 13% respectively – among Pacific Islanders during this timeframe[9].

Programmatic data from screening in schools and communities in Marshall Islands (RMI) (2018) showed relatively high positivity rates of chlamydia (18%), syphilis (13.2%) and gonorrhoea (6.2%). Data reported by Ministries of Health in various countries reveal high STI rates. In FSM, in the period from 2018 to 2022, chlamydia positivity rates varied from 16.7% to 22.9%; gonorrhoea rates varied from 2.2% to 5.4%; syphilis rates ranged between 0.2% and 0.8%; and hepatitis B rates from 0.5% to 3.0%. In Tonga, chlamydia positivity rates among ANC women and the overall (males, females) population in 2015 were 17.7% and 19.9% respectively; for gonorrhoea (2014) this was 38.6% for males and females; while syphilis rates were very low for all sexes (0.03%). In Kiribati, syphilis positivity rates were 1.6% in 2021 and 2.3% in 2022.

HIV and STI-related risk factors and vulnerabilities in the Western Pacific

There are significant risk factors for HIV/STI transmission and other sexual and reproductive health (SRH) problems in the Pacific. These include the large number of young people; significant movement (including due to seasonal labour migration) of people into, through and out of the region; unsafe sexual practices that give rise to high rates of other STIs and teenage pregnancy; and limited access to HIV/STI prevention services. Key populations include women engaging in transactional sex or sex work, MSM and transgender people. In Fiji, there is anecdotal evidence of emerging drug use, including chemsex: the use drugs as part of one's sex life, which is most common among gay and bisexual men. Other vulnerable populations include mobile populations, such as seafarers and seasonal migrant labourers, as well as people with disabilities. HIV in the

[8] Nishijima, T., D. Nand, N. David, M. Bauri, R. Carney, K.C. Win Htin, Y.Y. Shwe, A. Gurung, G. Mahiane, N. Ishikawa, M.M. Taylor & E.L. Korenromph (2020). "Prevalence of syphilis, gonorrhoea and chlamydia in women in Fiji, the Federated States of Micronesia, Papua New Guinea and Samoa, 1995–2017: Spectrum-STI model estimates"; In: Western Pac Surveillance Response J. 2020 Jan-Mar; 11(1): 29–40. Published online 2020 Mar 31: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7485516/

[9] Isabella Catherine Auchus, I.C, M. Kama, R.AL-K. Bhuiyan, J. Brown & D. Dean (2023). "Chlamydial and Gonorrhoeal Neglected Sexually Transmitted Diseases Among Pacific Islanders of the Western Pacific Region—A Narrative Review and Call to Action"; In: PLOS Neglected Tropical Diseases. Published online March 16, 2023 at https://journals.plos.org/plosntds/article?id=10.1371%2Fjournal.pntd.0011171

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region is mostly sexually transmitted, although there is also some vertical transmission, as evidenced by recent (2022) cases of mother-to-child transmission in Fiji.

The Pacific HIV epidemic is driven by MSM, transgender and heterosexual transmission. High-risk, unprotected sex behaviours are widespread in many PICs, especially among key and vulnerable populations: these are characterised by low condom use, a high number of non-regular sex partners, low HIV knowledge, and low HIV-testing rates. The last IBBS study conducted in 2016 among key and vulnerable populations (MSMs, TGs, FSWs and seafarers)[10] in nine PICs (not including Fiji) revealed very high vulnerability to HIV/STI infections, as evidenced by widespread high-risk behaviours.

Results among MSM and transgender women (no separate results at the time) show high rates of high-risk behaviours: sexual debut was at a young age (14-16 years in 6 out of 9 countries); condom use at last sex with a casual partner was low, ranging from 10% (FSM, Kiribati) and 20% (Tuvalu) to 41% (Samoa), 46% (Cook Islands) and 62% (Vanuatu). A large proportion of MSM/TG had received payment for sex in the last year: 58% (Tonga), 47% (FSM), 32% (Samoa) and 22-23% (Vanuatu, Palau, RMI). Many MSM/TG also had had sex with women in the last 12 months: 67% (FSM) and approximately one-third in Tuvalu (36%), Vanuatu (34%), RMI (30%) and Tonga (27%). Similarly, high-risk behaviours were common among female sex workers: age of sexual debut started at very young ages: 11+ years (Cook Islands), 12+ years (Samoa, FSM), 13+ years (Tonga, Vanuatu), and 14+ years (RMI, Tuvalu). Condom use with the last client was low to moderate: 10% (FSM), 18% (Tonga), 25% (Tuvalu), 29% (Kiribati), 31% (Vanuatu), 33% (Samoa), 50% (Cook Islands). HIV knowledge was poor (13%) or moderate (63%) to high (25%). Large proportions of MSM/TG had been forced to have sex (last 12 months): 47% (FSM), 45% (Tuvalu), 36% (Kiribati) and 20% (RMI). Forced sex was very common among sex workers: 75% (Tuvalu), 65% (FSM), 50% (Cook Islands), 41% (Vanuatu), 38% (Samoa), 21% (Tonga) and 19% (RMI.

The uptake of HIV-prevention services and HIV testing was low to moderate among MSM/TG and FSWs alike. Uptake of HIV services among MSM/TG ranged from 14% (Kiribati), 20% (FSM) and 25% (Cook Islands) to 33% (Samoa), 36% (Palau), 50% (RMI, Tuvalu), 59% (Tonga) and 66% (Vanuatu). HIV testing in the last 12 months was (very) low to moderate among MSM/TG: 7% (FSM), 14% (Vanuatu), 16% (Samoa), 23% (Cook Islands), 30% (RMI) to 45% (Kiribati) and 57% (Tonga). HIV testing among sex workers (last 12 months) was very low to moderate: 0% (Samoa), 11% (Tonga), 14% (Vanuatu), 19% (FSM), 25% (Tuvalu), 50% (Kiribati), 69% (RMI) and 75% (Cook Islands). Many MSM/TG had had STI symptoms in the last year: 40% (FSM), 30% (RMI), 28% (Cook Islands), 25% (Tuvalu) and 18% (Vanuatu) and 16% (Tonga). Among female sex workers, STI symptoms were even more common: 81% (FSM), 50% (Tuvalu), 44% (Vanuatu), 38% (Kiribati, RMI), 27% (Tonga) and 17% (Samoa). For additional details regarding HIV and STI rates in specific countries, please refer to the relevant sections in the attached National Strategic Plans, which cover the 2020-2025 or 2022-2027 period[11].

Viral hepatitis

Viral hepatitis is a significant public health threat in the Western Pacific Region, leading to liver disease and even liver cancer and death. Viral hepatitis claims 1,500 lives every day in the wider region. The response to Hepatitis B in the PICs included in this funding request shows a mixed picture across the countries. Some

[10] UNDP, UNSW, ASHM & PSGDN (2016). Pacific Multi-Country Mapping and Behavioural Study: HIV and STI Risk Vulnerability Among Key Populations. Suva, Fiji: UNDP.

[11] See Annexes with National Strategic Plans on HIV/STIs/SRH for Cook Islands, FSM, Kiribati, Niue, RMI, Tonga and Tuvalu (2020-2025) and for Nauru, Palau, Samoa and Vanuatu (2022-2027).

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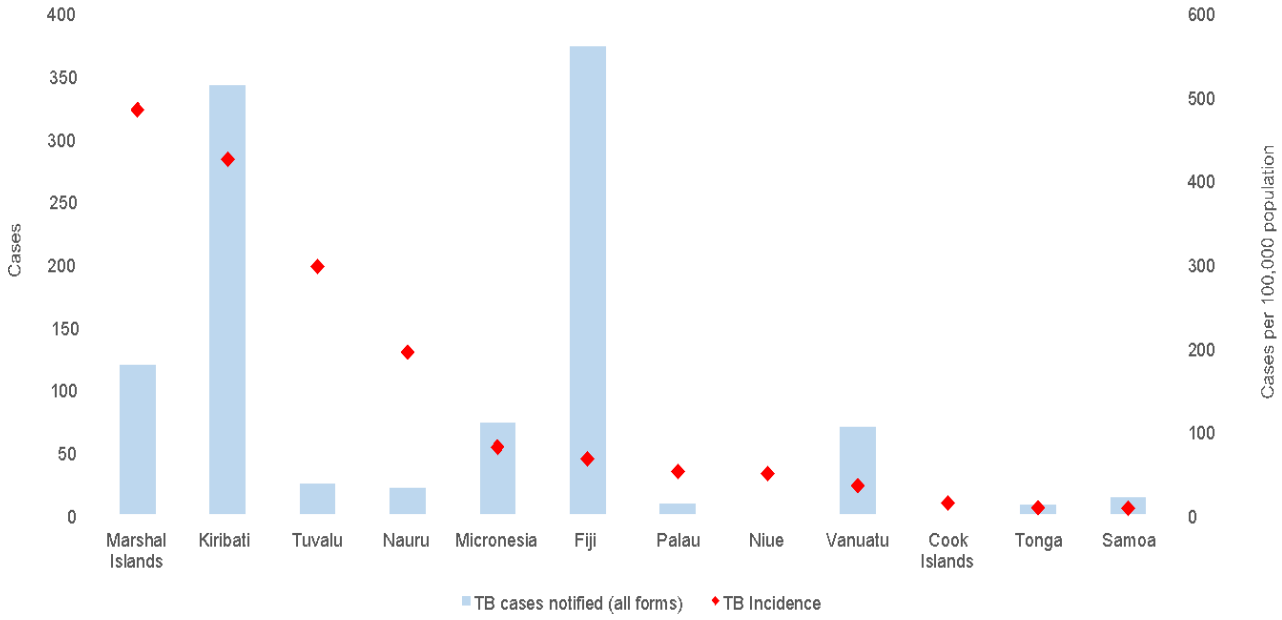
countries have a national viral hepatitis strategy in place (Kiribati), others are developing one (e.g. Fiji, Samoa, Vanuatu), and yet others do not have anything in place yet (e.g. FSM, Tuvalu). Hepatitis B is often marginally mentioned in HIV/STI National Strategic Plans, mainly with regard to preventing mother-to-childproj transmission of hepatitis B by prophylaxis for newborns, and vaccination against hepatitis B of newborns. Most countries have guidelines in place for testing of pregnant women for hepatitis B in antenatal care, but the tests are often less available in outer islands and other remote areas. Most countries only use HBsAg tests, but do not conduct HBeAG or quantitative DNA testing, nor do they offer treatment. Only a few countries report treating hepatitis B, e.g. Fiji, Kiribati and Vanuatu. Although testing for hepatitis B is common among ANC women, due to poor notification and reporting the exact disease burden is not known.

Overview of the TB situation in the Pacific Region

The island countries present specific challenges for TB control in ensuring universal access to quality TB care for all people, especially high-risk and vulnerable populations, such as children and elderly people, people in poor communities and outer islands, and people with co-morbidities and other risk factors, particularly HIV and diabetes. The spread of PICs across a very large territory presents unique challenges to communication and electronic data collection and management. E.g., establishing a robust TB recording and reporting (R&R) system is a key challenge, with limited or no electronic R&R leading to delayed and inadequate data collection.

The burden of TB is heterogenous in the Ts with a combination of high, moderate, and low TB incidence settings. Four countries have very high TB incidence of more than 100 cases per 100,000 population, namely: Marshall Islands (483), Kiribati (424), Tuvalu (296) and Nauru (193) (see Figure 1). Since 2011, the estimated TB incidence steadily decreased in FSM, Samoa, Tonga, and Vanuatu, but increased in Fiji, Marshall Islands and Tuvalu (see Figure 2). In 2021, WHO estimated that there was a total of 1,652 people who fell ill with TB among all the 12 PICs. Five countries had 94% of the total estimated incidence in the region: Fiji (610), Kiribati (550), Marshall Islands (200), Vanuatu (110) and Micronesia (90).

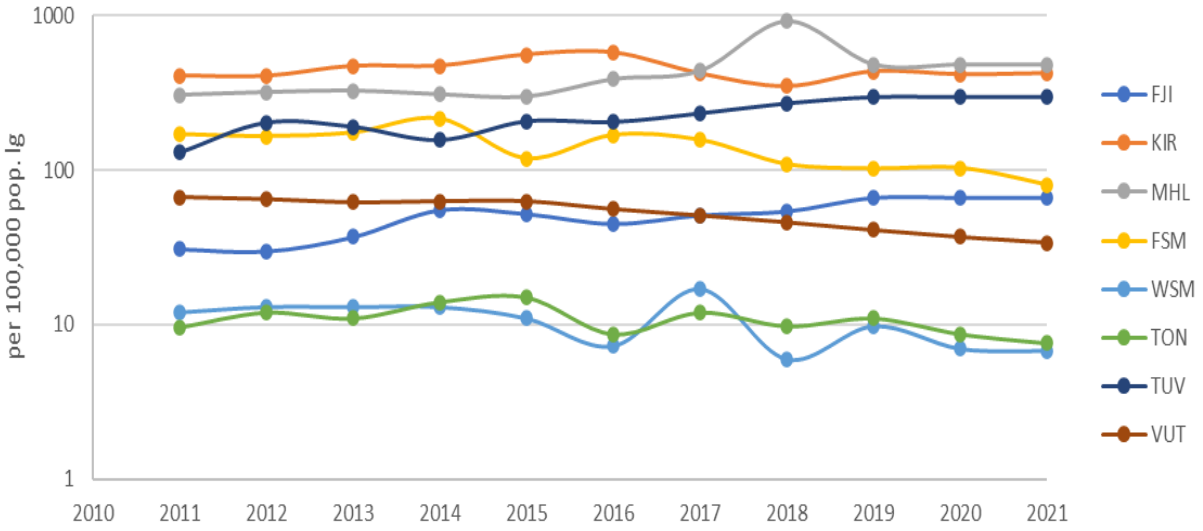
Figure 1: TB notification (abs.) and TB incidence rate (per 100,000) among PICs, 2021.



Data Source: 2022 WHO Global Tuberculosis Report.

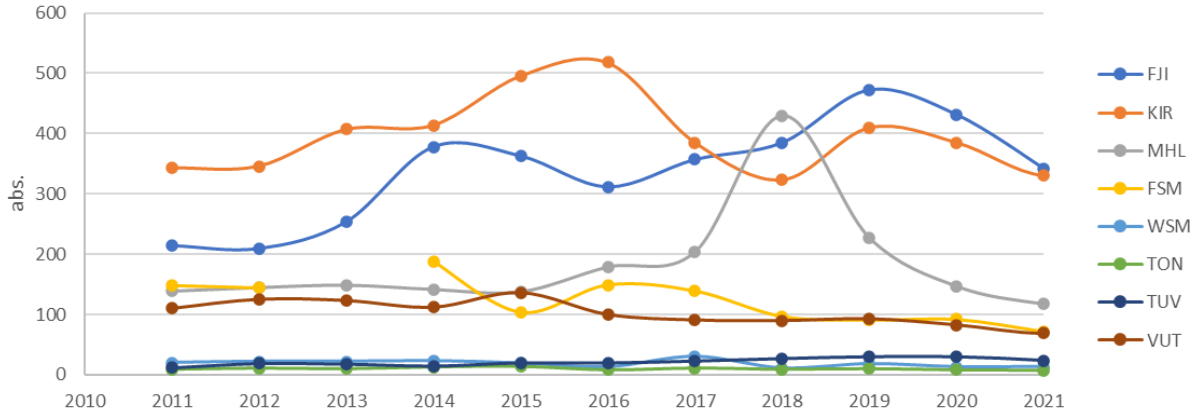
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Figure 2: Estimated TB incidence, per 100,000 population (lg), 8 PICs eligible for GC7, 2011-2021.



Data Source: 2022 WHO Global TB report.

Figure 3: TB notification (new and relapses), 8 PICs eligible for GC7, 2011-2021.



Data Source: 2022 WHO Global TB report.

A total of 1,047 (68% of estimated incidence) people with TB disease were diagnosed and initiated on treatment in 2021 in PICs. The proportion of new and relapse cases tested with rapid diagnostics (GeneXpert) at the time of diagnosis varies widely from one country to another. Vanuatu (1.4%) and Fiji (40%) had the lowest rates.

Table 4. % of new and relapse TB patients tested using mWRD at the time of diagnosis* in 2021

FJI	KIR	RMI	FSM	WSM	TON	TUV	VUT	COK	NRU	NUI	PLW
40%	68%	75%	75%	100%			1.4%				100%

Data Source: 2022 WHO Global TB report.

The burden of MDR-TB is, however, very low in the region. A total of six cases were notified in 2021. Second-line DST was not done for all the RR/MDR-TB cases notified. Consequently, no pre- or XDR-TB cases were notified. Given the low HIV burden in PICs, with Fiji as an exception, TB/HIV coinfection is very rare but comorbidity with diabetes mellitus is very common. Data on TB contact investigation and provision of TB preventive therapy is scarce.

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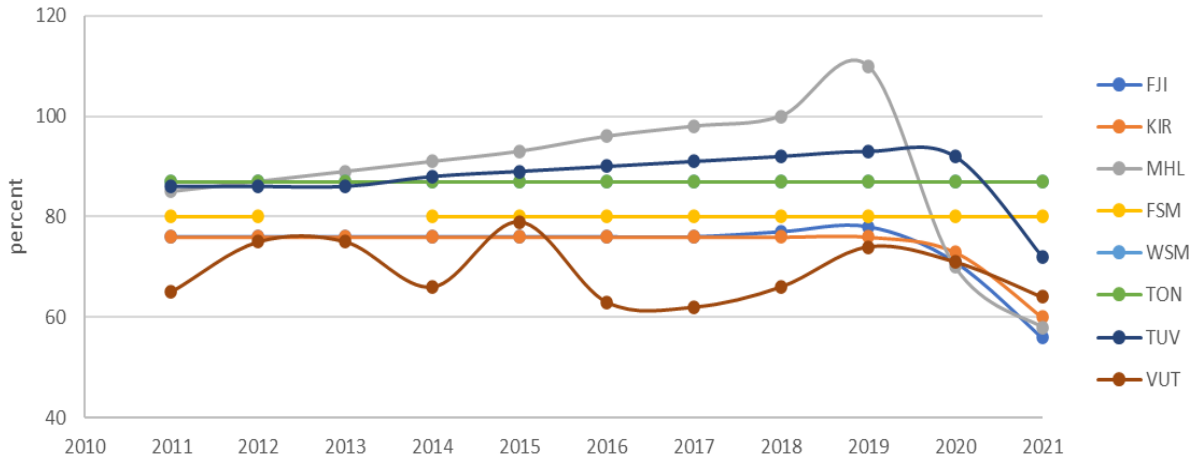
TB situation in Fiji

Fiji is listed among one of the countries with a moderate incidence of TB in the Pacific Islands region. The latest available estimates from WHO indicate that the TB incidence rate in 2022 was 66 cases per 100,000 population and the TB mortality rate was 4.4 cases per 100,000 population.1 The majority of TB cases are from the two main islands - Viti Levu and Vanua Levu. TB case notification rates declined between 1995 to 2007, however since that time, the TB case notification rate has been consistently on the rise, partly due to increased active TB case finding among high-risk groups and improved surveillance.5 TB is predominantly reported among men (59%) and in older age groups. There are very few HIV co-infected or drug resistant TB cases.8 Even though TB control in Fiji is reasonable to other 'hot spot' areas in the Pacific, recently rising TB case rates and the potential negative impact of COVID-19 disruptions remain a concern and there remains room for improvement in limiting catastrophic patient costs.

TB and DR-TB treatment

TB treatment outcomes in the region are good but differ from one country to another. For the 2020 cohort of DS-TB patients, the treatment success rate ranged from 54% in Fiji to 100% in Cook Islands. All DR-TB cases from the 2019 cohort were treated successfully (see Figure 5).

Figure 5: TB treatment coverage rate, 8 PICs eligible for GC7, 2011-2021.



Data Source: 2022 WHO Global TB report.

The Pacific clinical support network *MDR-TB Helpdesk* has been providing advice and support to DR-TB treatment initiation and ongoing management. The Helpdesk also facilitates timely access to SLDs and capacity building of clinical staff. It also provides a high standard of up-to-date advice based on WHO recommendations and in coordination with other experts involved (e.g., from the US CDC) to ensure consistency of guidance to the NTPs in PICs[12].

All oral 9-month short DR-TB treatment regimen that replaced Amikacin with Bedaquiline (Bdq) was recommended and started in 2021. Due to limited availability of Bdq in the regional stockpile, there were occasions when injectable-containing short and long regimens for DR-TB treatment were used. With easier access to Bdq and the injectables are no longer recommended, all oral regimens will be optimally used in the

[12] rGLC Virtual Mission Report for Pacific Island Countries. 2nd-4th November 2021. WHO-Western Pacific Regional Office; 2021.

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future in PICs. Following the new WHO consolidated guidelines on DR-TB treatment published in December 2022, a standard operating procedure (SOP) on DR-TB treatment for PICs needs to be updated.

Key populations for TB in the PICs

National TB programmes do not routinely collect disaggregated data on key at-risk and vulnerable populations. In the context of PICs key at-risk and vulnerable populations are defined as those who face 'high risk' for developing TB due to medical, social, or structural risk factors or facing significant challenges in accessing TB services. The identified risk groups for TB as evidence globally are as below:

- PLHIV
- Household and close contacts of people with TB disease
- People deprived of liberty
- People with diabetes mellitus (the Pacific Islands have in general very high DM rates)
- Migrants from countries with a higher TB burden
- People who use drugs
- People with alcohol use disorders
- Malnourished and people living in poor settlements
- Seafarers
- People living in outer islands (hard-to-reach areas in the Pacific with limited access to health services)
- Smokers
- Health-care workers

Hard to reach/vulnerable groups were defined as the people geographically or culturally/socially challenged for access to diagnosis and treatment. The outer island populations living across PICs were identified as hard-to-reach with limited access to TB diagnostic and treatment services. Under the existing Global Fund investments, including C19RM grant, efforts have been made to improve and monitor progress in reaching high-risk groups specific for TB in the region. Although countries lack risk-disaggregated epidemiological data on TB among risk groups, the Global Fund project is supporting disaggregation for such populations as PLHIV, contacts, people with diabetes, PWUD, migrants, refugees and internally displaced populations, seafarers, HCWs, and others, which is aimed to improve the accuracy of risk group selection and the choice of an adapted TB diagnosis approach. According to the 2022 GF project data, people with DM and contacts were the two significant groups among PWTB with 33% (ranged 0% to 56% in 11 countries) and 22% (ranged 0% to 56% in 11 countries) of all TB notifications, respectively. 3 out of 9 TB cases (33%) were reported among internally displaced persons in Samoa; and 3 out of 360 TB cases (1%) were reported among HCWs in Kiribati. During the PIRMCCM meeting in April 2023, an issue of disability was also raised by the civil society with suggestion to include people with disabilities into the Performance Framework in the next grant cycle.

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II STRATEGY

In line with the UNPS outcome 4, SDG 3, UNSDCF outcome 2 and MCDP output 3.1, the project contributes to strengthening Fiji healthcare system in efforts to scaling up and improving the service delivery of HIV and TB services, especially to key, vulnerable and hard to reach populations.

This project is aligned with prioritised country needs and the latest global technical guidance, and guided by relevant national disease strategic plans, national health sector and sub-sector plans and programme reviews. The HIV interventions has been directed towards evidence-based programmes for key and vulnerable populations, HIV incidence reduction, care and treatment, integration of HIV/sexual and reproductive health (SRH) and strengthening community-based organisations in delivering services – as per technical partner guidance and aligned with the epidemiological context. The TB interventions are targeted towards the continuation of essential TB services, while focussing on finding and treating missing TB cases.

Identified priorities will target the most affected populations, namely key populations, other vulnerable populations, people with TB and people living with HIV with investments where the greatest impact can be achieved, including in health and community systems, prevention, human rights and gender equality, according to prioritised countries' needs.

This project will prioritise the national capacity development on the procurement and supply chain management.

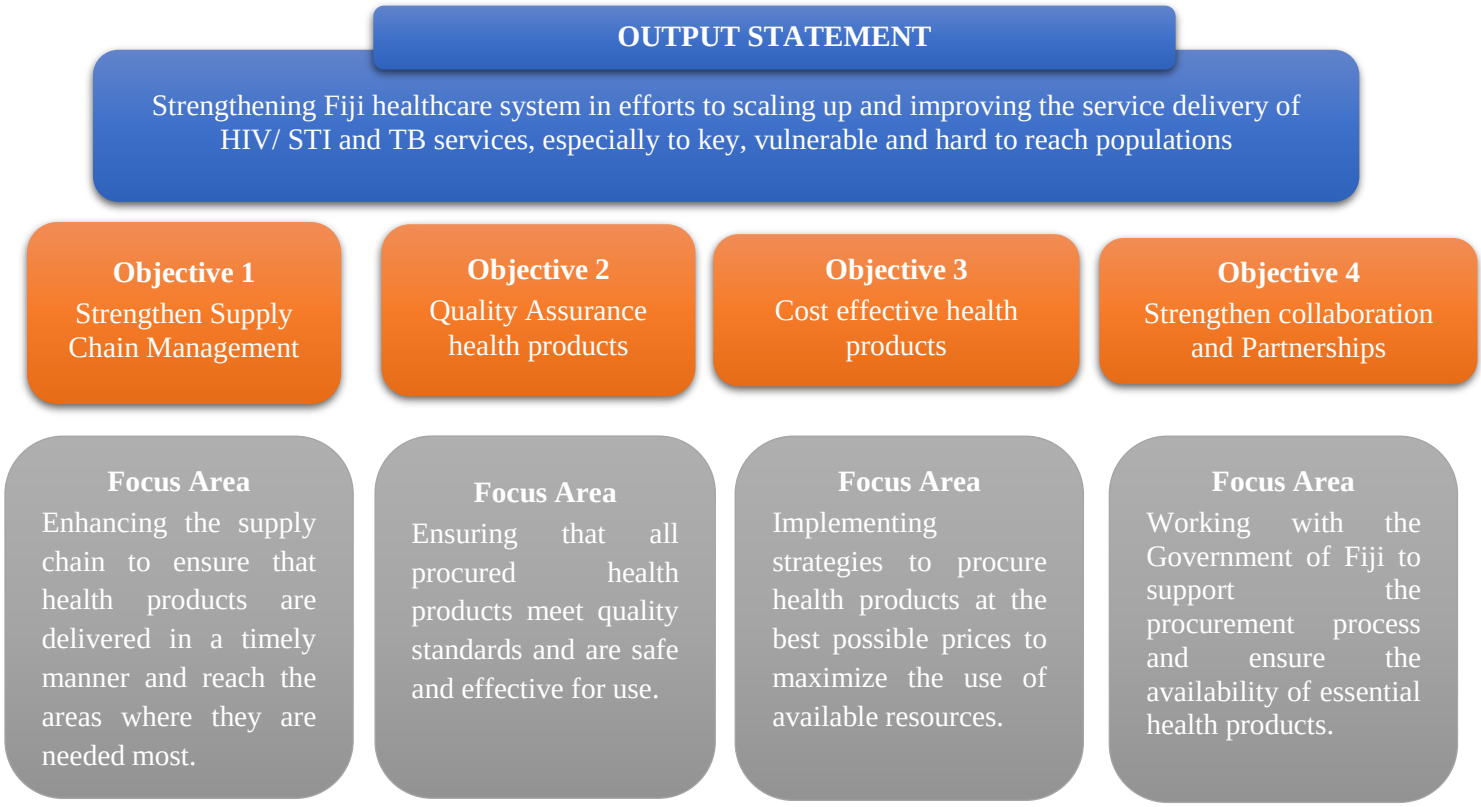
Alignment to Global, Regional and National regional guiding documents

This project is aligned with the latest global policy guidance and relevant national health sector plans, national disease strategic plans adjusted to the latest country HIV, TB epidemiologic data.

Development process: The proposed approach to fulfilling the above HIV/TB/ Malaria goals is developed based on a request from Fiji MoHMS to procurement health products using UNDP architecture.

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Theory of Change



Country level programming: The investment is directed towards supporting pooled procurement of key health commodities and consumables and providing regional technical assistance and capacity building support to the government of Fiji and civil society organizations. Investments in health systems are not focused uniquely on HIV/ TB/ Hepatitis B but are aimed to benefit the wider health systems in Fiji. Capacity strengthening support includes support to strengthening procurement and supply chain management (PSM) capacities.

Human rights and gender mainstreaming

In terms of data, the Pacific region has some of the highest rates of violence against women recorded in the world – twice the global average with an estimated two in every three Pacific women impacted by gender-based violence. Furthermore, HIV, TB, teams working in Fiji have reported increased gender-based violence and human rights violations. The absence of staff, un-serviced hotlines, drop-in centers, shelters for women and children to report violence, appeared as a major gap. Besides coordination between agencies dealing with GBV related issues, mobilizing members of key populations, women, and children to report violence and engagement of men in GBV activities remains a significant challenge.

Service delivery to key and vulnerable populations (KVPs) will include specific attention for gender-related barriers, inequities, and vulnerabilities in access to services. The HIV programming pays explicit attention to the gender-related vulnerabilities of young men and women, specifically those who engage in sex work or transactional sex; MSM and transgender people; and other vulnerable groups whose vulnerability is often directly related to their gender.

There is no gender gap for TB prevention and care service, but inequities exist due to geographical location/ isolation and hard to reach populations with limited connectivity in remote/ outer Islands. Improving services

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to reaching those in remote places will break the barriers in achieving universal health coverage and leaving no one behind.

Key project assumptions

The achievement of the above results is based on the assumptions that the following key support systems are in place or will be in place on time:

i. Sufficient human resource capacities available on the ground to support implementation.

ii. Uninterrupted supply of TB and HIV consumables and commodities, including TB and HIV drugs, condoms, lubricants, rapid diagnostic tests kits, as well as the timely availability of non-pharmaceutical products such as health equipment, all contribute to ensuring that country implementers are equipped with the necessary support to carry out proper diagnosis, prevention, treatment and care interventions in the communities.

Key project risks

Key anticipated implementation risks that may negatively affect the delivery of programme objectives include:

- Delayed or no funds disbursed by Fiji Government to UNDP for the procurement of health and non-health products.
- Fiji is subject to a range of natural threats, including tropical cyclones, earthquakes and volcanic eruptions, resulting in large-scale population displacements. This is reflected in the country's number one ranking on the World Risk Index (Integrated Research on Disaster Risk – IRDR 2017) and (World Bank Group, 2018). Frequent natural disasters and emerging emergency disease such as COVID- 19 will hinder shipment and activity implementation and re-orientates national focus away from national TB/HIV core priorities.
- The capacity of the healthcare workers and Fiji PSM staff is sub- optimal to handle shipment and distribution of health and non- health products procured through this project. *However, it is important to note that this is not part of the project and UNDP reputation will not be at risk.*
- The disposal of the health and non- health product procured through the project does not follow standard disposal procedures.
- The quality of the health and non- health product procured through the project gets compromised due to not adhering to standard handling requirements such as temperature control.

Table 9: The risk mitigation measures the programme will employ to respond to each risk.

Risk	Cause	Impact on Program	Mitigation (Support to be provided by UNDP PMU)
Financial: Budget availability and cash flow There is a risk that delayed, or no funds disbursed by Fiji Government to UNDP.	If the funds are disbursed late or no funds from Government to procure the health and non-health products.	Which will have impact on the availability of health and non- health product affecting the health care services to the people of Fiji.	Ensure availability of funds through regular communication/ acquittals and update on financial status.
Social and Environmental: Climate change and disaster risks	If there is natural disasters or emergencies in Fiji.	Which will affect funds been disbursed to UNDP for the	National TB, Collaboration between HIV/ TB and STI programmes to ensure

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There is a risk that the Fiji Government will change priority.		procurement of health and non- health products due to change in government priority, affecting the health care services to the people of Fiji.	sufficient supply of health products in country to prevent stock outs in event of natural disasters or emergencies.
Operational: Capacities of the partners There is risk that healthcare workers and Fiji PSM staff have sub-optimal capacity.	If the healthcare workers and Fiji PSM staff have sub- optimal capacity to handle shipment and distribution of health and non- health products procured.	Which will have an impact on the delivery of quality delivery healthcare services to the vulnerable and hard to reach populations.	It is important to note that this is not part of the project and UNDP reputation will not be at risk, however all necessary support will be provided by UNDP to ensure healthcare services is not compromised.
Organizational: Implementation arrangements There is the risk that the quality of the health product procured through the project gets compromised.	If the quality of the health product procured through the project gets compromised due to not adhering to standard handling requirements such as temperature control.	Which will have an impact on the quality of health products resulting in sub-standard healthcare services delivery.	It is important to note that this is not part of the project and UNDP reputation will not be at risk, however all necessary support will be provided by UNDP to ensure healthcare services is not compromised.

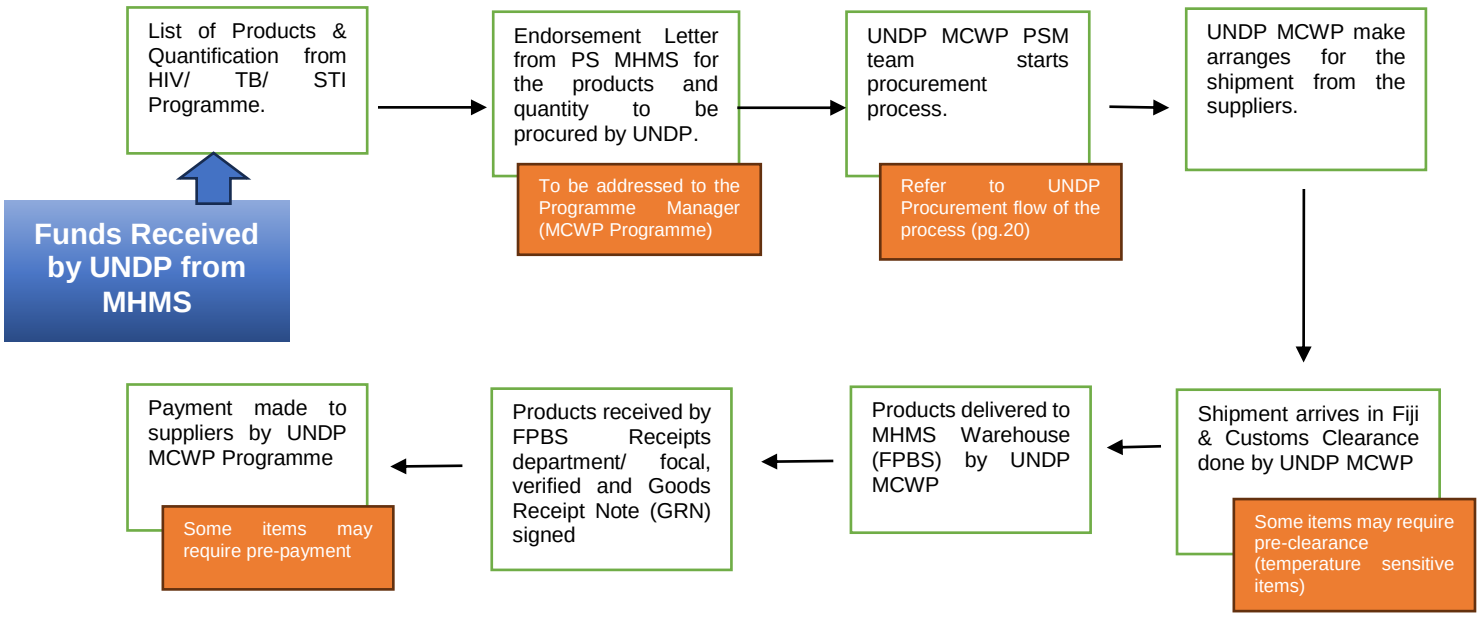
Enabling factors

During the implementation of the project, UNDP will coordinate with the MoHMS to ensure that the objectives of the project are achieved. Under its oversight leadership role, the MoHMS will continuously monitor the implementation of activities, approving major changes in implementation as necessary.

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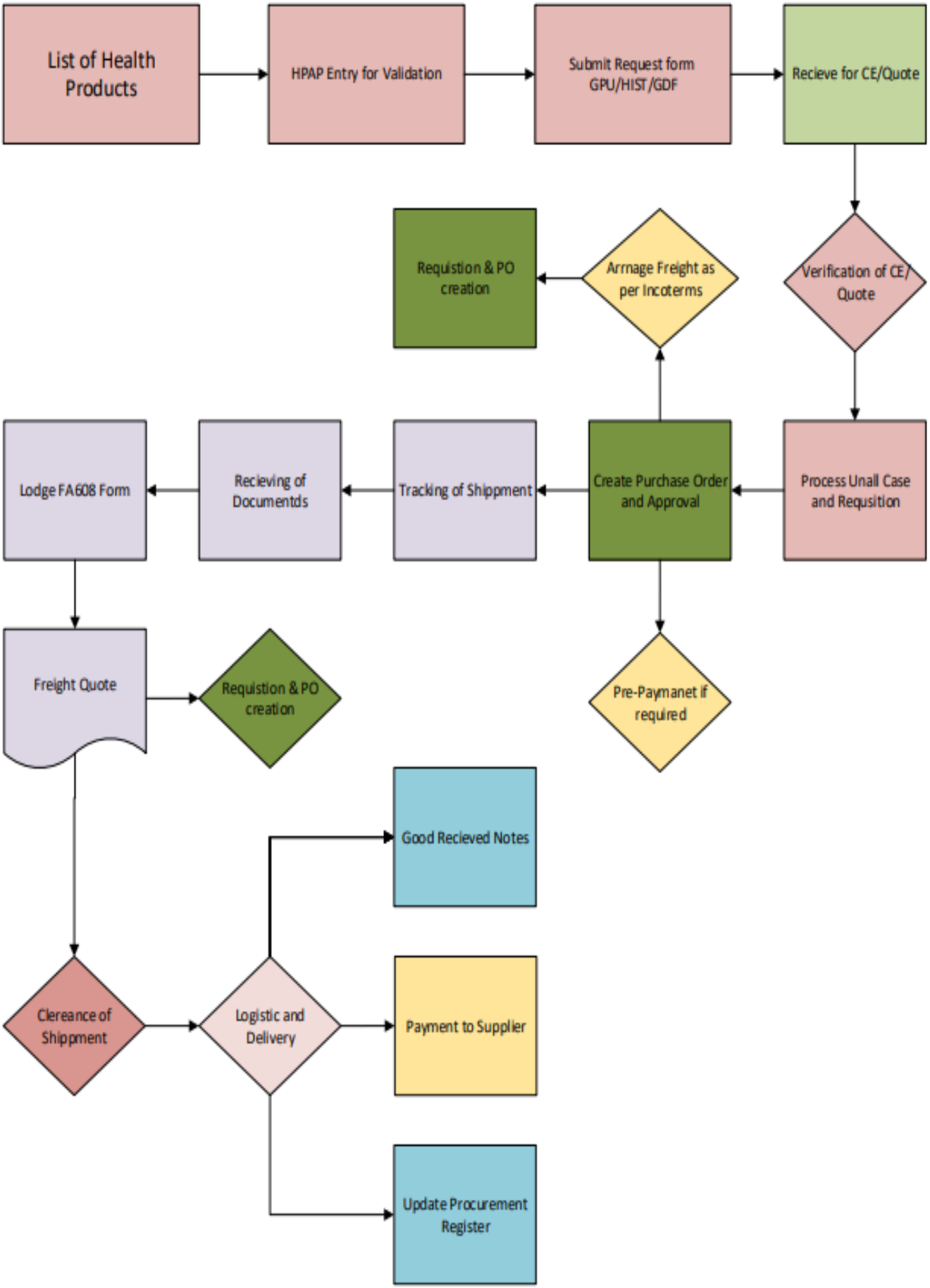
III. RESULTS AND PARTNERSHIPS

Procurement Flow of the Process



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UNDP Procurement Flow of the Process



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Expected Results and Resources Required

United Nations Development Programme (UNDP) Pacific office and Ministry of Health and Medical Services (MHMS) collaboration is to support in procurement of HIV, STI, Hepatitis B and TB medications, diagnostic kits, and comorbidities, utilizing UNDP procurement architecture. This serves as a testament to UNDPs shared commitment to addressing the challenges of reaching the people most affected and hard to reach population. This project will enable Fiji Government's goal of ensuring no one is left behind from essential health care services.

Partnerships

UNDP as grant PR of this multi-country programme. UNDP is well-placed and experienced in managing complex procurements and relies on its strong experience and institutional capacity as PR at the global level. This is particularly important in a context of Fiji, with very limited local capacity to effectively manage a complex procurement with small quantity. In particular, this allow the MHMS to benefit from UNDP's global procurement capacity, which is of particular importance given the (very) small size of Fiji, strengthening the value for money in the procurement of HIV, TB and STI drugs and health products. UNDP has built a strong team of professional staff with specific experience, based in the regional hub of Suva, Fiji.

Stakeholder/target group engagement

The proposed project approach was devised and agreed upon through a consultative approach at country level involving all relevant stakeholders (MHMS- TB/ HI/ STI/ SRH program) including UNDP.

Digital Solutions

The project intends to improve people-centred models of care by using procuring digital technologies such as:

- Use of CAD-enhanced ultraportable digital X-ray systems will be integrated in national programme for systematic screening of TB disease, including among key and vulnerable populations. Scaling up systematic screening for TB disease by using digital CAD-enhanced CXR, improved contact investigation and mobile screening and diagnostic teams. In GC7, a new indicator on LTBI has been included. These efforts will be further boosted by adding ultraportable digital X-ray systems enhanced with computer-aided detection based on artificial intelligence.

These digital innovations will improve; 1) high-quality, evidence-based and people-centred services; 2) optimizing systems, sectors and partnerships; 3) strengthening the availability and use of data for decision making and action.

Health equity, gender equality and human rights

The project is committed towards health equity, gender equality and human rights by ensuring lifesaving medications and comorbidities are available to MHMS. It aims to contribute to **health equity** by supporting improved service delivery to marginalised communities – including people leaving with disease (PLWD), key and vulnerable populations, people with disabilities – as well as to remote, outer islands with limited access to services.

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Communications and knowledge management

Communications and knowledge management efforts under the project will seek to support the achievement of the project's overall goals and objectives. This will be accomplished by:

- Sharing results and information on progress of the project with stakeholders.

The programme will primarily utilize online and digital media to achieve its communications goals and will involve joint efforts from all the partners. Several mediums and channels will be used. The existing resources and networks of project partners, including UNDP global, regional and country offices, will be used to amplify communications.

With regards to content, the mainstream will be traditional press releases, web articles, blogs, op-eds and a mailing list to share progress and success with stakeholders.

The below table provides additional information on the main communications products that are anticipated.

Table 10: Programme information and knowledge products		
Product	Description and/or use	Submit to and/or display for
Programme newsletter	Using MailChimp email tool, regular updates of progress and achievements by PR for grant supported interventions	▪ All key stakeholders ▪ UNDP Yammer ▪ Social media
Programme brief/ factsheet	Regularly updated programme brief, capturing key results	▪ UNDP Yammer ▪ Social media ▪ UNDP website ▪ Regional MWP workshops
Results Infographics	Visual presentation of key results	▪ UNDP Yammer ▪ Social media ▪ UNDP website ▪ Regional MWP workshops
Facebook, Twitter	Regular, short updates on programme progress, featuring photos, video and links to other related materials. Engage with partners and community. Accomplished via a programme Facebook page as well as cross-posting on other UNDP country office and regional office pages and Twitter accounts.	▪ Public
Press releases, news articles, results stories, photo essays, videos	Programme progress and results are presented in the form of press releases, news articles, results stories, photo essays, videos, etc. and published to the UNDP website (country office, regional, global) and other corporate platforms (for example: UNDP Stories, YouTube, Twitter, Medium, Flickr).	▪ UNDP website ▪ UNDP Yammer ▪ Social media ▪ MailChimp (in the form of News Flash emails that highlight key developments)
Knowledge products	As per the programme work plan, knowledge products are developed by the PR and SRs and disseminated to target audiences. Types of products can include discussion papers, research reports, policy briefs, annual reports, etc.	▪ UNDP Yammer ▪ Social media ▪ UNDP website ▪ Regional MWP workshops

Sustainability and Financing

This project is an example of Government taking step towards sustainability by fully funding this project. This ***positive signs regarding the future sustainability*** of national program responses. As mentioned above, this

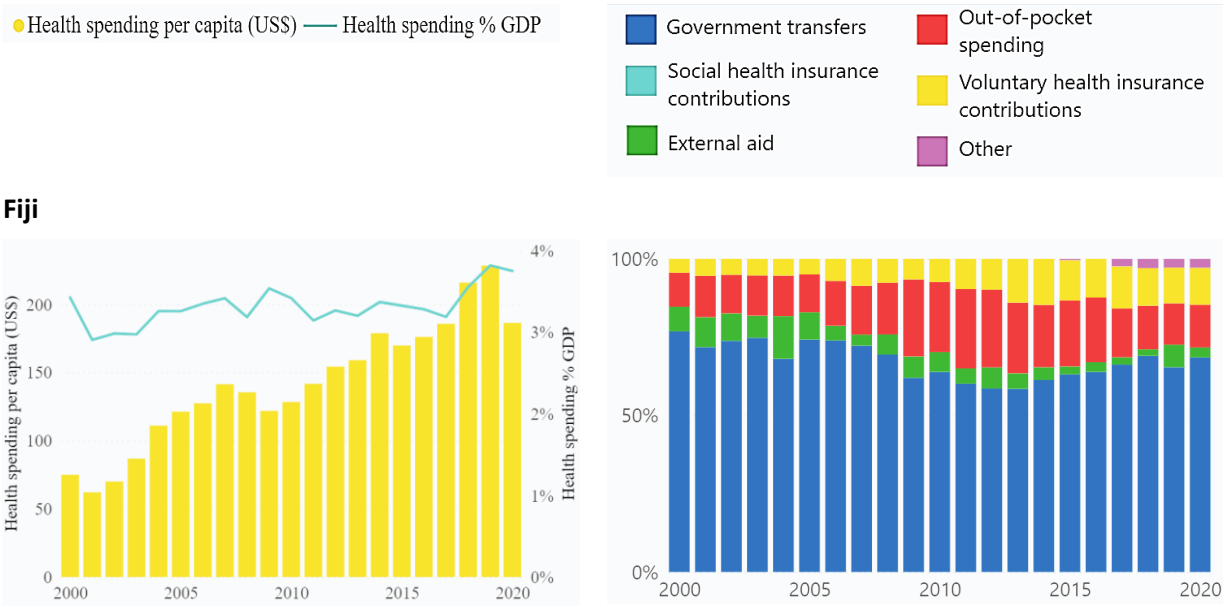
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project is fully financed by the Government of Fiji including key positions, infrastructure and operational costs.

Financial Challenges

Despite significant fiscal constraints, over the past decade, overall investments in health, as well as in the HIV, TB and STI national responses, have been increasing in Fiji. The COVID-19 pandemic has hampered the gradual growth of health expenditures, resulted in decreasing funding for health in Fiji (Figure 7). In 2020, per capita health spending varied significantly among PICs: from the lowest in Vanuatu (USD 114), Kiribati (USD 167) and Fiji (USD 186), to the highest in Palau (USD 2,640). Domestic funding is a main source of health funding in PICs including Fiji. Out-of-pocket health spending is gradually decreasing in all countries, however, remains relatively large in Fiji. The larger out-of-pocket spending correlates with the risk of catastrophic cost in people and communities affected by TB. External aid, with exception of Fiji where it comprised only 3.17% of total current health spending, remains an important source of funding, particularly in the areas of HIV, TB, malaria, laboratory systems and pandemic preparedness and response.

Figure 7: Health spending and its sources, 8 Pacific Island countries, 2000-2020



Source: WHO Global Health Expenditure Database; https://apps.who.int/nha/database/country_profile/Index/en.

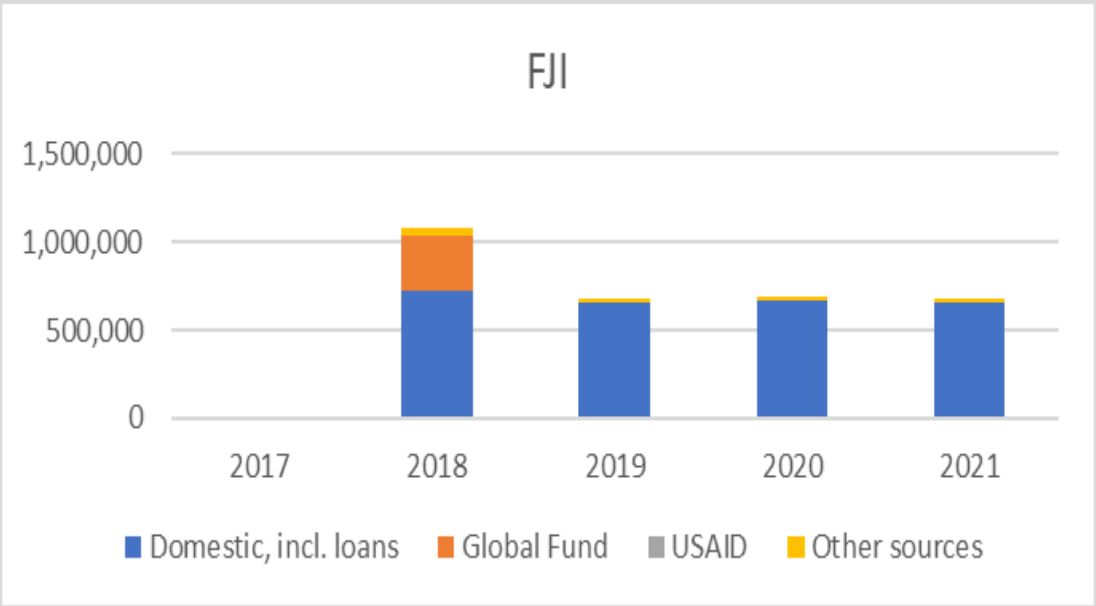
Funding of National Tuberculosis, HIV Programmes

HIV/ TB

Fiji has a costed national TB strategic plans and HIV strategic plan as part of their integrated Sexual and Reproductive Health Strategies.

Figure 8: National TB programme funding (in US dollar) in selected PICs, 2017-2021

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Source: WHO Global TB database, 2022.

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IV. PROJECT MANAGEMENT

Cost efficiency and effectiveness

Cost efficiency and effectiveness in the project management will be achieved through adherence to the UNDP Programme and Operations Policies and Procedures (POPP) and reviewed regularly through the governance mechanism as well as annually by the project board.

The strategy of this project is to deliver maximum results with the available resources through ensuring the design is based on good practices and lessons learned, that activities are specific and clearly linked to the expected outputs, and that there is a sound results management and monitoring framework in place with indicators linked to the Theory of Change. The project aims to balance cost efficient implementation and best value for money with quality delivery and effectiveness of activities.

Project management

The project management will be based in the UNDP Pacific Office in Fiji and implemented through programme management unit (PMU). The project will benefit from the institutional structure of the UNDP office as well as UNDP financial, operations and procurement systems.

UNDP has established a PMU to manage the operations of the Global Fund grants and be responsible to manage this project also. The core PMU is based in Suva, Fiji. The PMU presented in the organogram below comprises both internationally and locally recruited personnel that assist the Programme Manager (P4 International) with the delivery of project activities. The Project Manager coordinates with all the partners and ensures that project activities are efficiently and effectively carried out.

Roles and Responsibilities

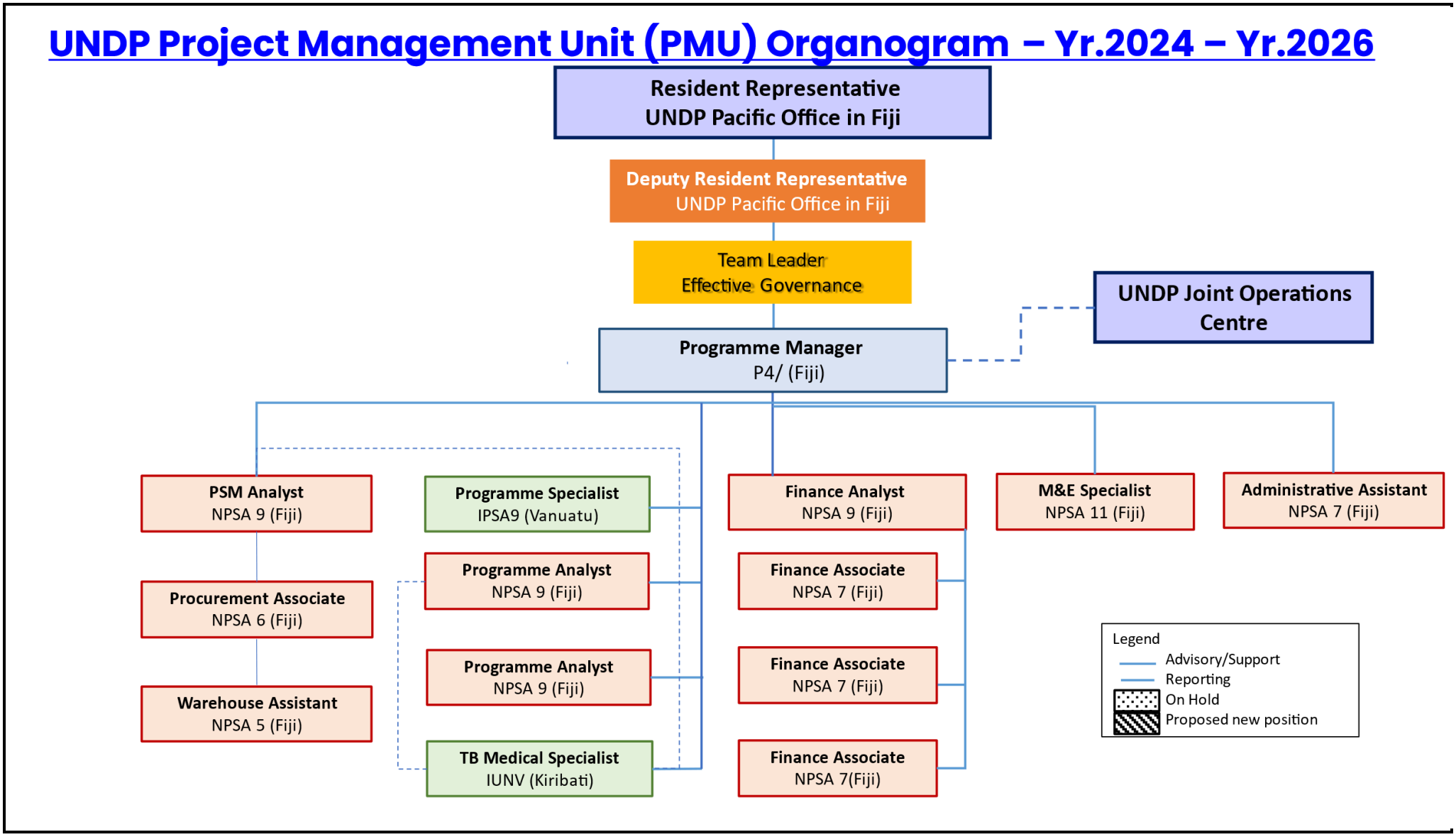
Responsible Personal	Role
M&E Analyst Praneel Maharaj	- Discuss with HIV/ TB focal on product list and quantification. - Verify the product list and quantification - Submit to PSM analyst to initiate procurement process. - Over- see the implementation of the project.
PSM Analyst	• Reviewing and Preparation of Procurement list. • Entry in HPAP • Liaising with HIST focal on the validation and requesting quote. • Tracking of Shipment
Procurement Associate	• Create requisition. • Create UNall • Create Purchase Order • Request payment • Tracking of Shipment
Warehouse Assistant	• Lodge FA608 Form • Arrange Logistic • Delivery to the site. • GRN
Shivani- Finance Analyst	- Award setup in Quantum - Budget Setup in Quantum

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	- Revenue receipt in Quantum via UNALL platform - Finance Reporting to Fiji MOH on (Funds received, PO placed, Balance of funds, and request for next tranche/instalment from Fiji MOH) - Operational Closure in year 2025 (should there be no extension to the current agreement) Financial Closure in year 2025 (should there be no extension to the current agreement)
Gayane- Programme Manager	PO receipting drugs ordered
Shobhna - Finance Associate	Payment upload in Quantum

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UNDP Project Management Unit (PMU) Organogram – Yr.2024 – Yr.2026



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V. RESULTS FRAMEWORK

EXPECTED OUTPUTS	OUTPUT INDICATORS	DATA SOURCE	TARGETS			DATA COLLECTION METHODS & RISKS
			2024	2025	2026	
Strengthen Fiji healthcare system in efforts to scaling up and improving the service delivery of HIV and TB services, especially to key, vulnerable and hard to reach populations.	Percentage of health products delivered to the Fiji MHMS warehouse in 6 months from the time of receiving order and funds from MHMS.	Quarterly UNDP PSM tracking sheet	90%	95%	100%	**Method:** Quarterly UNDP PSM tracking sheet analysis. Numerator: *Number of health products delivered to the Fiji MHMS warehouse in 6 months from the time of receiving order from MHMS.* Denominator: *Total number of health products to be delivered to the Fiji MHMS warehouse.* **Risks:** Natural disaster, huge fluctuation in global market increasing shipment.
	Percentage of health and non-health products procured by UNDP meet international quality standards and passing quality assurance tests.	WHO and GF QA list	100%	100%	100%	**Method:** Routine cross verification of products to be procured with WHO and GF QA list. Numerator: *Number of health and non- health products procured by UNDP meet international quality standards and passing quality assurance tests.* Denominator: Total *Number of health and non-health products procured by UNDP.* **Risks:** - Major manufactures stop product of health and non- products to be procured. - Health and non- health products requested to be procured not in the quality assured product list.

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VI. MONITORING AND EVALUATION

In accordance with UNDP's programming policies and procedures, the project will be monitored through the following monitoring and evaluation plans:

Monitoring plan

Monitoring activity	Purpose	Frequency	Expected action
Track results progress	Progress data against the results indicators in the RRF will be collected and analysed to assess the progress of the project in achieving the agreed outputs.	Quarterly, or in the frequency required for each indicator.	Slower than expected progress will be addressed by project management.
Monitor and manage Risk	Identify specific risks that may threaten achievement of intended results. Identify and monitor risk management actions using a risk log. This includes monitoring measures and plans that may have been required as per UNDP's Social and Environmental Standards. Audits will be conducted in accordance with UNDP's audit policy to manage financial risk.	Quarterly	Risks are identified by project management and actions are taken to manage risk. The risk log is actively maintained to keep track of identified risks and actions taken.
Learn	Knowledge, good practices and lessons will be captured regularly, as well as actively sourced from other projects and partners and integrated back into the project.	At least annually	Relevant lessons are captured by the project team and used to inform management decisions.
Annual project quality assurance	The quality of the project will be assessed against UNDP's quality standards to identify project strengths and weaknesses and to inform management decision making to improve the project.	Every 2 years	Areas of strength and weakness will be reviewed by project management and used to inform decisions to improve project performance.
Review and make course corrections	Internal review of data and evidence from all monitoring actions to inform decision making.	At least annually	Performance data, risks, lessons and quality will be discussed by the project board and used to make course corrections.
Project report	A progress report will be presented to the project board and key stakeholders, consisting of progress data showing the results achieved against pre-defined annual targets at the output level, the annual project quality rating summary, an updated risk log with mitigation measures, and any evaluation or review reports prepared over the period.	Annually, and at the end of the project (final report)	
Project review (project board)	The project's governance mechanism (i.e., project board) will hold regular project reviews to assess the performance of the project and review the multi-year work plan to ensure realistic budgeting over the life of the project. In the project's final year, the project board shall hold an end-of project review to capture lessons learned and discuss opportunities for scaling up and to socialize project results and lessons learned with relevant audiences.	Specify frequency (i.e., at least annually)	Any quality concerns or slower than expected progress should be discussed by the project board and management actions agreed to address the issues identified.

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VII. MULTI-YEAR WORK PLAN

	Donor	Activity	2024 (USD)	2025 (USD)	2026 (USD)	Total 2024-2026 (USD
1	GOVT of Fiji	Procurement of Health & Non-Health products	745,155	745,155	745,155	**2,235,465**
2		3% Management Fee	23,046	23,046	23,046	**69,138**
3	DFAT	IBBS Fiji- DFAT Funding	115,210	37,897		**153,108**
4		8% GMS- DFAT Funding	9,095	3,032		**12,127**
		TOTAL				**2,469,838**

*Conversion of AUD to USD is @exchange rate of *1.513, FJD to USD is @exchange rate of 2.27, which is subject to change upon receipt of fund as per schedule of payment.*

Detailed Costing by Product

(UN October 2023 exchange rate@ 2.27)

Items	Unit Price (USD)	Pack Request	Total Product cost (USD)	Freight/clearance (USD)	Total cost Inc of freight/clearance (USD)	Management Fee 3% (USD)	Total Cost (USD) 2024	Total Cost (USD) 2025	Total Cost (USD) 2026
HIV									
Abacavir + Lamivudine 600mg + 300mg 30s	8.15	240	1,956.00	782.40	2,738.40	82.15	2,820.55	2,820.55	2,820.55
Abacavir + Lamivudine 120mg + 60mg30s	9.30	1200	11,160.00	4,464.00	15,624.00	468.72	16,092.72	16,092.72	16,092.72
Abacavir + Lamivudine + Dolutegravir 600mg + 300mg + 50mg 30s	19.80	24	475.20	190.08	665.28	19.96	685.24	685.24	685.24
Dolutegravir 10mg 90s	4.50	720	3,240.00	1,296.00	4,536.00	136.08	4,672.08	4,672.08	4,672.08
Dolutegravir 50mg 30s	1.93	900	1,737.00	694.80	2,431.80	72.95	2,504.75	2,504.75	2,504.75
Dolutegravir/Lamivudine/Tenofovir 50mg+300mg+300mg 30s	3.98	12000	47,760.00	19,104.00	66,864.00	2,005.92	68,869.92	68,869.92	68,869.92
Nevirapine 10mg/mL	1.25	600	750.00	300.00	1,050.00	31.50	1,081.50	1,081.50	1,081.50
Tenofovir 300mg 30s	2.81	600	1,686.00	674.40	2,360.40	70.81	2,431.21	2,431.21	2,431.21

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Tenofovir + Lamivudine + Efavirenz 300mg + 300mg + 400mg 30s	5.20	600	3,120.00	1,248.00	4,368.00	131.04	4,499.04	4,499.04	4,499.04
Zidovudine 10mg 240ml Bottle	3.00	400	1,200.00	480.00	1,680.00	50.40	1,730.40	1,730.40	1,730.40
Cotrimoxazole 100mg/20mg 100s	0.70	288	201.60	80.64	282.24	8.47	290.71	290.71	290.71
Cotrimoxazole 400mg/80mg 100s	1.30	3600	4,680.00	1,872.00	6,552.00	196.56	6,748.56	6,748.56	6,748.56
Total							**112,426.68**	**112,426.68**	**112,426.68**
HIV/ STI Lab									
Determine HIV 1/2 1/2 SET 100T	100.00	1000	100,000.00	40,000.00	140,000.00	4,200.00	144,200.00	144,200.00	144,200.00
Determine Syphilis (Bioline Syphilis 3.0 FUL Rapid Device 30 T	17.10	3333	57,000.00	22,800.00	79,800.00	2,394.00	82,194.00	82,194.00	82,194.00
GeneXpert IV HIV1 VL 10	149.00	100	14,900.00	5,960.00	20,860.00	625.80	21,485.80	21,485.80	21,485.80
INSTI HIV SELF TEST, ROW, EN, NPWS, pack of 25	3.29	240	789.60	315.84	1,105.44	33.16	1,138.60	1,138.60	1,138.60
PIMA CD4 catridges 25T	267.75	24	6,426.00	2,570.40	8,996.40	269.89	9,266.29	9,266.29	9,266.29
PIMA CD4 dry standard beads Each	83.50	6	501.00	200.40	701.40	21.04	722.44	722.44	722.44
Bioline HIV/Syph Duo with accessories 25T	37.50	2400	90,000.00	36,000.00	126,000.00	3,780.00	129,780.00	129,780.00	129,780.00
Uni-Gold HIV 1/2	26.50	240	6,360.00	2,544.00	8,904.00	267.12	9,171.12	9,171.12	9,171.12
Total							**397,958.26**	**397,958.26**	**397,958.26**
TB Medication									
Isoniazid 300mg tabs 672/pack	13.72	58	797.13	318.85	1,115.98	33.48	1,149.46	1,149.46	1,149.46
Isoniazid 100mg 100/pack	1.53	70	107.10	42.84	149.94	4.50	154.44	154.44	154.44
Ethambutol 100mg 100s	25.20	207	5,215.90	2,086.36	7,302.25	219.07	7,521.32	7,521.32	7,521.32
Ethambutol 400mg 672/pack	28.74	16	453.60	181.44	635.03	19.05	654.09	654.09	654.09

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Pyrazinamide 400mg 672/pack	14.20	26	363.88	145.55	509.43	15.28	524.71	524.71	524.71
Rifampicin 300mg 100/pack	19.33	276	5,334.69	2,133.88	7,468.57	224.06	7,692.63	7,692.63	7,692.63
Rifampicin 150mg 100/pack	12.82	73	933.30	373.32	1,306.61	39.20	1,345.81	1,345.81	1,345.81
Intensive Phase Combo [RHZE - 150/75/400/275mg] 672//pack	60.91	454	27,639.09	11,055.64	38,694.73	1,160.84	39,855.57	39,855.57	39,855.57
Continous Phase Combo [HR - 150/75mg] 672/pack	29.43	1108	32,613.35	13,045.34	45,658.68	1,369.76	47,028.44	47,028.44	47,028.44
Linezolid 600mg 100/pack	21.40	18	385.20	154.08	539.28	16.18	555.46	555.46	555.46
Prothionamide 100mg /250mg film coated tablets 100/pack	9.98	134	1,341.31	536.52	1,877.84	56.34	1,934.17	1,934.17	1,934.17
Levofloxacin 500mg, film coated tablets, blisters 100/pack	4.82	36	173.52	69.41	242.93	7.29	250.22	250.22	250.22
Bedaquiline 100mg, uncoated tablets, HPDE containers 188/pack	340.00	19	6,582.98	2,633.19	9,216.17	276.49	9,492.66	9,492.66	9,492.66
Clofazimine 100mg, capsules HDPE, /or film coated tablets 100/pack	80.80	18	1,454.40	581.76	2,036.16	61.08	2,097.24	2,097.24	2,097.24
Total							**120,256.21**	**120,256.21**	**120,256.21**
TB Lab									
BD BacTec 960 PZA Medium = 25 tests in one box	53.55	16	856.80	342.72	1,199.52	35.99	1,235.51	1,235.51	1,235.51
BD BacTec 960 SIRE Kit= 50 tests/kit Proce for kit	72.7	20	1,454.00	581.60	2,035.60	61.07	2,096.67	2,096.67	2,096.67
BD BBL Calibrator Kit (1*51 vials)	603.6	2	1,207.20	482.88	1,690.08	50.70	1,740.78	1,740.78	1,740.78
BD MGIT 7mL indicator tubes 100 tubes/ box	375.21	4	1,500.84	600.34	2,101.18	63.04	2,164.21	2,164.21	2,164.21
BD MGIT OADC 10x20 enrichment 6/pack	592.2	20	11,844.00	4,737.60	16,581.60	497.45	17,079.05	17,079.05	17,079.05
BD MGIT PANTA antibiotic mixture 6/pack	55.5	20	1,110.00	444.00	1,554.00	46.62	1,600.62	1,600.62	1,600.62
BD BacTec 960 PZA 1 kit	137.33	8	1,098.64	439.46	1,538.10	46.14	1,584.24	1,584.24	1,584.24
pH indicator strips= Neutralit, pH 5.0- 10.0 non-bleeding (100 in 1 box)	32.00	20	640.00	256.00	896.00	26.88	922.88	922.88	922.88

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MPT 64- Immunochromatographic test kits= 25 tests/kit	35.00	30	1,050.00	420.00	1,470.00	44.10	1,514.10	1,514.10	1,514.10
Fuchsin Basic 100g	39.86	10	398.60	159.44	558.04	16.74	574.78	574.78	574.78
Methylene blue	42.02	6	252.12	100.85	352.97	10.59	363.56	363.56	363.56
Phenol Crystals	47.17	10	471.70	188.68	660.38	19.81	680.19	680.19	680.19
Lowenstein Jensen slopes with pyruvate (bulk pack of 204 pc in 1)	204.66	16	3,274.56	1,309.82	4,584.38	137.53	4,721.92	4,721.92	4,721.92
Bacillol Disinfectant for BS Cabinets = 4L gallons	37.68	10	376.80	150.72	527.52	15.83	543.35	543.35	543.35
GeneXpert MTB/Rif Ultra Cartridges 50/pack	499.00	140	69,860.00	27,944.00	97,804.00	2,934.12	100,738.12	100,738.12	100,738.12
Total							**137,559.96**	**137,559.96**	**137,559.96**
Grand Total							**768,201.12**	**768,201.12**	**768,201.12**

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VIII. GOVERNANCE AND MANAGEMENT ARRANGEMENTS

UNDP will be responsible as implementing partner of this project. This is a three-year project cycle covering 2024-2026. The UNDP Pacific Office in Fiji will directly implement this project in Fiji. The implementation will be governed by the rules and regulations of UNDP and Fiji MHMS. The PMU has been set up in Suva and reports directly to the UNDP Residence Representative in the Pacific Office in Fiji. The UNDP Global Fund and Health Implementation Support Team in Geneva and New York will provide advisory services, guidance and technical assistance in project implementation.

Except for matters specifically agreed to in an Agreement, UNDP uses its standard operational framework for implementing this project. As implementing partner (IP), UNDP is legally responsible and financially accountable for implementation results. Fiji MHMS should endorse the request for procurement of health and non- health product on annual basis. Fiji MHMS should also endorse the programmatic and financial reports.

Project Board or Project Steering Committee

This project will be governed by a multi-stakeholder board/ committee established to review performance based on established monitoring and evaluation metrics and high-level implementation issues to ensure quality delivery of results. The 'Project Board' or 'Project Steering is dedicated oversight body for a UNDP 'Development Project', which is defined in the PPM as an instrument where UNDP "Delivers outputs where UNDP has accountability for design, oversight and quality assurance of the entire project."

The roles of the Project Board or Project Steering Committee are as follows:

1) High-level oversight of the project

Reviews the evidence of project performance based on monitoring, evaluation and reporting, including progress reports, monitoring missions' reports, evaluations, risk logs, quality assessments, and the combined delivery report. The Project Board or Project Steering Committee will be responsible for taking corrective actions as needed to ensure the project achieves the desired results. And its function includes oversight of annual (and as-needed) assessments of any major risks to the programme or project, and related decisions/agreements on any management actions or remedial measures to address them effectively.

The Project Board or Project Steering Committee will also carry out the role of quality assurance of the project taking decisions informed by, among other inputs, the project quality assessment. In this role the Board will be supported by the quality assurer, whose function be to assess the quality of the project against the corporate standard criteria. This function is performed by a UNDP programme or monitoring and evaluation officer to maintain independence from the project manager regardless of the project 's implementation modality. The Project Board or Project Steering Committee will review and update the project risk log.

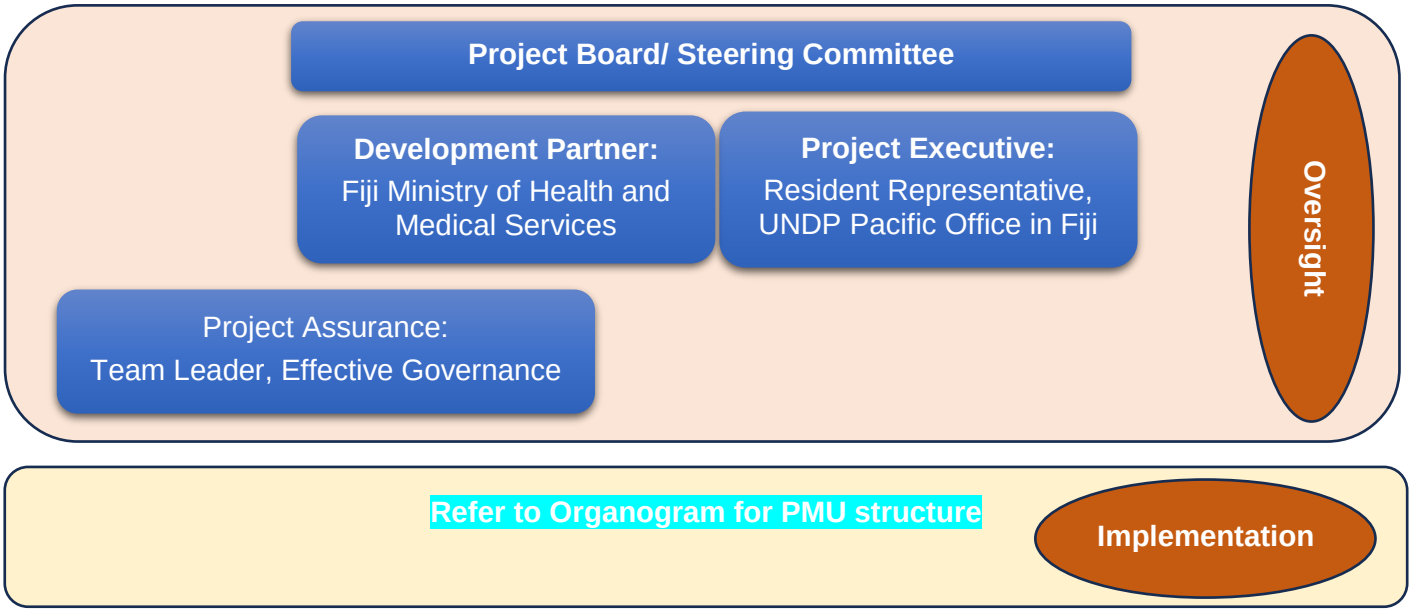
2) Approval of key project execution decisions

The Project Board or Project Steering Committee will be responsible for approving certain adjustments above provided tolerance levels, including substantive programmatic revisions (major/minor amendments), budget revisions, requests for suspension or extension and other major changes (subject to

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additional funding partner/donor requirements). The Project Board or Project Steering Committee will also be responsible for making management decisions by consensus when required, including the approval of project plans and revisions, and the project manager's tolerances. The Project Board or Project Steering Committee approves annual work plans and reviews updates to the project risk log. If the project board cannot come to consensus in making decision the UNDP RR has full right to make the final decision.

The diagram below outlines the main entities involved (and the respective responsibilities) in the 'oversight/approval of key execution decisions' layer and the 'implementation' layer of the project structure.



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IX. LEGAL CONTEXT

This project forms part of an overall programmatic framework. When assistance and support services are provided from this Project to Fiji, this document shall be the "Project Document" instrument referred to in: (i) the respective signed SBAAs for Fiji. All references in the SBAA to "Executing Agency" shall be deemed to refer to "Implementing Partner."

This project will be implemented by UNDP Pacific Office in Fiji ("Implementing Partner") in accordance with its financial regulations, rules, practices and procedures only to the extent that they do not contravene the principles of the financial regulations and rules of UNDP.

X. RISK MANAGEMENT

1. UNDP as the Implementing Partner will comply with the policies, procedures and practices of the United Nations Security Management System (UNSMS).

2. UNDP as the Implementing Partner will undertake all reasonable efforts to ensure that none of the project funds UNDP received pursuant to the Project Document are used to provide support to individuals or entities associated with terrorism , that the recipients of any amounts provided by UNDP hereunder do not appear on the United Nations Security Council Consolidated Sanctions List, and that no UNDP funds received pursuant to the Project Document are used for money laundering activities. The United Nations Security Council Consolidated Sanctions List can be accessed via https://www.un.org/securitycouncil/content/un-sc-consolidated-list. This provision must be included in all sub-contracts or sub-agreements entered into under this Project Document.

3. Social and environmental sustainability will be enhanced through application of the UNDP Social and Environmental Standards (http://www.undp.org/ses) and related Accountability Mechanism (http://www.undp.org/secu-srm).

4. UNDP as the Implementing Partner will: (a) conduct project related activities in a manner consistent with the UNDP Social and Environmental Standards, (b) implement any management or mitigation plan prepared for the project or programme to comply with such standards, and (c) engage in a constructive and timely manner to address any concerns and complaints raised through the Accountability Mechanism. UNDP will seek to ensure that communities and other project stakeholders are informed of and have access to the Accountability Mechanism.

5. In the implementation of the activities under this Project Document, UNDP as the Implementing Partner will handle any sexual exploitation and abuse ("SEA") and sexual harassment ("SH") allegations in accordance with its regulations, rules, policies and procedures.

6. All signatories to the Project Document shall cooperate in good faith with any exercise to evaluate any programme or project-related commitments or compliance with the UNDP Social and Environmental Standards. This includes providing access to project sites, relevant personnel, information, and documentation.

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7. UNDP as the Implementing Partner will ensure that the following obligations are binding on each responsible party, subcontractor, and sub-recipient:

a. Consistent with the Article III of the SBAA [or the Supplemental Provisions to the Project Document], the responsibility for the safety and security of each responsible party, subcontractor and sub-recipient and its personnel and property, and of UNDP's property in such responsible party's, subcontractor's and sub-recipient's custody, rests with such responsible party, subcontractor and sub-recipient. To this end, each responsible party, subcontractor and sub-recipient shall:

i. put in place an appropriate security plan and maintain the security plan, taking into account the security situation in the country where the project is being carried;

ii. assume all risks and liabilities related to such responsible party's, subcontractor's and sub-recipient's security, and the full implementation of the security plan.

b. UNDP reserves the right to verify whether such a plan is in place, and to suggest modifications to the plan when necessary. Failure to maintain and implement an appropriate security plan as required hereunder shall be deemed a breach of the responsible party's, subcontractor's and sub-recipient's obligations under this Project Document.

c. Each responsible party, subcontractor and sub-recipient (each a "sub-party" and together "sub-parties") acknowledges and agrees that UNDP will not tolerate sexual harassment and sexual exploitation and abuse of anyone by the sub-parties, and other entities involved in Project implementation, either as contractors or subcontractors and their personnel, and any individuals performing services for them under the Project Document.

(a) In the implementation of the activities under this Project Document, each sub-party shall comply with the standards of conduct set forth in the Secretary General's Bulletin ST/SGB/2003/13 of 9 October 2003, concerning "Special measures for protection from sexual exploitation and sexual abuse" ("SEA").

(b) Moreover, and without limitation to the application of other regulations, rules, policies and procedures bearing upon the performance of the activities under this Project Document, in the implementation of activities, each sub-party, shall not engage in any form of sexual harassment ("SH"). SH is defined as any unwelcome conduct of a sexual nature that might reasonably be expected or be perceived to cause offense or humiliation, when such conduct interferes with work, is made a condition of employment or creates an intimidating, hostile or offensive work environment. SH may occur in the workplace or in connection with work. While typically involving a pattern of conduct, SH may take the form of a single incident. In assessing the reasonableness of expectations or perceptions, the perspective of the person who is the target of the conduct shall be considered.

d. In the performance of the activities under this Project Document, each sub-party shall (with respect to its own activities) and shall require from its sub-parties (with respect to their activities) that they, have minimum standards and procedures in place, or a plan to develop and/or improve such standards and procedures in order to be able to take effective preventive and investigative action. These should include: policies on sexual harassment and sexual exploitation and abuse; policies on whistleblowing/protection against retaliation; and complaints, disciplinary and investigative

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mechanisms. In line with this, sub-parties will and will require that their respective sub-parties will take all appropriate measures to:

(i) Prevent its employees, agents or any other persons engaged to perform any services under this Project Document, from engaging in SH or SEA;

(ii) Offer employees and associated personnel training on prevention and response to SH and SEA, where sub-parties have not put in place its own training regarding the prevention of SH and SEA, sub-parties may use the training material available at UNDP;

(iii) Report and monitor allegations of SH and SEA of which any of the sub-parties have been informed or have otherwise become aware, and status thereof;

(iv) Refer victims/survivors of SH and SEA to safe and confidential victim assistance; and

(v) Promptly and confidentially record and investigate any allegations credible enough to warrant an investigation of SH or SEA. Each sub-party shall advise UNDP of any such allegations received and investigations being conducted by itself or any of its sub-parties with respect to their activities under the Project Document, and shall keep UNDP informed during the investigation by it or any of such sub-parties, to the extent that such notification (i) does not jeopardize the conduct of the investigation, including but not limited to the safety or security of persons, and/or (ii) is not in contravention of any laws applicable to it. Following the investigation, the relevant sub-party shall advise UNDP of any actions taken by it or any of the other entities further to the investigation.

e. Each sub-party shall establish that it has complied with the foregoing, to the satisfaction of UNDP, when requested by UNDP or any party acting on its behalf to provide such confirmation. Failure of the relevant sub-party to comply of the foregoing, as determined by UNDP, shall be considered grounds for suspension or termination of the Project.

f. Each responsible party, subcontractor and sub-recipient will ensure that any project activities undertaken by them will be implemented in a manner consistent with the UNDP Social and Environmental Standards and shall ensure that any incidents or issues of non-compliance shall be reported to UNDP in accordance with UNDP Social and Environmental Standards.

g. Each responsible party, subcontractor and sub-recipient will take appropriate steps to prevent misuse of funds, fraud, corruption or other financial irregularities, by its officials, consultants, subcontractors and sub-recipients in implementing the project or programme or using the UNDP funds. It will ensure that its financial management, anti-corruption, anti-fraud and anti-money laundering and countering the financing of terrorism policies are in place and enforced for all funding received from or through UNDP.

h. The requirements of the following documents, then in force at the time of signature of the Project Document, apply to each responsible party, subcontractor and sub-recipient: (a) UNDP Policy on Fraud and other Corrupt Practices (b) UNDP Anti-Money Laundering and Countering the Financing of Terrorism Policy; and (c) UNDP Office of Audit and Investigations Investigation Guidelines. Each responsible party, subcontractor and sub-recipient agrees to the requirements of the above documents, which are an integral part of this Project Document and are available online at www.undp.org.

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i. In the event that an investigation is required, UNDP will conduct investigations relating to any aspect of UNDP programmes and projects. Each responsible party, subcontractor and sub-recipient will provide its full cooperation, including making available personnel, relevant documentation, and granting access to its (and its consultants', subcontractors' and sub-recipients') premises, for such purposes at reasonable times and on reasonable conditions as may be required for the purpose of an investigation. Should there be a limitation in meeting this obligation, UNDP shall consult with it to find a solution.

j. Each responsible party, subcontractor and sub-recipient will promptly inform UNDP as the Implementing Partner in case of any incidence of inappropriate use of funds, or credible allegation of fraud, corruption other financial irregularities with due confidentiality. Where it becomes aware that a UNDP project or activity, in whole or in part, is the focus of investigation for alleged fraud/corruption, each responsible party, subcontractor and sub-recipient will inform the UNDP Resident Representative/Head of Office, who will promptly inform UNDP's Office of Audit and Investigations (OAI). It will provide regular updates to the head of UNDP in the country and OAI of the status of, and actions relating to, such investigation.

k. Choose one of the three following options:

Option 1: UNDP will be entitled to a refund from the responsible party, subcontractor or sub-recipient of any funds provided that have been used inappropriately, including through fraud corruption, other financial irregularities or otherwise paid other than in accordance with the terms and conditions of this Project Document. Such amount may be deducted by UNDP from any payment due to the responsible party, subcontractor or sub-recipient under this or any other agreement. Recovery of such amount by UNDP shall not diminish or curtail any responsible parties, subcontractor's or sub-recipient's obligations under this Project Document.

Option 2: Each responsible party, subcontractor or sub-recipient agrees that, where applicable, donors to UNDP (including the Government) whose funding is the source, in whole or in part, of the funds for the activities which are the subject of the Project Document, may seek recourse to such responsible party, subcontractor or sub-recipient for the recovery of any funds determined by UNDP to have been used inappropriately, including through fraud corruption or other financial irregularities or otherwise paid other than in accordance with the terms and conditions of the Project Document.

Option 3: UNDP will be entitled to a refund from the responsible party, subcontractor or sub-recipient of any funds provided that have been used inappropriately, including through fraud corruption or other financial irregularities, or otherwise paid other than in accordance with the terms and conditions of the Project Document. Such amount may be deducted by UNDP from any payment due to the responsible party, subcontractor or sub-recipient under this or any other agreement.

Where such funds have not been refunded to UNDP, the responsible party, subcontractor or sub-recipient agrees that donors to UNDP (including the Government) whose funding is the source, in whole or in part, of the funds for the activities under this Project Document, may seek recourse to such responsible party, subcontractor or sub-recipient for the recovery of any funds determined by UNDP to have been used inappropriately, including through fraud, corruption or other financial irregularities, or otherwise paid other than in accordance with the terms and conditions of the Project Document.

Note: The term "Project Document" as used in this clause shall be deemed to include any relevant subsidiary agreement further to the Project Document, including those with responsible parties, subcontractors and sub-recipients.

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l. Each contract issued by the responsible party, subcontractor or sub-recipient in connection with this Project Document shall include a provision representing that no fees, gratuities, rebates, gifts, commissions or other payments, other than those shown in the proposal, have been given, received, or promised in connection with the selection process or in contract execution, and that the recipient of funds from it shall cooperate with any and all investigations and post-payment audits.

m. Should UNDP refer to the relevant national authorities for appropriate legal action any alleged wrongdoing relating to the project or programme, the Government will ensure that the relevant national authorities shall actively investigate the same and take appropriate legal action against all individuals found to have participated in the wrongdoing, recover and return any recovered funds to UNDP.

n. Each responsible party, subcontractor and sub-recipient shall ensure that all of its obligations set forth under this section entitled “Risk Management” are passed on to its subcontractors and sub-recipients and that all the clauses under this section entitled “Risk Management Standard Clauses” are adequately reflected, mutatis mutandis, in all its sub-contracts or sub-agreements entered into further to this Project Document.

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XI. ANNEXES

1. **Project quality assurance report**

2. **Social and environmental screening template**

3. **Risk Register**

4. **Fiji MHMS Request letter for procurement of health and non- health products.**

5. **DFAT/ UNDP Signed Agreement**