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OIA 30987

1 July 2026

Personal details removed for proactive release

Tēnā koe Personal details removed for proactive release

Thank you for your email of 18 May 2026 to the Ministry of Health in which you requested information under the Official Information Act 1982 (OIA). On 3 June 2026, the following part of your request was transferred from the Ministry of Health to the Ministry of Foreign Affairs and Trade (the Ministry) under section 14(b) of the OIA for response:

> *"6. Any documents relating to planned or potential future operational or clinical support to Fiji or regional partners in relation to HIV, including:*
> *o Workforce deployments or secondments*
> *o Technical assistance or training initiatives*
> *o Ongoing or proposed collaborations with Pacific health systems."*

Response to your request

Attached are the following documents in scope of your request:

1. **Strengthening health security in the Pacific region with an initial focus on the HIV crisis** – SIDF request, dated 16 October 2025
2. **Concept Note - Strengthening Health Security in the Pacific Region – with an initial focus on the HIV crises**, dated 12 November 2025

Some information is withheld under the following sections of the OIA:

- 6(a): to avoid prejudicing the security or defence of New Zealand or the international relations of the New Zealand Government; and
- 9(2)(g)(i): to protect the free and frank expression of opinions by departments.

In regard to the Business case Milestones/Activities table on page 17 of the attachment, not all milestones have been completed as scheduled, but the work is still intended to proceed.

Where the information has been withheld under section 9 of the OIA, no public interest in releasing the information has been identified that would override the reasons for withholding it.

Please note that it is our policy to proactively release our responses to official information requests where possible. Therefore, our response to your request (with your personal information removed) may be published on the Ministry website: www.mfat.govt.nz/en/about-us/contact-us/official-information-act-responses/

If you have any questions about this decision, you can contact us by email at: DM-ESD@mfat.govt.nz. You have the right to seek an investigation and review by the Ombudsman of this decision by contacting www.ombudsman.parliament.nz or freephone 0800 802 602.

Nāku noa, nā

Sarah Corbett
for Secretary of Foreign Affairs and Trade

PDLT Paper

Title of paper	**Strengthening health security in the Pacific region with an initial focus on the HIV crisis** – SIDF request
Submitted for PDLT meeting on	16 October 2025
Status	*New Proposal - Strategic International Development Fund (SIDF) bid*
Action required	Decision paper
Paper submitted by (and will be available to attend the PDLT meeting)	Karen Murray (Divisional Manager, DEVPP) Dilhani Bandaranayake (Lead Adviser Health, DEVPP) [Tara Kessaram (Unit Manager Health) and Kate Fraser (Senior Health Consultant, DEVPP) – not available]
Key points	
Purpose of paper	In the context of current outbreaks and increasing health security threats in the Pacific region, this paper seeks in principle approval from PDLT to: • transfer **NZD1.5M** from SIDF to the following Pacific Plan targets: s6(a) **to help address the growing HIV crisis in the region**. These funds will enable MFAT to deliver targeted HIV responses in four key countries (Fiji, Solomon Islands PNG and Tonga) as well as regional prevention activities across 10 countries to support regional preparedness through work with a trusted partner, the International Planned Parenthood Federation (IPPF). • transfer **NZD300K** from SIDF to Pacific Funds Plan target for coordination, scoping and design work on how New Zealand can **help strengthen regional health security, in response to emerging and recurrent outbreaks and broader health system vulnerabilities affecting both Pacific Island countries and New Zealand.** • ringfence **NZD1M** of SIDF funding to ensure **the activity emerging from the design phase can proceed within this triennium**, maintaining momentum and enabling timely implementation once design is complete. The activity size would be confirmed through the design and approval process. Country plan alignment will also be set after the design work is complete. **All requested funds (NZD2.8M) will be spent this triennium**. Transfer of SIDF funds will be subject to standard approval processes for the Programmatic Concept Note and the HIV response Business Case Lite. Both are underway.

[1] To be determined whether these regional activity funds will sit within the Pacific Regional or are split across relevant PACMM and PACPF plans.

Summary of issue	• **Health security is a growing priority in the Pacific due to frequent and severe disease outbreaks, climate change impacts, gaps in population immunity, and increased cross-border movement.** These challenges highlight the need for resilient health systems, stronger surveillance, and regional collaboration. • **Pacific countries face unique constraints**—small populations, vast geography, and limited resources—which affect their ability to respond effectively. Building health system capacity and workforce capability is essential for resilience and coordinated action. • **Recent outbreaks of HIV, dengue, influenza, and pertussis** have exposed gaps in surveillance, service delivery, and community engagement. Strengthening national and regional capacities is critical for timely responses, meeting International Health Regulations (IHR) obligations[2], and preventing public health emergencies. • s6(a) • In line with the ABR, **we have an opportunity to design a strategic programme of work that will consolidate and scale MFAT's health security investments, enabling a more coordinated and regionally aligned approach**. It will focus on inclusive, locally driven solutions, improving surveillance, data systems, and workforce capability, while addressing specific communicable disease threats such as HIV.
MFAT business areas affected	• DEVPP Health • PACMM/PACPF/PACREG
Major risks	• Recent outbreaks of HIV, dengue, influenza, and pertussis in the Pacific have underscored the critical need for strong, resilient, and well-coordinated health systems to reduce health security risks to New Zealand and neighbouring Pacific Island countries, while also mitigating humanitarian impacts across the region. • s6(a)

[2] **International Health Regulations** are a legally binding framework developed by the **World Health Organization (WHO)** to help countries prevent, detect, and respond to public health threats that have the potential to cross borders and affect global health.

Resource implications including cost of proposal	• s9(2)(g)(i) This will complement and build upon our existing targeted health security related investments.
	• The Fiji country programme has already provided NZD4M in bilateral budget support to the Government of Fiji to address the current HIV outbreak at a country level. Support at a regional level is also needed to strengthen systems and for regional preparedness.
	• Through DEVPP Health's regional investment in sexual and reproductive health and rights in the Pacific we are:
	  • supporting the Fiji Reproductive and Family Health Association to provide HIV tests and pre and post-test counselling.
	  • working with UNFPA to include HIV outbreak response activities into our planned support for implementation of reproductive, maternal, newborn, child and adolescent health plans.
	• The current DEVPP Health, Solomon Islands, Tonga and PNG programmes are already fully committed with existing contracted commitments this triennium and are not able to absorb the cost of this proposed assistance this triennium.
	• **We seek up to NZD2.8M from SIDF to:**
	  ○ **urgently help address HIV outbreaks and preparedness in the region via IPPF; and**
	  ○ **scope, design and initiate a programme of work to help enhance health systems and strengthen health security in the region.**

Consulted with	The Health Security Programme concept was consulted with potential plan owners via the recent ideas prioritisation process with most teams agreeing they would support a SIDF bid. Teams consulted further included: • PACMM – Fiji/Solomon Islands/PNG • PHM • PACPF • PACREG External agencies consulted: • NZ Ministry of Health • Health New Zealand • Department of Foreign Affairs and Trade, Australia

Recommendations

Subject to approval of relevant Programmatic concept note and business casing:		
1	**Approve** the transfer of **NZD1.5M** from SIDF s6(a) to help address the growing HIV crisis in the region.	**YES / NO**
2	**Approve** the transfer of **NZD300K** from SIDF to Pacific Funds to undertake scoping, research and design work on how New Zealand can help strengthen health security in region to mitigate the health security risks posed to New Zealand and other Pacific Island countries.	**YES / NO**
3	**Approve** the ringfencing of **NZD1M** to ensure the proposed activity can proceed this triennium to ensure momentum is not lost.	**YES / NO**
Record of decision	**PDLT decisions will be documented in the minutes of the meeting at which this paper is presented.**	
	_____ **Deputy Secretary's Office**	On ____ / ____ / ____

Report

Summary

1. In light of escalating health security threats and the growing HIV crisis in the Pacific, we are requesting approval from PDLT to **reallocate NZD 2.8 million from SIDF** this triennium, including:
   - **NZD 1.5 million** to support targeted HIV responses in Fiji, Solomon Islands, Papua New Guinea, and Tonga, as well as regional prevention efforts across 10 countries through IPPF
   - an additional **NZD 300,000** for coordination, scoping, and design work to strengthen regional health security
   - and **NZD 1 million** ringfenced to start implementation of the preferred option(s) arising from this design.

Context

2. Health security threats in the Pacific are frequent and escalating. Recurrent outbreaks of communicable diseases such as measles, pertussis, and dengue continue to strain already stretched health systems. The persistent risk of another pandemic further compounds these challenges. At the same time, global funding for health security is declining, particularly for HIV and rising misinformation and global shifts in vaccination schedules are increasing vulnerability to infectious disease.

3. Pacific Island countries face persistent health security challenges, including limited workforce capacity, fragmented surveillance systems, and high burdens of communicable diseases. The COVID-19 pandemic exposed gaps in preparedness and reliance on external support. The surge in HIV cases across Fiji, Papua New Guinea, and Solomon Islands, underscored by Fiji and PNG's formal declarations of HIV crises in 2025, has exposed critical gaps in public health surveillance, service delivery systems, and sustained community engagement. Strengthening national and regional capacities is critical not only for ensuring timely responses to emerging threats and to meeting IHR obligations but also for preventing public health emergencies

4. Weak health systems leave countries vulnerable to disease outbreaks, disrupt essential services, and threaten regional stability. Without robust surveillance and response mechanisms, emerging threats like HIV and future pandemics cannot be effectively managed. Strengthening health security is essential to protect lives, support sustainable development, and foster economic and regional resilience.

5. Rising HIV transmission highlights urgent gaps in preparedness and the need to protect vulnerable populations. Delaying action risks wider spread, overwhelmed systems, and deepening health inequities. Early, targeted investment will save lives, reduce future costs, and safeguard regional stability.

6. The multi-country health security related investments totalled NZD11.2M from 2023 – 2027 with NZD1.6M programmed to date for the next triennium. MFAT currently supports targeted health security initiatives through the Polynesian Health Corridors programme, Pacific Pathology Training Centre, UNICEF, UNFPA and bilateral investments (including NZD4M in budget support to Fiji to address the HIV outbreak response). However, these efforts are not consistently region-wide nor fully integrated across surveillance and response systems. There is a clear opportunity to consolidate and/or expand these efforts into a coherent regional investment. Without this, current efforts risk falling short of the scale and coherence required to meet future challenges.

Proposed investment

7. The proposed Activity will strengthen core public health functions aligned with the International Health Regulations (IHR 2005)[3], help address emerging threats including HIV, support Pacific-led strategies, and build resilience to future health threats. This will ensure New Zealand's support remains responsive, impactful, and well-coordinated.

8. An initial NZD 1.5 million investment will be provided to the International Planned Parenthood Federation (IPPF) to support urgent HIV preparedness and response in Fiji, Solomon Islands, Papua New Guinea and Tonga. This partnership will expand mobile outreach, awareness-raising, point-of-care testing, and community engagement, while contributing to broader regional preparedness efforts across 10 Pacific countries. Given the urgency of addressing rising HIV rates, the HIV preparedness and response activity with IPPF will be undertaken prior to design and implementation of the wider Health Security Activity. As advised, a Business Case Lite will be developed to support this HIV investment

Strategic Alignment

9. Health security investments directly support the IDC programme goal of building resilient, inclusive systems that can withstand shocks and deliver equitable outcomes. Health expenditure increased during the 2021-24 triennium due to the COVID-19 pandemic response ($251 million), s6(a)

10. Health security underpins regional stability, is a core IDC priority, and contributes to long-term resilience, pandemic preparedness, and inclusive service delivery. Strengthening health security in the Pacific, including responses to rising HIV transmission, supports equitable health outcomes and reduces pressure on already fragile systems. Targeted investment aligns with the IDC Framework's commitment to inclusive development and human rights, and delivers high returns in lives saved, costs averted, and systems strengthened.

11. This Activity also contributes to the following strategic goals:

MFAT Strategic Framework/ IDC Priorities Framework

- A prosperous and resilient future: advancing the SDGs through social inclusion and resilience.
- A safe, secure and just future: strengthening institutions and preparedness for crises.
- Partnering for the Pacific: enhancing cooperation with Australia through both joint and aligned support.

Regional and National Alignment

The Activity:

- supports the 2050 Strategy for the Blue Pacific and the WHO Pacific Islands Multi-Country Cooperation Strategy (2024–2029), both of which prioritise resilient health systems and equity.
- reflects Pacific Island countries' priorities for stronger health systems, better surveillance, inclusive service delivery, and emergency preparedness—especially for vulnerable populations. The HIV investment contributes directly through

[3] Note, New Zealand is in the process of considering the 2024 IHR amendments.

outreach, testing, and community engagement, while building foundations for broader health security.
- aligns with PACMM, PACREG, and PACPF country plans, complements MFAT's sexual and reproductive health initiatives, and reinforces existing health security efforts.

Thematic Focus Areas

- **Gender Equality**: The Activity addresses the disproportionate impact of infectious diseases and climate emergencies on women, girls, and gender-diverse populations through gender-transformative, inclusive approaches.
- **Human Rights**: It promotes rights-based health by tackling stigma, discrimination, and legal barriers to care.
- **Child and Youth Health**: Focuses on service gaps and community-led models to improve outcomes for children and young people, who are especially vulnerable to system disruptions.
- **Reproductive, Maternal, Newborn, and Child Health** (RMNCH): Strengthens integration of reproductive, maternal, newborn, and child health services within broader health security efforts to improve continuity of care and preparedness.

CONCEPT NOTE (CN) TEMPLATE FOR

Strengthening Health Security in the Pacific Region – with an initial focus on the HIV crises [ACT-0104842]

Activity Information | Enquire record

Enquire Activity #:	ACT-0104842
Activity Name:	Strengthening health security in the Pacific region – with an initial focus on the HIV crises
Forecasted Whole Of Activity Cost:	s9(2)(g)(i)
Overall Risk Rating (Provisional):	N/A
Safeguarding (ESI) Rating (Provisional):	
Programme:	Health
Plan Alignment	Multi-Country Activities

Thematic markers

Gender Equality	Significant
Good Governance (Participatory Development)	Not Targeted
Trade Development	Not Targeted
Human Rights	Significant
Environment	Not Targeted
Environment - Biodiversity	Not Targeted
Environment – Climate Change Mitigation	Not Targeted
Environment – Climate Change Adaptation	Not Targeted
Environment – Climate Change Capacity Building	Not Targeted
Environment – Climate Change Technology Transfer	Not Targeted
Environment - Desertification	Not Targeted
Disaster Risk Reduction	Not Targeted
Infrastructure	Not Targeted
Child And Youth	Significant
Reproductive, Maternal, Newborn, And Child Health	Significant
Disability	Not Targeted

Activity Information | User input

Activity Complexity Rating (Indicative):	Medium
IOD Holder:	Deputy Secretary Pacific and Development Group
SIDF Application:	Yes

Author/Submitted By:	Kate Fraser
Manager Review Complete:	Tara Kessaram
Pitching Date	12 Nov 2025
Plan Owner(s)	DEVPP
Activity Description	The Activity will provide funding to a range of partners to improve health security in the Pacific region, with an initial focus on addressing rising HIV rates in target countries.
Modality (If Known)	To be determined

Brief background

We are seeking endorsement to proceed to the design phase of a new five-year (2025/26–2029/30), s9(2)(g)(i) Health Security Activity (the Activity) aimed at strengthening public health preparedness and resilience across the Pacific. The design phase will ensure a coordinated, coherent, region-wide investment that systematically addresses health security challenges in an increasingly complex environment, while embedding transformative approaches aligned with Pacific-led commitments to gender equality and social inclusion. The requested funding will cover the design, delivery, and management costs of the Activity.

Recognising the urgency of rising HIV rates and the immediate need for action, we are proposing an initial investment of NZD 1.5 million to the International Planned Parenthood Federation (IPPF) prior to the design of the main Health Security Activity. This will support urgent HIV preparedness and response efforts in Fiji, Solomon Islands, Tonga, and Papua New Guinea (PNG), as well as broader preparedness efforts across 10 Pacific countries, including expanding mobile outreach, awareness-raising, point-of-care testing, and community engagement. As this initiative addresses a known and pressing issue with a trusted partner, no design work is required, allowing us to move quickly. A Business Case Lite will be developed to support this initial investment, which, given the urgency of addressing rising HIV rates, will be the first initiative to commence under the wider Health Security Activity.

Health security threats in the Pacific are escalating, with disproportionate impacts on marginalised populations. Recurrent outbreaks of communicable diseases such as measles, pertussis (whooping cough), and dengue are placing increasing pressure on already stretched health systems. Many countries now report multiple disease alerts each year. In Fiji, new HIV cases tripled between 2023 and 2024, with over 1,000 cases reported by September 2024, up from 360 the previous year and reaching more than 3,000 by mid-2025. Papua New Guinea declared HIV a national crisis in 2024 due to rising infections among women and children. These trends reflect growing vulnerabilities, particularly among marginalised populations. The persistent risk of another pandemic compounds these challenges, while global funding for health security, especially for HIV, is declining. At the same time, rising misinformation and shifts in global vaccination schedules are undermining disease prevention efforts and increasing regional vulnerability to infectious disease.

MFAT currently supports targeted health security initiatives through the Polynesian Health Corridors programme, the Pacific Pathology Training Centre, UNICEF, and bilateral investments (including NZD 4m in budget support to Fiji to address the HIV outbreak response). However, these efforts are not consistently region-wide nor fully integrated across surveillance and response systems. There is a clear opportunity to consolidate and/or expand these efforts into a coherent regional investment with the ability to scale up as needed. Without this, current efforts risk falling short of the scale, relevance and coherence required to meet future challenges.

The proposed Activity will strengthen core public health functions aligned with the International Health Regulations (IHR 2005), help address emerging threats including HIV, support Pacific-led strategies, and build resilience to future health threats. This will ensure New Zealand's support remains responsive, impactful, and well-coordinated. The design phase will explore eligible countries and potential partner organisations, including regional bodies such as WHO, SPC, UNICEF and others, and will ensure alignment with the evolving regional architecture. The exact allocation of the funding beyond the initial funding to IPPF for immediate HIV work will be determined through the design process, however it is expected to support region-wide surveillance and response systems, capacity building, and scalable interventions across priority countries and the wider Pacific region.

Development Problem(s) – Current state

What is the problem?

Pacific Island countries face persistent health security challenges, including limited workforce capacity, fragmented surveillance systems, and high burdens of communicable diseases. The COVID-19 pandemic exposed gaps in preparedness and reliance on external support. The surge in HIV cases across Fiji, PNG, and Solomon Islands, underscored by Fiji and PNG's formal declarations of HIV crises in 2025, as well as recent vector borne and infectious disease outbreaks such as dengue and pertussis in the region, have exposed critical gaps in public health surveillance, service delivery systems, and sustained community engagement. These developments provide an opportunity to explore whether New Zealand is investing strategically in Pacific health security at a scale and in ways that effectively strengthen national and regional capacities for prevention, preparedness, and response, while also contributing to inclusive, resilient health systems. Strengthening national and regional capacities is critical not only for ensuring timely responses to emerging threats and to meeting IHR obligations but also for preventing public health emergencies. The proposed design process presents an opportunity to reshape MFAT's health security portfolio, by expanding, refining, or discontinuing investments, to ensure our efforts are strategic, effective, inclusive and responsive to Pacific priorities.

Why does this problem matter?

Weak health systems leave countries vulnerable to disease outbreaks, disrupt essential services, and threaten regional stability. Without robust and inclusive surveillance and response mechanisms, emerging health threats like HIV and future pandemics cannot be effectively managed. This undermines public health outcomes and can exacerbate existing inequalities and discrimination, particularly for people who face systemic barriers to accessing timely and appropriate care and protection. Strengthening health security is essential to protect lives, support sustainable development, and foster economic and regional resilience.

Historical and present causes that contributed to the problem

Health security challenges in the Pacific are rooted in historical underinvestment in health systems, limited workforce development, and reliance on external funding. These are compounded by climate change, increased mobility, and rising communicable disease burdens, and these systemic issues have disproportionately affected women, people with disabilities, and other marginalised groups, whose health needs are often deprioritised in policy and service delivery. COVID-19 further exposed gaps in surveillance and response, highlighting the urgent need for resilient, integrated health systems across the region.

Why should we act now and not later? What would happen if we did nothing?

Rising transmission of communicable diseases, including HIV, and the increasing frequency of outbreaks such as dengue and pertussis highlight urgent gaps in regional health preparedness and response and the need to protect vulnerable populations. These challenges underscore the need for stronger, more inclusive health systems that can protect vulnerable populations and respond effectively to emerging threats. Delaying action risks widening gender and social inequalities, particularly for women and girls, persons with disabilities, and key populations who already face stigma, limited access to services and exclusion from health decision-making. It also risks wider spread, overwhelmed systems, and deepening health inequities. Early, targeted investment will save lives, reduce future costs, and safeguard regional stability.

Based on the current information available, consider the impact of the problem on people, environment, societies, at risk groups etc., signal what will be explored as part of design if answers are not yet available.

Health threats have far-reaching impacts on economies, ecosystems, and communities, with disproportionate effects on women, youth, people with disabilities and vulnerable groups. Climate shocks and disease outbreaks place immense pressure on already fragile health systems, often disrupting essential services such as sexual and reproductive health and maternal care.

These disruptions deepen existing inequalities and limit access to care for those most at risk. The design phase will further examine country-specific vulnerabilities, the differentiated needs of at-risk groups, and opportunities to strengthen inclusive, gender-responsive and coordinated responses across sectors and stakeholders.

Strategic Alignment

Strategic Alignment

New Zealand is committed to building a safe, secure and just world where all people can thrive. [1] Health security investments directly support the IDC programme goal of building resilient systems that can withstand shocks and deliver inclusive and sustainable development outcomes. MFAT's health expenditure increased during the 2021-24 triennium due to the COVID-19 pandemic response (NZD 251m), s6(a)

Health security underpins regional stability and is a core IDC priority. Strengthening it, including responding to rising HIV transmission can support equitable health outcomes, reduce pressure on fragile systems and enhance pandemic preparedness, gender equality and social inclusion. Targeted investment aligns with the IDC Framework's commitment to inclusive development and human rights, and delivers high returns in lives saved, costs averted, and systems strengthened.

This Activity also contributes to the following strategic goals:
MFAT Strategic Framework/ IDC Priorities Framework:

- A prosperous and resilient future: advancing the SDGs through gender equality, social inclusion and resilience.
- A safe, secure and just future: strengthening institutions and preparedness for crises through rights-based approaches.
- Partnering for the Pacific: enhancing cooperation with Australia through both joint and aligned support.

Regional and National Alignment
The Activity aligns with the *2050 Strategy for the Blue Pacific* and regional frameworks such as *the Pacific Islands WHO Multi-Country Cooperation Strategy (2024-2029),* which prioritises resilient health systems and health equity and the revitalised *Pacific Leaders Gender Equality Declaration (PLGED),* which commits to ensuring universal health coverage for all Pacific peoples, particularly women and girls in all their diversity. Human security, including health is part of the Pacific region's expanded concept of security, as affirmed in the *Boe Declaration on Regional Security*. The Activity also aligns closely with the stated priorities of Pacific Island countries, which consistently emphasise the need for stronger health systems, improved surveillance and inclusive service delivery.

Across the Pacific, national health strategies consistently emphasise the need to strengthen preparedness and response to health emergencies, prioritise the needs of women and vulnerable populations and build resilient health systems. This Activity is designed to directly advance these shared priorities, beginning with a targeted investment in HIV preparedness and response which will enhance outreach, testing, and community engagement, while laying the foundation for broader, coordinated health security efforts. These include stronger systems, improved surveillance, and inclusive service delivery that meets the needs of women, youth, people with disabilities, and other marginalised groups. The Activity is closely aligned with PACMM, PACREG, and PACPF country plans, promoting improved health outcomes, resilience, and inclusive development. It also complements existing MFAT-supported initiatives, including sexual and reproductive health programming and ongoing health security activities.

[1] https://www.mfat.govt.nz/assets/About-us-Corporate/MFAT-strategies-and-frameworks/Strategic-Intentions-2024-2028.pdf

Thematic Alignment[2]

Thematic Focus Areas

This proposed investment targets key thematic areas:

- Gender Equality: Infectious diseases and climate-related emergencies disproportionately affect women, girls, and gender-diverse populations. The design will integrate gender-transformative approaches that respond to unequal social and gender dynamics, challenge discriminatory norms, reduce barriers to health access, and centre the voices of those most affected in shaping inclusive, rights-based service delivery.
- Human Rights: The Activity will promote rights-based approaches to health by addressing stigma, discrimination, and legal barriers to care.
- Child and Youth Health: Children and young people are especially vulnerable to health system disruptions. The design will explore service gaps and community-led inclusive models that promote agency, challenge age and gender related barriers, and improve equitable health outcomes.
- Reproductive, Maternal, Newborn, and Child Health (RMNCH): The Activity will strengthen RMNCH service integration within broader health security efforts to improve continuity of care and preparedness.

The Activity will operationalise MFAT and Pacific GEDSI commitments through working with communities to understand diverse needs and priorities, designing inclusive programmes and implementing targeted strategies to reduce entrenched inequalities. GEDSI outcomes will be embedded in the programme's design and results framework and tracked through dedicated resources for implementation, monitoring, and evaluation of results. Safeguarding measures will be integrated across all stages of the Activity to prevent harm, promote safety and dignity, and ensure accountability to affected populations. This approach ensures the Activity delivers equitable health outcomes and aligns with MFAT's strategic priorities and performance measures.

Potential outcomes & impact – Knowledge of future state

Activity Goal:

To improve health outcomes for Pacific populations by strengthening resilient, inclusive, and country-led health systems capable of preventing, detecting, and responding to communicable disease threats. This will support regional stability, equitable health outcomes, and long-term development.

Success Indicators:

- Stronger national and regional health systems that are resilient and inclusive and responsive to diverse needs
- Improved surveillance, data use, and early warning systems
- Equitable access to and uptake of community-led public health services, especially for vulnerable groups and marginalised groups
- Enhanced regional coordination and donor alignment on health security priorities

Intended Outcomes:

In line with MFAT's Activity Based Review (ABR), the Activity will establish a more strategic programme of work to consolidate and scale MFAT's health security investments, enabling a more coordinated and regionally aligned approach. It will focus on inclusive, locally driven solutions, improving surveillance, data systems, and workforce capability, while addressing specific communicable disease threats such as HIV. The design will prioritise support for marginalised populations and explore opportunities to address systemic health challenges that undermine equity and resilience. The design process will detail the intended outcomes, these may include:

- A strategic and coordinated health security programme that consolidates MFAT's investments and aligns with regional priorities
- Locally driven and inclusive public health solutions that strengthen surveillance, data systems, and workforce capability

[2] Full list of Thematic Markers alignment can be found at the start of the document

- Improved prevention and response to communicable disease threats, with a focus on HIV and other priority health challenges
- Greater resilience in health systems, supported by inclusive service delivery and equitable access for marginalised populations, with targeted efforts to address systemic health challenges through gender- and disability-responsive approaches.

Overview Of How Future Design Will Be Aligned With Development Quality

The design phase will ensure the Activity is grounded in ICESD principles and aligned with development quality standards. It will engage key populations, civil society, and community-based organisations to shape inclusive, evidence-based approaches that reflect regional and national priorities. The design will also consider:

- Integration with broader health systems
- Sustainability through local ownership and capacity building
- Adaptability to future shocks
- Lessons from existing MFAT investments and regional consultations

Human rights and inclusive development will be central to all aspects of the design and implementation.

Consultation

Stakeholders Consulted To Date

In preparing this concept note, DEVPP Health engaged with key partners including the Australian Department of Foreign Affairs and Trade (DFAT) Centre for Health Security, UNAIDS, WHO, Marie Stopes International Asia Pacific, IPPF , FHI360 and the New Zealand Ministry of Health's Polynesian Health Corridors Programme's Health Security team, to better understand current health security efforts and country-level insights, including in relation to rising HIV transmission. These consultations helped shape the strategic direction of the proposed Activity and ensured alignment with existing regional work. As part of the Business Case development, DEVPP Health will continue to engage internal stakeholders such as PHM, PACREG, PACPF, PACMM and DEVPP EEI and Climate Change and Environment, alongside external partners including the New Zealand Ministry of Health, IPPF, WHO, SPC, UNAIDS, UNFPA, Global Fund and DFAT, to ensure the design is informed, inclusive and responsive to regional and national priorities.

Proposed Key Stakeholders For The Activity

As the primary custodians of national health policy and programming, Ministries of Health play a central role in leading, coordinating, and sustaining health security responses. Their leadership is critical to ensuring alignment with national priorities and effective integration across systems. At the same time, Civil Society Organisations (CSOs), including networks representing youth, women and girls in all their diversity, people with disabilities and other marginalised groups, bring essential community-level perspectives. Their engagement helps shape inclusive, rights-based approaches that are responsive to lived realities, build trust, and ensure that health interventions reach those most at risk. Grassroots organisations further strengthen this by fostering trust, driving local change, and ensuring services are responsive to community needs. Community members themselves are key stakeholders, their lived experiences, preferences, and feedback are central to designing effective and equitable health security interventions. Development partners such as WHO, UNAIDS, UNFPA, UNICEF, and the Global Fund provide critical technical expertise and financial support. Ongoing coordination with these actors is essential to ensure complementarity, avoid duplication, and maximise collective impact.

Proposed Key Consultees For Preparing The Activity

Development of the Activity will be led by the DEVPP Health team, with close consultation across MFAT to ensure alignment with national and regional priorities, contextual insights, and inclusive design. Key internal stakeholders will include PHM, DEVPP Climate Change and Environment, Pacific Posts, PACREG, PACMM, and PACPF, whose input will be essential to ensure the Activity reflects country-level realities and strategic direction. Engagement with the DEVPP Equity and Inclusion team will

help ensure the Activity addresses systemic barriers to access and participation, centres the needs of marginalised groups, and aligns with MFAT's Gender Equality and Social Inclusion (GESI) policy objectives. Consultation will be undertaken with COD and DCI divisions (including PQC, LGL, and MERL) to support quality assurance, learning, and integration with broader development programming. Coordination with DFAT will also be prioritised to ensure complementarity and alignment with regional efforts. The Pitching Panel will include representatives from PACREG, PACMM, PACPF, Pacific Posts, PHM and DEVPP divisions, including engagement from PNG, Fiji, Tonga and Solomon Islands teams to ensure country-specific relevance and coherence.

Right-sizing for successful Activity development

This is a new Activity, providing a consolidated, strategic investment for MFAT's health security investments in the Pacific. While it builds on existing targeted health security investments, it represents a shift toward a more coordinated and scalable approach. An activity design will be undertaken, ensuring alignment with country priorities and regional needs. Lessons from and possibilities for complementing current initiatives, including those delivered through UNICEF, IPPF, PPTC, and the Polynesian Health Corridors programme, will inform the Activity. A Single Stage Business Case is recommended for this Activity, reflecting its strategic importance, moderate complexity, and suitability for streamlined planning and approval. With a total investment of s9(2)(g)(i) the Activity is well-defined, and the Single Stage approach enables a fit-for-purpose process that integrates design and implementation planning in a single approval process.

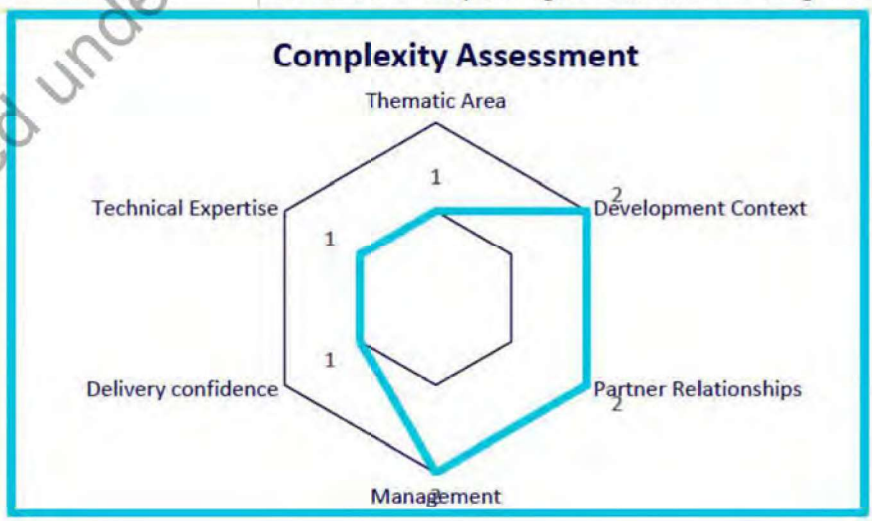
Internal Quality Assurance will be supported through input from Health and Climate Change and Environment Advisors, Equity and Inclusion Advisors, PHM the MERL Team and Pacific Posts and desks. Moderate to high effort will be required for the design phase, including engagement with regional partners and Ministries of Health and a strong focus on equity, climate resilience, and systems strengthening. The IOD pathway will be through the Deputy Secretary Pacific and Development Group. Given the urgency of addressing rising HIV rates, the first investment under the wider Health Security Activity will be support of NZD 1.5 million to IPPF for HIV preparedness and response activities across the region, with particular focus on PNG, Fiji, Tonga and Solomon Islands, alongside broader preparedness efforts across 10 Pacific countries. This initial investment will precede the finalised Health Security Activity design, and a Business Case Lite will be developed for this. The IOD pathway will be through the DEVPP Division.

Activity Risks

Key strategic risks	s6(a) **Operational -** there may be potential regional sensitivities around coordination, and health data sharing s6(a) **Sustainability** - long-term sustainability of health security systems post-Activity will be a key focus of the design. **Coordination** - time-intensive coordination and design across multiple countries will be required for this Activity, along with ongoing coordination across partners, and Pacific governments. **Inclusion** - Efforts to embed gender equality, disability inclusion, and social inclusion may face resistance or be deprioritised in some contexts. The design will need to be sensitive to local dynamics while maintaining a focus on commitments to inclusive and rights-based approaches.

Overall risk level (provisional)	Medium – 9.
Highest H&S rating (provisional)	Medium or high if the Activity includes direct service delivery (as this may include exposure to infectious diseases, delivery in remote or disaster-prone locations, community engagement risks -noting potential for stigma or backlash in addressing HIV). The rating will be reviewed following the design work.
Safeguard (Environmental and Social Impact (ESI)) rating (provisional)	The Activity is expected to have moderate environmental and social impacts, particularly if it includes service delivery in health facilities or remote areas. Potential social risks include: community-level stigma (e.g. around HIV or sexual health services); equity and inclusion challenges in reaching vulnerable populations; environmental risks are likely minimal, (unlikely infrastructure or waste management components will be involved).

Complexity Assessment

Complexity Assessment	Consideration	Rating
	Thematic Area	Low 1- existing thematic area and there is considerable expertise within MFAT on wider health needs and how this Activity fits within those.
	Development Context	Medium 2- there are issues of stigma associated with addressing HIV, but as noted above this an existing thematic area for MFAT.
	High Trust Relationship	Medium 2- we have a trusted working relationship with several health security partners in the region, however the Activity delivery partners are unknown at this stage and will be determined through the design.
	Management Oversight	Medium 2- Given this will be a new activity amongst a potential mix of new and existing partners, some aspects of the Activity may require more substantial management oversight. IPPF is an existing trusted delivery partner and requires minimal oversight.
	Unknowns	Medium 2 –Whilst the design will determine delivery partners, focus areas and focus countries, it is possible some existing delivery partners will be engaged.
	Technical	Low 1- the Activity Manager will be able to manage the activity.
Complexity Assessment Result		

Scale – Scope, Cost (Rough Estimate), And Effort

Indicative forecast of Activity	s9(2)(g)(i) This includes the following from SIDF , which has received PDLT approval: - Transfer of NZD1.5m initial funding to IPPF for immediate HIV work - Transfer NZD 300,000 for coordination, scoping and design costs to develop the Health Security Activity going forward and - Ringfencing of NZD 1m to ensure the first activity emerging from the design phase can start within this triennium, maintaining momentum and enabling timely implementation once design is complete. It is proposed that the remaining funds s9(2)(g)(i) will come from the 2027-2030 triennium relevant country plan allocations. Note the design will determine the Health Security Activity split of funding for the first activity post design, as well as country alignment for next triennium (2027 -2030).
What is the scale and effort of the Activity?	A Programme Business Case will be developed as part of the design phase. Effort focus areas include regional coordination (significant effort will be needed to align with multiple Ministries of Health, regional bodies and MFAT Posts and desks); design and stakeholder engagement (co-design with partners and communities will be essential to ensure relevance, equity, and sustainability); safeguarding and inclusion (additional effort is required to embed GEDSI principles and manage safeguarding risks, especially if service delivery is included). MFAT has experience in regional health initiatives, which will assist in designing and implementing this Activity. Resources required will include internal staff (Health, Equity and Inclusion, Climate Change and Environment, MERL, and DCI, alongside external partners as well as a fixed term coordinator to manage the programme of work. Design stage duration and effort is estimated to be 3-6 months including: stakeholder consultations, risk and safeguard assessments, business case development and approvals. Activity duration is 5 years.
Additional commentary	The design process will consider other MFAT investments in health, climate resilience, and regional governance, along with existing country, DFAT and other development partner investments. Success of this Activity may depend on the strength of regional coordination mechanisms, complementarity with national health plans and donor programs, and capacity of implementing partners.

Activity Development And Approval Pathway

	Proposed Recommendations	Rationale for recommendations
Business Case:	Following the design, a Single Stage Business Case is recommended.	s9(2)(g)(i) It involves medium complexity. The Single Stage Business Case allows for a fit-for-purpose, scalable approach that integrates design and delivery planning in a single approval process.
Design:	MFAT will lead the design process by engaging a consultant/team through a Contract for Services. The consultant/team will undertake travel and consultations to ensure the design reflects regional and national priorities.	The design will detail deliverables, implementation logistics, costs, and monitoring arrangements. It will ensure the Activity is relevant, sustainable, and provides the necessary detail to support the Single Stage Business Case development.
Quality Assurance:	Given the Activity's medium complexity, and medium investment value, the following QA options are recommended.	Internal QA of the design would be led by DEVPP Health and MERL teams to shape/review the design for technical rigour, regional alignment, and sustainability.

Financial Approver (Instrument of delegation)	Deputy Secretary Pacific and Development Group	Noting that this role has financial authority to approve a Crown Activity Business Case up to and including NZD15m.

Business Case Milestones/Activities

Business Case Milestones/Activities:	Start Date	Complete Date
Approach to PDLT for SIDF funding for IPPF HIV investment	September 2025	October 2025
Health Security Concept Note approved	September 2025	18 November 2025
Business Case Lite for IPPF funding approved	September 2025	28 November 2025
Contract for Services – scoping, design and draft Business case	December 2025	April 2026
MFAT review of draft design and Business case	01 April 2026	30 April 2026
Feedback incorporated	01 May 2026	08 May 2026
Presented to Divisional Manager DEVPP for approval	11 May 2026	18 May 2026
Presented to Deputy Secretary Pacific and Development Group for IOD Budget approval	19 May 2026	25 May 2026

Concept Assessment

Concept name: *Strengthening health security in the Pacific region – with an initial focus on the HIV crises*

Country: *Pacific regional*

Person pitching: *Dilhani Bandaranayake, Kate Fraser*

Pitching Panel Feedback And Actions

Design Process

- The design phase should present clear options for scope and delivery, with early vetting by the group.
- Workshops during the design process will serve as stop/go decision points.
    - ACTION: Involve pitching panel group in decision workshops following scoping and during design work
- TORs must include a strong problem statement to ensure a focused design process.
    - ACTION: Share TOR with pitching panel group for input.
    - ACTION: Use learnings from the IPPF HIV specific activity to feed into the larger design work.

Strategic Positioning

- Clear definition of "Health Security" is essential. Be clear about what the initiative is about: the initiative focuses on upstream prevention and system strengthening, complementing downstream emergency response activities (e.g., Humanitarian responses such as NZMAT deployments).
- Design should clarify political drivers for engagement and demonstrate how this reduces future emergency deployments.
- Epidemiology and early detection should be integrated into the design given the importance of understanding what health crises we are dealing with.

Scope and Approach

- Current scope is broad (multi-country, all demographics). Potentially narrowing and prioritisation as part of the design. Deliberately broad at this stage so as not to influence scoping exercise
- Design should provide options for multi-country and regional approaches and consider how best activities can be aligned with other donors.
- Contextualisation is critical, solutions must reflect country realities and health security goals. Tailored approaches.

Delivery and Impact

- Simplicity and impact need to be balanced; avoid overly programmatic approaches that make measuring impact difficult.
- Likely need a partner/s capable of delivering across multiple countries to avoid a number of smaller partners.
- Explore "force multipliers"—leveraging existing investments and partners to amplify impact.

Equity and Inclusion

- GEDSI must be embedded from the start, including sex, gender, age, and geographic data disaggregation – so key in surveillance and data work.
- Ensure women's organizations and GEDSI actors are engaged during design.
- Consider dual-purpose approaches that link health security with social protection and GBV prevention – e.g. through the work of IPPF offering comprehensive service provision.

Operational Considerations

- Timing may need adjustment; current expectation for a design document by March may be unrealistic.
- If a programmatic approach is taken, separate business cases may be required—Single Stage Business Case was recommended.

Agreed Activity Pathway Decision

Pathways	Author Recommendation	Pitching Panel Position		Divisional Manager Decision
Business Case	**(1) light Business Case for HIV work** – Unit Manager DEVPP Health **(2) Single stage Health Security Business Case** – DS PDG	☐	Endorsed	Agreed / Agreed subject to <insert different pathway> / Not agreed
		☒	Endorsed subject to actions noted above	
		☐	Not endorsed with recommendation to resubmit following further work	
		☐	Not endorsed	
Design	**Development of Terms of Reference (TOR) for larger Health Security scoping and design work** – in collaboration with Pitching Panel **Sign off TOR** – Unit Manager DEVPP Health **Sign off Procurement for design suppliers** – COD/Unit Manager DEVPP Health **Sign off selection of design supplier** – Unit Manager DEVPP Health **Workshopping design options plus stop/go** - in collaboration with Pitching Panel	☐	Endorsed	Agreed / Agreed subject to <insert different pathway> / Not agreed
		☒	Endorsed subject to actions noted above	
		☐	Not endorsed with recommendation to resubmit following further work	
		☐	Not endorsed	
QA	<Insert>	☐	Endorsed	
		☐	Endorsed subject to actions noted above	

		☐	Not endorsed with recommendation to resubmit following further work	Agreed / Agreed subject to <insert different pathway> / Not agreed
		☐	Not endorsed	
IOD / Financial Approval	<Insert>			

Divisional Manager Approval Decision *(subject to IDC Governance Group noting/consideration)*	☐	Approved	Name Position Date	
	☐	Approved subject to actions noted above		
	☐	Declined with recommendation to resubmit following further work		
	☐	Declined		
Divisional Manager Direction:	☐	Continue progress subject to IDC Governance sighting and/or consideration	Name Position Date	
	OR			
	☐	Pause progress awaiting IDC Governance sighting and/or consideration		
Design budget approval (if required)	☐	Approved for <insert amount>	Name Position Date	
	☐	Approved for <insert amount> subject to...		
	☐	Declined		
Referred to Governance Group	Notified relevant IDC Governance Group <Insert group name> via forwarding this Concept Note and outcome on <Insert Date>.		Potential date for sighting/ consideration	
Governance Group Outcome	☐	Noted	Date	
	☐	Considered		
	☐	Declined		

Panel member: Tara Kessaram (Chair) **Date:** *17/11/25*

- After the Pitching Panel meeting, ensure the Activity Alignment tab in Enquire is up to date.
- If the concept note is Endorsed, or Endorsed with Conditions, create an Activity Approval record in Enquire, and send the concept note through the peer review and approval workflows. Then progress the Activity to the Design stage in Enquire.

Annex A: Concept assessment framework for Pitching Panel

BRIEF BACKGROUND

1. Is the background clear? If a solution is in mind, or if it is a subsequent stage to an existing Activity, is this clearly defined? **Proposing scoping and design work prior to the development of a single stage business case outlining the activity**	**Agree** / Agree in part / Rework required

DESCRIPTION OF PROBLEMS

2. Is the problem statement clear? Are the problem(s) that we propose to address clearly explained?	Agree / **Agree in part** / Rework required
3. Is there evidence and understanding of the cause(s) and effects of the problem? Is the level of evidence appropriate for our current understanding of the problems?	Agree / Agree in part / Rework required
4. Does the problem need to be addressed now? Are we addressing the right part of the problem at the right time? What would happen if we did nothing?	**Agree** / Agree in part / Rework required
5. Has a human rights-based approach (HRBA) been considered and GEDSI analysis been completed? Do we understand the impact of the problem on people, environment, societies, at risk groups? **The scoping component will add to this**	Agree / **Agree in part** / Rework required

STRATEGIC ALIGNMENT

6. Does the Activity have strong strategic alignment? Is there alignment to MFAT strategic framework, partnerships, partner country's priorities? What is the most relevant and deep alignment with this Activity?	**Agree** / Agree in part / Rework required
7. Does the Activity have strong thematic alignment? Has the inclusion of mainstreaming, cross-cutting or thematic areas been adequately considered and justified? **Will be considered in more depth during scoping and design**	Agree / **Agree in part** / Rework required

DESCRIPTION OF POSSIBLE OUTCOMES & IMPACT

8. Have the outcomes that will result from addressing the problem been well defined? Who will benefit? Why select this group? Is there evidence (local or international) on why we think positive change is possible through New Zealand intervention? – **will be more well-defined during design process**	Agree / **Agree in part** / Rework required
9. Are the outcomes of strategic value? What is New Zealand's national interest in the country or region? Is it clear how these outcomes contribute towards goals in the 4-year plans and 20-year strategies?	**Agree** / Agree in part / Rework required
10. Are the outcomes realistic, specific and relevant? Are the outcomes expressed in terms of the expected changes at individual and/or institutional levels (i.e. who will do what differently, if this problem is fixed by the end of the intervention)? Is there a strong connection between the problem described and the proposed outcomes? **To be determined fully during design work**	Agree / **Agree in part** / Rework required
11. Have key dependencies to the outcomes been considered? Is achieving the outcomes dependent on (or likely to be affected by) the completion of other activities? What are the institutions and actors critical to solving this problem and what is their capacity to do so?	Agree / **Agree in part** / Rework required
12. Do the outcomes include appropriate exploration and analysis? Have adverse outcomes been identified? Have possible opportunities been identified? Has GEDSI analysis been undertaken and referenced? **Design work will help elaborate.**	Agree / **Agree in part** / Rework required
13. Does the future design consider development quality? Is the ICESD Principles been included in future design thinking? Have previous lessons and unknowns/assumptions been identified to explore through development?	**Agree** / Agree in part / Rework required

CONSULTATION

14. Have the right people been engaged? Have key influencers or knowledge holders been identified and/or consulted - within MFAT, New Zealand and the partner country? Have they helped to inform the strategic context, the problem, possible outcomes, risks, and ownership of the problem. **Key stakeholders will be engaged during scoping and design development**	Agree / **Agree in part** / Rework required
15. Have the right people been identified to be engaged? Have those critical to solving this problem and their capacity to do so been identified? Have those critical for consultation internal to MFAT been identified and appropriate pitching panel members suggested?	**Agree** / Agree in part / Rework required

RIGHT-SIZING THE ACTIVITY DEVELOPMENT

16. Have key potential risks to the outcomes been considered? Can the author articulate the potential harms and discuss how they will be taken account of as they progress with the business case?	**Agree** / Agree in part / Rework required
17. Has potential complexity been considered and implications critically thought about? Can the author articulate the implications and details behind individual considerations rated highly?	**Agree** / Agree in part / Rework required
18. Have key scale components been considered? Is the author likely is the scale going to change? Have resourcing, inter-dependencies and/or scaling up opportunities been considered?	Agree / **Agree in part** / Rework required
19. Is the recommended Activity Development and Approval Pathway appropriately sized to optimise effort and balance complexity/risk? Are the rationale for recommendations based on the earlier assessments and are clear when and why deviation was recommended?	**Agree** / Agree in part / Rework required

Annex B: Supporting Concept Note Content [TBC]

This Annex is to provide additional information to support the conversation with the pitching panel and provide confidence to the decision-maker.

***Note** – This Annex is likely to include the following sections, consider only including critical information only.*

BACKGROUND CONTEXT (IF REQUIRED)

<Insert text>

CONSULTATION ADDITIONAL DETAIL (IF REQUIRED)

If helpful complete the table below to show those consulted to date and those proposed.

Area	Possible Name/Role	Purpose of consultation	Completed/Proposed

RISK ASSESSMENT ADDITIONAL DETAIL (IF REQUIRED)

<Insert link to Risk Framework>

Risk description	Likelihood (L/M/H)	Impact (L/M/H)	Risk rating	Comments or proposed treatment

COMPLEXITY ASSESSMENT ADDITIONAL DETAIL (IF REQUIRED)

Include the Activity Complexity Diagram from the Complexity Assessment Tool if it has been completed as part of the assessment.