The Global Fund

Execution Version

Grant Confirmation

1. This **Grant Confirmation** is made and entered into by the **Global Fund to Fight AIDS, Tuberculosis and Malaria** (the "Global Fund") and the **United Nations Development Programme** (the "Principal Recipient"), as of the date of the last signature below and effective as of the start date of the Implementation Period (as defined below), pursuant to the Framework Agreement, dated as of 13 October 2016, as amended and supplemented from time to time (the "Framework Agreement"), between the Global Fund and the Principal Recipient, to implement the Program set forth herein.

2. **Single Agreement.** This Grant Confirmation, together with the Integrated Grant Description attached hereto as Schedule I, sets forth the provisions (including, without limitation, representations, conditions, Program Activities, Program budget, performance framework, and related implementation arrangements) applicable to the Program, and forms part of the Grant Agreement. Each capitalized term used but not defined in this Grant Confirmation shall have the meaning ascribed to such term in the Framework Agreement (including the UNDP-Global Fund Grant Regulations).

3. **Grant Information.** The Global Fund and the Principal Recipient hereby confirm the following:

3.1.	Host Country or Region:	Multi-country Western Pacific
3.2.	Disease Component:	HIV/AIDS, Tuberculosis
3.3.	Program Title:	Multi-country Western Pacific (MWP) Integrated HIV/TB Program
3.4.	Grant Name:	QUA-C-UNDP
3.5.	GA Number:	1524
3.6.	Grant Funds:	Up to the amount of USD 11,368,713.00
3.7.	Implementation Period:	From 1 January 2018 to 31 December 2020 (inclusive)
3.8.	Principal Recipient:	United Nations Development Programme Pacific Centre, Level 7 Kadavu House 414 Victoria Parade Suva Republic of Fiji Attention: Mrs. Osnat Lubrani UN Resident Coordinator and UNDP Resident Representative Telephone: +6793312 500 Facsimile: +6793301 718 Email: osnat.lubrani@one.un.org
3.9.	Fiscal Year:	1 January to 31 December
3.10.	Local Fund Agent:	KPMG Advisory (Fiji) Limited Level 10, BSP Suva Central, Renwick Road Suva Republic of Fiji Attention: Mr. Michael Yee-Joy Partner

		Telephone: +6973301155 Facsimile: +6973301312 Email: m_yeejoy@kpmg.com.fj
3.11.	Global Fund contact:	The Global Fund to Fight AIDS, Tuberculosis and Malaria Chemin de Blandonnet 8, 1214 Vernier, Geneva, Switzerland Attention: Luca Occhini Regional Manager Grant Management Division Telephone: +41 58 791 1700 Facsimile: +41 58 791 1701 Email: luca.occhini@theglobalfund.org

4. **Conditions**. The Global Fund and the Principal Recipient further agree that:
   4.1. The Principal Recipient shall cooperate with the regional Green Light Committee ("GLC") in the GLC's efforts to provide support to the Principal Recipient with respect to the monitoring and scaling-up of drug-resistant tuberculosis-related services provided in-country. Accordingly, the Principal Recipient shall budget, and hereby authorizes the Global Fund to disburse to GLC up to a maximum of US$ 50,000, or a lower amount as agreed between GLC and the Global Fund, each year to pay for GLC services.

   4.2. Unless otherwise notified by the Global Fund in writing, prior to the use of Grant Funds to finance the procurement of second-line anti-tuberculosis drugs and for each disbursement request that includes funds for the procurement of multi-drug resistant tuberculosis medicines, the Principal Recipient shall deliver to the Global Fund written confirmation of the price estimate and quantities of the second-line anti-tuberculosis drugs that will be procured by the Principal Recipient from the Global Drug Facility's procurement agent, in form and substance satisfactory to the Global Fund.

[*Signature Page Follows.*]

IN WITNESS WHEREOF, the Global Fund and the Principal Recipient have caused this Grant Confirmation to be executed and delivered by their respective duly authorized representatives on their respective date of signature below.

The Global Fund to Fight AIDS, Tuberculosis and Malaria

By: _____

Name: Mr. Mark Edington
Title: Head, Grant Management Division

Date: Dec 18, 2017

United Nations Development Programme

By: _____

Name: Mrs. Osnat Lubrani
Title: UN Resident Coordinator and UNDP Resident Representative

Date: 18/12/2017

Acknowledged by

By: _____

Name: Ms. Siula Bulu
Title: Chair of the Regional Coordinating Mechanism for Multi-country Western Pacific

Date: 18 Dec 2017

By: _____

Name: Mr. Isikeli Vulavou
Title: Civil Society Representative of the Regional Coordinating Mechanism for Multi-country Western Pacific

Schedule I

Integrated Grant Description

Country:	**Multi-country Western Pacific (Cook Islands, Federated States of Micronesia, Kiribati, Nauru, Niue, Palau, Republic of Marshall Islands, Samoa, Tonga, Tuvalu, and Vanuatu)**
Program Title:	**Multi-country Western Pacific (MWP) Integrated HIV/TB Program**
Grant Name:	**QUA-C-UNDP**
GA Number:	**1524**
Disease Component:	**HIV/AIDS, Tuberculosis**
Principal Recipient:	**United Nations Development Programme (UNDP)**

A. PROGRAM DESCRIPTION

1. Background and Rationale for the Program

HIV / AIDS

HIV prevalence in the 11 Pacific Island Countries (Cook Islands, Federated States of Micronesia, Kiribati, Nauru, Niue, Marshall Islands, Palau, Samoa, Tonga, Tuvalu and Vanuatu) continues to be low with prevalence in the Western Pacific estimated at 0.1%[1]. The cumulative number of persons ever diagnosed, with HIV up until 2015 in the 11 MWP supported countries is 223. [2] Despite the low rates and numbers, HIV vulnerability is still high due to factors such as widespread migration and mobility, dense sexual networks, a large caseload of untreated STIs, low knowledge about HIV and STIs, high levels of transactional sex and significant levels of intimate partner violence.

To improve access to HIV care and diagnosis, community-based interventions are essential. STI/ HIV services for key affected populations (KAP) which includes sex workers (SW), men who have sex with men (MSM) and transgender (TG) remain largely inadequate. KAP are the most vulnerable and have limited access to preventative and diagnostic services due to stigma, discrimination and other social issues barriers. In 2016, a mapping and behavioural study among key populations was conducted in nine of the eleven supported MWP PICs. The study revealed estimated population of MSM/TGs ranges from 20 (in Tuvalu) to 25,000 (in Samoa), and female sex workers ranges from 10 (in Tuvalu) to 2,000 (in Vanuatu). [3]The behavioural data revealed high risk behaviours such as multiple sexual partners and unprotected sex. Access to key prevention and testing services by KAP were all below 3% as per the 2016 UNSW results.

Tuberculosis

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[1] WPRO, (2017). HIV/AIDS data and statistics: Prevalence and rates of infection remain low. http://www.wpro.who.int/hiv/data/en/

[2] UNAIDS, (2015). GARP Country Reports: 2015 Progress reports submitted by countries. http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2015countries/

[3] UNSW, (2016). Pacific Multi-Country Mapping and Behavioral Study: HIV and STI Risk Vulnerability among Key Populations

There are no major changes in the TB epidemiology of the Pacific Islands. In 2016, incidence rate across the 11 MWP supported PICTs was 112 per 100,000 with total notified cases being 1019. The incidence rate per country are: Kiribati (469), Republic of Marshall Islands (327), Tuvalu (198), Federated States of Micronesia (141), Palau (129), Nauru (93), Vanuatu (35), Cook Islands (13), Tonga (9), Samoa (7) and Niue (0). Countries are performing well with successful treatment rates averaging 84% at regional level. Prevalence of Multi-Drug Resistant cases remains low with a total of 7 cases detected from 2014 to 2016[4]; this may increase with the universal use of GenExpert machines now in most of the PICs. Similarly, incident cases of HIV/TB co-infection remain rare.

Despite achievements in the past decades, the mortality rate in the 11 PICs remains high with 17 per 100,000 population. [4] The challenges such as access to health services, insufficient quality of care, and lack of financial and social protection hamper further advancement of TB control. Formidable challenges must be overcome if a region free from TB is to be realized.

2. Goals, Strategies and Activities

Goals:

- To halt the spread of HIV among the population of the Western Pacific and maintain HIV incidence rates below 0.1 percent annually;
- To reduce AIDS-related mortality by strengthening HIV case finding and case management;
- To reduce the prevalence, incidence and mortality from all forms of TB in the 11 Pacific Island Countries, thereby contributing to the post-2015 global TB strategy; and
- To promote universal and equitable access to quality diagnosis and appropriate treatment of TB, MDR-TB, TB/DM and TB/HIV patients across 11 Pacific Island Countries.

Strategies:

HIV:

- Scale up and strengthen Prevention of Mother to Child Transmission (PMTCT) outreach and coverage
- Strengthen M & E systems and routine reporting mechanisms
- Increase coverage of a defined minimum package of prevention services for key populations, including MSM; sex workers and their clients
- Strengthen coverage and quality of treatment, care and support for PLHIV, with special attention for adherence
- Create an enabling environment through advocacy efforts to remove legal barriers, and promote community engagement and empowerment
- Improve and expand use of strategic information to inform policy, programming, research and address structural barriers

TB:

- Increase case notification rate of all forms of TB
- Increase TB treatment success rate
- Increase HIV testing and counselling for TB patients

[4] UNDP, (2016). PUDR Reports

Planned Activities:

HIV:

- HSS/M & E: strengthening of routine reporting through the rapid assessment of information flows, updated guidelines and training manuals; technical assistance and capacity building.
- PMTCT: prevention of HIV infection among women of childbearing age; treatment, care and support to HIV+ mothers and their children.
- Prevention programs for: (1) MSM and TG; (2) sex workers and their clients and other vulnerable populations: condoms and lubricants; behavioral change communication (BCC); HCT; diagnosis and treatment of STIs; and small grant fund to finance key population groups and provide capacity building.
- Prevention programs for the general population: condoms and lubricants; BCC; HCT; diagnosis and treatment of STIs.
- A small grants program to support initiatives to address legal barriers and advocacy in participating countries. Activities are expected to focus on addressing structural drivers of the HIV epidemic, including gender-based violence.
- Advocacy programmes to address violence against women and girls

TB:

- National level training in TB case management, including training on childhood TB, and the use of recording and reporting registers and forms.
- Establishing TB screening and referral programs for general and vulnerable groups and TB screening program for prison populations.
- Implementing community outreach activities/programs with NGO partners and community members that target vulnerable groups.
- Strengthening service delivery through training of health staff.
- Harmonizing of TB R&R with National HMIS through development of electronic R&R tools.
- MDR TB Second Line Drug Procurement.
- MDR Help Desk, supportive supervision and quality assurance.
- Treatment support to HIV patients during course of TB treatment.
- Training TB and HIV staff on TB/HIV collaborative activities.

3. Target Group/Beneficiaries

HIV:

- Pregnant women and infants born to HIV or STI positive mothers
- Men who have sex with men (MSM) and Transgender (TG)
- Sex workers (male and female) and their clients
- Seafarers and fishermen
- Young women and girls who engage in transactional sex
- Sexually Transmitted Infections (STI) patients
- People living with or affected by HIV

TB:

- People living with TB
- Household contacts of TB patients
- Prisoners
- Health care providers and staff of TB control programme

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

The Global Fund

Performance Framework

Country	Oceania
Grant Name	QUA-C-UNDP
Implementation Period	01-Jan-2018 - 31-Dec-2020
Principal Recipient	United Nations Development Programme

Reporting Periods				
	Start Date	01-Jan-2018	01-Jan-2019	01-Jan-2020
	End Date	31-Dec-2018	31-Dec-2019	31-Dec-2020
	PU includes DR?	Yes	Yes	No

Program Goals and Impact Indicators

1	To halt the spread of HIV among the population of the Western Pacific and maintain HIV incidence rates below 0.1 percent annually
2	To reduce AIDS-related mortality by strengthening HIV case finding and case management
3	To reduce the prevalence, incidence and mortality from all forms of TB in the 11 Pacific Island Countries, thereby contributing to the post-2015 global TB strategy
4	To promote universal and equitable access to quality diagnosis and appropriate treatment of TB, MDR-TB, TB/DM and TB/HIV patients across 11 Pacific Island Countries

	Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	2018	2019	2020	Comment
1	HIV I-9a(M): Percentage of men who have sex with men who are living with HIV			Program Reports	Age	N: D: P: % Due Date:	N: D: P: % Due Date:	N: D: P: % Due Date:	Baseline: Dasta is currently unavailable Data for this indicator will be collected through program data from routine community based HIV testing. As discussed and agreed including with UNAIDS it wouldn't be sustainable to invest in an IBBSS or IBBSS feasibility study given the low epidemic and limited resource envelope. In order to address the strategic information gap regarding key populations in the multi country program the following approach was agreed upon: 1. Integrate "HIV sentinel surveillance plus" into the routine reporting system: this will integrate basic behavioral information to the HIV routine testing. This could be a one-page questionnaire added to routine testing information routine. Additional resources to develop and implement this over the next 3 years anticipated to be minimum. The following countries where 71.4% of recorded HIV burden will be prioritised for the development and implementation of the integrated system: FSM (13), Kiribati (4), Samoa (8), and Tuvulu (5). In total these countries cover 30 cases of the total of the 42 HIV cases. 2. Improve and implement case-based surveillance from the moment the patients are reported to ensure no patients get lost to follow-up. Targets: Integration of HIV sentinel surveillance into routine reporting systems piloted in 5 countries in 2017 with the remaining 6 countries to be completed in 2018. Baseline and targets will be determined in quarter 3 2018 and annual reports against this indicator in quarter 1 2019 onards as stipulated in below on report due dates. Data source of reported results: Program data from routine community based HIV testing
2	HIV I-9b(M): Percentage of transgender people who are living with HIV			Program Reports	Age	N: D: P: % Due Date:	N: D: P: % Due Date:	N: D: P: % Due Date:	Baseline: Data is currently unavailable Data for this indicator will be collected through program data from routine community based HIV testing. As discussed and agreed including with UNAIDS it wouldn't be sustainable to invest in an IBBSS or IBBSS feasibility study given the low epidemic and limited resource envelope. In order to address the strategic information gap regarding key populations in the multi country program the following approach was agreed upon: 1. Integrate "HIV sentinel surveillance plus" into the routine reporting system: this will integrate basic behavioral information to the HIV routine testing. This could be a one-page questionnaire added to routine testing information routine. Additional resources to develop and implement this over the next 3 years anticipated to be minimum. The following countries where 71.4% of recorded HIV burden will be prioritised for the development and implementation of the integrated system: FSM (13), Kiribati (4), Samoa (8), and Tuvulu (5). In total these countries cover 30 cases of the total of the 42 HIV cases. 2. Improve and implement case-based surveillance from the moment the patients are reported to ensure no patients get lost to follow-up. Targets: Integration of HIV sentinel surveillance into routine reporting systems piloted in 5 countries in 2017 with the remaining 6 countries to be completed in 2018. Baseline and targets will be determined in quarter 3 2018 and annual reports against this indicator in quarter 1 2019 and onwards as stipulated in the report due dates. Data source of reported results: Program data from routine community based HIV testing

	Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	2018	2019	2020	Comment
3	HIV I-10(M): Percentage of sex workers who are living with HIV			Program Reports	Age	N: D: P: % Due Date:	N: D: P: % Due Date:	N: D: P: % Due Date:	Baseline: Data is currently unavailable Data for this indicator will be collected through program data from routine community based HIV testing. As discussed and agreed including with UNAIDS it wouldn't be sustainable to invest in an IBBSS or IBBSS feasibility study given the low epidemic and limited resource envelope. In order to address the strategic information gap regarding key populations in the multi country program the following approach was agreed upon: 1. Integrate "HIV sentinel surveillance plus" into the routine reporting system: this will integrate basic behavioral information to the HIV routine testing. This could be a one-page questionnaire added to routine testing information routine. Additional resources to develop and implement this over the next 3 years anticipated to be minimum. The following countries where 71.4% of recorded HIV burden will be prioritised for the development and implementation of the integrated system: FSM (13), Kiribati (4), Samoa (8), and Tuvulu (5). In total these countries cover 30 cases of the total of the 42 HIV cases. 2. Improve and implement case-based surveillance from the moment the patients are reported to ensure no patients get lost to follow-up. Targets: Integration of HIV sentinel surveillance into routine reporting systems piloted in 5 countries in 2017 with the remaining 6 countries to be completed in 2018. Baseline and targets will be determined in quarter 3 2018 and annual reports against this indicator in quarter 1 2019 and onwards as stipulated in the report due dates. Data source of reported results: Program data from routine community based HIV testing
4	TB I-3(M): TB mortality rate per 100,000 population		17	2015 Global TB Report 2016		N: 13 D: P: % Due Date: 01-Oct-2018	N: 12 D: P: % Due Date: 01-Oct-2019	N: 11 D: P: % Due Date: 01-Oct-2020	Baseline: was calculated from the Global TB Report 2016. Results from the 11 countries are detailed in the following format (estimates) (a;b) where (a)is number of cases in thousands and (b) is the country rates are per 100 000 population: CK=(.01; 1.4) FM=(0.014; 14) KI=(0.03; 27) MH=(0.023; 44) NU=(0.01; 3.5) NR=(0.01; 9.2) PW=(0.01; 6.2) SM=(0.01; 0.93) TO=(0.01; 1.2) TV=(0.01; 19) VU=(0.017; 6.4). Number: .154 (000) or 154. SPC 2015 Mid-Year Population (Source: PRISM) = 895,180 Targets: for 2020 were fixed taking reduction in incidence rate of 20 % as per the End TB strategy. The rates were fixed proportionately. Data source of reproted results: Global TB report . Please note report due date of Oct 1st each year in line with the Global Tb report release timelines
5	TB I-4(M): RR-TB and/or MDR-TB prevalence among new TB patients: Proportion of new TB cases with RR-TB and/or MDR-TB			TB register or Lab registers		N: D: P: % Due Date:	N: D: P: % Due Date:	N: D: P: % Due Date:	Baseline: Data is currently unavailable . Upon consultation with WHO Regional TB Advisor, the baseline and targets will be determined in Q3 2018 as data for the denominator is currently not captured through routine programme reporting nor is surveillance data available for this indicator This will be determined by Q3, 2018 Targets: TBD Q3, 2018 Data source of reported results: 'Data for this indicator will be collected through the TB register and/or the Lab register

Program Objectives and Outcome Indicators

1	Increase coverage of HIV-prevention services, with a special focus on key populations and other vulnerable populations
2	Strengthen coverage and quality of treatment, care and support for PLHIV, with special attention for adherence
3	To provide early rapid and quality diagnosis of TB, MDR-TB, TB/DM and TB/HIV with specific focus on screening and diagnosis in selected and prioritized hard to reach, vulnerable groups across 11 PICs
4	To sustain high quality treatment for all forms of TB including drug□resistant TB and HIV related TB with patient support

	Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	2018	2019	2020	Comment
1	HIV O-1(M): Percentage of adults and children with HIV, known to be on treatment 12 months after initiation of antiretroviral therapy		56%	2015 ART Patient Register	Duration of treatment,Age,Gender	N: D: P: 77.00% Due Date: 30-Mar-2019	N: D: P: 84.00% Due Date: 30-Mar-2020	N: D: P: 89.00% Due Date: 30-Mar-2021	Baseline: data source is the ART Register referred to as the National Patient Summary List. In 2015, a total of 9 PLHIV commenced treatment out of which 5 were reported as still being on treatment in 2016. 2 died and the other 2 were lost to follow-up. Targets: for this indicator were set based on the UNAIDS 90-90-90 AIDs treatment target ie by 2020, 90% of all people receiving antiretroviral theory will have viral suppression. This difers from the 89% survival rate of patients 12 month on treatment Data source of reported results: National Patient Summary List

The Global Fund

	Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	2018	2019	2020	Comment
2	HIV O-4.1b(M): Percentage of transgender people reporting the use of a condom the last time they had sex with a partner		47%	2016 UNSW Pacific Multi-Country Mapping and Bahavoural Study	Age	N: D: P: 52.00% Due Date: 30-Mar-2019	N: D: P: % Due Date:	N: D: P: 67.00% Due Date: 30-Mar-2021	Baseline Assumptions: Baseline Source: 'Pacific Mapping & Behavioural Study: HIV & STI Risk Vulnerability among Key Populations', UNSW, 2016. According to the study, the UN categories (MSM, TG and FSW) do not easily translate into the realites of Pacific countries and networks due to the size and hidden nature of these key populations. Thus the limitation of the study was the lumping together of the TG and MSM population tallying 27, 853. The assumption is that two thirds of total size estimation is TG (18,569) and one third MSM (9,284). MSMs in the Pacific are more hidden relative to TGs, thus size estimates and targets are set relatively lower. Baseline data: was collected from the following countries: CK=NA FM=(4/11) KI=(3/19) MH=(0/7) PW=(3/8) SM=(27/69) TO=(38/49) TV=(3/5) VU=(7/11) Total = 85/179 (47%). For purpose of direct comparison with targets, baseline data was adjusted for overall population and is now 8727/18,569 (47%). Targets: With the scope of prevention programmes planned by CSOs (35% reach of KAP by 2020) and planned condom procurement, the programme hopes to achieve an accumulated 20% increase in condom usage by 2020. ie 67% reporting use by 2020 Data source of reported results: As agreed with the Global Fund and UNAIDS, the programme will be focusing on integrating basic behavioural information into routine programme surveillance. Data on condom usage will be captured using programme reports.
3	HIV O-4a(M): Percentage of men reporting the use of a condom the last time they had anal sex with a male partner		24%	2016 UNSW Pacific Multi-Country Mapping and Bahavoural Study	Age	N: D: P: 29.00% Due Date: 30-Mar-2019	N: D: P: % Due Date:	N: D: P: 44.00% Due Date: 30-Mar-2021	Baseline Assumptions: 'Pacific Mapping & Behavioural Study: HIV & STI Risk Vulnerability among Key Populations', UNSW, 2016. According to the study, the UN categories (MSM, TG and FSW) does not easily translate into the realites of Pacific countries and networks due to the size and hidden nature of these key populations. Thus the limitation of the study was the lumping together of the TG and MSM population tallying 27, 853. The assumption is that two thirds of total size estimation is TG (18,569) and one third MSM (9,284). MSMs in the pacific are more hidden relative to TGs, thus size estimates and targets are set relatively lower. Baseline data: was collected from the following countries: CK=(NA/65) FM=(0/4) KI=(1/3) MH=(1/3) PW=(2/6) SM=(7/35) TO=(15/24) TV=(1/7) VU=(17/39) Total = 44/186 or 24%. For purpose of direct comparison with targets, baseline data was adjusted for overall population and is now 2228/9284 (24%). Targets: With the scope of prevention programmes planned by CSOs (35% reach of KAP by 2020) and planned condom procurement, the programme hopes to achieve an accumulated 20% increase in condom usage by 2020. ie 44% reporting use by 2020 Data source of reported results: As agreed with the Global Fund and UNAIDS, the programme will be focusing on integrating basic behavioural information into routine programme surveillance. Data on condom usage will be captured using programme reports.
4	HIV O-5(M): Percentage of sex workers reporting the use of a condom with their most recent client		23%	2016 UNSW Pacific Multi-Country Mapping and Bahavoural Study	Age,Gender	N: D: P: 28.00% Due Date: 30-Mar-2019	N: D: P: % Due Date:	N: D: P: 43.01% Due Date: 30-Mar-2021	Baseline: 'Pacific Mapping & Behavioural Study: HIV & STI Risk Vulnerability among Key Populations', UNSW, 2016. Data was collected from the following countries: CK=(3/4) FM=(4/42) KI=(10/35) MH=(3/16) PW=(NA) SM=(3/11) TO=(13/82) TV=(1/4) VU=(23/71) Total = 60/265 or or 23%. For purpose of direct comparison with targets, baseline data was adjusted for overall population and is now 898/3904 (23%). Target: With the scope of prevention programmes planned by CSOs (35% reach of KAP by 2020) and planned condom procurement, the programme hopes to achieve an accumulated 20% increase in condom usage by 2020. ie 43% reporting use by 2020. Data source of reported results: As agreed with the Global Fund and UNAIDS, the programme will be focusing on integrating basic behavioural information into routine programme surveillance. Data on condom usage will be captured using programme reports.
5	TB O-5(M): TB treatment coverage: Percentage of new and relapse cases that were notified and treated among the estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed)		76%	2015 R&R TB system, yearly management report and Global TB Report		N: D: P: 84.00% Due Date: 30-Mar-2019	N: D: P: 87.00% Due Date: 30-Mar-2020	N: D: P: 90.00% Due Date: 30-Mar-2021	Baseline: Numerator: National TB Registers Denominator: WHO Global TB Country profile estimate Country Results are: CK=(0/10) FM=(88/130) KI=(448/620) MI=(112/180) NU=(0/0) NR=(7/12) PW=(12/16) SM=(18/22) TO=(13/16) TV=(18/23) VU=(99/170) Total = 815/1066 = 76% Targets: Given that the pacific is still far from achieving TB elimination, incidence rate is not expected to reduce as per the End TB goals. Estimated incidence; Y1-1324, Y2-1430, Y3-1489 based on a 20% increase. Targets set reflect the projected increase in treatment coverage over the three years of grant implementation. Target settings also accounted for 1% annual growth rate. Breakdown details in the TB Target Assumptions sheet. Data source for reported results: National TB register
6	TB O-4(M): Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated		100%	2016 R&R TB system, yearly management report	TB case definition	N: D: P: 100.00% Due Date: 30-Mar-2019	N: D: P: 100.00% Due Date: 30-Mar-2020	N: D: P: 100.00% Due Date: 30-Mar-2021	Baseline: data source is the National TB Register and results that have been confirmed by WHO. In 2016, the three MDR cases identified in 2014 were all successfully treated. Target Assumption: Targets are to be maintained at 100% based on the assumption that RR TB and/or MDR TB cases is not expected to rise significantly due to very low prevalence trends in the past three years (2014 - 3 cases, 2015 - 2 cases, 2016 - 1 case) Data source for reported results: National TB Register

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Coverage Indicators

Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Disaggregation	Cumulation for AFD	01-Jan-2018 31-Dec-2018	01-Jan-2019 31-Dec-2019	01-Jan-2020 31-Dec-2020	Comments
Comprehensive prevention programs for MSM									
KP-1a(M): Percentage of men who have sex with men reached with HIV prevention programs - defined package of services	Country: Oceania; Coverage:	N: 54 D: 9,284 P: 0.5%	UNSW Pacific Multi-Country Mapping and Bahavoural Study		Y- Cumulative annually	N: 673 D: 9,284 P: 7.2%	N: 1,035 D: 9,284 P: 11.1%	N: 1,592 D: 9,284 P: 17.1%	Baseline Assumptions : 'Pacific Mapping & Behavioural Study: HIV & STI Risk Vulnerability among Key Populations', UNSW, 2016. According to the study, the UN categories (MSM, TG and FSW) do not easily translate into the realites of Pacific ocuntries and networks due to the size and hidden nature of these key populations. Thus the limitation of the study was the lumping together of the TG and MSM population tallying 27, 853. The assumption is that two thirds of total size estimates is TG (18,569) and one third MSM (9,284). MSMs in the pacific are more hidden relative to TGs, thus size estimates and targets are set relatively lower. Targets: WHO Global Health Targets: By 2020, 70% key populations have access to a full range of STI & HIV services, including condoms. However currently, majority of national HIV plans contain little to no disaggregation of HIV data by KAP groups and therefore no proper recording and reporting systems for KAP. Targets are therefore set at half the global targets for 2020 ie 35% of KAP are reached with prevention packages. Refer to HIV Target Assumption sheet for actual calculations Minimum package of services for MSM defined in the CN includes: condoms/lubricants; information, education and communication (IEC) materials, including referrals to HIV Counselling & Testing (HCT) and referrals to treatment. Proposed frequency of collection and reporting: Quartely to be aggregated for the Global Fund annual reporting. Data source of reported results: Program data and reports.
KP-3a(M): Percentage of men who have sex with men that have received an HIV test during the reporting period and know their results	Country: Oceania; Coverage:	N: 23 D: 9,284 P: 0.2%	UNSW Pacific Multi-Country Mapping and Bahavoural Study		Y- Cumulative annually	N: 289 D: 9,284 P: 3.1%	N: 445 D: 9,284 P: 4.7%	N: 685 D: 9,284 P: 7.3%	Baseline Assumptions : 'Pacific Mapping & Behavioural Study: HIV & STI Risk Vulnerability among Key Populations', UNSW, 2016. According to the study, the UN categories (MSM, TG and FSW) does not easily translate into the realites of Pacific lives and networks due to the size and hidden nature of these key populations. Thus the limitation of the study was the lumping together of the TG and MSM population tallying 27, 853. Assumption here is that two thirds of total size estimates is TG (18,569) and one third MSM (9,284). MSMs in the pacific are more hidden relative to TGs, thus size estimates and targets are set relatively lower. Targets WHO Global Health Targets: By 2020, 70% key populations have access to a full range of STI & HIV services, including condoms. However at current, majority of national HIV plans contains little to no disaggregation by KAP groups and therefore no proper recording and reporting systems for KAP. Targets are therefore set at half the global targets for 2020 ie 35% of KAP are reached with prevention packages and 43% of those reached will take the HIV test. This will result in 15.3% testing coverage of the estimated population in need. Refer to HIV Target Assumption sheet for actual calculations. Minimum package of services Includes condoms/lubricants; information, education and communication (IEC) materials, including referrals to HIV Counselling & Testing (HCT) and referrals to treatment. Proposed frequency of collection and reporting: Quartely to be aggregated for the Global Fund annual reporting. Data source of reported results: Program data and reports.
MDR-TB									
MDR TB-3(M): Number of cases with RR-TB and/or MDR-TB that began second-line treatment	Country: Oceania; Coverage:	N: 1 D: P:	R&R TB system, quarterly reports	TB regimen,Age,Gender	Y- Cumulative annually	N: 2 D: P:	N: 2 D: P:	N: 2 D: P:	Baseline: Set at 1 case in 2016. (Kiribati – although diagnosed in 2015 ,enrolled on treatment in 2016 and therefore registered under the 2016 cohort of MDR cases). Targets: Three cases in 2014, two in 2015 and 1 in 2016. Average of 2 cases per annum Data source of reported results: TB Register and/or Lab Treatment Records
TB care and prevention									
TCP-1(M): Number of notified cases of all forms of TB-(i.e. bacteriologically confirmed + clinically diagnosed), includes new and relapse cases	Country: Oceania; Coverage:	N: 1,019 D: P:	R&R TB system, quarterly reports	HIV test status,Gender,Age,TB case definition	Y- Cumulative annually	N: 1,253 D: P:	N: 1,254 D: P:	N: 1,266 D: P:	Baseline: In 2016 1019 TB cases were detected in ten countries: CK, FM, KI, MI, NR, PW, SM, TO, TV, VU. NU conducted 19 sputum tests, however none was diagnosed with active TB. Notification by countries: CK=2 FM=147 KI=515, MH=180 NR=10 PW=23 SM=13 TO=9 TV=20 VU=100 Targets: Are increased in proportion to the assumed 20% reduction in Incidence rate (per 100k Pop) Data source of reported results: National TB Registers and/or Quartely Proforma Reports

The Global Fund

Coverage Indicators

Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Disaggregation	Cumulation for AFD	01-Jan-2018 31-Dec-2018	01-Jan-2019 31-Dec-2019	01-Jan-2020 31-Dec-2020	Comments
TCP-2(M): Treatment success rate- all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases	Country: Oceania; Coverage:	N: D: P: 84.0%	R&R TB system, quarterly reports	Gender,HIV test status,Age	Y- Cumulative annually	N: D: P: 86.0%	N: D: P: 87.0%	N: D: P: 90.0%	Baseline: Data source is the National TB Register. Treatment success rate in 2016 was 84%. Targets: Are set in line with the Global TB Strategy 90-(90)-90 targets. This includes 90% treatment success rate by 2020. WHO is providing technical assistance to the national TB programmes to be able to detect and successfully treat a large proportion of TB cases. Data source of reported results: National ART registers.
Treatment, care and support									
TCS-1(M): Percentage of people living with HIV currently receiving antiretroviral therapy	Country: Oceania; Coverage:	N: 38 D: 74 P: 51.3%	Programme Records	Age | Gender,Age,Target / Risk population group,Gender	N-Non - cumulative (other)	N: 58 D: 73 P: 79.0%	N: 68 D: 81 P: 83.9%	N: 79 D: 88 P: 90.0%	Baseline: Data is sourced from the National ART registers. 38/74 are on ART and the remaining 36 are either lost to follow up (30) or defaulting treatment (6) Data source of reported results: National ART registers.
Comprehensive prevention programs for sex workers and their clients									
KP-1c(M): Percentage of sex workers reached with HIV prevention programs - defined package of services	Country: Oceania; Coverage:	N: 53 D: 3,904 P: 1.0%	UNSW Pacific Multi-Country Mapping and Bahavoural Study		Y- Cumulative annually	N: 283 D: 3,904 P: 7.2%	N: 435 D: 3,904 P: 11.1%	N: 670 D: 3,904 P: 17.1%	Baseline: 'Pacific Mapping & Behavioural Study: HIV & STI Risk Vulnerability among Key Populations' UNSW, 2016. (CK=0/4; FM=3/42; KI,=9/35; MH=1/16; PW=NA; SM=1/11; TO=19/82; TV=3/4; VU=17/71). Total reported out of total surveyed = 53/265. Estimated # of sex workers in all 9 countries (CK=50; FM=290; KI,=114; MH=200; PW=40; SM=200; TO=1000; TV=10; VU=2000). Total 3904 Targets: Based on the WHO global Health Sector Strategy on STIs 2016-2012. 2020 Milestone targets includes a 70% access rate by KAPs to a full range of STI & HIV services including condoms. 2020 targets for the pacific is half this percentage coverage Data source of reported results: Program data and reports.
KP-3c(M): Percentage of sex workers that have received an HIV test during the reporting period and know their results	Country: Oceania; Coverage:	N: 56 D: 3,904 P: 1.0%	UNSW Pacific Multi-Country Mapping and Bahavoural Study		Y- Cumulative annually	N: 269 D: 3,904 P: 6.8%	N: 413 D: 3,904 P: 10.5%	N: 637 D: 3,904 P: 16.3%	Baseline: UNSW Study: 'Pacific Mapping & Behavioural Study: HIV & STI Risk Vulnerability among Key Populations'. (CK=3/4; FM=8/42; KI,=16/35; MH=11/16; PW=NA; SM=0/11; TO=8/82; TV=1/4; VU=9/71). Total reported out of total surveyed = 56/265. Estimated # of sex workers in all 9 countries (CK=50; FM=290; KI,=114; MH=200; PW=40; SM=200; TO=1000; TV=10; VU=2000). Total 3904. The slightly higher result for this indicator in comparison to the indicator on reach is not an error. Attribution could most likely be due to persons being tested were reached with partial prevention package (BCC/IEC) and got themselves tested however was not counted as receiving the full package of services which included condom provision. Targets: Are based on baseline results. According to the baseline data, more than 100% of those reached with a prevention package undertook HIV tests and received their results. Testing is based on consent and possibility of opt-out clients is estimated at 20%, thus testing targets are set at 80% of those reached with PP. Data source of reported results: Program Records
Comprehensive prevention programs for TGs									
KP-1b(M): Percentage of transgender people reached with HIV prevention programs - defined package of services	Country: Oceania; Coverage:	N: 84 D: 18,569 P: 0.4%	UNSW Pacific Multi-Country Mapping and Bahavoural Study		Y- Cumulative annually	N: 1,345 D: 18,569 P: 7.2%	N: 2,070 D: 18,569 P: 11.1%	N: 3,185 D: 18,569 P: 17.1%	Baseline Assumptions : 'Pacific Mapping & Behavioural Study: HIV & STI Risk Vulnerability among Key Populations', UNSW, 2016. According to the study, the UN categories (MSM, TG and FSW) does not easily translate into the realites of Pacific lives and networks due to the size and hidden nature of these key populations. Thus the limitation of the study was the lumping together of the TG and MSM population tallying 27, 853. Assumption here is that two thirds of total size estimates is TG (18,569) and one third MSM (9,284). MSMs in the pacific are more hidden relative to TGs, thus size estimates and targets are set relatively lower. Targets WHO Global Health Targets: By 2020, 70% key populations have access to a full range of STI & HIV services, including condoms. However at current, majority of national HIV plans contains little to no disaggregation by KAP groups and therefore no proper recording and reporting systems for KAP. Targets are therefore set at half the global targets for 2020 ie 35% of KAP are reached with prevention packages Refer to HIV Target Assumption sheet for actual calculations Minimum package of services Includes condoms/lubricants; information, education and communication (IEC) materials, including referrals to HIV Counselling & Testing (HCT) and referrals to treatment. Proposed frequency of collection and reporting: Quartely to be aggregated for the Global Fund annual reporting. Data source of reported results: Program data and reports.

The Global Fund

Coverage Indicators

Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Dissagregation	Cumulation for AFD	01-Jan-2018 31-Dec-2018	01-Jan-2019 31-Dec-2019	01-Jan-2020 31-Dec-2020	Comments
KP-3b(M): Percentage of transgender people that have received an HIV test during the reporting period and know their results	Country: Oceania; Coverage:	N: 62 D: 18,569 P: 0.3%	UNSW Pacific Multi-Country Mapping and Bahavoural Study		Y- Cumulative annually	N: 995 D: 18,569 P: 5.3%	N: 1,532 D: 18,569 P: 8.2%	N: 2,357 D: 18,569 P: 12.6%	Baseline: : 'Pacific Mapping & Behavioural Study: HIV & STI Risk Vulnerability among Key Populations'. UNSW 2016 Targets: According to the baseline data, (62/84)74% of those reached with a prevention package got tested. Yearly targets are set using the same proportion. Coverage expected to increase to 26.3% from the current baseline level. TGs in the Pacific are less hidden relative to MSMs and have received more focussed outreach and support services. Thus testing proportions amongst this group is expected to be higher relative to MSMs. Data source of reported results: Program data and reports.

The Global Fund

Summary Budget

Country	Oceania
Grant Name	QUA-C-UNDP
Implementation Period	01-Jan-2018 - 31-Dec-2020
Principal Recipient	United Nations Development Programme

By Module	01/01/2018 - 31/03/2018	01/04/2018 - 30/06/2018	01/07/2018 - 30/09/2018	01/10/2018 - 31/12/2018	Total Y1	01/01/2019 - 31/03/2019	01/04/2019 - 30/06/2019	01/07/2019 - 30/09/2019	01/10/2019 - 31/12/2019	Total Y2	01/01/2020 - 31/03/2020	01/04/2020 - 30/06/2020	01/07/2020 - 30/09/2020	01/10/2020 - 31/12/2020	Total Y3	Grand Total	% of Grand Total
Program management	$348,480	$274,681	$260,329	$269,445	**$1,152,935**	$341,409	$273,836	$262,261	$258,911	**$1,136,417**	$286,693	$347,553	$254,405	$257,213	**$1,145,864**	**$3,435,217**	**30.2 %**
Programs to reduce human rights-related barriers to HIV services	$102,053				**$102,053**											**$102,053**	**0.9 %**
PMTCT	$2,332	$13,500	$500	$500	**$16,832**	$2,514	$13,500	$500	$500	**$17,014**	$2,702	$13,500	$500	$500	**$17,202**	**$51,048**	**0.4 %**
RSSH: Human resources for health (HRH), including community health workers	$12,960	$25,000	$860		**$38,820**	$12,960	$25,000	$860		**$38,820**	$12,960	$25,000	$860		**$38,820**	**$116,459**	**1.0 %**
RSSH: Community responses and systems	$25,323	$35,277	$21,923	$7,213	**$89,735**	$25,323	$35,277	$21,923	$7,213	**$89,735**	$25,323	$35,277	$21,923	$7,213	**$89,735**	**$269,206**	**2.4 %**
TB/HIV	$97,606	$43,365	$33,064	$33,064	**$207,099**	$98,586	$42,246	$31,944	$31,944	**$204,721**	$143,895	$40,567	$30,265	$30,265	**$244,993**	**$656,814**	**5.8 %**
Prevention programs for adolescents and youth, in and out of school	$12,297	$12,297	$12,297	$12,297	**$49,189**	$12,297	$12,297	$12,297	$12,297	**$49,189**	$12,297	$12,297	$12,297	$12,297	**$49,189**	**$147,568**	**1.3 %**
Prevention programs for other vulnerable populations	$150,843	$44,709	$21,292	$21,292	**$238,137**	$155,196	$45,347	$21,292	$21,292	**$243,128**	$159,714	$46,260	$21,292	$21,292	**$248,559**	**$729,825**	**6.4 %**
RSSH: Procurement and supply chain management systems	$10,000	$10,000	$10,000	$10,000	**$40,000**	$10,000	$10,000	$10,000	$10,000	**$40,000**	$10,000	$10,000	$10,000	$10,000	**$40,000**	**$120,000**	**1.1 %**
RSSH: Integrated service delivery and quality improvement	$7,500	$14,330	$7,500	$14,330	**$43,660**	$7,500	$123,844	$7,500	$14,330	**$153,174**	$7,500	$14,330	$7,500	$14,330	**$43,660**	**$240,493**	**2.1 %**
RSSH: Health management information systems and M&E	$152,226	$34,017	$34,017	$34,017	**$254,276**	$34,017	$34,017	$34,017	$34,017	**$136,067**	$34,017	$34,017	$34,017	$34,017	**$136,067**	**$526,411**	**4.6 %**
Comprehensive prevention programs for MSM	$12,034	$21,734	$25,634	$25,408	**$84,811**	$12,034	$21,734	$25,634	$12,034	**$71,437**	$12,034	$21,734	$25,634	$12,034	**$71,437**	**$227,686**	**2.0 %**
Comprehensive prevention programs for TGs	$29,609	$29,609	$29,609	$143,521	**$232,347**	$29,609	$29,609	$29,609	$29,609	**$118,435**	$29,609	$29,609	$29,609	$29,609	**$118,435**	**$469,217**	**4.1 %**
Comprehensive prevention programs for sex workers and their clients	$10,626	$10,626	$10,626	$23,999	**$55,877**	$10,626	$10,626	$10,626	$10,626	**$42,503**	$10,626	$10,626	$10,626	$10,626	**$42,503**	**$140,884**	**1.2 %**
Treatment, care and support	$184,595	$154,013	$54,808	$50,916	**$444,333**	$124,665	$84,453	$71,669	$67,166	**$347,953**	$131,165	$86,187	$71,984	$67,466	**$356,803**	**$1,149,089**	**10.1 %**
TB care and prevention	$338,689	$213,300	$194,614	$210,427	**$957,030**	$318,638	$213,300	$258,021	$237,006	**$1,026,965**	$291,114	$212,598	$168,532	$235,502	**$907,747**	**$2,891,742**	**25.4 %**
MDR-TB	$23,334				**$23,334**	$48,334				**$48,334**	$23,334				**$23,334**	**$95,001**	**0.8 %**
Grand Total	**$1,520,507**	**$936,459**	**$717,073**	**$856,429**	**$4,030,468**	**$1,243,709**	**$975,085**	**$798,154**	**$746,946**	**$3,763,894**	**$1,192,983**	**$939,556**	**$699,445**	**$742,365**	**$3,574,350**	**$11,368,713**	**100.0 %**

By Cost Grouping	01/01/2018 - 31/03/2018	01/04/2018 - 30/06/2018	01/07/2018 - 30/09/2018	01/10/2018 - 31/12/2018	Total Y1	01/01/2019 - 31/03/2019	01/04/2019 - 30/06/2019	01/07/2019 - 30/09/2019	01/10/2019 - 31/12/2019	Total Y2	01/01/2020 - 31/03/2020	01/04/2020 - 30/06/2020	01/07/2020 - 30/09/2020	01/10/2020 - 31/12/2020	Total Y3	Grand Total	% of Grand Total
Human Resources (HR)	$316,175	$316,175	$316,175	$315,678	**$1,264,202**	$314,308	$314,308	$314,308	$314,308	**$1,257,233**	$312,131	$312,131	$312,131	$312,131	**$1,248,524**	**$3,769,958**	**33.2 %**
Travel related costs (TRC)	$557,668	$386,906	$191,412	$211,164	**$1,347,150**	$297,444	$425,369	$297,151	$227,414	**$1,247,378**	$315,112	$315,454	$207,362	$226,211	**$1,064,139**	**$3,658,668**	**32.2 %**
External Professional services (EPS)	$111,894				**$111,894**	$136,894				**$136,894**	$61,894	$77,440			**$139,334**	**$388,122**	**3.4 %**
Health Products - Pharmaceutical Products (HPPP)	$67,769				**$67,769**	$77,451				**$77,451**	$83,929				**$83,929**	**$229,149**	**2.0 %**
Health Products - Non-Pharmaceuticals (HPNP)	$151,979	$7,754		$121,764	**$281,496**	$118,478	$7,754			**$126,232**	$122,438	$7,754			**$130,192**	**$537,919**	**4.7 %**
Health Products - Equipment (HPE)	$41,435		$26,082		**$67,517**	$42,932			$26,082	**$69,014**	$43,930			$26,082	**$70,012**	**$206,543**	**1.8 %**
Procurement and Supply-Chain Management costs (PSM)	$55,624	$31,460	$3,592	$18,895	**$109,571**	$44,563	$33,588	$4,203		**$82,353**	$46,129	$35,935	$4,818		**$86,882**	**$278,806**	**2.5 %**
Infrastructure (INF)	$300	$300	$300	$300	**$1,200**	$300	$300	$300	$300	**$1,200**	$300	$300	$300	$300	**$1,200**	**$3,600**	**0.0 %**
Non-health equipment (NHP)	$2,625	$2,625	$2,625	$2,625	**$10,500**											**$10,500**	**0.1 %**
Communication Material and Publications (CMP)	$3,098	$3,098	$3,098	$3,098	**$12,392**	$3,098	$3,098	$3,098	$3,098	**$12,392**	$3,098	$3,098	$3,098	$3,098	**$12,392**	**$37,177**	**0.3 %**
Programme Administration costs (PA)	$111,420	$87,621	$73,269	$82,385	**$354,695**	$107,721	$90,148	$78,573	$75,223	**$351,665**	$103,503	$86,924	$71,215	$74,023	**$335,665**	**$1,042,026**	**9.2 %**
Living support to client/ target population (LSCTP)	$100,520	$100,520	$100,520	$100,520	**$402,082**	$100,520	$100,520	$100,520	$100,520	**$402,082**	$100,520	$100,520	$100,520	$100,520	**$402,082**	**$1,206,246**	**10.6 %**
GrandTotal	**$1,520,507**	**$936,459**	**$717,073**	**$856,429**	**$4,030,468**	**$1,243,709**	**$975,085**	**$798,154**	**$746,946**	**$3,763,894**	**$1,192,983**	**$939,556**	**$699,445**	**$742,365**	**$3,574,350**	**$11,368,713**	**100.0 %**

The Global Fund

By Recipients	01/01/2018 - 31/03/2018	01/04/2018 - 30/06/2018	01/07/2018 - 30/09/2018	01/10/2018 - 31/12/2018	Total Y1	01/01/2019 - 31/03/2019	01/04/2019 - 30/06/2019	01/07/2019 - 30/09/2019	01/10/2019 - 31/12/2019	Total Y2	01/01/2020 - 31/03/2020	01/04/2020 - 30/06/2020	01/07/2020 - 30/09/2020	01/10/2020 - 31/12/2020	Total Y3	Grand Total	% of Grand Total
LI	**$7,500**	**$7,500**	**$7,500**	**$7,500**	**$30,000**	**$7,500**	**$7,500**	**$7,500**	**$7,500**	**$30,000**	**$7,500**	**$7,500**	**$7,500**	**$7,500**	**$30,000**	**$90,000**	**0.8 %**
PATLAB Initiatives members	$7,500	$7,500	$7,500	$7,500	$30,000	$7,500	$7,500	$7,500	$7,500	$30,000	$7,500	$7,500	$7,500	$7,500	$30,000	$90,000	0.8 %
PR	**$1,006,520**	**$372,972**	**$349,080**	**$469,182**	**$2,197,754**	**$770,805**	**$483,768**	**$415,030**	**$344,070**	**$2,013,673**	**$753,178**	**$450,320**	**$318,301**	**$342,373**	**$1,864,171**	**$6,075,598**	**53.4 %**
United Nations Development Programme	$1,006,520	$372,972	$349,080	$469,182	$2,197,754	$770,805	$483,768	$415,030	$344,070	$2,013,673	$753,178	$450,320	$318,301	$342,373	$1,864,171	$6,075,598	53.4 %
SR	**$506,487**	**$555,986**	**$360,493**	**$379,747**	**$1,802,714**	**$465,405**	**$483,817**	**$375,624**	**$395,375**	**$1,720,221**	**$432,306**	**$481,736**	**$373,645**	**$392,493**	**$1,680,179**	**$5,203,114**	**45.8 %**
Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine	$87,000	$87,000			$174,000	$16,250	$16,250	$16,250	$16,250	$65,000	$16,250	$16,250	$16,250	$16,250	$65,000	$304,000	2.7 %
Chuuk Women Council-FSM	$9,371	$9,371	$9,371	$9,371	$37,485	$9,371	$9,371	$9,371	$9,371	$37,485	$9,371	$9,371	$9,371	$9,371	$37,485	$112,455	1.0 %
Cook Islands Family Welfare Association	$4,764	$4,764	$4,764	$4,764	$19,057	$4,764	$4,764	$4,764	$4,764	$19,057	$4,764	$4,764	$4,764	$4,764	$19,057	$57,171	0.5 %
Cook Islands Ministry of Health	$8,465	$10,670	$7,663	$10,670	$37,468	$16,483	$10,670	$7,663	$10,670	$45,486	$7,663	$9,968	$7,663	$9,166	$34,461	$117,415	1.0 %
Federated States of Micronesia Department of Health	$26,923	$58,173	$26,923	$33,173	$145,193	$26,923	$58,173	$26,923	$33,173	$145,193	$26,923	$58,173	$26,923	$33,173	$145,193	$435,579	3.8 %
Fiji Network for People Living with HIV/AIDS	$5,000	$5,000	$5,000	$5,000	$20,000	$5,000	$5,000	$5,000	$5,000	$20,000	$5,000	$5,000	$5,000	$5,000	$20,000	$60,000	0.5 %
Kiribati Ministry of Health	$39,890	$62,962	$36,390	$34,401	$173,642	$40,059	$62,962	$36,390	$34,898	$174,309	$40,059	$62,962	$36,390	$34,898	$174,309	$522,259	4.6 %
Marshal Islands Ministry of Health	$44,271	$42,671	$42,671	$42,671	$172,285	$44,271	$42,671	$42,671	$42,671	$172,285	$44,271	$42,671	$42,671	$42,671	$172,285	$516,855	4.5 %
Nauru Ministry of Health	$3,472				$3,472	$3,472				$3,472	$3,472				$3,472	$10,415	0.1 %
Niue Ministry of Health	$3,558	$3,558	$3,558	$3,558	$14,232	$3,558	$3,558	$3,558	$3,558	$14,232	$3,558	$3,558	$3,558	$3,558	$14,232	$42,696	0.4 %
Palau Ministry of Health	$14,630	$7,046	$4,670	$4,670	$31,015	$14,630	$7,046	$4,670	$4,670	$31,015	$14,630	$7,046	$4,670	$4,670	$31,015	$93,045	0.8 %
Samoa Fa'afafine Association	$7,857	$7,857	$7,857	$7,857	$31,428	$7,857	$7,857	$7,857	$7,857	$31,428	$7,857	$7,857	$7,857	$7,857	$31,428	$94,283	0.8 %
Samoa Family Health Association	$7,955	$7,955	$7,955	$7,955	$31,821	$7,955	$7,955	$7,955	$7,955	$31,821	$7,955	$7,955	$7,955	$7,955	$31,821	$95,463	0.8 %
Samoa Ministry of Health	$17,011	$35,064	$17,011	$24,763	$93,850	$15,892	$33,945	$15,892	$23,643	$89,372	$14,213	$32,266	$14,213	$21,964	$82,655	$265,877	2.3 %
Save The Children- Vanuatu	$12,297	$12,297	$12,297	$12,297	$49,189	$12,297	$12,297	$12,297	$12,297	$49,189	$12,297	$12,297	$12,297	$12,297	$49,189	$147,568	1.3 %
Sub-recipient	$17,739	$17,739	$17,739	$17,739	$70,955	$17,739	$17,739	$17,739	$17,739	$70,955	$17,739	$17,739	$17,739	$17,739	$70,955	$212,865	1.9 %
The Pacific Sexual Diversity Network	$6,000	$6,000	$6,000	$6,000	$24,000	$6,000	$6,000	$6,000	$6,000	$24,000	$6,000	$6,000	$6,000	$6,000	$24,000	$72,000	0.6 %
Tonga Family Health Association	$3,830	$3,830	$3,830	$3,830	$15,321	$3,830	$3,830	$3,830	$3,830	$15,321	$3,830	$3,830	$3,830	$3,830	$15,321	$45,963	0.4 %
Tonga Letis Association	$7,001	$7,001	$7,001	$7,001	$28,004	$7,001	$7,001	$7,001	$7,001	$28,004	$7,001	$7,001	$7,001	$7,001	$28,004	$84,011	0.7 %
Tonga Ministry of Health	$20,669	$25,539	$18,709	$25,239	$90,155	$20,969	$25,239	$18,709	$25,239	$90,155	$20,669	$25,539	$18,409	$25,539	$90,155	$270,464	2.4 %
Tuvalu Family Health Association	$5,657	$5,657	$5,657	$5,657	$22,627	$5,657	$5,657	$5,657	$5,657	$22,627	$5,657	$5,657	$5,657	$5,657	$22,627	$67,881	0.6 %
Tuvalu Ministry of Health	$13,532	$14,413	$13,532	$14,413	$55,889	$13,532	$14,413	$13,532	$14,413	$55,889	$13,532	$14,413	$13,532	$14,413	$55,889	$167,667	1.5 %
Vanuatu Ministry of Health	$75,395	$57,220	$37,695	$34,520	$204,832	$97,695	$57,220	$37,695	$34,520	$227,132	$75,395	$57,220	$37,695	$34,520	$204,832	$636,795	5.6 %
Vatu Mauri Consortium-Vanuatu	$16,049	$16,049	$16,049	$16,049	$64,195	$16,049	$16,049	$16,049	$16,049	$64,195	$16,049	$16,049	$16,049	$16,049	$64,195	$192,584	1.7 %
World Health Organization	$48,150	$48,150	$48,150	$48,150	$192,600	$48,150	$48,150	$48,150	$48,150	$192,600	$48,150	$48,150	$48,150	$48,150	$192,600	$577,800	5.1 %
Grand Total	**$1,520,507**	**$936,459**	**$717,073**	**$856,429**	**$4,030,468**	**$1,243,709**	**$975,085**	**$798,154**	**$746,946**	**$3,763,894**	**$1,192,983**	**$939,556**	**$699,445**	**$742,365**	**$3,574,350**	**$11,368,713**	**100.0 %**