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Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 29-Jul-2025 | Report No: PIDIA01427



BASIC INFORMATION

A. Basic Project Data

Project Beneficiary(ies)	Region	Operation ID	Operation Name
Fiji, Kiribati, Tonga, Tuvalu	EAST ASIA AND PACIFIC	P508550	Pacific Healthy Islands Transformation Project
Financing Instrument	Estimated Appraisal Date	Estimated Approval Date	Practice Area (Lead)
Investment Project Financing (IPF)	17-Jul-2025	08-Sep-2025	Health, Nutrition & Population
Borrower(s)	Implementing Agency		
Republic of Kiribati, Tuvalu, Kingdom of Tonga, Republic of Fiji, Pacific Community	Pacific Community, Fiji Ministry of Finance, Strategic Planning, National Development, and Statistics, Kiribati Ministry of Health and Medical Services, Tuvalu Ministry of Health and Social Welfare, Tonga Ministry of Health		

Proposed Development Objective(s)

To increase access to quality health services within participating Pacific Island Countries, with a focus on NCD management

Components

Component 1: Strengthen regional systems to improve access to quality care and essential inputs
Component 2: Modernize Fiji's health system with emphasis on establishing Networks of Care
Component 3: Strengthen stewardship, evidence-based decision making and regional learning

PROJECT FINANCING DATA (US\$, Millions)

Maximizing Finance for Development

Is this an MFD-Enabling Project (MFD-EP)?	No
Is this project Private Capital Enabling (PCE)?	No

SUMMARY



Total Operation Cost	241.10
Total Financing	161.10
of which IBRD/IDA	152.70
Financing Gap	80.00

DETAILS

World Bank Group Financing	
International Development Association (IDA)	152.70
IDA Credit	95.10
IDA Grant	57.60
Non-World Bank Group Financing	
Trust Funds	8.40
The Pandemic Fund	8.40

Environmental And Social Risk Classification

Substantial

Decision

The review did not authorize the team to appraise and negotiate

Other Decision (as needed)

B. Introduction and Context

Country Context

The Pacific Island Countries (PICs), dispersed across 30 million square kilometers of ocean, face unique development challenges due to their geographic isolation, small and scattered populations, and limited economies of scale. These constraints make it difficult to finance and deliver a comprehensive package of essential services. The 2050 Strategy for the Blue Pacific Continent, a key framework for the Pacific Islands Forum (PIF), lays out the PIC’s shared commitment to



regional cooperation and sustainable development, with health and wellbeing as key priorities. Regional institutions like the Pacific Community (SPC) play a central role in advancing public health, though implementation of regional health frameworks has been uneven and under-resourced.

PICs are also grappling with compounding vulnerabilities from climate change and slow economic recovery post-COVID-19. Economic growth across 11 Pacific countries¹ has decelerated, with the two largest economies, Fiji and Solomon Islands experiencing notable slowdowns. At the same time, rising temperatures, extreme weather events, and shifting rainfall patterns are increasing the risk of disease, food insecurity, and displacement. These climate impacts are straining fragile health systems, exacerbating non-communicable diseases (NCDs), and expanding the reach of vector-borne illnesses.

Sectoral and Institutional Context

PICs face a significant health burden, with life expectancy in countries like Fiji, Tonga, Tuvalu, and Kiribati falling well below economic peers. This is largely due to the region's high prevalence of NCDs which are further exacerbated by climate change, geographic isolation, limited health system capacity and fragmented financing, which has resulted in three decades of stagnation in health sector outcomes. A regional approach is essential to address these shared challenges effectively.

NCDs are the leading cause of premature death and disability in the Pacific, particularly among working-age populations with women disproportionately affected due to higher rates related to risk factors, including obesity. Cardiovascular diseases, diabetes, and cancers dominate the disease burden, with preventable cancers such as cervical cancer on the rise. Weak prevention, screening, and early detection systems contribute to late diagnoses and poor outcomes.

Climate change is accelerating the NCD crisis by disrupting food systems, increasing reliance on unhealthy imported foods, and damaging health infrastructure. Rising temperatures and extreme weather events are linked to higher rates of diabetes and cardiovascular disease, while also straining already fragile health services. Many health facilities are vulnerable to climate events, and pandemic preparedness remains limited.

Health systems across PICs struggle with under-resourced primary care, limited specialist services, and outdated infrastructure. Overseas Medical Referral (OMR) schemes, while essential, are costly and inefficient. Workforce shortages, especially in specialized fields, and fragmented digital health systems further hinder service delivery. Regional collaboration offers a path forward, leveraging shared training institutions, telehealth, and digital innovations to build a more resilient, integrated, and equitable health system.

C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

To increase access to quality health services within participating Pacific Island Countries, with a focus on NCD management

Key Results

¹ PIC-11: Federated States of Micronesia (FSM), Fiji, Kiribati, Marshall Islands, Nauru, Palau, Samoa, Solomon Islands, Tonga, Tuvalu, and Vanuatu (Pacific PICs who are World Bank member countries). World Bank (2025). Pacific Economic Update.



The Project Development Objective (PDO) will be measured by the following PDO indicators:

- i. Percentage of trained health workers who demonstrate increased knowledge on NCD management
- ii. Prevalence of HbA1C testing among registered type 2 diabetes patients, disaggregated by gender and country
- iii. Telehealth systems deployed and utilized for domestic and cross-border care
- iv. Number of radiotherapy cancer treatments undertaken in the CWM hospital, disaggregated by gender and country of origin

D. Project Description

The Pacific Healthy Islands Transformation Project (PHIT) has a regional scope and will be implemented in Fiji, Kiribati, Tonga and Tuvalu. Through SPC's role as a regional convener, the project's regional spill-over benefits will extend to many other countries in the region. PHIT brings together financing from partners including the Asia Development Bank (ADB), the OPEC Fund, and the Pandemic Fund to generate sustained impact on the lives and well-being of Pacific populations in participating countries. The OPEC Fund is anticipated to co-finance PHIT at the level of US\$30.0 million on the request of the Government of Fiji and subject to the OPEC Fund Executive Board approval scheduled for end of August 2025. ADB is anticipated to co-finance PHIT at the level of US\$50.0 million on the request of the Government of Fiji and subject to ADB Executive Board approval in early 2026. The Pandemic Fund grant (US\$8.4 million) for Fiji is expected to be approved by the World Bank Regional Vice President for East Asia and Pacific in August 2025.

PHIT will advance the implementation of regional priorities, build on existing healthcare networks, and focus on three interlinked components.

Component 1: Strengthen regional systems to improve access to quality care and essential inputs for greater resilience of PICs health systems Through a regional approach, strengthen health systems targeting health workforce development, digital innovations, and expanded tertiary care. This support focuses on addressing critical skills gaps —particularly in NCDs, including cancer care. The project aims to support 16,000 health workers across the Pacific with coordinated continued professional development, and formal training programs. To enhance service delivery, PHIT will provide resourcing for investments in digital tools, including AI-enabled diagnostics for clinical decision support, and improve access to tertiary care and specialized services in the Pacific, such as radiotherapy, to address unmet needs and promote cross-border service delivery via Regional Telehealth Networks (RTNs).

Component 2: Modernize Fiji's Health System, with Emphasis on Establishing Networks of Care (NOC) for Health Promotion, Early Detection and Management of Disease Fiji's health system modernization will be supported with the development of climate and health emergency resilient integrated networks of care, including infrastructure, service delivery modalities, and digital health systems. PHIT will also strengthen early NCD detection, community outreach, and behavior change initiatives.

Component 3: Strengthen Stewardship, Evidence-Based Decision Making and Regional Learning for Quality Health Systems in PICs. PHIT aims to enhance regional stewardship and learning through Centers of Excellence that will generate and disseminate knowledge on telehealth regulation, continuity of care, and equitable access to specialist services, with implementation and capacity-building support from a regional implementation support provider (e.g., UN Agency) and the Pacific Community (SPC).



Legal Operational Policies

Triggered?

Projects on International Waterways OP 7.50

No

Projects in Disputed Area OP 7.60

No

Summary of Screening of Environmental and Social Risks and Impacts

PHIT is expected to generate significant health benefits for populations in Fiji, Kiribati, Tonga, Tuvalu and other South Pacific Island countries. Initial environmental and social risk screening suggests the project is classified as having Substantial Risks which are predominantly temporary, predictable, and reversible with appropriate mitigation. The project involves spatial complexity as it spans multiple countries and impacts rural, urban, and remote (outer island) populations. It involves the movement of healthcare workers and patients both domestically and internationally, introducing the potential transmission of diseases, sexual exploitation, abuse and harassment opportunity and breaches in data privacy. Civil works are anticipated in countries: Fiji, Kiribati, Tonga, and Tuvalu. The proposed infrastructure investments include the renovation of existing healthcare facilities including the Colonial War Memorial Hospital and relocations and new construction of health centers and nursing stations. The location and magnitude of civil works is yet to be confirmed. Potential environment and social risks include worker and community health and safety, waste management and disposal including hazardous waste (asbestos, contaminated oil, infectious waste), dust and noise pollution, sediment control, economic and physical displacement of non-titleholders and exclusion of vulnerable stakeholders to the project benefits including Indigenous Peoples. As a regional project the implementing arrangements include a degree of complexity, involving a regional body, national ministries and Pacific Island country governments where the enforcement of ES laws, regulations, and the Environmental and Social Framework (ESF) has historically been weak. The Project will prepare the following E&S instruments to mitigate these aforementioned risks; an Environmental and Social Management Framework (ESMF) inclusive of a Labor Management Framework (LMF) and Stakeholder Engagement Framework (SEF). These instruments will guide country level investments including technical assistance, capacity building and civil works. Country level E&S plans will be developed following project effectiveness and based on finalized country activities. The Environmental and Social Commitment Plan (ESCP) will outline the material measures and actions to ensure compliance with the ESF requirements. The Risk classification and Environmental and Social Instruments will be confirmed during the Appraisal phase.

E. Implementation

Institutional and Implementation Arrangements

The implementation of PHIT involves a multi-tiered structure with responsibilities distributed across country-level project management units (PMU) in each Recipient country that support the implementing agencies, regional coordination of



defined activities by SPC, and implementation support by a regional implementation provider to SPC and participating countries. In Fiji, where there is no existing World Bank-financed health sector project, a new PMU will be established under the Ministry of Finance in coordination with the Ministry of Health and Medical Services (MHMS). This PMU will be supported by Hands-on Expanded Implementation Support (HEIS) from the World Bank. Similarly, SPC will establish a dedicated PMU within its Public Health Division (PHD), leveraging its broader institutional experience with World Bank projects. In contrast, Kiribati, Tonga, and Tuvalu will expand their existing health system strengthening project PMUs, each embedded within their respective Ministries of Health and supported by national fiduciary and project management structures. These PMUs will be reinforced with additional staff, including PHIT coordinators, to ensure alignment with existing implementation support and reporting systems.

Each Recipient country PMU is tasked with overseeing PHIT implementation, including fiduciary management, monitoring and evaluation, and reporting. A regional implementation support provider (e.g., UNICEF) will provide regional implementation support, particularly in planning, pooled procurement, and delivery of regional public goods under defined subcomponents. SPC, as a regional technical and scientific organization, will play a central role in PHIT’s sustainability strategy by coordinating regional governance mechanisms and leading technical working groups for defined activities, drawing on its convening power and technical expertise to maximize regional impact. Each implementing agency will formalize its collaboration with a regional implementation support provider (e.g., UNICEF) through a standard agreement.

Following the decision review, the East Asia Pacific Regional Operations Committee Chair authorized the World Bank team to proceed with appraisal and negotiation of the proposed project on July 28, 2025.

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APPROVAL

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