
Annex 1 to the End-2020 Strategic Performance Report: Detailed KPI results

45TH BOARD MEETING

GF/B45/14_ANNEX 1

11-12 MAY 2021, *Virtual*



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For info: KPIs where reporting Country-Specific Results apply




After successfully piloting in 2019, the Secretariat continues reporting of some country-specific results for KPIs for which the country-level data is a) **publicly sourced**, b) **available** and c) **relevant** to understand KPI performance.

- **Available** for reporting country specific results now
 - **Impact and service delivery** (*using partner or national data*): Performance against impact targets (KPI 1); Gender and age equality (KPI 8); Performance against service delivery targets (KPI 2)
 - **Data sourced from grant reporting**: Fund utilization: absorptive capacity (KPI 7b); RSSH: Results disaggregation (KPI 6e)
 - **Corporate public data**: Alignment of investment & need (KPI 3)
 - Reduce Human Rights barriers to services (KPI 9a); RSSH: Supply chains (KPI 6b); RSSH: Financial Management (KPI 6c)
- **Potentially** available in future (2021 or later) or on demand:
 - **Data not publicly available yet**: RSSH: HMIS coverage (KPI 6d); Domestic Investments (KPI 11); Investment efficiency (KPI 4) Grant funding for Key Populations (KPI 5a); Grant funding for Human Rights (KPI 9b)
 - **KPI discussion more relevant at portfolio level**: Fund utilization: allocation utilization (KPI 7a)
- **Not available** for reporting:
 - **Strictly internal information**: Capacity to report on Service coverage for Key Populations (KPI 5b); RSSH: NSP alignment (KPI 6f); Domestic Funding for KP and Human Rights (KPI 9c)
 - **Data does not exist at country level**: Resource Mobilization (KPI 10a and 10b); Availability of affordable health technologies (KPI 12a and 12b)

For info: Color-coding convention for indicator progress status (*traffic lights*) 1/2

Type of indicator	Corresponding KPIs	Criterion for being “green” – On track/ Achieved 	Criterion for being “amber” – At Risk / Partially achieved 	Criterion for being “red” – Off track / Not achieved 
Target is range, result is projection, based on conservative / optimistic trends	1a, 1b, 8	Both conservative and optimistic projections within strategy target range	Conservative projection below strategy target range, but optimistic projection within	Both conservative and optimistic projections below Strategy target range
Target and result are specific numbers / levels	3, 4, 5a, 6a, 6f, 7a, 7b, 9b, 10a, 10b, 11, 12a, 12b	Result at target or lower by less by 5% (relative to target)	Result below target by 5% or more but by less than 10%	Result below target by 10% or more
Target and result are number of countries meeting a given threshold	2 (non modelled)*, 5b, 6c, 6d, 6e, 9c	At least 90% of target # of countries meet threshold*	Between 67% and 90% of target # of countries meet threshold*	Less than 67% of target # of countries meet threshold*

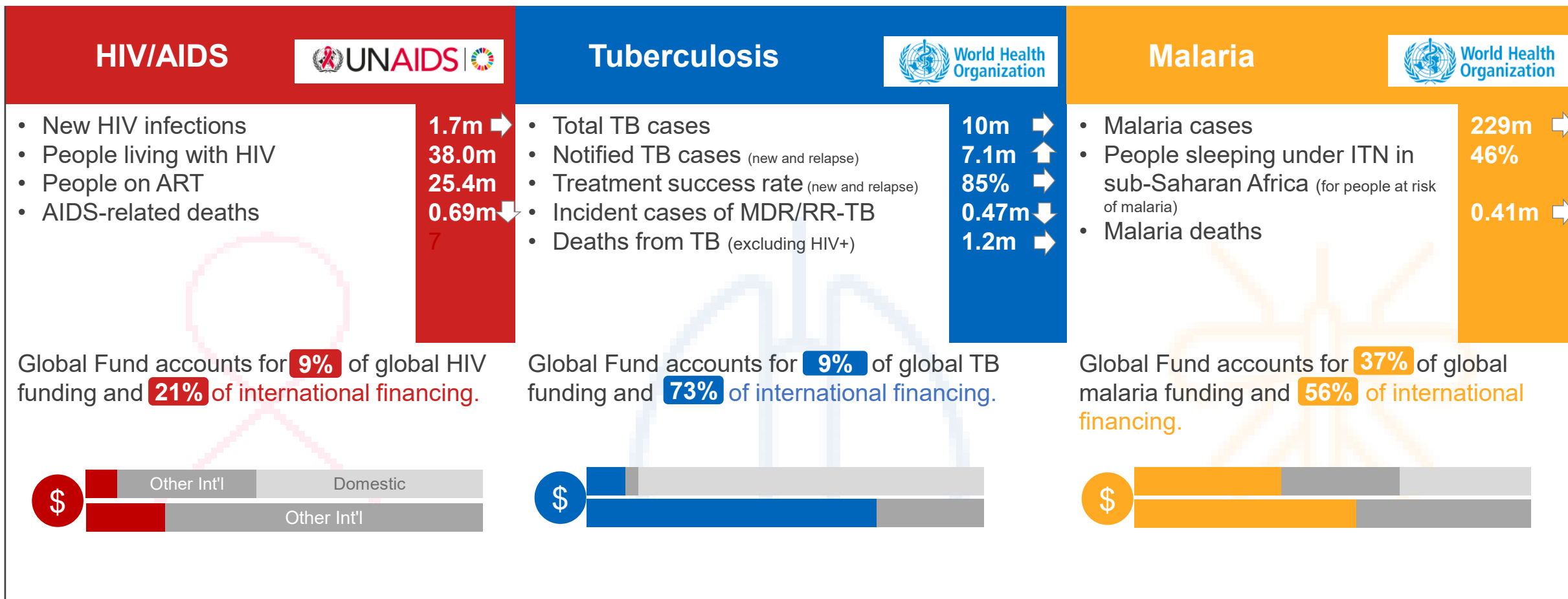
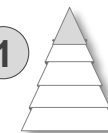
For info: Color-coding convention for indicator progress status (*traffic lights*) 2/2

Type of indicator	Corresponding KPIs	Criterion for being “green” – On track / Achieved 	Criterion for being “amber” – At Risk / Partially achieved 	Criterion for being “red” – Off track / Not achieved 
Other – multiple sub-indicators	6b	All 6 sub-indicators at least at 95% (relative) of their individual target	4 or 5 (out of 6) sub-indicators at least at 95% (relative) of their own target	Less than 4 sub-indicators (out of 6) at least at 95% (relative) of their own target
Other – different target methodology depending on year	9a	2020 & 2021: Mid-term assessments: Country average scores increased in more than 90% of countries 2022: End- term assessments: 4 priority countries for HIV and/or 4 priority countries for TB have comprehensive programs in place	2020 & 2021: Mid-term assessments: Country average scores increased in 67%-90% of countries 2022: End- term assessments: 2 or 3 priority countries for HIV and/or 2 or 3 priority countries for TB have comprehensive programs in place	2020 & 2021: Mid-term assessments: Country average scores increased in less than 67% of countries 2022: End- term assessments: 1 or 0 priority countries for HIV and/or 1 or 0 priority countries for TB have comprehensive programs in place
Other – target is range, results are 2 projections, each with its own traffic light	2 (modelled)	Projection higher than strategy midpoint or equal to at least 105% of the lower bound of the range	Projection below strategy midpoint and between 95% and 105% of the lower bound of the range	Projection lower than 95% of the lower bound of the range

Setting the context – the Global fight against the three diseases



Level of Control **1**



Trend vs previous year

HIV data: Data Fact Sheet 2020 on UNAIDS.org, *TB data:* Global TB Report 2020, WHO; *Malaria data:* World Malaria Report 2020, WHO

Funding sources Global Fund Results Report 2020, Global Fund

Figures are global and are not solely for countries where Global Fund resources are disbursed.



Setting the context – the Global fight against the three diseases

HIV/AIDS	Tuberculosis	Malaria
<div><div>Domestic 2018-2020</div><div>External 2018-2020</div><div>Global Fund 2018-2020</div></div>	<div><div>Domestic 2018-2020</div><div>External 2018-2020</div><div>Global Fund 2018-2020</div></div>	<div><div>Domestic 2018-2020</div><div>External 2018-2020</div><div>Global Fund 2018-2020</div></div>
<p>The GF has proportionately higher shares of funding in Western and Central Africa (that also receives high PEPFAR funding). It has lower shares in Eastern Africa (high PEPFAR funding); and in LAC, Southern Africa and Asia (high domestic funding).</p> <p><i>The GF is expected to account for approx. 20% of all funding in eligible countries between 2018-2020.</i></p>	<p>The GF has proportionately higher shares in Western, Central and Eastern Africa. It has lower shares in LAC, EECA, Southern Africa and Asia (mainly domestic funding).</p> <p><i>The GF is expected to account for approx. 30% of all funding in eligible countries between 2018-2020.</i></p>	<p>The GF has proportionately higher shares in MENA (eligible countries); Western, Central and Eastern Africa (that also receive high PMI funding). It has lower shares in Asia and Western Africa (mainly domestic or PMI funding).</p> <p><i>The GF is expected to account for approx. 40% of all funding in eligible countries between 2018-2020.</i></p>

NB: this data is based on funding requests submitted by GF-financed countries* during the allocation period 2017-2019
*For instance, in LAC, the GF share of funding is not representative of the region as a whole as most of its countries are ineligible for GF funding.
Regions are based on the UN geo-scheme.



Funding



Funding



Design



Implementation



Results

Domestic Funding

KPI 11 – Domestic investments

● KPI 9c – Key Populations and Human Rights in transition countries

First result for domestic funding during implementation of 2017-2019 allocation period

Level of Control

2



Measure

Percentage of domestic co-financing commitments to programs supported by the Global Fund realized as government expenditures

End-2020 Result

129% * (*stable from previous allocation cycle*)

Target

100% of 2017-2019 policy stipulated requirements realized

Key takeaways

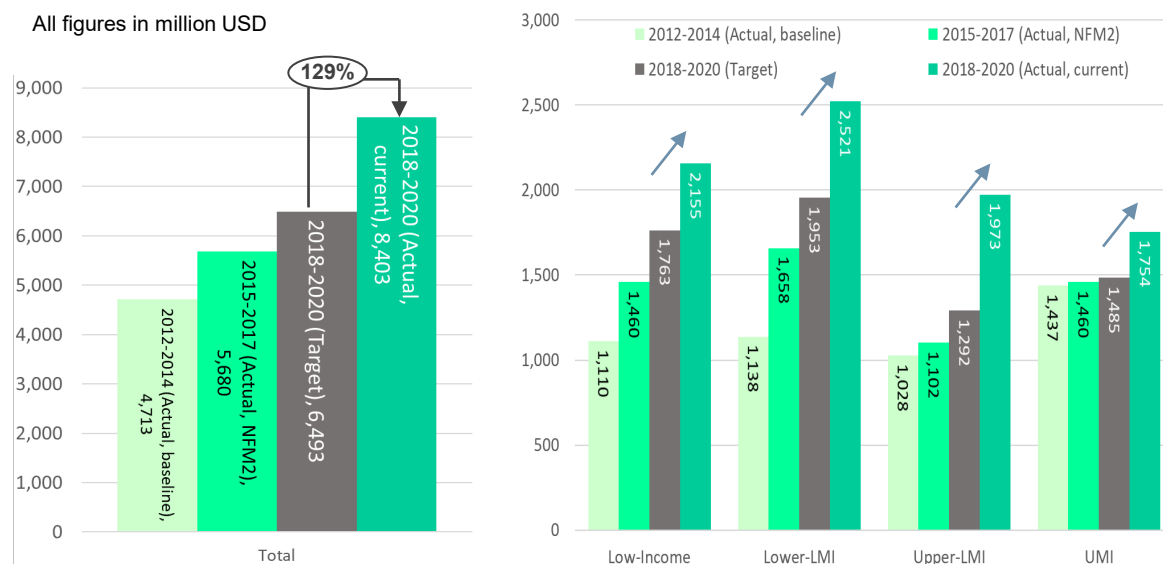
For the implementation of the 2017-2019 allocation period, actual co-financing investment exceeded target overall, and in every income bracket

- **LIs, Lower-LMIs, Upper LMIs and UMIs** all saw high rates of co-financing investment over policy prescribed levels, with respectively 122%, 129%, 153% and 118% achievements. There was a strong increase (+48% on average) over the 2015-2017 actuals. It is especially significant for Upper-LMIs for which government expenditures increased by almost 80%.
- However, **actual increases in domestic funding are slightly lower than country commitments** (+48% vs +55%). Macroeconomic and fiscal constraints in countries with larger share of co-financing played a key role, with 2020 budget particularly impacted by the COVID-19 pandemic. While overall health sector spending has increased across the portfolio in response to the pandemic, prioritization for meeting emergency requirements and disruption of services due to lockdowns has resulted in co-financing of disease components being about 20% lower than commitments as per revised budgets for 2020, across the cohort.
- Of the 151 components that had individual allocations arising from the 2017-2019 allocation, 3 were exempt and 3 were granted a waiver; they are not in the KPI cohort. One country with three components did not comply with specific co-financing requirements, and grant funds from the 2017-2019 allocation period were reduced proportionate to level of non-compliance. One additional compliance assessment is pending, as further evidence is awaited. Overall, 141 components out of the 151 **(94%) complied with co-financing requirements**.
- The 2021 KPI cohort accounts for 68% of the total 2017-2019 allocation period (excluding multi-country grants). However, it is skewed towards lower income countries, with some major countries still to be reviewed by GAC. In total, the **cohort accounts for 32% of the total co-financing commitments** for the implementation period of the 2017-2019 allocation period. Full results are expected for Spring 2022.

Overall

By Income Level

All figures in million USD



*Target is the sum of policy-prescribed domestic financing levels for current cohort (145 disease components across 59 countries); 2 countries / 6 components had exemption/waiver and were not included)





Funding



Design



Implementation



Results

Domestic Funding

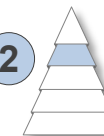
● KPI 11 – Domestic investments

● KPI 9c – Key populations and Human Rights in transition countries

Reminder: 2018 Co-Financing Policy

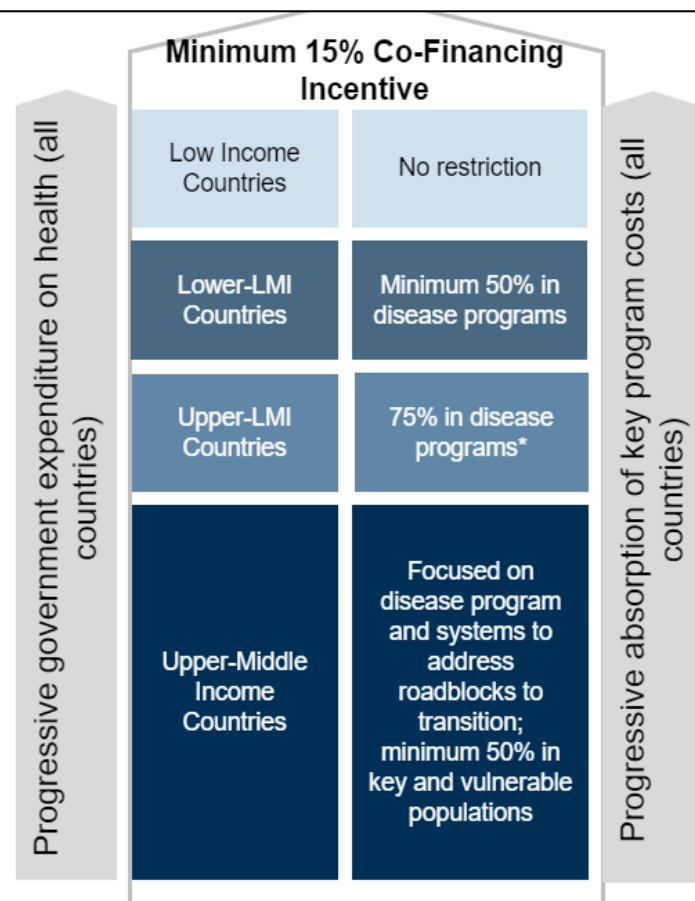
Level of Control

2



Revised Co-Financing Policy

- Two **core requirements** to access the allocation:
 - 1) Progressive government expenditure on health
 - 2) Progressive absorption of key program costs
- Co-financing incentive of **at least** 15% of the allocation available to countries if they make and realize *additional commitments* with the following focus:
 - At the lower end of the development continuum:
A focus on health systems
 - As countries move up the development continuum:
More targeted focus on disease programs, key and vulnerable populations, and transition and sustainability priorities



This slide (extracted from the “Co-Financing and the STC Policy: An Overview” slide deck for external audiences) provides more context on KPI 11, especially on the requirements on which it is based and on the differentiated approach based on the country income level

* 'low' or 'moderate' burden country components are encouraged to show a greater share of domestic contributions that will address systemic bottlenecks for transition and sustainability.





Funding



Design



Implementation



Results

Global Fund Resources

KPI 10 – Resource mobilization

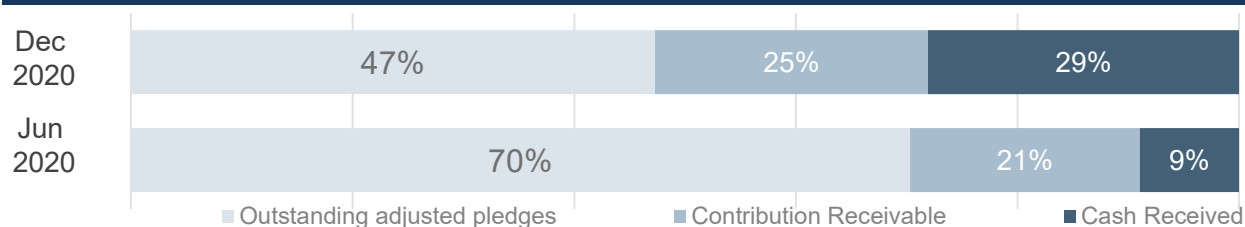
Level of
Control

4



Measure	Q4 2020 Result (as of Dec 2020)	Key takeaways
a) Actual pledges as a percentage of the replenishment target, with respect to the current (6th) Replenishment period	a) 102% b) 101% (after risk review by ALM & FX Committee)	<ul style="list-style-type: none">Both KPI 10a and 10b are on track, similar to prior cyclesThe 6th Replenishment has started out strongly with both announced pledges and forecasted contributions meeting or exceeding targetsThe KPI includes additional pledges received under C19RM.
b) Pledge conversion rate. Current adjusted pledges as a percentage of initial adjusted pledge, with respect to the current (6th) Replenishment period.	Target a) 2020-2022: 100% b) 2020-2022: 100%	

Change in pledge conversion since last reporting





Funding



Design



Implementation



Results

Market Shaping

- KPI 12a - Supply Continuity of Health Products
- KPI 12b – Affordability of health technologies

Level of Control

4



Measure

Percentage of a defined set of products¹ with more than three suppliers that meet Quality Assurance² requirements

End-2020 Result³

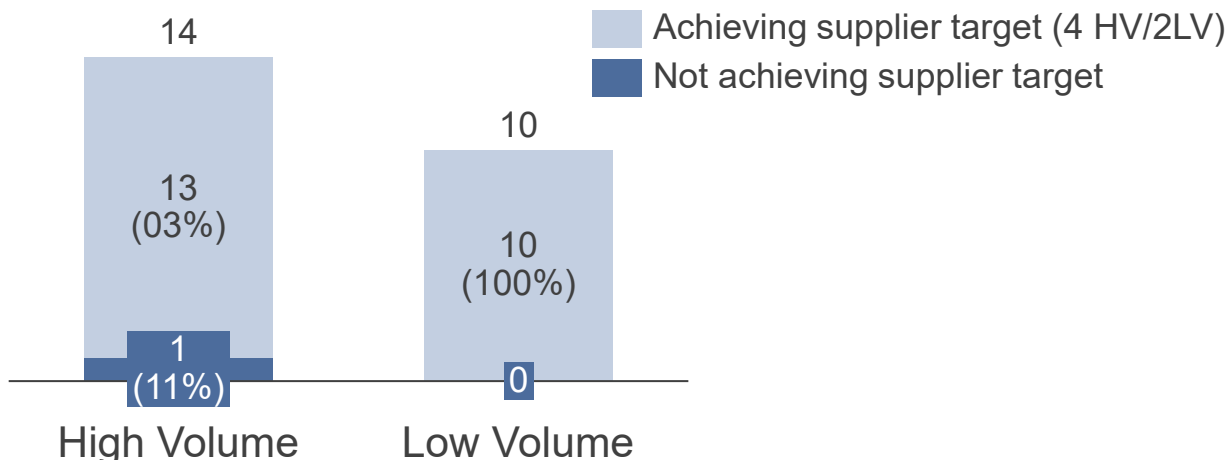
High-volume: 93% (13/14)
Low-volume: 100% (10/10)

Target³

90% (both High and Low Volume)

Key takeaways

- As approved by the Board in *GF/B41/EDP16*, this KPI is measured **differently from 2020 onwards** using two differentiated cohorts: High Volume (for 2020: *all 1st line adult ARVs; ACTs; LLINs*) and Low Volume (for 2020: *all 2nd line adult ARVs; all pediatric ARVs; specialized formulations*)
 - For **High Volume:** **90% of products have 4 suppliers** or more that meet QA requirements
 - For **Low Volume:** **90% of products have 2 suppliers** or more that meet QA requirements
- For both cohorts the target was met with high volume only falling short by 1 product of achieving 100%: this was : **TLE 300/300/400 mg (30 tablet)**, which is a product transitioning to TLD with only 3 suppliers. We do not foresee any new suppliers during scale up.



Notes:

1. All key 1st and 2nd line products recommended by WHO for HIV and for Malaria for adults and children

2. Based on Global Fund Quality Assurance Policy





Funding



Design



Implementation



Results

Market Shaping

● KPI 12a - Supply Continuity of Health Products

● KPI 12b – Affordability of health technologies

Level of
Control

4



Cohort	Measure	Target	2020 result	Products ¹
S1: High Volume <ul style="list-style-type: none"> ✓ WHO-recommended 1st line ARVs for adults ✓ ACTs ✓ LLINs ✓ HIV and malaria RDTs ✓ VL/EID ✓ Condoms 	Percentage of a defined set of products with <u>more than three suppliers</u> that meet Quality Assurance requirements	90%	93%	<div>1. TLE 300/300/600mg, 30 tablet</div> <div>2. TLE 300/300/400mg, 30 tablet</div> <div>3. TEE 300/200/600mg, 30 tablet</div> <div>4. TLD 300/300/50mg, 30 tablet²</div> <div>5. Dolutegravir 50mg, 30 tablet</div> <div>6. HIV tests</div> <div>7. HIV self-tests</div> <div>8. VL/EID</div> <div>9. Condoms</div> <div>10. AL 20/120mg, 18 & 24 tablet</div> <div>11. AL 20/120mg dispersible, 6 & 12 tablet</div> <div>12. ASAQ 25/67.5mg, 50/135mg, 100/270mg, 3 & 6 tablet</div> <div>13. LLINs – PBO and Pyrethroid nets</div> <div>14. Malaria RDTs (Pf)</div>
S2: Low Volume <ul style="list-style-type: none"> ✓ WHO-recommended 1st line ARVs for children ✓ WHO-recommended 2nd line ARVs for adults and children ✓ Specialized Formulations ✓ Lower volume malaria RDTs (combo) 	Percentage of a defined set of products with <u>more than one supplier</u> that meet Quality Assurance requirements	90%	100%	<div>1. Abacavir/Lamivudine 120/60mg, dispersible, 30 tablet</div> <div>2. Lopinavir/Ritonavir 100/25mg, 60 tablet</div> <div>3. Lopinavir/Ritonavir 40/10mg, 120 pellets/granules</div> <div>4. Atazanavir/Ritonavir 300/100mg, 30 tablet</div> <div>5. Lamivudine/Tenofovir 300/300mg, 30 tablet</div> <div>6. Emtricitabine/Tenofovir 200/300mg, 30 tablet</div> <div>7. Lopinavir/Ritonavir 200/50mg, 120 tablet</div> <div>8. Lamivudine/Zidovudine 150/300mg, 60 tablet</div> <div>9. Artesunate injectables</div> <div>10. malaria RDTs combo (Pf/Pv, Pf/Pan)</div>

Legend:

HIV

Malaria

Product under target

Note: 1. Secretariat disease experts and technical specialists for supply operations have convened the annual forum and have agreed on the following product cohort for 2020 and 2021.

2. Multi Month pack is included





Funding



Design



Implementation



Results

Market Shaping

- KPI 12a – Supply Continuity of Health Products
- KPI 12b – Affordability of health technologies

Level of Control

4



Measure

Annual savings achieved through PPM on a defined set of key products (mature and new).

End-2020 Result

US\$ 249m savings

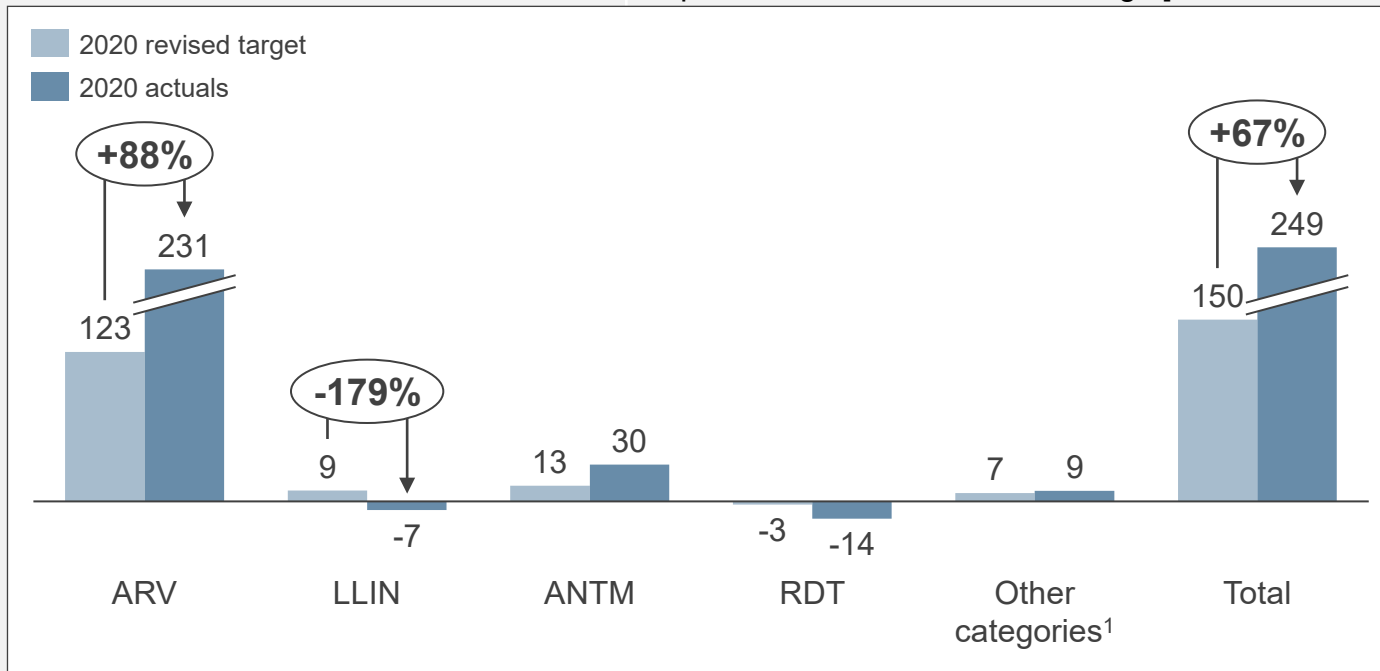
2021 Target

US\$ 150m savings

[On equivalent commodities at equivalent quality, equivalent PSA services, and freight]

Key takeaways

- A total savings of US\$ 249m was achieved in 2020: an increase of 67% on the revised target (defined in Spring 2020). The achievement is primarily driven by a **significant volume increase in 2020, additional price reductions had marginal impact.**
- Significant volume increases have resulted from encouragement for **early order placement to mitigate impact of COVID-19 control measures on supply chains, proactive budget optimization, advance procurement** for the transition between the grant cycles and **scale-up intervention in 2020.**
- Due to the COVID-19 pandemic impact, there was limited comparable spend to calculate freight savings owing to the variability of shipping lanes, incoterm, service and freight model, in 2020 in comparison to 2019. **The 2020 global logistics environment was stressed and volatile resulting in cost increases.**
- More details are available in the category deep dive (next slides)



Note: 1. Other product categories include Procurement Service Agent (PSA) fees, non-core products. 2.





Funding



Design



Implementation



Results

Market Shaping

- KPI 12a – Supply Continuity of Health Products
- KPI 12b – Affordability of health technologies

Level of
Control

4



Key takeaways: Pharmaceuticals

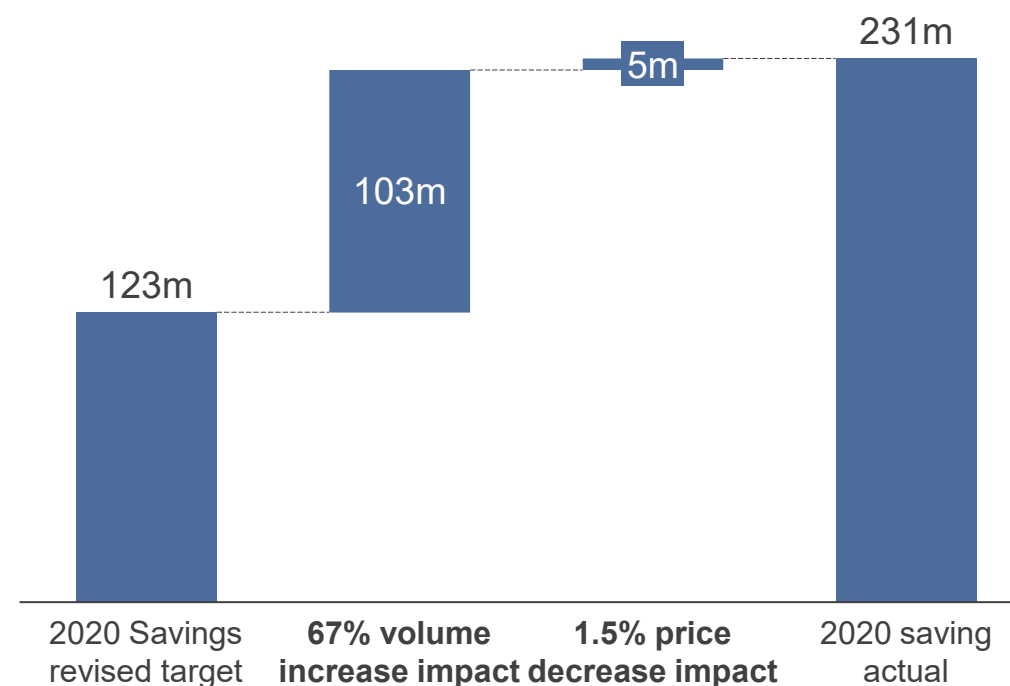
ARV category savings:

- ARVs volume increased +67% vs targeted, of which 23% is driven by Advanced procurement for the new grant implementation period.
- The **volume increase** drove US\$103m additional savings vs. revised target.
- A **1.5% price¹ reduction** on the 1st line ARV contributed to USD **5 million additional savings**.
- Price increases on the **2nd line ARV lopinavir/ritonavir** contributed **4% negative saving**.

Antimalaria medicine(ANTM) category saving:

- ACT (AL) had +45% volume increase on high volume artemether-lumefantrine vs. target out of which 41% was advanced procurement

ARV Saving deep dive





Funding



Design



Implementation



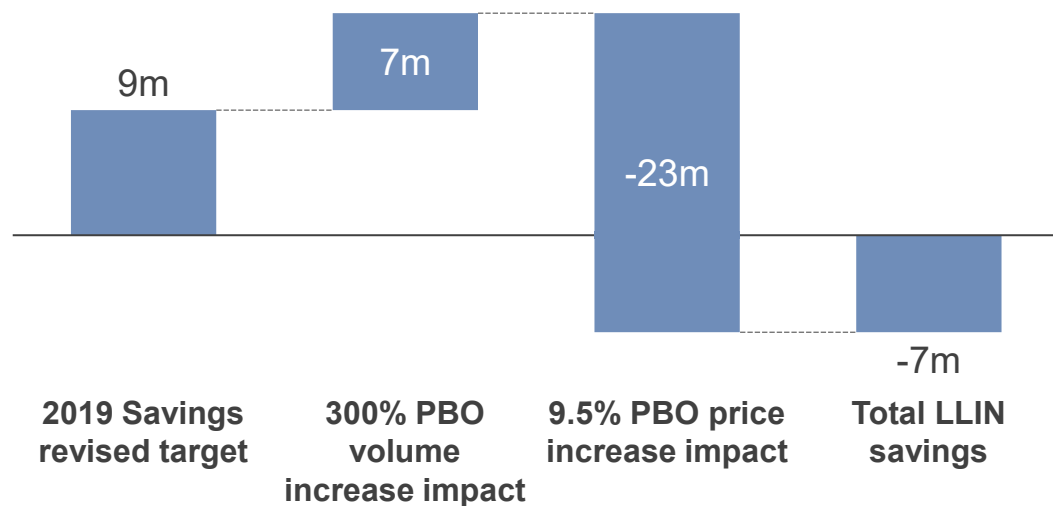
Results

Market Shaping

- KPI 12a – Supply Continuity of Health Products
- KPI 12b – Affordability of health technologies

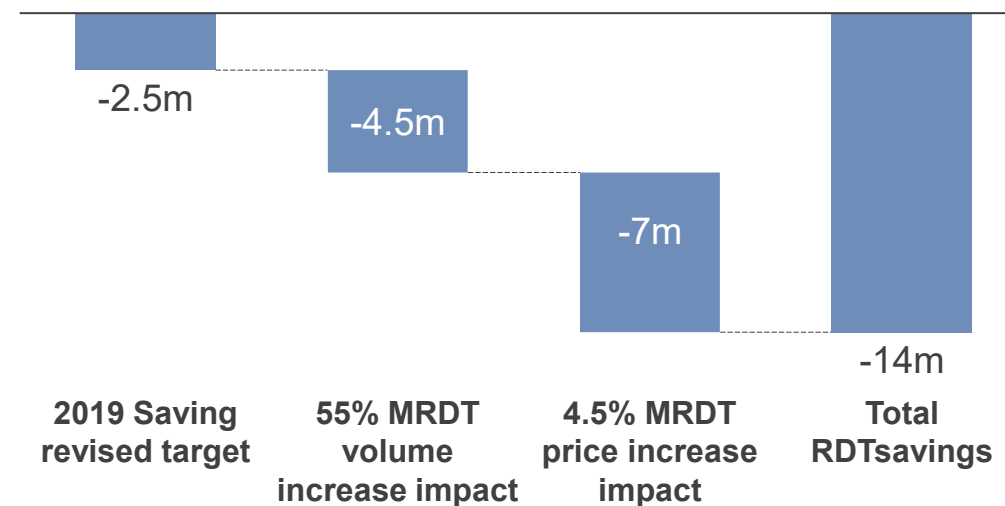
Key takeaways: Health Technologies

LLIN Saving deep dive



- **29 millions PBO nets were procured versus the forecasted 7 millions** nets in 2020.
- Increased demand required **allocation to more expensive suppliers** to ensure sufficient supply.
- **Price and volume increase drove** the vast majority of the LLIN negative saving

RDT Saving deep dive



- **Negative saving in the RDT category is primarily driven by price and volume increases for malaria RDTs.**
- **+55% volume increase versus forecast.**
- Due to the reprioritization for COVID-19 diagnostics, one major supplier increased their price by +100%.
- Through a coordinated partner procurement approach, **the supplier base was expanded and mitigated cost increase mitigated to a 4.5% price¹ increase.**

Note: 1. Weighted Average Price (WAP)





Design

Program Design



Funding



Design



Implementation



Results

Strategic Focus

● KPI 3 – Alignment of investment & need

Level of Control

4

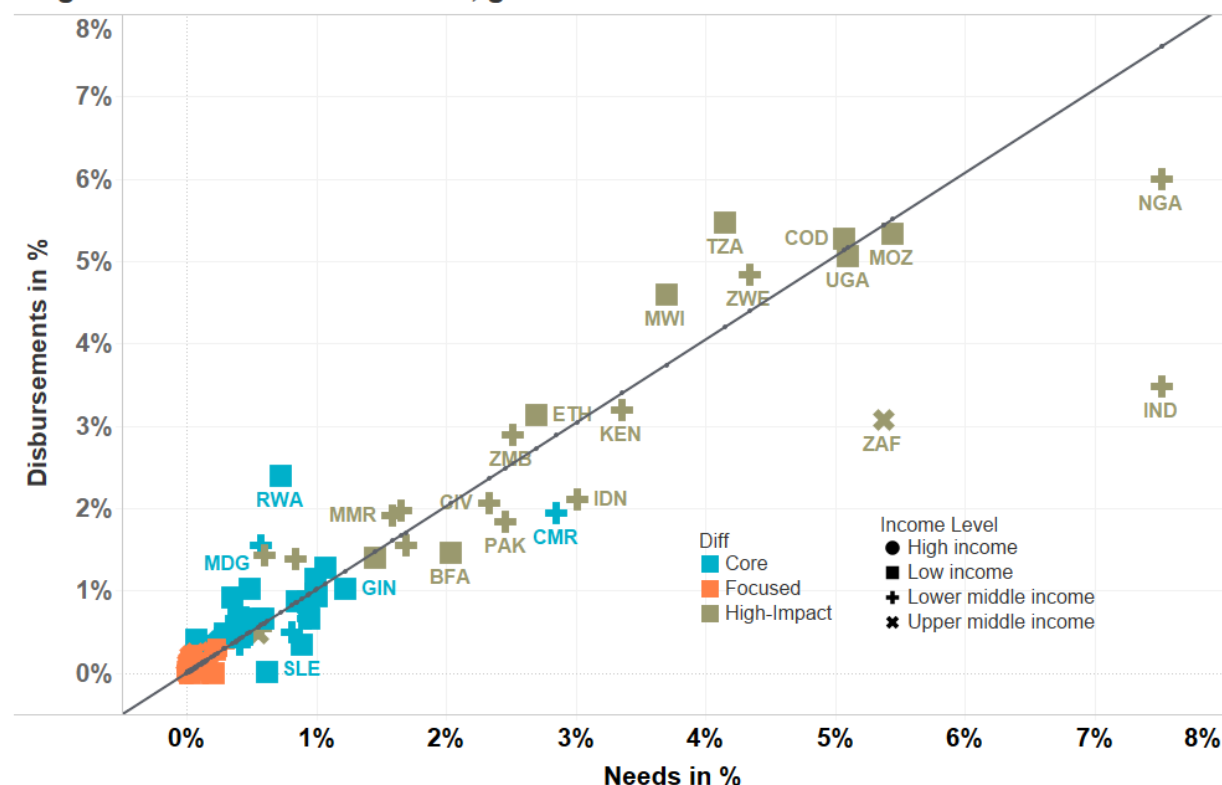


Measure	End-2020 Result
Alignment between investment decisions and country disease burden & economic capacity, as defined by the country's "Initial Calculated Amount" in the 2017-2019 allocation period model	0.30 deviation (decreasing from end 2019)
	Target
	2020: Deviation less than or equal to 0.32

Key takeaways

- Share of investment now based on disbursements, instead of grant expenses, as decided by the Board in Fall 2020.
- Progress when compared to end 2019 which had a deviation equal to 0.322 when using "disbursements"
- KPI metric (*absolute difference of shares*) highly driven by countries with large share of "need", i.e., by High Impact countries, mainly in HI Africa 2. Deviation from optimal performance driven by South Africa, India and Nigeria
- Recent progress driven mainly by better alignment in Mozambique and Uganda (compared to end 2019) and Zimbabwe (compared to mid 2020 forecast)

Alignment Needs-Disbursements, global



** KPI includes countries that received an allocation and had cumulative 2017-2019 grant expenses >0; Excludes countries that received their entire allocation through a multi-country grant



Funding



Design



Implementation



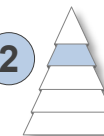
Results

Activities

- KPI 4 – Investment efficiency
- KPI 6f – NSP alignment
- KPI 9b – Grant funding for KPs and Human Rights in MICs

Level of Control

2



Measure	End 2020 Result	Key takeaways							
Change in cost per life saved or infection averted from supported programs	87% countries show improved efficiency	<ul style="list-style-type: none">Of the national disease programs assessed to date, 87% demonstrate a decrease of cost per life saved or infection averted over the 2017-2019 allocation period indicating improved efficiency of national programs.Assessment progress of malaria programs is behind that of HIV and TB, mostly due to the fact that a very limited number of countries applied malaria epidemiological impact models to inform the development of NSPs and funding requests.In addition, it is challenging to assess the efficiency of malaria programs of the countries on the path to elimination. The Global Fund Modelling Guidance Group will continue advising how to address those challenges.The assessment methodology for TB programs is likely to be more sensitive in flagging countries. Flagged countries are recommended to take findings into account during NSP and funding request development and other strategic processes. The findings are taken into account during NSP and funding request development and other strategic processes by the flagged countries.Review of current methodologies is ongoing and when possible assessment approaches will be strengthened during 2020-2022 cycle.							
	Target								
	90% of countries measured show decrease of cost per life saved or infection averted comparing the current vs. previous disease program design.								
# of disease programs assessed to date	<table><tr><th>HIV</th><th>TB</th><th>Malaria</th><th>Total</th></tr><tr><td>22</td><td>26</td><td>7</td><td>55</td></tr></table>	HIV	TB	Malaria	Total	22	26	7	55
HIV	TB	Malaria	Total						
22	26	7	55						
% of assessed disease programs showing a high likelihood of efficiency improvement	<table><tr><th>HIV</th><th>TB</th><th>Malaria</th><th>Total</th></tr><tr><td>100%</td><td>73%</td><td>100%</td><td>87%</td></tr></table>	HIV	TB	Malaria	Total	100%	73%	100%	87%
HIV	TB	Malaria	Total						
100%	73%	100%	87%						





Funding



Design



Implementation



Results

Result for Window 1-3 2020-2022 Allocation Period

Activities

- KPI 4 – Investment efficiency
- KPI 6f – NSP alignment
- KPI 9b – Grant funding for KPs and Human Rights in MICs

Level of Control 2



Measure

Percentage of funding requests rated by the TRP to be aligned with National Strategic Plans:
“The funding request aligns with national priorities as expressed in the National Strategic Plan (or an investment case for HIV)”

2020 Result

98% ‘Strongly Agree’ / ‘Agree’
(-2% change from mid 2020)

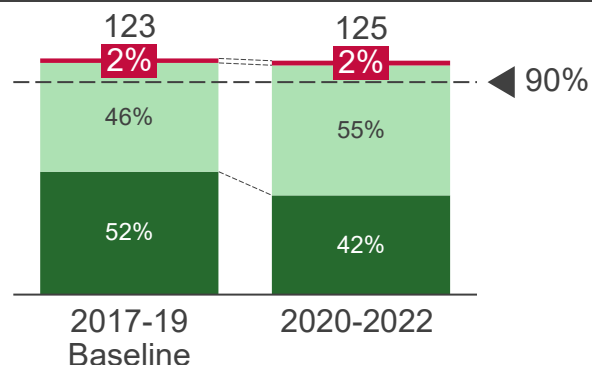
Target

90% ‘Strongly Agree’ / ‘Agree’

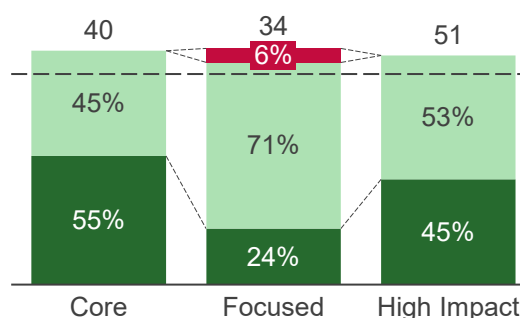
Key takeaways

- Results continue to be robust; target exceeded by a wide margin
- The “Disagree” assessments both relate to HIV-TB joint funding requests in Focused portfolios – underlying issue is that 1 disease NSP is strong while the other is missing or less specific (e.g., HIV well aligned but TB is missing or not specific)
- High Impact and Core countries show a slight trend towards “strongly agree” (however this has decreased since the last report for High Impact)
- Note: It is too early for countries to have adapted NSPs to factor in COVID-19 responses and plans; results are not assessed for alignment on this point

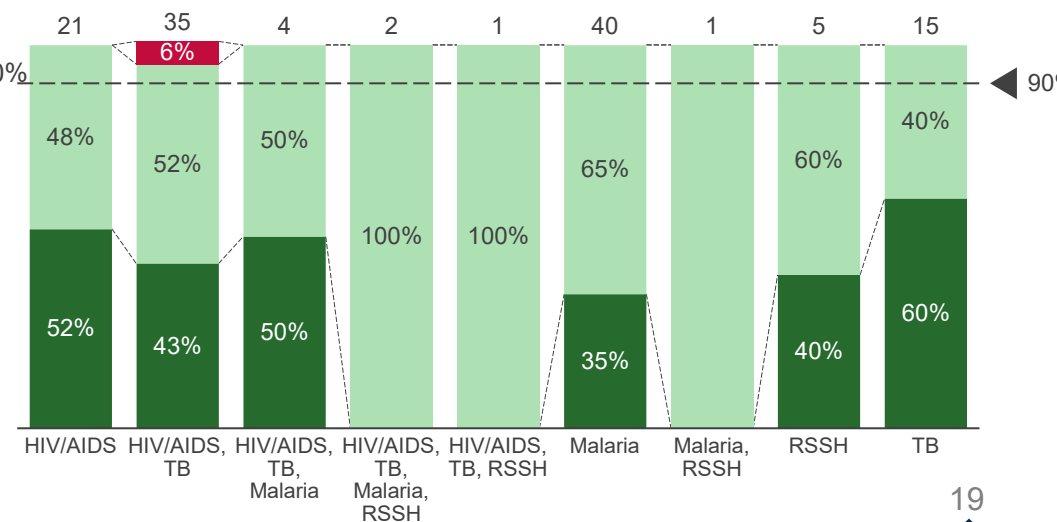
2017-19 vs. 2020-22 (window 1-3) Funding Cycle



Results by portfolio type



Results by component



Disagree Agree Strongly Agree



Funding



Design



Implementation



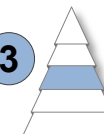
Results

HIV

Activities

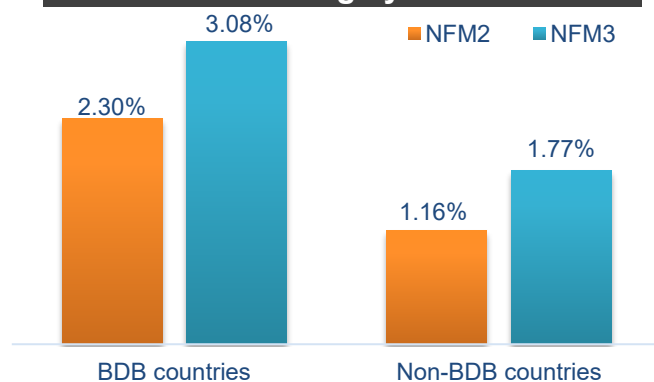
- KPI 4 – Investment efficiency
- KPI 6f – NSP alignment
- KPI 9b – Grant funding for Human Rights(1/2)

Level of Control 3

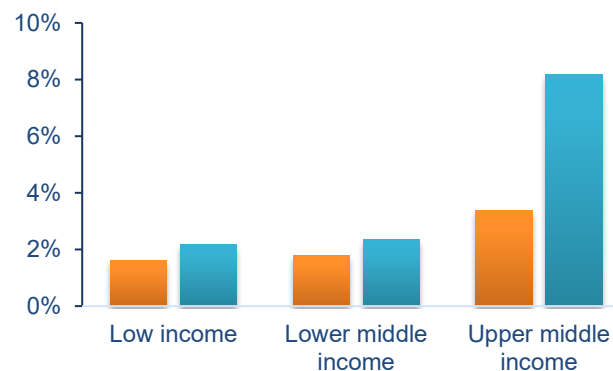


Measure	End-2020 Result	Key takeaways
% of HIV allocation dedicated to key population programs & to programs to reduce human rights-related barriers	Human Rights: HIV: 2.45% ●	<ul style="list-style-type: none">A number of countries still had not gone through grant signing at the time when the KPI data was collected. The current cohort captures 69% of the total allocation in the whole HIV portfolio, with large % of upper-middle income countries missing, which is likely to affect the result of this KPI.The current level of investment in programs to remove human rights-related barriers in HIV and HIV/TB grants account for 2.45%, compared to 1.73% in NFM2 for the same cohort of countries.Large increase compared to previous funding cycle with Human Rights investment increasing from 62,401,522 USD in NFM2 to 103,714,131 USD in NFM3 for the cohort of 56 countries.Investment in countries that are part of the Breaking Down Barriers initiative show strong progress, indicative of the importance of multi-stakeholder commitment, evidence, sustained efforts and implementation support on comprehensive responses to human rights barriers.There is a clear effect of the income group processing on this KPI, with low income countries reporting lowest levels of Human Rights investments.The model underestimates the actual allocation, with the full extent better known with the complete cohort reporting.
	2020 Target Human Rights: HIV: 3.00%	

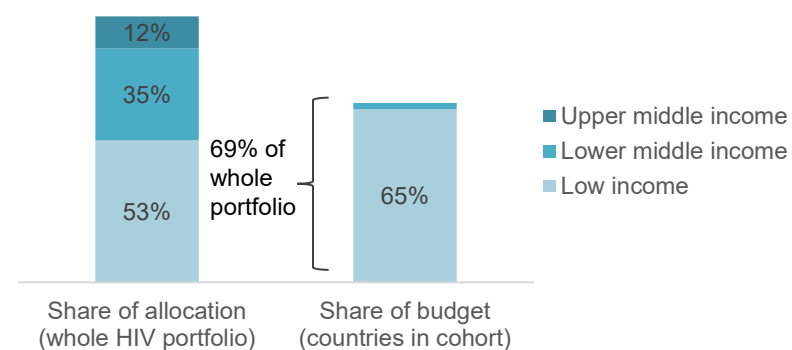
Breakdown by BDB-countries & funding cycle



Breakdown by income bracket & funding cycle



Comparing cohort to full HIV portfolio by income level – current cohort corresponds to 69% of total HIV allocation





Funding



Design



Implementation



Results

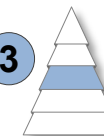
TB

Activities

- KPI 4 – Investment efficiency
- KPI 6f – NSP alignment
- KPI 9b – Grant funding for Human Rights (2/2)

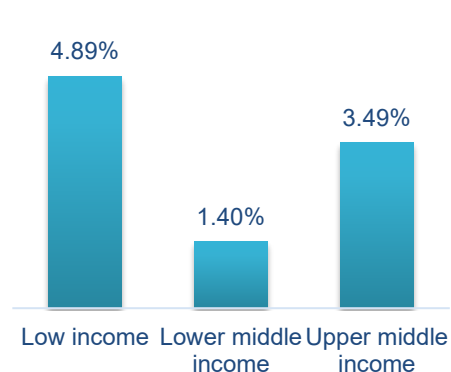
Level of Control

3

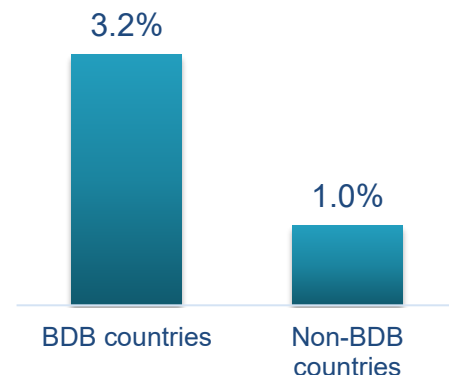


Measure	End-2020 Result	Key takeaways
% of TB allocation in selected MICs with highest TB disease burden dedicated to programs to reduce HRts-related barriers	Human Rights: TB: 2.04% ● 2020 Target Human Rights: TB: 2.00%	<ul style="list-style-type: none">• The current level of investment in programs to remove human rights-related barriers in TB grants in the 15 countries with Board-approved grants constitutes 2.04% (while the overall target is 2%). This represents a 67% increase compared to baseline (1.21%).• Factors contributing to such an increase are the continued engagement with technical partners, GMD and in-country stakeholders; the increased integration of HIV and TB Human Rights interventions including due to the cross-cutting nature of matching funds in NFM3; and the human Rights module in the NFM3 TB modular framework• Breaking Down Barriers initiative, through evidence and multi-stakeholder commitment, built momentum with the TB communities and wider stakeholders to better identify and address human rights and gender-related barriers to TB services.

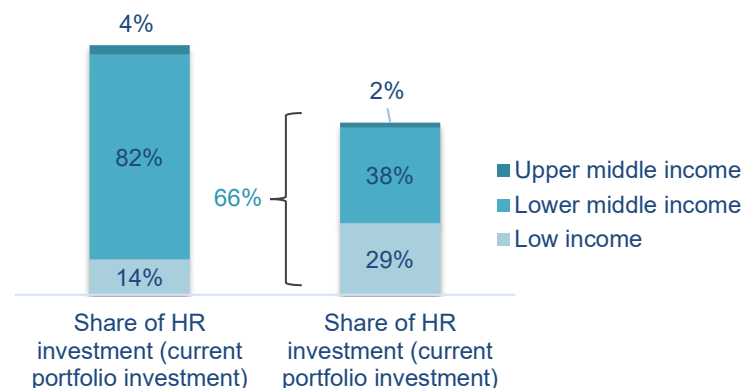
Breakdown by income bracket



Breakdown by BDB-countries



Comparing reported cohort to full cohort by income level



- A number of countries still had not gone through grant signing at the time of KPI data collection. The current cohort captures 66% of the total TB allocation for the countries in final cohort portfolio: the result of this KPI is therefore likely to evolve.
- The disaggregation by income bracket doesn't allow for a clear message, as small cohort of countries in each individual income group.





Implementation



Funding



Design



Implementation



Results

Performance

● KPI 7a – Fund utilization: allocation utilization

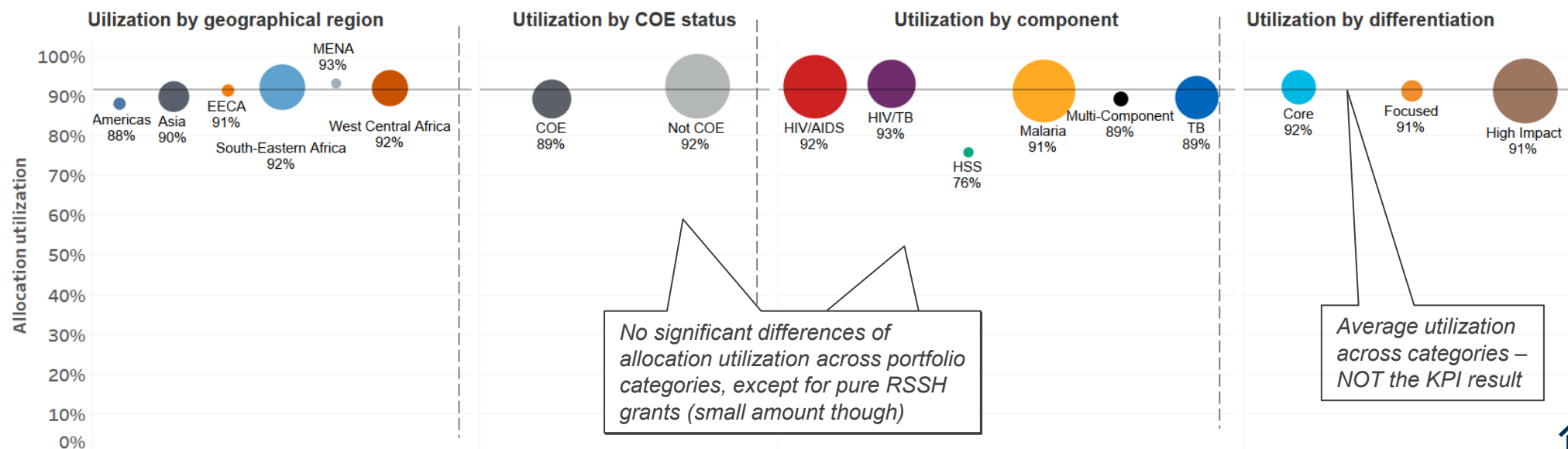
Level of Control 4



Measure	End-2020 Result	Key takeaways
Portion of allocation that has been (or is forecasted to be) disbursed	<div>99% (5th Replenishment)</div> <div>Target</div> <div>91-100% (5th Replenishment, 2018-2020)</div>	<ul style="list-style-type: none">Utilization is generally high for all portfolio categorizations (region, COE, component, differentiation, etc.) except for RSSH-specific allocations (which correspond to only 4 countries though, so difference is not statistically significant)Consistent with Financial Reporting to AFC, allocation utilization is based on Real Funds under Management which has an impact on the denominator of KPI 7a, especially now with C19RM. This allows a more accurate consideration of Portfolio Optimization and C19RM, not treating as new sources of funds when it really is pure recycling of existing sources of funds approved to maximize funds utilization. To avoid double-counting these in the KPI denominator (i.e., total allocation), adjustments are applied at the overall portfolio level – this means the overall KPI result will not match the average by region, component, differentiation status, etc.

Size of bubbles proportional to allocated amount (5th Replenishment)

Note – as adjustments are applied to the **overall** denominator to avoid double-counting Portfolio Optimization or C19RM, the overall KPI result is not the average of utilization by category.







Funding



Design



Implementation



Results

Level of
Control 2



Maximize Impact against HIV, TB and Malaria

● KPI 1 – Performance against impact targets (p. 1/6)

Measure	Latest Result
a) Estimated number of lives saved	a) 15.9 M (from 2017 to 2019) ●
b) Reduction in new infections/cases	b) 11.1% (from 2015 to 2019) ●
	Target
	a) 29M (28-30) from 2017 to 2022
	b) 38% (28-47) from 2015 to 2022

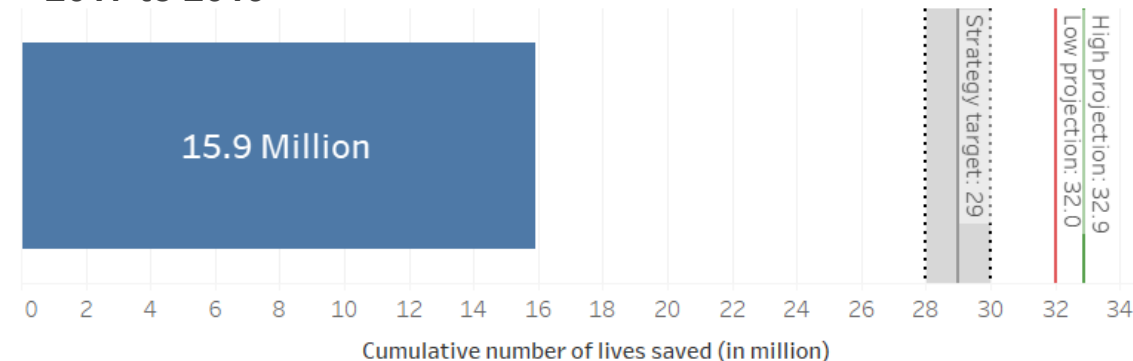
Key takeaways

- 15.9 million lives have been saved across the portfolio over 2017-2019. The 2017-2022 Strategy target of 29 [28-30] million is likely to be reached if the level of progress can be sustained.
- 11.1% decline in combined incidence rate has been achieved between the 2015 baseline and 2019 across the portfolio. If recent trends continue, only about half of the Strategy targets of incidence reduction will be achieved.
- Strategic targets for KPI 1 were set using the same modelers/models that partners used to develop the global plans; however global plans assume fully funded programs whereas GF Strategy targets are based on best use of available funding (from all sources) during the 6 years of strategy and are therefore lower.
- The projections for this KPI are based on historical trends from most recent mortality and incidence data available from partners, i.e., at end 2019 for now. They are therefore **not** including COVID-19 impact but could be revisited when more recent data is available from partners.

Estimated number of lives saved (all diseases)

Targets & projections
2017-2022

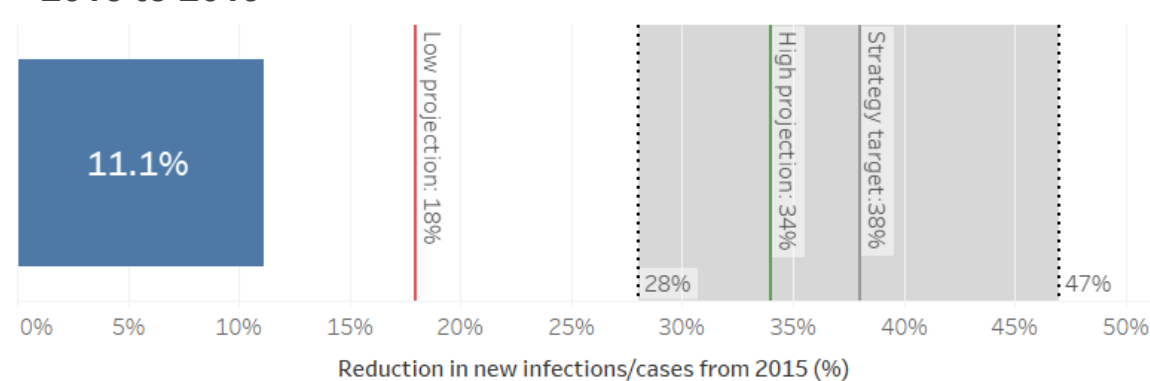
2017 to 2019



Reduction in combined incidence rate

Targets & projections
2015 to 2022

2015 to 2019





Funding



Design



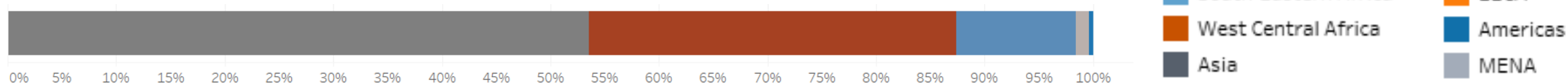
Implementation



Results

Reduction in mortality rate

Gap to achieving 2022 Strategy target by geographical region
(Based on a conservative projection)

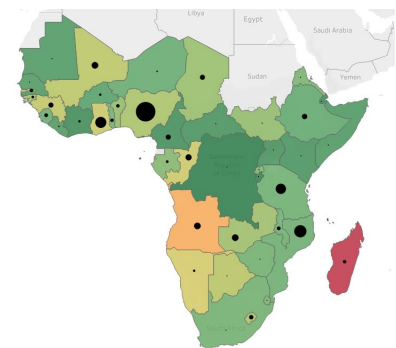


Promote and protect human rights & gender equality

● KPI 1a – Performance against impact targets – Lives saved (2/6)

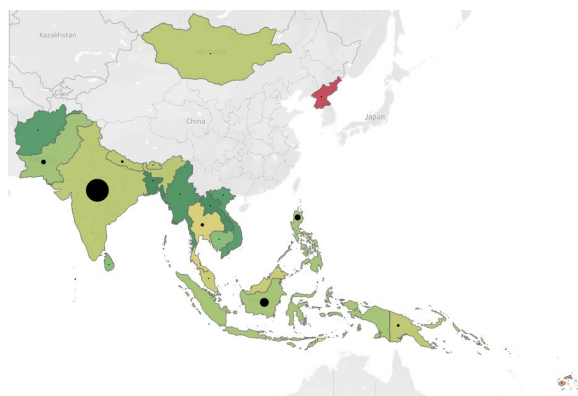
2014-2019 mortality rate decline for the region with largest gap to meeting Strategy targets for each disease

AIDS-related: West Central & South Eastern Africa



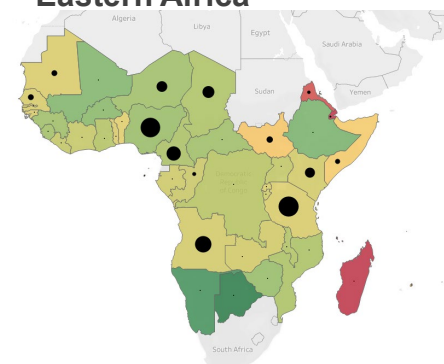
Recent trends
(median): 28%
reduction

TB: Asia



Recent trends (median):
12% reduction

Malaria: West Central & South Eastern Africa



Recent trends
(median): 12%

Interpreting the maps:

The color represents the change in mortality rate from 2014 to 2019; red represents no change or an increasing rate. The darker the green the larger the decline in mortality rate relative to other countries in the region.

The size of the dot represents the gap to meeting country 2022 Strategy target.

Recent trend (median)= more than half of countries experienced mortality declines above/below this value

Key takeaways

Overall declining trend in mortality rates in majority of countries, however, some countries in regions of West Central and South Eastern Africa and in Asia need to accelerate the rate of decline or reverse their increasing trend in mortality particularly: Nigeria, Mozambique, Ghana and Tanzania (all large gaps) or Madagascar (increasing mortality) for AIDS-related mortality; India, Indonesia and Philippines (large gaps) and DPRK (increasing mortality) for TB; and Tanzania, Nigeria, Angola and Cameroon (large gaps) for malaria.





Funding



Design



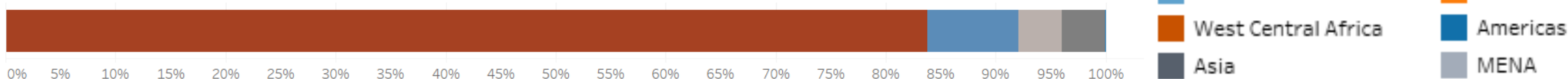
Implementation



Results

Reduction in incidence rate

Gap to achieving 2022 Strategy target by geographical region
(Based on a conservative projection)

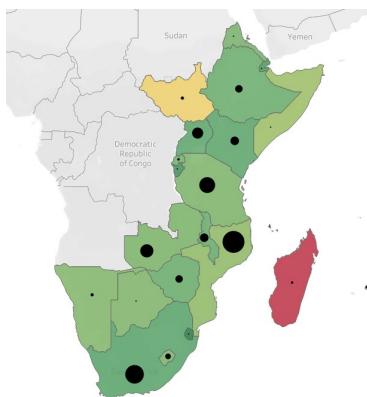


Promote and protect human rights & gender equality

● KPI 1b – Performance against impact targets – Incidence reduction (3/6)

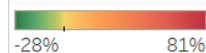
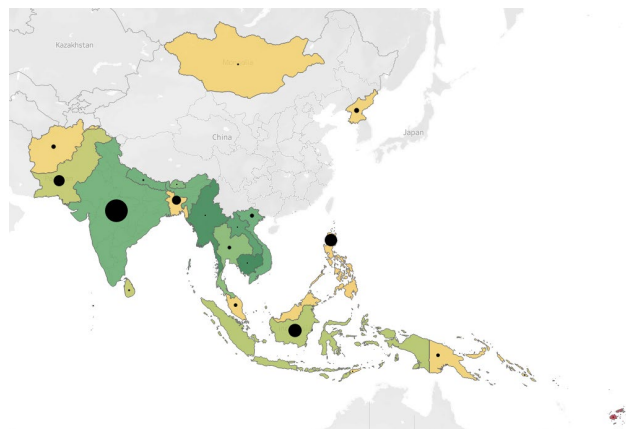
2014-2019 incidence rate decline for the region with largest gap to meeting Strategy targets for each disease

HIV: South Eastern Africa



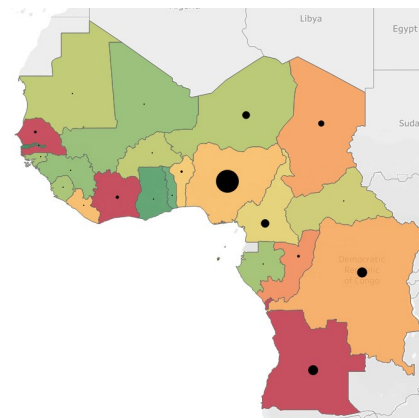
Recent trends (median):
29% reduction

TB: Asia



Recent trends
(median): 4% reduction

Malaria: West Central Africa



Recent trends
(median): 9% reduction

Interpreting the maps:

The color represents the change in incidence rate from 2014 to 2019; red represents no change or increasing rate. The darker the green the larger the decline in incidence rate relative to other countries in the region

The size of the dot represents the gap to meeting country 2022 Strategy target.

Recent trend (median) = more than half of countries experienced incidence declines above/below this value

Key takeaways

The gap in reaching the strategy target based on a conservative projection is mainly driven by South Eastern Africa for HIV, Asia for TB and West Central Africa for malaria where some countries need to accelerate the rate of decline or reverse their increasing number of new cases to meet the strategy target particularly: Mozambique, South Africa, and Tanzania for HIV infections and Madagascar on HIV incidence rate; India, Indonesia and Philippines for TB cases and Fiji on TB incidence rate; Nigeria and DRC for malaria cases and Senegal, Côte d'Ivoire and Angola for malaria incidence rate.





Funding



Design



Implementation



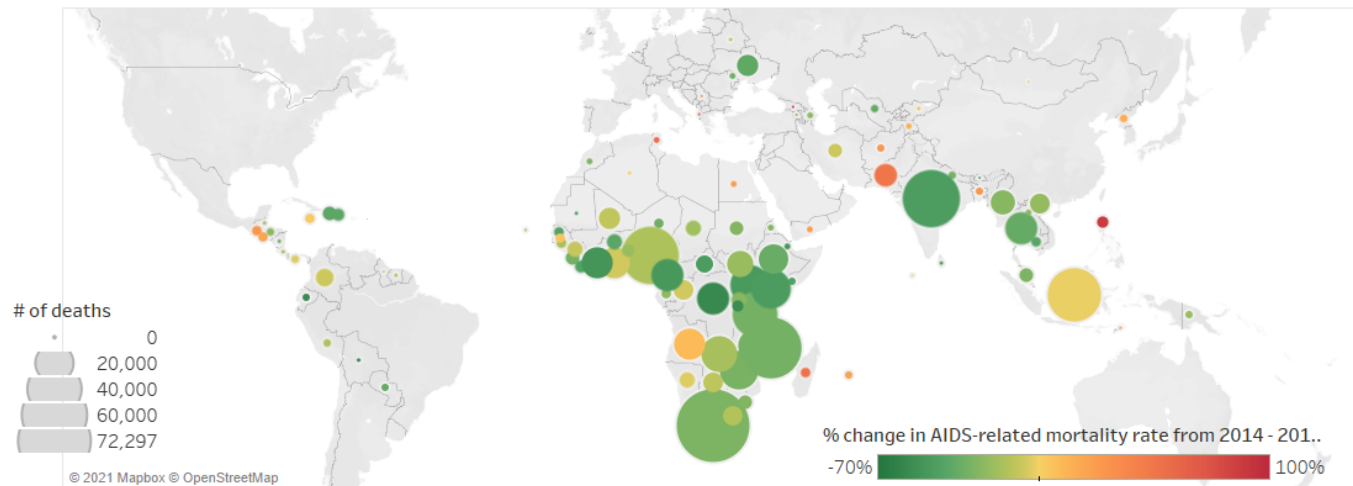
Results

HIV/AIDS: current situation for mortality and incidence, with progress from 2014 to 2019 – for countries in KPI 1 cohort

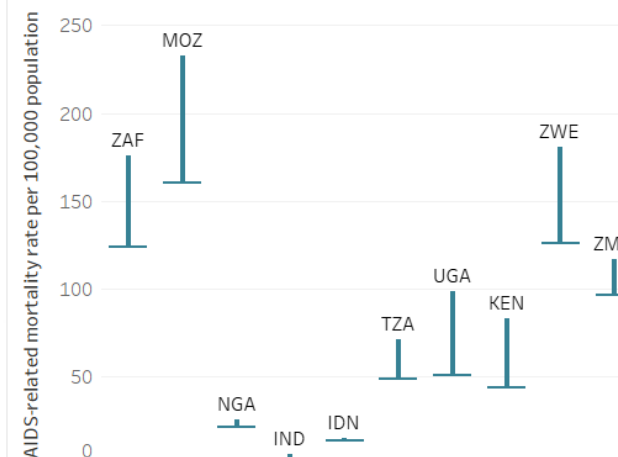
Promote and protect human rights & gender equality

● KPI 1 – Performance against impact targets (4/6)

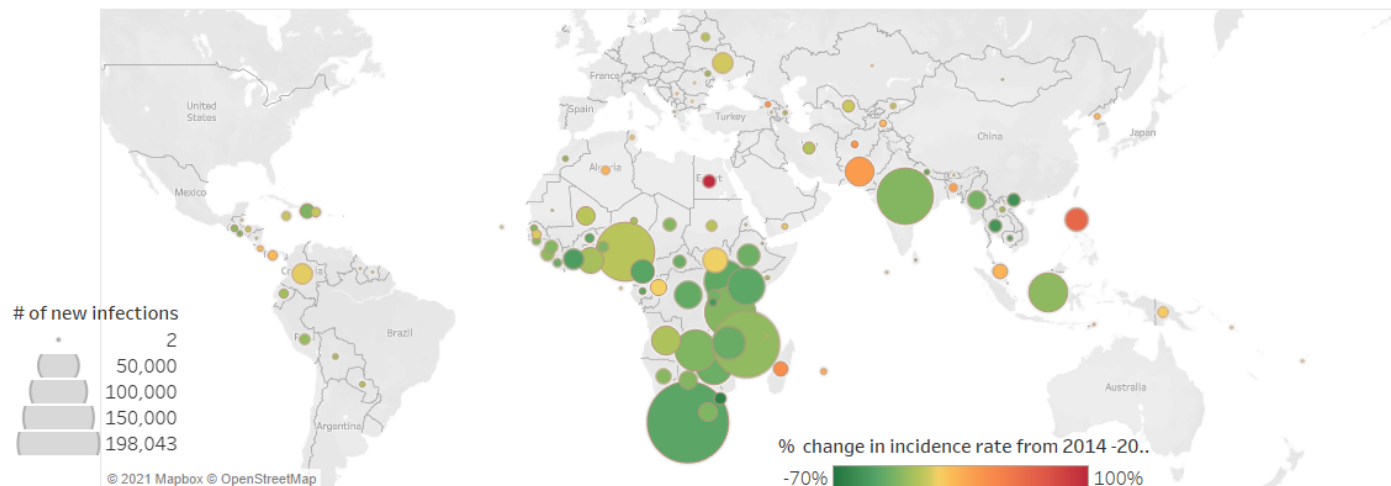
AIDS-related - Change of Mortality Rate between 2014 and 2019, size by # AIDS-related deaths 2019



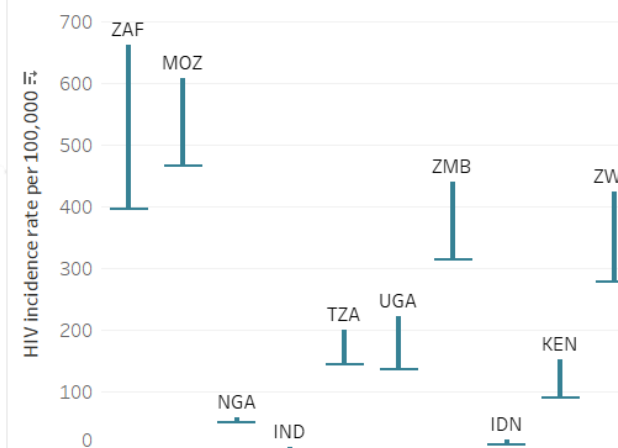
Current Mortality rate and progress between 2014 and 2019 for top 10 countries by #AIDS-related deaths 2019



HIV - Change of Incidence Rate between 2014 and 2019, sized by #New HIV Infections 2019



Current incidence rate and progress between 2014 and 2019 for top 10 countries by #new HIV infections 2019



Countries pictured are top 10 countries in terms of volume.

Horizontal bar = 2019 level mortality/incidence rate

Vertical bar = progress (difference in rates) in past 5 years in reducing the rate (red = deterioration)

Lower horizontal bars = lower 2019 rate; Longer vertical bars = stronger progress





Funding



Design



Implementation



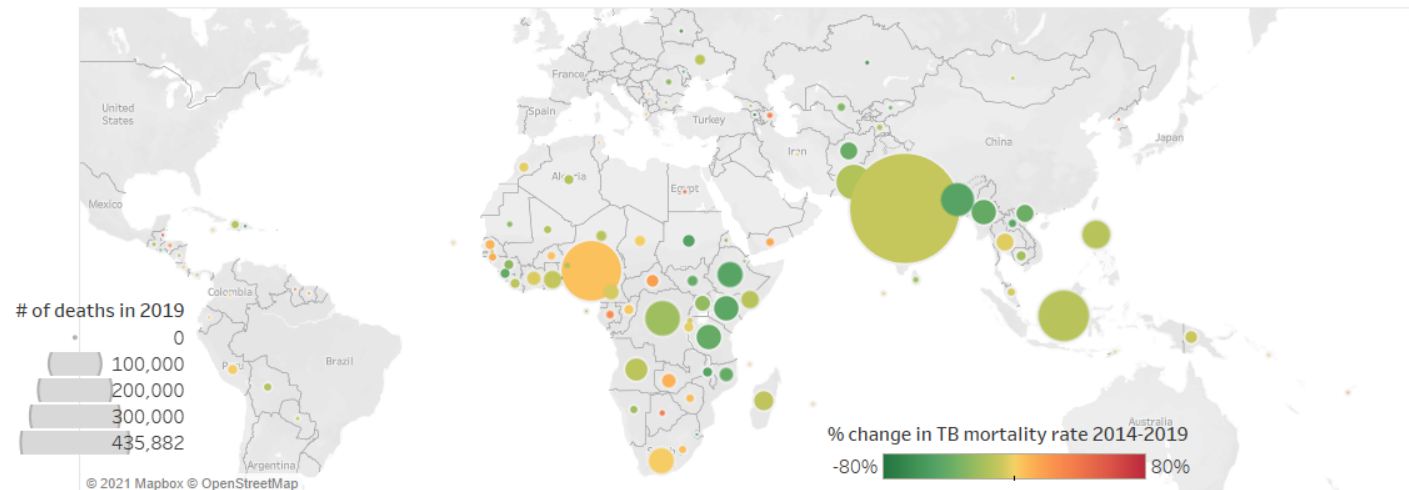
Results

Tuberculosis: current situation for mortality and incidence, with progress from 2014 to 2019 – for countries in KPI 1 cohort

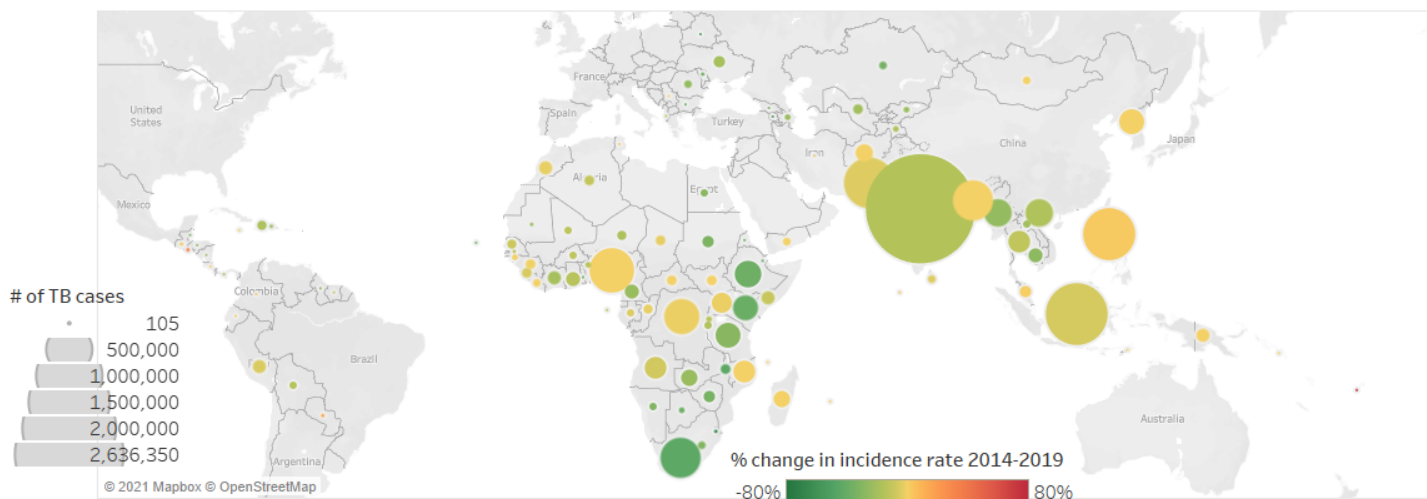
Promote and protect human rights & gender equality

● KPI 1 – Performance against impact targets (5/6)

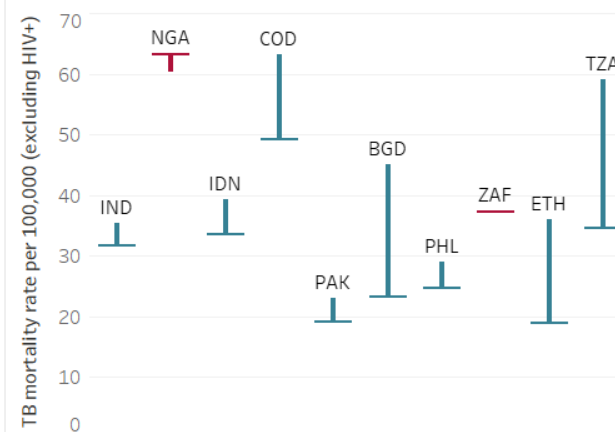
TB - Change of Mortality Rate between 2014 and 2019, size by #TB deaths in 2019 (excluding HIV+)



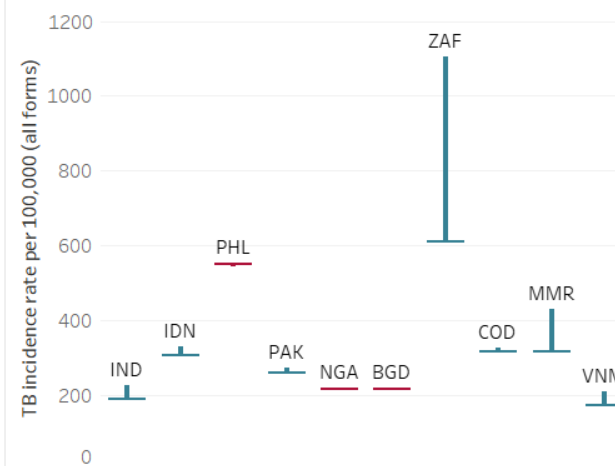
TB - Change of Incidence Rate between 2014 and 2019, size by #TB cases in 2019 (new and relapse)



Current Mortality rate and progress between 2014 and 2019 for top 10 countries by #TB deaths 2019 (excluding HIV+)



Current Incidence rate and progress between 2014 and 2019 for top 10 countries by # new TB cases 2019



Countries pictured are top 10 countries in terms of volume.

Horizontal bar = 2019 level mortality/incidence rate

Vertical bar = progress (difference in rates) in past 5 years in reducing the rate (red = deterioration)

Lower horizontal bars = lower 2019 rate;
Longer vertical bars = stronger progress





Funding



Design



Implementation



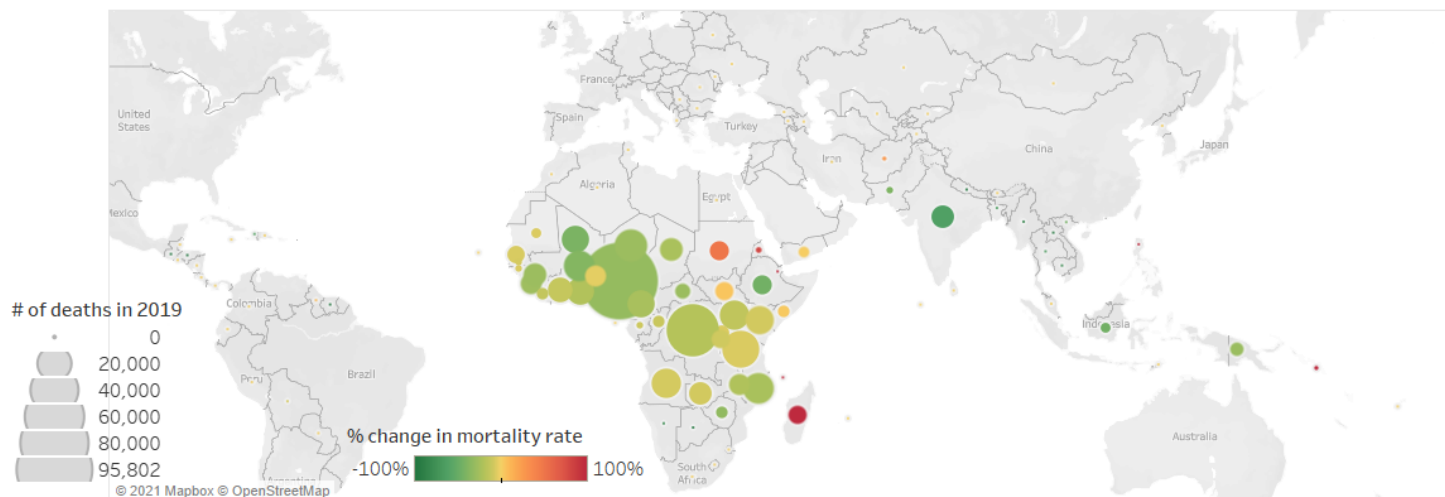
Results

Malaria: current situation for mortality and incidence, with progress from 2014 to 2019 – for countries in KPI 1 cohort

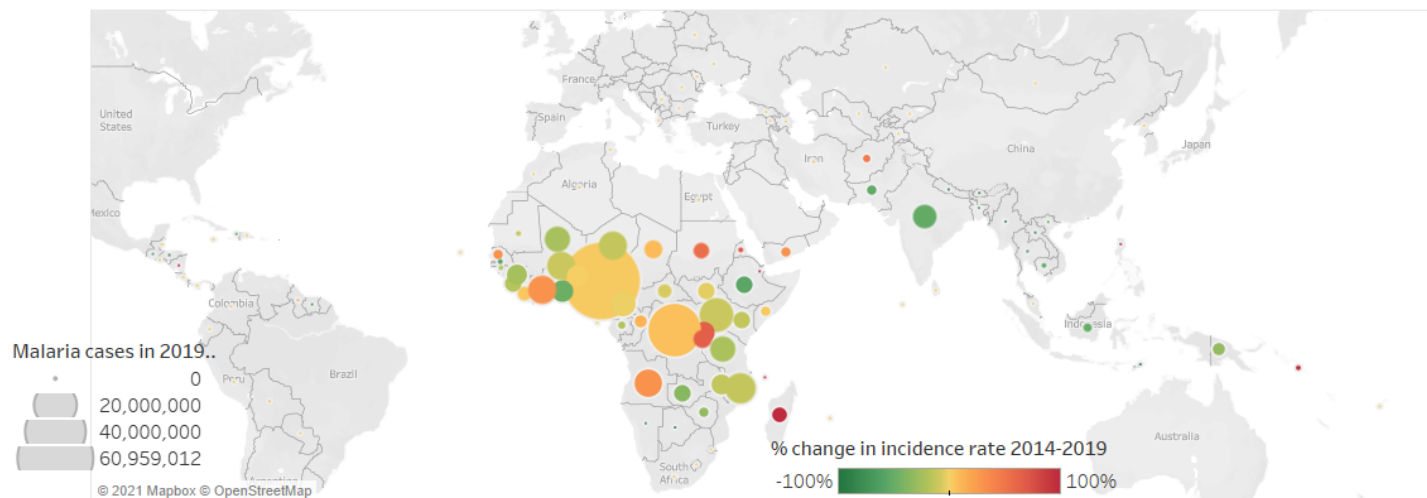
Promote and protect human rights & gender equality

● KPI 1 – Performance against impact targets (6/6)

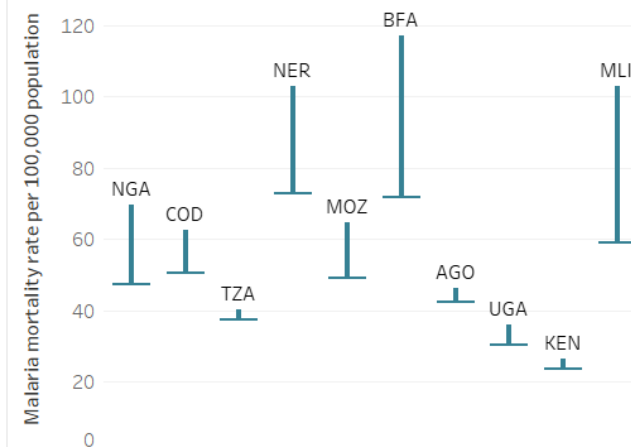
Malaria - Change of Mortality Rate between 2014 and 2019, sized by # malaria Deaths 2019



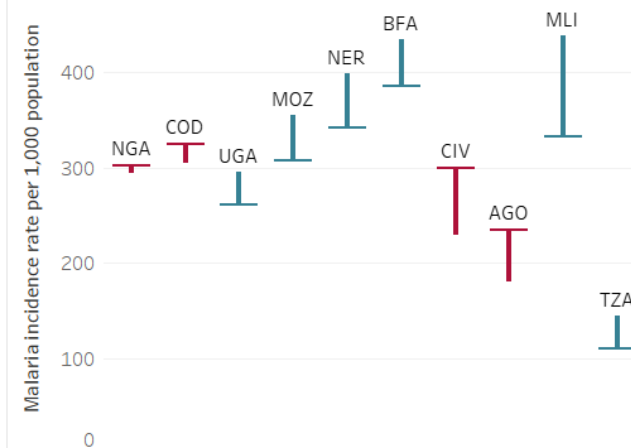
Malaria - Change of Incidence Rate between 2014 and 2019, sized by # malaria Cases 2019



Current Mortality rate and progress between 2014 and 2019 for top 10 countries by # malaria deaths 2019



Current incidence rate and progress between 2014 and 2019 for top 10 countries by # malaria cases 2019



Countries pictured are top 10 countries in terms of volume.
Horizontal bar = 2019 level mortality/incidence rate
Vertical bar = progress (difference in rates) in past 5 years in reducing the rate (red = deterioration)

Lower horizontal bars = lower 2019 rate;
Longer vertical bars = stronger progress



Funding



Design



Implementation



Results

Level of Control

2



Build resilient and sustainable systems for health (RSSH)

● KPI 6a – Procurement Prices

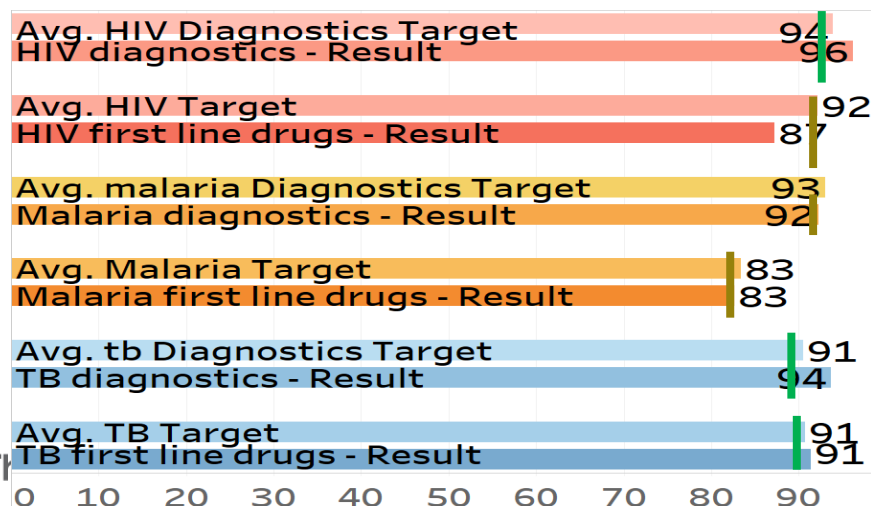
● **KPI 6b – Supply Chains**

● KPI 6c – Financial Management

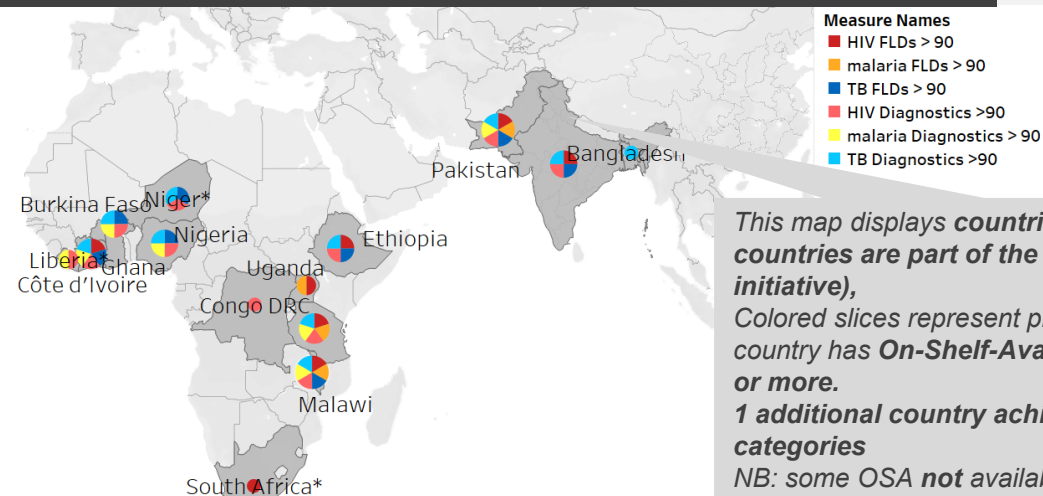
● KPI 6d – HMIS coverage

Measure	End-2020 Result	Key takeaways
<ul style="list-style-type: none"> Percentage of health facilities with tracer medicines available on the day of the visit (for each disease), or percentage of health facilities with tracer medicine available as per LMIS status Percentage of health facilities providing diagnostic services with tracer items on the day of the visit 	<p>Overall targets Met for: TB and HIV diagnostics; TB first line drugs (FLD); Almost met for malaria FLD and Diagnostics (<1% difference) and HIV FLD (87% vs 92%) <i>*All categories except 1 (malaria diagnostics have OSA >90%)</i></p> <p>Target</p> <p>15% reduction in non-availability per year OR maintain 90% availability</p>	<p>Target revised per 44th Board Meeting: Revised to on “15% reduction in non-availability OR maintain +90% availability. Allows high performing countries to meet target</p> <p>Despite “yellow” performance – clear success story for following reasons:</p> <ul style="list-style-type: none"> -Targets were achieved in most instances for availability in an exceptional way given the issues with global logistics to deliver in Q2 and Q3 and due to the travel restrictions in-country as a result of COVID-19 pandemic. (4 countries >90% on all products; all categories with >90% performance except one for which target was below 90% anyways) -SI & Grants investments, others donors interventions are improving availability. It should be noted that data collection was made significantly more challenging due to COVID and results in Q2/Q3 were impacted by COVID. Corrective actions and Rapid Supplies Mechanisms were put in place to improve the OSA – this is reflected in Q4 results used in this report <p>Given that most products and countries that achieved 90% in OSA in 2019 were able to meet the current target and maintain their performance shows effectiveness of new target approach</p>

Overall Progress Against Targets



Countries with >90% OSA by tracer item



This map displays countries in the cohort (all 16 countries are part of the transformation initiative), Colored slices represent products for which a country has **On-Shelf-Availability (“OSA”) of 90% or more.**

1 additional country achieved >90% for all categories

NB: some OSA not available in the cohort





Funding



Design



Implementation



Results

Level of
Control

2



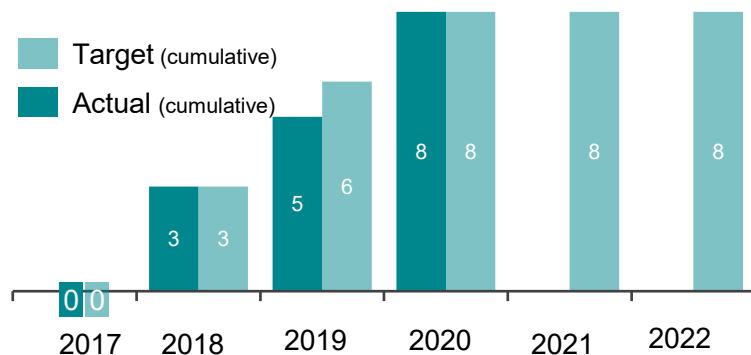
Build resilient and sustainable systems for health (RSSH)

- KPI 6a – Procurement system
- KPI 6b – Supply Chain
- **KPI 6c (i) – Financial Management**
- KPI 6d – HMIS coverage

Measure	End-2020 Result	Key takeaways
i. # high priority countries completing public financial management transition efforts	8 in 2020	<ul style="list-style-type: none">• Countries using country or donor-harmonized systems for financially managing Global Fund investments: All 8 countries in the cohort have demonstrated the use of at least 6 defined components of country or donor harmonized systems (incl 4 countries using all 8 components)• No discernible COVID impacts have changed the result of this KPI
	Target	
	8 in 2020	

Overall Progress Against Target

of countries using 6 defined financial management systems components



The KPI counts the number of high impact and core countries using at least 6 (out of total 8) defined components of public financial management (PFM) systems* contributing to financial management sustainability, aid effectiveness, accountability and transparency. These are: i) Information System; ii) Institutional Arrangements and Management Oversight iii) Operational Policy and Procedures Manual; iv) Internal Audit; v) External Audit; vi) Chart of Accounts; vii) Planning and Budgeting; and viii) Treasury and Funds Flow.

Six countries were targeted in 2019 (India, Sierra Leone, Senegal, Uganda, Zimbabwe, Tanzania) and 5/6 demonstrated the use of at least 6 of the above components – Tanzania fell short by 1 component (Information Systems), for which it has now been achieved.

In 2020, the cohort was expanded to another 2 countries – specifically Ghana and Ethiopia, both of which are meeting the minimum target for this KPI (6 and 8 components respectively). The most used components (observed in all 8 targeted countries) were: Operational Policy & Procedures Manuals, Institutional Arrangements & Management Oversight, Chart of Accounts. The least used components are External Audit and Treasury & Funds Flow (two countries each).

Note that although the target has been met it remains the same until 2022 – this was done in order to provide a buffer to manage addressing the challenge of achieving this KPI. Monitoring for these countries will continue until 2022. While the target will not be changed for the remainder of this Strategy cycle, it should be noted that there may be an opportunity to intervene in PFM of additional countries.

* This includes arrangements towards eventual use of country systems through the use of donor harmonised systems for financial management of interventions in the health sector.

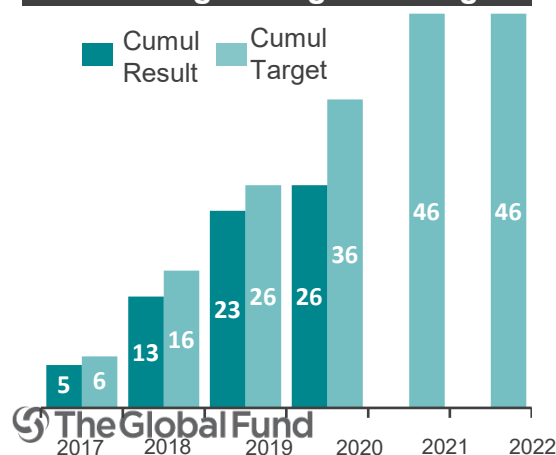


Build resilient and sustainable systems for health (RSSH)

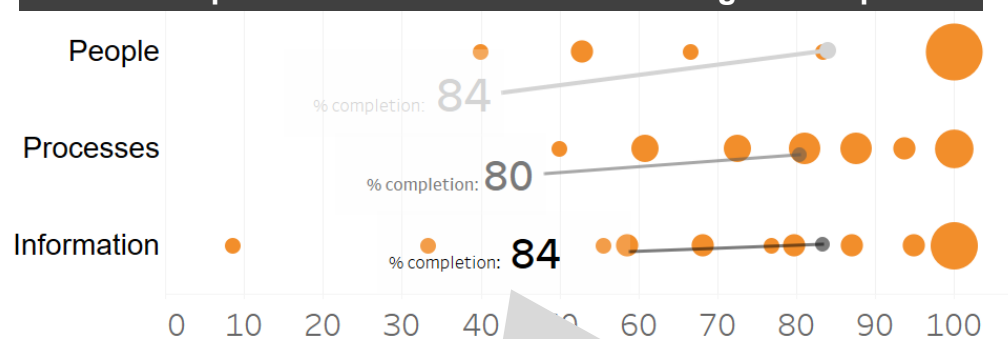
- KPI 6a – Procurement system
- KPI 6b – Supply Chains
- **KPI 6c (ii) – Financial Management**
- KPI 6d – HMIS coverage

Measure	End-2020 Result	Key takeaways
ii. # countries with financial management systems meeting defined standards	26 countries had at least 80% implementation of agreed actions (72%)	<ul style="list-style-type: none">• Target not fully met, due to 10 countries where implementation rate is lower than 80% - this includes 6/10 countries added to the cohort for this report. The target has increased by 10 countries in line with past years• While the KPI falls short – internal Secretariat performance data, shows that financial management performance actually improved in high impact and core countries between 2019 and 2020• Three reasons explain the underperformance:<ol style="list-style-type: none">1. Negative impact of COVID-19; impacting ability to deploy TA2. Changes to program implementation strategy (1 country) or planned delay of actions due to COVID3. Secretariat prioritization: response to COVID (C19RM additional funding + budget flexibility) & country dialogue + grant-making
	Target	
	36 countries in 2020, with at least 80% implementation of agreed actions	

Overall Progress Against Target



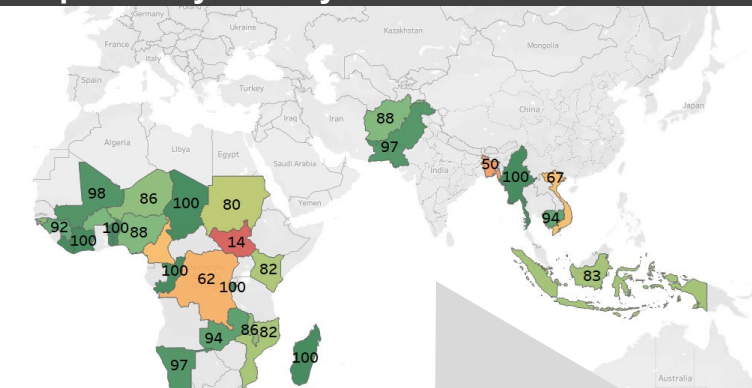
Percent completion/distribution of financial mgmt. component



The 3 components have similar levels of completion; variation is widest for information

Size of dot proportional to # of countries with this value

Completion by country



10 countries not reaching the target of 80% (note those with 0 actions excluded from map)



Sub-indicator definitions

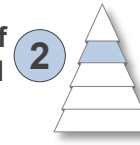
HMIS coverage: % of countries with > 80 % of facilities/reporting units expected to submit monthly/quarterly reports to the electronic HMIS

Disease data in the national HMIS: % of countries where HIV, TB & malaria aggregate data integrated/interoperable with national HMIS

Completeness of facility reporting: % of countries where > 80 % of expected facility monthly reports were actually received

Timeliness of facility reporting: % of countries where > 80% of submitted facility monthly reports were received on time

Level of Control

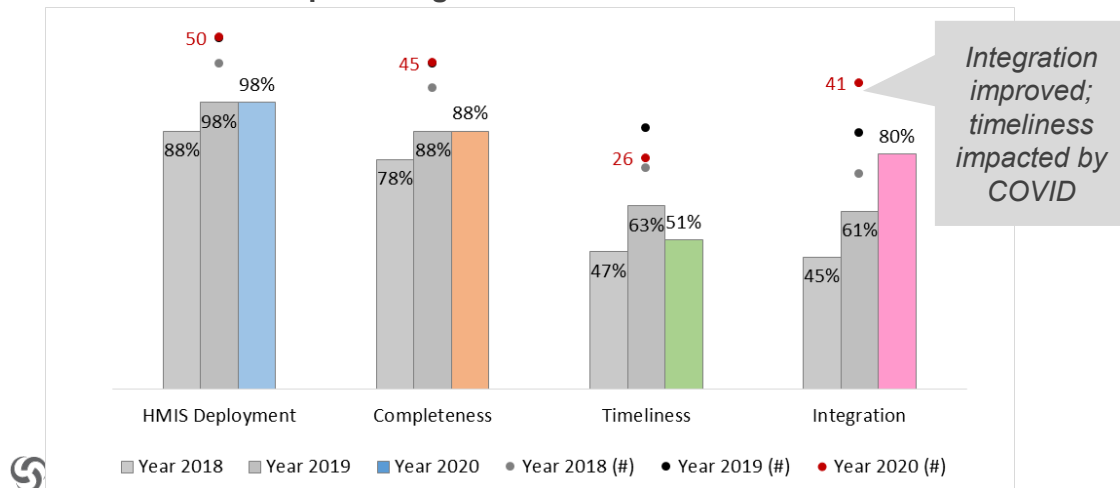


Build RSSH

- KPI 6a – Procurement Prices
- KPI 6b – Supply Chains
- KPI 6c – Financial Management
- KPI 6d – HMIS coverage

Measure	End-2020 Result	Key takeaways
% of High Impact and Core countries with fully deployed (80% of facilities reporting for combined set of sub-indicators) and functional (good data quality per last assessment) HMIS	<p>39% (20) of countries with fully deployed and functional HMIS* (Score of 4, all sub-indicators met)</p> <p>Target</p> <p>70% by 2022 Interim: 50% end 2019</p>	<ul style="list-style-type: none"> Target for # countries not met. This is largely due to COVID-19 impact on the reporting timeliness sub-indicator in some countries, which is expected to be temporary. The HMIS deployment and the reporting completeness sub-indicators remained high compared to 2019. The Integration of previously siloed disease specific reporting into the national HMIS increased significantly from 61% of countries achieving this for all 3D to 80% achieving. See Figure below. Given the resilience and improvements in these sub-indicators, as well as mitigations below, the KPI is expected to be on track to reach final target of 70% by end 2022, barring significant further COVID-19 impact Mitigation: Targeted actions for increasing timeliness through grants (e.g. including this indicator with needed targets in grant PFs in priority countries), as well as ongoing and new targeted activities in the Data-Strategic Initiative.

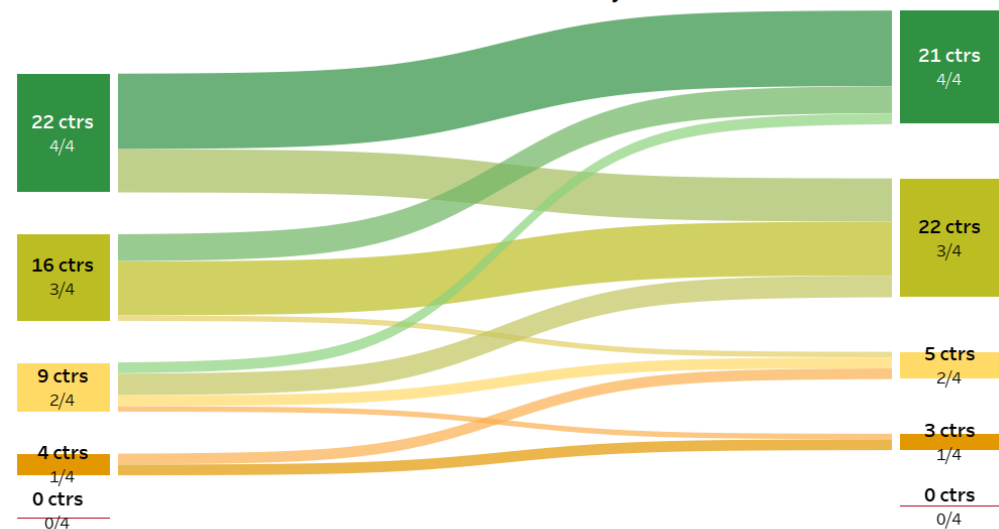
Number and percentage of countries that achieved threshold



End 2019

Breakdown of countries by score

End 2020



12 countries improved by 1 or more – 10/12 improved on integration. 8 countries moved downward by 1 – all due to timeliness

Flows from 2019 to 2020 - size of bars and flows proportional to # countries

*Note – considered “at-risk/amber” based on gap to assumed target of 57% for 2020 based on extrapolation between 2019 and 2022 target





Funding



Design



Implementation



Results

Promote and protect human rights & gender equality

● KPI 6e – Results disaggregation

● KPI 8 – Gender & age equality

● KPI 9a – Reduce human rights barriers to services

Measure

Number of priority countries with comprehensive programs aimed at reducing Human Rights barriers to services in operation

Milestones achieved::

- Twelve out of 20 countries in cohort have multi-year, costed country-owned plans for comprehensive responses to reducing Human Rights-related barriers. Significant progress made in other countries but finalization and/or endorsement of plans delayed due to COVID-19.
- All countries have **active multi-stakeholder Human Rights Working Groups** for coordination and implementation of comprehensive programs
- **Eight countries have now completed the mid-term assessment (MTA)** and assessments for a further 9 countries are near completion

End-2020 Result

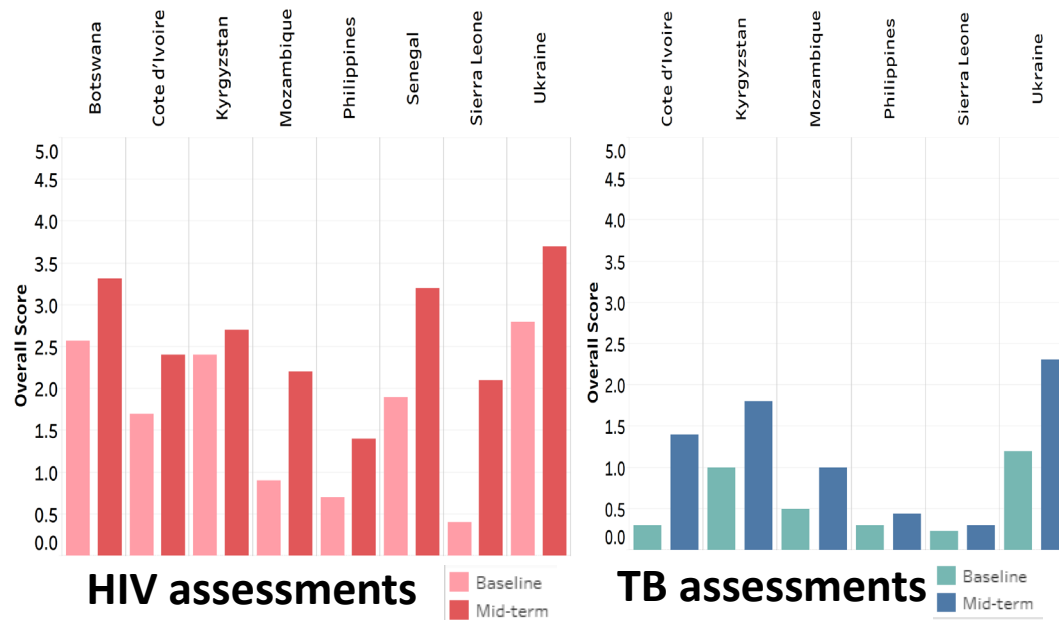
Update on milestones and mid term assessment scores

Target

4 priority countries for HIV

4 priority countries for TB

Comparison of Baseline and Mid-term Assessment Scores*



*Scoring: from 0 (No programs present) to 5 (Programs at scale at national level (>90%))

Key takeaways

- Of the completed MTAs, **final scores demonstrate progress against baseline in reducing HIV and TB related HRts barriers in every country.** Assessments have found evidence of expansion in the scale up and coverage of programs.
- Programs that demonstrate most progress were those related to **stigma and discrimination reduction for HIV and legal literacy and services for TB.**
- Despite overall progress, the scale and scope of TB programs remains significantly lower than HIV. **Programs scored higher when HIV and TB-related programmatic efforts are integrated** to the extent possible.
- For the remainder of the Strategy period, the **HRts Strategic Initiative** will continue to support MTAs and end-term assessments & provide long-term technical assistance (TA) to BDB countries. Efforts will be strengthened by developing roadmaps to achieve comprehensiveness in priority countries.

Baseline, MTA final reports and country plans can be found here:

<https://www.theglobalfund.org/en/funding-model/throughout-the->



Glossary of acronyms used in this report

AGYW	Adolescent Girls and Young Women	MDR-TB	Multi drug resistant
ART	Antiretroviral therapy	MIC	Middle Income Country
ANTM	Antimalarial medicine	NFM	New funding model
BDB	Breaking Down Barriers	OIG	Office of the Inspector General
CCM	Country Coordination Mechanism	NSP	National strategic plan
CDR	Case detection rate	OTIF	On time and in full
COEs	Challenging Operating Environment	OSA	Off shelf availability
CPR	Country Portfolio Review	PBO	Piperonyl butoxide
CRG	Community, rights and gender	PAHO	Pan American Health Organization
EECA	Eastern Europe and Central Asia	PLHIV	People living with HIV
ERP	Expert Review Process	PF	Performance Framework
EPR	Enterprise Portfolio Review	PMTCT	Prevention of mother-to-child transmission
FLDs	First Line Drugs	PPM	Pooled Procurement Mechanism
GAC	Grant Approvals Committee	PQR	Price & Quality Reporting
GAM	Global AIDS Monitoring	RSSH	Resilient and sustainable systems for health
GF	Global Fund	SC	Strategy Committee
HI	High Impact (countries)	SO	Strategic Objective
HMIS	Health Management Information Systems	SEA	Southern and Eastern Africa
HRts	Human Rights	ST	Strategy target
IPT	Isoniazid Preventive Therapy	STC	Sustainability and transition & co-financing
IPTp3	Intermittent preventive treatment in pregnancy	TA	Technical Assistance
IRS	Indoor residual spraying	TRP	Technical Review Panel
ITP	Impactful partnership	TSR	Treatment success rate
KP	Key Populations	UMI	Upper Middle Income
LAC	Latin America and the Caribbean	VMMC	Voluntary male medical circumcision
LLIN	Long lasting insecticidal net	WCA	West and Central Africa
LMI	Lower Middle Income		

