

---

# Annex 3 to the End-2020 Strategic Performance Report: Proposed Adjustments to the KPI Framework

---

**45<sup>TH</sup> BOARD MEETING**

GF/B45/14\_ANNEX 3

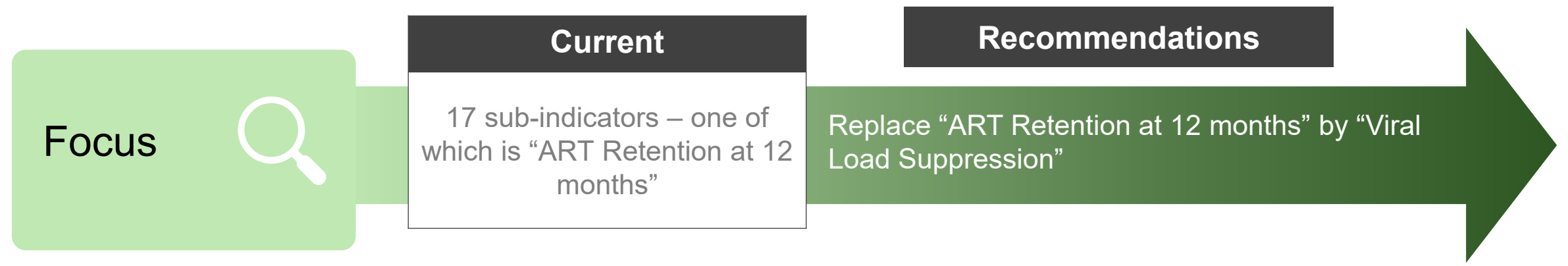
11-12 MAY 2021, *Virtual*

# Summary of adjustments to the KPI framework

The following KPI adjustments are proposed for Committees' recommendation for Board approval.

KPI	Definition	Reason for update	Recommendations
2	<i>Service Delivery</i>	Alignment with technical partners	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Discontinue “ART retention 12 months”</b> from the KPI 2 indicators list</li> <li><input type="checkbox"/> <b>Add “Viral Load Suppression (from patients on ART)”</b> to the KPI indicators list, with a cohort of 33 countries and a strategy target range of [83%-90%]</li> </ul>
5c	<i>Service coverage for key populations (coverage level)</i>	Moving to final indicator, as scheduled	<ul style="list-style-type: none"> <li><input type="checkbox"/> Create new indicator to measure <b>programs performance against their own service coverage target</b>, using grant reporting as a data source</li> <li><input type="checkbox"/> Focus on <b>achievement rate</b> (comparing actual coverage against program target coverage) instead of aggregate coverage level</li> </ul>
6e	<i>RSSH - Disaggregation</i>	Proposed new indicator, more strategic	<ul style="list-style-type: none"> <li><input type="checkbox"/> Discontinue current indicator measuring the <b>reporting capacity</b> for disaggregated data</li> <li><input type="checkbox"/> Replace by new indicator measuring the <b>use of disaggregated data</b> in country for program implementation or planning</li> <li><input type="checkbox"/> Measure KPI only on High Impact countries; baseline and target to be established in Fall</li> </ul>
7a	<i>Allocation utilization</i>	Admin update	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Extension of current target</b> to the end of this Strategy cycle</li> </ul>
9c	<i>Domestic investments in Human Rights and Key Populations</i>	Setting target for new indicator, as scheduled	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>New target for newly defined KPI (33% of countries in cohort meeting assigned benchmark)</b> to the end of this Strategy cycle</li> </ul>
11	<i>Domestic investments</i>	Admin update	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Extension of current target</b> to the end of this Strategy cycle</li> </ul>

# Proposed changes to KPI 2: including Viral Load Suppression and discontinuing ART Retention (12 months)



## Update proposed to KPI 2: replacing “ART retention (12 mths)” by “Viral Load Suppression”

Level of Control **2**



### Background – Replacing ART retention (12 months) by VLS

- The percentage of adults and children with HIV known to be on treatment 12 months after initiation of ART (“*ART retention 12 months*”) is one of the indicators currently tracked through KPI 2.
- When the KPI Framework was adopted, this indicator was a selected as a proxy for the percentage of people receiving antiretroviral therapy who have viral suppression (“VLS”) as there were concerns about the availability and quality of the relevant data.
- At mid-Strategy, the completeness and quality of the VLS data does not appear to be an issue anymore. Since VLS is part of the UNAIDS 90-90-90 treatment targets and as the other two components (people living with HIV who know their status; and people diagnosed with HIV who receive ART) are both tracked through KPI 2, we suggest to add VLS to the list of KPI 2 indicators.
- For this indicator, we propose to use a methodology in line with UNAIDS targets and with the other two “90-90-90” indicators that are in KPI 2 (see “Key Considerations” box)
- Conversely, as WHO and UNAIDS are discontinuing the reporting of “ART retention (12 mths)”, we recommend to remove it from the list of KPI 2 indicators. Note that this indicator was already removed from the modular framework handbook and that it is therefore not part of the list of standard programmatic indicators available for grants to select in their performance framework. Data would then not be available anymore for reporting anyway, neither from grants nor from technical partners.

### Key considerations - methodology and target

- We propose to keep the new VLS indicator aligned to UNAIDS target and to the methodology used for “people with HIV who know their status” and “ART coverage”. More specifically:
- **Metric:** “percentage of people on ART who achieve viral suppression”
- **Data source:** **UNAIDS estimates**; GF data (as reported through grants) for countries with no UNAIDS estimates
- **Reporting frequency:** **annual**, with the rest of KPI 2 (Fall Board meeting)
- **Target:** all cohort countries are within the **[83%-90%] Strategy target range**
- **Cohort:** **33 countries**, aligned with the cohorts of “people living with HIV who know their status” and “ART coverage”
- **Baseline:** at end 2019, **24 countries out of 33** are within Strategy target range (16 are at/above target) and a further 3 are projected to be within range at end 2022 (see next slide for extract of our Fall 2020 Strategic Performance Report that has the relevant information)






### For recommendation

- **New indicator in KPI 2 to measure Viral Load Suppression, with methodology in line with other UNAIDS treatment cascade indicators**
- **Remove ART retention (12 months) from KPI 2**

### Rationale

- *Viral Load Suppression is part of the UNAIDS treatment cascade and is one of the most important indicators to track progress against HIV*
- *There is now enough available quality data to be able to reliably track Viral Load Suppression in the KPI Framework*
- *Reporting on “ART retention 12 months” has been discontinued in UNAIDS GAM and cannot be measured using grant data either*

# Proposed definition and target for KPI 5c

	Current	Recommendations
<b>Focus</b> 	New indicator for 2020-2022 allocation period. Interim indicator previously in place	Achievement against coverage level targets in programs supported by GF
<b>Title</b> 	Service coverage for Key Populations	Service coverage for Key Populations
<b>Calculation</b> 	N/A	Median achievement rate, defined as ratio between actual program coverage level against its approved target, leveraging data reported in grants through indicator KP-1
<b>Cohort</b> 	N/A	Key Populations in countries with reliable population size estimates (same cohort as KPI 5b) and that include the relevant indicator in the grant performance frameworks (for the 2 most relevant KPs)
<b>Target</b> 	N/A	100% median achievement rate at end of year



### Background

- In the KPI Framework approved at the start of the Strategy period, the intent of KPI 5 was to measure the “coverage of key populations (“KP”) reached with evidence-informed package of treatment and prevention services appropriate to national epidemiological contexts” from 2020 from the second half of the Strategy period.
- The ability to start reporting on national coverage has faced numerous challenges: persistent dearth of quality KP data in many settings, weak national reporting systems, and enduring questions over methodological best practices.
- In light of these challenges, a robust and meaningful approach to reporting national coverage of KP services remains elusive and in need of continued collaboration with technical partners. Nevertheless, at mid-Strategy, there is a clear need to adopt a KPI that provides greater visibility on the reach of prevention services for KPs, to the extent possible.
- Many GF HIV grants report on KPs reached with comprehensive HIV prevention programs, through the appropriate indicator in the modular framework (“KP-1”) measured either at national or subnational level. In lieu of a viable approach to reporting on national service coverage for KPs, it is proposed that we leverage the information already reported through grant performance frameworks to report portfolio performance at the aggregate level. This also ensures a strong GF accountability in the KPI result.

### Indicator selection

- To ensure GF accountability on this KPI, it is suggested to focus on countries and KPs that are supported through GF investments, and use grants reported results and their corresponding coverage targets as the data source.
- The vast majority of HIV grants report on indicators measuring KP coverage but situations are very diverse across GF programs: varying country contexts; different priority KPs; different geographic coverage (national, subnational); different implementers (single, multiple, NGO/Govt); etc
- The Secretariat proposes to rely on **achievement rate**: a measure similar to what is used internally to assess program performance in the remaining years of the current Strategy cycle.
- The achievement rate is calculated as the ratio between the actual coverage level in the program (as validated by the LFA) against its corresponding coverage target (in grant agreement, approved by Board as recommended by GAC). This approach enables consistent performance tracking even in very diverse contexts, as the measurement methodology is consistent for each program between its result and its own target.
- Using such a measure would allow for **meaningful aggregation**. It is proposed to use a median across programs (i.e. the achievement rate that half of the grants achieve – the “middle data point”). Every country and every KP in the cohort would be considered equally.
- The median is preferred here to the straight average as it is not influenced by extreme achievement values and that its proposed target (see next slide) would be more intuitive than defining a “random” average achievement level to attain.



### KPI methodology

- **Target:** It is proposed to use a target of **100% median achievement rate**. This target would be met if at least half of the grants meet or exceed their own coverage targets. To provide context to this KPI, the Secretariat proposes additional management information on performance distribution and actual coverage levels (see below).
- **Cohort:** same cohort as the one used for KPI 5b: **all countries with recent national population size estimates**, focusing on the two most epidemiologically relevant Key Populations for each country's context.
- **Baseline:** For grant results at mid 2020 and for countries in the proposed cohort, the baseline is **91% median achievement** (i.e., half of the programs achieve 91% or more of their target). The average achievement is 83%.
- **Reporting Frequency: annually** as part of Fall Strategic Performance reporting to allow for better data consistency. The reporting modalities are different across countries: some countries are reporting only once a year through grants (focused portfolios); others are reporting every 6 months on the results for these specific 6 months; and others are reporting every 6 months using a cumulative approach (the report for the first 6 months only include those, but the report for the next 6 months corresponds to the result of the whole year). Reporting annually on this KPI will then avoid this inconsistency and allow to have a stable cohort and consistent performance assessment approaches.
- **Additional Reporting** (management information): as the KPI will focus on median performance achievement only, there is a need to provide further information on the distribution of performance as well as on the actual observed levels of coverage. The Secretariat proposes to provide information on variations and ranges of coverage and performance as management information in the Strategic Performance report (see annex for potential approach). In the meantime, the Secretariat is working with partners on approaches to enable reporting on national coverage levels.
- If this definition is approved, the KPI will be reported for the first time in **Fall 2021**, based on end-2020 validated grant data

### For recommendation

**Define KPI as median achievement against program coverage level targets, as reported through grants**

**Include in cohort all countries with recent population size estimates and reporting on KP coverage in their grants. Retain 2 most relevant KPs for the country**

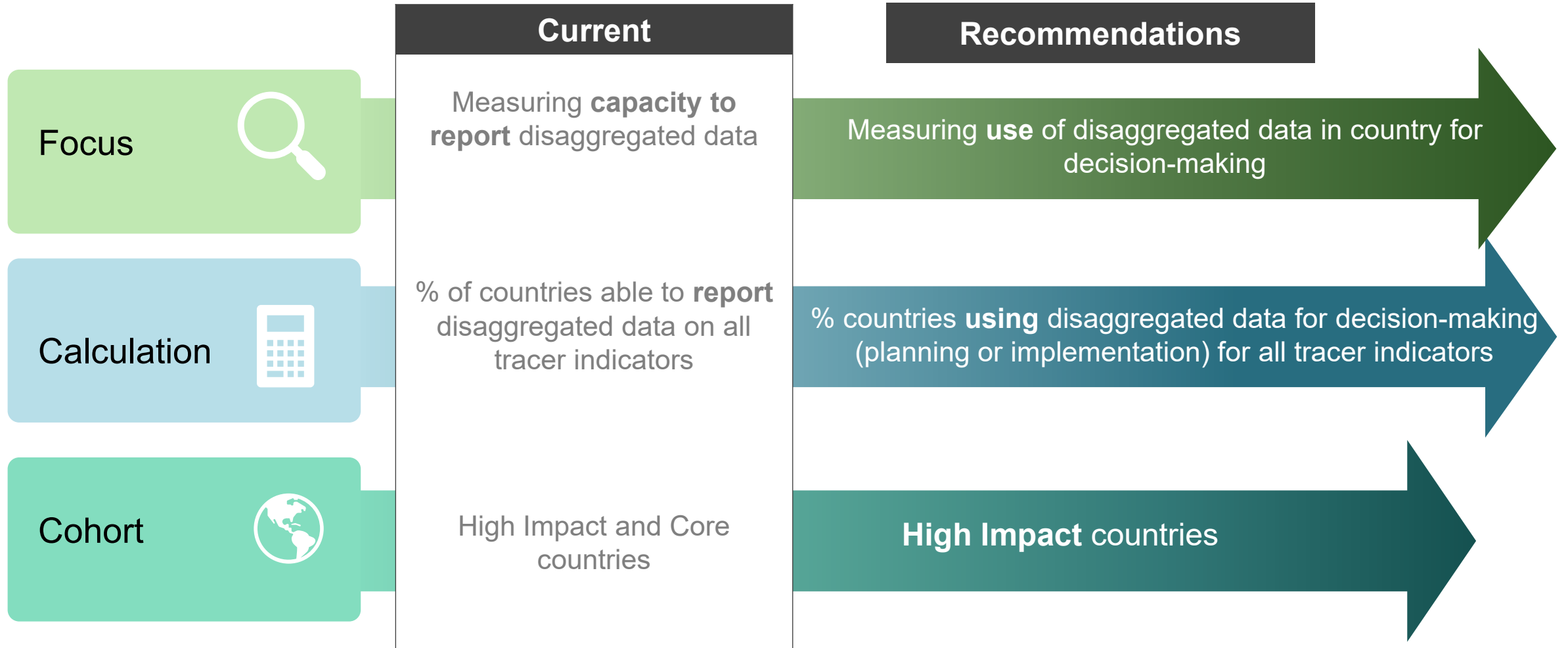
**Set target at 100% median achievement rate, all countries/KP in cohort counting equally**

### Rationale

- *Nature of GF support for KP coverage diverse across countries so aggregation of coverage levels not meaningful*
- *Using achievement rate allows for comparison and aggregation and is aligned with Secretariat performance management of grants*
- *Proposed indicator aligned with WHO and GAM indicators (based on KP-1 in modular framework)*



# Proposed revision of KPI 6e: RSSH – data disaggregation







## New indicator proposed to KPI 6e (RSSH: data disaggregation)

### Background – Why propose a new indicator?

- Since the beginning of the 2017-2022 Strategy, KPI 6e is measuring the capacity of High Impact/Core countries to **report** disaggregated data for 6 tracer indicators and 2 different categories.
- This KPI has had strong performance until now and, at mid-Strategy, the target of 50% of countries able to report disaggregated data on all indicators/categories was exceeded (latest: 65%). All countries were able to report some disaggregated data and the indicator for which disaggregated data were the least available is “ART retention at 12 months” which has been discontinued by technical partners anyway.
- It is therefore thought that this indicator has served its purpose and that it would be more strategic now to track the actual **usage** of disaggregated data for decision in country, instead of the availability of such data. We are then proposing a new indicator to the Board to replace the current KPI 6e and to be tracked until the end of the current Strategy.
- **Revised KPI 6e indicator** aims to track if country programs are using disaggregated data to inform their response in HIV, TB and Malaria programs. Specifically, it finds out if they have required disaggregated data that facilitate identification of populations in need of health services (priority populations) and if available disaggregated data is analyzed and used to inform planning and ongoing implementation.
- This new indicator will strengthen **accountability for GF investments** in data and contribute to measuring objectives and outcome of DATA-SI and M&E investments within the grants that aim to improve availability, quality, analysis and use of data for program improvement in HIV, TB and malaria.

### Key considerations – proposed methodology

We propose to replace the current KPI 6e by a new indicator, based on an independent assessment in country. More specifically:

- **Metric:** “Percentage of countries that have **documented evidence of using required disaggregated data** to inform planning and programmatic decision making for priority populations in HIV, TB and malaria
- **Data source:** **Survey** with data collected in country and independently reviewed (see annex for survey questions)
- **Reporting frequency:** **annual** (Fall Board meeting, first reporting in Fall 2022, baseline analysis presented in Fall 2021)
- **Baseline:** To be presented in Fall 2021
- **Target:** To be **proposed in Fall 2021**, following baseline analysis
- **Cohort:** all **High Impact** countries. Core excluded for now, due to extra level of reporting effort required in Covid-19 situation – to be reconsidered in context of next Strategy KPIs.\*
- **Disaggregation of KPI result:** by disease and region
- **Additional info reported:** statistics about availability and analysis of disaggregated data will be provided as management information, for countries in the cohort

\*Note that the refocused cohort is purely for KPI reporting and is motivated by the desire to minimize as much as possible extra data collection burden on countries. The Global Fund is NOT reducing the support to Health Systems and HMIS in countries and will keep the same focus for the DATA Strategic Initiative.

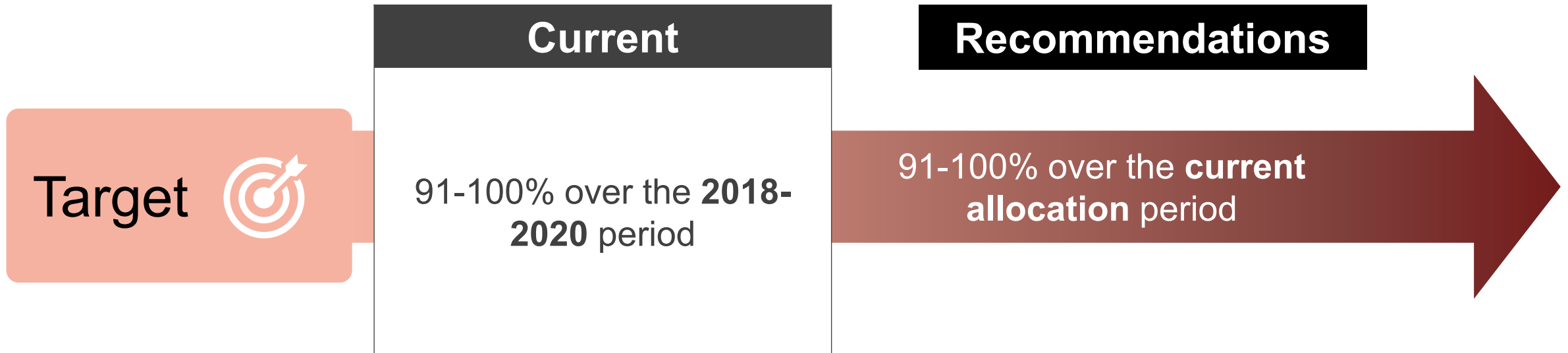
### For recommendation

**New indicator for KPI 6e, measuring usage of disaggregated data in country, based on independent assessment**

### Rationale

- *Current indicator served its purpose: it is established that countries have generally capacity to report disaggregated data*
- *More strategic now to measure whether available disaggregated data is actually used in country for decision making and Identify opportunities for strengthening availability and use of disaggregated data at country level.*

# Proposed extension of KPI 7a target until end of strategy cycle



**Proposed adjustment to KPI 7a: maintaining current target until the end of the Strategy cycle**

**Background – current target stops at 2020**

- When the KPI Framework was approved in 2016, the target for KPI 7a was formally set over the **2018-2020** period.
- This indicator remains extremely important for GF and needs to continue being monitored until the end of the current Strategy cycle (at least)
- There has been no change to the assumptions underlying the initial target, so it is suggested to keep it and extend it to the end of the current Strategy cycle (end 2022)

**Key considerations**

- Current target range deemed as optimal for portfolio financial management
- Assumptions used when initial target was set are still valid: a range between 91% and 100% enables GF to make agile and pertinent financial decisions (performance-based disbursements, portfolio optimization, etc) while maintaining a control on the total amount disbursed

**For recommendation**

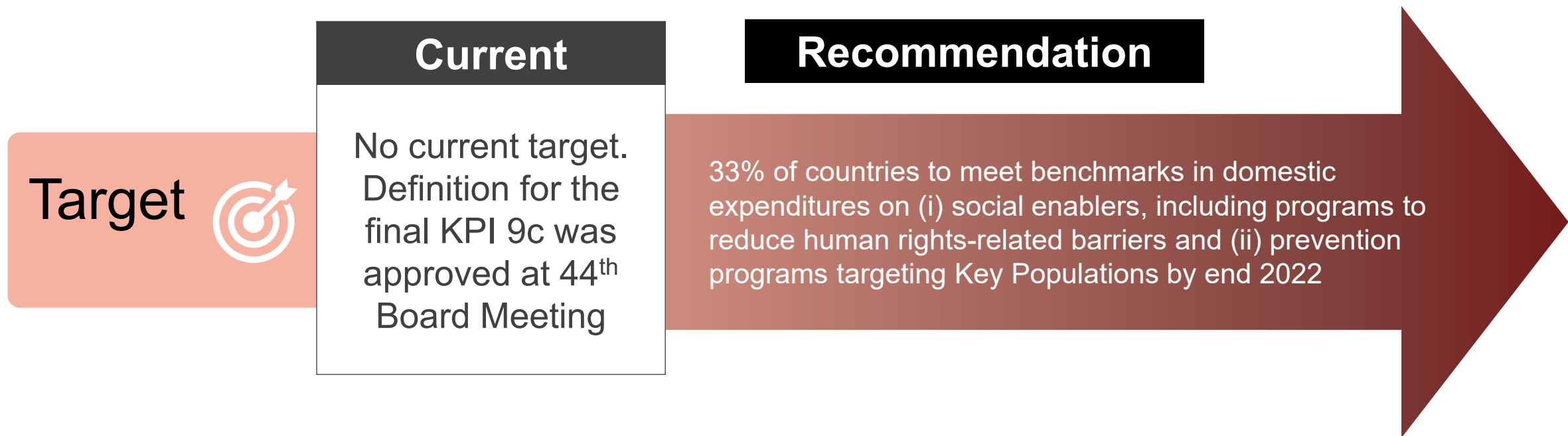
**Continue to report on allocation utilization**

**Maintain target at 91-100% up to end 2022**

**Rationale**

- *Need for a new target to continue tracking*
- *Current target is optimal for financial management so suggested to extend it to 2 additional years*

# New KPI 9c target until end of strategy cycle



**Proposed adjustment to KPI 9c: benchmark and target setting (1/2)**

**Background and establishing benchmarks**

- At the 45<sup>th</sup> Board meeting the following definition for KPI 9c was approved: **Percentage of countries with domestic HIV expenditure allocated to (i) social enablers, including programs to reduce human rights-related barriers and (ii) prevention programs targeting key populations**
- The data source for the KPI is UNAIDS Global AIDS Monitoring (GAM) Reporting system and the cohort includes **21 countries** based on available data in GAM and on countries that are part of the Breaking Down Barriers initiative.
- 1. Establishing Domestic Expenditure benchmarks**
- Following approval of the KPI definition the next step was to establish benchmarks i.e., the domestic expenditure level countries should be expected to reach by 2022, as a percentage of their overall domestic expenditure.
- Benchmarks have been established in extensive consultation across the Secretariat and with partners (UNAIDS & WHO) and based on several considerations.
- First, they were informed by the baseline data taken from GAM over the 2017-2019 period (available for all but 1 country). Due to large annual variations and because some countries did not report expenditure on a yearly basis, the baseline was calculated using a 3-year rolling average. **The 3-year weighted average over 2017-2019 of reported public domestic expenditure in Key Population prevention programs (including PrEP) is 5.17% and for social enablers is 1%.**
- Recognizing the wide variation in country baselines, a differentiated approach to benchmark setting was proposed. Countries were assigned to the different benchmarks based on income status and epidemic type but mainly based on a contextual analysis of what makes sense strategically, in light of the overall domestic spending on HIV, Global Fund’s contribution to funding, existing co-financing commitments, contributions of other donors, feasibility of rapid scaleup.

**Benchmarks**

- Countries are assigned to the following benchmarks:
- (i) Social enablers, including programs to reduce human rights-related barriers:**
    - 1% benchmark
    - 2% benchmark
  - (ii) Prevention programs targeting Key Populations (including PrEP):**
    - 1% benchmark
    - 5% benchmark
    - 10% benchmark
- Important to note that benchmarks do not represent what countries are ultimately expected to spend on human rights programs and Key Population programs to meet their real need, but signal the importance of starting to fund, or increasingly fund, these programs from domestic resources.**

**Proposed adjustment to KPI 9c: benchmark and target setting (2/2)**

**Background –KPI setting target for end 2022**

**2. Establishing the KPI target**

- Following the benchmark setting the final step was to determine the % of countries in the cohort expected to meet benchmarks by 2022.
- During the consultation process, an assessment was made of how likely it is, with significant efforts by the Global Fund and partners, that individual countries will reach the benchmarks within the final years of the current Global Fund Strategy.
- From the baseline data, out of the 20 countries that had reported into GAM, 3 out of 20 met the respective human rights benchmarks (15%) and 5 out of 20 met the respective KP benchmarks (25%).
- Based on the assessment of many contextual factors, an ambitious KPI target of 33% of countries reaching the applicable benchmarks by end 2022 is proposed.
- The target is ambitious yet realistic; with less than 2 years left in the current GF Strategy, efforts by GF and partners will not be fully reflected until 2022 reporting if indeed countries report in 2022 what they spend in 2021.
- In addition, as per the baseline, the result will be calculated using a three-year rolling average so additional spending in 2022 may be balanced by underperformance in earlier years.
- The fiscal environment is also hugely challenging and unlikely to change for at least another year with significant resources devoted to COVID-19, making any efforts to increase or even maintain domestic spending on HIV will be challenging.

**Key considerations**

- The KPI has 2 sub-indicators and results will be reported separately for (i) social enablers, including programs to reduce human rights-related barriers and (ii) prevention programs targeting Key Populations, including PrEP
- The target of 33% of countries meeting their assigned benchmark is the same for both sub-indicators
- Additional management information will supplement this KPI – for instance: countries that progressed between two reporting years, or distribution of countries respective to benchmark

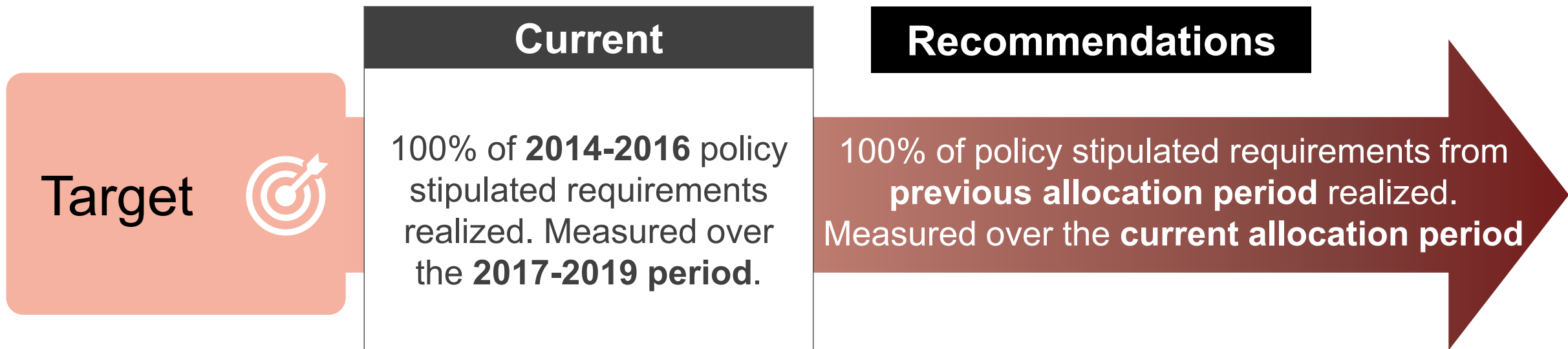
**For recommendation**

Approve the target of 33% of countries in cohort meeting the assigned benchmark

**Rationale**

- *Need a target for the newly approved KPI 9c*
- *The proposed target is ambitious compared to baseline yet realistic based on time left in current Strategy and current fiscal environment*

# Proposed extension of KPI 11 target until end of Strategy cycle





### Background – current target defined for 2017-2019 allocation period

- When the KPI Framework was approved in 2016, the target for KPI 11 was formally set over the 2017-2019 allocation period.
- This indicator measures the compliance to co-financing requirements and remains extremely important for GF. It needs to continue being monitored until the end of the current Strategy cycle (at least)
- There has been no change to the assumptions underlying the initial target, so it is suggested to keep it and extend it to the current allocation period, ensuring the methodology language is not period-specific

### Key considerations

- Current target measures compliance to the co-financing requirements of the Sustainability, Transition and Co-Financing Policy
- As such, most reasonable target is to expect full compliance to the Policy, i.e., a 100% target

### For recommendation

- Continue to report on co-financing requirements
- Maintain target at 100% until the end of the Strategy cycle

### Rationale

- *Need for a new target to continue tracking*
- *Current target is optimal as indicator measures compliance to Sustainability, Transition and Co-Financing Policy*

# Annex: Detailed Analyses to support the KPI adjustments

Baseline analysis for KPI 2 – Viral Load Suppression

[p. 17](#)

Illustration of achievement rate (KPI 5c)

[p. 19](#)

Pilot questionnaire for KPI 6e: RSSH – Data Disaggregation

[p. 21](#)

## Baseline analysis for KPI 2 – Viral Load Suppression



Funding



Design



Implementation



Results

Level of Control 2



# % VLS on ART

Adults and children with HIV known to be on treatment 12 months after initiation on ART

Countries per category



Maximize impact against HIV, TB, Malaria

● KPI 2 – Performance against service delivery targets

● KPI 5 – Service coverage for key populations

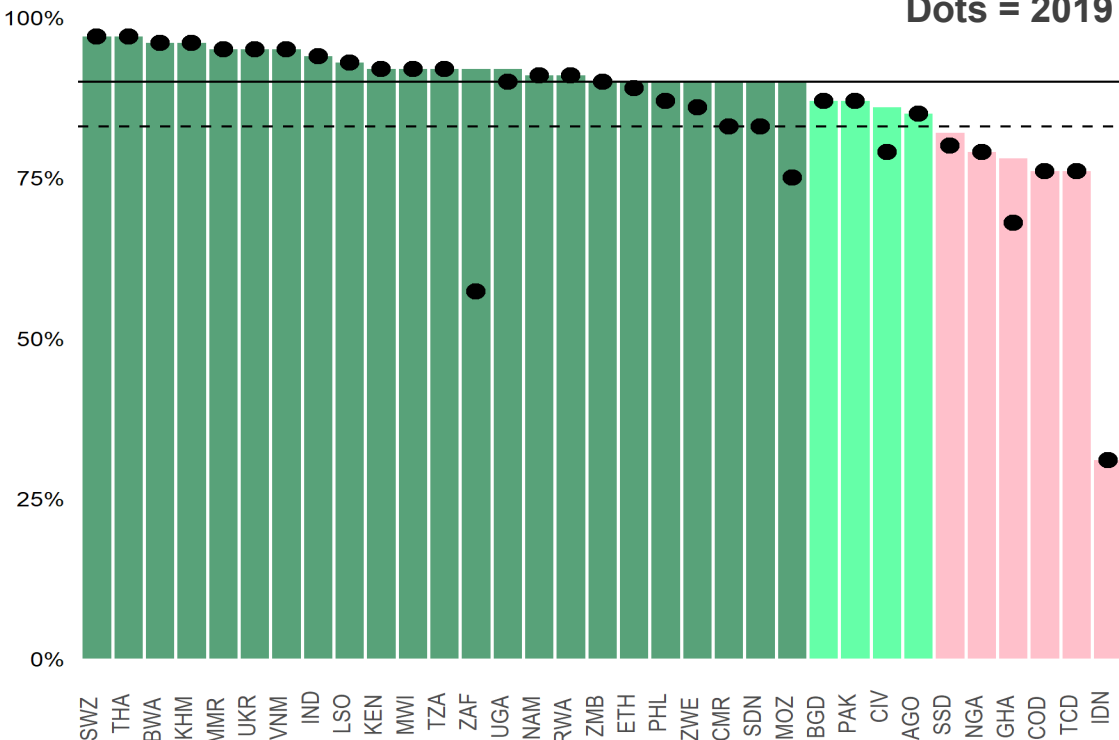
## End-2022 Target

90% (83-90% uncertainty range) of adults and children with HIV known to be on treatment 12 months after initiation of ART in all cohort countries

## Key takeaways

- Same cohort shown as for % ART retention (33 countries)
- Median achievement for 2019 is 90%
- Achievements are lower though in COEs with median of 80% in 2019
- Countries have improved results since the previous year

Bars = 2022 projections  
Dots = 2019 achievements



Meet ST    Within ST uncertainty range    Below ST uncertainty range

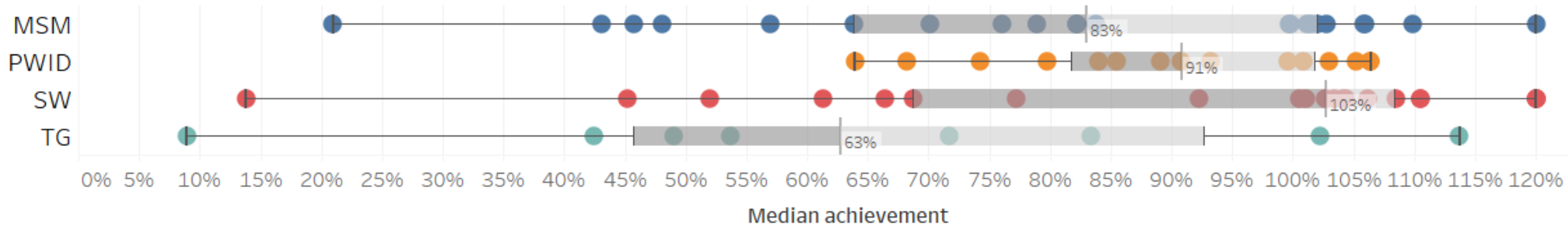
Slide copied from the Fall 2020 Global Fund Strategic Performance Report

# Illustration for achievement rate (KPI 5c)

# KPI 5c – illustration of calculation and potential additional information (visualization prototype – not based on validated data: do not interpret)

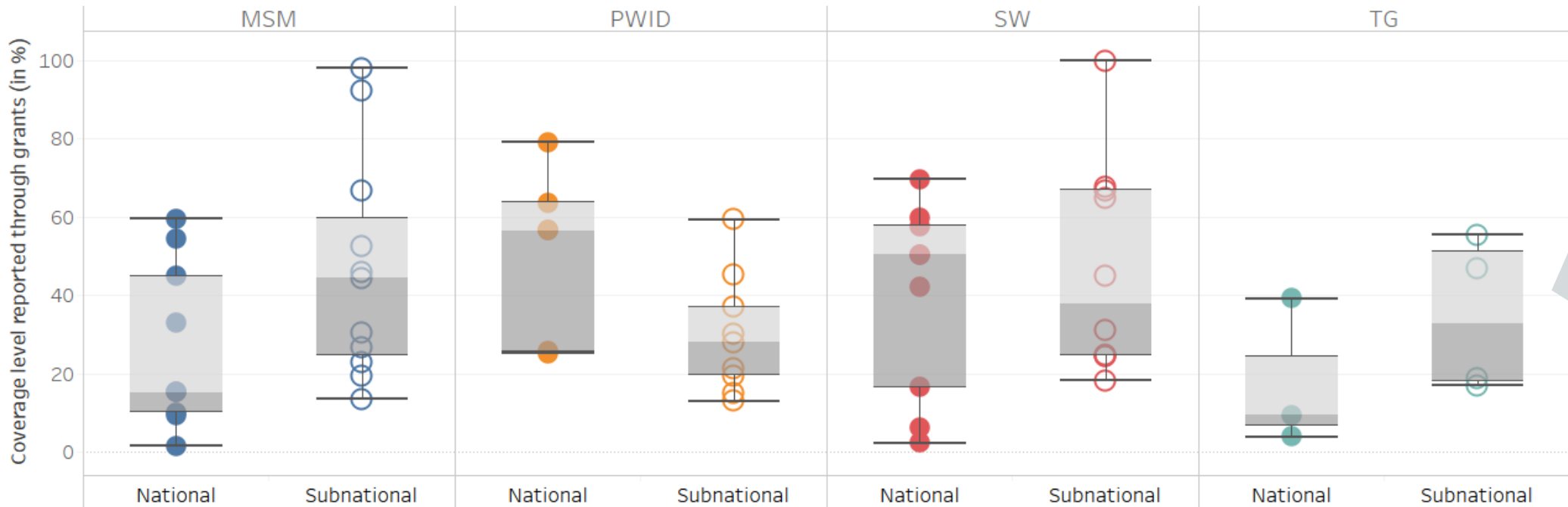
**KPI result** Overall median achievement = 91%  
(NB: Overall mean achievement = 83%)

Distribution of achievement rates for countries in KPI 5b, by KP



*Distribution of performance achievement (grant results / coverage target, capped at 120%) by KP, with respective median*

Distribution of coverage level for countries in KPI 5b, by KP and by geographical focus of intervention



*Distribution of actual coverage levels, as reported in grants, split between grants with national level targets and grants where focus is subnational*

# KPI 6e: RSSH – Data Disaggregation pilot questionnaire



**Q1. Based on the country's epidemiological profile, the view of the respondent(s) and the independent analysis, who are the priority populations in HIV, TB and Malaria programs (*Options provided, respondents select all that applies*)**

**Q2. For each of the priority population identified in Q1 above, indicate if disaggregated data is available, analyzed and used with respect to each indicator below: (*Instruction provided to confirm availability, analysis and use and capture data appropriately*)**

*a. For availability of disaggregated data - check and confirm availability in data source e.g. DHIS, survey or any other data source identified by respondent*

*b. For analysis of disaggregated data - check and confirm latest data analysis report if it has included analysis of required disaggregation*

*c. For use of disaggregated data in planning - check latest disease strategic plan or NSP for interventions and target for priority populations/required disaggregation*

*d. For use of disaggregated data to inform ongoing programmatic decision making - check quarterly/annual program review report if it includes priority populations/required disaggregation*

**Q3) Identification of opportunities for strengthening availability, analysis and use of required disaggregated data**

**a) What are the key gaps in availability, analysis and use of disaggregated data to inform planning and ongoing programmatic decision making for priority population?**

**b) Proposed solutions to identified gaps**