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# Approval of Revised Definitions, Metric Adjustments and Targets for KPIs

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GF/B45/ER01

Electronic Report to the Board

21 May 2021

## Board Decision

Purpose of the paper: To describe the indicator revisions and new targets for the following Key Performance Indicators (KPIs):

- To approve sub-indicators for KPI 2 (Performance Against Service Delivery Targets)
- To approve sub-indicator and target under KPI 5c (Key Population Service Coverage)
- To approve indicator for KPI 6e (RSSH – Data Disaggregation)
- To approve targets for KPI 9c (Key Populations and Human Rights Domestic Investments)
- To confirm target for KPIs 7a (Allocation Utilization) and 11 (Domestic Investments)

## Decision

Based on the rationale described below, the following decision point is recommended to the Board:

**Decision Point: GF/B45/EDPO1: Approval of Revised Definitions, Metric Adjustments and Targets for KPIs**

- a) ***Based on the recommendation of the Strategy Committee, the Board approves the revisions for Key Performance Indicators 2, 5c, 6e, 9c and 11 as presented in GF/B45/ER01.***
- b) ***Based on the recommendation of the Audit and Finance Committee, the Board approves the revision for Key Performance Indicator 7a as presented in GF/B45/ER01.***

***This decision has no budgetary implications.***

A summary of relevant past decisions providing context to the proposed Electronic Decision Point can be found in Annex 1.

# Executive Summary

## Context

1. The Global Fund's 2017-2022 Strategic Key Performance Indicator Framework (the "Framework") is consistent with the Global Fund's 2017-2022 Strategy, *Investing to End Epidemics*, incorporating significant inputs from Board constituencies and technical partners. The Framework was approved by the Board via electronic decision point following the 35<sup>th</sup> Board Meeting (GF/B35/EDP05).<sup>1</sup>

2. The 2017-2022 Strategic Key Performance Indicator Targets (the "Targets") were approved by the Board through electronic decision point following the 36<sup>th</sup> Board Meeting (GF/B36/EDP09).<sup>2</sup> This followed a four-month consultation process with Board-nominated technical experts to review the appropriateness and ambition of each KPI Target.

## Questions this paper addresses

3. This paper proposes revisions to the following KPIs:
- a. replacing "ART retention (12 months)" from the KPI 2 indicator list with Viral Load Suppression ("VLS");
  - b. a methodology and a target for KPI 5c;
  - c. a revised approach to the measurement of KPI 6e;
  - d. the confirmation of target for KPI 7a;
  - e. the targets for KPI 9c; and
  - f. maintaining current target for KPI 11 until the end of the Strategy cycle.

## Conclusions

4. The rationale for each proposed revision is as follows. A comprehensive rationale for each proposed revision is presented in this paper and was shared with the Board ahead of the 45<sup>th</sup> Board Meeting in GF/B45/14\_Annex 3.

- a. KPI 2: replacing "ART retention 12 months" with VLS will allow the Secretariat to continue monitoring and reporting on this KPI.
- b. KP 5c: definition and target will allow the Secretariat to provide annual reporting on this indicator, starting in Fall 2021 based on data for the whole of 2020.
- c. KP 6e: revised methodology will allow the Secretariat to develop a calculation methodology and target for this indicator and allow for the provision of annual reporting.
- d. KP 7a: target confirmation will allow the Secretariat to continue semi-annual reporting on this indicator.
- e. KP 9c: targets will allow the Secretariat to start reporting on this newly defined KPI as of Fall 2021.
- f. KPI 11: maintaining measurement and target to the current allocation period (2020-2022) will allow the Secretariat to continue to monitor and report on this KPI.

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<sup>1</sup> <https://www.theglobalfund.org/board-decisions/b35-edp05/>

<sup>2</sup> <https://www.theglobalfund.org/board-decisions/b36-edp09/>

## **Input Sought**

5. Board approval is sought of revised definitions, metric adjustments and targets for KPIs, per the Decision Point on page 2.

## **Input Received**

6. The proposed revisions to KPIs 2, 5c, 6e, 9c and 11 are recommended by the Strategy Committee for Board approval.

7. The proposed revision to KPI 7a is recommended by the Audit and Finance Committee for Board approval.

8. For reference, the Strategy Committee ("SC") and the Audit and Finance Committee ("AFC") have each been allocated responsibility for recommending different Targets, according to their respective committee mandates, as follows:

- a. The AFC is responsible for overseeing and recommending Targets for KPIs 7, 10 and 12;  
and
- b. The SC is responsible for overseeing and recommending Targets for KPIs 1, 2, 3, 4, 5, 6, 8, 9, and 11.

## **Recommendation**

9. The Board is requested to approve the Decision Point on page 2 of this paper.

## KPI 2 – Performance Against Service Delivery Targets

### Context

10. 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 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 VLS data. Since then, the “ART retention at 12 months” indicator has been discontinued from UNAIDS Global AIDS Strategy. Therefore, monitoring this partner’s data will not be available any more for the KPI 2 calculation. Data will also not be available through grants to report on ART retention.

11. In addition, at mid-Strategy, the completeness and quality of the VLS data has considerably improved. Since VLS is part of the UNAIDS 95-95-95 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, the proposal is to replace “ART retention 12 months” with VLS while keeping the same target.

### What is proposed and why?

12. This paper proposes replacing “ART retention (12 months)” from the KPI 2 indicator list with “Viral Load Suppression” while keeping the same cohort of 33 countries and strategy target of 90% (with target range of 83%-90%) for Board approval.

13. The proposed revision to KPI 2 is outlined below. Further detail regarding methodology and assumptions is included in the accompanying report which describes all KPI updates proposed for approval at the Spring 2021 Board meeting (GF/B45/14 Annex 3).

<b>Strategic Objective</b>	<b>1: Maximize Impact against HIV, TB and Malaria</b>	
<b>KPI 2</b>	<b>Performance against service delivery targets</b>	
	<b><i>As currently approved</i></b>	<b><i>Proposed revision</i></b>
<b>Focus</b>	17 sub-indicators – one of which is “ART Retention at 12 months”	Replace “ART Retention at 12 months” with “VLS”

14. It is proposed that the “VLS” indicator replaces “ART Retention at 12 months “ to fully align KPI 2 indicators for treatment cascade with the UNAIDS targets: “people with HIV who know their status”, “people receiving antiretroviral therapy” and “people receiving antiretroviral therapy who have viral suppression”.

15. More specifically:

- a. Metric: “percentage of people on ART who achieve viral suppression”
- b. Data source: UNAIDS estimates for historical results and Global Fund grant targets for projection
- c. Reporting frequency: annual, with the rest of KPI 2 (Fall Board meeting)
- d. Target: all 33 cohort countries are within the Strategy target range [83%-90%]
- e. Cohort: same 33 countries previously approved by the Board

- f. Baseline: at end-2019, 24 countries out of 33 were within Strategy target range (16 were at/above target) and a further 3 were projected to be within the target range at end-2022.

16. VLS 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 provided by UNAIDS to be able to reliably track VLS in the KPI Framework.

17. Reporting on “ART retention 12 months” has been discontinued under UNAIDS Global AIDS Monitoring and therefore it will no longer be possible to report on this indicator using this partner’s data.

## KPI 5c – Coverage of Key Populations

### Context

18. At the 44<sup>th</sup> Board Meeting, the Board approved the final definition of KPI 5 on Coverage of Key Populations (GF/B44/EDP06)<sup>3</sup> creating three sub-indicators to allow for a more complete and progressive narrative of Global Fund investments:

- KPI 5a (Percentage of Global Fund investment in prevention programs for Key Populations)
- KPI 5b (Percentage of countries currently reporting on comprehensive package of services for at least two Key Populations)
- KPI 5c (Coverage of Key Populations reached with evidence-informed package of prevention services appropriate to national epidemiological context)

19. At the 44<sup>th</sup> Board Meeting, the Board also approved methodologies and targets for the newly defined KPI 5a and KPI 5b. This paper proposes a methodology and target for the remaining sub-indicator KPI 5c.

### What is proposed and why?

20. This paper proposes a methodology and a target for KPI 5c. The Secretariat proposes to measure KPI 5c as the median achievement rate across grants reporting on Key Population coverage and defining “achievement rate” as the ratio of reported coverage divided by grant approved target. The Secretariat proposes a target of 100% median achievement at end-year, until end 2022. This methodology and targets for KPI 5c are proposed for Board approval.

21. The proposed definition of KPI 5c is outlined below. Further detail regarding methodology and assumptions is included in the accompanying report which describes all KPI updates proposed for approval at the Spring 2021 Board meeting (GF/SC15/02).

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<sup>3</sup> <https://www.theglobalfund.org/board-decisions/B44-EDP06/>

<b>Strategic Objective</b>	<b>1: Maximize impact against HIV, TB and malaria</b>
<b>KPI 5c</b>	Service Coverage for Key Populations
<b>Purpose</b>	Reporting on this sub-indicator a prerequisite for sustaining commitment to improving quality and reliability of reporting on national service coverage for Key Populations
<b>Definition</b>	Achievement against service coverage targets for Key Populations in Global Fund grants
<b>Level of disaggregation</b>	Key Population; Geographical coverage of the target (national/subnational); portfolio segment
<b>Calculation methodology</b>	Median achievement rate at end of year, with “achievement rate” defined as actual validated coverage at end of year divided by country coverage target as approved in Global Fund grants
<b>Baseline</b>	91% using mid-2020 data
<b>Targets</b>	100% at end year (to be measured at end 2020, end 2021 and end 2022)
<b>Cohort</b>	Countries with adequate national Key Population size estimates that are supported by the Global Fund, using data from their two most epidemiologically relevant Key Populations ( <i>same cohort as KPI 5b</i> )
<b>Data source</b>	Programmatic data from grants’ performance frameworks and progress reports
<b>Reporting frequency</b>	Annually, in the Fall Strategic Performance report using data at the end of the previous year

22. KPI 5c intends to measure the coverage of Key Populations (“KP”) reached with evidence-informed package of HIV prevention services appropriate to national epidemiological contexts from 2020 from the second half of the Strategy period.

23. Information obtained in the first part of the 2017-2022 Strategy through the interim KPI 5 indicator clearly demonstrates however the continued challenges with the reliability and quality of data measuring national coverage. In addition, in many Global Fund grants, investments are supporting KP activities at the sub-national level, rather than national. Results at national level are therefore not always directly reflective of Global Fund investment. Based on these challenges, it is then proposed to use grant reporting (as verified by Local Fund Agents and validated by the Secretariat) as a data source for this KPI, to maximize data quality and to focus on activities for which the Global Fund is accountable.

24. However, actual coverage levels for each KP and their corresponding targets are very diverse across Global Fund grants depending on the country context. Therefore, it is inappropriate to use an aggregation of coverage data to define the KPI as the results would not be comparable across countries.

25. On the other hand, even if coverage levels cannot be compared directly, the way in which performance is measured (“achievement rate”) is consistent across grants and can therefore be aggregated. Achievement rate is defined as the ratio between the current result, i.e., the coverage level

in the program for a particular KP, against its corresponding grant agreement target, as recommended by the Grant Approvals Committee and approved by the Board. The range of values for achievement rates and their interpretation are the same across the portfolio: ranging from 0% to 100% and more. Values higher than 90% indicate generally good performance and values of 100% and more indicate that the program is on track to reach its targets.

26. The Secretariat proposes to use an aggregation of achievement rates as the metric for KPI 5c. The median (“value in the middle of the data points”) is proposed as the aggregate measure as it would not be unduly influenced by outliers. A KPI 5c target of 100% is proposed by the Secretariat: this means that the target would be met if at least half of the programs are at 100% or more of their own targets. The current baseline is 91% (at mid-2020) and historically the median achievement rate is generally between 90% and 95%, so the proposed target is reachable but still ambitious (especially given the potential impact of Covid-19 on programs).

27. This indicator is based on indicator KP-1 found in the GF modular framework and is also aligned with partner indicators specially those of the WHO and those found in the UNAIDS Global AIDS Monitoring (GAM) tool.

28. For KPI 5c, the same fluid cohort is proposed as the cohort for KPI 5b, i.e., countries with adequate national KP size estimates that are supported by the Global Fund, using data on the two most epidemiologically relevant KPs. This will allow for contextualization of the coverage performance (KPI 5c) with information obtained from country reporting capacity (KPI 5b).

29. The KPI will be reported annually in the Fall Strategic Performance report based on aggregating data from grant progress reports received for a given calendar year. As grant reporting is only performed annually in many countries, reporting annually will enable a stable cohort between instances of Board reporting. It will also match the reporting schedule for KPI 5a and 5b.

30. Any aggregate measure is providing only a summary of the underlying information. To provide a better understanding of the performance variation across programs and of the actual coverage levels, the Secretariat will also provide information on the distribution of performance achievements and of coverage levels by population supported as management information in the Strategic Performance Report. In the meantime, the Secretariat will work with technical partners to develop and test approaches to deriving national level coverage by Key Population groups, aiming for reporting from countries for the 2023-2025 cycle.



## KPI 6e – RSSH – Results Disaggregation

### Context

31. The 2017-2022 Strategic Key Performance Indicator Framework approved several RSSH indicators – among those was an interim indicator and target on results disaggregation (“KPI 6e”). Since the beginning of the current Strategy cycle, KPI 6e measures the capacity of High Impact and Core countries to report disaggregated data for 6 tracer indicators and 2 different categories.

32. KPI 6e has had strong performance until now and, at mid-Strategy, the target of 50% of countries able to report disaggregated data on all indicators and categories was exceeded. The target was set to expire at end-2019, and therefore this target was to serve as an interim indicator for revision after mid-Strategy with a revised KPI 6e indicator aiming to track whether country programs are using disaggregated data to inform their response in HIV, TB and malaria programs

### What is proposed and why?

33. This paper outlines a revised approach to the measurement of KPI 6e. This change is proposed to transition from a focus on the capacity of countries to report disaggregated results to focus on use of disaggregated results at country level to inform responses to HIV, TB and malaria.

34. While the metric will report use of disaggregated data based on specific tracer indicators, data on whether required disaggregated data is available and analyzed will be collected to provide a complete cascade – availability, analysis, and use. In addition, information on opportunities for strengthening availability, analysis and use of disaggregated data will be collected to inform initiatives aimed at strengthening these areas for planning and programmatic decision making.

35. The proposed revision to KPI 6e is outlined below. Further detail regarding methodology and assumptions is included in the accompanying report which describes all KPI updates proposed for approval at the Spring 2021 Board meeting (GF/SC15/02).

<b>Strategic Objective</b>	<b>2: Build Resilient and Sustainable Systems for Health</b>	
<b>KPI 6e</b>	<b>Results disaggregation</b>	
	<b><i>As currently approved</i></b>	<b><i>Proposed revision</i></b>
<b>Definition</b>	Number and percentage of countries reporting disaggregated results	Percentage of countries that have documented evidence of using disaggregated data to inform planning and programmatic decision making for priority populations in HIV, TB and malaria
<b>Purpose</b>	It is critical that supported countries have a minimum set of data to enable them to understand the epidemic and to design and manage their programs, as well as for Global Fund (and other donors) to assess performance and focus resources towards	A baseline for capacity to report disaggregated data has been established. The broader goal for this indicator is to determine whether supported countries are using disaggregated data to inform program design and management.

	<p>populations in need in order to meet global commitments.</p> <p>Gaps remain even within the High Impact Country cohort on ability to report on this data. This indicator aims to bring attention to this issue for Principal Recipients and key stakeholders. Indicator provides critical information on gender and age disparities and is a key component of the Strategy's comprehensive approach to gender equality.</p>	<p>The indicator measures whether countries have required disaggregated data facilitating identification of populations in need of health services (priority populations) and if available, whether disaggregated data is analyzed and used to inform planning and ongoing implementation.</p>
<b>Baseline</b>	5.7% in 2014-16	To be presented in Fall 2021
<b>Targets</b>	50% by 2019	To be proposed in Fall 2021
<b>Cohort</b>	Core and High Impact countries, excluding acute COEs (WHO Acute Emergency Grade 3) – 53 countries; Age and sex disaggregation for selected set of indicators (for Malaria, age disaggregation only)	All High Impact countries, excluding acute COEs
<b>Data source</b>	Global Fund Grant Operating System, based on progress update/disbursement requests submitted by Principal Recipients	Targeted, country-based survey conducted by an independent body with data collected in country and independently reviewed

Numerator: # of countries with 100% of selected indicators reported with required disaggregation categories in at least one grant  
 Denominator: Number of cohort countries with active grants containing these indicators

Selected indicators:

	Indicator	Disaggregation categories	
<b>Calculation methodology</b>	H Percentage of people living with HIV currently receiving antiretroviral therapy	Sex (m, f)	<i>To be presented in Fall 2021</i>
		Age (<15, 15+)	
	I V Percentage of adults and children with HIV, known to be on treatment 12 months after initiation of antiretroviral therapy	Sex (m, f)	
		Age (<15; 15+)	
	T B Number of notified cases of all forms of TB- (i.e. bacteriologically confirmed + clinically diagnosed)	Sex (m, f)	
		Age (<15, 15+)	
M a l a r i a Proportion of suspected malaria cases that receive a parasitological test (at public facilities)	Sex (m, f)		
	Age (<15, 15+)		
a r i a Proportion of confirmed malaria cases that received first-line antimalarial treatment (at public facilities)	Sex (m, f)		
	Age (<5, 5+)		
<b>Reporting frequency</b>	Semi-Annually	Annually	
<b>Level of disaggregation</b>	Region	Region and Disease	

36. KPI 6e measures the domain of results/data disaggregation. At the start of the Strategy, the initial indicator was established as gaps were identified on the ability of countries to report disaggregated results data. A baseline for capacity to report on disaggregated data has now been established in the first half of the Strategy period and the target for this KPI was met. Subsequently, the revised indicator seeks to measure whether disaggregated data is available, analyzed and used in planning for priority populations for all 3 diseases to provide a more complete picture and cascade at country level.

37. In order to measure this KPI, an independent assessment is proposed which will be based on an annual, country-level survey. This survey will contain questions related to the availability, analysis and use (for planning) of selected indicators for 3 diseases. Specifically, 3 sets:

- Identifying priority populations for all 3 diseases
- Identifying if required disaggregated data is available, analyzed and used for selected indicators (requires checking official documents for evidence of use)
- Identifying opportunities to strengthen availability, analysis and use of disaggregated data

The current indicator only considers grant progress reports for the presence of disaggregation, but the new proposed version allows for greater breadth in finding documented evidence of use of disaggregated data with information on whether the required disaggregated data is available and analyzed, and allows for the identification of mitigating actions. Note that the Secretariat will continue reporting on the availability and analysis of disaggregated data as management information alongside this KPI. Questions proposed as part of this assessment are provided in Annex 3 slide 23 to document GF/B45/14.

38. The revised indicator will be reported annually given the depth and effort required for data collection. For the same reason, due to the significant efforts required to conduct the surveys, the cohort for this indicator will be High Impact countries only. Limiting the cohort to High Impact countries allows the Secretariat to focus corrective actions and demonstrate accountability through ongoing data and M&E investments. The level of Global Fund support for the capacity-building of data systems will be maintained for Core countries, but the measurement of this KPI will only apply to High Impact for now.

39. The calculation methodology will be finalized following the initial survey and will be used to determine a baseline. The baseline analysis will be then be used to set a target for the subsequent years. All 3 phases – the calculation methodology, baseline analysis, and target setting will be presented in Fall 2021, and the first reporting for this KPI will occur in Fall 2022. This multi-phase approach will ensure sufficient time to deploy the survey, conduct analysis of assessment results, and lead internal consultations to establish a robust calculation approach and target.

40. Breakdown of results by disease will be reported alongside disaggregation by region. The current indicator only reports by region and it will be important for the intent of this KPI to reflect the results for each disease as well.

41. There are several key reasons for the revisions proposed above:

- a. The current indicator has served the purpose of determining whether countries have the capacity to report disaggregated data rather than the capacity to report on the same indicator which was binary by design (i.e., a country can report disaggregated data or not). It follows that this measure should evolve to address the strategic goal to measure whether countries are using available disaggregated data for planning and programmatic decision making.
- b. In order to be more strategic, the proposed revision considers how disaggregated data is used in country and provides for an opportunity for targeted strengthening efforts (including through the already extant Data Strategic Initiative).
- c. Proposed method for data source allows for an independent assessment of clear, documented evidence of use of disaggregated data for planning and programmatic decision making.

## KPI 7a – Allocation Utilization

### Context

42. Several indicators were initially developed to correspond to a specific allocation cycle, and this includes the KPI measuring Allocation Utilization across the portfolio (“KPI 7a”). This KPI functions most effectively when measuring the most recent allocation cycle.

### What is proposed and why?

43. This paper proposes the confirmation of target for KPI 7a. The proposed revision to KPI 7a is outlined below for AFC recommendation. Further detail regarding methodology and assumptions is included in the accompanying PowerPoint presentation regarding all KPI updates proposed for the Spring 2021 Board meeting (GF/B45/XX). The relevant slide is copied as an Annex.

Strategic Objective 2: Build Resilient and Sustainable Systems for Health		
KPI 7a	Allocation Utilization	
	<i>As currently approved</i>	<i>Proposed revision</i>
Target	91-100% over the 2018-2020 period	91-100% for the current allocation period

44. KPI 7a measures allocation utilization, defined as portion of the allocation that has been disbursed or is forecast to be disbursed.

45. The current target specifically mentioned “2018-2020” (to track funds invested during the 2017-2019 allocation period). The proposed version would be more general (“the current allocation period”) and would be consistent with the indicator definition, which does not mention any specific allocation period. It would also be more appropriate to refer to specific allocation periods (the intention of this KPI, and what has been tracked so far) instead of calendar years.

46. Please note that the Secretariat is not recommending any change to the actual KPI numeric target (keeping it at 91-100%, as the assumptions underlying this selection has not changed) nor any change to the calculation methodology, as revised by the Board in November 2020. The denominator of the measure will be numerically adjusted to reflect the total allocation for the corresponding period. Until all funds from the 2017-2019 allocation period are fully disbursed or accounted for, the Secretariat proposes to report separately for full visibility on allocation utilization for both the 2017-2019 and the 2020-2022 allocation periods.

47. The proposed revision would therefore not result in any material change in indicator performance nor reporting but would allow the Secretariat to report on allocation utilization for the 2020-2022 allocation period.

## KPI 9c – Key Populations and Human Rights Domestic Investments

### Context

48. As specified in Board Decision GF/B35/EDP05, one of the Strategic KPIs proposed to monitor high level progress towards Strategic Objective 3: Promote and Protect Human Rights & Gender Equality, is KPI 9c. This KPI is designed to measure the percentage of domestic public funding for programs targeting Key Populations prevention and human rights barriers to access.

49. As specified in Board Decision GF/B43/EDP06,<sup>4</sup> the final KPI 9c definition and methodology were adopted for the 2020-2022 allocation period. The following definition 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.

50. The KPI 9c targets are now required to be confirmed for the 2020-2022 allocation period.

### What is proposed and why?

51. The Secretariat proposes for Board approval a target of 33% of countries in the cohort meeting their respective benchmarks for domestic expenditures allocated to: (i) social enablers, including programs to reduce human rights-related barriers; and (ii) prevention programs targeting Key Populations, including PrEP.

52. This KPI is based on the percentage of countries in the cohort meeting a certain percentage level of domestic funding for each of the sub-indicators (hereby referred to as a “Benchmark”). The cohort for this KPI will be based on available data in the UNAIDS Global AIDS Monitoring (“GAM”).

53. Benchmarks were established in extensive consultation across the Secretariat and with partners (UNAIDS & WHO) and informed by baseline data as well as several other contextual considerations. The baselines were based on data taken from GAM over the 2017-2019 period (which was available for all but one 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 Populations prevention programs (including PrEP) is 5.17% and for social enablers is 1%

54. Recognizing the wide variation in country baselines, a differentiated approach to Benchmark setting was applied. Countries are assigned to Benchmark funding level for each of the sub-indicators based on income status and epidemic type but mainly based on a contextual analysis, in light of the overall domestic spending on HIV, Global Fund’s contribution to funding, existing co-financing commitments, contributions of other donors, and feasibility of rapid scaleup. It is important to note that Benchmarks do not represent what countries are ultimately expected to spend on Human Rights programs and Key Population prevention programs to meet their real needs, but signal the importance of starting to fund, or increasingly fund, these programs from domestic resources.

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<sup>4</sup> <https://www.theglobalfund.org/board-decisions/b43-edp06/>

55. Countries are assigned to one of the following benchmarks for each sub-indicator:

**(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

56. To set the KPI targets, an assessment was conducted to estimate the percentage of countries in the cohort expected to meet their assigned Benchmarks. The assessment considered many contextual factors including the baseline data.

57. From the baseline data, out of the 20 countries that had reported into GAM over the 2017-2019 period, 3 out of 20 had reached its respective Benchmark for Human Rights (15%) and 5 out of 20 had met the respective Benchmark for Key Populations (25%).

58. It is estimated that with significant efforts by the Global Fund and partners, a third of countries will reach their Benchmarks within the final years of the current Global Fund Strategy. Therefore, a KPI target of 33% of countries reaching the applicable Benchmarks by end 2022 is proposed for each of the sub-indicators.

59. A 33% target is ambitious yet realistic. There are less than 2 years left in the current Global Fund Strategy; given GAM reporting timelines countries are expected to report twice in this time-period. Efforts by the Global Fund and partners will not be reflected until the 2022 GAM reporting, and only if countries report in 2022 what they spend in 2021 (based on data available at baseline, the difference between year of reporting and expenditure year is on average around 2 years). 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 some time with significant resources devoted to COVID-19, making any efforts to increase or even maintain domestic spending on HIV challenging.

60. The Secretariat will provide additional supplementary information alongside this KPI which includes countries that progressed between two reporting years, distribution of countries respective to benchmark, and other relevant information.

61. The proposed revision to KPI 9c is outlined below for SC recommendation. Further detail is included in the accompanying report which describes all KPI updates proposed for approval at the Spring 2021 Board meeting (GF/SC15/02).

<b>Strategic Objective</b>	<b>3: Promote and Protect Human Rights and Gender Equality</b>	
<b>KPI 9c</b>	Key Populations and human rights domestic investments	
<b>Definition</b>	Percentage of selected countries reporting on domestic HIV expenditure allocated to: (i) social enablers, including programs to reduce human rights-related barriers; and (ii) prevention programs targeting Key Populations, including PrEP	
<b>Baseline</b>	i)	15%
	ii)	25%
<b>Target</b>	i)	33%
	ii)	33%

## KPI 11 – Domestic investments

### Context

62. Several indicators were initially developed to correspond to a specific allocation cycle, and this includes the KPI measuring Domestic Investments (“KPI 11”). This KPI functions most effectively when measuring the most recent allocation cycle.

### What is proposed and why?

63. This paper proposes maintaining current target until the end of the Strategy cycle

64. The proposed revision to KPI 11 is outlined below. Further detail regarding methodology and assumptions is included in the accompanying report describing all KPI updates proposed for the Spring 2021 Board meeting (GF/SC15/02).

Strategic Objective 4: Mobilize Increased Resources		
KPI 11	Domestic investments	
	<i>As currently approved</i>	<i>Proposed revision</i>
Target	100% of <b>2014-2016</b> policy stipulated requirements realized. Measured over the <b>2017-2019 period</b>	100% of policy stipulated requirements from <b>previous allocation period</b> realized. Measured over the <b>current allocation period</b> .

65. Current target measures compliance with the co-financing requirements of the Sustainability, Transition and Co-Financing Policy and is optimal in this context.



## Annexes

The following items can be found in Annex:

- Annex 1: Relevant Past Board and Committee Decisions

### Annex 1 – Relevant Past Board and Committee Decisions

Relevant past Decision Point	Summary and Impact
<b>GF/SC15/24: KPI Adjustments</b> (March 2021)	The SC recommended for Board approval adjustments to the KPIs 2, 5c, 6e, 9c, and 11.
<b>GF/AFC15/EDP01: Confirmation of Target for Key Performance Indicator 7a – Allocation Utilization</b> (April 2021)	The AFC recommended for Board approval adjustments proposed for KPI 7a.
<b>GF/B44/EDP06: Revisions for Key Performance Indicators</b> (November 2020)	The Board approved a revised methodology for KPI 5 overall, introducing three sub-indicators.
<b>GF/B43/EDP06: Indicator Revisions and Target Setting for Key Performance Indicators 6a: Resilient and Sustainable Systems for Health: - Procurement; 6f: Alignment with National Strategic Plans; 9C: Key populations and human rights domestic investments and 12b: Availability of affordable health technologies: Affordability</b> (May 2020) <sup>5</sup>	The Board approved an approach to measure KPI 9c.
<b>GF/B36/EDP09: Performance Targets for the 2017 – 2022 Strategic Key Performance Indicator Framework</b> (March 2017) <sup>6</sup>	The Board: (i) Approved the performance targets where proposals were complete; (ii) Approved the proposed interim indicator proposals for KPIs 5 and 9c; and (ii) Agreed to postpone its review and approval of performance targets for KPIs 6a, 6b and 6e until the final Board meeting of 2017
<b>GF/AFC02/EDP04: Recommendation on Performance Targets for the 2017-2022 Strategic Key Performance Indicator Framework</b> (March 2017)	The Audit and Finance Committee (AFC) agreed to recommend performance targets for KPIs 7, 10 and 12 to the Board for approval.

<sup>5</sup> <https://www.theglobalfund.org/board-decisions/b43-edp06/>

<sup>6</sup> <http://www.theglobalfund.org/Board-Decisions/B36-EDP09/>

<p><b>GF/B36/DP09: Performance Targets for the 2017 – 2022 Strategic Key Performance Indicator Framework</b> (November 2016)<sup>7</sup></p>	<p>The Board requested a further opportunity to review the proposed performance targets. Board constituencies were requested to submit a final round of feedback to the Secretariat, and the leadership of the Audit and Finance Committee (AFC) and Strategy Committee (SC) were requested to:</p> <ul style="list-style-type: none"> <li>(i) determine the performance targets to be addressed by each committee based on their respective mandates; and</li> <li>(ii) establish an advisory group to work with the Secretariat to present revised performance targets to the AFC and SC for recommendation to the Board.</li> </ul>
<p><b>GF/SC02/EDP03: Recommendation on Performance Targets for KPIs 1, 2 and 8 for the 2017 – 2022 Strategic Key Performance Indicator</b> (October 2016)</p>	<p>The Strategy Committee reviewed the Secretariat's proposed performance targets for the 2017 – 2022 Strategic Key Performance (KPI) Framework and agreed to recommend the performance targets for Strategic KPIs 1, 2 and 8 to the Board, expressed as point estimates together with uncertainty ranges. In doing so, the Strategy Committee acknowledged the approach for deriving the performance targets for Strategic KPIs 1, 2 and 8, including the modelling assumptions and key inputs.</p>
<p><b>GF/AFC02/DP05 and GF/SC02/DP05: Recommendation on Performance Targets for the 2017 – 2022 Strategic Key Performance Indicator</b> (October 2016)</p>	<p>The Audit and Finance Committee and Strategy Committee reviewed the Secretariat's proposed performance targets for the 2017 – 2022 Strategic Key Performance (KPI) Framework and agreed to recommend the performance targets that were complete and presented at the Committees' October 2016 meetings, including interim proposals for Strategic KPI 5 and 9c. The Committees agreed that the Strategy Committee would then review the performance targets for Strategic KPIs 1, 2, 8 and 9b prior to the November 2016 Board meeting to discuss and issue a recommendation to the Board on these targets. The Committees also agreed to recommend deferring the performance targets for the measures associated with Strategic KPIs 6a, 6b and 6e until 2017.</p>
<p><b>GF/B35/EDP05: 2017 – 2022 Strategic Key Performance Indicator Framework</b> (June 2016)<sup>8</sup></p>	<p>The Board approved the Strategic KPI Framework for 2017 – 2022, as presented in Annex 1 to GF/B35/ER05. The Board directed the Secretariat to present the Board with the Strategic KPI Framework's performance targets for approval at the final Board meeting in 2016.</p>

<sup>7</sup> <http://www.theglobalfund.org/Board-Decisions/B36-DP09/>

<sup>8</sup> <http://www.theglobalfund.org/Board-Decisions/B35-EDP05/>

<p><b>GF/B34/EDP04: Approval of 2016 Targets for the 2014 – 2016 Corporate Key Performance Indicator Framework</b> (January 2016)<sup>9</sup></p>	<p>The Board approved the 2016 performance targets, noting specific revisions to the performance targets for KPI 7 (Access to Funding) and KPI 10 (Value for Money). Having acknowledged the Secretariat's response to requests by the Board for additional analysis on certain indicators, the Board directed the Secretariat to implement proposed management actions to improve performance, and to continue towards identifying lessons that could inform the development of the next Corporate Key Performance Indicator Framework.</p>
<p><b>GF/B33/DP07: Remaining Targets for the 2014 – 2016 Corporate Key Performance Indicator Framework</b> (March 2015)<sup>10</sup></p>	<p>Under the 2014 – 2016 Corporate Key Performance Indicator Framework, the Board approved updated performance targets for Key Performance Indicators 6, 12 and 16 after additional analysis conducted by the Secretariat following the Board's approval of the updated 2014 – 2016 Corporate KPI Framework.</p>
<p><b>GF/B32/DP10: Approval of the Global Fund Corporate KPI Framework 2014-2016</b> (November 2014)<sup>11</sup></p>	<p>The Board approved the updated Corporate KPI Framework, acknowledging the methodological work required to finalize certain indicators as agreed. The Board also approved the available performance targets for 2015, as well as the plan to present the remaining 2015 performance targets for approval at the Thirty-Third Board Meeting, as set forth in GF/B32/24.a – Revision 2. The decision point to approve the updated performance targets contained in GF/B33/04B completed the remaining action item from GF/B32/DP10.</p>
<p><b>GF/B30/DP7: The Global Fund Corporate Key Performance Indicator Framework for 2014-2016</b> (November 2013)<sup>12</sup></p>	<p>The Board approved the KPI Framework for 2014-2016 as set forth in GF/B31/7 – Revision 1. The Board asked for annual reports on these indicators, and where available, for interim results to be made available through the information dashboard.</p>

<sup>9</sup> <http://www.theglobalfund.org/Board-Decisions/B34-EDP04/>

<sup>10</sup> <http://www.theglobalfund.org/Board-Decisions/B33-DP07/>

<sup>11</sup> <http://www.theglobalfund.org/Board-Decisions/B32-DP10/>

<sup>12</sup> <http://www.theglobalfund.org/Board-Decisions/B30-DP07/>