

Strategic Performance Report mid-2021

46th Board Meeting

GF/B46/15

8-10 November 2021, *Virtual*

Board Information

Purpose of the paper: To provide an update on mid-2021 Key Performance Indicators (KPIs) results against targets, and to outline proposed adjustments to KPI targets and indicators.

1. The GF Mid-2021 Strategic Performance Report indicates that results are now reflecting significantly more influence from the COVID-19 pandemic. A summary of KPI results and progress is presented in the main body of the report (see “Strategic Performance Reporting mid-2021” - GF/B46/15b); a detailed description for each KPI result is contained in annex.
2. COVID-19 had a devastating impact on the programs that we support, and this is especially clear when considering the 2020 results for KPIs related to program performance. Strategy targets might still be in reach provided further mitigation of COVID-19 impact on programs.
3. Indicative of this impact: HIV prevention (VMCC, KP coverage) and TB case detection and treatment (TB notifications, MDR-TB cases put on treatment) have been significantly affected with grant achievements against their own targets at historically low levels in 2020, especially in Asia, LAC, EECA and many countries in Southern and Eastern Africa.
4. However, it should be noted that, several indicators that have been impacted negatively will likely still meet their Strategy targets due to strong performance prior to 2020 – this includes TB notifications and VMCC. Fortunately, other areas have been less affected such as ART coverage which sustained past results and the number of patients on ART actually significantly increased in 2020. Similarly, due to a rapid shift to door-to-door campaigns (safer from a COVID-19 perspective), the distribution of LLINs was also maintained at a large scale in 2020 with increased absolute numbers of nets distributed.
5. COVID-19 is also likely to have prevented potential improvements for indicators that had been underperforming until now, such as PMTCT, HIV/TB coinfections on ART or most of the indicators on quality of services, which will make it even more difficult for these indicators to meet their 2022 Strategy targets.
6. As is clear from these programmatic results, significant risks remain to all indicators, as the COVID-19 pandemic is ongoing and affecting many of the portfolio countries worse in 2021 than it did in 2020. The rapid and determined actions across the Partnership at large (Global Fund, other donors, technical partners, governments, communities, etc.) helped mitigate the impact of COVID-19 in 2020. Increased efforts will be needed in 2021 to recover progress and avoid further losses.
7. However, as already seen in the Spring 2021 Report, even during the challenges presented by COVID-19, financial and operational performance continued to be strong at the Secretariat level. The Global Fund has ensured funds continued to be available for key activities as needed and this is reflected in the good performance of the financial KPIs. Results include strong allocation utilization and grant absorption reflective of the effectiveness with which funds were disbursed and spent to mitigate as best as possible the COVID-19 impact on programs

8. There are also clear indications that extra attention is needed in funding for Key Populations. As budget data is available now for many grants from the 2020-2022 allocation cycle, HIV grant investments for prevention activities supporting Key Populations are not meeting their stated targets. Additionally, expansion of HIV service coverage of Key Populations also requires significant domestic funding but results show that domestic financing for both prevention programs for Key Populations and for addressing Human Rights barriers remain low (with some underperformance attributable to COVID-19). On a positive note, grant investments in activities to reduce barriers for Human Rights in HIV and TB are both (just) meeting targets. The Breaking Down Barriers initiative seems to have been playing a crucial role in performance improvement.
9. Only one adjustment is being proposed for the current KPI Framework and this is likely the last major adjustment until the end of the current Global Fund Strategy. The proposed adjustment focuses on establishing a target for KPI 6e (RSSH: data disaggregation) for which the Board approved a new definition and methodology at the 45th Board meeting. This KPI measures the use of disaggregated data in High Impact countries and a target of 80% of countries meeting a defined threshold by the end of 2022 is proposed. Further detail on this KPI including the results of a baseline analysis, calculation approach and rationale for this target are found in the pre-read document “Strategic Performance Reporting mid-2021” (GF/B46/15b). This KPI adjustment was approved by the Strategy Committee at its 17th meeting in October 2021.



Strategic Performance Reporting mid-2021

46th Board Meeting

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GF/B46/15

Main Report:

KPI results at mid 2021

Current performance and Global Fund level of control

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Annex: Detailed KPI results

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- Program Design
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- Results

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Glossary of acronyms used in this report

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Preamble – KPI results included in this report

The following table outlines the KPIs which are scheduled for reporting in this cycle and the date of measurement for the data used to calculate the KPI result. All KPIs were calculated, verified and validated by the relevant teams using the defined methodology and are therefore the authoritative source of KPI results at mid-2021.

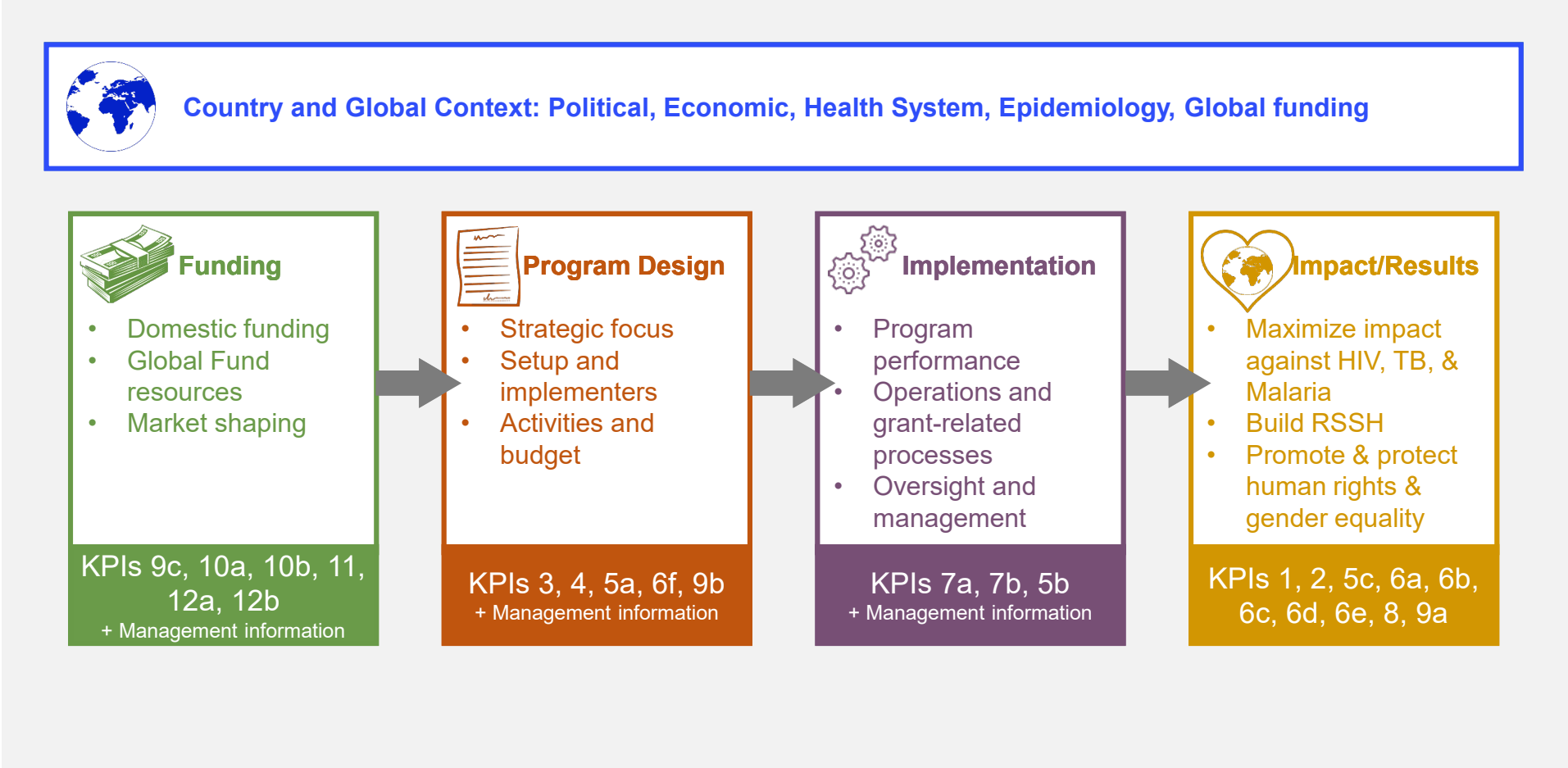
Notes:

- The Secretariat confirms that no error has been detected in KPI results reported at the Spring 2021 Board meeting and that these results remain unchanged. Due to recent updates being made to service delivery data, some of the KPI 2 results have changed numerically compared to the report that was sent to the AFC/SC. None of them is materially affecting performance. See [p. 51](#) for details on the changes.

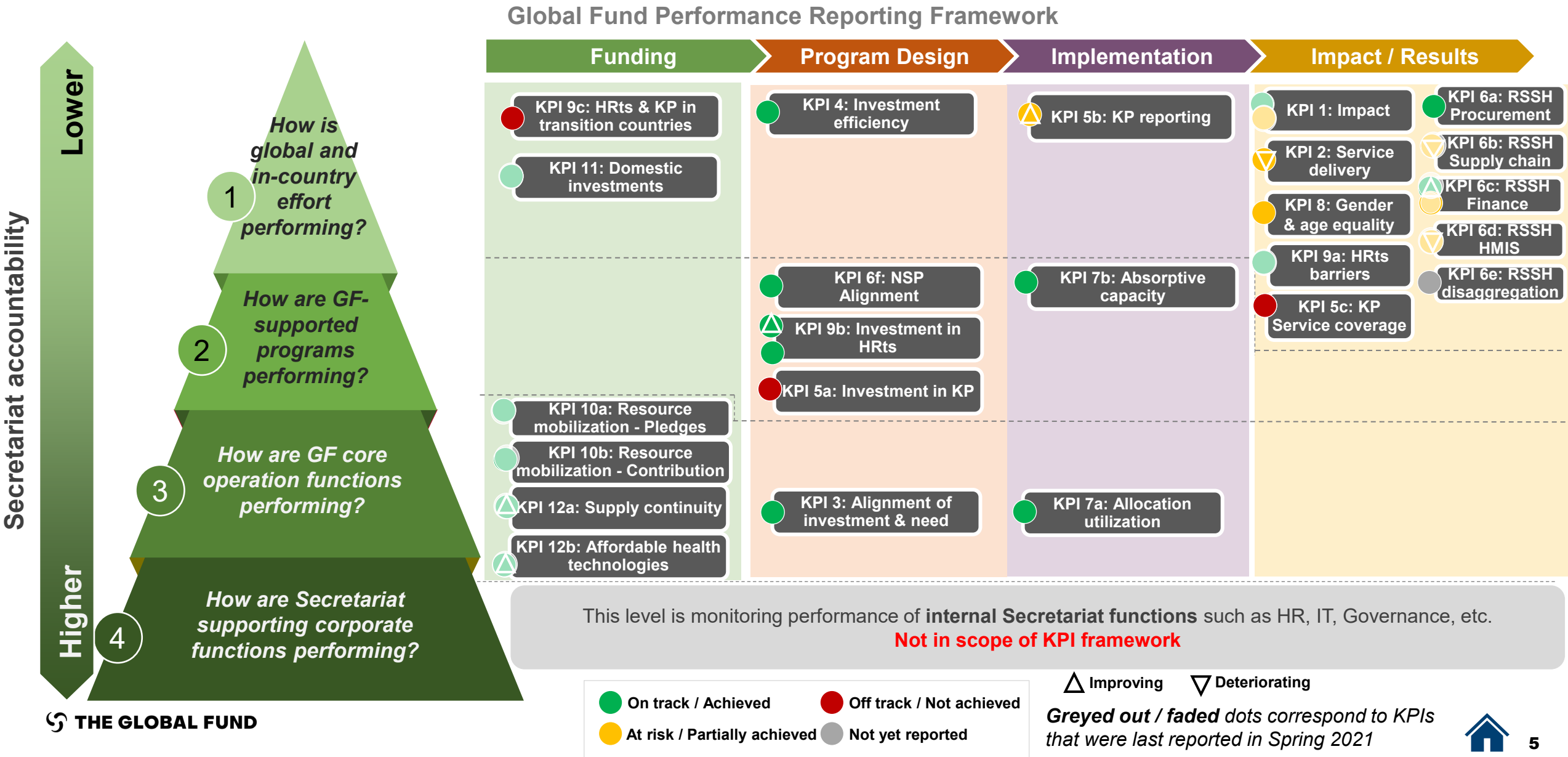
KPI	Description	Date of measurement
2	Service delivery (<i>17 sub-indicators</i>)	End 2020
3	Alignment of investment & need	August 2021
4	Investment efficiency	August 2021
5a	Key Populations: Grant investment	August 2021
5b	Capacity to report on Key Population Service coverage	August 2021
5c	Key Population coverage	End 2020
6a	RSSH: Procurement Prices	End 2020

KPI	Description	Date of measurement
6f	RSSH: NSP Alignment	August 2021
7a	Allocation utilization	August 2021
7b	Grant absorption (<i>over 3 calendar years</i>)	End 2020
8	Gender & age equality: HIV incidence for AGYW	End 2020
9b	Human Rights: Grant investment	August 2021
9c	Human Rights & Key Populations: Domestic investment	End 2020

Performance Reporting Framework



Current performance and GF level of control – for KPIs included in this report



Performance Paths – KPI progress across reporting periods

		Period									
		F2017	S2018	F2018	S2019	F2019	S2020	F2020	S2021	F2021	S2022
KPI	Description										
1a	Impact – Lives saved										
1b	Impact – Incidence reduction										
2	Service delivery										
3	Alignment of investment & need										
4	Investment efficiency										
5* -> 5b	KPs service coverage (capacity to report)										
5a	Grant funding for KPs										
5c	KPs service coverage										
6a	RSSH: procurement prices										
6b	RSSH: supply chains										
6c1	RSSH: financial mgmt. transition efforts										
6c2	RSSH: financial systems meeting standards										
6d	RSSH: HMIS coverage										
6e	RSSH: results disaggregation										
6f	RSSH – NSP alignment										
7a	Allocation utilization										
7b	Absorptive capacity										
8	Gender and age equality										
9a	Reduce human rights barriers to services										
9b	Grant funding for Human Rights (HIV)										
	Grant funding for Human Rights (TB)										
	Grant funding for KPs and Human Rights										
9c	Domestic investments in KPs and HRts										
9c*	Domestic investments in KPs and HRts (reporting capacity)										
10a	Resource mobilization - pledges										
10b	Resource mobilization – contributions										
11	Domestic investments										
12a	Supply Continuity of Health Products										
12b	Affordability of health technologies										



Legend

- Achieved/on track
- At risk
- Not achieved
- Not available
- No reporting scheduled
- To be reported

Summary – HIV results

KPI Summary by disease

- KPI 2**
 - **COVID-19 had a significant effect on HIV in 2020, with a drop in performance for most indicators, especially on testing and prevention activities. Treatment was less affected.**
 - **Acceptable performance** observed across HIV treatment indicators – 90% median achievement rate in grants for ART coverage ([p.63](#)); 20/33 countries already reporting results above 90% for Viral Load Suppression ([p.64](#)). **Despite COVID-19, Strategy targets are still within reach.**
 - **HIV prevention and testing indicators badly affected though** – significant drop in median performance of # VMMC ([p.65](#)) in 2020, with a median achievement of 41% against grant targets, and no significant progress on people living with the disease who know their status ([p.61](#)). VMMC is still on track though due to strong pre-2020 performance.
 - Even though PMTCT ([p.66](#)) and number of co-infected HIV/TB patients put on ART ([p.67](#)) did not seem extremely affected by COVID-19, they remain at risk for the 2022 strategy targets due to relatively low national targets (PMTCT) and suboptimal program performance (HIV/TB on ART)
 - Compared to 2015 results, **36% reduction in HIV incidence for AGYW, projected to be 46-61% by end of Strategy.** AGYW SI implementation and other measures being put in place to catalyze performance ([p.81](#)).

- KPI 5c**
 - The situation is concerning for KP HIV programs with a significant performance decrease for **KP coverage indicators** in grants, as their median achievement against PF targets **decreased in 2020 to 82%** from 97% in 2019 ([p.78](#)). **COVID-19 has been a key performance driver, with significant impact in LAC, EECA, MENA and Asia**
- KPI 5b**
 - COVID-19 also affected monitoring and reporting systems for KP. Only **67% countries** in the cohort are able to accurately monitor and report on HIV prevention for KP service coverage. This is a slight progress compared to 2019, but it is also driven by a decrease in the availability of up-to-date and comprehensive key population size estimates, due to COVID-19 and a subsequent reduction of the cohort size ([p.45](#)).
- KPI 5a**
 - Even though the relative share of KP prevention activities has increased for HIV grants in the 2020-2022 allocation cycle, **it is not yet at target (7.2%-8.5% of budget, against a 10% target)**. Data is not available yet for the full cohort though and the remaining countries could affect trend ([p.40](#)).
- KPI 9b**
 - For Human Rights activities though, the target is met for signed **HIV** grants, with a 3.2% share of budget going to **investments in HRts activities** (3% target) ([p.42](#)).
- KPI 9c**
 - Domestic support to KP and Human Rights activities should be intensified though as the KPI is significantly below target. Reprioritization of domestic funds for COVID-19 related activities potentially one of the key contributors to low performance ([p.35](#)).

Summary – TB results

KPI
2

- **COVID-19** had a significant effect on TB in 2020, reversing some of the strong progress that had been observed since the beginning of the Strategy.
- Significant decrease in performance for TB notifications ([p.69](#)), especially in Asia. It still appears to be on track for 2022 Strategy target, thanks to strong performance of past results
- Compared to 2019 results, there is a significant drop in median achievement rate (52%) in 2020 for MDR-TB treatment with risks to the Strategy target ([p.72](#)).
- Low results for % PLHIV starting IPT ([p.68](#)) and stagnation for treatment success rate for both DS-TB ([p.71](#)) and MDR-TB ([p.73](#)). Unlikely Strategy target will be reached.

KPI
9b

Investment in Human Rights has been strong so far in signed TB grants with **app. 2% of budget**, at target and much higher than in 2017-2019 allocation cycle ([p.43](#)).

Summary – Malaria results

KPI
2

- **COVID-19** affected malaria programs but performance was stable thanks to strong efforts
- **Distribution of LLINs** maintained at pre-**COVID-19** performance with some geographical variations and increased numbers overall. It will be key to sustain this effort in 2021 ([p.74](#))
- **Malaria testing in public facilities** appears to have stayed at similar (high) levels as before, but this will need to be confirmed with partners data when available ([p.76](#))
- **IPTp3 coverage results have shown little progress** in 2020 and it is highly likely that the Strategy target will not be met ([p.77](#))
- **IRS** also seem to be on a similar trajectory as pre-**COVID-19** but it is more complex to assess as only a few grants include related activities ([p.75](#))

KPI
Summary
by disease
*Continued
from prior
page*

Financial KPIs

KPI
3



- Despite COVID-19, financial KPIs continue to show good performance
- Continued strong alignment of investment and need over the last 3 years reflected in current result of **0.270** which is significantly better than target ([p.37](#))

KPI
7a



- Continued strong performance on **allocation utilization** with **96%** of the **6th Replenishment disbursed** or forecasted to be
- Utilization continues to stay strong across all portfolio categorizations and regions ([p.46](#))

KPI
7b



- Overall **absorption rate** continues to be strong at **81%** over 2018-2020
- Absorption is also above target (75%) across all portfolio categorizations and regions
- **Low impact of COVID-19** as BCP flexibilities approved by Board allowed for relevant funds to be absorbed by end June 2021 ([p.47](#))

Cross-cutting KPIs

KPI
4



- **89%** countries showed improved program **efficiency** in 2017-2019 allocation cycle either through reduction in cost per life saved or through infections averted ([p.38](#))

KPI
6a



- **69%** of core products purchased through **national procurement at or below PPM reference price**, surpassing the 50% target ([p.80](#))
- 83% of transactions completed at or below PPM reference price

KPI
6f



- Continued robust results with **99%** of **Funding Requests** submitted showing **alignment with NSP**. ([p.39](#))

Linkage between financial and programmatic performance during the COVID-19 crisis

KPIs related to how GF is using funds to support programs in country are **performing well** at mid 2021 (**KPI 3** – alignment needs/funding, **KPI 7a** – allocation utilization). This good performance has been critical in ensuring that funds are flowing when and where they are most needed by countries to adapt programmatic activities to the challenging COVID-19 environment.



Grant absorption (**KPI 7b**) also stayed strong in 2020, despite the challenges posed by COVID-19. GF-supported programs were able to continue using disbursed funds to implement critical activities, even if there has been severe disruption to the access and delivery of several services, as seen in **KPI 5c** and some **KPI 2** indicators.

This difference between the good performance of financial indicators (especially high expenditures) and the struggle experienced by several programmatic indicators is explained by, inter alia:

- A large share of the grant budgets is for **life-saving health products and equipment**; these continued at the same level as pre COVID-19, and with a high level of absorption. These products and related supply and delivery costs represented 60% of the grant budgets (and expenditures) in 2020 significantly impacting overall absorption. Similarly, there are many **fixed costs** (program management, HR, supervision, etc.) that continued at the same level as before during 2020;
- Financing activities typically have a **lag** with associated program outcomes (especially for commodities purchase) – for instance we have instances of LLINs purchased in 2020 but to be distributed in 2021. In such cases, high 2020 absorption would lead to programmatic outcomes at a later date;
- The **operational cost** of service delivery has often increased in 2020 because of COVID-19 (disruption, travel restrictions, PPE purchase, etc);
- COVID-19 brought additional costs to **adapt programs** and develop new innovative approaches to continue delivery against targets despite disruption (e.g., malaria campaigns adapting from mass to door-to-door distribution);
- Absorption is measured for activities directly funded by GF, whereas programmatic results are measured at the **national** level (generally) covering domestic and Global Fund partnership funding sources, and national performance might have been affected differently by COVID-19;
- The **measurement level** and timing is often different between absorption (focusing on activities/outputs) and programmatic performance (focusing on outcomes); there are many cases where activities continued to be implemented but with more difficulty to translate them into programmatic outcomes because of COVID-19 disruption.

There is no clear counterfactual either: **it is very likely that HIV, TB and malaria programmatic performance would have been affected even more in 2020, if absorption had not remained high.**

KPIs at risk of achieving targets in current or previous reporting period

KPI	Latest Result	Last reported	Update on progress and/or mitigating actions	Affected by COVID-19
KPI 1 Impact 	<i>Need to accelerate incidence reduction</i>	Spring 2021	<ul style="list-style-type: none"> • 2020 data from UNAIDS continues to show a decline in new HIV infections and AIDS related-deaths. This positive trend in impact is likely to be driven by the continued rise in number of people on ART treatment in 2020 and also the targeted HIV testing that took place in several countries leading to an increase in % PLHIV who knew their status for these. • However, given the disruption in HIV prevention services amongst Key Populations in 2020, there is likely to be an impact in the coming years. • TB and malaria impact data for 2020 will be available from partners later this year and will allow for better quantification of the impact of COVID-19 on KPI 1 • As this KPI is driven by access to prevention and treatment services. the Secretariat has been responding by systematically checking the alignment between the Strategy projections for KPI 2 and the grant/national targets in the 2020-2022 allocation cycle, leading to a strong alignment at the country level. 	Yes
KPI 2 Service Delivery 	<i>Varies by sub-indicator</i>	Fall 2021	<ul style="list-style-type: none"> • COVID-19 impact significant on several HIV and TB indicators. Based on historical performance, whilst some KPIs (e.g., #VMMC) likely to be able to meet Strategy target, others like %PMTCT and MDR-TB cases remain at risk. • Stronger alignment of ambition level in the Strategy and national targets for grants in the 2020-2022 allocation cycle is expected to drive performance. • Service delivery is being adapted in several countries to mitigate impact of COVID-19 and results already showing in some areas such as improved ART coverage in Nigeria, increased KP coverage in EECA and higher TB notification in DR Congo. • C19RM funding in countries is expected to support in further program adaptations to mitigate risks and ensure program continuity in 2021 • Malaria programs largely sustained pre-COVID-19 performance although LLINs distribution was delayed in some countries; however mitigating actions need to be put in place to ensure uninterrupted supply in 2021. 	Yes






KPIs at risk of achieving targets in current or previous reporting period

KPI	Latest Result	Last reported	Update on progress and/or mitigating actions	Affected by COVID-19
KPI 5a Investment in HIV prevention activities for 2 KPs	7.2% - 8.5% investment in HIV prevention activities for KPs (target: 10% for 2021-2023 budget period)	Fall 2021	<ul style="list-style-type: none"> Reprogramming and portfolio optimization should be leveraged to prioritize investment in HIV prevention coverage for KPs, as well as to increase capacity to report coverage. As increased domestic financing will be vital to significantly expand coverage, need to ensure that HIV prevention for KPs features in sustainability and transition planning, towards greater domestic financing of HIV prevention for KPs. 	Not clear
KPI 5b Ability to report on coverage services for at least 2 KPs	67% countries (29 out of 43) able to report on service coverage for at least 2 KPs (target: 75% by end 2022)	Fall 2021	<ul style="list-style-type: none"> Explore opportunities for prioritizing funding UQD interventions that support Key Population size estimate exercises and strengthening of monitoring systems in 2021 – 2023 implementation period. In collaboration with technical partners (e.g., WHO and UNAIDS), support a process for review and revision of population size estimates for MSM in portfolios where the sizes of MSM are vastly under-estimated, so that they can be adjusted upwards to align with a minimum threshold of 1 – 4% of adult male population. 	Yes
KPI 5c KP coverage	82% median achievement rate (target: 100% median achievement rate)	Fall 2021	<ul style="list-style-type: none"> Undertake further analysis to improve understanding of differentiated drivers of low achievement rate of HIV prevention programs for KPs and the extent to which COVID-19 related disruptions had an impact on results in 2020. A 'lessons learned' exercise will clarify what factors enabled some portfolios and programs to continue to meet and sometimes exceed targets despite COVID-19-related disruptions. Results will be used to inform and target Key Population HIV prevention program COVID-19 mitigation measures. Addressing implementation bottlenecks and technical assistance needs for large scale HIV prevention programs for KPs should be a focus of Secretariat and partner efforts for remainder of implementation period, including as part of Precision Prevention action plans. 	Yes



KPIs at risk of achieving targets in current or previous reporting period

KPI	Latest Result	Last reported	Update on progress and/or mitigating actions	Affected by COVID-19
 KPI6b RSSH: Supply chains	3/6 products meeting target; <i>HIV and Malaria FLD; Malaria Diagnostics missing target</i>	Fall 2020	<ul style="list-style-type: none"> Significant improvement as of Q2 2021 in On Shelf Availability seen since last report (Q4 2020). All 6/6 categories meeting targets; result is the highest since end-2019 	Yes
 KPI6c (ii) RSSH: Financial management	26 countries have >= 80% agreed actions implemented to meet defined fin mgmt. system standards (target: 36),	Spring 2021	<ul style="list-style-type: none"> Latest internal reporting highlights that 31 (out of 41 target) countries as of end Q2 2021 have implemented >=80% agreed actions, Represents a similar rate of achievement; similar challenges to Spring 2021 Strategic Performance Report persist including in country disruptions due to COVID-19 and competing priorities with C19RM funding requests. Continued engagement with CTs on the countries that are yet to attain the 80% milestone and resetting timelines as needed 	Yes
 KPI 6d RSSH: HMIS coverage	39% of countries in cohort have fully functional and deployed HMIS (2019 target 50%; 2022 target 70%)	Spring 2021	<ul style="list-style-type: none"> The KPI 6d results for the end-2021 reporting period are expected to continue to be affected by COVID-19. Results are not expected to decrease but may not increase as quickly as projected during the end-2020 reporting period. There is continued resilience in the integration sub-component and COVID-19 in country surveys show reduced HMIS disruption. However, reporting timeliness is still a challenge Various mitigating actions in place including continued partnership with DHIS-2 and launch of specific COVID-19 surveillance modules; improved PF targets for reporting completeness and timeliness, new targeted activities in the data-SI through 2023 and coordinating with partners to offer greater TA especially to underperforming countries. 	Yes



KPIs at risk of achieving targets in current or previous reporting period

KPI	Latest Result	Last reported	Update on progress and/or mitigating actions	Affected by COVID-19
KPI 8 HIV incidence reduction in AGYW 1	<i>Latest result 36%. Incidence reduction by end 2022 projected between 46%-61% at risk for achieving target range of 47%-64%</i>	Fall 2021	<ul style="list-style-type: none"> • Generation of evidence using evaluation data for improved investment-results analysis to appropriately adapt the program for impact will support improvement of results • Emphasizing more proximal measures is critical to better assess program effects • Outcome monitoring from several AGYW priority countries is being conducted along with planning for an AGYW thematic review in 2021. Results from these two activities will guide program improvement. 	To some degree
KPI 9b (i) HRts investments in HIV grants 2	3.18% of HIV grant funds invested in Human Rights (target 3.00%)	Fall 2021	<ul style="list-style-type: none"> • Strong progress as 3.18% of HIV grant funding invested Human Rights, with 87% of the cohort represented in the current results. 	Not clear



COVID-19 impact on Strategic performance

Reminder: Despite the presence of COVID-19, current KPI targets will be maintained till the launch of the next Strategy



Programmatic KPIs have been significantly impacted by COVID-19, while Financial performance was maintained

KPI	Description	COVID-19 impact	Key takeaways
2	Service delivery		Significant impact with drop in grant performance against their national targets. Especially important for TB notifications, VMMC, MDR-TB cases on treatment.
3	Alignment of investment & need		No observed impact
4	Investment efficiency		KPI based on pre-COVID-19 assessments
5a	Key Populations: Grant investment		No observed impact of COVID-19 as yet on investment levels in HIV prevention for KPs
5b	Capacity to report on KP Service coverage		COVID-19 delayed PSE exercises in a few countries and also the quality of estimates may have been impacted as COVID-19 restrictions did not permit comprehensive PSE exercises.
5c	Key Population coverage		COVID-19 related programmatic disruptions are believed to be a significant driver of low achievement rates in 2020. Some PHMEs have indicated that mitigation approaches have been factored in the development of some countries' C19RM 2.0 funding requests.
6a	RSSH: Procurement prices		No observed negative impact on domestic pricing on PPM reference orders
6f	RSSH: NSP Alignment		No observed impact of COVID-19 on alignment of Funding Requests to NSPs
7a	Allocation utilization		No observed impact on overall utilization
7b	Grant absorption (<i>over 3 calendar years</i>)		Low impact on absorption. BCP flexibilities approved by Board allowed for relevant funds to be absorbed by end June 2021
8	Gender & age equality: HIV incidence for AGYW		Despite COVID-19, current results projections are close to (just below) the strategy target range. Potential risk of not meeting the Strategy target unless COVID-19 impact is mitigated.
9b	Human Rights: Grant investment		No observed impact of COVID-19 as yet on investment levels.
9c	Human Rights & Key Populations: Domestic investment		Overall performance for KPs has decreased; and remained stable (but still well below target) for HRts; many contributing factors but COVID-19 reprioritization of domestic funds a clear influence

The GF has awarded over \$3.6BN to support urgent investments to fight against COVID-19 and mitigate the impact on GF programs

- ▶ Total funds awarded to date: US \$3,614 million (including C19RM 2020, C19RM 2021 and \$232 million in 2020 via grant flexibility)
- ▶ Countries receiving Global Fund support: 107 countries and 18 Multi-country programs
- ▶ Total funds pledged in 2021 : US \$3,718 million (C19RM 2021)
- ▶ Demand in excess of available funds: US \$1,200 million

How countries are using COVID-19 funding:

As of 06 September 2021

72%: Reinforcing national COVID-19 response: including purchasing critical tests, treatments, oxygen and medical supplies; protecting front-line health workers with training and PPE like gloves and masks; and supporting control and containment interventions, including test, trace and treat/isolate.

16%: Mitigating COVID-19 impact on HIV, TB and malaria programs: including by delivering medicines, mosquito nets and critical supplies door to door, protecting community health workers and providing support and prevention services via digital platforms.

12%: Making urgent improvements to health and community systems to help fight COVID-19, HIV, TB and malaria, including by reinforcing supply chains, laboratory networks and community led response systems.

72%



12%

16%

Impact on strategic performance

- System capabilities will continue to be reflected in RSSH KPIs (*not reported on the Fall 2021 Report*) as they have been in some cases already
- These system effects are now seen in other KPI areas, especially service delivery and coverage.
- The outcome could have been worse but has been mitigated thanks to the quick and at-scale response provided by GF. An additional US\$ 3.6 bn have been approved and mobilized to more than 100 countries to fight COVID-19, protect front-line workers, and adapt lifesaving HIV, TB and malaria programs.

Data valid as of Sept 6, 2021

In addition to information on KPIs and financial performance, the Global Fund is providing a detailed analysis on the disruption caused by COVID-19 and this is explored further in the recent *Results Report*



The Global Fund 2021 [Results Report](#) details some of the massive impact of COVID-19 on the programs that are supported across the 3 diseases

This report highlights how devastating the pandemic has been in the global fight against HIV, TB and malaria, while also documenting the impact of mitigating efforts including from the Global Fund



An updated report on the impact of COVID-19 on HIV, TB and malaria services and systems for health is currently being finalized and shall be available in the second half of October 2021 on The Global Fund [website](#)

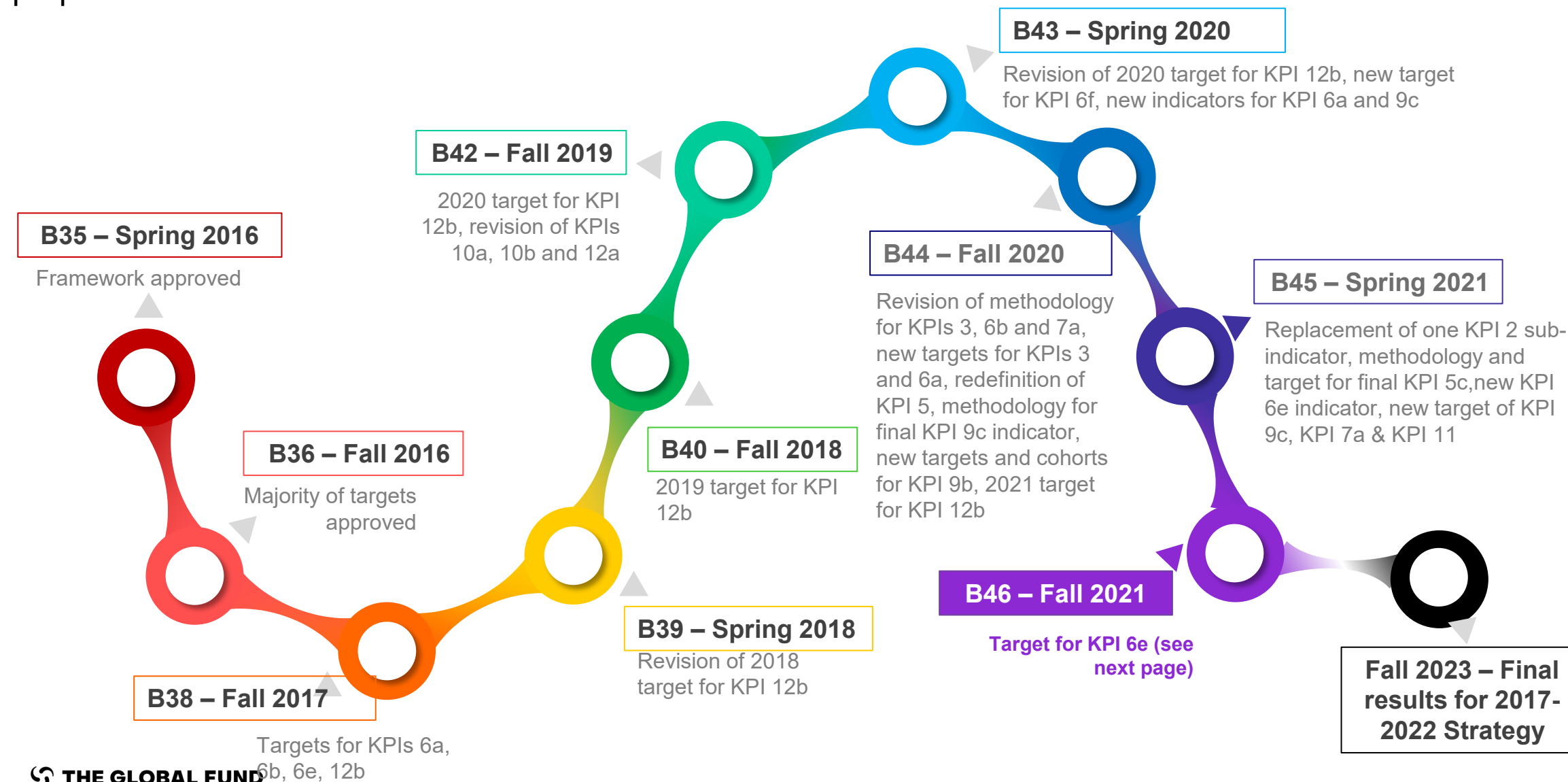
The last report published in April 2021 is available [here](#)

For more information, please contact the Monitoring Evaluation and Country Analysis team at the Secretariat.

Proposed adjustments to KPIs

History of KPI Framework adjustments

The Secretariat continues to adjust the KPI Framework to ensure it stays fit-for-purpose. A few adjustments are proposed for Fall 2021



Proposed Adjustments to KPI

A target is proposed for approval for the new KPI 6e (approved by Board in Spring 2021). See pp.22-24 for details.

The Secretariat also recommends to set the yearly KPI 12b target in the Spring meeting rather than now. See p.25 for details

Overseen by	KPI	Definition	Proposition
SC	6e	<i>RSSH – Results disaggregation</i>	<ul style="list-style-type: none">❑ Baseline of 68% (at end-2020, 17 countries meeting threshold out of 25 in cohort)❑ Set end-2022 target at 80% (20 countries) with interim end-2021 target at 72% (18 countries)
AFC	12b	<i>Affordable health technologies</i>	<ul style="list-style-type: none">❑ Target to be set at Spring 2022 meeting once tender finalized for ARV and ANTM

Recommended by the Strategy Committee

Heads-up to the Board: target will be submitted for approval in Spring 2022 rather than in Fall meeting as usual



Background and methodology

At the 45th Board meeting, a modification of KPI 6e was approved with the following definition:
Percentage of countries* that have documented evidence of using required disaggregated data to inform planning or programmatic decision making for priority populations in HIV, TB and malaria

This KPI is based on an **in-country, independent survey** that has now been completed. This **assessment focused on understanding if disaggregated data is available, analyzed and used (in planning or programmatic decision-making) on 8 tracer indicators**, and on understanding gaps and opportunities for improvement in the use of disaggregated data.

The tracer indicators selected are aligned with the former KPI 6e – with small adjustments

- **HIV:** (1) Percent of people on ART among all people living with HIV; (2) Percentage people living with HIV and on ART who are virologically suppressed; (3) Percent of respondents who say they used a condom the last time they had sex with non-marital, non-cohabiting partner
- **TB:** (1) Number of notified cases of all forms of TB; (2) Number of cases with RR-TB and/or MDR-TB that began second-line treatment; (3) Number of all forms of TB cases in a specified period who subsequently were successfully
- **Malaria:** (1) Number of suspected malaria cases that receive a parasitological test at health facilities; (2) Number of confirmed malaria cases that received first-line antimalarial treatment at health facilities

KPI 6e reports use of disaggregated data –based on the following

- For use of disaggregated data in planning - check latest disease strategic plan or NSP for interventions and target for priority populations/required disaggregation
- For use of disaggregated data to inform ongoing programmatic decision making - check quarterly/annual program/performance review report to assess whether it includes priority populations/required disaggregation

Findings and baseline analysis

Survey effectiveness: The survey allowed the GF to develop a more holistic view of how and where data disaggregation is being used at country level across the 3 diseases and is a natural evolution of the interim KPI (*focusing on availability at GF level only*). The survey uptake was strong, and participation was robust; furthermore, it provided information that can be used to understand broader patterns related to data use in-country and ties to GF (grants & Data Strategic Initiative) and other partners efforts.

Country benchmarks and baseline: After completion of the survey and development of a more concrete scoring process (*see next slide*) a **standard benchmark of 50% was assigned for each country. A baseline was then calculated to count how many countries in the cohort surpass the 50% threshold.** A baseline of 68% (or 17 / 25 countries) met this threshold across the 3 diseases

Findings and baseline analysis

The Secretariat recommends the following targets:

- **End – 2021 Target:** 72% (18/25 countries meeting 50% threshold for use of required disaggregated data)
- **End – 2022 (end-Strategy target):** 80% (20/25 countries meeting 50% threshold for use of required disaggregated data)

Rationale

- Since availability of disaggregated data is the greatest determinant of use, conservative targets have been set for the next 2 years since enormous effort is required to avail additional required disaggregated data in HMIS and national based surveys e.g., DHS.
- Besides, as the baseline is already high, the Secretariat will monitor how this evolves in the next year or two and will inform future target setting.

* High Impact countries (excluding acute challenging operating environments i.e WHO acute emergencies grade 3)

How were results determined (sample Country X)?

1

Each country in the cohort reported scores on availability, analysis, and use of disaggregated data for planning and for decision making, for each tracer indicator. The score for each indicator is based on the proportion/number of relevant disaggregation categories that were used by the country for these indicators.

Use of required disaggregated data, by indicator/usage, for country X

	TCS-1 – ART coverage	HIV O-12 – Viral Load Suppression	HIV O-10: Condom usage.
Planning	0%	0%	80%
Decision-Making	60%	0%	60%

2

Still at the country level – scores are aggregated by “use”. This is done by taking an average of indicator scores for all tracer indicators for the disease

Use of required disaggregated HIV data, by usage, for country X

	Average Score
Planning	27%
Decision-Making	40%

average

3

Within each disease, a single “use” score is assigned to a country by taking the higher of the two scores between planning and programmatic decision making.

HIV country score**40%**

higher of the two

4

The 3 country “use” scores in HIV, TB, & malaria are then averaged (non-weighted across the 3 diseases) to determine a final country score

HIV score	40%
TB score	29%
Malaria score	67%

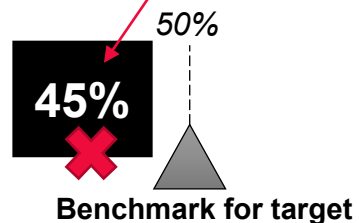
average

45%**Final score for country X**

5

Countries achieving 50% benchmark are counted to determine the KPI result

Country X would be counted as NOT meeting the benchmark as the score is below 50% and would NOT be counted towards meeting the KPI.



KPI 6e methodology and target setting overviewCountry results from survey**Availability**

Measuring whether data is collected for tracer indicators at the required disaggregation level

Analysis

Having required disaggregated data included in programmatic data analysis

Use

Countries that have documented evidence of using disaggregated data to inform planning and/or programmatic decision making for priority populations – this is used for the KPI with the best of the 2 scores being taken

50%
benchmark
applies

BASELINE**Overall:**

68% (or 17
countries) meet
benchmark

By Disease

% meeting benchmark

HIV: 60%

TB: 60%

Malaria: 74%

**FOR RECOMMENDATION
BY SC**

- Proposed interim (**END-2021**) Target

72%

(1 additional country)

- PROPOSED END-2022
TARGET**

80%

(3 additional countries)



Breakdown of availability and use for all tracer indicators



- As with the interim indicator for KPI 6e – availability scores in most indicators are quite high - the average availability score for all indicators is 74% and only 3 countries have below 50% availability
- Usage score for both planning and programmatic decision making parallel each other closely : when disaggregated data is used in one area it is also likely used in the other
- Use of HMIS related indicators is highly dependent on availability at country level compared to survey related indicators e.g. the case of “condom use”
- Please note that additional contextual information on country reporting capacity is available upon request for a wider cohort of countries outside of the proposed KPI 6e

How to read: Each column (x-axis) shows the tracer indicators used in this KPI. The color represents the disease. The shapes represent the average score by availability as well as usage in planning and programmatic decision making in each indicator.

Annual Target Setting for KPI 12b

The target for KPI 12b is set each year, using a methodology based on **target price** and **projected volume** for the coming year



The Global Fund plans to launch the joint pharmaceutical tender for ARV and ANTM in Q4 2021. The total spend represents a significant component (~60%) of this KPI. Therefore, providing publicly any information based on the expected target price could compromise the full ability of the Secretariat to negotiate price during the tender process

It is therefore recommended that the target setting for this KPI is delayed until when the Secretariat will be in a position to provide public information, i.e., in the first half of 2022.

Schedule of KPI adjustments for upcoming meetings

KPI	KPI Description		2021 Spring Board	2021 Fall Board	2022 Spring Board
KPI 1	Performance against impact targets	Annual			
KPI 2	Performance against service delivery targets	Annual	Replacing ART retention (12 months) by Viral Load Suppression		
KPI 3	Alignment of investment & need	Semi-Annual			
KPI 4	Investment efficiency	Semi-Annual			
KPI 5	5c) Service coverage for Key Populations	Annual	Methodology and target for final indicator		Change of definition
KPI 6	6a) Procurement prices	Annual			Metric adjustment
	6b) Supply chains	Annual			
	6c) Financial management	Annual			New target for existing metric
	6d) HMIS coverage	Annual			
	6e) Disaggregation	Semi-Annual	Methodology for new indicator	Baseline analysis, target setting	
KPI 7	6f) NSP Alignment	Semi-Annual			
	7a) Fund utilization – Allocation utilization	Semi-Annual	Confirm target for new allocation period		
KPI 8	7b) Fund utilization – Absorptive capacity	Annual			
	Gender & age equality	Annual			
KPI 9	9a) Human rights programs	Annual			
	9b) Human rights grant funding	Semi-Annual			
KPI 10	9c) Human rights domestic funding	Annual	Target setting		
	Resource mobilization	Annual			
KPI 11	Domestic investments	Annual	Confirm target for new allocation period		
KPI 12	12a) Supply Continuity	Annual			
	12b) Affordability of health products	Annual			2022 target setting

Annex Detailed KPI results




KPIs where reporting Country-Specific Results apply	p. 29
Color coding conventions for indicator progress status	p. 30
Setting the context	p. 32
▶ Funding	
KPI 9c	p. 35
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For info: KPIs where reporting Country-Specific Results apply

After successfully piloting it 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); Domestic funding for KP and Human Rights (KPI 9c)
 - **Data sourced from grant reporting**: Fund utilization: absorptive capacity (KPI 7b)
 - **Corporate public data**: Alignment of investment & need (KPI 3)
 - **Corporate data available on demand**: Reduce Human Rights barriers to services (KPI 9a); RSSH: Supply chains (KPI 6b); RSSH: Financial Management (KPI 6c)
- **Potentially** available in future (2022 or later) or on demand:
 - **Data not publicly available yet**: RSSH: HMIS coverage (KPI 6d); Domestic Investments (KPI 11); Investment efficiency (KPI 4); RSSH-Results disaggregation (KPI 6e)
 - **KPI discussion more relevant at portfolio level**: Grant funding for Key Populations (KPI 5a); Fund utilization: allocation utilization (KPI 7a); Grant funding for Human Rights (KPI 9b)
- **Not available** for reporting:
 - **Strictly internal information**: Capacity to report on Service coverage for Key Populations (KPI 5b); Key Population service coverage (KPI 5c); RSSH: NSP alignment (KPI 6f)
 - **Data does not exist at country level**: Resource Mobilization (KPI 10a and 10b); Supply Continuity (KPI 12a); Affordable health technologies (KPI 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**, 5c**, 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*

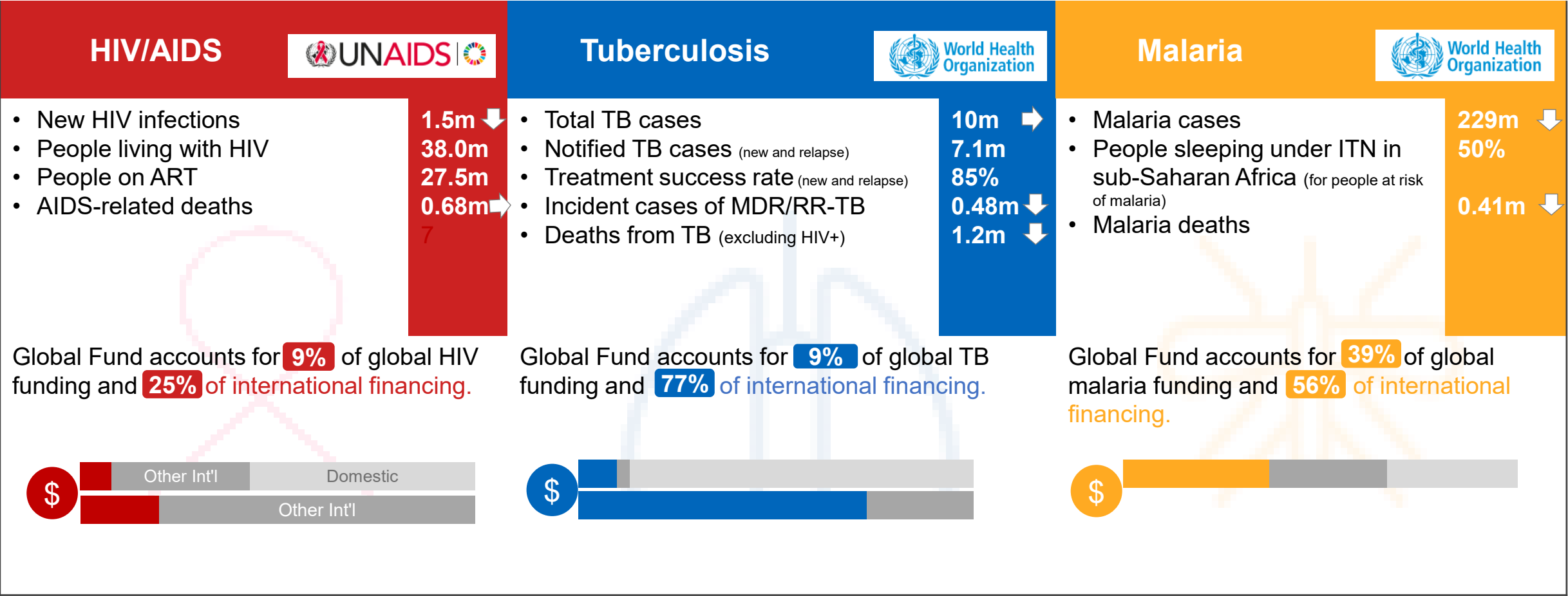
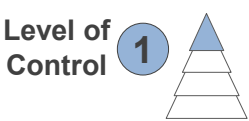
*For KPI 2 non modelled, threshold is lower bound of Strategy target range

** For KPI 5b & 5c, country & KP combination is one data point

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

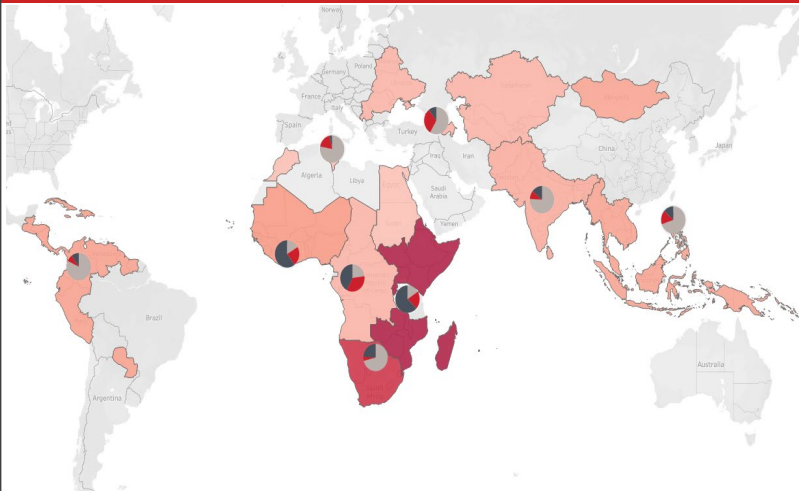


Trend vs previous year

HIV data: Data Fact Sheet 2021 on UNAIDS.org, TB data: Global TB Report 2020, WHO; Malaria data: World Malaria Report 2020, WHO
Funding sources Global Fund Results Report 2021, 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

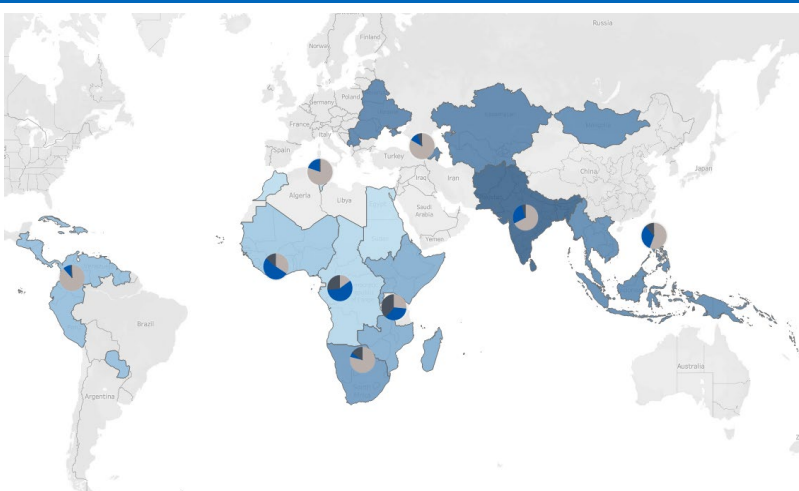
HIV/AIDS



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).

The GF accounts for approx. 15% of all funding in eligible countries between 2018-2020.

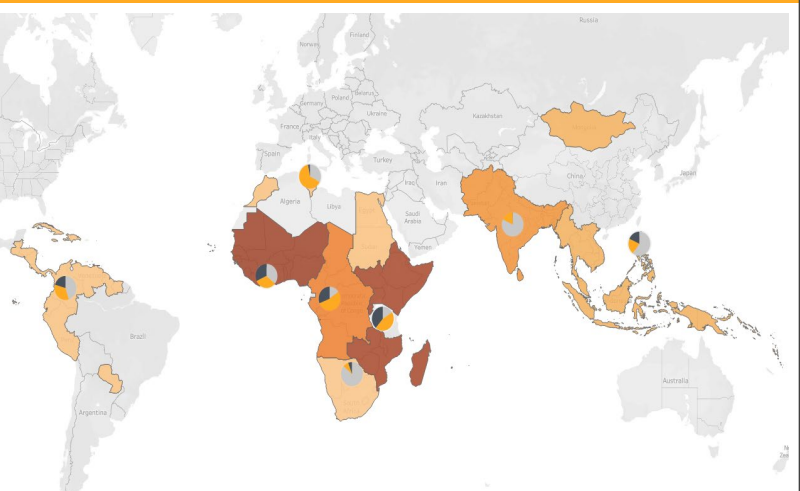
Tuberculosis



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).

The GF accounts for approx. 24% of all funding in eligible countries between 2018-2020.

Malaria



The GF has proportionately higher shares in MENA (eligible countries); Central and Eastern Africa (that also receive high PMI funding) and LAC. It has lower shares in Asia and Southern Africa (mainly domestic funding).

The GF accounts for approx. 38% of all funding in eligible countries between 2018-2020.

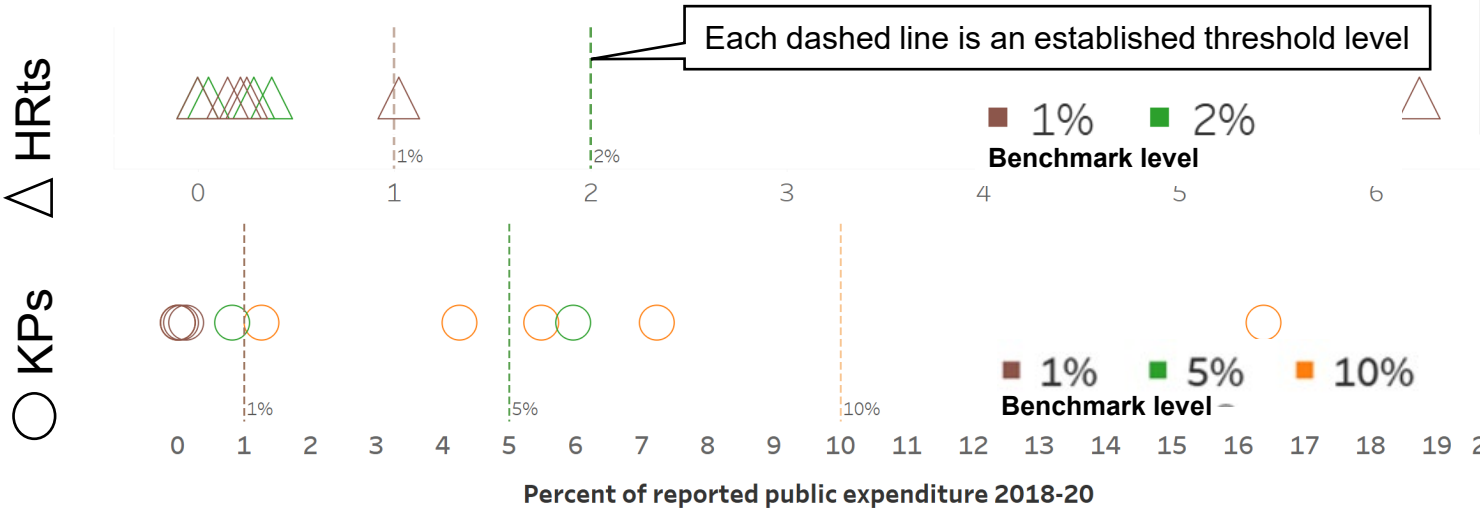
NB: this data is based on funding requests submitted by GF-financed countries* during the allocation period 2020-2022
*For instance, in LAC, the GF share of funding is not representative of the region as a whole as most of its countries are ineligible for GF funding.
Regions are based on the UN geo-scheme.
How to interpret the maps: color of region is based on total funding for the region; pie chart represents share of GF vs other international donors (dark grey) and domestic funding (light grey)



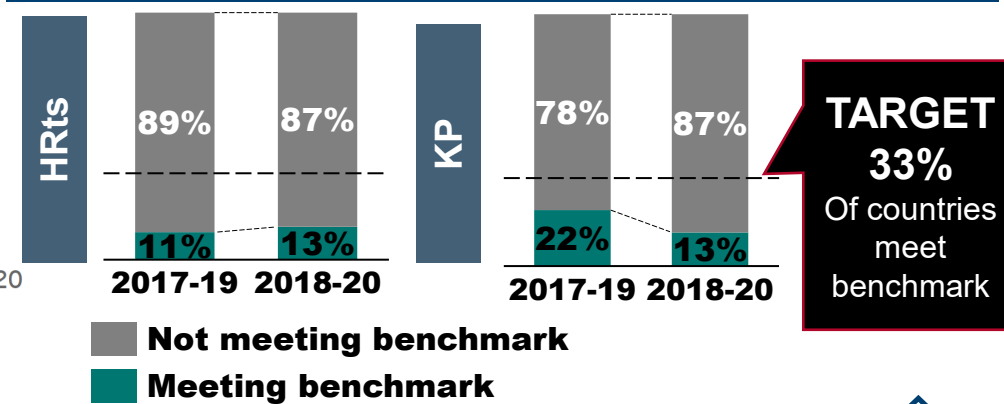
Funding

Measure	Mid-2021 Result*	Key takeaways
Percentage of countries meeting domestic HIV expenditure benchmark on (i) social enablers, including programs to reduce human rights-related barriers, and (ii) prevention programs targeting KPs	<div> <i>(i) 13% (vs 11% baseline)</i> <i>(ii) 13% (vs 22% baseline)</i> </div> <div>Target</div> <div>33%</div>	<ul style="list-style-type: none"> Two countries met the benchmarks for KP prevention, and for social enablers, respectively** For social enablers, average domestic investment is 0.5%, and 7/15 countries report zero investment. For KPs: average is 2.8%, and 5/15 countries show no investment There are ongoing challenges with data availability and quality In the COVID-19 context, achieving benchmarks is even more challenging due to competing funding priorities Secretariat teams will work with partners (e.g., UNAIDS, WHO) to improve performance and address data concerns but progress may be limited/slow in the short-term due to COVID-19

Distribution of countries for period 2018-20 on domestic expenditure



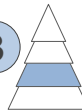
Breakdown of countries meeting benchmarks against baseline (/15 countries with data in 2018-2020)





Design

Program Design



Funding



Design



Implementation



Results

Strategic Focus

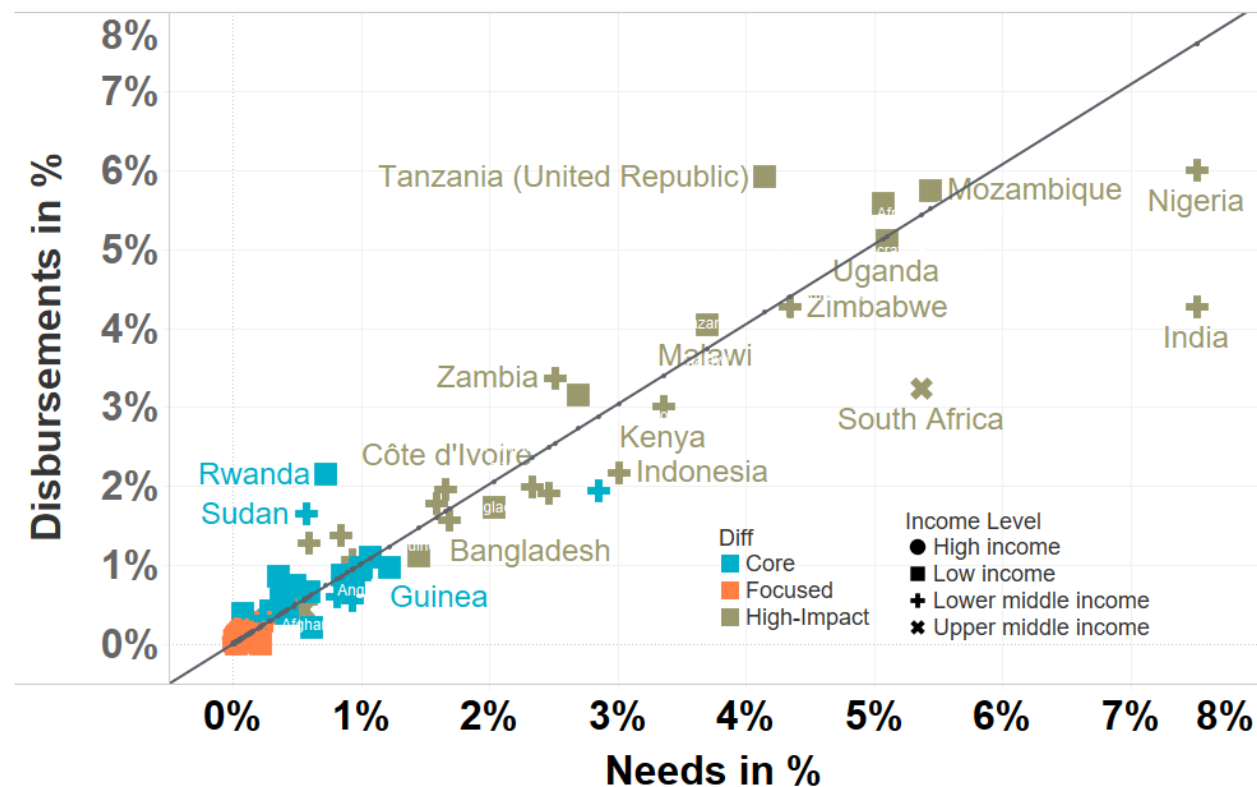
● KPI 3 – Alignment of investment & need

Measure	Mid 2021 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	Deviation of 0.270 : improved compared to 2020
	Target
	2021: Deviation less than or equal to 0.307

Key takeaways

- Share of investment continues to be reported on using disbursements as decided by the Board in Fall 2020.
- The deviation has continued to improve (i.e., move downward) for the last 2 years and now is significantly exceeding target
- KPI metric highly driven by countries with large share of “need”, that are low and lower-middle income (i.e., by High Impact countries, mainly in HI Africa 2 with the additional of several core countries) Deviation from optimal performance driven by South Africa, India, Nigeria, Rwanda, Sudan, Tanzania
- Recent progress contributed to by a significant improvement from India as well as Zimbabwe and Malawi (compared to end 2020 forecast)

Alignment Needs-Disbursements, global



**KPI includes countries that received an allocation and had cumulative 2018-2020 disbursement >0; Excludes countries that received their entire allocation through a multi-country grant

Activities

● KPI 4 – Investment efficiency

● KPI 6f – NSP alignment

Measure	Mid-2021 Result	Key takeaways								
Change in cost per life saved or infection averted from supported programs	89% countries show improved efficiency	<ul style="list-style-type: none">Of the national disease programs assessed to date, 89% demonstrate a decrease of cost per life saved or per infection averted over the 2017-2019 allocation period, indicating improved efficiency of national programs.Assessment progress of malaria programs has been behind that of HIV and TB, mostly since a very limited number of countries applied malaria epidemiological impact models to inform the development of NSPs and funding requests. High Impact countries in Asia are excluded from this round of reporting due to the lack of properly calibrated malaria models. The Global Fund Modelling Guidance Group will continue advising how to address those challenges for the 2020-2022 cycle.The current assessment methodology for TB programs is more sensitive in countries that have been flagged for efficiency loss. It is recommended that these countries take the KPI4 findings into account during the grant processes (e.g., NSP development, funding requests, reprogramming etc.)Review of current TB methodology 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>23</td><td>26</td><td>16</td><td>65</td></tr></table>		HIV	TB	Malaria	Total	23	26	16	65
HIV	TB		Malaria	Total						
23	26		16	65						
% 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>89%</td></tr></table>	HIV	TB	Malaria	Total	100%	73%	100%	89%	
HIV	TB	Malaria	Total							
100%	73%	100%	89%							

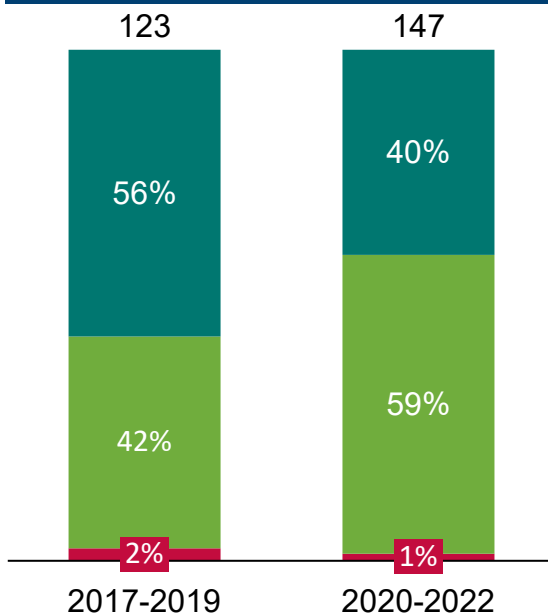
Result for Window 1-5 2020-2022 Allocation Period

Activities

- KPI 4 – Investment efficiency
- KPI 6f – NSP alignment

Measure	Mid-2021 Result	Key takeaways
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)”	99% ‘Strongly Agree’ / ‘Agree’ Target 90% ‘Strongly Agree’ / ‘Agree’ (‘Very Good’ / ‘Good’ in previous survey iteration)	<ul style="list-style-type: none"> Results continue to be robust exceeding targets. Few countries are in the process of reviewing NSP during the time of FR submission and thus some assessments were made on draft NSPs - reflected in slight decrease (2%) in ‘Strongly Agree’ assessments from last report and increase of 3% in ‘Agree’ assessments. In 2020, 2 Funding Requests were not aligned to NSP, however in 2021 (Window 4 & 5) all Funding Requests were aligned to the NSP, in varying degrees. Similar to previous report, TB Funding Requests (59%) continue to be strongly aligned to the NSP

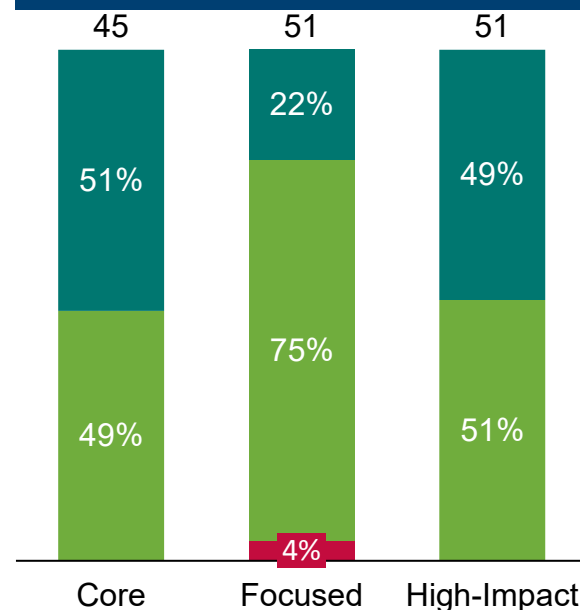
2017-2019 vs. 2020-2022 Funding Cycle



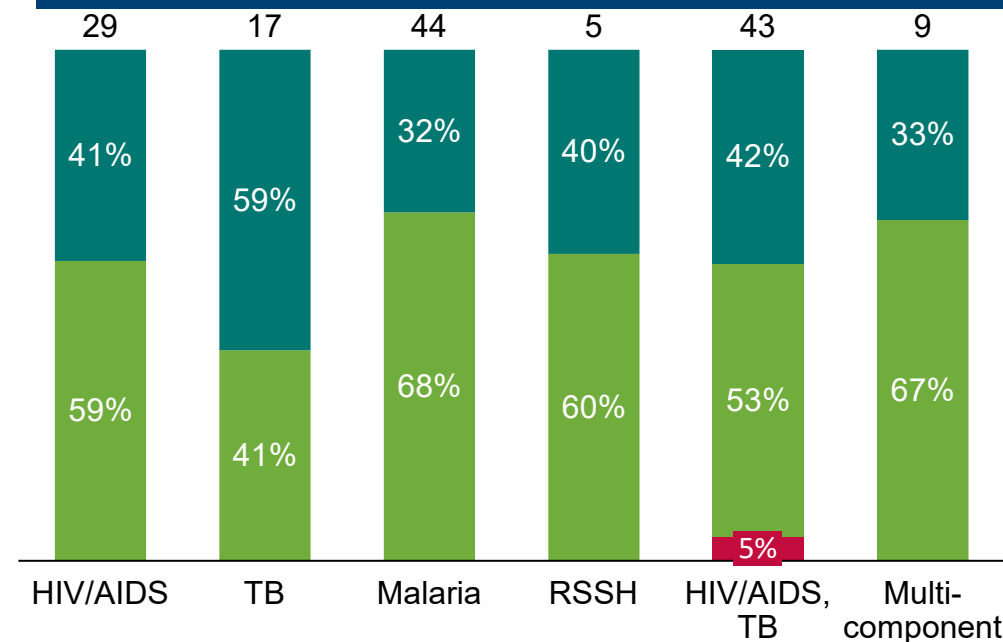
THE GLOBAL FUND

Strongly Agree Agree Disagree

Result by Portfolio Disaggregation



Results by component



Total Funding Requests in KPI cohort reviewed were 149, however 2 Funding Requests for which TRP assessment was not available are excluded from calculations


First time reporting

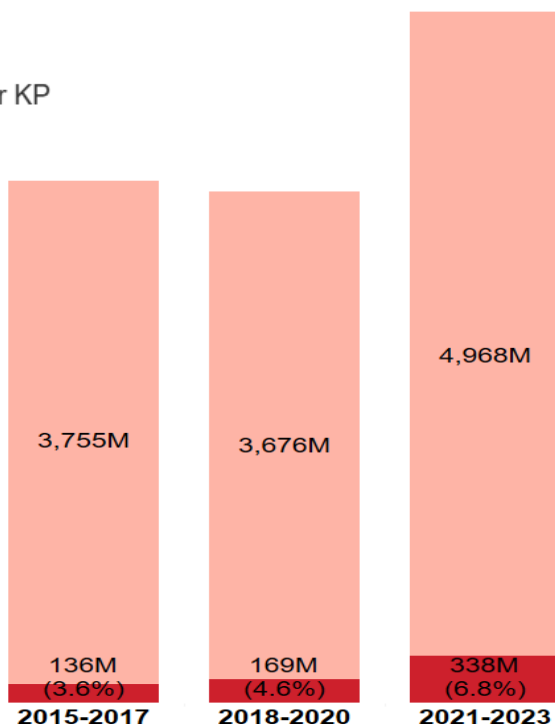
Budget

- KPI 5a – Investment in Key Populations
- KPI 9b – Investment in Human Rights

Measure	Mid-2021 Result	Key takeaways
Percentage of grant budget in signed HIV and HIV/TB grants dedicated to HIV prevention programs targeting KPs	<p>7.2% - 8.5%</p> <p>Target</p> <p>10% for 2021-2023 budget period</p>	<ul style="list-style-type: none"> For the 2021-2023 implementation period, % HIV grant funds invested in HIV prevention for Key Populations is currently between 7.2% and 8.5% (see next slide for further details); significantly lower than the 10% target. To date, the increase in proportion of investment for HIV prevention for Key Populations in the 2021–2023 implementation period is less substantial than expected. When comparing same grant cohort across periods, there is a noticeable increase (4.6% in 2018-2020 vs 6.8% in 2021-2023) in investment in HIV prevention for Key Populations which even though is not sufficient to meet the target, is still indicative of Global Fund and partner efforts towards HIV prevention for Key Populations. Progress made has been driven largely by substantial and impressive gains in a small number of High Impact portfolios, namely Kenya, Ethiopia, Mozambique and Nigeria. While many other countries are increasing the relative size of their investments in Key Populations prevention – particularly in Core and Focused portfolios - absolute levels of investment are not sufficient to significantly alter the KPI result at July 2021. Conversely, in a number of countries the amount budgeted for Key Populations HIV prevention in the 2021–2023 implementation period was lower than 2018–2020 and/or 2015–2017 levels. A few notable countries are not included in this year's reporting, including Ukraine, Myanmar and South Africa. The addition of South Africa in 2022 will significantly affect the KPI's numerator and denominator though it is too early to project how it will impact the result. Regional variations observed both in terms of: <ul style="list-style-type: none"> Overall investment in HIV prevention for Key Populations : much higher for EECA (45%) and lower for Africa (10%); and Distribution of funds within Key Populations : Strong support to MSM in LAC whereas activities are more focused on PWID in EECA and Asia, and on SW for Africa and MENA

HIV prevention investment trend for same grants* across periods

 HIV budget
 HIV prevention budget for KP



First time reporting

Budget

- KPI 5a – Investment in Key Populations
- KPI 9b – Investment in Human Rights

Measure

Percentage of grant budget in signed HIV and HIV/TB grants dedicated to HIV prevention programs targeting KPs

Mid-2021 Result

7.2% - 8.5%

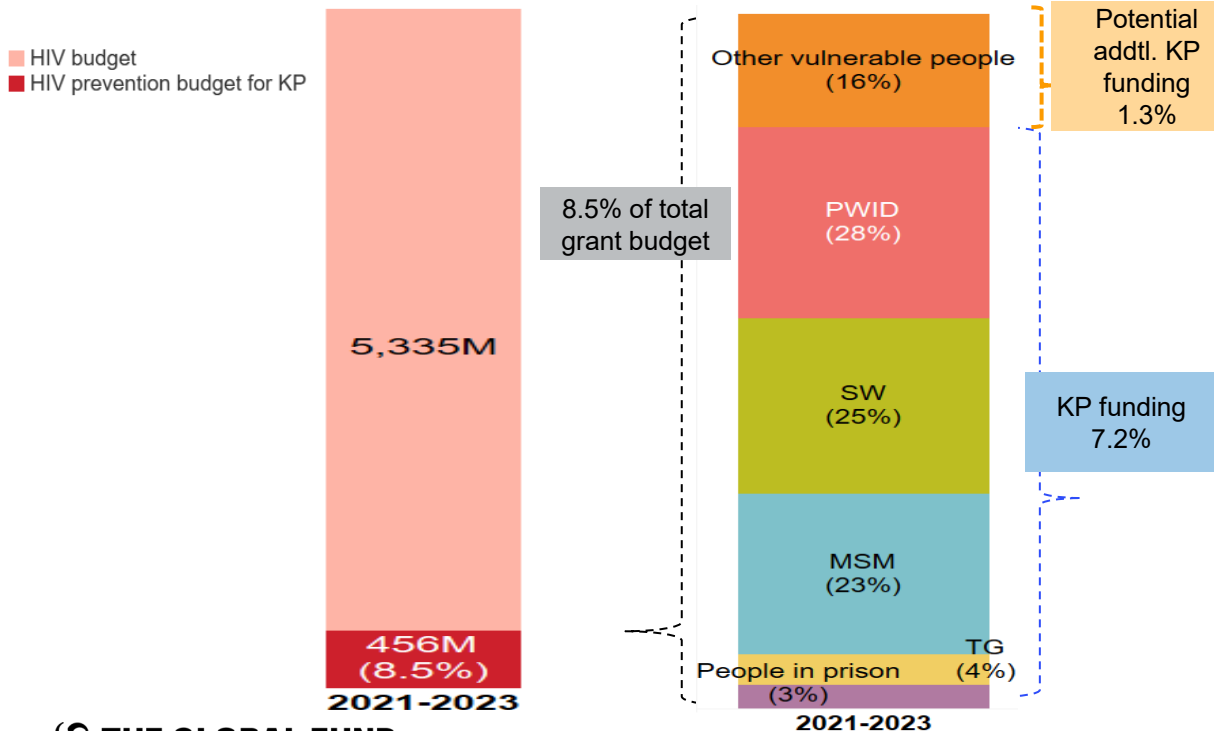
Target

10% for 2021-2023 budget period

Key takeaways

- Though the majority of investments in HIV prevention for Key Populations are in the five modules for men who have sex with men (MSM), sex workers (SW), people who inject drugs (PWID), transgender individuals (TG) and people in prisons, some are made under the prevention module for “Other vulnerable people”. In contexts where men who have sex with men, sex workers, people who inject drugs, transgender individuals and/or people in prisons are highly stigmatized or criminalized, the “Other vulnerable people” category frequently includes investments in Key Populations programs. Programs focusing on the partners of Key Populations are often, though not systematically, categorized under “Other vulnerable people” as well. Misclassification also occurs.
- “Other vulnerable people” module also includes large investments in such groups as refugees, truck drivers, fisher folk, etc. who, while vulnerable to HIV acquisition depending on context, are not defined by [UNAIDS](#), [WHO](#) or the [Global Fund](#) as HIV Key Populations.
- Results for investments in HIV prevention for Key Populations, and Key Populations including other vulnerable groups have been disaggregated to provide a clear picture accounting for the probability that the Key Populations result (previous slide) likely reflects a slight underreporting of actual budgeted investments, while also recognizing that the inclusion of “Other vulnerable people” investments in their totality would not be an accurate reflection of Key Populations investments.
- In consideration of this occasional fluidity and at times misclassification between Key Populations and “Other vulnerable people”, KPI result is being reported as a range between the HIV prevention investment in Key Populations and investment in both Key Populations and “Other vulnerable people”.
- Even with the inclusion of “Other vulnerable people” - or some proportion of those investments – the KPI target is currently not being met.

HIV prevention investment in 2021-2023 period (Key Populations and Other Vulnerable people)





Funding



Design



Implementation



Results

Level of Control

2



HIV

Budget

● KPI 5a – Investment in Key Populations

● KPI 9b – Grant funding for Human Rights (1/2)

Measure

% of HIV and HIV/TB grants budget dedicated to programs to reduce **human rights-related barriers**

Mid-2021 Result

**Human Rights
HIV: 3.18%**

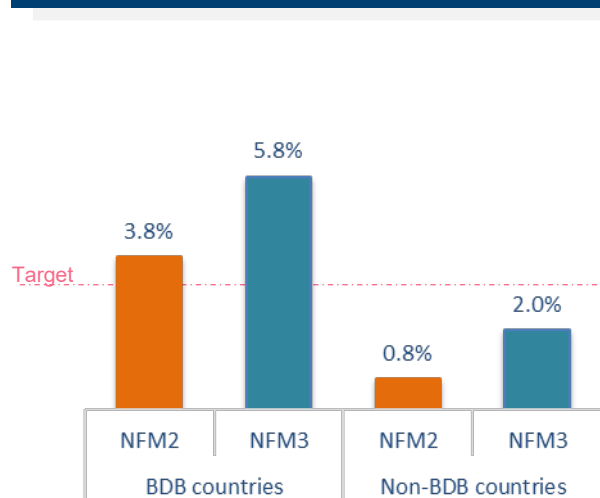
2022 Target

Human Rights
HIV: 3.00%

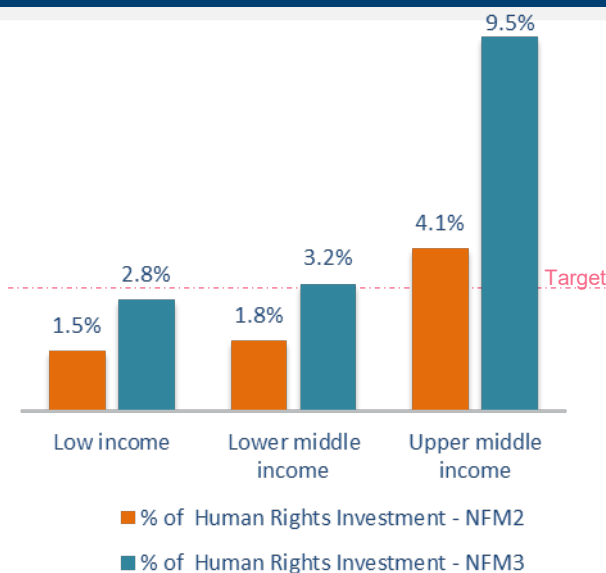
Key takeaways

- The level of investment in programs to remove human rights-related barriers in HIV and HIV/TB grants in 70 countries (87% of total HIV portfolio) is 3.18%, compared to 1.69% in the 2017-2019 allocation cycle.
- Large increase in funding compared to previous funding cycle with the Human Rights investment increasing from USD 77.4M in the 2017-2019 allocation grants to USD 174.7M in the current allocation cycle for the cohort of 70 countries.
- Investment in countries that are part of the Breaking Down Barriers initiative show strong progress, indicative of the importance of incentives such as matching funds as well as multi-stakeholder commitment, evidence, sustained efforts and implementation support on comprehensive responses to human rights-related barriers.
- There appears to be higher human rights investment in higher income categories.

Breakdown by BDB-countries & funding cycle



Breakdown by income bracket & funding cycle





Funding



Design



Implementation



Results

Level of
Control

2



TB

Budget

● KPI 5a – Investment in Key Populations

● KPI 9b – Grant funding for Human Rights (2/2)

Measure

% of TB grants budget in selected countries with highest TB disease burden dedicated to programs to reduce human rights-related barriers

Mid-2021 Result

Human Rights
TB: 1.99%

2022 Target

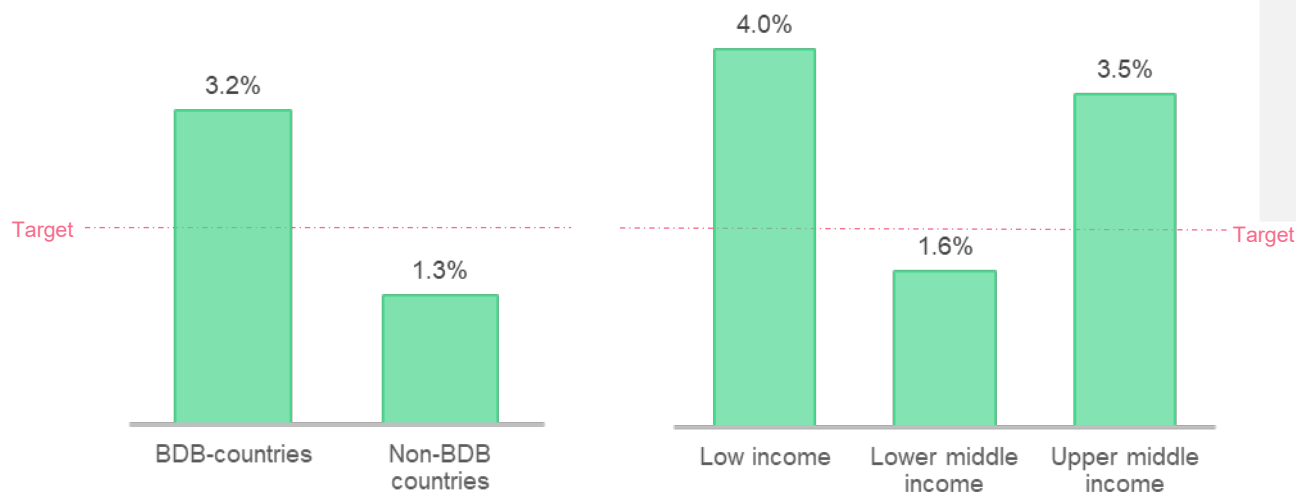
Human Rights
TB: 2.00%

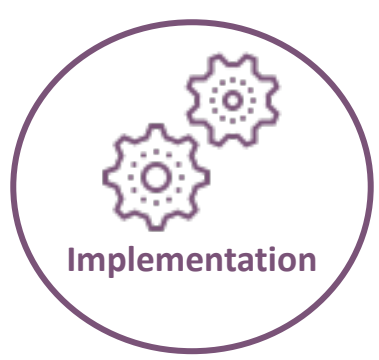
Key takeaways

- The current level of investment in programs to remove human rights-related barriers in TB grants in the 19 countries with Board-approved grants constitutes 1.99%, a 65% increase since baseline
- This result is based on an assessment of 99% of the TB investment in the cohort
- The Breaking Down Barriers initiative, through the evidence and multi-stakeholder commitment, built the momentum with the TB communities and wider stakeholders to better identify and address human rights and gender-related barriers to TB services. The cross-cutting nature of the human rights matching funds may have further contributed to the increase in investment.

Breakdown by BDB-countries

Breakdown by income bracket





Implementation

Performance

● KPI 5b – KP reporting capacity

● KPI 7a – Fund utilization: allocation utilization

● KPI 7b – Fund utilization: absorptive capacity

Measure	Mid-2021 Result	Key takeaways
Percentage of target countries* with reporting on coverage of an evidence-informed package of services for at least 2 Key Populations	67% of countries currently able to report Target 75% by 2022	<ul style="list-style-type: none"> Despite consistent progress since baseline (45%) the target has not been reached at the end of this reporting period. The result is an improvement over previous result at 64%, however progress does not indicate a material improvement in the cohort's ability to report on this key metric. Rather, it reflects a contraction of the KPI cohort due to fewer countries having quality and up-to-date PSEs for at least two KPs. 5 countries dropped from the cohort while only 1 country was added to the cohort. At least 2 have the potential to be added back to the cohort by end 2022. Lack of investment and prioritization and/or local capacity to produce quality and timely PSEs are significant hurdles to achieving this goal of <i>increased capacity to monitor and report</i> on the coverage of HIV prevention programs for KPs

Overview

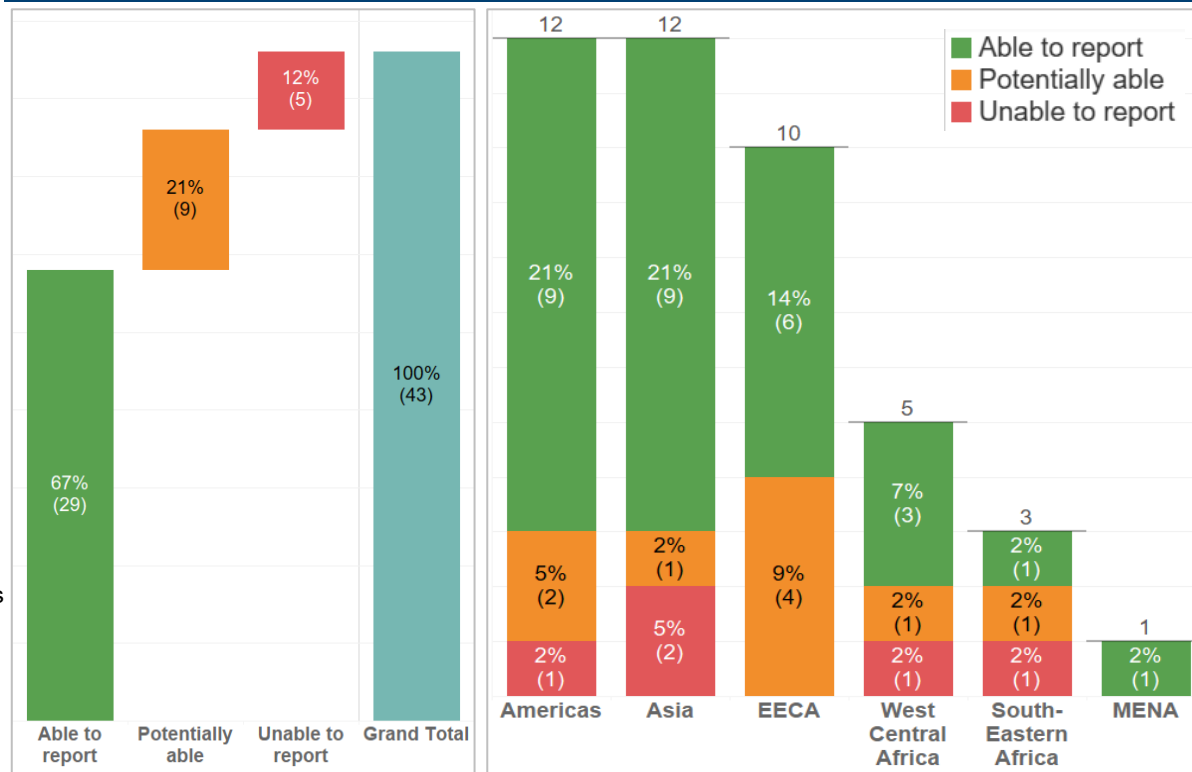
43 countries in current cohort**. Assessments based on 4 dimensions:

- 2 KPs of epidemiological significance;
- Comprehensiveness of the service package;
- Geographic coverage of services;
- Adequacy of monitoring system.

**Cohort is fluid: The cohort was 55 countries at the time of the KPI's approval. In 2019, it decreased to 47 and stood at 43 in 2020.

*Assessments only conducted in countries with nationally adequate population-sized estimates

Results



Geographical regions based on UN geoscheme

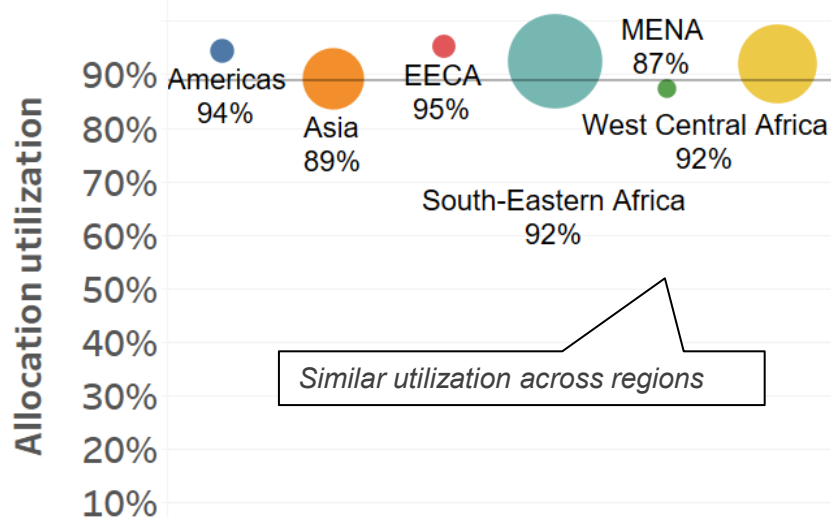


Performance

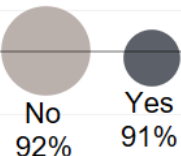
- KPI 5b – KP reporting capacity
- KPI 7a – Fund utilization: allocation utilization
- KPI 7b – Fund utilization: absorptive capacity

Measure	Mid-2021 Result	Key takeaways
Portion of allocation that has been disbursed or is forecast to be disbursed	96% (6th Replenishment) Target 91-100% (6 th Replenishment)	<ul style="list-style-type: none"> This is the first measure of utilization in the new Replenishment cycle; results generally strong Across all disaggregation's (see below) utilization is strong with the exception of stand-alone RSSH grants – a trend that has carried over from past reporting; and a slight dip in utilization for MENA 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.

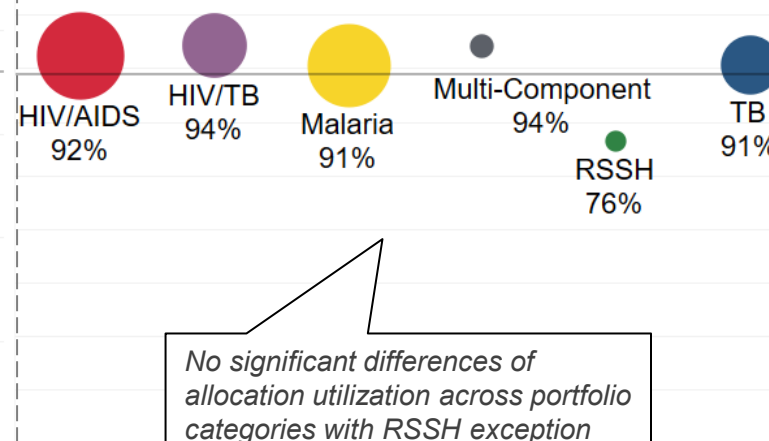
Utilization by geographical region



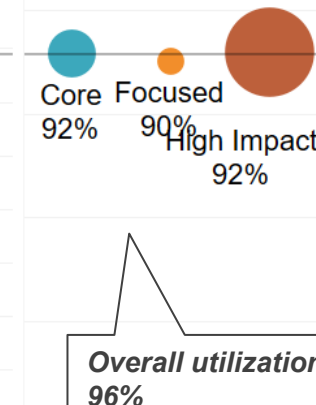
Utilization by COE status



Utilization by component



Utilization by differentiation



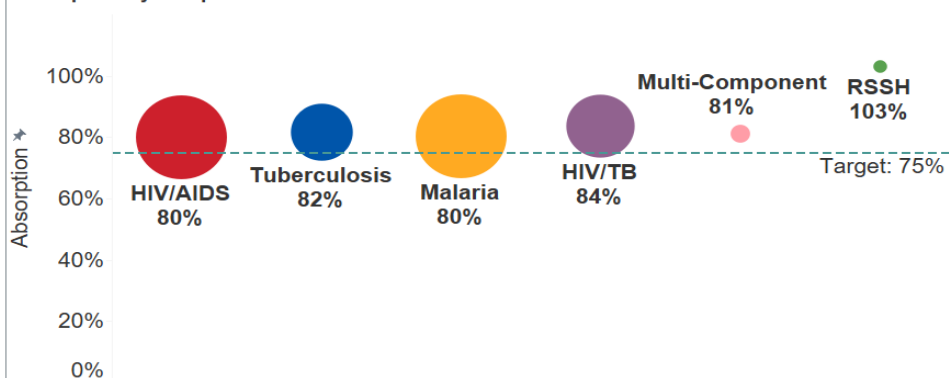


Performance

- KPI 5b – KP reporting capacity
- KPI 7a – Fund utilization: allocation utilization
- KPI 7b – Fund utilization: absorptive capacity**

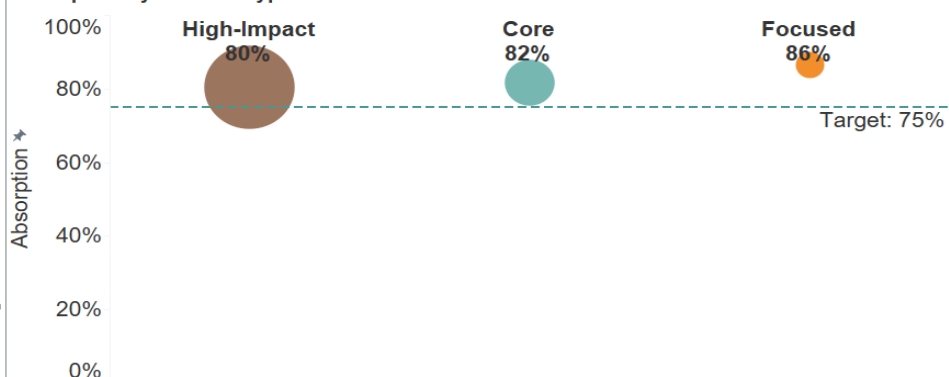
Measure	Mid-2021 Result	Key takeaways
Portion of grant budgets that have been reported by country program as spent on services delivered	81%	<ul style="list-style-type: none"> Grant absorption rate for the period 2018-2020* stands at 81%, which is significantly higher than the target. For 2017-2019 allocation cycle grants that ended in 2020, absorption is even higher at 87% which is consistent with the observed historical trend of increased absorption towards the end of the grant lifecycle. Absorption continues to be above target for all components, portfolios and across regions. Multi-country grants have slightly higher absorption vs. single country (83% vs 81%) Whilst COVID-19 had some impact, current levels of the KPI reflect the strong focus by the Secretariat on addressing absorption bottlenecks.
	Target 75% by 2022	

Absorption by component for 2018-2020



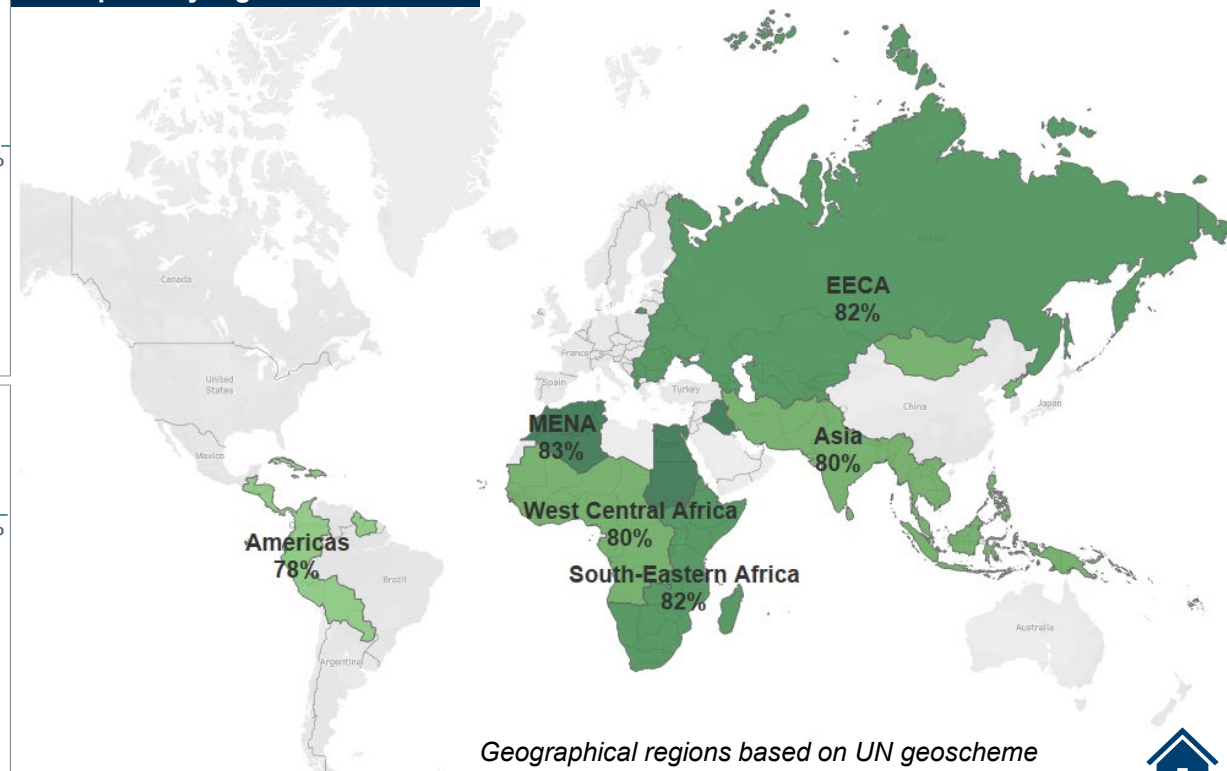
The size of the bubbles is proportional to the total 2018-2020 budget amount

Absorption by Portfolio type for 2018-2020



* 2018-2020 period includes grants that are at various stages of grant lifecycle

Absorption by region for 2018-2020



Geographical regions based on UN geoscheme



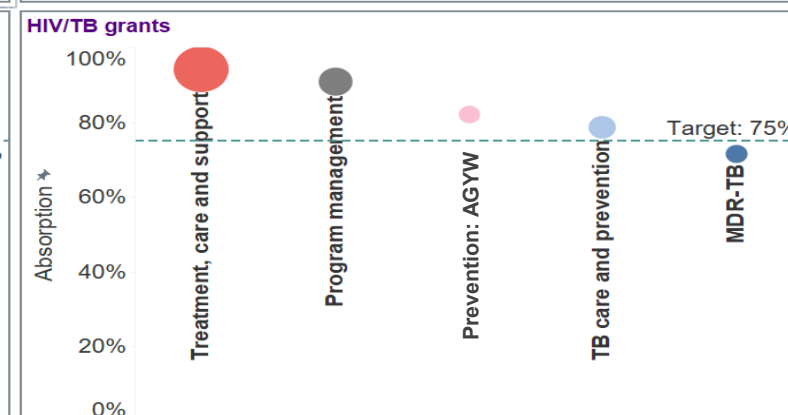
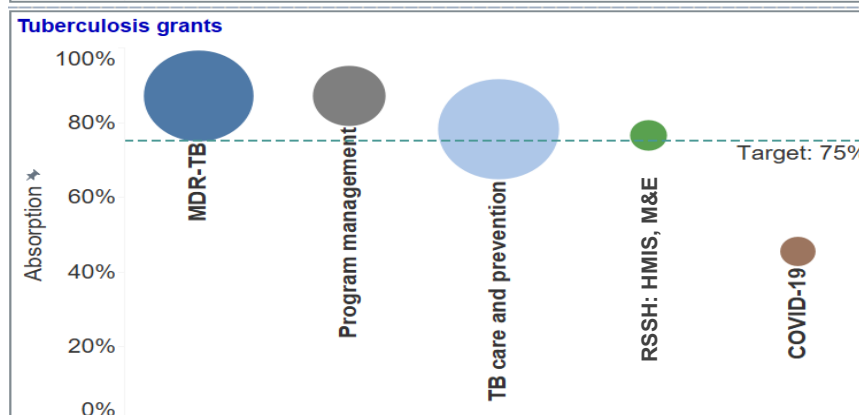
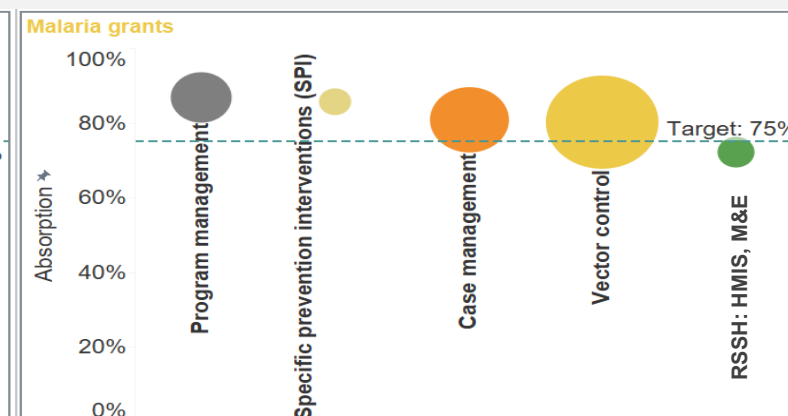
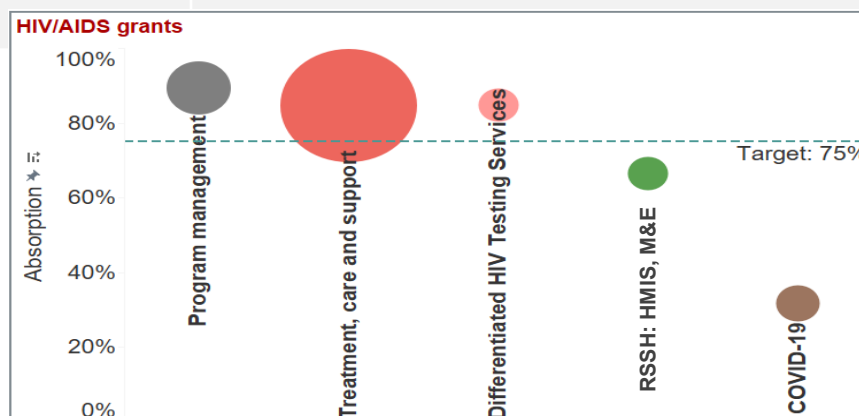
Performance

- KPI 5b – KP reporting capacity
- KPI 7a – Fund utilization: allocation utilization
- KPI 7b – Fund utilization: absorptive capacity

Measure	Mid-2021 Result	Key takeaways
Portion of grant budgets that have been reported by country program as spent on services delivered	81% Target 75% by 2022	Result by modules (key activities): Absorption is high for most modules except for the COVID-19 module. Even though absorption is generally higher for program management or activities with a high commodities component (treatment, vector control etc.), generally the absorption is on or above target for all non-COVID-19 activities. The absorption for overall KP prevention activities for instance is at 77% and RSSH: HRH is at 82%.

Absorption for top 5 modules (in total budgeted amount) by disease component. Generally, above or around the target except for COVID-19 module

The size of the bubbles is proportional to the total 2018-2020 budget amount

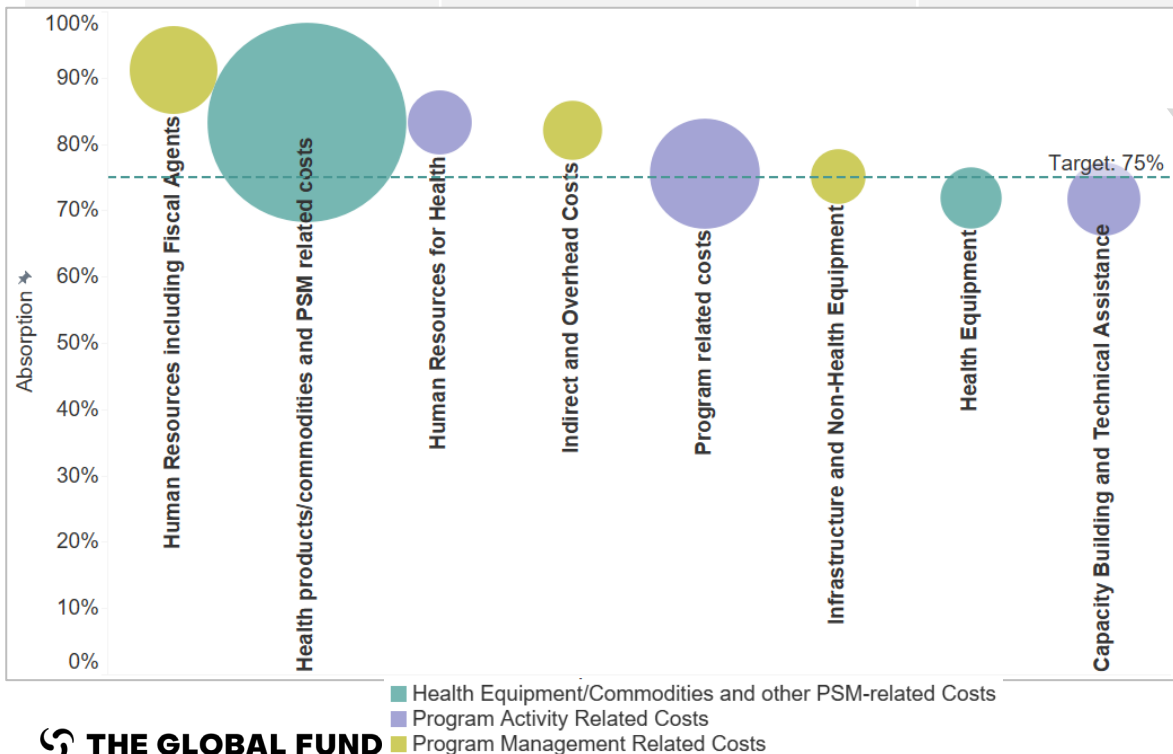




Performance

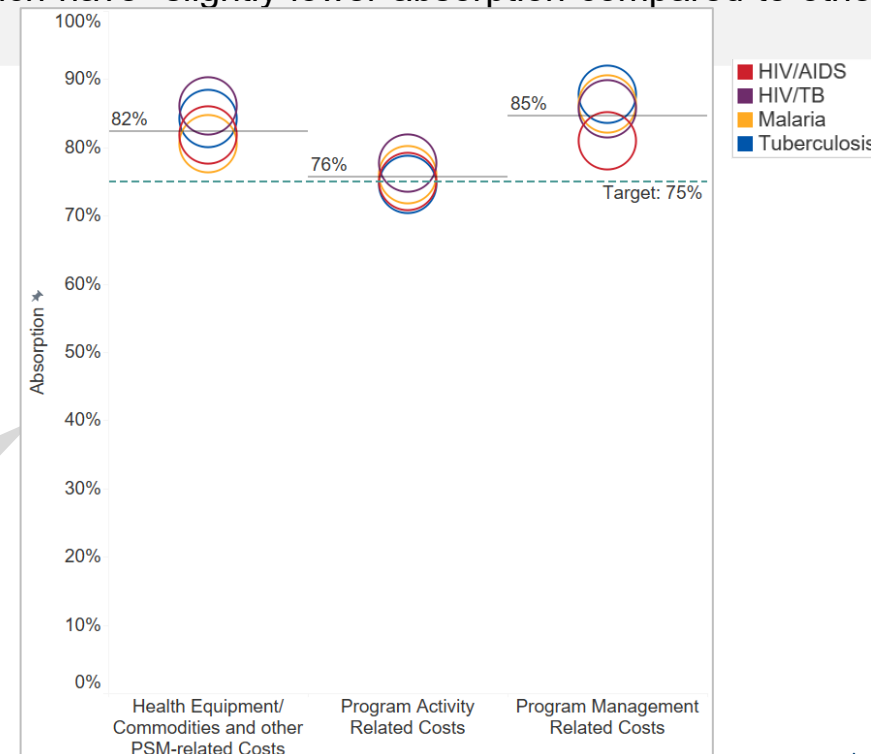
- KPI 5b – KP reporting capacity
- KPI 7a – Fund utilization: allocation utilization
- KPI 7b – Fund utilization: absorptive capacity**

Measure	Mid-2021 Result	Key takeaways
Portion of grant budgets that have been reported by country program as spent on services delivered	81% <div>Target</div> 75% by 2022	<p>Result by analytical grouping (key costs): Absorption is high across all disease components, with a similar pattern of lower values for Program activity related costs for each of the diseases.</p> <p>At a more granular cost grouping level also results are consistent with higher absorption for program management and commodities related costs except for Health equipment (72%) and Capacity building costs (72%) which have slightly lower absorption compared to other</p>



Absorption is higher for activities linked to Commodities and Program management.

Consistent performance across all disease components.





Results

Updates to KPI 2 included in this report

Due to recent updates made to KPI 2 data, results for some KPI 2 sub-indicators were adjusted after the Committee meetings. The table below outlines the adjustments made to results to be able to provide the most recent information to the Board. **Please note that none of the adjustments resulted in any material changes to the overall Strategic performance.**

KPI 2 sub-indicator	Previous result	Updated result
Overall projections for Modelled indicators (p.59)		No material change at the portfolio level. <0.5% change in the projections affected for # TB treatment, # MDR TB, # HIV+ TB on ART
# HIV+ TB on ART (p.69)	<u>Results for countries driving gap to Strategy target</u> NGA – ranked 3 ; IND – ranked 4	<u>Results for countries driving gap to Strategy target</u> NGA – ranked 4 ; IND – ranked 3
# TB (TB notified cases) (p.71)	<u>2022 projections</u> High Projection value of 39.6mn not showing at correct position in graph <u>Results for countries driving gap to Strategy target</u> AGO – ranked 4 ; THA – ranked 8 ; MMR – ranked 3 ; PRK – ranked 6 ; ETH – ranked 5 ; CMR – ranked 9 ; KHM – ranked 10	<u>2022 projections</u> High Projection value of 39.6mn now showing at correct position in graph <u>Results for countries driving gap to Strategy target</u> AGO – ranked 10 ; THA – ranked 3 ; MMR – ranked 4 ; PRK – ranked 5 ETH – ranked 6 ; CMR – ranked 8 ; KHM – ranked 9
%TB-CDR (p.72)	<u>2020 results</u> Portfolio level result 53.6% <u>Results for countries driving gap to Strategy target</u> AGO – ranked 5 ; BGD – ranked 6 ; THA – ranked 7	<u>2020 results</u> Portfolio level result 53.9% <u>Results for countries driving gap to Strategy target</u> AGO – ranked 7 ; BGD – ranked 5 ; THA – ranked 6
# MDR-TB (MDR-TB patients treated) (p.74)	<u>Countries contributing to Strategy target</u> IND, IDN, ZAF, PHL, PAK, UKR, MMR, COD , NGA, BGD	<u>Countries contributing to Strategy target</u> IND, ZAF, PHL, IDN, PAK, UKR, MMR, KAZ , NGA, VNM
# LLIN (p.76)	<u>Countries contributing to Strategy target</u> IND, NGA, COD, UGA, KEN, ETH, TZA, MMR, MDG, SDN	<u>Countries contributing to Strategy target</u> IND, NGA, COD, UGA, KEN, ETH, TZA, MMR, MDG, MOZ

Reference information for KPI 2 indicators (1/2)

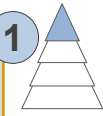
Code	Indicator Full Name	Target: Modelled/ Non Modelled	Source for Numerator	Source for Denominator	Cohort
# ART	# of adults and children currently receiving ART	Modelled	GF result, UNAIDS for countries with no results	N/A	99 countries
% ART	% of adults and children currently receiving ART among all adults and children living with HIV	Modelled	GF result, UNAIDS data for countries with no results	UNAIDS Estimates	33 countries
# VMMC	# of males medically circumcised	Modelled	GF result, WHO data for countries with no results	N/A	14 countries
% PMTCT	% of HIV+ pregnant women receiving ART for PMTCT	Modelled	GF result, UNAIDS data for countries with no results	UNAIDS Estimates	26 countries
% PLHIV know	% of people living with HIV who know their status	Non Modelled	UNAIDS estimates, GF data for countries with no data	Same as numerator	33 countries
% VLS	% of people living with HIV on ART with viral load suppression	Non Modelled	UNAIDS estimates, GF data for countries with no data	Same as numerator	33 countries
% IPT	% of PLHIV newly enrolled in care that started preventative therapy for TB, after excluding active TB	Non Modelled	GF result, WHO data for countries with no results	Same as numerator	35 countries
# HIV + TB on ART	# of HIV-positive registered TB patients (new and relapse) given anti-retroviral therapy during TB treatment	Modelled	GF result, WHO data for countries with no results	Same as numerator	93 countries

Reference information for KPI 2 indicators (2/2)

Code	Indicator Full Name	Target: Modelled/ Non Modelled	Source for Numerator	Source for Denominator	Cohort
# TB	# of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses	Modelled	GF result, WHO data for countries with no results	N/A	96 countries
%TB	% of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses among estimated new TB cases	Modelled	GF result, WHO data for countries with no results	WHO estimates	96 countries
# MDR – TB	# of cases with drug-resistant TB (RR-TB and/or MDR-TB) that began second-line treatment	Modelled	GF result, WHO data for countries with no results	N/A	87 countries
% TB TSR	% of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment (drug susceptible)	Non Modelled	WHO data, GF data for countries with no results	WHO data	99 countries
% MDR-TB TSR	% of bacteriologically-confirmed RR and/or MDR-TB cases successfully treated (cured plus completed treatment) among those enrolled on second-line anti TB treatment	Non Modelled	WHO data, GF data for countries with no results	WHO data	33 countries
# LLINs	# of LLINs distributed to at-risk-populations	Modelled	GF results	N/A	63 countries
# IRS	# of households in targeted areas that received IRS	Modelled	GF results	N/A	36 countries
% Malaria testing	% of suspected malaria cases that receive a parasitological test	Non Modelled	GF results; WHO data for countries with no GF results	Same as numerator	80 countries
% IPTp3	% of women who received at least 3 doses of IPTp for malaria during ANC visits during their last pregnancy in selected countries	Non Modelled	GF results; WHO data for countries with no GF results	Same as numerator	36 countries

Projection method

- For the modelled indicators, three sets of projections are provided:
 - **The optimistic projection:** based on national Performance Framework targets for 2022. In their absence, it is assumed that the target (or result in the absence of target) from the latest available year will be continued. **The projection assumes 100% of PF targets are to be achieved;**
 - **The “COVID-19 mitigated” (C19) conservative projection:** based on actual results (for available years up to 2020) and projected results, estimated by adjusting grant national targets by average 2017-2019 grant performance assuming it continues over the remaining Strategy period. **This assumes that programs go back to their historical, pre-COVID-19 performance levels in 2021 and 2022.**
 - **The “COVID-19 contingency” (C19) very conservative projection:** based on actual results (for available years up to 2020) and future projected results, assumed to stay at the same level as 2020. For LLINs, 2020 performance was used to adjust 2021 and 2022 targets. **This is a very conservative scenario that assumes that the disruption experienced in 2020 continues at the same level in 2021 and 2022 (no progress).**
- For the non-modelled indicators **only optimistic projection is provided due to limited data on performance**



 **Funding**

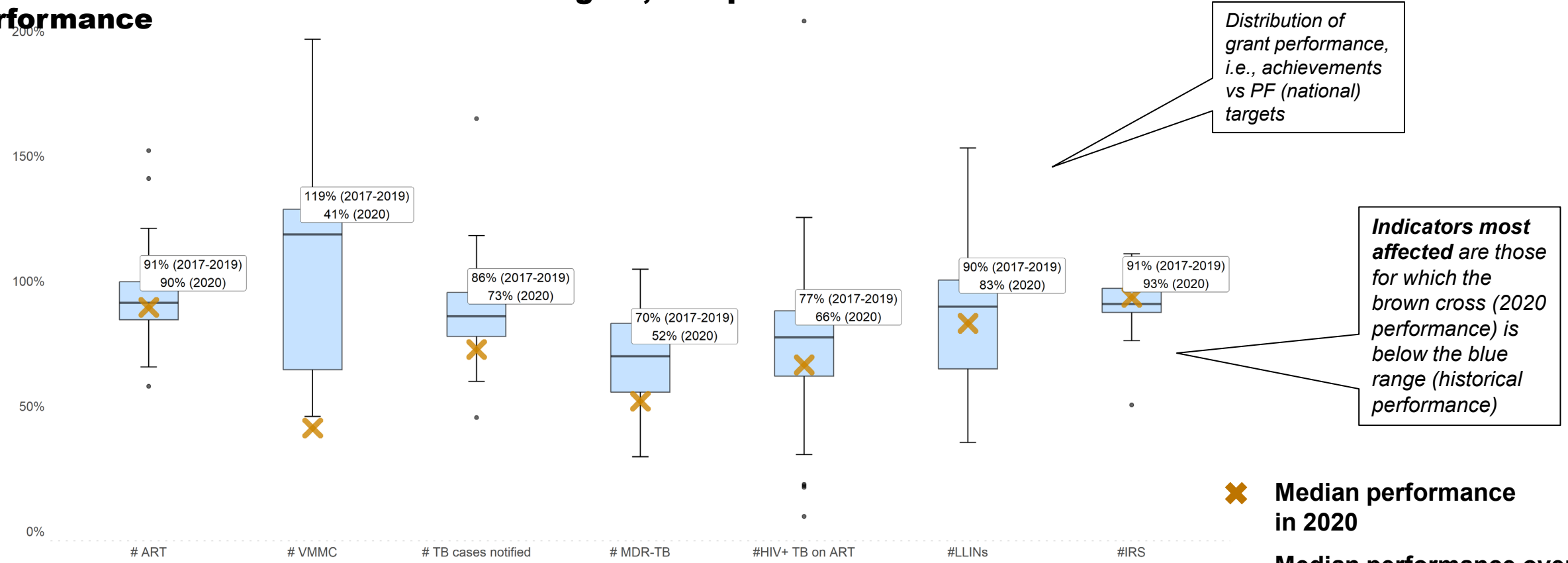
 **Design**

 **Implementation**

 **Results**

Grant performance: comparing the 2020 achievements to 2017-2019. Impact of COVID-19 evident with some indicators (VMMC, TB notifications, MDR-TB cases on treatment) showing a significant decrease in achievement vs national targets, compared to historical performance

- Maximize impact against HIV, TB, Malaria**
- KPI 2 – Performance against service delivery targets
 - KPI 5c – Service coverage for Key Populations



Distribution of grant performance, i.e., achievements vs PF (national) targets

Indicators most affected are those for which the brown cross (2020 performance) is below the blue range (historical performance)

- ✕ Median performance in 2020
- Median performance over 2017-2019

* **Performance** is calculated by dividing country-level annualized grant results by grant targets
The boxplots represent distribution of individual country-service mean performance over 2017-2019



Funding



Design

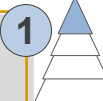


Implementation



Results

Level of Control



1

Summary of KPI 2 results & projections* to achieving 2022 targets

Maximize impact against HIV, TB, Malaria

● KPI 2 – Performance against service delivery targets

● KPI 5c – Service coverage for Key Populations

	Indicator	Strategy target	Latest Result (measuring # countries currently within range for non-modelled indicators)	Optimistic projection assumes grant targets will be fully reached	Conservative C19 mitigated projection (only applies for modelled indicators) based on pre-COVID19 performance	Very Conservative C19 contingency projection (only applies for modelled indicators) based on 2020 results remaining constant	GF level of funding**
HIV/AIDS	% PLHIV know	33 countries for which 80% PLHIV know their status	24 countries				
	# ART	23 million	21.8 million				Medium
	% ART	78%	71%				Medium
	# VMMC	22 million	14.6 million				Low
	% PMTCT	96%	85%				Low
	% VLS	33 countries for which 90% ART patients virally suppressed	25 countries				
HIV/TB	# HIV+TB on ART	2.7 million	1.3 million				Low
	% IPT	35 countries for which 80% of PLHIV newly enrolled in care started preventative therapy for TB	6 countries				
TB	# TB	33 million	22 million				High
	% TB	73%	54%				High
	% TB TSR	99 countries for which 90% of TB cases successfully treated	37 countries				
	# MDR-TB	920 thousand	451 thousand				High
	% MDR-TB TSR	33 countries for which 85% of RR and/or MDR-TB cases successfully treated	7 countries				
Malaria	# LLINS	1350 million	683 million				High
	# IRS	250 million	36 million				Low
	% Malaria testing	80 countries for which 90% of suspected malaria cases received a parasitological test	66 countries				
	% IPTp3	36 countries for which 70% of women received at least 3 doses of IPT for malaria during ANC visits	4 countries				

*Projections based on best available data and will be updated with new grant targets when available

**Compared to domestic funding and other international funding. (See mid-2018 Strategic Performance Report)

● On track, at least for lower bound of uncertainty range

● At risk

● Off track

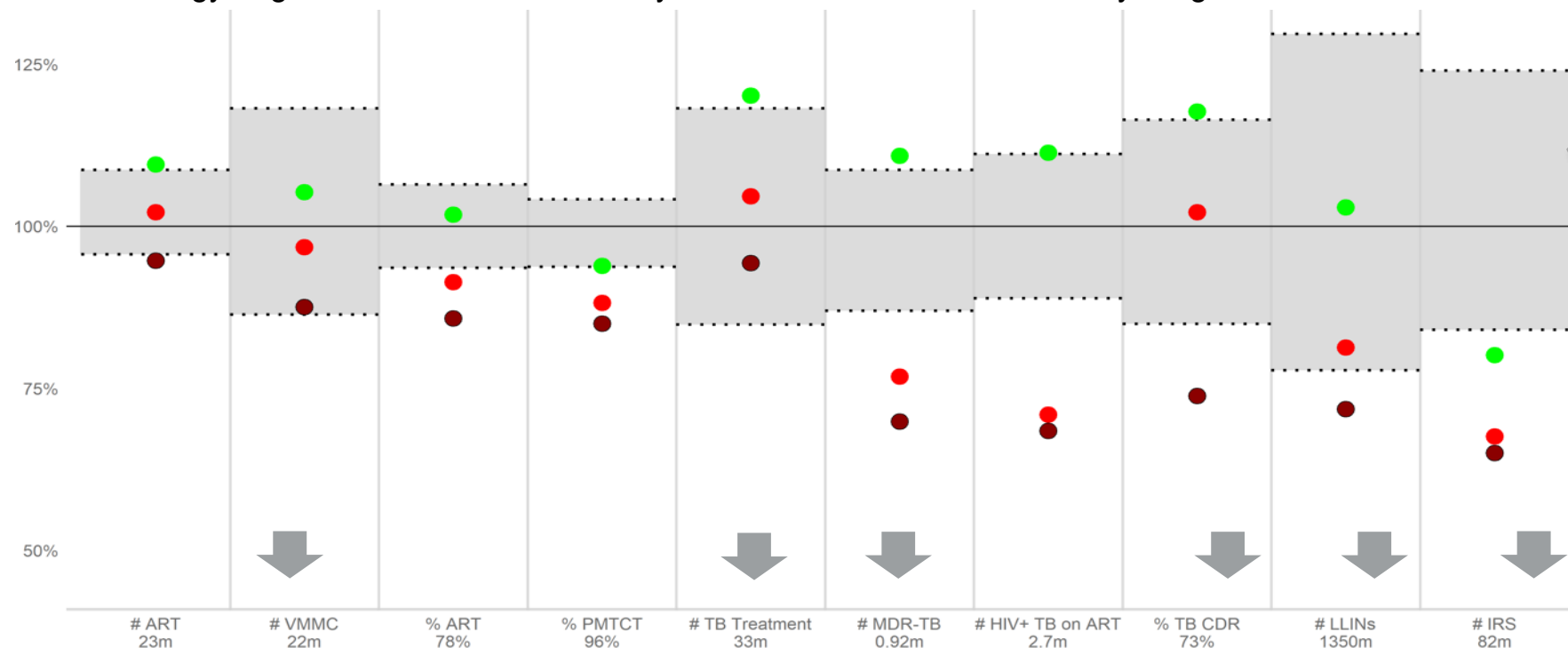
Overall KPI 2 projections* (modelled services)

Most indicators will be in range of Strategy target if programs meet their performance targets. However, a very significant loss of progress was seen in 2020 in the context of COVID-19, with grant indicators performing at historically lowest level, with TB (detection, notification, MDR on treatment) and VMMC especially affected. Strategy targets will be within reach only if COVID-19 can be successfully mitigated

Maximize impact against HIV, TB, Malaria

● KPI 2 – Performance against service delivery targets

● KPI 5c – Service coverage for Key Populations



How to interpret

- Each **column** is a modelled indicator
- The Strategy target (ST) line represents the modelled aggregated Strategy target per indicator (normalized at 100%). The grey area represents the Strategy target uncertainty range, the bottom line of the grey area is the Lower Bound of the range
- Green dots** represent the aggregate “optimistic” projection, assuming all countries meet their existing Performance Framework (PF) targets. Ideally, they should be close/above ST to reflect appropriate ambition in PF targets
- Bright red dots** represent the aggregate “conservative- C19 mitigated” projection, assuming that from 2021 all countries go back to the same performance level as before COVID-19 against their PF targets. Ideally, they should be close/above ST to reflect adequate ambition and good historical performance
- Dark red dots** represent the aggregate “very conservative-C19 contingency” projection, assuming all countries do not progress further than the results observed in 2020, under COVID-19. Ideally, they should be close/above ST to reflect adequate ambition, good performance and appropriate mitigation of COVID-19

— Strategy target
 - - - - - Uncertainty range around Strategy target

↑ / ↓ Significant progress/deterioration from last report (comparing most conservative scenarios)

- **Optimistic** Projection assuming all countries **meet their existing PF targets**
- **Conservative** projection assuming countries **stay at historical level of performance** against PF adjusted targets excluding 2020 performance – proxy of COVID-19 mitigated
- **COVID-19** projection assuming countries **stay at current 2020 results for 2021-2022** - (flat-lining for 2021-2022 with no target)

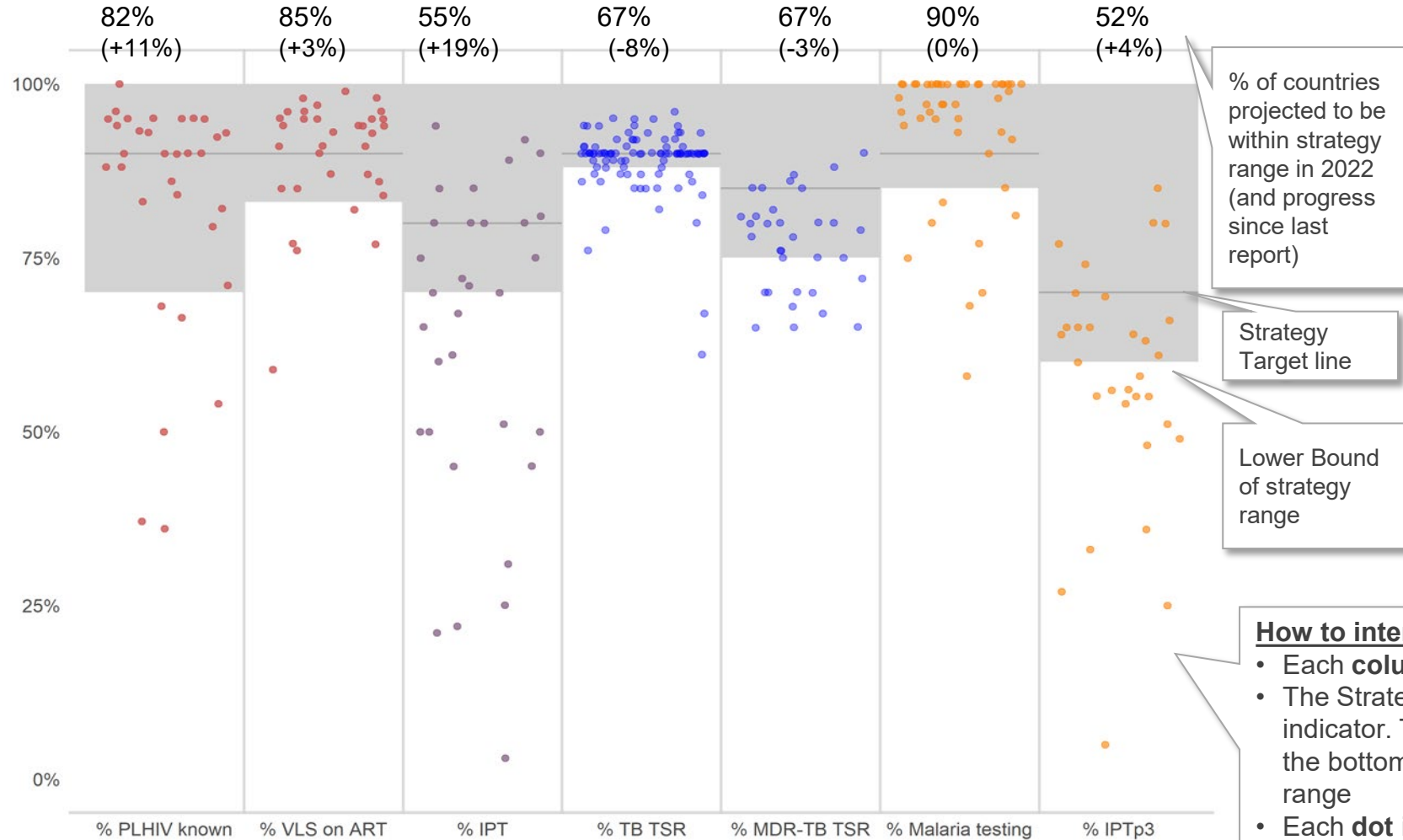
*Projections based on best available data and will be updated with new grant targets in the next cycle and grant performance. IRS projections shown in the graph are limited to 9 (out of 36) countries with reliable national targets. The 9 countries account for one-third (82m) of the Strategy targets (253m).

Overall KPI 2 projections* (non-modelled services)

Maximize impact against HIV, TB, Malaria

● KPI 2 – Performance against service delivery targets

● KPI 5c – Service coverage for Key Populations



Overall comments

- Projections have been significantly updated for many indicators as new grants were signed under the 2020-2022 allocation with 2022 national targets now available.
- In some cases (%IPT, %IPTp3, %PLHIV who know status), there is clear increase of ambition level, leading to higher projections
- Still, it is likely that the 2022 KPI target is unlikely to be met for most indicators, except potentially %malaria testing and %VLS.
- Note that these projections are based on a combination of 2022 national targets and most recent results (generally 2020) and they mostly **do not factor the effect of COVID-19**, which cannot be assessed directly with the KPI data

How to interpret (overall boxplot)

- Each **column** is a non-modelled indicator
- The Strategy target (ST) line is the global strategy target per indicator. The grey area represents the strategy target range, the bottom line of the grey area is the Lower Bound (LB) of the range
- Each **dot** is a country in the cohort its height represents the projected value at end of strategy
- Ideally most dots should be above the ST (or at least above the LB) line in the shaded area

Guidance: how to interpret KPI 2 detailed pages (modelled services)

1 First, assess overall projections vs. target...



How to interpret (bar chart):

- The blue bars correspond to the results progression from 2017, 2018, 2019 and the most recent 2020 result for countries in cohort, these are national results as of 2020 either from GF grant reporting or from technical partners. Note: these results do not necessarily match results reported in the GF Results Report as the cohort of countries may be slightly different.
- The **grey range** corresponds to the **Strategy Target** (at end of Strategy, either on 2022 or cumulative 2017-2022, depending on the indicator) with its uncertainty range
- The **green line** is the **High Projection**: based on full achievement of targets in current Performance Framework (PF), with assumption of flat-lining for following years, and using current partner results if no target data in PF
- The **bright red line** is the **COVID-19 mitigated projection**: assuming countries go back to the same level of performance against their national targets as seen before 2020
- The **dark red line** is the **COVID-19 contingency projection**: assuming results cannot progress further than the 2020 level.

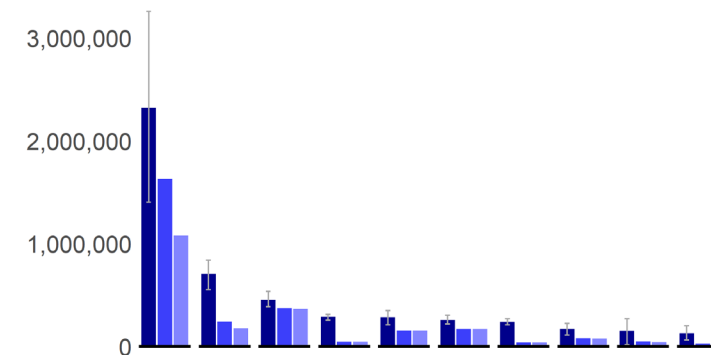
How to assess performance:

- If all projections are within/above the grey range: if current performance continues, achievement of the strategy target for this indicator is expected
- If the dark red line is left of the grey range: current performance against PF targets will need to improve in order to achieve Strategy Target; focus needs to be on COVID-19 mitigation
- If the bright red line is left of the grey range: historical performance against PF targets will need to improve in order to achieve Strategy Target; focus needs to be on implementation
- If the green line is left of the grey range: target unlikely to be achieved even at 100% achievement of PF targets; grant revisions / scale-up may need to be pursued

2

...then, investigate which countries are driving the gap to achieving Strategy targets

Maximize impact against HIV, TB, Malaria
 ● KPI 2 – Performance against service delivery targets
 ● KPI 5c – Service coverage for Key Populations



How to interpret (results by country):

- The **countries** displayed are the most important drivers of the gap between the conservative projection and achievement of Strategy target
- The dark blue (first bar) is the countries' expected contribution to the GF Strategy Target.
- The middle bar is based on full achievement of 2022 targets in current Performance Framework (PF), with assumption of flat-lining of current targets for countries without national targets up to 2022
- The light blue bar (third bar) is adjusted to COVID-19 effect and recent performance when available (expecting current, 2022 results will stay stable up to 2022)
- A large difference between the first two bars could be explained by a mismatch between the country's national target (as appearing in PF) and their expected contribution in the model used for the Strategy. A large difference between the last two bars could be explained by performance issues in grants and/or COVID-19 impact

Guidance: how to interpret KPI 2 detailed pages (non-modelled services)

Maximize impact against HIV, TB, Malaria

● KPI 2 – Performance against service delivery targets

● KPI 5c – Service coverage for Key Populations

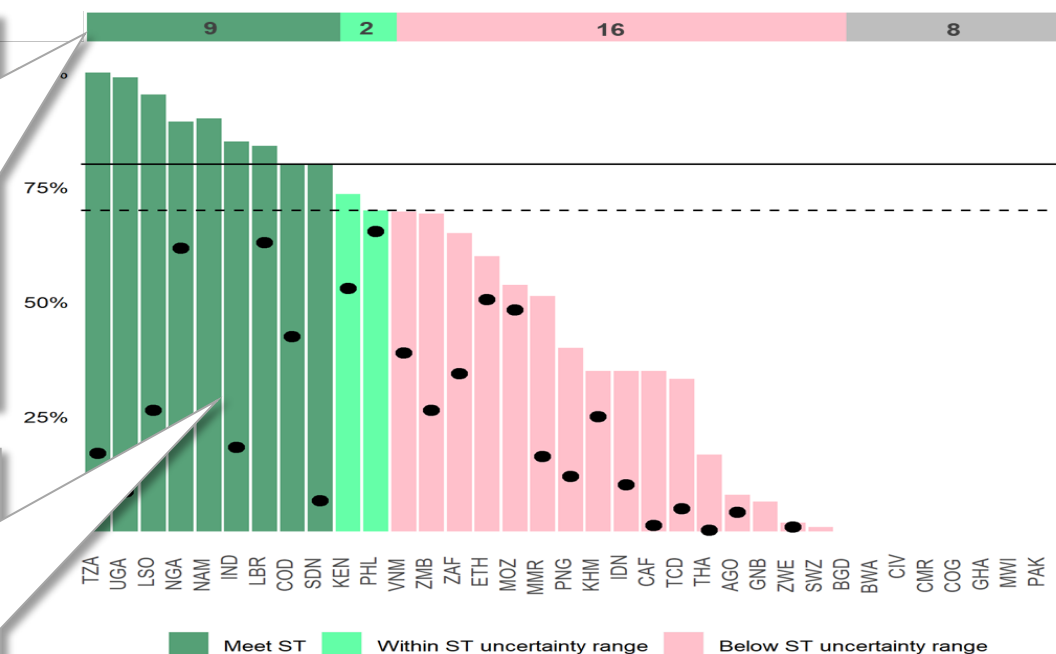
For indicators measuring # of countries reaching a specific, non-modelled threshold: assess distribution to better understand KPI projections

How to interpret (*horizontal country count bar*):

- The bar represents all countries in the cohort and is split according to 2022 **projections**. Numbers represent how many countries fit into category
 - Dark green** is “likely to meet midpoint of Strategy target (ST)”;
 - Lighter green** is “likely to meet lower bound (LB) of Strategy target”;
 - Pink** is “unlikely to meet lower bound of Strategy target”;
 - Grey** is “no data available at this stage”.
- Projections are estimated as the higher of: a) the latest national targets listed in the GF grants; and b) the current results from partners (assuming then no change until the end of Strategy)

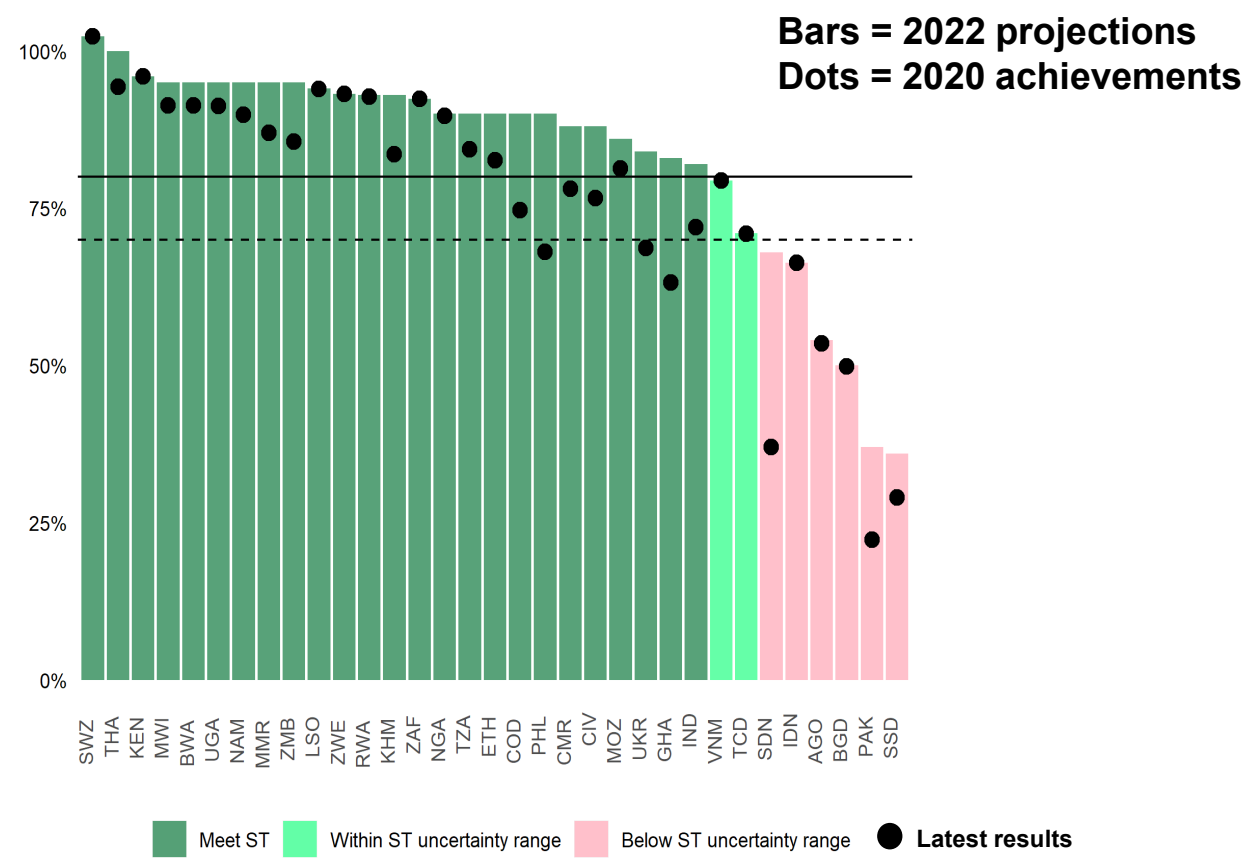
How to interpret (*vertical country target distribution bars*):

- The **bars** represent the 2022 projections for individual countries, with the same colour coding as for the overall projection bar, comparing them to 2 reference lines (solid line: Strategy target mid point (ST); and dotted line: lower bound (LB) of confidence interval)
- The **dots** show the current result (generally for 2020) based on partner data and/or results reported in GF grants, depending on the indicator
- This graph provides three additional details compared to the overall bar:
 - How far are countries from a specific threshold (rather than just whether they meet it or not)?
 - Is the projection reasonable given the current results (if available)?
 - What are the countries in each group?



% PLHIV know (people living with HIV knowing their status)

Maximize impact against HIV, TB, Malaria
 ● KPI 2 – Performance against service delivery targets
 ● KPI 5c – Service coverage for Key Populations



End-2022 Target

80% (70-90% uncertainty range) PLHIV know their status in all cohort countries

Key takeaways

- Cohort of 33 countries, data available for all of them
- 82% of countries where data available are expected to be within target range in 2022. Many of them (18 out of 33) are already reporting results above target.
- In total, all countries (except one) have improved results since last reporting period, with an average 3% progress
- Median achievement for 2020 is 83%. Achievements are much lower though in COEs with median of 70% in 2020
- Results relatively high (over 80%) in most of the countries with largest incidence (ZAF, MOZ, TZA, UGA, NGA, KEN) except for IND at 72% in 2020.
- NGA has been a success story: service adaptations rolled-out since 2020 contributed to improved results
- **The target appears within reach for this indicator, but meeting it would mean significantly improving the current situation in at least 3 of the countries that are currently low (IDN, SDN, AGO, PAK, BGD, SSD), which seems challenging**



Funding



Design



Implementation



Results

ART (patients on ART)

At the end of 2020 for countries in the Strategy, there were **21.8 M** adults and children receiving ART

End 2020 results*

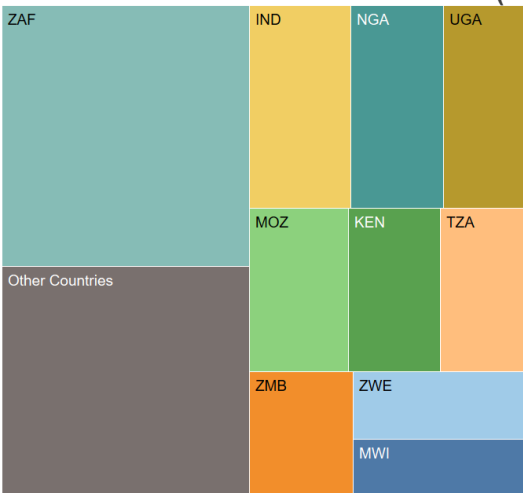
2022 projections**



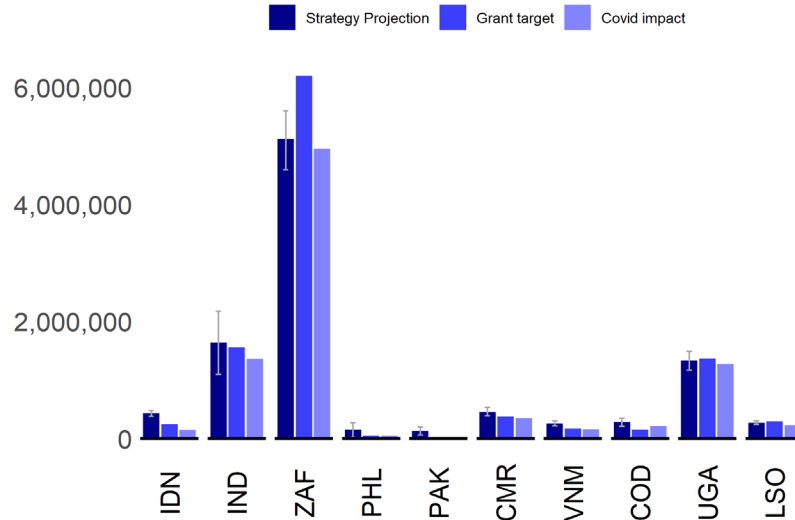
*KPI 2 results are based on a slightly different cohort of countries than the GF Results Report, so figures are not expected to match perfectly // **Projections sensitive to updates in people living with HIV population estimates

Results for countries driving the gap between very conservative scenario (including COVID-19 impact) and Strategy projections – sorted by size of gap

Contribution of countries to 2022 Strategy target for %ART



Size of box proportional to contribution



End-2022 Target

23M (22-25M uncertainty range) adults and children currently receiving ART

Key takeaways

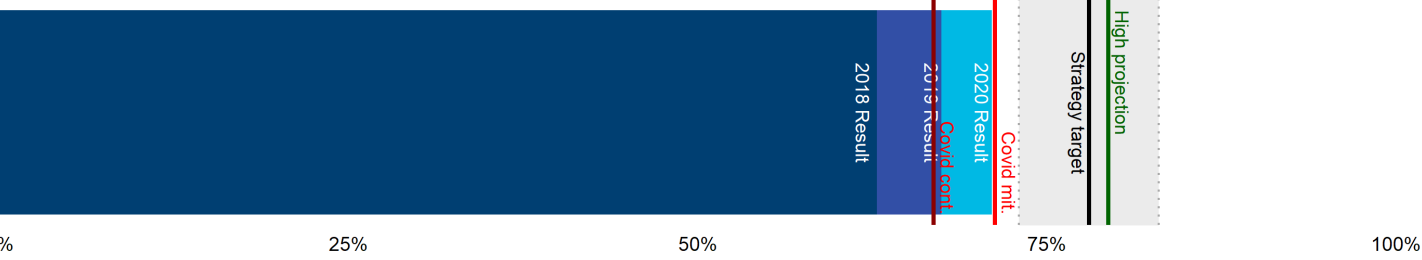
- Cohort composed of 99 countries
- Aggregate PF targets in line with strategy, **achievement of 2022 target looks possible with continuing good performance and achievement of national targets despite COVID-19**
- Overall, despite the COVID-19 disruption, grant performance against their own targets was maintained at acceptable level across portfolio (median: 90%) and the number of patients on ART actually increased by almost 2 million in 2020
- The gap between the 2022 low projection and Strategy target is mainly driven by Indonesia (grant targets much lower than expected contribution to strategy) and India (COVID-19 impact).
- Nigeria has significantly improved its performance in 2020 despite COVID-19 and is not one of the main drivers of the gap anymore. There was a further significant increase in the first half of 2021 which will be reflected the next time this KPI is reported.

% ART (ART Coverage)

At the end of 2020 for countries in the Strategy, **71%** of adults and children were receiving ART among entire population living with HIV*

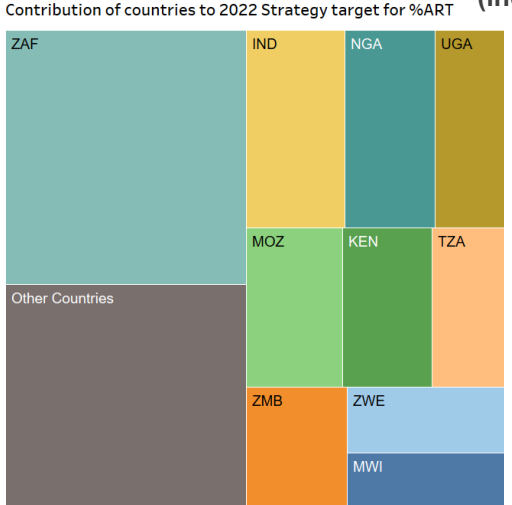
2020 results

2022 projections**

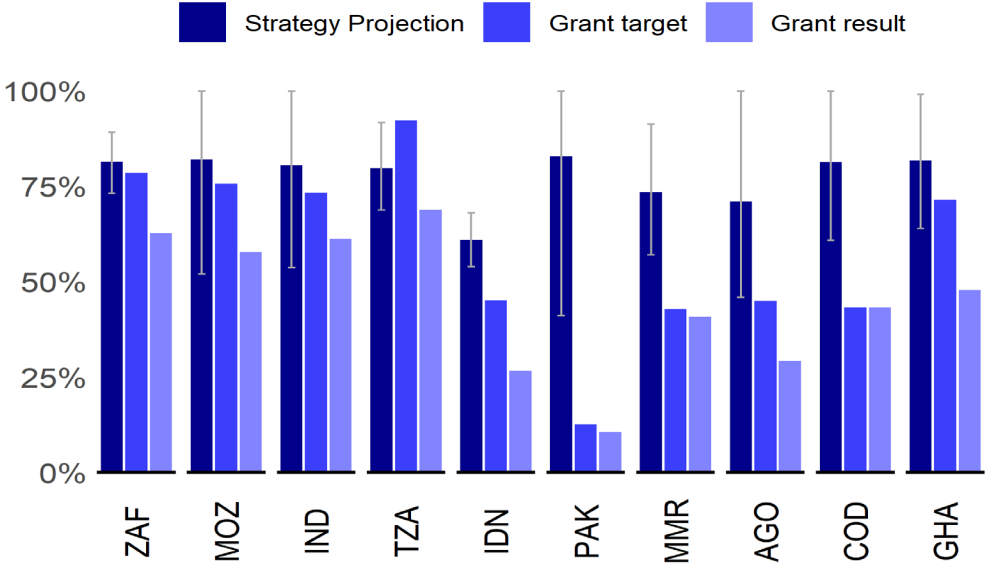


*Note: this includes **all** adults and children living with HIV and not only those who know their status
 **Projections sensitive to updates in people living with HIV population estimates

Results for countries driving the gap between very conservative scenario (including COVID-19 impact) and Strategy projections – sorted by size of gap



Size of box proportional to contribution



Maximize impact against HIV, TB, Malaria

- KPI 2 – Performance against service delivery targets
- KPI 5c – Service coverage for Key Populations

End-2022 Target

78% (73-83% uncertainty range) of adults & children currently receiving ART among all adults and children living with HIV

Key takeaways

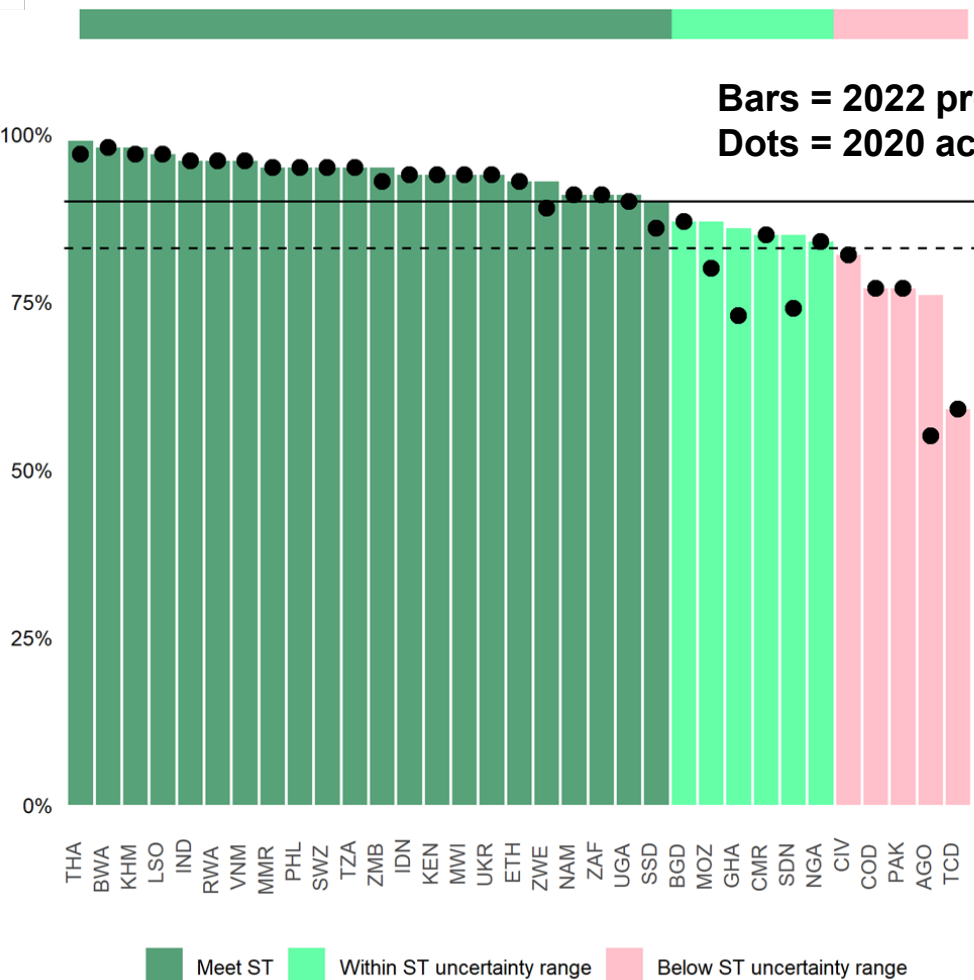
- Cohort composed of 33 countries
- Aggregate PF targets just within strategy target range, so **achievement being in 2022 target range possible assuming targets are reached (high projection)**
- Generally, grant performance was maintained across portfolio in 2020 (90% median for achievement against grant target) despite COVID-19
- In 2020, 6 countries (mainly in Southern Africa) out of 33 were already reporting ART coverage rate of 90% or more

% VLS on ART

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

Countries per category

22 6 5



Maximize impact against HIV, TB, Malaria

- **KPI 2 – Performance against service delivery targets**
- **KPI 5c – 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

- Cohort of 33 countries, data available for all of them
- 85% of countries where data available are expected to be within target range in 2022. Many of them (20 out of 33) are already reporting results above target.
- In total, a majority of countries (69%) have improved results since last reporting period, with an average 1% progress
- Median achievement for 2020 is 93%. Achievements are much lower though in COEs with median of 80% in 2020
- Results high (higher than 90%) in most of the countries with largest number of patients on ART (ZAF, TZA, UGA, IND, KEN) except for NGA and MOZ at both approximately 80% in 2020.
- **Achievement of the 2022 KPI target appears possible assuming a few countries (CIV, COD, PAK, MOZ, SDN, GHN) increase slightly**

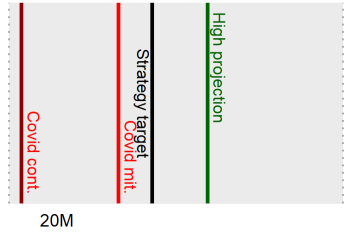
VMMC (voluntary male circumcisions)

From 2017 to 2020 for countries in the Strategy, **14.6M** men were circumcised

2017-2020 results*



2022 projections



**KPI 2 results are based on a slightly different cohort of countries than the GF Results Report, so figures are not expected to match perfectly. Strategy target is cumulative up to 2022 and cannot be directly compared to results which are for 2017-2020 only*

Maximize impact against HIV, TB, Malaria

- KPI 2 – Performance against service delivery targets
- KPI 5c – Service coverage for Key Populations

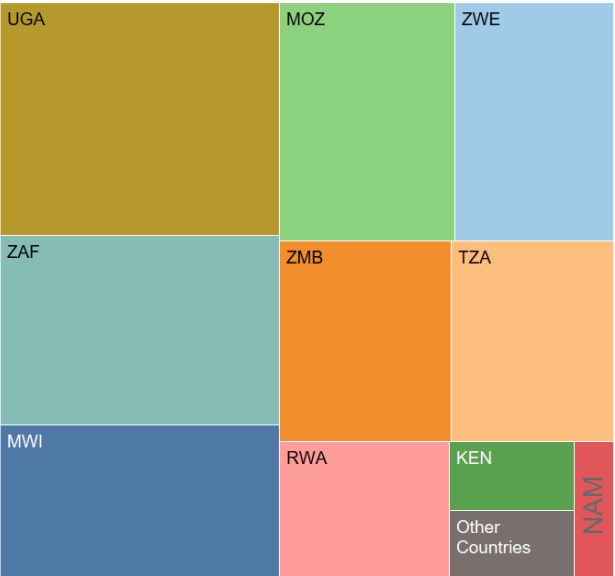
2017-2022 Target

22M (19-26M uncertainty range) males circumcised

Key takeaways

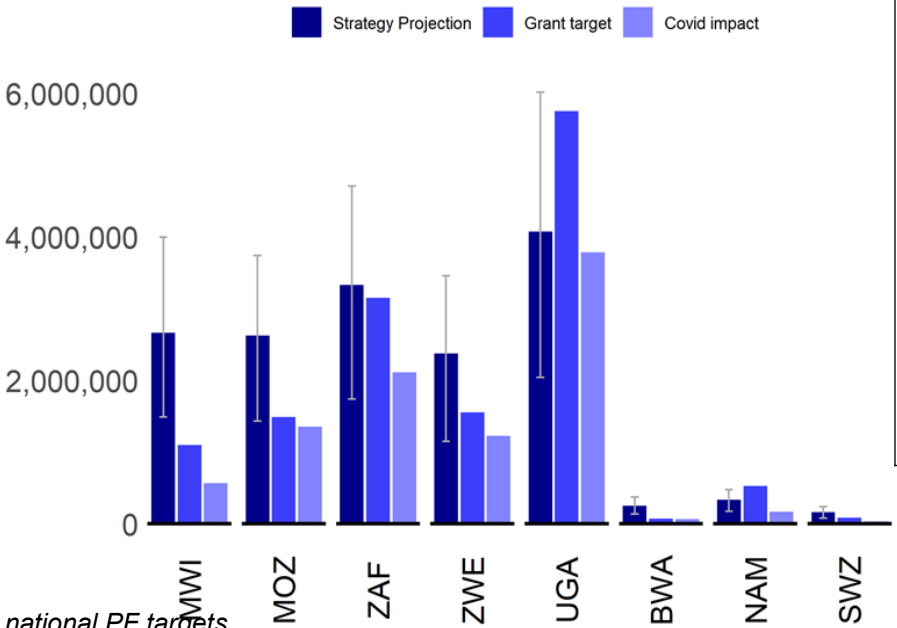
- Cohort composed of 14 countries, all in Africa
- National results indicate that Strategy target is still likely to be met, but with a slight risk now because of COVID-19 impact in 2020.**
- VMMC is predominantly funded by PEPFAR so only a few GF grants have corresponding performance data and GF has only limited leverage in driving performance.
- For countries that do fund VMMC through GF grants, overall performance vs grant target has been significantly lower than in previous years, especially in countries like KEN (COVID-19 restrictions reduced patient visits to health facilities).
- Countries funded by PEPFAR (such as UGA and ZAF) also saw a drop in their performance due to COVID-19.
- MWI is the main driver of the gap because of continued low performance against national targets and COVID-19 related scale-down.

Contribution of countries to 2022 Strategy target for #VMMC



Size of box proportional to contribution

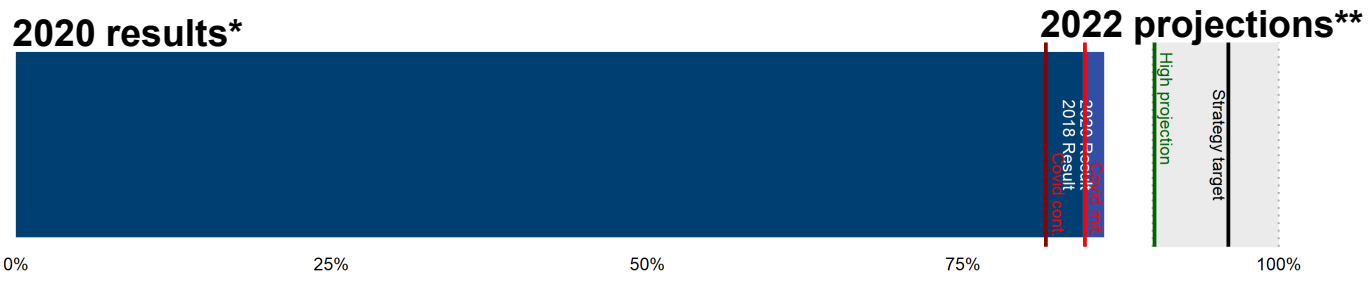
ults for countries driving the gap between very conservative scenario (luding COVID-19 impact) and Strategy projections – sorted by size of gap



Grant target = grant national PF targets
Grant result = projected results based on very conservative scenario

% PMTCT (PMTCT coverage)

In 2020 for countries in the strategy, **85%** of HIV+ pregnant women received ART for PMTCT



*KPI 2 results are based on a slightly different cohort of countries than the GF Results Report, so figures are not expected to match perfectly.
 **Projections sensitive to updates in people living with HIV population estimates

Maximize impact against HIV, TB, Malaria
 ● KPI 2 – Performance against service delivery targets
 ● KPI 5c – Service coverage for Key Populations

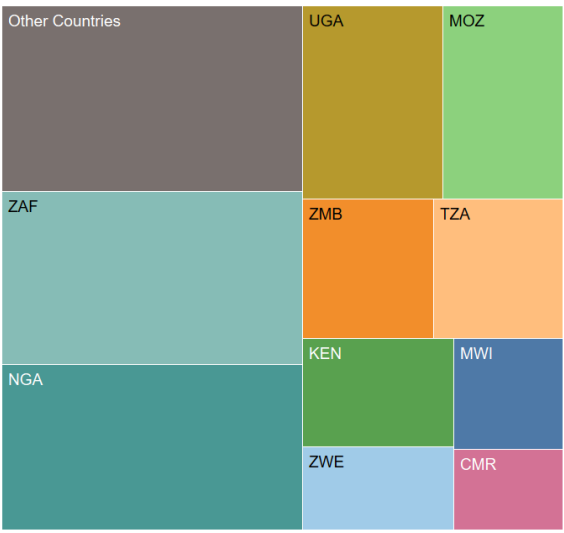
End-2022 Target

96% (90-100% uncertainty range) of HIV+ pregnant women receiving ART for PMTCT

Key takeaways

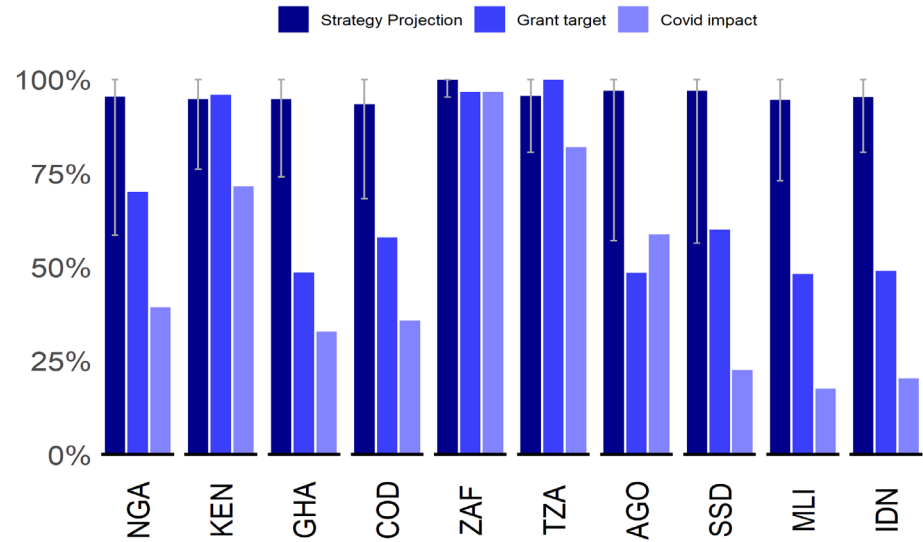
- Cohort is 26 countries, with majority in Africa
- Aggregate PF targets low vs. Strategy targets. Even if all grants achieve their PF targets, the Strategy target range would be just in reach. National targets are indeed often significantly lower than initially modelled in the Strategy, especially for countries in WCA.
- Wide range of performance achievements across countries. COVID-19 had a generally small effect.
- The gap between the low and high projections is mainly driven by the following countries: NGA, GHA and COD (low grant targets against the expected contribution to the Strategy) and KEN (lower denominator – i.e., HIV+ pregnant women - than initially estimated)
- Historically, NGA has had low results in this area which have been further impacted by COVID-19. Extending services to community and at homes, and furthering collaboration with partners is a key GF priority to improve results in NGA.
- GF does not directly support PMTCT in South Africa (most important country in Strategy) as it is completely government-funded
- **Target appears challenging to meet given current situation**

Contribution of countries to 2022 Strategy target for %PMTCT



Size of box proportional to contribution

Results for countries driving the gap between very conservative scenario including COVID-19 impact) and Strategy projections – sorted by size of gap





Funding



Design



Implementation



Results

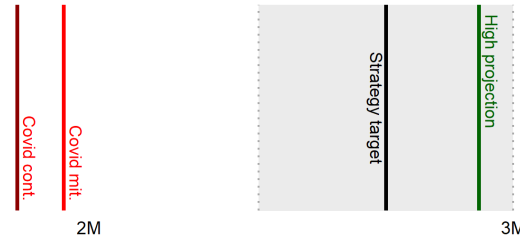
HIV+ TB on ART (co-infected patients on ART)

From 2017 to 2020 for countries in the Strategy, there were **1.3M** registered HIV-positive TB patients (new and relapse) given antiretroviral therapy during TB treatment.

2017-2020 results*



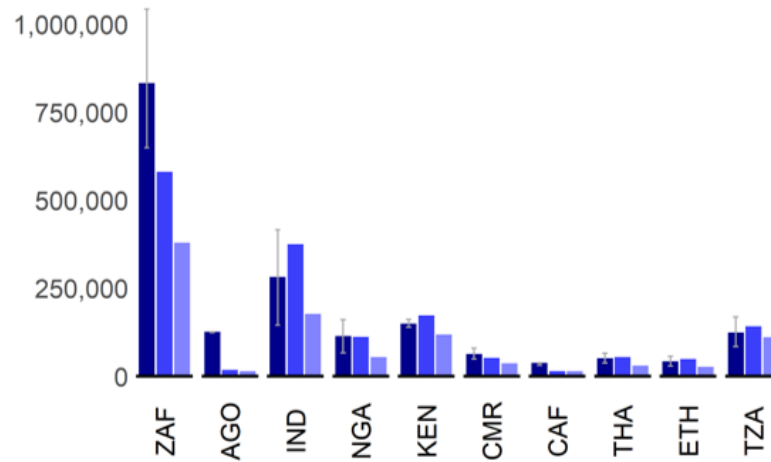
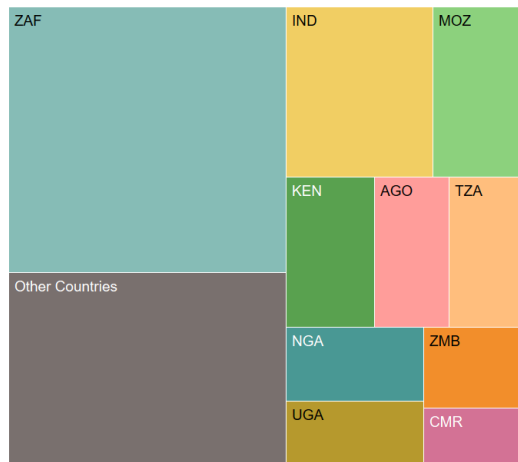
2022 projections



*KPI 2 results are based on a slightly different cohort of countries than the GF Results Report, so figures are not expected to match perfectly

Results for countries driving the gap between very conservative scenario (including COVID-19 impact) and Strategy projections – sorted by size of gap

Contribution of countries to 2022 Strategy target for #HIV/TB on ART



Strategy Projection Grant target Grant result

End-2022 Target

2.7M (2.4 - 3.0M uncertainty range) HIV+ registered TB patients (new and relapse) given anti-retroviral therapy during TB treatment

Key takeaways

- Cohort composed of 93 countries
- Aggregate PF targets within Strategy target, so achievement of 2022 target possible if PF targets are met (unlikely).
- However, generally low performance across portfolio (73% median achievement against grant target) with stagnation between 2019 and 2020
- No strong impact of COVID-19 on results in 2020, but a few countries experienced a drop in performance (MOZ, KEN, ZAF, UGA) because of drop of TB case notifications and reduced patient visits to health facilities due to COVID-19-related restrictions and fear of contracting COVID-19.
- The gap between the low and high projections is mainly driven by the following countries: ZAF (mainly government-driven), AGO (low targets and performance) IND, NGA (poor performance).
- The modelled Strategy target might be overestimating the contribution of some African countries (such as CAF) with estimated numbers potentially too high for HIV/TB incidence and case detection.
- **Given the current situation, the 2022 target is at risk**

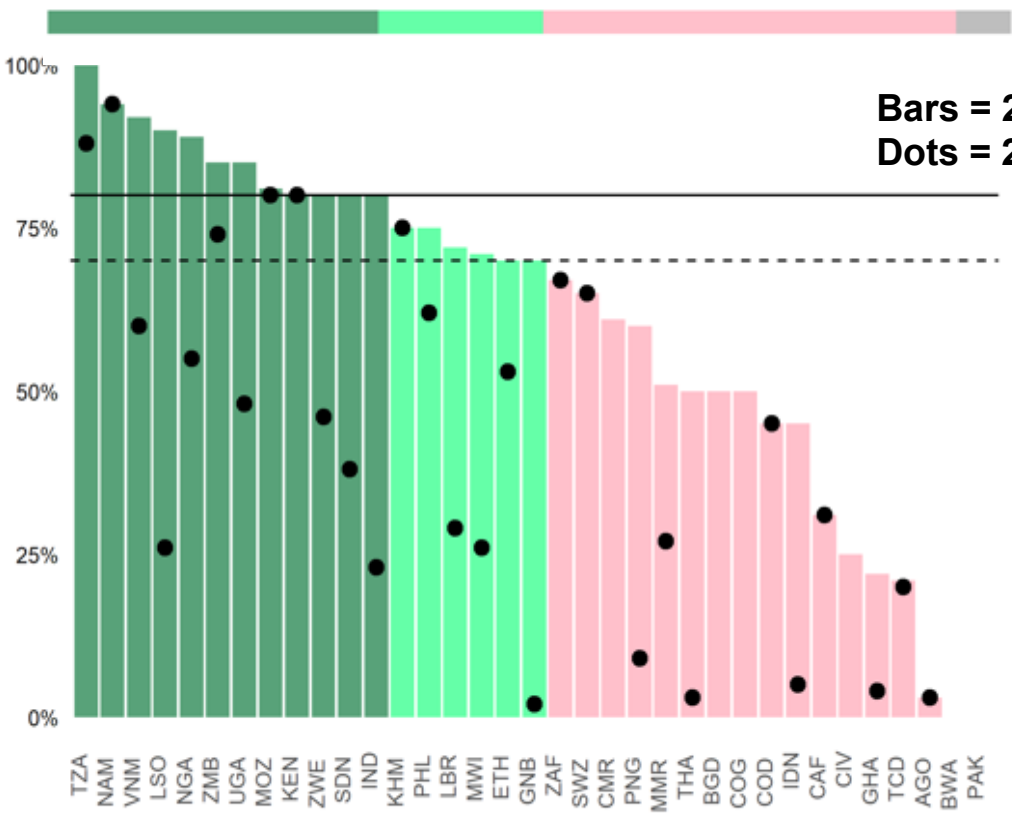
Size of box proportional to contribution

% IPT (% PLHIV starting IPT/TPT)

PLHIV newly enrolled in care that started preventative therapy for TB, after excluding active TB

Countries per category

12 6 15 2



Meet ST
Within ST uncertainty range
Below ST uncertainty range
No data available
● Latest results

— ST mid-point
 - - - - - ST lower bound

Maximize impact against HIV, TB, Malaria

- KPI 2 – Performance against service delivery targets
- KPI 5c – Service coverage for Key Populations

End-2022 Target

80% (70-90% uncertainty range) of PLHIV newly enrolled in care started preventative therapy for TB, excluding active TB, in all cohort countries

Key takeaways

- Cohort of 35 countries
- Projection data not available for 2 countries (6%). Many countries do not have recent results data (only 23 had results for 2020)
- Despite progress in achievements for over half of the countries from 2019 to 2020 data, only 55% of countries expected to be within target range (i.e., 18 countries) in 2022
- This is assuming that countries will meet their target, which looks unlikely as most recent results are generally much lower than 2022 targets
- **It is therefore unlikely that the target of this KPI will be met**



Funding



Design



Implementation

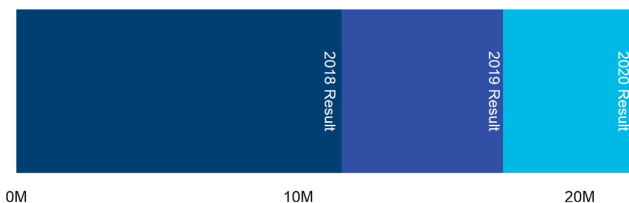


Results

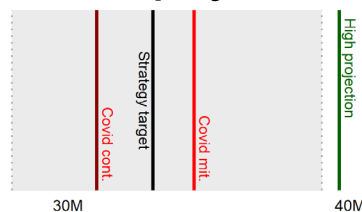
TB (TB notified cases)

From 2017 to 2020, for countries in the strategy, there were **21.8M** cases of all forms of TB notified bacteriologically confirmed plus clinically confirmed, new and relapse

2017-2020 results*

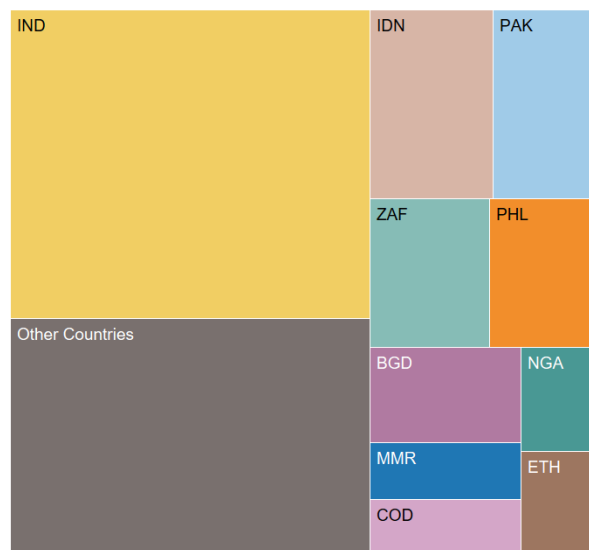


2022 projections



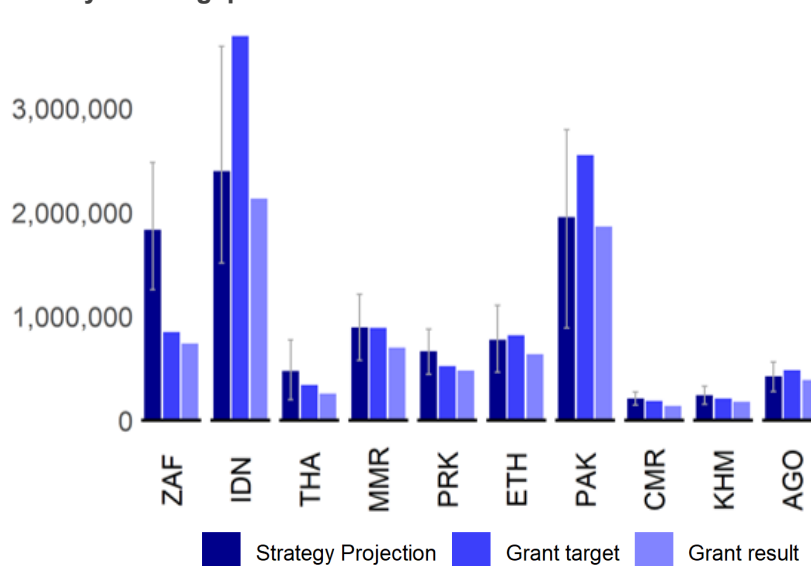
*KPI 2 results are based on a slightly different cohort of countries than the GF Results Report, so figures are not expected to match perfectly. Strategy target is cumulative up to 2022 and cannot be directly compared to results which are for 2017-2020 only

Contribution of countries to 2022 Strategy target for #TB cases



Size of box proportional to contribution

Results for countries driving the gap between very conservative scenario (including COVID-19 impact) and Strategy projections – sorted by size of gap



Grant target = grant national PF targets

Grant result = projected results based on very conservative scenario

Maximize impact against HIV, TB, Malaria

● KPI 2 – Performance against service delivery targets

● KPI 5c – Service coverage for Key Populations

2017-2022 Target

33M (28-39M uncertainty range) of notified cases of all forms of TB – bacteriologically confirmed plus clinically diagnosed, new and relapses

Key takeaways

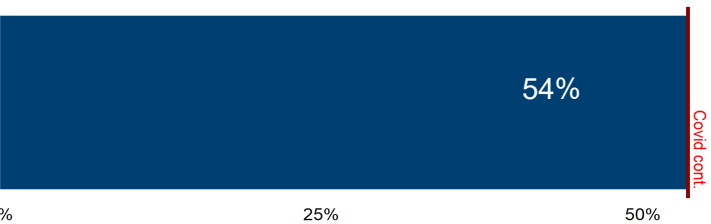
- Cohort composed of 96 countries
- Aggregate PF targets significantly over strategy target, so **achievement of 2022 target is possible, provided impact of COVID-19 is mitigated**
- Noticeable drop in grant performance across portfolio, with a median of 73% against grant targets, due to impact of COVID-19 (especially significant in IDN, IND, PAK, BGD, PHL).
- The gap between strategy projection and very conservative scenario is mainly driven by the following countries: ZAF (low targets), IDN (COVID-19 impact), MMR and AGO (poor performance, COVID-19 impact). Despite the effect of COVID-19, IND is still not expected to have any gap, due to pre-2020 progress
- There was a significant progress in 2020 for countries such as COD where community case finding activities that were adopted early to mitigate the effects of Covid-19 on TB have been fruitful.
- NGA also saw a 15% increase in notification since 2019 (with continued progress expected in 2021). This was primarily linked to the service expansions specifically in 2019 and 2020 that are bearing fruit.
- There is only limited GF support to the TB program in ZAF (9 districts out of 52) and there was a significant effect of COVID-19 in the country with strong challenges for Xpert testing



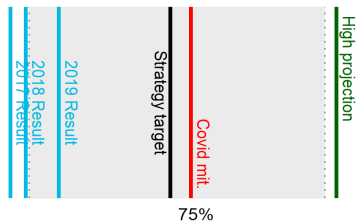
% TB CDR

In 2020 for countries in the Strategy, **54%** of cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses among all estimated cases (all forms) were notified

2020 results*

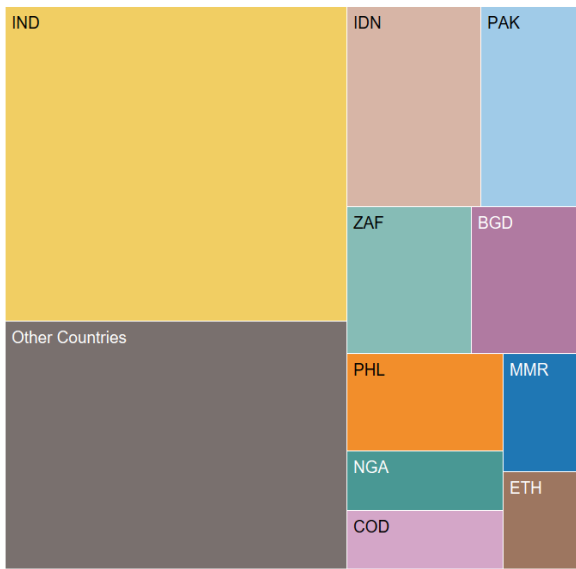


2022 projections



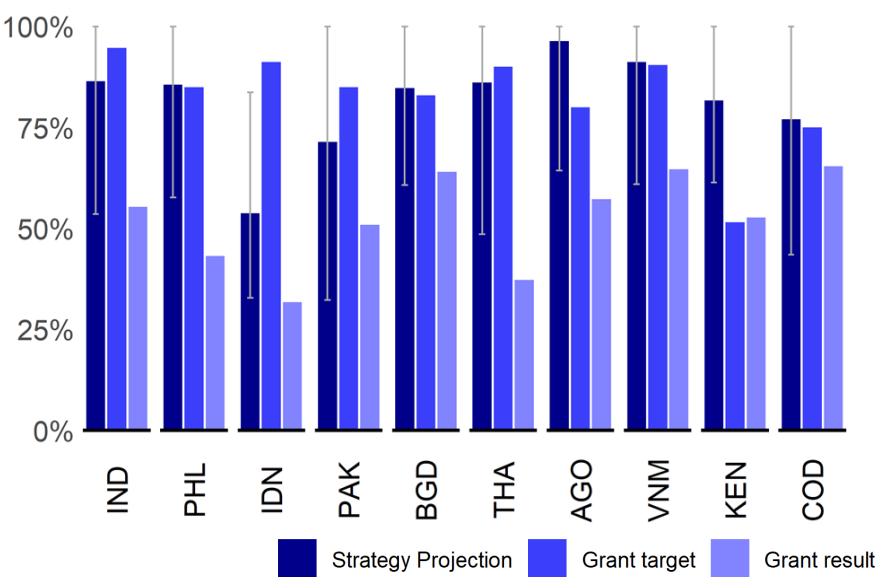
*KPI 2 results are based on a slightly different cohort of countries than the GF Results Report, so figures are not expected to match perfectly.

Contribution of countries to 2022 Strategy target for %TB notifs



Size of box proportional to contribution

Results for countries driving the gap between very conservative scenario (including COVID-19 impact) and Strategy projections – sorted by size of gap



Maximize impact against HIV, TB, Malaria

- KPI 2 – Performance against service delivery targets
- KPI 5c – Service coverage for Key Populations

2017-2022 Target

73% (62-85% uncertainty range) of notified cases of all forms of TB – bacteriologically confirmed plus clinically diagnosed, new and relapses among estimated new TB cases

Key takeaways

- Cohort composed of 96 countries
- Aggregate PF targets exceed Strategy target, so **target reachable assuming good performance and COVID-19 mitigated**
- Very significant disruption caused by COVID-19 in 2020 especially for Asian countries (PHL, IDN, PAK – all driving the gap).
- Community case finding activities that were adopted early to mitigate the effects of COVID-19 on TB have shown to be effective in COD.



Funding



Design



Implementation



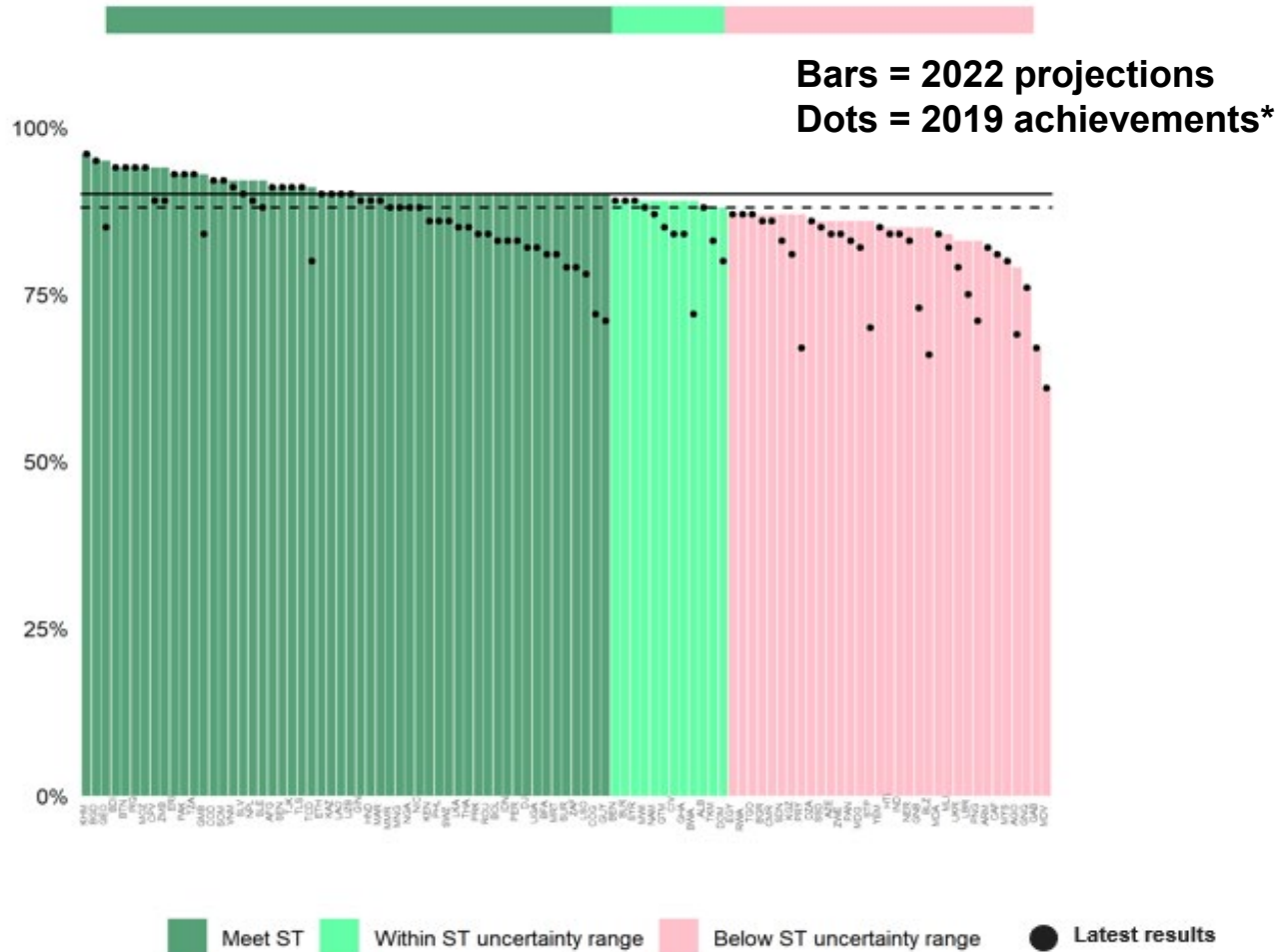
Results

% TB TSR (TB treatment success rate)

TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all notified TB cases (drug susceptible)

Countries per category

54 12 33



Maximize impact against HIV, TB, Malaria

● KPI 2 – Performance against service delivery targets

● KPI 5c – Service coverage for Key Populations

End-2022 Target

90% (88-90% uncertainty range) of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated among all notified TB cases in all cohort countries

Key takeaways

- Cohort of 99 countries, all are reporting
- 67% of countries are expected to be within target range, but with a significant number just below target and with many with current achievement low compared to the 2022 target
- **The 2022 target will then be challenging to meet**
- The median treatment success rate across the portfolio was high (85%) with results progressing or maintained in approximately 73% of the countries since last year.
- 21 countries are already at 90% TSR or more.
- The TSR is relatively high (80% or more) for many countries with a large share of Strategy target in notifications (IND, IDN, PAK, BGD, NGA, PHL). It is slightly lower (79%) for ZAF



Funding



Design



Implementation

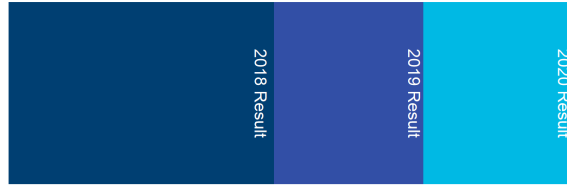


Results

MDR-TB (MDR-TB patients treated)

From 2017 to 2020 for countries in the Strategy, there were **451K** people with drug resistant TB (RR-TB and/or MDR-TB) who began second-line treatment.

2017-2020 results*



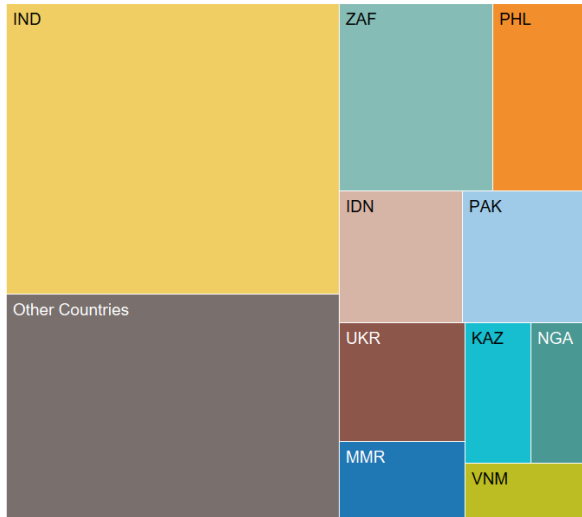
0K 250K 500K 750K 1000K

*KPI 2 results are based on a slightly different cohort of countries than the GF Results Report, so figures are not expected to match perfectly
Strategy target is cumulative up to 2022 and cannot be directly compared to results which are for 2017-2020 only

2022 projections

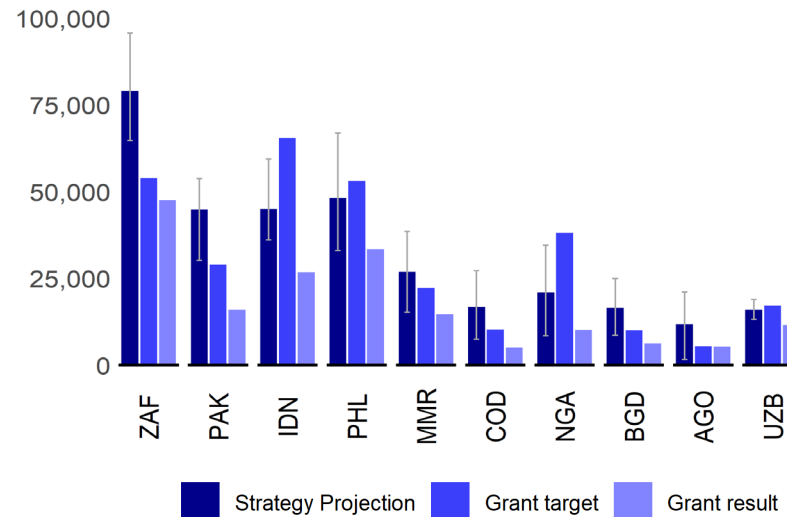


Contribution of countries to 2022 Strategy target for #MDR-TB cases



Size of box proportional to contribution

Results for countries driving the gap between very conservative scenario (including COVID-19 impact) and Strategy projections – sorted by size of gap



Maximize impact against HIV, TB, Malaria

● KPI 2 – Performance against service delivery targets

● KPI 5c – Service coverage for Key Populations

2017-2022 Target

920K (800-1,000K uncertainty range) cases with drug-resistant TB (RR-TB and/or MDR-TB) that began second-line treatment

Key takeaways

- Cohort composed of 87 countries
- Aggregate PF targets exceed Strategy target, so achievement of 2022 target may be possible assuming strong performance and successful mitigation of COVID-19
- However overall average performance against grant targets is low (54% median achievement) with significant drop from 2019 due to the impact of COVID-19, especially on programs in Asia (IND, IDN) and for UKR.
- The gap between the low and high projections is mainly driven by the following countries: ZAF (low targets), PAK, PHL (poor performance), IDN (COVID-19 disruption), COD (poor performance aggravated by COVID-19)
- **Given the current situation, it appears unlikely that the Strategy target will be met**



Funding



Design



Implementation



Results

% MDR-TB TSR (MDR-TB treatment success rate)

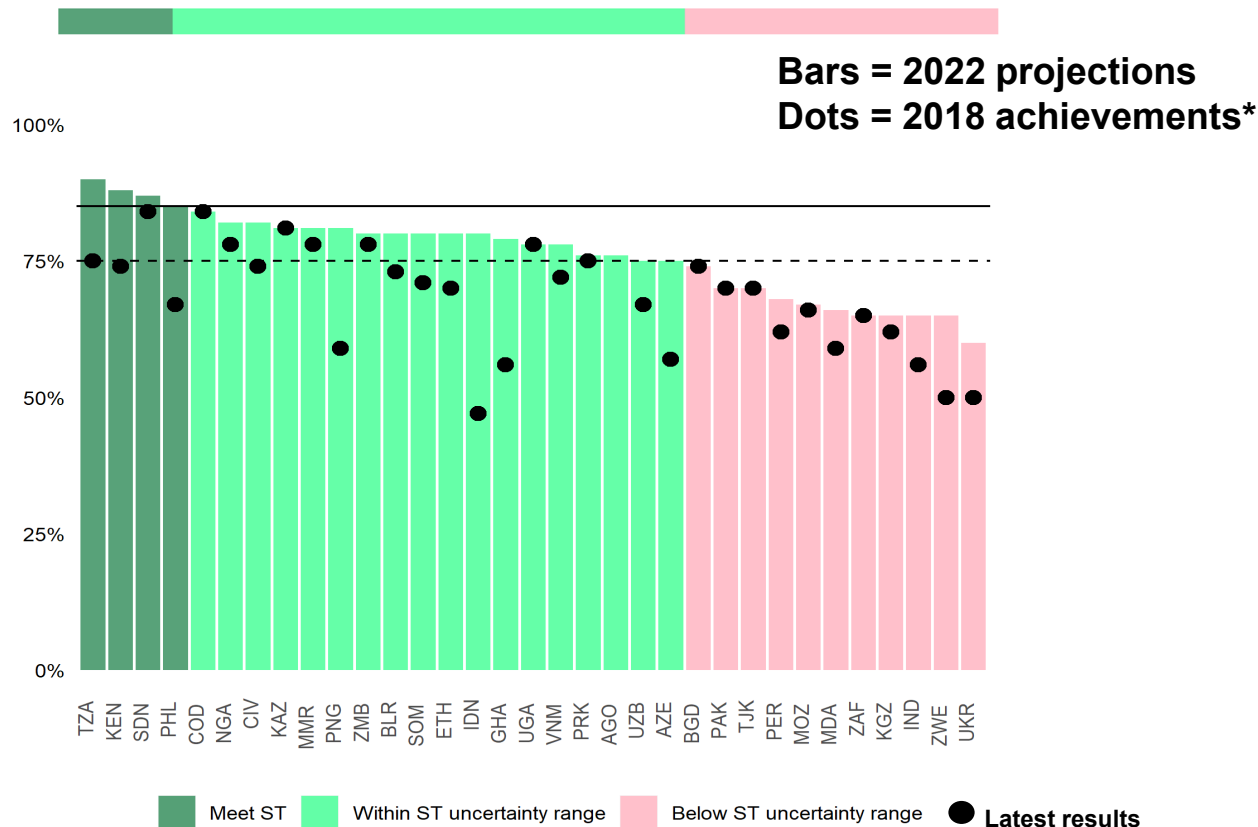
Bacteriologically-confirmed RR and/or MDR-TB cases successfully treated (cured plus completed treatment) among those enrolled on second-line anti TB treatment

Countries per category

4

18

11



Maximize impact against HIV, TB, Malaria

● KPI 2 – Performance against service delivery targets

● KPI 5c – Service coverage for Key Populations

End-2022 Target

85% (75-90% uncertainty range) of bacteriologically-confirmed RR and/or MDR-TB cases successfully treated among those enrolled on second-line anti TB treatment in all cohort countries

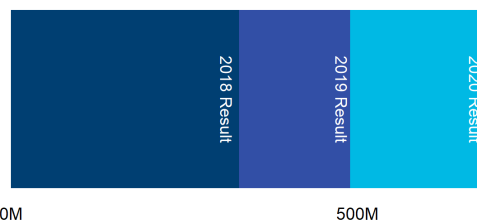
Key takeaways

- Cohort of 33 countries, all are reporting
- 67% of countries are expected to be within range, but this is assuming that they meet their targets. However, current achievements are quite far from these targets, with only 7 countries currently over 75%, so **the 2022 KPI target is at risk**.
- Overall, the median TSR for MDR-TB is 70%, increasing since last year as 61% of countries made progress since last reported with an average improvement of 1.5%
- Regional differences emerging with slightly higher achievements in Africa than in the rest of the world
- Higher current TSR (70% or more) in PAK, NGA, but relatively low achievements (app 50%) in IDN, IND, UKR
- The progressive adoption, scale-up and use of newer DR-TB regimens (including all-oral regimen) by countries should contribute to improving the performance of this indicator in the years ahead but the KPI target is still likely to be too ambitious to be reached.

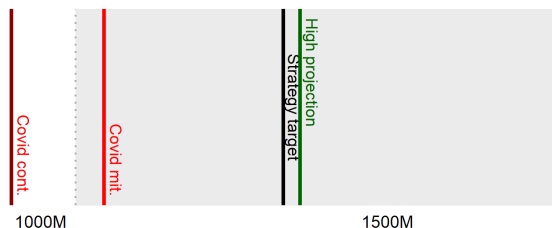
LLINs (nets distributed)

From 2017 to 2020 for countries in the strategy, **682.7M** LLINs distributed to at-risk populations

2017-2020 results*

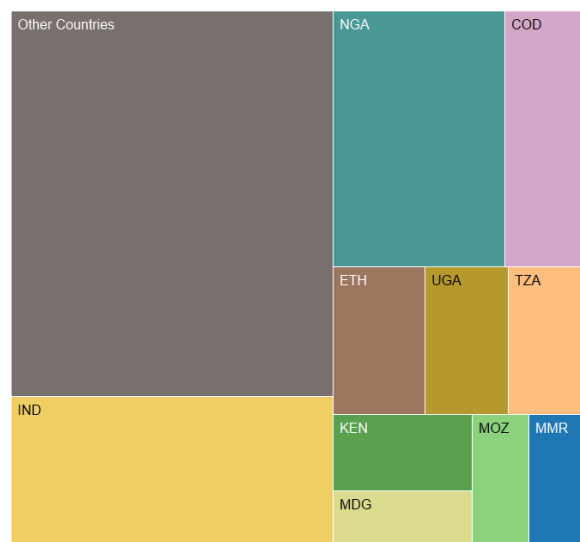


2022 projections



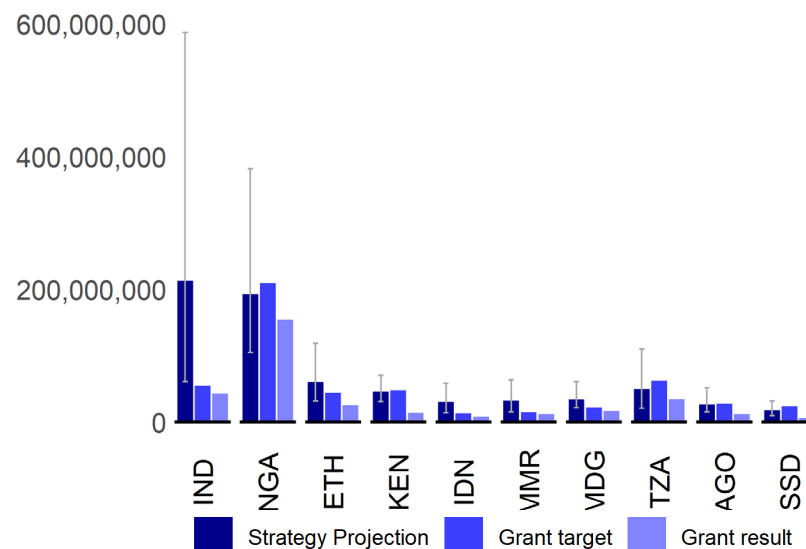
*KPI 2 results are based on a slightly different cohort of countries than the GF Results Report, so figures are not expected to match perfectly. Strategy target is cumulative up to 2022 and cannot be directly compared to results which are for 2017-2020 only

Contribution of countries to 2022 Strategy target for #LLINs



Size of box proportional to contribution

Results for countries driving the gap between very conservative scenario (including COVID-19 impact) and Strategy projections – sorted by size of gap



Maximize impact against HIV, TB, Malaria

● KPI 2 – Performance against service delivery targets

● KPI 5c – Service coverage for Key Populations

2017-2022 Target

1,350M (1,050-1,750M uncertainty range) LLINs distributed to at-risk populations

Key takeaways

- Cohort composed of 63 countries
- Aggregate PF targets in line with Strategy target range, **so achievement possible assuming targets are reached and impact of COVID-19 continues to be mitigated**
- However, portfolio performance* is mixed. Overall grant performance* vs own targets is 83% and has been broadly maintained compared to before COVID-19, especially in some countries that had mass distributions (UGA) although other programs appeared to have been more affected (NGA, COD, ETH, KEN) with many of them expected to catch up in 2021, even as they face challenges with pressure on supply chains. Overall, the total number of nets distributed was higher in 2020 than in 2019 but this has to be maintained in 2021 especially for some countries with large planned distributions (COD, CIV)
- The gap to Strategy target is driven by IND and IDN (low targets) as well as countries affected by COVID-19 (NGA, ETH, KEN)

*Due to the cyclical nature of the indicator, performance is measured on a rolling 3-year-basis from the beginning of the Strategy (2017). Therefore “2020 performance” refers to the grants result for 2018+2019+2020 divided by the grants target for 2018+2019+2020. Next year, it will consider 2019+2020+2021

**Note that targets might be comparable in size, but would generally apply to different regions within the country or two different implementation periods so there is still limited relevance in looking at trends



Funding



Design



Implementation

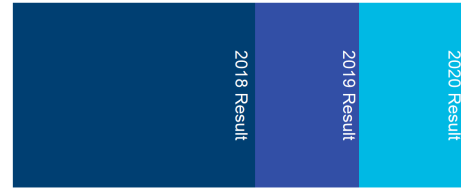


Results

IRS (households sprayed)

From 2017 to 2020 for countries in the Strategy with grant targets, **36.3M** households in targeted areas received IRS

2017-2020 results*



0M

25M

50M

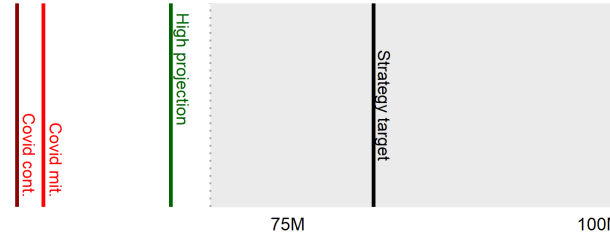
75M

100M

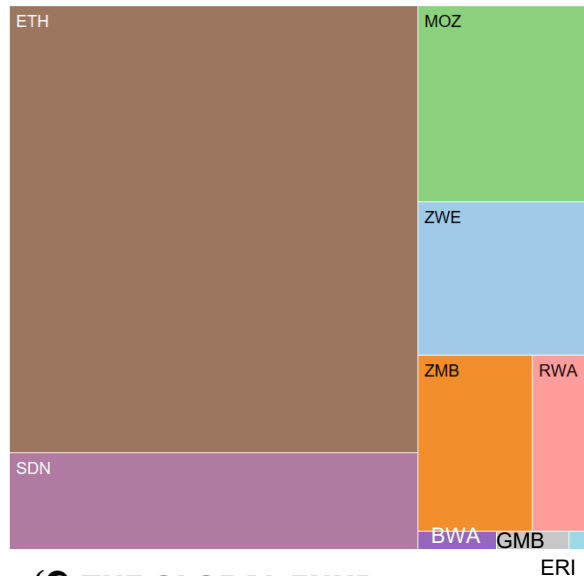
*KPI 2 results are based on a significantly different cohort of countries than the GF Results Report, so figures are not expected to match perfectly. Strategy target is cumulative up to 2022 and cannot be directly compared to results which are for 2017-2020 only

**IRS projections shown in the graph are limited to 9 (out of 36) countries with reliable national targets. The 9 countries account for one-third (82m) of the strategy targets (253m).

2022 projections**

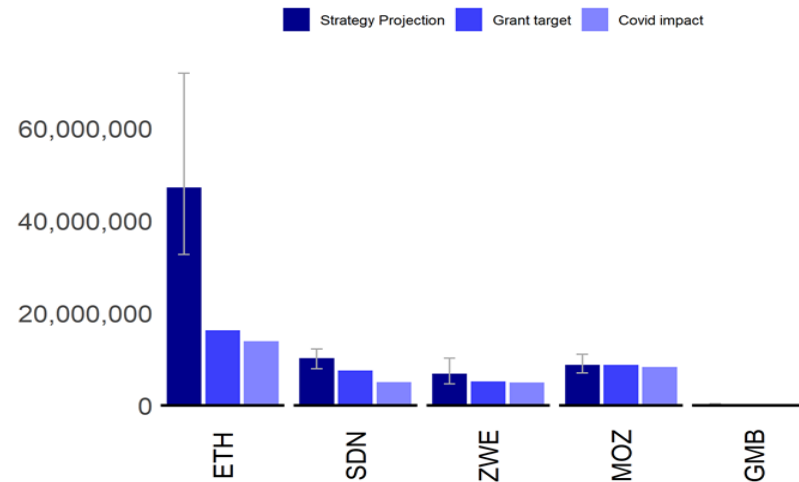


Contribution of countries to 2022 Strategy target for #IRS



Size of box proportional to contribution

Results for countries driving the gap between very conservative scenario (including COVID-19 impact) and Strategy projections – sorted by size of gap



Grant target = grant national PF targets

Grant result = projected results based on very conservative scenario

Maximize impact against HIV, TB, Malaria

● KPI 2 – Performance against service delivery targets

● KPI 5c – Service coverage for Key Populations

2017-2022 Target

250M (210-310M uncertainty range) households in targeted areas received IRS

Key takeaways

- Cohort composed of 36 countries
- However, performance data and projections are only available for 9 countries (30% of the Strategy target) so overall results are extrapolated from this cohort.
- GF is not funding IRS in IND, the most important country in Strategy
- Overall grant performance is low (73% of total grant target) and the gap to Strategy target is driven by ETH (low target), SDN (relatively low target, suboptimal performance)
- In the 2020-2022 allocation cycle, IRS will not be funded in the SDN grant so the level of influence of GF on this KPI will decrease further
- There was no apparent impact of COVID-19 on the portfolio results with total number of household slightly increasing over 2019.
- **The 2022 target appears challenging to meet**

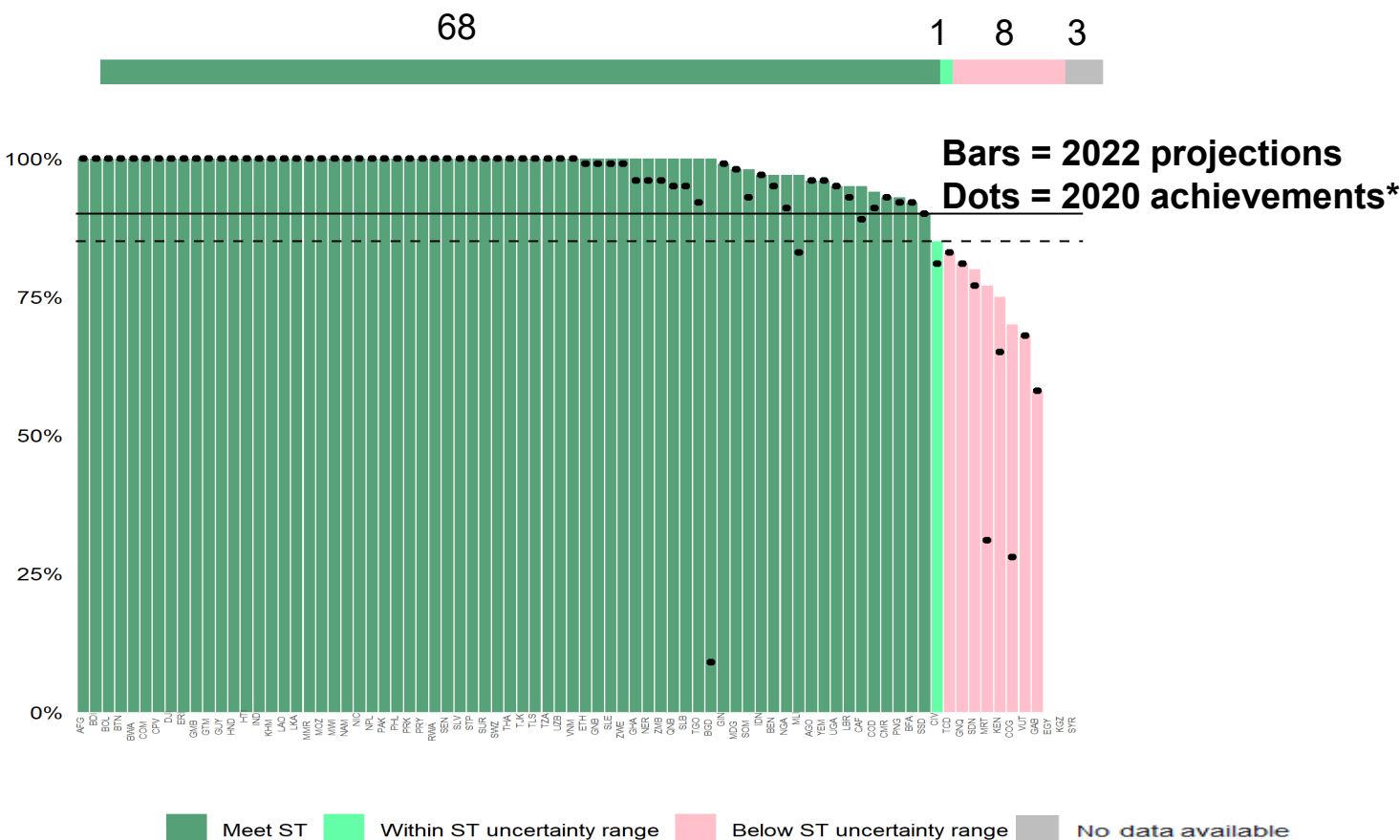
% malaria testing (public)

Suspected malaria cases that receive a parasitological test

Maximize impact against HIV, TB, Malaria

- KPI 2 – Performance against service delivery targets
- KPI 5c – Service coverage for Key Populations

Countries per category



End-2022 Target

90% (85-100% uncertainty range) of suspected malaria cases received a parasitological test in all cohort countries

Key takeaways

- Cohort of 80 countries, but data not available in 3 countries
- 90% of countries are expected to be within target range in 2022
- For countries with results available in 2020, approximately half of them showed an increase in malaria testing rates
- Projections appear realistic given current performance; however, number of significant outliers (mainly focus countries) with much lower projections.
- Note that this indicator measures malaria testing in public facilities. Testing in private and community facilities appeared to have been more affected by COVID-19 in many countries
- **The 2022 target continues to appear within reach.**

* Where available, 2020 LFA-verified data from grants was used instead of 2019 information from partners.



Funding



Design



Implementation

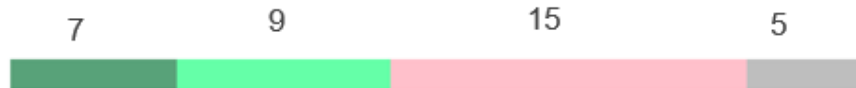


Results

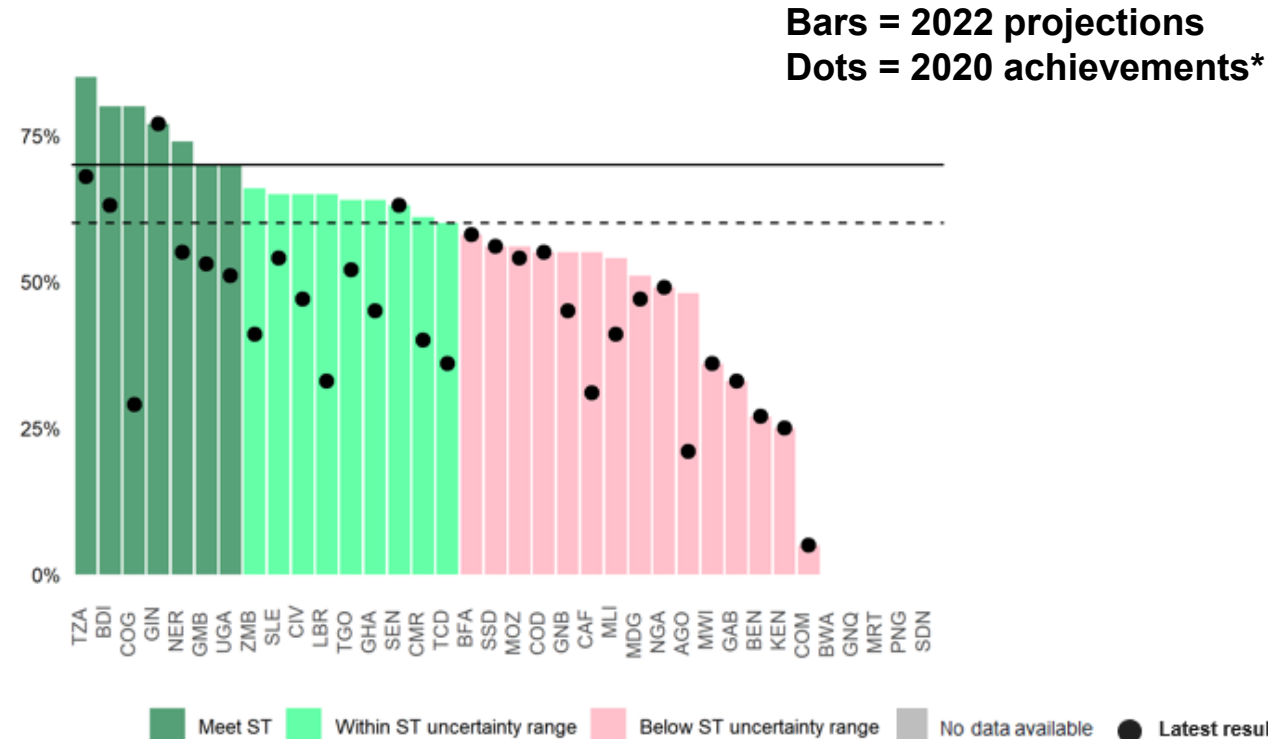
% IPTp3 (coverage of IPTp3)

Women who received at least 3 doses of IPTp for malaria during ANC visits during their last pregnancy in selected countries

Countries per category



100%



Maximize impact against HIV, TB, Malaria

● KPI 2 – Performance against service delivery targets

● KPI 5c – Service coverage for Key Populations

End-2022 Target

70% (60-80% uncertainty range) of women received at least 3 doses of IPTp for malaria during ANC visits during their last pregnancy in selected countries in all cohort countries

Key takeaways

- Cohort of 36 countries, almost all in Africa
- Data not available for 5 countries (14%)
- 52% of countries are expected to be within target range; however, this is based on the national targets which are often far above the current achievements: only 4 countries are within strategy range in 2020.
- The median achievement is app. 50% across the portfolio with little progress in 2020 and only 4 countries currently being in the target range.
- IPTp3 became technical guidance in recent years, so a) countries are establishing reporting systems to track IPTp3 coverage; b) performance is gradually seeing improvements (primarily by policy implementation and improved tracking); and c) performance is directly linked to timing of first ANC visit, beyond direct control of programs
- **In this context and given the lack of progress in 2020 achievements, Strategy target very ambitious so unlikely to be met**

First time reporting

Maximize impact against HIV, TB, Malaria

● KPI 2 – Performance against service delivery targets

● KPI 5c – Service coverage for Key Populations

Measure

Achievement rate against service coverage targets for 2 KPs of significance in Global Fund grants

Mid-2021 Result

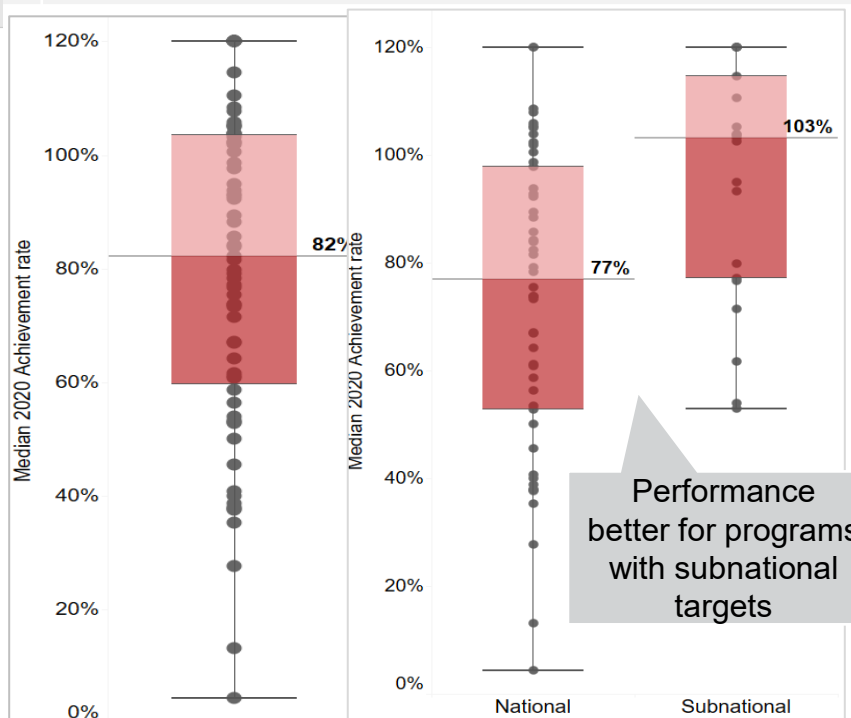
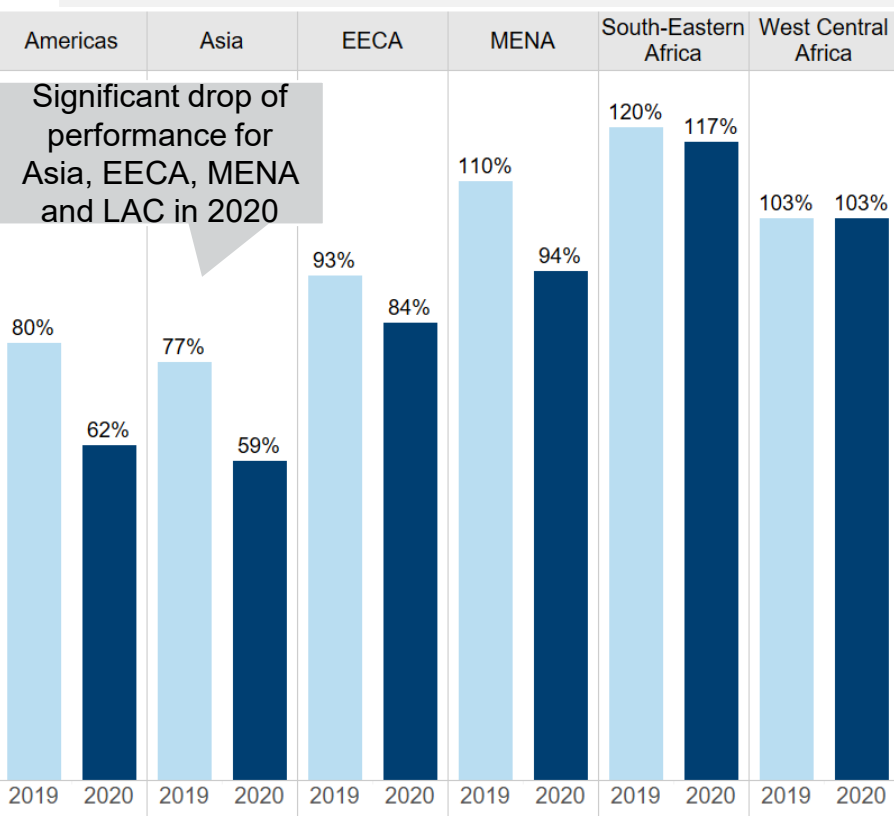
82% median achievement rate

Target

100% median achievement rate at end of year

Key takeaways

- Within the cohort* under assessment, the median achievement rate is 82%. This is significantly lower compared to the 2019 baseline result of 97% for the same cohort. This is likely due to COVID-19 related restrictions and their impact on HIV prevention services, including those delivered in community setting.
- On average there is a drop of 9% in achievement rate (statistically significant). All regions generally show a decrease in achievement rate, but it is more notable in LAC and Asia.
- Median achievement rate is higher for countries and populations with subnational targets vs national targets (103% vs 77%).
- Aggregate performance is similar across all populations. Countries and populations with lower size estimates performed similarly to countries and populations with higher size estimates.
- In several countries, however, significant variation in programmatic performance across programs targeting different populations was observed, with the achievement rate for one population sometimes being far lower than another. The reasons for this are unclear and will be analyzed.



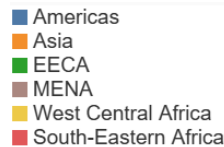
*Assessment includes 71 data points i.e. countries and Key populations with nationally adequate population-sized estimates and program results data

First time reporting

Measure	Mid-2021 Result
Achievement rate against service coverage targets for 2 KPs of significance in Global Fund grants	82% median achievement rate
	Target
	100% median achievement rate at end of year

Key takeaways

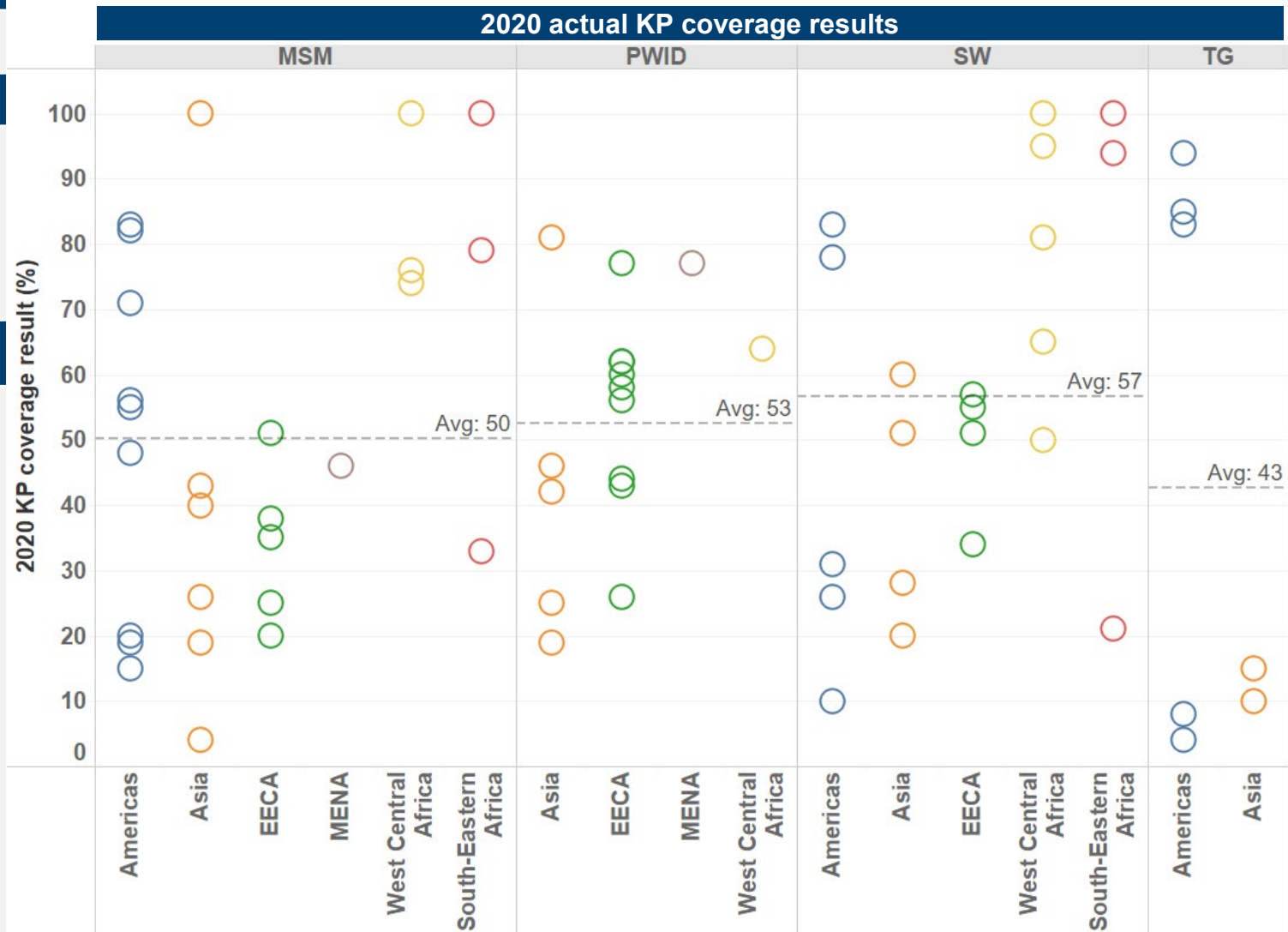
- Based on 2020 results, average service coverage rate for Key Populations in Global Fund supported grants was 52%.
- Overall coverage across regions was also similar though there was a huge variation of results within each region.
- Data reported here relates to coverage achieved by programs supported by Global Fund grants and does not reflect overall national coverage being achieved which in most instances is far less than 52%.
- Important to note that results of some COVID-19 mitigation measures (e.g. use of online platforms for service delivery, delivery of condoms by mail etc.) put in place in some countries may not be reflected through the current PF indicators which focus on in-person delivery of prevention packages.



Maximize impact against HIV, TB, Malaria

● KPI 2 – Performance against service delivery targets

● KPI 5c – Service coverage for Key Populations

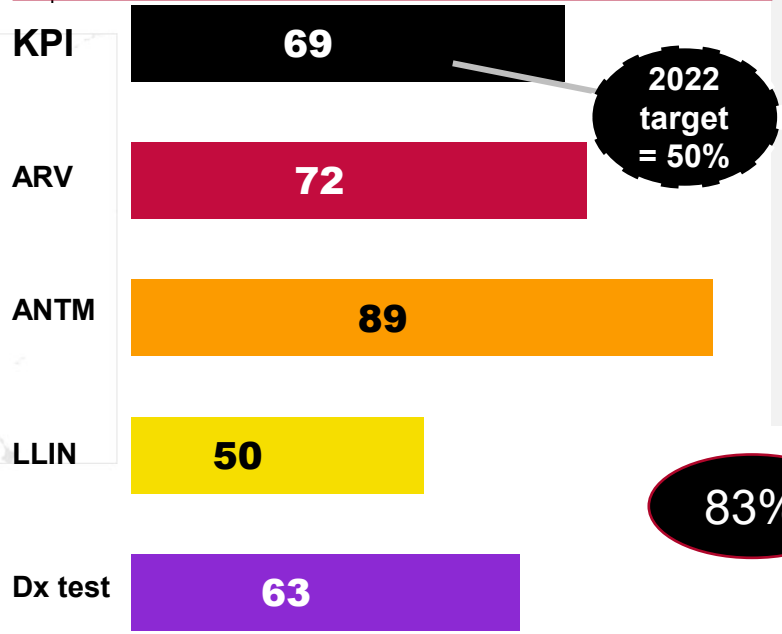
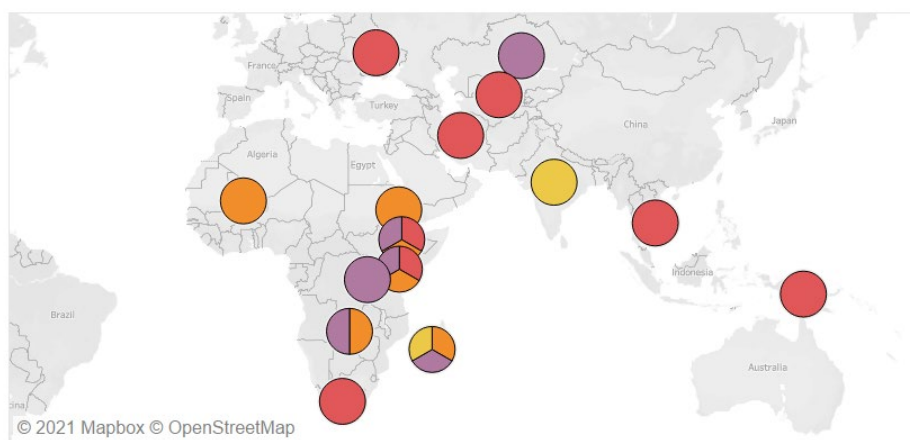


First time reporting

Build RSSH
 ● KPI 6a – Procurement prices

Measure	Mid-2021 Result	Key takeaways
Percentage of quality assured core products purchased at or below the PPM reference price	69% (vs 41% baseline) Target 50% by end 2022	<ul style="list-style-type: none"> The initial reporting of this KPI shows the target has been surpassed – several new countries now in cohort and amount of domestic procurement included in KPI has risen The largest contributor is an increase in ANTM orders; most of which were procured below PPM cost Both the number of transactions (130) and number of countries have grown (respectively to 130 and 15). 4 countries dropped out; 9 countries were added* While the target has been exceeded, the level of change in domestic procurement will continue to be high so it is difficult to comment on the future trend on this KPI It is likely that several smaller transactions in the cohort may be driving up the KPI as >80% of all transactions included are below the PPM price

Countries in end-2020 cohort and transaction by product type	Average percent score for each product category
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Product Category

- Anti-Retroviral
- ANTM
- Diagnostic test
- LLIN

83% Of all 130 transactions completed at or below PPM price

63% Of total spending (\$111M) in KPI at or below PPM price

*It is not possible to fully track all the countries from year to year as a) order costs / sizes may change meaning they drop-out of the cohort or b) procurement is mixed with both domestic and international procurement for the same category

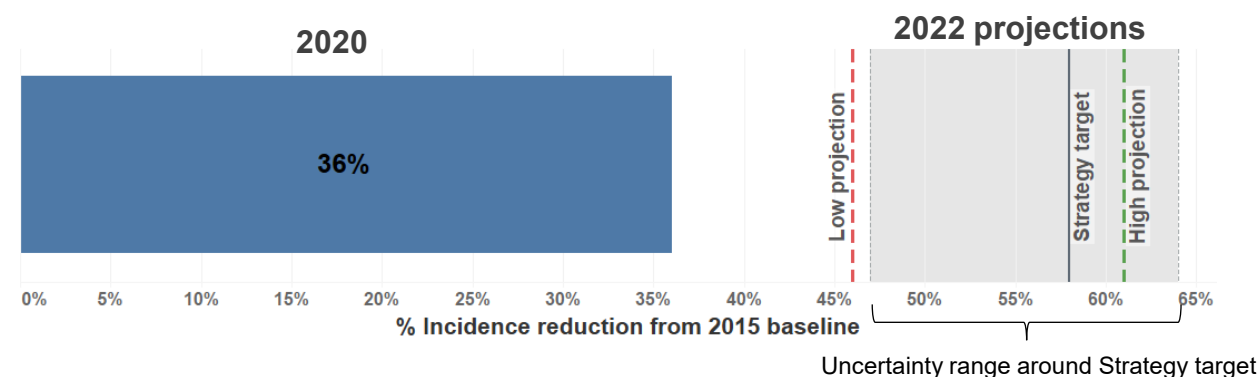
Promote and protect human rights & gender equality

KPI 8 – Gender and Age equality

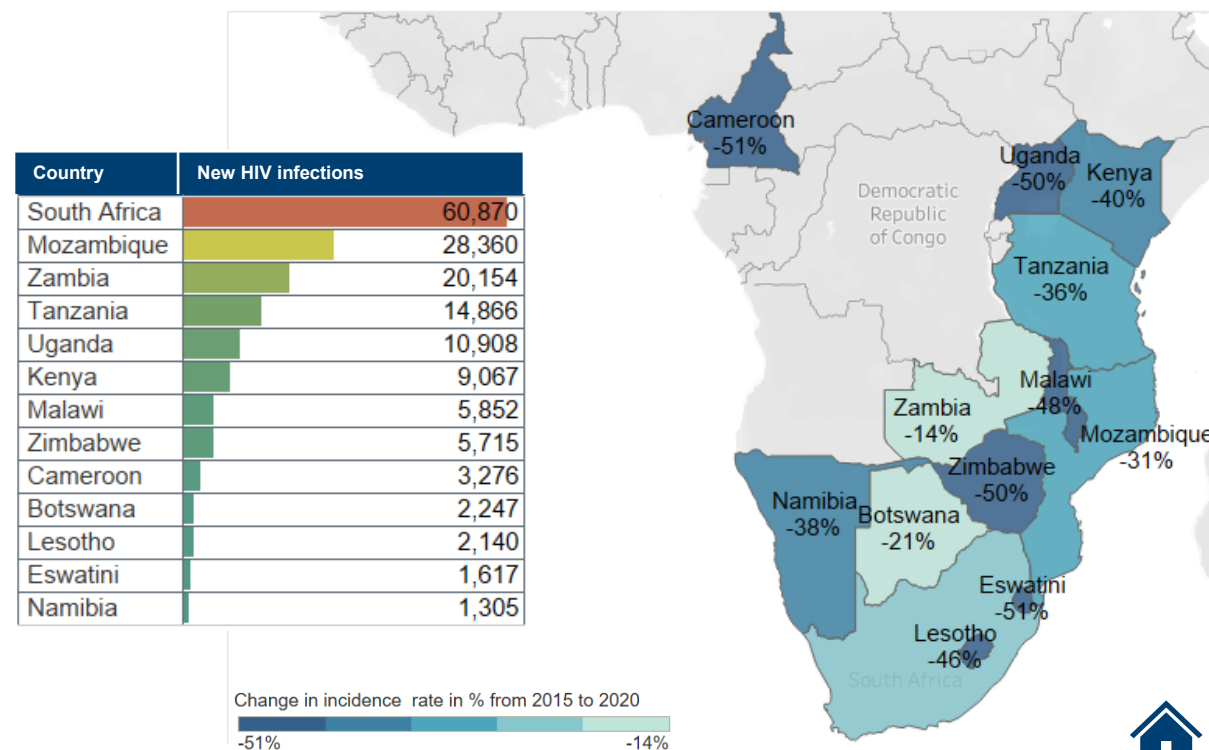
Measure	Mid-2021 Result
Reduction in HIV incidence in women aged 15-24 years old	36% from 2015 baseline
	Target
	58% (47-64%) over 2015-22 period

Key takeaways

- Decline in HIV incidence rate among female 15-24 years old across 13 priority countries projected to be between 46%-61% by end of Strategy.
- The incidence rate has been declining in all 13 countries between 2015-2020 ranging from 14% to 51% however, in order to meet the target, acceleration in decline is needed in all countries particularly in South Africa, Mozambique, Zambia and Tanzania.
- There has been greater alignment of AGYW investments with partners (PEPFAR) to achieve saturation in high disease burden areas.
- Efforts started in 2020-2022 allocation cycle will support increasing program coverage and quality, access to SRH services, establish sex/age-disaggregated national targets on incidence and build on previous program evaluations.
- AGYW SI (US \$8 million) implementation has begun and will support countries to invest in focused AGYW intervention packages; facilitate efficient country adoption of effective and innovative HIV prevention approaches and technologies for AGYW; and improve grant performance, partnership mobilization and capacity-building of implementers.



% incidence reduction from 2015 baseline for countries in KPI cohort



Glossary of acronyms used in this report

AGYW	Adolescent Girls and Young Women	LMI	Lower Middle Income
ANTM	Antimalarial medicine	MIC	Middle Income Country
ART	Antiretroviral therapy	NFM	New Funding Model
ARV	Antiretroviral	OIG	Office of the Inspector General
BDB	Breaking Down Barriers	NSP	National Strategic Plan
CCM	Country Coordination Mechanism	OTIF	On time and in full
CDR	Case detection rate	OSA	Off shelf availability
COE	Challenging Operating Environment	PAHO	Pan American Health Organization
CPR	Country Portfolio Review	PLHIV	People living with HIV
CRG	Community, rights and gender	PF	Performance Framework
EECA	Eastern Europe and Central Asia	PMTCT	Prevention of mother-to-child transmission
EPR	Enterprise Portfolio Review	PPM	Pooled Procurement Mechanism
ERP	Expert Review Process	PQR	Price & Quality Reporting
ESA	East-Southern Africa	RDT	Rapid diagnostic tests
FLDs	First Line Drugs	RSSH	Resilient and sustainable systems for health
GAC	Grant Approval Committee	SC	Strategy Committee
GAM	Global AIDS Monitoring	SO	Strategic Objective
GF	Global Fund	SEA	Southern and Eastern Africa
HI	High Impact (countries)	SPH	Strategy and Policy Hub
HMIS	Health Management Information Systems	SRH	Sexual and Reproductive Health
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	Impact partnership	TSR	Treatment Success Rate
KP	Key Populations	UNDP	United Nations Development Program
LAC	Latin America and the Caribbean	UMI	Upper Middle Income
LLIN	Long lasting insecticidal net	VMMC	Voluntary male medical circumcision
MDR-TB	Multi drug resistant	WCA	West and Central Africa
		WHO	World Health Organization