Strategic Performance Reporting mid-2022

GF/B48/19B

48th Board meeting

15-17 November 2022, Geneva

Content

Main Report:

THE GLOBAL FUND

Executive Summary (1/2)

After the initially devastating impact of COVID-19 on the programs supported by GF, grant performance has started to improve in 2021 thanks to strong mitigation measures in countries.

Service delivery indicators:

- **With only 1 year remaining in the 2017-2022 Strategy and 5 years of results, strong signs are present on which indicators are likely to be within target range for the Strategy service delivery targets**. The following KPI 2 indicators are likely to be within target range:
  (HIV) *# of people on ART; ART coverage; # VMMC; % PLWHIV who know their status; % of people on ART with viral load suppression;* KPI 8 on HIV incidence reduction for AGYW also saw some recent progress **(TB)***# TB notifications; notification rate;* **(Malaria)** *% of suspected cases tested in public facilities.*

- **Other indicators are unlikely to be within target range due to either low national targets and/or historically insufficient performance**:
  (HIV): *PMTCT coverage; PLWHIV who started TPT/IPT; KP coverage*;* **(TB)** *Treatment Success Rate for* both *DS-TB* and *MDR-TB; MDR-TB cases on treatment; HIV/TB coinfections on ART;* **(Malaria)** *IPTp3 coverage*

- Strong program performance in 2022 will be critical for *# LLINs* to meet its Strategy target, while the lack of data prevents reliable projections being made for *# households receiving IRS*

* This is reported under KPI 5c – tracking median grant performance for a cohort of countries

Executive Summary (2/2)

Relatively positive results in KPIs related to generating and using country data

- Results reported for the new *KPI 6e* on usage of disaggregated data in country demonstrate performance at an acceptable level albeit still below the target for the KPI
- Ability of countries to report on Key Population coverage (*KPI 5b*) demonstrate strong results as well but these may not be completely reliable due to small cohort size

Financial and operational performance continues to be strong at the Secretariat level

- Even during the continual challenges presented by COVID-19, GF ensured funds continued to be available for key activities when needed. This is reflected in the good performance of the financial KPIs in 2021 with strong allocation utilization *(93% - KPI 7a)* and Grant absorption *(79% - KPI 7b)**

Contrasting situation for Key Populations and Human Rights between GF and domestic funding

- Significant increase in GF grant investments (with Matching Funds playing a catalytic role) in activities to reduce barriers for Human Rights, with *KPI 9b* meeting its target for both HIV and TB grants**. Similarly, HIV grant investments for Key Populations prevention is performing at an acceptable level with *KPI 5a* just below the target (with an increase in results from the last report)
- Increase in domestic funding is vital to strengthen comprehensive response to Human Rights related barriers, however, domestic funding appears to be low for both HRts social enablers and KP prevention, as KPI 9c results are very far from the target. These low results are potentially due to a reprioritization of domestic funds because of COVID-19.

THE GLOBAL FUND

* Note that as per definition, these two KPIs are focused on HTM-related funds rather than C19RM
** Noting that the Global Fund target is lower than the Global AIDS Strategy target

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-2022.
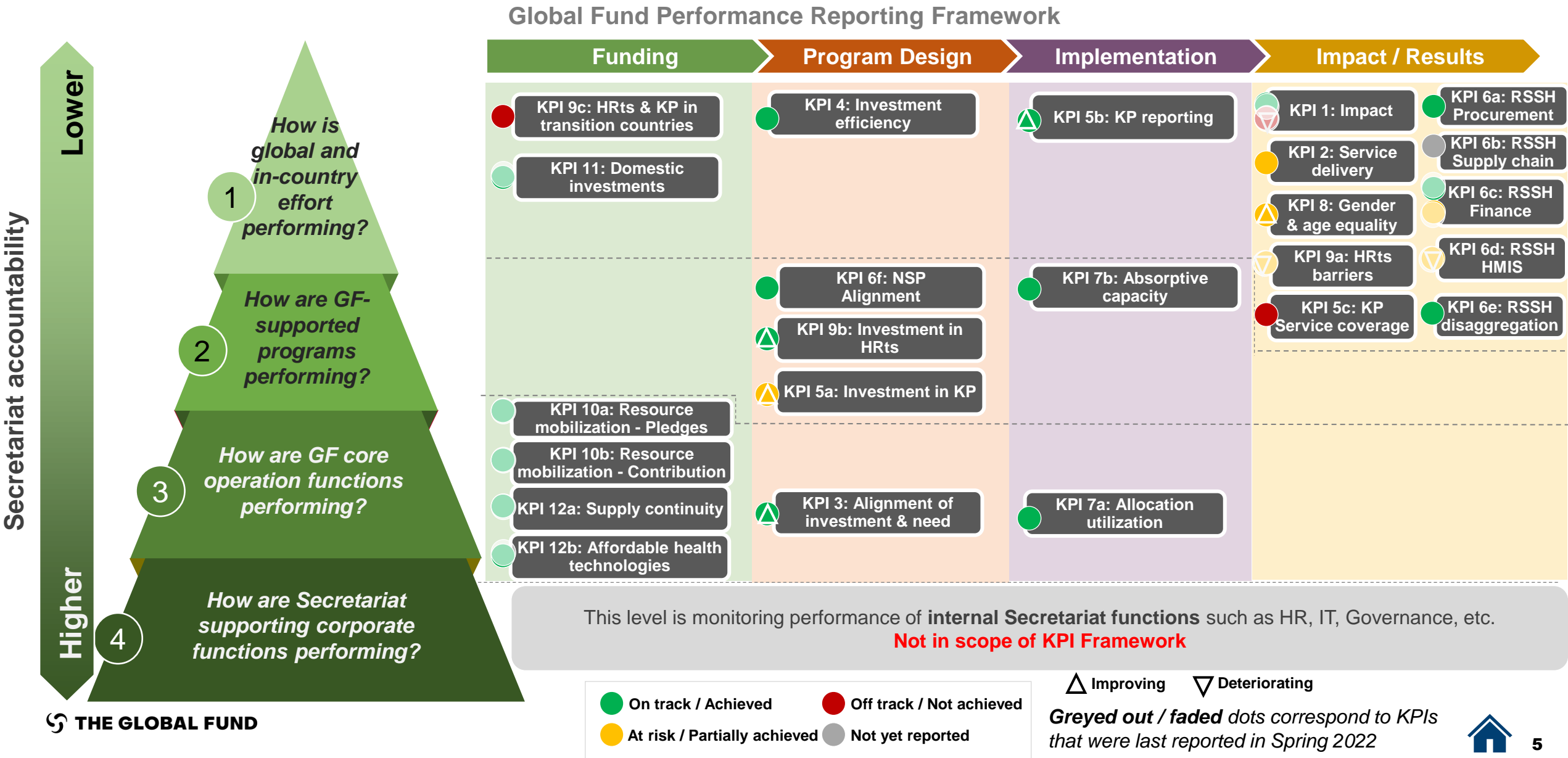
Notes:
- The Secretariat confirms that no error has been detected in KPI results reported at the Spring 2022 Board meeting and that these results remain unchanged.

KPI	Description	Data cut-off date
2	Service delivery *(17 sub-indicators)*	End 2021
3	Alignment of investment & need	August 2022 – disbursements forecasts up to end 2022
4	Investment efficiency	August 2022
5a	Key Populations: Grant investment	August 2022
5b	Capacity to report on Key Population Service coverage	August 2022
5c	Key Population coverage	End 2021
6a	RSSH: Procurement Prices	End 2021
6e	RSSH: Results disaggregation	End 2021

KPI	Description	Data cut-off date
6f	RSSH: NSP Alignment	August 2022
7a	Allocation utilization	August 2022 – disbursements forecasts up to end 2022
7b	Grant absorption *(over 3 calendar years)*	End 2021
8	Gender & age equality: HIV incidence for AGYW	End 2021
9b	Human Rights: Grant investment	August 2022
9c	Human Rights & Key Populations: Domestic investment	End 2021

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

Global Fund Performance Reporting Framework

Secretariat accountability

Lower → **Higher**

1	*How is global and in-country effort performing?*
2	*How are GF-supported programs performing?*
3	*How are GF core operation functions performing?*
4	*How are Secretariat supporting corporate functions performing?*

Funding	Program Design	Implementation	Impact / Results
KPI 9c: HRts & KP in transition countries	KPI 4: Investment efficiency	KPI 5b: KP reporting	KPI 1: Impact — KPI 6a: RSSH Procurement
KPI 11: Domestic investments			KPI 2: Service delivery — KPI 6b: RSSH Supply chain
			KPI 8: Gender & age equality — KPI 6c: RSSH Finance
	KPI 6f: NSP Alignment	KPI 7b: Absorptive capacity	KPI 9a: HRts barriers — KPI 6d: RSSH HMIS
	KPI 9b: Investment in HRts		KPI 5c: KP Service coverage — KPI 6e: RSSH disaggregation
	KPI 5a: Investment in KP		
KPI 10a: Resource mobilization - Pledges			
KPI 10b: Resource mobilization - Contribution			
KPI 12a: Supply continuity	KPI 3: Alignment of investment & need	KPI 7a: Allocation utilization	
KPI 12b: Affordable health technologies			

This level is monitoring performance of **internal Secretariat functions** such as HR, IT, Governance, etc.
Not in scope of KPI Framework

△ Improving   ▽ Deteriorating

🟢 On track / Achieved   🔴 Off track / Not achieved
🟡 At risk / Partially achieved   ⚪ Not yet reported

Greyed out / faded dots correspond to KPIs that were last reported in Spring 2022

THE GLOBAL FUND

5

Performance Paths – KPI progress across reporting periods

Period

Legend:
- 🟢 Achieved/on track
- 🟡 At risk/partially achieved
- 🔴 Not achieved/off track
- ⚫ (brown) Not available
- ⚪ No reporting scheduled
- ⬛ (dark) To be reported

KPI	Description	F2017	S2018	F2018	S2019	F2019	S2020	F2020	S2021	F2021	S2022	F2022	S2023
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		🟢		🟢		🟢		🟢		🟢		⬛

6

KPI summary and projections on delivering the 2017-2022 Strategy service delivery targets

KPI 2 🟡

HIV services – treatment cascade indicators on track, target at risk for PMTCT and IPT

With one year left until the end of the 2017-2022 Strategy period, results for both **ART indicators (# of patients and coverage)** are already within the Strategy target range. This can be attributed to strong sustained performance across the Strategy period (especially in Africa) and successful COVID-19 mitigation. Results for the other two treatment cascade indicators (**% of PLHIV who know their status** and **Viral Load Suppression for ART patients**) also appear to be on track to be within their 2022 target range, provided progress is maintained across the portfolio. Despite COVID-19 impact, it is also likely for **VMMC** (mainly funded through PEPFAR) results to be within 2022 target range. However, there is a significant risk to achieving results within the 2022 target range for **PMTCT coverage** (due to consistently low national targets) and **PLHIV who started TB preventative therapy** (due to poor performance), (p.34)

TB services - # notifications on track, MDR-TB and TSR targets at risk

With one year left until the end of the 2017-2022 Strategy period, it is already clear that due to historically strong performance, results within the 2022 target range will be achieved for indicators on **TB notifications (number and rate)** despite the significant negative impact of COVID-19 in 2020 and 2021. However, other KPIs are unlikely to have results within their Strategy target range: **# of MDR-TB cases** on treatment (due to poor national performance); **# of HIV/TB co-infections on ART** (due to low national targets often because of poor case detection); **DS-TB TSR** and **MDR-TB TSR** (due to ambitious strategy targets and mediocre national performance) (p.34)

Malaria services: 2022 grant performance will be critical for LLINs

With one year left until the end of the 2017-2022 Strategy period, it is likely that results within the 2022 target range will be achieved for the KPI measuring **% of cases tested in public facilities** as most countries are already reporting results within the Strategy target range. On the other hand, the ambitious 2022 target for **IPTp3** will clearly not be met (even within target range) due to historically very low national targets compounded by poor performance. For the KPI on # of **LLIN's distributed**, as the conservative projection is at the lower bound of the Strategy target range, it cannot be said with certainty if results will be within the 2022 target range or not. Grant performance in 2022 (especially for the largest campaigns planned) will be critical for this indicator to meet its Strategy target. It is also not possible to reliably assess achievement of **IRS** Strategy target as only a few countries from the original cohort are reporting on it or even implementing it, so the projections are likely not representative (p.34)

Reminder: KPI 2 targets were maintained even during COVID-19 pandemic (more information available in prior reports)

The next 3 slides are providing examples of risk mitigation actions put in place to support grants in meeting their target

HIV: risk to program quality

The aggregated HIV program quality risk level remains High and the direction of travel is steady.

Residual Risk	Board approved Risk Appetite	Target Risk	Target risk timeframe	Direction of travel Q2-2022
High	High	Moderate	Jun 2024	Steady ➔

Root causes

- Prevention programs were negatively impacted in the initial months of the pandemic, but programs have been showing signs of recovery now that COVID-19 restrictions have eased. However, **political trends towards zero or reduced tolerance of KPs look concerning.**

- **Lack of focus on highest impact interventions** may compromise ultimate impact.

- **Challenges are also being reported on quality and completeness of data on people currently on ART and retention rates**.

Mitigating actions

- Ensuring **ARV commodity security** in countries that are at maximum risk of treatment disruption.

- Optimization and expansion of **differentiated HIV testing strategies.**

- Accelerating adoption of the **five 'must have' COVID-19 HIV program adaptations and encourage further innovation and differentiation**. Flexible harm reduction, community-based (& led) services, telemedicine, virtual demand creation, and integration of COVID-19 information, vaccination, and provision of PPE are key innovations and adaptations.

34 out of 55 HI/Core portfolios rated as Very High or High Risk. The top 5 countries with the greatest opportunity to reverse the negative trends in coming 12-18mths are listed below, in order of highest influence on driving risk level down.

Focus Country	Current risk level	Mitigating actions in place or planned
Kenya	High	Mitigating actions being implemented in these countries include: a focus on PTMCT, linking key population groups with care strategies, increased use of community-based organizations and community facilities, differentiation of prevention, testing and treatment and retaining adequate human resources for health.
Nigeria	High	
DRC	High	
Uganda	High	
Zambia	High	

THE GLOBAL FUND

Example of risk mitigation actions put in place to support grants in meeting their target

TB: risk to program quality

The aggregated TB program quality risk level remains Very High and the direction of travel is decreasing.

Residual Risk	Board approved Risk Appetite	Target Risk	Target risk timeframe	Direction of travel Q2-2022
Very High	Very High	High	Dec 2023	Decreasing ⬇

Root causes

- Residual impact of disruption to TB services during the pandemic and ensuing lock downs, including **diversion of both human, laboratory and financial resources away from TB services**.

- **Program adaptations in some countries are also taking longer to deliver results** due to delays in the resumption of normal public health and lab services, gaps in community and private sector engagement, and systems and program management fatigue.

- **Operationalization of additional investments in molecular diagnostic networks and linkages to care is impacting DR-TB notifications**.

Mitigating actions

- Promoting **differentiated approaches and integrated service delivery models** in diverse country contexts.

- Supporting countries to implement changes to drug policies inc. **transition to the new 6-month regimens for DR-TB treatment and TPT**.

- A roadmap to **improve the TB surveillance system** based on digital TB surveillance system assessments.

- Supporting bi-directional screening and diagnosis of TB and COVID-19.

- Focused efforts to **accelerate recovery in eight priority countries** still recovering from the impact of COVID-19.

32 out of 55 HI/Core portfolios rated as Very High or High Risk. Many countries have effectively mitigated their COVID-19 related risks and returned their TB program performance to pre COVID-19 levels. However, a number of countries, including some of the high burden countries are likely to miss their targets. The top 5 countries with the greatest opportunity to reverse the negative trends in coming 12-18mths are listed below, in order of highest influence on driving risk level down.

Focus Country	Current risk level	Mitigating actions in place or planned
Kenya	High	Mitigating actions being implemented in these countries include: a focus on understanding the impact of community referrals to case notification rates and opportunities for scale-up; expansion of TB diagnosis and treatment sites including in the community and private sector in high-burden and hard to reach underserved areas; targeted screening, bi-directional case management training, and a focus on strengthening reporting and monitoring including the set up of a country TB situation room.
Nigeria	High	
Zambia	High	
Zimbabwe	High	
India	High	

THE GLOBAL FUND

Example of risk mitigation actions put in place to support grants in meeting their target

Malaria: risk to program quality

The aggregated malaria program quality risk level remains High and the direction of travel is steady.

Residual Risk	Board approved Risk Appetite	Target Risk	Target risk timeframe	Direction of travel Q2-2022
High	High	Moderate	Jun 2024	Steady →

Root causes

- **Pockets of malaria resurgence** at country level and regionally, driven partly by climate change events inc. unseasonal rain and flooding, as well as delays or gaps in vector control campaign operations and increases in levels of insecticidal resistance.

- Countries with **resource gaps in the last six months for vector control operations** for 2023 due to higher costs of nets and operations, and larger populations needing coverage.

- **Sub-optimal use of data for decision making**, including sub-national stratification and targeting of interventions.

- **Insufficient access to case management** including at community level. **Limited attention to continuous quality improvement**.

Mitigating actions

- **Advocacy to mobilize resources** to fill gaps in funding for LLIN and IRS campaign gaps and ACTs/RDTs

- Working with manufacturers and PRs to **maximize product availability** through early procurements and coordination.

- **Accelerating uptake of program adaptations**, innovations and catch-up plans using existing grant and C19RM resources is also key as well as supporting sub-national stratification to target vector control tools and other interventions.

19 out of 55 HI/Core portfolios rated as Very High or High Risk. The direction of travel at an aggregate is steady although with potential to start increasing due to pockets of malaria resurgence both at an individual country level and regionally. The top 5 countries with the greatest opportunity to reverse the negative trends in coming 12-18mths are listed below, in order of highest influence on driving risk level down.

Focus Country	Current risk level	Mitigating actions in place or planned
Kenya	High	
Nigeria	High	Mitigating actions being implemented in these countries include: National programs have stratified interventions/product selection particularly for Vector controls; ongoing efforts with focus on community case management through scale up of community-based testing and treatment; ensuring integrated approaches for lab services, with the overall aim of strengthening confirmatory diagnosis; and enhancement of data management and reporting tools.
Tanzania	High	
Cote d'Ivoire	High	
Mozambique	High	

Example of risk mitigation actions put in place to support grants in meeting their target

Summary for other disease- or gender/human rights/KP-related KPIs

HIV national disease programs showing efficiency

KPI 4 🟢

100% of HIV national disease programs analyzed so far demonstrated a decrease in cost per life saved or infection/case averted over the 2020-2022 Allocation Period (p.22)

Continued challenges for KPIs on Key Populations prevention

KPI 5b 🟢△

For first time KPI in green range for target (22/32 or 69% of countries). Progress is good but results skewed by reduction in cohort (p.28)

KPI 5c 🔴

Partly due to COVID-19 impact, results for HIV grant performance on KP prevention activities continue to be much lower than 2019 baseline. However, cohort not completely representative of full portfolio (p.55)

HIV incidence reduction for AGYW still at risk

KPI 8 🟡△

The reduction in HIV incidence in women aged 15-24 years old is projected to be between **49% and 51%** positioning for the first time just within the strategy target but still considered at risk (p.59)

Mixed results for KP/Human Rights funding

KPI 5a 🟡△

For HIV grants analyzed, **investments in HIV prevention activities for KP** between **8.2% to 10.4%** - increase from previous report, but lower bound still below the 10% target (p.24)

KPI 9b-i 🟢

For approved **HIV** grants, share of **investments in Human Rights** activities is at **3.46%**, above 3% target. (p.25)

KPI 9b-ii 🟢

For approved **TB** grants, share of **investments in Human Rights** activities is at **2.15%**, above 2% target. (p.26)

KPI 9c 🔴

KPI on domestic funding for KP/Human Rights continues facing challenges with only **4 countries against target of 13 countries meeting KP** benchmarks and **1 country meeting Human Rights benchmarks** (p.19)

🟢 On track / Achieved   🔴 Off track / Not achieved

🟡 At risk / Partially achieved   ⚪ Not yet reported

△ Improving   ▽ Deteriorating

THE GLOBAL FUND

Summary for RSSH and Financial KPIs

Majority of funding requests aligned with NSP

KPI 6f

Results now available for the full cohort of 2020-2022 Funding Requests. Continued strong performance as **99% of Funding Requests rated by TRP to be aligned with National Strategic Plan** (p.23)

Results for usage of disaggregated data are stable

KPI 6e

68% of HI countries met the threshold of having documented evidence of using disaggregated data to inform planning of programmatic decision making for priority populations in HTM (p.58)

Domestic procurement KPI meeting target

KPI 6a

Domestic procurement pricing remains a mixed picture against PPM pricing with **result of 53%** (measuring average of country-product combinations where price paid was below the PPM reference price) **which is slightly above target** (p.57)

Financial KPIs continue to perform well

KPI 3

For the first time alignment has been tested against the 2020-2022 Allocation Period and based on disbursements over the last 3 years, the **need is closely aligned to disbursements with a deviation of only 0.226 vs target of 0.293** . (p.21)

KPI 7a

Allocation utilization is still **surpassing the target at 93%** though the slight reduction relates to changes in how COVID-19 funds were disbursed and re-distributed among countries *(referred to as recycled optimization)* (p.29)

KPI 7b

3-year grant absorption at 79% is still above target despite the low COVID-19 absorption due to operational and execution challenges related to the implementation of a completely new stream of funds (p.30)

Annex 1: Detailed KPI results

Annex 1 : Detailed KPI results

THE GLOBAL FUND

Setting the context – the global fight against the three diseases – HIV/AIDS
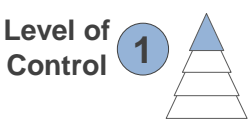
UNAIDS

- New HIV infections — **1.5m**
- People living with HIV — **38.4m**
- People on ART — **28.7m**
- AIDS-related deaths — **0.65m7**

THE GLOBAL FUND

Trends in AIDS-related deaths
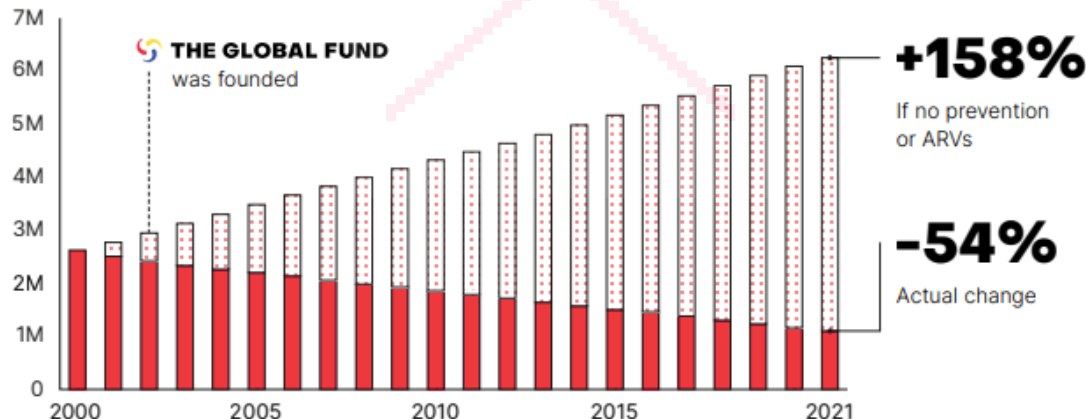In countries where the Global Fund invests

● With prevention and ARVs (actual)   ○ If there had been no prevention or ARVs   **% change, 2002-2021**

THE GLOBAL FUND was founded

+240%
If no prevention or ARVs

-70%
Actual change
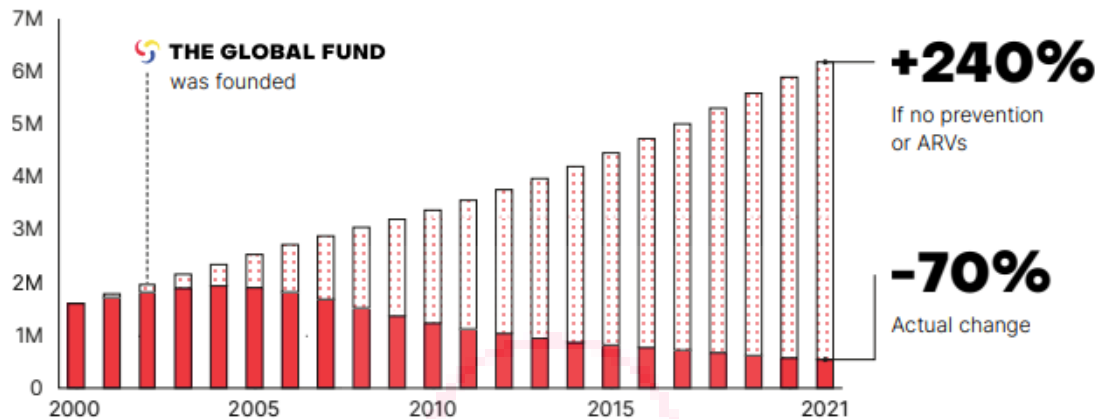
Trends in new HIV infections
In countries where the Global Fund invests

● With prevention and ARVs (actual)   ○ If there had been no prevention or ARVs   **% change, 2002-2021**

THE GLOBAL FUND was founded

+158%
If no prevention or ARVs

-54%
Actual change
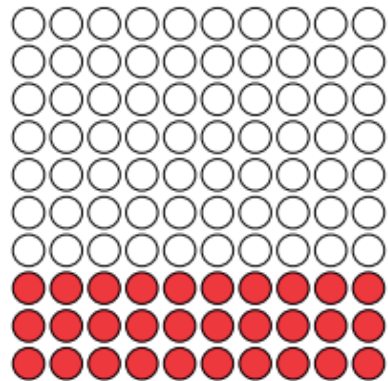
30%
of all international financing for **HIV**

HIV data: Data Fact Sheet 2021 on UNAIDS.org,
GF data on deaths, incidence and funding sources Global Fund Results Report 2022, **Figures on LHS are global and are not solely for countries where Global Fund resources are disbursed.**

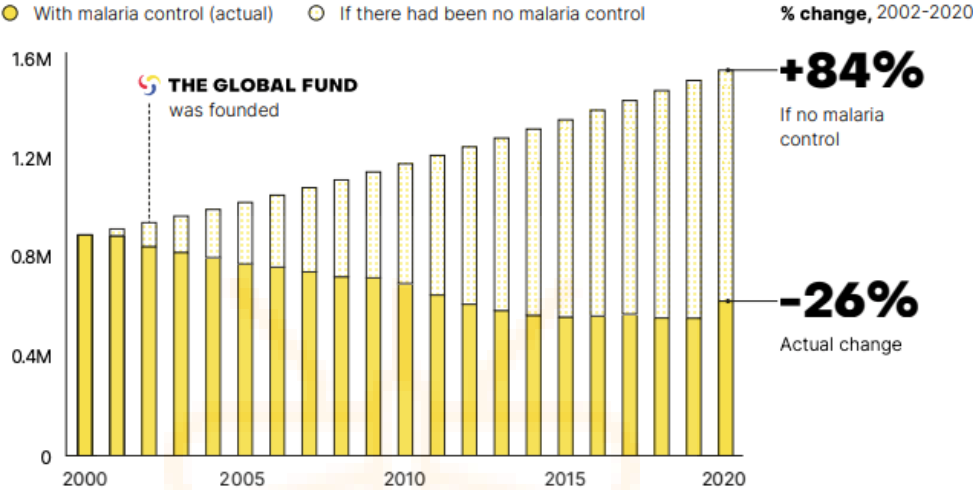# Setting the context – the global fight against the three diseases - TB

World Health Organization
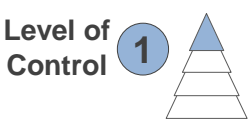
- Total TB cases — **10m**

- Notified TB cases (new and relapse) — **5.8m**

- Treatment success rate (new and relapse) — **86%**

- Incident cases of MDR/RR-TB — **0.13m**

- Deaths from TB (excluding HIV+) — **1.3m**

Trends in TB deaths (excluding HIV-positive)*
In countries where the Global Fund invests

● With TB control (actual)   ○ If there had been no TB control

% change, 2002-2020

THE GLOBAL FUND was founded

+121% If no TB control

-21% Actual change
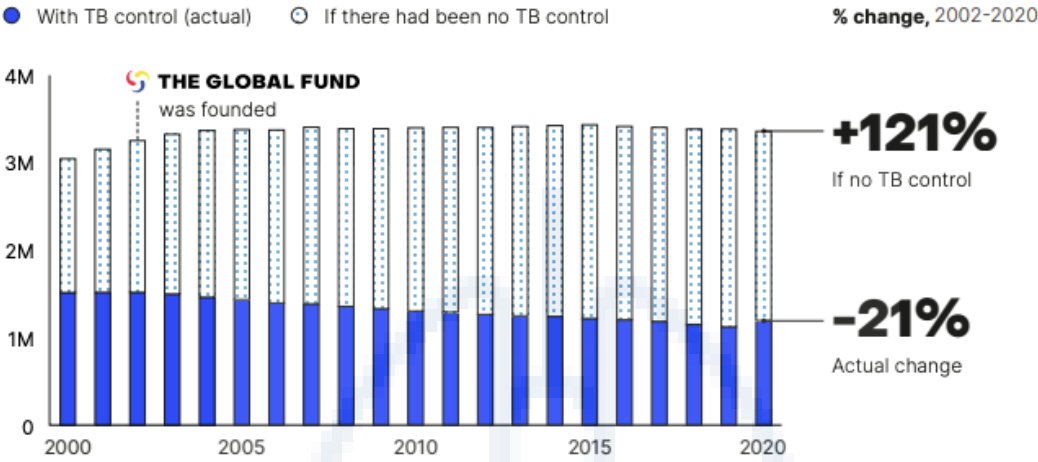
Trends in new TB cases (all forms)
In countries where the Global Fund invests

● With TB control (actual)   ○ If there had been no TB control

% change, 2002-2020

THE GLOBAL FUND was founded

+35% If no TB control

-5% Actual change
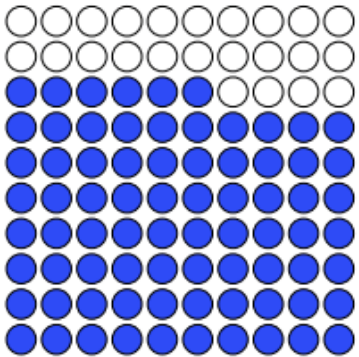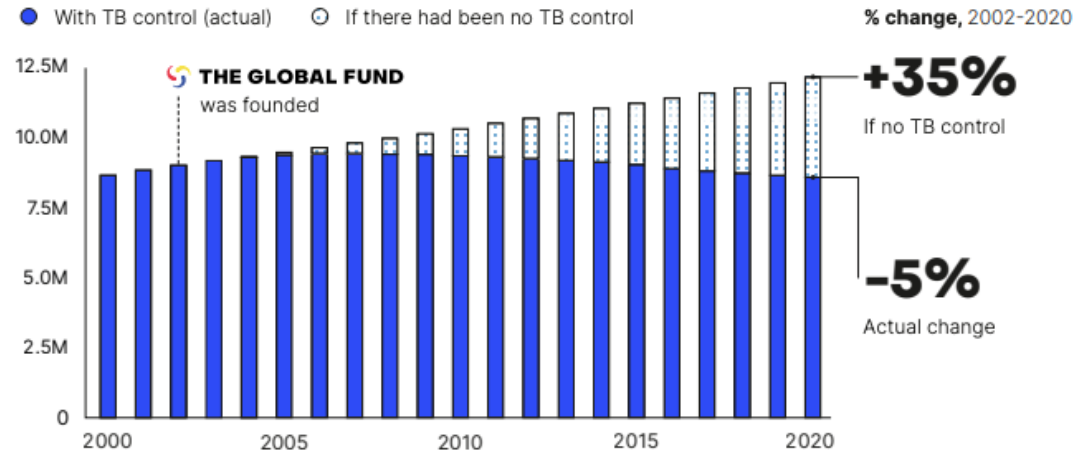
76% of all international financing for **TB**

TB data: Global TB Report 2021, *GF data on deaths, incidence and funding sources* Global Fund Results Report 2022, **Figures on LHS are global and are not solely for countries where Global Fund resources are disbursed.**

Level of Control 1

Trends in malaria deaths
In countries where the Global Fund invests

○ With malaria control (actual) ○ If there had been no malaria control

% change, 2002-2020

+84%
If no malaria control

-26%
Actual change

THE GLOBAL FUND was founded

Trends in malaria cases
In countries where the Global Fund invests

○ With malaria control (actual) ○ If there had been no malaria control

% change, 2002-2020

+70%
If no malaria control

0%
Actual change

THE GLOBAL FUND was founded

Malaria burden estimates and estimation of "no malaria control" from WHO World Malaria Report 2021.

World Health Organization

- Malaria cases **241m**

- People sleeping under ITN in sub-Saharan Africa (for people at risk of malaria) **43%**

- Malaria deaths **0.62m**

63%
of all international financing for **malaria**

Malaria data: World Malaria Report 2021, WHO
GF data on deaths, incidence and funding sources Global Fund Results Report 2022, **Figures on LHS are global and are not solely for countries where Global Fund resources are disbursed.**

THE GLOBAL FUND

Funding

Funding | **Design** | **Implementation** | **Results**

Domestic funding

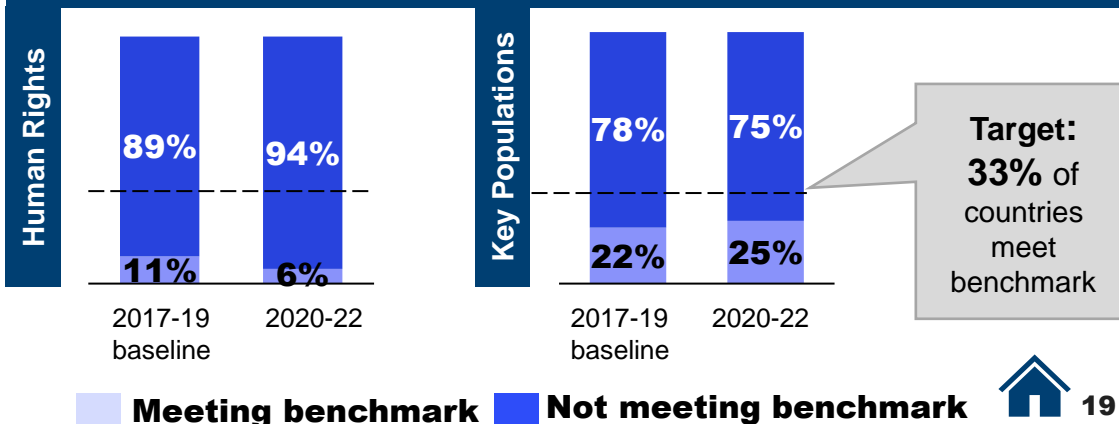🔴 **KPI 9c – Domestic investment in key populations and Human Rights**

Measure

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

Mid-2022 Result

(i) **6%** *(vs 13% Fall 2021)*
(ii) **25%** *(vs 13% Fall 2021)*

Target

33%

Key takeaways

- Four countries met the benchmarks for KP prevention (improvement on last report), and one for social enablers (decrease from last report).
- Underperformance of this KPI reflects a larger trend in decreases in domestic HIV spending. There are also ongoing challenges with data availability and quality.
- Amounts available for HIV programs from all funding sources in 2021 were 1% lower than amounts available in 2020. **Domestic** resources for HIV declined by 2% in 2021 compared with 2020.
- Prioritizing key populations prevention activities and human rights among available resources remains important, and the GF co-financing requirement remains an important lever.
- As evidenced in this KPI, funding for HIV prevention among Key Populations still comprises very small proportions of total HIV spending in low and middle-income countries, even in regions where the vast majority of new HIV infections are occurring in these populations. The bulk of that funding—at least two thirds comes from international sources.

Distribution of countries for period 2019-2021 on domestic expenditure
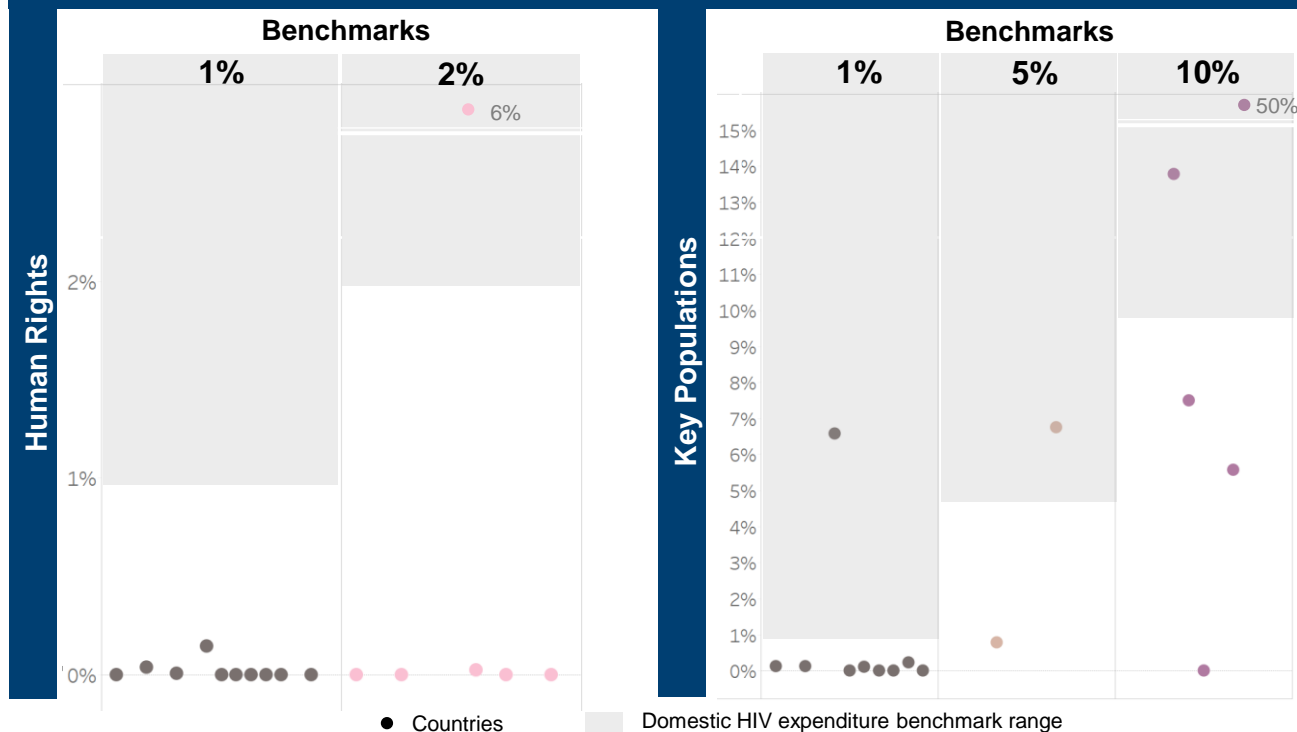
Breakdown of countries meeting benchmarks against baseline (/16 countries with data in 2019-2021)


Target: 33% of countries meet benchmark

Human Rights: 2017-19 baseline 89% / 11% ; 2020-22 94% / 6%

Key Populations: 2017-19 baseline 78% / 22% ; 2020-22 75% / 25%

Meeting benchmark | Not meeting benchmark

Program Design

Funding

Design

Implementation

Results

Measure	Mid 2022 Result
Alignment between investment decisions and country disease burden & economic capacity, as defined by the country's "Initial Calculated Amount" in the **2020-2022** Allocation Period model	**0.226**

Target

2022: Deviation less than or equal to **0.293**

Key takeaways

- At Fall 2022, as most of the data for investment decisions (i.e., disbursements between 2020 and 2022, excluding C19RM) relate to grants from the 2020-2022 Allocation Period, the data for "needs" has been updated accordingly to use the distribution from the 2020-2022 Allocation Period model.
- The deviation between needs and disbursements has been reducing in recent years and current result using 2020-2022 Allocation Period figures also suggests a closer alignment between the needs and disbursements going forward as well.
- As in past reports, High-Impact countries with larger allocation amounts tend to have the largest gap between allocation and investment and these include Mozambique, Nigeria, South Africa and Zimbabwe. Other countries such as Russia or Rwanda also show imperfect alignment.

Alignment Needs-Disbursments, global

THE GLOBAL FUND
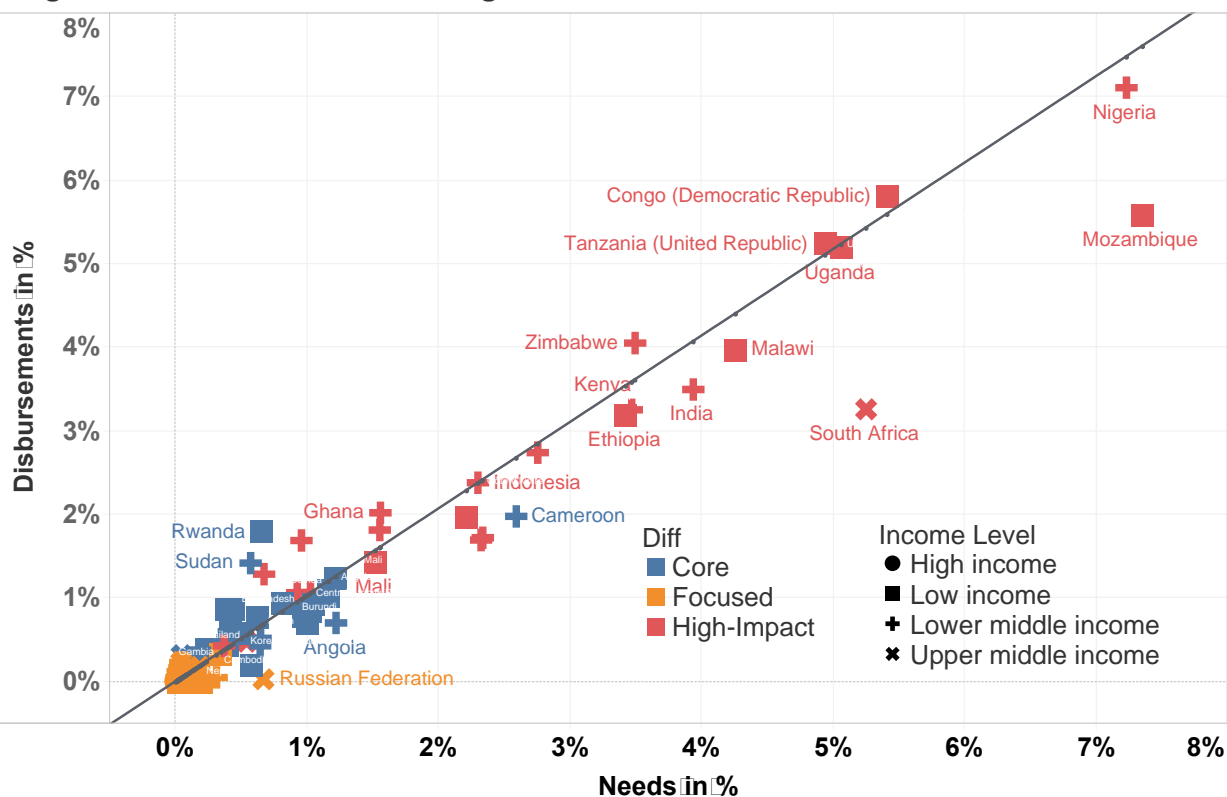
Activities
- 🟢 **KPI 4 – Investment efficiency**
- 🟢 KPI 6f – NSP alignment

Measure	Mid-2022 Result	Key takeaways
Change in cost per life saved or infection averted from supported programs	**100%** countries show improved efficiency for **2020-2022 Allocation Period** *(partial results for the 2020-2022 Allocation Period)*	

Target

90% of countries measured show a decrease or maintain existing levels of cost per life saved or infection/cases averted for the current allocation period

2020-2022 Allocation Period partial results

	HIV	TB	Malaria	Total
# of disease programs assessed	13	0	0	13

	HIV	TB	Malaria	Total
% of assessed disease programs showing a high likelihood of efficiency improvement	100%	-	-	100%

Key takeaways

- Assessment of HIV programmes of the 2020-2022 Allocation Period are ongoing for all High Impact countries. Results of 13 HIV national disease programs have been finalized with all (100%) demonstrating a decrease in cost per life saved or infection/case averted over the 2020-2022 Allocation Period, indicating improved grant design leading to efficiency improvement of national programs.

- Assessment of Malaria programmes is also ongoing. The first Malaria results for 2020-2022 Allocation Period is expected to be available in Spring 2023.

- A revised assessment methodology for TB programmes has been proposed and piloted. The general principle and structure of the revised methodology has been endorsed by the Global Fund's Modelling and Guidance Group (MGG). Work is ongoing to finetune the methodology and assessment plan. This revised methodology will be used to assess KPI4 for TB programmes for the 2020-2022 Allocation Period.

THE GLOBAL FUND

Result for Window 1-7 2020-2022 Allocation Period

Activities
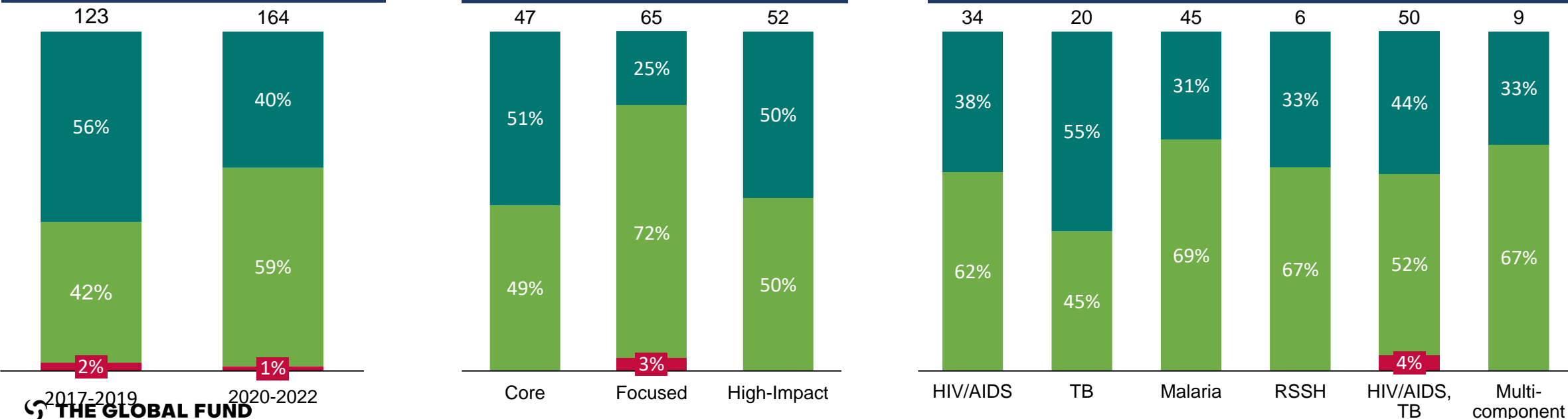- 🟢 KPI 4 – Investment efficiency
- 🟢 **KPI 6f – NSP alignment**

Measure

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

Mid-2022 Result

99% 'Strongly Agree' / 'Agree'

Target

90% 'Strongly Agree' / 'Agree' ('Very Good' / 'Good' in previous survey iteration)

Key takeaways

- Results continue to be robust exceeding targets. As no more Funding Requests are expected for the 2020-2022 Allocation Period, assessment of 99% Funding Requests aligned to NSP is the final result for the Allocation Period in this Strategy
- Similar to the last cycle only 2 Funding Requests were rated as 'Disagree' on alignment with (both were Focused and HIV/TB funding requests)
- Similar to previous report, TB Funding Requests (55%) continue to be most strongly aligned to the NSPs.

2017-2019 vs. 2020-2022 Funding Cycle

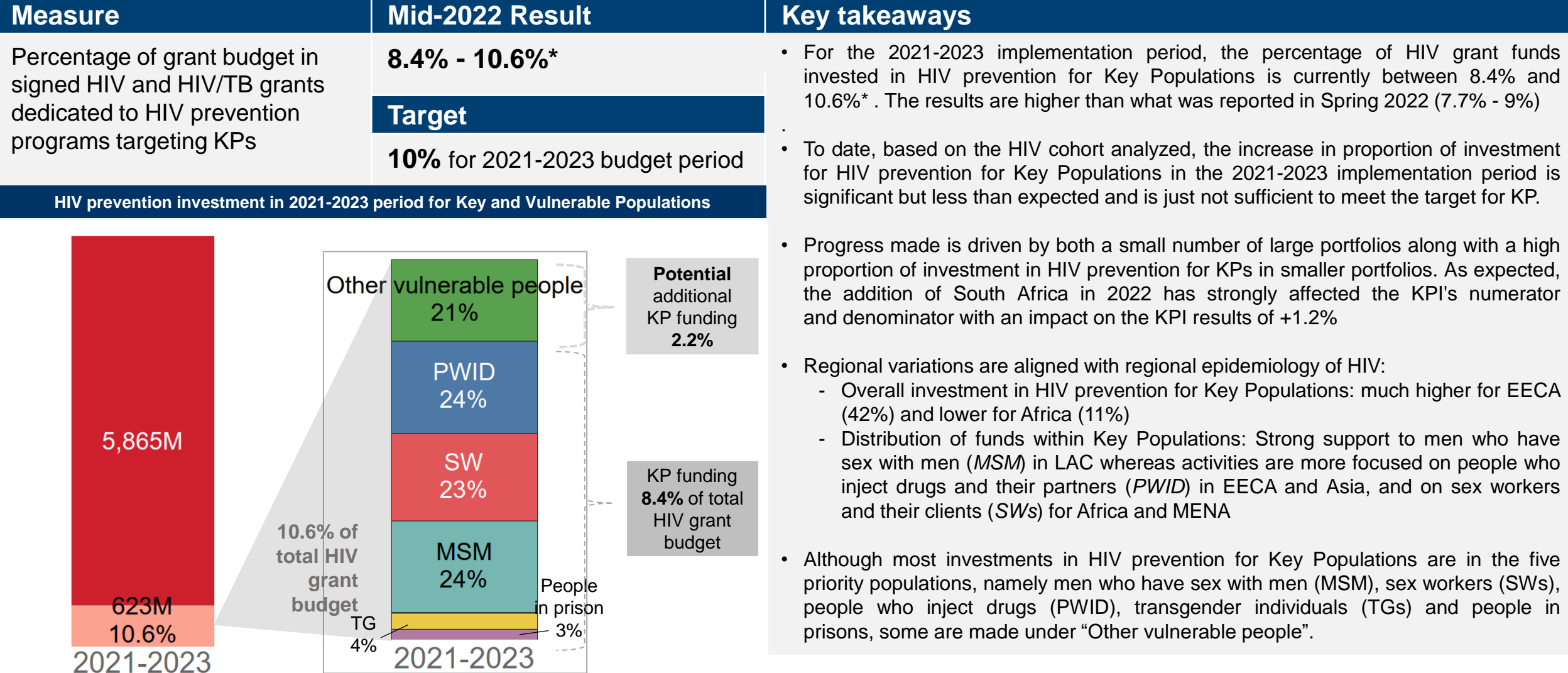|	2017-2019 (123)	2020-2022 (164)
Strongly Agree	56%	40%
Agree	42%	59%
Disagree	2%	1%

Result by Portfolio Disaggregation

	Core (47)	Focused (65)	High-Impact (52)
Strongly Agree	51%	25%	50%
Agree	49%	72%	50%
Disagree		3%	

Results by component

	HIV/AIDS (34)	TB (20)	Malaria (45)	RSSH (6)	HIV/AIDS, TB (50)	Multi-component (9)
Strongly Agree	38%	55%	31%	33%	44%	33%
Agree	62%	45%	69%	67%	52%	67%
Disagree					4%	

🟦 Strongly Agree 🟩 Agree 🟥 Disagree   Total Funding Requests in KPI cohort reviewed were 166, however 2 Funding Requests for which TRP assessment was not available are excluded from calculations

THE GLOBAL FUND

Budget
- 🟡 **KPI 5a – Investment in Key Populations**
- 🟢 KPI 9b – Investment in Human Rights

Measure	Mid-2022 Result	Key takeaways
Percentage of grant budget in signed HIV and HIV/TB grants dedicated to HIV prevention programs targeting KPs	**8.4% - 10.6%***	

Target

10% for 2021-2023 budget period

HIV prevention investment in 2021-2023 period for Key and Vulnerable Populations

- 5,865M
- 623M 10.6%
- 2021-2023

10.6% of total HIV grant budget

Other vulnerable people 21%

PWID 24%

SW 23%

MSM 24%

TG 4%

People in prison 3%

2021-2023

Potential additional KP funding **2.2%**

KP funding **8.4%** of total HIV grant budget

Key takeaways

- For the 2021-2023 implementation period, the percentage of HIV grant funds invested in HIV prevention for Key Populations is currently between 8.4% and 10.6%* . The results are higher than what was reported in Spring 2022 (7.7% - 9%)
.
- To date, based on the HIV cohort analyzed, the increase in proportion of investment for HIV prevention for Key Populations in the 2021-2023 implementation period is significant but less than expected and is just not sufficient to meet the target for KP.

- Progress made is driven by both a small number of large portfolios along with a high proportion of investment in HIV prevention for KPs in smaller portfolios. As expected, the addition of South Africa in 2022 has strongly affected the KPI's numerator and denominator with an impact on the KPI results of +1.2%

- Regional variations are aligned with regional epidemiology of HIV:
  - Overall investment in HIV prevention for Key Populations: much higher for EECA (42%) and lower for Africa (11%)
  - Distribution of funds within Key Populations: Strong support to men who have sex with men (*MSM*) in LAC whereas activities are more focused on people who inject drugs and their partners (*PWID*) in EECA and Asia, and on sex workers and their clients (*SWs*) for Africa and MENA

- Although most investments in HIV prevention for Key Populations are in the five priority populations, namely men who have sex with men (MSM), sex workers (SWs), people who inject drugs (PWID), transgender individuals (TGs) and people in prisons, some are made under "Other vulnerable people".

*In recognition of the fact that either due to misclassifications, or due to fear of stigma and discrimination, some KPs can be categorized under "Other Vulnerable People", KPI result is reported as a range between HIV prevention investment in KPs and in KVPs

HIV

Measure	Mid-2022 Result
% of HIV and HIV/TB grants budget dedicated to programs to reduce **human rights-related barriers**	Human Rights **HIV: 3.46%**
	Target
	Human Rights **HIV: 3.00%**

Key takeaways

- The Strategic Objective 3 of the GF Strategy 2017-2022 and its focus on scaling up programs to reduce human rights-related barriers, as well as availability of catalytic funding, have driven progress towards KPI 9b HIV and TB targets.

- The increase in absolute terms between 2017-2019 Allocation Period and 2020-2022 Allocation Period in the countries included in this reporting has almost doubled for HIV: $207,752,203 in 2020-2022 compared to $111,245,055 in 2017-2019 Allocation Period

- Although the target is largely met overall, non-BDB as well as low-income countries report a share of human right investments below 3%.

- Human Rights Matching Funds have proven to be effective in stimulating increased investments, including from within allocation. The cross-cutting nature of Matching Funds in 2020-2022 Allocation Period has served as a significant lever to increase both **HIV and TB** investments in programs to reduce human rights-related barriers.

- Reprogramming and portfolio optimization can affect **HIV and TB** investment levels adversely. The Matching Funds cannot be reprogrammed away from the respective priority area, this intending to safeguard investment focus. Upcoming decisions on portfolio optimization should be in line with the Global Fund's strategic priorities, including the renewed focus on Human Rights in the new Strategy.

Share of HR investments by Breaking Down Barriers cohort and allocation period

BDB Countries: 4.5% (2017-2019), 6.3% (2020-2022)
Non-BDB Countries: 0.8% (2017-2019), 1.7% (2020-2022)
Target

Share of HR investments by income level and allocation period
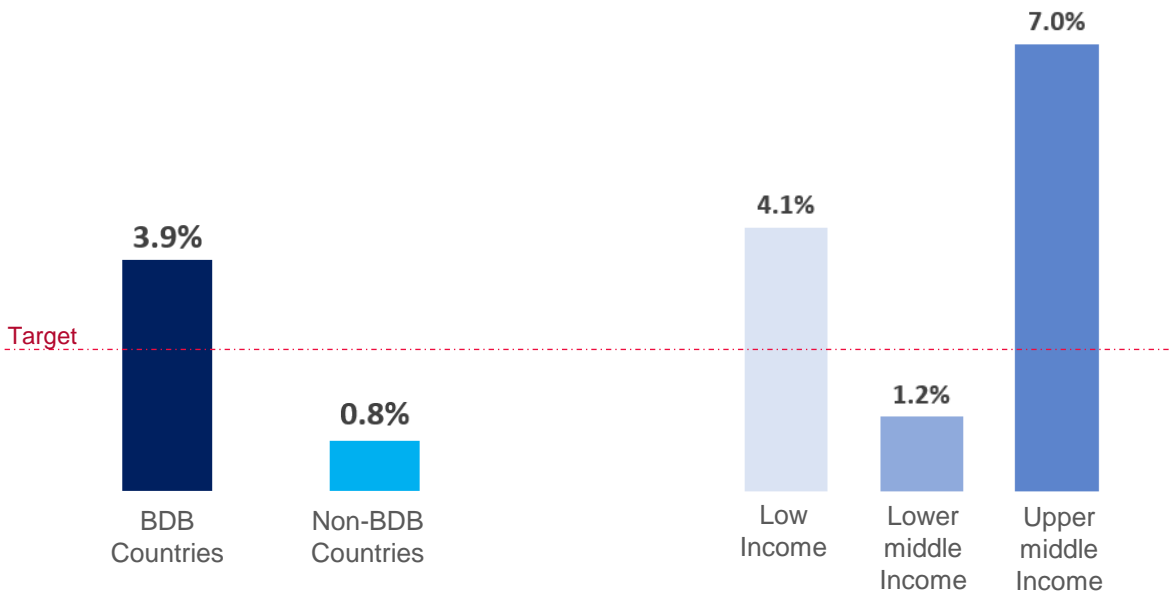
Low Income: 1.6% (2017-2019), 2.6% (2020-2022)
Lower Middle Income: 2.0% (2017-2019), 3.0% (2020-2022)
Upper Middle Income: 6.0% (2017-2019), 9.0% (2020-2022)

■ 2017-2019 ■ 2020-2022

THE GLOBAL FUND

TB

Measure	Mid-2022 Result	Key takeaways
% of TB grants budget in selected countries with highest TB disease burden dedicated to programs to reduce human rights-related barriers	Human Rights **TB**: **2.15%**	• For TB, in the 11 countries included both in the NFM2 and NFM3 cohort, investment increased from $13,645,678 to $23,871,620, representing a 74.9% increase.
	Target	
	Human Rights **TB: 2.00%**	• Although the target is also largely met for TB, non-BDB as well as lower middle-income countries report a share of human rights investments significantly below 2%.

Key takeaways (continued):

- The new Global Fund Strategy has a significant focus on human rights, including as part of its ending **HIV and TB** objectives. Though KPI 9b is being discontinued as a KPI, regular investment analysis will have to be undertaken to continue to shine a light on the importance to invest significantly and consistently in programs to remove human rights-related barriers.

- Analyzing attrition between amounts budgeted and expenditures is an important additional analysis needed to paint a fuller picture of **HIV and TB** investments in programs to reduce human rights-related barriers.

Share of HR investments by Breaking Down Barriers cohort

- BDB Countries: 3.9%
- Non-BDB Countries: 0.8%
- Target

Share of HR investments by income level

- Low Income: 4.1%
- Lower middle Income: 1.2%
- Upper middle Income: 7.0%

THE GLOBAL FUND

Implementation

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

Measure

Percentage of target countries* with reporting on coverage of an evidence-informed package of services for at least 2 Key Populations

Mid-2022 Result

69% of countries currently able to report

Target

75% by end 2022

Key takeaways

- KPI 5b result is below the expected target (but within the range for a "green" KPI traffic light) and the marginal increase when comparing to the previous reporting period does not reflect a real improvement in the ability of countries to report on Key Populations' services coverage, rather the improvement can be attributed to a reduced cohort in KPI 5b denominator
- The number of countries with quality, and nationally adequate PSEs has decreased by 26% in this reporting period. This is due to a growing number of countries with PSEs that are out of date. The capacity to quantify the size of the population that is being targeted by GF HIV prevention resources is critical to HIV prevention
- Recommendation from Secretariat is:
  - Immediate action: Use existing opportunities (offered by Portfolio Optimization and reprogramming) to fast track national level size estimate studies in countries where these are out of date and not yet planned
  - Long-term: Develop multi-annual resourcing plans for PSE studies; have nationally adequate PSEs need to become a requirement to access funding; Nationally adequate PSEs as a TRP recommendation

Overview

32 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 , 43 in 2020 and 32 in 2021

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

Results

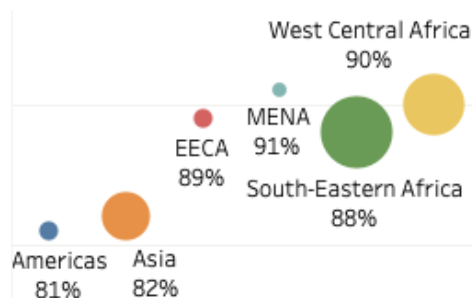*Geographical regions based on UN geoscheme*

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

Measure	Mid-2022 Result	Key takeaways
Portion of allocation that has been disbursed or is forecast to be disbursed	**93%** **Target** 91-100% (6th Replenishment)	• 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. • 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. This allows a more accurate consideration of Portfolio Optimization, 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 calculated based on 2020-2022 **disbursements, including forecasts and excluding C19RM**

Size of bubbles proportional to allocated amount (6th Replenishment)
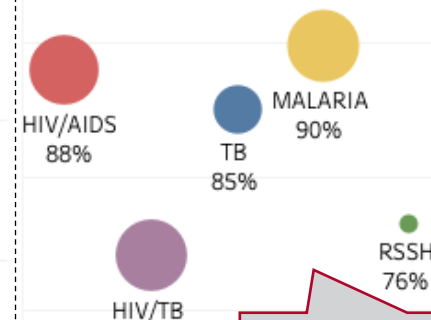

Utilization by Region

West Central Africa 90%
MENA 91%
EECA 89%
South-Eastern Africa 88%
Americas 81%
Asia 82%

Similar utilization with larger regions having higher use of allocated funds

Utilization by COE Status

No 87%
Yes 88%

Utilization by Component

HIV/AIDS 88%
MALARIA 90%
TB 85%
RSSH 76%
HIV/TB 74%

RSSH and HIV/TB have lower utilization

Utilization by Differentiation

Core 91%
Focused 85%
High Impact 86%

THE GLOBAL FUND

Note: Reminder – disaggregation does not reflect portfolio level optimization hence lower values than overall KPI result. Multicountry utilization excluded as the result is co-mingled with the amount applied for optimization
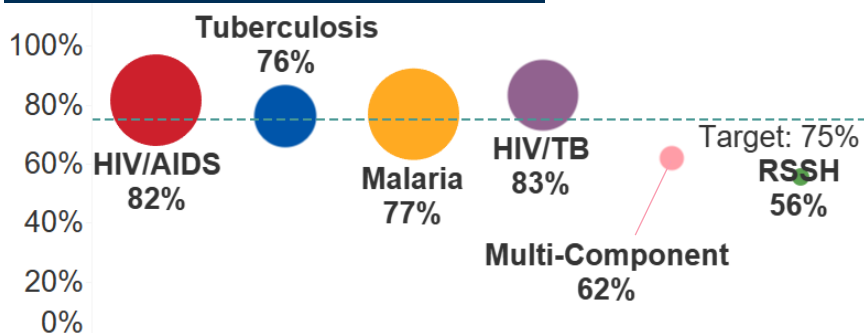
Performance
- 🟢 KPI 5b – KP reporting capacity
- 🟢 KPI 7a – Fund utilization: allocation utilization
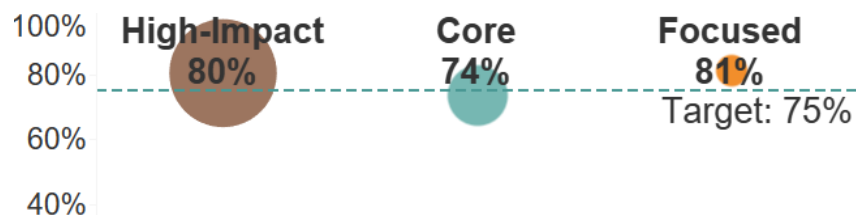- 🟢 **KPI 7b – Fund utilization: absorptive capacity**

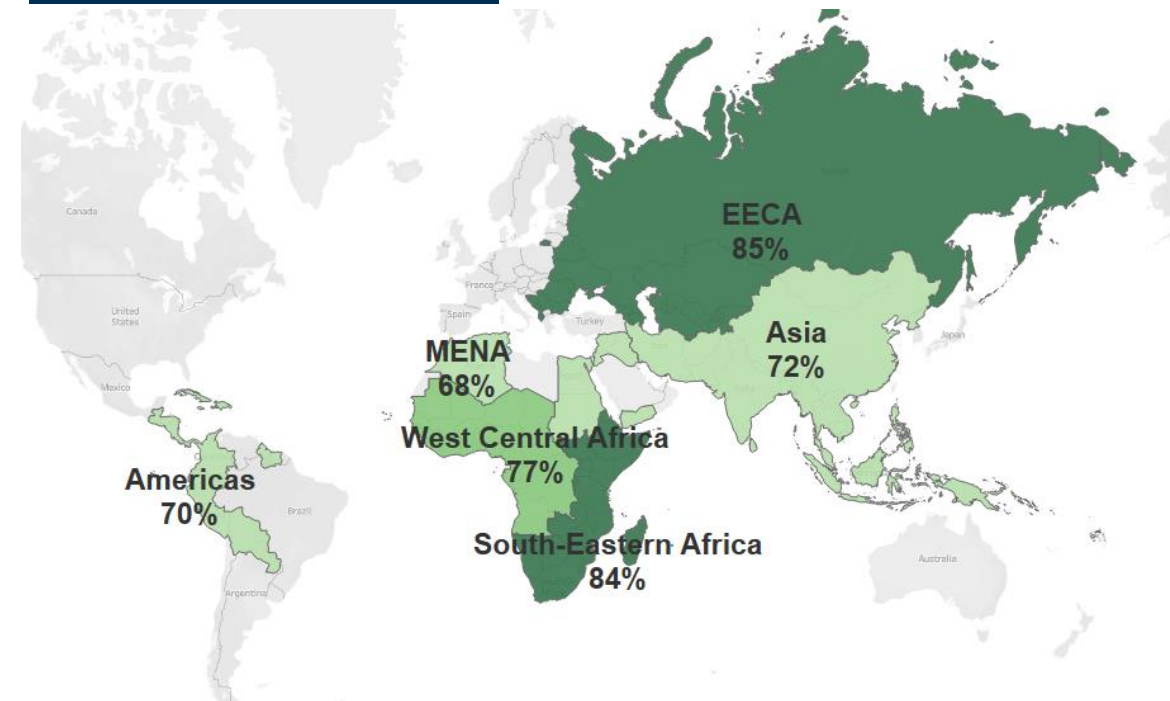| Measure	Mid-2022 Result	Key takeaways
Portion of grant budgets that have been reported by country program as spent on services delivered	**79%** **Target** 75% by end 2022	• Grant absorption rate for the period 2019 to 2021* (calendar years) stands at 79%, with separately assessed C19RM 2021 being at 25%. For 2017-2019 Allocation Period grants, absorption is even higher at 89%. • Slight decrease in absorption since 2018-2020 KPI reporting (81%) is a result of the inclusion of 2021, year 1 of implementation for 2020-2022 Allocation Period. This is in line with observed trend of lower absorption for year 1. Year 1 of 2020-2022 Allocation Period also had a larger impact on KPI than 2017-2019 due to the increase in allocation. Absorption was above target for HTM components, portfolios and across regions but is now under for Multi-component, C19RM, and RSSH standalone.

Absorption by component for 2019-2021

The size of the bubbles is proportional to the total 2019-2021 budget amount

- Tuberculosis 76%
- HIV/AIDS 82%
- Malaria 77%
- HIV/TB 83%
- Multi-Component 62%
- RSSH 56%
- Target: 75%

Absorption by portfolio type for 2019-2021

- High-Impact 80%
- Core 74%
- Focused 81%
- Target: 75%

Absorption by region for 2019-2021

- EECA 85%
- MENA 68%
- Asia 72%
- West Central Africa 77%
- Americas 70%
- South-Eastern Africa 84%

THE GLOBAL FUND

* 2019-2021 period includes grants that are at various stages of grant lifecycle but excludes C19RM 2021

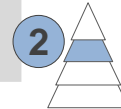*Geographical regions based on UN geoscheme*

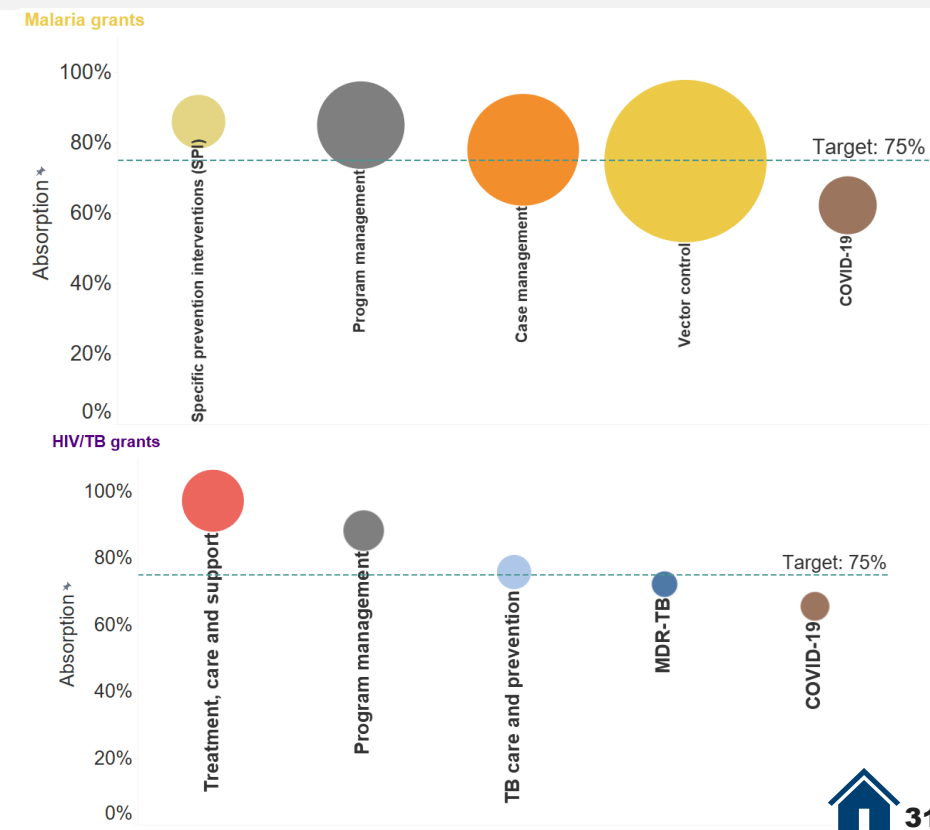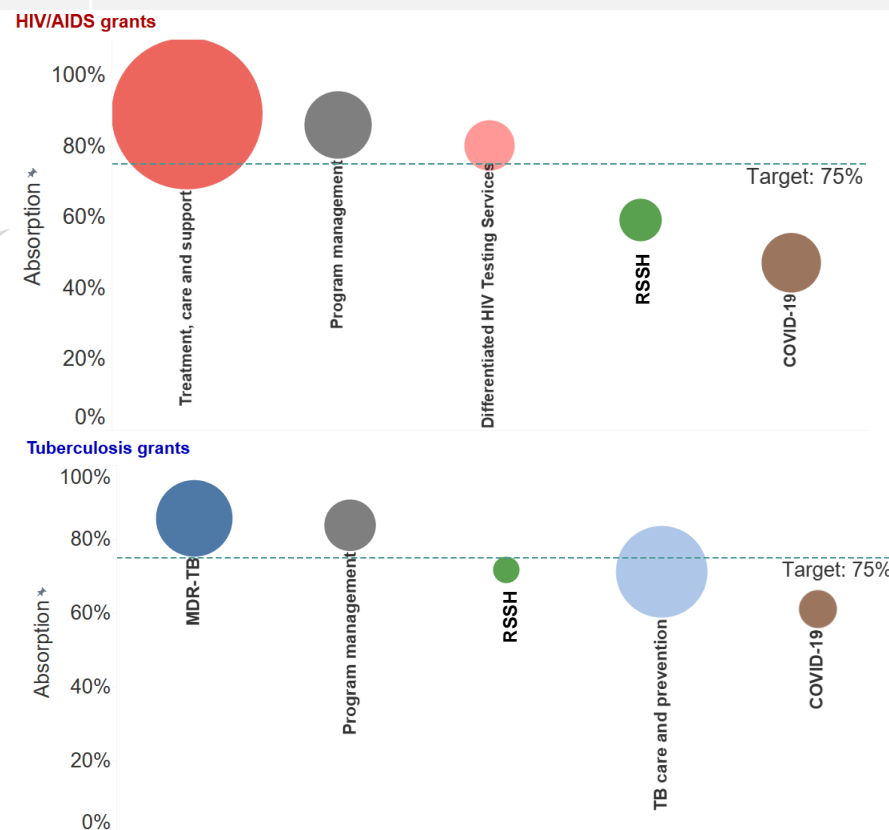Funding | Design | Implementation | Results | Level of Control 2

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

Measure	Mid-2022 Result	Key takeaways
Portion of grant budgets that have been reported by country program as spent on services delivered	**79%** **Target** 75% by end 2022	**Result by modules** (key activities)*: Although there has been a recent decrease, absorption remains on or above target for most modules except for the RSSH and COVID-19 modules. The low COVID-19 absorption is due to a range of broad operational, execution and global challenges, pending reprogramming which is currently underway and forthcoming portfolio optimization, to unlock the ability of implementers to gear investments in emerging needs with higher absorption potential.

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

The size of the bubbles is proportional to the total 2019-2021 budget amount

* 2019-2021 period includes grants that are at various stages of grant lifecycle but excludes C19RM 2021

THE GLOBAL FUND
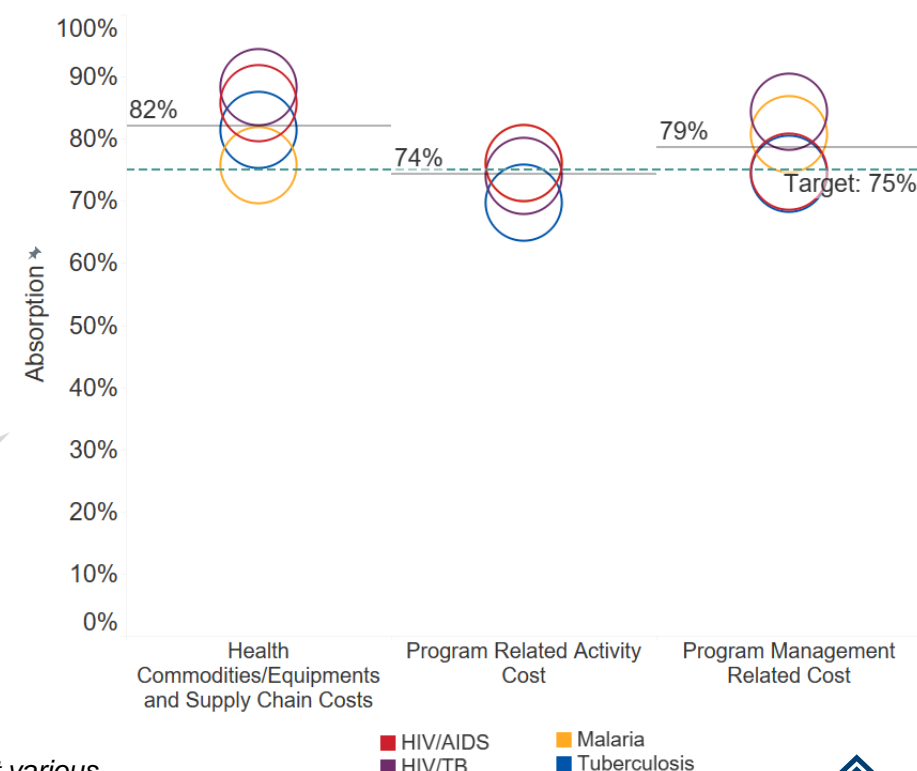
HIV/AIDS grants

Absorption *

100%
80%
60%
40%
20%
0%

Target: 75%

- Treatment, care and support
- Program management
- Differentiated HIV Testing Services
- RSSH
- COVID-19

Malaria grants

Absorption *

100%
80%
60%
40%
20%
0%

Target: 75%

- Specific prevention interventions (SPI)
- Program management
- Case management
- Vector control
- COVID-19

Tuberculosis grants

Absorption *

100%
80%
60%
40%
20%
0%

Target: 75%

- MDR-TB
- Program management
- RSSH
- TB care and prevention
- COVID-19

HIV/TB grants

Absorption *

100%
80%
60%
40%
20%
0%

Target: 75%

- Treatment, care and support
- Program management
- TB care and prevention
- MDR-TB
- COVID-19

Funding	Design	Implementation	Results	Level of Control 2

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

Measure	Mid-2022 Result	Key takeaways
Portion of grant budgets that have been reported by country program as spent on services delivered	**79%** **Target** 75% by end 2022	**Result by analytical grouping** (key costs)*: Absorption is high across all disease components, while program related activity cost is now slightly under the target at 74%. Program management related cost experienced the largest decrease by 6pp since last year. At a more granular cost grouping level, results display a higher absorption for human resources and commodities in this third year. However, Infrastructure and non-health equipment has significantly dropped to 59%, followed by capacity building and technical assistance (65%) and health equipment (68%) both already low in year 2.
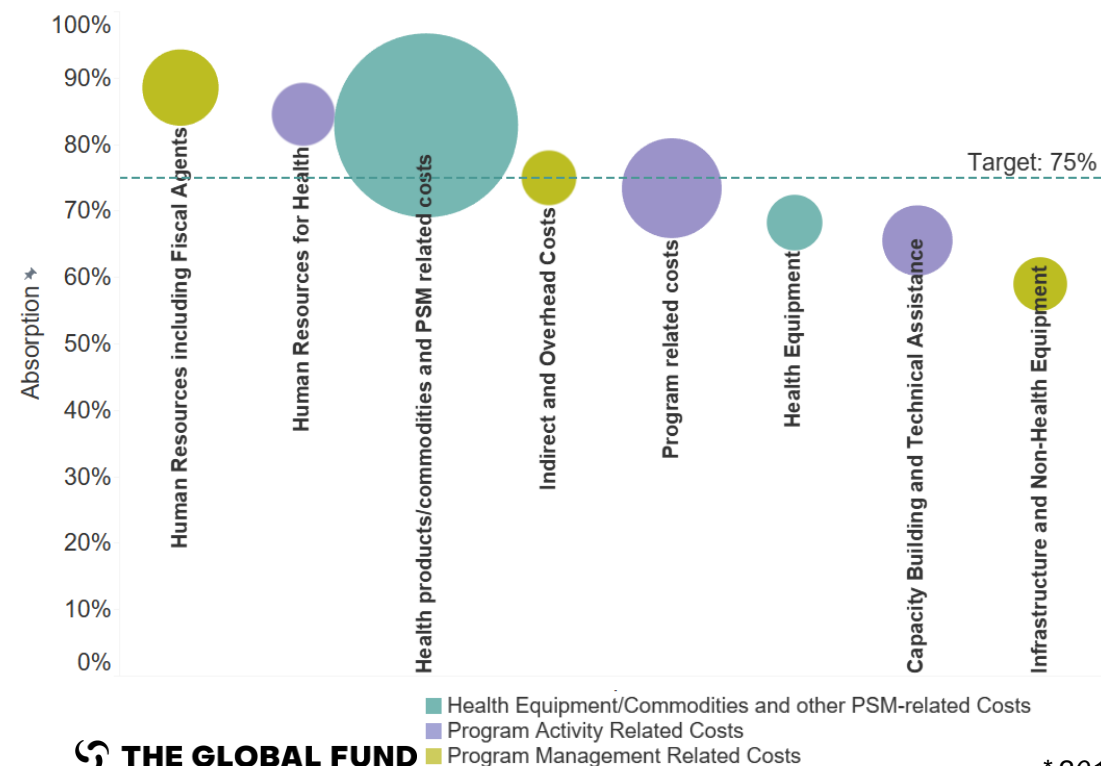
Absorption is higher for human resources and commodities

Consistent performance across all disease components.

Legend (left chart):
- Health Equipment/Commodities and other PSM-related Costs
- Program Activity Related Costs
- Program Management Related Costs

Legend (right chart):
- HIV/AIDS
- HIV/TB
- Malaria
- Tuberculosis

The size of the bubbles is proportional to the total 2019-2021 budget amount

* 2019-2021 period includes grants that are at various stages of grant lifecycle but excludes C19RM 2021

THE GLOBAL FUND

Results

Summary of KPI 2 results & projections* to 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 projection (only applies for modelled indicators) based on pre-COVID19 performance	COVID projection (only applies for modelled indicators) based on 2021 results remaining constant	GF level of funding**
HIV/AIDS	**% PLHIV know**	33 countries for which 80% PLHIV know their status	25 countries	🟧			
	# ART	23 million	23.4 million	🟩	🟩		Medium
	% ART	78%	75%	🟩	🟧		Medium
	# VMMC	22 million	17.6 million	🟩	🟩		Low
	% PMTCT	96%	83%	🟧	🟥	🟥	Low
	% VLS	33 countries for which 90% ART patients virally suppressed	28 countries	🟩			
HIV/TB	**# HIV+TB on ART**	2.7 million	1.7 million	🟩	🟥	🟥	Low
	% IPT	35 countries for which 80% of PLHIV newly enrolled in care started preventative therapy for TB	7 countries	🟥			
TB	**# TB treatment**	33 million	27 million	🟩	🟩		High
	% TB CDR	73%	56%	🟩	🟧		High
	% TB TSR	99 countries for which 90% of TB cases successfully treated	38 countries	🟧			
	# MDR-TB	920 thousand	550 thousand	🟩	🟥	🟥	High
	% MDR-TB TSR	33 countries for which 85% of RR and/or MDR-TB cases successfully treated	10 countries	🟧			
Malaria	**# LLINS**	1350 million	830 million	🟩	🟧		High
	# IRS	250 million	46 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	7 countries	🟥			

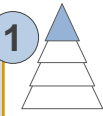*Projections based on best available data and will be updated with new grant targets when available

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

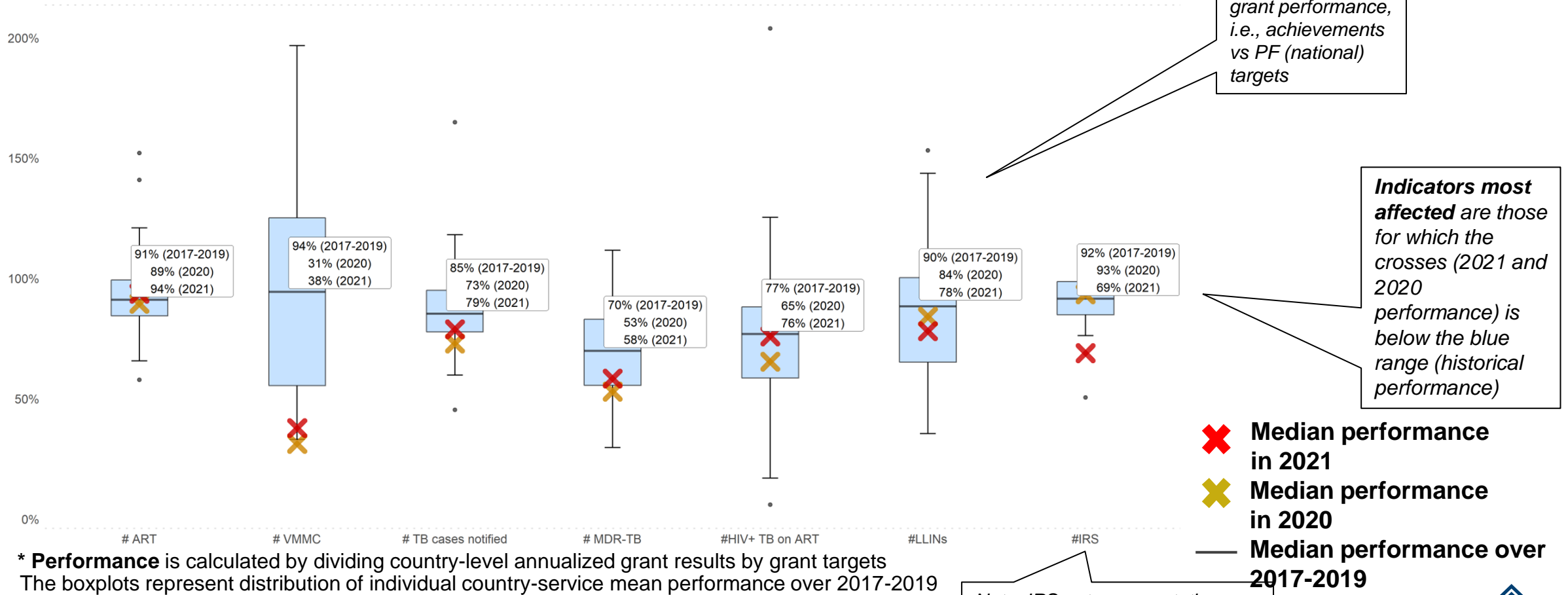🟢 On track, at least for lower bound of uncertainty range

🟠 At risk

🔴 Off track

🏠 34

Level of Control ①

Grant performance: comparing the 2021 achievements (red cross) to 2020 (gold cross) and to historical trends in 2017-2019 (blue range). Impact of COVID-19 evident especially for some indicators (VMMC, TB notifications, MDR-TB cases on treatment). Generally, **grant performance**, measured as achievement against national targets, **has improved in 2021 even if it is not back to pre-2020 level.**

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 crosses (2021 and 2020 performance) is below the blue range (historical performance)*

Box annotations on chart:
- # ART: 91% (2017-2019), 89% (2020), 94% (2021)
- # VMMC: 94% (2017-2019), 31% (2020), 38% (2021)
- # TB cases notified: 85% (2017-2019), 73% (2020), 79% (2021)
- # MDR-TB: 70% (2017-2019), 53% (2020), 58% (2021)
- #HIV+ TB on ART: 77% (2017-2019), 65% (2020), 76% (2021)
- #LLINs: 90% (2017-2019), 84% (2020), 78% (2021)
- #IRS: 92% (2017-2019), 93% (2020), 69% (2021)

Legend:
- ✖ **Median performance in 2021**
- ✖ **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

*Note: IRS not representative as too few countries report on it*

THE GLOBAL FUND

35

<u>Overall</u> KPI 2 projections* (modelled services)

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

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. This trend continued to an extent in 2021, with progress being noted on ART though.

Modelled KPI2 indicators
Percentage of strategy target (and uncertainty)
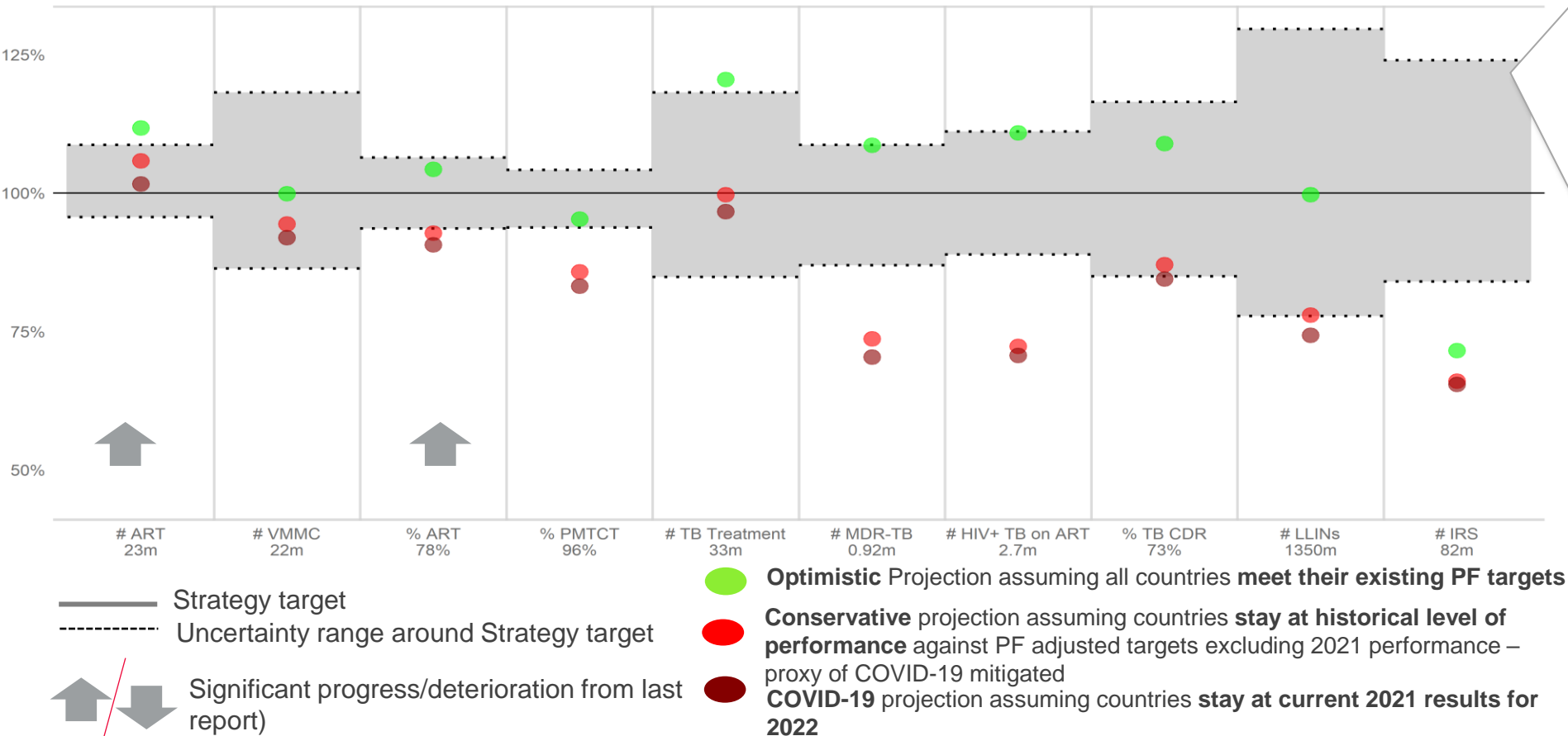
How to interpret
- Each **column** is a modelled indicator
- The Strategy target (ST) line represents the modelled aggregated Strategy target per indicator (normalized at 100%). The grey area represents the Strategy target uncertainty range, the bottom line of the grey area is the Lower Bound of the 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" projection, assuming that in 2022 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 <u>and</u> good historical performance
- **Dark red dots** represent the aggregate "COVID contingency" projection, assuming all countries do not progress further than the results observed in 2021, under COVID-19. Ideally, they should be close/above ST to reflect adequate ambition, good performance <u>and</u> appropriate mitigation of COVID-19

X-axis labels: # ART 23m | # VMMC 22m | % ART 78% | % PMTCT 96% | # TB Treatment 33m | # MDR-TB 0.92m | # HIV+ TB on ART 2.7m | % TB CDR 73% | # LLINs 1350m | # IRS 82m

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

⬆⬇ Significant progress/deterioration from last report)

🟢 **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 2021 performance – proxy of COVID-19 mitigated

🔴 **COVID-19** projection assuming countries **stay at current 2021 results for 2022**

*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

85%
(+3pp)

91%
(+6pp)

62%
(+7pp)

67%
(+0pp)

39%
(-28pp)

92%
(+2pp)

49%
(-3pp)
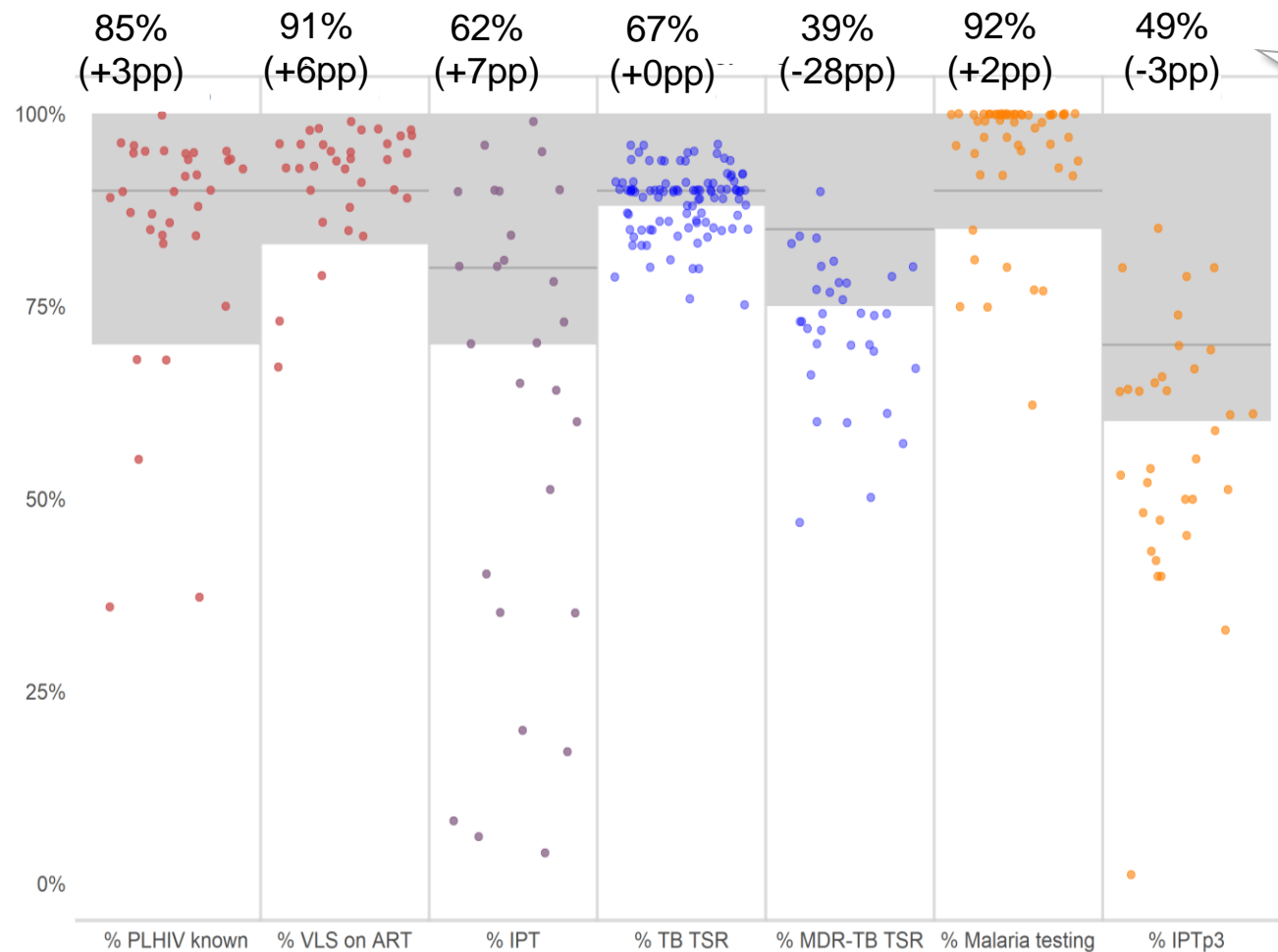
% of countries projected to be within Strategy range in 2022 (and progress since last report)

Strategy Target line

Lower Bound of strategy range

% PLHIV known   % VLS on ART   % IPT   % TB TSR   % MDR-TB TSR   % Malaria testing   % IPTp3

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.
- It is likely that the 2022 KPI target is unlikely to be met for most indicators, except potentially %malaria testing, %PLWHIV who know status and %VLS.
- Note that these projections are based on a combination of 2022 national targets and most recent results (generally 2021) 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

⚡ **THE GLOBAL FUND**

*Note that these are KPI projections using best data available at time of reporting.

% PLHIV know (people living with HIV knowing their status)
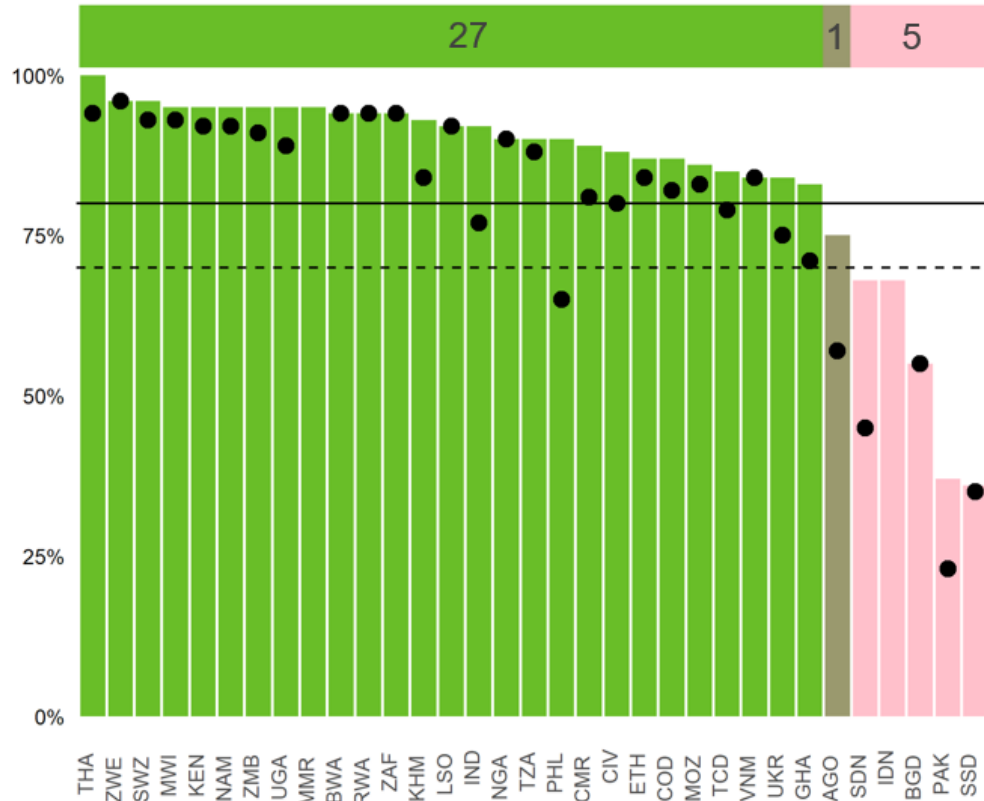
Maximize impact against HIV, TB, Malaria
- 🟡 **KPI 2 – Performance against service delivery targets**
- 🔴 KPI 5c – Service coverage for Key Populations

Countries per category *

Bars = 2022 projections
Dots = 2021 achievements

End-2022 Target

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

Key takeaways

- Cohort of 33 countries, with target data available for all of them and results available for 31.

- **85%** of countries where data available are expected to be within target range in 2022.

- Many of them (25 out of 33) are already reporting results within target range.

- Results relatively high (over 80%) in most of the countries with largest incidence (ZAF, MOZ, TZA, UGA, NGA, KEN, IND).

- Target likely to be met (at least, within range) with clear needs in select countries that are close to the threshold (PHL, GHA, AGO).

* Includes unpublished UNAIDS estimates for MMR and IDN

38

ART (patients on ART)

At the end of 2021 for countries in the Strategy cohort, there were **23.4M** adults and children receiving ART

End 2021 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 <u>countries driving the gap</u> between very conservative scenario (including COVID-19 impact) and Strategy projections – sorted by size of gap

Strategy Projection   Grant target   Grant result

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

End-2022 Target

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

Key takeaways

- Cohort composed of 99 countries.

- Latest results show that the 2022 Strategy target has already been achieved with 23.4M adults and children receiving ART by end 2021. Despite the COVID-19 disruption, grant performance against their own targets was maintained at acceptable level across portfolio.

- Based on the latest projections, if countries achieve their national targets in 2022, 25.7M adults and children will receive ART.

- A few countries, mainly in Asia, are still likely to have a gap compared to their initial Strategy projections: the most significant being for Indonesia and Pakistan

% ART (ART Coverage)

At the end of 2021 for countries in the Strategy, **75%** of adults and children were receiving ART among entire population living with HIV*

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

2021 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

Legend: Strategy Projection | Grant target | Grant result

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

Countries: ZAF, IND, MOZ, THA, TZA, PAK, IDN, GHA, AGO, ETH
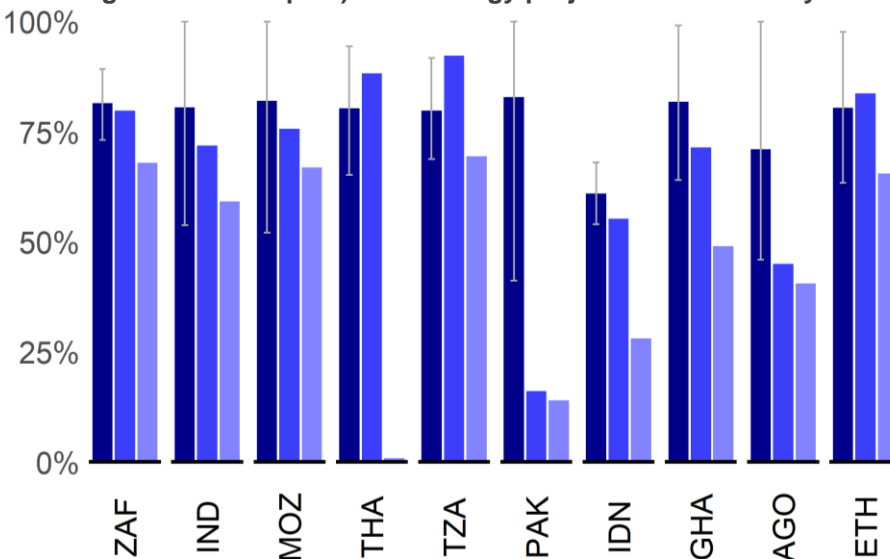
End-2022 Target

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.

- Latest results of 75% ART coverage are already within the 2022 Strategy target range

- If countries in the GF portfolio achieve their PF targets, then 81% achievement can be reached in 2022.

THE GLOBAL FUND

40

💵 **Funding**	📄 **Design**	⚙️ Implementation	🌍 Results

% VLS on ART

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

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

Bars = 2022 projections
Dots = 2021 achievements

Countries per category*
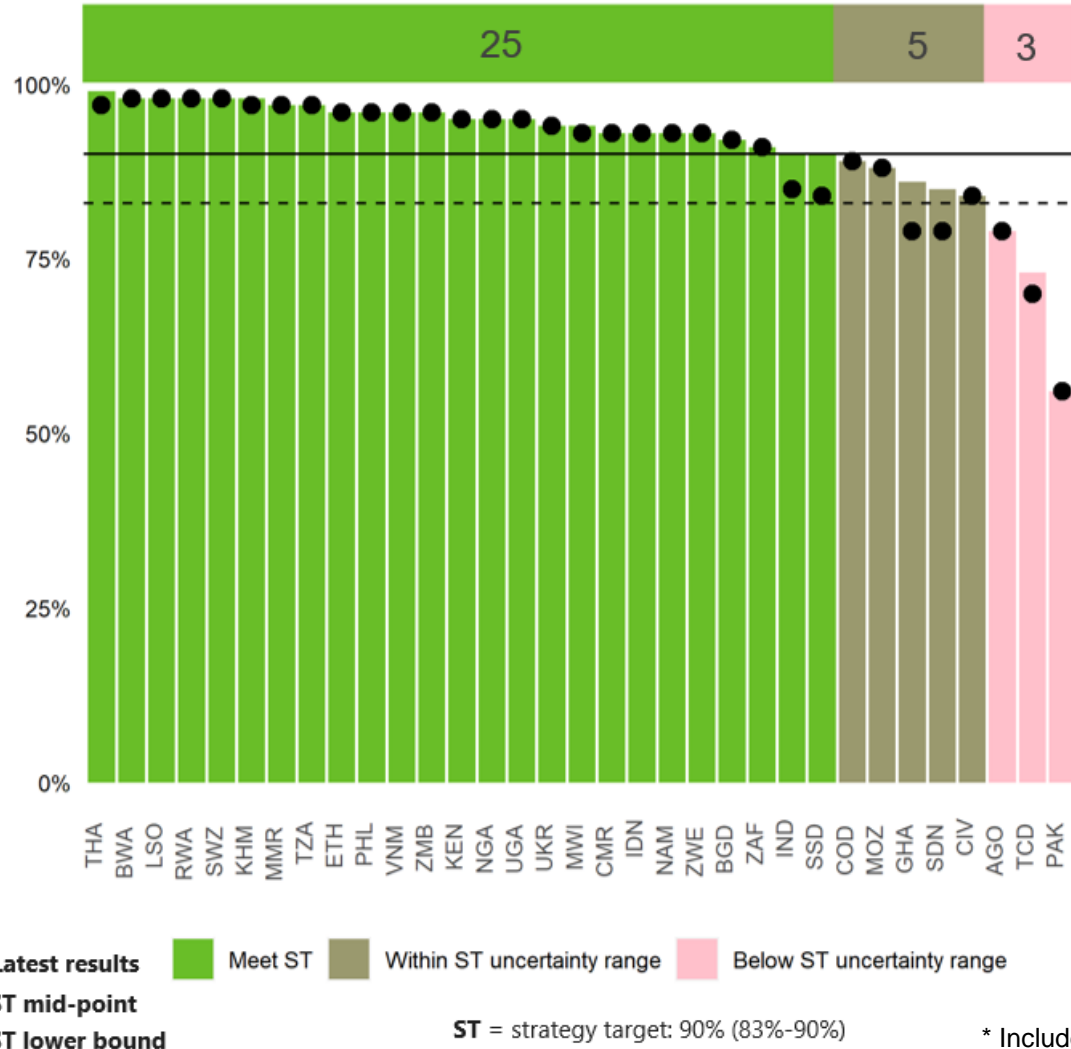
End-2022 Target

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

Key takeaways

- Cohort of 33 countries with data available for all of them.

- 91% of countries where data is available are expected to be within target range in 2022.

- Many of them (28 out of 33) are already reporting results within the Strategy target range.

- Results high (higher than or close to 90%) in the countries with largest number of patients on ART (ZAF, TZA, UGA, KEN, NGA, MOZ) except for IND close to 80%

- Good chance that 2022 Strategy target will be met (at least, within range) if performance is maintained in a few countries (IND, SSD, CIV – all close to threshold)

● Latest results ▮ Meet ST ▮ Within ST uncertainty range ▮ Below ST uncertainty range
— ST mid-point
--- ST lower bound

ST = strategy target: 90% (83%-90%)

* Includes unpublished UNAIDS estimates for PHL, IDN, BGD, COD, GHA, SDN, TCD, AGO, PAK

 # VMMC (voluntary male circumcisions)

From 2017 to 2021 for countries in the Strategy, **17.6M** men have been circumcised

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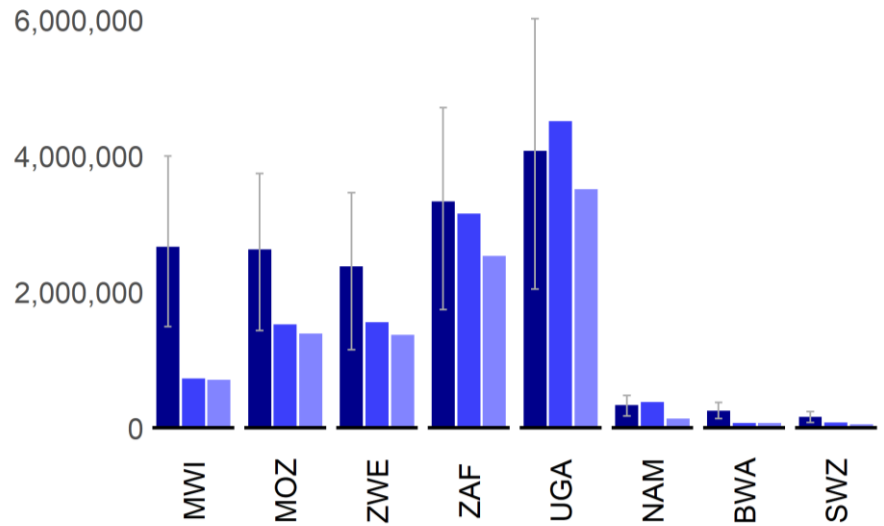🔴 KPI 5c – Service coverage for Key Populations

2017-2021 results*

0M   10M   20M
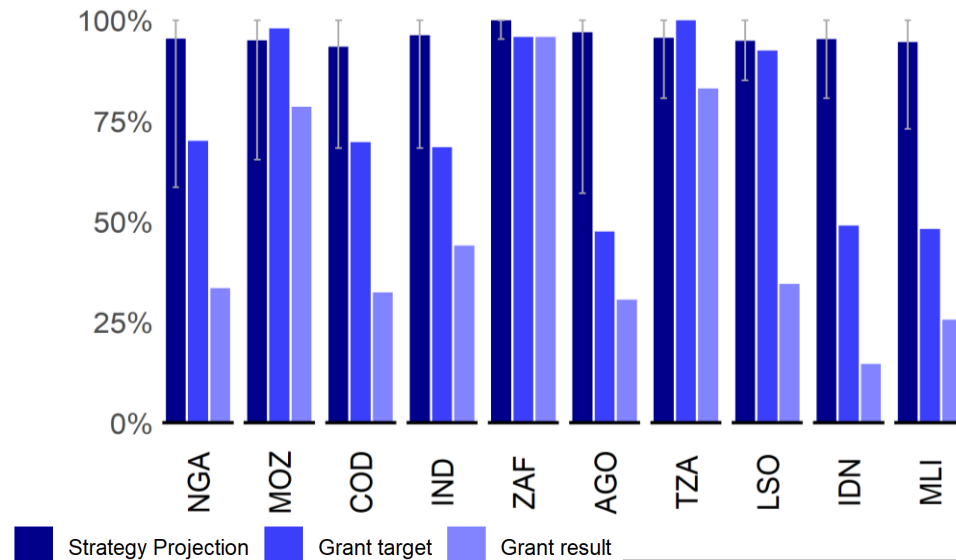
*KPI 2 results are based on a slightly different cohort of countries than the GF Results Report, so figures are not expected to match perfectly. Strategy target is cumulative up to 2022 and cannot be directly compared to results which are for 2017-2020 only

2022 projections

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

■ Strategy Projection   ■ Grant target   ■ Grant result

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

2017-2022 Target

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

Key takeaways

- Cohort composed of 14 countries, all in Africa

- Despite the COVID-19 impact, National results indicate that 2022 Strategy target is likely to be within target range.

- 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.

- MWI is the main driver of the gap because of COVID-19 related scale-down.

% PMTCT **(PMTCT coverage)**

In 2021 for countries in the strategy, **83%** of HIV+ pregnant women received ART for PMTCT
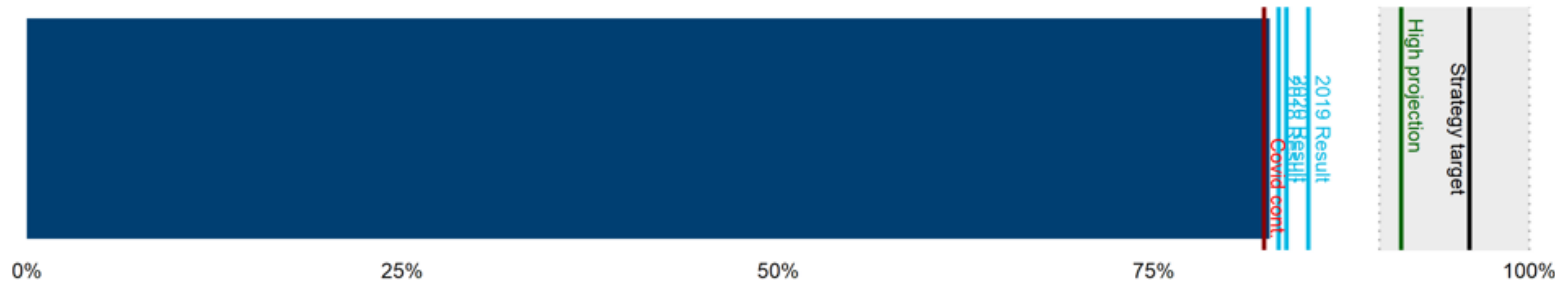
Maximize impact against HIV, TB, Malaria
🟡 **KPI 2 – Performance against service delivery targets**
🔴 KPI 5c – Service coverage for Key Populations

2021 results*   **2022 projections****

2019 Result
2048 Result
Covid cont
High projection
Strategy target

0%   25%   50%   75%   100%

**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 <u>countries driving the gap</u> between very conservative scenario (including COVID-19 impact) and Strategy projections – sorted by size of gap

■ Strategy Projection   ■ Grant target   ■ Grant result

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

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 for majority of countries. Even if all grants achieved their PF targets, the Strategy target range will just be in reach.

- Even if grant performance has been generally acceptable for PMTCT and mainly due to the low national targets it is now unlikely for the portfolio to be within 2022 Strategy target range.

- The gap is mainly driven by NGA, COD, IND (all with both low targets and suboptimal performance) and MOZ (suboptimal grant performance)

THE GLOBAL FUND

43
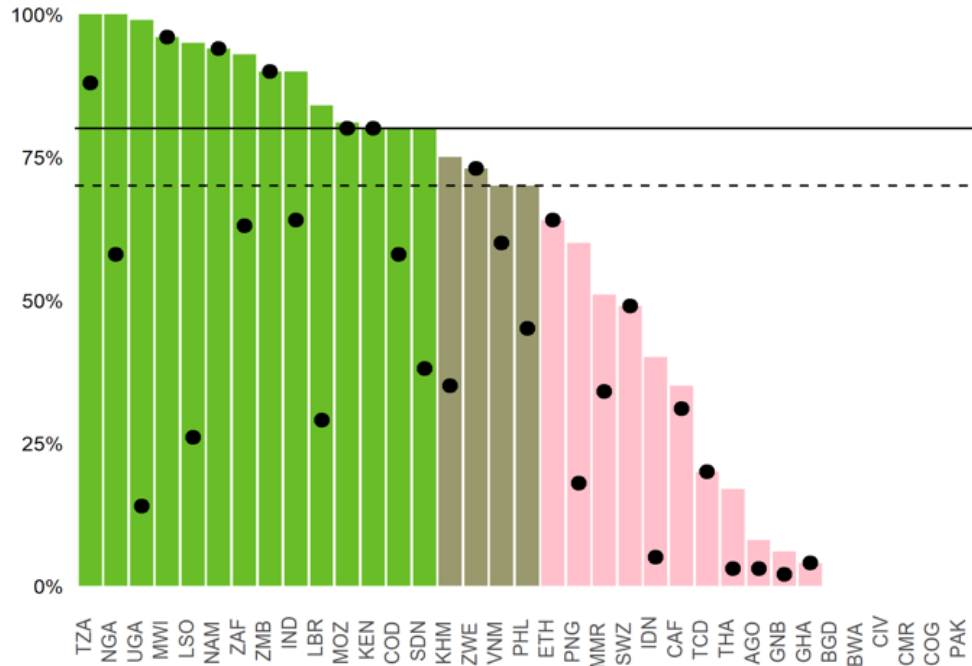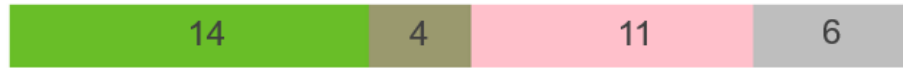
% IPT (% PLHIV starting IPT/TPT)

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

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

Countries per category

Bars = 2022 projections
Dots = 2021 achievements

14	4	11	6

Legend:
- 🟩 Meet ST 🟫 Within ST uncertainty range 🟥 Below ST uncertainty range
- ● Latest results
- —— ST mid-point
- ---- ST lower bound
- **ST** = strategy target: 80% (70%-90%)

End-2022 Target

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

Key takeaways

- Projection based on targets for indicator that was discontinued in 2020-2022 Allocation Period

- Cohort of 35 countries, but projection data not available for 6 countries (17%).

- Many countries do not have recent results data (only 13 had results for 2021).

- Based on latest available data, only **62%** 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 optimistic as most recent results are generally much lower than 2022 targets with only 7 countries with results within range. So, 2022 Strategy target is unlikely to be met (even within range).

44

Funding	Design	Implementation	Results

 # TB (TB notified cases)

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

From 2017 to 2021, for countries in the Strategy, there were **26.8M** cases of all forms of TB notified bacteriologically confirmed plus clinically confirmed, new and relapse
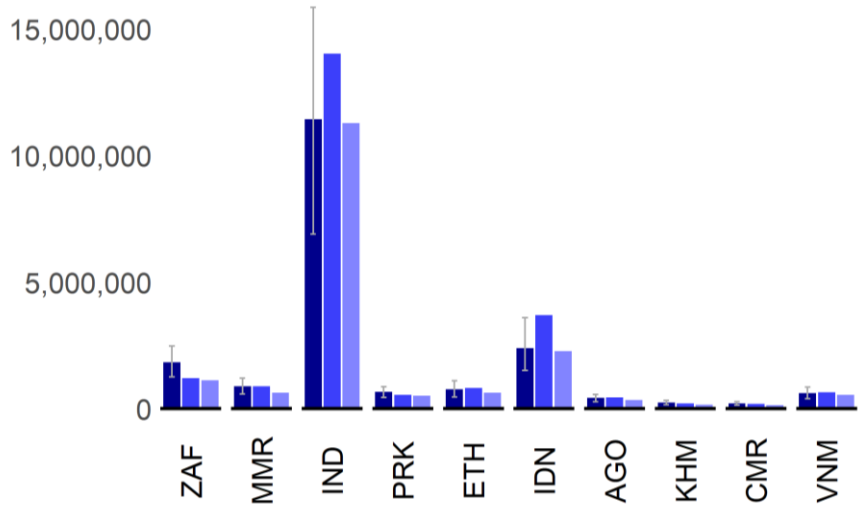
2017-2021 results*

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

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

- Strategy Projection
- Grant target
- Grant result

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

2017-2022 Target

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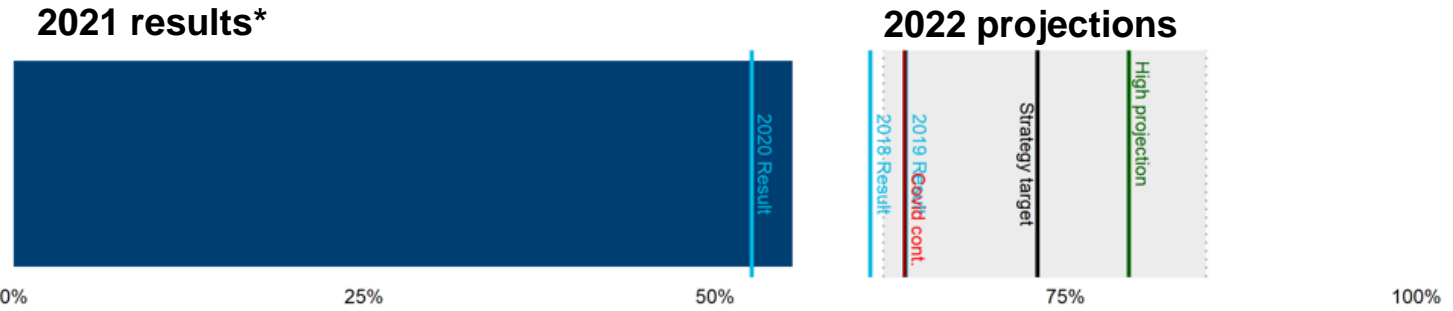
Key takeaways

- Cohort composed of 96 countries

- Despite the significant COVID-19 impact, national results indicate that Strategy target is likely to be met (at least, within range) thanks to high pre-2020 achievements and successful mitigation of COVID-19.

% TB CDR

In 2020 for countries in the Strategy, **56%** of cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses among all estimated cases (all forms) were notified

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

2021 results*

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.

2022 projections

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

Strategy Projection | **Grant target** | **Grant result**

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

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.

- Despite the significant COVID-19 impact, national results indicate that Strategy target is likely to be within target range thanks to high pre-2020 achievements and successful mitigation of COVID-19.
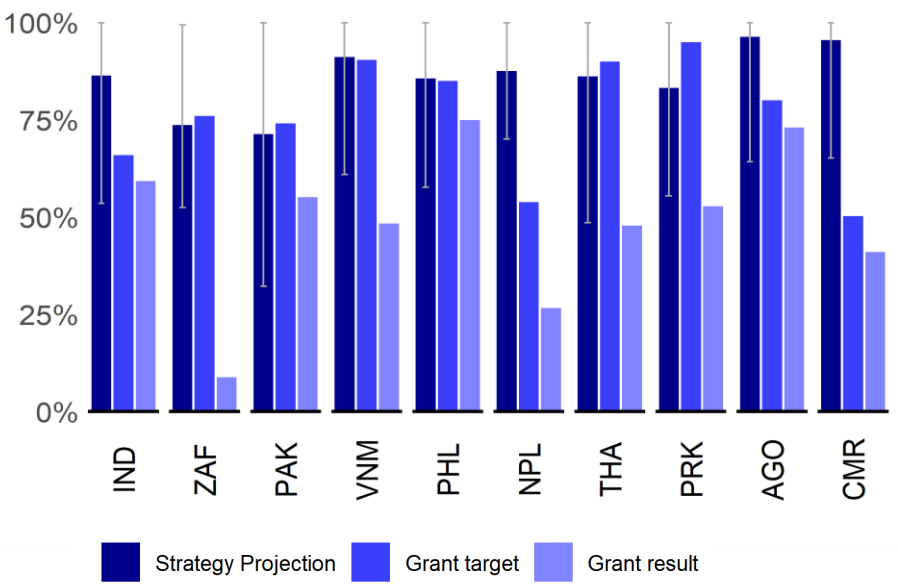
% TB TSR (TB treatment success rate)

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

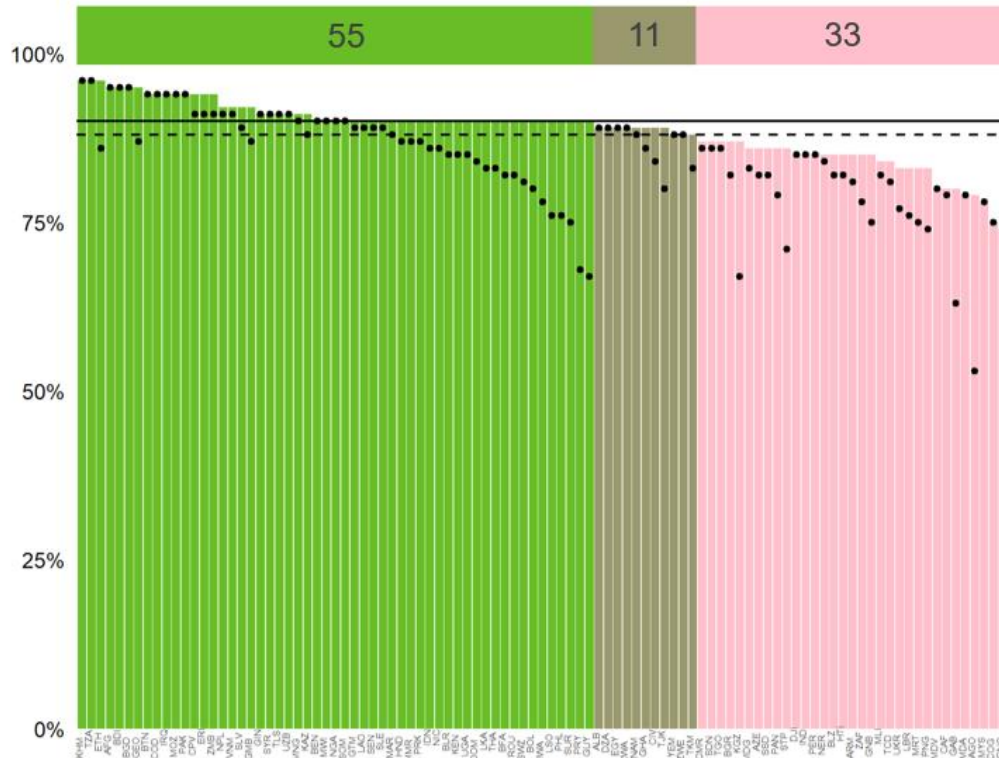**Maximize impact against HIV, TB, Malaria**
🟡 **KPI 2 – Performance against service delivery targets**
🔴 KPI 5c – Service coverage for Key Populations

Bars = 2022 projections
Dots = 2020 achievements*

Countries per category

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 with data available for all of them.

- **67%** of countries where data is available are expected to be within the Strategy target range in 2022.

- However, only a third of the cohort (38 out of 99) are already reporting results within target range so there is a high chance that the 2022 Strategy target is unlikely to be met (even within range).

- 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 (78%) for ZAF

Meet ST   Within ST uncertainty range   Below ST uncertainty range

● Latest results
── ST mid-point
---- ST lower bound

ST = strategy target: 90% (88%-90%)

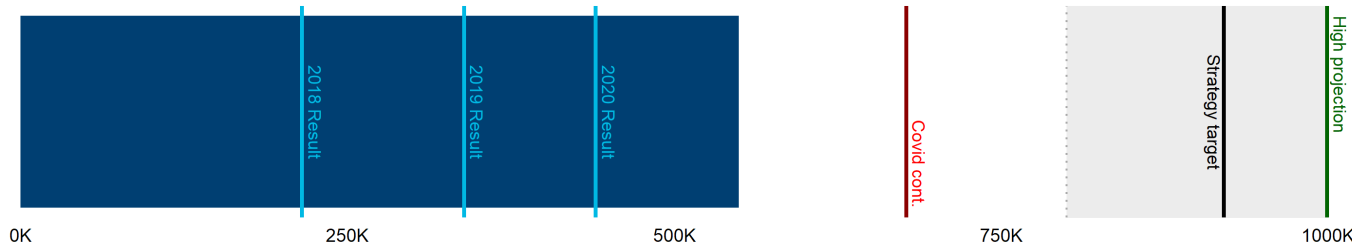*NB: Due to the nature of the indicator, data is for the **2020** cohort*

47

MDR-TB (MDR-TB patients treated)

From 2017 to 2020 for countries in the Strategy, there were **550K** people with drug resistant TB (RR-TB and/or MDR-TB) who began second-line treatment.
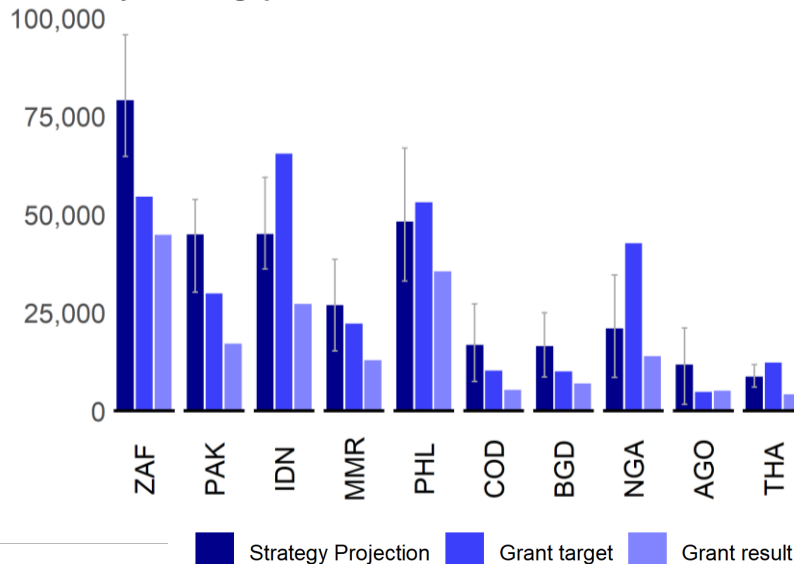
Maximize impact against HIV, TB, Malaria
- KPI 2 – Performance against service delivery targets
- KPI 5c – Service coverage for Key Populations

2017-2021 results*

2018 Result / 2019 Result / 2020 Result

0K — 250K — 500K

2022 projections

Covid cont. / Strategy target / High projection

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

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

100,000 / 75,000 / 50,000 / 25,000 / 0

ZAF, PAK, IDN, MMR, PHL, COD, BGD, NGA, AGO, THA

■ Strategy Projection ■ Grant target ■ Grant result

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

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 have been possible assuming strong performance

- However, due to poor national performance and the impact of COVID-19, it is unlikely for the Strategy target to be achieved (even within target)

- The gap between the low and high projections is mainly driven by the following countries: ZAF (low targets), PAK (poor performance), IDN (COVID-19 disruption).
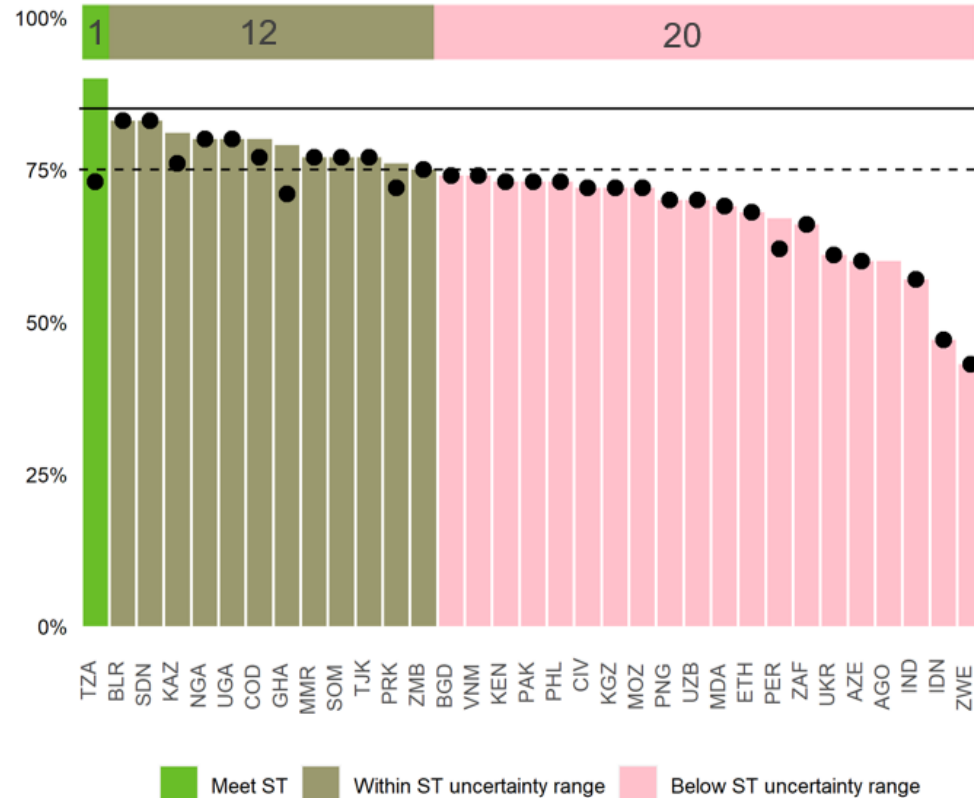
% MDR-TB TSR
(MDR-TB treatment success rate)

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

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

Bars = 2022 projections
Dots = 2019 achievements*

Countries per category

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 <u>all cohort countries</u>

Key takeaways

- Cohort of 33 countries with data available for all of them.

- Only **39%** of countries where data is available are expected to be within target range in 2022

- Despite a general progress compared to the previous year, 10 countries only are already reporting results within the target range. Therefore, it is then extremely likely that the 2022 Strategy target will not be met (even within range).

*NB: Due to the nature of the indicator, data is for the **2019** cohort*

49

Funding	Design	Implementation	Results

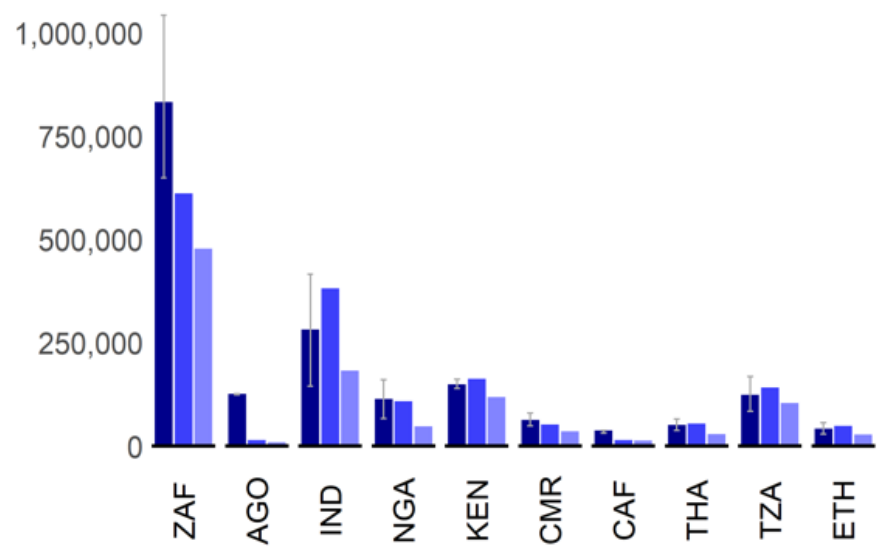# *# HIV+ TB on ART* (co-infected patients on ART)

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

From 2017 to 2021 for countries in the Strategy, there were **1.67M** registered HIV-positive TB patients (new and relapse) given antiretroviral therapy during TB treatment.

2017-2021 results*

2022 projections

2018 Result *2019 Result* *2020 Result*

Covid cont. *Strategy target* *High projection*

0M — 1M — 2M — 3M

*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

1,000,000
750,000
500,000
250,000
0

ZAF AGO IND NGA KEN CMR CAF THA TZA ETH

█ Strategy Projection █ Grant target █ Grant result

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

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 grant targets (high projection) within Strategy target range, so achievement of 2022 targets will be possible if grant targets are met (though unlikely).

- However, the targeted number of patients on ART was consistently not met through the Strategy period and it is now unlikely that the 2022 Strategy target will be within target range.

- 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).
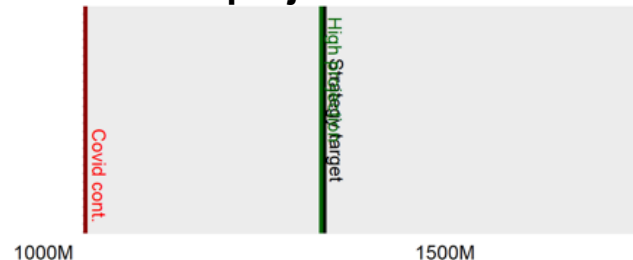
 # LLINs (nets distributed)

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

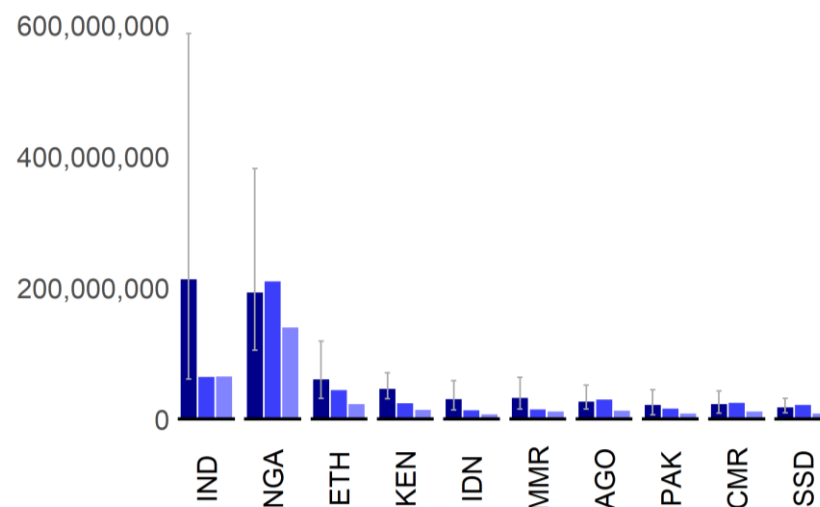From 2017 to 2021 for countries in the Strategy, **829.5M** LLINs distributed to at-risk populations

2017-2021 results*
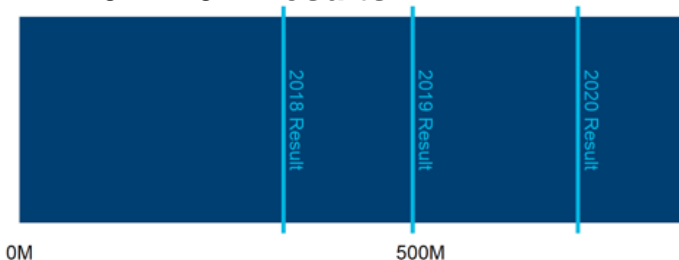
*KPI 2 results are based on a slightly different cohort of countries than the GF Results Report, so figures are not expected to match perfectly. Strategy target is cumulative up to 2022 and cannot be directly compared to results which are for 2017-2020 only

2022 projections

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

■ Strategy Projection ■ Grant target ■ Grant result

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

2017-2022 Target

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

Key takeaways

- Cohort composed of 63 countries.

- Despite the COVID-19 impact, National results were broadly sustained.

- Still, it is a close call to assess whether the 2022 Strategy target will be met (even within range) as the conservative scenario is just within target range. So, if grant performance follows historical trends, the result would just been in the range of the Strategy target, but any deterioration in performance could be critical.
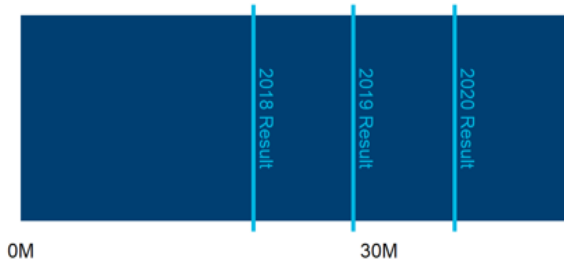
 # IRS (households sprayed)

From 2017 to 2021 for countries in the Strategy **with grant targets**, **46M** households in targeted areas received IRS

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

2017-2021 results*

**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).
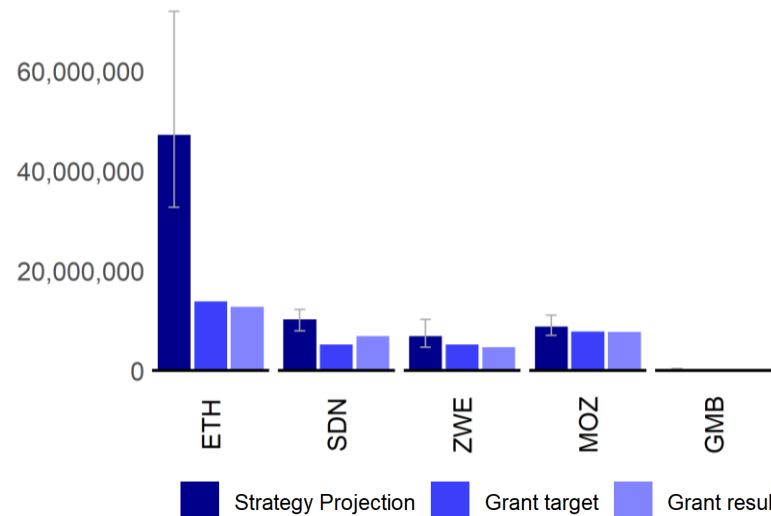
2022 projections**
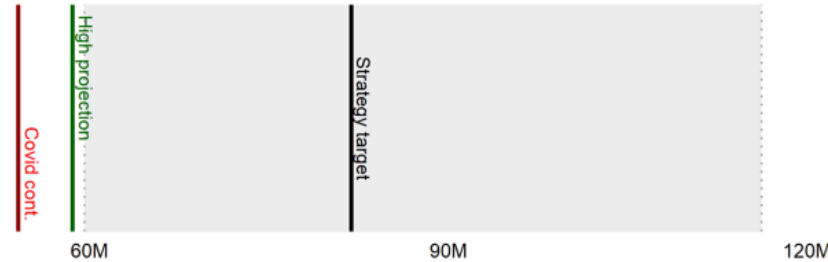
Results for <u>countries driving the gap</u> between very conservative scenario (including COVID-19 impact) and Strategy projections – sorted by size of gap

Legend: Strategy Projection | Grant target | Grant result

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

2017-2022 Target

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

Key takeaways

- Even though the initial cohort for this KPI included 36 countries, eventually only 9 of them (representing approximately one third of the total 2022 Strategy Target) are providing reliable national targets.

- Therefore, the overall result of the KPI is extrapolated from this small cohort. The usefulness of the KPI projections is limited and whether or not the 2022 Strategy Target will be met (even within range) cannot be inferred at this stage.

% malaria testing (public)

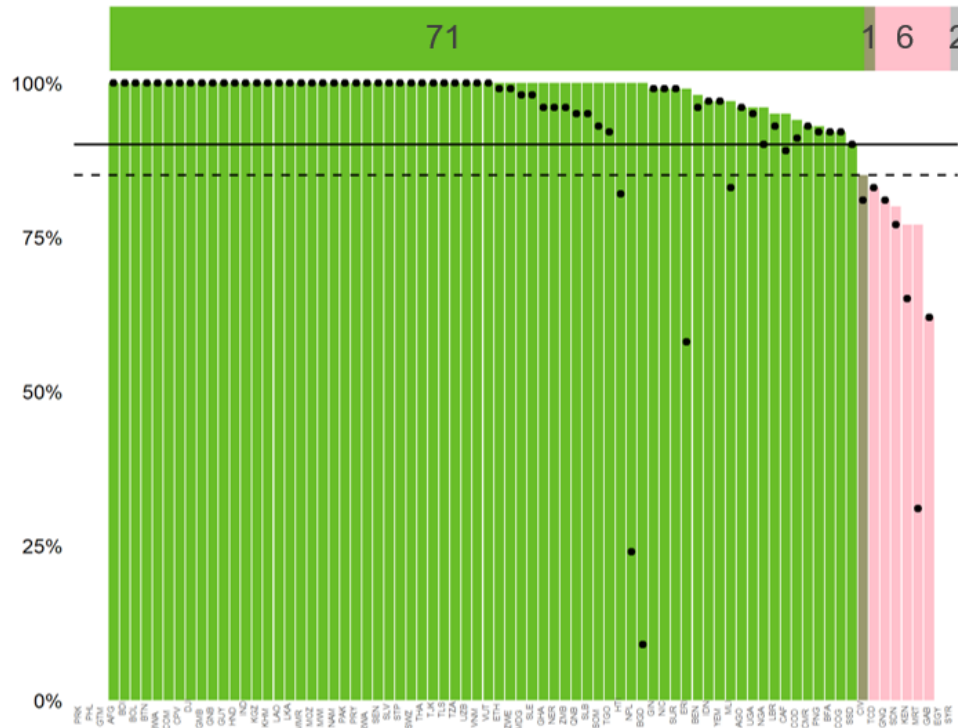Suspected malaria cases that receive a parasitological test in public facilities

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

Countries per category

Bars = 2022 projections
Dots = 2020 achievements

Legend:
- **Latest results** (black dot)
- **ST mid-point** (solid line)
- **ST lower bound** (dashed line)
- Meet ST (green)
- Within ST uncertainty range (olive)
- Below ST uncertainty range (pink)

ST = strategy target: 90% (85-100)

End-2022 Target

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

Key takeaways

- Cohort of 80 countries, but projection data not available in 2 countries

- **92%** of countries are expected to be within target range in 2022

- Based on 2020 achievements, the majority of the countries of the cohort are already within Strategy range target of testing rate for suspected malaria cases in public facilities.

- It is then likely that the 2022 Strategy target will be met (at least, within range).
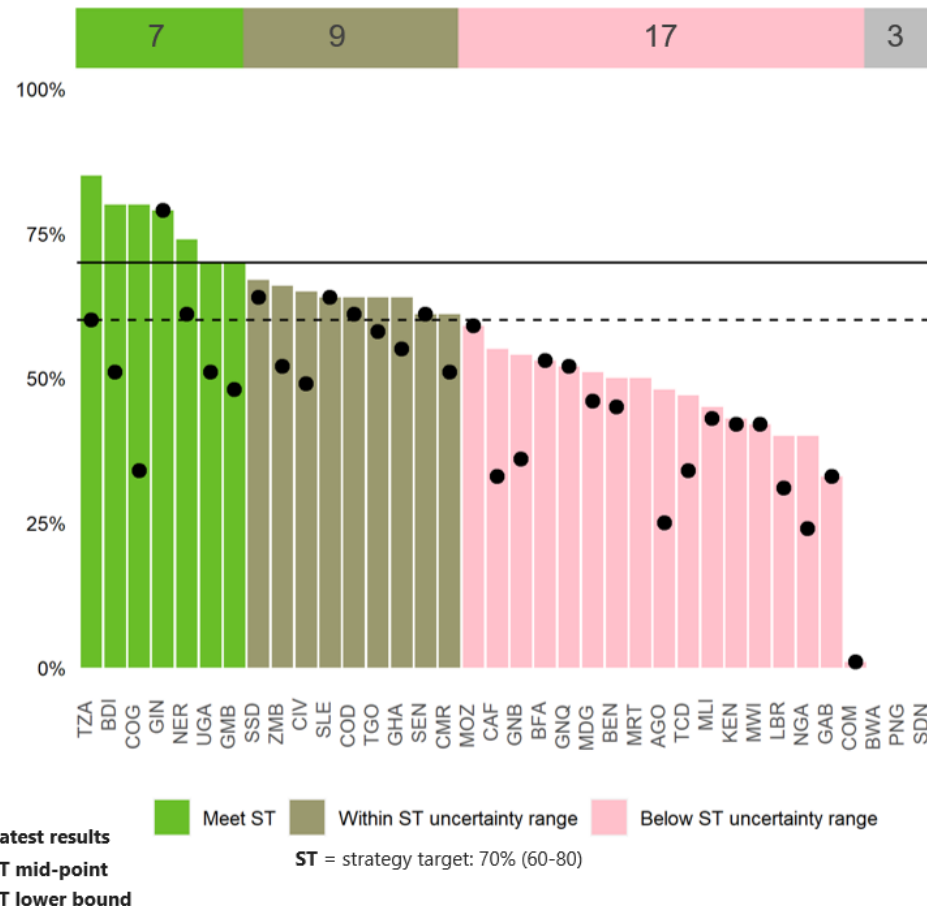
THE GLOBAL FUND

% 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

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

Countries per category

**Bars = 2022 projections
Dots = 2020 achievements**

Legend:
- ● Latest results
- —— ST mid-point
- - - - ST lower bound
- 🟩 Meet ST
- 🟫 Within ST uncertainty range
- 🟥 Below ST uncertainty range

ST = strategy target: 70% (60-80)

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 <u>all cohort countries</u>

Key takeaways

- Cohort of 36 countries, of which 33 have available projections

- This indicator continues to show low national targets, leading to low projections. Only **48%** of the countries with projections are expected to be within Strategy range.

- In addition, most countries are far from meeting their national targets as only 7 of them are already within Strategy 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

- This confirms that it is unlikely for this indicator to meet its 2022 Strategy target (even within range).

THE GLOBAL FUND

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-2022 Result

78% median achievement rate

Target
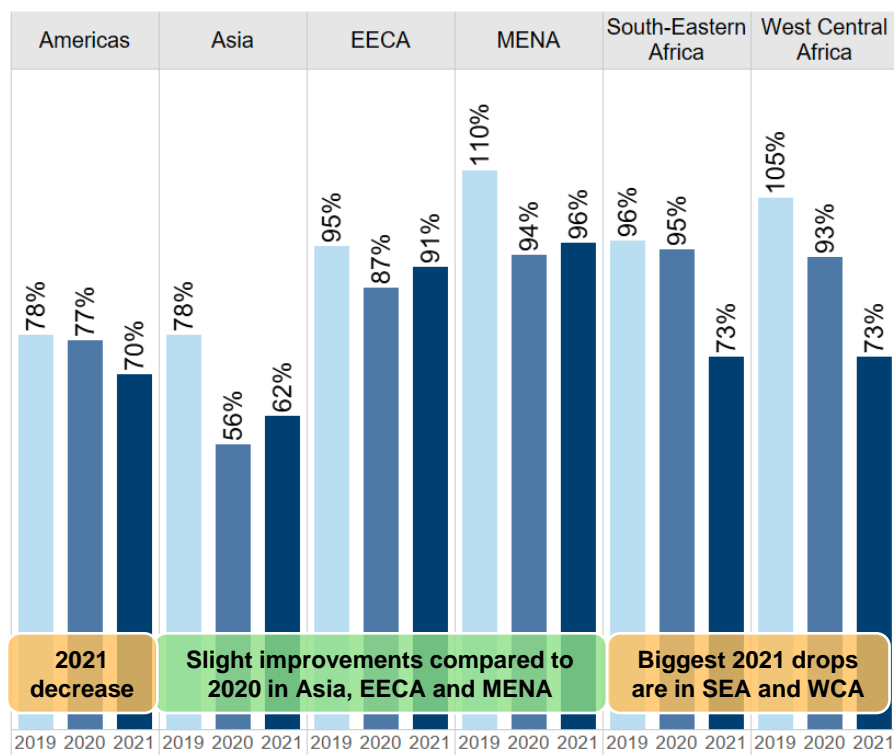
100% median achievement rate at end of year

Key takeaways

- Within the cohort[2] under assessment, the median achievement rate is 78%. The 2021 median achievement rate is still significantly lower than the 2019 baseline of 97% for the same cohort. Although it is likely that COVID-19 had an impact on the decreased performance of some KP programs, more in-depth analysis needs to be carried out to precisely determine contributing causes.
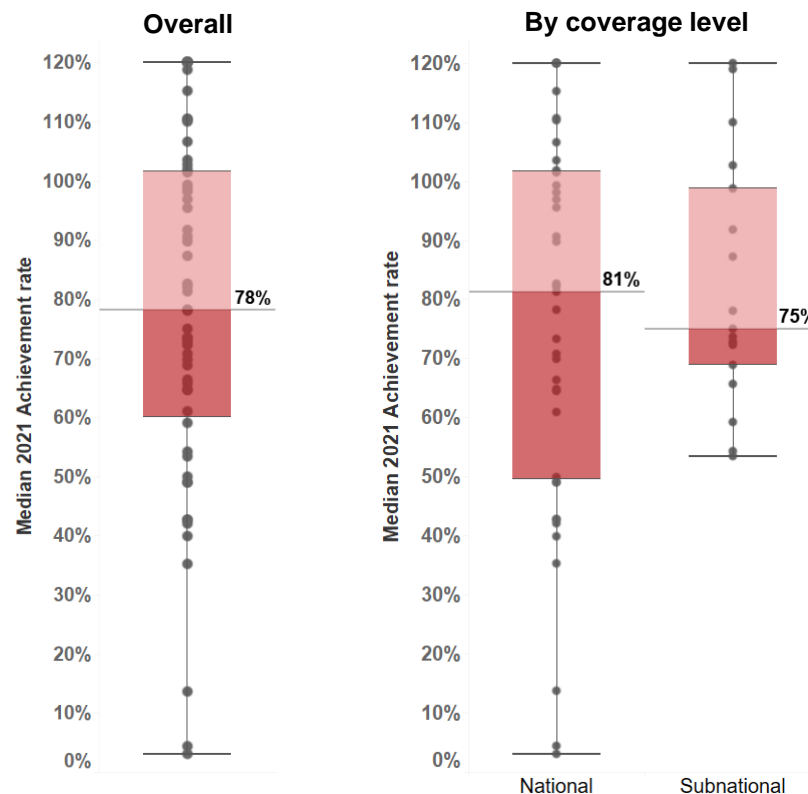
- It is critical to anticipate needs for technical implementation support to ensure smooth transitions between different grant implementation periods, mitigating the risk of delays linked to new implementation arrangements (i.e., phasing in of new sub-recipients).

- Significant strategic investment is needed to support national and subnational HIV prevention programs to set credible and realistic targets for key populations. This is not only linked to countries having reliable and updated size estimates, but also to countries having management and data systems capable of providing more insight into the quantity, type and quality of prevention services accessed by Key Populations

Median Achievement Rates per Region since 2019[1]

Americas	Asia	EECA	MENA	South-Eastern Africa	West Central Africa
78% 77% 70%	78% 56% 62%	95% 87% 91%	110% 94% 96%	96% 95% 73%	105% 93% 73%

2021 decrease | **Slight improvements compared to 2020 in Asia, EECA and MENA** | **Biggest 2021 drops are in SEA and WCA**

2019 2020 2021 (repeated per region)

2021 Median Achievement Rates Distribution

Overall — 78%

By coverage level — National 81%, Subnational 75%

[1]Cohort reduced to 50 data points i.e., countries and key populations with nationally adequate population-sized estimates and program results data available in all years.

[2]Assessment includes 56 data points in 2021 i.e., countries and Key Populations with nationally adequate population-sized estimates and program results data
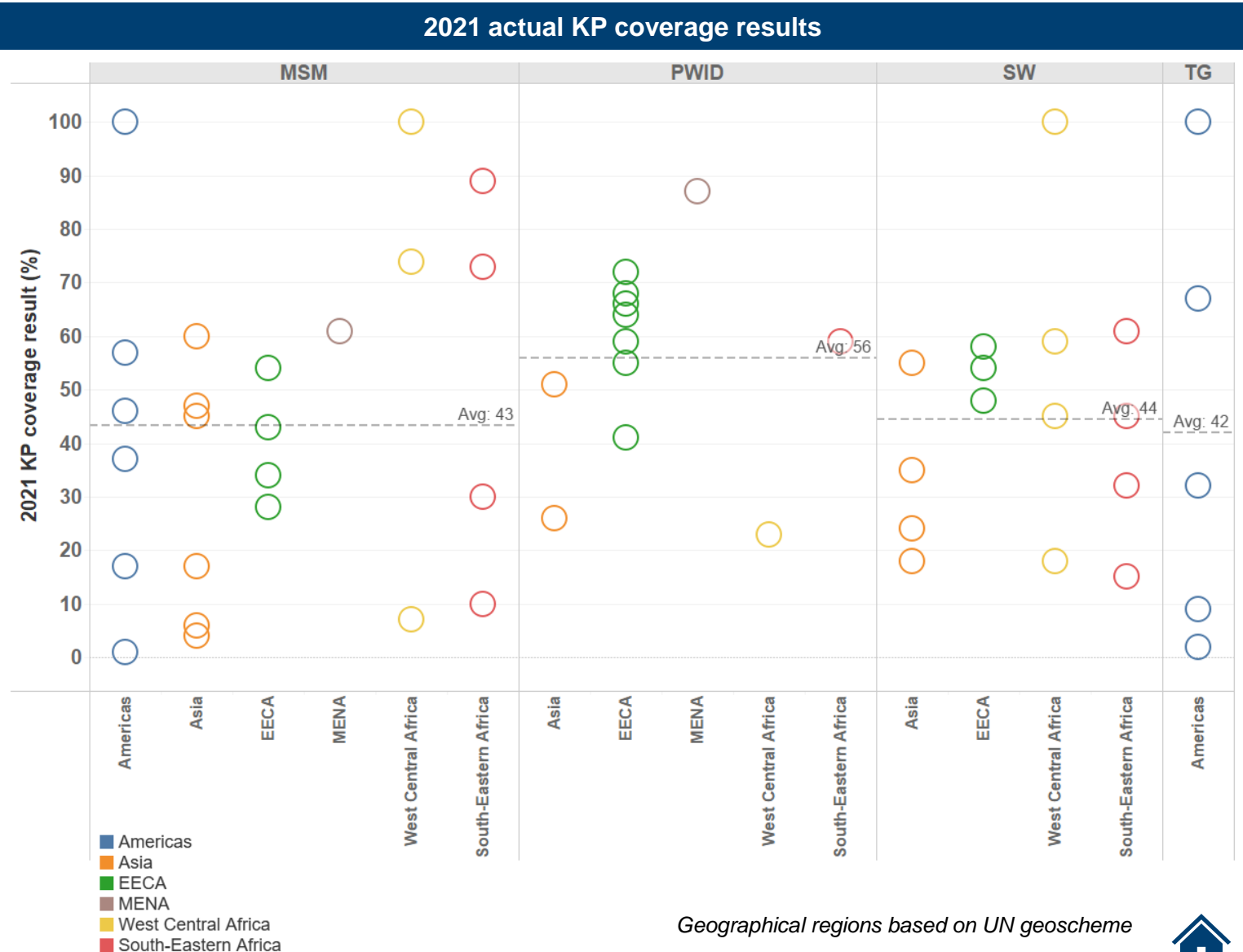
Maximize impact against HIV, TB, Malaria
● KPI 2 – Performance against service delivery targets
● **KPI 5c – Service coverage for Key Populations**

Measure	Mid-2022 Result
Achievement rate against service coverage targets for 2 KPs of significance in Global Fund grants	**78%** median achievement rate

Target

100% median achievement rate at end of year

Key takeaways

- Based on 2022 results, PWID has the highest average coverage (56%), mainly driven by EECA and MENA.

- Although there are fewer number of data points, we still observe the same distribution across KPs and regions as last year except for WCA for which results are even more spread, and for SW in SEA for which the coverage rates have significantly dropped.
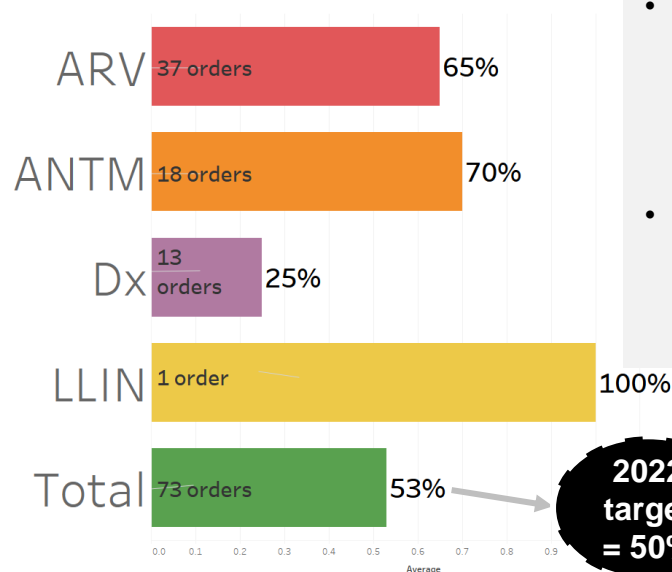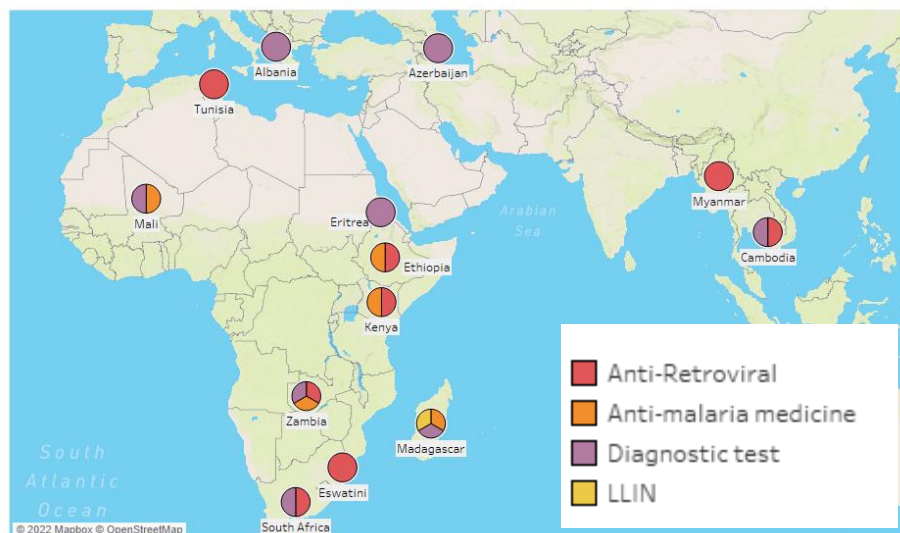
2021 actual KP coverage results

Geographical regions based on UN geoscheme

Measure	Mid-2022 Result	Key takeaways
Percentage of quality assured core products purchased at or below the PPM reference price	**53%**	

Target

50% by end 2022

Key takeaways

- The **results decreased from 69% in 2021 to 53% in 2022** (for transactions placed in 2020 and 2021 respectively)

- In total 11 countries with 73 transactions worth $41M of product met the criteria for the KPI. This cohort is reduced compared to last year 15 countries, 130 transactions, and $111M. This lack of comparability makes it **challenging to draw broader trends around domestic procurement**

- The **structure of KPI 6a gives potentially too much importance to results of single orders in small countries** (e.g., Albania, Azerbaijan, and Tunisia have only one order for Diagnostic Equipment or ARVs for the entire KPI).

- Most of the actual spending counted in this metric is still at of below the PPM prices (58%). For **ARVs, which make up ~70% of all spending in this KPI, 85% of the total spend was at or below PPM**

Countries in end-201 cohort and transaction by product type

Legend:
- 🔴 Anti-Retroviral
- 🟠 Anti-malaria medicine
- 🟣 Diagnostic test
- 🟡 LLIN

Average percent score for each product category

Product	Orders	Score
ARV	37 orders	65%
ANTM	18 orders	70%
Dx	13 orders	25%
LLIN	1 order	100%
Total	73 orders	53%

2022 target = 50%

31% — *Of all 130 transactions completed at of below PPM price*
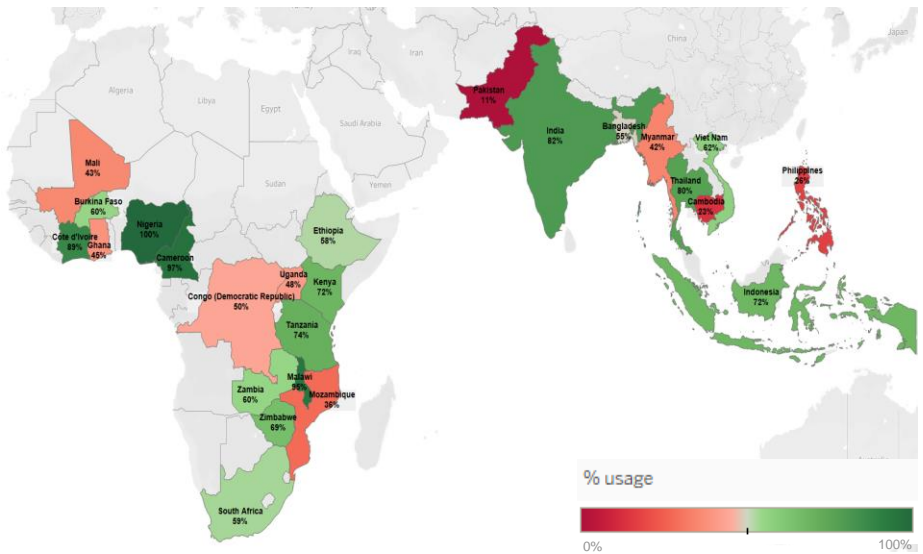
58% — *Of total spending in KPI at or below PPM price*

THE GLOBAL FUND

*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

57

Measure

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

Mid-2022 Result

68%

Target

72% by end 2021 (interim target)
(80% by end 2022)

Key takeaways

- This is the first time the Secretariat is reporting results on updated KPI 6e that tracks use of disaggregated data at country level.
- 68% (17 out of 25) of countries met the 50% threshold of having documented evidence of using required disaggregated data to inform planning or programmatic decision making for priority populations in HIV, TB, and Malaria programs.
- This result is at the same level as the baseline of 68% established in 2021. In view of the negative impact of COVID-19 on countries and the fact that this is the first report, the result is considered positive.
- From qualitative part of the survey, some key gaps in use of disaggregated data were identified as follows; lack of available disaggregated data in existing data source, lack of disaggregated targets and related interventions in strategic plans and organizational culture of focusing on aggregate data.
- ART coverage and Viral Load Suppression (VLS) tracer indicators had the greatest variance between availability of disaggregated data and use of disaggregated data for planning and programmatic decision making. VLS reporting is relatively new for most countries, hence still has limited disaggregation in analytical or programme review reports and to some extent in existing strategic plans.
- The Secretariat will work with countries falling below the threshold to address underlying issues affecting performance.

Countries meeting or exceeding the 50% usage threshold

Breakdown of availability and use for all tracer indicators

○ Availability
△ Planning
+ Programatic Decision making

Promote and protect human rights & gender equality

● **KPI 8** – Gender and Age equality

| Measure	Mid-2022 Result
Reduction in HIV incidence in women aged 15-24 years old	**43% from 2015 baseline**
	Target
	58% (47-64%) over 2015-2022 period

Key takeaways

- The decline in HIV incidence rate among females 15-24 years old across 13 priority countries is projected to be between 49%- 51% by end of current Strategy period 2022, which is inside the Strategy target range for the first time. Nevertheless, given limited fluctuation of the projection around the lower bound of the target range in recent years, the KPI is still considered broadly at risk and exceptionally labeled as "amber".
- The incidence rate continues to decline in all 13 countries between 2015-2021 ranging from 21% to 60%. However, in order to meet the target, acceleration in decline is needed in all countries particularly in Mozambique, Uganda, Tanzania and to a small extent Namibia.
- AGYW SI (US $8 million) is fully implementing and has already supported countries to identify opportunities and challenges in SRHR and HIV prevention integration; re-design interventions for male sexual partners of AGYW and strengthen economic empowerment interventions; and identify technical assistance needs on data, linkage and referrals and community engagement
- Greater alignment of AGYW investments with partners (PEPFAR) to achieve saturation in high disease burden areas continues. The PEPFAR and Global Fund collaboration continues through the grant life cycle with joint planning and HIV program mitigation intervention design.
- Efforts started in 2020-2022 Allocation Period will continue to support increasing program coverage and quality, access to SRH services, establish sex/age-disaggregated national targets on incidence and build on previous program evaluations.
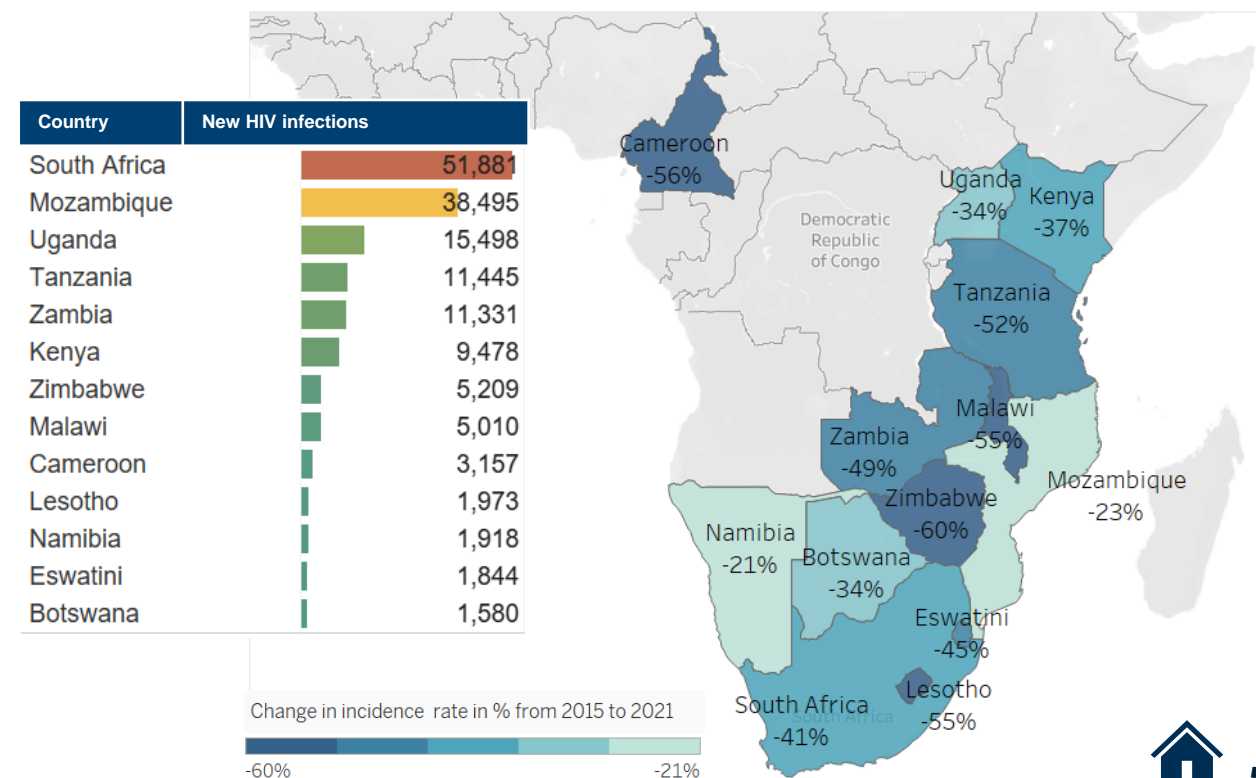
2021 incidence reduction

43%
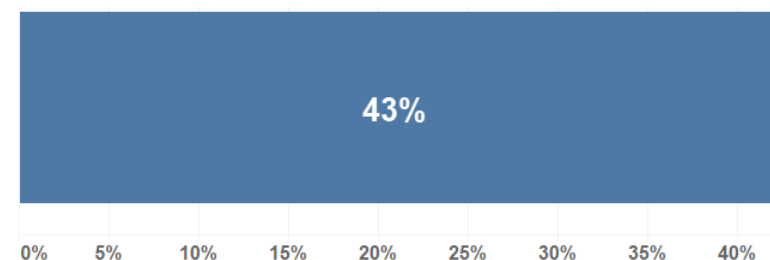
2022 projections
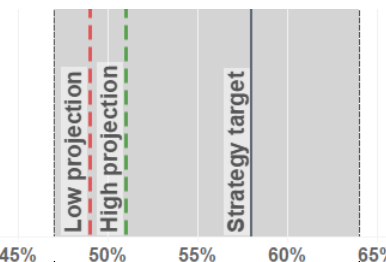
Uncertainty range around Strategy target

% incidence reduction from 2015 baseline for countries in KPI cohort

Country	New HIV infections	
South Africa		51,881
Mozambique		38,495
Uganda		15,498
Tanzania		11,445
Zambia		11,331
Kenya		9,478
Zimbabwe		5,209
Malawi		5,010
Cameroon		3,157
Lesotho		1,973
Namibia		1,918
Eswatini		1,844
Botswana		1,580

Change in incidence rate in % from 2015 to 2021

-60% .... -21%

Annex 2: Reference Slides

For reference: 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: Procurement (KPI 6a); RSSH: Supply chains (KPI 6b); RSSH: Financial Management (KPI 6c); RSSH-Results disaggregation (KPI 6e)

- **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);
    - **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)

THE GLOBAL FUND

For reference: 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 reference: 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

THE GLOBAL FUND

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

THE GLOBAL FUND

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

THE GLOBAL FUND

KPI 2: Projection methods

- 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** (or have been achieved, for past years);
  - **The conservative projection:** based on actual results (for available years up to 2021) 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 2022**.
  - **The COVID projection:** based on actual results (for available years up to 2021) and future projected results, assumed to stay at the same level as 2021. For LLINs, 2021 performance was used to adjust to 2022 targets. **This is a very conservative scenario that assumes that the disruption experienced in 2020 and 2021 continues at the same level in 2022 (no progress).**

- For the **non-modelled indicators only optimistic projection is provided due to limited data on performance**

Guidance: how to interpret KPI 2 <u>detailed</u> pages (modelled services)

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

1 First, assess overall projections vs. target…

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

How to interpret (*bar chart*):

- The blue bars correspond to the results progression from 2017, 2018, 2019, 2020 and the most recent 2021 result for countries in cohort, these are <u>national results</u> as of 2021 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 **Optimistic 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 conservative 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 contingency projection**: assuming results cannot progress further than the 2021 level.

How to assess performance:

a) **If all projections are within/above the grey range:** if current performance continues, achievement of the Strategy target for this indicator is expected

b) **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

c) **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

d) **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
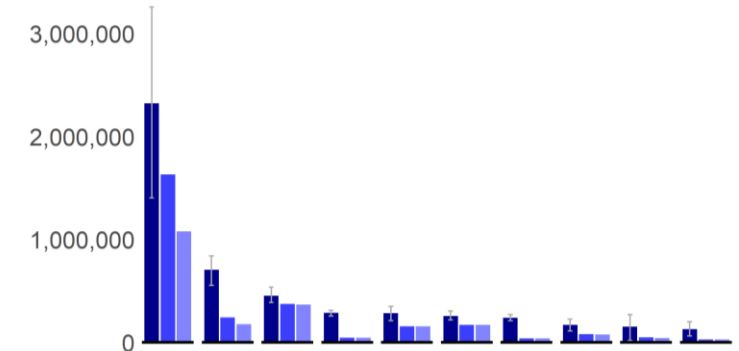
How to interpret (*results by country*):

- 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, 2021 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

Level of Control ① 🔺

Guidance: how to interpret KPI 2 <u>detailed</u> 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
  - **Green** is "likely to meet midpoint of Strategy target (ST)";
  - **Taupe** 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 2021) 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?

🌀 **THE GLOBAL FUND**
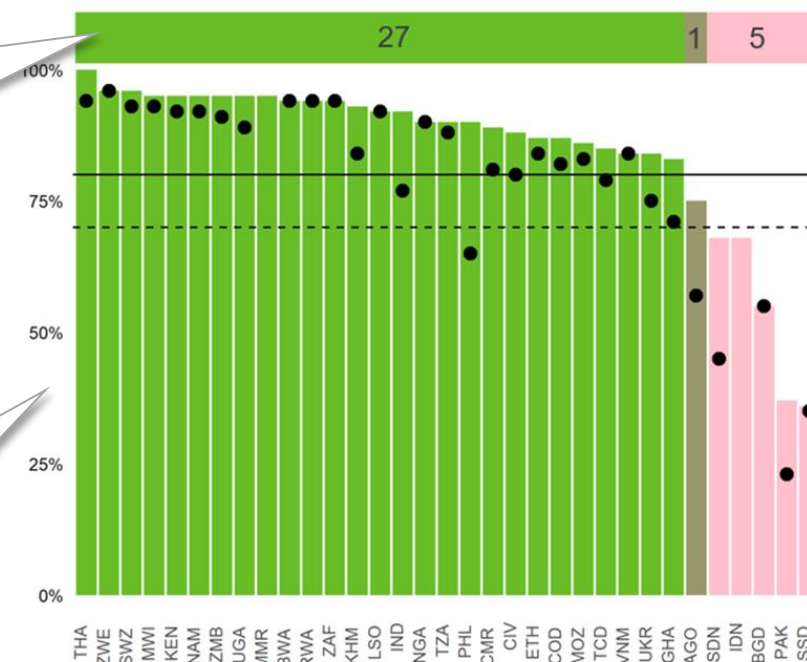
Glossary of acronyms used in this report

AGYW	Adolescent Girls and Young Women
ANTM	Antimalarial medicine
ART	Antiretroviral therapy
ARV	Antiretroviral
BDB	Breaking Down Barriers
CCM	Country Coordination Mechanism
CDR	Case detection rate
COE	Challenging Operating Environment
CPR	Country Portfolio Review
CRG	Community, rights and gender
EECA	Eastern Europe and Central Asia
EPR	Enterprise Portfolio Review
ERP	Expert Review Process
ESA	East-Southern Africa
FLDs	First Line Drugs
GAC	Grant Approval Committee
GAM	Global AIDS Monitoring
GF	Global Fund
HI	High Impact (countries)
HMIS	Health Management Information Systems
HRts	Human Rights
IPT	Isoniazid Preventive Therapy
IPTp3	Intermittent preventive treatment in pregnancy
IRS	Indoor residual spraying
ITP	Impact partnership
KP	Key Populations
LAC	Latin America and the Caribbean
LLIN	Long lasting insecticidal net
MDR-TB	Multi drug resistant

LMI	Lower Middle Income
MIC	Middle Income Country
NFM	New Funding Model
OIG	Office of the Inspector General
NSP	National Strategic Plan
OTIF	On time and in full
OSA	Off shelf availability
PAHO	Pan American Health Organization
PLHIV	People living with HIV
PF	Performance Framework
PMTCT	Prevention of mother-to-child transmission
PPM	Pooled Procurement Mechanism
PQR	Price & Quality Reporting
RDT	Rapid diagnostic tests
RSSH	Resilient and sustainable systems for health
SC	Strategy Committee
SO	Strategic Objective
SEA	Southern and Eastern Africa
SRH	Sexual and Reproductive Health
ST	Strategy target
STC	Sustainability and transition & co-financing
TA	Technical Assistance
TGs	Transgender people
TRP	Technical Review Panel
TSR	Treatment Success Rate
UNDP	United Nations Development Program
UMI	Upper Middle Income
VMMC	Voluntary male medical circumcision
WCA	West and Central Africa
WHO	World Health Organization

THE GLOBAL FUND