

Strategic Performance Reporting end-2022

GF/B49/11

49th Board Meeting

10-11 May 2023, Ha Noi, Viet Nam

Main Report:

Executive Summary	p. 2
Preamble – KPI results included in this report	p. 3
Current performance and Global Fund level of control	p. 4
Performance Paths – KPI progress across reporting periods	p. 5
Summary of KPI results	p. 6

Annex 1: Detailed KPI results

• Funding	p. 9
• Program Design	p. 10
• Implementation	p. 18
• Results	p. 21
	p. 23

Annex 2: Reference slides

[p. 35](#)

Executive Summary

Generally, the performance of KPIs at end 2022 was in line with results observed at end 2021, with:

- **Positive results on lives saved and financial and operational performance;**
- **Incidence reduction progressing too slowly;**
- **Generally positive trends on RSSH KPIs but final targets not met for some of them**

For Lives Saved (**KPI 1a**), the results at end 2021 indicate that the end-2022 Strategy target is already met with 29.2m lives already saved by the Global Fund Partnership. However, progress in Incidence Reduction (**KPI 1b**) is still too slow to realistically expect to meet the end-2022 Strategy target, with a decline of 16.2% in rates since 2015 against a Strategy target range of [28%-47%] at end 2022.

There is continued strong financial and operational performance with targets met on supply continuity (**KPI 12a**), co-financing requirements (**KPI 11**), alignment of funding to needs (**KPI 3**), and resource mobilization (for 6th Replenishment, **KPIs 10a/10b**) as well as for allocation utilization.

This is the last time that many RSSH KPIs are reported in the 2017-2022 Strategy, with varying results:

- Strong performance for **KPI 6b** (Supply Chains) with targets met for all diseases and products. For the countries in the cohort, the average On-Shelf-Availability is 84% and considered to be high (90% or more) in a third of the cases.
- For Financial Systems Management (**KPI 6c**), the end-Strategy target is met for “countries completing public financial management transition”. However, even though the number of countries with “financial management systems meeting defined standards” increased from 5 to 34 during the 2017-2022 Strategy period, it is still below the end-Strategy target of 46 countries.
- For HMIS (**KPI 6d**), even though there has been a steady increase in scores during the 2017-2022 Strategy period (especially for the Integration dimension progressing from 45% in 2017 to 92% now), the effect of COVID-19 was too significant on the Timeliness dimension score, to meet the end-2022 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 end 2022

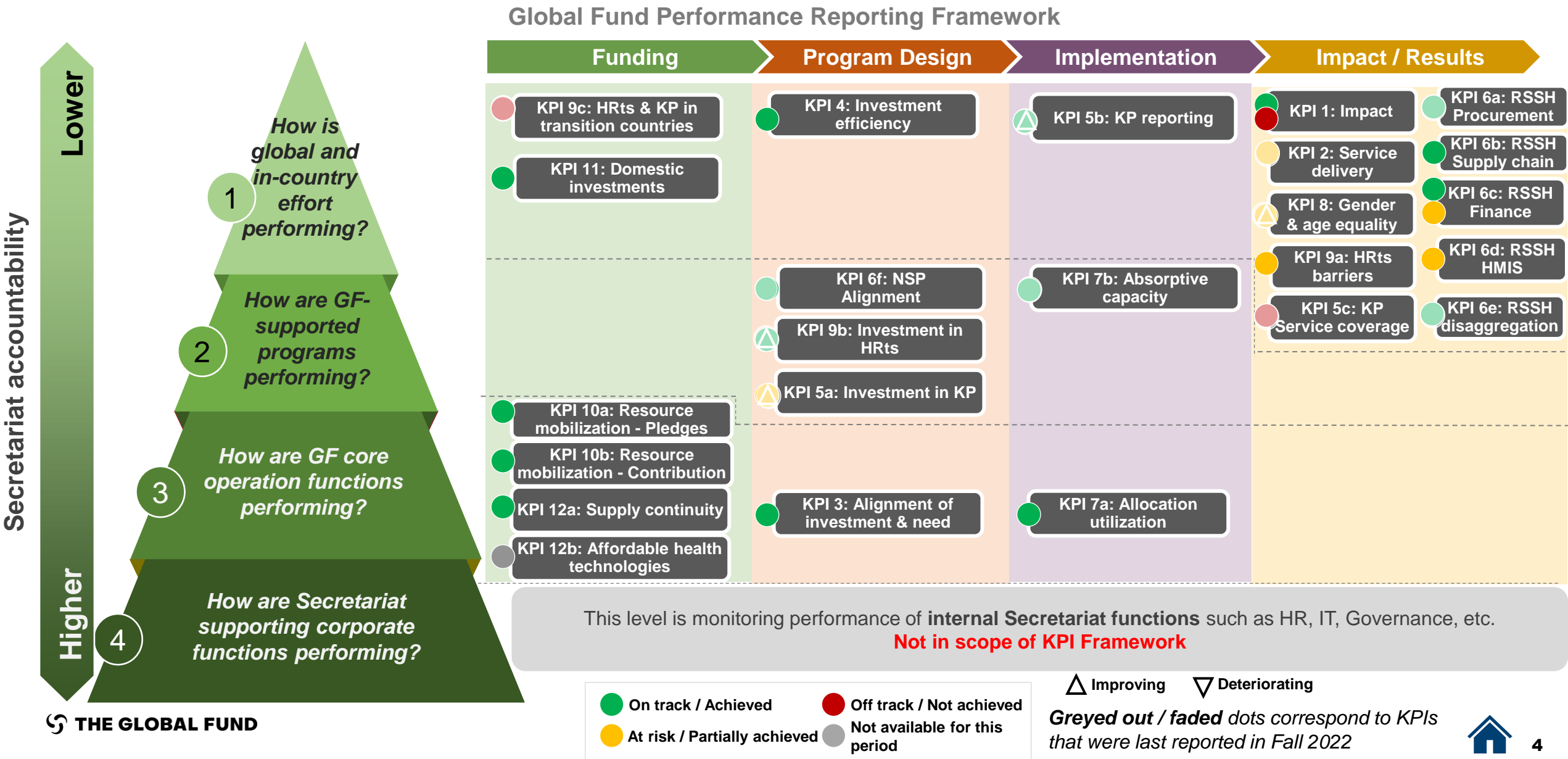
Notes:

- The Secretariat confirms that no error has been detected in KPI results reported at the Fall 2022 Board meeting and that these results remain unchanged.
- As there was no significant change in grant budgets since mid-2022, nor any new Funding Request received for the 2020-2022 Allocation Period, there has been no change in results for the corresponding KPIs, i.e., KPIs 5a, 6f and 9b. They are therefore not reported here.

KPI	Description	Data cut-off date
1	Performance against impact targets	End 2021
3	Alignment of investment & need	End 2022
4	Investment efficiency	End 2022
6b	RSSH: Supply chains	End 2022
6c	RSSH: Financial management	End 2022
6d	RSSH: HMIS coverage	End 2022
7a	Allocation utilization	February 2023 – disbursements forecasts up to end 2023

KPI	Description	Data cut-off date
9a	Reducing human rights barriers	End 2022
10a	Resource mob. pledges	End 2022
10b	Resource mob. contributions	End 2022
11	Domestic Funding	End 2022
12a	PPM suppliers	End 2022
12b	PPM savings	End 2022 (only reporting results, no target for 2022)

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



Performance Paths – KPI progress across reporting periods

		F2017	S2018	F2018	S2019	F2019	S2020	F2020	S2021	F2021	S2022	F2022	S2023	F2023
KPI	Description													
1a	Impact – Lives saved													
1b	Impact – Incidence reduction													
2	Service delivery													
3	Alignment of investment & need													
4	Investment efficiency													
5* -> 5b	KPs service coverage (capacity to report)													
5a	Grant funding for KPs													
5c	KPs service coverage													
6a	RSSH: procurement prices													
6b	RSSH: supply chains													
6c1	RSSH: financial mgmt. transition efforts													
6c2	RSSH: financial systems meeting standards													
6d	RSSH: HMIS coverage													
6e	RSSH: results disaggregation													
6f	RSSH – NSP alignment													
7a	Allocation utilization													
7b	Absorptive capacity													
8	Gender and age equality													
9a	Reduce human rights barriers to services													
9b	Grant funding for Human Rights (HIV)													
	Grant funding for Human Rights (TB)													
	Grant funding for KPs and Human Rights													
9c	Domestic investments in KPs and HRts													
9c*	Domestic investments in KPs and HRts (reporting capacity)													
10a	Resource mobilization - pledges													
10b	Resource mobilization – contributions													
11	Domestic investments													
12a	Supply Continuity of Health Products													
12b	Affordability of health technologies													

Legend

Achieved/on track

At risk/partially achieved

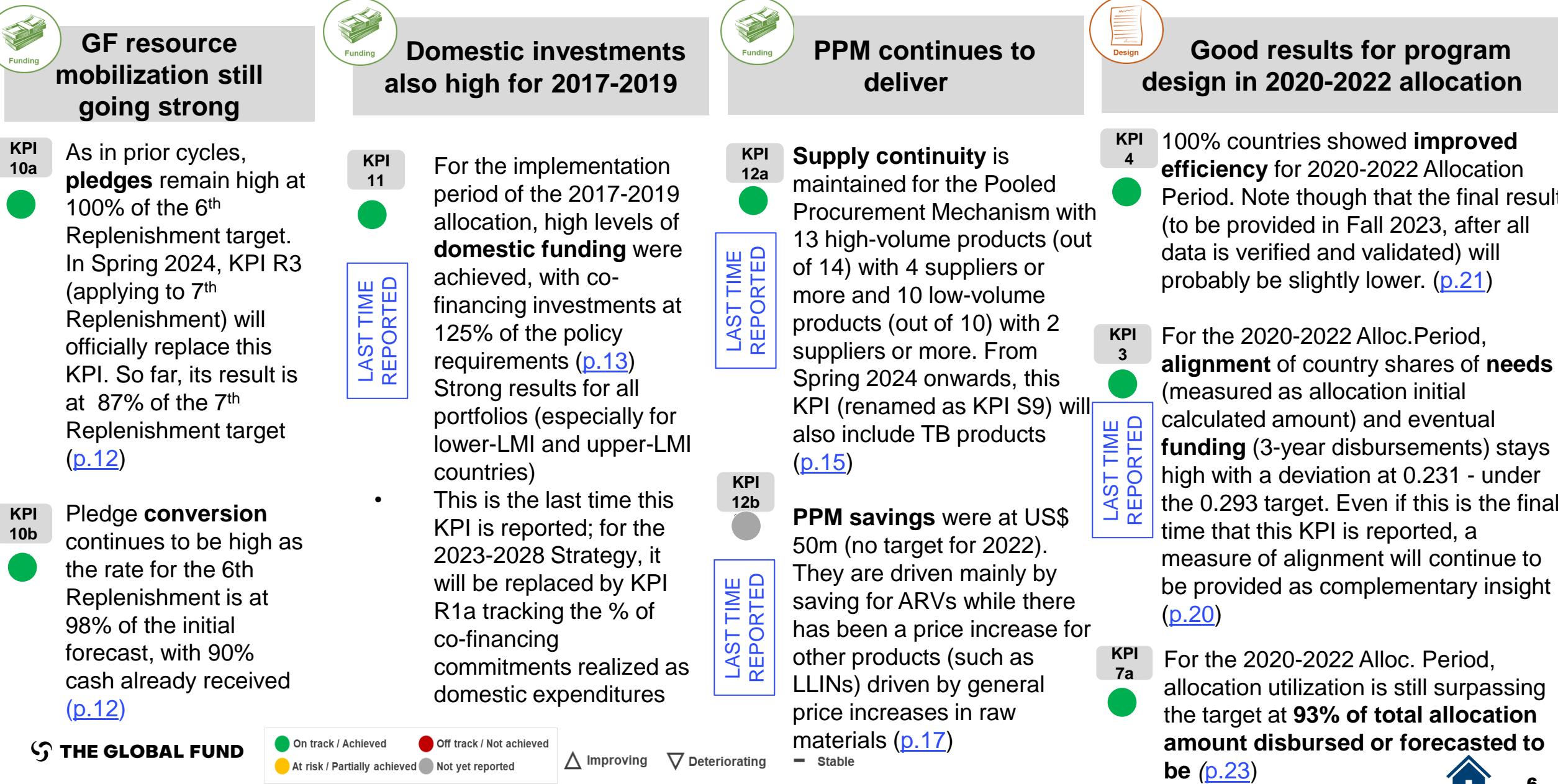
Not achieved/off track

Not available

No reporting scheduled

To be reported

Summary – positive results for all KPIs related to Funding and Program Design



Summary – Impact on Incidence reduction, Human Rights and RSSH



Incidence reduction significantly impacted

KPI 1a



Between 2017 and 2021, more than **29m lives** are estimated to have been **saved**; the target of 28m-30m lives saved by the GF Partnership by end 2022 is already met. Final result to be reported in Spring 2024. ([p.25](#))

KPI 1b



16.2% decline in combined incidence rate has been achieved between 2015 and 2021. Recent trends **project results to be between 15.2% and 20.2% at end 2022** and it appears extremely unlikely that the Strategy Target range of 28%-47% at end 2022 will be met. ([p.25](#))



RSSH KPIs impacted by COVID-19 but still showing strong progress over 2017-2022 Strategy

KPI 6b



LAST TIME REPORTED

Good results, with On-Shelf-Availability target met for all diseases and all product categories. It is last time this KPI will be reported, and it showed strong improvements across cohort countries with OSA now at >90% for 39% of the data points. Starting in Spring 2024, KPI S8 will continue to track OSA but with a different aggregation approach. ([p.31](#))

KPI 6c



LAST TIME REPORTED

These KPIs on financial management systems are reported for the last time. Results are positive for financial systems as # countries completing public financial management transition **remains at target (8/8)** ([p.32](#)) but the number of countries with financial management systems meeting defined standards remain **below target at 34/46, partly due to COVID-19 effect** and despite steady progress since 2017 ([p.33](#))

KPI 6d



LAST TIME REPORTED

The HMIS coverage KPI at 55% did not meet its end 2022 target of 70%, mainly due to the recent impact of COVID-19 on the Timeliness score and despite impressive progress on Integration since 2017 ([p.34](#))



Human Rights-related program outcomes severely impacted

KPI 9a



Mid-term assessment scores for all countries in Breaking Down Barriers initiative highlight **significant progress from baseline** for both HIV and TB. On average, **HIV program scores improved from 1.7 to 2.6**, while **TB scores improved from 0.6 to 1.3**. **However, risk of not meeting target** because of diversion of focus and resources due to: COVID-19; current geopolitical and economic situation; and insufficient funding from domestic sources / partners. Final results expected in Spring 2024 ([p.35](#))

Annex 1: Detailed KPI results

Annex 1 : Detailed KPI results

► Funding

KPI 10

[p.11](#)

KPI 11

[p.12](#)

KPI 12a

[p.14](#)

KPI 12b

[p.16](#)

► Program Design

KPI 3

[p. 19](#)

KPI 4

[p. 20](#)

► Implementation

KPI 7a

[p. 22](#)

► Results

KPI 1

[p. 24](#)

KPI 6b

[p. 30](#)

KPI 6c

[p. 31](#)

KPI 6d

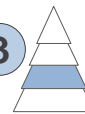
[p. 33](#)

KPI 9a

[p. 34](#)



Funding



Funding



Design



Implementation



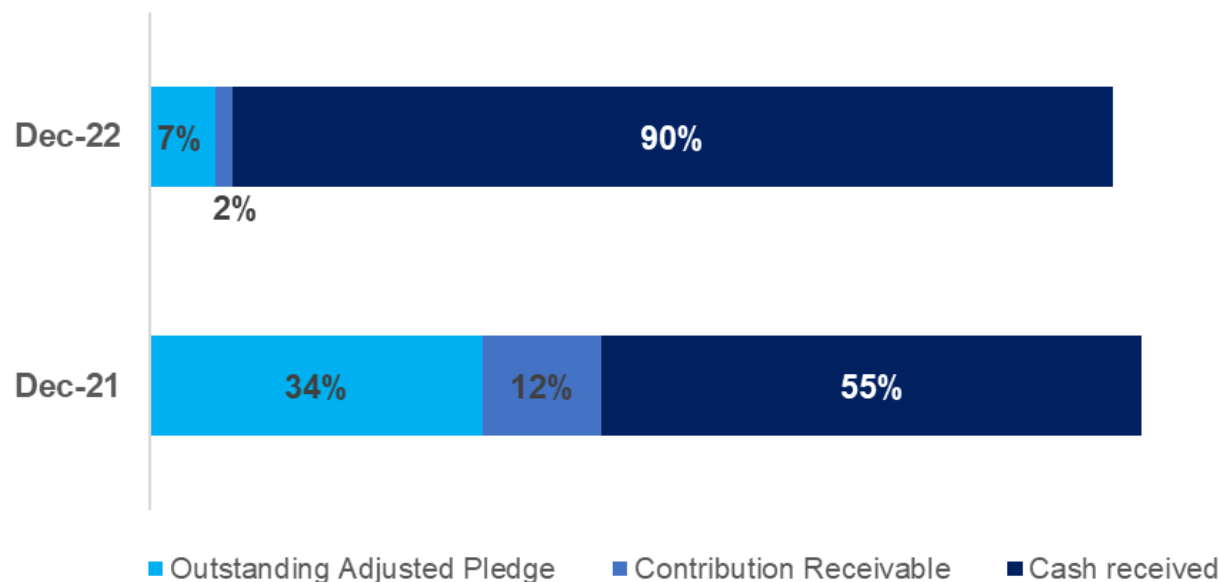
Results

Global Fund Resources

● KPI 10 – Resource mobilization

Measure	End-2022 Result	Key takeaways
a) Actual pledges as a percentage of the replenishment target, with respect to the current (6th) Replenishment period b) Pledge conversion rate. Current adjusted pledges as a percentage of initial adjusted pledge, with respect to the current (6th) Replenishment period.	a) 100% b) 98% Target a) 2020-2022: 100% b) 2020-2022: 100%	KPI 10a <ul style="list-style-type: none"> For the 6th Replenishment period, the Replenishment target of \$14 bn was achieved. This result does not include additional pledges for C19RM as they were not included in the 6th Replenishment target. However, if C19RM pledges are included, KPI 10a result will be significantly higher at 133% of the 6th Replenishment target. Results for 7th Replenishment period (to be formally reported from Spring 2024 as part of 2023-2028 KPI Framework), show that 87% of the target has currently been achieved. KPI 10b <ul style="list-style-type: none"> For the 6th Replenishment period, the current pledge conversion rate is at 98% (excl C19RM) primarily due to risk adjustments made, owing to the challenging economic and geopolitical environment in 2022. Typically, such adjustments are counterbalanced by additional pledges raised, but for 6th Replenishment all additional pledges were directed to C19RM. If C19RM is included in KPI 10b results, pledge conversion will increase to 132%.

Change in pledge conversion since last reporting





Funding



Design



Implementation



Results

Level of Control

1



Domestic Funding

KPI 11 – Domestic investments

Measure

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

End-2022 Result

125%

Target

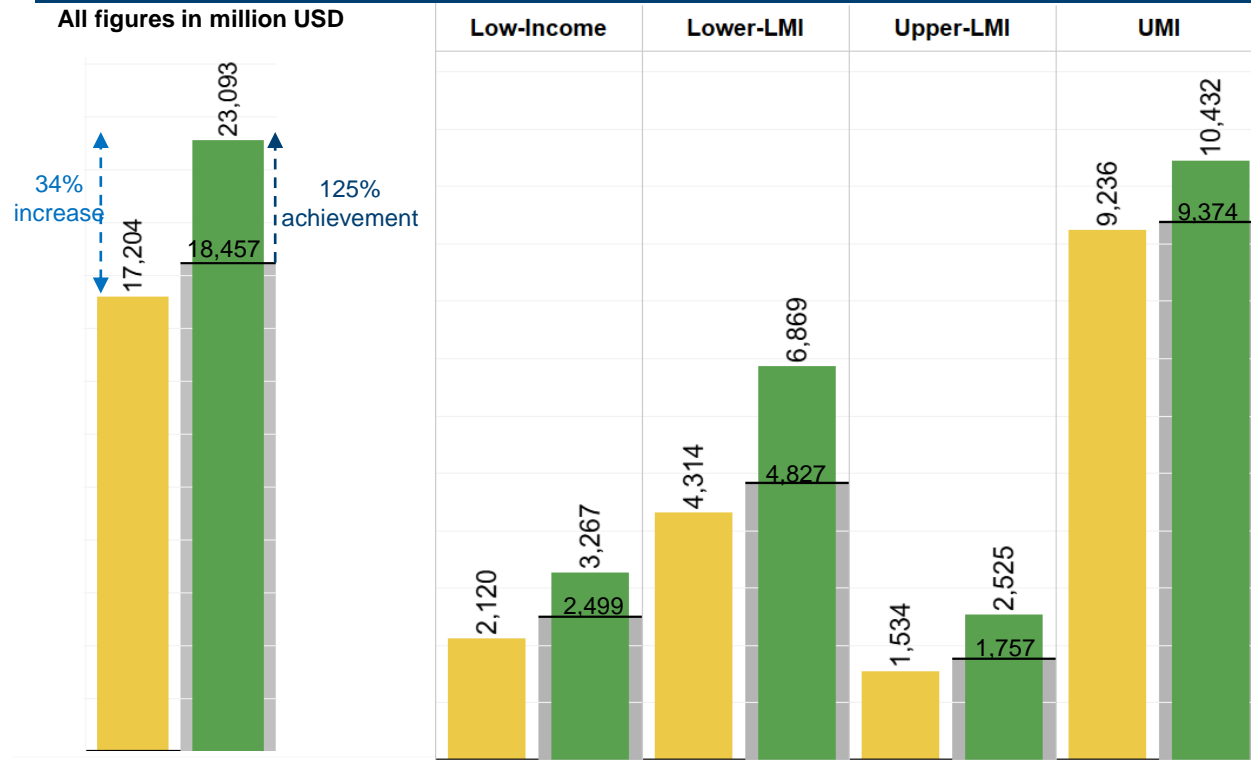
100% of 2017-2019 policy stipulated requirements realized

Key takeaways

- The final analysis of KPI 11 for 2017-2019 Allocation Period shows that in the grant implementation period** the estimated overall co-financing investment was at **125%** of the policy stipulated co-financing minimum requirements. Co-financing investments estimates exceeded policy-stipulated requirements across all income categories for the KPI cohort.
- There was also a **34%** increase in estimated co-financing in the implementation period of 2017-2019 allocation compared to previous (2014-2016) allocation period. Consistent with last reported result, percentage increase in estimated co-financing was greatest for Upper-LMI countries (65%) and lowest for UMI countries that just showed an increase of 13%.
- While there has been a broad increase in co-financing across portfolio, only 84% of the total co-financing commitments were realized, with UMI countries having the lowest (78%) realization of co-financing commitments. In spite of macroeconomic and fiscal constraints in countries accentuated by COVID-19, overall domestic public expenditure on health increased in USD terms by 25%*** in the 2018-2020 period compared to 2015-2017. However, prioritization for meeting emergency requirements and disruption of services due to lockdowns resulted in less than anticipated co-financing for HIV, TB and malaria (HTM). On average, of the total public expenditure on health, estimated co-financing of HTM programs for countries in KPI cohort was about 6.5% in 2018-2020, and combined HTM and RSSH co-financing averaged about 9.7%. About 81% of the disease co-financing by the KPI cohort for the 2018-2020 period is contributed by 20 countries, mostly middle-income countries such as ZAF, IND, KEN, THA.
- Of the 252 country components that had an allocation in both 2017-2019 and 2020-2022 allocation periods, 13 country components were exempt (or granted waiver) from co-financing requirements, and assessments are pending for 2 country components. Thus, the KPI cohort includes 237 country components of which 233 (i.e., 98%) country components comply with policy stipulated co-financing requirements.

Domestic co-financing across 2 grant cycles – overall & by income level of countries*

All figures in million USD



2014-2016 Allocation period co-financing amount

2017-2019 Allocation period co-financing amount

2017-2019 Allocation period co-financing target*

*Target is the sum of policy-stipulated domestic co-financing requirement

** Implementation period of 2017-2019 Allocation can be for 2018-2020, 2019-2021, 2020-2022. Majority of grants are implemented in 2018-2020. Implementation period of 2014-2016 Allocation can be for 2015-2017, 2016-2018, 2017-2019. Majority of grants are implemented in 2015-2017

*** Global health expenditure database, World Health Organization, 2023





Funding



Design

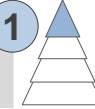


Implementation



Results

Level of Control



Domestic Funding

- KPI 11 – Domestic investments

Reminder: 2016 Co-Financing Policy

Revised Co-Financing Policy

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

Minimum 15% Co-Financing Incentive	
Low Income Countries	No restriction
Lower-LMI Countries	Minimum 50% in disease programs
Upper-LMI Countries	75% in disease programs*
Upper-Middle Income Countries	Focused on disease program and systems to address roadblocks to transition; minimum 50% in key and vulnerable populations

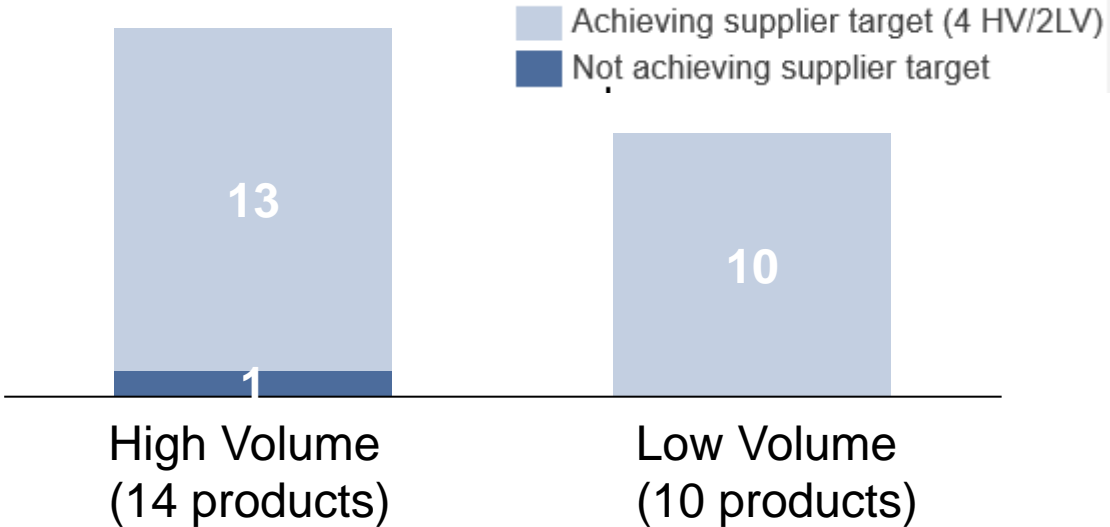
* 'low' or 'moderate' burden country components are encouraged to show a greater share of domestic contributions that will address systemic bottlenecks for transition and sustainability.

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

Global Fund Resources

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

Measure	End-2022 Result	Key takeaways
Percentage of a defined set of products ¹ with the desired number of suppliers that meet Quality Assurance ² requirements (i.e., four or more suppliers or two or more suppliers, depending on the product set)	<div>High Volume</div> <div>Low volume</div> <div>Target</div> <div>90% (both High and Low Volume)</div>	<ul style="list-style-type: none"> As approved by the Board in <i>GF/B41/EDP16</i>, this KPI is measured using two differentiated cohorts: High Volume (for 2022: <i>all 1st line adult ARVs; ACTs; LLINs</i>) and Low Volume (for 2022: <i>all 2nd line adult ARVs; all pediatric ARVs; specialized formulations</i>) <ul style="list-style-type: none"> For High Volume: 93% of products have 4 suppliers or more that meet QA requirements (against a target of 90% of products) For Low Volume: 100% of products have 2 suppliers or more that meet QA requirements (against a target of 90% of products) KPI continues to perform strongly for both cohorts as targets exceeded – only one high volume product cohort (see next slide) did not meet supplier requirements having only 3 QA suppliers (Efavirenz/Lamivudine/Tenofovir 400/300/300mg tablet 30)



Notes:

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

2. Based on Global Fund Quality Assurance Policy



Global Fund Resources

● **KPI 12a - Supply Continuity of Health Products**

● KPI 12b – Affordability of health technologies

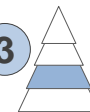
Cohort	Measure	Target	2022 result	Products ¹
S1: High Volume <ul style="list-style-type: none"> ✓ WHO-recommended 1st line ARVs for adults ✓ ACTs ✓ LLINs ✓ HIV and malaria RDTs ✓ VL/EID ✓ Condoms 	Percentage of a defined set of products with four or more suppliers that meet Quality Assurance requirements	90%	93%	<div>1. TLE 300/300/600mg, 30 tablet</div> <div>2. TEE 300/200/600mg, 30 tablet</div> <div>3. TLE 300/300/400mg, 30 tablet</div> <div>4. TLD 300/300/50mg, 30 tablet²</div> <div>5. Dolutegravir 50mg, 30 tablet</div> <div>6. HIV tests</div> <div>7. HIV self-tests</div> <div>8. VL/EID</div> <div>9. Condoms</div> <div>10. AL 20/120mg, 18 & 24 tablet</div> <div>11. AL 20/120mg dispersible, 6 & 12 tablet</div> <div>12. ASAQ 25/67.5mg, 50/135mg, 100/270mg, 3 & 6 tablet</div> <div>13. LLINs – PBO and Pyrethroid nets</div> <div>14. Malaria RDTs (Pf)</div>
S2: Low Volume <ul style="list-style-type: none"> ✓ WHO-recommended 1st line ARVs for children ✓ WHO-recommended 2nd line ARVs for adults and children ✓ Specialized Formulations ✓ Lower volume malaria RDTs (combo) 	Percentage of a defined set of products with two or more suppliers that meet Quality Assurance requirements	90%	100%	<div>1. Abacavir/Lamivudine 120/60mg, dispersible, 30 tablet</div> <div>2. Lopinavir/Ritonavir 100/25mg, 60 tablet</div> <div>3. Lopinavir/Ritonavir 40/10mg, 120 pellets/granules</div> <div>4. Atazanavir/Ritonavir 300/100mg, 30 tablet</div> <div>5. Lamivudine/Tenofovir 300/300mg, 30 tablet</div> <div>6. Emtricitabine/Tenofovir 200/300mg, 30 tablet</div> <div>7. Lopinavir/Ritonavir 200/50mg, 120 tablet</div> <div>8. Lamivudine/Zidovudine 150/300mg, 60 tablet</div> <div>9. Artesunate injectables</div> <div>10. malaria RDTs combo (Pf/Pv, Pf/Pan)</div>

Legend:

HIV

Malaria

Product under target



Global Fund Resources

● KPI 12a - Supply Continuity of Health Products

● KPI 12b – Affordability of health technologies

Measure

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

End-2022 Result

US\$ 49.7m

2022 Target

Not available (as agreed with AFC in Nov 2021, see next slide)

Key takeaways

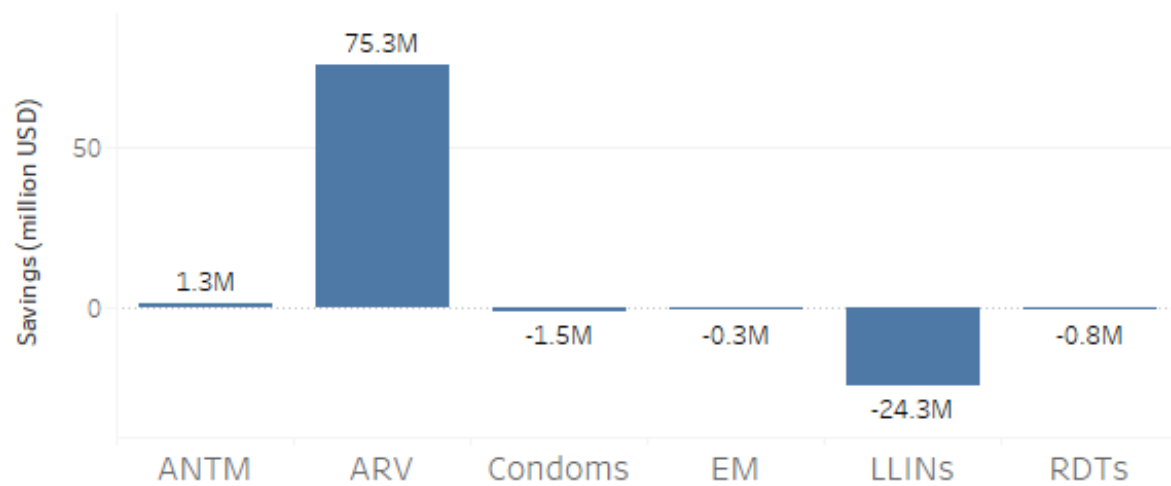
Pharmaceuticals products positive **savings of USD 76M** in 2022 (vs 2021 WAP). Of those:

- **ARVs** positive savings (USD 75.3M) mainly driven by 1st Line Regiment products (TLE600 / TLE400 / TLD / TEE / DTG 50mg). TLD WAP decreased by 17% between 2021 and 2022. Volume of 1st Line regiment (expressed in 30s packs) has increased by 35% between 2021 and 2022
- **ANTM** positive savings of **USD 1.3M**. Overall prices remain stable between 2021 and 2022. However, savings are mostly driven by a WAP decrease on AQ+SP adult formulation (SMC Campaign) by 6%.
- **EM** negative savings of USD 327k mostly driven by a WAP increase of 12% on Co-trimoxazole 800/160 mg.

Health Technologies products have **negative savings of USD -26.5M** in 2022 (compared to USD -16M in 2021) ; Of those:

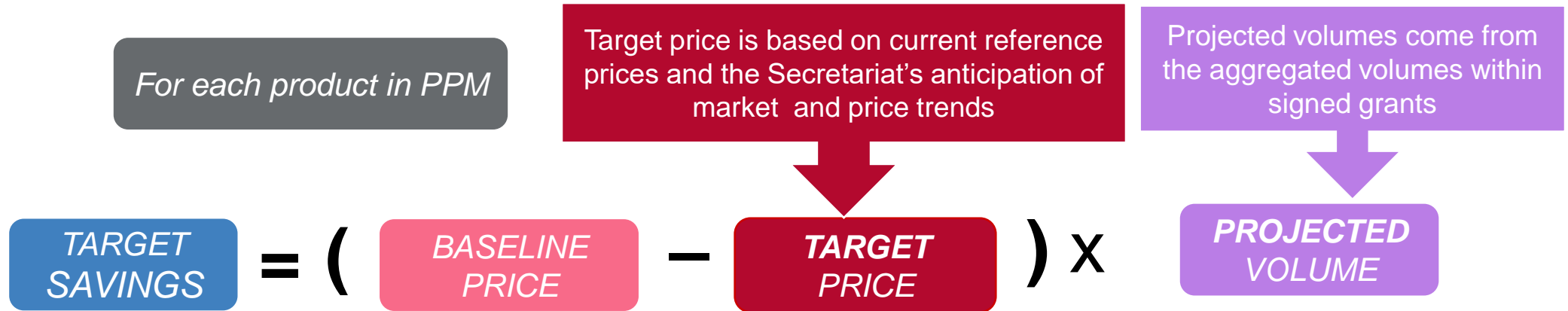
- **LLINs** negative savings of USD -24M driven by increase of raw material prices, which is related to the increase in crude oil prices;
- **Condoms and Lubricants** negative savings of USD -1.5M driven by increase of raw materials: silicone oil, rubber, driven by crude oil price increase ;
- **RDTs** pricing is unchanged, with an exception of one product, this results in overall negative savings of USD -793k

Product Type: actual savings in 2022



Reminder: why no 2022 target for KPI 12b on PPM savings

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



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

In addition, 2022 is transitory to integrate the existing KPI 12b Affordability of Health Technologies and others into the end-to-end sourcing, procurement and supply chain performance measures.

It was therefore **agreed at the 17th AFC meeting** ([link to notes](#)) that the **Global Fund will report on this KPI for 2022 savings but not against a specific target.**

Therefore, the Strategic Performance Report for Spring 2023 does not include a performance assessment for KPI 12b.



Design

Program Design

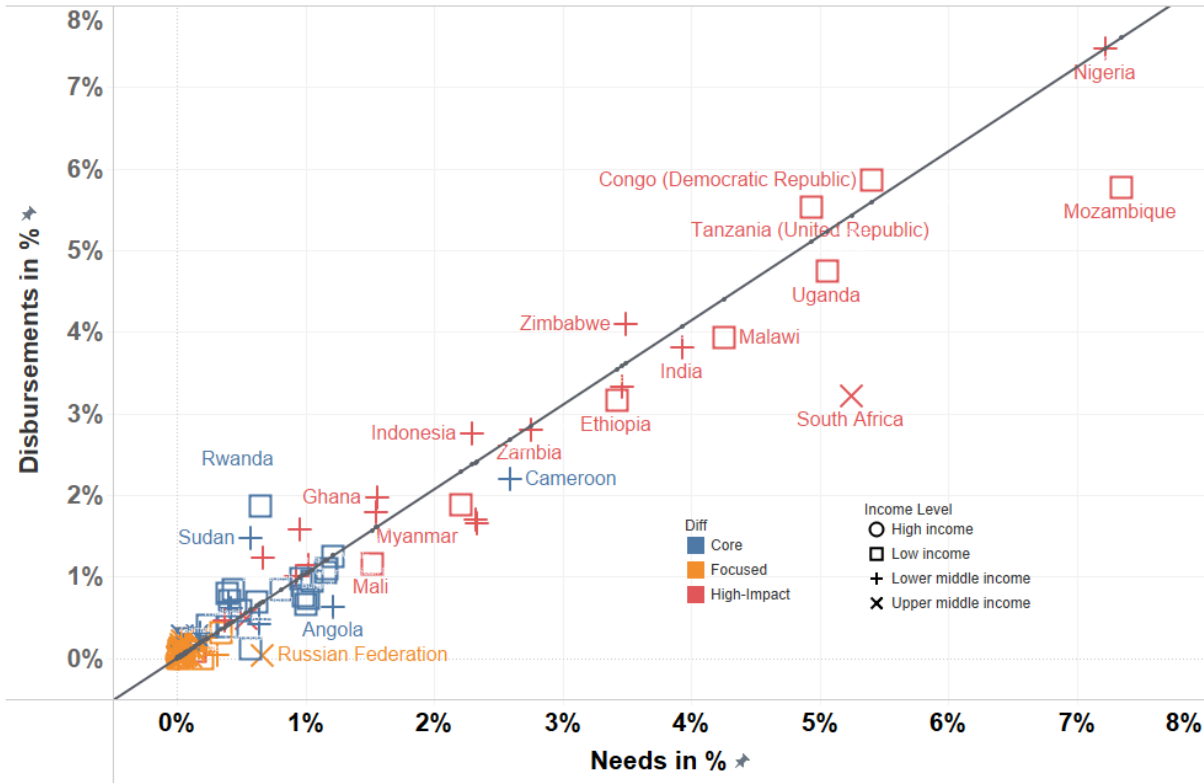


Strategic Focus

KPI 3 – Alignment of investment & need

Measure	End 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	<div>0.231</div> <div>Target</div> <div>2022: Deviation less than or equal to 0.293</div>
Key takeaways	
<ul style="list-style-type: none"> At end 2022, the data for “needs” continues to use the distribution from the 2020-2022 Allocation Period model. The deviation between needs and disbursements has been reducing in recent years; this is the last time that this KPI will be reported, and it continues to show a close alignment between the needs and disbursements. 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, South Africa and Zimbabwe. Other countries such as Russia or Rwanda also show imperfect alignment. 	

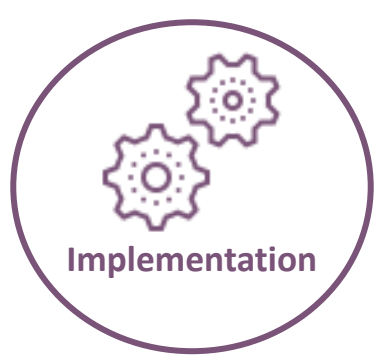
Alignment Needs-Disbursments, global



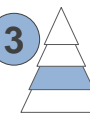
Activities

● KPI 4 – Investment efficiency

Measure	End-2022 Result	Key takeaways							
Change in cost per life saved or infection averted from supported programs	100% countries showing a high likelihood of efficiency improvement for 2020-2022 Allocation period (<i>partial results for the 2020-2022 allocation period</i>)	<ul style="list-style-type: none">Assessment of HIV programs of the 2020-2022 Allocation period are ongoing for all High Impact countries. Results of 16 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 programs is also ongoing. Results of 2 malaria national disease programs have been finalized with 2 countries (100%) demonstrating a decrease in cost per life saved or case averted over the 2020-2022 allocation period.The revised KPI 4 assessment methodology for TB programs approved by the Global Fund’s Modelling and Guidance Group (MGG) to assess KPI 4 for TB programmes for the 2020-2022 allocation period has been implemented. Results of 15 countries have been finalized with 100% demonstrating a decrease in cost per life saved.Assessments of HIV, TB and Malaria national programs in remaining countries is expected to be completed in time for the Fall 2023 report. Note that it is expected that the results are less positive for these countries and that the final KPI result might be slightly lower.							
	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									
# of disease programs assessed	<table><tr><th>HIV</th><th>TB</th><th>Malaria</th><th>Total</th></tr><tr><td>16</td><td>15</td><td>2</td><td>33</td></tr></table>	HIV	TB	Malaria	Total	16	15	2	33
	HIV	TB	Malaria	Total					
16	15	2	33						
% of assessed disease programs showing a high likelihood of efficiency improvement	<table><tr><th>HIV</th><th>TB</th><th>Malaria</th><th>Total</th></tr><tr><td>100%</td><td>100%</td><td>100</td><td>100%</td></tr></table>	HIV	TB	Malaria	Total	100%	100%	100	100%
HIV	TB	Malaria	Total						
100%	100%	100	100%						



Implementation

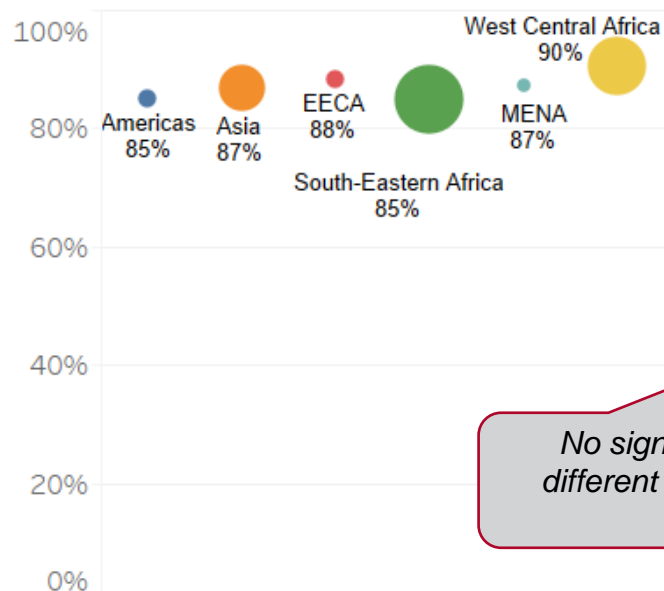


Performance

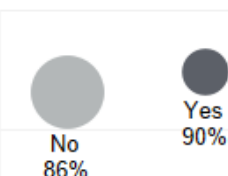
KPI 7a – Fund utilization: allocation utilization

Measure	Mid-2022 Result	Key takeaways
Portion of allocation that has been disbursed or is forecast to be disbursed	93%	<ul style="list-style-type: none"> 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.
	Target 91-100% (6 th Replenishment)	

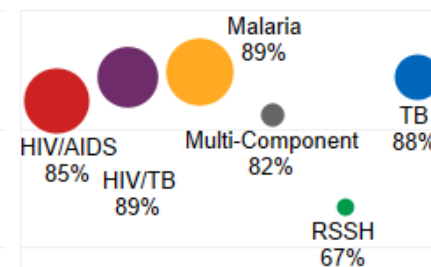
Utilization by geographical region



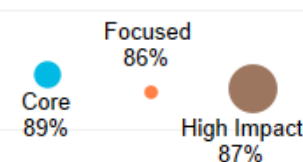
COE status



Component



Differentiation



Utilization calculated based on 2020-2022 disbursements, including forecasts and excluding C19RM

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

No significant difference in utilization across different dimensions of the portfolio, except for stand-alone RSSH grants



Results

Maximize impact against HIV, TB & Malaria

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

● KPI 1a – Lives saved ● KPI 1b – Incidence reduction

Measures

Results

- a) Estimated number of lives saved over 2017-2022
- b) Reduction in new infections/cases from 2015 to 2022 (average rates across the three diseases)

- a) **29.2M** over 2017-2021
- b) **16.2%** from 2015 to 2021

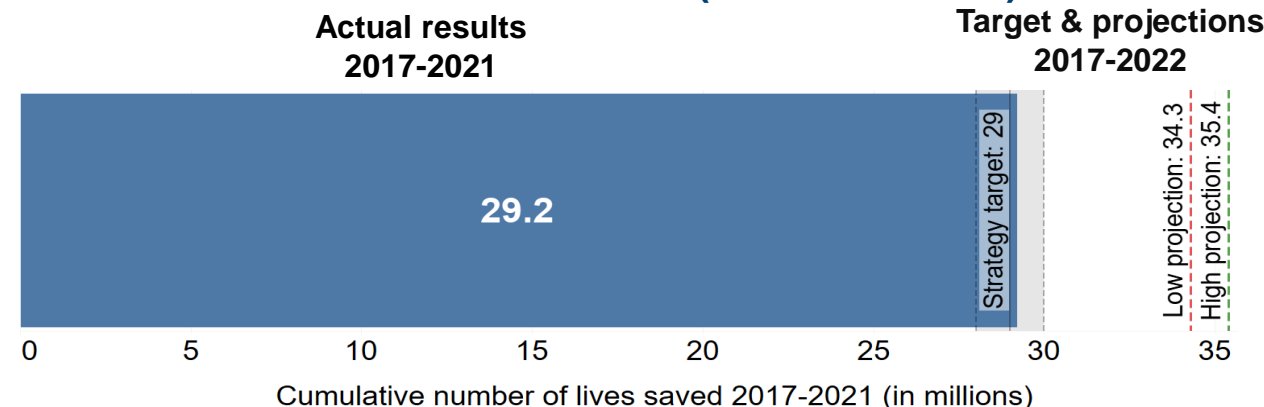
Targets*

- a) **29M** [28-30] over 2017-2022
- b) **38%** [28-47] from 2015 to 2022

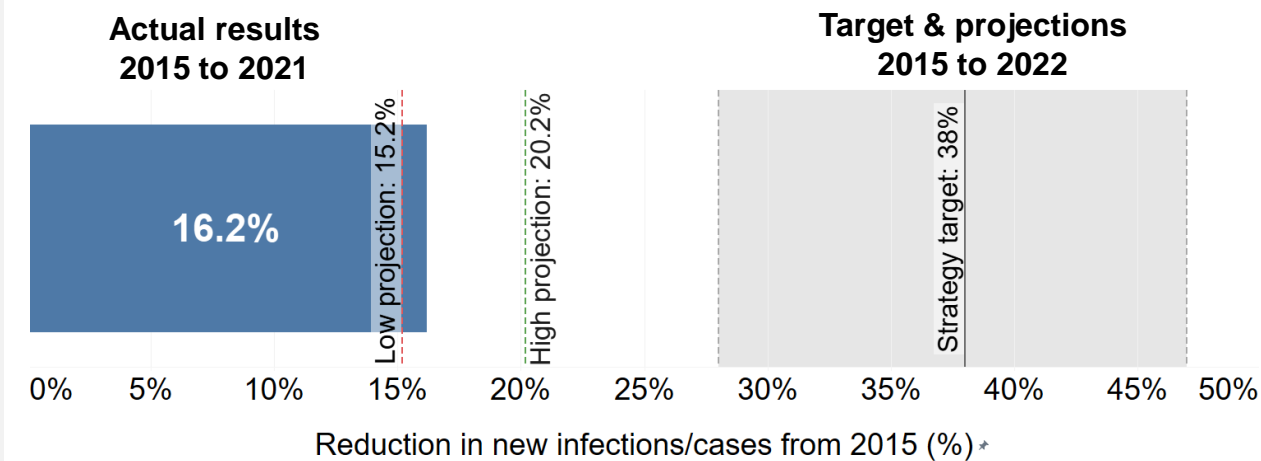
Key takeaways

- **LIVES SAVED:** The Strategy Target for number of lives saved has already been met with 29.2 million lives have been saved by the GF Partnership across the portfolio over 2017-2021. Current projections indicate that the 2022 results will be in the range of 34.3 and 35.4 million lives saved – well above the Strategy target.
- **REDUCTION IN INCIDENCE:** A 16.2% decline in combined incidence rate has been achieved between the 2015 baseline and 2021 across the portfolio. Incidence rate has not decreased at the expected rate and current projections indicate that even in the optimistic scenario, final 2022 results will be below the Strategy target range.
- Overachieving lives saved targets is partly explained by a slower rate of decline in incidence rates which in turn resulted in the need to treat more patients. The increase in incidence rates of TB and malaria in 2020 and 2021 due to COVID-19 also contributed to under-performance of incidence reduction target.

Estimated number of lives saved (three diseases)



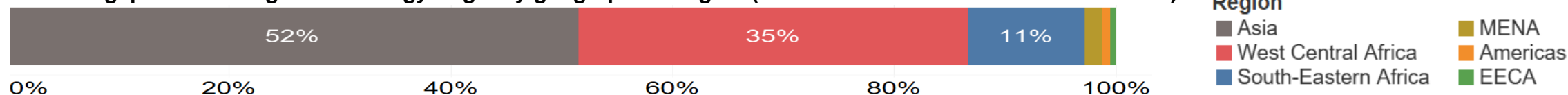
Reduction in combined incidence rate



* Strategic targets for KPI 1 were set using the same modelers/models that partners used to develop the global plans; however global plans assume fully funded programs whereas GF Strategy targets are based on best use of available funding (from all sources) during the 6 years of Strategy and are therefore lower.

Reduction in mortality rate

Share of gap to achieving 2022 Strategy target by geographical region (Based on continuation of recent trends)

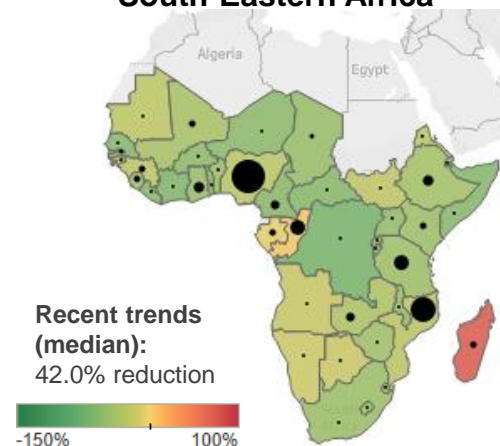


Maximize impact against HIV, TB & Malaria

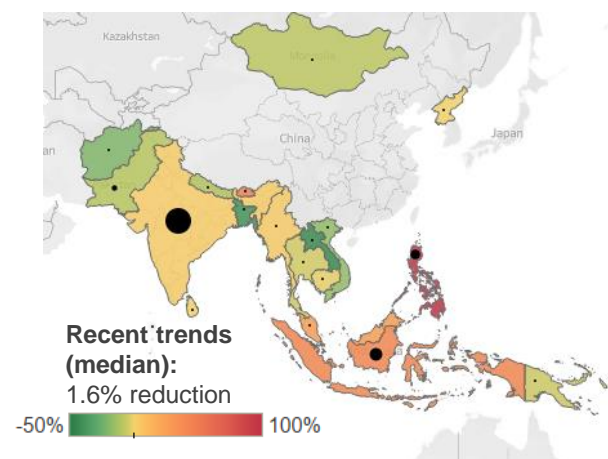
KPI 1a – Performance against impact targets – Lives saved (2/6)

2015-2021 mortality rate decline for the region with largest gap to meeting Strategy targets for each disease

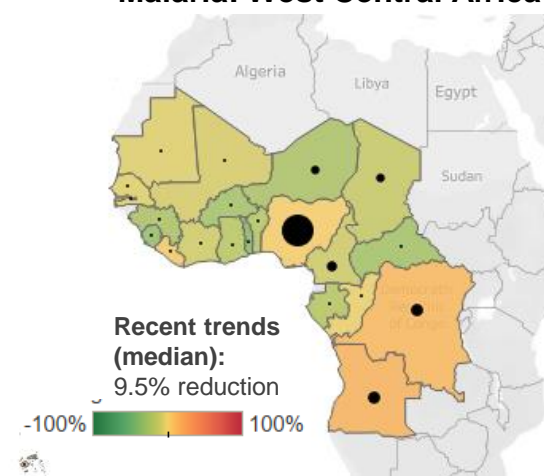
HIV: West Central and South-Eastern Africa



TB: Asia



Malaria: West Central Africa



Interpreting the maps

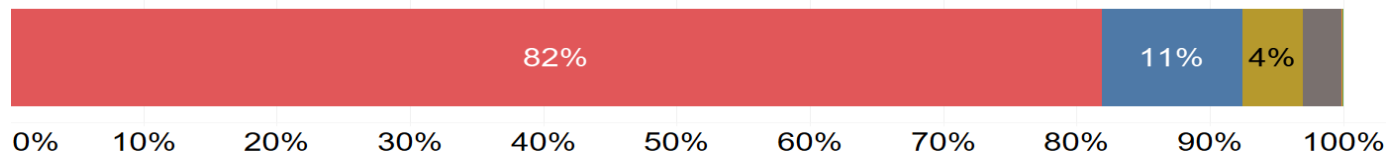
- 1) Color represents change in mortality rate from 2015 to 2021; red represents no change or an increasing rate. Darker the green, larger the decline in mortality rate relative to other countries in the region.
- 2) Size of the dot represents the gap to meeting country 2022 Strategy target.
- 3) Recent trend (median) = more than half of countries experienced mortality declines above/below this value

Key takeaways

Overall declining trend in mortality rates in majority of countries. Nigeria and Mozambique will need to accelerate rate of decline in HIV mortality to reduce their large gaps to Strategy target. Madagascar, Pakistan and Philippines have increasing trend in HIV mortality which needs to be reversed. Philippines, Indonesia and India have had an increase in TB mortality since 2015 and also large gaps to Strategy target, and thus a reversal of TB mortality trend in these countries will be vital to achieve the Strategy targets. Nigeria, Congo (Democratic Republic) and Angola show increase in malaria mortality since 2015 and also large gaps to Strategy target, and thus progress in these countries is critical to achieve the Strategy targets.

Reduction in incidence rate

Share of gap to achieving 2022 Strategy target by geographical region (Based on continuation of recent trends)

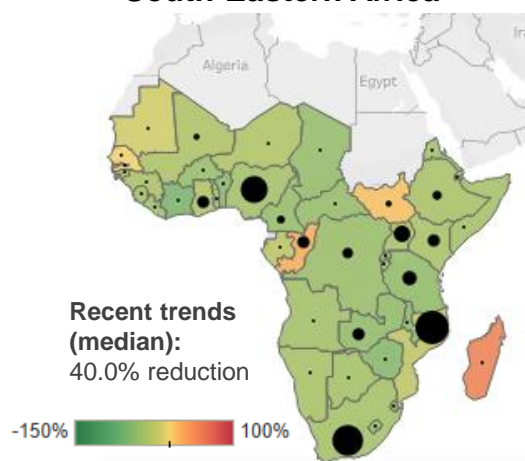


Region

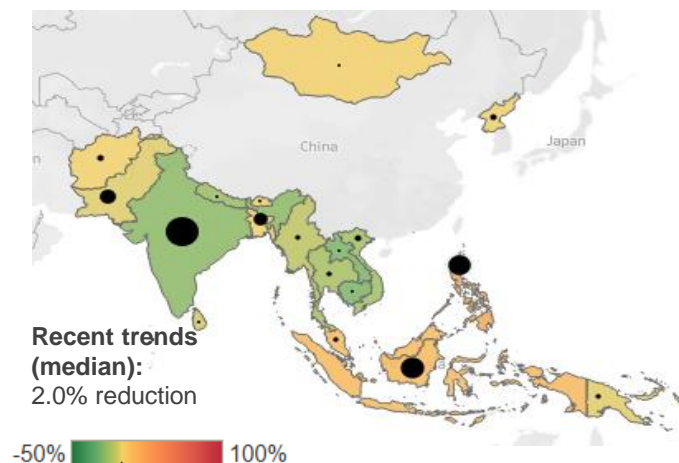


2015-2021 incidence rate decline for the region with largest gap to meeting Strategy targets for each disease

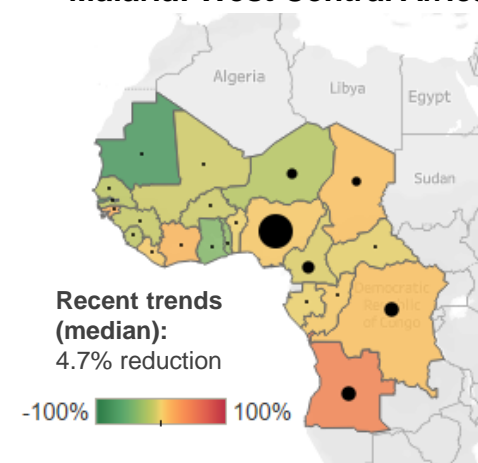
HIV: West Central and South-Eastern Africa



TB: Asia



Malaria: West Central Africa



Interpreting the maps

- 1) Color represents the change in incidence rate from 2015 to 2021; red represents no change or increasing rate. The darker the green the larger the decline in incidence rate relative to other countries in the region
- 2) Size of the dot represents the gap to meeting country 2022 Strategy target
- 3) Recent trend (median) = more than half of countries experienced incidence declines above/below this value

Key takeaways

Overall declining trend in incidence rates in majority of countries. In Africa region, Mozambique, South Africa and Nigeria drive the gap to Strategy targets for HIV incidence. In Asia, it is noted that although TB incidence rates have reduced for India and Pakistan since 2015, they are still driving the gap to Strategy targets along with Indonesia and Philippines where the TB incidence rate has increased since 2015. In Nigeria, Congo (Democratic Republic) and Angola, rates of Malaria incidence have increased since 2015, and they also contribute large gaps to Strategy target for number of Malaria cases in West Central Africa.

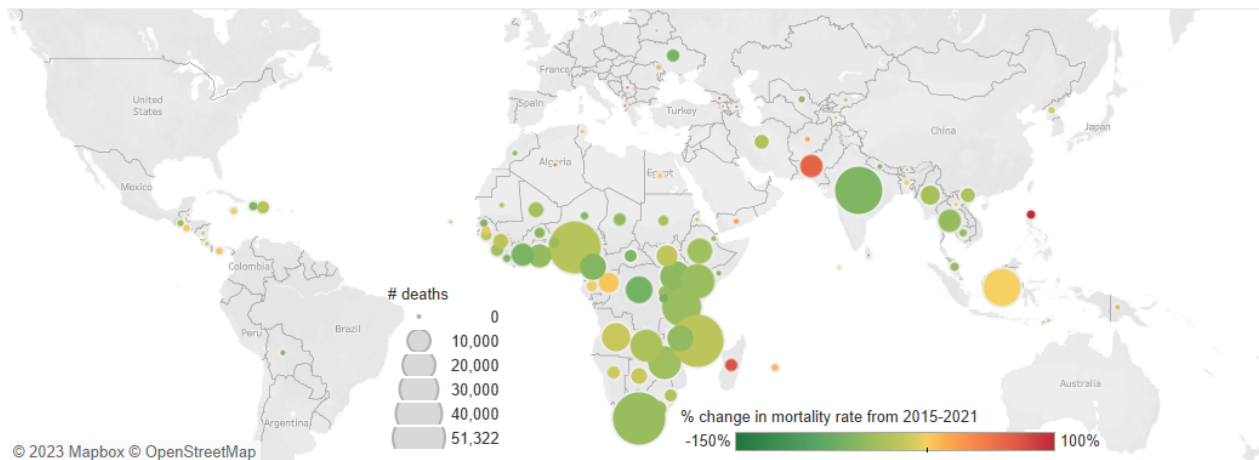
HIV/AIDS: current situation for mortality and incidence, with progress from 2015 to 2021 – for countries in KPI 1 cohort

Maximize impact against HIV, TB & Malaria

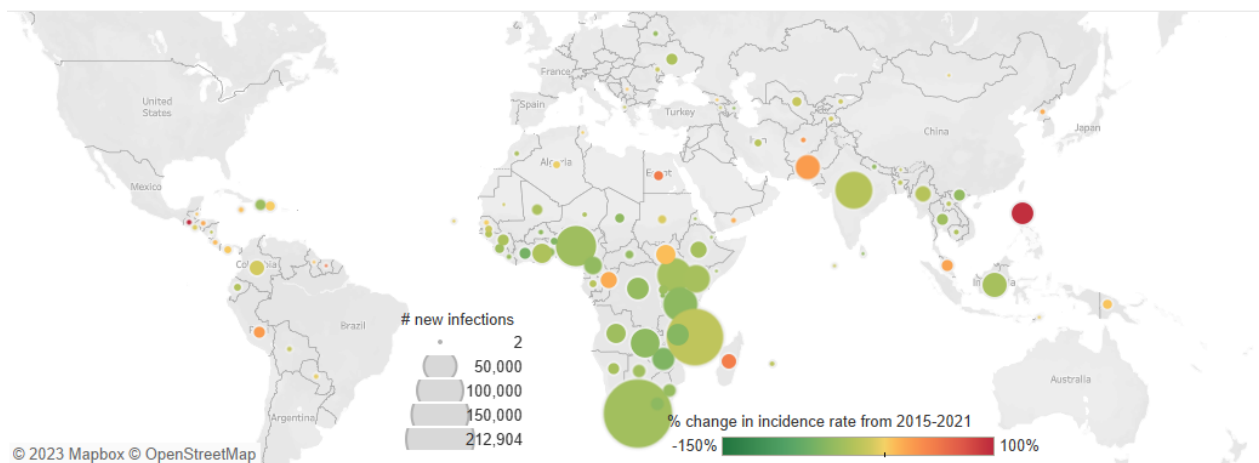
KPI 1 – Performance against impact targets (4/6)

● KPI 1a – Lives saved ● KPI 1b – Incidence reduction

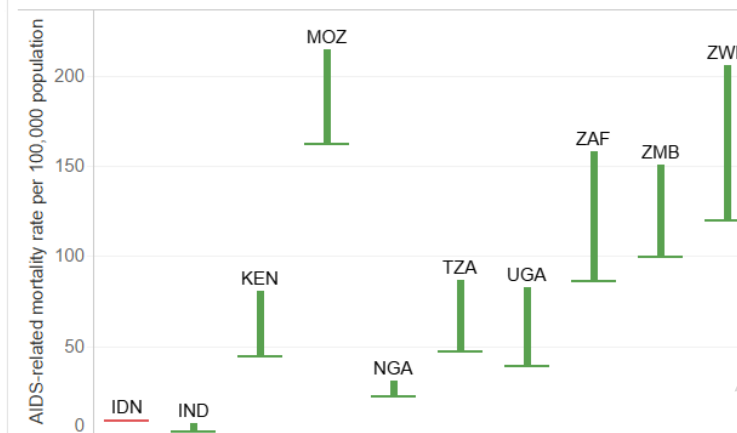
AIDS related - Change in mortality rate from 2015-2021, size by # AIDS related deaths in 2021



HIV - Change in incidence rate from 2015-2021, size by # new infections in 2021



Change in mortality rate from 2015-2021 for 10 countries with most AIDS related deaths in 2021



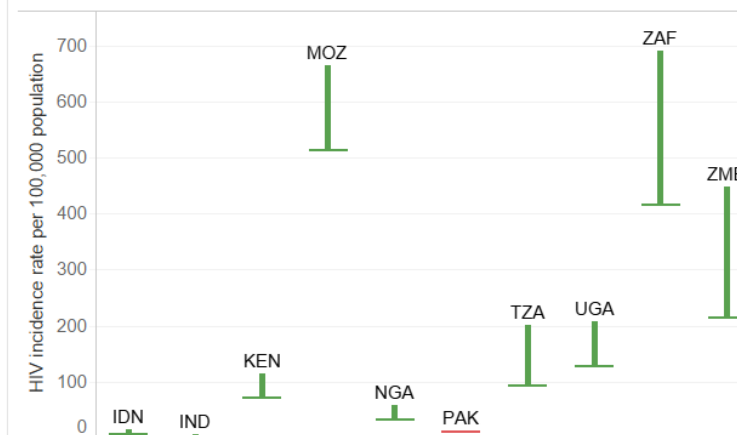
Countries pictured are top 10 countries in terms of volume.

Horizontal bar = 2021 mortality/incidence rate

Vertical bar = progress (difference in rates) since 2015 in reducing the rate (red = deterioration)

Lower horizontal bars = lower 2021 rate; Longer vertical bars = stronger progress

Change in incidence rate from 2015-2021 for 10 countries with most # of new HIV infections in 2021



- MOZ, NGA, ZAF are mission critical countries accounting for almost 28% AIDS-related deaths in 2021.
- MOZ, NGA also had highest AIDS-related deaths among children (0-14 years). Globally, in 2021, children suffered disproportionate burden and accounted for 4% of PLHIV but 15% of AIDS-related deaths.
- 5 countries with some of the highest increases in HIV incidence (PHL, MDG, PAK, COG, SSD) are part of the HIV Incidence Reduction workstream and will receive support for HIV prevention planning, systems strengthening and implementation

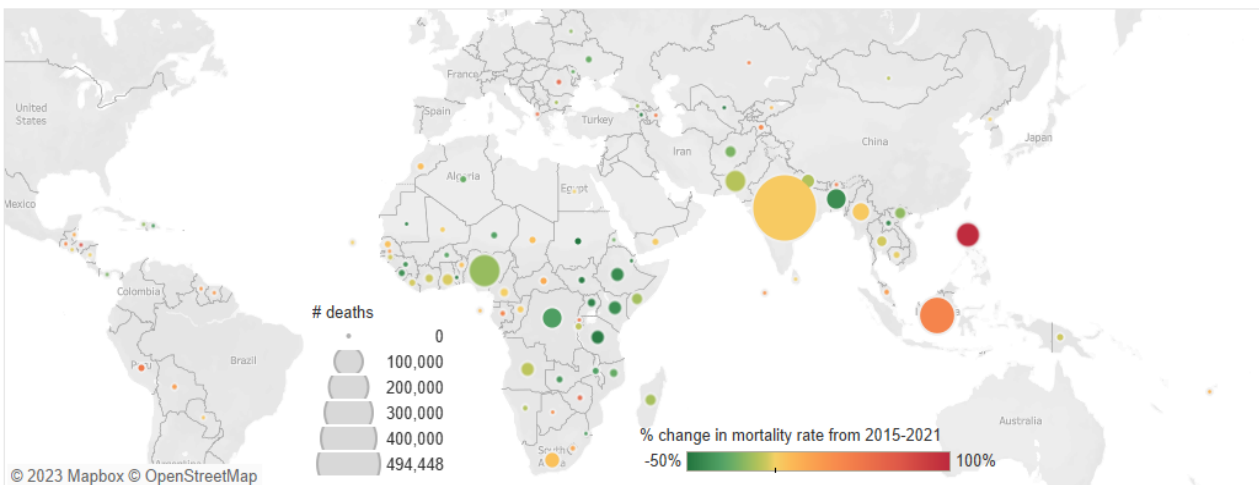
Tuberculosis: current situation for mortality and incidence, with progress from 2015 to 2021 – for countries in KPI 1 cohort

Maximize impact against HIV, TB & Malaria

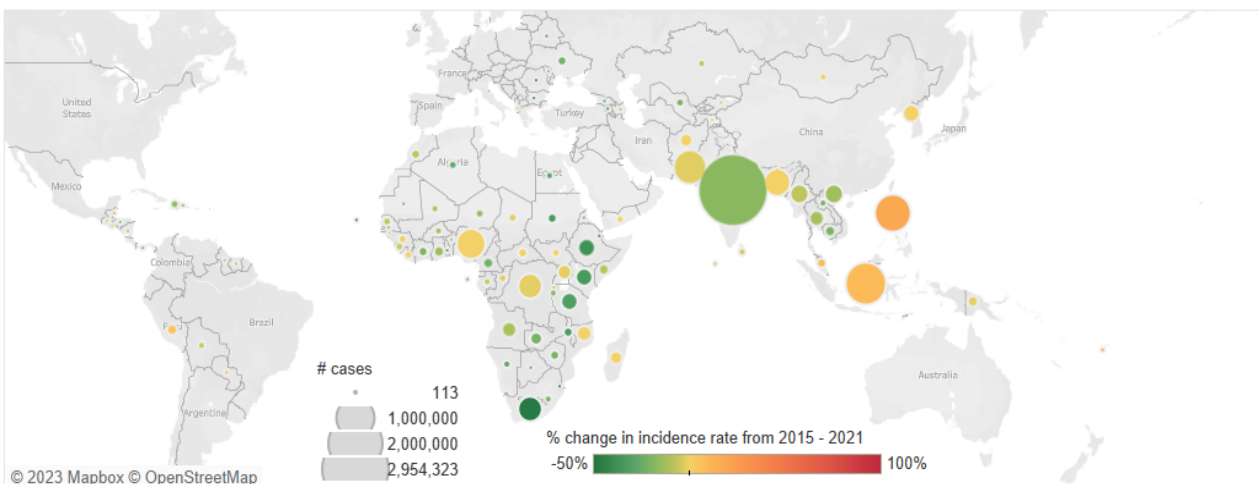
KPI 1 – Performance against impact targets (5/6)

● KPI 1a – Lives saved ● KPI 1b – Incidence reduction

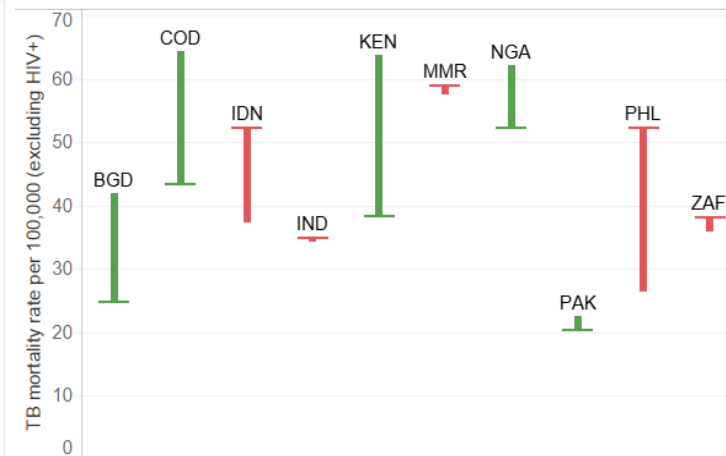
TB - Change in mortality rate from 2015-2021, size by # TB deaths (excluding HIV+) in 2021



TB - Change in incidence rate from 2015-2021, size by # new TB cases in 2021



Change in mortality rate from 2015-2021 for 10 countries with most TB deaths (excluding HIV+) in 2021



Change in incidence rate from 2015-2021 for 10 countries with most # of new TB cases in 2021



Countries pictured are top 10 countries in terms of volume.

Horizontal bar = 2021 mortality/incidence rate

Vertical bar = progress (difference in rates) since 2015 in reducing the rate (red = deterioration)

Lower horizontal bars = lower 2021 rate; Longer vertical bars = stronger progress

- Despite good program performance, countries in Asia are still showing an increase in incidence, this could be attributed to more accurate estimates of TB burden.
- There is a need to continue to find missing people with TB, particularly in hard-to-reach populations.
- Early and accurate diagnosis, a focus on TB prevention and quality TB programming (TB Program Essentials) elaborated in the new Strategy will help reverse incidence and mortality trends.

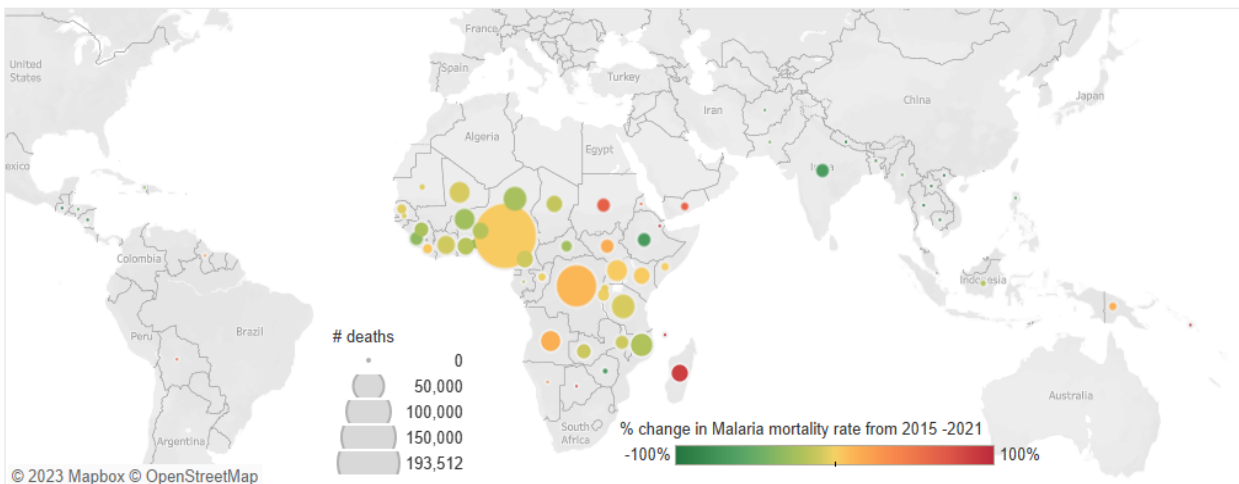
Malaria: current situation for mortality and incidence, with progress from 2015 to 2021 – for countries in KPI 1 cohort

Maximize impact against HIV, TB & Malaria

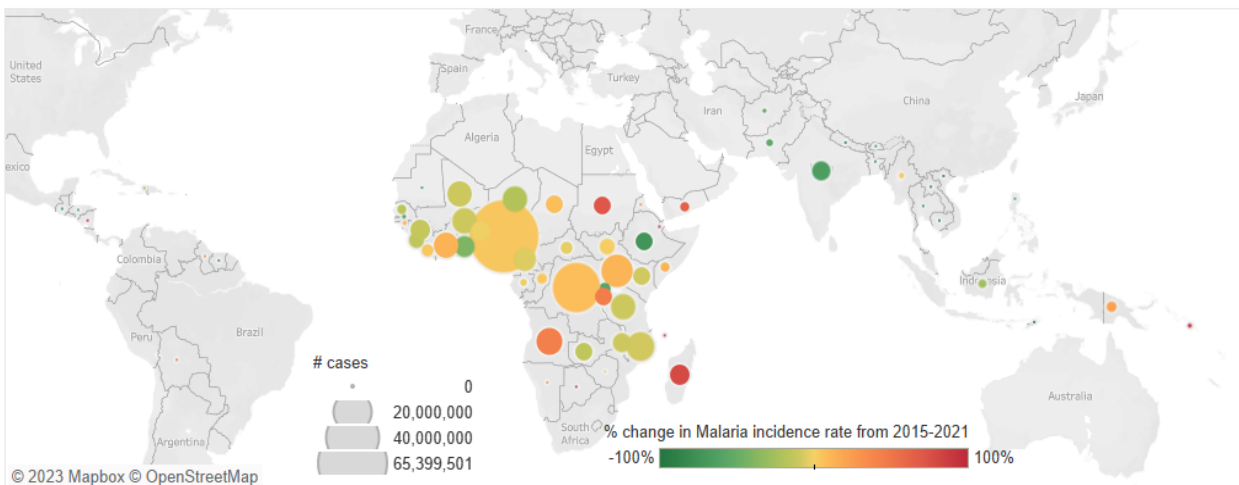
KPI 1 – Performance against impact targets (6/6)

● KPI 1a – Lives saved ● KPI 1b – Incidence reduction

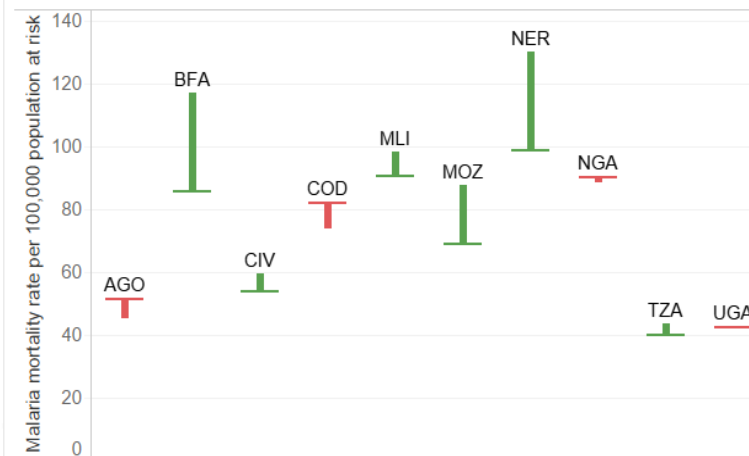
Malaria - Change in mortality rate from 2015-2021, size by # Malaria deaths in 2021



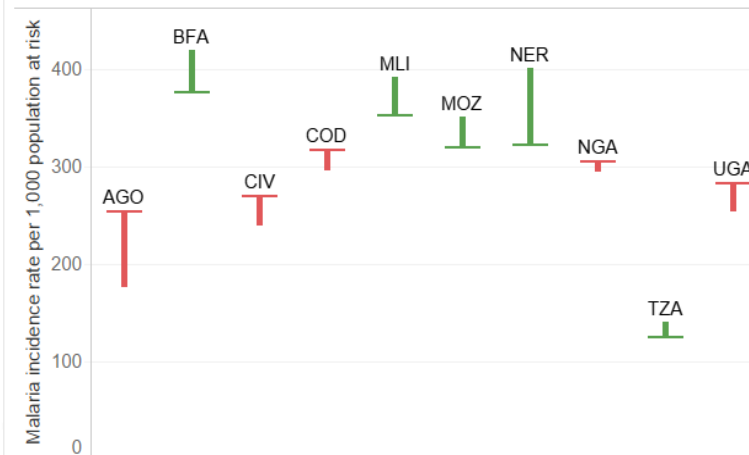
Malaria - Change in incidence rate from 2015-2021, size by # Malaria cases in 2021



Change in mortality rate from 2015-2021 for 10 countries with most Malaria deaths in 2021



Change in incidence rate from 2015-2021 for 10 countries with most # Malaria cases in 2021



Countries pictured are top 10 countries in terms of volume.

Horizontal bar = 2021 mortality/incidence rate

Vertical bar = progress (difference in rates) since 2015 in reducing the rate (red = deterioration)

Lower horizontal bars = lower 2021 rate; Longer vertical bars = stronger progress

- The increasing trends seen are due to combination of suboptimal coverage of prevention, challenges in access to care as well as biologic threats of insecticide and drug resistance.
- Global Fund will address this through 1) helping to identify the needs to expand the malaria toolbox including sustainability financing and address challenges such as PSM constraints impacting timely product delivery; 2) Supporting subnational tailoring of programs needs to occur through appropriate intervention targeting and adapting to local/community context.

Build resilient and sustainable systems for health (RSSH)

KPI 6b – Supply Chains

KPI 6c – Financial Management

KPI 6d – HMIS coverage

Measure

- Percentage of health facilities with **tracer medicines** available on the day of the visit (for each disease), or percentage of health facilities with **tracer medicine** available as per LMIS status
- Percentage of health facilities providing **diagnostic services** with tracer items on the day of the visit

End-2022 Result

6 out of 6 subindicators met the target

HIV Dx: 84% FLD: 87%

Malaria Dx: 84% FLD: 88%

TB Dx: 81% FLD: 83%

Target

15% reduction in non-availability per year

OR maintain 90% availability

HIV Dx: 80% FLD: 76%

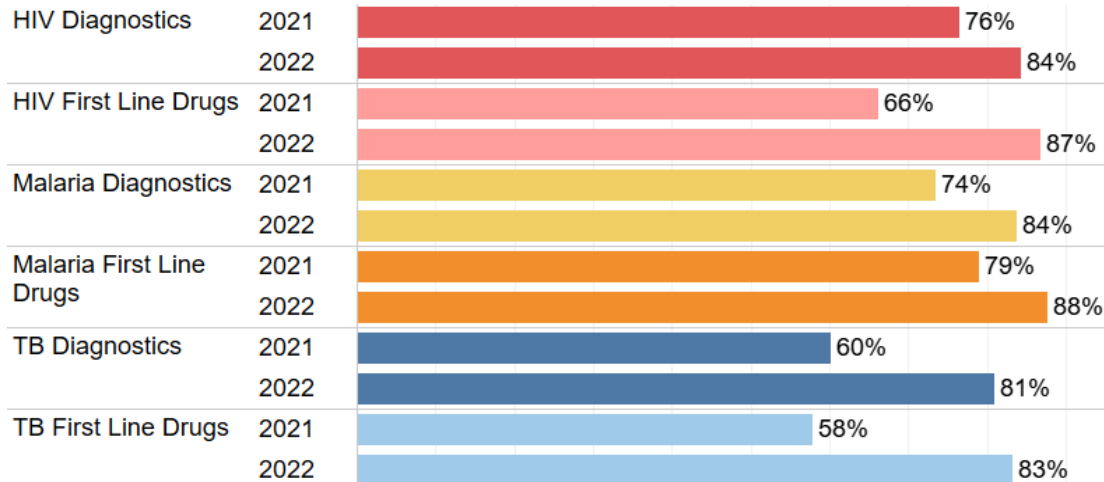
Malaria Dx: 77% FLD: 83%

TB Dx: 63% FLD: 64%

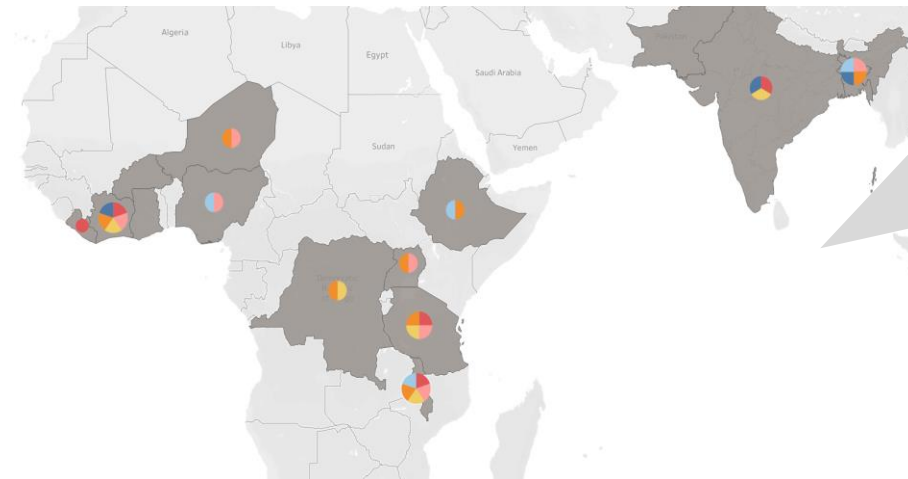
Key takeaways

- KPI 6b is being reported for the last time and its results show that the target was met for all diseases and all product categories (6 out of 6 sub-indicators are on track). Overall product availability has increased by an average of 16pp across product categories compared to previous year.
- Despite the progress, improvement is still required in select product categories and geographies. The major root causes for product non-availability included poor order fill rates and late deliveries pointing to a need to strengthen in-country distribution networks. Amongst product groups, Malaria FLD had the highest product availability with eight of the 16 cohort countries reporting greater than 90% OSA.
- As of Spring 2024, this KPI will be replaced by KPI S8 that will continue to track OSA but with a different aggregation approach.

On Shelf-Availability (2021 baseline compared to 2022 results)*



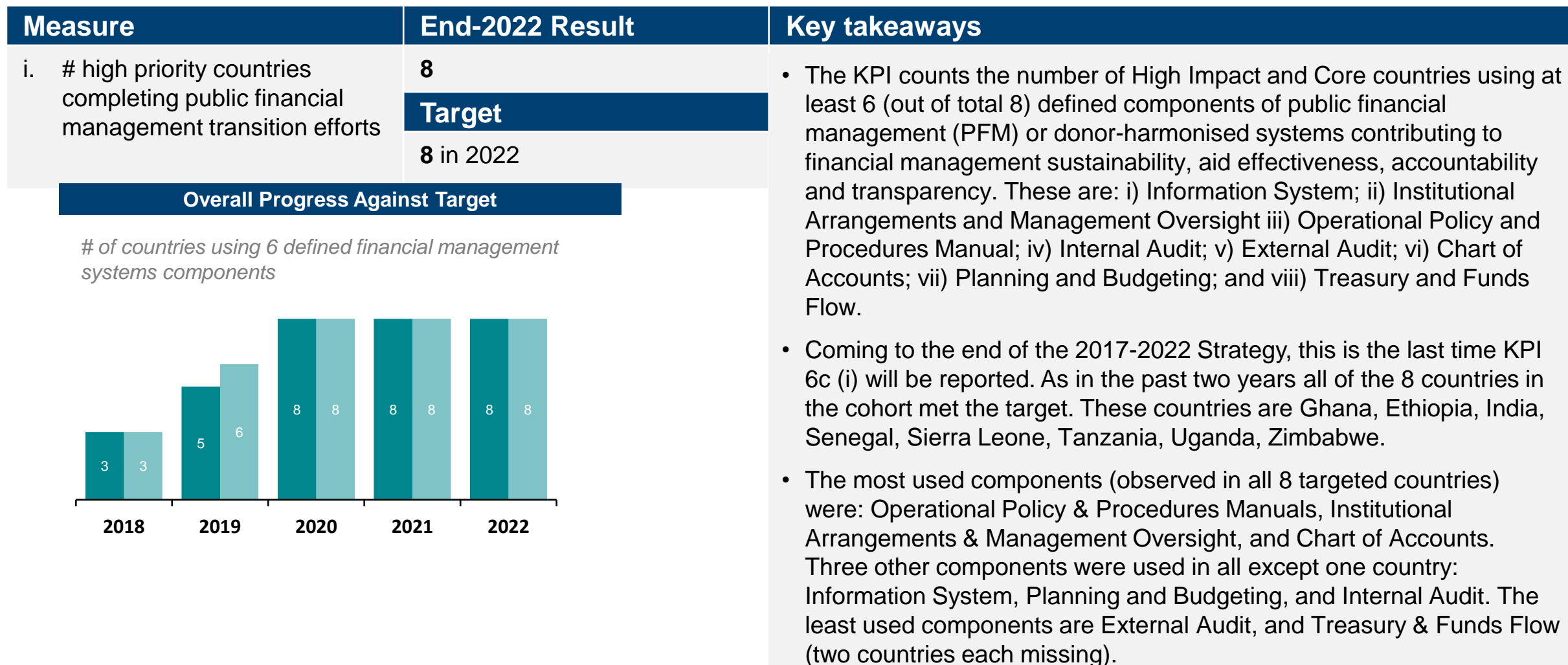
Countries with >90% OSA by tracer item



This map displays **countries assessed in spot-checks** (countries part of the KPI cohort*). Colored pies represent products for which a country has **On-Shelf-Availability (“OSA”) of more than 90%**.

Build resilient and sustainable systems for health (RSSH)

- KPI 6b – Supply Chains
- KPI 6c (i) – Financial Management**
- KPI 6d – HMIS coverage

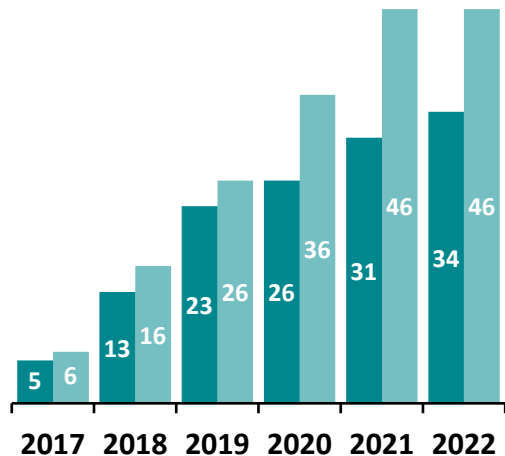


Build resilient and sustainable systems for health (RSSH)

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

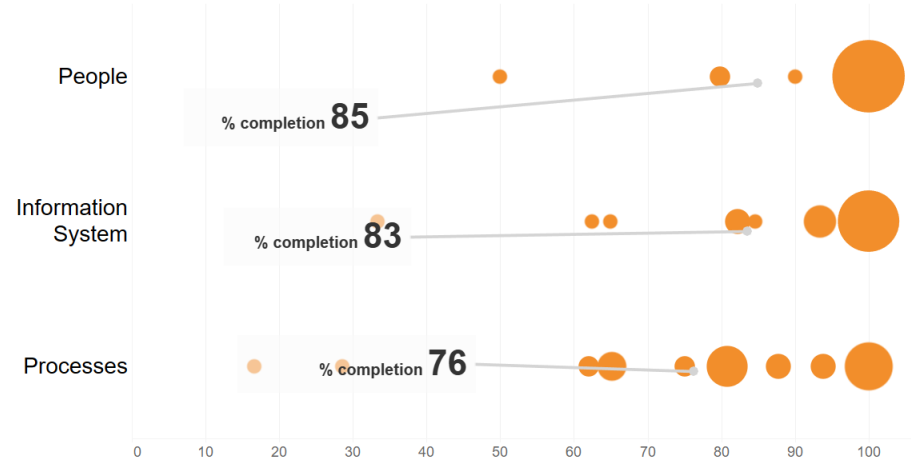
Measure	End-2022 Result	Key takeaways
ii. # countries with financial management systems meeting defined standards	34 Target 46 countries in 2022, with at least 80% implementation of agreed actions	<ul style="list-style-type: none"> KPI 6c (ii) is also being reported for the last time as the 2017-2022 Strategy comes to an end. The final result shows that the indicator partially met the target given that 12 countries failed to meet the target of 80% implementation of agreed action plans for improving financial management. Although over time there has always been an improvement against target, this was just not enough as the number of countries progressing has not kept pace with the expanding cohort. The causes of underperformance can be linked to i) C19RM supplementary funding requests priority-processing which impacted the responsiveness of implementers and CTs/FSs on action plan implementation and oversight/monitoring; ii) other competing but critical Secretariat finance processes (PUDR/FCR reviews and validations, corporate forecasting and recoveries validation) that negatively affected the KPI performance, especially when trying to finalize in time action plans for the countries newly integrated in the cohort.

Overall Progress Against Target



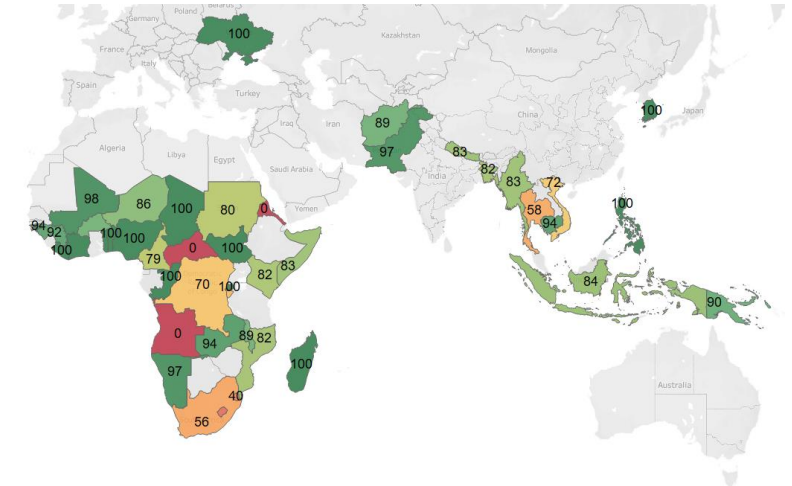
Average completion/distribution of financial mgmt. component per country*

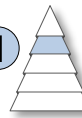
Distribution by Component



Size of dot proportional to # of countries with this value

Completion by country





Sub-indicator definitions

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

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

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

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

Build resilient and sustainable systems for health (RSSH)

● KPI 6b – Supply Chains

● KPI 6c – Financial Management

● **KPI 6d – HMIS coverage**

Measure	End-2022 Result	Key takeaways
% of High Impact and Core countries with fully deployed (80% of facilities reporting for combined set of sub-indicators) and functional (good data quality per last assessment) HMIS	55% (28) of countries with fully deployed and functional HMIS Target 70% by end 2022	<ul style="list-style-type: none"> This year marks the last reporting period for KPI 6d showing that 28 countries have fully deployed and functional HMIS by the end of 2022. Despite a substantial improvement from the beginning of the strategy, this result is below the target of 35 countries (70%) – see Figure 1. Individual sub-indicators of KPI 6d have performed well. In particular, there has been a significant improvement on the integration of disease reporting skyrocketing from 45% in 2018 to 92% in 2022 thanks to GF Data-SI and grant activities having directly supported a major reduction in siloed reporting of HIV, TB and malaria data. Nevertheless, a better performance on reporting timeliness would have been necessary to meet the target of the overall KPI 6d indicator – see Figure 2. The root causes of underperformance are challenges linked to systemic issues - including human resources availability and training; insufficient power; internet connectivity, or other infrastructure; funding gaps for maintenance of data systems – but also political instability in a few countries in the cohort and continuing COVID-19 effects.

Figure 1. % countries achieved KPI 6d

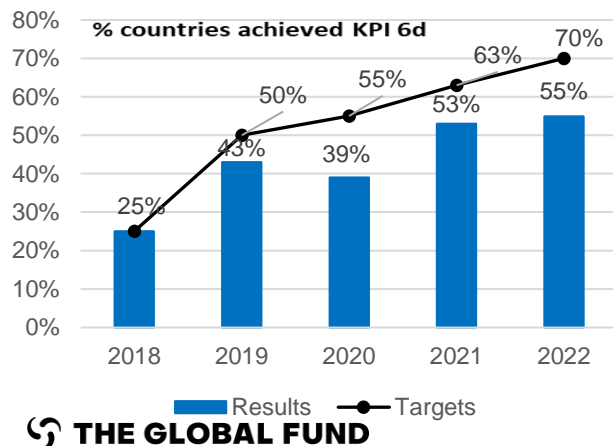


Figure 2. KPI6d sub-indicator average results over time

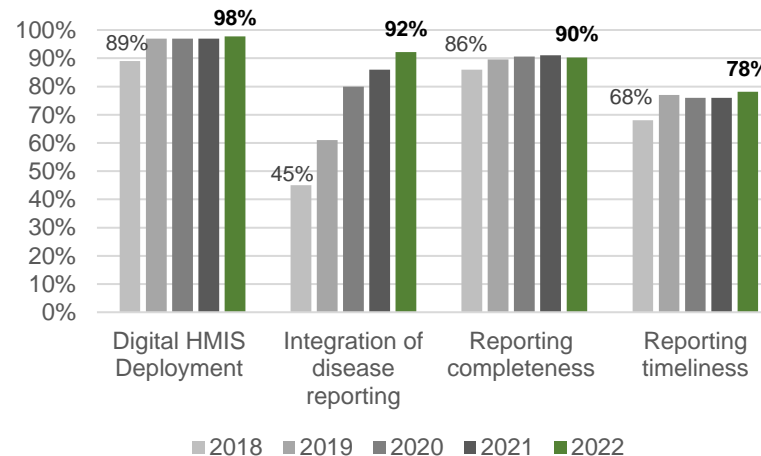
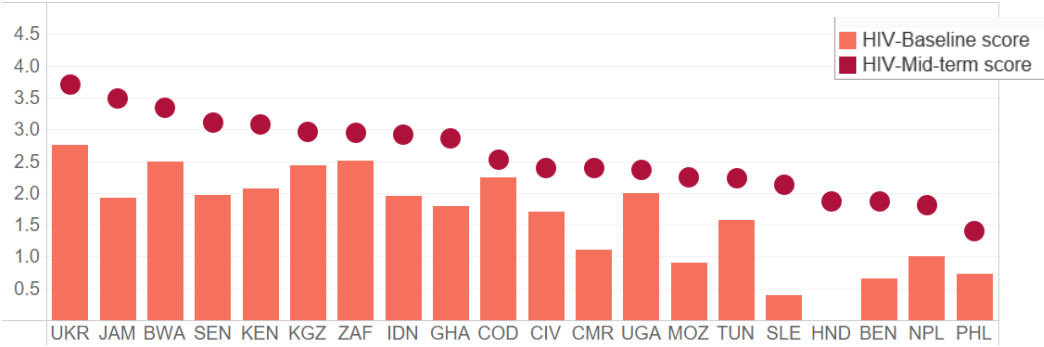
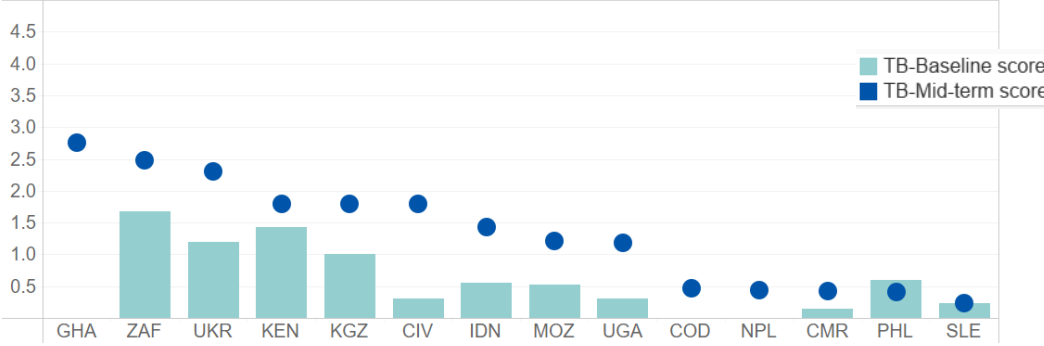


Figure 3. KPI6d sub-indicator country results over time



Promote & protect Human Rights & Gender equality

KPI 9a – Reduce Human Rights barriers to services

Measure	End-2022 Update	Key takeaways
Number of priority countries with comprehensive programs aimed at reducing Human Rights barriers to services in operation	<p>Update on progress provided as final results to be available in Spring 2024</p> <p>Target</p> <p>4 priority countries for HIV; 4 priority countries for TB</p>	<ul style="list-style-type: none"> The next round of program assessments (PA) are currently underway, thus preliminary results for majority of the countries can only be shared in Fall 2023 and final PA results for the full cohort in Spring 2024. Mid term assessments (MTA) showed an overall increase in scores compared to baseline, and TA needs assessments document further capacities and progress. Thus, it is anticipated that the new round of assessments will also continue to show overall progress for both HIV and TB programs. However, despite significant progress being made towards comprehensive programming, the achievement of KPI target** is considered to be at risk. Some factors that are posing a severe risk to KPI 9a are: <ul style="list-style-type: none"> a) Continued impact of COVID-19 that caused diversion of focus and capacity away from Human Rights; b) Current geopolitical and economic situations that are causing food & energy crisis and further diverting focus and resources away from Human Rights programs c) Insufficient funding from domestic sources as well as partners that is essential to complement GF funding to support comprehensive programming To mitigate risks to Human Rights programs, the Secretariat will: <ul style="list-style-type: none"> a) Strengthen partnerships, particularly with PEPFAR, aiming at much stronger collaboration and alignment on (co-) funding of programs to reduce Human Rights-related barriers. b) Build capacity at national/sub-national levels for implementation of quality Human Rights programs at scale by encouraging greater uptake of TA, facilitating peer learning, and building community of practices.
<p>Milestones achieved:</p> <ul style="list-style-type: none"> By mid 2022, all (20) countries developed stand-alone country-owned plans or strategies to reduce HRts related barriers and/or integrated such plans into NSPs. Indicative of greater country ownership of Human Rights issues. Implementation support is available for all BDB countries; long-term TA in 16 countries is sourced from Human Rights SI. The next round of program assessments already underway in 10 BDB countries with all 20 assessments planned to be completed by end 2023 	<p>Final Mid term assessment scores *</p> <p>Baseline and Mid term assessment scores for HIV</p>  <p>Baseline and Mid term assessment scores for TB</p> 	

Baseline, MTA final reports and country plans can be found [here](#)

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

** Country needs to achieve: a) score of 4 or more at program assessment; b) all enabling milestones that support comprehensive programming




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 (2023 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)




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

Glossary of acronyms used in this report

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