Strategic Performance Report mid-2020

44th Board Meeting

GF/B44/15A

11-12 November 2020, *Virtual*

Board Information

Purpose of the paper: to provide an update on mid-2020 Key Performance Indicators (KPIs) results against targets, and to outline proposed adjustments to KPI targets and indicators.

The Global Fund

Context

1. Positive trends are being maintained on both financial and programmatic performance. It should however be borne in mind that the results reported here are based, predominantly, on data which pre-dates the COVID-19 pandemic. A summary of KPI results and progress is presented in the main body of the report, a detailed description for each KPI result is contained in annex 2.

2. COVID-19's impact on KPI progress will be observed in the end-2020 Strategic Report, to be presented to the Board in Spring 2021. Meanwhile, the Global Fund and technical partners are implementing monitoring tools to understand the impact of COVID-19 on health systems and the three diseases to guide decision-making during the current response; these tools, summary findings and potential impact of COVID-19 on KPI progress are described in annex 1.

3. The original Strategy targets will likely be maintained until the end of the current Strategy period. Following a planned recalibration exercise in 2020 (for KPIs with modeled targets), the results showed no significant difference between new estimates and the original Strategy targets (considering uncertainty ranges). Based on this exercise, KPIs' targets that were established up to end-2022 have not been adjusted. KPI targets have also not been adjusted in response to COVID-19. Whilst the full impact of COVID-19 remains uncertain it is important to maintain the ambition of the Strategy targets and to track progress towards these targets consistently over the Strategy period.

4. Several adjustments to the KPI Framework are however being proposed for Board decision. Most are scheduled changes, as KPIs shift from interim to final indicators, or where there is a need to redefine targets which had only been set to 2020. Other changes are proposed to strengthen existing KPIs. Details of all proposed adjustments to the KPI Framework are contained in an accompanying document to this report called "Adjustments to the KPI Framework" GF/B44/15B.

Mid-2020 KPI Results

Finance

i. Results related to the Global Fund's resource mobilization for the 6th Replenishment remain on track. The majority (98%) of the 5th Replenishment is now committted or forecasted to be committed (KPI 7a). Grant absorption over the 2017-2019 allocation period is at a high of 88% (*KPI 7b*).

HIV

ii. HIV incidence among Adolescent Girls and Young Women (AGYW) continues to decline. While the Strategy target range appears to be in reach, progress, particularly in light of COVID-19, remains fragile. The new AGYW Strategic Initiative should contribute towards greater impact of targeted investments (*KPI 8*).

iii. Targets for the number of patients on ART and for VMMC are achievable, provided national targets continue to be met. HIV indicators at risk of not meeting targets include "HIV/TB co-infected patients put on ART", "PMTCT coverage" and "percentage of people living with HIV starting IPT" (*KPI 2*).

iv. Despite considerable progress, countries' capacity to report on HIV service coverage for Key Populations did not meet the interim target *(KPI 5)*. Strong data is a prerequisite to reliable reporting, and it is critical the gains and momentum made to date are not lost; it is therefore proposed to maintain this indicator as a sub-indicator of KPI 5 until the end of the current Strategy period.

TB

v. There has been continued success in finding missing TB cases, with strong grant performance on TB case detection and treatment coverage, seven new countries are being added to the Strategic Initiative (*KPI 2*).

vi. Despite some progress, TB treatment (drug-sensitive and MDR-TB) indicators remain off track. The continued lack of progress for 'percentage of people living with HIV starting preventative therapy for TB' triggered the IPT strategic initiative, which aims to improve performance in the 2020-2022 allocation period (*KPI 2*).

Malaria

vii. LLIN distribution has considerably improved over the past reporting year, and the Strategy target is now in reach (*KPI 2*).

viii. There has been continued good performance on malaria testing, however results will need to improve significantly to achieve the ambitious IPTp3 coverage target (*KPI 2*).

Cross-cutting

ix. For the 2017-2019 allocation period, the Secretariat achieved strong alignment between the level of investment made in countries and countries' needs. New targets are proposed for 2021-2022 (*KPI 3*).

x. Results are reported for the first time for the 2020-2022 allocation period on alignment between funding requests and National Strategic Plans (NSPs). All funding requests assessed at time of KPI reporting were rated by the TRP as aligned with NSPs (*KPI 6f*).

xi. The investment efficiency of national disease programs remained strong during the 2017-2019 allocation period. Design of all HIV programs, and most TB and Malaria programs, demonstrated efficiency improvements compared to the previous period (*KPI 4*).

Input sought

The Board is requested to approve the following:

a. Restating KPI 3 (2021 & 2022) targets and a revised definition of Global Fund investments
b. New sub-indicator (KPI 5a) on 'Investment in HIV prevention for Key Populations', maintaining the previous KPI 5 interim indicator and target as KPI 5b
c. Target for newly defined KPI 6a on procurement using national channels
d. Revised target setting methodology for KPI 6b on reducing non-availability of tracer items
e. Revised formula for KPI 7a on allocation utilization
f. Refocus of KPI 9b, expansion of cohort and targets for 2020-2022 allocation period for human rights investments
g. Restating the KPI 12b (2021) target for PPM savings

A detailed description of the background and rationale for KPI adjustments is contained in an accompanying document to this report called "Adjustments to the KPI Framework" GF/B44/15B.

Strategic Performance Reporting mid-2020

44TH BOARD MEETING

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The Global Fund

Content

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-2020.
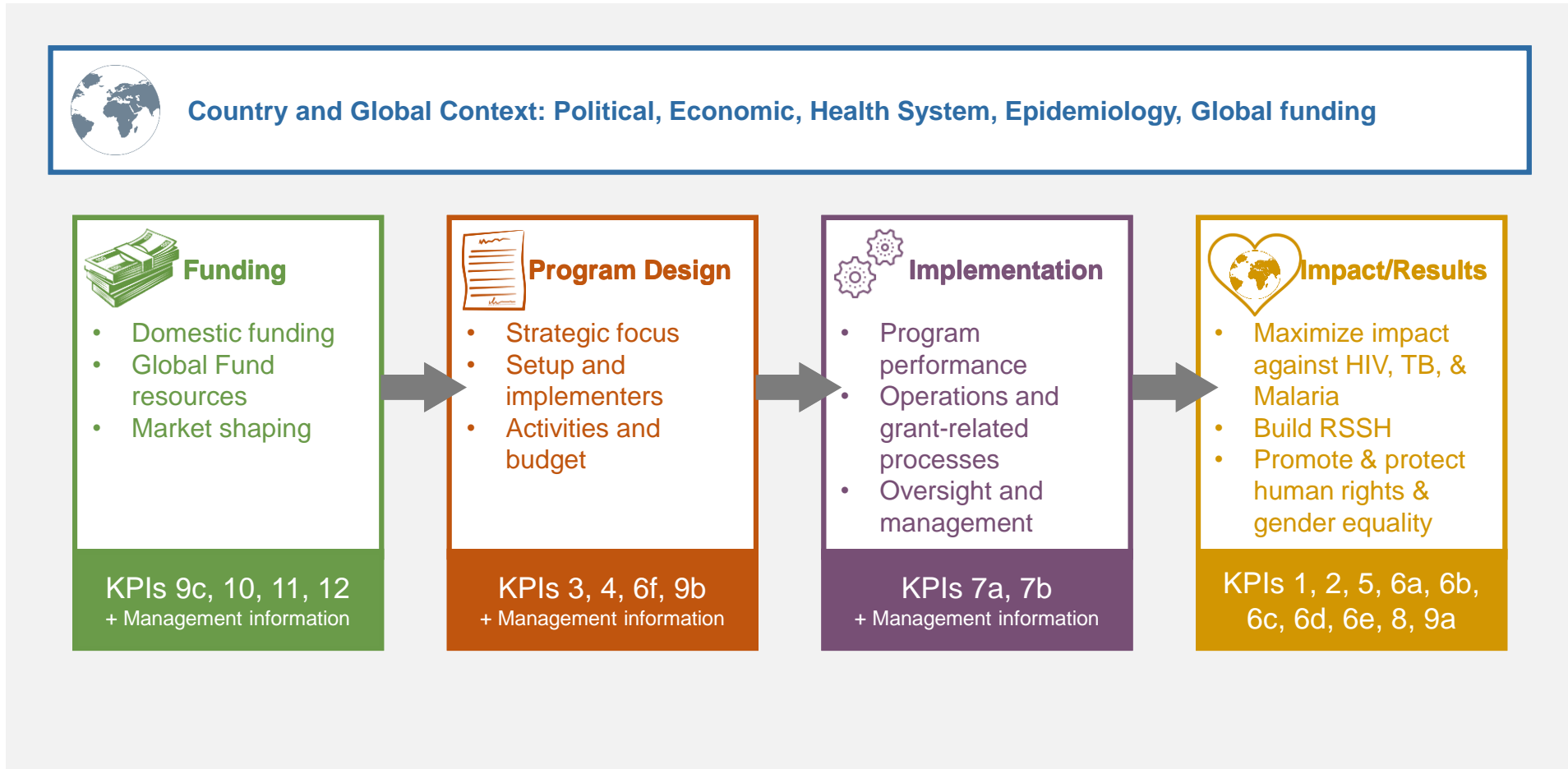
Notes:

- The Secretariat confirms that no error has been detected in KPI results reported at the Spring 2020 Board meeting and that these results remain unchanged.
- RSSH KPIs (except 6e and 6f) are reported in the Spring reporting cycle and will be available in the next Strategic Performance Report
- The Secretariat proposes a number of adjustments to the KPI Framework that are described in detail in an accompanying document called "Adjustments to the KPI Framework" GF/B44/15B

KPI	Description	Date of measurement
2	Service delivery *(16 sub-indicators)*	End 2019 (as per KPI definition)
3	Alignment of investment & need	August 2020
4	Investment efficiency	August 2020
5 (interim)	Capacity to report on Key Population Service coverage	July 2020
6f	RSSH: NSP Alignment	July 2020

KPI	Description	Date of measurement
7a	Allocation utilization	August 2020
7b	Grant absorption *(over 3 calendar years)*	End 2019 (as per KPI definition)
8	Gender & age equality: HIV incidence for AGYW	End 2019 (from partners' data)
10a	Resource mobilization: pledges	August 2020
10b	Resource mobilization: contributions	August 2020

Performance Reporting Framework

Country and Global Context: Political, Economic, Health System, Epidemiology, Global funding

Funding
- Domestic funding
- Global Fund resources
- Market shaping

KPIs 9c, 10, 11, 12
+ Management information

Program Design
- Strategic focus
- Setup and implementers
- Activities and budget

KPIs 3, 4, 6f, 9b
+ Management information

Implementation
- Program performance
- Operations and grant-related processes
- Oversight and management

KPIs 7a, 7b
+ Management information

Impact/Results
- Maximize impact against HIV, TB, & Malaria
- Build RSSH
- Promote & protect human rights & gender equality

KPIs 1, 2, 5, 6a, 6b, 6c, 6d, 6e, 8, 9a

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

Global Fund Performance Reporting Framework

| Funding | Program Design | Implementation | Impact / Results |

GF accountability (Lower → Higher)

1 — *How is global effort performing?*

2 — *How are GF supported countries performing?*

3 — *How are GF grants performing?*

4 — *How are GF grant operations performing?*

5 — *How are internal Secretariat operations performing?*

KPIs:
- KPI 1: Impact
- KPI 2: Service delivery
- KPI 9c: HRts & KP in transition countries
- KPI 4: Investment efficiency
- KPI 5: KPs srvc. coverage
- KPI 6: RSSH (a, b, c, d, e)
- KPI 11: Domestic investments
- KPI 6f: NSP Alignment
- KPI 8: Gender & age equality
- KPI 9a: HRts barriers
- KPI 9b: HRts & KP in MICs
- KPI 7b: Absorptive capacity
- KPI 10: Resource mobilization
- KPI 3: Alignment of investment & need
- KPI 7a: Allocation utilization
- KPI 12: Availability of affordable health tech

Management information

Legend:
- 🟢 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 2020

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Performance Paths – KPI progress across reporting periods

At the mid-strategy period, there are sufficient data points to monitor performance trends for KPIs.

This table will now be included in all Strategic Performance Reports and provides past performance status as well as the schedule for future reporting on each KPI.

KPI	Description	Fall 2017	Spring 2018	Fall 2018	Spring 2019	Fall 2019	Spring 2020	Fall 2020	Spring 2021	Fall 2021
1a	Impact – Lives saved			Not available	Achieved		Achieved		To be reported	
1b	Impact – Incidence reduction			Not available	At risk		At risk		To be reported	
2	Service delivery			At risk		At risk		At risk		To be reported
3	Alignment of investment & need	At risk	Not achieved	Achieved	Achieved	Achieved	Achieved	Achieved	To be reported	To be reported
4	Investment efficiency		Not available	Not available		Not available	Achieved	Achieved	To be reported	To be reported
5	KPs service coverage							Not available	To be reported	To be reported
5*	KPs service coverage (capacity to report)			At risk		Not achieved		Not achieved	To be reported	
6a	RSSH: procurement prices		Not available	Not available	Not available	Not available			To be reported	
6b	RSSH: supply chains		Achieved		Achieved		Achieved		To be reported	
6c1	RSSH: financial mgmt. transition efforts		Achieved		Achieved		At risk		To be reported	
6c2	RSSH: financial systems meeting standards		Achieved		Achieved		At risk		To be reported	
6d	RSSH: HMIS coverage		At risk	Achieved	Achieved		At risk		To be reported	
6e	RSSH: results disaggregation		Achieved	Achieved	Achieved	Achieved	Achieved		To be reported	
6f	RSSH – NSP alignment	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved		To be reported	
7a	Allocation utilization		Achieved	Achieved	Achieved	Achieved	Achieved		To be reported	
7b	Absorptive capacity		Not achieved	Achieved	Achieved	Achieved	Achieved		To be reported	
8	Gender and age equality		Not available	At risk	At risk	At risk	At risk		To be reported	
9a	Reduce human rights barriers to services		At risk		Achieved		Achieved		To be reported	
9b	Grant funding for KPs and Human Rights		At risk	At risk	At risk	At risk	At risk		To be reported	
9c	Domestic investments in KPs and HRts						Not achieved		To be reported	
9c*	Domestic investments in KPs and HRts (reporti..		At risk		Not achieved				To be reported	
10a	Resource mobilization - pledges		Achieved	Achieved	Achieved	Achieved	Achieved		To be reported	
10b	Resource mobilization – contributions		Achieved	Achieved	Achieved	Achieved	Achieved		To be reported	
11	Domestic investments			Achieved		Achieved	Achieved		To be reported	
12a	Supply Continuity of Health Products		Not achieved		Not achieved		Not achieved		To be reported	
12b	Affordability of health technologies		Achieved		Achieved		Achieved		To be reported	

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

Interim indicators

Funding overview

Funding

Domestic Funding

- The first results of **KPI 11** on actual domestic investments during the 2017-2019 allocation period are being collected as part of the application process for the new allocation cycle. They will be reported in the Spring 2021 meeting.
- A baseline analysis has been performed for the new definition of **KPI 9c** (Domestic Funding for Human Rights and Key Populations). Based on 2017-2019 data from UNAIDS's Global AIDS Monitoring and for the 20 countries in the cohort, the average country investment out of the total domestic HIV funding is 5.4% for prevention programs targeting key populations and 1% for social enablers including programs to reduce human rights related barriers. Following further consultation with partners the new target will be proposed to the board for decision in Spring 2021.

Global Fund Resources

KPI 10a

KPI 10b

- The corresponding KPIs are reported for the first time on Sixth Replenishment data. Both sub-indicators are on track (with KPI 10a exceeding target). Despite the global COVID-19 crisis, actual pledges are at **101%** of the Replenishment target (**KPI 10a**) and **100%** of actual contributions compared to forecast (**KPI 10b**), *(see Annex 2, page 33)*
- Additional resources to mitigate COVID-19 are being sought with some success as new pledges are being made. This also includes extending emergency C19RM funding until March 2021.

Market Shaping

- The Secretariat's internal technical expert group has revised the cohort of products to be included in **KPI 12a**, measuring Supply Continuity of Health Products. The number of products is significantly increased to **24** with the addition of condoms, viral load/early infant detection and rapid diagnostic tests (for both HIV and malaria). This KPI will be reported next in Spring 2021 but appears to be back on track now based on the existing cohort but also when using the new one. (*see Annex 2, page 34*)
- A 2021 target of **USD 154m** is proposed for PPM savings (KPI 12b) (see GF/B44/15B Adjustments to KPI Framework, page 22). Given the exceptional circumstances faced (COVID-19 impact, lack of visibility on health products needs for the new grants to be signed), the Secretariat proposes to reassess the validity of this 2021 target at the Spring 2021 meeting, when the 2020 results will be reported. It is noted that PPM price increases are potentially expected in 2021 for bed nets and malaria RDTs due to the COVID-19 situation and the associated increase in costs of raw material and labor.
- Despite current COVID-19 related challenges, the On-Time-In-Full indicator stays strong for PPM with **74%** measured at the end of June 2020.

Program Design overview

Design

Strategic Focus

KPI 3   Alignment between needs and funding (**KPI 3**) stays strong for the 2017-2019 allocation period, with a score of **0.318** compared to a target of 0.320 *(note: low results are good)*. New 2021-2022 targets are proposed for approval, following the same logic used for the definition of 2017-2020 targets. (*see Annex 2, page 36*)

- The Global Fund is also actively responding to mitigate the impact of COVID-19 through the COVID-19 Response Mechanism (C19RM) additional funding and with grant flexibilities.

Setup and implementers

- Despite COVID-19 disruptions, the 2020-2022 funding cycle is well underway with **144 new country applications** registered for 2020 with **110** out of 120 **funding requests** (92%) recommended for grant-making in Windows 1 and 2. Approximately 58 country applications are expected in 2021. In Windows 1 and 2, **$9.4 billion in allocation funds** was recommended for grant-making. $258 million in catalytic matching funds and $124 million in catalytic multi-country funds were also recommended
- As of 14 September 2020, **147 grants** representing **$9.7B** are currently registered for GAC recommendation, and Board approval, in second half of 2020.
- As of 14 September 2020, **$723 million has been approved to support the COVID-19 response** across 104 countries – this includes **$207 Million in Grant Flexibilities** and **$516M through C19RM.**

Activities

KPI 6f   Results are reported for the first time for the 2020-2022 allocation period on **KPI 6f**. They continue the strong performance trend observed in the previous allocation cycle with **100%** of funding requests in this cycle (out of 35 assessed so far) rated by the TRP as aligned with National Strategic Plans (*see Annex 2. page 38*)

KPI 4   Strong performance is maintained on **KPI 4**. Overall **88%** of national disease programs assessed demonstrate a decrease of cost per life saved or infection averted over the 2017-2019 allocation period indicating improved efficiency of national disease programs (*see Annex 2, page 37*)

- For the 2020-2022 allocation period, the Secretariat proposes to revise the indicators associated to grant funding for Human Rights (HRts) and Key Population (KP) activities (KPI 9b) **(**see GF/B44/15B *Adjustments to KPI Framework*, page 18-21):

  - It is proposed that the indicator on **HIV grant funding for KP** is moved from KPI 9 (generally focused on HRts) to KPI 5 (focused on KP coverage). This indicator would include the full country portfolio (rather than Middle Income only) and would be based on grant funding for prevention activities for KP. The proposed target is **10%** of total HIV grant funding, lower than corresponding target in previously KPI 9b due to the refocusing on prevention activities and the inclusion of Low Income countries in the cohort.

  - It is proposed that the indicator on **HIV grant funding for HRts** programs is expanded to all countries in the portfolio (rather than Middle Income only). A statistical algorithm has been built to accommodate this considerable increase in cohort and replace the current individual manual review. The proposed target is **3%** of total HIV grant funding – an increase on the (met) target for 2017-2019 allocation period, despite the inclusion of Low Income countries in the cohort.

  - It is proposed that the indicator on **TB grant funding for HRts** programs is expanded to include all TB countries in the "Finding New Cases" initiative. There is no change proposed in the calculation method nor the target at **2%** of total TB grant funding (not met for the 2017-2019 allocation period).

Implementation overview

Grant Performance

KPI 7a Continued strong performance on allocation utilization (**KPI 7a**) with the majority of the 5th Replenishment committed as grant expenses or forecasted to be at **98%** (it is 97% when considering disbursements, as recommended). Utilization stays high across all portfolio categorizations (*see Annex 2, page 40*).

KPI 7b For the 2017-2019 calendar years, grant absorption is at a very high level with **88%** of the initial budget reported as spent **(KPI 7b)**. The target (75%) is met in all regions, for all disease components and for all differentiation categories. Absorption is also high in most programmatic activities, with slightly lower absorption rates (close to target) for TB and RSSH activities. There is a clear pattern though when considering investment landscape categories with Program Activity related costs (especially capacity building and technical assistance) absorbing at a lower level than Commodities or Program Management related costs (*see Annex 2, page 41*).

- Programmatic performance in grants (when assessed against their performance framework targets) is generally strong over 2017-2019 for most indicators included in KPI 2 (*see Annex 2, page 70*). More than half of the grants have strong performance (achievement are at least 90% of the grant target) for: *number of patients on ART; number of male circumcisions (VMMC);* and *number of households that received indoor residual spraying.* Performance is slightly less strong (half of grants achieve at least 85% of their target over 2017-2019) for *number of TB notifications* and for *long lasting nets distributed:* both of them are showing recent progress though with higher achievements in 2019. Performance is at a lower level for *people with MDR-TB cases who started treatment* with less than half of the grants achieving 70% of their targets over 2017-2019 (and no significant recent improvement). Further information on the aggregate performance across the portfolio and how it compares to Strategy targets can be found on the KPI 2 discussion on the next page.

Result overview

Maximize Impact against HIV, TB and Malaria

KPI 2 — **KPI 2** results are available for end 2019, before any COVID-19 related impact (*see Annex 2, page 48*)

- For indicators with modelled targets, strategy targets are projected to be within reach, provided grants meet their own targets and provided targets for PMTCT and ART coverage stay at least at the same level in new grants. However, some targets are at risk if grant performance does not improve in several interventions (especially "MDR-TB cases treated", "HIV/TB co-infected patients put on ART" and "PMTCT coverage").

- For indicators with non-modelled targets, there is progress on the number of countries projected to meet the 2022 global targets but challenges remain for most of the indicators, especially "% people living with HIV starting IPT" and "IPTp3 coverage" (malaria)

KPI 5 — The interim indicator for **KPI 5**, measuring the capacity to report on HIV Key Population coverage continues to have low results with **64%** of cohort countries deemed "able to report now" (target 75%). A new approach is proposed for the measurement of KPI 5 with three sub-indicators measuring respectively the level of funding from GF grants (see GF/B44/15B Adjustments to KPI Framework, page 8-12); the capacity to report (same as interim indicator); and the actual coverage level (*see Annex 2, page 71*).

- Results on lives saved and on incidence reduction (KPI 1) will be available in the 2021 Spring Report.

Build Resilient & Sustainable Systems for Health

- A baseline analysis was run for the new **KPI 6a** indicator on prices for products procured through national channels. The proposed 2022 target score is **50%** of cohort countries buying products on par with PPM prices, from a 41% baseline value. The cohort is small though as there are only 10 countries using national channels and GF funding to procure at least one PPM core product

- Results for KPIs related to RSSH (supply chains, financial systems, information systems) will be reported at the Spring 2021 Report.

Promote and Protect Human Rights & Gender Equality

KPI 6e — Continued improvement in data availability: **65%** of HI/Core countries are able to provide results fully disaggregated by age / gender for relevant indicators (**KPI 6e**),. The Secretariat is working on defining a new indicator to measure the usage of disaggregated data in country (*see Annex 2, page 72*).

KPI 8 — Progress observed on **KPI 8** (HIV incidence for AGYW) with strategy target looking achievable now. This is due mainly to the sustained effort of GF-supported programs in country but also to UNAIDS revision of historical estimates based on updated or more reliable data and/or improvement in estimation methods (*see Annex 2, page 73*).

Targets for modelled indicators (KPI 1, KPI 8 and KPI 2 - 10 of its 17 sub-indicators) were reviewed at mid-Strategy, as planned, to account for the 2020-2022 replenishment result, allocation methodology assumptions and updates on epidemiological baseline and national funding projections. The results indicate that at the aggregate level the results of the new modelling exercise are consistent with the targets initially set in the Strategy (no statistically significant difference). There is therefore no reason to reset these targets at mid-Strategy (see Annex 2, page 45)

KPIs at risk of achieving targets in current or previous reporting period (1/2)

KPI	Latest Result	Update on progress and/or mitigating actions
KPI 1b **Incidence reduction**	*Incidence reduction projected at **[16%-42%]** at risk for target of **38%** (28-47% range)*	HIV: Continued efforts for greater focus on prevention activities and key populations in new grants. TB: Finding Missing Cases Strategic Initiative expanded to 20 countries. Success of initiative being observed in KPI 2 metrics at end-2019 (case notification). Malaria: Focus continues to be on scale up of effective vector control, despite COVID-19, 2020 remains a very ambitious year of scale up in LLIN distribution.
KPI 2 **Service Delivery**	*Off track / at risk for achieving strategy targets for following services: %ART, PMTCT, %IPT, % TB & MDR-TB TSR, %IPTp3*	%ART : Countries with large share of strategy target will continue to scale up in new grants. PMTCT: Continue to work with partners to better align EID & PMTCT with national differentiated testing services %IPT: KPI results triggered IPT Strategic Initiative. TPT scale up with PEPFAR expected in new grants. Considerable momentum following UNGA-HLM. % TB TSR: Progress observed in countries with largest contribution to strategy target but overall progress restricted by smaller countries with challenges such as TB/HIV coinfections. % MDR-TB TSR: Progress in new grants expected through investment in DST and oral and shorter treatment regimes. %IPTp3: Supporting ongoing research with UNITAID on moving from facility to community based delivery.
KPI 5 **Ability to report on coverage services for at least 2 KPs**	***64%** of countries currently able to report (target 75%)*	Improvement in reporting status observed in 8 countries from the 2019 cohort, predominantly in LAC reflecting successful partnership with PAHO. GF will continue to develop differentiated approaches to support countries to build capacity to monitor and report on coverage of prevention services among KPs and will continue to measure progress on reporting alongside actual coverage in the final KPI.
KPI6c **RSSH: Financial management**	***5** countries completing public fin. mgmt transition efforts (target **6**) and **23** countries have >= 80% agreed actions implemented to meet defined fin mgmt. system standards (target: **26**),*	6c1: Single country – Tanzania, still being monitored to achieve target, specifically on information systems component. 6c2: One of the 3 countries, Kenya very close to achieving target (currently at 79%). Decline in indicator for 6c2 observed in Q2 2020 due to COVID-19 related issues as countries failing to meet implementation target have been impacted with >80% citing moderate or higher disruption. CTs are being engaged but COVID-19 disruption makes it hard for technical assistance to be provided.
KPI6d **RSSH: HMIS coverage**	***43%** of countries in cohort have fully functional and deployed HMIS (target **50%**)*	Deployment of DHIS2 COVID-19 surveillance modules in countries. Currently operational in 32 GF countries and in development in additional 13 GF supported countries. Strengthening of HIV, TB and malaria reporting in countries which use DHIS2 for their HMIS (76% of the KPI 6d cohort countries) by adapting existing systems in country.

Level of GF accountability (Conifer of control) ⬤ **Not achieved** ⬤ **At risk/partially achieved**

KPIs at risk of achieving targets in current or previous reporting period (2/2)

KPI	Latest Result	Update on progress and/or mitigating actions
KPI 8 **AGYW Incidence**	*31% reduction in HIV incidence from 2015 baseline* *Incidence reduction projected at [47%-64%] at risk for target of 58% (47%-64% range)*	Conservative projection has improved and lower bound of Strategy target is now in reach. New Strategic Initiative for AGYW (8 million) will support cohort countries in effective investment approaches, adopting innovative HIV prevention technologies and approaches, and promoting quality implementation through regionally-based technical accompaniment.
KPI9b (ii) **HRt investments in TB grants**	*1.21% of TB grant funds invested in human rights (target: 2.00%)*	2020-2020 allocation period: Early indication from analysis of budgets at time of TRP submission for countries in 'window 1' indicate countries are using new HRts Module in the TB modular framework and % investment is increasing. CRG is continue to engage with GMD to increase investment in new grants including through better integration in TB prevention, diagnosis and control, and in RSSH investments.
KPI9c **KP and HRts in transition countries**	*45% of UMI countries assessed reported on domestic investments in both KPs & HRts programs (target: 100%).*	As well as the efforts for developing the new indicator and collaboration with UNAIDS on the resource needs estimate meetings/process, CRG continues to engage with CTs to advance progress. In BDB countries, given the matching funds programmatic conditions, countries are encouraged to report on human rights domestic investments via GAM. In some countries, as Ukraine, support is provided to NASA, further contributing to enhanced data availability and quality.
KPI12a **Availability of affordable health technologies: availability**	*71% of defined products have >3 QA suppliers (target: 100%).*	As of 31 August 2020, this KPI is now at target, using the new definition of the metric (90% of High Volume products have 4 QA suppliers or more and 90% of Low Volume products have 2 QA suppliers or more). Out of the 24 products included in the revised cohort, only one does not have the required number of suppliers. This KPI will be formally reported in Spring 2021 but it is expected to remain at target.

Level of GF accountability (Conifer of control)

● Not achieved   ● At risk/partially achieved

The Global Fund

Summary of adjustments to the KPI framework

The following KPI adjustments are proposed for Board approval. They are described in detail in an accompanying document called "Adjustments to the KPI Framework" *GF/B44/15B*)

KPI	Definition	Recommendations
3	*Alignment of investment and need*	❑ Calculate using **disbursements** (not grant expenses) ❑ Set **end-2021 target=0.307**; **end-2022 target=0.293**
5a	Service coverage for key populations (investments)	❑ Move HIV grants investment for key populations from **9b to 5a** and focus on prevention activities ❑ Expand cohort to full HIV portfolio; Set **target** at **10%**
5b	*Service coverage for key populations (capacity to report)*	❑ Retain current (interim) **KPI 5 as KPI 5b** ❑ **Maintain** title, calculation, cohort, and target (75%)
6a	*RSSH – Procurement Prices*	❑ Set **end-2022 target=50%**
6b	*RSSH – Supply Chains*	❑ Modify **target to "maintain current levels"** for On Shelf Availability **when above 90%** ❑ Keep current target when not meeting 90% threshold
7a	*Allocation utilization*	❑ Calculate using **disbursements** (not grant expenses)
9b	*Human Rights investments*	❑ Focus **only on Human Rights**/move HIV KPs to 5a ❑ Expand **HIV cohort** to **all eligible countries; TB cohort** to **countries in TB strategic initiative** ❑ Set **HIV target=3%**; Keep **TB target=2%**
12b	*Affordable health technologies*	❑ Set **2021 target** at **$154m**

Schedule for planned adjustments to the KPI Framework

KPI	KPI Description	Frequency	2020 Fall Board	2021 Spring Board	2021 Fall Board
KPI 1	Performance against impact targets	Annual	Mid-strategy target review		
KPI 2	Performance against service delivery targets	Annual	Mid-strategy target review	Replacing ART retention (12 months) by Viral Load Suppression	
KPI 3	Alignment of investment & need	Semi-Annual	Target setting, revised definition		
KPI 4	Investment efficiency	Semi-Annual		Confirm target for new allocation period	
KPI 5	Service coverage for key populations	Annual	Revised definition and target setting for sub-indicator	Baseline, target setting for sub-indicator	
KPI 6	6a) Procurement prices	Annual	Baseline, target setting		
	6b) Supply chains	Annual	Revision of metric		
	6c) Financial management	Annual			
	6d) HMIS coverage	Annual			
	6e) Disaggregation	Semi-Annual		Way forward: either new target for current indicator or new indicator	
	6f) NSP Alignment	Semi-Annual			
KPI 7	7a) Fund utilization – Allocation utilization	Semi-Annual	Revised definition	Confirm target for new allocation period	
	7b) Fund utilization – Absorptive capacity	Annual			
KPI 8	Gender & age equality	Annual	Mid-strategy target review		
KPI 9	9a) Human rights programs	Annual			
	9b) Human rights grant funding	Semi-Annual	Revised scope and target		
	9c) Human rights domestic funding	Annual	Baseline	Target setting	
KPI 10	Resource mobilization	Annual			
KPI 11	Domestic investments	Annual		Confirm target for new allocation period	
KPI 12	12a) Availability of health technologies	Annual			
	12b) Affordability of health products	Annual	2021 target setting		2022 target setting

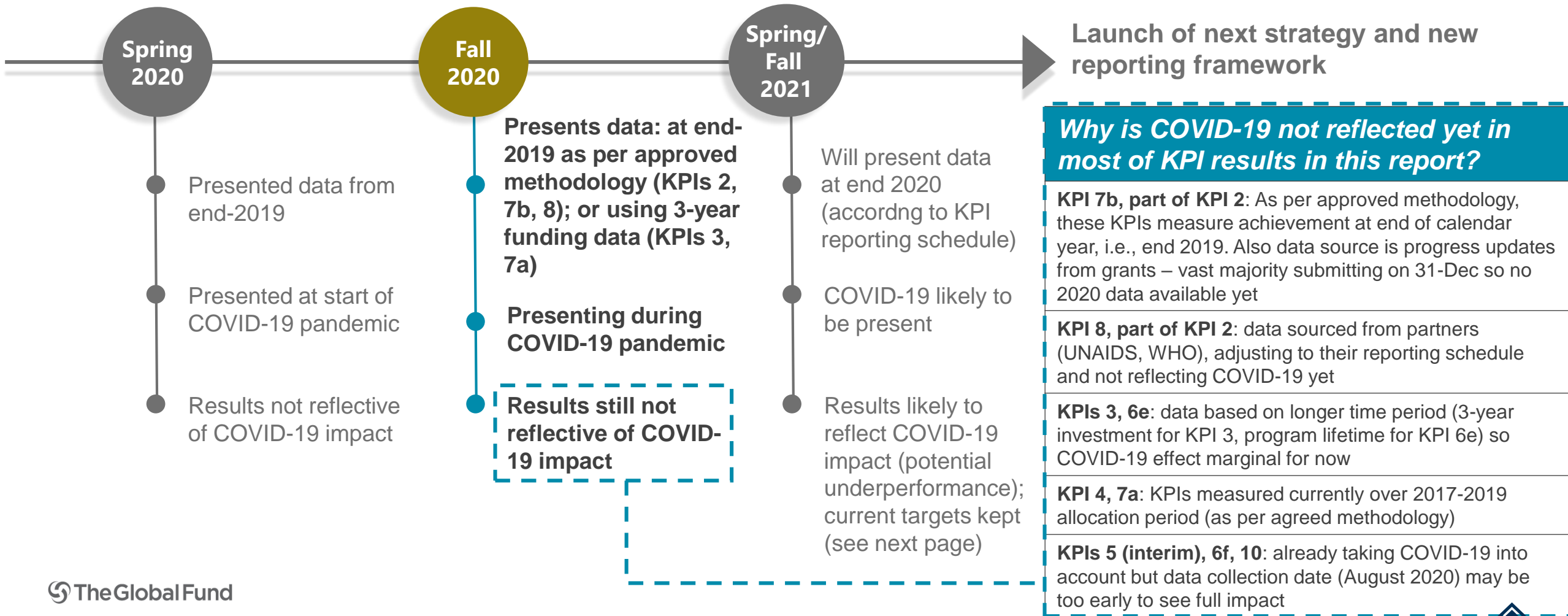Legend:
- Change of definition
- Metric adjustment
- New target for existing metric

Annex 1: COVID-19 and Strategic Performance

Overview – KPI Results are not affected by COVID-19…yet

The **Mid-2020 Strategic Performance Report does not show direct impact from COVID-19 on KPI results** primarily due to timing of KPI reporting. The **impact of COVID-19 will likely be reflected in subsequent reporting periods**. The following pages provide indications of the **multi-dimensional impact of COVID-19** and how the Global Fund is responding.

Spring 2020
- Presented data from end-2019
- Presented at start of COVID-19 pandemic
- Results not reflective of COVID-19 impact

Fall 2020

Presents data: at end-2019 as per approved methodology (KPIs 2, 7b, 8); or using 3-year funding data (KPIs 3, 7a)

Presenting during COVID-19 pandemic

Results still not reflective of COVID-19 impact

Spring/ Fall 2021
- Will present data at end 2020 (accordng to KPI reporting schedule)
- COVID-19 likely to be present
- Results likely to reflect COVID-19 impact (potential underperformance); current targets kept (see next page)

Launch of next strategy and new reporting framework

Why is COVID-19 not reflected yet in most of KPI results in this report?

KPI 7b, part of KPI 2: As per approved methodology, these KPIs measure achievement at end of calendar year, i.e., end 2019. Also data source is progress updates from grants – vast majority submitting on 31-Dec so no 2020 data available yet

KPI 8, part of KPI 2: data sourced from partners (UNAIDS, WHO), adjusting to their reporting schedule and not reflecting COVID-19 yet

KPIs 3, 6e: data based on longer time period (3-year investment for KPI 3, program lifetime for KPI 6e) so COVID-19 effect marginal for now

KPI 4, 7a: KPIs measured currently over 2017-2019 allocation period (as per agreed methodology)

KPIs 5 (interim), 6f, 10: already taking COVID-19 into account but data collection date (August 2020) may be too early to see full impact

Despite the presence of COVID-19, KPI targets will likely be maintained till the launch of the Next Strategy

Changing targets would reduce the Global Funds' ability to consistently track progress from the start of the Strategy. Measurement of results against the same targets allows GF to better understand patterns of performance over the Strategy period
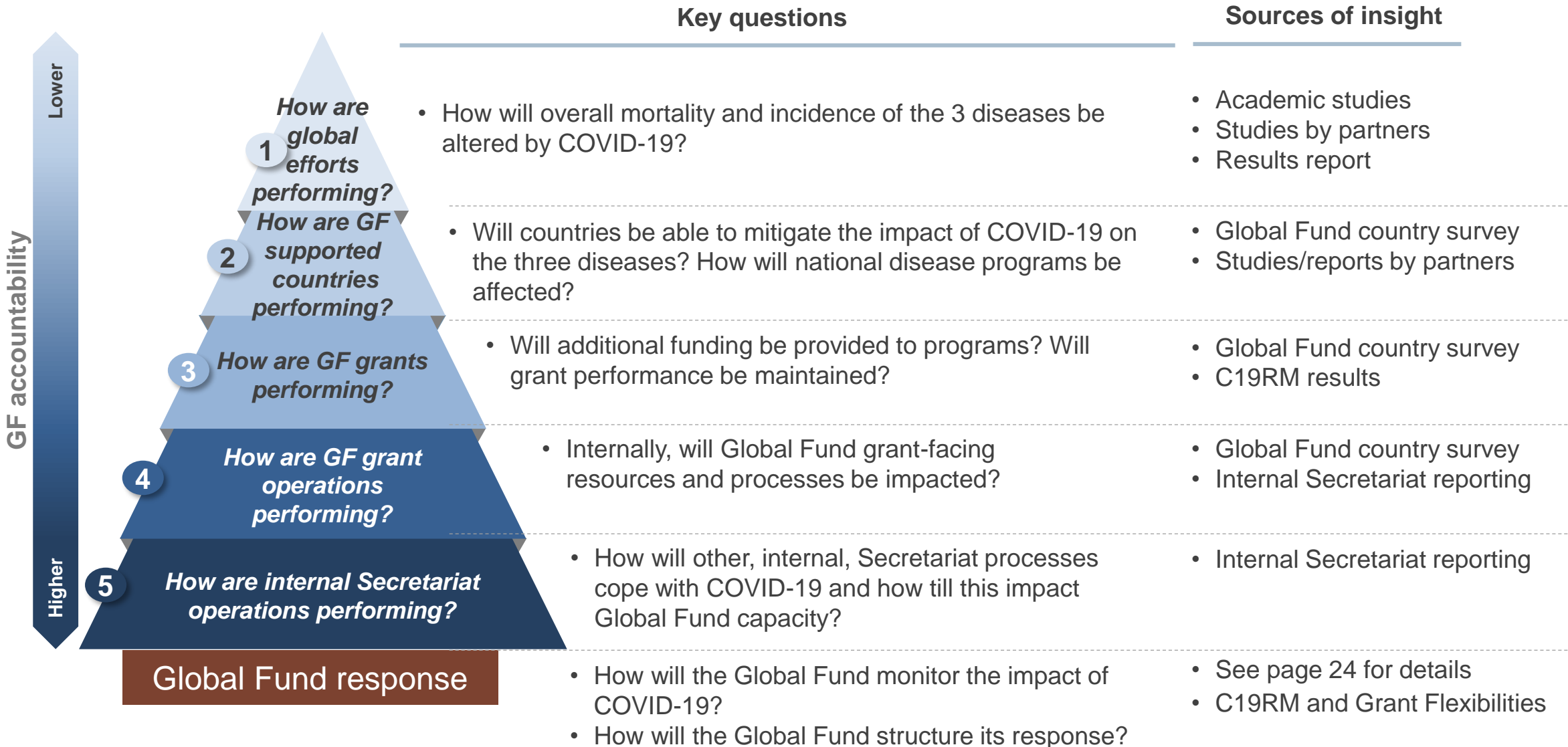
Consistency
(Primary factor)

Maintain current KPI targets

Ambition
(Primary factor)

Strategic targets were set to support a bold aspiration that underlies the Investment Case. Keeping current targets allows GF to maintain ambition but also to measure divergence from this aspiration due to COVID-19.

Depending on the longevity of the pandemic, COVID-19 **may influence development of the next Performance Reporting Framework** where target setting will factor in this context
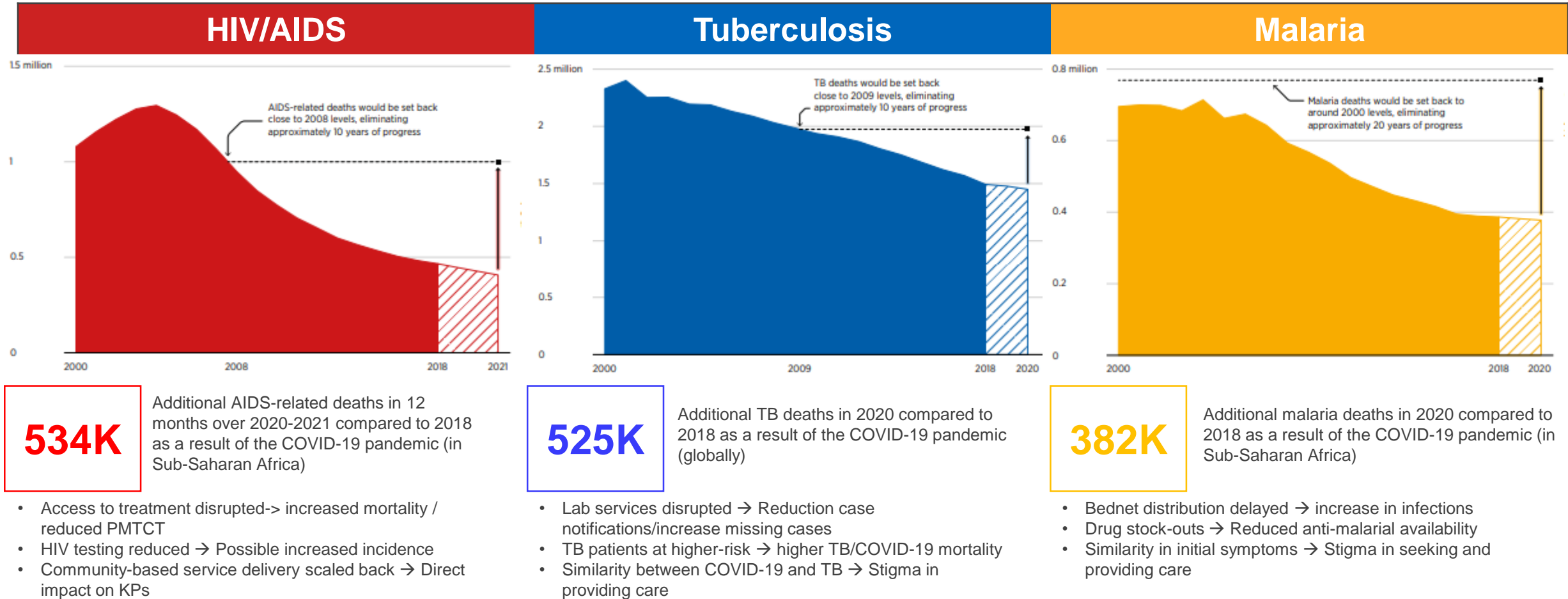
Setting a target is a complex, consultative process and could divert attention (Board and Secretariat) from other priorities. Other tools are in place to monitor COVID-19 impact (see next pages)

Focus
(Additional factor)

Uncertainty
(Additional factor)

The trajectory of COVID-19 globally and at the country level is uncertain. Disparity can be expected on the state of the 3 diseases + RSSH but the exact outcomes and still not be predicted

COVID-19 will likely have a multi-dimensional impact across the Conifer of Control

Key questions

Sources of insight

GF accountability (Lower → Higher)

1 How are global efforts performing?
- How will overall mortality and incidence of the 3 diseases be altered by COVID-19?
  - Academic studies
  - Studies by partners
  - Results report

2 How are GF supported countries performing?
- Will countries be able to mitigate the impact of COVID-19 on the three diseases? How will national disease programs be affected?
  - Global Fund country survey
  - Studies/reports by partners

3 How are GF grants performing?
- Will additional funding be provided to programs? Will grant performance be maintained?
  - Global Fund country survey
  - C19RM results

4 How are GF grant operations performing?
- Internally, will Global Fund grant-facing resources and processes be impacted?
  - Global Fund country survey
  - Internal Secretariat reporting

5 How are internal Secretariat operations performing?
- How will other, internal, Secretariat processes cope with COVID-19 and how till this impact Global Fund capacity?
  - Internal Secretariat reporting

Global Fund response
- How will the Global Fund monitor the impact of COVID-19?
- How will the Global Fund structure its response?
  - See page 24 for details
  - C19RM and Grant Flexibilities

The Global Fund

18

Recent modelling suggests a scenario with a potential increase in deaths from the three epidemics with continued COVID-19 disruption
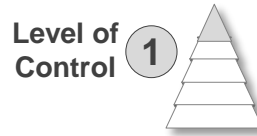
Note on Source: All information + graphics presented come directly from The Global Fund *Results Report 2020.* Figures as of **August 21, 2020**

HIV/AIDS	Tuberculosis	Malaria

HIV/AIDS chart (red): AIDS-related deaths would be set back close to 2008 levels, eliminating approximately 10 years of progress. Y-axis 0 to 1.5 million. X-axis 2000, 2008, 2018, 2021.

Tuberculosis chart (blue): TB deaths would be set back close to 2009 levels, eliminating approximately 10 years of progress. Y-axis 0 to 2.5 million. X-axis 2000, 2009, 2018, 2020.

Malaria chart (orange): Malaria deaths would be set back to around 2000 levels, eliminating approximately 20 years of progress. Y-axis 0 to 0.8 million. X-axis 2000, 2018, 2020.

534K — Additional AIDS-related deaths in 12 months over 2020-2021 compared to 2018 as a result of the COVID-19 pandemic (in Sub-Saharan Africa)

525K — Additional TB deaths in 2020 compared to 2018 as a result of the COVID-19 pandemic (globally)

382K — Additional malaria deaths in 2020 compared to 2018 as a result of the COVID-19 pandemic (in Sub-Saharan Africa)

- Access to treatment disrupted-> increased mortality / reduced PMTCT
- HIV testing reduced → Possible increased incidence
- Community-based service delivery scaled back → Direct impact on KPs

- Lab services disrupted → Reduction case notifications/increase missing cases
- TB patients at higher-risk → higher TB/COVID-19 mortality
- Similarity between COVID-19 and TB → Stigma in providing care

- Bednet distribution delayed → increase in infections
- Drug stock-outs → Reduced anti-malarial availability
- Similarity in initial symptoms → Stigma in seeking and providing care

Impact on strategic performance?

> While the global pandemic continues, the **progress on fighting the three epidemics and supporting health systems could be affected negatively**. There may be a widespread impact – this will be reflected in Global Funds' near-term cycles of strategic performance reporting.

The Global Fund

Global Fund bi-weekly survey reveals a high risk of implementation disruption which could impact future KPI performance despite reduction in lockdown status

National Lockdown (%)

Legend:
- Don't know
- No response plan
- Under development
- Yes but not costed
- Yes and costed

National COVID-19 response plan in place (%)

Legend:
- Don't know
- Restrictions in place for entire country
- Local restrictions impacting GF programs
- Local restrictions not impacting GF programs

Level of Control 2 3
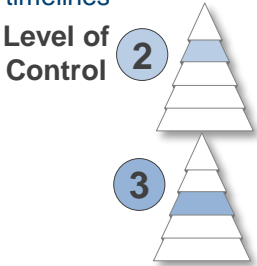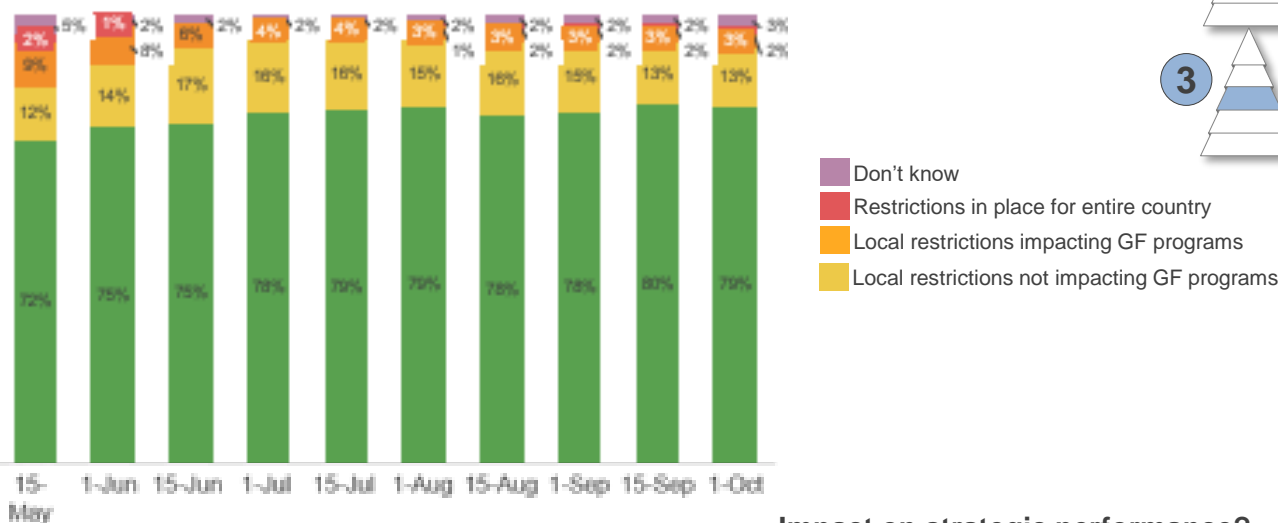
Grant Implementation Disruption by Region

Legend:
- High Impact Africa 2
- High Impact Asia
- High Impact Africa 1
- Western Africa
- Central Africa
- Middle East and North Africa
- Southern and Eastern Africa
- South East Asia
- Latin America and Caribbean
- Eastern Europe and Central Asia

The Global Fund

Impact on strategic performance?
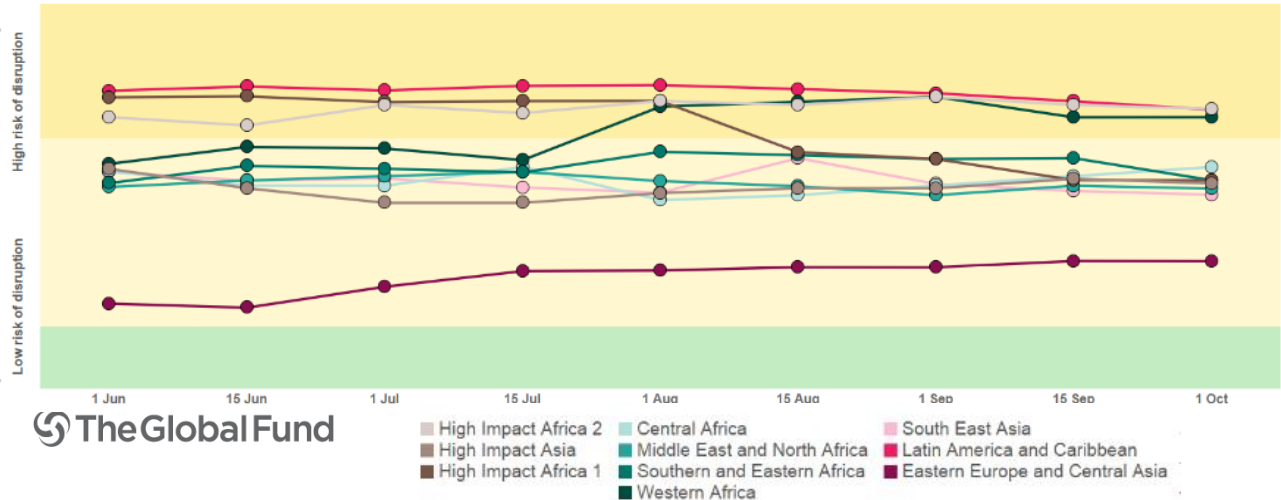
- As all regions report **moderate or higher grant implementation disruption, impact on programs will be felt across the portfolio**. Changes in strategic performance in the next reporting cycle is more likely to occur in countries with higher disruption
- The largest **contributor to this level of disruption is service delivery** (see next page) as other areas measured, primarily grant creation are more stable and low risk. The **regional divergence points to the highest implementation disruption in the Americas and most of Sub-Saharan Africa** but **no region has shown a declining trend** in risk evolution
- Around the world, both national lockdown and national COVID-19 response have improved since May 2020. National, **costed COVID-19 response plans in place (78%)** are a positive sign, but **do not signify how effective these plans** will be and if managing the 3 diseases will be a core component of the plans

Grant implementation disruption to service delivery, national stock and more could impact several KPIs in the next report

Note on Source: Results and graphics drawn from Global Fund COVID-19 Country Monitoring Tool as of October 1 – newer results may be shown in other materials based on submission timelines

Level of disruption to services, products and in-country systems

		as of 1 October	Trend since 1st Jun
Service delivery	HIV	2.2	
	Malaria	1.9	
	TB	2.2	
National stock	HIV	2.3	
	Malaria	2.0	
	TB	2.1	
In-country supply chain	Distribution	1.5	
	Warehousing	1.3	
Lab services		2.0	

Number of countries

1 Jun 15 Jun 1 Jul 15 Jul 1 Aug 15 Aug 1 Sep 15 Sep 1 Oct

Risk level
- Very High
- High
- Don't know/inquiries ongoing
- Moderate
- Low

Countries facing challenges…

Community Service — Community-based services are still mostly impacted, while attendance at health facilities continues to be depressed.

Supply Chain — Decreased stock at central level, but not yet evident at peripheral level. Delays experienced due to shipment and customs, further delays anticipated

HIV — Prevention, testing and adherence supports still mostly impacted. Resumption of provision to KP is slow

TB — Active case finding still most impacted, but case detection starting to rebound

Malaria — Delay in the bed nets campaigns, mostly linked to delay in delivery of nets and lockdown. Decrease in IPT uptake due to low ANC attendance

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Impact on Strategic Performance?
- The **ongoing disruption to service delivery – at 80% moderate or higher poses the major challenge to achieving several KPIs.**
- Disruption to service delivery and national stock have improved slightly (with the greatest improvement in Malaria) but **the risk is still high**
- Disruptions will be regularly monitored using this tool to support proactive response in areas where impact on program performance is expected

Processes within the Secretariat have also been impacted but efforts are in place to minimize this risk

Results from internal Performance and Accountability Survey (Q2)* on COVID-19 disruption to Secretariat processes

76% Of core grant–facing processes are experiencing moderate or higher-level disruption

50% Of processes foresee further or increased disruption

64% Of processes facing disruption are enacting flexibilities and changes to ensure business continuity**

33% Increase in roles being filled compared to last year with significant challenges to onboarding

Business continuity plans (BCPs)

BCPs were developed by each division/department, focused on:
- **Internal Secretariat operations**
- **Grant facing processes**

They established a graded response based on:
- **Extent of disruptions**, especially due to remote working
- **In-country disruptions** and travel restrictions

BCPs supported:

✓ **Program continuity (current implementation & design and approval of new grants)**

✓ **Greater prioritization for impact**

✓ **Continuity of key Secretariat processes**

✓ **Wellbeing and safety of Global Fund staff**

Disruption status

- 🟥 Very High
- 🟨 Moderate
- ⬜ No disruption
- 🟧 High
- 🟩 Low
- ▨ Not reported

Chart values (stacked bar): 4, 23, 5, 13

Impact on strategic performance?
- It is **too early to know** how these internal disruptions may have consequences on strategic performance
- Whilst KPIs lower on the conifer of control may be impacted, the GF has **greater control to manage the risk and is already taking action to minimize internal disruption**

*Each quarter progress on all major business processes within the Global Fund are reported on using pre-defined metrics. All figures (except recruitment figures) are an extract of this report

**A business continuity planning exercise was conducted in response to COVID-19. Flexibilities were defined here

The GF has several approaches to monitoring the impact of COVID-19 that will support the response in advance of the next Strategic Performance Report

		Description	What is measured?	How it is used?
GF led	**Country monitoring survey**	Bi-weekly survey completed by LFAs to report on overall country and program disruption. Results available as of mid-May	Various metrics including: • Overall disruption • Lockdown status • COVID-19 planning • Grant creation disruption • Grant implementation disruption (incl. Service Delivery)	Monitored closely by Secretariat and reported to Board; Used to identify potential areas for support and conduct trend analyses
	Indicator report	Monthly (for HIV and Malaria) and quarterly (for TB) report on various service delivery indicators in 38 countries (launched August 31)	A subset of indicators included as part of KPI 2	Used to determine countries and services facing critical disruption and requiring support
	Spot checks for service continuity	Ad-hoc spot checks in same group of 38 countries to verify service continuity in the field. LFAs will conduct sampling. Launched October 1, but still being rolled out	*Same as above*	Used to ensure validity of data, determine causes of disruption, and determine appropriate country or community level solutions
	Partner coordination	Coordinating with WHO, UNAIDS, PEPFAR, World Bank, GFF, Gavi and others to gather their data and insights, plus validate GF data. Also working with CRG regional platforms to collect community level data	Varies based on partner but includes • Service disruptions (e.g., UNAIDS Service Disruption report or WHO COVID-19 service continuity tracking) • Human rights concerns	Provides additional validation of GF monitoring, identifies additional areas to address and creates opportunity for collaboration
	Secretariat monitoring	Various internal efforts in place to monitor challenges inside the Secretariat such as quarterly P&A reporting or staff Pulse Check	Internal measures include (sample) • Disruption to grant-facing processes • Business continuity planning • Staff morale and coping	Identifies processes that may have downstream impact on response and allows planning for interventions to bolster Secretariat operations

Takeaway for KPIs
• KPI reporting will continue in line with the Board-approved schedule and methodology, these other tools will serve to guide decision-making

Notes on tools
• The Secretariat seeks to balance holistic monitoring with the significant reporting burden to countries (several reporting delays have been observed due to this)
• More frequent standard grant Progress Updates are not a viable monitoring option as they would significantly intensify the reporting schedule defined in grant agreements

The GF has attempted to mitigate the impact of COVID-19 through mechanisms such as C19RM and grant flexibilities

COVID 19 Response by Region and as % of 2020-22 allocation (USD 723 million)

Region	C19RM	Grant flexibilities	COVID-19 investment as % 2020-2022 allocation
High Impact Africa 2	193	68	6.3%
AME	132	39	5.4%
High Impact Africa 1	112	26	5.7%
High Impact Asia	47	48	4.9%
AELAC	31	26	5.5%

C19RM Awards Split by Priority Area and Type (USD 516 million)

Legend: PPE, COVID-19 Diagnostic tests, Other funded activities

The Global Fund has approved a total of **USD 516 million for C19RM** and USD 207 million of grant flexibilities, to support the COVID-19 response. Together, this is USD 723 million across **104 countries** and **12 multi-country programs**. USD 516 million from C19RM has funded:

- USD 180 million (35%) for mitigating COVID-19's impact on HIV, TB and malaria programs;
- USD 279 million (54%) for reinforcing national COVID-19 responses;
- USD 57 million (11%) for urgent improvements in health and community systems.

The target of approving USD 500 million until 31 July was hit successfully
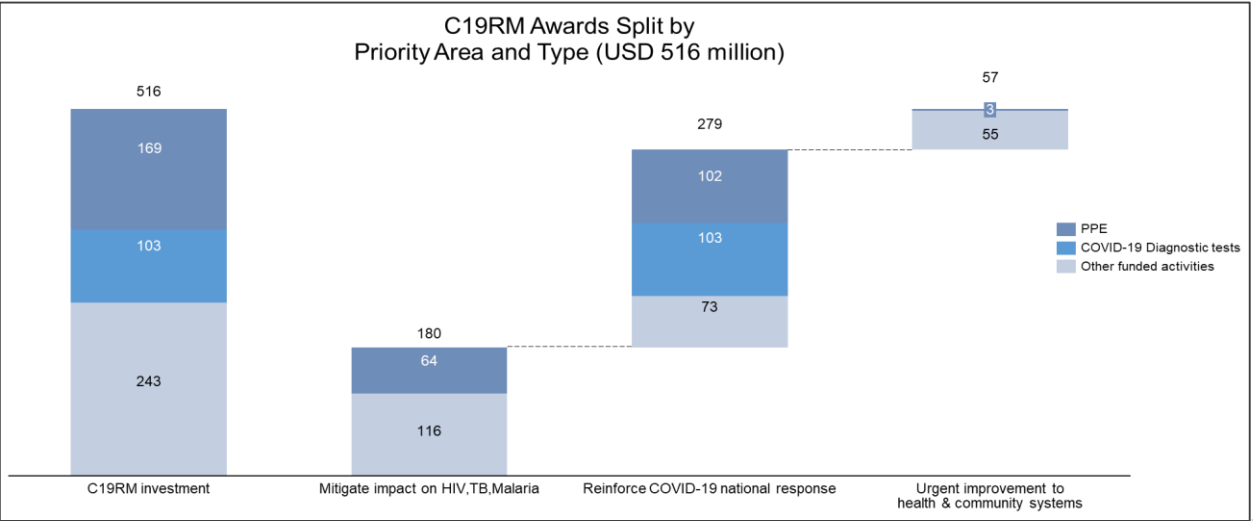
Impact on strategic performance?

- While this response is a positive step **the impact on strategic performance in the near-term remains to be seen especially given possible resourcing challenges (*see next page*)**
- Specifically, C19RM funds allocated to mitigating COVID-19 impact on the 3 diseases and supporting health + community systems could help maintain strategic performance

The Global Fund

NOTE ON SOURCE: All information presented here comes directly from the COVID-19 Board Committees Update (as of September 2020)

Resourcing will remain a key challenge in the continued fight against COVID-19 and in reaching strategic performance goals

GF mitigation plan as a part of ACT-A total need

Legend:
- ACT-A total need
- GF implementing countries total need
- GF share

Bar chart values:
- **HIV, TB and Malaria:** 2.7 / 1
- **Therapeutics:** 11.6 / 7.8 / 0.4
- **Diagnostics:** 6 / 4.9 / 1.9
- **Health Systems (including PPEs):** 15.8 / 13.1 / 2.7
- **Vaccines:** 16
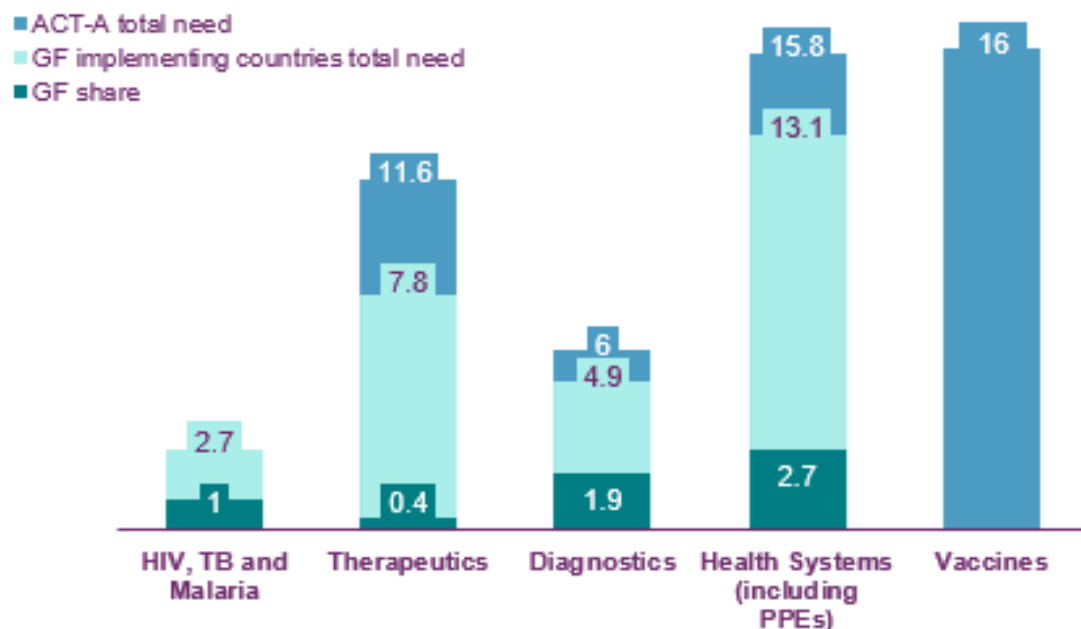
GF share adds to $6 billion; our current funding stands at ~$1 billion, thus ~$5 billion still required

Impact on strategic performance?

- The Global Fund **still needs ~USD 5 billion to mitigate the impact of COVID-19 on the 3 diseases**, boost national COVID-19 response plans, and urgently improve health and community systems (this includes through supporting ACT-A as highlighted on the graph)

- Without this funding, the Global Fund may **fail to deliver on the Global Fund's 2017-2022 Strategy targets** as health and community systems are overwhelmed, treatment and prevention programs are disrupted, and resources are diverted away from core programs.

- Therefore the extent to which these resources are raised will tie into the Global Fund's progress (or lack thereof) on several KPIs especially those where the Global Fund has greater control.

NOTE ON SOURCE: All information presented here comes directly from the COVID-19 Board Committees Update (as of September 2020)

Annex 2: Detailed KPI Results

The Global Fund

For info: KPIs where reporting Country-Specific Results apply

After successfully piloting it in 2019, the Secretariat continues reporting of some country-specific results for KPIs for which the country-level data is a) **publicly sourced**, b) **available** and c) **relevant** to understand KPI performance.

- **Available** for reporting country specific results now
  - **Impact and service delivery** *(using partner or national data)*: Performance against impact targets (KPI 1); Gender and age equality (KPI 8); Performance against service delivery targets (KPI 2)
  - **Data sourced from grant reporting**: Fund utilization: absorptive capacity (KPI 7b); RSSH: Results disaggregation (KPI 6e)
  - **Corporate public data**: Alignment of investment & need (KPI 3)
  - Reduce Human Rights barriers to services (KPI 9a); Key Populations and Human Rights in middle income countries (KPI 9b); RSSH: Supply chains (KPI 6b); RSSH: Financial Management (KPI 6c)

- **Potentially** available in future (2021 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**: Fund utilization: allocation utilization (KPI 7a)

- **Not available** for reporting:
  - **Strictly internal information:** Capacity to report on Service coverage for Key Populations (KPI 5 interim); RSSH: NSP alignment (KPI 6f); interim indicator on KP and Human Rights in transition countries (KPI 9c)
  - **Data does not exist at country level:** Resource Mobilization (KPI 10a and 10b); Availability of affordable health technologies (KPI 12a and 12b)

For info: Color-coding convention for indicator progress status (*traffic lights*) 1/2

Type of indicator	Corresponding KPIs	Criterion for being "green" – On track/ Achieved 🟢	Criterion for being "amber" – At Risk / Partially achieved 🟡	Criterion for being "red" – Off track / Not achieved 🔴
Target is range, result is projection, based on conservative / optimistic trends	1a, 1b, 8	Both conservative and optimistic projections within strategy target range	Conservative projection below strategy target range, but optimistic projection within	Both conservative and optimistic projections below strategy target range
Target and result are specific numbers / levels	3, 4, 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)*, 5, 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 info: Color-coding convention for indicator progress status (*traffic lights*) 2/2

Type of indicator	Corresponding KPIs	Criterion for being "green" – On track/ Achieved 🟢	Criterion for being "amber" – At Risk / Partially achieved 🟡	Criterion for being "red" – Off track / Not achieved 🔴
Other – multiple sub-indicators	6b	All 6 sub-indicators at least at 95% (relative) of their individual target	4 or 5 (out of 6) sub-indicators at least at 95% (relative) of their own target	Less than 4 sub-indicators (out of 6) at least at 95% (relative) of their own target
Other – different target methodology depending on year	9a	2020 &2021: Mid-term assessments: Country average scores increased in more than 90% of countries 2022: End- term assessments: 4 priority countries for HIV and/or 4 priority countries for TB have comprehensive programs in place	2020 & 2021: Mid-term assessments: Country average scores increased in 67%-90% of countries 2022: End- term assessments: 2 or 3 priority countries for HIV and/or 2 or 3 priority countries for TB have comprehensive programs in place	2020 &2021: Mid-term assessments: Country average scores increased in less than 67% of countries 2022: End- term assessments: 1 or 0 priority countries for HIV and/or 1 or 0 priority countries for TB have comprehensive programs in place
Other – target is range, results are 2 projections, each with its own traffic light	2 (modelled)	Projection higher than strategy midpoint or equal to at least 105% of the lower bound of the range	Projection below strategy midpoint and between 95% and 105% of the lower bound of the range	Projection lower than 95% of the lower bound of the range

Setting the context – the global fight against the three diseases

HIV/AIDS **UNAIDS**	Tuberculosis **World Health Organization**	Malaria **World Health Organization**
• New HIV infections — **1.7m** ➡	• Total TB cases — **10m** ➡	• Malaria cases — **228m** ⬇
• People living with HIV — **38.0m**	• Notified TB cases (new and relapse) — **7.0m**	• People sleeping under ITN in sub-Saharan Africa (for people at risk of malaria) — **50%**
• People on ART — **25.4m**	• Treatment success rate (new and relapse) — **85%**	
• AIDS-related deaths — **0.69m** ⬇ 7	• Incident cases of MDR/RR-TB — **0.48m** ⬇	• Malaria deaths — **0.41m** ⬇
	• Deaths from TB (excluding HIV+) — **1.2m** ⬇	

Global Fund accounts for **9%** of global HIV funding and **21%** of international financing.

Global Fund accounts for **9%** of global TB funding and **73%** of international financing.

Global Fund accounts for **37%** of global malaria funding and **56%** of international financing.

Other Int'l   Domestic
Other Int'l

⬇ ⬆ ➡ *Trend vs previous year*

HIV data: Data Fact Sheet 2020 on UNAIDS.org, *TB data:* Global TB Report 2019, WHO*; Malaria data:* World Malaria Report 2019, WHO
Funding sources Global Fund Results Report 2020, Global Fund
Figures are global and are not solely for countries where Global Fund resources are disbursed.

Setting the context – the global fight against the three diseases

HIV/AIDS	Tuberculosis	Malaria
The GF has proportionately higher shares of funding in Western and Central Africa (that also receives high PEPFAR funding). It has lower shares in Eastern Africa (high PEPFAR funding); and in LAC, Southern Africa and Asia (high domestic funding).	The GF has proportionately higher shares in Western, Central and Eastern Africa. It has lower shares in LAC, EECA, Southern Africa and Asia (mainly domestic funding).	The GF has proportionately higher shares in MENA (eligible countries); Western, Central and Eastern Africa (that also receive high PMI funding). It has lower shares in Asia and Western Africa (mainly domestic or PMI funding).
The GF is expected to account for approx. 20% of all funding in eligible countries between 2018-2020.	*The GF is expected to account for approx. 30% of all funding in eligible countries between 2018-2020.*	*The GF is expected to account for approx. 40% of all funding in eligible countries between 2018-2020.*

NB: this data is based on funding requests submitted by GF-financed countries* during the allocation period 2017-2019
*For instance, in LAC, the GF share of funding is not representative of the region as a whole as most of its countries are ineligible for GF funding. Regions are based on the UN geo-scheme.

Funding

Funding	Design	Implementation	Results

Global Fund Resources

● **KPI 10 – Resource mobilization**

Measure	Mid-2020 Result (as of March 2020)	Key takeaways
a) Actual pledges as a percentage of the Replenishment target, **with respect to the current Replenishment period** b) Pledge conversion rate. Actual replenishment contributions as a percentage of forecast contributions, **with respect to the current Replenishment period**	**a) 101%** **b) 100%** **Target** a) 2020-2022: 100% b) 2020-2022: 100%	• Both KPI 10a and 10b are on track similar to prior cycles • The 6th Replenishment has started out strongly with both current pledges and forecasted contributions meeting or exceeding targets • COVID-19 has not impacted current pledges or conversion and the latest results include one significant pledge from Germany (+$165m) done in June in the context of COVID-19

Change in pledge conversion since last reporting
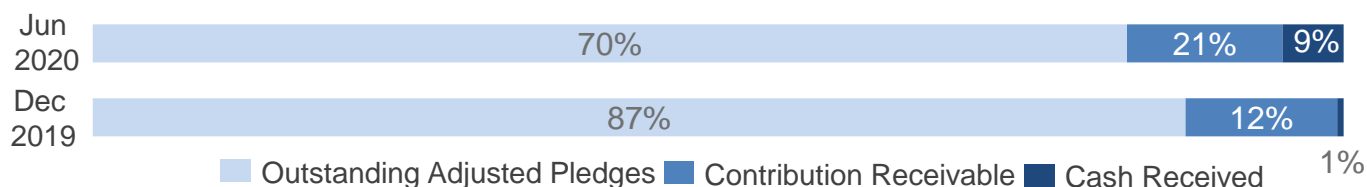
Jun 2020	70%	21%	9%
Dec 2019	87%	12%	1%

☐ Outstanding Adjusted Pledges ■ Contribution Receivable ■ Cash Received

Update on product cohort for 2020-2021

Purpose

As agreed, the cohort of products to be included for KPI 12a, as well as their categorization between High/Low volume, is communicated to the Board in the Fall meeting. This cohort is defined in consultation with disease experts at the Secretariat

Key takeaways

Four new categories of products added: diagnostic tests (HIV and malaria); condoms; and VL/EID as well as one extra ARVs bringing the KPI cohort to 24 products

Cohort	Measure	Target	Products
S1: High Volume ✓ WHO-recommended. 1st line ARVs for adults ✓ ACTs ✓ LLINs ✓ HIV and malaria RDTs ✓ VL/EID ✓ Condoms	Percentage of a defined set of products with more than three suppliers that meet Quality Assurance requirements	90%	1. TLE 300/300/600mg, 30 tablet 2. TLE 300/300/400mg, 30 tablet 3. TEE 300/200/600mg, 30 tablet 4. TLD 300/300/50mg, 30 tablet 5. Dolutegravir 50mg, 30 tablet 6. HIV tests 7. HIV self-tests 8. VL/EID 9. Condoms 10. AL 20/120mg, 18 & 24 tablet 11. AL 20/120mg dispersible, 6 &12 tablet 12. ASAQ 25/67.5mg, 50/135mg, 100/270mg, 3 & 6 tablet 13. LLINs – PBO and Pyrethroid nets 14. Malaria RDTs (Pf)
S2: Low Volume ✓ WHO-rec. 1st line ARVs for children ✓ WHO-rec. 2nd line ARVs for adults and children ✓ Specialized Formulations ✓ Lower volume malaria RDTs (combo)	Percentage of a defined set of products with more than one supplier that meet Quality Assurance requirements	90%	1. Abacavir/Lamivudine 120/60mg, dispersible, 30 tablet 2. Lopinavir/Ritonavir 100/25mg, 60 tablet 3. Lopinavir/Ritonavir 40/10mg, 120 pellets/granules 4. Atazanavir/Ritonavir 300/100mg, 30 tablet 5. Lamivudine/Tenofovir 300/300mg, 30 tablet 6. Emtricitabine/Tenofovir 200/300mg, 30 tablet 7. Lopinavir/Ritonavir 200/50mg, 120 tablet 8. Lamivudine/Zidovudine 150/300mg, 60 tablet 9. Artesunate injectables 10. malaria RDTs combo (Pf/Pv, Pf/Pan)

Legend:
- ☐ Products added to the cohort
- HIV
- Malaria

Design

Program Design

Strategic Focus
● **KPI 3 – Alignment of investment & need**

Measure	Mid 2020 Result
Alignment between investment decisions and country disease burden & economic capacity, as defined by the country's "Initial Calculated Amount" in the **2017-2019** allocation model	**0.318**

Target

2020: Less than or equal to **0.320**

Key takeaways

- KPI is meeting target
- Recommending to use "disbursements" (actual + forecast) instead of "grant expenses" (commitments) as more reliable measure of investment decisions and of funds currently available in country to finance activities. Overall result would be slightly better, but they would also be significantly more reliable, with more consistent patterns across years
- KPI metric (*absolute difference of shares*) highly driven by countries with large share of "need", i.e., by High Impact countries, mainly India, Nigeria, Tanzania and South Africa.
- Recent progress driven by Mozambique, with better alignment in recent funding decisions

Alignment Needs-Expenses, global
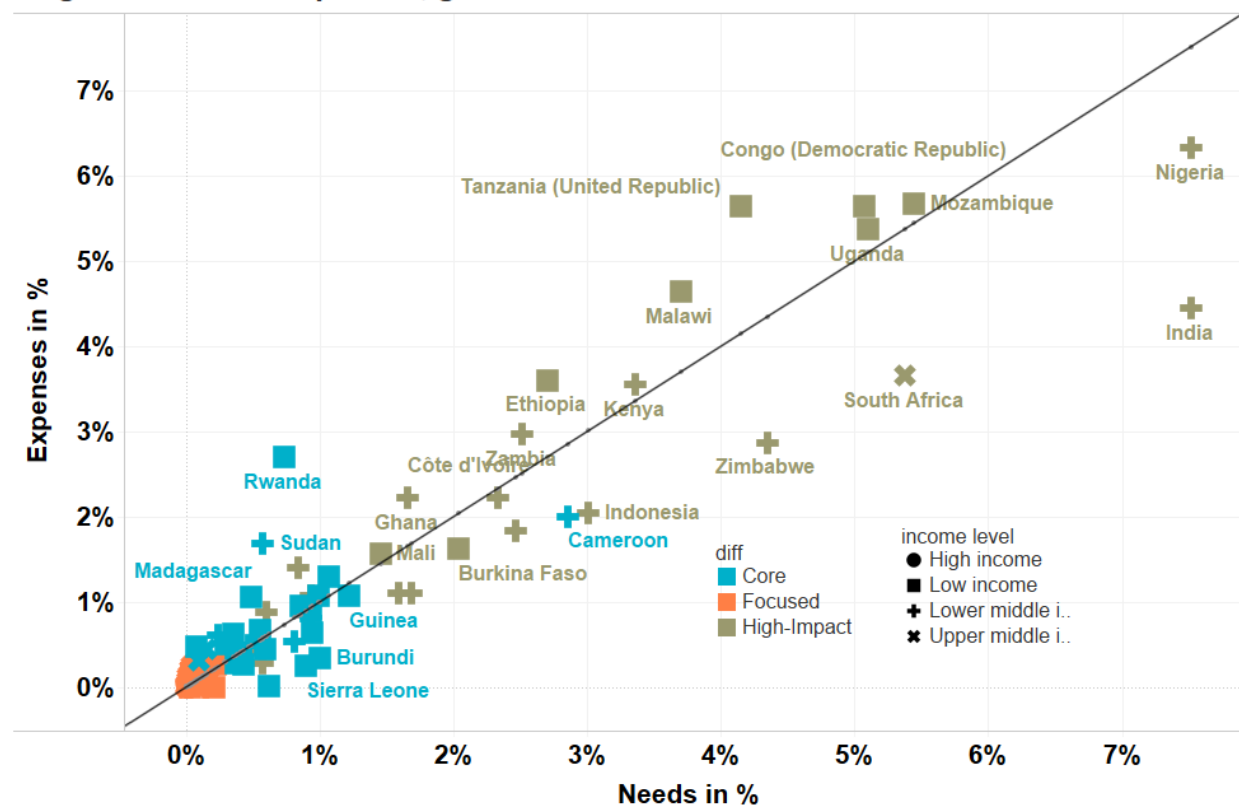
**: KPI includes countries that received an allocation and had cumulative 2017-2019 grant expenses >0; Excludes countries that received their entire allocation through a multi-country grant

Funding	Design	Implementation	Results

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

Measure	Mid-2020 Result	Key takeaways
Change in cost per life saved or infection averted from supported programs	**88% countries show improved efficiency**	• Of the national disease programs assessed to date, 88% demonstrate a decrease of cost per life saved or infection averted over the 2017-2019 allocation period indicating improved efficiency of national programs

Target

90% of countries measured show decrease of cost per life saved or infection averted comparing the current vs. previous disease program design

Key takeaways:
- Of the national disease programs assessed to date, 88% demonstrate a decrease of cost per life saved or infection averted over the 2017-2019 allocation period indicating improved efficiency of national programs
- Assessment progress of malaria programs is behind that of HIV and TB, mostly due to the fact that a very limited number of countries applied malaria epidemiological impact models to inform the development of NSPs and funding requests. In addition, it is challenging to assess the efficiency of malaria programs of the countries on the path to elimination. The Global Fund Modelling Guidance Group will continue advising on how to address these challenges
- The assessment methodology for TB programs is likely to be more sensitive in flagging countries. Flagged countries are recommended to take findings into account during NSP and funding request development and other strategic processes. Dedicated efforts have been made to improve efficiency in flagged countries
- Review of the current methodologies is ongoing and where possible assessments approaches will be strengthened during the 2020-2022 allocation period

	HIV	TB	Malaria	Total
# of disease programs assessed to date	21	25	5	51

	HIV	TB	Malaria	Total
% of assessed disease programs showing a high likelihood of efficiency improvement	100%	76%	83%	88%

Funding	Design	Implementation	Results

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

Result for Window 1, 2020-2022 Allocation Period

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-2020 Result

100% 'Strongly Agree' / 'Agree' (*no change from mid 2019*)

Target

90% 'Strongly Agree' / 'Agree' ('Very Good' / 'Good' in prior iterations up to 2016)

Key takeaways

- The first window of the new allocation cycle shows continued strong results exceeding targets
- High impact countries show a greater trend towards "strongly agree" representing a strong tie-in to NSPs and a positive trend for larger grants. Focused countries in some cases may have less aligned funding requests, addressing more specific interventions against the epidemics

2017-19 vs. 2020-22 (window 1) Funding Cycle
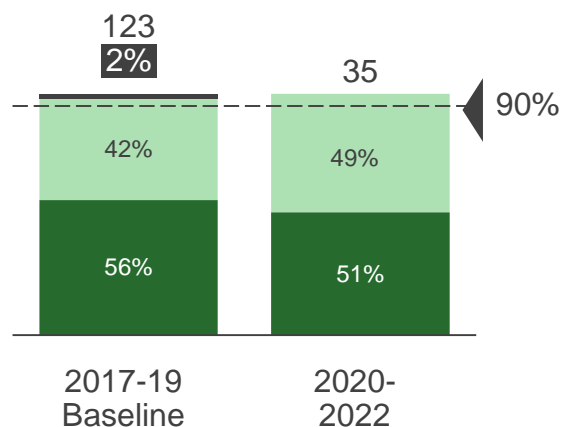
Difference between size of cohort reflects completed funding cycle in 2017-2019 vs. first submission window for 2020-2022

Results by portfolio type*

Disagree | Agree | Strongly Agree

Results by component

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*Excludes 1 Multicounty Funding Request

Implementation

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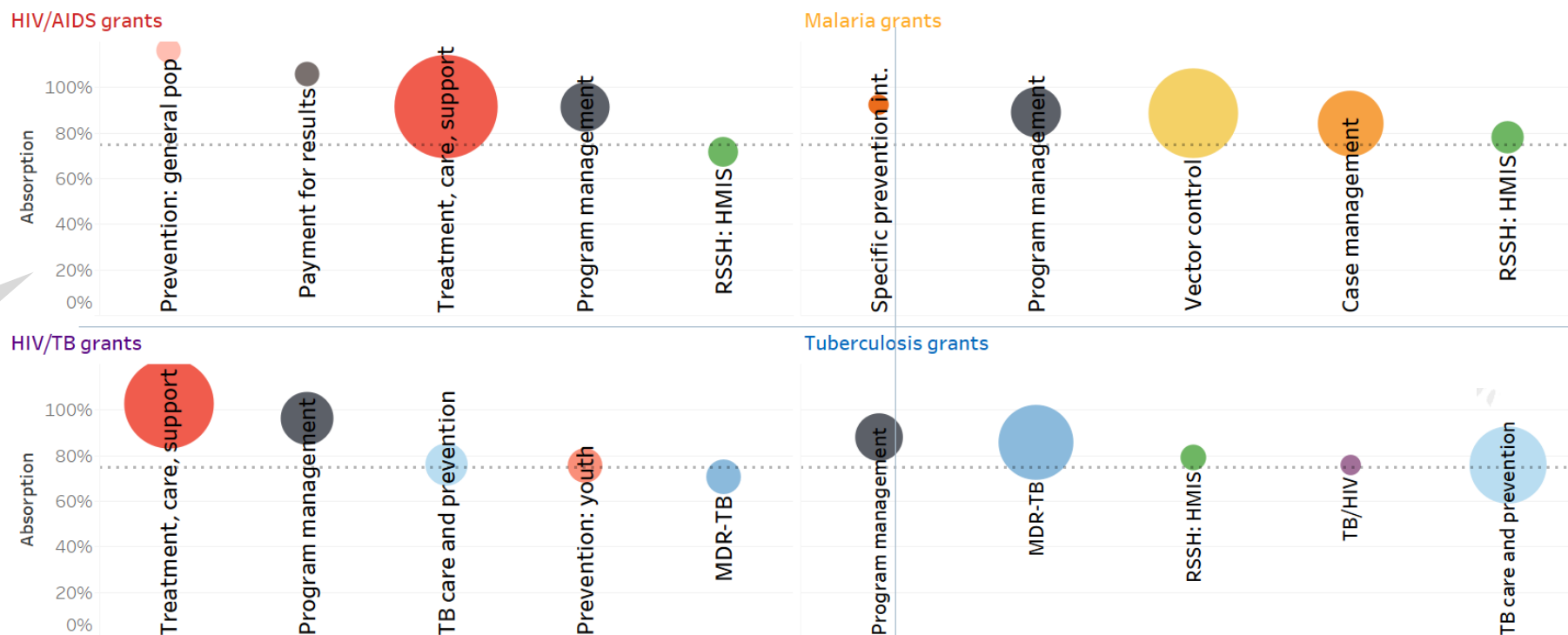- 🟢 **KPI 7a – Fund utilization: allocation utilization**
- 🟢 KPI 7b – Fund utilization: absorptive capacity

Measure	Mid-2020 Result	Key takeaways
Portion of allocation that has been committed or is forecast to be committed as a grant expense	**98% (5th Replenishment)** **Target** 91-100% (5th Replenishment, 2018-2020)	• As proposed in decision (see pre-read document on Adjustments to KPI Framework) it is recommended to use **disbursements** (actuals + forecast) rather than grant expenses for measure of funding, as disbursements is a more reliable/consistent estimate of current and future funding. Overall result equals **97%** when using disbursements.
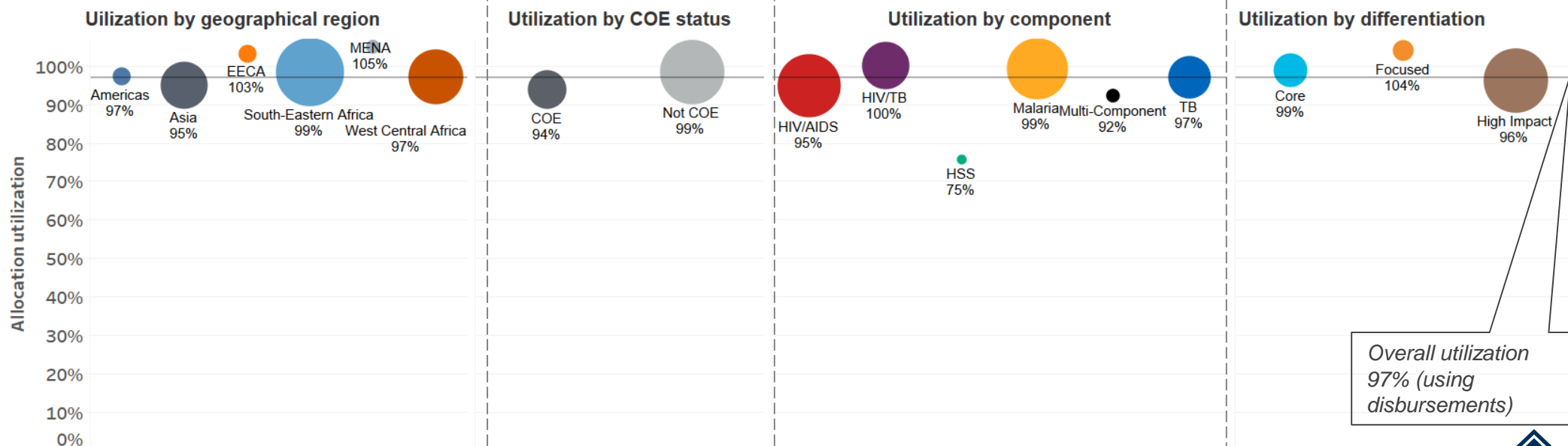
*Utilization calculated based on **disbursements**, same patterns observed considering grant expenses (commitments) instead*

Size of bubbles proportional to allocated amount (5th replenishment)

Uilization by geographical region
- Americas 97%
- Asia 95%
- EECA 103%
- South-Eastern Africa 99%
- MENA 105%
- West Central Africa 97%

Utilization by COE status
- COE 94%
- Not COE 99%

Utilization by component
- HIV/AIDS 95%
- HIV/TB 100%
- Malaria 99%
- Multi-Component 92%
- TB 97%
- HSS 75%

Utilization by differentiation
- Core 99%
- Focused 104%
- High Impact 96%

Overall utilization 97% (using disbursements)
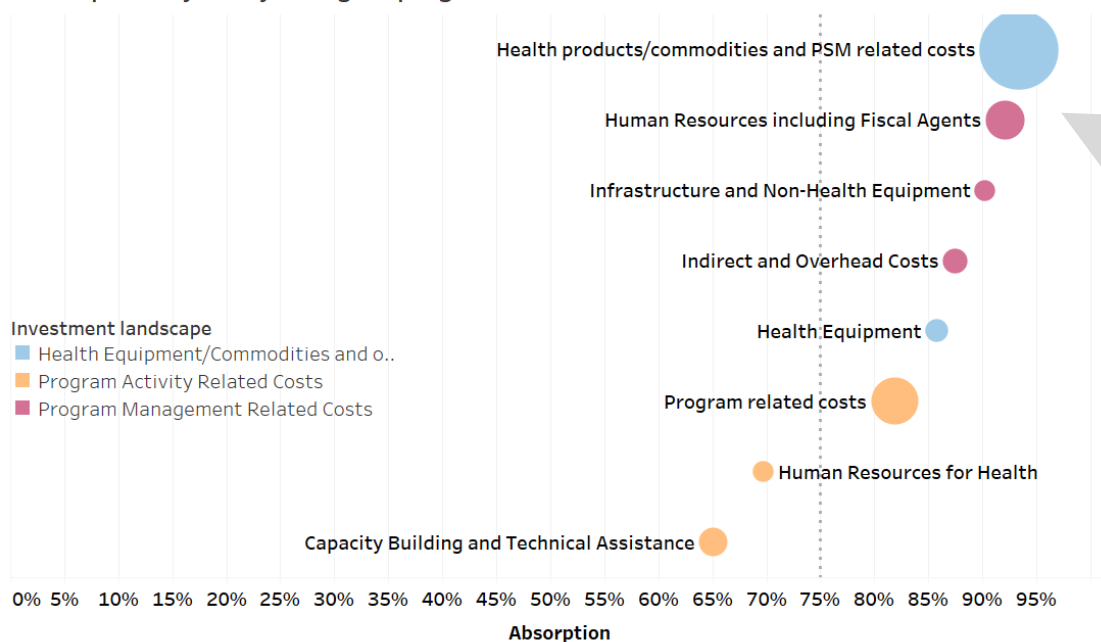
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Performance
- KPI 7a – Fund utilization: allocation utilization
- **KPI 7b – Fund utilization: absorptive capacity**

Measure	Mid-2019 Result	Key takeaways
Portion of grant budgets that have been reported by country program as spent on services delivered	**88%** **Target** 75% by 2022	• Continued improvement of grant absorption rate for the measurement period (2017/19) at 88% compared to previous reports (fall 2019 based on 2016/18 data) where it was at 81% - target remains exceeded by a wide margin • Strong performance for all disease components (all above 80%) including for standalone RSSH and multi-component grants *(not displayed on graph below, due to their low budget amounts)* • All regions are above target – strongest achievement across Africa and improvement in Americas, Multi-country grants have slightly lower absorption vs. single country (83% vs 87%) • Explained by improvement in closure process (systematic tracking and inclusion of closure reports from 4th replenishment); effective collaboration and alignment with partners on the ground; regular risk & assurance activities to identify issues; ongoing reprogramming of grants; efforts to maximize utilization of forecasted unutilized funds. • As absorption is linked to grant lifecycle, variations are expected until the end of the Strategy

Improvement for all disease components

Absorption by component for 2017-2019

HIV/AIDS **90%** (+8%) | Malaria **88%** (+5%) | Tuberculosis **82%** (+8%) | HIV/TB **89%** (+9%)

Improvement for all types of portfolio

Absorption by portfolio type for 2017-2019

High-Impact **87%** (+6%) | Core **91%** (+9%) | Focused **87%** (+9%)

Absorption by geographical region for 2017-2019
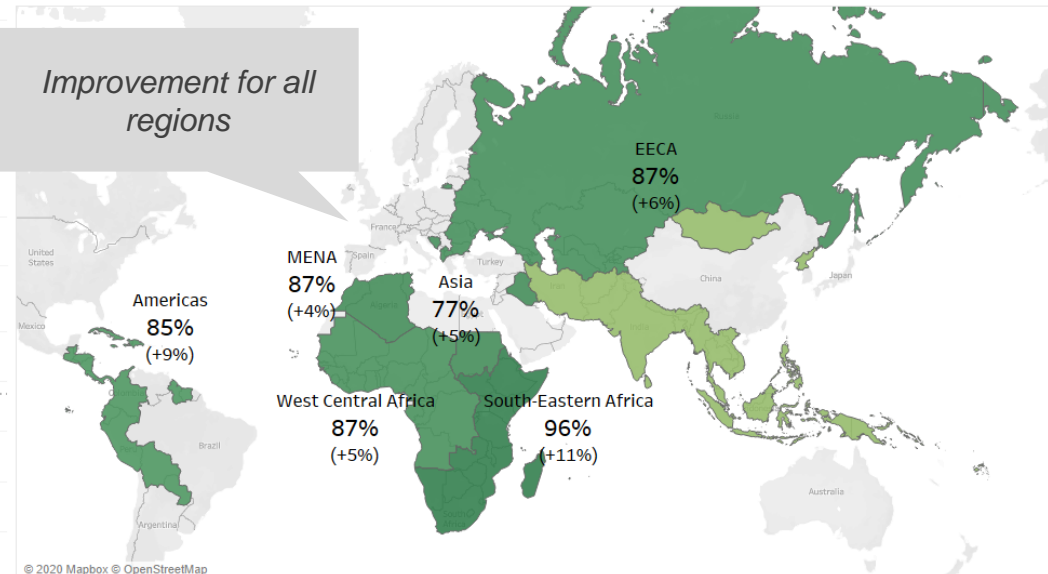
Improvement for all regions

EECA **87%** (+6%) | MENA **87%** (+4%) | Asia **77%** (+5%) | Americas **85%** (+9%) | West Central Africa **87%** (+5%) | South-Eastern Africa **96%** (+11%)

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Geographical regions based on UN geoscheme

The size of the bubbles is proportional to the total 2016-2018 budget amount

Performance
- KPI 7a – Fund utilization: allocation utilization
- **KPI 7b – Fund utilization: absorptive capacity**

Measure	Mid-2019 Result	Key takeaways
Portion of grant budgets that have been reported by country program as spent on services delivered	**88%**	**Result by modules** (key activities): absorption is high for most modules with high and low volume. Activities with high commodities amounts (treatment, vector control, etc.) have high absorption consistent with prior findings. When considering all modules, absorption rates for RSSH and some TB-related activities (care and prevention, TB/HIV) show lower absorption rates, but still at target. There is no pattern (higher/lower absorption) for prevention modules related to key populations
	Target	
	75% by 2022	

Absorption for top 5 modules (in total budgeted amount) by disease component. Generally above target

The size of the bubbles is proportional to the total 2017-2019 budget amount

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

Measure	Mid-2019 Result	Key takeaways
Portion of grant budgets that have been reported by country program as spent on services delivered	**88%**	**Result by analytical grouping** (key costs): absorption is higher for commodities-related costs and for program management but significantly lower for items related to program activities ("soft" activities). This is consistent across disease components (including TB, now at target for commodities-related costs) and at a more granular cost grouping level (except for PSM-related costs with lower absorption than for the rest of commodities-related costs).
	Target	
	75% by 2022	

Absorption by analytical grouping

Investment landscape
- ■ Health Equipment/Commodities and o..
- ■ Program Activity Related Costs
- ■ Program Management Related Costs

Absorption is higher for activities linked to Commodities and Program management. Low for HRH and TA / capacity building

Patterns are not disease specific. Program Activity Related Costs are absorbing at lower level, regardless of the disease

Absorption by investment landscape and disease component

Component Name
- HIV/AIDS
- HIV/TB
- Malaria
- Tuberculosis

The size of the bubbles is proportional to the total 2017-2019 budget amount

Results
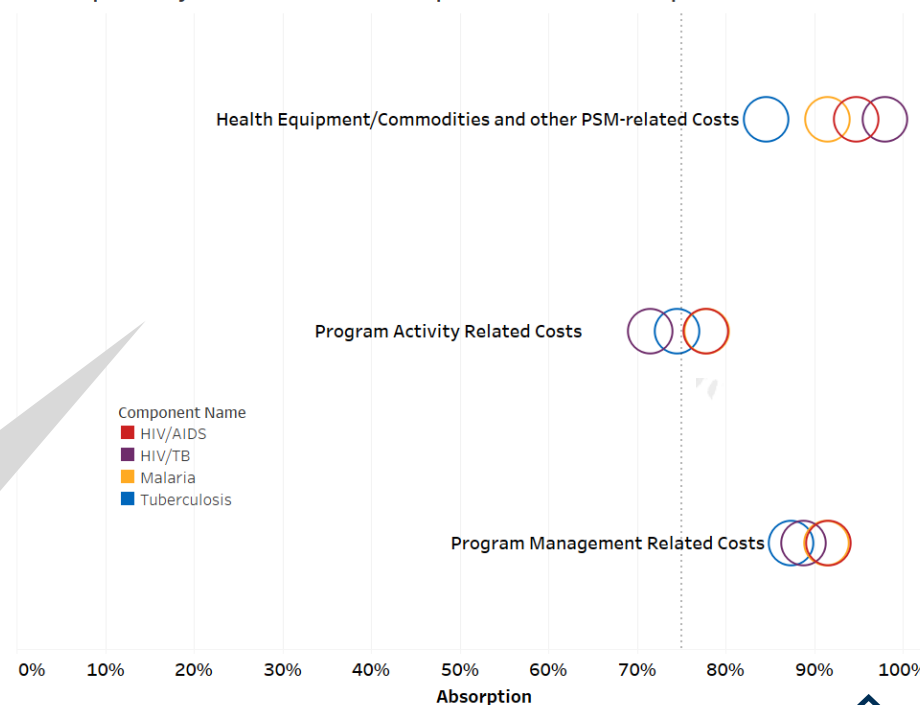
Update on KPI target: mid-strategy recalibration for KPIs 1, 2 and 8

Background – mid strategy recalibration

- When the 2017-2022 KPI Framework was adopted, the Secretariat committed to revisit the targets for modelled indicators (KPI 1, KPI 8 and KPI 2 - 10 of its 17 sub-indicators) to account for the 2020-2022 replenishment result, allocation methodology assumptions and updates on epidemiological baseline and national funding projections

- This exercise was carried out in the first part of 2020 by the Secretariat in collaboration with the modelling secretariat (Imperial College) and modelling teams. For each indicator, the new modelled targets and uncertainty bounds, were compared to the current strategy targets

- The exercise did not include the 7 non-modelled KPI2 indicators as they are not linked to the available funding

Result of the exercise

- For each of the modelled indicators, the result of the new modelling exercise at the aggregate level is always consistent, considering its uncertainty range, with the target initially set in the Strategy. **There is therefore no reason to update the targets as there is no statistically significant difference at the portfolio level with the result of the previous exercise**
- Estimates might differ at the country level. Therefore, the updated estimates are shared with Secretariat's Country Teams (in lieu of the ones obtained through the previous modelling exercise) in supporting the negotiation of grant targets for the 2020-2022 allocation cycle
- This exercise took place early in 2020 and followed the approach scheduled when the KPI framework was adopted. It is therefore **not** factoring in the impact of COVID-19, which is assessed through separate ongoing work with technical partners

Conclusion

- **No update recommended**; current set of existing targets to be retained for KPIs 1, 2 and 8

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 to 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
% ART retention	% of adults and children with HIV known to be on treatment 12 months after initiation of ART **(No longer reported - indicator removed from UNAIDS Global AIDS Monitoring indicator framework*)**	Non Modelled	WHO data, GF data for countries with no data	Same as numerator	33 countries
% VLS	% of people living with HIV on ART with viral load suppression *(Reported here as management information – not part of the approved KPI framework, further analysis and potential inclusion in framework to be presented in Spring 2021 to Board for decision)*	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	WHO data	WHO data	93 countries

* Global AIDS Monitoring Report, UNIADS, 2020 (page 29): https://www.unaids.org/en/resources/documents/2019/Global-AIDS-Monitoring

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

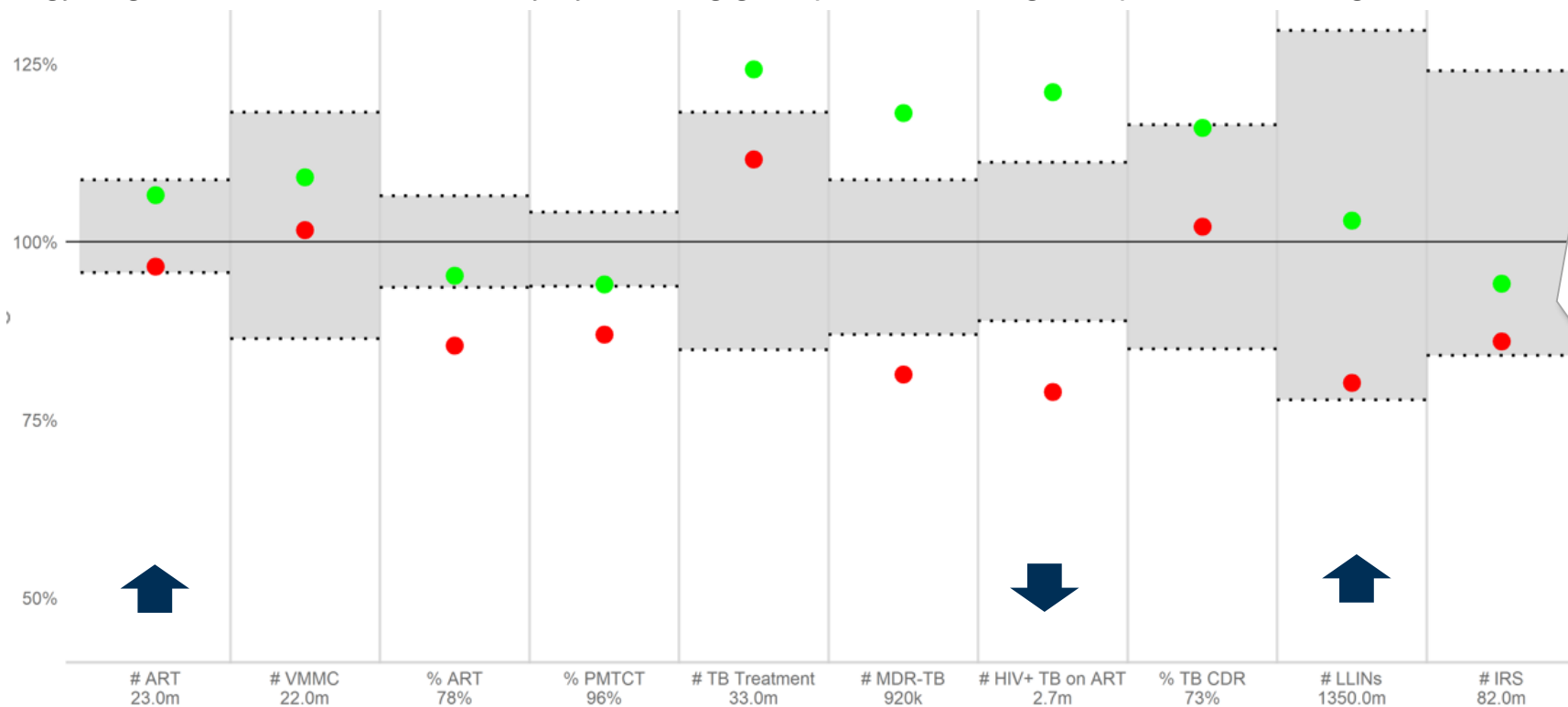# Summary of KPI 2 results and projections* to achieving 2022 targets

Maximize impact against HIV, TB, Malaria
- 🟠 KPI 2 – Performance against service delivery targets
- 🔴 KPI 5 – Service coverage for key populations

*Projections based on best available data and will be updated with new grant targets in the next cycle and with grant performance

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

	Indicator	Strategy target (See document related to KPI framework updates for discussion on mid-strategy recalibration)	Latest Result	High projection assumes grant targets will be fully reached	Low projection (only applies for modelled indicators) based on current performance remaining stable	GF level of funding **
HIV/AIDS	% PLHIV know	33 countries for which 80% PLHIV know their status	19 countries	🟠		
	# ART	23 million	20.5 million	🟢	🟠	Medium
	% ART	78%	67%	🟠	🔴	Medium
	# VMMC	22 million	12.2 million	🟢	🟢	Low
	% PMTCT	96%	86%	🟠	🔴	Low
	% ART retention	33 countries for which 90% PLHIV known to be on treatment 12 months after initiation of ART				
HIV/TB	# HIV+TB on ART	2.7 million	1.1 million	🟢	🔴	Low
	% IPT	35 countries for which 80% of PLHIV newly enrolled in care started preventative therapy for TB	8 countries	🔴		
TB	# TB	33 million	17 million	🟢	🟢	High
	% TB	73%	67%	🟢	🟢	High
	% TB TSR	99 countries for which 90% of TB cases successfully treated	65 countries	🟠		
	# MDR-TB	920 thousand	335 thousand	🟢	🔴	High
	% MDR-TB TSR	33 countries for which 85% of RR and/or MDR-TB cases successfully treated	6 countries	🟠		
Malaria	# LLINS	1350 million	488 million	🟢	🟠	High
	# IRS	250 million	23 million	🟢		Low
	% Malaria testing	80 countries for which 90% of suspected malaria cases received a parasitological test	69 countries	🟢		
	% IPTp3	36 countries for which 70% of women received at least 3 doses of IPT for malaria during ANC visits	8 countries	🔴		

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

🟠 At risk
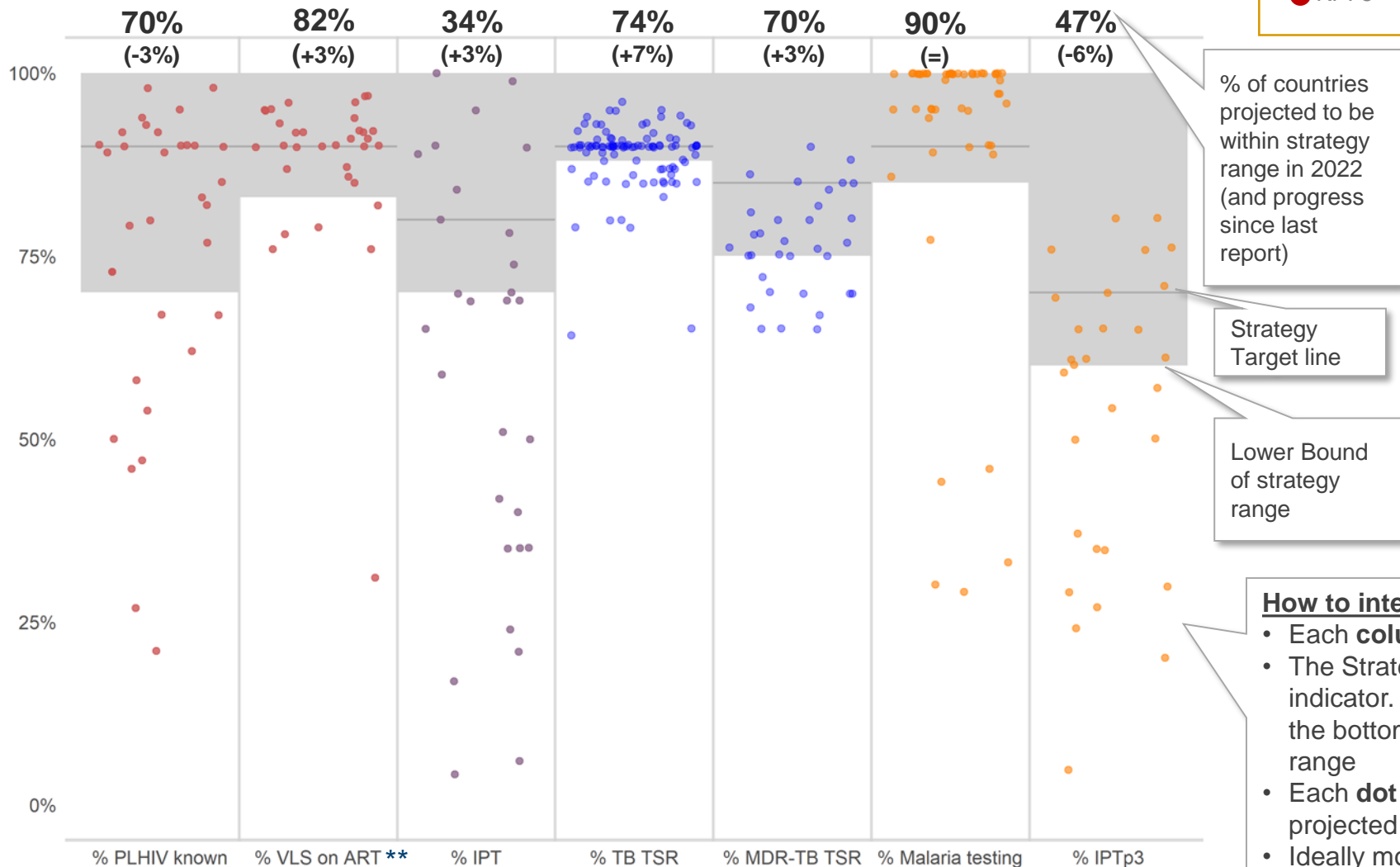
🔴 Off track

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

Maximize impact against HIV, TB, Malaria
- KPI 2 – Performance against service delivery targets
- KPI 5 – Service coverage for key populations

All indicators will be in range of Strategy target if programs meet their performance targets. However, it is unlikely that all countries will meet the target if the current level of performance persists. Strategy targets are within reach but only by ensuring good performance against performance targets

# ART 23.0m	#VMMC 22.0m	% ART 78%	% PMTCT 96%	# TB Treatment 33.0m	# MDR-TB 920k	# HIV+ TB on ART 2.7m	% TB CDR 73%	# LLINs 1350.0m	# IRS 82.0m

───── Strategy target

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

⬆ ⬇ Significant progress/deterioration from last report

🟢 Aggregate projection assuming all countries **meet their existing PF targets** (assuming flat-lining for years with no target) **– high projection**

🔴 Aggregate projection assuming countries **stay at current level of performance** against PF targets (flat-lining for years with no target) **– low projection**

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
- **Red dots** represent the aggregate "conservative " projection, assuming all countries continue to perform at same level as now against their PF targets. Ideally, they should be close/above ST to reflect adequate ambition <u>and</u> good performance

*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 5 – Service coverage for key populations

70%	82%	34%	74%	70%	90%	47%
(-3%)	(+3%)	(+3%)	(+7%)	(+3%)	(=)	(-6%)

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

% of countries projected to be within strategy range in 2022 (and progress since last report)

Strategy Target line

Lower Bound of strategy range

Overall comments

- Most countries are expected to meet the strategy targets for % malaria testing.
- Many countries are not expected to meet strategy targets for % PLHIV, drug-susceptible TB and MDR-TB treatment success rates; however several are just under the strategy range.
- Performance on %IPT and %IPTp3 is the weakest with less than half of countries expected to meet the target.

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.   **VLS is not part of the KPI 2 list yet. This is purely management information.*

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

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

2017 Result · 2018 Result · 2019 Result · Low projection · High projection · Strategy target

0%　　　　50%　　　75%

How to interpret (*bar chart*):
- The blue bar corresponds to the results progression from 2017, 2018 and the most recent 2019 result for countries in cohort, these are <u>national results</u> as of 2019 either from GF grant reporting or from technical partners. Note: these results do not necessarily match results reported in the GF Results Report as the cohort of countries may be slightly different.
- The **grey range** corresponds to the **Strategy Target** (at end of Strategy, either on 2022 or cumulative 2017-2022, depending on the indicator) with its uncertainty range
- The **green line** is the **High Projection:** based on full achievement of targets in current Performance Framework (PF), with assumption of flat-lining for following years, and using current partner results if no target data in PF
- The **red line** is **Low Projection:** same as High Projection, adjusted to 2018 performance when available (expecting current performance vs. targets will continue up to 2022), otherwise using median performance in the region

How to assess performance:
- a) **If both projections are within/above the grey range:** if current performance continues, achievement of the strategy target for this indicator is expected
- b) **If the red line is left of the grey range:** performance against PF targets will need to improve in order to achieve Strategy Target; focus needs to be on implementation
- c) **If the green line is left of the grey range:** target unlikely to be achieved even at 100% achievement of PF targets; grant revisions / scale-up may need to be pursued

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

100%　75%　50%　25%　　100%
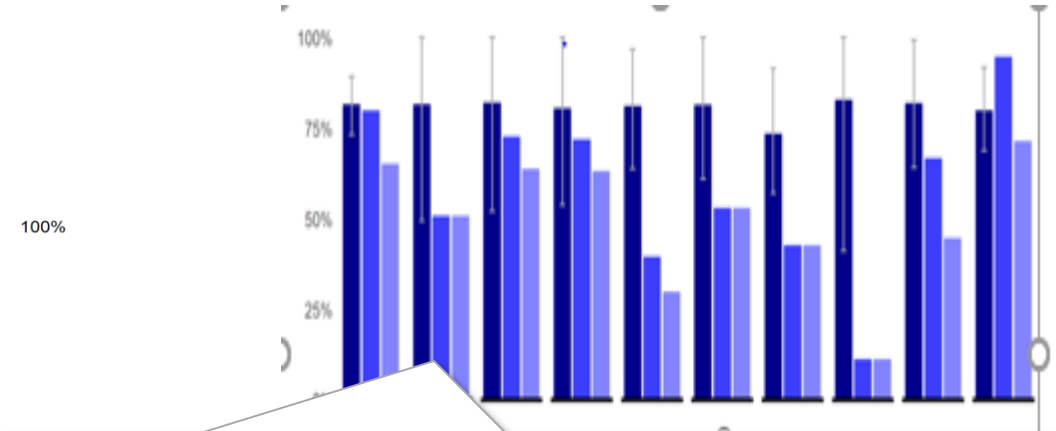
How to interpret (*results by country*):
- **Size/height of bar** corresponds to the number of services / service coverage in 2018 and 2019 for selected countries.
- The **countries** displayed are the top 10 most important drivers of the gap between the conservative projection and achievement of Strategy target
- The dark blue (first bar) is the countries' expected contribution to the GF Strategy Target. The line represents the corresponding uncertainty range. *It should be noted that following the mid-strategy review of the modelled targets, strategy target recalibration is in process at country level. This will be reflected the next time this KPI is reported*
- The middle bar is based on full achievement of targets in current Performance Framework (PF), with assumption of flat-lining for following years up to 2022
- The light blue bar (third bar) is adjusted to recent performance when available (expecting current performance vs. targets will continue 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

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

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

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

How to interpret *(vertical country target distribution bars)*:
- The **bars** represent the 2022 projections for individual countries, with the same colour coding as for the overall projection bar, comparing them to 2 reference lines (solid line: strategy target mid point (ST); and dotted line: lower bound (LB) of confidence interval)
- The **dots** show the current result (generally for 2019) based on partner data and/or results reported in GF grants, depending on the indicator
- This graph provides three additional details compared to the overall bar:
  - How far are countries from a specific threshold (rather than just whether they meet it or not)?
  - Is the projection reasonable given the current results (if available)?
  - What are the countries in each group?
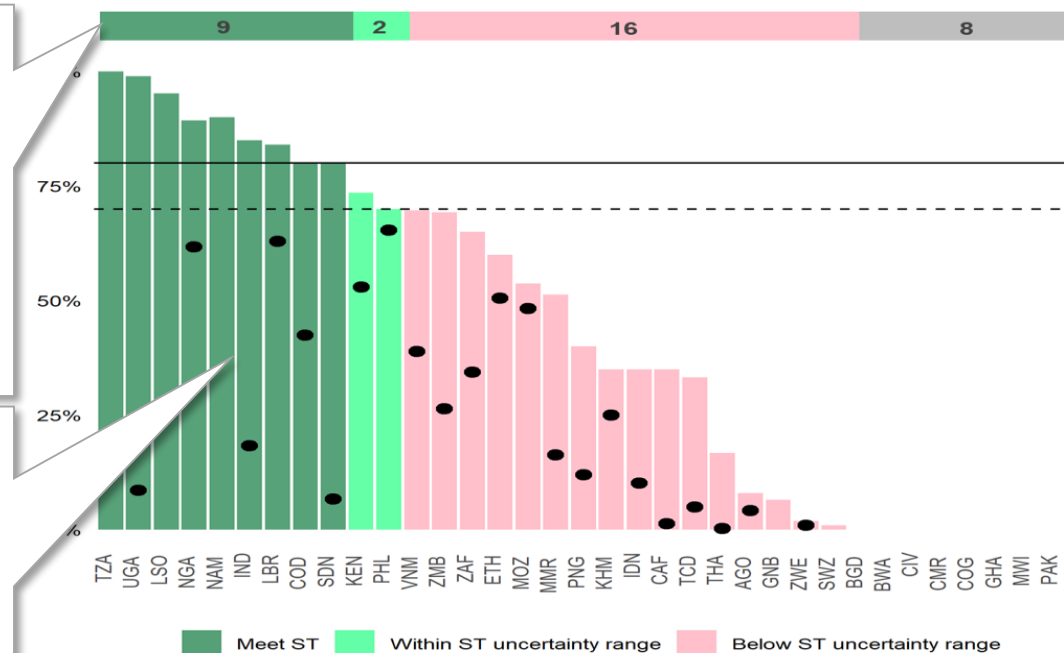
% PLHIV know (people living with HIV knowing their status)

Countries per category

Maximize impact against HIV, TB, Malaria
● **KPI 2 – Performance against service delivery targets**
● KPI 5 – Service coverage for key populations

Bars = 2022 projections
Dots = 2019 achievements
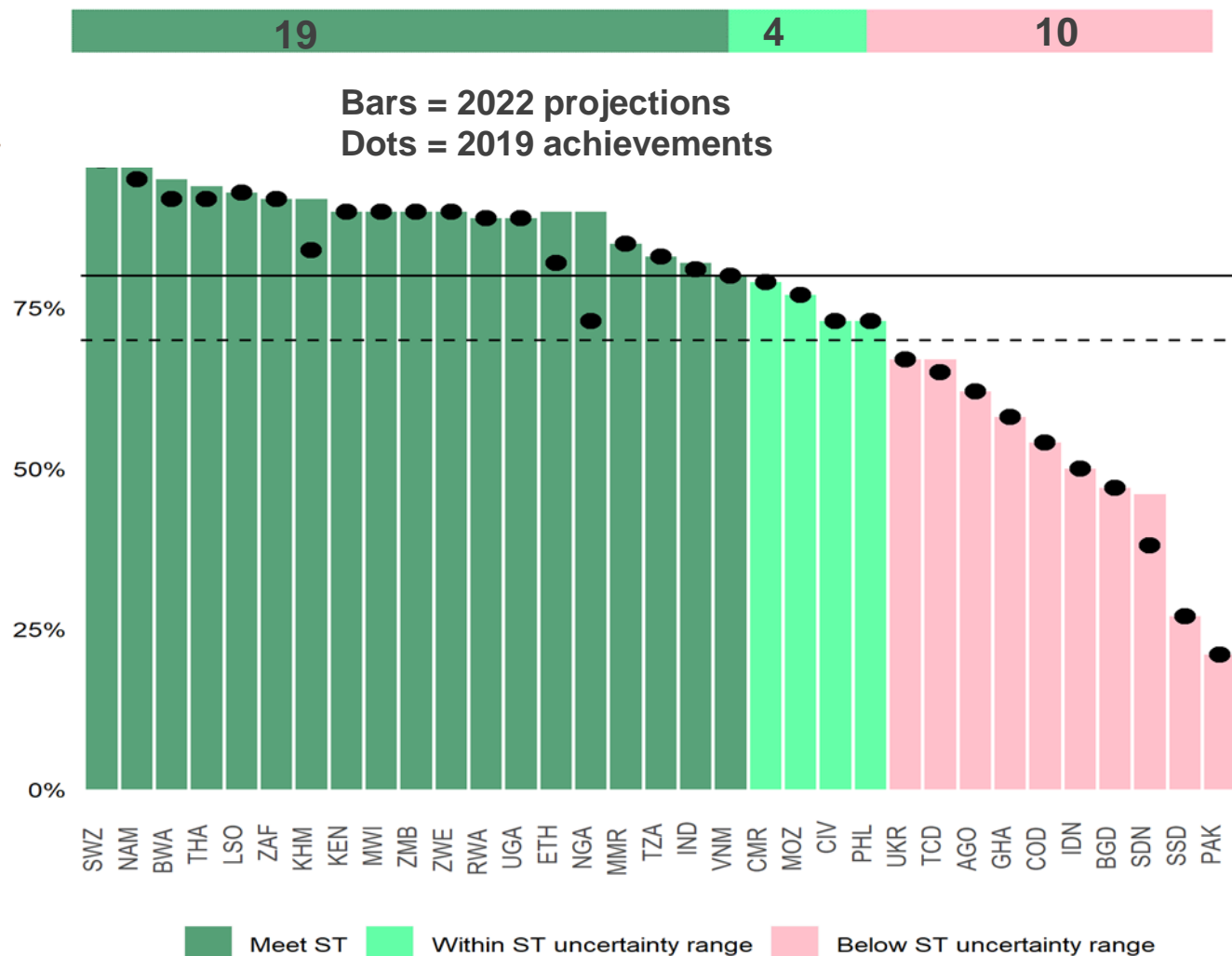
End-2022 Target

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

Key takeaways

- Cohort of 33 countries, data available for all of them
- **70% of countries where data available are expected to be within target range, but large variance in projected achievements**
- In total, 29 countries had improved results since last reporting period, with an average 2% progress
- Median achievement for 2019 is 81%
- Achievements are much lower though in COEs with median of 54% in 2019
- Expected significantly negative impact of COVID-19 due to reduction on scale of HIV prevention activities that used a face-to-face approach

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 # ART (patients on ART)

At the end of 2019 for countries in the Strategy, there were 20.5 M adults and children receiving ART

Maximize impact against HIV, TB, Malaria
- KPI 2 – Performance against service delivery targets
- KPI 5 – Service coverage for key populations

2019 results*

2022 projections**

2017 Result | 2018 Result | 2019 Result | Strategy target / Low projection | High projection

0M — 5M — 10M — 15M — 20M — 25M

*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

End-2022 Target

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

Key takeaways

- Cohort composed of 99 countries
- **Aggregate PF targets in line with strategy, achievement of 2022 target looks likely with continuing good performance and achievement of targets**
- Overall good grant performance against their own targets across portfolio (median: 93%) with distribution of performance slightly improving in most countries from 2018 to 2019
- The gap between the 2022 low projection and Strategy target is mainly driven by Nigeria and Indonesia.
- Projections highly dependent on updates to PLHIV population estimates. Contribution of Nigeria to the Strategy target is based on outdated country prevalence estimates; the size of population living with HIV is estimated to be much lower than the assumption used by the initial model. The gap to Strategy target might therefore be overestimated for Nigeria. This will be reassessed in next year's report, when the recalibrated country strategy contributions will be used

Top 10 countries by contribution to 2022 Strategy target	
1	ZAF
2	NGA
3	IND
4	UGA
5	MOZ
6	KEN
7	TZA
8	ZMB
9	ZWE
10	MWI

Results for <u>countries driving the gap</u> between Low projection and Strategy targets

- Contribution to 2022 Strategy target
- 2022 High projection (based on full achievement of grant targets)
- 2022 Low projection (based on recent performance)

NGA | IDN | MYS | PNG | IND | PHL | VNM | PAK | CMR | TCD
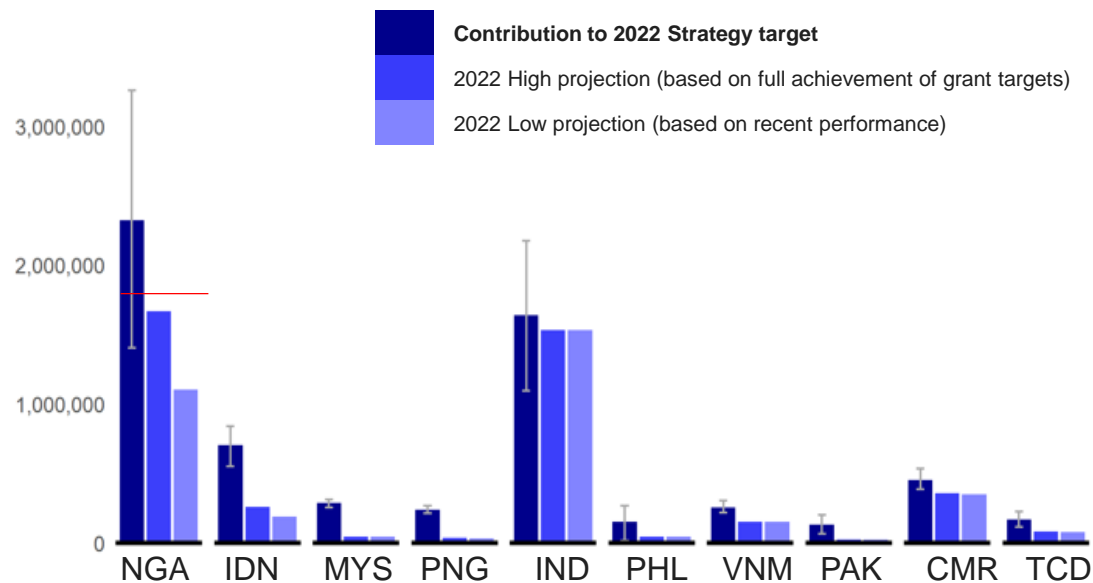
Represents current estimated total population living with HIV in Nigeria, based on most recent prevalence survey
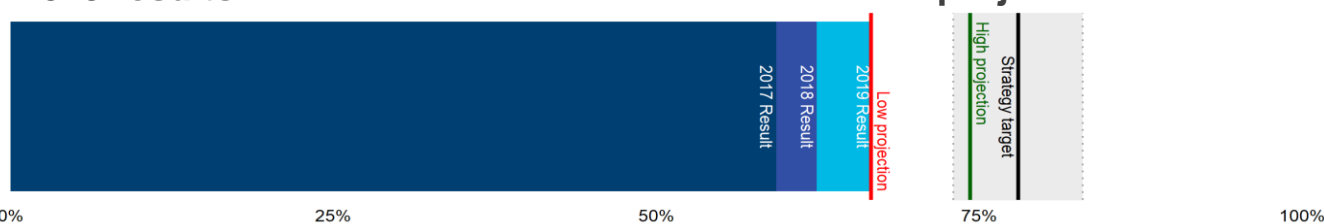
The Global Fund

54

% ART (ART Coverage)

At the end of 2019 for countries in the Strategy, 66.8% of adults and children were receiving ART among entire population living with HIV*

2019 results　　　　　**2022 projections***

2017 Result　2018 Result　2019 Result　Low projection　High projection　Strategy target

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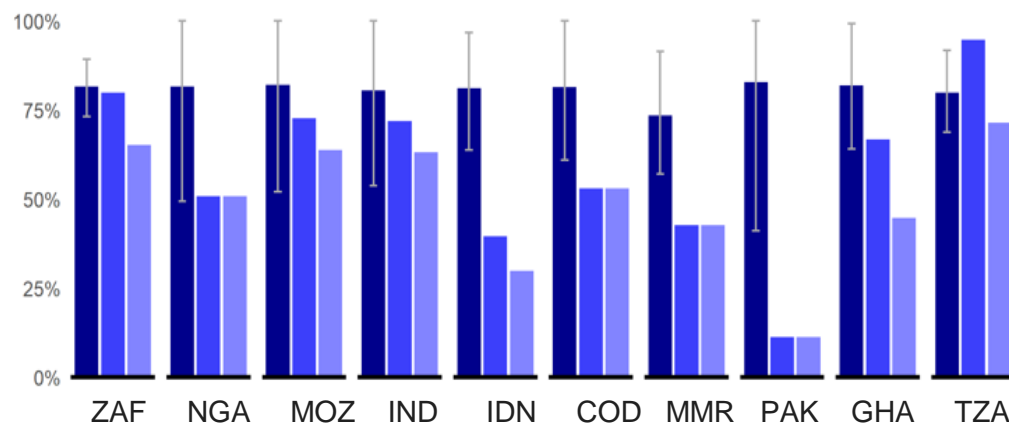***Projections sensitive to updates in people living with HIV population estimates*

End-2022 Target

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

Key takeaways

- Cohort composed of 33 countries
- **Aggregate PF targets just within Strategy target range, so achievement of being in 2022 target range possible assuming targets are reached** (high projection)
- Overall good grant performance against their targets across portfolio (median: 93%) with distribution of performance slightly improving in most countries from 2018 to 2019
- The gap between the 2022 low projection and strategy target is mainly driven by South Africa, Nigeria, Mozambique and India due to high disease burden
- Projections highly dependent on updates to PLHIV population estimates; it is likely that the gap between Nigeria's national target and its modelled strategy contribution is due partly to outdated prevalence data used for the initial model. This will be reassessed in next year's report, when the recalibrated country strategy contributions will be used

Results for countries <u>driving the gap</u> between low projections and Strategy targets

Contribution to 2022 Strategy target

2022 High projection (based on full achievement of grant targets)

2022 Low projection (based on recent performance)

ZAF　NGA　MOZ　IND　IDN　COD　MMR　PAK　GHA　TZA

% VLS on ART

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

Countries per category

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

| 23 | 4 | 7 |

Bars = 2022 projections
Dots = 2019 achievements

Meet ST   Within ST uncertainty range   Below ST uncertainty range

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

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

This is not part of the official KPIs – the Secretariat will formally propose to add this indicator to the KPI Framework at Spring 2021 Board meeting
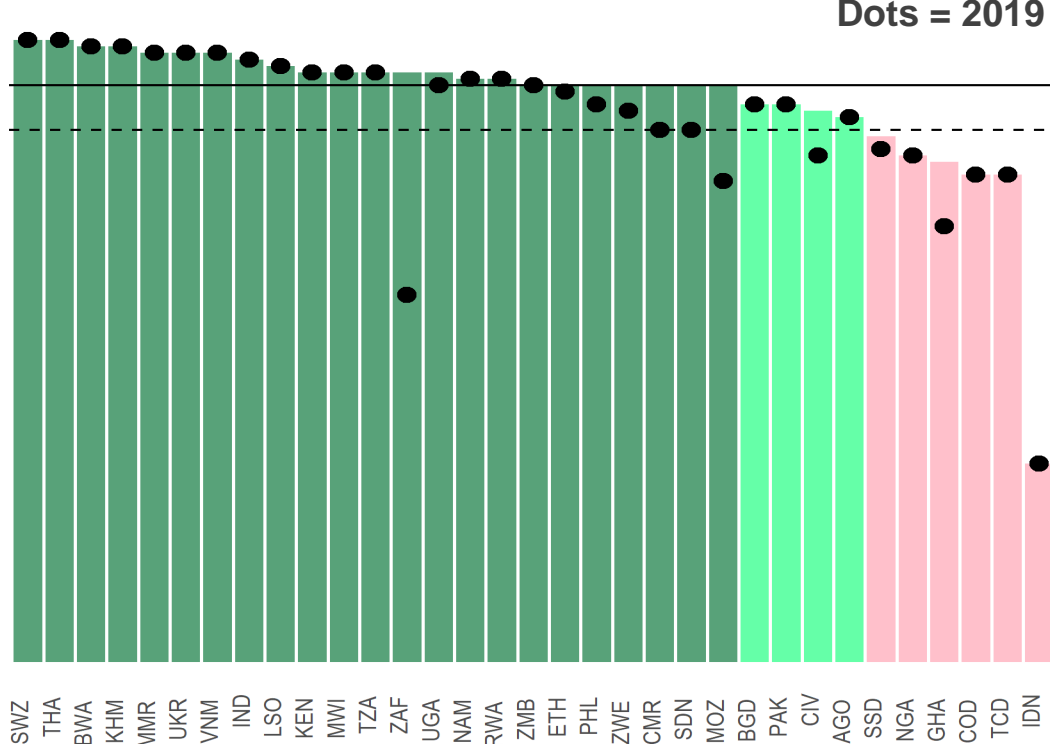
VMMC (voluntary male circumcisions)

From 2017 to 2019 for countries in the Strategy, 12.2M men were circumcised

Maximize impact against HIV, TB, Malaria
● **KPI 2 – Performance against service delivery targets**
● KPI 5 – Service coverage for key populations

2017-2019 results*

2017 Result | 2018 Result | 2019 Result

0M — 10M

*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 and 2018 only

2017-2022 projections

Strategy target | Low projection | High projection

20M

2017-2022 Target

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

Key takeaways

- Cohort composed of 14 countries, all in Africa
- **National results indicate that strategy target is very likely to be met**
- VVMC is predominantly funded by PEPFAR so only a few GF grants have corresponding performance data
- For countries that do fund VMMC through GF grants, overall performance vs grant target has been very high with median performance at 94%
- In Malawi, at the point when KPI targets were being set through modelling, the country was receiving funding support from World Bank, PEPFAR and GF. In 2018, the World Bank funding in 6 districts came to an end. Although PEPFAR and GF (through portfolio optimization) increased funding, they have not yet been able to meet the targets. GF and PEPFAR are working collaboratively in 12 districts with GF being responsible for VMMC commodities and PEPFAR for service delivery

Top 10 countries by contribution to 2017-2022 Strategy target	
1	UGA
2	ZAF
3	MWI
4	MOZ
5	ZWE
6	ZMB
7	TZA
8	RWA
9	KEN
10	NAM

Results for countries <u>driving the gap</u> between Low projection and Strategy targets

Legend:
- Contribution to 2017-2022 Strategy target
- 2017-2022 High projection (based on full achievement of grant targets)
- 2017-2022 Low projection (based on recent performance)
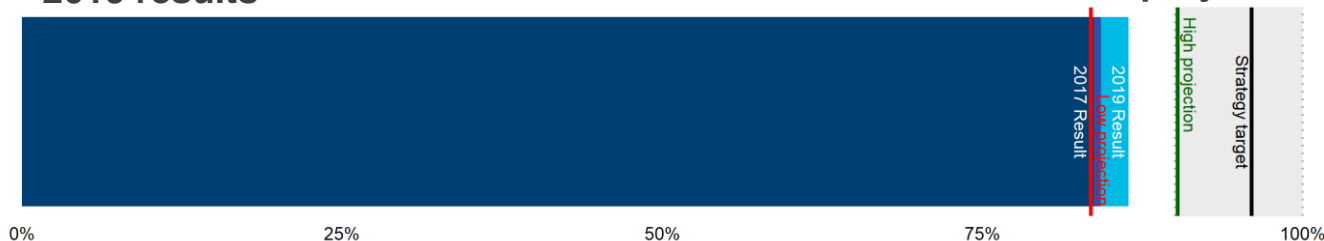
Countries: MWI, ZWE, ZAF, MOZ, NMB, RWA, BWA, SWZ

The Global Fund

% PMTCT (PMTCT coverage)

In 2019 for countries in the Strategy, 86.4% of HIV+ pregnant women received ART for PMTCT

Maximize impact against HIV, TB, Malaria
● **KPI 2 – Performance against service delivery targets**
● KPI 5 – Service coverage for key populations

2019 results*   **2022 projections****

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 countries <u>driving the gap</u> between Low projection and Strategy targets

■ Contribution to 2022 Strategy target
■ 2022 High projection (based on full achievement of grant targets)
■ 2022 Low projection (based on recent performance)

NGA COD AGO GHA ZAF TCD IDN KEN MLI SSD

Line indicates 96% coverage strategy target
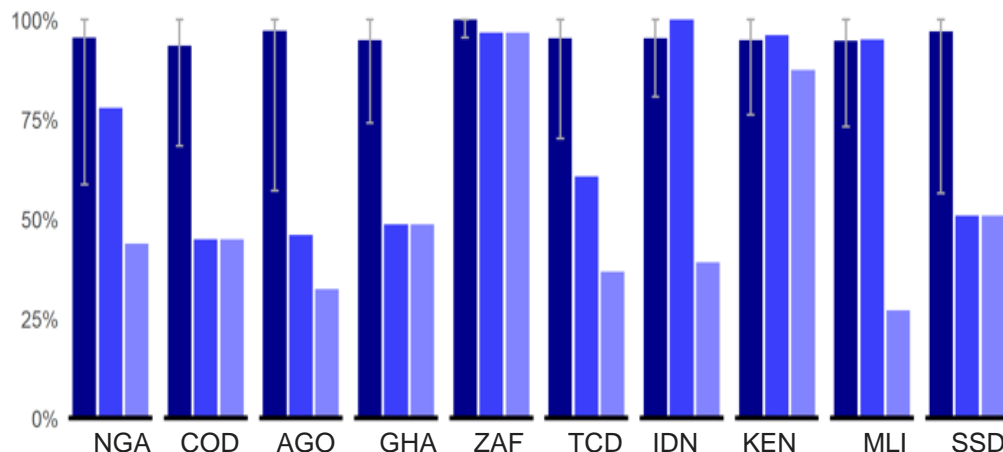
End-2022 Target

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. the Strategy targets. If all grants achieve their PF targets, the Strategy target range is just in reach**
- The gap between the low projection and Strategy target is mainly driven by the following countries: Nigeria, DRC, Angola and Ghana due to high disease burden, low targets and weak performance (Nigeria & Angola)
- For Nigeria, some of the gap could be also due to the overestimation of prevalence in the initial model's assumptions
- GF does not directly support PMTCT in South Africa (most important country in the Strategy) as it is completely government-funded
- **Target appears challenging to meet given current situation**
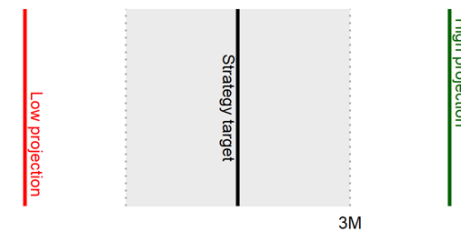
The Global Fund

Level of Control ②

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

From 2017 to 2019 for countries in the Strategy, there were 1.1M registered HIV-positive TB patients (new and relapse) given antiretroviral therapy during TB treatment.

Maximize impact against HIV, TB, Malaria
- KPI 2 – Performance against service delivery targets
- KPI 5 – Service coverage for key populations

2017-2019 results*

0M — 1M

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

2017-2022 projections

Low projection — Strategy target — High projection

2M — 3M

Top 10 countries by contribution to 2017-2022 Strategy target	
1	ZAF
2	IND
3	MOZ
4	KEN
5	AGO
6	TZA
7	NGA
8	UGA
9	ZMB
10	CMR

Results for countries driving the gap between Low projection and Strategy targets

- Contribution to 2017-2022 Strategy target
- 2017-2022 High projection (based on full achievement of grant targets)
- 2017-2022 Low projection (based on recent performance)

ZAF AGO NGA CAF IND CMR THA KEN LSO VNM

End-2022 Target

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

Key takeaways

- Cohort composed of 93 countries
- Aggregate PF targets within Strategy target, **so achievement of 2022 target possible if PF targets are reached**
- Generally **low performance across portfolio** (median at 77% overall achievement against grant target) although there is overall progress from 2018 to 2019
- Among new and relapse notified cases, 63% had a known HIV status so detection of co-infected cases among notified cases is low not only due the low TB case detection but also in part due to levels of testing among notified cases.
- However, once a case is detected, it is generally put on ART (**89%** actual treatment rate for coinfections for 2019).
- The gap between the low projection and Strategy target is mainly driven by the following countries: South Africa, Angola, Nigeria and Central African Republic due to poor performance, often due to TB notification
- In South Africa, the ART response is mainly government-funded with limited GF support. A number of initiatives have been established by NDOH with support from PEPFAR including Operation Phuthuma to accelerate achievement of the 90-90-90 targets.
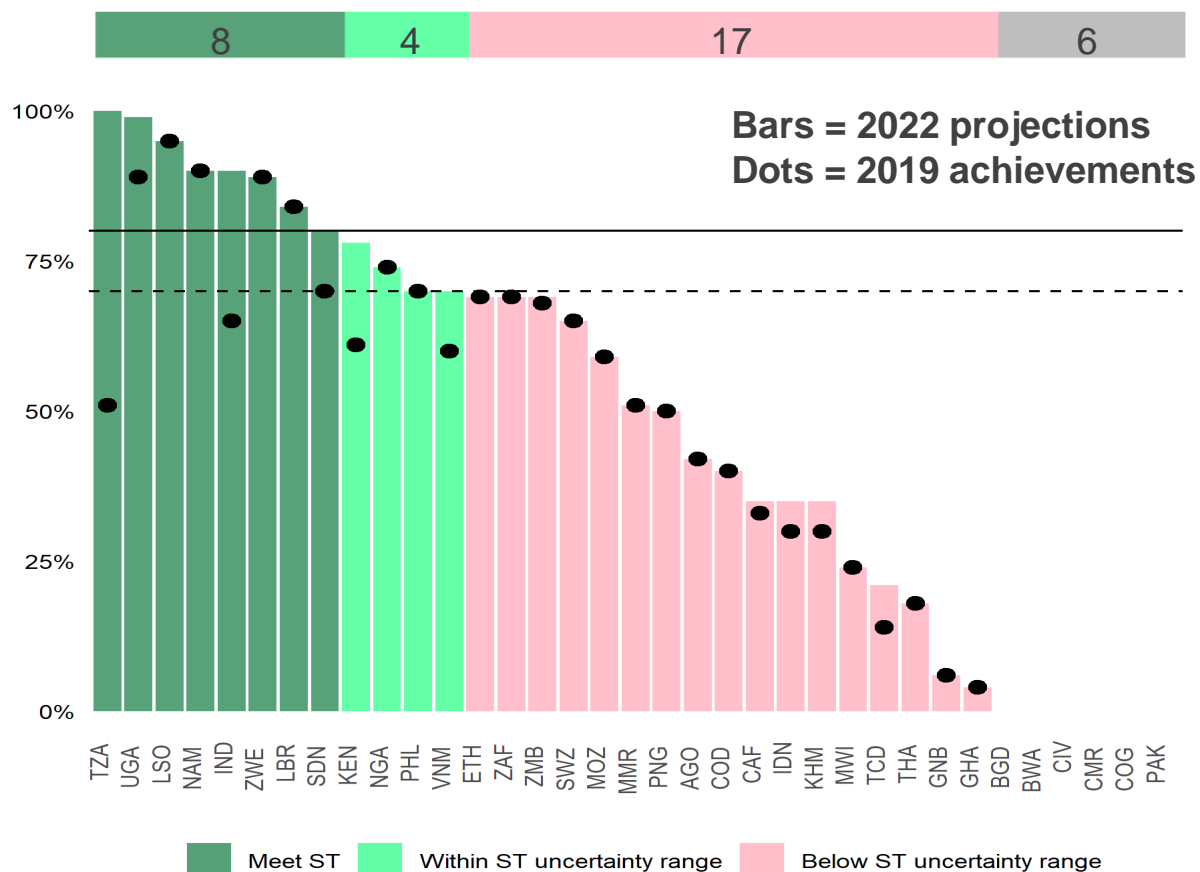
% IPT (% PLHIV starting IPT)

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

Countries per category

Maximize impact against HIV, TB, Malaria
● **KPI 2 – Performance against service delivery targets**
● KPI 5 – Service coverage for key populations

Bars = 2022 projections
Dots = 2019 achievements

Legend:
- Meet ST (dark green)
- Within ST uncertainty range (light green)
- Below ST uncertainty range (pink)

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

- Cohort of 35 countries. Data not available for 6 (17%)
- **Despite progress in achievements for over half of the countries from 2018 to 2019, only 34% of countries expected to be within target range) in 2022**
- Median achievement for 2019 is low at 51%
- In total though, 15 countries had improved results since last reporting period, with an average 5% progress
- Current achievements far from (already low) projections, with various levels of alignment between grant targets and the current achievements in country
- Poor KPI result has triggered IPT Strategic Initiative. TPT scale up with PEPFAR expected in new grants
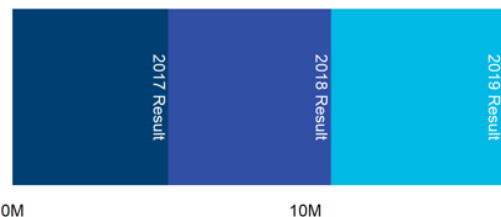
Level of Control ②

 # TB notif (TB notified cases)

From 2017 to 2019, for countries in the Strategy, there were 16.8M cases of all forms of TB notified bacteriologically confirmed plus clinically confirmed, new and relapses

Maximize impact against HIV, TB, Malaria
- KPI 2 – Performance against service delivery targets
- KPI 5 – Service coverage for key populations

2017-2019 results*

2017-2022 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 and 2018 only

2017-2022 Target

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

Key takeaways

- Cohort composed of 96 countries
- Aggregate PF targets significantly over Strategy target, **so achievement of 2022 target looks likely with continuing good performance and achievement of targets**
- Generally strong performance across portfolio (median of 86% against grant targets) at approximately the same level as last year
- There is no gap between low projections and strategy target but a few countries have projections lower than the expected contribution to the overall target: South Africa, DPRK, Nigeria and Ethiopia, due to low performance (except for South Africa) or high burden.
- The very high grant target of Nigeria compared to its contribution to the Strategy target is because of different assumptions on incidence level. Inconsistency to be resolved during the recalibration exercise

Top 10 countries by contribution to 2017-2022 Strategy target	
1	IND
2	IDN
3	PAK
4	ZAF
5	PHL
6	BGD
7	MMR
8	COD
9	NGA
10	ETH

Results for countries <u>driving the gap</u> between Low projection and Strategy targets

- Contribution to 2017-2022 strategy target
- 2017-2022 High projection (based on full achievement of grant targets)
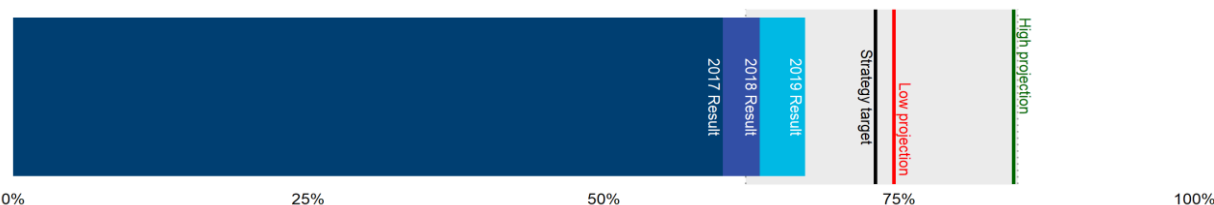- 2017-2022 Low projection (based on recent performance)

% TB (treatment coverage)

In 2019 for countries in the Strategy, 67% of cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses among all estimated cases (all forms) were notified
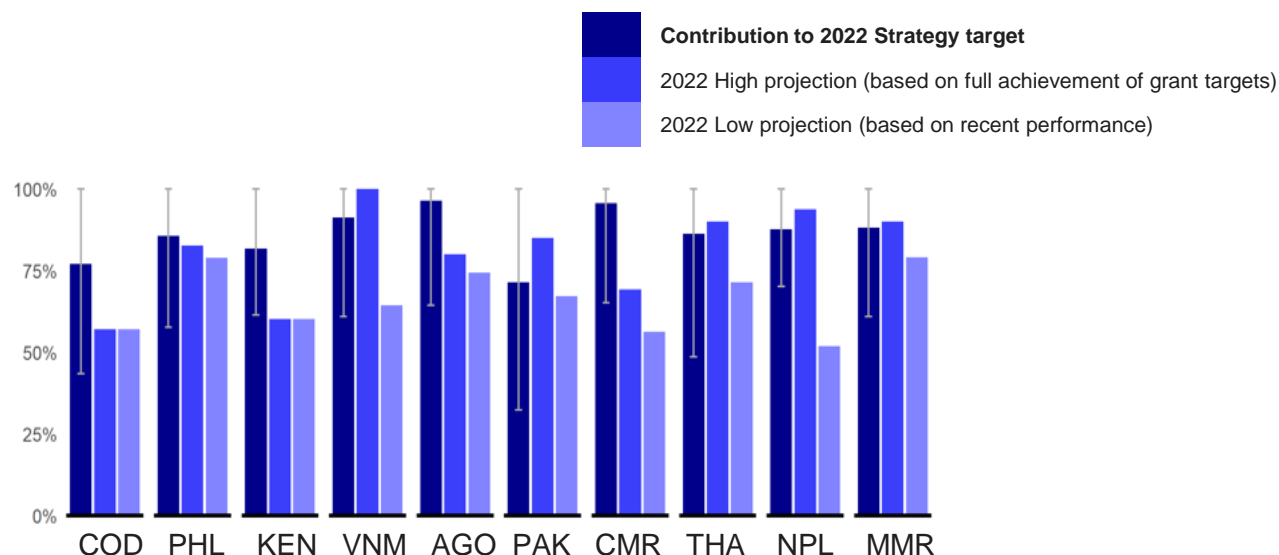
2019 results   **2022 projections**

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

Results for countries <u>driving the gap</u> between Low projection and Strategy targets

Legend:
- **Contribution to 2022 Strategy target**
- 2022 High projection (based on full achievement of grant targets)
- 2022 Low projection (based on recent performance)

Countries: COD, PHL, KEN, VNM, AGO, PAK, CMR, THA, NPL, MMR

Maximize impact against HIV, TB, Malaria
- 🟠 **KPI 2 – Performance against service delivery targets**
- 🔴 KPI 5 – Service coverage for key populations

End-2022 Target

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

Key takeaways

- Cohort composed of 96 countries
- Aggregate PF targets exceed Strategy target, **so target reachable assuming good performance continues**
- Consistently high performance across the portfolio vs. grant targets
- There is no gap between the low projection and strategy target but a few countries have projections lower than their expected contribution to the Strategy target, such as DRC and Kenya (low national target) or Philippines and Vietnam (low performance)

% 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 5 – Service coverage for key populations

Countries per category

Bars = 2022 projections
Dots = 2018 achievements*

Legend: Meet ST | Within ST uncertainty range | Below ST uncertainty range

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 <u>all cohort countries</u>

Key takeaways

- Cohort of 99 countries, all are reporting
- **74% of countries are expected to be within target range, but with a significant number just below target**
- Median achievement for 2018 cohort is 88%
- In total, 48 countries had improved results since last reporting period, with an average progress lower than 1%
- Current results are generally in line with projected achievements
- High achievements for many countries with high burden such as India, Indonesia, Pakistan or Philippines
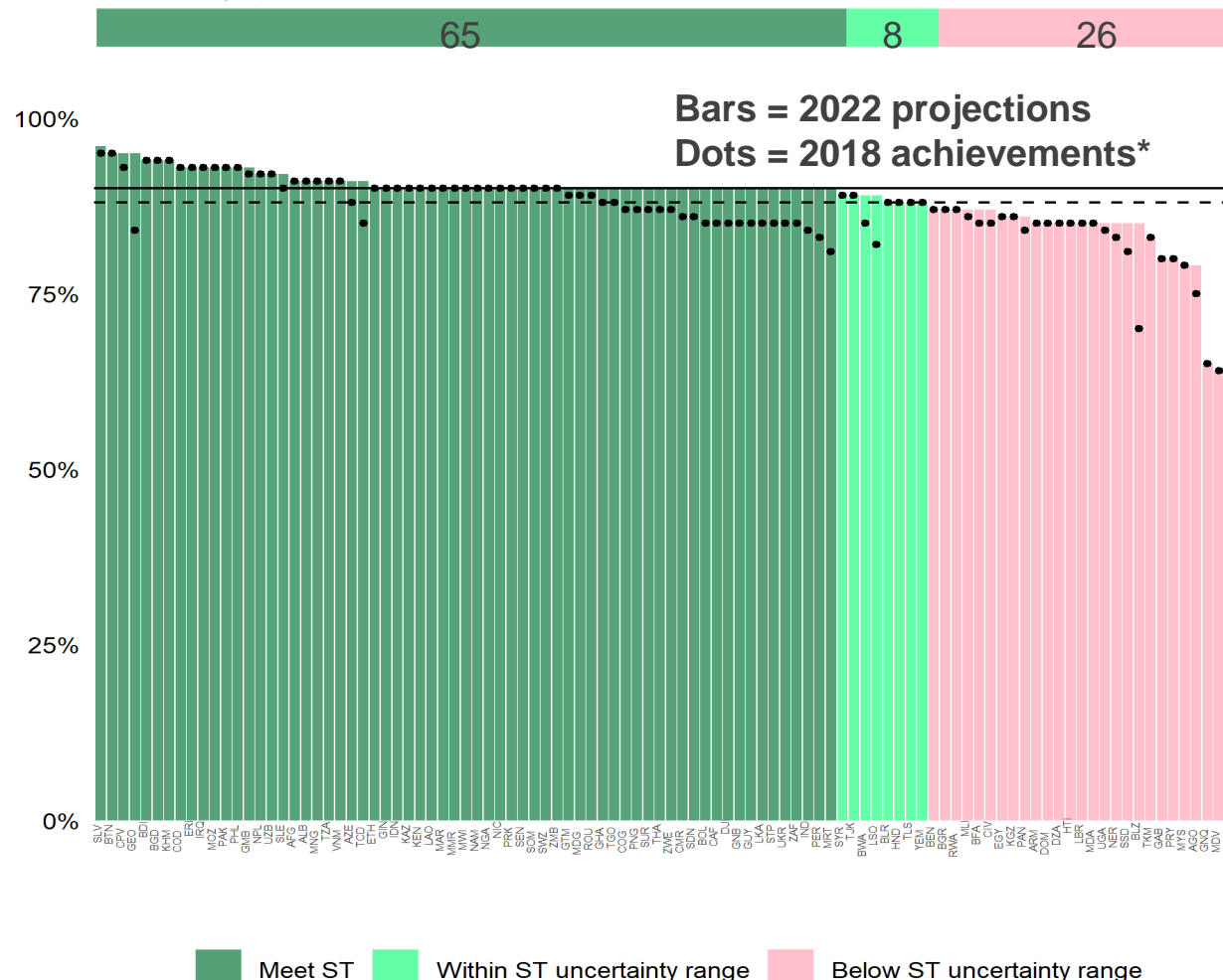
*NB: Due to the nature of the indicator, data is for the **2018** cohort*

 # MDR-TB (MDR-TB patients treated)

From 2017 to 2019 for countries in the Strategy, there were 334.9K 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 5 – Service coverage for key populations

2017-2019 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 and 2018 only
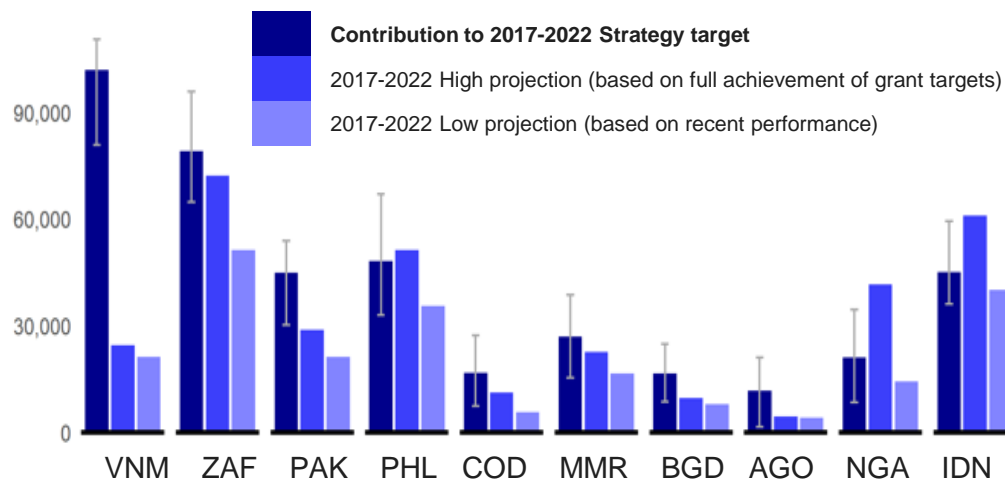
2017-2022 projections

2017-2022 Target

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

Key takeaways

- Cohort composed of 87 countries
- Aggregate PF targets exceed strategy target, **so achievement of 2022 target may be possible assuming improved and strong performance**
- However overall average performance against grant targets is low (median at 68%) without any significant progress from 2018
- The gap between the low projection and strategy target is mainly driven by the following countries: South Africa, Pakistan and Philippines due to low performance
- Viet Nam also driving the gap to Strategy targets but their high contribution to Target is more likely to be an artifact of outdated assumptions at the initial modelling stage and will be resolved during the recalibration exercise
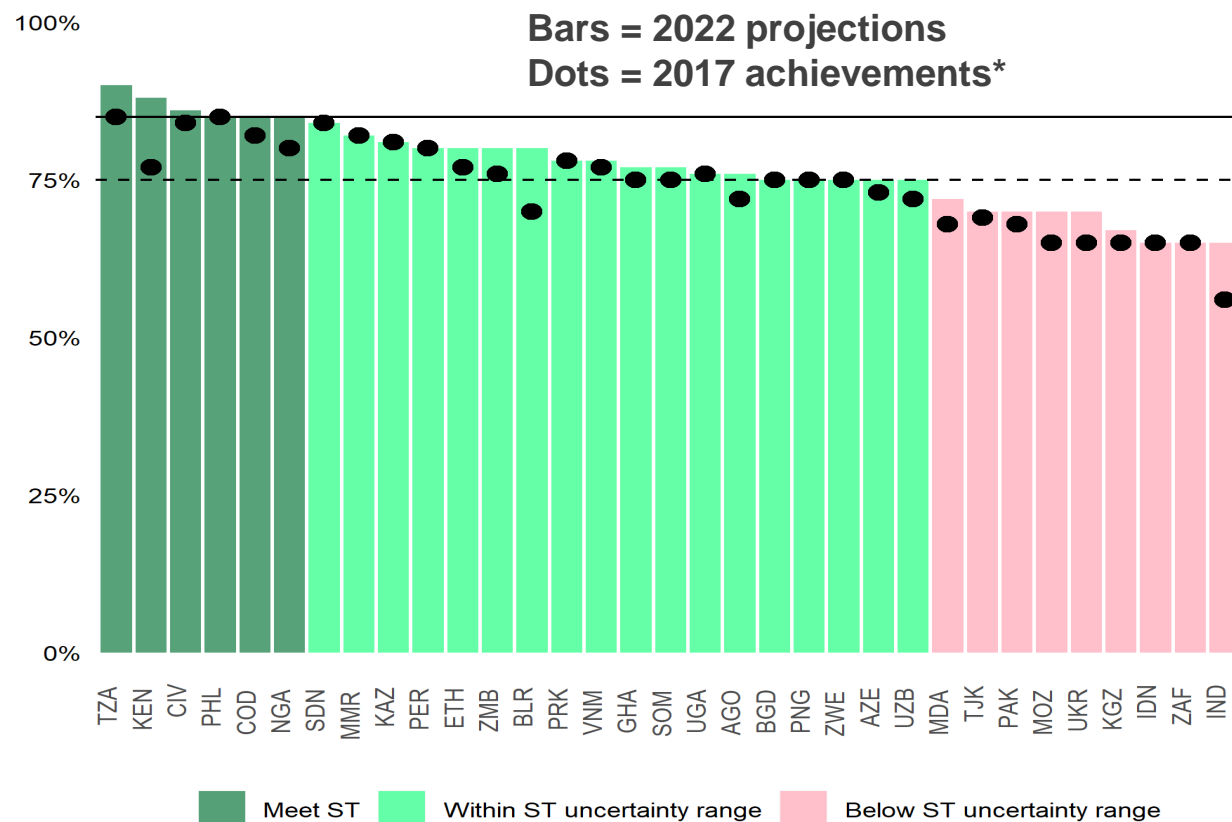- **Strategy target is within reach, provided performance improves significantly**

	Top 10 countries by contribution to 2017-2022 Strategy target
1	IND
2	VNM
3	ZAF
4	PHL
5	IDN
6	PAK
7	UKR
8	MMR
9	KAZ
10	NGA

Results for countries <u>driving the gap between</u> Low projection and Strategy targets

- Contribution to 2017-2022 Strategy target
- 2017-2022 High projection (based on full achievement of grant targets)
- 2017-2022 Low projection (based on recent performance)

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

Maximize impact against HIV, TB, Malaria
- **KPI 2 – Performance against service delivery targets**
- KPI 5 – 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

Countries per category

| 6 | 18 | 9 |

Bars = 2022 projections
Dots = 2017 achievements*

Legend: Meet ST | Within ST uncertainty range | Below ST uncertainty range

X-axis: TZA, KEN, CIV, PHL, COD, NGA, SDN, MMR, KAZ, PER, ETH, ZMB, BLR, PRK, VNM, GHA, SOM, UGA, AGO, BGD, PNG, ZWE, AZE, UZB, MDA, TJK, PAK, MOZ, UKR, KGZ, IDN, ZAF, IND

*NB: Due to the nature of the indicator, data is for the **2017** cohort*

End-2022 Target

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

Key takeaways

- Cohort of 33 countries, all are reporting
- **70% of countries are expected to be within target range but with large variance in projections**
- Median achievement for 2017 cohort is 75%
- In total, 20 countries had improved results since last reporting period, with an average progress of 5%
- Generally achievements are close to 2022 projections, except for Kenya and Belarus
- A number of countries with high burden have low TSR (India, South Africa, Indonesia)
- Good performance in many African countries supported by scale up of GeneXpert across countries, that enabled early detection of drug resistance and subsequent initiation into care, rapid migration to safe shorter regimes, and strengthen treatment adherence programs supported by treatment supporters and nutritional supplements. Noting also the progress in lab systems capabilities and the uptake of the corresponding technologies
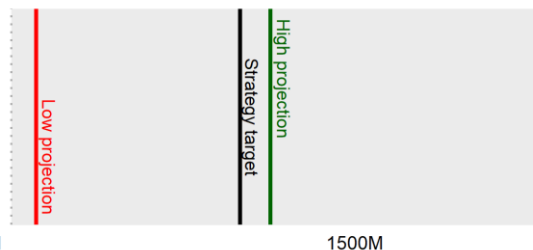
 # LLINs (nets distributed)

From 2017 to 2019 for countries in the Strategy, **487.7M** LLINs distributed to at-risk populations

2017-2019 results*

2017 Result | 2018 Result | 2019 Result
0M — 500M

2017-2022 projections

Low projection | Strategy target | High projection
1000M — 1500M

*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 and 2018 only

Top 10 countries by contribution to 2017-2022 Strategy target	
1	IND
2	NGA
3	COD
4	ETH
5	UGA
6	TZA
7	KEN
8	MDG
9	MOZ
10	MMR

Results for countries driving the gap between Low projection and Strategy targets

Contribution to 2017-2022 Strategy target
2017-2022 High projection (based on full achievement of grant targets)
2017-2022 Low projection (based on recent performance)

IND NGA ETH IDN TZA MDG MMR AGO SSD NER

Maximize impact against HIV, TB, Malaria
- 🟠 **KPI 2 – Performance against service delivery targets**
- 🔴 KPI 5 – Service coverage for key populations

2017-2022 Target

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

Key takeaways

- Cohort composed of 63 countries
- Aggregate PF targets in line with Strategy target range, **so achievement possible assuming targets are reached**
- Overall grant performance vs own targets is relatively high with 86% median achievements, with progress seen especially for countries that were poor performers in 2018
- India is driving the gap between low projection and Strategy target. However, grant performance in India is good against its own sub-national targets. The lack of quality data on actual LLINs distributed for other, non-GF supported, parts of India partly explain the low projections
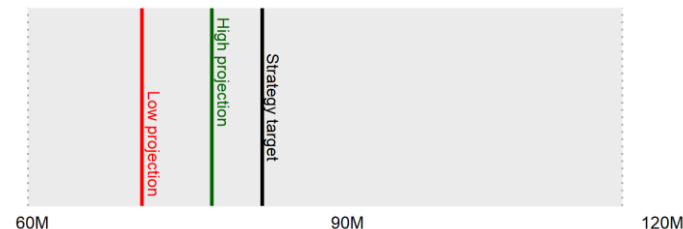- The gap between the low projection and strategy target is also driven by Nigeria (poor performance)

IRS (households sprayed)

From 2017 to 2019 for countries in the Strategy with **grant targets**, 23.4M households in targeted areas received IRS

2017-2019 results*

2017-2022 projections*

*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 and 2018 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).

9 countries used in determination of projections
1 ETH
2 SDN
3 MOZ
4 ZWE
5 ZMB
6 RWA
7 BWA
8 GMB
9 ERI

Results for countries <u>driving the gap</u> between low projections and Strategy targets

- Contribution to 2017-2022 Strategy target
- 2017-2022 High projection (based on full achievement of grant targets)
- 2017-2022 Low projection (based on recent performance)

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

2017-2022 Target

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

Key takeaways

- Cohort composed of 36 countries
- However, only 9 countries are funding this intervention through GF grants. These correspond to 30% of the total strategy target. In the absence of reliable national targets for the other countries, the projections are based on these 9 countries only
- Aggregate PF targets in line with the strategy range **so achievement possible assuming good performance**
- GF is not funding IRS in India, the most important country in strategy so no projection available
- Overall grant performance is adequate (median 86% achievements) and has slightly progressed from 2018. This is unlikely to be significant due to the cyclical nature of the activity and the small number of countries considered
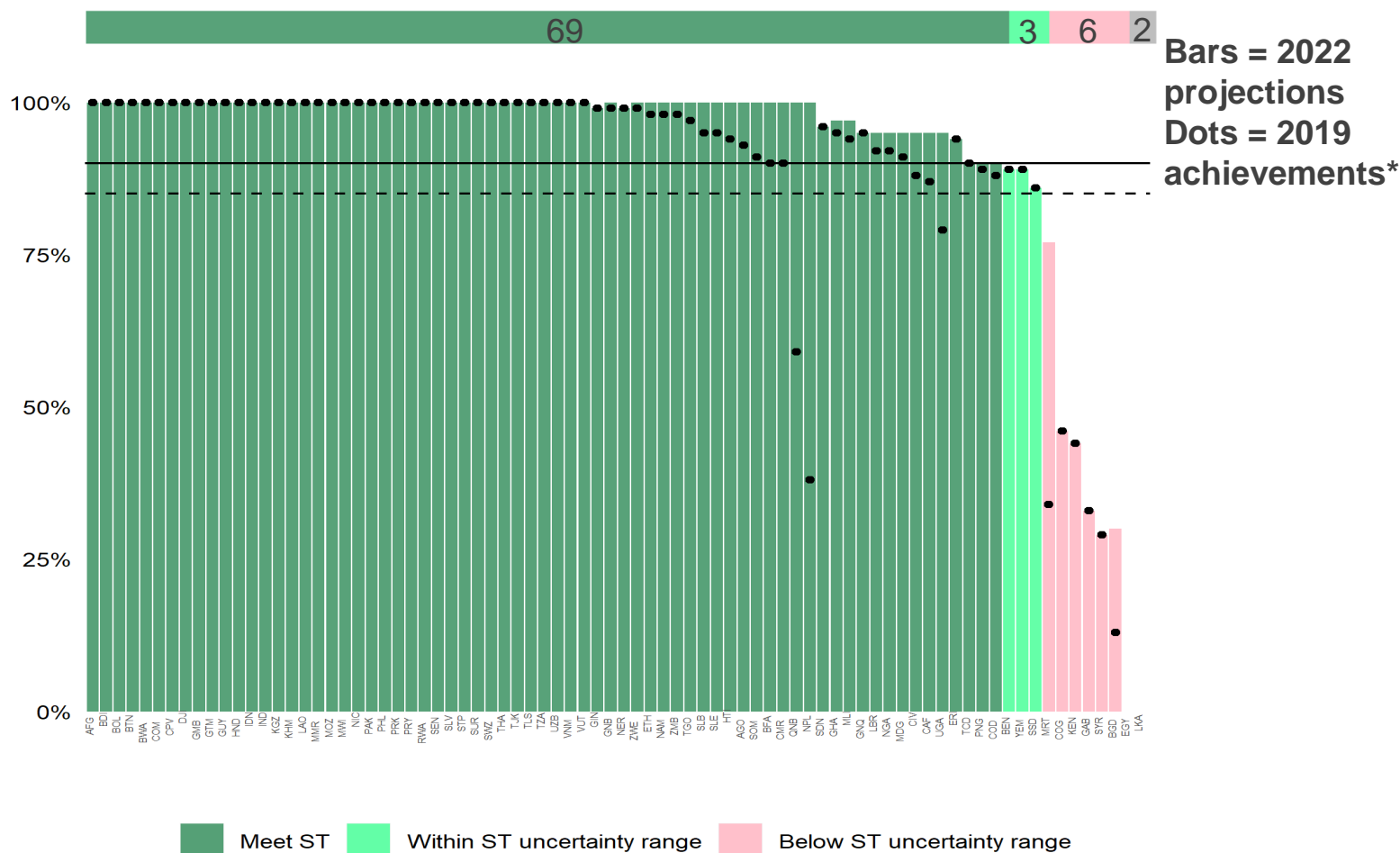
The Global Fund

67

Funding	Design	Implementation	Results

% malaria testing (public)

Suspected malaria cases that receive a parasitological test

Maximize impact against HIV, TB, Malaria
● **KPI 2 – Performance against service delivery targets**
● KPI 5 – Service coverage for key populations

Countries per category

Bars = 2022 projections
Dots = 2019 achievements*

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 data not available in 2 countries
- **90% of countries are expected to be within target range in 2022**
- Median achievement for 2019 is 99%
- In total, 19 countries had improved results since last reporting period, but many countries were already at 100%
- Projections appear realistic given current achievements, while a few countries (Nepal, Zanzibar) appear to have achievements much lower than target

Legend: ■ Meet ST ■ Within ST uncertainty range ■ Below ST uncertainty range

68

* Where available, 2019 LFA-verified data from grants was used instead of 2018 information from partners.

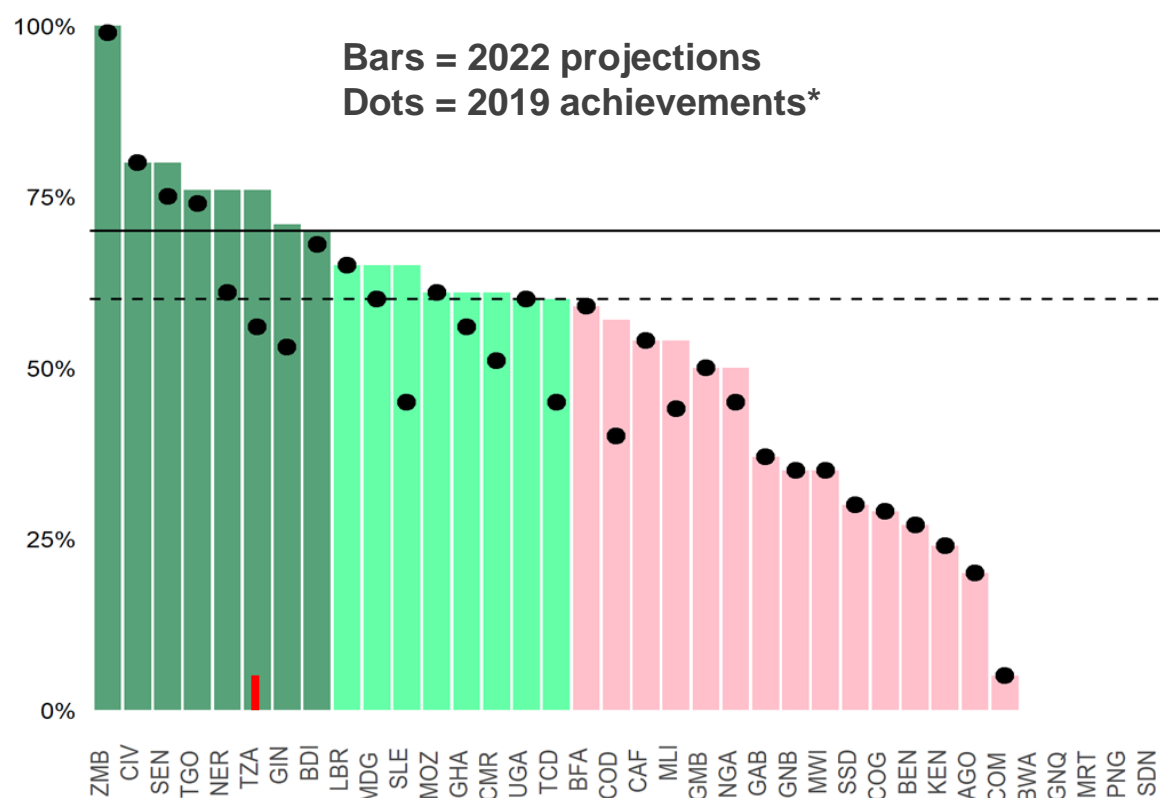# *% IPTp3 (coverage of IPTp3)*

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 5 – Service coverage for key populations

Countries per category

Bars = 2022 projections
Dots = 2019 achievements*

Legend:
- ■ Meet ST
- ■ Within ST uncertainty range
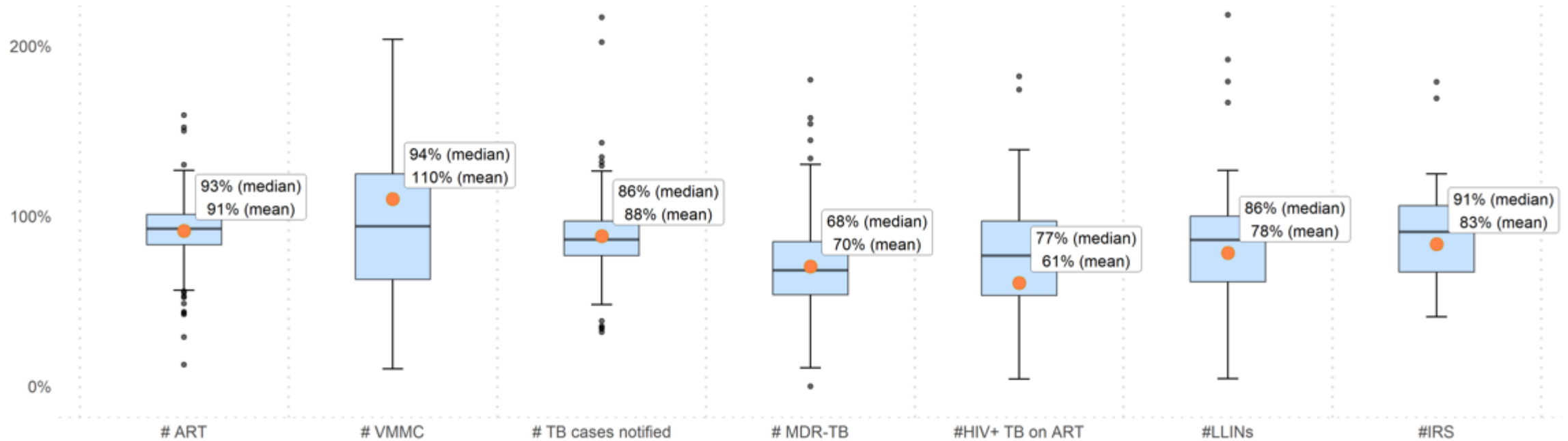- ■ Below ST uncertainty range

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>
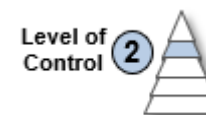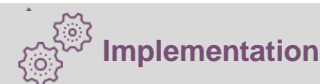
Key takeaways

- Cohort of 36 countries, almost all in Africa. Data not available for 5 countries
- **47% of countries are expected to be within target range;** and countries not expected to be within target range are generally far from target.
- Median achievement for 2019 is 45%
- In total, 18 countries had improved results since last reporting period, with an average 2% progress
- Strategy target very ambitious so unlikely to be met
- GF supporting ongoing research with UNITAID on moving from facility to community based delivery

The GI

* Where available, 2018 LFA-verified data from grants was used instead of 2017 information from partners.

Grant performance over 2017-2019 for modelled indicators on number of services provided

Note: The points represent country average performance (measured as grant result over grant target for the same period) over 2017-2019. The boxplots represent distribution of individual country-service performance over 2017-2019. In the majority of cases, the median is between 85% and 100% indicating high individual performance for a large share of portfolios.
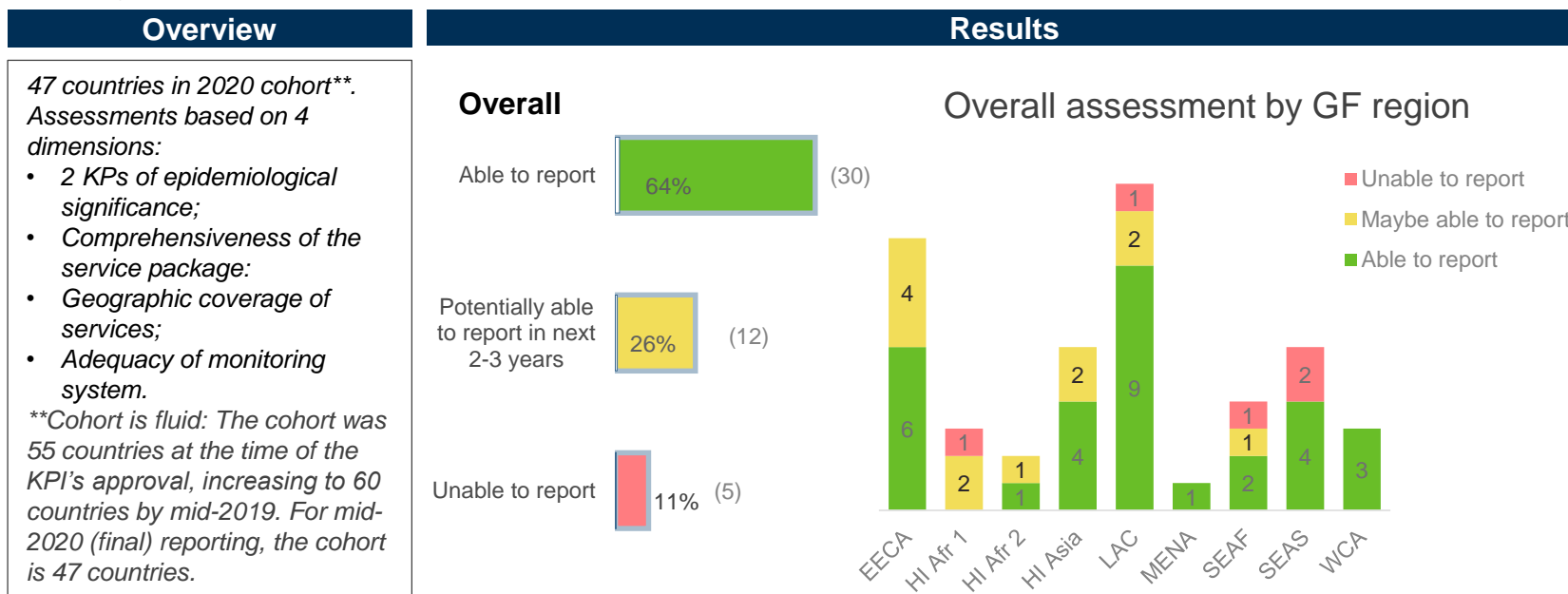
Maximize impact against HIV, TB, Malaria
● KPI 2 – Performance against service delivery targets
● **KPI 5 – Service coverage for key populations**

Measure

Interim indicator: Percentage of target countries* with reporting on coverage of an evidence-informed package of services for at least 2 key populations

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

Mid-2020 Result

64% of countries currently able to report

Target

75% by 2020

Key takeaways

- Despite progress since baseline (45%) the **target has not been reached** at the end of the reporting period
- Drawing conclusions about progress of the interim indicator however is majorly challenged by the shifting nature of the cohort; the collection of new data; and changes in UNAIDS methodology to derive adequate population size estimates (PSEs) resulting in a decrease in cohort size in 2020
- Among countries in both 2019 & 2020 cohorts, improvements in reporting status was observed in 8 cases. LAC has seen most improvement following successful efforts of strategic partnership with PAHO.
- Geographic coverage of KP programs remains the major limiting factor for countries' capacity to report coverage, followed by respective national monitoring systems.
- GF will continue to develop differentiated approaches to support countries to build capacity to monitor and report on coverage of prevention services among KPs
- It is proposed that this interim indicator is still monitored as a sub-indicator of the final KPI 5 indicator on KP coverage

Overview

*47 countries in 2020 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, increasing to 60 countries by mid-2019. For mid-2020 (final) reporting, the cohort is 47 countries.*

Results

Overall

Able to report — 64% (30)

Potentially able to report in next 2-3 years — 26% (12)

Unable to report — 11% (5)

Overall assessment by GF region

Legend:
- Unable to report
- Maybe able to report
- Able to report

EECA: 6 (green), 4 (yellow)
HI Afr 1: 2 (green), 1 (red)
HI Afr 2: 1 (green), 1 (yellow)
HI Asia: 4 (green), 2 (yellow)
LAC: 9 (green), 2 (yellow), 1 (red)
MENA: 1 (green)
SEAF: 2 (green), 1 (yellow), 1 (red)
SEAS: 4 (green), 2 (red)
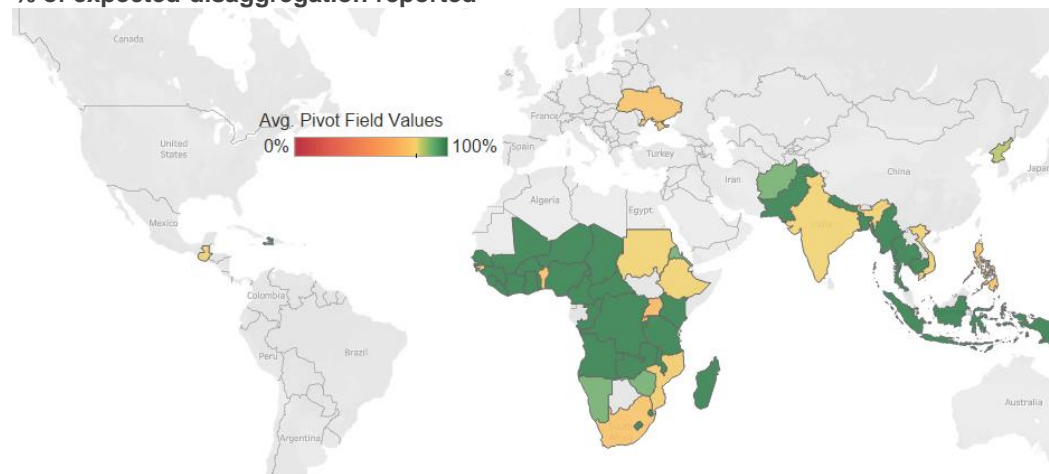WCA: 3 (green)

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Promote and protect human rights & gender equality
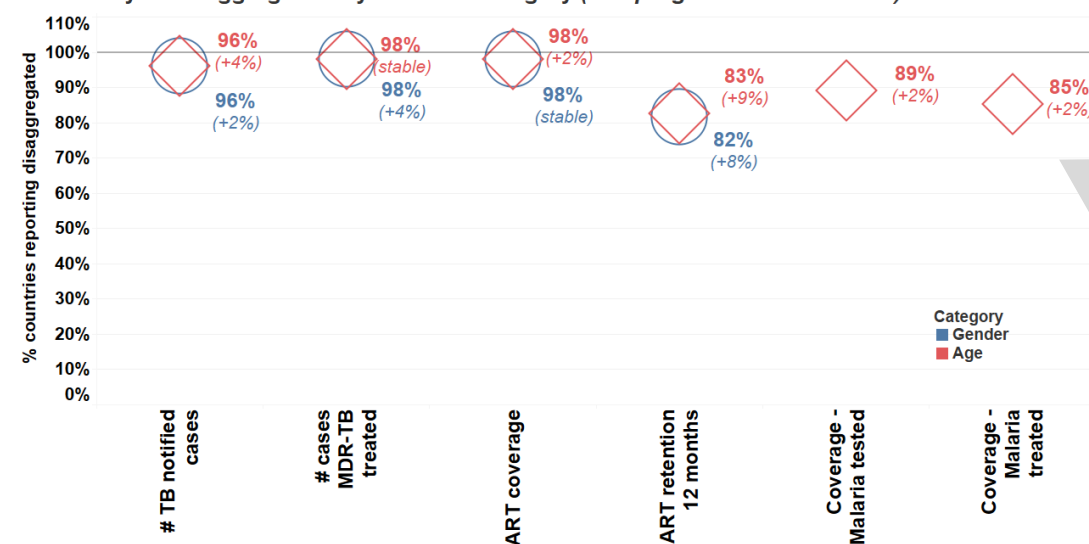- ● **KPI 6e – Results disaggregation**
- ● KPI 8 – Gender & age equality

Measure	Mid-2020 Result	Key takeaways
Number and % of countries reporting on disaggregated results	**65%** of cohort countries have reported and provided disaggregation by age and gender on **all relevant indicators** **Target** 50% by end 2019	• This is the last time that the Secretariat is reporting on this indicator in its current form. As the new allocation cycle starts and capitalizing on the positive results for the current indicator, the Secretariat is exploring the possibility to define an indicator measuring the **usage** of disaggregated data in-country (rather than **capacity to report**). A new indicator (or a new target for the current one) will be presented in the Spring 2021 Board Report • **34** countries fully reporting (from 30 as of end-2019) and another **18** countries reporting some disaggregated results. None with no disaggregation • **Continued improvement for all indicators and categories** • Four new countries are now reporting disaggregated data on all indicators: Nepal, Papua New Guinea, Burkina Faso and Cameroon • Metric measures capacity of national system to report on disaggregated data at some point in time in the 2014-2016 or 2017-2019 allocation periods

% of expected disaggregation reported

Avg. Pivot Field Values
0% — 100%

Countries in darker green meet the 100% target

Availability of disaggregation by indicator/category *(and progress from end 2019)*

% countries reporting disaggregated

- 96% (+4%) / 96% (+2%) — # TB notified cases
- 98% (stable) / 98% (+4%) — # cases MDR-TB treated
- 98% (+2%) / 98% (stable) — ART coverage
- 83% (+9%) / 82% (+8%) — ART retention 12 months
- 89% (+2%) — Coverage - Malaria tested
- 85% (+2%) — Coverage - Malaria treated

Category
- ■ Gender
- ■ Age

Progress, especially for ART retention. Almost 100% countries with disaggregated data for ART coverage, MDR-TB and DS-TB cases

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Promote and protect human rights & gender equality
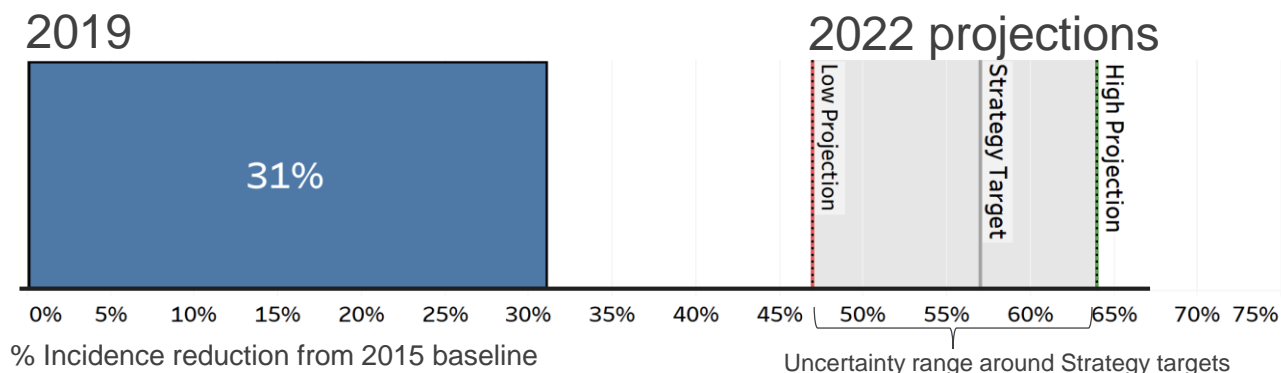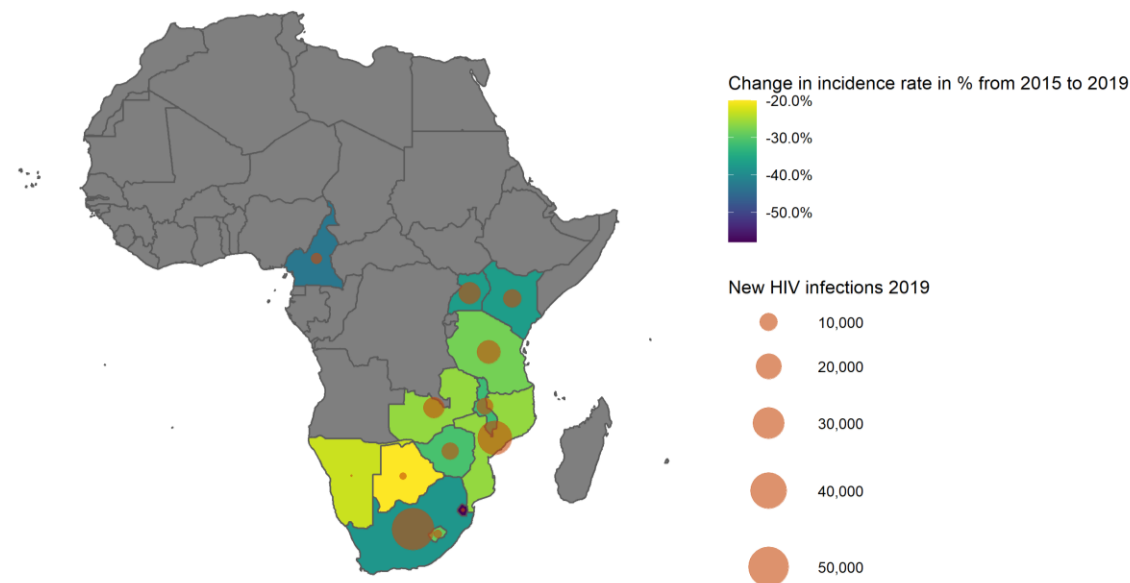● KPI 6e – Results disaggregation
● **KPI 8 – Gender & age equality**

Measure	Mid-2020 Result
Reduction in HIV incidence in women aged 15-24 years old	31% from 2015 baseline
	Target
	58% (47-64%) over 2015-22 period

Key takeaways

- Decline in HIV incidence rate among female 15-24 years old across 13 priority countries projected to be between 47%-64% by end of Strategy (target: 58%) if recent trends continue, the lower bound of Strategy target is likely to be met
- Improvement for low projection since the last reporting due to UNAIDS revision of historical estimates based on updated or more reliable data and/or improvement in estimation methods
- Efforts ongoing in new grant cycle to support scale-up of program coverage, establish sex/age-disaggregated national targets on incidence and to determine impact of interventions i.e. HERStory process evaluation in South Africa
- New Strategic Initiative for AGYW (8 million) to support cohort countries in effective investment approaches, adopting innovative HIV prevention technologies and approaches, and promoting quality implementation through regionally-based technical accompaniment

2019 / **2022 projections**

31%

Low Projection | Strategy Target | High Projection

0% 5% 10% 15% 20% 25% 30% 35% 40% 45% 50% 55% 60% 65% 70% 75%

% Incidence reduction from 2015 baseline

Uncertainty range around Strategy targets

Decline in incidence rate from 2015 to 2019 and number of new infections in 13 countries in cohort.

Change in incidence rate in % from 2015 to 2019
-20.0%
-30.0%
-40.0%
-50.0%

New HIV infections 2019
10,000
20,000
30,000
40,000
50,000

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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
SPH	Strategy and Policy Hub
ST	Strategy target
STC	Sustainability and transition & co-financing
TA	Technical Assistance
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