

# **Strategic Performance Reporting mid-2023**

50<sup>th</sup> Board Meeting

14-16 November 2023, Geneva, Switzerland

GF/B50/16

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# Executive Summary (1/2)

Despite the disruption caused by COVID-19 on programs supported by GF, grant performance rebounded in 2022 due to the resilience of country programs and successful mitigation measures.

At the end of the 2017-2022 Strategy Period, several key service delivery indicators achieved results within the Strategy target range [\(KPI 2\)](#)\*.

Targets are considered **achieved** for

- **(HIV)** # of people on ART; ART coverage; # VMMC; HIV incidence reduction for AGYW ([KPI 8](#));
- **(TB)** # TB notifications and notification rate.

The success was driven mainly by Eastern and Southern African countries for HIV indicators and by Asian and West-Central African countries for TB.

Targets are considered **partially achieved** for:

- **(HIV)** % PLHIV who know their status; % of people on ART with viral load suppression;
- **(malaria)** #LLINs\*m distributed; % of suspected cases tested in public facilities.

Targets are **not achieved** for:

- **(HIV):** PMTCT coverage; PLHIV starting TPT/IPT;
- **(TB)** Treatment success rate for both DS-TB and MDR-TB; #MDR-TB cases on treatment; #HIV/TB coinfections on ART;
- **(malaria)** # households receiving IRS; IPTp3 coverage.

Results below target can be explained by **suboptimal grant performance** (MDR-TB cases), **KPI target more ambitious than national targets** (TSR for DS-TB and MDR-TB); or a **mix** (PMTCT; TPT/IPT; IPTp3; IRS). Potentially outdated initial **modelling assumptions** were also a factor (HIV/TB on ART)

# Executive Summary (2/2)

## There is still progress to be achieved in KPIs related to generating and using country data

- A growing number of countries are demonstrating use of disaggregated data in planning or programmatic decision making ([KPI 6e](#)).
- However, results related to reporting on Key Population coverage ([KPI 5b](#)) are stagnating as countries showed little progress in comparison to last year. Data quality and validity is a concern as many countries are still missing recent and reliable population size estimates.

## KPIs for which the Global Fund has high accountability are on track

- Financial KPIs for which the Secretariat has high accountability have consistently been on track throughout the 2017-2022 Strategy Period. This is still the case for 2022 KPI results with high allocation utilization ([KPI 7a](#)) and grant absorption at target ([KPI 7b](#))\*.

## GF and domestic funding in Key Populations (KPs) and Human Rights (HRts) show diverging trends

- KPIs for GF funding in KPs and HRts are generally on track. This is demonstrated by targets\*\* being met for GF grant investments in activities to reduce barriers for HRts ([KPI 9b](#)) and, similar to previous report, results in HIV grant investments for KP prevention ([KPI 5a](#)) being just below the target.
- However, domestic funding is still too low as results for HRts social enablers are far from [KPI 9c](#) target. There is an unexpected positive outcome for domestic funding for KP prevention, now meeting target; however, this could be partially caused by data quality issues as there is a known significant funding gap for KP prevention programmes.
- Even if the final result will be available only by Spring 2024, it is clear that the number of countries demonstrating comprehensiveness in HRts programming will be too low to meet the target for [KPI 9a](#). On the other hand, target for [KPI 5c](#) has been met with the latest results for grant performance on KP coverage showing significant improvement in performance comparable to pre COVID-19 levels.

# Preamble – KPI results included in this report

The following table outlines the KPIs which are scheduled for reporting in this cycle and the date of measurement for the data used to calculate the KPI result. All KPIs were calculated, verified and validated by the relevant teams using the defined methodology and are therefore the authoritative source of KPI results at end-2022.

**Notes:** The Secretariat confirms that no error has been detected in KPI results reported at the Spring 2023 Board meeting and that these results remain unchanged.

**Erratum:** However, the Secretariat detected a minor clerical error related to KPI 6a reported at the Fall 2022 Board meeting. The actual result was of **51%** instead of **53%** - this does not impact the KPI performance assessment (target= 50%, KPI stays “on track”).

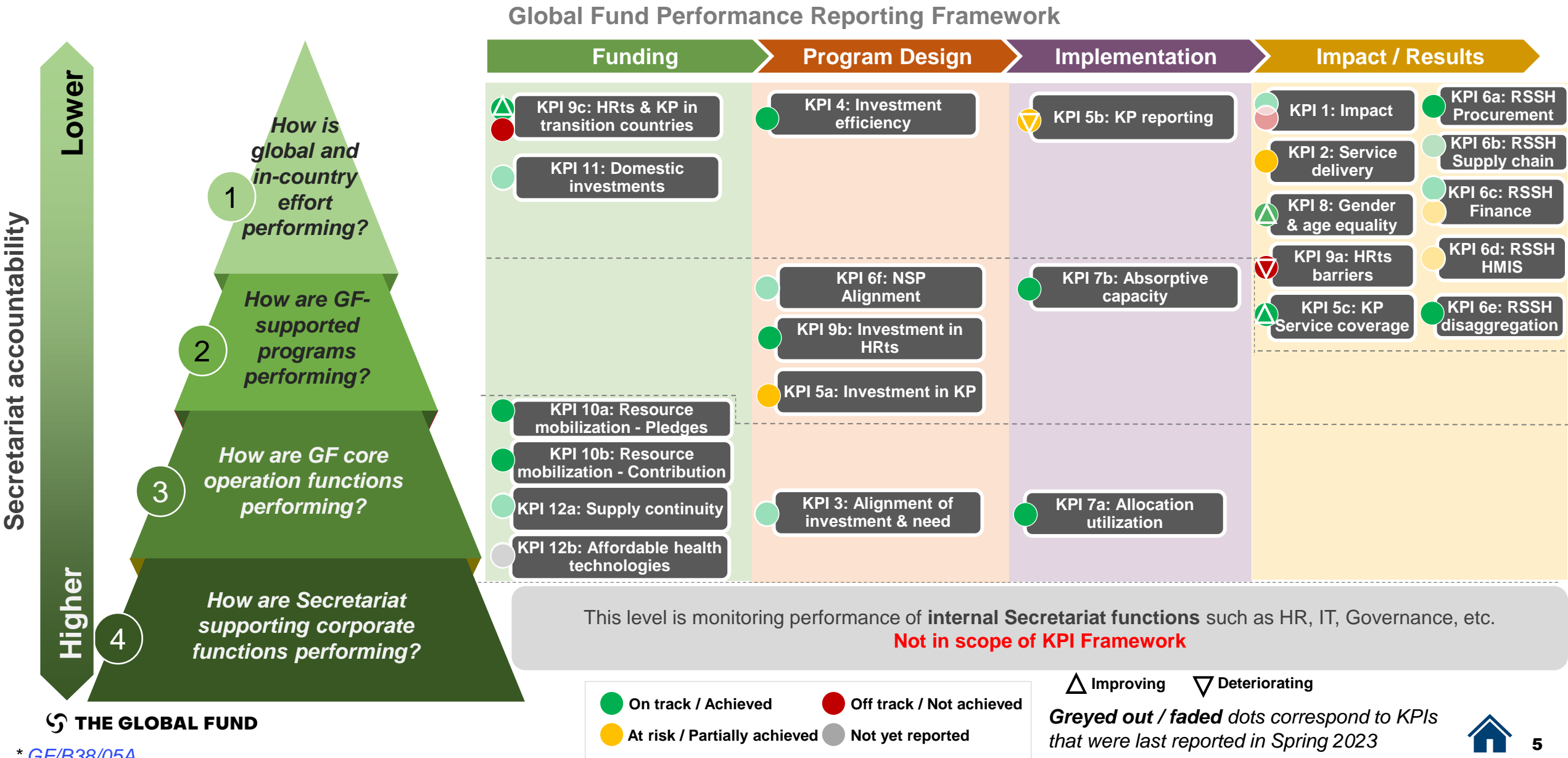
In addition, the cohort used for KPI 9b (TB) did not include the correct list of countries which led to an incorrect result in Fall 2021 and Fall 2022. The actual result is **1.97%** instead of **1.99%** for 2021 and **2.14%** instead of **2.15%** for 2022. There was no impact on KPI performance assessment (target = 2%, KPI stays “on track” for both reports)

KPI	Description	Data cut-off date
2	Service delivery ( <i>17 sub-indicators</i> )	End 2022
4	Investment efficiency	End 2022
5a	Key Populations: Grant investment	July 2023
5b	Capacity to report on Key Population Service coverage	August 2023
5c	Key Population coverage	End 2022
6a	RSSH: Procurement Prices	End 2022
6e	RSSH: Results disaggregation	End 2022
7a	Allocation utilization	June 2023 – disbursements forecasts up to end 2023

KPI	Description	Data cut-off date
7b	Grant absorption ( <i>over 3 calendar years</i> )	End 2022
8	Gender & age equality: HIV incidence for AGYW	End 2022
9a	Reducing human rights barriers	End 2022
9b	Human Rights: Grant investment	August 2023
9c	Human Rights & Key Populations: Domestic investment	End 2022
10a	Resource mob. pledges	End 2022
10b	Resource mob. contributions	End 2022

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

\* As per respective Committee mandates, Audit and Finance Committee (AFC) is responsible for overseeing KPIs 7a,7b,10a,10b,12a,12b and Strategy Committee (SC) is responsible for overseeing KPIs 1,2,3,4,5a,5b,5c,6a,6b,6c,6d,6e,8,9a,9b,9c,11



# Performance Paths – KPI progress across reporting periods



		F2017	S2018	F2018	S2019	F2019	S2020	F2020	S2021	F2021	S2022	F2022	S2023	F2023	S2024
KPI	Description														
1a	Impact – Lives saved														
1b	Impact – Incidence reduction														
2	Service delivery														
3	Alignment of investment & need														
4	Investment efficiency														
5* -> 5b	KPs service coverage (capacity to report)														
5a	Grant funding for KPs														
5c	KPs service coverage														
6a	RSSH: procurement prices														
6b	RSSH: supply chains														
6c1	RSSH: financial mgmt. transition efforts														
6c2	RSSH: financial systems meeting standards														
6d	RSSH: HMIS coverage														
6e	RSSH: results disaggregation														
6f	RSSH – NSP alignment														
7a	Allocation utilization														
7b	Absorptive capacity														
8	Gender and age equality														
9a	Reduce human rights barriers to services														
9b	Grant funding for Human Rights (HIV)														
	Grant funding for Human Rights (TB)														
	Grant funding for KPs and Human Rights														
9c	Domestic investments in HRts														
	Domestic investments in KPs														
9c*	Domestic investments in KPs and HRts (reporting capacity)														
10a	Resource mobilization - pledges														
10b	Resource mobilization – contributions														
11	Domestic investments														
12a	Supply Continuity of Health Products														
12b	Affordability of health technologies														



# Summary of final results for the 2017-2022 KPIs on service delivery



## KPI 2

**HIV services – ART targets met, ambitious target partially achieved for other treatment cascade indicators but not achieved for PMTCT and IPT**

At the end of the 2017-2022 Strategy Period, results for both **ART indicators (# of patients and coverage)** are above mid-point of Strategy target range. This can be attributed to strong sustained performance across the Strategy Period (especially in Eastern and Southern Africa). The ambitious targets for the other two treatment cascade indicators (**% of PLHIV who know their status** and **Viral Load Suppression for ART patients**) are partially achieved with respectively 81% and 87% of cohort countries in target range. Despite COVID-19 impact, **VMMC** (mainly funded through PEPFAR) is also within Strategy target range. However, **PMTCT coverage** did not meet its targets (due to higher than expected number of HIV+ pregnant women and relatively poor grant performance in two large countries). The target was also far from met for **PLHIV who started TB preventative therapy**, mainly due to poor performance against national targets ([p.34](#)) These positive results on most HIV indicators align with the progress demonstrated towards reaching the risk target level (see *Semi-Annual Risk Management Report - “Risk Report”*)

**TB services – strong rebound in 2022, notifications targets met but targets not achieved for MDR-TB cases and for treatment success rates**

Results were in Strategy target range for both **TB notifications number** (over 2017-2022) **and rate** (in 2022), despite the significant negative impact of COVID-19 in 2020 and 2021. This is thanks to strong results in Asia and Africa, driven by ambitious national targets and momentum regained in 2022 with results higher than in the pre-COVID-2019 period. These strong achievements are complemented with a decreasing risk rating for TB Program Quality (see *Risk Report*) Results have not been achieved though for other TB KPIs: **# of MDR-TB cases** on treatment (far from target due to low national performance in most countries compounded by COVID-19 impact); **# of HIV/TB co-infections on ART** (treatment rate was relatively high though but low number of coinfecting patients detected and treated, often because of poor TB case detection or outdated assumptions on incidence used for modelling); and **treatment success rates for both DS-TB and MDR-TB** (due to very ambitious Strategy targets). For those, even though only 36% (DS-TB) and 50% (MDR-TB) of countries are within target range, many countries are close to the lower bound and there has been steady progress during the Strategy Period ([p.34](#))

**Malaria services: positive results for LLINs and malaria testing, target not met for IPTp3**

At the end of the 2017-2022 Strategy Period, results are positive for the KPI on # of **LLINs distributed** (over 2017-2022) Even if the final number is just below target range, it is underestimating significantly the total number of bed nets distributed in countries supported by GF due to the absence of national data for some of them, such as India. This positive result should be balanced though against the vector control risks making it challenging to achieve or maintain population coverage over time, such as sub-optimal use and increasing insecticide resistance to pyrethroids (see *Risk Report*). The KPI target on **% of cases tested in public facilities** is partially achieved with 88% of cohort countries in target range. The ambitious Strategy target for **IPTp3** is not met though with only 25% of cohort countries in range, due to historically very low national targets often compounded by suboptimal grant performance. It is not possible to reliably assess progress on **IRS** as only a few countries from the original cohort are reporting on it in grants. So the overall (negative) result is not representative as it is based on only one quarter of the original cohort, with many of the remaining countries deciding not to implement IRS to the level initially modelled in the KPI target. ([p.34](#))

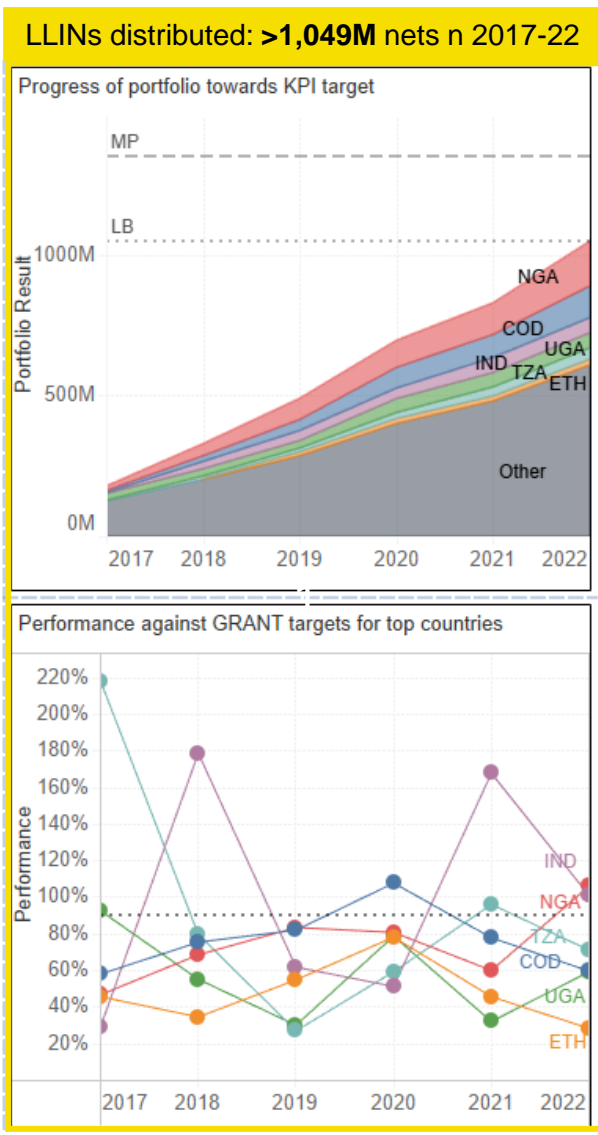
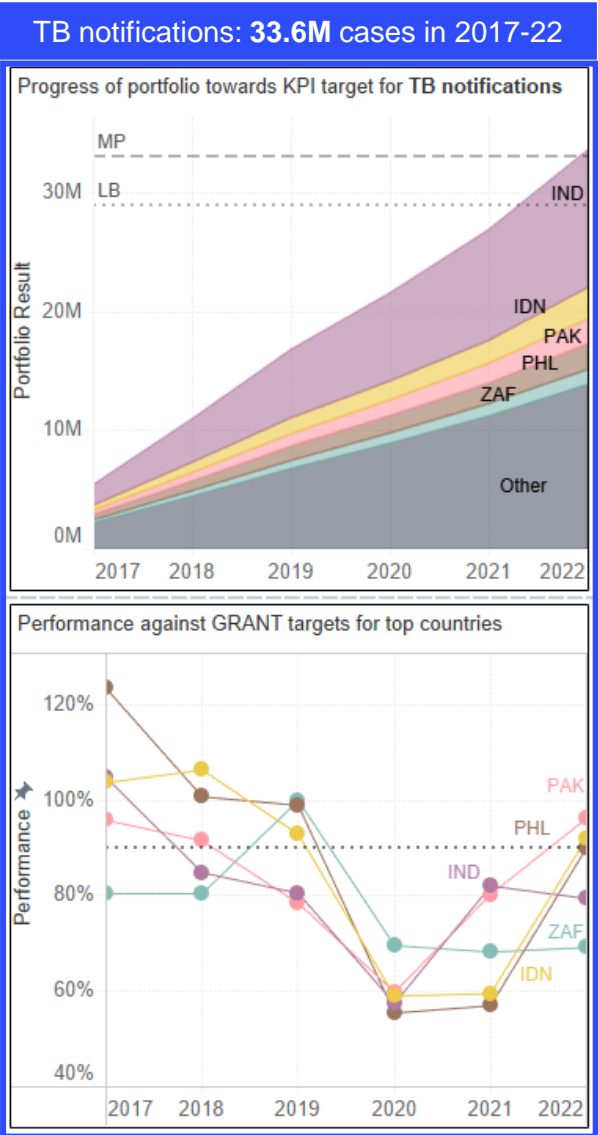
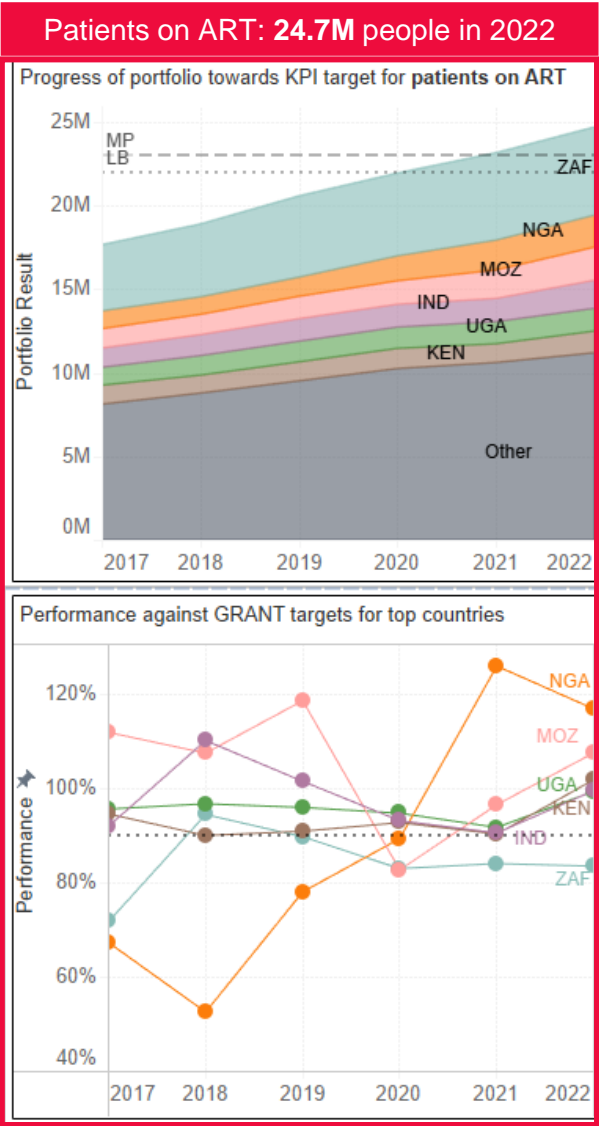
**Reminder:** KPI 2 targets were maintained even during COVID-19 pandemic (more information available in prior reports)

The next 4 slides are providing a retrospective view of the achievements of some of the KPI 2 sub-indicators





# In retrospect: significant achievements on topline service delivery indicators during the 2017-2022 Strategy Period, for countries funded by GF



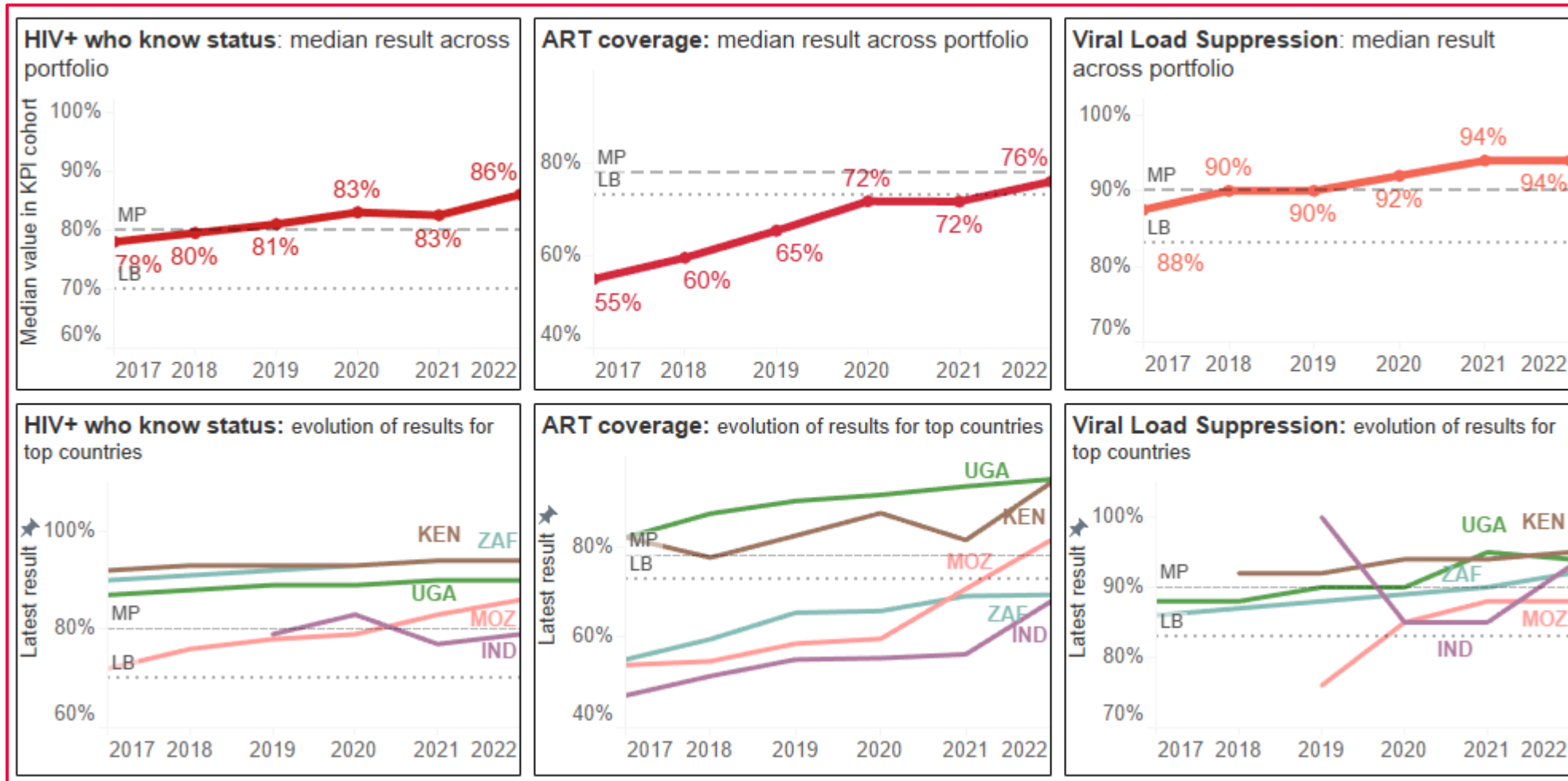
Despite the negative impact of COVID-19, especially on TB, these 3 indicators are all within KPI target range (*considering the likely underestimation for number of bed nets distributed – see [page 51](#)*) with significant contributions to these successes from countries in, *inter alia*, Eastern and Southern Africa (HIV), Asia and especially India (TB) as well as West Central Africa (malaria)

Previewing the 2023-2028 KPIs, these charts show the evolution of grant performance against their own targets in 2017-2022 for the countries contributing the most to the overall KPI results. The negative effect of COVID-19 on performance for TB notifications is very clear. The improvement in grant performance for ART in NGA is also to be noted. Finally, the graph for LLINs demonstrate the high variability of yearly grant performance depending on timing for mass distributions. Note that these trends are measured over more than one grant cycle and depending on the country might not be completely comparable from one year to the next due to changes in implementer, national vs subnational scope etc.

Data from KPI 2, based on GF grant reporting results (using UNAIDS estimates for ART and WHO data for TB notifications when GF results not available) “MP” and “LB” correspond respectively to the mid-point and lower bound of the KPI 2 target range. “top” countries are defined as countries contributing collectively to approximately half of the total Strategy target for each indicator



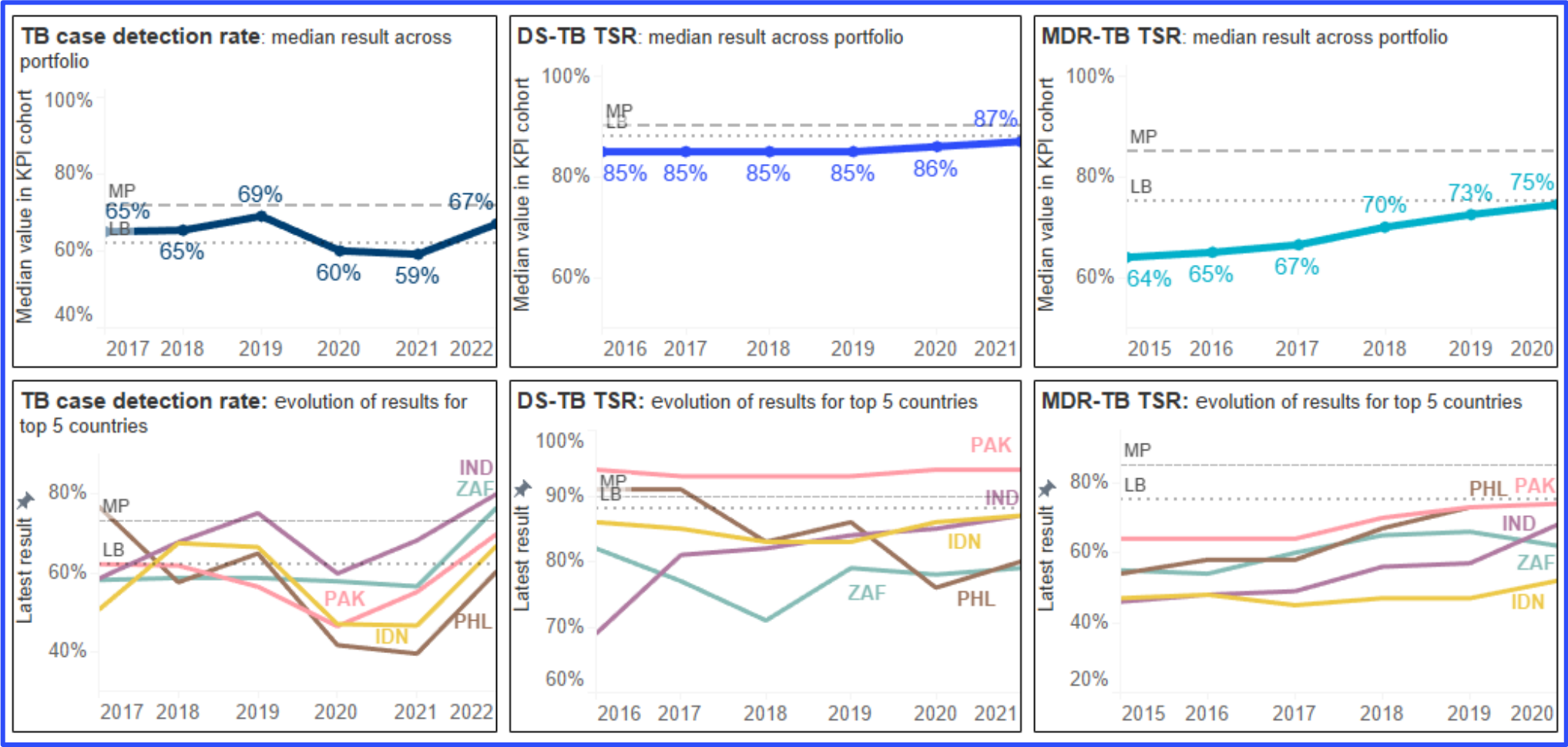
# In retrospect: steady progress for HIV treatment cascade indicators during the 2017-2022 Strategy Period for countries funded by GF



“Top” countries are defined as countries having largest shares of total KPI 2 target for number of patients on ART – **excluding NGA** for which UNAIDS estimates and GF results are not consistently available. “MP” and “LB” correspond respectively to the mid-point and lower bound of the KPI 2 target range. They apply to every country for “HIV+ know status” and “VLS” but are only valid at the portfolio level for ART coverage (i.e., each country would have different expected contribution to the portfolio target).

Data for “HIV+ who know status” and “Viral Load Suppression” is sourced from KPI 2 and is based on UNAIDS estimates (using GF results when UNAIDS estimates data not available). Data for “ART coverage” is sourced from KPI 2 and is based on GF grant reporting results (using UNAIDS data when GF results not available)

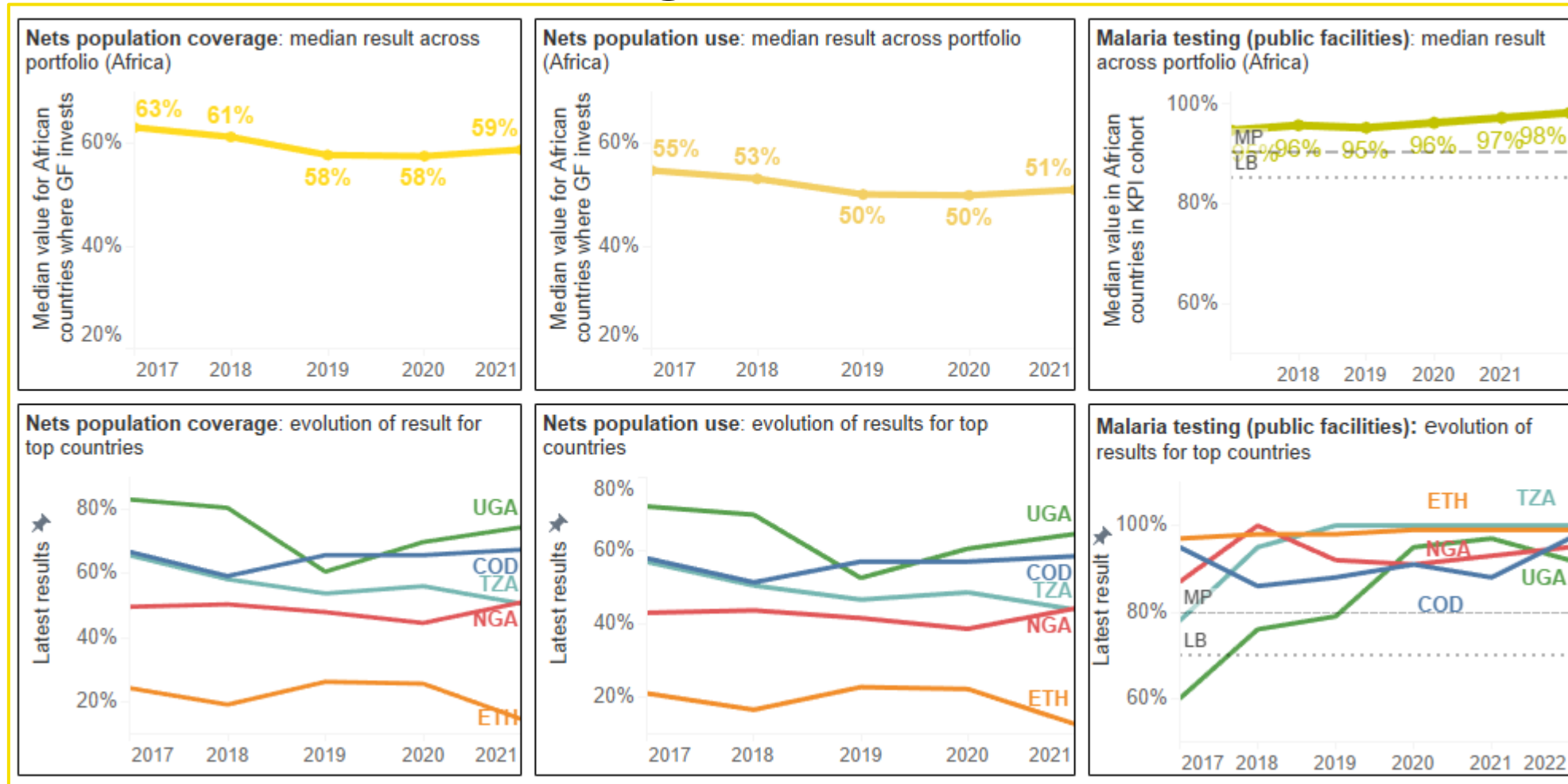
In retrospect, for countries funded by GF: after COVID-19, rebound in case detection rate in 2022; progress for DS-TSR and DR-TSR despite not meeting KPI target



“Top” countries are defined as countries having largest shares of total KPI 2 target for number of cases notified. “MP” and “LB” correspond respectively to the mid-point and lower bound of the KPI 2 target range. They apply to every country for “DS-TB TSR” and “MDR-TB TSR” but are only valid at the portfolio level for case detection rate (i.e., each country would have different expected contribution to the portfolio target).

Data for “DS-TB TSR” and “MDR-TB TSR” is sourced from KPI 2 and is based on WHO results (using GF results when WHO results not available). Data for “TB case detection rate” is sourced from KPI 2 and is based on GF grant reporting results (using WHO data when GF results not available)

# In retrospect: despite positive KPI results on testing, net coverage and use need to continue increasing in South-Sahara African countries




“Top” countries are defined as African countries having largest shares of total KPI 2 target for number of LLINs distributed. “MP” and “LB” correspond respectively to the mid-point and lower bound of the KPI 2 target range


Data for “net coverage” and “use” is sourced from WHO. Latest published is from 2021. As they are not GF KPIs, there are no defined target range for the portfolio (i.e., no value for “MP” or “LB”) Data for “malaria testing” is sourced from KPI 2, i.e., GF grant reporting results (using WHO data when GF results not available)




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





### HIV national disease programs on target


**KPI 4**  **98%** countries showing a high likelihood of efficiency improvement for 2020-2022 allocation cycle (95% for HIV, 100% for TB and 100% for malaria). This is the last time this KPI is reported. It has had consistently good results across all diseases. ([p.23](#))




### KPIs on Key Populations prevention slowly catching up


**KPI 5b**  **67%** of countries with up-to-date PSEs able to report on service coverage for at least 2 KPs. Minor decrease in results compared to last year result (69%) due to an increased cohort. There is also little progress at country level in the past year. ([p.28](#))


**KPI 5c**  Median achievement rate is **94%** - a **significant improvement** from last year's 78% - showing that countries are returning to pre-COVID performance. As the cohort includes only countries with recent PSE, the result might not be completely representative. Starting from Fall 2024, the new KPI H4 will consider the full grant portfolio. ([p.55](#))






### Mixed results for KP/Human Rights funding

**KPI 5a**  For HIV grants analyzed, **investments in HIV prevention activities for KPs are between 8.2% to 10.6%** - a result similar to previous result. A steady increase in investments over the Allocation periods observed. ([p.24](#))


**KPI 9b-i**  For GC6 **HIV** grants, share of **investments in Human Rights** activities is at **3.26%**, above 3% target. ([p.25](#))


**KPI 9b-ii**  For GC6 **TB** grants from defined cohort, share of **investments in Human Rights** activities is at **2.42%**, above 2% target. ([p.26](#))

**KPI 9c**   KPI on domestic funding for KP/Human Rights has contrasting results: **8 countries out of 14 met KP benchmarks** while **no country met Human Rights** benchmarks. ([p.20](#))





### Progress for AGYW HIV incidence reduction but Human Rights impacted


**KPI 8**  Final results show **55% combined reduction in HIV incidence in women aged 15-24 year across 13 priority countries**. Results are within the target range (47%-64%) for the first time. Starting from Fall 2024, the new KPI H5 will focus on grant performance for AGYW prevention. ([p.59](#))


**KPI 9a**  Final assessment currently underway. Preliminary results show **KPI 9a target is unlikely to be met** with no country likely to achieve comprehensiveness in Human Rights programming. Final results to be shared in Spring 2024. ([p.60](#))


ALL KPIS (EXCEPT KPI 9a) ARE REPORTED FOR THE LAST TIME


 Improving

 Deteriorating

 On track / Achieved

 At risk / Partially achieved

 Off track / Not achieved

 Not yet reported

THE GLOBAL FUND

12

# Summary for RSSH and Financial KPIs

ALL KPIS ARE REPORTED FOR THE LAST TIME



## Results for usage of disaggregated data progress slightly

KPI 6e



**76%** of High Impact countries met the threshold of having documented evidence of using disaggregated data to inform planning or programmatic decision making for priority populations in HTM, close to the 80% target. ART coverage is where there is more room for improvement in using disaggregated data. ([p.58](#))



## Domestic procurement KPI is meeting target

KPI 6a



This is the last time this KPI is reported. Domestic procurement pricing KPI remains above target with a **result of 66%** (measuring average of country-product combinations where price paid was below the PPM reference price) above the 50% target. Most of purchases through national procurement channels were for LLINs and ARVs and prices paid were generally lower than with PPM. For diagnostics though, prices obtained were generally higher than with PPM. ([p.57](#))



## Financial KPIs continue to perform well – a consistent trend across Strategy period

KPI 7a



For grants in GC6 (i.e., 2020-2022 Allocation Period), allocation utilization is still above target at **95% of total allocation amount disbursed or forecasted to be**. ([p.29](#))

KPI 7b



**3-year grant absorption above target at 80%.** This is despite the operational and execution challenges created by COVID-19. The vast majority of countries, portfolio categories or activities are demonstrating good absorption. Note that this KPI does not include C19RM funds. ([p.30](#))

KPI 10



**Final results for 6<sup>th</sup> Replenishment meet target for pledges and conversion to contribution.** Results for 7<sup>th</sup> Replenishment to be officially reported as KPIs from Spring 2024. ([p.21](#))

△ Improving

▽ Deteriorating

● On track / Achieved

● Off track / Not achieved

● At risk / Partially achieved

● Not yet reported

# **Annex 1: Detailed KPI results**



# Annex 1 : Detailed KPI results

## ► Funding

KPI 9c

[p. 20](#)

KPI 10

[p. 21](#)

## ► Program Design

KPI 4

[p. 23](#)

KPI 5a

[p. 24](#)

KPI 9b

[p. 25](#)

## ► Implementation

KPI 5b

[p. 28](#)

KPI 7a

[p. 29](#)

KPI 7b

[p. 30](#)

## ► Results

KPI 2

[p. 34](#)

KPI 5c

[p. 55](#)

KPI 6a

[p. 57](#)

KPI 6e

[p. 58](#)

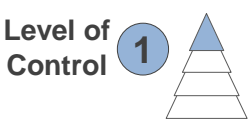
KPI 8


[p. 59](#)

KPI 9a


[p. 60](#)

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



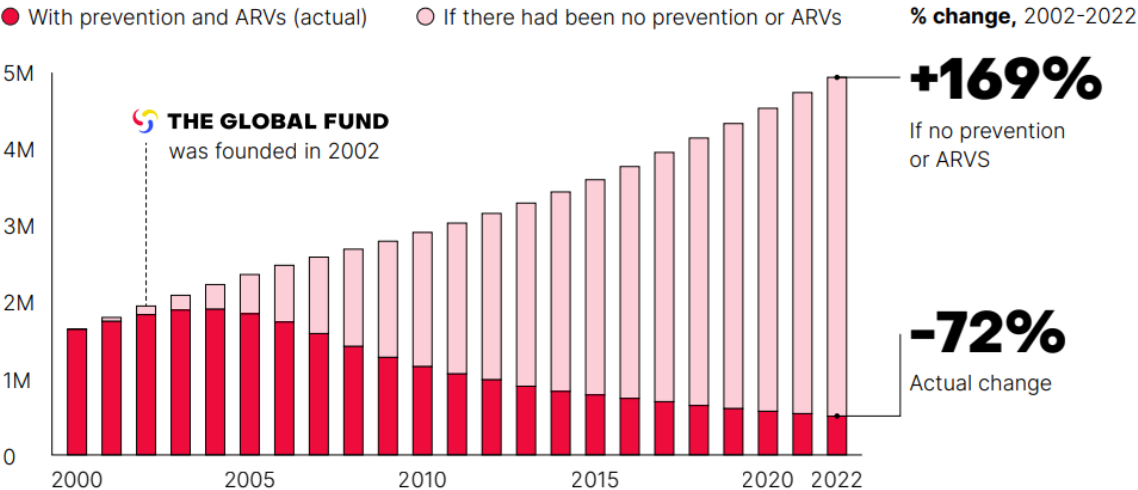


- New HIV infections **1.3m**
- People living with HIV **39 m**
- People on ART **29.8m**
- AIDS-related deaths **0.63m**



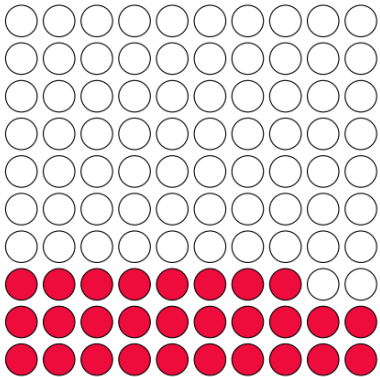
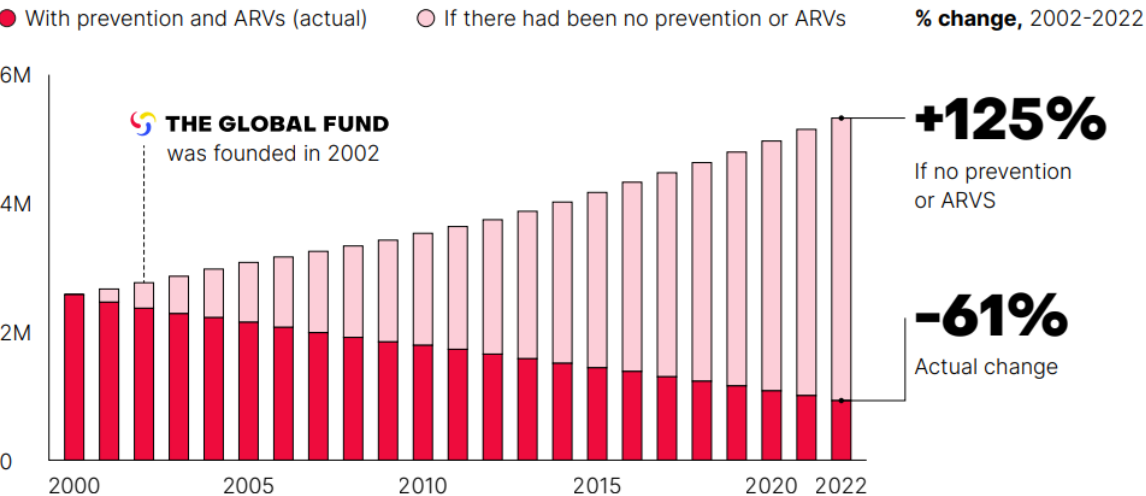
## Trends in AIDS-related deaths

In countries where the Global Fund invests



## Trends in new HIV infections

In countries where the Global Fund invests

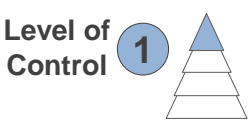


 **28%**  
of all international financing for HIV

HIV data: Data Fact Sheet 2023 on UNAIDS.org,  
GF data on deaths, incidence and funding sources Global Fund Results Report 2023, Figures on left hand side are global and are not solely for countries where Global Fund resources are disbursed.



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

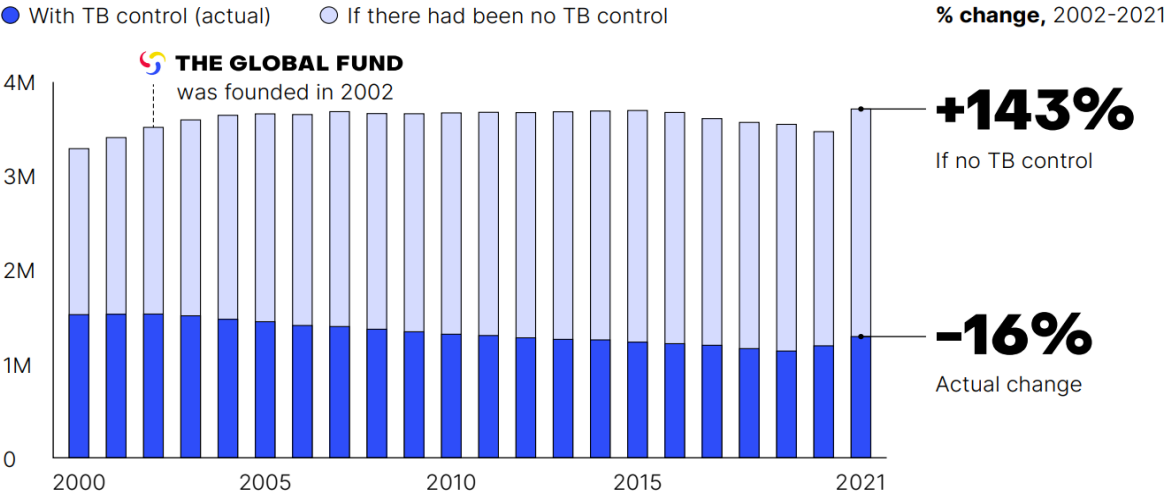


- Total TB cases **10.6m**
- Notified TB cases (new and relapse) **6.4m**
- Treatment success rate (new and relapse) **86%**
- Incident cases of MDR/RR-TB **0.16m**
- Deaths from TB (excluding HIV+) **1.4m**



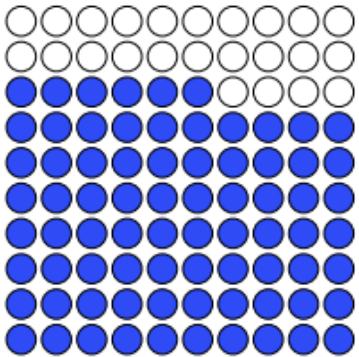
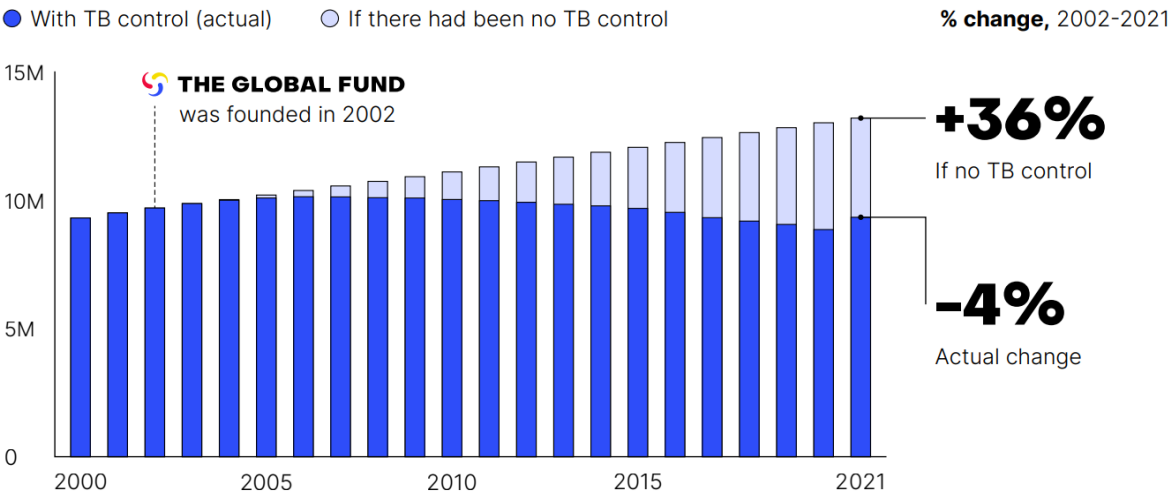
## Trends in TB deaths (excluding HIV-positive)\*

In countries where the Global Fund invests



## Trends in new TB cases (all forms)

In countries where the Global Fund invests

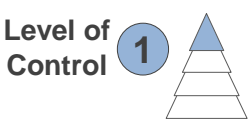


**76%**  
of all international financing for TB

TB data: Global TB Report 2023, GF data on deaths, incidence and funding sources Global Fund Results Report 2023, Figures on left hand side are global and are not solely for countries where Global Fund resources are disbursed.



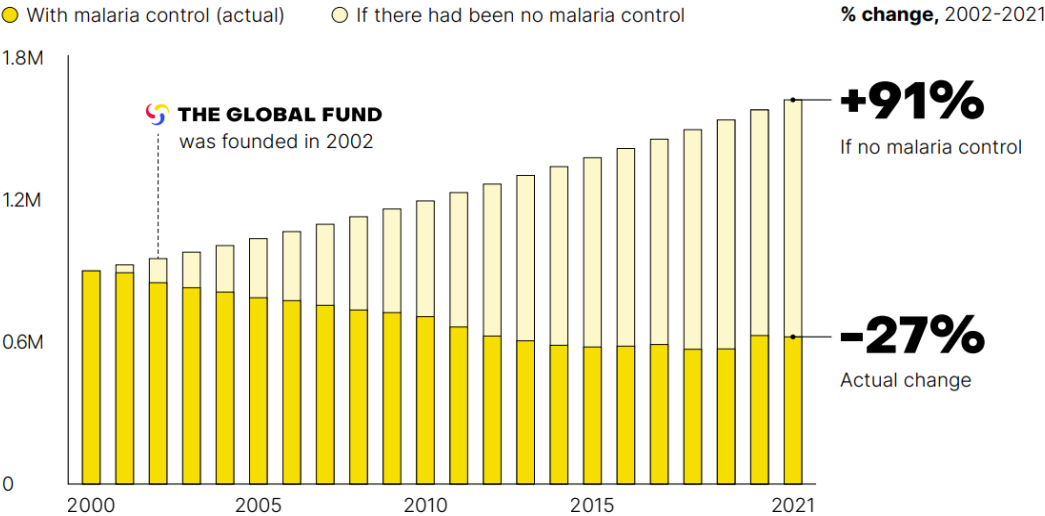
# Setting the context – the global fight against the three diseases - Malaria



- Malaria cases **247m**
- People sleeping under insecticide-treated nets in sub-Saharan Africa (for people at risk of malaria) **47%**
- Malaria deaths **0.62m**

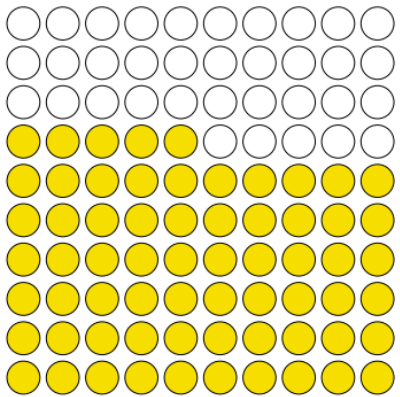
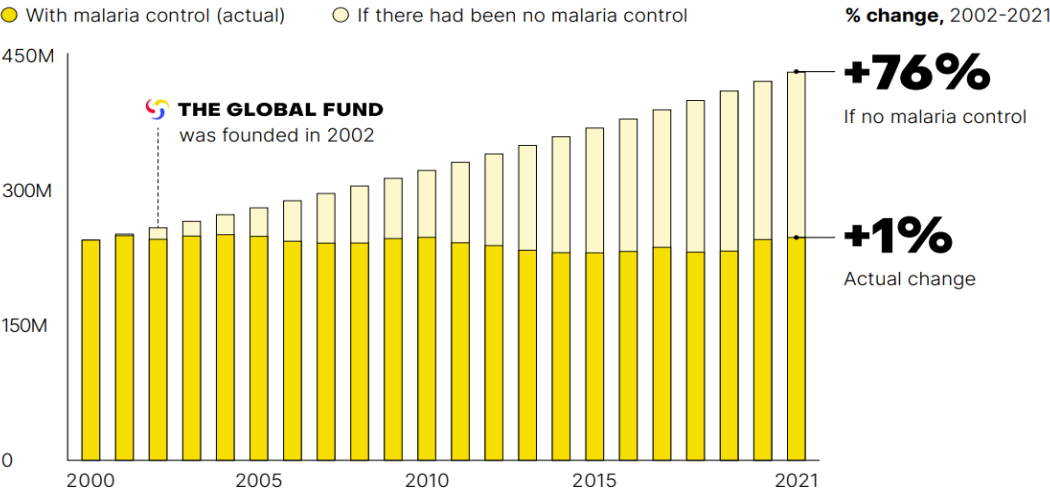
## Trends in malaria deaths

In countries where the Global Fund invests



## Trends in malaria cases

In countries where the Global Fund invests



**65%**

of all international financing for malaria

*Malaria data: World Malaria Report 2022, WHO  
GF data on deaths, incidence and funding sources Global Fund Results Report 2023, Figures on left hand side are global and are not solely for countries where Global Fund resources are disbursed.*



# Funding



## Funding



## Design



## Implementation



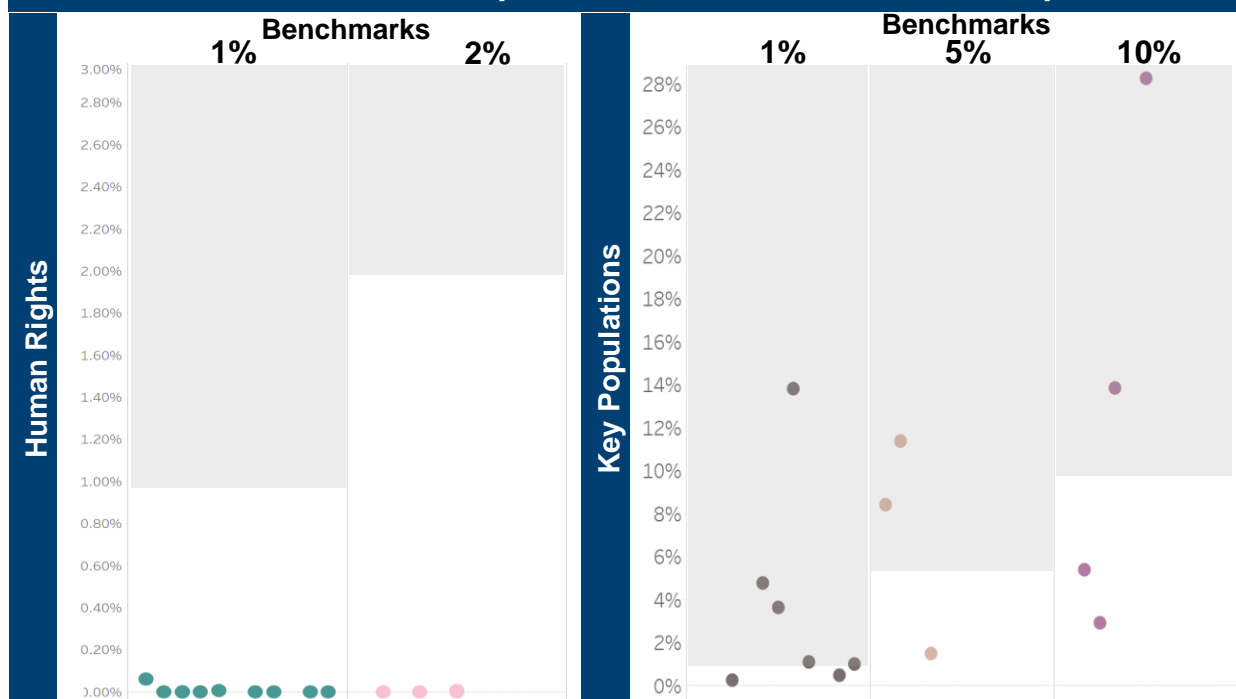
## Results

## Domestic funding

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

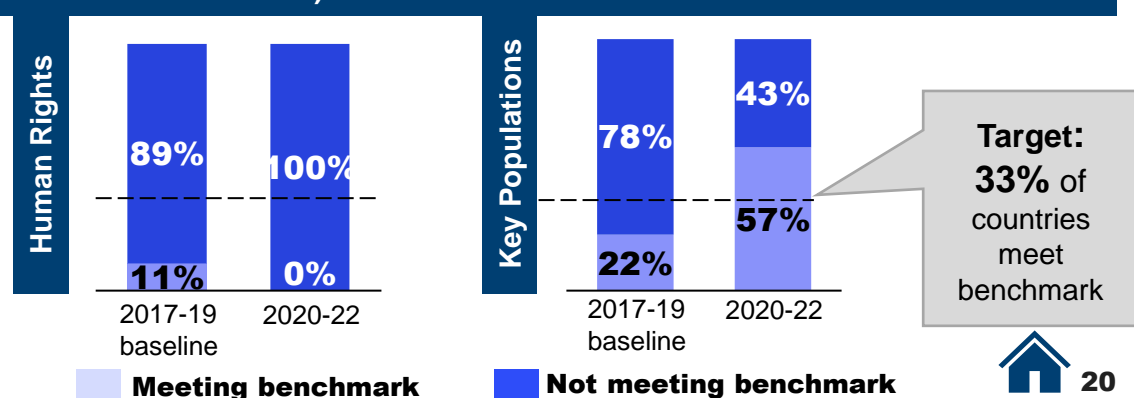
Measure	End-2022 Result*	Key takeaways
Percentage of countries meeting domestic HIV expenditure benchmark on (i) social enablers, including programs to reduce human rights-related barriers, and (ii) prevention programs targeting KPs	<p>(i) 0% (vs 6% in Fall 2022)</p> <p>(ii) 57% (vs 25% in Fall 2022)</p> <p><b>Target</b></p> <p>33%</p>	<ul style="list-style-type: none"> <li>For the 2020-2022 period, of the 14 countries in the cohort, <b>57% countries met the benchmarks for investment in prevention programs for KPs, whilst no country met the benchmarks for investment in programs to reduce human rights-related barriers.</b> Data availability and quality remain a major challenge, however the trends of insufficient key populations and human rights investments are consistent with the trend of decreasing public expenditure on health including HIV programmes. While more countries are reaching their low benchmarks for KP prevention, this does not fully translate in progress towards meeting the need. In 2022, UNAIDS estimated a <b>90% funding gap for prevention programmes for KPs</b>, compared with the funding needed by 2025 in low- and middle-income countries.</li> <li>The <b>funding for human rights/societal enablers is even scarcer.</b> Global targets call for spending about 11% of estimated resource needs per year on societal enablers; in 2022, countries spent only an estimated 5%. Only 3 of the countries in the cohort have reported domestic human rights investments, but none have met the benchmarks established under KPI 9c.</li> <li>Prioritizing key populations prevention and human rights among available resources remains important, and as convenor of the Global Partnership, the Secretariat will continue to advocate for increasing domestic investments and explore possibilities of leveraging GF co-financing requirements to increase investments.</li> </ul>

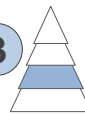
## Distribution of countries for period 2020-2022 on domestic expenditure



\* Results based on latest UNAIDS data which is still being validated and thus may change post Oct 2023

## Breakdown of countries meeting benchmarks against baseline (14 countries with data in 2020-2022)





Funding



Design



Implementation



Results

## Global Fund Resources

● KPI 10 – Resource mobilization

## Measure

## Mid-2023 Result

## Key takeaways

- a) Actual pledges as a percentage of the Replenishment target, **with respect to the current (6<sup>th</sup>) Replenishment period**
- b) Pledge conversion rate. Current adjusted pledges as a percentage of initial adjusted pledge, **with respect to the current (6<sup>th</sup>) Replenishment period.**

- a) **100%**
- b) **99%**

## Target

- a) 2020-2022: 100%
- b) 2020-2022: 100%

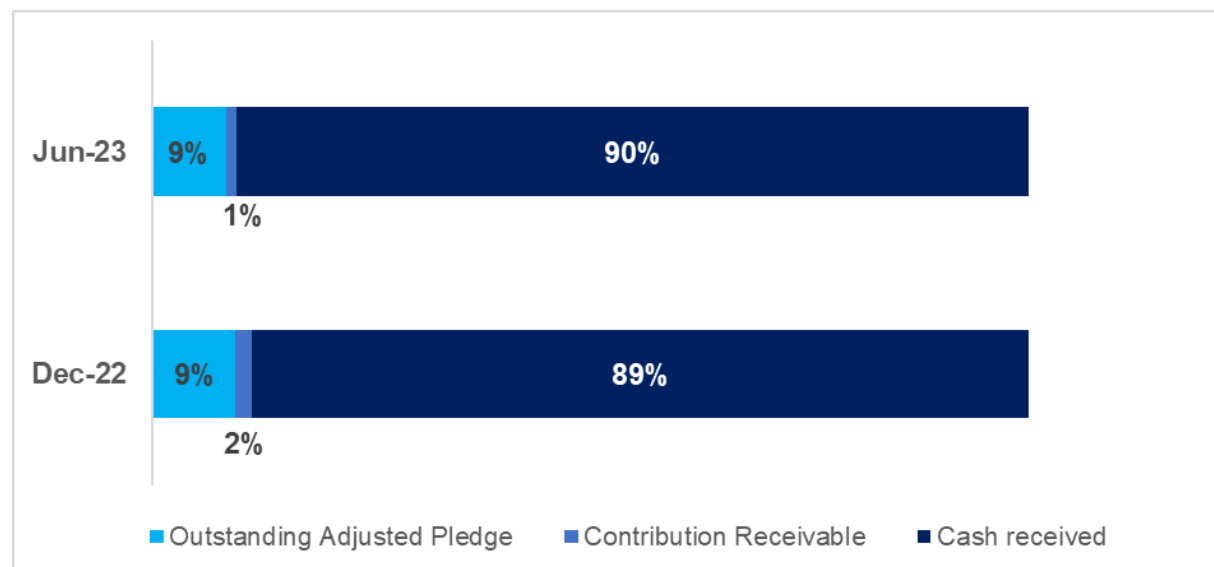
## KPI 10a

- As previously reported, for the 6<sup>th</sup> Replenishment period, the Replenishment target of \$14 bn was achieved. This result does not include additional pledges for C19RM as they were not included in the 6<sup>th</sup> Replenishment target. However, if C19RM pledges were included, KPI 10a result would be significantly higher at 133% of the 6<sup>th</sup> Replenishment target.
- This is the last report for KPI 10a. Latest results for 7<sup>th</sup> Replenishment period (to be formally reported from Spring 2024 as KPI R3 as part of 2023-2028 KPI Framework) show that 87% of the target has currently been achieved. No new pledges announced for 7<sup>th</sup> Replenishment in 2023 so far.

## KPI 10b

- For the 6<sup>th</sup> Replenishment period, KPI 10b result is now at 99% (vs 98% reported in Spring 2023). This result is owing to positive changes to adjusted pledges and consequently the pledge quality. If C19RM was included, KPI 10b results would increase to 133%. This is the last report for KPI 10b which will be replaced with KPI F1 from Spring 2024. Initial results for KPI F1 show a pledge conversion rate of 9% so far in the first year of 7<sup>th</sup> Replenishment.

## Change in pledge conversion since last reporting







**Design**

# Program Design

## Activities

● KPI 4 – Investment efficiency

Measure	End-2022 Result	Key takeaways								
Change in cost per life saved or infection averted from supported programs	<b>98% countries showing a high likelihood of efficiency improvement for 2020-2022 Allocation Period</b>	<ul style="list-style-type: none"><li>Results of <b>20 HIV</b> national disease programs have been finalized with all but one country (<b>95%</b>) suggesting a decrease in cost per life saved or infection/case averted over the 2020-2022 Allocation Period, indicating better grant design leading to efficiency improvement of national programs.</li><li>Results of <b>4 malaria</b> national disease programs have been finalized with 4 countries (<b>100%</b>) demonstrating a decrease in cost per life saved or case averted over the 2020-2022 Allocation Period. Limited number of countries were assessed due to the unavailability of well-calibrated model for countries in Asia and limited capacity of external teams in supporting the assessment.</li><li>The revised KPI 4 assessment methodology for <b>TB</b> programmes approved by the Global Fund’s Modelling and Guidance Group (MGG) to assess KPI 4 for TB programmes for the 2020-2022 Allocation Period has been implemented. Results of <b>24</b> countries have been finalized with <b>100%</b> demonstrating a high likelihood of efficiency improvement for 2020-2022 Allocation Period.</li><li>Due to data accuracy challenges, compounded by the impact of COVID-19, not all assessments could be completed within the specified timeframe for final Board reporting. Outstanding assessments once concluded, will be shared with the respective Country Teams to inform and support current and future activities.</li></ul>								
	<b>Target</b>									
	<b>90%</b> of countries measured show a decrease or maintain existing levels of cost per life saved or infection/cases averted for the current <b>Allocation Period</b>									
2020-2022 Allocation Period partial results										
# of disease programs assessed	<table><tr><td>HIV</td><td>TB</td><td>Malaria</td><td>Total</td></tr><tr><td>20</td><td>24</td><td>4</td><td>48</td></tr></table>	HIV	TB	Malaria	Total	20	24	4	48	
	HIV	TB	Malaria	Total						
20	24	4	48							
% of assessed disease programs showing a high likelihood of efficiency improvement	<table><tr><td>HIV</td><td>TB</td><td>Malaria</td><td>Total</td></tr><tr><td>95%</td><td>100%</td><td>100%</td><td>98%</td></tr></table>	HIV	TB	Malaria	Total	95%	100%	100%	98%	
HIV	TB	Malaria	Total							
95%	100%	100%	98%							

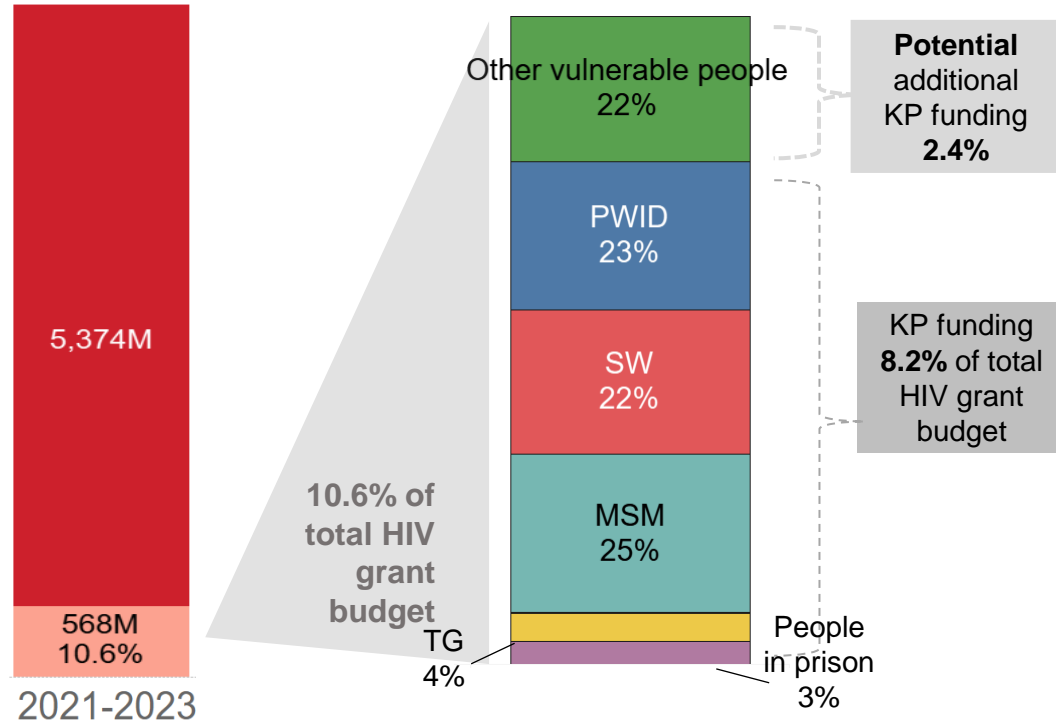
### Budget

● KPI 5a – Investment in Key Populations

● KPI 9b – Investment in Human Rights

Measure	Mid-2023 Result	Key takeaways
Percentage of grant budget in signed HIV and HIV/TB grants dedicated to HIV prevention programs targeting KPs	<b>8.2% - 10.6%*</b> <b>Target</b> <b>10% for 2021-2023 budget period</b>	<ul style="list-style-type: none"> <li>The final result show that for the 2021-23 implementation period, the % of HIV grant funds invested in HIV prevention for Key Populations (KPs) is between <b>8.2% and 10.6%*</b>. This is similar to that reported in Fall 2022 (8.4% – 10.6%) with a decrease in size of the HIV grant cohort analyzed (111 grants in Fall 2023 vs 119 in Fall 2022) due to some grants having to be excluded because of data quality issues in revised budgets.</li> <li>For the cohort analyzed in the 2021-2023 implementation period percentage of HIV budget invested for prevention for KPs is not sufficient to meet the target. However, analysis shows a steady increase in proportion of investment over the Allocation Periods. In the 2015-2017 implementation period, proportion of HIV budget invested for prevention for KPs was at 5.9%, increased to 6.8% in the 2018-2020 period and is currently at 8.2%. Preliminary analysis of a sample of GC7 Funding Requests suggests that the upward trend in grant funding for prevention for KPs may continue.</li> <li>Results are driven by both a small number of large portfolios along with a high proportion of investment in HIV prevention for KPs in smaller portfolios.</li> <li>Regional variations reflect investment modalities and regional epidemiology of HIV: <ul style="list-style-type: none"> <li>Overall investment in HIV prevention for KPs: much higher for EECA (40%) and lower for Africa (11%)</li> <li>Distribution of funds within KPs: Men who have sex with men (<i>MSM</i>) is the focus in LAC and Asia whereas activities are more focused on people who inject drugs and their partners (<i>PWID</i>) in EECA and MENA, and on sex workers and their clients (<i>SWs</i>) for Africa</li> </ul> </li> <li>Although this KPI will not be part of the 2023-2028 KPI Framework, GC7 investment levels in HIV prevention and KPs can be provided to the Board as Complementary insights</li> </ul>

### HIV prevention investment in 2021-2023 period for Key and Vulnerable Populations (KVP)





Funding



Design



Implementation



Results

Level of Control

2



HIV

### Budget

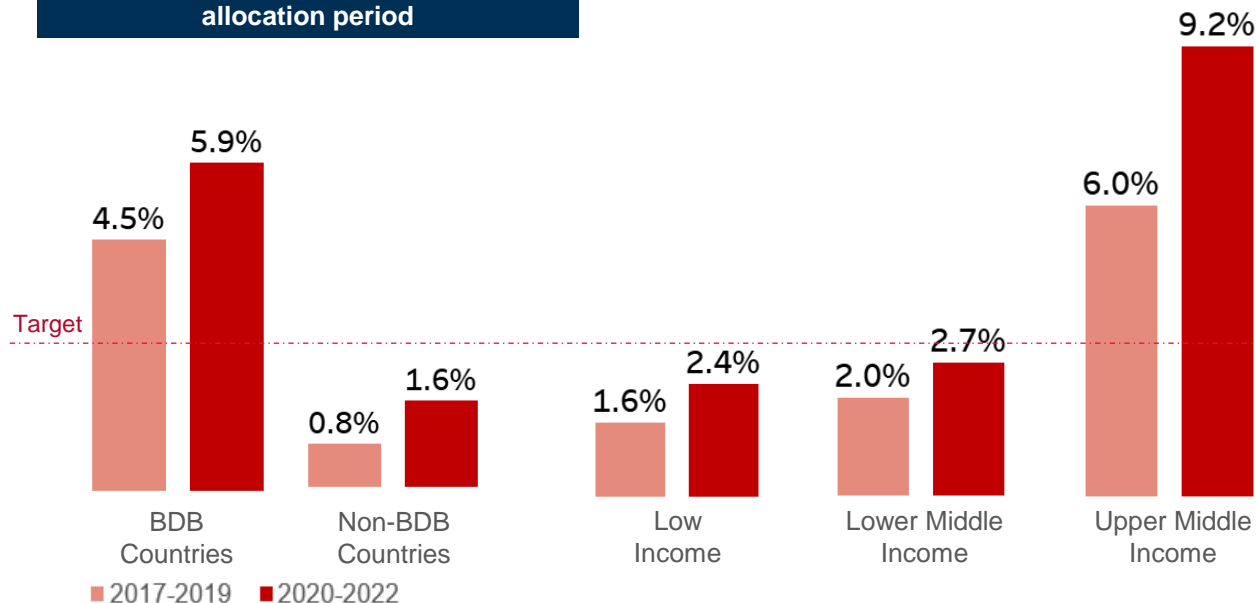
● KPI 5a – Investment in Key Populations

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

Measure	Mid-2023 Result	Key takeaways
% of HIV and HIV/TB grants budget dedicated to programs to reduce <b>human rights-related barriers</b>	Human Rights HIV: <b>3.26%</b>	<ul style="list-style-type: none"><li>The level of investment in programs to reduce human rights-related barriers in the 99 countries in the cohort is at <b>3.26% compared to 3.45%</b> reported previously in <b>Fall 2022</b>. The slight decrease in level of investment since last year could be explained by an increase in TB-related human rights investments but could also be a sign of reprogramming of funds away from Human Rights.</li><li>The level of investment represents a <b>significant increase</b> since GC5 (when investment constituted 2.15%). The increase in absolute numbers is even more impressive - \$197,835,849 in GC6 compared to \$111,326,879 in GC5.</li><li>Progress under the KPI is largely driven by BDB and Upper Middle-income countries. Non-BDB as well as low-income and lower middle-income countries show investments below 3%. Moreover, the share of human rights investments remains low in many high impact portfolios that do not receive human rights matching funds, demonstrating the importance of matching funds as incentives.</li><li>The <b>\$41 million in matching funds</b> incorporated in grants in 20 countries catalyzed much greater investment from within allocation, contributing towards meeting the KPI target.</li></ul>
	<b>Target</b> Human Rights HIV: <b>3.00%</b>	

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

Share of HR investments by income level and allocation period





Funding



Design



Implementation



Results

Level of Control

2



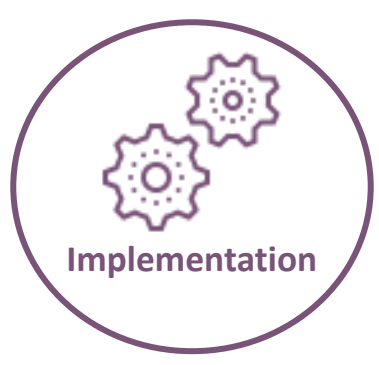
TB

### Budget

● KPI 5a – Investment in Key Populations

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

Measure	Mid-2023 Result	Key takeaways														
% of TB grants budget in selected countries with highest TB disease burden dedicated to programs to reduce <b>human rights-related barriers</b>	Human Rights TB: <b>2.42%</b>	<ul style="list-style-type: none"><li>The level of investment in TB programs to remove human rights-related barriers in 20 countries in the cohort is at <b>2.42% against a target of 2%</b>. This result represents a 100% increase compared to GC5 baseline (1.21%).</li><li>In part, this improvement is due to increased efforts to address human rights-related barriers to HIV and TB services in an <b>integrated way</b>. As of GC6, the human rights matching funds are cross-cutting, resulting in better integration and greater leverage for efforts to advocate for an increase of human rights TB investments.</li><li>The inclusion of a standalone human rights module in the TB Modular Framework enhanced the Secretariat’s ability to track investments and has served as an entry point for prioritization decisions of human rights investments during country dialogues. It should be noted that 64.2% of the TB human rights investment was budgeted as part of the human rights module.</li><li>Out of the 10 countries meeting the target, 8 are part of the Breaking Down Barriers Initiative, demonstrating again the <b>catalytic effect of human rights matching funds</b>.</li><li>In addition, the <b>Breaking Down Barriers initiative</b>, through the Human Rights assessments, multi-stakeholder process, and national plans for a comprehensive response, has built the momentum with the TB communities and wider stakeholders to better identify and address human rights and gender-related barriers..</li></ul>														
	<b>Target</b>															
	Human Rights TB: <b>2.00%</b>															
Share of HR investments by Breaking Down Barriers cohort	Share of HR investments by income level															
<table><caption>Share of HR investments by Breaking Down Barriers cohort</caption><tr><th>Cohort</th><th>Share of HR investments</th></tr><tr><td>BDB Countries</td><td>4.5%</td></tr><tr><td>Non-BDB Countries</td><td>0.8%</td></tr></table> <table><caption>Share of HR investments by income level</caption><tr><th>Income Level</th><th>Share of HR investments</th></tr><tr><td>Low Income</td><td>3.7%</td></tr><tr><td>Lower middle Income</td><td>1.2%</td></tr><tr><td>Upper middle Income</td><td>11.6%</td></tr></table>			Cohort	Share of HR investments	BDB Countries	4.5%	Non-BDB Countries	0.8%	Income Level	Share of HR investments	Low Income	3.7%	Lower middle Income	1.2%	Upper middle Income	11.6%
Cohort	Share of HR investments															
BDB Countries	4.5%															
Non-BDB Countries	0.8%															
Income Level	Share of HR investments															
Low Income	3.7%															
Lower middle Income	1.2%															
Upper middle Income	11.6%															



# Implementation

### Performance

● KPI 5b – KP reporting capacity

● KPI 7a – Fund utilization: allocation utilization

● KPI 7b – Fund utilization: absorptive capacity

## Measure

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

## End-2022 Result

67% of countries currently able to report

## Target

75% by end 2022

## Key takeaways

- Final result for KPI 5b shows that only **67%** of countries in the current cohort of 33 countries with up-to-date population size estimates (PSE) **are able to report on service coverage for at least 2 Key Population (KP)**.
- Compared to previous reported results, there is no real progress with a similar number of countries having up-to-date PSEs and a slightly decreased percentage of countries being able to report on KP coverage.
- This stagnant situation highlights the need for stakeholders in the AIDS response - including national institutions - to adopt measures that ensure more countries have up-to-date KP PSEs and are capable of assessing KP coverage.
- In GC7, GF in support of KPs shall continue supporting investments in KP size estimations, IBBS, mapping, and improving ability to report on KP prevention coverage especially prioritizing support to 14 HIV incidence reduction countries.
- GF along with technical partners is also engaging in the process of updating global guidance on PSEs & shall propose a revision to the terms and definitions to clarify the quality of PSE. National and subnational population size estimates obtained using well designed and well implemented empirical methods will likely have a longer validity which will require less frequent size estimation studies and hopefully reduce the cost and complexity of the PSEs.

### Overview

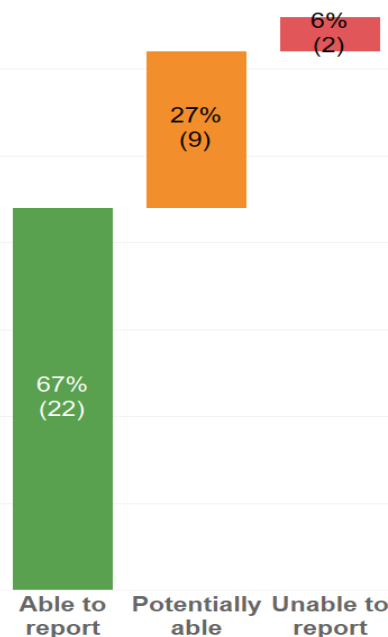
33 countries in current cohort\*. Assessments based on 4 dimensions:

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

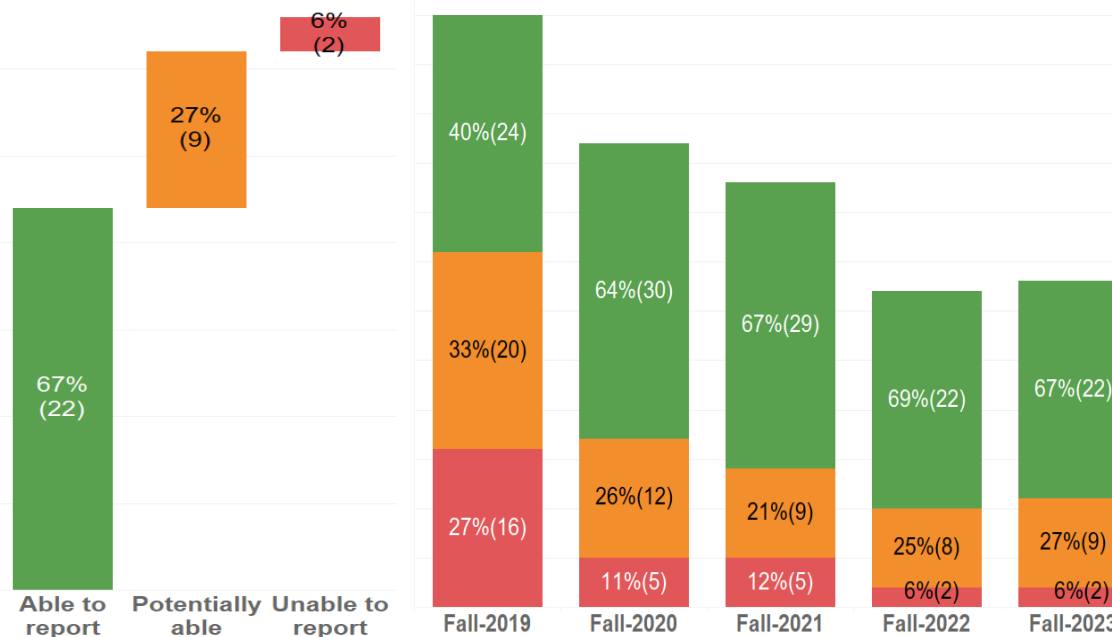
\*\*Cohort is fluid: The cohort was 55 countries at the time of the KPI's approval. In Fall 2019 report, it was 60, decreasing to 47 in 2020, 43 in 2021 and 32 in 2022.

\*Assessments only conducted in countries with nationally adequate population size estimates

### 2022 Results

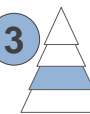


### Results trend



■ Able to report  
■ Potentially able  
■ Unable to report



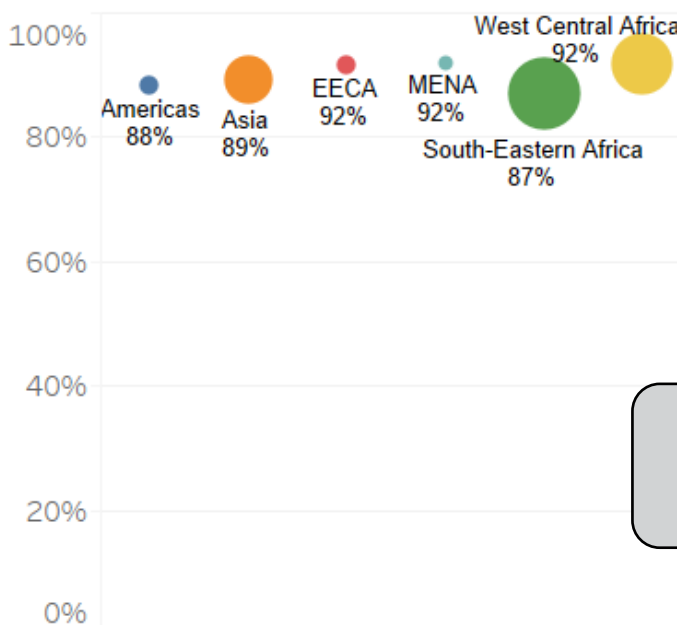


### Performance

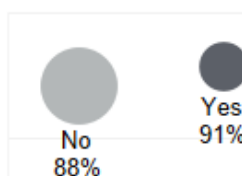
- KPI 5b – KP reporting capacity
- KPI 7a – Fund utilization: allocation utilization
- KPI 7b – Fund utilization: absorptive capacity

Measure	End-2022 Result	Key takeaways
Portion of allocation that has been disbursed or is forecast to be disbursed	<b>95%</b> <b>Target</b> 91-100% (6 <sup>th</sup> Replenishment)	<ul style="list-style-type: none"> <li>Across all disaggregations (see below), utilization is strong with the exception of stand-alone RSSH grants – a trend that has carried over from past reporting.</li> <li>Consistent with Financial Reporting to AFC, allocation utilization is based on <b>Real Funds under Management</b> which has an impact on the denominator of KPI 7a. This allows a more accurate consideration of Portfolio Optimization, not treating as new sources of funds when it really is pure recycling of existing sources of funds approved to maximize funds utilization. To avoid double-counting these in the KPI denominator (i.e., total allocation), adjustments are applied at the overall portfolio level – this means the overall KPI result will not match the average by region, component, differentiation status, etc.</li> </ul>

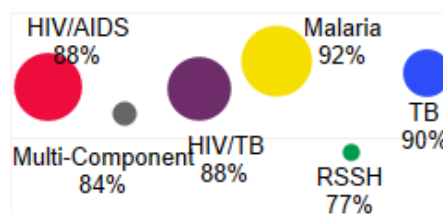
### Utilization by geographical region



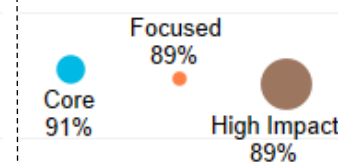
### COE status



### Component



### Differentiation



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

Utilization calculated based on 2020-2023 disbursements, including forecasts and excluding C19RM

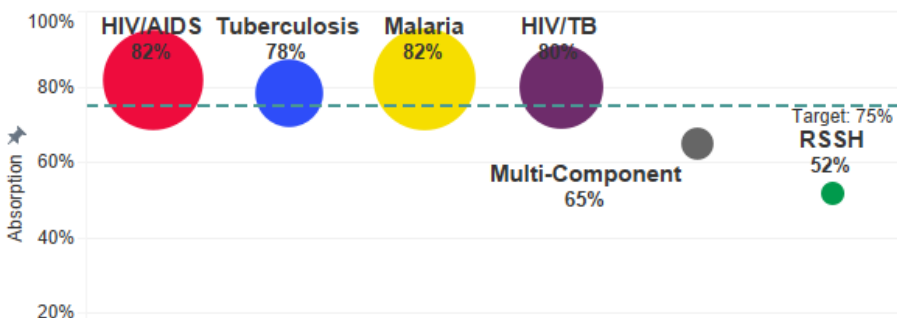
Size of bubbles proportional to allocated amount (6<sup>th</sup> Replenishment)

### Performance

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

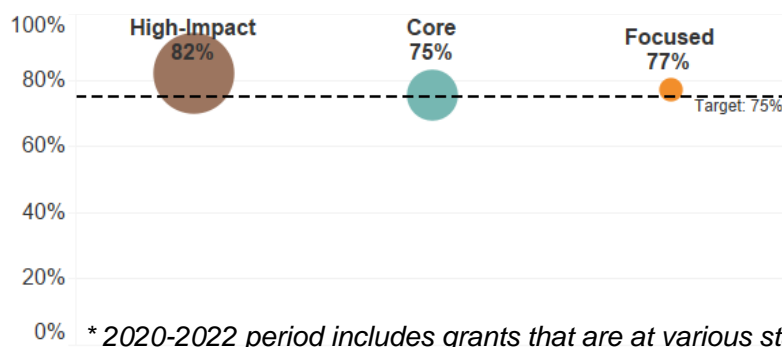
Measure	End-2022 Result	Key takeaways
Portion of grant budgets that have been reported by country program as spent on services delivered	<b>80%</b> <b>Target</b> 75% by end 2022	<ul style="list-style-type: none"> <li>Grant absorption rate for the period 2020 to 2022* (calendar years) stands at 80%, slightly above the result published in Fall 2022. This result does NOT include C19RM funding which is not in scope for this KPI.</li> <li>For 2017-2019 Allocation Period grants, absorption is at 89%, whereas it stands at 72% for grants in the 2020-2022 Allocation Period. For those though, the data set mainly includes years 1 and 2 of implementation, which traditionally have lower absorption than the final year.</li> <li>Absorption is at target for HTM components, all portfolio types and across most regions but has lower values for Multi-component and RSSH standalone grants. The lower absorption observed in Americas and MENA is caused by contextual issues in specific countries and interventions</li> </ul>

#### Absorption by component for 2020-2022



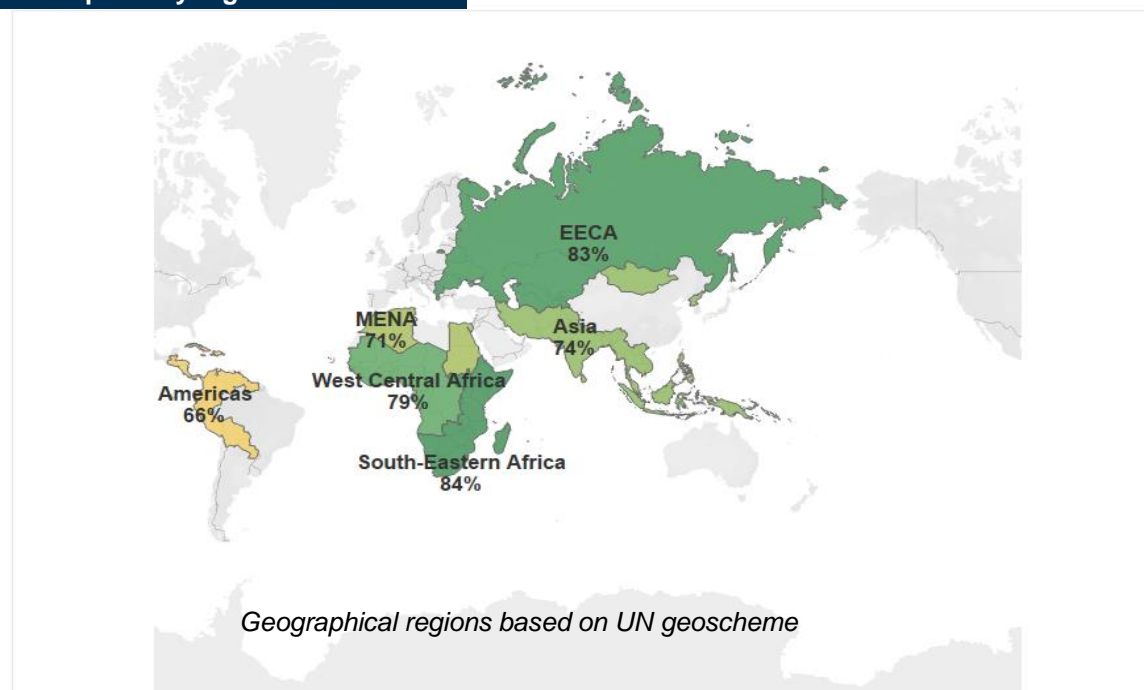
The size of the bubbles is proportional to the total 2020-2022 budget amount

#### Absorption by portfolio type for 2020-2022



\* 2020-2022 period includes grants that are at various stages of grant lifecycle but excludes C19RM

#### Absorption by region for 2020-2022



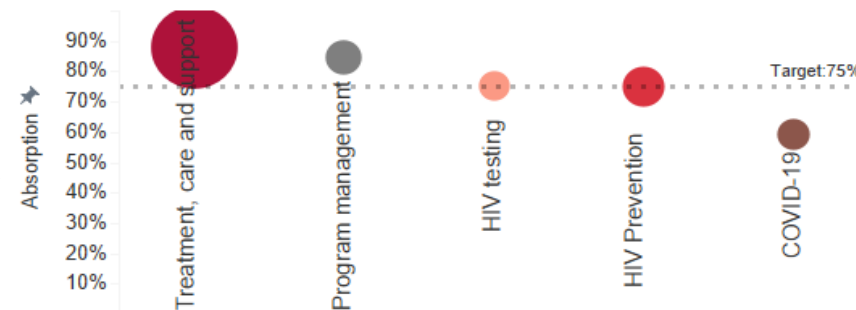
Geographical regions based on UN geoscheme

### Performance

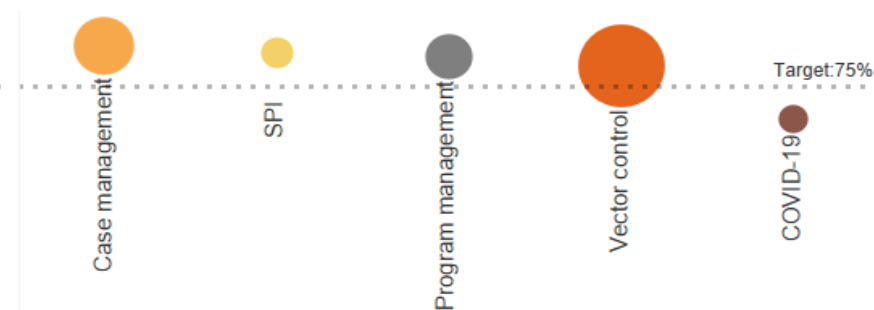
- KPI 5b – KP reporting capacity
- KPI 7a – Fund utilization: allocation utilization
- KPI 7b – Fund utilization: absorptive capacity

Measure	End-2022 Result	Key takeaways
Portion of grant budgets that have been reported by country program as spent on services delivered	<b>80%</b> <b>Target</b> 75% by end 2022	<p><b>Result by modules</b> (key programmatic activities): Absorption remains on or above target for most modules except for modules related to RSSH (<i>generally not displayed on the graph below as budget amounts are rarely within top 5 activities</i>) and COVID-19 (<i>non-C19RM funding</i>)</p> <p>The low COVID-19 absorption is due to a range of broad operational, execution and global challenges, pending reprogramming which is currently underway and forthcoming portfolio optimization, to unlock the ability of implementers to gear investments in emerging needs with higher absorption potential</p>

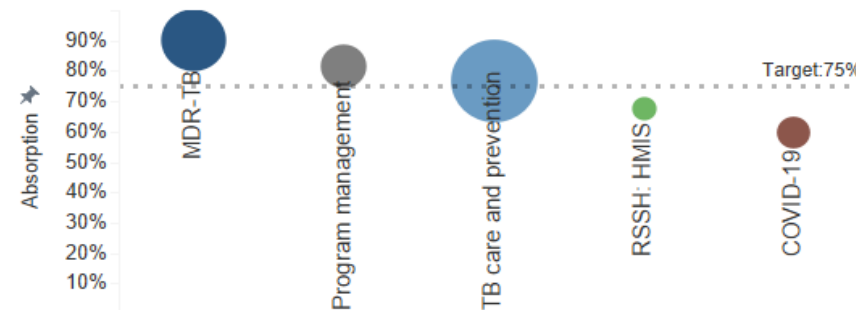
### HIV/AIDS grants



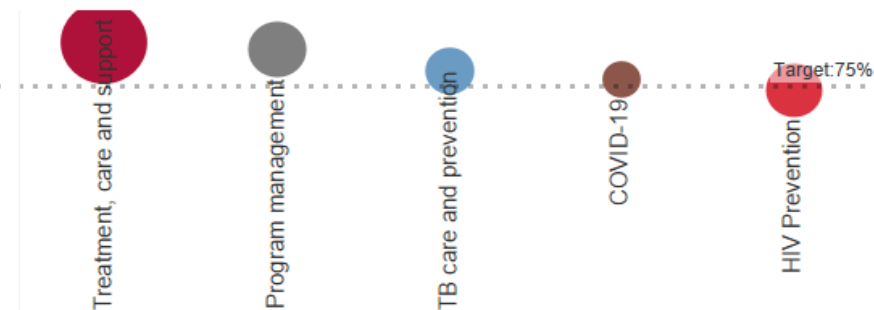
### malaria grants



### TB grants



### HIV/TB grants



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

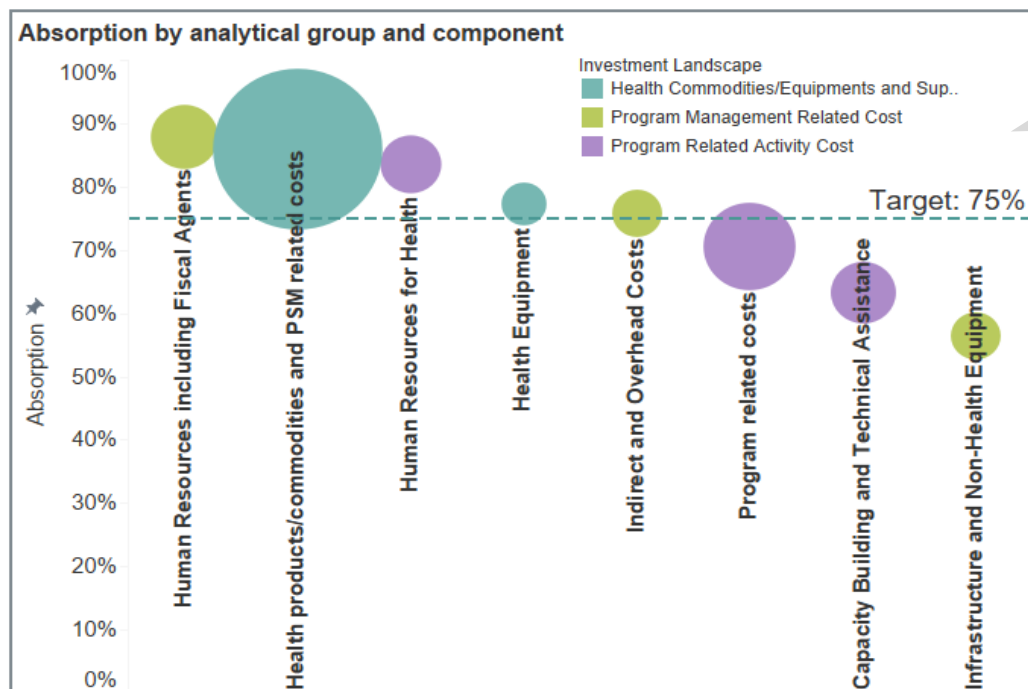
The size of the bubbles is proportional to the total 2020-2022 budget amount

2020-2022 period includes grants that are at various stages of grant lifecycle but excludes C19RM

### Performance

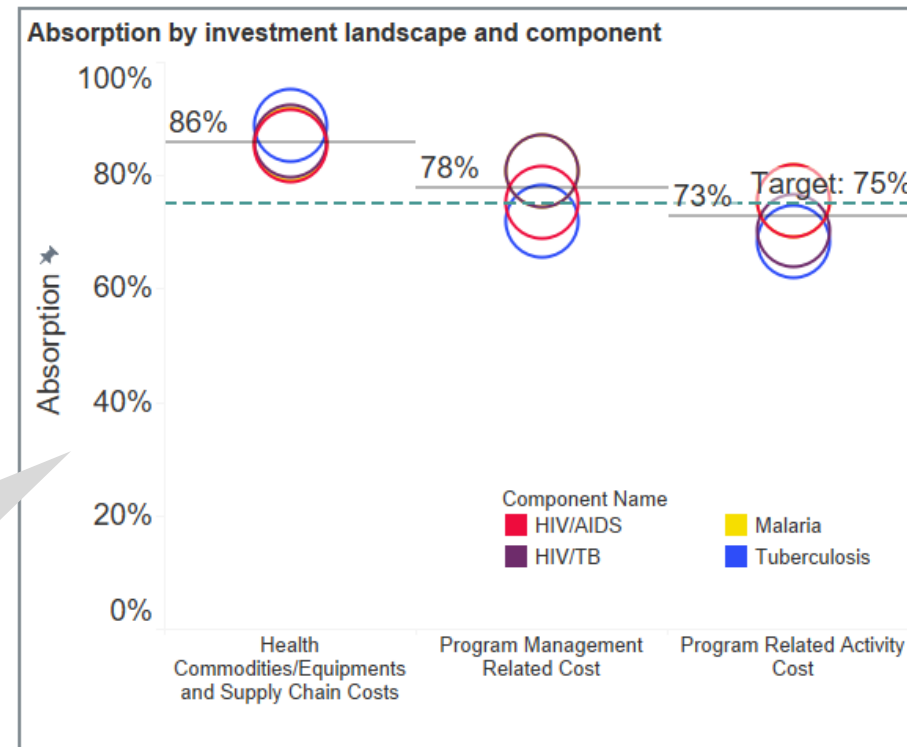
- KPI 5b – KP reporting capacity
- KPI 7a – Fund utilization: allocation utilization
- KPI 7b – Fund utilization: absorptive capacity**

Measure	End-2022 Result	Key takeaways
Portion of grant budgets that have been reported by country program as spent on services delivered	<b>80%</b> <b>Target</b> 75% by end 2022	<ul style="list-style-type: none"> <li>As expected, absorption is high for Commodities and equipment (85%, up from 82% in last year's results) and is also close to target for Program management related and Program activity related costs (respectively at 76% and 72%, with small decrease from 78% and 74% last year)</li> <li>Absorption for Capacity building activities is lower than target, probably due to COVID-19 lockdowns which did not permit trainings or other events. However, as the budget for these activities is quite low, the overall impact on absorption is not significant</li> </ul>



Absorption is higher for human resources and commodities

Relatively consistent performance across all disease components (\*\*).





# Results


# Summary of KPI 2 results against targets for the 2017-2022 Strategy

Maximize impact against HIV, TB, Malaria

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

	Indicator	Strategy target	Latest Result	GF level of funding*
HIV/AIDS	% PLHIV know	33 countries for which 80% PLHIV know their status	26 countries	
	# ART	23 million	24.7 million	Medium
	% ART	78%	79.4%	Medium
	# VMMC	22 million	20.1 million	Low
	% PMTCT	96%	84.6%	Low
HIV/TB	% VLS	33 countries for which 90% ART patients virally suppressed	27 countries	
	# HIV+TB on ART	2.7 million	2.0 million	Low
	% IPT	35 countries for which 80% of PLHIV newly enrolled in care started preventative therapy for TB	8 countries	
TB	# TB treatment	33 million	33.6 million	High
	% TB CDR	73%	71.2%	High
	% TB TSR	99 countries for which 90% of TB cases successfully treated	34 countries	
	# MDR-TB	910** thousand	663 thousand	High
	% MDR-TB TSR	33 countries for which 85% of RR and/or MDR-TB cases successfully treated	14 countries	
Malaria	# LLINS	1350 million	At least 1,049 million	High
	# IRS	250 million – 82 million for countries with data	44 million (countries with data)	Low
	% Malaria testing	80 countries for which 90% of suspected malaria cases received a parasitological test	64 countries	
	% IPTp3	36 countries for which 70% of women received at least 3 doses of IPT for malaria during ANC visits	8 countries	

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

 Target met  
 Partially met  
 Not met



# Overall KPI 2 results (modelled services)

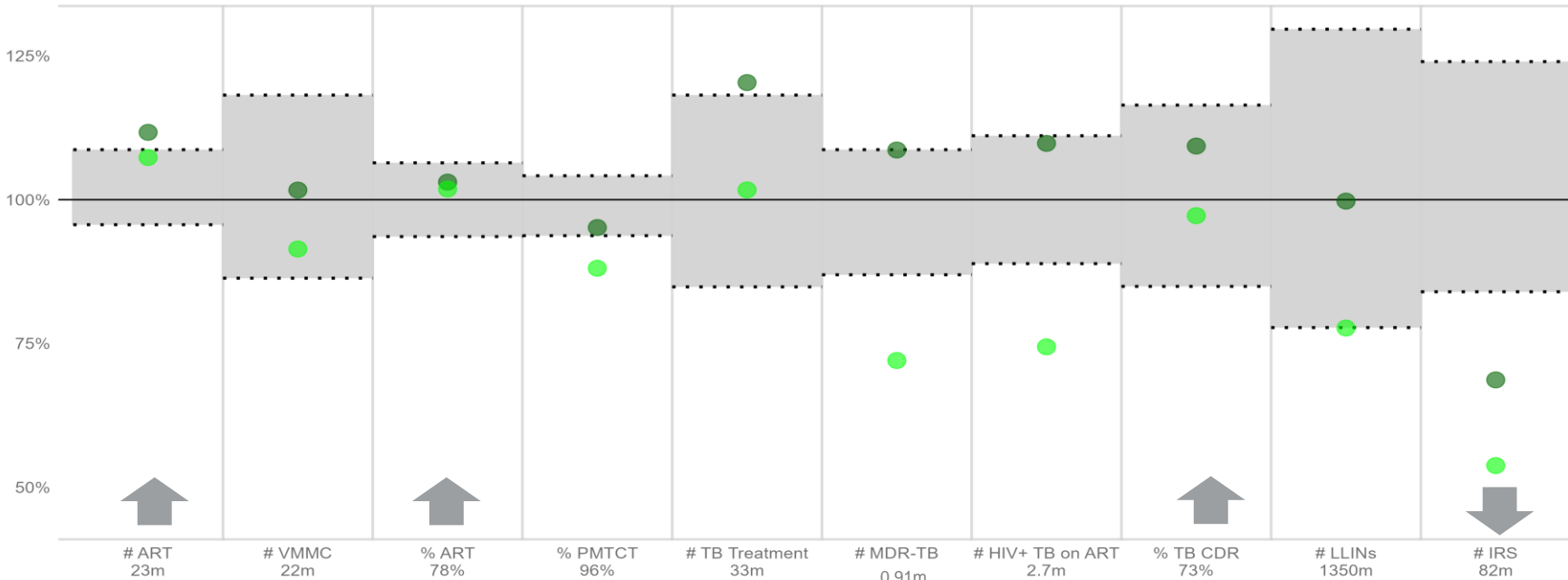
Maximize impact against HIV, TB, Malaria

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

Most indicators will be in range of Strategy target if programs meet their performance targets. However, a very significant loss of progress was seen in 2020 and 2021 in the context of COVID-19, with grant indicators performing at historically lowest level, with TB (notification, MDR on treatment) and VMMC especially affected. Performance rebounded in 2022, even if grant performance not fully back to historical levels (see next slide)

## Modelled KPI2 indicators

Percentage of strategy target (and uncertainty)



Strategy target  
 Uncertainty range around Strategy target  
 / Significant progress/deterioration from last report)

Result over Strategy (as generally reported through grants)  
 National Target (as generally reported through grants)

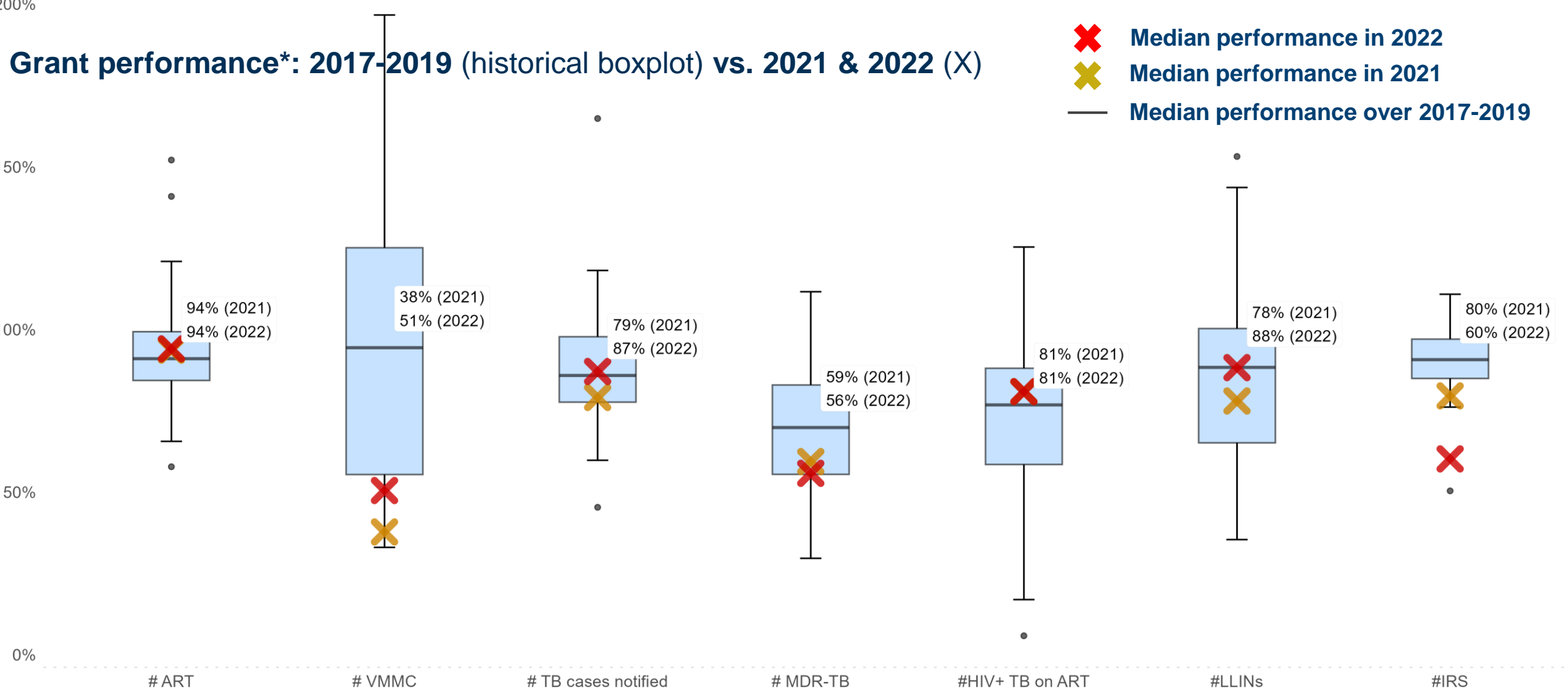
### How to interpret

- 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
- Light green dots** represent the aggregate results at the end of the Strategy (either at end 2022 for # ART, % ART, % TB CDR and % PMTCT or over 2017-2022 for the other indicators). **This dot indicates KPI performance.** If it is within the grey area, it means that the KPI result is in target range
- Dark green dots** represent the aggregate national target as generally defined in GF grants. **This dot indicates ambition:** the higher they are against the ST line, the more ambitious countries were in defining their national target.
- Finally, **the difference between the dark green and light green dots indicates grant performance**, i.e., the gap between national targets and national results, both as reported through grants.



# After COVID-19, grant performance has rebounded and is now close to historical performance level, except for VMMC, MDR-TB and IRS

Grant performance\*: 2017-2019 (historical boxplot) vs. 2021 & 2022 (X)



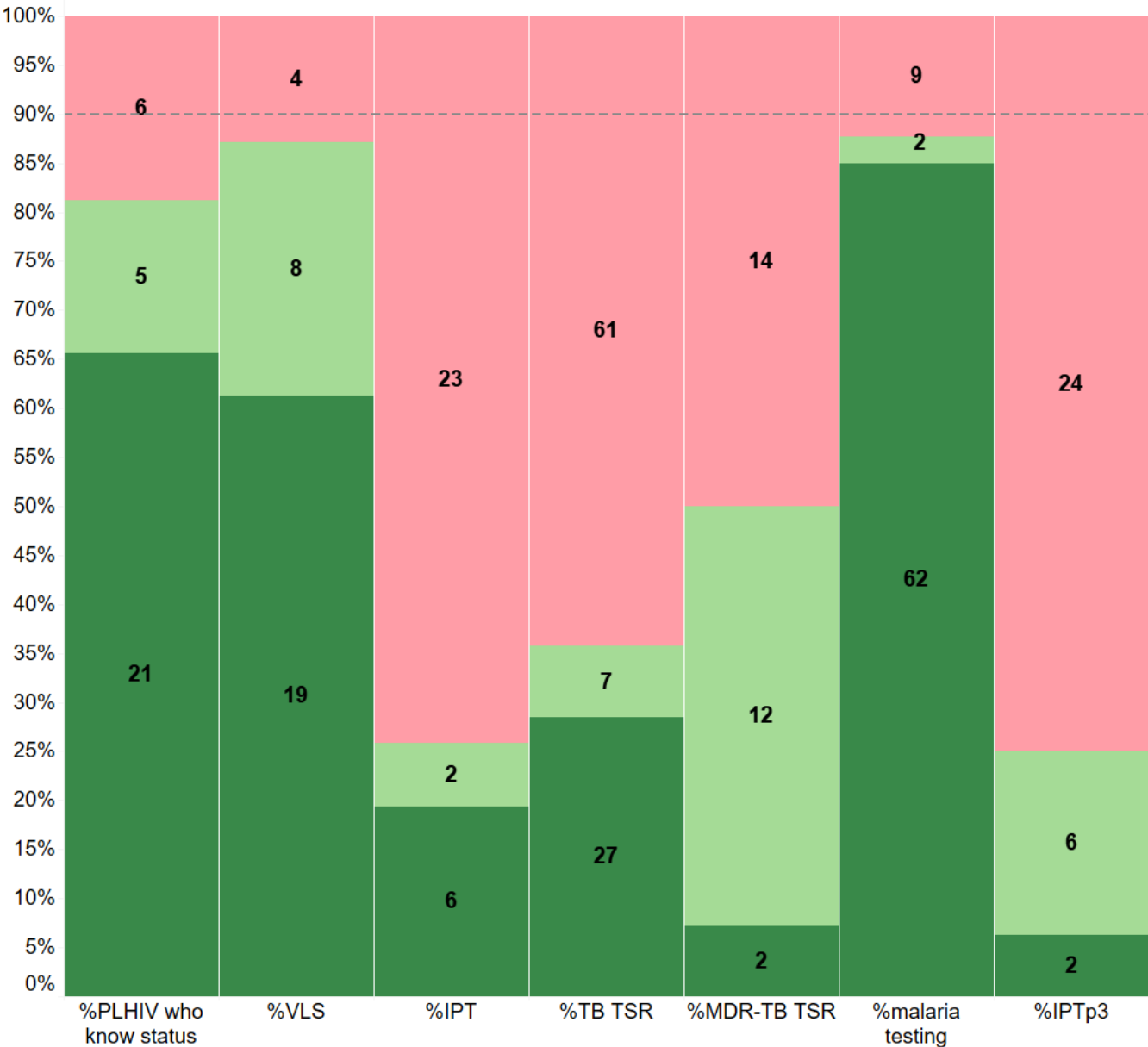
# Overall KPI 2 results (non-modelled services)

## How to interpret the graph:

Each bar represents a non-modelled service, respectively showing the number of countries in the cohort, color-coded according to **2022 results**:

- **Dark green:** “country meets Strategy target (ST)”;
- **Light green:** “country is within Strategy target uncertainty range”;
- **Pink:** “country is below Strategy target uncertainty range”

The **gray** dotted line represents the KPI assessment at **90%** meaning that the KPI will be considered “meeting target”, i.e., at least acceptable performance if 90% of the countries of the cohort meet the threshold



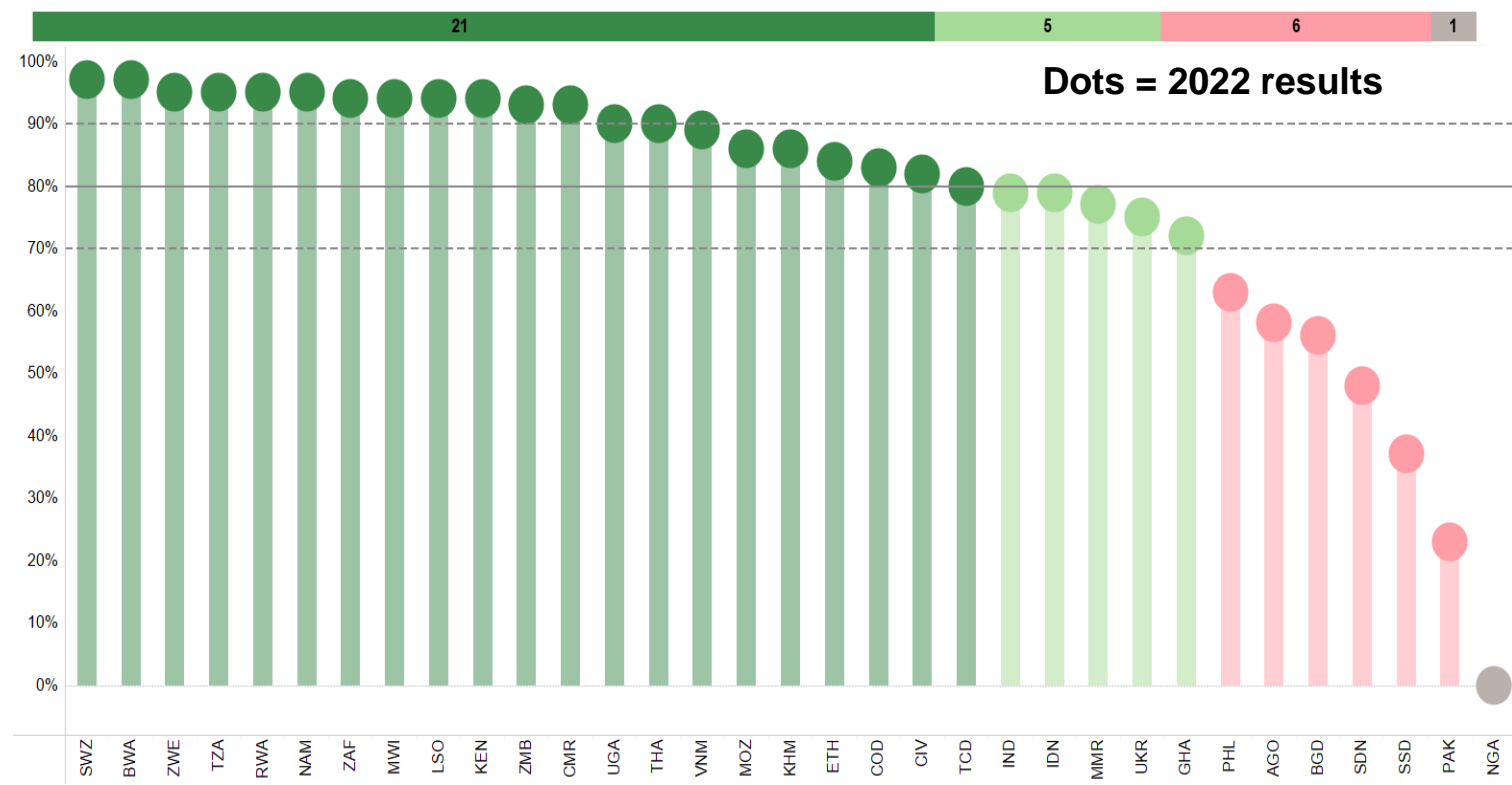
# **% PLHIV know (people living with HIV knowing their status)**

At the end of 2022, **81%** of cohort countries with data were in Strategy target range

**Maximize impact against HIV, TB, Malaria**

 **KPI 2 – Performance against service delivery targets**

 **KPI 5c – Service coverage for Key Populations**






## End-2022 Target




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

## Key takeaways

- Cohort of 33 countries with results available for 32.
- **81%** of countries are within target range. **This result is considered as partially achieving the target** i.e., between 67%-90% of the total number of countries in cohort are in target range.
- Results relatively high amongst several HIV priority countries such as ZAF, TZA, MOZ with the exception of PAK, SSD, PHL that had sub-optimal performance.

ST= strategy target : 80% (70%-90%)

 meets ST  below ST uncertainty range  ST mid-point

 within ST uncertainty range  missing data  ST lower and upper bound

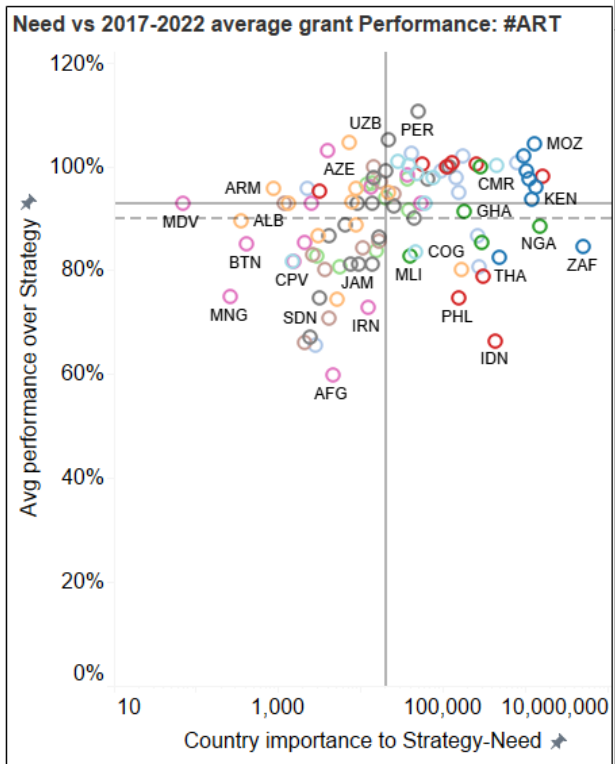
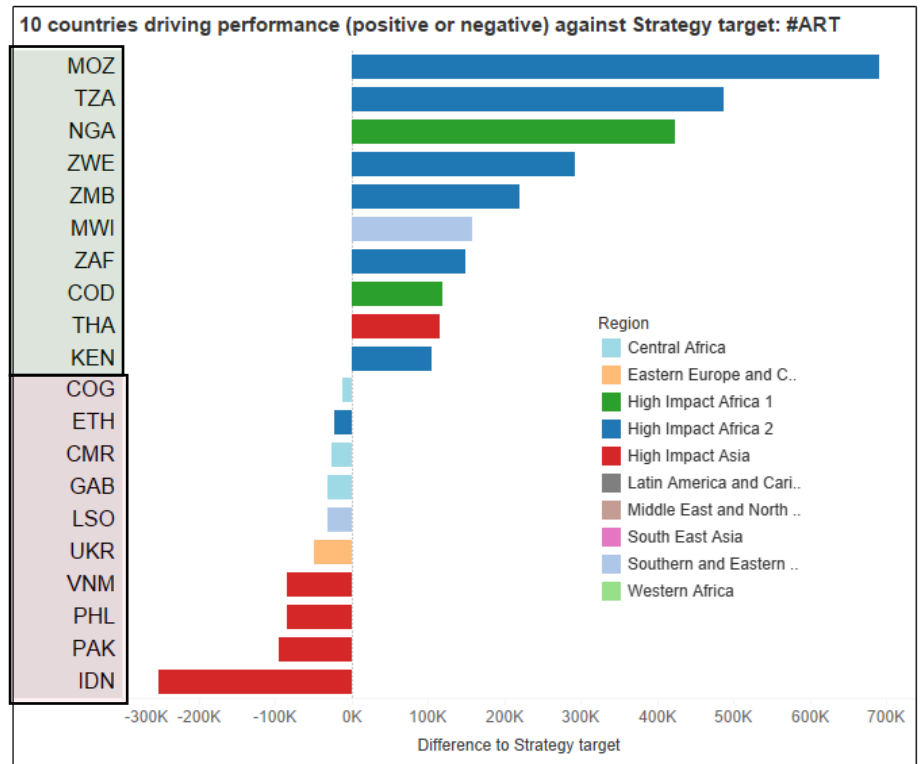
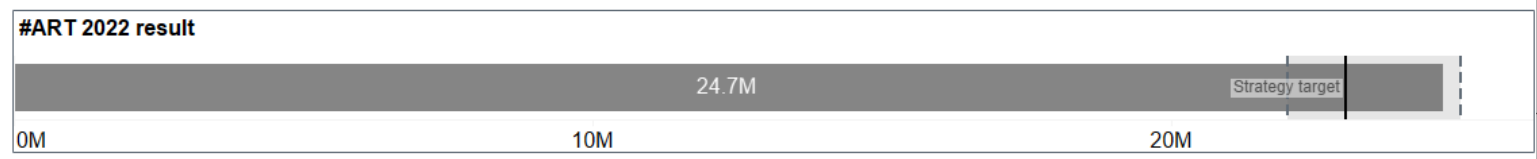
**Includes grant results for IDN, MMR, PAK, SSD, UKR as UNAIDS estimates not available. Results for these countries might therefore not be representative of all PLHIV in the country**

# #ART (patients on ART)

At the end of 2022 for countries in the Strategy cohort, there were **24.7M** adults and children receiving ART

Maximize impact against HIV, TB, Malaria

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



## End-2022 Target

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

## Key takeaways

- Cohort composed of 99 countries.
- Latest results show that the **2022 Strategy target has been achieved** with 24.6M adults and children receiving ART by end 2022. Despite the COVID-19 disruption, grant performance against their own targets was maintained at acceptable level across portfolio.
- The positive result for this KPI was driven by African countries such as MOZ, TZA and NGA.
- A few countries, mainly in Asia, had a large gap compared to their initial Strategy projections: notably IDN and PHL (both with low national targets and poor grant performance) and PAK (low national targets vs expected contribution to overall KPI target)
- KPI 12b results, across the whole 2017-2022 Strategy Period, suggest that prices for ARVs have been consistently reducing, which is a key factor in putting more patients on ART. To support HIV incidence reduction, maintaining low ART pricing will be important.



Funding



Design



Implementation



Results

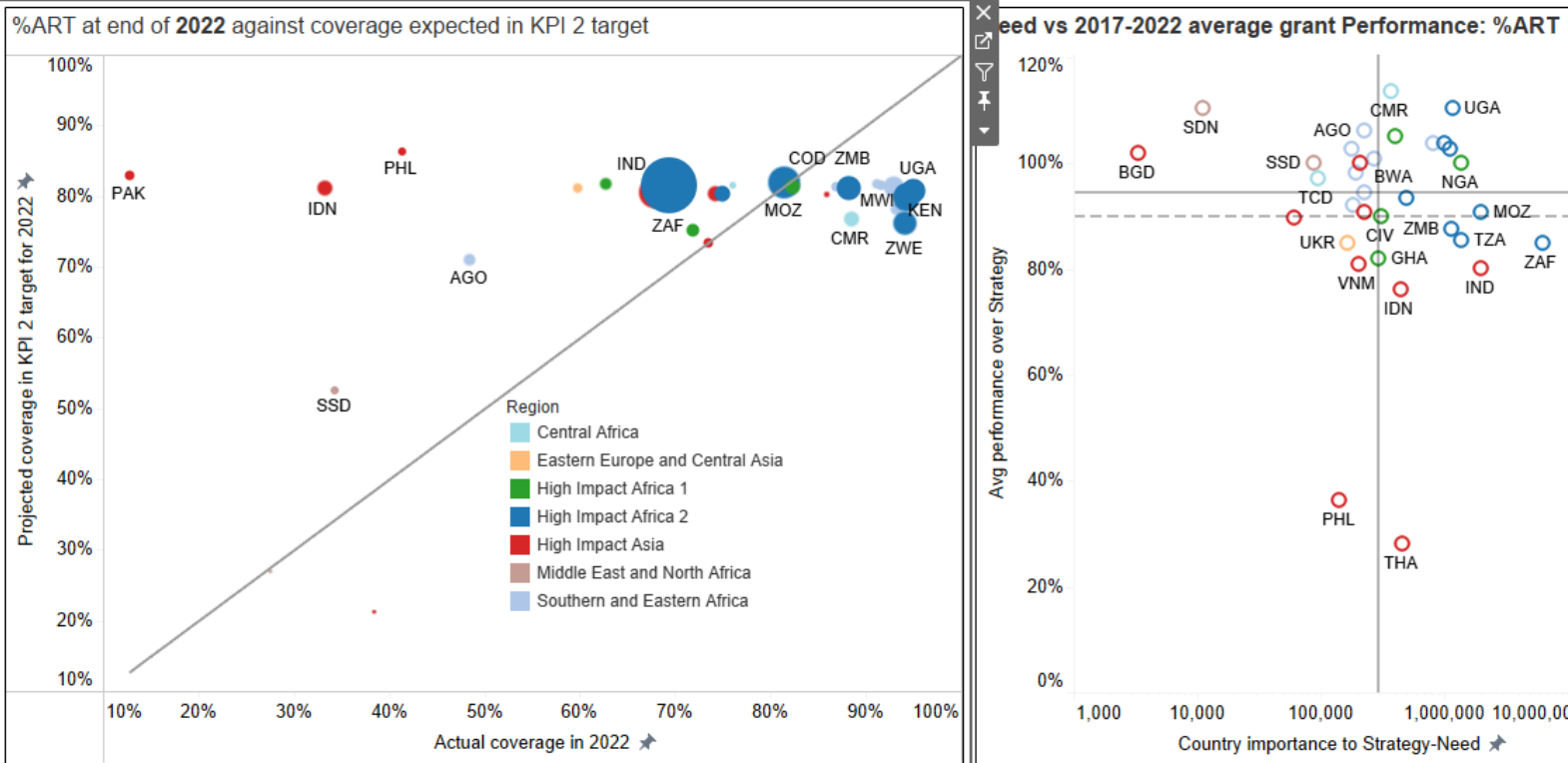
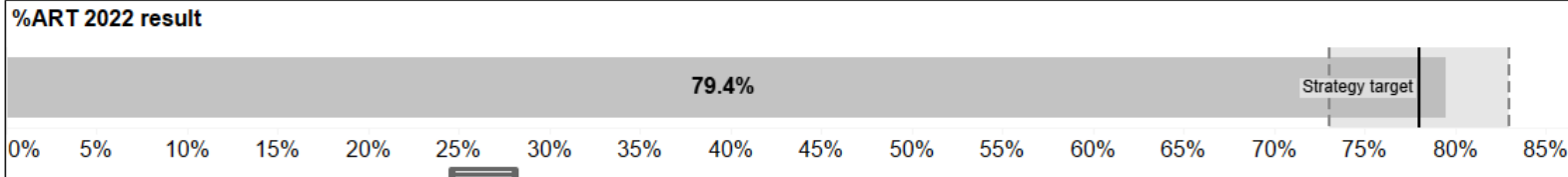
## % ART (ART Coverage)

At the end of 2022 for countries in the Strategy, **79.4%** of adults and children were receiving ART among entire population living with HIV

Maximize impact against HIV, TB, Malaria

● KPI 2 – Performance against service delivery targets

● KPI 5c – Service coverage for Key Populations



### End-2022 Target

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

### Key takeaways

- At the end of the Strategy Period, the **target is met** for this KPI
- Cohort composed of 33 priority countries and results have been more positive for countries in Africa, especially in Eastern and Southern Africa than for those in Asia (especially IDN, PAK, PHL)
- ZAF has the largest contribution to the overall KPI target and its 2022 result (70%) is lower than the expected modelled value (81%). However, the GF grants focus mainly on KVP prevention as the whole treatment component is financed by the government. Even if GF's leverage is limited, the Secretariat (with technical partners) is supporting the government of ZAF to improve treatment coverage, for instance using the Nerve Center Approach (standardized problem-solving approach that cascades from facility to national level) which has already improved treatment cascade since its introduction in March 2023



Funding



Design



Implementation

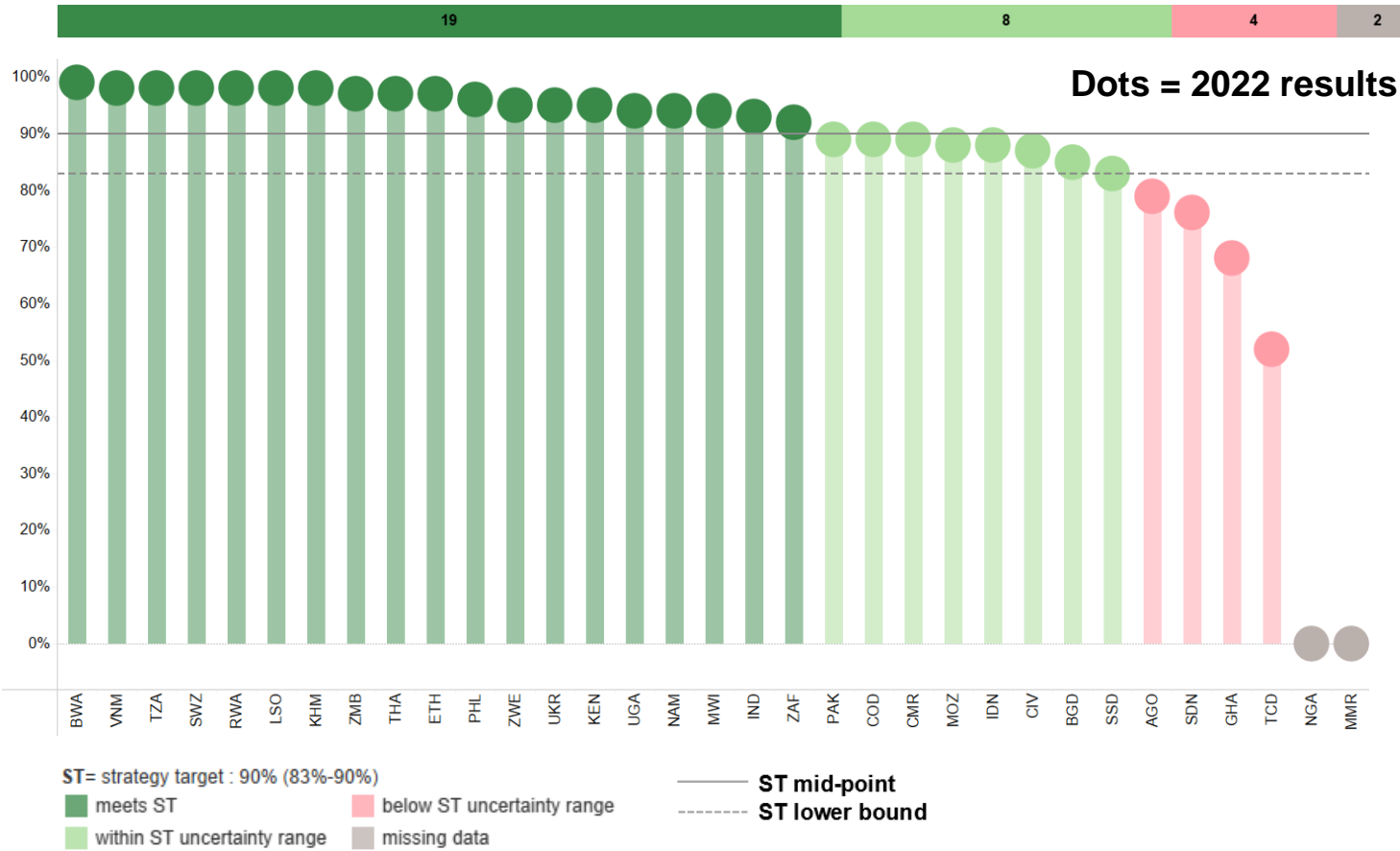


Results

## % VLS on ART

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

At the end of 2022, **87%** of cohort countries with data were in Strategy target range



\* Includes **grant results for countries where there is no 2022 UNAIDS estimate**, i.e., PHL, IDN, BGD, COD, GHA, SDN, SSD, TCD, AGO, PAK. Result for these countries might therefore be less reliable.

Maximize impact against HIV, TB, Malaria

KPI 2 – Performance against service delivery targets

KPI 5c – Service coverage for Key Populations

### End-2022 Target

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

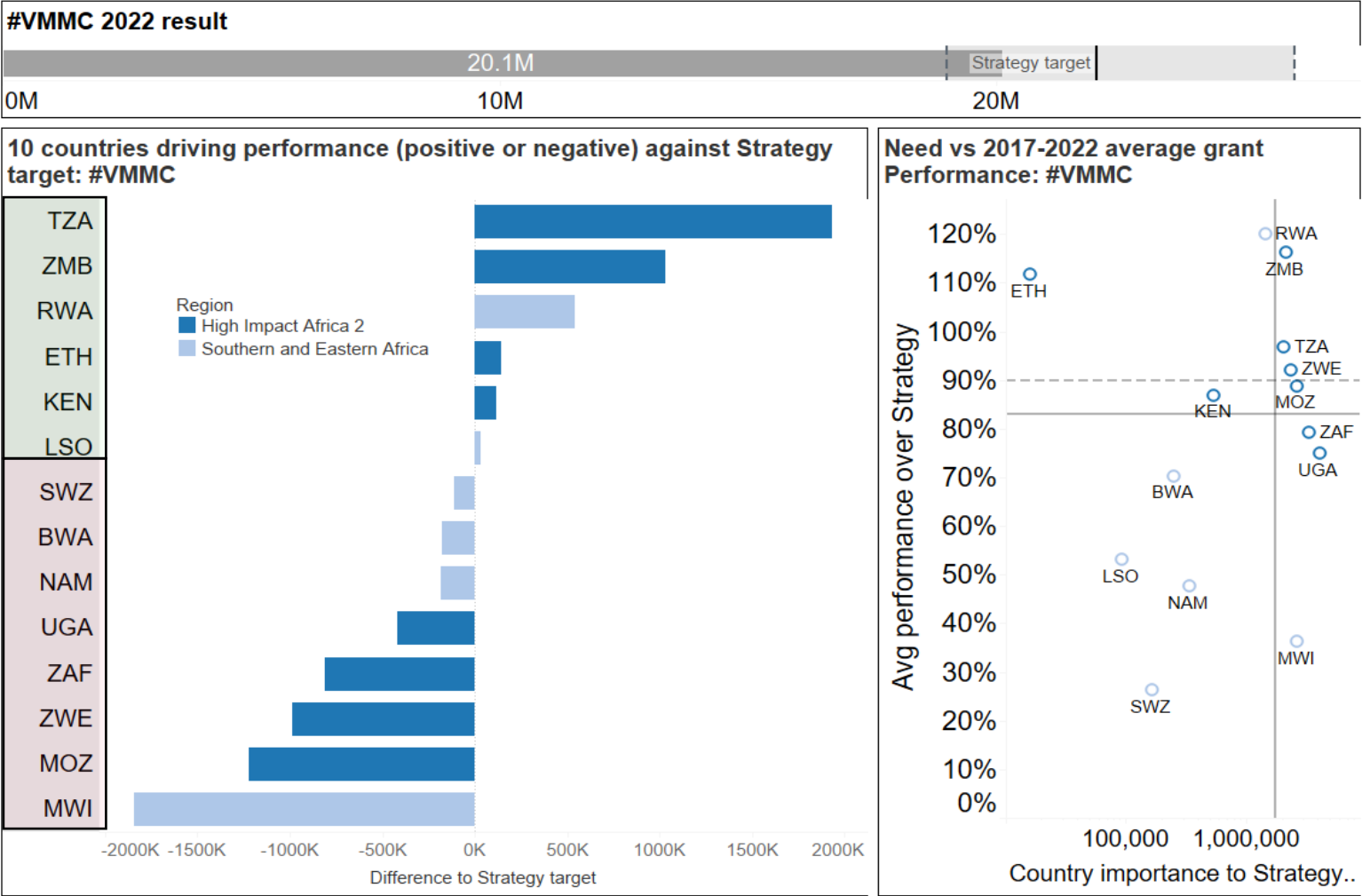
### Key takeaways

- Cohort of 33 countries with data available for 31 of them.
- 87% of countries for which data is available are within target range. This result is considered **partially achieved** i.e., between 67%-90% of countries in cohort are in target range.
- High results (higher than or close to 90%) in all HIV priority countries especially in countries with largest number of patients on ART (ZAF, TZA, UGA, KEN, MOZ, IND). Quality of care is critical to keep people on ART and fully suppressed and will be critical to ensure improving VLS



# # VMMC (voluntary male circumcisions)

From 2017 to 2022 for countries in the Strategy, **20.1M** men have been medically circumcised



**Maximize impact against HIV, TB, Malaria**

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

**2017-2022 Target**

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

- Key takeaways**
- Cohort composed of 14 countries, all in Southern and Eastern Africa
  - The final result of 20m is **within the Strategy target range**, despite setbacks caused by the COVID-19 pandemic
  - VMMC is predominantly funded by PEPFAR so only a few GF grants have corresponding performance data and GF has only limited leverage in driving performance.
  - TZA and ZMB contributed to achieving the target
  - MWI is the main driver of the gap because of COVID-19 related scale-down and poor performance against grant targets.

\* Bar going to the right indicate that the country result is higher than its expected contribution to the Strategy target (i.e., it is good)





Funding



Design



Implementation



Results

# ● % PMTCT (PMTCT coverage)

In 2022 for countries in the Strategy cohort, **84.6%** of HIV+ pregnant women received ART for PMTCT

Maximize impact against HIV, TB, Malaria

● KPI 2 – Performance against service delivery targets

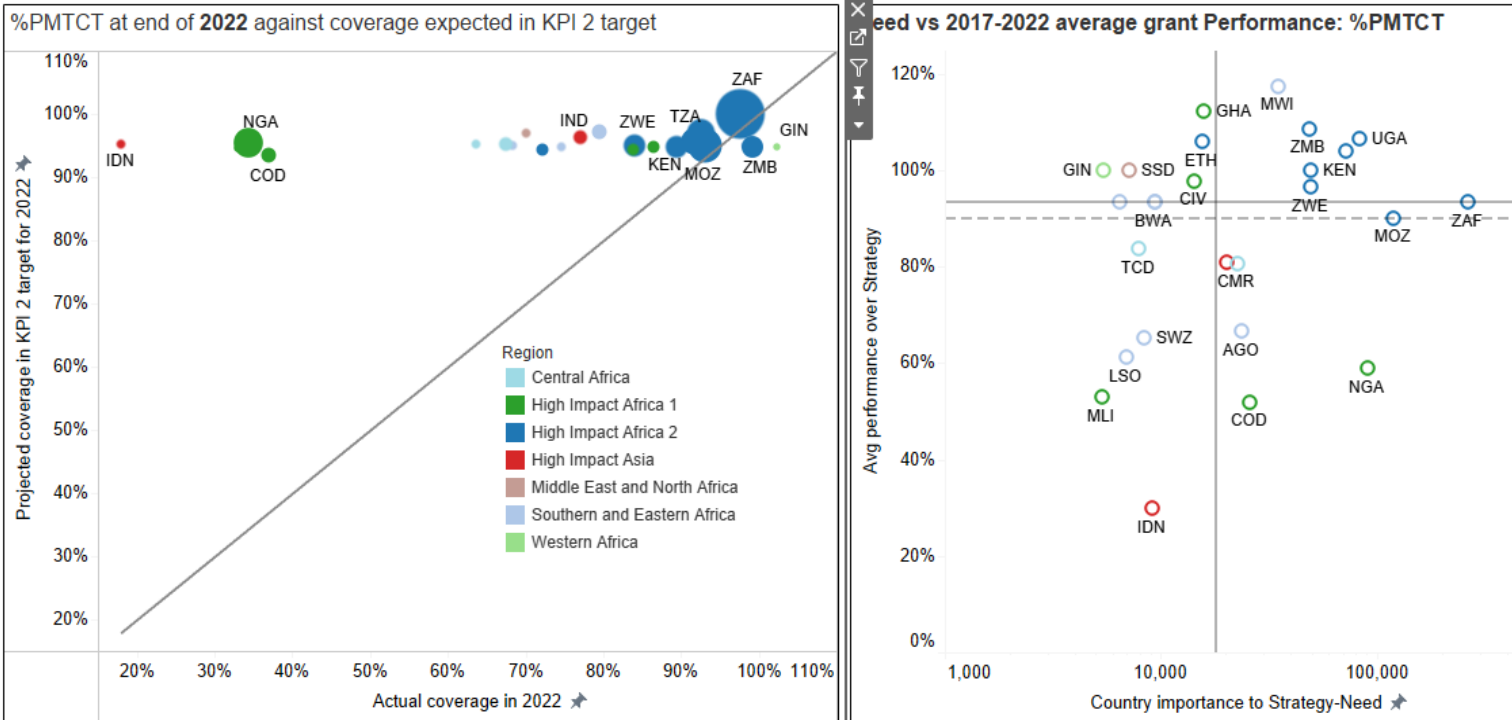
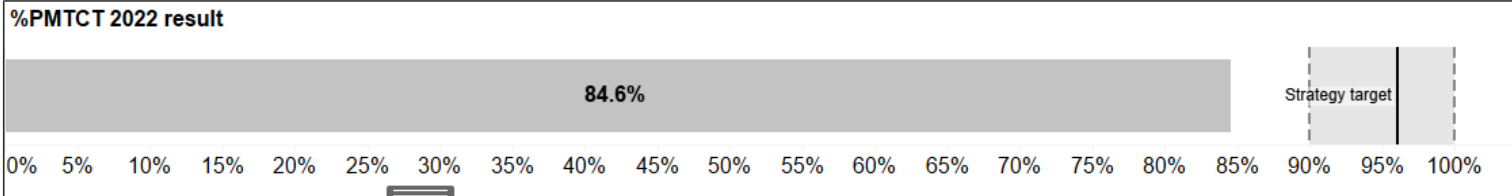
● KPI 5c – Service coverage for Key Populations

## End-2022 Target

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

## Key takeaways

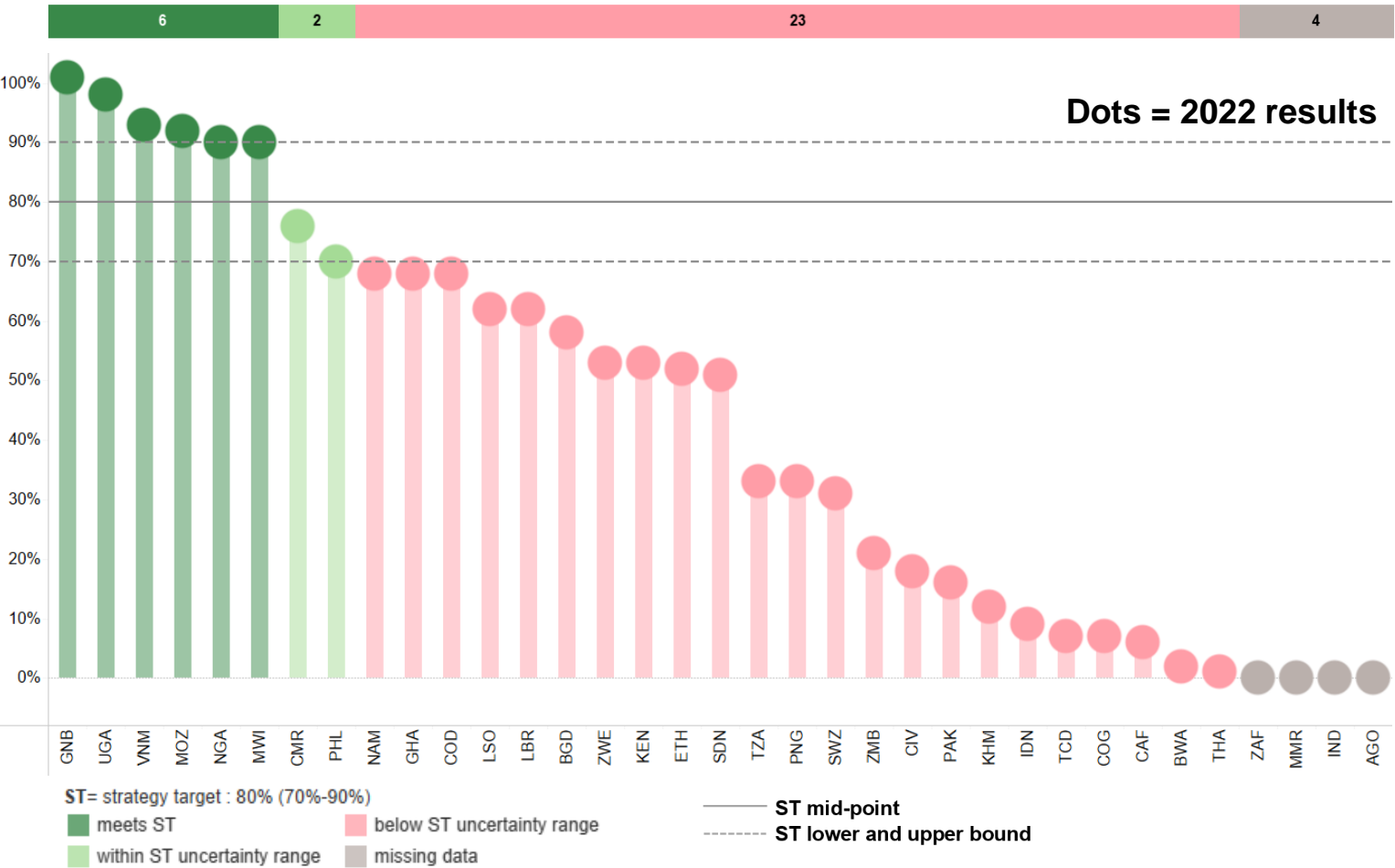
- Cohort is 26 countries, with majority in Africa
- Overall, there is good performance in grants for PMTCT. However, there is a gap between the aggregate grant (national) targets vs expected contribution to modelled KPI target for majority of countries. As the KPI result is below the lower bound of the Strategy range by (slightly) more than 5% relative, this KPI target is considered as **not achieved**
- Generally, performance was better in Eastern and Southern Africa countries with 2022 coverage close to their modelled contribution to the Strategy target and higher than 95% for large countries such as MWI, ZMB or ZAF
- The gap is mainly driven by NGA and COD (both with low national targets and poor grant performance) with low ANC testing and ART initiation/continuity for pregnant women prior to 2022, along with financing gaps. National stakeholders have conducted extensive assessments to identify gaps, developed plans for improving coverage and quality of ANC services to eliminate vertical transmission and prioritized the strategic shift for GC7, including linkages with broader RMNCH Framework. The Global Alliance to end AIDS in Children has also reinforced efforts to intensify PMTCT investments in COD



# % IPT (% PLHIV starting IPT/TPT)

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

At the end of 2022, **26%** of cohort countries with data were in Strategy target range



Maximize impact against HIV, TB, Malaria

KPI 2 – Performance against service delivery targets

KPI 5c – Service coverage for Key Populations

## End-2022 Target

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

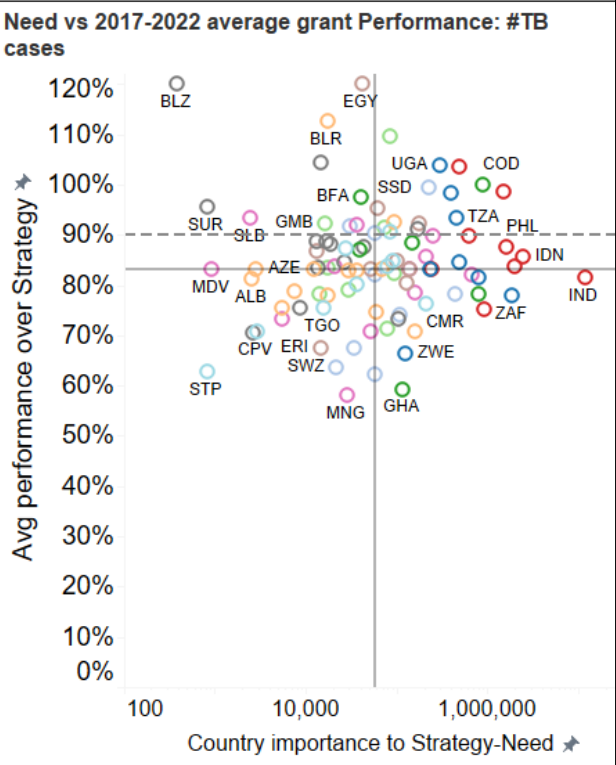
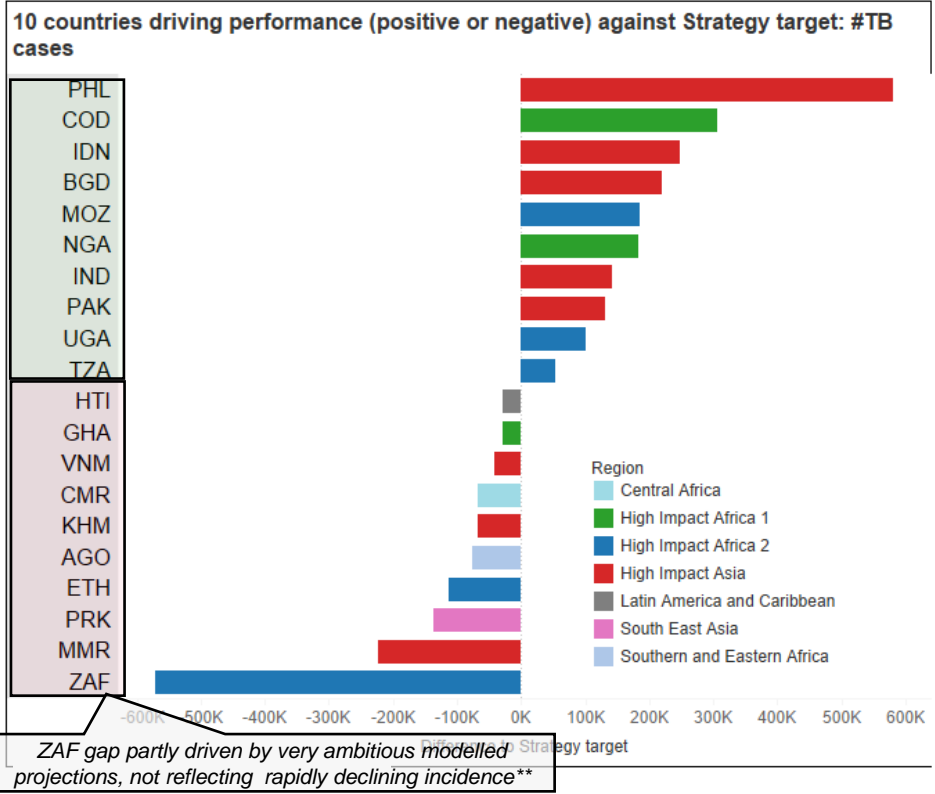
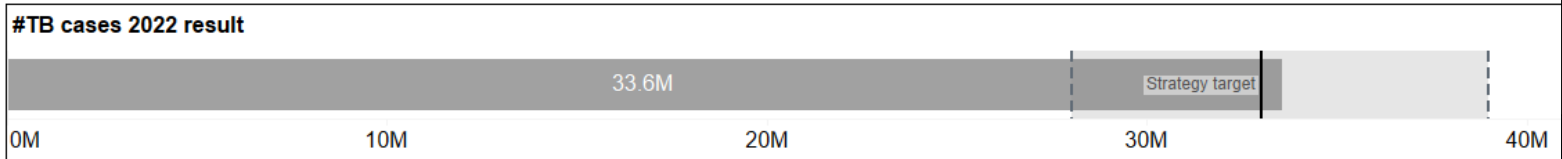
## Key takeaways

- Cohort of 35 countries, but projection data not available for 4 countries.
- Only **26%** of countries are within target range (i.e., 8 countries) in 2022 meaning that the KPI is considered as **not achieved** as less than 67% of countries' targets were met.
- COG, CAF and THA that are also HIV/TB high burden countries reported significantly low results

# # TB (TB notified cases)

From 2017 to 2022, for countries in the Strategy cohort, there were **33.6M** cases of all forms of TB notified bacteriologically confirmed plus clinically confirmed, new and relapse

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



## 2017-2022 Target

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

## Key takeaways

- Cohort composed of 96 countries. Despite the significant COVID-19 impact, the result for the 2017-2022 Strategy is **within target range**, thanks to high pre-2020 achievements and successful mitigation of COVID-19.
- These positive results are mainly driven by TB high burden countries in Asia (PHL, IDN, BGD, IND) and Africa (COD, NGA, MOZ), with very ambitious national/grant targets. Even if countries were not always able to meet these national targets, results were still above the expected contribution to the modelled KPI target
- Out of the total 33.6M cases notified, IND contributed more than a third with 11.6 cases with a strong recovery from COVID-19 as it achieved higher results in 2022 than pre-2020.
- The gap to Strategy target is mainly driven by two TB high burden countries of MMR and ZAF (both impacted by COVID-19 albeit with strong recovery in 2022)
- (\*\*) In the case of ZAF, the gap is partly caused by high expected contributions to overall KPI target, modelled at the beginning of the Strategy Period and based then on high incidence forecasts. However, given the rapidly declining incidence in the country, this expected contribution appears to have been much too ambitious in retrospect. The gap displayed here is not an accurate portrayal of the performance of the ZAF TB programme.

\* Bar going to the right indicate that the country result is higher than its expected contribution to the Strategy target (i.e, it is good) <https://www.stoptb.org/securing-quality-tb-care-all/high-burden-countries-tuberculosis>

# % TB CDR

In 2022 for countries in the Strategy cohort, **71.2%** of cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses among all estimated cases (all forms) were notified

Maximize impact against HIV, TB, Malaria

● KPI 2 – Performance against service delivery targets

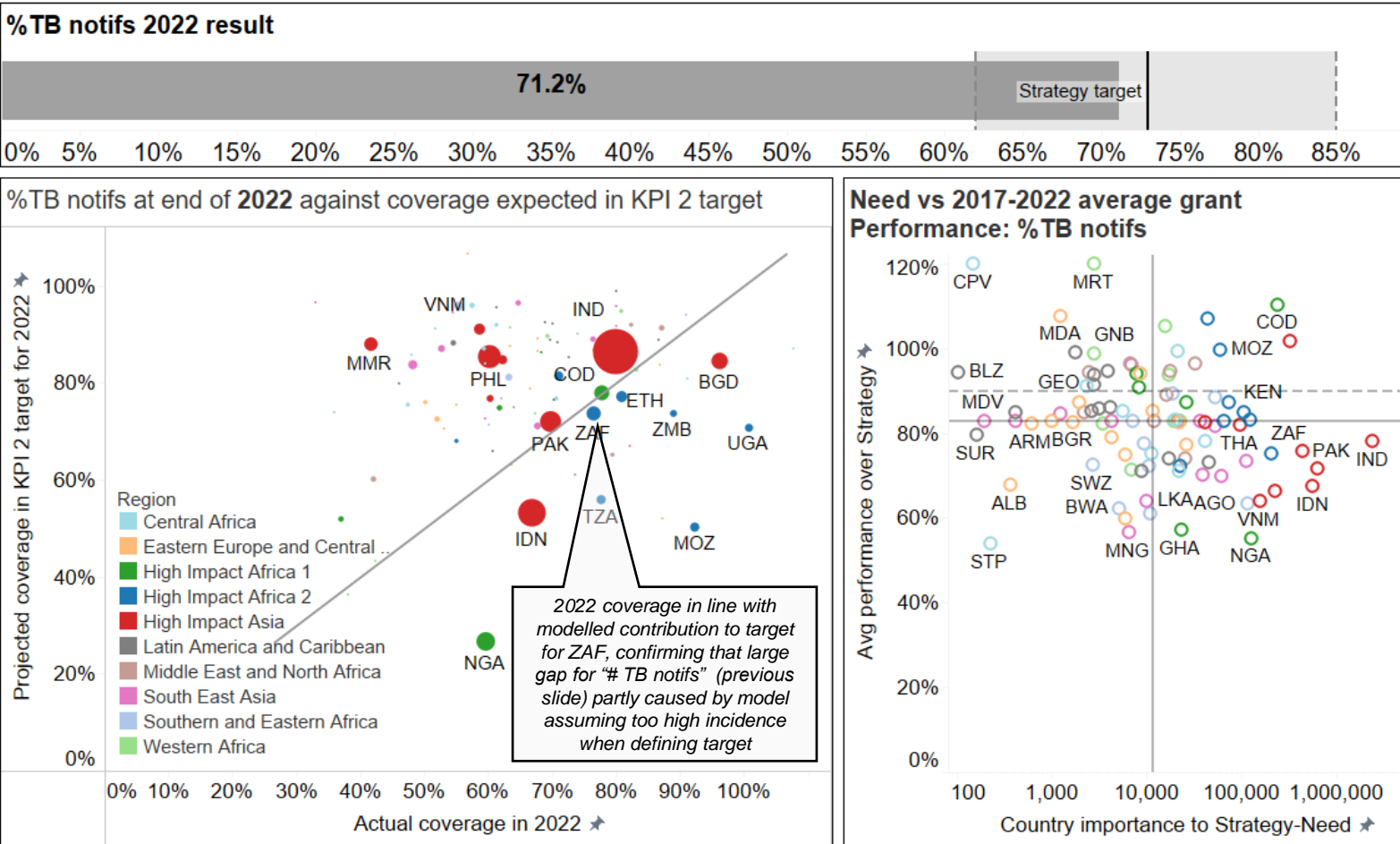
● KPI 5c – Service coverage for Key Populations

## 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

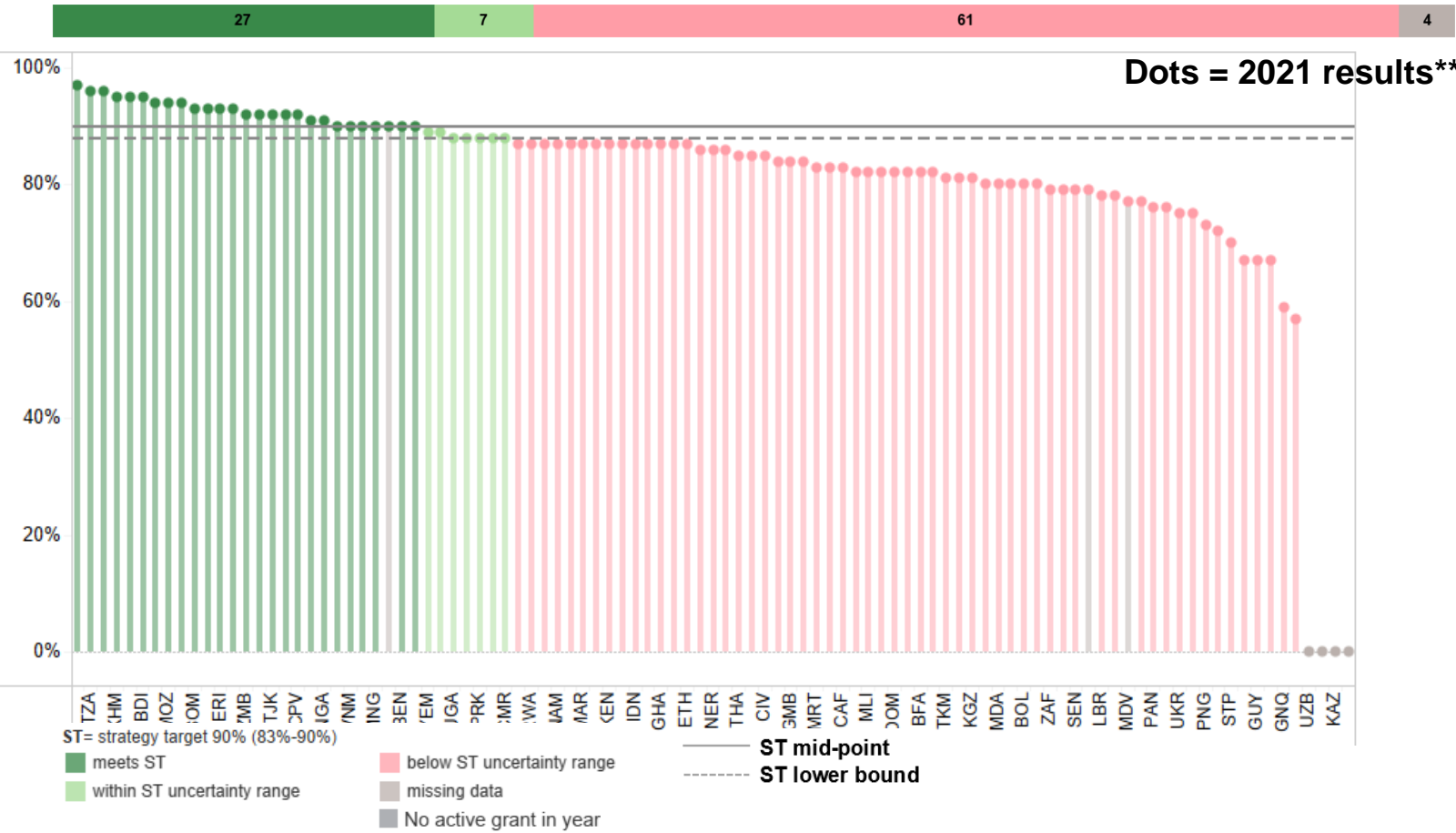
- Cohort composed of 96 countries.
- Despite significant COVID-19 impact, the final result for the 2017-2022 Strategy is **within Strategy target range** due to the recovery and scale up of programs in 2022 to pre COVID-19 levels
- High burden countries like BGD, IDN and NGA achieved coverage more than expected for KPI target thanks to a strong performance in 2022.
- IND had the greatest number of TB notifications in 2022 and had coverage in line with their expected contribution to the Strategy target, despite having more estimated TB cases in 2022 than expected in the Strategy target.
- PHL was also amongst the 3 countries with highest TB notifications in 2022 but had reduced coverage too due to the 2022 estimated TB cases being much higher than expected in the Strategy target, resulting in more people that had to be notified (higher denominator), consequently negatively impacting coverage. In addition to PHL and IND, this happened for several other countries, especially in Asia, due to increased WHO modelled incidence to take into account the COVID-19 pandemic.



# % 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)

At the end of 2021\*\*, 36% of cohort countries with data\* were in Strategy target range



\*Results based on preliminary data from WHO for internal use only, data will be published mid-October 2023

\*\*NB: Due to the nature of the indicator, data is for the 2021 cohort

Maximize impact against HIV, TB, Malaria

KPI 2 – Performance against service delivery targets

KPI 5c – Service coverage for Key Populations

## End-2022 Target

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

## Key takeaways

- Cohort of 99 countries with data not available for 4 of them.
- 36% of countries are within the Strategy target range and for this reason the final result is **not achieved**. As the results for this indicator are from 2021, COVID-19 may have had an impact on the results
- Note though that the median portfolio results over the Strategy period have consistently been between 85-86% progressing to 87% in 2021, and TSR is relatively high (80% or more) for many countries including those with a large share of Strategy target in notifications (IND, IDN, PAK, BGD, NGA). With very large variations in number of patients between countries, it might not be the most accurate to treat all countries equally when analyzing the result.

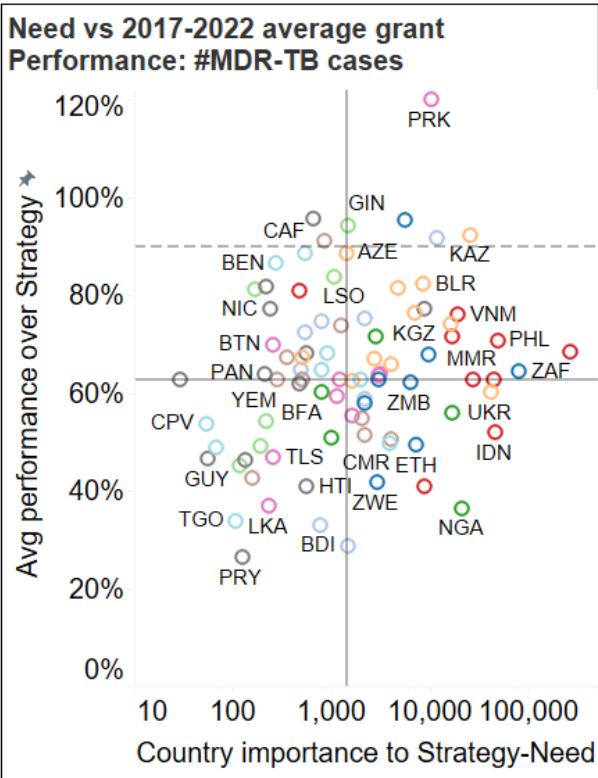
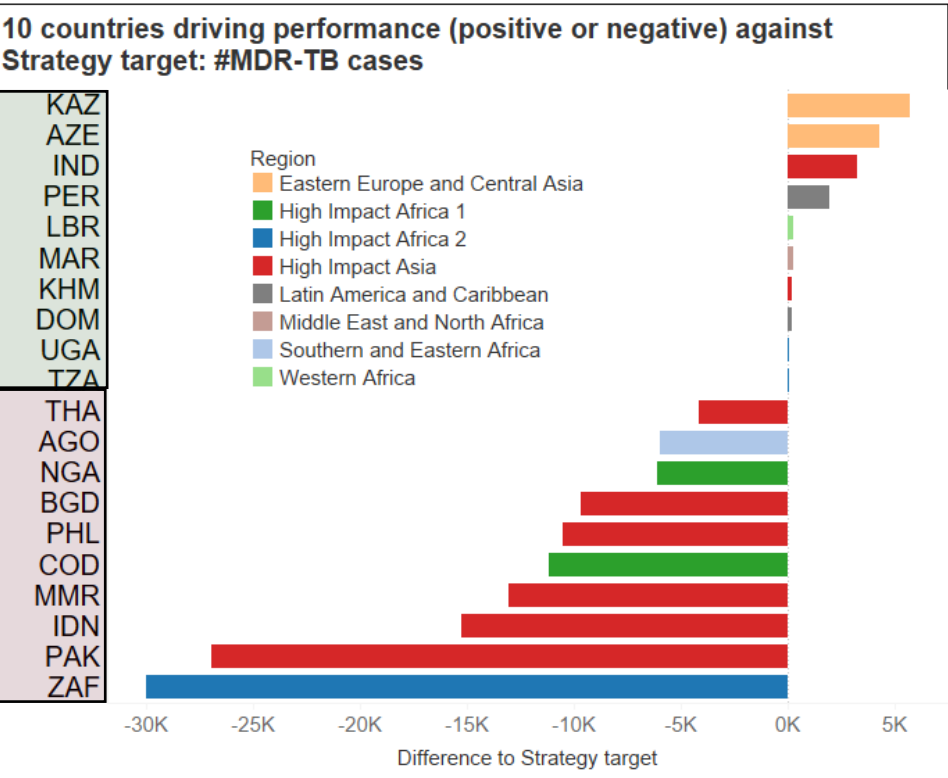
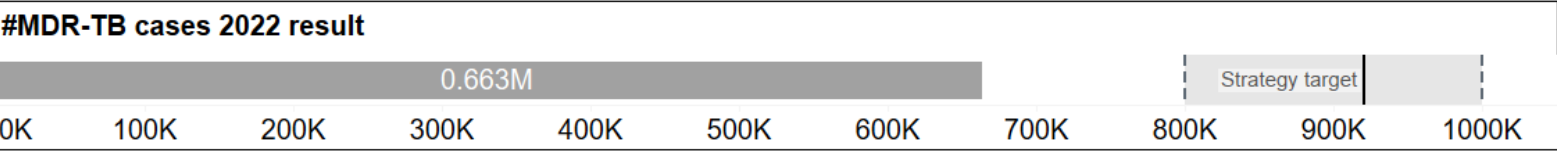


# # MDR-TB (MDR-TB patients treated)

From 2017 to 2022 for countries in the Strategy cohort, there were **663K** people with drug resistant TB (RR-TB and/or MDR-TB) who began second-line treatment.

Maximize impact against HIV, TB, Malaria

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



## 2017-2022 Target

910K (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
- National/grant targets exceed Strategy target overall, so achievement of 2022 target may have been possible assuming strong performance. Note though that post-2020, grant targets have been lower than the corresponding expected contribution to the modelled KPI target
- However, due to poor national performance and the severe impact of COVID-19, the final result for the 2017-2022 Strategy period is far below the target range
- The gap to the Strategy target is mainly driven by the following countries: ZAF (low grant targets – 56k cases - compared to modelled expected contribution to KPI target of 79k), PAK (low national targets and consistently poor grant performance) and IDN (ambitious national target but consistent grant underperformance which became even worse due to COVID-19 disruption).
- On the other hand, there were positive results for a few DR-TB high burden countries especially KAZ and AZE with very ambitious targets compared to modelled expectations and good grant performance





Funding



Design



Implementation

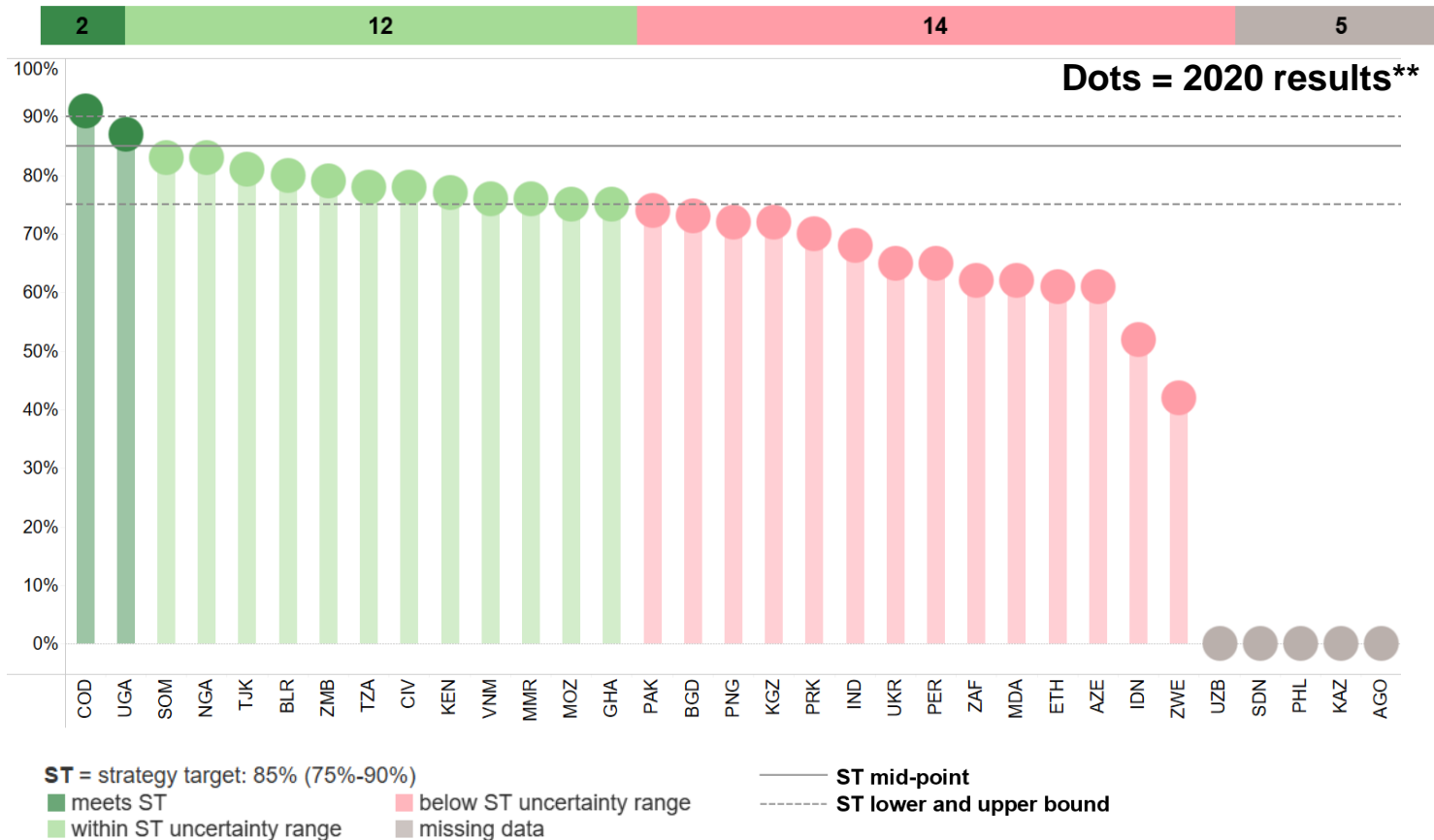


Results

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

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

At the end of 2020\*\*, **50%** of cohort countries with data\* were in Strategy target range



\*Results based on preliminary data from WHO for internal use only, data will be published mid-October 2023

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

Maximize impact against HIV, TB, Malaria

● KPI 2 – Performance against service delivery targets

● KPI 5c – Service coverage for Key Populations

## End-2022 Target

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

## Key takeaways

- Cohort of 33 countries with data available not available for 5 of them.
- Only 50% of countries are within target range, therefore the final KPI result is **not achieved**. However, median results across the portfolio show that TSR gradually improved over the Strategy period from 67% in 2017 to 75% in 2020. This progress was achieved despite the use of longer regimens to treat MDR-TB. The recent introduction/scale up of all-oral regimens for MDR-TB should show better treatment outcomes going forward.
- With very large variations in number of patients between countries, it might not be the most accurate to treat all countries equally when analyzing the result.

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

From 2017 to 2022 for countries in the Strategy, there were **2.0M** registered HIV-positive TB patients (new and relapse) given antiretroviral therapy during TB treatment.

Maximize impact against HIV, TB, Malaria

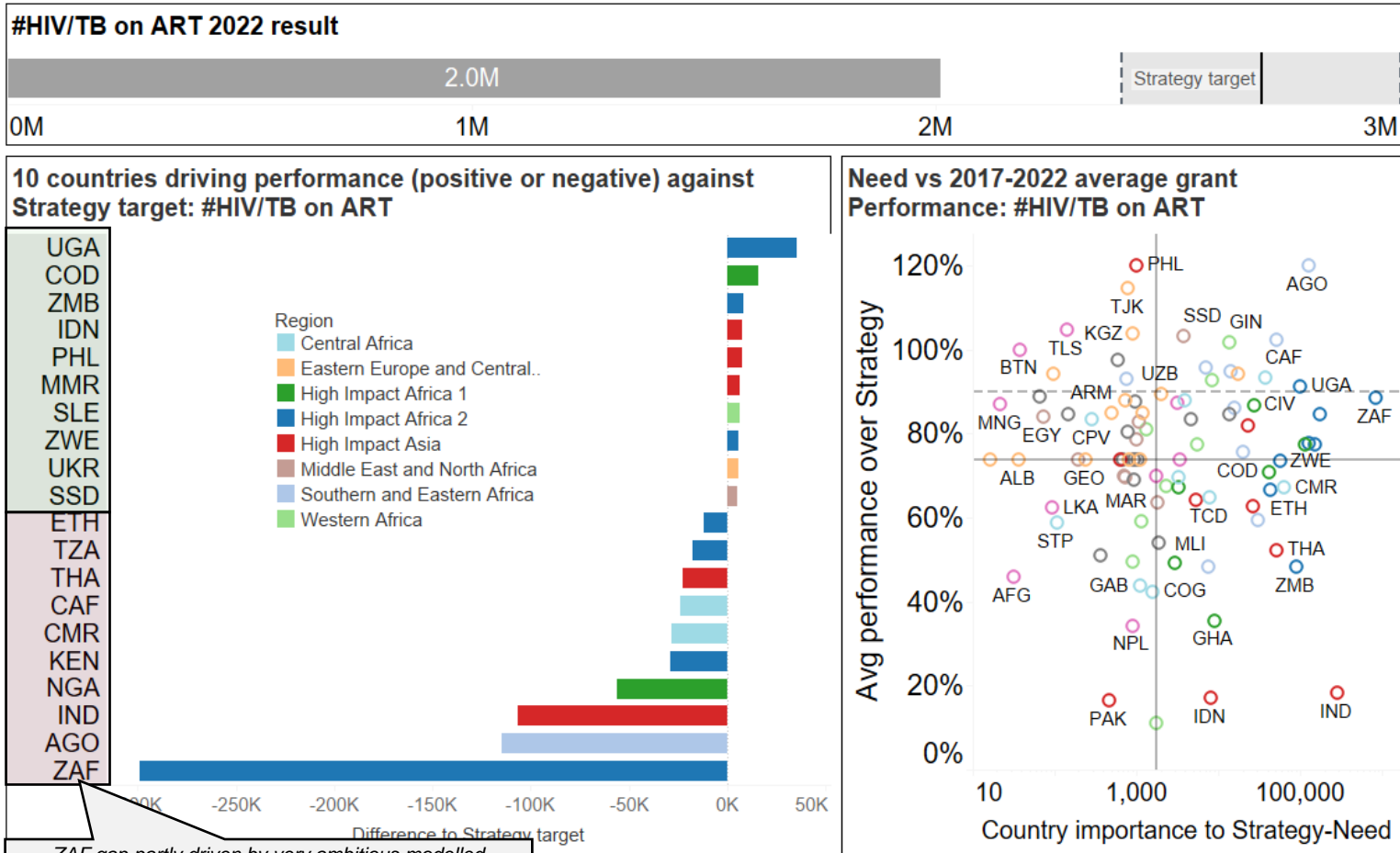
- KPI 2 – Performance against service delivery targets
- KPI 5c – Service coverage for Key Populations

## 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 in which the aggregate grant targets were within Strategy target range
- However, the targeted number of HIV-positive TB patients on ART was consistently not met through the Strategy period and at the end of 2022, the final result is not within target range and the **KPI target is not achieved**
- Generally, though, underperformance was caused by the much lower number of HIV/TB co-infections detected compared to what was expected when modelling the KPI target (or when setting the national targets in grants).
- However, testing and treatment did not appear to be the issue with 72% of TB cases tested for HIV and the ART coverage high for co-infections, at 88%.
- The problem appears then to be about the lower number of co-infections detected compared to what was expected by the model, pointing to challenges with either TB case detection or unrealistic modelled HIV-positive incidence (or both).
- \*\* In the case of ZAF, the gap is partly caused by high expected contributions to overall KPI target, modelled at the beginning of the Strategy Period and based then on high incidence forecasts. However, given the rapidly declining incidence in the country, this expected contribution appears to have been much too ambitious in retrospect. The gap displayed here is not an accurate portrayal of the performance of the ZAF TB programme.



ZAF gap partly driven by very ambitious modelled projections, not reflecting rapidly declining incidence\*\*



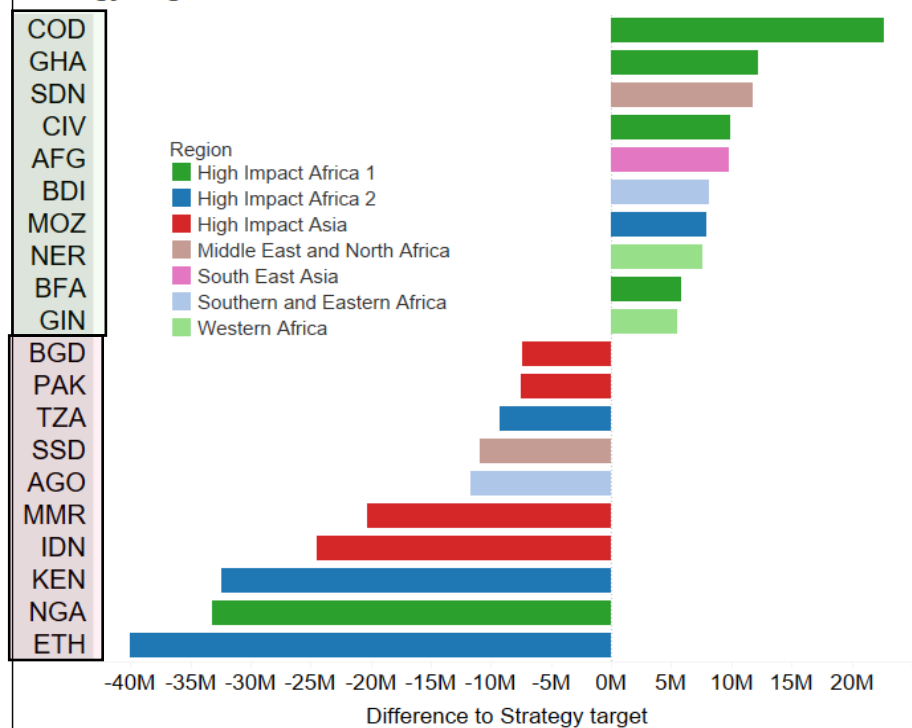
# # LLINs (nets distributed)

From 2017 to 2022 for countries in the Strategy cohort, **at least 1,049M** LLINs were distributed to at-risk populations

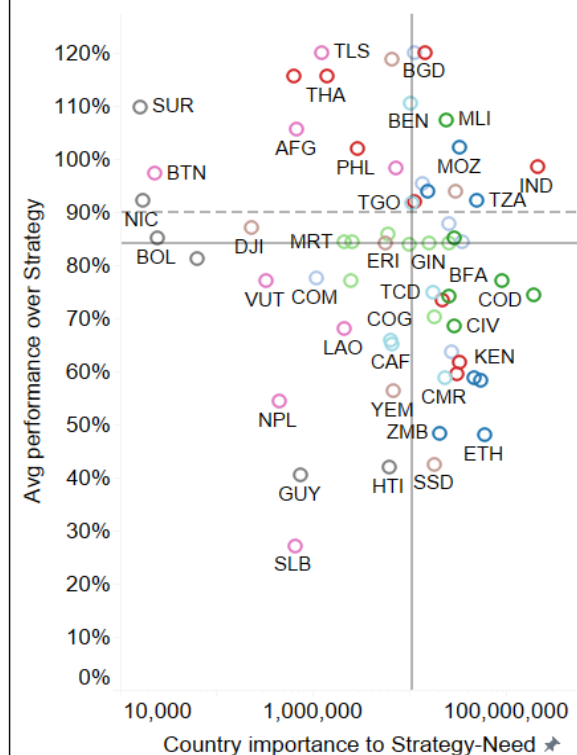
## #LLINs 2022 result



## 10 countries driving performance (positive or negative) against Strategy target: #LLINs



## Need vs 2017-2022 average grant Performance: #LLINs



## Maximize impact against HIV, TB, Malaria

KPI 2 – Performance against service delivery targets

KPI 5c – Service coverage for Key Populations

## 2017-2022 Target

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

## Key takeaways

- Cohort composed of 63 countries. Between 2017 and end 2022, at least 1,049 bed nets had been distributed, just below the lower bound of the target range. As there is less than a 5% relative difference to the lower bound, the **KPI is considered as partially achieved**.
- There is also uncertainty on the total number of nets distributed nationally for countries in the cohort. Indeed, even though the KPI target was defined using modelled projections defined nationally for every country, and in the absence of partners data, actual results are purely based on grant reporting. However, grant targets/results are sometimes subnational and for the corresponding countries, the KPI result would underestimate the actual number of nets distributed nationally when only considering the grant results..
- This is an important issue for **India** (largest country in terms of contribution to the LLIN target) for which the grant is reporting subnational results. Even though the **grant has been performing well against its subnational targets**, it only covers a small portion of the total national distribution, therefore **its results significantly underestimate the actual achievement in India**. Even if India is the most affected country, this pattern of subnational results vs national KPI expectations is seen in other countries, mainly in Asia.
- In addition, the full 2022 grant results are not available yet for India creating further underestimation of the total result.
- For these reasons, the **result presented here (1,049m nets distributed) should be considered as an underestimation of the overall portfolio achievements over 2017-2022**

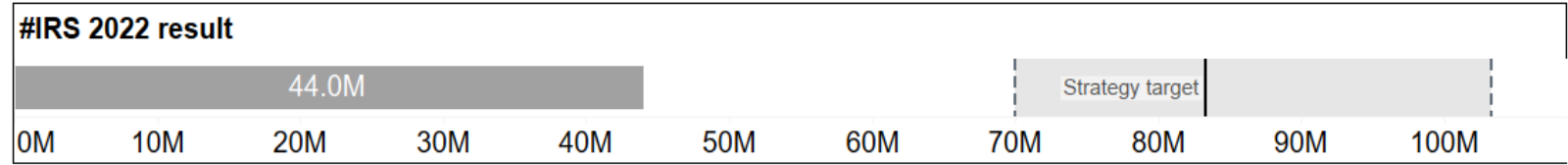
\* Bar going to the right indicate that the country result is higher than its expected contribution to the Strategy target (i.e, it is good)

\* India excluded from the "gap" graph as its results are subnational AND 2022 results data is incomplete

# # IRS (households sprayed)

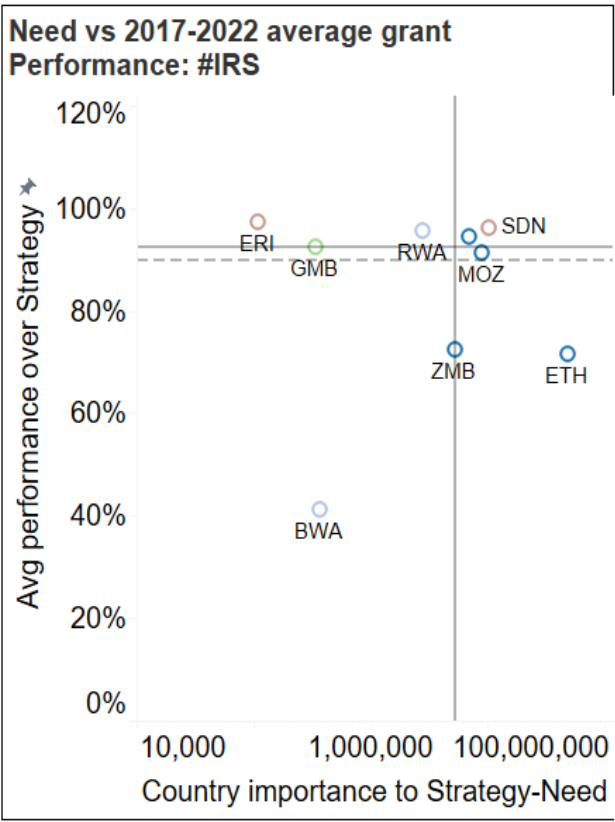
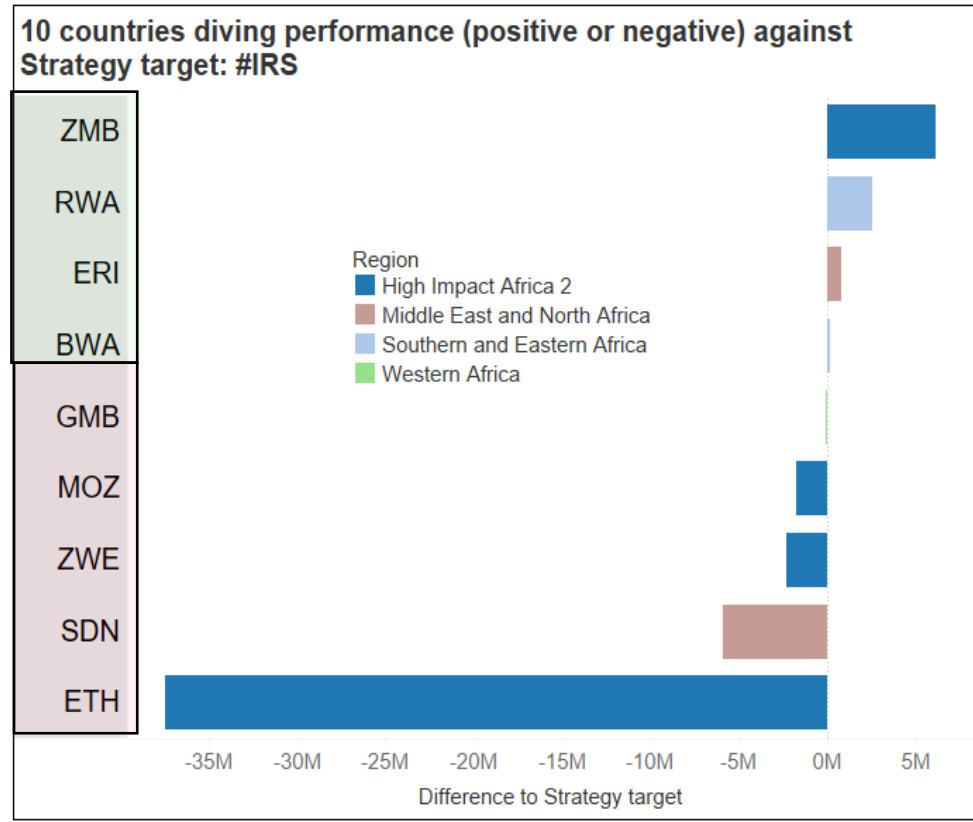
From 2017 to 2022 for countries in the Strategy with grant targets, **44M** households in targeted areas received IRS

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



## 2017-2022 Target

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



## Key takeaways

- Even though the initial cohort for this KPI included 36 countries, eventually only 9 of them (representing approximately one third of the total 2022 Strategy Target) are providing reliable national results.
- In the absence of relevant partners data, the performance of the KPI is therefore assessed on the basis of this small cohort, i.e., against a recalibrated target of 81.9M instead of 250M. The usefulness of these KPI results is therefore limited due to the lack of information for most countries in the initial Strategy cohort
- Based on the 9 countries with data, the final result is estimated to be below target range. This is mainly driven by ETH, which, despite acceptable performance against grant targets, had national targets much lower than what was expected during modelling the KPI target.





Funding



Design



Implementation



Results

## % malaria testing (public)

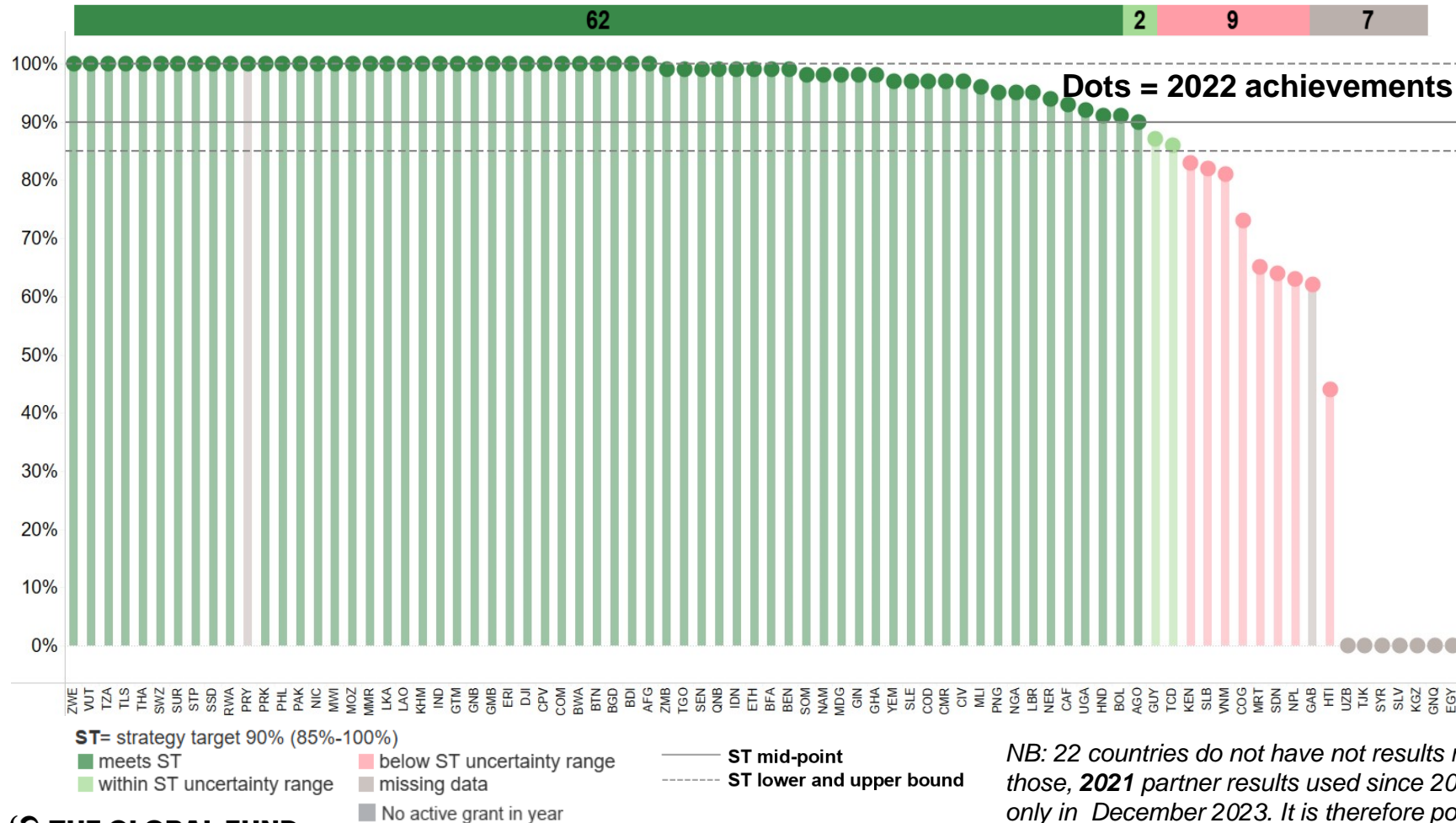
Suspected malaria cases that receive a parasitological test in public facilities

At the end of 2022, **88%** of cohort countries with data were in Strategy target range

Maximize impact against HIV, TB, Malaria

● KPI 2 – Performance against service delivery targets

● KPI 5c – Service coverage for Key Populations



### End-2022 Target

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

### Key takeaways

- Cohort of 80 countries, but data on results not available in 7 countries.
- 88%** of countries are within target range. Despite the majority of countries met the target, the KPI result is considered as **partially achieved** – i.e., between 67% and 90% of countries meet threshold.

NB: 22 countries do not have not results reported through GF grants. For 15 of those, **2021** partner results used since 2022 results will be published by WHO only in December 2023. It is therefore possible that this calculation **underestimates** the actual KPI performance

# % 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

At the end of 2022, **25%** of cohort countries with data were in Strategy target range

Maximize impact against HIV, TB, Malaria

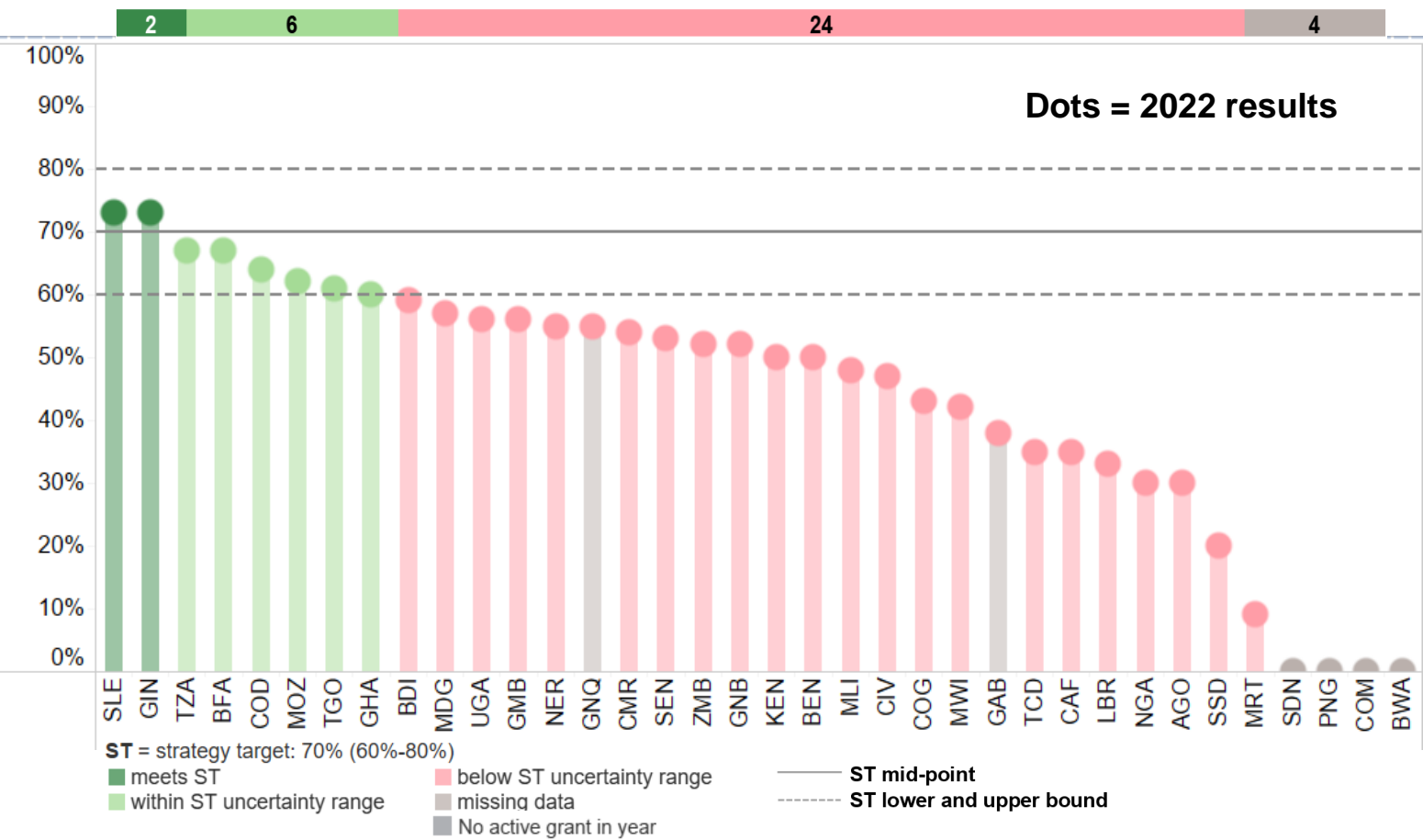
- KPI 2 – Performance against service delivery targets
- KPI 5c – Service coverage for Key Populations

## End-2022 Target

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

## Key takeaways

- Cohort of 36 countries, of which 32 have results
- Only **25%** of the countries with data are within target range. Thus, the KPI is considered as **not achieving its target**.
- IPTp3 became technical guidance in recent years, so a) countries are establishing reporting systems to track IPTp3 coverage; b) performance is gradually seeing improvements (primarily by policy implementation and improved tracking); and c) performance is directly linked to timing of first ANC visit, beyond direct control of programs





### Maximize impact against HIV, TB, Malaria

● KPI 2 – Performance against service delivery targets

● KPI 5c – Service coverage for Key Populations

## Measure

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

## End-2022 Result

**94%** median achievement rate

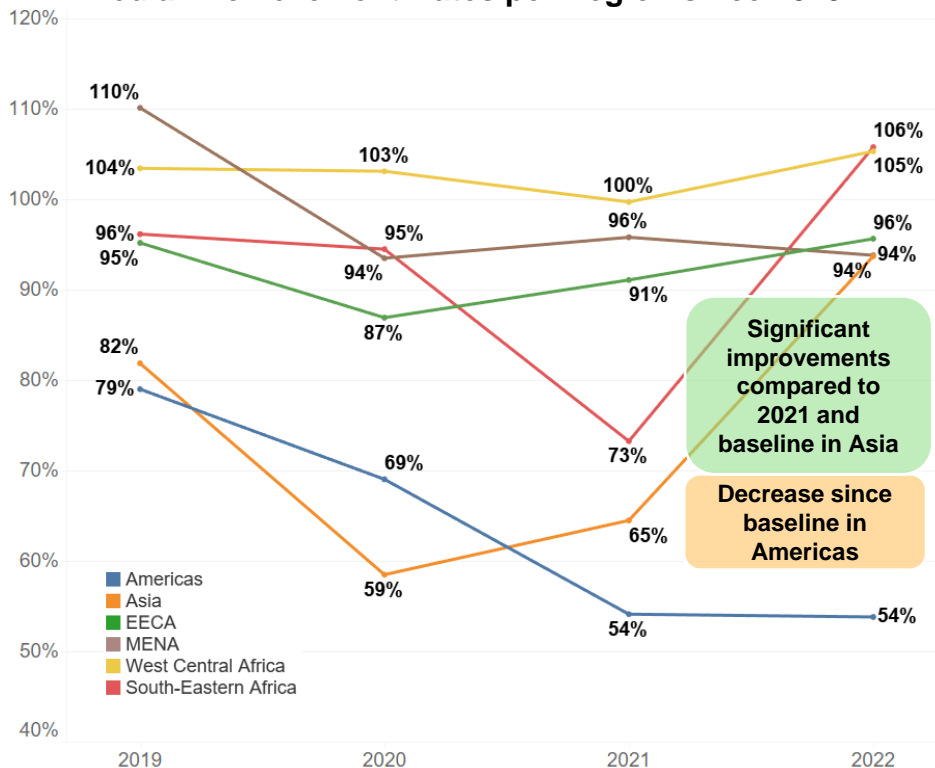
## Target

100% median achievement rate

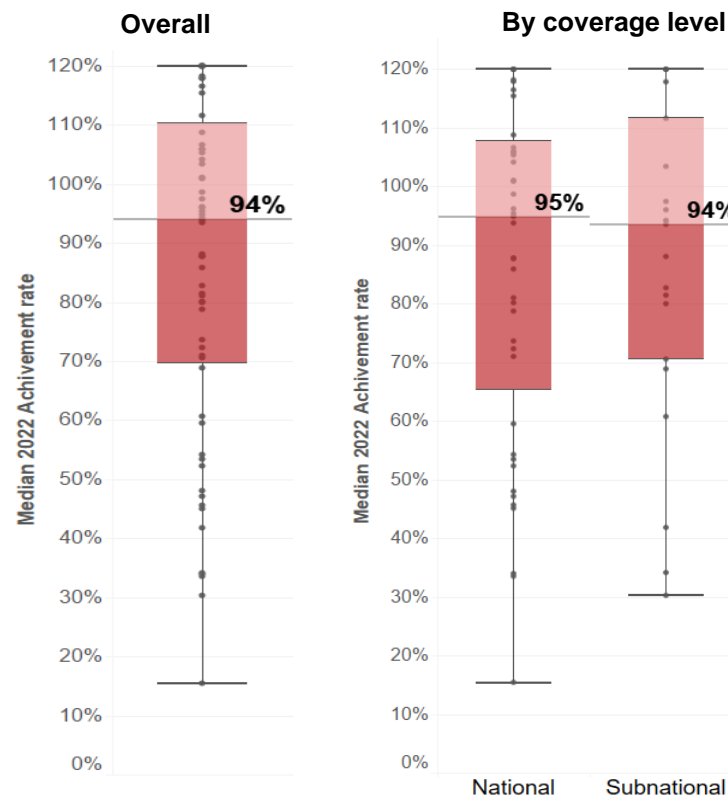
## Key takeaways

- Within the cohort<sup>2</sup> under assessment, the median achievement rate is 94%, a significant improvement from last year's 78%. The 2022 median achievement rate is now catching up with the 2019 baseline of 99% for the same cohort, suggesting that countries are on the path to pre-COVID trends.
- Asia is experiencing a remarkable increase in 2022 after a significant drop in the recent years, whilst Americas is conserving its 2021 results in 2022.
- It is important to remember that the median achievement rate is calculated using the targets that KP programs have set for themselves, which underscores the importance of supporting national and subnational HIV prevention programs to set credible and realistic targets for Key Populations. This is not only linked to countries having reliable and updated size estimates, but it is also linked to countries having management and data systems capable of providing more insight into the quantity, the type and the quality of prevention services accessed by Key Populations.

### Median Achievement Rates per Region since 2019<sup>1</sup>



### 2022 Median Achievement Rates Distribution



### Maximize impact against HIV, TB, Malaria

● KPI 2 – Performance against service delivery targets

● KPI 5c – Service coverage for Key Populations

## Measure

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

## End-2022 Result

**94%** median achievement rate

## Target

100% median achievement rate

## Key takeaways

- Based on 2023 results, PWID still have the highest average coverage (59%), mainly driven by EECA and MENA.
- In comparison to last year's distribution, SW has the largest increase in coverage rate across the portfolio with an 11pp average increase.
- Note though that the 64 data points include 43 (67%) programs with national targets and 21 (33%) programs with sub-national targets, reducing the significance of the comparison of coverage rate across countries.

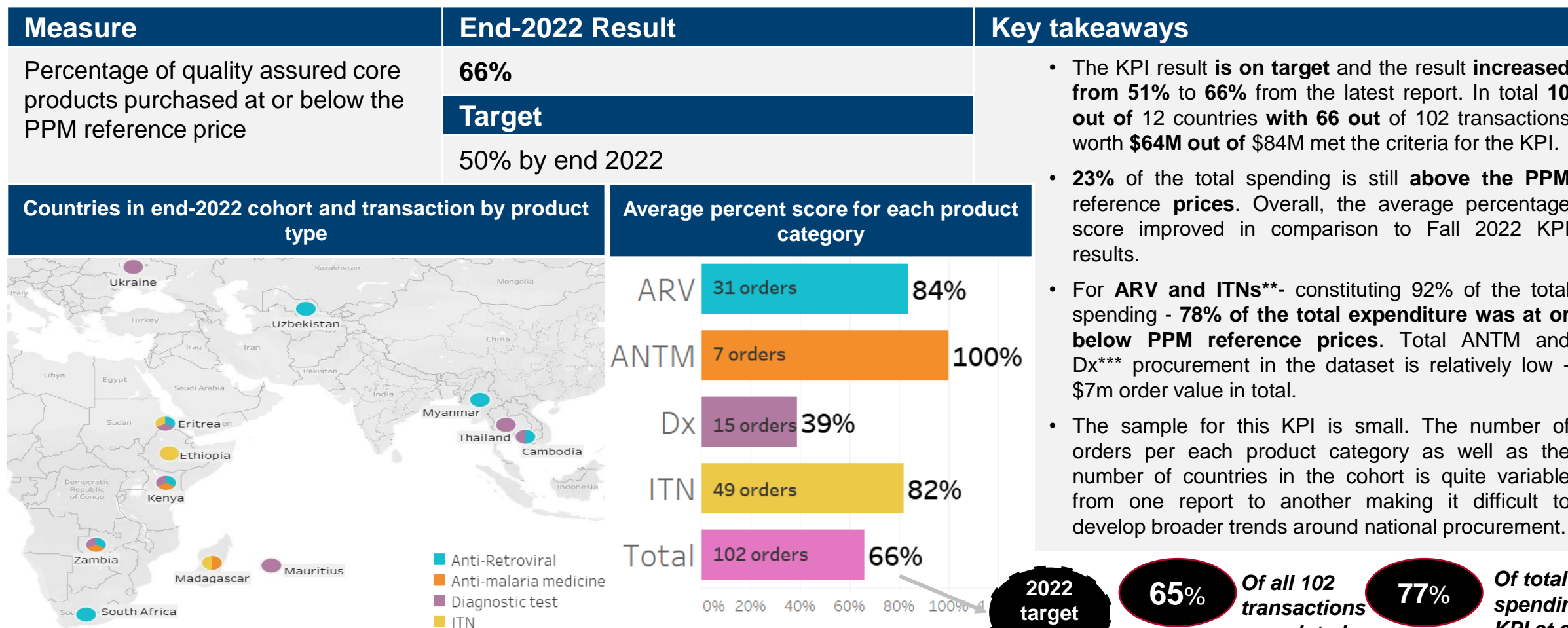
## 2022 actual KP coverage results





### Build RSSH

- KPI 6a – Procurement prices
- KPI 6e – Results disaggregated



**2022 target = 50%**

**65%**

**Of all 102 transactions completed at or below PPM price**

**77%**

**Of total spending in KPI at or below PPM price**

\*It is not possible to fully track all the countries from year to year as a) order timelines and procurement channels may change so they drop-out of the cohort or b) procurement is mixed with both national and international procurement for the same category

\*\*ITNs: insecticide-treated nets

\*\*\*Dx: Diagnostic, PPE and Medical Device



Funding

Design

Implementation

Results

Build RSSH

- KPI 6a – Procurement prices
- KPI 6e – Results disaggregated

Measure	End-2022 Result	Key takeaways
Percentage of countries that have documented evidence of using required disaggregated data to inform planning or programmatic decision making for priority populations in HIV, TB and malaria	<div>76%</div> <div>Target</div> <div>80% by end 2022</div>	<ul style="list-style-type: none"> <li>76% of countries (19 out of 25) met the 50% threshold of having documented evidence of using required disaggregated data to inform planning or programmatic decision making for priority populations in HIV, TB, and malaria programs.</li> <li>This result improved in comparison to its baseline (2020) and last year's result (2021) – both equal to 68%.</li> <li>When analyzing each country result, there is a clear overall progress as 17 out of 25 countries registered an improvement in their score from last year.</li> <li>ART coverage tracer indicator had the greatest difference between availability of disaggregated data and its use for planning and programmatic decision making (22% gap). In comparison to last year, Viral Load Suppression tracer indicator's difference between availability and data usage decreased from 23% to 15% showing progress in its use.</li> <li>KPI S7 on the use of disaggregated data for planning or decision making will replace KPI 6e and be reported in Fall 2024 for the first time. It is using the same methodology but with a cohort expanded to Core countries in addition to High Impact</li> </ul>
Countries meeting or exceeding the 50% usage threshold	Breakdown of availability and use for all tracer indicators	



## Promote and protect human rights & gender equality

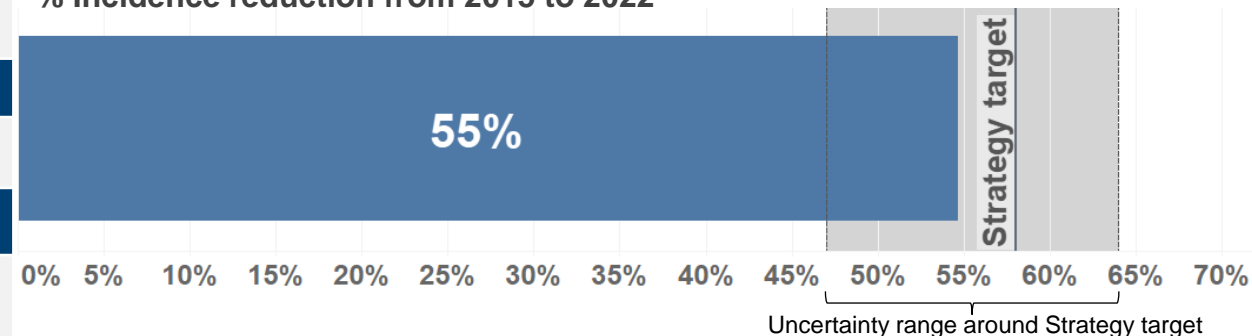
● KPI 8 – Gender and Age equality

Measure	End-2022 Result
Reduction in HIV incidence in women aged 15-24 years old	<b>55%</b> from 2015 baseline
	<b>Target</b>
	58% (47-64%) over 2015-2022 period

## Key takeaways

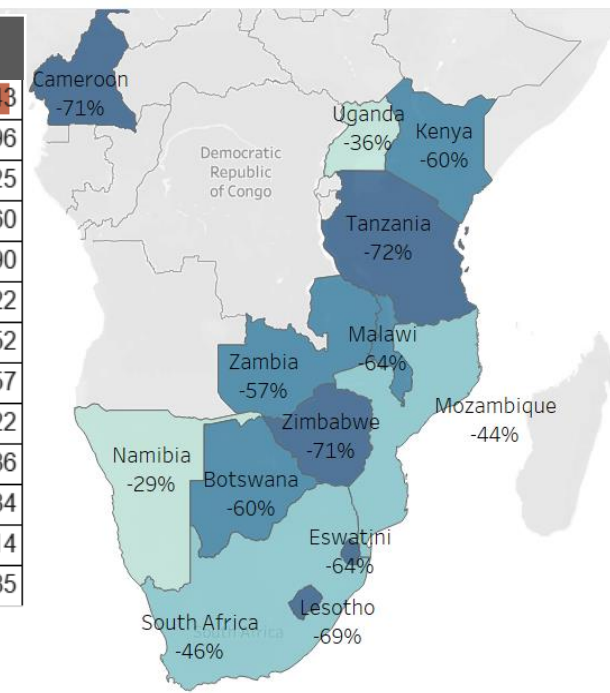
- The decline in combined HIV incidence rate among females 15-24 years old across 13 priority countries from 2015 to 2022 is 55% which is within the target range of 58% (47%-64%), therefore, the target has been achieved.
- The incidence rate continued to decline in all 13 countries between 2015-2022 ranging from 72% to 29%.
- Much of the decline in incidence is due to **expanded access to HIV treatment**, however significant challenges in HIV prevention for AGYW remain including program coverage gaps in some high HIV incidence locations, the impact of policies on consent and/or provision of information and services, limited demand generation for HIV/STI prevention and paucity of STI/SRH services provided.
- Structural barriers such as **gender inequality, stigma and gender-based violence persist**. Local HIV incidence patterns, individual risk practices, as well as social and cultural factors that exacerbate vulnerability must guide further prioritization and streamlining of packages to ensure effective intervention approaches and distinct HIV prevention outcomes.
- Major efforts initiated throughout the 2020-2022 Allocation Period have focused on increasing program coverage and quality, access to SRH services, establishing sex/age-disaggregated national targets on incidence, and expanding services to male sexual partners of AGYW, building on previous program evaluations. Successful efforts to pursue alignment of HIV prevention for AGYW investment with partners (PEPFAR) have yielded saturation in some high HIV incidence areas.
- Matching funds (US\$ 56million and the AGYW Strategic Initiative (US\$ 8 million) have supported countries in these efforts to differentiate HIV prevention packages for AGYW, facilitate efficient adoption of effective and innovative HIV prevention approaches and technologies, improve grant performance, partnership mobilization and capacity-building of implementers.

## % Incidence reduction from 2015 to 2022



## % incidence reduction from 2015 baseline for countries in KPI cohort

Country	New HIV infections AGYW (2022)
South Africa	43,343
Mozambique	25,896
Uganda	15,025
Zambia	9,460
Tanzania	7,290
Kenya	5,722
Zimbabwe	3,752
Malawi	3,257
Cameroon	2,022
Namibia	1,586
Eswatini	1,384
Lesotho	1,314
Botswana	1,085



Change in incidence rate in % from 2015 to 2022

-72% -29%

## Promote & protect Human Rights & Gender equality

### KPI 9a – Reduce Human Rights barriers to services

## Measure

Number of priority countries with comprehensive programs\* aimed at reducing Human Rights barriers to services in operation

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

### Milestones achieved:

- By mid 2022, all (20) countries developed stand-alone or embedded country-owned plans or strategies to reduce HRts related barriers and/or integrated such plans into NSPs. Indicative of greater country ownership of Human Rights.
- Implementation support is available for all BDB countries. Long-term TA secured in 17 countries from Human Rights SI; Support leveraged from other technical partners & through other SIs in 3 countries
- The next round of program assessments already underway with all 20 assessments planned to be completed by end 2023

## Mid-2023 Update

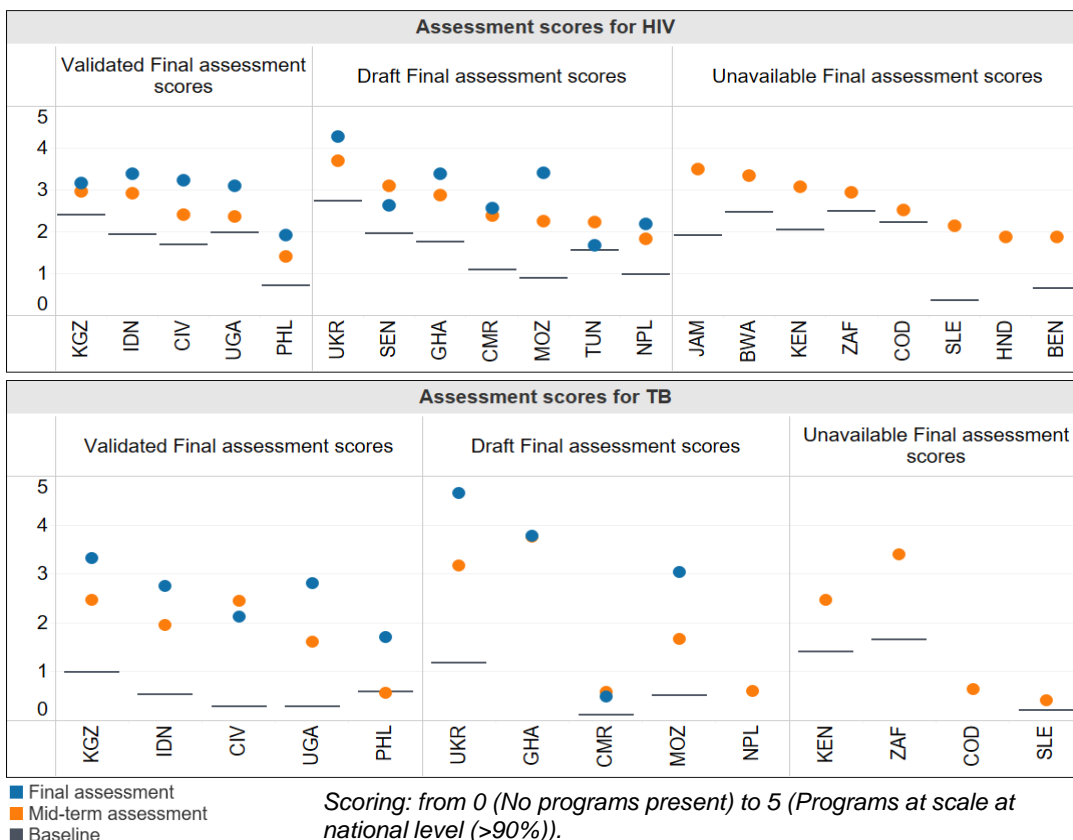
Final results to be presented in Spring 2024. Preliminary findings confirm KPI 9a is unlikely to be met

### Target

4 priority countries for HIV;  
4 priority countries for TB

## Key takeaways

- Final assessments for 2017-2022 Strategy period are currently underway with preliminary results available from 12 of the 20 BDB countries. All assessments will be completed by December 2023, with final KPI results presented in Spring 2024.
- Preliminary findings show progress since baseline toward comprehensive programs for HIV in all 12 countries. **However, progress has not been linear and has slowed since the mid-term assessments.** While overall TB scores remain lower than HIV scores, progress towards comprehensive programming for TB was more sustained since baseline. This is consistent with historical trends which show progress is generally faster when starting from low baseline and slows down as country gets closer to comprehensive programs to reduce HRts barriers.
- Initial findings show that for HIV, greatest progress since mid-term assessment has been in the area of “sensitization of law enforcement” & “efforts to reduce gender-related discrimination and harmful gender norms”. For TB, greatest progress since mid-term was observed in the areas of “access to legal services”, “sensitization of law enforcement” & “efforts to reduce gender-related discrimination and harmful gender norms”.
- Despite the progress being made, **KPI 9a target is unlikely to be met.** Factors contributing to underperformance include:
  - As part of the global anti-human rights movement, introduction of harmful and discriminatory laws & practices against Key Populations, and a deteriorating environment for communities and civil society
  - Ongoing political instability and insecurity across many BDB countries (notably Ukraine which was one of BDB’s best performing countries)
  - COVID-19 impact that diverted focus and capacity away from Human Rights
- To improve performance, the Secretariat will continue focusing on strengthening partnerships, mobilizing timely TA, capacity building at national/sub-national level, and supporting stronger functional mechanisms for oversight & alignment to national plans.





## **Annex 2: KPI adjustments**

## List of non-material adjustments to KPI definition

Confirmed as non-material by Strategy Committee Leadership

KPI	Current definition	Revised definition	Rationale	Impact on KPI as approved at 48th Board meeting
<b>KPI S6a:</b> Secure, maintained, and interoperable HMIS	<b>Long title:</b> Percentage of countries with digital HMIS functionality baseline maturity <b>score</b> of 3 or less that increased by at least one maturity level	<b>Long title:</b> Percentage of countries with digital HMIS functionality baseline maturity <b>level</b> of 3 or less that increased by at least one maturity level	As per the maturity scale description for KPI S6a, a country score of 3 or less also corresponds to a maturity level of 3 or less. Thus, in the context, the words “maturity score” and “maturity level” can be used interchangeably. However, to avoid confusion and to ensure consistency with Board approved Target that is defined as “100% of countries increase by at least <u>one maturity level</u> by end of Strategy (2028)”, a semantic adjustment is proposed to the Long title and Cohort of the KPI	No impact on KPI calculation methodology or KPI performance
	<b>Cohort:</b> All countries <b>that scored &lt;=3</b> at baseline, limited to High Impact and Core countries, excluding acute emergency countries	<b>Cohort:</b> All countries <b>with a maturity level of 3 or less</b> at baseline, limited to High Impact and Core countries, excluding acute emergency countries		
	<b>Numerator:</b> # countries that increased maturity <b>score</b> by one or more	<b>Numerator:</b> # countries that increased maturity <b>level</b> by one or more	As per the maturity scale description for KPI S6a, if a country score increases by one or more, it results in an increase in maturity level by one or more as well. Thus, in the context, the words “maturity score” and “maturity level” can be used interchangeably. However, to avoid confusion and to ensure consistency with Board approved Target that is defined as “100% of countries increase by at least <u>one maturity level</u> by end of Strategy (2028)”, a semantic adjustment has been made to the KPI numerator.	No impact on KPI calculation methodology or KPI performance
	<b>Baseline:</b> <b>TBC Fall 2023</b>	<b>Baseline:</b> <b>distribution of 51 High Impact and Core countries (excl. acute emergency countries) on the 5-point HMIS maturity scale: “Level 1”: 3 countries; “Level 2”: 20 countries; “Level 3”: 13 countries; “Level 4”: 8 countries; “Level 5”: 7 countries. 2022 baseline year</b>	<b>Following the recently completed baseline analysis of 2022 HMIS maturity score</b> for High Impact and Core countries (excl COEs), <b>the baseline results need to be included in the KPI definition</b> to assess progress being made by the countries. KPI S6a target as approved by the Board is for <u>all</u> (100%) countries in the cohort to increase their HMIS maturity by at least one level regardless of their HMIS maturity level at baseline. Thus, inclusion of the baseline does not impact the KPI target and as a consequence the KPI performance.	No impact on KPI calculation methodology or KPI performance

KPI	Current definition	Revised definition	Rationale	Impact on KPI as approved at 48th Board meeting
KPI S6b: Data driven decision making	<b>Long title:</b> Percentage of countries with data use maturity <b>score</b> of 3 or less that increased by at least one maturity level in terms of leveraging programmatic monitoring for data driven decision making	<b>Long title:</b> Percentage of countries with data use maturity <b>level</b> of 3 or less that increased by at least one maturity level in terms of leveraging programmatic monitoring for data driven decision making	As per the maturity scale description for KPI S6b, a country score of 3 or less also corresponds to a maturity level of 3 or less. Thus, in the context, the words “maturity score” and “maturity level” can be used interchangeably. However, to avoid confusion and to ensure consistency with Board approved Target that is defined as “90% of countries increase by at least <u>one maturity level</u> by end of Strategy (2028)”, a semantic adjustment is proposed to the Long title and Cohort of the KPI	No impact on KPI calculation methodology or KPI performance
	<b>Cohort:</b> All countries <b>that scored &lt;=3</b> at baseline, limited to High Impact and Core countries, excluding acute emergency countries	<b>Cohort:</b> All countries <b>with a maturity level of 3 or less</b> at baseline, limited to High Impact and Core countries, excluding acute emergency countries		
	<b>Numerator:</b> # countries that increased maturity <b>score</b> by one or more	<b>Numerator:</b> # countries that increased maturity <b>level</b> by one or more	As per the maturity scale description for KPI S6b, if a country score increases by one or more, it results in an increase in maturity level by one or more as well. Thus, in the context, the words “maturity score” and “maturity level” can be used interchangeably. However, to avoid confusion and to ensure consistency with Board approved Target that is defined as “90% of countries increase by at least <u>one maturity level</u> by end of Strategy (2028)”, a semantic adjustment has been made to the KPI numerator.	No impact on KPI calculation methodology or KPI performance
	<b>Baseline:</b> <b>TBC Fall 2023</b>	<b>Baseline*:</b> <b>distribution of 49 High Impact and Core countries (excl acute emergency countries) on the 5-point data use maturity scale: “Level 1”: 0 countries; “Level 2”: 11 countries ; “Level 3”: 22 countries; “Level 4”: 15 countries; “Level 5”: 1 country. 2022 baseline year</b>	<b>Following the recently completed baseline analysis of 2022 data use maturity score</b> for High Impact and Core countries (excl COEs), <b>the baseline results need to be included in the KPI definition</b> to assess progress being made by the countries. KPI S6b target as approved by the Board is for 90% countries in the cohort to increase their data use maturity by at least one level regardless of their maturity level at baseline. Thus, inclusion of the baseline does not impact the KPI target and as a consequence the KPI performance.	No impact on KPI calculation methodology or KPI performance




## **Annex 3: Reference Slides**

# For reference: KPIs where reporting Country-Specific Results apply

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

- **Available** for reporting country specific results now
  - **Impact and service delivery** (*using partner or national data*): Performance against impact targets (KPI 1); Gender and age equality (KPI 8); Performance against service delivery targets (KPI 2); Domestic funding for KP and Human Rights (KPI 9c)
  - **Data sourced from grant reporting**: Fund utilization: absorptive capacity (KPI 7b)
  - **Corporate public data**: Alignment of investment & need (KPI 3)
  - **Corporate data available on demand**: Reduce Human Rights barriers to services (KPI 9a); RSSH: Procurement (KPI 6a); RSSH: Supply chains (KPI 6b); RSSH: Financial Management (KPI 6c); RSSH-Results disaggregation (KPI 6e)
- **Potentially** available in future (2022 or later) or on demand:
  - **Data not publicly available yet**: RSSH: HMIS coverage (KPI 6d); Domestic Investments (KPI 11); Investment efficiency (KPI 4);
  - **KPI discussion more relevant at portfolio level**: Grant funding for Key Populations (KPI 5a); Fund utilization: allocation utilization (KPI 7a); Grant funding for Human Rights (KPI 9b)
- **Not available** for reporting:
  - **Strictly internal information**: Capacity to report on Service coverage for Key Populations (KPI 5b); Key Population service coverage (KPI 5c); RSSH: NSP alignment (KPI 6f)
  - **Data does not exist at country level**: Resource Mobilization (KPI 10a and 10b); Supply Continuity (KPI 12a); Affordable health technologies (KPI 12b)

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




Type of indicator	Corresponding KPIs	Criterion for being “green” – On track/ Achieved 	Criterion for being “amber” – At Risk / Partially achieved 	Criterion for being “red” – Off track / Not achieved 
Target is range, result is projection, based on conservative / optimistic trends	1a, 1b, 8	Both conservative and optimistic projections within strategy target range	Conservative projection below Strategy target range, but optimistic projection within	Both conservative and optimistic projections below Strategy target range
Target and result are specific numbers / levels	3, 4, 5a, 6a, 6f, 7a, 7b, 9b, 10a, 10b, 11, 12a, 12b	Result at target or lower by less by 5% (relative to target)	Result below target by 5% or more but by less than 10%	Result below target by 10% or more
Target and result are number of countries** meeting a given threshold	2 (non modelled)*, 5b**, 5c**, 6c, 6d, 6e, 9c	At least 90% of target # of countries meet threshold*	Between 67% and 90% of target # of countries meet threshold*	Less than 67% of target # of countries meet threshold*

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

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



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

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

# Reference information for KPI 2 indicators (1/2)

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

# Reference information for KPI 2 indicators (2/2)

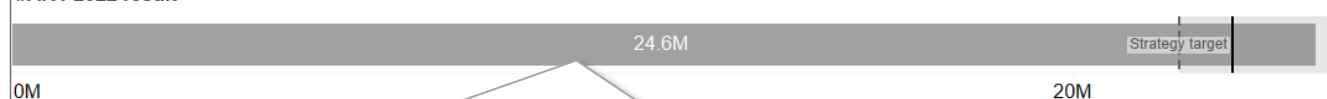
Code	Indicator Full Name	Target: Modelled/ Non Modelled	Source for Numerator	Source for Denominator	Cohort
# TB	# of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses	Modelled	GF result, WHO data for countries with no results	N/A	96 countries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

# Guidance: how to interpret KPI 2 detailed pages (modelled services – overall result & grant performance)

Maximize impact against HIV, TB, Malaria

KPI 2 – Performance against service delivery targets

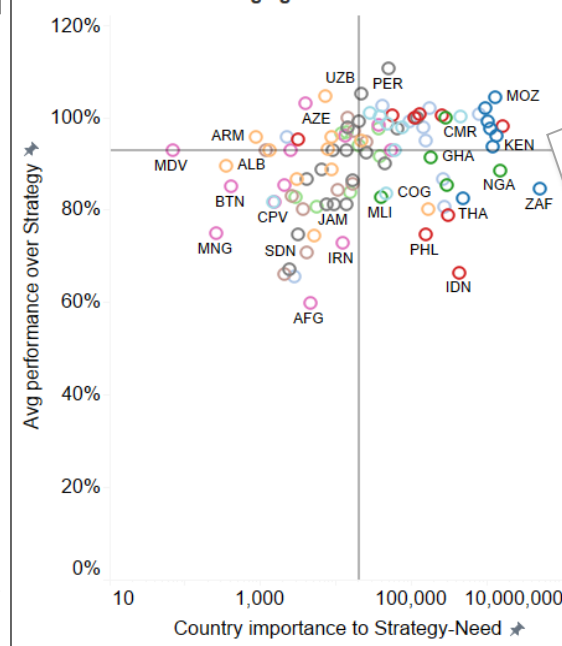
#ART 2022 result



## How to interpret (top bar chart):

- The **darker grey bar** corresponds to the results at the end of the 2017-2022 Strategy, either at the end of 2022 (for #ART, %ART, %PMTCT and %TB-CDR) or cumulative across 2017-2022 for the other modelled services. They are measured for countries in cohort and are national results 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 **lighter grey range** corresponds to the **Strategy Target** (at end of Strategy, either end-2022 or cumulative 2017-2022, depending on the indicator) with its uncertainty range
- If the darker grey bar overlaps with the lighter grey range, it means that the KPI result is within the Strategy Target range (such as the example below for patients on ART).

Need vs 2017-2022 average grant Performance: #ART



## How to interpret (grant performance by country):

- This graph displays **all** countries in the KPI cohort
- The horizontal axis represents the contribution of the country to the total KPI target (i.e., its **importance** to the KPI)
- The vertical axis represents the average grant performance against its own (national) targets across 2017-2022. Note that it is different from the bar graph on the left which looks at performance against KPI target
- Countries in the top right quarter (for instance MOZ) are critical for the KPI target and had good grant performance.
- Bottom right quarter (for instance PHL) are important countries for the KPI target but with historically poor grant performance
- Countries in the quarters to the left are smaller countries with much lower contributions to the KPI target (e.g., MNG)

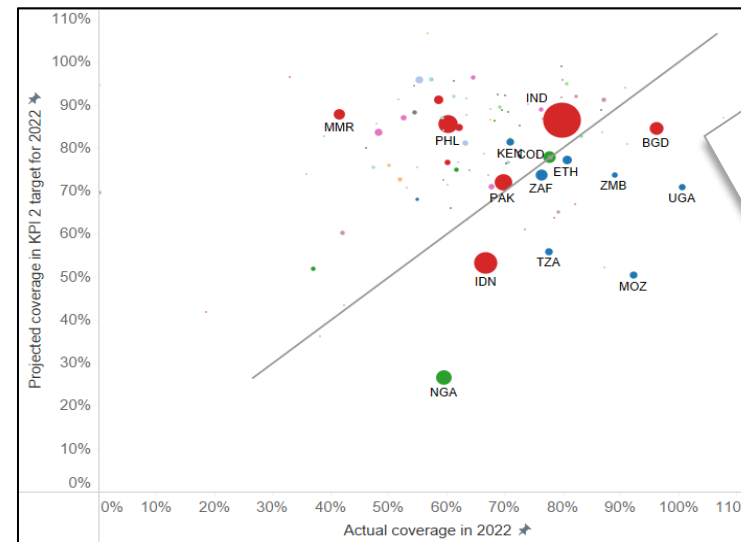
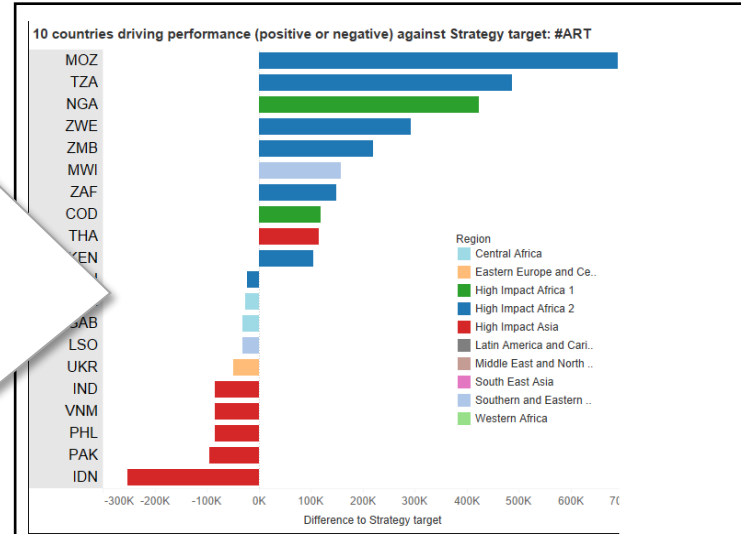
# Guidance: how to interpret KPI 2 detailed pages (modelled services, country contributions)

Maximize impact against HIV, TB, Malaria

● KPI 2 – Performance against service delivery targets

## How to interpret (contribution to KPI performance by country – KPIs tracking number of services):

- The countries displayed are the most important drivers of the KPI performance (generally top 10 and bottom 10 contributors)
- The bar indicates the difference between the country actual result and its (modelled) share of the KPI target as calculated at the beginning of the 2017-2022 Strategy period.
- Bars that go to the right indicate that the country had better results than expected from the KPI target (*positive*). Bars that go to the left indicate countries with a gap between results and expected contribution (*negative*). In the example here, MOZ was the country that helped the most the KPI reach its target. Conversely, IDN had a performance gap against the modelled contribution to KPI target with results lower than initially expected in the KPI.
- The graph is color-coded by GF region to help distinguish geographical patterns



## How to interpret (contribution to KPI performance by country – KPIs tracking service coverage):

- All the countries in the cohort are displayed on this graph.
- The x-axis (horizontal) indicates the actual coverage level in 2022 by country.
- The y-axis (vertical) indicates the expected modelled 2022 country coverage used to define the KPI target at the beginning of the 2017-2022 Strategy period.
- Any country right/below the diagonal had an actual 2022 result higher than what was expected when developing the Strategy Target (*i.e., performing better than expectation*) and is therefore contributing positively to the portfolio's progress towards the Strategy Target.
- The size of the bubble is proportional to the actual coverage denominator of the country, *i.e., its weight in calculating the overall portfolio coverage*. Largest bubbles correspond to countries that contributed the most to the final result
- The graph is color-coded by GF region to help distinguish geographical patterns

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

Maximize impact against HIV, TB, Malaria  
● KPI 2 – Performance against service delivery targets

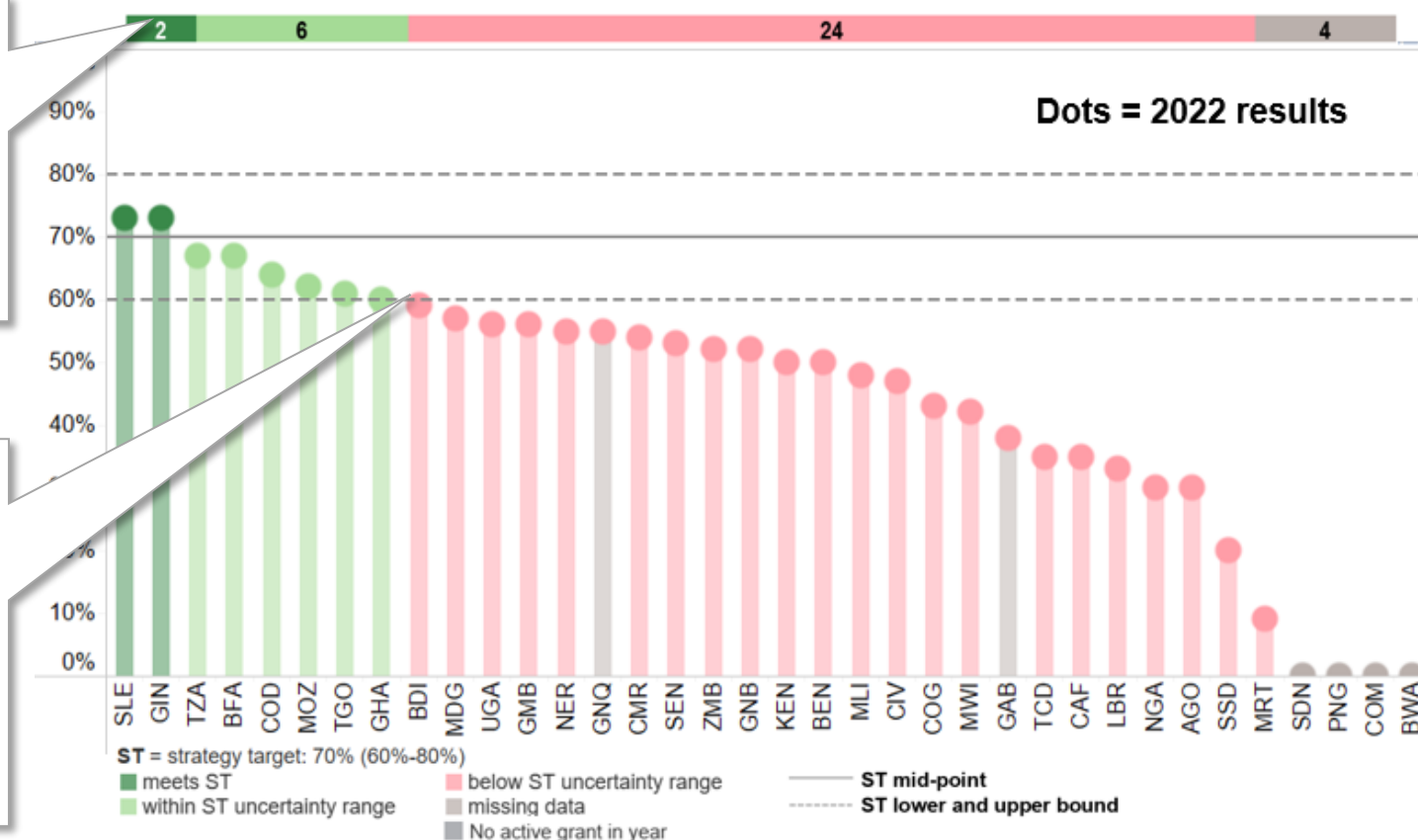
For indicators measuring # of countries reaching a specific, non-modelled threshold: assess distribution to better understand KPI results

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

- The bar represents all countries in the cohort and is split according to **2022 results**. The upper horizontal bar represent how many countries fit into category:
  - Dark green** is “meets Strategy target (ST)”;
  - Light green** is “within Strategy target uncertainty range”;
  - Pink** is “below Strategy target uncertainty range”;
  - Grey** is “no data available”.

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

- The **bars** topped by their **dots** show the current results (generally for 2022) based on partner data and/or results reported in GF grants, depending on the indicator. Grey bar indicates countries that did not have GF funding in the year.
- The solid reference line indicates the Strategy target mid-point (ST) while the dotted lines represent the lower bound (LB) and/or the upper bound (UB).





## Approach to assess materiality of KPI adjustment (1/2)

### What are the elements of a KPI definition, a change to which is considered a KPI adjustment?

KPI Code, KPI short title, KPI long title, Formula (or Numerator and Denominator), Threshold (if any), Target, Cohort, Baseline, Data source

### What can be classified as a “material” KPI adjustment?

An adjustment that has a direct impact on KPI performance due to a change in any one or more of the following aspects of a KPI: **Quality** or the expected outcome being monitored by the KPI; **Quantity** or the extent to which the outcome is expected to be achieved; and **Time** by when the outcome should be achieved. Please refer to table below for non-exhaustive examples of “material” adjustments

KPI aspect	Adjustment to	Example of material adjustment
Quality	nature of numerator and/or denominator	<p><u>Current Denominator:</u> <i>Adjusted pledges expected to be received for the Replenishment Period</i></p> <p><u>Revised Denominator:</u> <i>Announced pledges expected to be received for the Replenishment Period</i></p>
Quality	Indicators from other M&E Frameworks (eg. Modular Framework, WHO SPAR etc.) underlying the KPI	<p><b>Example 1</b> KPI P1 (Progress in laboratory testing modalities) is based on SPAR indicator C4.4. This underlying SPAR C4.4 indicator assesses the performance of a country on a scale of 1-5. If the <i>scale of performance for C4.4 is changed from 1-5 to 1-4, it will have a consequent impact on the methodology of KPI P1</i>, and be considered a “material” KPI adjustment</p> <p><b>Example 2</b> Change in nature of a Modular Framework (MF) indicator underlying a KPI that impact KPI formula.</p> <p><u>Current MF indicator:</u> % of patients with all forms of TB, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) <i>among all TB patients notified during a specified period</i>; *includes only those with new and relapse TB</p> <p><u>Revised MF indicator:</u> % of patients with all forms of TB, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) <i>among all TB patients registered during a specified period</i>; *includes only those with new and relapse TB</p>
Quality	level of the threshold	<p><u>Current threshold:</u> <i>75% minimum satisfaction score</i></p> <p><u>Revised threshold:</u> <i>80% minimum satisfaction score</i></p>
Quantity	numerical value of the target	<p><u>Current target:</u> <i>85% co-financing commitment realized</i></p> <p><u>Revised target:</u> <i>90% co-financing commitment realized</i></p>
Quantity	size of the cohort	<p><u>Current cohort:</u> High Impact countries</p> <p><u>Revised cohort:</u> High Impact <i>and Core</i> countries</p>
Timing	time period by when the target is expected to be achieved	<p><u>Current target:</u> <i>95-98% corporate asset utilization, assessed annually</i></p> <p><u>Revised target:</u> <i>95-98% corporate asset utilization, by end Strategy (2028)</i></p>



## Approach to assess materiality of KPI adjustment (2/2)

### What can be classified as a “non-material” KPI adjustment?

The following non-exhaustive examples are non-material KPI adjustments that do not directly impact KPI performance

Adjustment to	Example of non-material adjustments
Baseline*	<p>All adjustments to baseline are non-material as taken on their own they do not have a direct impact on KPI performance.            If a change in baseline impacts other elements (e.g. KPI target) that affect KPI performance (i.e. if the change in baseline indirectly leads to a material change), then the impacted element will be presented to the relevant Committee for recommendation to the Board for approval.</p> <p><b>Example 1: Inclusion of a baseline</b>  <u>Current baseline:</u> not available  <u>Revised baseline:</u> 96% portfolio performance for year 2021</p> <p><b>Example 2: Change to baseline for a KPI that has no impact on KPI target</b>  <u>Current baseline:</u> 101% portfolio performance for year 2021  <u>Revised baseline:</u> 100% portfolio performance for year 2021</p>
Data source	<p>All adjustments to data sources are non-material as taken on their own they do not have a direct impact on KPI performance.            If a change in data source impacts other elements (e.g. KPI formula) that affects KPI performance (i.e. if the change in data source indirectly leads to a material change), then the impacted element will be presented to the relevant Committee for recommendation to the Board for approval.</p> <p><b>Example:</b>  <u>Current data source:</u> WHO IHR Electronic State Parties Self-Assessment Annual Reporting (e-SPAR)  <u>Revised data source:</u> Global Fund grant reporting</p>
Indicators from other M&E Frameworks (eg. Modular Framework, WHO SPAR etc.) underlying the KPI	<p>Updates that do not alter the Formula, Numerator or Denominator of the KPI</p> <p><b>Example 1</b>            KPI P1 (<i>Progress in laboratory testing modalities</i>) is based on SPAR indicator C4.4. This underlying SPAR C4.4 indicator assesses the performance of a country on a scale of 1-5. If the description of a scale of performance for C4.4 is revised, it does not impact the KPI calculation methodology</p> <p><b>Example 2:</b>  <u>Current MF indicator:</u> # of patients with all forms of TB notified (i.e., bacteriologically confirmed + clinically diagnosed); *includes only those with new and relapse TB  <u>Revised MF indicator:</u> # of all forms of TB cases notified (i.e., bacteriologically confirmed + clinically diagnosed); *includes only those with new and relapse TB</p>
KPI code	<p><u>Current KPI code:</u> KPI R3  <u>Revised KPI code:</u> KPI R2</p>
Any other element of KPI definition	<p>Editorial edit to an element of the KPI definition to correct typographical and semantic errors that improve the clarity of the KPI or articulation of the KPI intent, or both.</p> <p><u>Current Threshold:</u> At least 50% of the custom equity indicators have performance &gt;=90%  <u>Revised Threshold:</u> At least half of the custom equity indicators have performance of 90% or more</p>



# Glossary of acronyms used in this report

AGYW	Adolescent Girls and Young Women	LMI	Lower Middle Income
ANC	Antenatal care	MENA	Middle East and North Africa
ANTM	Antimalarial medicine	MDR-TB	Multi drug resistant
ART	Antiretroviral therapy	MIC	Middle Income Country
ARV	Antiretroviral	MSM	Men who have sex with men
BDB	Breaking Down Barriers	NSP	National Strategic Plan
CCM	Country Coordination Mechanism	OSA	On-shelf availability
CDR	Case detection rate	PEPFAR	President's Emergency Plan for AIDS Relief
COE	Challenging Operating Environment	PLHIV	People living with HIV
C19RM	COVID-19 Response Mechanism	PMTCT	Prevention of mother-to-child transmission
DS-TB	Drug-Sensitive Tuberculosis	PPM	Pooled Procurement Mechanism
EECA	Eastern Europe and Central Asia	PQR	Price & Quality Reporting
ESA	East-Southern Africa	PSE	Population Size Estimates
FLDs	First Line Drugs	RMNCH	Reproductive, maternal, newborn, and child health
GAM	Global AIDS Monitoring	RSSH	Resilient and sustainable systems for health
GC (5/6/7)	Grant Cycle	SC	Strategy Committee
GF	Global Fund	SEA	Southern and Eastern Africa
HI	High Impact (countries)	SRH	Sexual and Reproductive Health
HMIS	Health Management Information Systems	ST	Strategy target
HRts	Human Rights	SW	Sexual Workers
IBBS	Integrated Biological and Behavioural Surveillance	TA	Technical Assistance
IPT	Isoniazid Preventive Therapy	TGs	Transgender people
IPTp3	Intermittent preventive treatment in pregnancy	TSR	Treatment Success Rate
IRS	Indoor residual spraying	UNDP	United Nations Development Program
KP	Key Populations	UMI	Upper Middle Income
KVP	Key and Vulnerable Populations	VLS	Viral Load Suppression
LAC	Latin America and the Caribbean	VMMC	Voluntary male medical circumcision
LLIN	Long lasting insecticidal net	WCA	West and Central Africa
		WHO	World Health Organization