

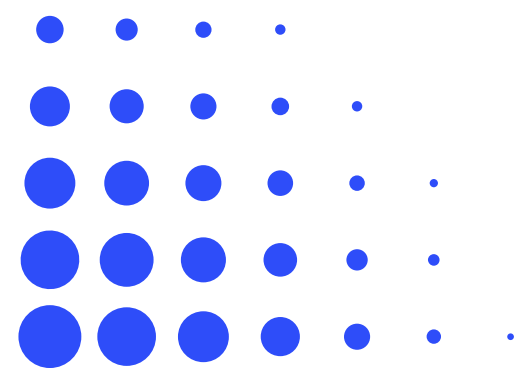


Strategic Performance Report for 2017-2022 KPIs at end 2023

51st Board Meeting

22 – 24 April 2024, Geneva, Switzerland

GF/B51/02A





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Executive Summary

- Final results for all KPIs (except KPI 1, KPI 7a and KPI 9a) monitoring the 2017-2022 Strategy were shared in 2023. Generally, financial and operational KPIs consistently performed well over the Strategy Period. Despite COVID-19, most of the RSSH KPIs also met their targets, and results for service delivery KPIs showed improvement post COVID-19. Full Strategy Performance reports can be accessed via the links: [Spring 2023](#) and [Fall 2023](#).
- To conclude the reporting on the 2017-2022 Strategy Period, this document provides the final results for KPI 1a on Lives saved, KPI 1b on Incidence reduction, KPI 7a on Allocation utilization and KPI 9a on Human Rights barriers.
- Results were mixed for Impact KPIs. More than **34m lives were estimated to be saved (KPI 1a)** for all diseases over 2017-2022, exceeding the Strategy target (29m). These results are partially due to a slower rate of decline in incidence rates which resulted in the need to treat more patients. **18.7% decline in combined incidence rate (KPI 1b)** was seen between 2015 and 2022. This incidence rate did not decrease at the expected pace and the final KPI 1b result is much below the Strategy target range of 28%-47%. The slower pace of incidence rate reduction in TB and malaria contributed to the underperformance of this KPI. This is partly due to COVID-19 as it is estimated that the reduction in incidence rate would have been 23.7% in the absence of COVID-19, even if still below the Strategy target range.
- Allocation utilization (**KPI 7a**) continues to perform well for GC6 grants at **96%**, against a 91% target. For the next report, it will be reported as KPI F2b and will focus on GC7 grants with a 95% target.
- **KPI 9a** target was not met, indicating challenges in achieving comprehensive programming to reduce Human Rights barriers to both HIV and TB services. Whilst no country achieved comprehensive programming for TB, only one priority country (Ukraine) did so for HIV. Even though the KPI 9a target was not met, progress was noted for both HIV and TB programs overall when compared with the baseline. Also whilst overall progress slowed since mid-term, it is nonetheless notable given the context of increasing global anti-rights and anti-gender movements, coupled with a closing space for civil society engagement.

Preamble – KPI results included in this report

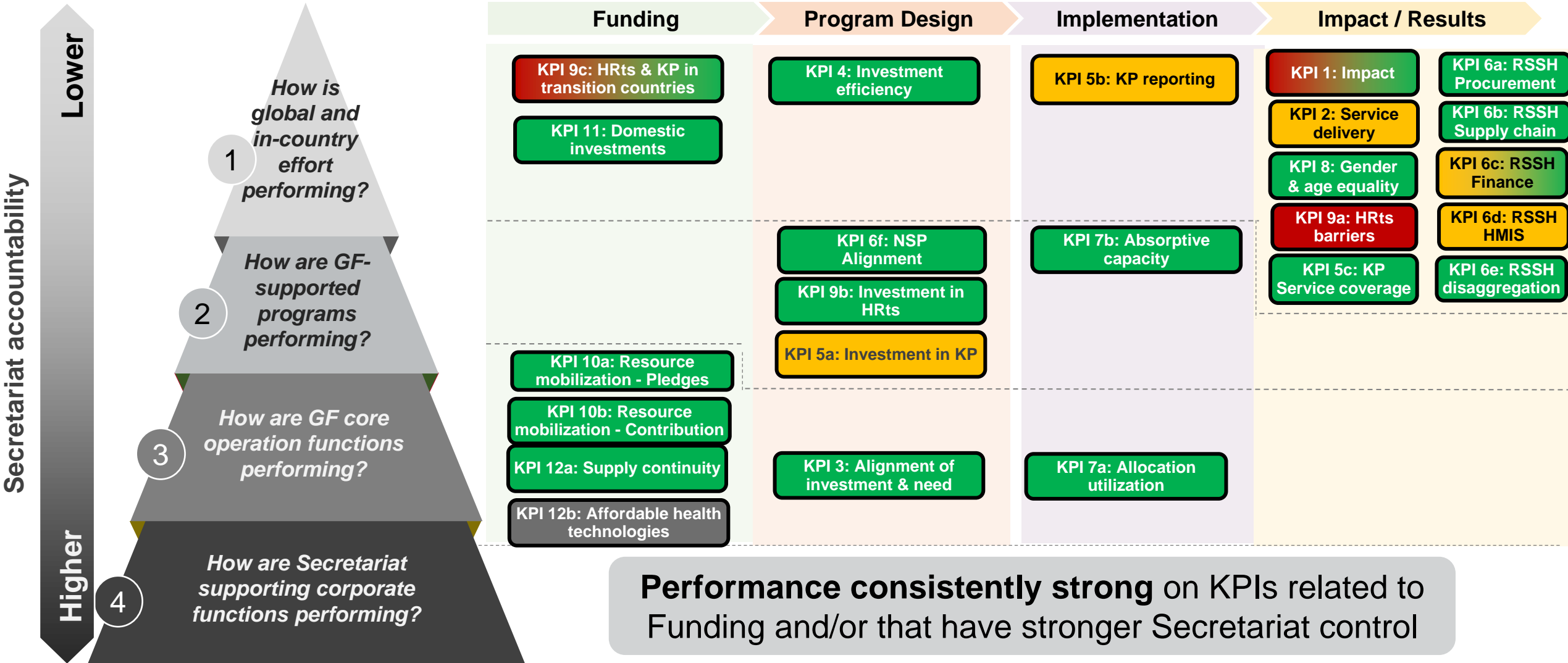
The following table outlines the KPIs which are scheduled for reporting in this cycle and the date of measurement for the data used to calculate the KPI result. All KPIs were calculated, verified and validated by the relevant teams using the defined methodology and are therefore the authoritative source of KPI results at end-2023.

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

KPI	Description	Data cut-off date
1	Performance against impact targets	End 2022
7a	Allocation utilization	End 2023 (GC6)
9a	Reducing human rights barriers	End 2022

Final results for 2017-2022 Strategy period. Overall good performance with targets achieved for most KPIs. Recovery post COVID-19

Global Fund 2017-2022 Strategy Performance Reporting Framework



Performance Paths – KPI progress across reporting periods

KPI	Description	F2017	S2018	F2018	S2019	F2019	S2020	F2020	S2021	F2021	S2022	F2022	S2023	F2023	S2024
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 standar..	●	●	●	●	●	●	●	●	●	●	●	●	●	●
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 (r..	●	●	●	●	●	●	●	●	●	●	●	●	●	●
10a	Resource mobilization - pledges	●	●	●	●	●	●	●	●	●	●	●	●	●	●
10b	Resource mobilization – contributions	●	●	●	●	●	●	●	●	●	●	●	●	●	●
11	Domestic investments	●	●	●	●	●	●	●	●	●	●	●	●	●	●
12a	Supply Continuity of Health Products	●	●	●	●	●	●	●	●	●	●	●	●	●	●
12b	Affordability of health technologies	●	●	●	●	●	●	●	●	●	●	●	●	●	●

Legend

● Achieved/on track	● Not achieved/off track	● No reporting scheduled
● At risk/partially achieved	● Not available	

Summary – KPIs on lives saved, incidence reduction and Human rights barriers



Estimated 34m lives saved

KPI 1a



Between 2017 and 2022, more than **34m lives** are estimated to have been **saved** - much more than the KPI 1a target of 28-30m lives saved by end 2022. Overachieving lives saved targets is partly explained by a slower rate of decline in incidence rates which resulted in more patients being treated.

KPI 1a will be replaced in 2023-2028 KPI Framework by KPI 11 monitoring reduction in mortality rate ([p.10](#)).



Incidence reduction significantly affected

KPI 1b



18.7% decline in combined **incidence rate** has been achieved between 2015 and 2022, which is far below the Strategy target of 28%-47%.

Slower rate of decline in incidence rates for TB and malaria owing to COVID-19; malaria drug resistance & impact of climate change contributed to the under-performance of KPI 1b. ([p.10](#)).



Continued good performance on allocation utilization

KPI 7a



For grants in GC6 (i.e., 2020-2022 Allocation Period), allocation utilization is still above target at **96% of total allocation amount disbursed or forecasted to be**. ([p.15](#))



Challenges in achieving comprehensive programming to reduce Human Rights barriers

KPI 9a



KPI 9a target of achieving **comprehensive programming to reduce Human Rights barriers in 4 countries for HIV and TB respectively was not achieved**. Whilst no country achieved comprehensive programming for TB, only one priority country (Ukraine) did so for HIV.

Despite not having met the target, all HIV and TB priority countries showed progress since baseline to reduce human rights-related barriers. Progress however slowed down since mid-term impacted by the global anti human rights and gender movements in many countries ([p.16](#))

Annex 1: Detailed KPI results



Maximize impact against HIV, TB & Malaria

KPI 1 – Performance against impact targets

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

Measures

Results

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

- a) 34.7M over 2017-2022
- b) 18.7% from 2015 to 2022

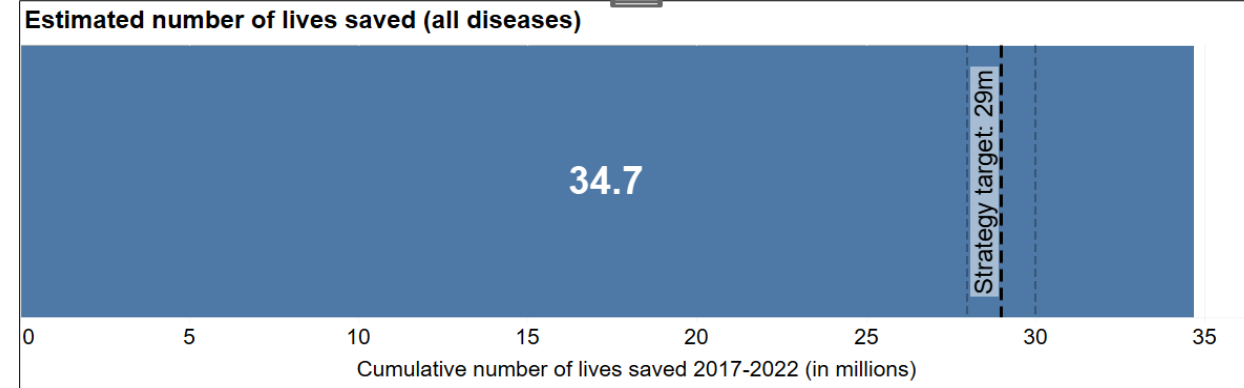
Targets*

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

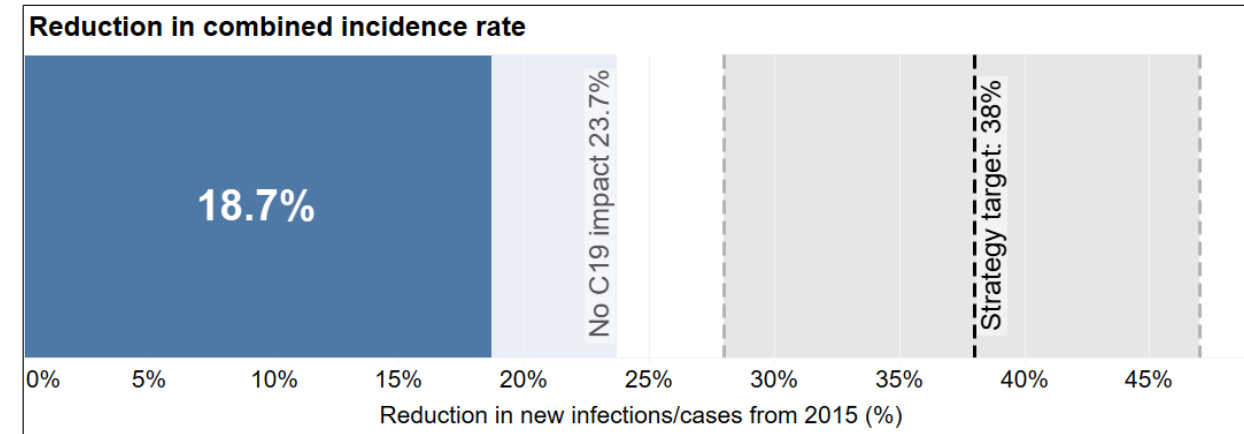
Key takeaways

- **LIVES SAVED:** The Strategy Target for number of lives saved has been met with 34.7 million lives saved across the portfolio over 2017-2022 – well above the Strategy target.
- **REDUCTION IN INCIDENCE:** A 18.7% decline in combined incidence rate has been achieved between the 2015 baseline and 2022 across the portfolio. Incidence rate has not decreased at the expected pace and the final 2022 results are below the Strategy target range. This is partly due to the effect of COVID-19 on malaria and TB which led to an increase/stagnation in incidence rates. Continuing the pre-COVID-19 trends for TB and malaria, incidence reduction would have been 23.7%, i.e. 85% of the lower bound of the range.
- Slower rate of decline in incidence rates which in turn resulted in the need to treat more patients, can also partly explain the overachievement of the lives saved target.

Combined number of lives saved (over 2017-2022 period)



Reduction in combined incidence rate (from 2015 to 2022)



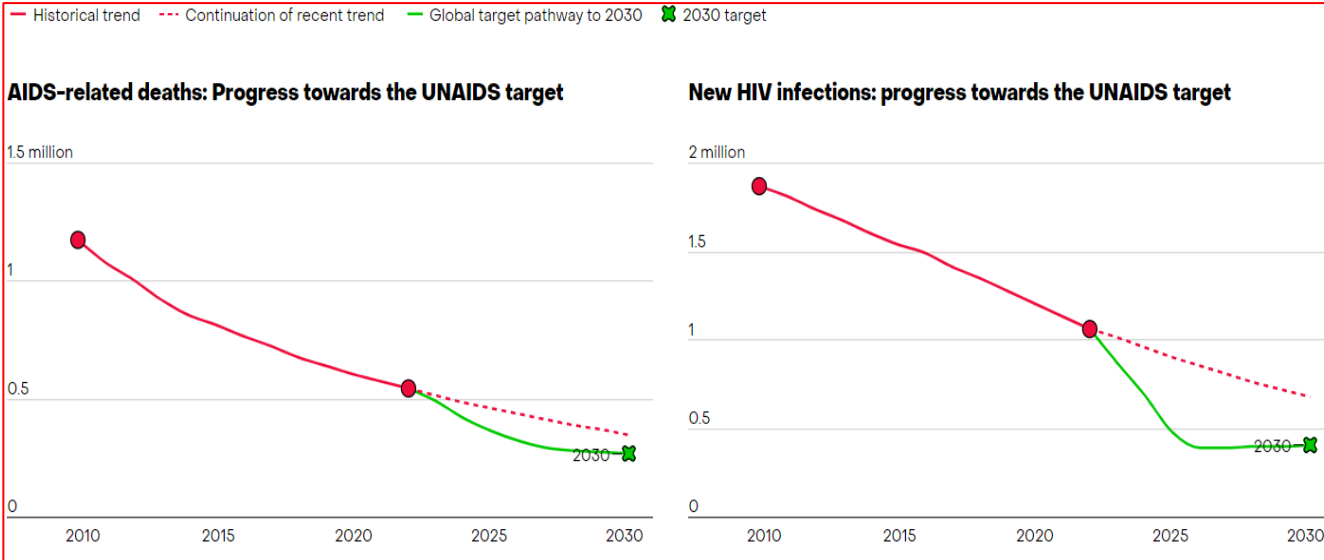
* Strategic targets for KPI 1 were set using the same modelers/models that partners used to develop global plans; however global plans assume fully funded programs whereas GF Strategy targets are based on best use of available funding (from all sources) during the 6 years of the Strategy and are therefore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

High level trends for HIV/AIDS– for countries in KPI 1 cohort

Maximize impact against HIV, TB & Malaria

KPI 1 – Performance against impact targets

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



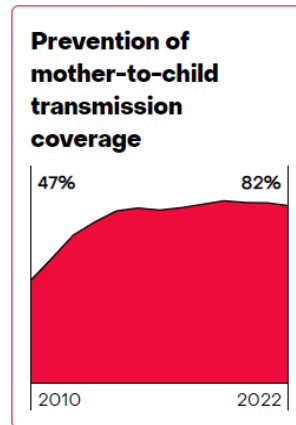
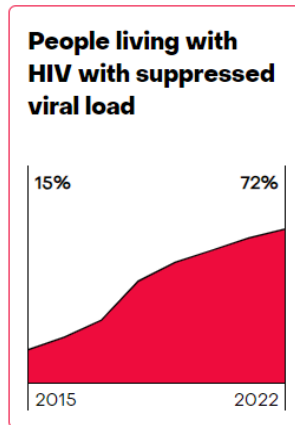
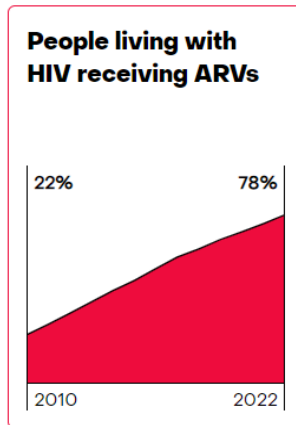
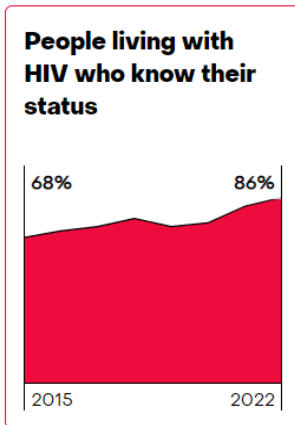
“Continuation of recent trend” projection is based on continuation of 2017-2022 trends.

Progress Towards the Global Targets

Many countries are still off track to achieve the target of ending AIDS as a public health threat by 2030, particularly in relation to the number of new HIV infections still occurring. COVID-19 mostly impacted HIV prevention services, which are critical to reducing HIV transmission.

In 2022, there was an accelerated recovery of HIV testing services for groups in greatest need. 15.3 million people were reached with HIV prevention services, including 6.8 million members of key populations and 7.6 million young people (including 3.6 million adolescent girls and young women). GF supports the procurement of innovative tools such as long-acting pre-exposure prophylaxis (PrEP) including injectable cabotegravir (CAB-LA) as well the dapivirine vaginal ring. We also invest in fostering community engagement and leadership to reach key and vulnerable populations that are at a much higher risk of acquiring HIV than the general population.

24.5 million people were on lifesaving ART in countries where GF invests in 2022, up from 17.5 million in 2017. The percentage of people in need of ART who received it has significantly increased in recent years, from 48% in 2015 to 78% in 2022. We are also investing in innovative efforts to address the burden of pediatric HIV by supporting countries to adopt a dolutegravir-based treatment formulation for children. Together with the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) and other partners, our efforts to implement WHO’s “treat all” guidance and the UNAIDS “95-95-95” strategy have significantly increased the number of people diagnosed with HIV and started on ART.



HIV/AIDS: current situation for mortality and incidence, with progress from 2015 to 2022 – for countries in KPI 1 cohort

Maximize impact against HIV, TB & Malaria

KPI 1 – Performance against impact targets

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

Horizontal bar = 2022 mortality/incidence rate

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

Lower horizontal bars = lower 2022 rate; Longer vertical bars = stronger progress

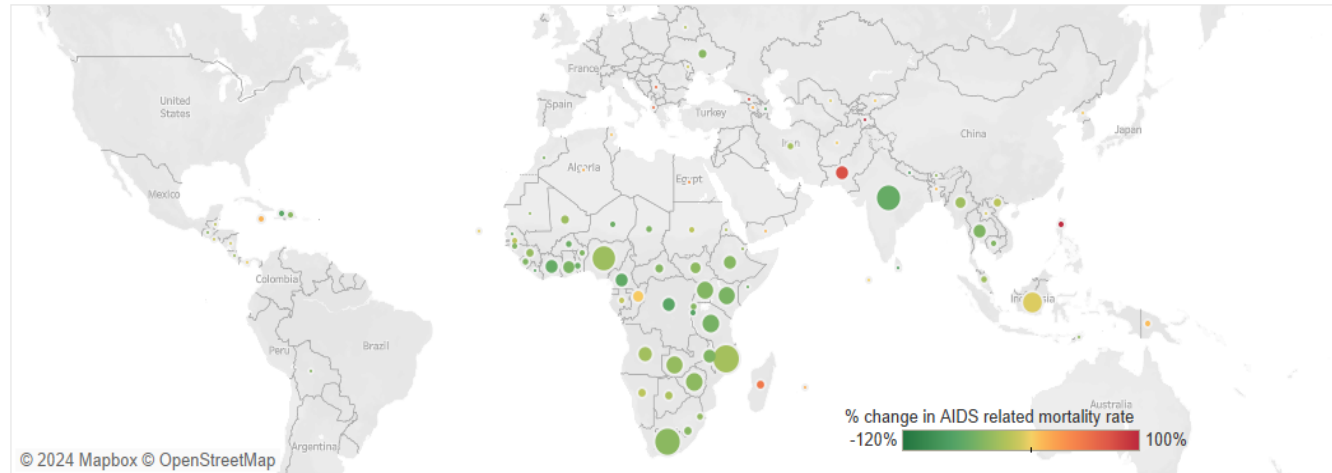
Changes in incidence are related to both ART and prevention coverage among PLHIV and those most at risk of HIV acquisition.

Incidence reduction is a priority in The Global Fund Strategy 2023-2028. GC7 investments optimize targeting of resources to scale up prevention options to those most at risk of HIV acquisition, as part of national programs.

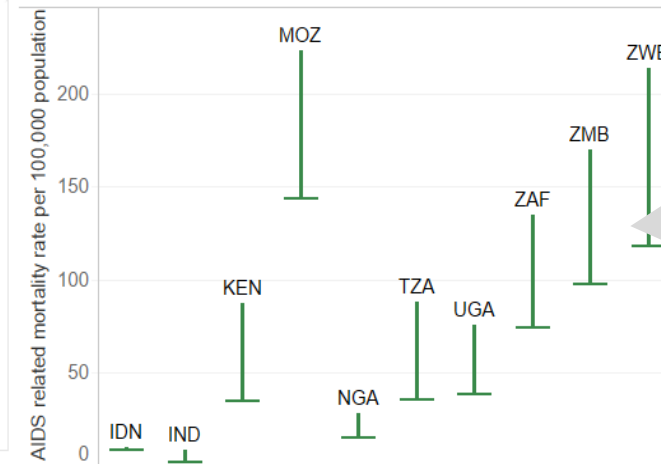
Investments to address mortality include using data to target testing and rapid linkage to ART in populations with low ART coverage, and support for investments in prevention/treatment of coinfections (esp TB) associated with HIV-related mortality.



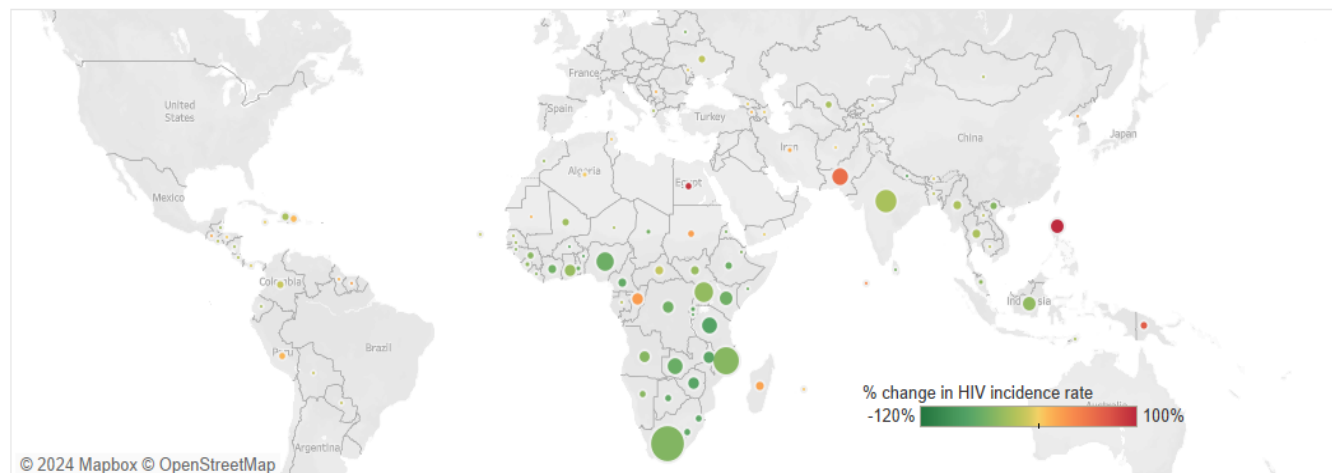
AIDS-related - Change in mortality rate from 2015 to 2022, size by # AIDS-related deaths in 2022



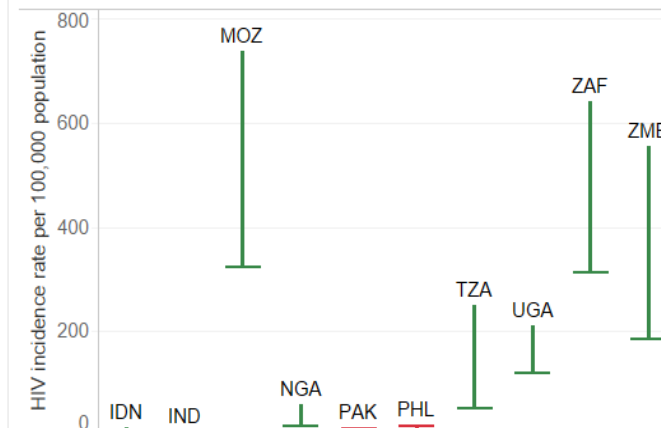
Change in mortality rate from 2015 to 2022 for 10 countries with most AIDS-related deaths in 2022



HIV - Change in incidence rate from 2015 to 2022, size by # new infections in 2022

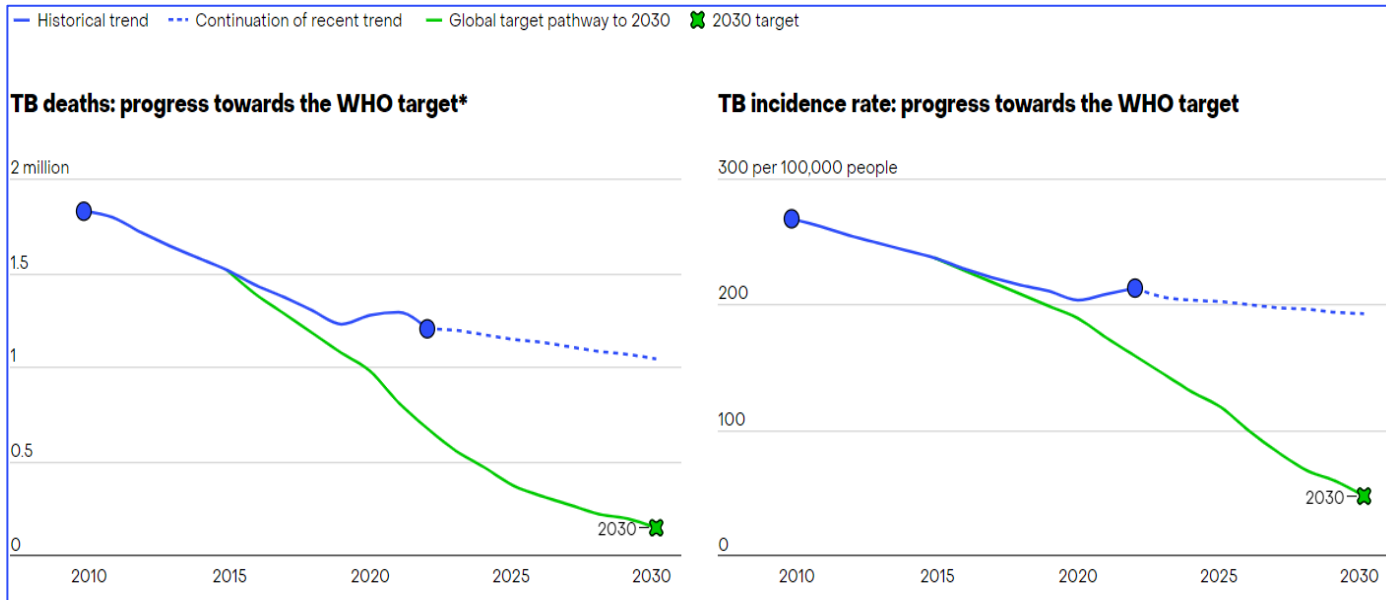


Change in incidence rate from 2015 to 2022 for 10 countries with most # of new HIV infections in 2022



High-level trends for Tuberculosis– for countries in KPI 1 cohort

Maximize impact against HIV, TB & Malaria
 KPI 1 – Performance against impact targets
 ● KPI 1a – Lives saved ● KPI 1b – Incidence reduction



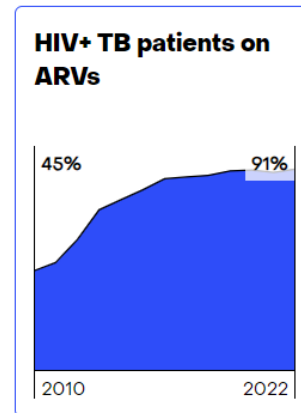
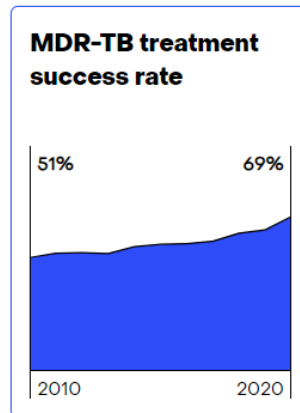
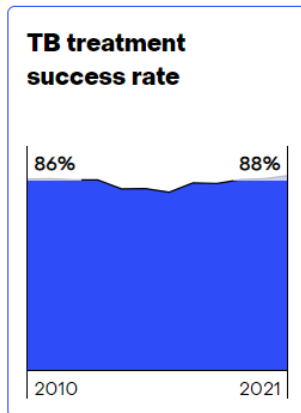
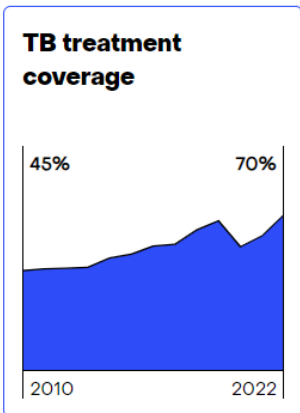
TB deaths include HIV-positive. “Continuation of recent trend” projection is based on reverting to pre-COVID-19 (2014-2019) trends.

Progress Towards the Global Targets

COVID-19 severely impacted efforts to meet the target to end TB by 2030, reversing years of slow but steady progress. In countries where GF invests, TB deaths (excluding people living with HIV) since GF was founded in 2002 have been reduced by 16% as of 2022, while new TB cases (all forms) have dropped by 4%. In the absence of TB control measures, deaths would have increased by 143% and TB cases by 36% in the same period.

In 2022, many countries had accelerated their progress in the fight against the disease, reporting increases in the number of people tested and treated for TB. Despite this progress, we are still off track to end TB as a public health threat by 2030.

In 2022, TB programs achieved a sharp acceleration and remarkable recovery following severe disruptions caused by the COVID-19 pandemic in 2020 and 2021. In the countries where GF invests, the number of people with TB who were diagnosed and treated in 2022 surpassed the numbers reported in 2019 – the most recent high before COVID-19 caused disruption across TB programs. In 2022, there was a sharp increase in TB screening and testing in the countries where GF invests. 6.7 million people with TB were diagnosed and treated in 2022, surpassing the number reported in 2019 (5.8 million).



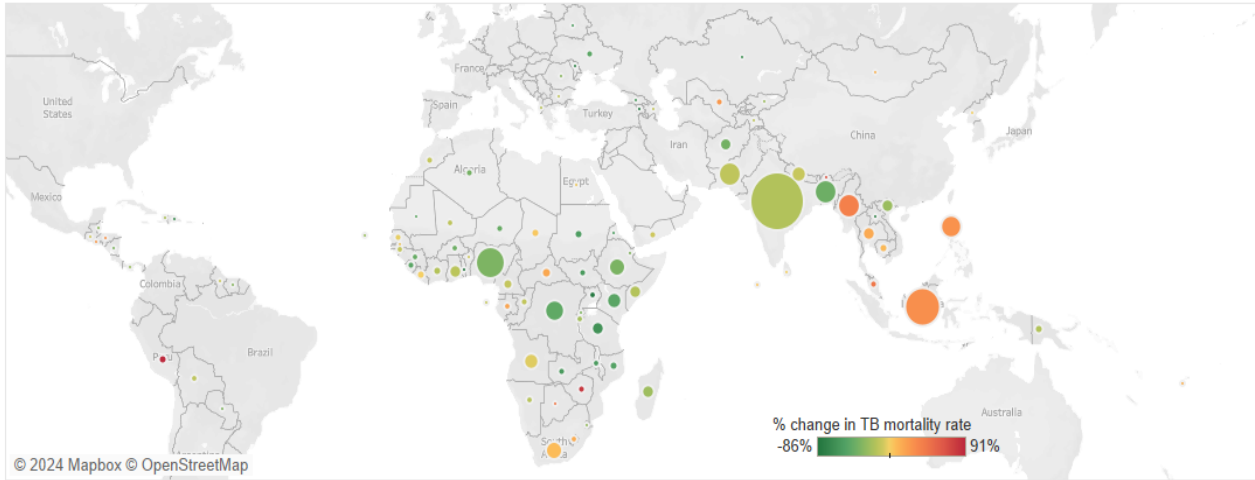
Tuberculosis: current situation for mortality and incidence, with progress from 2015 to 2022 – for countries in KPI 1 cohort

Maximize impact against HIV, TB & Malaria

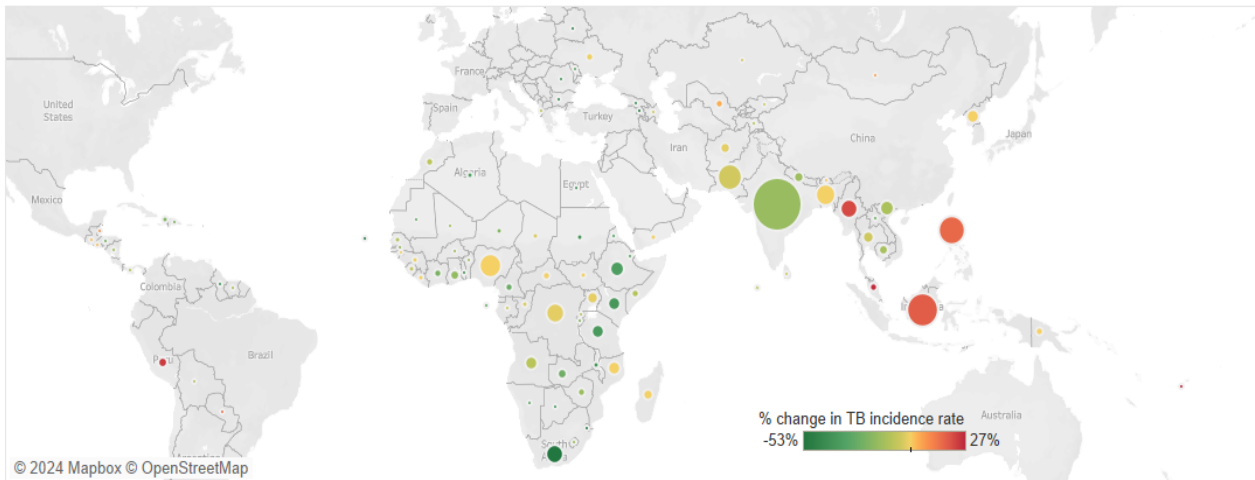
KPI 1 – Performance against impact targets

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

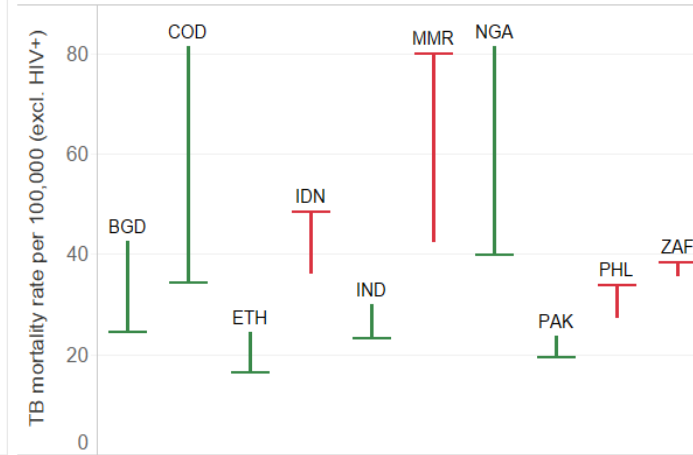
TB - Change in mortality rate from 2015 to 2022, size by # TB deaths (excluding HIV+) in 2022



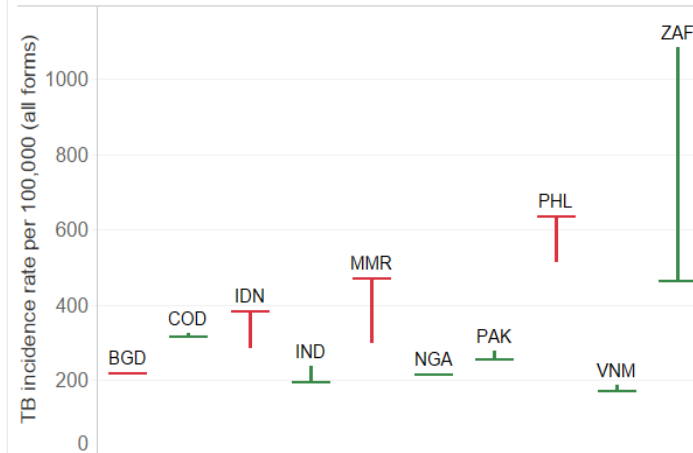
TB - Change in incidence rate from 2015 to 2022, size by # new TB cases in 2022



Change in mortality rate from 2015 to 2022 for 10 countries with most TB deaths (excl. HIV+) in 2022



Change in incidence rate from 2015 to 2022 for 10 countries with most # of new TB cases in 2022



Horizontal bar = 2022 mortality/incidence rate

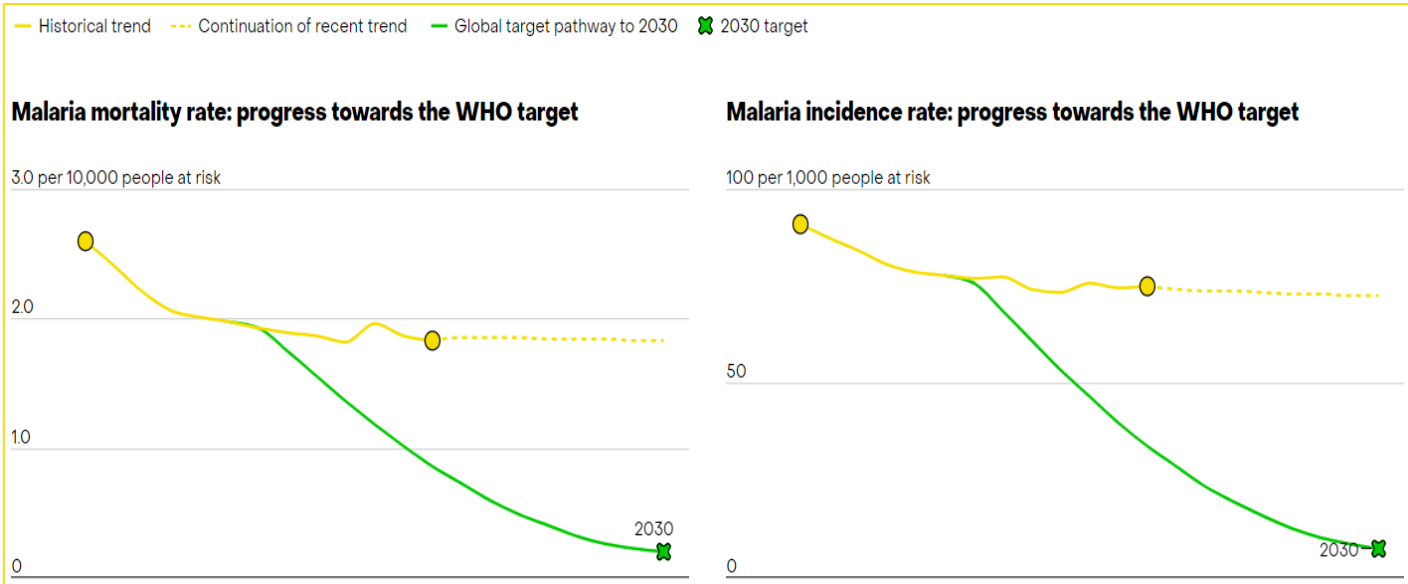
Vertical bar = progress (difference in rates) since 2015 in reducing the rate (red = deterioration)

Lower horizontal bars = lower 2022 rate; Longer vertical bars = stronger progress

- Despite good program performance, the impact of COVID-19 in Asia caused a trend reversal in TB incidence & mortality with increased estimates for MMR, IDN & PHL.
- There is a need to continue to find & successfully treat missing people with TB, particularly in hard-to-reach populations and providing patient-centered care to reverse mortality trends.
- Early and accurate diagnosis, a focus on TB prevention (including TB Preventive Treatment and an effective TB vaccine) as well as addressing undernutrition, HIV, alcohol, smoking & diabetes risk factors will help reverse incidence trends.

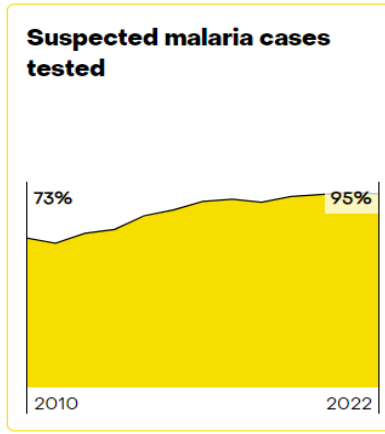
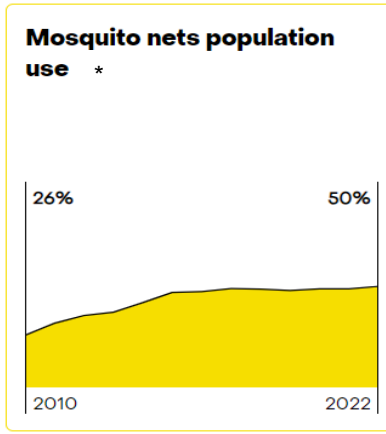
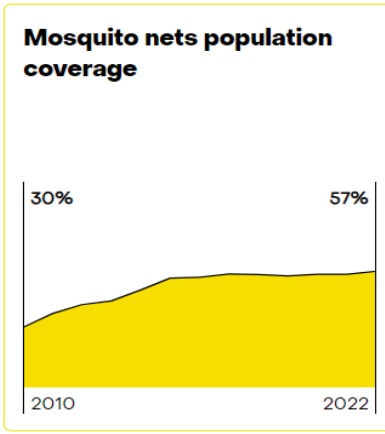
High-level trends for malaria– for countries in KPI 1 cohort

Maximize impact against HIV, TB & Malaria
 KPI 1 – Performance against impact targets
 ● KPI 1a – Lives saved ● KPI 1b – Incidence reduction



“Continuation of recent trend” projection is based on reverting to pre-COVID-19 (2014-2019) trends.

Progress Towards the Global Targets
 Since 2010, countries with the highest malaria burden have achieved significant declines in the overall number of deaths and have been able to drive down incidence rates. In countries where GF invests, malaria deaths have reduced by 27% between 2002 and 2021. In the absence of malaria control measures, deaths would have increased by 91% and malaria cases by 76% in the same period. Malaria remains a daunting global health challenge, and we are off track to meet the target of ending the disease as a public health threat by 2030. It is imperative to get back on track to fight malaria, to protect our gains and end this disease once and for all. With investments to accelerate the deployment of innovative tools, scale up interventions and strengthen critical health system capabilities, like disease surveillance, community health workers and last-mile logistics, we are fighting back.



Malaria has shown that we must stay ahead of it to eliminate it. Together with the U.S. President’s Malaria Initiative (PMI) and other partners, in 2022 GF invested in tools, partnerships and innovations to combat insecticide and drug resistance and make our interventions more cost-effective. Harnessing innovation, strengthening disease surveillance systems, and early warning systems and supporting the scale up of new products proven to be safe and effective – such as next-generation nets, insecticides, treatments or vaccines – are essential in this ongoing fight against the disease.

Data: WHO World Malaria Report 2023

*Net use is use amongst estimated population at risk of malaria so includes those without access to any net (and therefore are not able to use one)



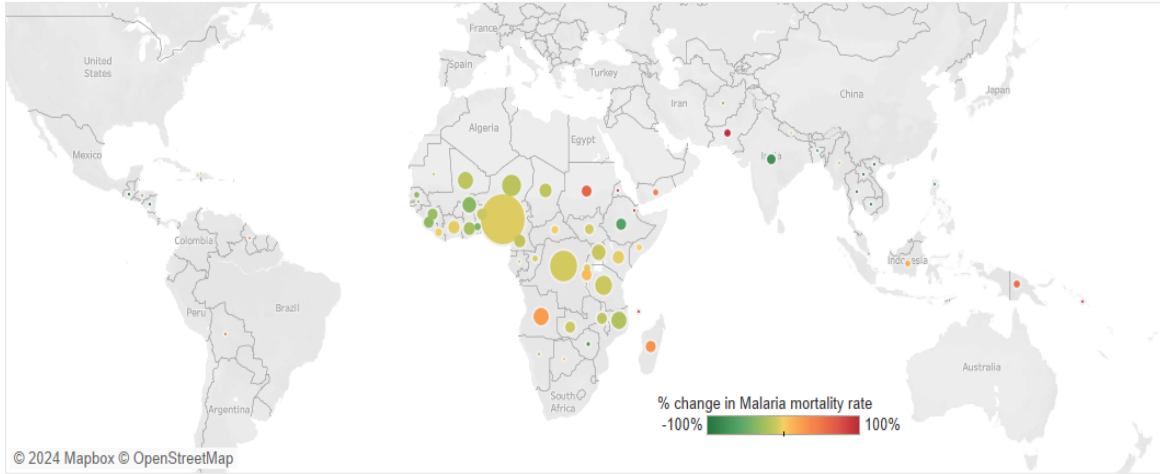
Malaria: current situation for mortality and incidence, with progress from 2015 to 2022 – for countries in KPI 1 cohort

Maximize impact against HIV, TB & Malaria

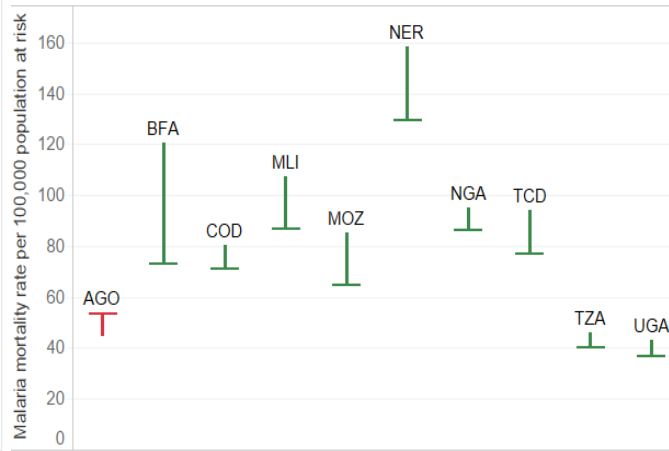
KPI 1 – Performance against impact targets

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

Malaria - Change in mortality rate from 2015 to 2022, size by # Malaria deaths in 2022



Change in mortality rate from 2015 to 2022 for 10 countries with most Malaria deaths in 2022

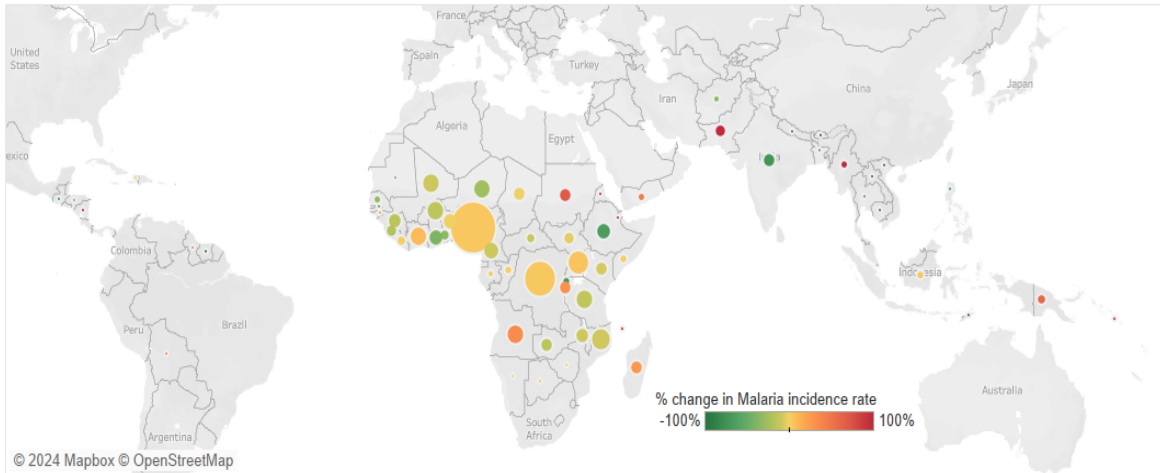


Horizontal bar = 2022 mortality/incidence rate

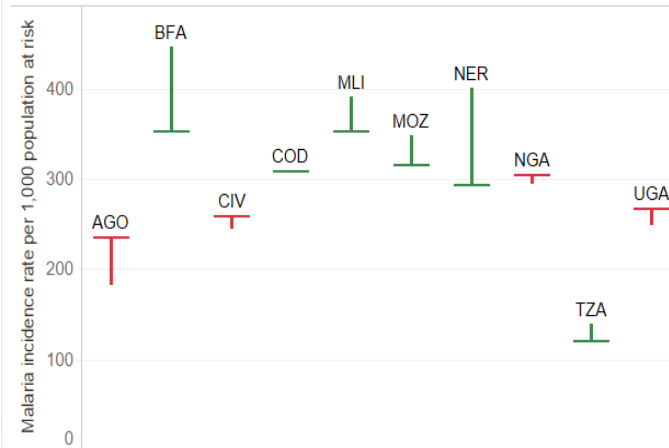
Vertical bar = progress (difference in rates) since 2015 in reducing the rate (red = deterioration)

Lower horizontal bars = lower 2022 rate; Longer vertical bars = stronger progress

Malaria - Change in incidence rate from 2015 to 2022, size by # Malaria cases in 2022



Change in incidence rate from 2015 to 2022 for 10 countries with most # Malaria cases in 2022



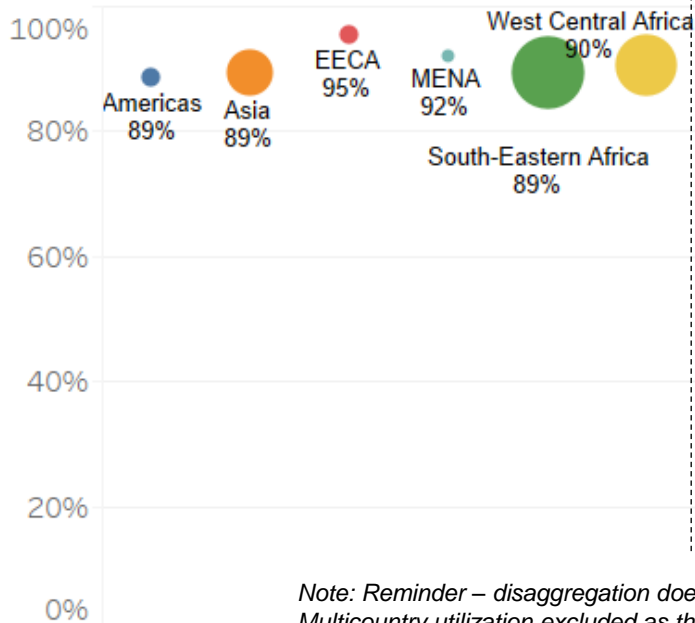
Although there has been stalled progress in malaria globally, there is significant heterogeneity in performance across the globe, within regions, as well as subnationally. Funding constraints, biological threats, climate emergencies and the limited toolbox for malaria are some factors impacting progress. Financial optimization approaches and next gen market shaping efforts around commodity prices will support in addressing the funding challenges but this will not be enough. Appropriate programming and response to the heterogeneity in context will need to be informed by GFs support for countries to conduct robust surveillance assessments and subnational analysis along with RSSH, efforts supporting sub-national root-cause analysis and continuous quality improvement.

Performance

KPI 7a – Fund utilization: allocation utilization

Measure	End-2023 Result	Key takeaways
Portion of allocation that has been disbursed or is forecast to be disbursed	96%	<ul style="list-style-type: none"> This KPI is reported for the last time under this format. From mid-2024, it will be reported as KPI F2b in the 2023-2028 Framework, and it will be based on GC7 with a target of 95% Across all disaggregations (see below), utilization is strong with the exception of stand-alone RSSH and multi-component grants – a trend that has carried over from past reporting. Consistent with Financial Reporting to AFC, allocation utilization is based on Real Funds under Management which has an impact on the denominator of KPI 7a. This allows a more accurate consideration of Portfolio Optimization, not treating as new sources of funds when it really is pure recycling of existing sources of funds approved to maximize funds utilization. To avoid double-counting these in the KPI denominator (i.e., total allocation), adjustments are applied at the overall portfolio level – this means the overall KPI result will not match the average by region, component, differentiation status, etc.
	Target 91-100% (6 th Replenishment)	

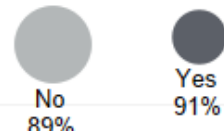
Utilization by geographical region



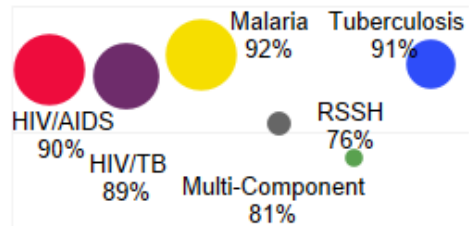
Utilization calculated based on GC6 disbursements, including forecasts and excluding C19RM

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

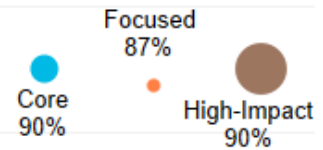
COE status



Component



Differentiation



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

Note: Reminder – disaggregation does not reflect portfolio level optimization hence lower values than overall KPI result. Multicountry utilization excluded as the result is co-mingled with the amount applied for optimization

Promote & protect Human Rights & Gender equality

KPI 9a – Reduce Human Rights barriers to services

Measure	End-2023 result	Key takeaways
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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*

1 priority country for HIV;
0 priority countries for TB

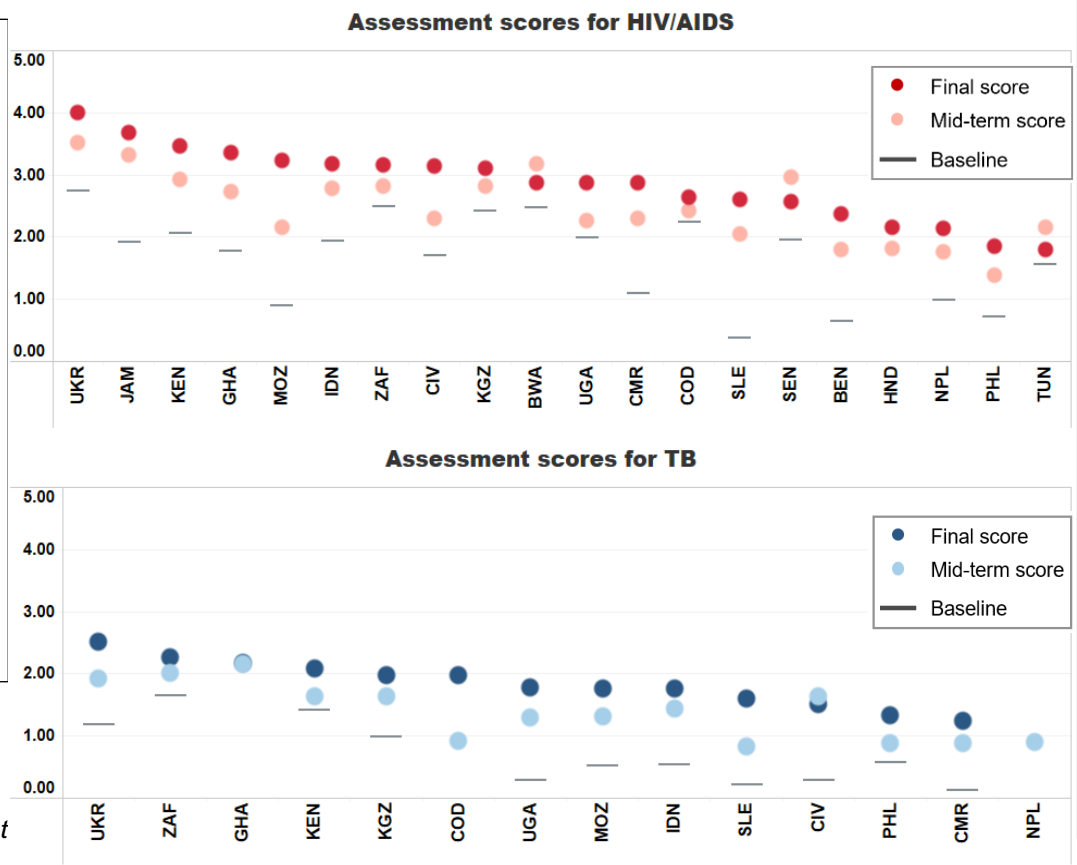
Target

4 priority countries for HIV;
4 priority countries for TB

- Final assessments show that KPI 9a target was not met. Ukraine was the only country that achieved comprehensiveness in HIV programs. Three other countries were close to meeting the target for HIV
- While overall progress has slowed since mid-term (see graphs), it is nonetheless notable that further progress was achieved, particularly given the global anti-rights and anti-gender movement coupled with a closing space for civil society engagement.
- Progress since baseline for HIV has been observed in all 20 BDB countries, most growing in scale by over 20%. The greatest progress was seen in scaling-up 'know your rights' programs and in increasing access to legal services. Least progress was seen in efforts to improving laws, regulations and policies, likely reflecting the pushback against human rights.
- Progress since baseline for TB also saw significant increases in geographic and population coverage, with programs increasing in scale by over 20% in 12 out of 13 countries in cohort. Greatest gains were seen in efforts to reduce discrimination against women, along with the scale up of "know your rights" programs and legal services.
- Assessments in each BDB country also highlighted many examples of impact. BDB countries employed innovative strategies for working in challenging national environments, optimized interventions to improve program quality, and fostered new cross-sector approaches for implementation and oversight.
- The Breaking Down Barriers approach - scaled-up programs aligned with a national human rights plan, overseen by a multi-stakeholder mechanism - has proven its value even in the most difficult contexts, and has been a foundation for addressing the impact of the anti-rights movement.
- KPI 9a will be replaced with KPI E1 in the new KPI Framework. The Secretariat will support achievement of KPI E1 by continuing to strengthen partnerships, particularly with PEPFAR and UNAIDS joint program, and by building (sub)national capacities for implementation of quality programming.

Milestones achieved:

- All 20 Breaking Down Barriers (BDB) countries developed stand-alone country-owned plans to reduce human rights-related barriers, or integrated such plans into NSPs, indicating much greater country ownership.
- The Human Rights Strategic Initiative provided technical assistance in all 20 (BDB) countries.
- Baseline, mid-term and progress assessments completed in all BDB countries



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




Annex 2: Reference Slides

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

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

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




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