

# **2023-2028 Strategy Performance Report 51<sup>st</sup> Board Meeting**

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**Board Input**

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# Executive Summary

This is the first report on the 2023-2028 Strategy performance. This introduces a new approach to reporting to provide the Committees and Board with an assessment of KPI performance and an overview of the efforts being made by the whole Global Fund Partnership to deliver on the 2023-2028 Strategy. The report leverages insights from all components of the 2023-2028 M&E Framework<sup>1</sup> to provide a multi-dimensional view on responses to the key overarching questions<sup>2</sup> for measuring the performance of the Strategy. This report is also available on the online platform [OSKAR](#), including interactive visualizations and data downloads for those who would like more details. In the spirit of continuous learning and improvement, the Secretariat welcomes all feedback on this new approach to Strategy Performance reporting.

For Grant Cycle 7 (GC7), the Global Fund approved US\$9.2 billion so far in new grants to accelerate fight against HIV, TB and malaria. In 2024, 152 new grants in more than 70 countries began implementation to continue their lifesaving work to end the three epidemics and build sustainable and climate-resilient systems for health. Overall, GC7 has been successfully launched on time and in high quality alongside C19RM reprogramming thanks to significant work by countries, partners and the Secretariat.

In the vast majority of cases so far, GC7 grants have included in their performance frameworks the relevant indicators that will support reporting for disease related KPIs but also for KPIs tracking RSSH, equity and gender equality. For indicators with modeled projections, an alignment exercise confirmed that national targets of GC7 grants (used for KPI tracking) have the appropriate level of ambition, even if based upon a modest increase in funding, compared to Grant Cycle 6 (GC6). This confirms the successful operationalization of the Strategy M&E Framework, enabling bottom-up compilation of meaningful and representative KPI results.

Even if the first results for these KPIs will be available later, cohorts and baselines have been finalized for indicators tracking areas related to RSSH, Human Rights or Pandemic Preparedness, providing a solid foundation to establish where and how the Global Fund can demonstrate progress.

There were valuable lessons learned on grant-related processes too from the first survey on community engagement, administered in 2023, even if at this stage, results are only for Funding Requests and for a limited set of stakeholders. For community systems, initial results are positive with KPI S4 performing above target.

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



<sup>1</sup> <https://www.theglobalfund.org/kb/board-decisions/b48/b48-dp06/>

<sup>2</sup> <https://www.theglobalfund.org/en/monitoring-evaluation/>

The picture is more concerning for the Strategic Objective on increasing mobilized resources. The domestic funding target for KPI R1a on realizing commitments for the 2020-2022 period is not met (for the country components assessed so far and noting that reliable data is missing for some) nor has the US\$18 billion target for the Global Fund Seventh Replenishment pledges been met. There are positive results though on the implementation of mitigation actions to address co-financing risks for the 2023-2025 period and on level of assurance on the use of grant funds with more countries using Supreme Audit Institutions (SAIs) to audit grants (even if the corresponding KPI R2 is underperforming for now).

Indicators focusing more closely on Secretariat activities continue to perform well with good results on financial KPIs as well as on supply operations, especially on the number of QA-assured suppliers and on innovations introduced or scaled-up, supported by the Global Fund's Pooled Procurement Mechanism but also by the Stop TB Partnership's Global Drug Facility.

## KPI performance summary

KPI	Latest result	Target	Performance	
<b>C1</b>	Community engagement	68% satisfaction (in 1 stage of grant life cycle)	75% (in 3 stages of grant life cycle)	
<b>E3a</b>	Advancing gender equality	68% satisfaction (in 1 stage of grant life cycle)	75% (in 3 stages of grant life cycle)	
<b>S4</b>	Community systems	26% countries	22%	
<b>S9</b>	Supply continuity	97% products	90%	
<b>S10</b>	Introduction of new products	100% products	80%	
<b>R1a</b>	Realization of domestic commitments	68% committed amount	85%	
<b>R1b</b>	Mitigation of co-financing risks	79% mitigation actions	80%	
<b>R2</b>	Quality of external audit process	47% countries	80%	
<b>R3</b>	Pledges for 7 <sup>th</sup> Replenishment	87% of R7 target	100%	
<b>F1</b>	Pledge conversion	28% cash received	30%	
<b>F2a</b>	Corporate asset utilization	96% of corporate assets	95%-98%	

For more details on KPI results, please refer to [Annex](#)

# Performance overview by Strategy objectives

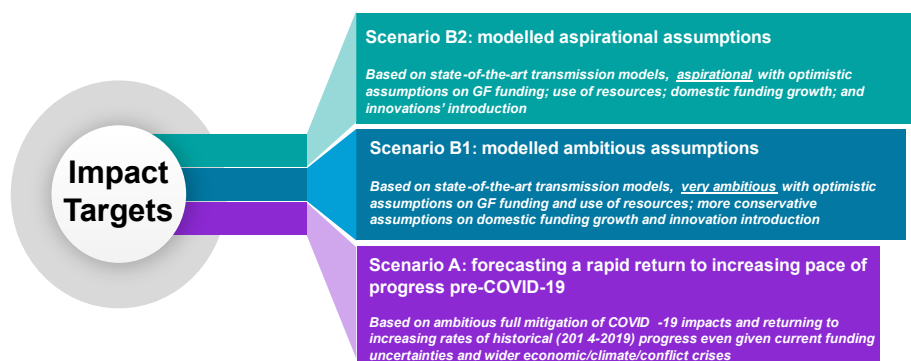
## Primary Goal: End AIDS, TB and malaria

### Are HIV, TB and malaria incidence and mortality rates reducing?

The first reporting on the Impact KPIs for the 2023-2028 Strategy will take place in Q1 2025 once WHO/UNAIDS published 2023 estimates of incidence and mortality are available. In the meantime, final results for Impact KPIs for the 2017-2022 Strategy Period can be found in the final [2017-2022 KPI report](#) and burden data trends for the three diseases, as well as key service coverage and outcome and comparisons against the global targets, can be found on the interactive [Global Fund Results Report](#).

As a reminder, please note that the targets for the 2023-2028 Impact KPIs use a performance scale based on three scenarios - a reflection of the uncertainty the world faces at this moment in time.

### Impact Targets (KPIs I1 & I2) are based on three distinct scenarios



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**KPI I1 (mortality rate reduction):** (35% - 54% - 70%) targets

**KPI I2 (incidence rate reduction):** (30% - 42% - 60%) targets

The target setting exercise was an objective assessment of the pace of global progress and it is clear that the SDG target to end these diseases by 2030 is in jeopardy and unlikely to be achieved without an extraordinary recommitment of effort. As noted in the [2017-2022 KPI report](#), only a 18.7% decline in combined incidence rate was achieved between 2015 and 2022, which was far below the Strategy target of 28%-47%.

While setting ambitious yet achievable KPI targets, the Global Fund is calling attention to these challenges precisely because we remain fully committed to playing

our role in ending these diseases, as achieving these targets is a shared responsibility between countries, communities, donors, technical partners, the Global Fund and all other stakeholders.

## **Are effective and quality HIV prevention, treatment, care and support programs being delivered and achieving equity in access?**

The first reporting on the HIV KPIs for the 2023-2028 Strategy will take place in Q4 2024 once full data at end-2023 have been collected and verified. In the Q4 2024 report, data will reflect performance of GC6 grants and from 2025 forward, it will mainly focus on GC7 grants.

### Grant making

As of 31 December 2023, the Grant Approvals Committee (GAC) had approved grants that included HIV-related activities for 61 (57%) countries that received HIV allocation. These grants cover 50% of the US\$ 6.5 billion HIV allocation, and several additional grants are scheduled to come to GAC in 2024, most notably from South Africa, India, Ethiopia, Pakistan and Kenya.

Of the grants approved by GAC in 2023, the HIV programmatic modules with the largest funding were:

- Treatment, care and support (more than US\$ 2 billion invested in 60 countries)
- Prevention package for Key Populations (approx. US\$ 400 million invested in 60 countries)
- Differentiated testing services (approx. US\$ 270 million invested in 60 countries)
- Elimination of vertical transmission (approx. US\$ 200 million invested in 47 countries<sup>3</sup>).
- Prevention package for AGYW (approx. US\$ 180 million invested in 23 countries with around 94% of investment in 7 of the 12 AGYW priority countries that went to GAC)
- TB/HIV (approx. US\$ 160 million invested in 54 countries)

In terms of the KPI cohort, most countries included the relevant grant indicators in their performance frameworks. Whilst generally there is no concern at the moment on the size or representativeness of most of the KPI cohorts, it should be noted that the cohort for KPI H4 mostly focuses on Key Population (KP) coverage programs for MSM and sex workers. The table below shows the current **KPI cohorts**, sub-sets of the 61 countries with at least one GC7 grant including HIV-related activities

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<sup>3</sup> Noting that the budget for ARV treatment of pregnant women is not included in this figure, but under Treatment, Care and Support instead



approved by GAC (and noting that this cohort will increase with grants going to GAC in 2024):

**Table 1: Countries included in the HIV KPI cohorts as of 31 Dec 2023**

KPI	KPI description	Current KPI cohort: # of countries with indicator in GC7 grant
H1	People living with HIV who know their status	55
H2	ART coverage	57
H3	Viral load suppression	58
H4	KP reached with prevention programs	57 ( <i>mostly for MSM and SWs</i> )
H5	AGYW reached with prevention programs	7 ( <i>out of 12 priority countries</i> )
H6	Elimination of vertical transmission	43
H7	PLHIV on ART who initiated TPT	47

For indicators where modelled projections can be calculated (i.e. people on ART, elimination of vertical transmission), the Secretariat has run an alignment exercise with grant targets (when tracked nationally). This exercise confirms that so far, aggregate grant targets are within or above projection range, validating the level of ambition of the KPI targets.

This is confirmed at the country level with most countries having grant targets within/above projection range (75% of countries for People living with HIV on ART and 74% for Elimination of vertical transmission).

### HIV program essentials

In 2022, the Global Fund and partners identified a set of program essentials<sup>4</sup> to be addressed in Funding Requests for HIV programs. The establishment of these program essentials created an important focus for country dialogue during the development of GC7 Funding Requests and led to expanded investment in critical service delivery elements in many countries. Analysis of Funding Requests submitted in Windows 1-3<sup>5</sup> showed that largest gaps between policy in place and implementation are in HIV primary prevention (PrEP/PEP and harm reduction), differentiated testing, and differentiated service delivery platforms. Progress against information submitted in Funding Requests will be monitored during the grant cycle and the Secretariat will continue to encourage and incentivize strengthening of HIV program elements that are critical to impact, equity in access and outcomes, service quality and sustainability.

### HIV Incidence Reduction – HIV Prevention

HIV prevention investments increased by 24% from around US\$ 705 million in GC4 to US\$ 874 million in GC6. According to preliminary data from GAC-approved grants in 2023, this upward trend continues. In GC7, by the end of 2023, HIV prevention

<sup>4</sup> [https://www.theglobalfund.org/media/4765/core\\_hiv\\_infonote\\_en.pdf](https://www.theglobalfund.org/media/4765/core_hiv_infonote_en.pdf)

<sup>5</sup> This corresponds to Funding Requests reviewed in TRP meetings which took place in April 2023, July 2023 and October 2023

investments were around US\$ 650 million and will increase further with approval of 2024 grants (e.g. South Africa, India, Kenya grants). Additionally, positive trends are observed for investments in high impact HIV prevention interventions (e.g. condom programs, PrEP, and needle and syringe programs). When comparing the full cohort of GC6 with the current partial cohort of GC7, notable increases are already evident in PrEP budgets, from US\$ 24 million to US\$ 97 million (+304%) and condom program budgets from US\$145 to US\$ 173 million (+19%). Needle and Syringe program budgets currently align with GC6 levels (approx. US\$ 40 million in both cycles) but are anticipated to increase based on W1-W3 Funding Request budgets.

Fourteen countries have been selected as HIV incidence reduction focus countries for intensive technical and programmatic advice and support for HIV prevention investment planning. The Secretariat has established an **HIV Prevention Reference Group**, a cross-Secretariat virtual platform to support provision of more aligned and consistent advisory support to optimize HIV prevention plans in GC7 Funding Requests and to support implementation of GC7 grants. Additionally, an HIV prevention program stewardship module was introduced in GC7 to strengthen national prevention program stewardship and to build scalable and sustainable models for HIV prevention delivery. To increase attention to HIV prevention-related results, the Secretariat also established a **Global Fund HIV Prevention Results Framework**<sup>6</sup> to clarify priority HIV prevention outcomes, aligned with global HIV prevention targets (more people with increased HIV risk using HIV prevention options – e.g. condoms, PrEP/PEP, harm reduction commodities). Support will be provided to priority countries to establish or expand HIV prevention outcome monitoring.

#### HIV Product Efficiencies and Product Introduction

A Secretariat-wide HIV product efficiencies initiative has already unlocked substantial resources in GC7 budgets, increasing value for money of Global Fund HIV grants. Work has also focused on strengthening the Global Fund's capacity to accelerate HIV product introductions at scale, including a focus on products where the Global Fund can have greatest impact such as a HIV treatment for children (pALD) and new PrEP options.

#### **Are effective and quality TB prevention, treatment, care and support programs being delivered and achieving equity in access?**

The first reporting on the TB KPIs for the 2023-2028 Strategy will take place in Q4 2024 once full data at end-2023 has been collected and verified. This data will be mainly based on GC6 grants for the Q4 2024 report but will become focused on GC7 grants after that.

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<sup>6</sup> [https://www.theglobalfund.org/media/4765/core\\_hiv\\_infonote\\_en.pdf](https://www.theglobalfund.org/media/4765/core_hiv_infonote_en.pdf)

## Grant making

At 31 December 2023, 54 countries had at least one GC7 grant including TB-related activities approved by the Grant Approvals Committee (GAC). Even if these cover the majority of the TB allocation, several grants are still scheduled to come to GAC in 2024, most notably from India, South Africa, Ethiopia and Kenya.

Out of the grants that came to GAC in 2023, the TB programmatic modules with the largest funding are:

- TB diagnosis, treatment and care (approx. US\$ 540 million invested in 51 countries)
- DR-TB diagnosis, treatment and care (approx. US\$ 360 million invested in 53 countries)
- TB/HIV (approx. US\$ 160 million invested in 54 countries)
- Key and Vulnerable populations (approx. US\$ 130 million invested in 50 countries)
- Collaboration with other providers and sectors (approx. US\$ 130 million invested in 35 countries)
- TB/DR-TB prevention (approx. US\$ 70 million invested in 48 countries)

In terms of KPI cohorts, most countries included the relevant grant indicators in their performance frameworks and there is no concern at the moment on the size or representativeness of the cohort. More specifically, the below table shows the current KPI cohorts, out of the 54 countries with at least one GC7 grant including TB-related activities approved by GAC (and noting that this cohort will increase with grants going to GAC in 2024):

**Table 2: Countries included in the TB KPI cohort as of 31 Dec 2023**

KPI	KPI description	Current KPI cohort: # of countries with indicator in GC7 grant
T1	TB notifications, all forms	51
T2	TB treatment success rate, all forms	47
T3	People with confirmed DR-TB on treatment	51
T4	DR-TB treatment success rate	43
T5	TB contacts on preventive therapy	44
T6	ART coverage for HIV-positive TB patients	51

For indicators where modelled projections can be calculated (TB notifications, MDR-TB cases on treatment, HIV/TB coinfecting patients on ART) the Secretariat has run an alignment exercise with grant targets (when tracked nationally). This exercise confirms that so far, the aggregate grant target is within or above projection range, validating the level of ambition of the KPI targets.

## TB Program Essentials

TB Program Essentials<sup>7</sup> were introduced in GC7 as a strategic lever to support the equitable access to highly impactful interventions that should allow for achievement of the Global Fund Strategy objective. The program essentials were an important focus for development of GC7 funding requests and baseline information from Window 1-3 countries showed that while policies for all 13 Program Essentials are largely in place, the scale of their implementation varied greatly across countries. The largest implementation gaps were in systematic TB screening, private sector engagement, digital surveillance and human rights programming for countries in Window 1-3. The Secretariat will work with TB partners to monitor progress on their implementation and jointly address bottlenecks hindering progress.

### TB Find & Treat

Despite large investments in TB diagnosis, treatment and care for both drug-sensitive and drug-resistant TB (approx. 65% of total GC7 TB investments reviewed so far), significant commodity gaps particularly for TB cartridges were seen in the unfunded quality demand<sup>8</sup> for GC7 grants reviewed so far. Early and accurate diagnosis to find and successfully treat missing people with TB will remain a priority for GC7 and the need to leverage additional funding to cover these gaps will be crucial. Countries have also set ambitious targets to scale up new treatment regimens such as BPAL/M regimen, a shorter and more effective treatment regimen for DR-TB and would need additional support for successful scale up. The Secretariat will also work on TB market shaping interventions to accelerate country introduction of innovations particularly TB diagnostic tools in GC7.

### TB Prevention

With the introduction of a new module on TB Prevention, it will be easier to track Global Fund's investment in this area. Data from the countries reviewed for GC7 already shows an increased investment in TB Preventive Treatment. The Secretariat will work to support uptake of shorter TB Preventative Therapy (TPT) regimens in the countries we support as well as Infection Prevention and Control measures (IPC). The Secretariat is also working with partners (GAVI & others) on planning for the introduction of a TB vaccine once it becomes available.

## **Are effective and quality malaria prevention, treatment, care and support programs being delivered and achieving equity in access?**

The first reporting on the malaria KPIs for the 2023-2028 Strategy will take place in Q4 2024 once full data at end-2023 has been collected and verified. This data will be mainly based on GC6 grants in the 2024 report but will become focused on GC7 grants after that.

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<sup>7</sup> [https://www.theglobalfund.org/media/12808/core\\_tb-program-essentials\\_toolkit\\_en.pdf](https://www.theglobalfund.org/media/12808/core_tb-program-essentials_toolkit_en.pdf)

<sup>8</sup> <https://www.theglobalfund.org/en/grant-making/unfunded-quality-demand/>

## Grant making

At 31 December 2023, 43 countries had at least one GC7 grant including malaria-related activities approved by the Grant Approvals Committee (GAC). Even if these cover the majority of the malaria allocation, several additional grants are still scheduled to come to GAC in 2024, e.g., India, Mali, Ethiopia and Kenya.

Out of the grants that came to GAC in 2023, the malaria programmatic modules with the largest funding are:

- Vector control (more than US\$ 1.3 billion invested in 43 countries)
- Case management (approx. US\$ 650 million invested in 43 countries)
- Specific Prevention Interventions (approx. US\$ 270 million invested in 29 countries)

In terms of KPI cohorts, most countries included the relevant grant indicators in their performance frameworks and there is no concern at the moment on the size or representativeness of the cohort. The only KPI with an expected small cohort is M5 (children receiving SMC) as the indicator is not applicable in the context of many countries. More specifically, the below table shows the current KPI cohorts, out of the 43 countries with at least one GC7 grant including malaria-related activities approved by GAC (and noting that this cohort will increase with grants going to GAC in 2024):

**Table 3: Countries included in the Malaria KPI cohort as of 31 Dec 2023**

KPI	KPI description	Current KPI cohort: # of countries with indicator in GC7 grant
M1	LLINs distributed	41
M2	Malaria testing, public facilities	42
M3	Malaria cases treated, public facilities	40
M4	IPTp3 coverage	23
M5	Children receiving full course of SMC	12

For indicators where modelled projections can be calculated (LLINs distributed) the Secretariat has run an alignment exercise with grant targets (when tracked nationally). This exercise confirms that so far, the aggregate grant target is just within projection range, validating the level of ambition of the KPI target.

This is confirmed at the country level with most countries using targets within/above projection range (56% of countries for LLINs).

## Sub-national tailoring (SNT) of malaria interventions

National programs have used available data and, in some cases, modelling to inform national strategic plans and prioritize Global Fund resources. The Secretariat will continue efforts on improving data systems that will further contribute to improved decision-making.

### Case management (public, private, community)

To increase equitable access to care, a strong focus has been put on scaling up community health workers, and first time introduction of non-malaria commodities for integrated community case management to enable more comprehensive services at community level.

Mitigating biological threats to case management continues with the Regional Artemisinin-resistance Initiative (RAI) that has been successful in addressing resistance in the Greater Mekong Subregion. In Africa, the Global Fund is supporting development of mitigation strategies to diversify ACTs, strengthen surveillance for biological threats, and enhancing the affordability and availability of newer and more appropriate ACTs and mRDTs through market shaping interventions.

### Prevention: vector control

Country demand to transition to more impactful dual active ingredient insecticide treated nets (ITNs), to address insecticide resistance significantly increased after the introduction of the Revolving Facility<sup>9</sup> which decreased prices of these ITNs. At the same time, efforts to improve access to an ITN through quality improvements in current distribution channels as well as exploration of additional channels are underway. Additionally, majority of Window 1-3<sup>10</sup> Funding Requests from Sub-Saharan Africa (SSA) have a focus on strengthening entomologic surveillance to better understand the spread of *Anopheles stephensi*.

### Prevention: chemoprevention

Scale up of seasonal malaria chemoprevention (SMC) has continued to additional eligible ages and geographies while also exploring innovative ways to improve quality of SMC campaigns and integration with other health activities. In addition, expansion of community IPTp to reach pregnant women in hard to reach places continues while simultaneously strengthening quality of ANC to provide holistic services through both malaria specific and RSSH investments.

### Malaria elimination

Two regional elimination grants will continue in GC7 (MOSASWA and RAI) and provide support to elimination activities both at country and region level with a specific focus on ensuring cross-border elimination activities. Although the E2030 Strategic Initiative has finished, focus will remain on supporting the elimination of malaria for countries in the cohort.

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<sup>9</sup> <https://www.theglobalfund.org/en/news/2023-08-22-global-fund-announces-new-mechanism-increase-access-more-effective-mosquito-nets-prevent-malaria/>

<sup>10</sup> This corresponds to Funding Requests reviewed in TRP meetings which took place in April 2023, July 2023 and October 2023

## Maximizing People-centered Integrated Systems for Health to Deliver Impact, Resilience and Sustainability

### Are services integrated, people-centered, and of high quality?

Four KPIs have been approved by the Board to monitor progress being made in achieving the integrated, people-centered quality services outcome:

KPI S1: Provision of people-centered, high-quality services

KPI S2: Provision of Supportive supervision

KPI S3: Provision of HTM integrated services to pregnant women

KPI S5: Systems readiness for CHWs

Currently, there are 18 countries<sup>11</sup> in the cohorts for these KPIs. Targeted Health Facility Assessments (tHFA) will be conducted in these countries to collect data for KPI assessment and other data uses.

Based on lessons learned from previous HFAs, some features of the tHFA are:

- **Clarity in data needs:** focus of tHFA will be on (i) in-country supply chain performance monitoring (ii) integrated people centered quality of services (IPCQS) & community health workers (CHWs).
- **Integration of stakeholder feedback:** continuous consultations with stakeholders were held to design the tHFA.
- **Focus on data quality:** significantly reduced questionnaire size; more processes such as back-checks before data ingestion; creation of master facility and product lists in place for increased assurance of results; increased focus on training of data collectors; and implementation of an Independent Data Quality Assurance (IDQA) process.
- **Use of existing reporting mechanisms:** data reported via existing Global Fund reporting mechanisms (quarterly reporting/PUDR), and outputs from tHFA are mapped to metrics in GC7 performance frameworks to reduce the data collection efforts on Principal Recipients for reporting.
- **Promoting data use:** all stakeholders, including in-country stakeholders engaged to ensure alignment and increased appetite for use of data.

The first tHFA was planned in Q4 2023 to provide the baseline scores for these KPIs. However, due to operational reasons has been postponed to Q1 2024. As a consequence, the 2023 baseline scores that were initially expected to be provided at the Q1 2024 Committee and Board meetings are delayed to Q4 2024.

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<sup>11</sup> Cameroon, Chad, Congo, Burkina Faso, Ghana, Mali, Nigeria, Kenya, Mozambique, Tanzania, Indonesia, Madagascar, Malawi, Gambia, Guinea-Bissau, Liberia, Niger and Sierra Leone

## Human Resources for Health (incl CHWs) and Quality of Care

In 2023, approx. US\$ 1 billion of GC7 direct investments in RSSH modules have been approved. Approved GC7 RSSH investments include approx. US\$ 250 million in funding for the Human Resources for Health (incl. CHWs) module that supports the delivery of an integrated package of primary health care services. Additionally, around US\$ 230 million has also been approved for Human Resources for Health via the C19RM funding mechanism for 2024-2025 period. This investment will support activities to improve health worker's performance such as provision of trainings, supportive supervision and broader quality improvement activities.

## Laboratory Systems

Laboratory investments scaled up in GC7 with approx. \$90mn direct investments in Laboratory system strengthening activities such as integrated diagnostic network optimization and sample transport, as well as quality assurance activities. The C19RM funding mechanism also approved an additional approx. US\$370 million for Laboratory systems for the 2024-2025 period.

## Health sector planning & governance

In GC7, the Secretariat will also focus its efforts on supporting Health sector planning & governance by working with countries to support integration of services including intersectoral planning, and effectively engage the private sector in service provision.

## **Are community systems (including service delivery platforms) reinforced?**

Positive results are reported for KPI S4 in 2023 with 26% (vs target of 22%) of the countries in the cohort (n=105) having maturing or strong systems in place for community health service delivery. In total, 27 countries have maturing or strong systems (compared to 19 in the 2022 baseline) indicating the reinforcement of community systems across the four dimensions of policy, strategy, capacity and data, and laying the foundation for effective community-led and -based responses and systems strengthening.

The Technical Review Panel's (TRP) Funding Request Quality Survey for Windows 1-3 (2023) indicates that 77% of CSS interventions in funding requests reviewed clearly described the roles of community-led and -based organizations in service delivery. In its [Observations Report](#)<sup>12</sup> published after Windows 1 & 2, the TRP highlighted a need for improvement in community-led research and advocacy and community engagement, linkages and mobilization in support of broader health responses and UHC. It is further noted that strengthening organizational capacity and leadership development of community-led and -based organizations are not well

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<sup>12</sup> [TRP Observations Report: Grant Cycle 7 Windows 1 & 2. GF/B50/12](#)



justified or linked to service delivery and engagement in national and Global Fund processes using data from community-led monitoring mechanisms.

The KPI S4 result echoes this finding, especially on the strategy and policy dimensions. While data systems for community contributions are in place in most countries, community health strategies and restrictive laws and policies require further investigation and intervention to progress, considering current context and global movements towards criminalization and gender backlash. This will require a Partnership-wide approach to meaningfully respond to policy restrictions for improved public health outcomes.

Ahead of GC7, significant efforts have been made to build capacity and skills on CSS within the Secretariat, with the LFAs, the TRP and CCMs. A CSS decision making guide, Community-led monitoring (CLM) costing and design guide and support from CLM-Strategic Initiative also resulted in better prioritization and costing of community systems strengthening. Compared to around US\$ 160 million of GC6 investments in CSS, by the end of 2023 around US\$ 85 million of GC7 funding has been approved for CSS. Additionally, approx. US\$ 110 million has also been approved for CSS interventions via C19RM for 2024-2025.

During 2024, the Community Responses and Systems Strengthening team will be established and operational at the Secretariat, critical to drive further progress where gaps persist. The risk management framework in 23 countries will be used to routinely monitor CSS at country level. Additionally, three connected initiatives to: a) strengthen the capacity of nascent community-led organizations and their operations for service delivery (quality, effectiveness); b) reinforce CLM data use in routine program reviews and quality assurance processes (health system functions, quality of care, PHC); and c) Community engagement through CLM in Pandemic Preparedness and Response (PPR) will be implemented during GC7.

### **Is decision-making based on quality and timely data and evidence?**

In GC6 (2021-2023), the Global Fund invested \$544 million (~\$180 million per year) through HIV, TB, malaria & RSSH grants in strengthening country capacity for the generation and use of quality, timely, transparent, and disaggregated digital and secure data at all levels. M&E investments based on GC7 grants approved in 2023 also show that we are on track to invest approximately the same or slightly higher amount in 2024-2026. Those efforts have been further supported so far through catalytic investments via the Data Strategic Initiative, that focused mainly on:

- a) ensuring access to updated global guidance, tools and digital health modules;
- b) supporting the development of capabilities for data quality review and feedback loop in the national reporting platforms;
- c) facilitating access to technical assistance through establishing a global and regional pools of TA providers; and
- d) establishing and operationalizing regional and local partnerships for technical support to strengthen country capacity for analytics and data use.

Ongoing technical support for operationalization of those guidelines and tools will continue to be supported through grant resources in GC7.

At the Secretariat, the information generated through the Global Fund M&E System profiles shall continue to inform country level capacities and existing practices in data-driven decision making, and to guide course corrections that need to be taken in a timely manner through country capacity development. This will complement and take to scale the ongoing capacity strengthening efforts that the Global Fund has been supporting through regional partnerships with academic institutions. Country- and region-specific results are also used by the Secretariat to inform ongoing engagements with Principal Recipients, along with recommendations and opportunities for capacity development. Results from KPI 6e from the 2017-2022 KPI Framework on use of disaggregated data identified opportunities for strengthening availability, analysis and use of disaggregated data and informed prioritization of interventions aimed at improving data systems to avail disaggregated data in GC7.

Three KPIs monitor the progress being made in improving data systems and use:

1. KPI S6a: digital HMIS maturity
2. KPI S6b: Data driven decision making
3. KPI S7: Use of disaggregated data for planning or decision making

The 2022 baseline country score establishing the baseline maturity levels of the countries have been assessed for both KPI S6a and KPI S6b. The first results for these KPIs and KPI S7 shall be provided at the Q4 2024 Committee and Board meetings.

### **Is equitable access to quality assured health products being achieved?**

The NextGen Market Shaping framework outlines specific interventions to drive equitable access to affordable and quality-assured health products and services in support of the Global Fund's 2023-2028 Strategy. The core objectives of the approach are to reduce barriers to health product availability and affordability, improve the responsiveness and timeliness of health product service and delivery, and promote resilient and sustainable supply chains. Three interventions are at the core of the approach, including: a) shaping innovation and accelerating the introduction of health products at scale; b) promoting capacity building for regional manufacturing; and c) driving sustainable procurement and supply chains.

#### Regional manufacturing

The Global Fund has been strengthening collaboration with partners including African institutions, PEPFAR, USAID, WHO, and Unitaid to promote capacity building for regional manufacturing. The initial focus of the NextGen approach is to support capacity building for regional manufacturing in Africa, where the biggest gap exists between high-volume demand and supply. The Secretariat is leveraging its

global tenders to value quality-assured suppliers situated close to high volume demand. As part of the NextGen Market Shaping Strategic Initiative, the Secretariat is also partnering with regional pooled procurement platforms, and supporting regional initiatives, including regional regulatory harmonization efforts and mobilization of demand for regionally manufactured products. For example, in August 2023, the Global Fund, in partnership with PEPFAR and Unitaid, launched a pilot review process for African manufacturers of HIV rapid diagnostic tests (RDTs) to accelerate the production of RDTs on the continent. This was a pivotal milestone in these organizations' joint efforts to accelerate the supply diversification agenda, which contributes to more equitable access to quality-assured health products, more resilient supply chains and supply security.

### Sustainable procurement and supply chains

The Global Fund has been building environmental sustainability, social responsibility and economic viability into our procurement and supply chains. The Secretariat mitigates the environmental impact of procurement and delivery by encouraging its suppliers to reduce emissions and pollution during production and packaging. We have also reduced air shipments: In 2023, 86% of Global Fund shipments went by sea. The Global Fund promotes safe and healthy working conditions for all workers along the supply chains, and also promotes fair business practices by its suppliers. Specific interventions include better planning through digitization of health campaigns and supply chains, including e.g. the implementation of eLMIS for data-driven decision-making, enabling the timely delivery of health products and mitigating the risk of stock-outs. Strengthening national regulatory capacity is equally key, and the Global Fund works with technical partners such as WHO, NEPAD and African CDC to enhance national capacity building of regulatory systems through our updated quality assurance policies. The Global Fund also continues to support resilient national health systems, e. g. financing the procurement and operationalization of long-term oxygen generation equipment (pressure swing adsorption plants), as well as a new generation of surveillance and lab equipment such as the multiplex and multipathogen platforms used for integrated, person-centered, quality services and disease surveillance.

Two KPIs were approved by the Board to monitor achievement of this outcome:

KPI S8: On Shelf Availability (OSA)

KPI S9: Supply continuity

First results for KPI S8 were initially planned to be provided in Q1 2024, with data collected via the targeted Health Facility Assessments (tHFA, spot checks). This will not only collect supply chain information but also data related to RSSH KPIs S1, S2, S3 and S5. However, due to operational reasons detailed in the [KPI S8 section](#), spot checks planned for Q4 2023 have been postponed to Q1 2024 and the 2023 KPI result will be provided in Q4 2024 only.

The current cohort for KPI S8 stands at 29 countries and data will be collected in all countries to assess KPI S8 performance and other important complementary insights such as Stocked According to Plan and Logistics Management Information Systems reporting rate. The first round of tHFA shall also focus on assessing data quality of supply chain information systems in country and aids in creating a transition plan to leverage supply chain information systems for PR reporting on supply chain metrics in GC7. To date, investments worth approx. US\$ 170 million from GC7 and around US\$ 270 million from C19RM for 2024-2025 period have been budgeted in countries for supply chain strengthening activities. These investment decisions are also informed through supply chain strategies (already developed in more than 20 countries) and/or roadmaps which are endorsed by stakeholders.

KPI S9 results for 2023 have been very positive with almost all priority products (both High-Volume and Low-Volume) having the required number of Quality-assured suppliers. The target was met for HIV and malaria products available through Wambo, and also for TB products available through the Stop TB Partnership's Global Drug Facility.

### **Are innovations being equitably introduced and taken up?**

Innovating, deploying, and scaling up new products is critical to ending AIDS, TB, and malaria. Accelerating the introduction of health products is hence at the core of the NextGen Market Shaping framework. The Global Fund has been maintaining a multi-year product pipeline regularly reviewed with relevant partners to identify promising upcoming innovations across product categories and diseases, and to plan ahead for scale-up. The Global Fund has also introduced new innovative tools to accelerate product introduction and scale-up: in 2023, the Revolving Facility was launched. Using this facility, the Global Fund can enter advance market commitments with suppliers to secure improved supply terms – the first use case in GC7 are dual active ingredient (Dual AI) insecticide-treated nets. Furthermore, the Global Fund has designed an Access Fund to be operationalized over the course of 2024 and providing time-limited co-payments for the purchasing of new products using country grants.

The 2023 results for KPI S10, tracking the introduction of new products, show that the KPI target was met. All 6 priority products that were planned to be introduced in 2023 have been introduced.

The Secretariat is progressing on the development of its "Plan-to-Report" project to improve the proactive management of health products in grants, including new tools and systems. The resulting data, consolidating information on both supply and demand will support the Secretariat in providing further insights for this Strategy outcome and progress on the development of a future KPI tracking volume uptake of product innovations (planned for mid-Strategy).

## **Maximizing the Engagement and Leadership of Most Affected Communities to Leave No One Behind**

### **Are communities able to engage and influence the full grant life cycle and national processes prioritized by the Global Fund?**

The first results for KPI C1 show that the average satisfaction of communities with engagement at the Funding Request (FR) development stage was 68%, below 75% target, but reflecting an acceptable level of satisfaction with the Global Fund's Funding Request process and with clear areas for which tailored support and focus is necessary.

#### Community engagement

Data collected through different surveys for GC7 suggest a relatively high level of satisfaction amongst communities with the overall country dialogue process, at the Funding Request development stage. For example, a survey conducted at the Secretariat found that 90% of key population representatives on CCMs who responded, indicated a 'positive experience' with country dialogue. Surveying broader communities' constituencies beyond the CCM for KPI C1 reporting found that 74% of respondents agreed that their communities were actively consulted in the development of funding requests. The question "How satisfied was your community with that consultation process?" received an average satisfaction score of 70%. This average lowered to 65% when respondents were asked whether their opinions were recognized and used in the development of Funding Requests.

As GC7 continues to roll out, the Secretariat is monitoring and evaluating the outcomes of newly introduced measures to understand and estimate community engagement. For example, an analysis of the community priorities annex is underway; the results of which will be used to inform and tailor strategies to address under-representation of some communities.

Assessment and analysis of engagement at grant-making has commenced, to be used to inform the Community Engagement Thematic Evaluation planned for 2024.

Work is underway to sustain engagement in a practical and equitable way across the full grant life cycle. This includes activities to: strengthen community representation on CCMs; embed minimum expectations for community engagement and a more coherent approach to supporting community engagement across the whole Global Fund partnership; development of country-level community-led engagement plans across the grant life cycle and the review of the Community Engagement Strategic Initiatives to better facilitate efficient and equitable Technical Assistance (TA) support to communities across partners, identify TA synergies, ensure effective sequencing and avoid duplication.

## CCM Evolution

Engagement is a core area of responsibility for Country Coordinating Mechanisms (CCMs). Effective engagement entails ensuring all constituencies are represented and actively participate in governance processes to guarantee transparent development and oversight of Global Fund investments. The CCM Evolution Strategic Initiative (for 2020-2023 period) presented four robust intervention options to CCMs within the Engagement workstream, aimed at championing community leadership and involvement in CCM planning, decision-making, and oversight.

**Strengthening community representation through pre/post CCM meeting training:** this facilitated inclusive processes, empowered communities to bring forward priorities and concerns to CCM meetings and established a feedback mechanism to ensure effective communication between CCM representatives and their constituencies. 31 CCMs completed the training; this will continue beyond the Strategic Initiative as a standard activity for CCMs.

**Reviewing CCM Composition and proposing recommendations for inclusive and robust representation:** Completed for 19 CCMs. In some countries, this resulted in an increased number of seats for community representatives.

**Supporting transparent and inclusive Civil Society elections:** 21 CCMs received support for community elections under the CCM Evolution SI.

**Promoting the use of Community-Led Monitoring (CLM) data in decision-making:** this work raised awareness among CCM members on its definition and potential for inclusive decision-making. 36 CCMs participated in regional trainings offered under CCM Evolution SI.

The updated engagement guidance and implemented interventions through the CCM Evolution Strategic Initiative yielded positive results, with an average 14% increase in maturity scores for Engagement across 52 CCMs<sup>13</sup>. Analysis by grant allocation shows High Impact countries saw the largest increase in Engagement maturity with 21%.

Moving forward, gains from the CCM Evolution will be leveraged to continue supporting local community outreach, primarily through tailored engagement plans and the dissemination of a community engagement toolkit to standardize governance frameworks and processes. Focus will also include the development and operationalization of bi-directional feedback mechanisms and increased engagement of community representatives in national disease responses.

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<sup>13</sup> Results as of February 1 2024 for CCMs with both baseline and endline assessment scores available

## Maximizing Health Equity, Gender Equality and Human Rights

### Are Human Rights related barriers to access and use of HTM interventions being reduced?

Achievement of this outcome is monitored by KPI E1 tracking the percentage of countries with increases in scale of programs to reduce Human Rights-related barriers for HIV, TB, and malaria (HTM). Baseline scores (where available) can be found on the KPI E1 page on [OSKAR](#), allowing for the first results to be provided in Q1 2025. Baselines for remaining countries which will be shared with the Secretariat as part of Funding Request and Grant making processes will be communicated in future reports.

In general, programs to remove human rights-related barriers continue to be scaled up across the portfolio, through a differentiated approach. Matching funds and stringent access and programmatic conditions continue to catalyze greater scale and effectiveness of human rights programs in eligible countries. Through clear applicant guidance on human rights activities among HTM program essentials, the Global Fund continued to invest in human rights programs and interventions and leverage partnerships to reduce barriers and increase access to and use of HTM interventions.

The Global Fund is a co-convenor of the Global Partnership for action on all forms of HIV-related stigma and discrimination. In 19 countries that have joined the Global Partnership and have had their GC7 grants approved by the Board by December 2023, the overall investment in the module on reducing human rights-related barriers to HIV/TB services constituted US\$37.5 million.

#### Program essentials

As of GC7, program essentials were introduced as a strategic lever to support the equitable access to highly impactful interventions. There are 4 human rights program essentials as part of HIV program essentials, one for TB and one for malaria. An assessment of 50 funding requests including HIV and TB components for Windows 1 and 2 considered the scale of human rights program essentials and indicated that in 35 Funding Requests, integration of human rights programs in HIV for key populations was insufficient; in 17 of them, programs to reduce HIV-related stigma and discrimination were small scale or non-existent; in 24 of them, programs to enhance legal literacy and access to justice were small scale or non-existent; and in 36 of them, no support or some support were provided to efforts to reform relevant laws. This is indicative of the importance of continued scaled up- of investments in programs to reduce human rights-related barriers to HTM services. The Secretariat will work with partners to monitor progress on their implementation and jointly address bottlenecks hindering progress.

## Are HTM inequities being reduced?

KPI E2a and KPI E2b have been introduced from GC7 to systematically track progress on reducing inequities in grants, with first reporting due in Q4 2025. Grant indicators identified will track inequities in the local country contexts, with accurate baselines and appropriate targets. To date, the main dimensions identified and tracked through indicators are age inequities (for example, children's access to ART; malaria testing for children under five); geographic inequities (for example, malaria testing in hard-to-reach communities); and inequities facing specific populations (for example, TB notifications among prisoners or other high-risk populations). Sex and gender have also been identified as an area of inequity in some contexts (for example, pregnant women or women who inject drugs who know their HIV status).

The Technical Review Panel's Funding Request Quality Survey for Windows 1-3 in GC7 indicates that 84% of funding requests recommended for grant-making demonstrated investment in equitable health outcomes with proposals to address structural barriers and improve access. The results of this survey question, introduced in GC7, illustrates a strong commitment to health equity across most Funding Requests reviewed in 2023.

As GC7 rolls out, the Secretariat will continue to support the identification and inclusion of grant indicators to monitor and improve progress on health equity and support KPI reporting. To drive further progress, a new staff position on Health Equity has been created in the Community, Rights and Gender Department for the first time to intensify our focus on health equity as we work to end AIDS, TB and malaria as epidemics.

## Is gender equality in HTM being advanced?

The critical importance of gender equality to our mission is reflected in the Global Fund 2023-2028 Strategy, which commits to maximizing gender equality, scaling up programs to remove gender-related barriers and a partnership-wide focus on gender transformative programming. Two gender KPIs are tracked: KPI E3a monitoring engagement of women and gender-diverse communities across the grant cycle; and KPI E3b assessing the performance of gender indicators. Whilst KPI E3b will be first reported in Q4 2025, this report includes the first results for KPI E3a. Initial surveys carried out for the purposes of KPI E3a reporting demonstrated that the average satisfaction score for engagement in the Funding Request development stage is 68% for women, trans, and gender-diverse communities and their organizations. Other data points collected for GC7 suggest that gender equality in the HIV, TB and malaria response is improving, with some way still to go to achieve our ambitious aims. This progress is being made in the context of significant backlash against gender equality and human rights, and against a backdrop of severe gender inequality in many of the countries we work in.



The Global Fund instituted a Gender Equality Marker (GEM) across all portfolios for GC7, and results from Windows 1-3 demonstrate that 47% of allocation funding recommended for grant-making in those Windows is gender equality-focused. The Technical Review Panel's Funding Request Quality Survey for Windows 1-3 in GC7 found that 64% of funding requests recommended for grant-making maximize gender equality - improving from an average of 58% across all Windows in GC6.

Subsequent GEM results, TRP Quality Surveys and KPI reports will provide more representative data on which overall trends can start to be drawn.

As GC7 continues to roll out, the Secretariat is monitoring and evaluating the outcomes of newly introduced measures to track and improve progress on gender equality. For example, Gender Equality Marker results are being used to inform gender prioritization in GC7 grants, and the KPI results will help inform the Gender Thematic Evaluation planned for 2025.

To drive further progress across GC7, a new Gender Equality Team is being established in the Community, Rights and Gender Department to further support the meaningful mainstreaming of gender considerations across the Global Fund's programming, structures and processes. This will include the development and roll-out of gender mainstreaming knowledge and a capacity-strengthening program within the Secretariat and amongst key external partners, and a systematic review and action plan relating to gender integration in Global Fund structures and processes. A new gender risk management framework has been rolled out to support the identification and management of gender-related risks at country level. To help tackle the drivers of gender inequality that impact on health outcomes, a new Gender Equality Fund has been established to address the root causes of inequality, such as harmful gender norms and gendered power imbalances, and to help counter the backlash against gender equality.

## Mobilizing Increased Resources

### Are international and domestic financial and program resources mobilized to achieve and sustain results?

#### Domestic Resource mobilization (DRM)

The impact of COVID-19 on the global economy and the implications for the fiscal position of countries implementing Global Fund grants created downward pressure on performance on DRM for HTM and health systems in GC6. This is one of the drivers of the underperformance of KPI R1a on realization of domestic co-financing commitments (see [KPI R1a page](#)). Going forward, the Global Fund has implemented a more active system of risk management for co-financing realization, tracking implementation of mitigation actions for countries at risk of not meeting their commitments (see [KPI R1b page](#)). It is also working with countries to ensure that GC7 co-financing commitments are grounded in realistic appraisals of affordability and ensure greater accountability by countries.

These efforts will continue, alongside the finalization and implementation of the new co-financing operational policy note in 2024; full implementation of the Sustainability, Transition and Co-financing policy to use it more effectively as a strategic lever to incentivize and target national effort on sustainability; and continuation of work on the sustainability and efficiency of grant funding in order to enhance the prospect of grant-funded activities and inputs being taken up by domestic finance.

Prioritizing domestic investment in health from the available fiscal space is a political decision. The Global Fund also places co-financing and domestic resource mobilization for the three diseases at the heart of its political engagement, advocacy and messaging. With funding from the Bill & Melinda Gates Foundation, we have supported implementation of the African Union ALM Declaration, outlining African leaders' commitments to increase efficient domestic investments in health. The Global Fund supported the first continent-wide meeting of 55 Finance and Health ministers to discuss domestic investment in health and partnered with African regional institutions to plan and deliver eight National Health Financing Dialogues across Africa.

#### Innovative financing

Debt2Health (D2H) is the Global Fund's own debt swap program – an innovative financing mechanism designed to increase domestic financing in health by converting debt repayments into investments in public health<sup>14</sup>. Creditor nations forego repayment of a loan if the debtor nation invests all or part of the freed-up resources into a Global Fund-supported program, aligning with the National Health

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<sup>14</sup> [https://www.theglobalfund.org/media/12284/publication\\_debt2health\\_overview\\_en.pdf](https://www.theglobalfund.org/media/12284/publication_debt2health_overview_en.pdf)

Strategy. As of Q1 2024, 12 transactions involving three donors (Australia, Germany and Spain) have generated US\$ 226 million in health funding for 10 debtor countries.

An additional tool for domestic resource mobilization in implementing countries is Blended Finance. In select countries with significant potential for impact and alignment with partners, by combining grants with investments of multilateral development banks and other development finance institutions, the Global Fund can help encourage new financing for health or influence existing financing and lending in support of HIV, TB and malaria and RSSH objectives. Blended Finance covers various modalities, including loan buy-downs where grants lower the cost of borrowing and encourage additional financing (e.g., India Loan Buy Down and Indonesia Loan Buy Down); joint investments in partner projects funds (e.g., Pakistan joint investment, Colombia joint investment); direct co-financing through tripartite arrangement between Government, Global Fund and MDBs (e.g., Lao, Haiti); or investments in technical assistance that leverage specific objectives from development partner financing. (e.g., India Pandemic Preparedness).

#### Value for Money and Financial Sustainability

The Secretariat is also working on maximizing impact from international and domestic resources: “more health for the money”. The Sustainability and Efficiency sub-risk in the Integrated Risk Management framework requires the identification of the root causes of sustainability and efficiency risk, and design mitigating actions to address them. The Secretariat is systematically looking at grant financing flows to understand and assess the sustainability of investments and to link co-financing commitments to grant financing as well as country budgets. Furthermore, the Secretariat is also working to integrate HIV, TB and malaria interventions into National Health Insurance in some countries (e.g., Nigeria and Côte d’Ivoire) and to strengthen Public Finance Management including via using grant funding dedicated to Health Financing system strengthening. But there is more to do. For example, following the recent OIG audit of Value for Money in health and laboratory-related equipment<sup>15</sup> the Secretariat is developing a roadmap to better integrate economy, efficiency, and equity into the grant cycle.

#### International Resource mobilization

The 7<sup>th</sup> Replenishment target of US\$18 billion is unlikely to be met. However, pledge conversion is on track, with US\$3.8 billion (28%) secured in cash so far in line with pledge conversion forecasts.

Several new pledges for the 7<sup>th</sup> Replenishment were announced in Q4 2023. More specifically, GSK and ViiV announced an additional pledge of GBP 6 million in Oct 2023; and Luxembourg and Ireland increased their 7th Replenishment pledges by EUR 0.75 million each in Nov 2023.

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<sup>15</sup> [https://www.theglobalfund.org/media/13602/oig\\_gf-oig-24-001\\_report\\_en.pdf](https://www.theglobalfund.org/media/13602/oig_gf-oig-24-001_report_en.pdf)

7<sup>th</sup> Replenishment pledge conversion remains a high priority and where opportunities arise, the Secretariat will continue to mobilize additional resources for the 7<sup>th</sup> Replenishment. Preparation for the 8th Replenishment has started in Q4 2023, with the development of the overall 8th Replenishment strategy and the Investment Case already underway. More workstreams will start in the coming months. Given the challenging global context, the Secretariat is accelerating preparations for the 8th Replenishment campaign and coordinating with other partners that are also launching fundraising initiatives over 2024-2025.

### **Are country health financing systems strengthened and efficiently managing HTM and related RSSH investments?**

The use of supreme audit institutions (SAIs) is part of utilizing country health financing systems to provide the Global Fund and critical national stakeholders with assurance on the accountable use of funding. In recognition of this fact, KPI R2 monitors the timeliness and quality of grant audit deliverables. It is currently off track with only 47% countries meeting the standards for audit deliverables; with a positive outlook and progress compared to the 2022 baseline.

There has been a 36% increase in the use of SAIs in comparison to the baseline, a testament to the Global Fund enabling strong and efficient country health financing systems. As such, Memoranda of understanding (MoUs) have been signed with several regional oversight SAI bodies (e.g. AFROSAI-e, the African Organization of English-speaking Supreme Audit Institutions and CREFIAF, the regional body overseeing francophone African countries) to increase the use of SAIs while also providing them targeted capacity building support to efficiently execute their oversight role.

The engagement with the SAIs is included in a wider Public Financial Management (PFM) endeavor anchored in the sStrategy and targeting 31 high impact and core countries. The focus is to: a) have most of the grants on national budget; b) leverage the countries' Financial Management Information Systems (IFMIS); and c) strengthen the control environment (mainly through the internal auditors) and the national accountability entities.

To date, there are 13 High impact and Core countries where the Global Fund's grants are fully on the national budget. GC7 investments in PFM are expected to help moving the needle on country health financing systems in targeted countries. Deep dive PFM assessments are planned in 2024 to culminate in strengthening or uptake plans for mainstreaming grants, to the extent possible, into country health financing systems.

## Contribute to Pandemic Preparedness and Response

### Are pandemic preparedness capacities being strengthened?

Three Pandemic Preparedness KPIs are monitoring the Strategic objective:

KPI P1: Progress in laboratory testing modalities

KPI P2: Progress in early warning surveillance function

KPI P3: Progress in human resources for implementation of IHR

These KPIs were approved in November 2022 and their baselines have been shared at [Q1 2024 Committee and Board meetings](#). In this interim period, there have been major changes to the strategic direction and delivery of Pandemic Preparedness and Response (PPR) within the Global Fund. The November 2022 Board acknowledged COVID-19 pandemic evolution and corresponding shift in country priorities towards longer-term investments in health systems' infrastructure and capacities for PPR. These KPIs account for 3 out of the 5 C19RM strategic priorities shaping the shift of programming available funds from emergency response to systems strengthening and pandemic preparedness. In addition, US\$2.2 billion of funds available to finance the strategic shift through C19RM reinvestment and portfolio optimization resulted in significant scale-up of investments in these programmatic areas. Therefore, most of the investments for the KPI subcomponents was through C19RM rather than GC7, reflecting the need for careful planning and alignment of C19RM and GC7 investments, as well as corresponding performance frameworks and KPIs.

	<b>C19RM investment in module to date 2024-25</b>	<b>GC7 direct investment in module to date</b>
<b>HRH (incl. CHW) and QoC</b>	approx. US\$ 230 million	approx. US\$ 250 million
<b>Lab systems</b>	approx. US\$ 370 million	approx. US\$ 90 million
<b>Surveillance system</b>	approx. US\$ 250 million	approx. US\$ 25 million ( <i>in surveillance for HTM; and surveillance for priority epidemic prone diseases and events</i> )

## Financial Performance

### Is Global Fund funded to the anticipated level?

7th Replenishment pledge conversion (KPI F1) is on track, with US\$3.8 billion (28%) already secured in cash by end 2023. In 2023, the Global Fund received cash that was above the amount scheduled to be received by the end of 2023, thanks to frontloaded payments from some donors.

In addition, 80% (40/50) of public donors and 72% (21/29) of private sector donors have already signed a contribution agreement (or equivalent), of approx. US\$ 7 billion.

### Are Global Fund financial assets being optimally utilized?

Corporate asset utilization of 96% indicates financial maturity with US\$20.7 billion of funds expected to be utilized out of US\$21.7 billion in assets.

GC6 grants are forecasted to have 96% allocation utilization (see [KPI 7a from the 2017-2022 KPI Framework](#)), supported by strong disbursement performance, with US\$ 11.5 billion of allocation funding disbursed at 31 January 2024. For GC7, 95% allocation utilization is projected noting that 70% of GC7 grants are approved at 31 December 2023 and that implementation of GC7 has started from 1<sup>st</sup> January 2024. The allocation utilization projection for GC7 is comparable to GC6 performance and the first reporting on the corresponding KPI will take place in Q4 2024.

Operating Expenses (OPEX) for the year 2023 reached US\$ 337m with optimal budget utilization of 99% and limited flexibility to fund emerging needs and other workload related tensions.

Strategic Initiatives (SI) financial performance is improving, with 87% fund utilization at December 2023, and 91% projected by the end of the cycle, exceeding Secretariat targets.

### Are funds spent in country according to budget?

In-country absorption (ICA) is a measure of spending according to budget and is measured by the proportion of country's cumulative expenditure and cumulative budget.

GC6 grants entered the final year of program implementation and reports proximal ICA of 81% at December 2023 (based on proximal financial information for High & Core grants submitting pulse checks), thus expected to exceed the Board target of 75%. Final results for 2023 will be provided as KPI F3 reporting in Q4 2024.

C19RM grant performance reports a proximal ICA of 61% at December 2023 (based on proximal financial information for High & Core grants submitting pulse checks) showing progress and also reflecting the impact of budget rephrasing of the recently approved investment shift. At 31 December 2023, a C19RM investment shift of US\$

2.2 billion was approved and is to be implemented during the extension phase in 2024 and 2025. The shift also illustrates an opportunity to execute the largest RSSH investment in the history of the Global Fund.

## Annex: 2023-2028 KPI performance

### Maximizing People-centered Integrated Systems for Health to Deliver Impact, Resilience and Sustainability

#### KPI S1: Provision of people-centered, high-quality services

2023 baseline scores for KPI S1 were initially expected to be provided at the Q1/Q2 2024 Committee and Board meetings, and are delayed and will be provided in Q4 2024.

The data for the KPI was planned to be collected via a Spot Check survey in Q4 2023. However, with the peak in activities related to GC7 grant making and C19RM portfolio optimization grant revisions, undertaking Spot Checks at the same time would have put in-country stakeholders and Secretariat teams under additional duress, compromising the quality of KPI data collection and analysis, and potentially risking some grants not being signed on time.

Thus, the decision was taken to postpone the Spot Check survey to start in Q1 2024. This trade-off was considered to be the best way forward as:

- it allowed the countries and the Secretariat to focus on finalizing GC7 grants and accessing C19RM funds to ensure program continuity; and
- it ensures that there is minimal delay in conducting the survey, with appropriate time and focus given to KPI data collection and analysis to provide high quality KPI results.

As the 2023 KPI baseline should be available by end Q1 2024, it will not be available in time for the Committee and Board documents submission deadlines, and hence can be officially reported only in Q4 2024.

#### KPI S2: Provision of Supportive supervision

2023 baseline scores for KPI S2 were initially expected to be provided at the Q1/Q2 2024 Committee and Board meetings, and are delayed and will be provided in Q4 2024.

The data for the KPI was planned to be collected via a Spot Check survey in Q4 2023. However, with the peak in activities related to GC7 grant making and C19RM portfolio optimization grant revisions, undertaking Spot Checks at the same time would have put in-country stakeholders and Secretariat teams under additional duress, compromising the quality of KPI data collection and analysis and potentially risking some grants not being signed on time.

Thus, the decision was taken to postpone the Spot Check survey to start in Q1 2024. This trade-off was considered to be the best way forward as:



- it allowed the countries and the Secretariat to focus on finalizing GC7 grants and accessing C19RM funds to ensure program continuity; and
- it ensures that there is minimal delay in conducting the survey, with appropriate time and focus given to KPI data collection and analysis to provide high quality KPI results.

As the 2023 KPI baseline should be available by end Q1 2024, it will not be available in time for the Committee and Board documents submission deadlines, and hence can be officially reported only in Q4 2024.

### **KPI S3: HTM integrated services offered to pregnant women**

2023 baseline scores for KPI S3 were initially expected to be provided at the Q1/Q2 2024 Committee and Board meetings, and are delayed and will be provided in Q4 2024.

The data for the KPI was planned to be collected via a Spot Check survey in Q4 2023. However, with the peak in activities related to GC7 grant making and C19RM portfolio optimization grant revisions, undertaking Spot Checks at the same time would have put in-country stakeholders and Secretariat teams under additional duress, compromising the quality of KPI data collection and analysis and potentially risking some grants not being signed on time.

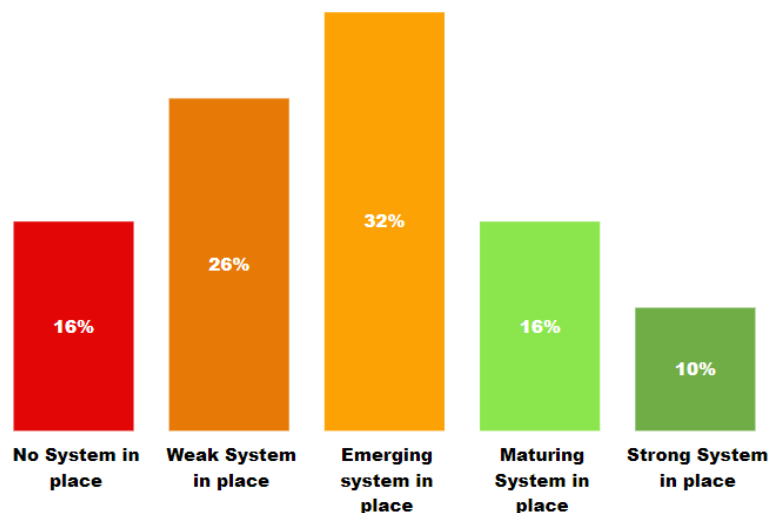
Thus, the decision was taken to postpone the Spot Check survey to start in Q1 2024. This trade-off was considered to be the best way forward as:

- it allowed the countries and the Secretariat to focus on finalizing GC7 grants and accessing C19RM funds to ensure program continuity; and
- it ensures that there is minimal delay in conducting the survey, with appropriate time and focus given to KPI data collection and analysis to provide high quality KPI results.

As the 2023 KPI baseline should be available by end Q1 2024, it will not be available in time for the Committee and Board documents submission deadlines, and hence can be officially reported only in Q4 2024.

### **KPI S4: Community systems for service delivery**

KPI S4 monitors the percentage of countries that have systems in place for community health service delivery. In 2023, amongst the 105 countries currently in the cohort, 26% (27) countries had maturing or strong systems in place for community health service delivery successfully achieving the KPI target of 22% for 2023.



**Fig 1: Country distribution on the maturity scale**  
 Note: Possibility to filter by GF Division, Portfolio Categorization and COE status available on OSKAR

Amongst the four dimensions (Policy, Strategy, Capacity, Data) of community systems measured by the KPI, 55% (58) countries were assessed to be including data on referrals by community health workers or community volunteers. This analysis is based on a proxy indicator from the WHO Global TB report<sup>16</sup>, and further assessment is needed to identify data system linkages for HIV, less so for malaria.

Within the cohort, 32% (34) of the countries had emerging systems in place, with a third of them meeting capacity and data dimensions but requiring progress in community health strategies and policy reform to enable community-led service delivery and operationalization. Besides, 35% (37) of the countries should be closely monitored during the strategy period to offer necessary support for advancing one or two criteria related to policy and strategy are major drivers for the results.

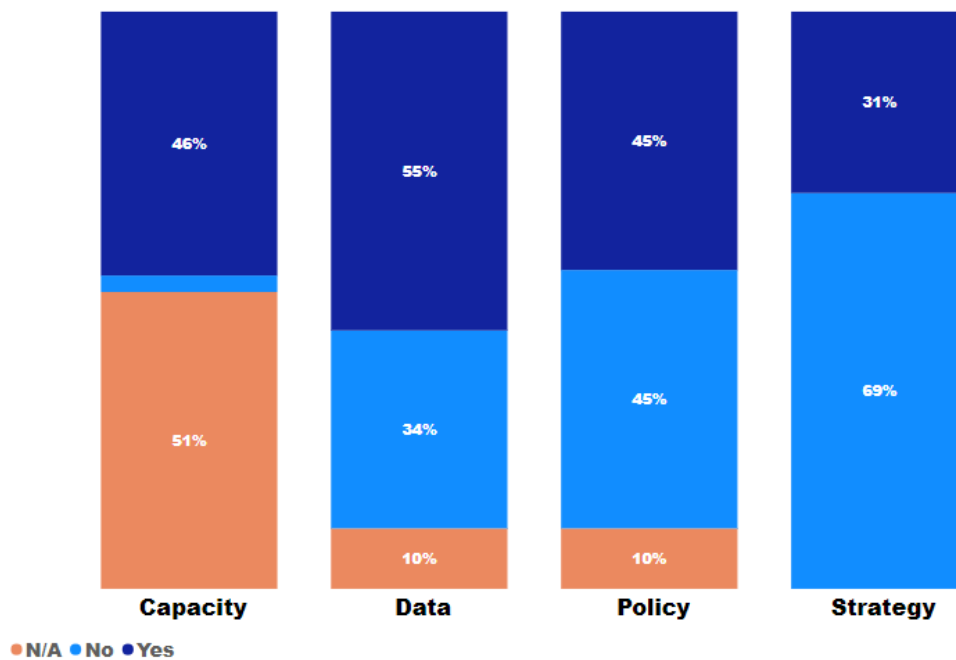
45% (47) Countries in the KPI cohort had zero restrictions to registration/operation of civil society/CBOs affecting HIV service delivery, and no regulatory barriers to community-led service delivery. Within the cohort, 58 countries have restrictions to registration and regulatory barriers to community-led service delivery.

Interestingly, 69% (72) of the countries did not submit a community health strategy with their GC7 Funding Request. The development and finalization of community health strategies are planned for Haiti, Indonesia, Sri Lanka, Myanmar, Eswatini, Thailand and Viet Nam over the period of their GC7 grants. A rapid review of submitted community health strategies shows varying degrees of quality and inclusion of community-led responses in health responses. A detailed review of

<sup>16</sup> [Global tuberculosis report 2023 \(who.int\)](https://www.who.int/publications/m/item/global-tuberculosis-report-2023)

community health strategies in a subset of countries to assess quality and content is planned to provide further insights ahead of the next reporting in Q1 2025.

54% (55) of the countries did not have a civil society Principal Recipient (PR) and thus their capacity could not be assessed. For the next report, assessments of civil society sub-recipients (SR) performance and capacity under both civil society and non- civil society PRs will also be undertaken. This analysis will provide additional insights on community-led and community-based SR performance and capacity which was a need identified based on the 2023 KPI performance analysis.



**Fig 2: Responses across dimensions**  
 Note: Possibility to filter by GF Division, Portfolio Categorization and country available on OSKAR

### Addressing performance challenges

Civil Society PR performance in Cameroon, the Gambia, and Zimbabwe is below the requirement to meet the relevant criteria. Analysis to understand the root causes in these countries is planned and internal risk monitoring processes should be leveraged to address bottlenecks and improve performance.

Technical guidance and support will be needed from the Partnership to ensure that these strategies adequately incorporate and reflect the role and needs of CLO/CBOs, particularly key and vulnerable populations.

### **KPI S5: Systems readiness for CHWs**

The 2023 baseline score for KPI S5 was initially expected to be provided at the Q1/Q2 2024 Committee and Board meetings, and is delayed and will be provided in Q4 2024.

The data for this KPI was planned to be collected via a Spot Check survey in Q4 2023. However, with the peak in activities related to GC7 grant making and C19RM portfolio optimization grant revisions, undertaking Spot Checks at the same time would have put in-country stakeholders and Secretariat teams under additional duress, compromising the quality of KPI data collection and analysis and potentially risking some grants not being signed on time.

Thus, the decision was taken to postpone the Spot Check survey to start in Q1 2024. This trade-off was considered to be the best way forward as:

- it allowed the countries and the Secretariat to focus on finalizing GC7 grants and accessing C19RM funds to ensure program continuity; and
- it ensures that there is minimal delay in conducting the survey, with appropriate time and focus given to KPI data collection and analysis to provide high quality KPI results.

As the 2023 KPI baseline should be available by end Q1 2024, it will not be available in time for the Committee and Board documents submission deadlines, and hence can be officially reported only in Q4 2024.

### **KPI S8: On Shelf Availability**

The 2023 result for KPI S8 was initially expected to be provided at the Q1/Q2 2024 Committee and Board meetings, and is delayed and will be provided in Q4 2024.

The data for this KPI was planned to be collected via a Spot Check survey in Q4 2023. However, with the peak in activities related to GC7 grant making and C19RM portfolio optimization grant revisions, undertaking Spot Checks at the same time would have put in-country stakeholders and Secretariat teams under additional duress, compromising the quality of KPI data collection and analysis and potentially risking some grants not being signed on time.

Thus, the decision was taken to postpone the Spot Check survey to start in Q1 2024. This trade-off was considered to be the best way forward as:

- it allowed the countries and the Secretariat to focus on finalizing GC7 grants and accessing C19RM funds to ensure program continuity; and
- it ensures that there is minimal delay in conducting the survey, with appropriate time and focus given to KPI data collection and analysis to provide high quality KPI results.

As the 2023 KPI result should be available by end Q1 2024, it will not be available in time for the Committee and Board documents submission deadlines, and hence can be officially reported only in Q4 2024.

**KPI S9: Supply Continuity**

KPI S9 measures the percentage of priority products with the desired number of suppliers that meet Quality Assurance (QA) requirements.

Of the 33 priority products in 2023 KPI cohort:

- 14 are for HIV, 11 for TB and 8 for malaria; and
- 24 are for treatment, 5 for diagnostics, 3 for prevention and 1 for both prevention and treatment.

97% of these priority products (32 out of 33 products) have the desired number of suppliers meeting QA requirements and the KPI S9 target is met. More specifically, for High Volume products, 91% of products (10 out of 11) have 4 suppliers or more that meet QA requirements; and for Low Volume products, 100% of products (22 out of 22) have 2 suppliers or more meeting QA requirements. The only product that does not have the desired number of suppliers is “Artesunate injectables 60mg”: a High-volume Malaria treatment product with 3 suppliers meeting QA requirements instead of the required 4.



**Fig 3: Products with required number of QA suppliers by disease and product cohort**  
 Note: Additional visualization available on OSKAR

Note that this KPI is a continuation of KPI 12a from the 2017-2022 KPI Framework, but including for the first time TB products available through Stop TB Partnership’s Global Drug Facility (GDF). There are 10 low volume TB products and one high volume, and they all have the desired number of suppliers.

**KPI S10: Introduction of new products**

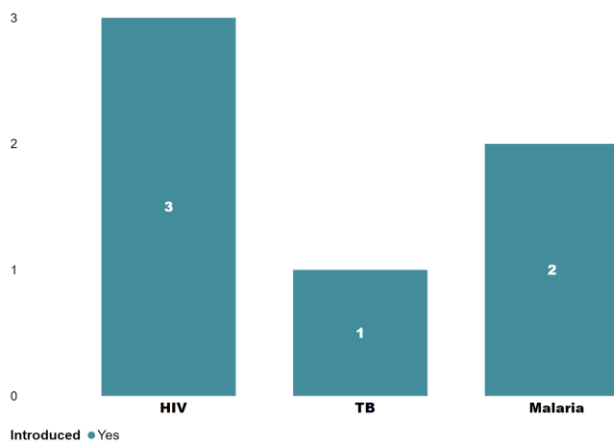
KPI S10 measures the percentage of products introduced from an agreed list of new products.

In 2023, from a list of 6 new products, 100% were made available on WAMBO / GDF against a target of 80%. More specifically three products were introduced for HIV (two prevention and one treatment), one for TB (diagnostics) and 2 for malaria (one diagnostics and one treatment).

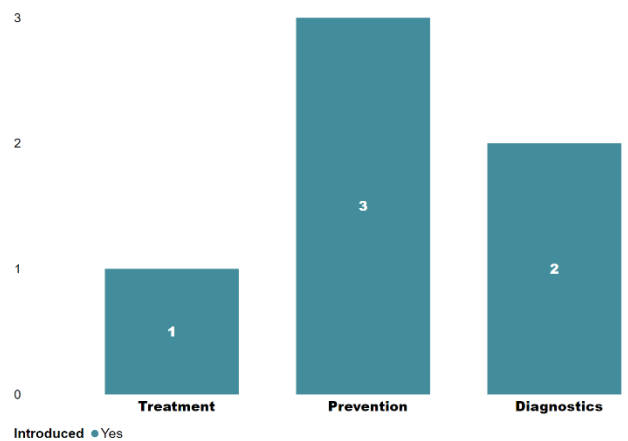
No product has been identified so far for introduction in 2024, so this KPI is not expected to be directly reported in Q1 2025, and the focus of the reporting will be on complementary insights on scaling-up priority products.

Thanks to the WHO recommendation, we can scale up the innovative dual a.i. Insecticide-Treated Bed Nets (ITN) to fight against bioefficacy resistance. The pLDH-type test allows detection of all malaria parasites, including species with the HRP2 gene deleted. The introduction of TrueNat allows access to the only competitive TB detection and resistance pattern tests, leading to improved access to testing and potentially improved competitive pricing.

The Global Fund is also working closely with PEPFAR on extending the HIV prevention portfolio including cabotegravir long-acting (CAB-LA) and Dapivirinerig.



**Fig 4: Products introduced by disease**



**Fig 5: Products introduced by product type**

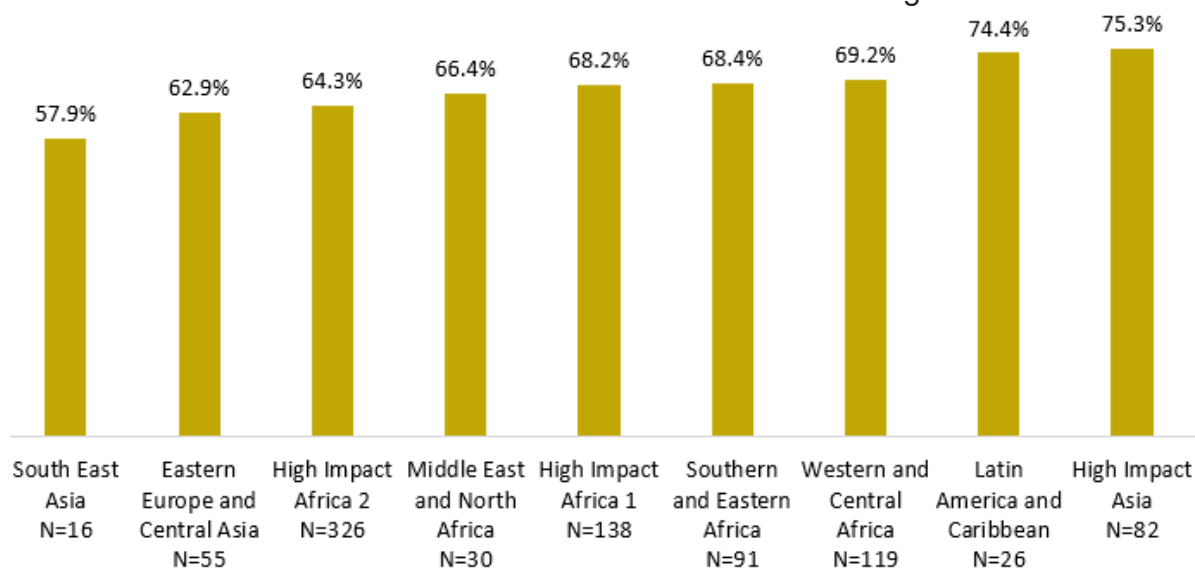
## Maximizing the Engagement and Leadership of Most Affected Communities to Leave No One Behind

### KPI C1: Community engagement across GF grant cycle

KPI C1 measures the satisfaction of communities with engagement across the Global Fund grant cycle through a standardized survey.

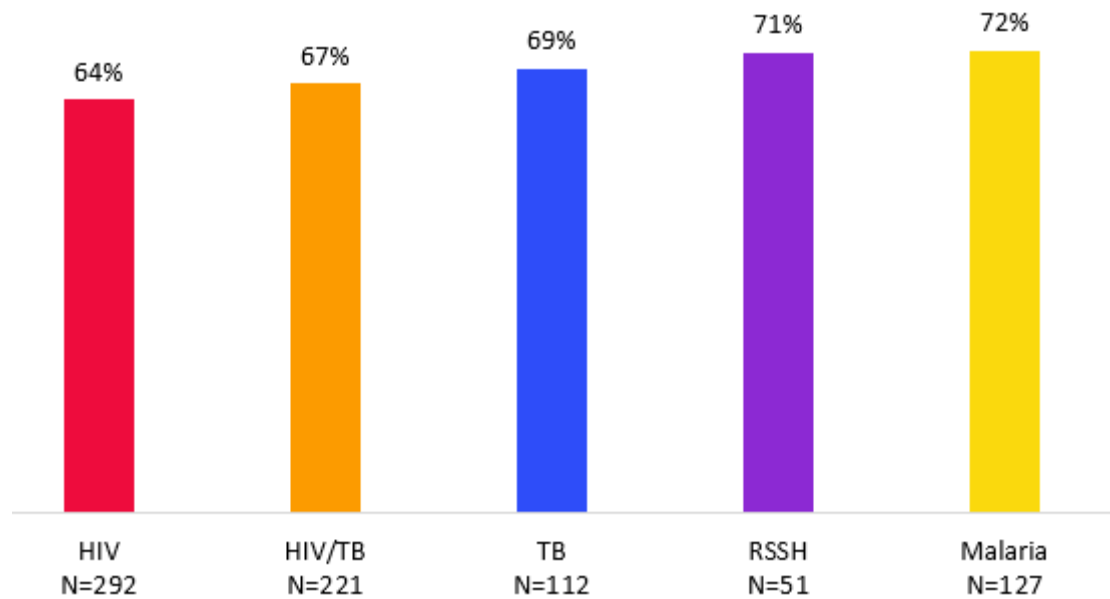
Based on the survey conducted in 2023, the average satisfaction of communities with engagement at the Funding Request (FR) development stage was 68% against a 75% target, noting that reported results are based on a reasonable but poorly distributed sample size for the FR development process at Windows 1 through 3 only. Of the 1,194 survey-takers, only 883 respondents were involved in the FR process. The remaining 311 respondents noted that they were not consulted in the FR development process and for this reason their responses have not been included in the KPI result. The most common reason stated for non-engagement (37% of 311 responses) was lack of awareness of the process.

As such, it is not yet possible to make definitive conclusions regarding relative levels of satisfaction across key variables. The following graph shows the average satisfaction scores for countries in each of the Global Fund’s regional divisions.



**Fig 6: Average satisfaction scores by GF division**

Satisfaction levels were slightly higher with malaria (see graph below). Should this trend remain evident at the portfolio level, it will be important to understand if variations are the result of 'lower expectations' of communities engaged in malaria, or a material difference in the degree to which the Global Fund processes facilitate their engagement.



**Fig 7: Average satisfaction scores by disease component**

Community respondents reported the highest levels of satisfaction with the consultation process 70% (N=883), but this dropped to 65% (N=883) when asked how their opinions were recognized and used in the development of funding requests. The divergence likely reflects the complexities of ‘being satisfied’ in different aspects related to community engagement. Importantly, **67% of all respondents** (N=833) reported that their community’s engagement in the FR development process provided an opportunity to **build trust with decision-makers**).

### Addressing performance challenges

The Secretariat will be in a better position to understand satisfaction variations once data is collected and analyzed from a larger number of countries and across grant cycles.

While the KPI has not been met at this stage, the results reflect an acceptable level of satisfaction with Global Fund FR process but with clear areas for which tailored support and focus is necessary. The Global Fund has several initiatives underway aiming to strengthen community engagement at multiple levels: e.g. the Community Engagement-Strategic Initiative, the GEF and CCM Evolution. The survey data will also be used to inform discussion and joint planning with key partners including, but not limited to: Grant Management Division (GMD), CCM Hub, UNAIDS, Stop TB, and France Expertise L’Initiative.

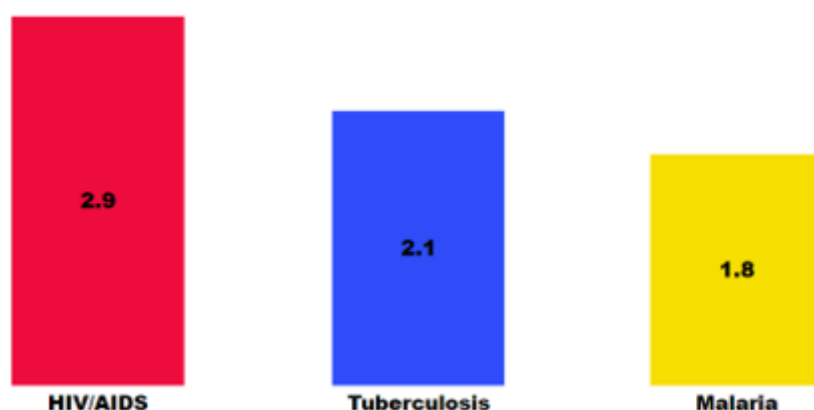


## Maximizing Health Equity, Gender Equality and Human Rights

### KPI E1: Scale up of programs to address Human Rights-related barriers

KPI E1 measures the percentage of countries with increases in scale of programs to reduce Human Rights-related barriers for HIV,

Analysis shows that average score at baseline for HIV programs (2.9) is the highest (see graph below). This reaffirms the findings from KPI 9a ([2017-2022 KPI Framework](#)) that compared to TB and malaria services, generally Human Rights programming in HIV services is implemented at a relatively larger scale achieving over 65% coverage of key populations.



**Fig 7: Average baseline scores by disease**

*Note: Additional visualization available on OSKAR*

For HIV, baseline analysis demonstrated the diversity of contexts and existing scale of implementation of programs to remove human rights barriers across the Breaking Down Barriers (BDB) countries. More specifically:

- Two countries have programs that are not yet implemented on an ongoing basis at sub-national levels.
- Five countries pointed out that their human rights programs are operating at a small scale, ongoing basis (<20% geographic coverage), with some reaching over 65% coverage of key populations.
- For seven countries, their human rights programs are operating at a subnational scale (20-50%) on an ongoing basis, with some reaching over 65% coverage of key populations.
- Only one country (Ukraine) continues to implement programs at comprehensive levels (temporarily occupied territories are not included).

TB baseline analysis demonstrates smaller scales of implementation across the BDB countries compared with HIV. On average:

- For three countries, programs are not yet implemented on an ongoing basis at sub-national levels. They remain mostly one-off, pilot approaches.
- Four countries have human rights programs that are operating at a small scale, ongoing basis (at less than 20% geographic coverage). For two of these countries, programs are reaching a limited number of affected communities, whereas for the other two, programming has broader population coverage.
- Ukraine has demonstrated the greatest scale of programs among those in the BDB cohort, with programming implemented at a subnational scale (20-50% geographic coverage) on an ongoing basis, yet only having limited population coverage.

For malaria, at baseline, both countries in the cohort (Kenya and Uganda) have small scale ongoing programs, with limited geographic and population coverage.

The detailed list of scores by country and disease is available in OSKAR.

Additionally, the Secretariat has put in place measures to ensure that the KPI is based on robust and reliable data. To set the baselines, each BDB country is required to conduct a national, participatory validation of BDB progress assessment scores, often led by the national human rights oversight committee, the Country Coordinating Mechanism or the Principal Recipient responsible for implementing human rights programming setting the processes for subsequent annual exercises to track progress. This process is participatory and engages multiples stakeholders from different sectors.

Technical assistance (TA) providers, mobilized by the Human Rights Strategic Initiative, will be made available to support each of the 24 BDB countries with conducting the annual, participatory scoring process. In future reporting periods, TA providers will report quarterly as part of their required deliverables, sourcing data for KPI E1 reports. This will shift the reporting responsibility associated with the annual scoring, and therefore prevent further delays while maintaining country ownership.

### **KPI E3a: Advancing gender equality – engagement in grant cycle**

KPI E3a measures the satisfaction of women and gender-diverse communities with engagement across the Global Fund grant cycle using the satisfaction survey that was also used to collect data for KPI C1.

The first survey results show that the satisfaction of women and gender-diverse communities with engagement in the Funding Request stage was at 68% against a target of 75%, implying that the KPI target was not met.

The KPI result is based on an initial survey with small sample size (of the 1,194 respondents for KPI C1/E3a survey, 883 said that their community was consulted in the Funding Request development stage. Of the 883 cohort, **409** were included in the calculation of KPI E3a). Of the 1,194 respondents, 35% were women and 6% were from trans and gender diverse communities compared to 58% of male respondents (1% of respondents marked “other/prefer not to say” for gender). Additionally, there was a low response rate from the 24 years-and-under age group (4% of 1,194 respondents) and from the 65 year- and-older age group (3% of 1,194 respondents).

The inequitable representation of all population groups in the survey responses prevents the drawing of overall trends at this stage. There are, however, some observations that can be made based on data from the KPI E3a cohort:

- The average satisfaction scores for women, trans and gender diverse people and their communities (68% average satisfaction) are the same as the entire survey cohort (68% average satisfaction for KPI C1).
- The highest level of satisfaction was found in Latin America and Caribbean region (79%, N=16) and High Impact Asia (74%, N=51), while the lowest in Southern Eastern Africa (46%, N=7) and Middle Eastern and North Africa (60%, N=14).
- The highest and lowest levels of satisfaction by disease were recorded in malaria (76%, N=51) and HIV (63%, N=138).

Subsequent surveys will provide more representative data on which overall trends can start to be drawn.

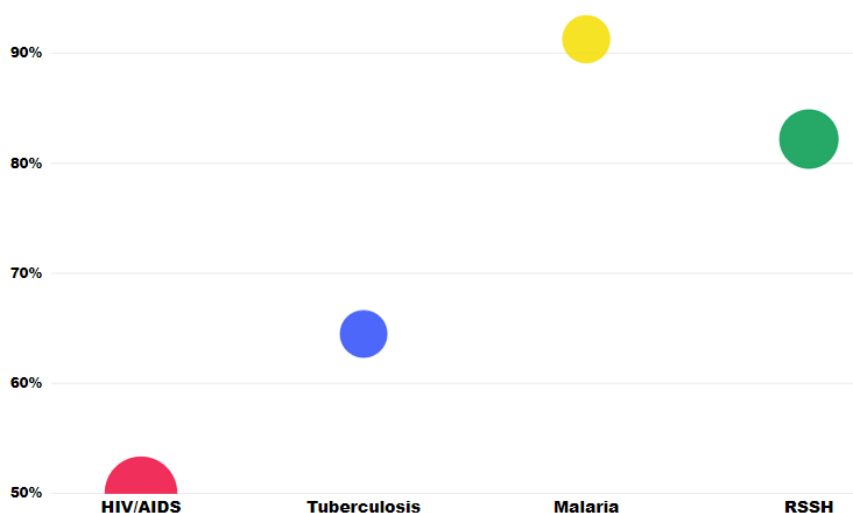
## Mobilizing increased resources`

### KPI R1a: Realization of domestic co-financing commitments

The KPI tracks mobilization of domestic resources against the *commitments* made by countries at the start of the previous grant cycle (GC6 in this case). This is a different approach to KPI 11 (2017-2022 KPI Framework) which was tracking domestic resource mobilization against *minimum requirements* established by the Sustainability, Transition and Co-Financing (STC) Policy<sup>17</sup> (STC Policy).

The 2023 KPI result shows that for the current cohort of country components only 68% of domestic commitments have been realized for the three diseases and RSSH against a target of 85%. This result shows that for the countries which have been through GAC as at the end of 2023 (half of all countries receiving a GC7 allocation, representing about 70% of total allocation and about 40% of the overall commitments made by countries during GC6 grant-making), 68% of what these countries had legitimately said they planned to invest (US\$ 10.6 billion) in HTM and associated RSSH has actually been spent / budgeted (US\$ 7.2 billion). Realization of domestic funding against the minimum requirements established by the STC Policy for the current cohort of country components is however 81%. 41% of components realized enough co-financing in GC6 to comply with the minimum requirement of the STC Policy, with 12% conditionally complying with the minimum requirement, 2% conditionally not complying, 37% waived and 8% exempt.

Looking ahead to GC7, for the same components, 42% have made commitments that comply with the minimum requirement established by the STC Policy, with 46% conditionally complying with it, 2% conditionally not complying, 3% waived and 8% exempt. This compliance assessment considers whether the co-financing commitments of the country sufficiently meet the minimum requirements as per the STC Policy as agreed by the GAC.



Size of the bubble corresponds to the total commitments.

**Fig 8: Ratio of Co-Financing realizations vs Commitments**

Note: Additional visualization available on OSKAR

<sup>17</sup> [Sustainability, Transition and Co-financing](#)

The above graph shows that the ratio of co-financing realizations to commitments is the lowest for HIV, having realised only half of the GC6 co-financing commitments in those components that have been through GC7 grantmaking. Tuberculosis components realized **64%** of commitments. Upper middle-income countries drive this result for both HIV and Tuberculosis with a realization ratio of **23%** and **15%** respectively. Countries in the High-Impact Africa 1 Global Fund regional classification realised an impressive **145%** (US\$ 922 million) of commitments that they had made.

### **Addressing performance challenges**

The impact of Covid-19 on the global economy and the implications for the fiscal position of the countries that implement Global Fund grants is well-documented and is undoubtedly a key performance driver for KPI R1a.

In addition, this is the first time that performance has been appraised by the Global Fund against commitments, with much stronger standards of evidence and accountability in the realization data provided. It is possible (supported by anecdotal experience from some countries) that GC6 commitments had been made without the full ownership of accountable budget authorities and without strong incentives to ensure they were credible or delivered.

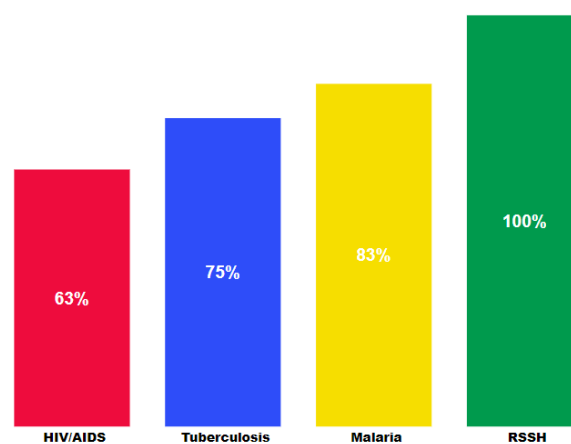
Finally, the cohort includes all components that have been through GC7 grantmaking, and in some cases, there has been a delay by the country in reporting its final co-financing realization. For many of these cases, the draft country realization has been included in the KPI calculation provided there is strong assurance from the Health Financing Specialist that the reported figure is not expected to change. However, where this confirmation is not possible, realizations have been reported as zero. Those country components with zero amounts represent **13%** (US\$ 1.38 billion) of the total commitments. In either of these cases these figures might change once/if data is confirmed and updated, likely to lead to an increase in the KPI's performance.

To address these performance challenges, the Secretariat is putting all efforts in the GC7 grant-making process to ensure that countries are making realistic, measurable, accountable commitments that are consistent with policy requirements. The Secretariat shall also work with partners to help build in-country budget holder and SAI capacity and engage in public financial management reforms. In addition, specific mitigating actions that address the risk of co-financing realization going off-track shall continue to be identified, prioritized and implemented by Country Teams with the support of partners with progress monitored via KPI R1b.

All this work shall be supported by the finalization and implementation of the new co-financing operational policy note in 2024.

## KPI R1b: Mitigation actions for countries at risk of not meeting co-financing commitments

The KPI tracks the percentage of milestones achieved for implementation of mitigating actions by countries at risk of not meeting co-financing requirements in a grant cycle. 79% of the milestones have been achieved on average for the 10 countries currently in cohort for GC7. The KPI cohort is currently small, since for most countries, GC7 grant-making only concluded at end of 2023, and the implementation period (when most milestones are expected to be achieved) is just beginning in 2024.



**Fig 9: Milestones achieved for risk mitigating actions**

*Note: Additional visualization available on OSKAR*

As shown in the graph above, the attainment of milestones for risk-mitigating actions falls below the 80% targets for both HIV/AIDS and Tuberculosis, however it is also important to note that this is exclusively from the delay in three enabling actions for HIV/AIDS and two for Tuberculosis.

Planned "enabling action milestones" for tackling co-financing risk, also known as "risk mitigating action milestones" in IRM, have been assessed. Based on IRM status categories, a "completed" action earns 100%. In 2025, the KPI will also start to include reporting on "direct co-financing risk milestones" which measure annual realization of specific co-financing commitments made by countries.

## KPI R2: Timeliness and quality of external audit process performed by SAIs

The KPI monitors the countries for which Supreme Audit Institutions (SAIs) audit grants, meets the criteria for timeliness and quality. Based on the 2023 External Audit Tracking (EAT) review process of all audit reports up to financial year end May

2023, 47% (7) of countries met the threshold for timeliness and quality, not meeting the target of 80% in 2023.

Despite the target not been achieved, notable progress has been observed since baseline. Since KPI baseline reporting, the number of SAIs auditing Global Fund grants and submitting an audit report increased by 36% (from 11 reported at baseline to 15 SAIs with new SAIs being Mozambique, South Africa, Namibia & Malawi). The number of SAIs meeting the timeliness, compliance and quality criteria also increased by 40% (from 5 at baseline to 7 in 2023). Finally, KPI achievement showed an improvement from the reported baseline (i.e. 47% versus baseline of 45%).

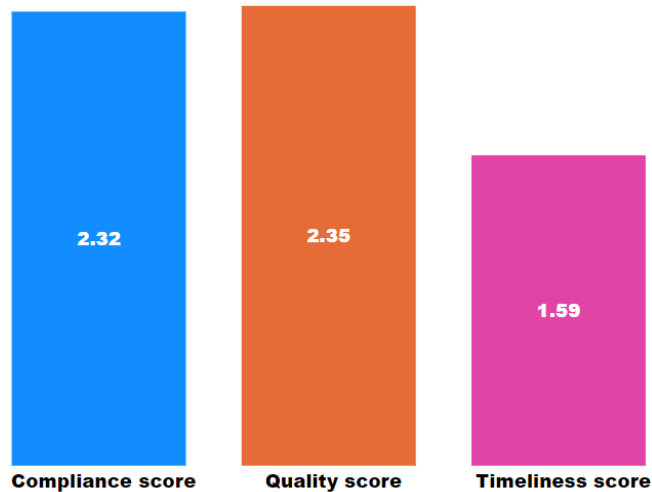


**Fig 10: Countries meeting audit requirements**  
*Note: Possibility to breakdown the score by assessment criterion on OSKAR*

The analysis of data to assess performance of the countries against the different criteria show that:

1. In 47% (7 out of 15) countries all grant audit reports fully met the criteria of **Compliance**. At 2022 baseline only 27% (3 out of 11) countries met this criterion.
2. 40% (6 out of 15) countries met the **Quality** criteria compared to 27% (3 out of 11) countries at baseline.
3. Only 27% (4 out of 15) countries met the **Timeliness** criteria. In 2022 also 27% (3 out of 11) countries met this criterion.

Efforts then need to continue to be made in optimizing performance on the 3 metrics, especially on timeliness.



**Fig 11: Avg. scores by assessment criteria**

### Addressing Performance challenges

Two key factors driving the underperformance of KPI R2 are firstly the steep learning curve for the four new SAIs introduced in 2023 for auditing Global Fund grants. Secondly, all SAIs are known to have capacity challenges to be able to meet the three assessment criteria. SAIs also face competing priorities against the backdrop of resource constraints. Resulting in auditing the national or public accounts, often taking precedence over providing assurance on development partner funding such as the Global Fund.

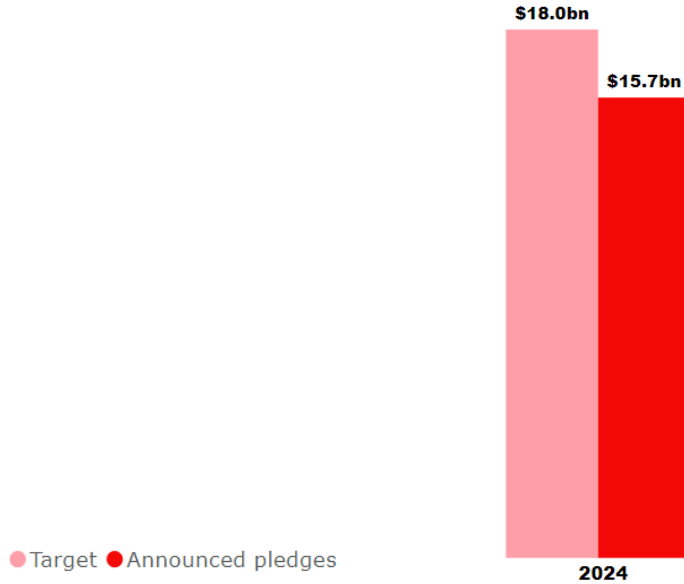
To address the performance challenges especially the capacity issues, the Secretariat plans to:

1. Support the finalization and roll out of an SAI engagement note that will support the Global Fund's engagement with SAIs with emphasis on fostering greater collaboration and support for existing and prospective SAIs, particularly on capacity building to ensure that they can meet our audit requirements.
2. Perform targeted trainings for SAI countries that failed to meet the 3 criteria on timely, compliant, and quality audit performance.
3. Continue to build on the existing MoUs and planned implementation of SAI capacity building initiatives with regional SAI oversight bodies, AFROSAI-e and CREFIAF, to support both SAI uptake and their capacity building, sustainably.



### KPI R3: Announced pledges

The announced pledges amount increased by approximately US\$ 15 million since the start of the 7<sup>th</sup> Replenishment cycle to reach US\$15.68 billion. The overall KPI R3 result though stays below the ambitious announced target of US\$18 billion for the 7th Replenishment. Thus, with only 87% of the pledge target achieved, KPI R3 target has not been met.



**Fig 12: Announced pledges**

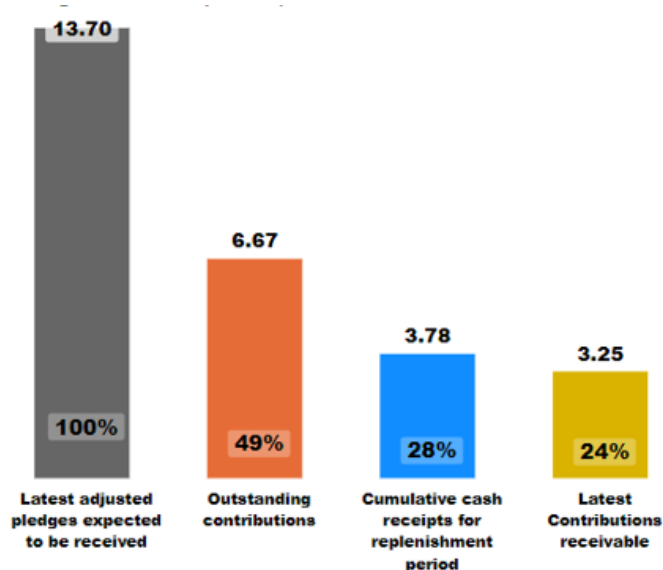
US\$14.43 billion (92%) has been pledged by 50 public sector donors, while US\$1.25 billion (8%) is coming from 29 private sector donors.

## Financial Performance

### KPI F1: Pledge conversion

KPI F1 measures the portion of total adjusted pledges received in cash from donors. Pledge conversion is at 28% at the end of 2023 with US\$3.8 billion of cumulative cash receipts out of US\$13.7 billion adjusted pledges. This is slightly lower than the 30% pledge conversion target for the first year of the 7th Replenishment. Therefore, the KPI performance (result versus target) is at 93%, corresponding to a “partially met” rating.

However, a significant payment planned in December 2023 was received in January 2024, which would have taken pledge conversion above 30%.

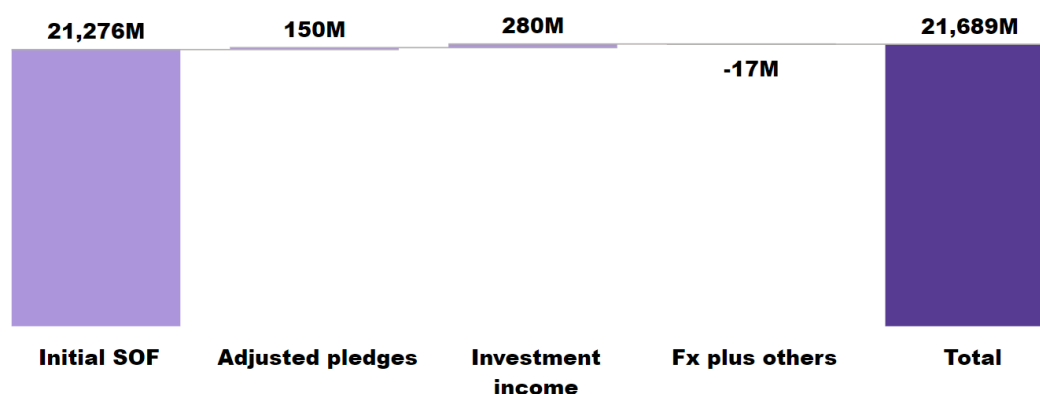


*Fig 13: Pledge conversion (US\$ billion)*

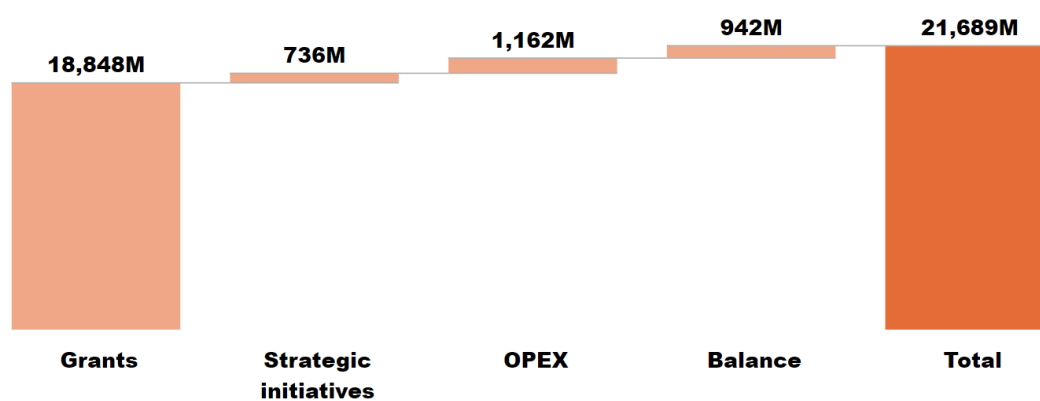
### KPI F2a: Corporate asset utilization

KPI F2a measures the utilization of corporate assets across approved uses of funds. In 2023, corporate asset utilization was at 96% against a target of 95%-98%, demonstrating good organizational maturity in financial management. This is consistent with past performance of this indicator, prior to being a KPI.

## Sources of Funds



## Uses of Funds



**Fig 14: Sources and Uses of funds**

As a reminder, sources of funds are constituted of adjusted pledges, investment income and foreign exchange results plus others. Uses of funds on the other hand are comprised of grants, catalytic funds (including strategic initiatives) and operating expenditure (OPEX).

### KPI F2b: Allocation utilization

KPI F2b measures the portion of allocated grant funds that are disbursed or forecast to be disbursed. It will start being reported for GC7 grants in Q4 2024. For the time being, allocation utilization continues to be tracked as KPI 7a for GC6 grants in the 2017-2022 KPI Framework. Performance for this indicator is good at end 2023 with 96% allocation utilization against a target of 91% (see [2017-2022 KPI report](#)). This result does NOT include C19RM funding which is not in scope for this KPI, nor for KPI F2b.