

2023-2028 Strategic Performance Summary Report

52nd Board Meeting

GF/B52/02

20 – 22 November 2024, Lilongwe, Malawi

Board Information

Purpose of the paper: Q4 2024 summary report on Strategic Performance for 52nd Board meeting. This report provides a synopsis of Strategic and Financial performance.

Further information and data are available on the [OSKAR](#) portal.

Key highlights

1. As of end 2023, the Global Fund partnership has saved 65 million lives. The [End-Term Strategic Review](#) (2017-2022) also confirmed that Global Fund investments contributed to good progress in maximizing impact against HIV, TB and malaria (“HTM”) in terms of lives saved and related treatment-cascade indicators.
2. Good performance is observed for the HTM service delivery KPIs in the 2023-2028 Strategy period. These KPIs, based upon grant performance rather than tracking against modeled targets, provide a more rigorous and accountable assessment of the performance of the Global Fund and countries it supports. However, while the KPIs indicate that the Global Fund partnership is delivering strong progress on HTM services, global monitoring continues to show a significant overall gap to the 2030 SDG targets.
3. In 2023, 16 out of the 18 HTM KPIs were at / within range of their target, i.e., 90% achievement of the aggregate grant targets (generally national). Results were especially positive for viral load suppression (*KPI H3*), AGYW reached by HIV prevention programs (*KPI H5*), TB notifications all forms (*KPI T1*) and malaria testing in public facilities (*KPI M2*); all having 100% or more achievement against grant targets. Two of 18 HTM KPIs did not meet their target: TB contacts on TPT (*KPI T5*) and IPTp3 coverage (*KPI M4*). These positive 2023 service delivery results confirm the findings from the End-Term Strategic Review (2017-2022) and indicate that Global Fund-supported programs continue to deliver well against national targets, and that the COVID-19 effect has been successfully mitigated.
4. Significant progress has also been made by countries in strengthening health management information systems (HMIS) and M&E systems with support from the Global Fund partnership. However, to sustain progress to date, continuous investment is essential to continue having fit-for-purpose HMIS that can adapt to the evolving needs and keep pace with the technological advancements.
5. Despite the positive results for the KPIs reported in this period, challenges remain in other strategic areas, such as human rights or resource mobilization, for which KPI results will be next reported for the 53rd Board meeting. Fiscal challenges, competing humanitarian and development demands, geopolitical issues are some factors that continue to pose a risk to both international and domestic resource mobilization efforts.
6. Meanwhile the Secretariat continues to ensure that funds are optimally utilized and spent in countries to achieve the mission to end AIDS, TB and malaria. Effective use of Global Fund assets is demonstrated with high results for both corporate asset utilization and allocation utilization (GC6 and GC7) and 85% in-country absorption for GC6 grants shows that funds are being spent in country according to budget.

Strategic Performance Summary

Primary Goal: End AIDS, TB and malaria

1. As of the end of 2023, **the Global Fund partnership has saved 65 million lives**¹. Analysis of recently published data² shows that in countries supported by the Global Fund the rate of DALYs³ for HIV, TB and malaria decreased by 56% between 2000 and 2021. This means that people are living longer, healthier lives. This remarkable reduction in DALYs for the three diseases is greater than from any other communicable or noncommunicable disease or injury of all kinds.
2. The [End-Term Strategic Review](#) (2017-2022) also confirmed that Global Fund investments have contributed to making good progress in maximizing impact against HIV, TB and malaria in terms of lives saved and related treatment-cascade indicators. However, there are gaps in incidence reduction, and significant effort is needed to reach the ambitious 2030 global targets. Also, while there is good progress on HIV mortality reduction, progress is more limited for TB and malaria, both of which have large gaps compared to WHO global targets.
3. Looking ahead to the 2023-2028 Strategy period, the first results for HIV, TB, and malaria service delivery KPIs indicate that the **efforts made by countries, Global Fund, and partners post-COVID-19 are paying off**. The 2023 service delivery results are very positive, showing that Global Fund-supported programs are delivering well against national targets, and that the COVID-19 effect has been successfully mitigated.
4. Substantial progress has been made in most areas of HIV prevention, treatment, care and support. **HIV KPIs show strong performance in 2023** with targets met (or within range) for all indicators⁴.
 - a. There is **high level of status awareness (KPI H1)** with most countries reducing the gap in the 1st 95 of the treatment cascade in part due to roll out of differentiated testing strategies such as targeted community- and facility- based testing, self-testing and social network testing.
 - b. Standardization and simplification of ART and its delivery contributed to the **scale up of ART coverage (KPI H2)**. However, treatment of children remains an area of concern.
 - c. **Viral Load (VL) suppression rates are also high** amongst people on ART who were tested for VL (*KPI H3*), but efforts are needed to ensure widespread VL testing.
 - d. HIV prevention has long been a strategic priority for the Global Fund, which is reflected in the **positive results for KPIs monitoring Key Populations (KPI H4), and AGYW performance against grant targets (KPI H5)**. The Global Fund is supporting the accelerated roll-out of HIV prevention tools, however equity in access has not been achieved so far, in part due to insufficient funding, and persistent legal and social barriers including gender inequality as well as stigma and discrimination.
 - e. Overall **good performance** is also noted in **Elimination of Vertical Transmission (EVT, KPI H6)** but EVT performance lags in countries with low ANC utilization (and/or low testing rate at ANC) despite higher ART coverage among women of reproductive age.

¹ [Results report 2024](#)

² Global Burden of Disease Study Results. Institute for Health Metrics and Evaluation (IHME), 2024.

³ Disability-adjusted life years (DALYs) is a metric that accounts for years of life lost due to premature death, illness or disability. DALYs combine both the years of life lost (YLL) due to early death and the years lived with disability (YLD), providing a comprehensive measure of the burden of disease. The "rate of DALYs" refers to the number of DALYs per capita, allowing for a standardized comparison across different populations and regions. This rate effectively represents the average loss of healthy years of life per person within a given population due to a specific disease or a group of diseases.

⁴ Following the KPI principles of Global Fund accountability and actionability, the performance of KPIs is directly based on grant targets (usually national) and results. The cohort also only includes countries where Global Fund investments support the corresponding interventions

- f. **Strong results** were attained for **PLHIV who started TB Preventive Therapy (KPI H7)**, especially in high burden countries in Africa where some countries were supported by a Grant Cycle 6 (GC6) Strategic Initiative to reduce co-infections.
5. The first TB KPI results⁵ for 2023-2028 Strategy period also show strong performance for all indicators except for TB contacts on TPT.
- In 2023, the **highest number of TB notifications (KPI T1)**⁶ was recorded marking full recovery of TB programs from the setbacks caused by COVID-19. This success was in part due to innovative service delivery models including community-based approaches, and quality improvement initiatives at health facilities. Despite this progress, in GC7 there are concerns around significant commodity funding gaps in high burden countries particularly for TB cartridges and first- and second-line TB medicines.
 - Increased decentralization of TB treatment services was a common factor in **strong performance** for **TB Treatment Success Rate (TSR, KPI T2)**, **DR-TB TSR (KPI T4)** and **DR-TB cases on treatment (KPI T3)**.
 - Significant progress** has been made in **ART coverage for HIV-positive TB patients (KPI T6)**, though **provision to household contacts remains slow (KPI T5)**. The Global Fund supports contact tracing and the uptake of shorter TPT regimens (3HP & 1HP), however insufficient funding and complex, costly TB infection testing tools remain a huge barrier.
6. Good performance of malaria KPIs⁷ also reflect the sustained efforts being put by the Global Fund and partnership in delivering quality services. All KPIs met their target, except for IPTp3 coverage where the performance was reasonable but not sufficient to be within range of the target.
- Nearly **227 million insecticide treated nets (ITN)** were **distributed in 2023 (KPI M1)**⁸ reaching 96% of the portfolio target.
 - Strong results** are noted for **cases tested (KPI M2) and treated (KPI M3)** in public sector health facilities. Most Global Fund supported countries are also meeting their targets for testing and treatment at private and community health facilities.
 - 97% of the portfolio target** for percentage of **children receiving seasonal malaria chemoprevention (SMC) (KPI M5)** was achieved indicating the efforts in reaching eligible children are showing results.
 - Only 80% of the portfolio target for IPTp3 (KPI M4)** was **achieved**, driven in part by low ANC utilization in many countries. The Global Fund is supporting the roll out of IPTp at community level in areas where access is limited.

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

7. The Global Fund continues to have a strong focus on achieving the RSSH outcomes of service integration, people-centeredness, and quality of care along with greater support for Community Health Workers (CHWs). As of July 2024, **GC7 investment and C19RM investment** (over the

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⁶ Note that 2023 KPI T1 results do not include yet India which is the largest country in the cohort. KPI results will be revised once this data becomes available.

⁷ Following the KPI principles of Global Fund accountability and actionability, the performance of KPIs is directly based on grant targets (usually national) and results. The cohort also only includes countries where Global Fund investments support the corresponding interventions,

⁸ Note that 2023 KPI M1 results do not include yet India which is one of the largest countries in the cohort. KPI results will be revised once this data becomes available.

2024-2025 period) **amount was approximately \$6 billion⁹ in RSSH**, with a split of 55% **directly** supporting health systems strengthening and the remaining 45% in other interventions **contributing** to health system strengthening.

8. **Initial implementation of targeted Health Facility Assessments (tHFAs) is ongoing** with the completion of surveys in 1,704 health facilities at end August 2024. For now, 18 countries have signed up to participate in the tHFAs and will, inter alia, provide data for RSSH KPIs (S1, S2, S3, S5) and help measure key outcomes of RSSH investments. At end August 2024, provisional baseline scores from 5 countries are available and being discussed with in-country stakeholders. Given the ongoing discussions and respecting country ownership, the scores are currently embargoed pending their final joint review with countries. As a more complete baseline analysis for (at least) 15 countries will only be available by end of 2024, the Secretariat **postponed the provision of baseline scores to 2025**.
9. Significant progress has also been made by countries in strengthening health management information systems (HMIS) and M&E systems with support from the Global Fund partnership. This improvement is evidenced by the **positive 2023 KPI results for KPI S6a and KPI S6b**. Stronger than expected performance is noted for KPI S6a with 79% (30 of 38) countries in cohort increasing digital HMIS maturity by at least one level compared to 2022 baseline levels. Similarly, for KPI S6b, 51% (18 of 35) countries in cohort improved maturity in data analysis and use compared to 2022 baseline levels. KPI S7 established the appropriate use of disaggregated data to inform planning and decision making in 84% (21 of 25) of High Impact countries. However, data for countries in the Core portfolio are currently unavailable due to the need for further change management and training in data collection and will be available only from end 2024. Hence, performance of **KPI S7 will be formally reported at the 54th Board meeting** when 2024 scores for both High Impact and Core countries will be available. Despite the progress seen so far, it is important to note that HMIS and M&E systems continuously evolve requiring adaptations to respond to emerging health priorities as well as evolving programmatic contexts. Continuous investment is therefore essential to continue having a fit-for-purpose HMIS to sustain progress to date which is currently at risk given that the Secretariat can no longer count on catalytic investments that complemented grant funding.
10. In 2023, the Global Fund's market-shaping efforts resulted in significant price reductions for key commodities across the three diseases, enabling governments to expand interventions and invest in other critical areas. Working with partners, the Global Fund was able to reduce prices by 25% for the preferred first-line HIV treatment, by 20% for diagnostic test cartridges for TB, by 30% for the short-course TB preventive treatment known as 3HP, and by 55% for bedaquiline, the main treatment for drug-resistant TB.
11. Overall, **On Shelf Availability (OSA, KPI S8) results are positive**. Based on the currently approved methodology, OSA results would be 89% for HIV, 60% for TB, and 89% for malaria. This methodology, however, is sensitive to the number of health facilities assessed in each country resulting in portfolio OSA scores being significantly skewed towards countries that had more health facilities assessed because of different data collection mechanisms. Therefore, an adjustment to the calculation methodology is proposed by the Secretariat to calculate portfolio OSA score as straight (unweighted) average of country OSA to ensure that no country has an unfairly large importance. With this proposed new formula, the portfolio OSA score would be 89% for HIV, 81% for TB, and 85% for malaria, on track to meet the 90% target for 2025. Regardless of the method

⁹ This figure is based on the recently endorsed Global Fund Strategy Committee methodology that integrates direct investments in resilient and sustainable systems for health (RSSH) and contributions to RSSH through investments in the fight against HIV, TB and malaria (contributory RSSH). The amount is derived from approved and signed grant budgets and RSSH-related catalytic investments and includes C19RM. This methodology excludes Global Fund Secretariat operating expenses.

used, data shows that availability of first-line drugs is high for all three diseases. However, the availability of TB diagnostics and second-line drugs for TB and malaria is not at the desired level.

Contribute to Pandemic Preparedness and Response

12. Continuous efforts being made by the Global Fund partnership in strengthening pandemic preparedness capacities are reflected in the 2023 performance of **PPR KPIs** (*KPI P1- Lab testing modalities, KPI P2- Early warning surveillance function, KPI P3 – IHR implementation*) **all of which are performing well and currently on track to achieve the 2028 target**. It is worth noting that during the COVID-19 pandemic, several countries and donors invested heavily in laboratory system strengthening, surveillance and human resources for health, including financing that went well beyond COVID-19 specific mandate. This increased investment focus contributed to the positive results seen in 2023.
13. To maintain the momentum, the Global Fund continues to play its role in strengthening pandemic preparedness capacities. Over the 2024-2025 period, the Global Fund has made over US\$ 2 billion of C19RM funding available to support health systems strengthening and pandemic preparedness and response and longer-term country needs. This funding is being used by countries to design pandemic preparedness measures and implement their national action plans for health security to prevent, prepare for and respond to existing and emerging infectious diseases, such as cholera, Ebola, and mpox.

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

14. For GC7, the Global Fund is making significant efforts to increase civil society and communities' engagement in Global Fund processes, evidenced by the fact that as part of the Country Dialogue and Funding Request Development Survey for GC7 Windows 1-3, 90% of respondents from community-led organizations who participated in country dialogue in both GC6 and GC7 noted that their country dialogue experience was better in GC7 compared to GC6.
15. A mandatory Civil Society and Community priorities annex ("Annex") was introduced in GC7 as part of Funding Request process, and an analysis commissioned by Global Fund showed that community consultations associated with completion of the Annex, whilst requiring additional effort, were valuable complements to the national dialogues.
16. Since last reported KPI C1 results at the 51st Board, a further survey to measure satisfaction for GC7 Window 1-3 grant making has been recently conducted. Whilst the validated KPI C1 results from this survey will be provided as scheduled at the 53rd Board meeting, initial analysis suggests that on average, for countries in the cohort, satisfaction of communities with engagement at the grant making stage in countries is at 64%. Although these results are below the threshold, they reflect a reasonable level of satisfaction, given that grantmaking has historically been an area of engagement weakness. The **reasonable community engagement satisfaction levels observed so far** can be in part attributed to GC6 Community Engagement Strategic Initiative (CE-SI) and the introduction of minimum expectations for community engagement¹⁰.

¹⁰ [Community Engagement: A guide to opportunities throughout the grant life cycle](#)

17. Communities and Civil Society account for nearly half of global CCM membership. Work on strengthening CCMs continues building on the foundations laid by the CCM Evolution Strategic Initiative. 66% of CCMs receiving funding have shown at least a 10-percentage point increase in maturity scores in at least 2 of 4 areas (*oversight, engagement, positioning and operations*) supported. More specifically, CCM engagement maturity levels increased by 12-percentage points indicating strengthened community engagement in CCMs.

Maximizing Health Equity, Gender Equality and Human Rights

18. The recently launched [UNAIDS 2024 Global report](#) highlights the **challenges in removing human rights related barriers to HIV, TB and malaria services**. Access, uptake and retention to HIV, TB and malaria services is further hindered by a growing pushback against gender equality and human rights in many countries, evidenced by high level of aggregate human rights risk in the High Impact and Core country portfolios.

19. Baseline scores for KPI E1, which monitors comprehensiveness of HIV, TB and malaria programs to reduce human rights barriers, were provided at the 51st Board meeting. Additional baseline scores are now available from countries that completed GC7 grant making and suggest that generally programs have small scale on-going initiatives with limited geographic scale to reduce human rights barriers. The first results for KPI E1, assessing percentage of countries that scaled up programs to address human rights related barriers, will be provided as scheduled at the 53rd Board meeting.

20. While Equity and Gender KPIs, which monitor grant performance in reducing inequities and improving gender equality, will be reported at the 54th Board meeting, countries are laying a strong foundation for systematically including indicators in grants to track progress in both these strategic areas. For HIV, most equity indicators focus on tracking ART coverage amongst children, and monitoring inequities amongst key populations. For TB, the greatest focus is around maximizing reach, specifically the number of patients with all forms of TB notified. Countries also prioritized reaching vulnerable and hard-to-reach populations, with a significant focus on prison populations and other key affected groups. In the context of malaria, geographic and spatial inequities are a significant concern, evidenced by inclusion of indicator monitoring malaria treatment in communities. Additionally, use of ITNs by children and pregnant women is also seen to be a focus area for reducing inequities in malaria programs.

21. The integration of gender equality within grants continues to be a strong focus, including programming relating to SRHR and broader gender equality priorities. Updated Gender Equality Marker (GEM) results across GC7 Windows 1-5 show that around 46% of allocation funding recommended for grant-making in GC7 is gender equality focused. The main gender dimensions identified by countries for tracking performance of grants in improving gender equality (KPI E3b) relate to: prevention of vertical transmission of HIV; intermittent preventative treatment for malaria in pregnancy; and gendered dimensions of TB notifications and treatment. To support the strengthened leadership and meaningful engagement of women, girls, trans and gender-diverse communities in the HIV, TB and malaria responses, the Global Fund is increasing support to the HER Voice fund. The Gender Equality Fund (GEF) is also providing funding to women and gender-diverse-led community and civil society organizations to advance gender equality in their communities and respond to growing pushbacks on gender equality and human rights.

Mobilizing Increased Resources

22. While fiscal challenges and other factors pose a risk to both international and domestic resource mobilization efforts, the Global Fund remains committed to addressing these challenges to deliver on the Strategy objectives. The 7th Replenishment pledge conversion is on track with US\$ 5.4 billion (40%) secured in cash as of June 2024. New pledges of US\$16.4 million for the 7th Replenishment were announced since the 49th Board approved allocations in November 2022, with additional new pledges in the pipeline. Looking ahead, significant efforts have been made to build the groundwork for the 8th Replenishment, though the risk in the external landscape remains high.
23. The outlook for domestic resource mobilization (DRM) is grim. Last reported KPI R1a results presented at the 51st Board meeting showed that 68% of domestic commitments made in GC6 were realized by the subset of countries that had completed GC7 grant making by end 2023. While the validated KPI R1a results will be next reported at the 53rd Board meeting, a **preliminary analysis of the current KPI R1a cohort** (countries that completed GC grant making by September 2024) **shows that, so far there is data to substantiate realizations for 63% of domestic commitments**. This result includes 68 countries and 206 components (including RSSH components where applicable) which completed GC7 grant-making by September 2024. This preliminary result is driven in part by data gaps in 10% of the country components that have not yet provided verified co-financing realization data. The Secretariat is taking measures to address the challenges to DRM. For example, as part of grant making process, countries are now required to provide co-financing commitment letters submitted and signed by government entities (MoF, MoH etc.) outlining financial and programmatic co-financing commitments. The Secretariat also continues to pursue innovative financing mechanisms to support countries in raising new resources. Since the approval of the Updated Approach to Blended Finance¹¹ in late 2023, the Global Fund initiated six new blended finance transactions with the World Bank. The Secretariat is also developing a Value for Money (VfM) roadmap to operationalize the VfM framework in core grant operations. Simultaneously, the Global Fund is working on strengthening Public Financial Management (PFM) systems in countries to strengthen financial oversight and accountability in recipient countries. Strengthening Supreme Audit Institutions (SAIs) is at the forefront of the implementation of the PFM Strategy and towards that end the Secretariat has developed a SAI Engagement Strategy to build the capacity of SAIs with the aim of improving public health sector audits.

Financial Performance

24. Ensuring the level of funding remains in line with anticipated levels is essential to facilitate investments made by the Global Fund in the mission to end AIDS, TB, and malaria and hence pledges and contributions are constantly monitored. Currently pledge quality is at 87%, and pledge conversion is on track with US\$ 5.2 billion (40%) already secured in cash by June 2024.
25. As custodian of an asset base in excess of US\$ 21 Bn, it is imperative to derive value from and demonstrate effective use of the Global Fund assets. The **strong corporate asset utilization rate** at 96% highlights robust financial performance, as well as **high allocation utilization for both GC7 and GC6** confirming effective conversion of allocations into disbursements to implementers.
26. Furthermore, **GC6 grants demonstrate strong In-country Absorption (ICA)** of 85% at end 2023 indicating that funds are being spent in countries according to grant budget. Absorption is generally high (more than 80%) for all dimensions of the portfolio: by geographical region, grant component;

¹¹ [GF/B50/04: Updated Global Fund Approach to Blended Finance](#)

grant differentiation; etc. Most modules and interventions achieved a good level of absorption with the exception of RSSH modules that are under-performing (73% ICA) due to the complexity of implementation.

For additional information and data on Strategic Performance please access the [OSKAR](#) portal.

KPI performance summary

KPI		Cohort (# countries)	Grant result	Grant target	Latest performance	Performance vs 90% target
H1	People living with HIV who know their status	66	86%	90%	95% achievement against grant targets	●
H2	ART coverage	95	79%	81%	98% achievement against grant targets	●
H3	Viral load suppression	80	94%	92%	102% achievement against grant targets	●
H4	KP reached with prevention programs	96	47%	54%	87% achievement against grant targets	●
H5	AGYW reached with prevention programs	12	25.4%	24.5%	103% achievement against grant targets	●
H6	Elimination of vertical transmission	46	87%	94%	92% achievement against grant targets	●
H7	PLHIV on ART who initiated TPT	49	42%	46%	90% achievement against grant targets	●
T1	TB notification, all forms	81	4.54 mn	4.53 mn	100% achievement against grant targets	●
T2	TB TSR, all forms	72	88%	91%	96% achievement against grant targets	●
T3	DR-TB cases on treatment	65	86%	98%	88% achievement against grant targets	●
T4	DR-TB TSR	45	71%	73%	97% achievement against grant targets	●
T5	TB contacts on TPT	48	1.97 mn	3.56 mn	55% achievement against grant targets	●
T6	ART coverage for HIV positive TB patients	74	89%	97%	92% achievement against grant targets	●
M1	LLIN's distributed	55	227 mn	238 mn	96% achievement against grant targets	●
M2	Malaria testing, public facilities	58	97%	96%	101% achievement against grant targets	●
M3	Malaria cases treated, public facilities	53	97%	98%	99% achievement against grant targets	●
M4	IPTp3 coverage	29	53%	67%	80% achievement against grant targets	●
M5	Children receiving full course of SMC	12	95%	98%	97% achievement against grant targets	●

KPI		Latest result	Target	Performance
S1	Provision of people-centered, high-quality services	N/A – countries show improvement	100% by end 2025	●
S2	Provision of supportive supervision	N/A – countries show improvement	100% by end 2025	●
S3	HTM integrated services offered to pregnant women	N/A – countries show improvement	100% by end 2025	●
S5	System readiness for CHWs	N/A – countries show improvement	100% by end 2025	●
S6a	Secure, maintained and interoperable HMIS	79% countries increase maturity level	100% by end 2028	●
S6b	Data driven decision making	51% countries increase maturity level	90% by end 2028	●
S7	Use of disaggregated data for planning / decision making	84% ^H countries meet threshold for use	80% by end 2028	●
S8	On shelf availability (OSA) – HIV	89% OSA at portfolio level for HIV	90% by end 2025	●
S8	On shelf availability (OSA) – TB	60-81% OSA at portfolio level for TB ¹	90% by end 2025	●
S8	On shelf availability (OSA) – malaria	89-85% OSA at portfolio level for malaria ²	90% by end 2025	●
P1	Laboratory testing modalities	48% countries with high/improved score	90% by end 2028	●
P2	Early warning surveillance function	68% countries with high/improved score	90% by end 2028	●
P3	Human resources for implementation of IHR	42% countries with high/improved score	90% by end 2028	●
F2a	Corporate asset utilization	96% corporate asset utilization	95%-98%	●
F2b	Allocation utilization	96% allocation utilization for GC7	95%	●
F3	In-country absorption	85% in-country absorption for GC6	85% (Y3 target)	●

[1] Result pending Board decision on aggregation method for KPI S8

[2] Result pending Board decision on aggregation method for KPI S8