

# **2023-2028 Strategic Performance Summary Report**

## **53<sup>rd</sup> Board Meeting**

GF/B53/02

7 – 9 May 2025, Geneva, Switzerland

### **Board Information**

Purpose of the paper: Q1 2025 summary report on Strategic Performance for the 53<sup>rd</sup> Board meeting. This report provides a synopsis of Strategic and Financial performance.

## Key highlights

1. The results presented in this report are based on the most recent data from 2024 and 2023. As such, they illustrate past achievements of the Global Fund partnership (Partnership) but do not fully reflect the new challenges and uncertainties facing the global health community in 2025, threatening the progress made in fighting HIV, TB and malaria.
2. By end 2023, countries supported by the Global Fund<sup>1</sup> saw a combined 11% reduction in mortality rate and a 4% reduction in incidence rate for the three diseases compared to 2021. For mortality and incidence rates, the combined reduction across the diseases between 2021 and 2028 is currently projected to be below the Strategy low targets under a conservative scenario and to be between the intermediate and high Strategy targets under an optimistic scenario.
3. The completion of the first targeted Health Facility Assessments (tHFAs) in 2024 is a key milestone in RSSH measurement. The tHFAs were conducted in 16 countries to assess the provision of integrated, people-centered services at health facilities, and the support that health workers (including Community health workers) receive to provide quality care. The results from this round of tHFAs will serve as the baseline scores for assessing improvement in integrated people-centered quality service provision via four KPIs.
4. Ending AIDS, TB and malaria requires a Human Rights based approach to ensure that all key vulnerable and high-risk populations have access to HIV, TB and malaria services. Scaling up of programming to reduce Human Rights related barriers to HIV, TB and malaria services is monitored by KPI E1. Despite challenging contexts in some instances, the target was met for TB and malaria, with half of the TB cohort of countries and both the countries in the malaria cohort showing sufficient scale up of programs to reduce Human Rights related barriers to access HIV, TB and malaria services. However, the target for HIV was narrowly missed with only 7 out of 17 countries (41%, against a 50% target) with sufficient scale up in programming.
5. Domestic resource mobilization remains a concern. The latest KPI R1a result shows that, so far, only 70% (vs target of 85%) of domestic co-financing commitments made in GC6 have been realized by countries. KPI R1b, monitoring completion of mitigation actions by countries at risk of not meeting GC7 co-financing commitments, is currently off track with an average 29% completion rate for mitigation actions past their original due date. While off track, the significant increase in mitigation actions related to co-financing (introduced for the first time in GC7) reflects the Secretariat's increased prioritization of health finance risk as part of grant management processes. Significant progress is noted through strengthening financial oversight and accountability in recipient countries. The KPI R2 result shows that, in 12 of 15 countries, grant audit reports

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<sup>1</sup> Includes only the countries with available modeled projections that were considered for KPI target calculation. For malaria, only Sub-Saharan Africa countries are considered

submitted by Supreme Audit Institutions (SAI) met the timeliness and quality benchmarks set by the Global Fund.

6. The Global Fund financial performance remains stable with 59% pledge conversion rate for the 7<sup>th</sup> Replenishment, high allocation utilization and strong in-country absorption of GC6 funds. However, corporate asset utilization is at 99% (vs target range of 95%-98%) pointing towards limited financial flexibility that the Secretariat faces in the current challenging environment.

## **Strategic Performance Summary**

### **Primary Goal: End AIDS, TB and malaria**

1. The first results for the 2023-2028 Strategy period are now available for Impact KPIs monitoring combined reduction in mortality (KPI I1) and incidence (KPI I2) across the three diseases. These KPIs monitor the overall progress of the Partnership in fighting the three diseases and moving towards the 2030 Sustainable Development Goals. Hence, the results of these KPIs should not be viewed as the results of the Global Fund, but rather an outcome of the collective efforts of all partners involved in the fight, including implementers, communities, technical partners, donors, and others.
2. Based on the latest available disease burden estimates, countries supported by the Global Fund<sup>2</sup> saw an 11% combined reduction in mortality rates by the end of 2023 compared to the 2021 baseline, with notable declines in AIDS (15%) and TB (13%), and a modest reduction in malaria (6%). Projected combined reduction across the three diseases between 2021 and 2028 is 30% under a conservative scenario and 58% under an optimistic scenario. The conservative projection falls short of the low Strategy target (35%), while the optimistic projection falls between the intermediate (54%) and high (70%) Strategy targets.
3. Investments in HIV treatment had a large impact on reducing AIDS-related deaths. Opportunistic infections (OI) and comorbidities remain responsible for most deaths amongst people living with HIV, and therefore investments in improved prevention and treatment of OIs will be important to complement the lifesaving benefits of ART. Reduction in TB mortality can be attributed in part to increases in TB treatment coverage and treatment success rates in some high burden countries in Africa. However, continued reduction in TB mortality will require early and accurate diagnosis, adoption of better diagnostic tools, and better support for treatment adherence. Reduction in the malaria mortality rate in Sub-Saharan Africa can be attributed to provision of tailored life-saving interventions for children under five who are the most at risk of dying. However, the most effective way of reducing mortality is by decreasing malaria incidence.

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<sup>2</sup> Includes only the countries with available modeled projections that were considered for KPI target calculation. For malaria, only Sub-Saharan Africa countries are considered

4. Based on the latest available disease burden estimates, countries supported by the Global Fund<sup>3</sup> saw a 4% combined reduction in incidence rate by the end of 2023 compared to the 2021 baseline, driven by a decline in HIV incidence (14%). Reduction in malaria incidence was 1%, whilst there was a 2% increase in TB incidence rate. The projected combined reduction across the three diseases between 2021 and 2028 is 19% under a conservative scenario and 46% under an optimistic scenario. The conservative projection falls short of the low Strategy target (30%), while the optimistic projection falls between the intermediate (42%) and high (60%) Strategy targets.
5. Thanks to the Partnership's efforts, **HIV** incidence is steadily decreasing in many parts of the world. Some reasons for this steady decline are increased ART coverage, reduced viral load among PLHIV and coverage of HIV prevention programs amongst the most vulnerable and high-risk populations. To achieve the global targets, a continued focus is required on HIV prevention activities and on interventions that reduce Human Rights related barriers to access to HIV services. Even though **TB** services and programs are restored following COVID-19 disruptions, an immediate decline in TB incidence was not expected. An increased number of missing TB cases during the pandemic years, coupled with ongoing transmission particularly in the Asia region contributed to increase TB incidence. Adoption of innovations for better screening, early accurate diagnosis, and the roll out of a TB vaccine can help alter the TB incidence trajectory. The modest reduction in **malaria** incidence is also not surprising given the funding gaps, insecticide resistance and climate emergencies. The adoption of subnational tailored strategies, the deployment of tools that address resistance to drugs, increased use of transmission reducing tools like chlorfenapyr dual AI nets, and better response to climate emergencies will be key to achieving the global malaria targets.
6. To maximize impact, Global Fund investments continue to support countries in improving HIV, TB and malaria programs and service delivery.

For GC7, the Board approved 91% (US\$ 5.9 billion out of US\$ 6.5 billion) of the **HIV** allocation as of January 2025. These investments are supporting the accelerated roll out of HIV prevention tools such as condoms and PrEP; promoting the procurement and distribution of HIV self-test kits; enabling the use of HIV/syphilis dual tests for pregnant and breast-feeding women; and scaling up of ART in low- and middle-income countries. The Secretariat is also working across the Partnership to see long-acting injectable PrEP both Cabotegravir (CAB-LA) and Lenacapavir (LEN PrEP) brought to scale faster than any other PrEP product to maximize impact. Challenges however remain around ensuring continuity of treatment and reducing high AIDS related mortality amongst children.

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<sup>3</sup> Includes only the countries with available modeled projections that were considered for KPI target calculation. For malaria, only Sub-Saharan Africa countries are considered.

For **TB**, as of January 2025, the Board approved 94% (US\$ 2.3 billion of US\$ 2.4 billion) of funding for GC7. The Global Fund is supporting the implementation of these investments with a focus on finding and treating TB, and on TB prevention activities. In 2023, the TB notifications were at a record high, marking a full recovery of TB programs post COVID-19. Preliminary 2024 data from the 20 TB priority countries indicate that this momentum continues. Countries are expanding the use of digital chest X-rays, including ultraportable devices, with computer aided detection, which can be deployed in hard-to-reach communities and decentralized for more effective screening. The Global Fund continues to prioritize access to multiplex molecular diagnostic tools for early diagnosis of TB including drug resistance forms. The Global Fund is also supporting the scale-up of new, shorter and more effective treatment regimens for TB, such as the 6-month BPaL/M regimen for DR-TB and the 4-month treatment for non-severe drug sensitive TB in children. However, commodity funding gaps for TB cartridges and first- and second-line TB medicines remain a concern. Significant progress has been made in providing TB preventive treatment (TPT) for people living with HIV and children under five who are household contacts. However, provision to adult household contacts remains slow. The Global Fund supports contact tracing and the uptake of shorter TPT regimens (3HP & 1HP). However, insufficient funding, health worker hesitancy and complex, costly TB infection testing tools remain major barriers. The prospect of a TB vaccine is promising, and the Secretariat is working in close collaboration with Partners to support the introduction of the vaccine.

The Board approved 99% (US\$ 4.16 billion of 4.18) of the GC7 **malaria** allocation as of January 2025. This investment is supporting efforts in vector control, case management and specific prevention activities. The Global Fund investments have expanded access to quality malaria case management across the community, public and private sectors, to reduce mortality. However, the emergence of artemisinin-partial resistance in Sub-Saharan Africa threatens the effectiveness of artemisinin-based combination therapies (ACTs). In response, the Global Fund is promoting Multiple Firstline Therapies to slow resistance and preserve current ACT efficacy. To further prevention efforts, transition to the more effective chlorfenapyr dual AI nets continues. Challenges in meeting the high demand were overcome through Partnership wide efforts to expand the supplier base and maintaining low prices. Subnational tailoring of malaria interventions is proving effective by enabling targeted approaches that address the specific needs and epidemiological profiles of various regions. This strategy has optimized the deployment of resources, ensuring they are directed where most needed, thereby enhancing the impact of malaria control measures

7. There was an update to the 2023 HTM KPI results provided at the 52<sup>nd</sup> Board meeting to reflect the availability of a more complete 2023 dataset for countries in KPI cohort. Updates to the dataset did not result in any significant changes to KPI performance. Please refer to this [table](#) for the final result of HTM KPIs at end of 2023 and to the individual KPI pages on [OSKAR](#) for updated graphs and data.

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

8. Global Fund investments not only directly improve the quality and resilience of health systems, but also indirectly support health systems by advancing broader HIV, TB and malaria goals. For the GC7 period, US\$ 5.9 billion of RSSH investments have been made as of January 2025, which include US\$ 2 billion of C19RM funding, US\$ 1.5 billion of direct RSSH investment and US\$ 2.4 billion of contributory RSSH investments.
9. A key milestone in RSSH measurement for the Partnership was achieved in 2024 with the completion of the targeted Health Facility Assessments (tHFAs) in 16 countries. The aim of tHFAs is to assess the provision of integrated, people-centered quality services at health facilities in countries. The results from tHFAs will serve as the baseline scores for four Board-approved KPIs monitoring the provision of integrated people centered services, and the support available to health workers (including Community Health Workers - CHWs) in providing quality care. Baseline scores indicate that: patients are generally satisfied with their experience of receiving care (KPI S1); supervision visits are conducted in most health facilities with focus needed on the content of discussions (KPI S2); there is a high level of integration of malaria services within ANC (KPI S3); and significant effort is required to improve working conditions of CHWs (KPI S5).
10. With a focus on strengthening community response and systems to improve HIV, malaria and TB service delivery, KPI S4 monitors the maturity of community systems in countries for delivery of community health services. The 2024 KPI S4 results show that 29 out of 105 (28%) countries have maturing or strong community systems, on track to meet the end-Strategy target of 38%. Amongst the four dimensions (Policy, Strategy, Capacity and Data) of community systems measured by the KPI, most countries lag in the Strategy and Policy dimensions. This suggests that not many countries have a strategy to include community-led and community-based service providers to deliver HIV, TB or malaria services, and that there is also not an enabling environment of policies, laws and regulations that support the operations of these organizations. Most countries however (74 out of 105 or 70%) meet the Data dimension criteria suggesting that community data is integrated with national health information systems in most countries.
11. The NextGen Market Shaping framework is driving efforts to improve access to affordable and quality-assured health products and services, build capacity for regional manufacturing and accelerate introduction and scale up of new health products.

KPI S8 monitors On Shelf Availability (OSA) and following the approval of adjustments to the KPI calculation methodology, the 2023 KPI S8 scores are now confirmed to be 89% for HIV, 81% for TB and 85% for malaria. The 2023 KPI target of 84% OSA is hence considered met for all three diseases. Whilst KPI S8 focuses on product availability in countries, KPI S9 focuses on supply continuity at the global level. In 2024, 34 out of 36 (94%) priority products had the required number of suppliers meeting Quality Assurance requirements, thereby achieving the KPI S9 target of 90%<sup>4</sup>. This result points towards a stable supplier base that promotes supply continuity. Additionally, purchase orders totaling US\$ 1.78 billion were placed through PPM/Wambo in 2024- the largest annual throughput to date barring the exceptional year of 2021 during the COVID-19 pandemic.

2024 also saw the continuation of regional capacity building efforts in manufacturing and procurement. In 2024, the Global Fund facilitated the first supply of quality assured ARVs from Africa, in addition to continued regional procurement of ITNs, antimalarial medicines and essential medicines.

In 2024, the focus was on accelerating the scale up and uptake of recently introduced products such as the chlorfenapyr dual AI nets and dapivirine rings. Hence, no new products were planned to be introduced and therefore no result is being reported for KPI S10. In 2025, however, the Secretariat is working towards the introduction of the HIV drug Lenacapavir.

## **Contribute to Pandemic Preparedness and Response**

12. Implementation of RSSH-PPR has continued apace. A total of US\$ 275 million of investments from GC7 and C19RM have been made in the area of early warning surveillance: supporting the expansion of electronic notifiable disease reporting platforms, as well as building the capacity of community systems for event-based surveillance (EBS). The Global Fund is also supporting countries to adopt the new WHO recommended 7-1-7 timeliness metric to enhance early detection of and rapid response to disease outbreaks. Through C19RM, the Global Fund has invested US\$ 564 million over 2021-2025 for medical oxygen and respiratory care. This investment is intended to provide immediate life-saving services to communities, as well as to prepare for future epidemics and pandemics.

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<sup>4</sup> TB products monitored by KPI S9 are procured by Stop TB Partnership through their Global Drug Facility whilst HIV and malaria products are procured by the Global Fund's Pooled Procurement Mechanism (PPM).

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

13. KPI C1 measures the satisfaction of communities with their engagement with the Global Fund grant cycle processes. The latest results for KPI C1 show that for GC7, the average satisfaction of communities across the respondent countries is at 67% for the Funding Request stage (for Windows 1 to 6), and at 64% for the Grant Making stage (amongst countries that have completed it by November 2024). Given that the satisfaction level for both grant cycle stages is below the acceptable satisfaction threshold of 75%, the KPI target has not been achieved. As more countries go through the GC7 Funding Request and Grant Making stages, and begin grant implementation, the Secretariat will administer additional surveys in 2025 to ensure that all countries have an opportunity to respond. With more data becoming available, the Secretariat is committed to analyzing results together with evidence from other evaluations<sup>5</sup> to understand the drivers for the level of satisfaction and how they can be improved for GC8.
14. In 2024, the Global Fund also continued to support CCMs in building capacity and enhancing performance in four core areas: oversight, engagement, positioning, and operations. Overall, there have been consistent improvements in maturity across all areas, with the area of 'engagement' showing the most improvement compared to baseline.

## Maximizing Health Equity, Gender Equality and Human Rights

15. The current context is challenging with anti-rights and anti-gender movements that are gaining ground, making it difficult for key, vulnerable and high-risk populations to access HIV, TB and malaria services. However, as a testament to the resilience of programs, despite operating sometimes in challenging contexts, the 2024 KPI E1 results<sup>6</sup> show that half the TB cohort and both the countries in the malaria cohort demonstrated significant progress in scaling up their human rights programming to reduce barriers to TB and malaria services respectively, thereby meeting the KPI E1 target of 50% countries showing progress. The target has not been met for HIV with seven (41%) countries in the HIV cohort showing significant increase in scale up of human rights programming to date. However, the average HIV program scores increased to 3.04 (out of a maximum score of 5) from 2.93 at baseline: the highest among the three diseases. This underscores the need for more resources and

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<sup>5</sup> [Imbizo: Learning from country stakeholder feedback](#) ; [Evaluation of Community Engagement in the Global Fund grant cycle](#)

<sup>6</sup> The 2024 KPI E1 assessment included countries with baselines established prior to 2024 i.e., 17 countries for HIV, 10 for TB, two for malaria.



national commitment to achieve significant scale-up as countries approach comprehensive programming.

16. Advancing gender equality is also key for effective and sustainable HIV, TB and malaria responses. In this context, key priorities for the Global Fund are to strengthen the integration of gender equality within grants; and support the meaningful engagement of women, girls and gender diverse communities in shaping HIV, TB and malaria responses that better meet their health needs. KPI E3a measures the satisfaction of women, girls and gender diverse communities with their engagement with the Global Fund grant cycle processes. The latest KPI E3a results show that for GC7, women, girls and gender-diverse communities across the respondent countries have an average satisfaction level of 67% at both the Funding Request (for Windows 1 to 6) and Grant Making stages (amongst countries that completed it by November 2024). Given that the satisfaction level for both grant cycle stages is below the acceptable satisfaction threshold of 75%, the KPI target has not been met.
17. In the context of macro-fiscal constraints, rising socio-economic inequalities, conflicts and forced displacement, reducing HIV, TB and malaria inequities is becoming even more challenging. The Global Fund is focused on designing grants and using resources that help in reducing the equity gaps and accelerating transformative changes. The Global Fund is enhancing its support to social protection mechanisms aimed at mitigating financial barriers to accessing prevention and treatment services and reducing the risk of catastrophic health spending. Equity is also a core element of the Value for Money framework that is being operationalized in grant and other processes.

## Mobilizing Increased Resources

18. The 7<sup>th</sup> Replenishment pledge amount as of end December 2024 totals US\$ 15.8 billion, below the US\$ 18 billion target. With the launch of the Investment Case<sup>7</sup> in February 2025, work is now underway to ensure a successful 8<sup>th</sup> Replenishment.
19. There is continuing pressure on the financing of health systems and national HIV, TB, and malaria responses, as reflected in the KPI R1a target not being met. The latest KPI R1a result shows that 70% (vs target of 85%) of domestic commitments made in GC6 were realized by the subset of countries that had completed GC7 grant making by the end of 2024. Based on the lessons learnt from GC6, the Secretariat is now emphasizing a balance between ambition and realism when negotiating commitments for GC7 and has also put in place mechanisms to strengthen accountability for co-financing commitments, such as the mandatory Commitment Letters, updated operational guidelines for co-financing, a data-driven approach to setting co-financing requirements

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<sup>7</sup> [8<sup>th</sup> Replenishment case](#)

considering a country's financial situation, and improvements in systems and processes to monitor co-financing realization on a regular basis.

20. To reflect its increased focus on health financing, the Secretariat has introduced in GC7 a specific risk category in the Integrated Risk Management (IRM) process to manage the domestic resource mobilization and co-financing risk. Mitigation actions are now identified for countries at risk of not meeting their GC7 co-financing commitments. KPI R1b monitors the completion of these mitigation actions, and its latest result shows that on average 29% of the mitigating actions originally due to be completed by 1 January 2025 have been completed. Notwithstanding some lag in performance (expected early in the implementation period), the result highlights the ongoing challenges faced in mitigating high levels of co-financing risk across the portfolio.
21. The Secretariat continues to pursue innovative finance mechanisms to support countries in raising new resources and/or influencing existing resources for HIV, TB, malaria, and RSSH priorities, including both Debt2Health (debt swaps) and blended finance. In 2024, the Global Fund pre-qualified the Asian Development Bank (ADB) as a new blended finance partner and is also working with other development banks to consider opportunities for formalizing partnerships on blended finance for GC8. With respect to Debt2Health, in December 2024, the Global Fund and Germany signed two new Debt2Health agreements with Mongolia and with Indonesia. The latter, at EUR 75 million, marks the largest D2H transaction since the program's inception in 2007.
22. The Global Fund is steadily working towards strengthening financial oversight and accountability in its recipient countries to ensure that resources are effectively managed and maximize the impact of Global Fund investments. Strengthening Supreme Audit Institutions (SAIs) is key to ensuring that this happens and efforts in this direction are monitored by KPI R2 which showed strong results in 2024. 12 out of 15 (80%) countries that submitted a grant audit report audited by SAIs met the timeliness and quality benchmark in 2024: a significant progress compared to 2023 when only seven out of 15 countries met the benchmark.

## Financial Performance

23. 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 US\$ 8 billion (59% of adjusted pledge) has already been secured in cash by end 2024 (KPI F1 – at target).

24. Corporate asset utilization is at 99%, above the KPI F2a target range of 95%-98% and thus the KPI is assessed to be at risk as it shows the limited financial flexibility that the Global Fund faces in the current challenging environment. Allocation utilization is at 97% (KPI F2b – at target) confirming effective conversion of allocations into disbursements to implementers.
25. GC6 grants demonstrate strong In-country Absorption (ICA) of 89% at end of June 2024 indicating that funds are being spent in countries according to grant budgets. The 89% absorption level for GC6 is comparable to GC5 ICA as of June 2021. However, the significant increase in GC6 absolute expenditure (+US\$ 1.6 billion) highlights an improved capacity for in-country spending.

# KPI performance summary

## Final results at end 2023 for HTM KPIs

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	96	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	98	46%	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	51	43%	47%	91% achievement against grant targets	
T1	TB notification, all forms	85	6.90 mn	6.82 mn	101% achievement against grant targets	
T2	TB TSR, all forms	72	88%	91%	96% achievement against grant targets	
T3	DR-TB cases on treatment	67	86%	97%	89% achievement against grant targets	
T4	DR-TB TSR	47	73%	69%	106% achievement against grant targets	
T5	TB contacts on TPT	49	1.97 mn	3.56 mn	55% achievement against grant targets	
T6	ART coverage for HIV positive TB patients	75	90%	97%	93% achievement against grant targets	
M1	LLIN's distributed	57	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	54	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 results included in this report

KPI		Latest result	Target	Performance
I1	Mortality rate	30%-58% combined mortality rate reduction	35% - 54% - 70% by end 2028	
I2	Incidence rate	19%-46% combined incidence rate reduction	30% - 42% - 60% by end 2028	
C1	Community engagement across Global Fund grant cycle	67% satisfaction of communities for FR and 64% for GM	75% (in 3 stages of grant life cycle)	
E1	Scale up of programs to address Human Rights-related barriers to HTM services	41% / 50% / 100% (resp. H/T/M) countries w/ improvement	50% by end GC7	
E3a	Advancing gender equality in HTM across Global Fund grant cycle	67% satisfaction of communities for both FR and GM	75% (in 3 stages of grant life cycle)	
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	
S4	Community systems for service delivery	28% countries with systems in place	38% by end 2028	
S5	System readiness for CHWs	N/A – countries show improvement	100% by end 2025	
S8	On Shelf Availability (OSA) <sup>1</sup>	89%/81%/85% (resp. H/T/M) average OSA scores across countries	90% by end 2025	
S9	Supply continuity	94% priority products with desired # suppliers	90%	
R1a	Realization of domestic commitments	70% domestic co-financing commitments	85%	
R1b	Mitigation of co-financing risks	29% mitigation actions	80%	
R2	Quality of external audit process	80% countries meeting criteria	80%	
R3	Pledges for 7th Replenishment	88% of R7 target	100%	
F1	Pledge conversion	59% cash received	60%	
F2a	Corporate asset utilization	99% corporate asset utilization	95%-98%	
F2b	Allocation utilization	97% allocation utilization for GC7	95%	

<sup>1</sup> KPI S8 results reported at 52<sup>nd</sup> Board, updated following approval of KPI S8 adjustment ([GF/B52/EDP01](#))