Mid-Strategy Adjustment to 2023-2028 KPI Framework

56th Board Meeting

GF/B56/10
28 – 30 October 2026, Geneva, Switzerland

Board Decision

Purpose of the paper: This paper describes the proposed changes to the 2023-2028 KPI Framework following the mid-Strategy review to reassess the relevance and viability of the Framework for Board approval.

Decision

Decision point: GF/B56/DPXX: 2023-2028 KPI Framework mid-Strategy adjustments

The Board notes the recommendation of the Strategy Committee ("SC") as set forth in GF/SC31/DP01 and approves the mid-Strategy adjustments to the 2023-2028 KPI Framework as set forth in GF/B56/XX.

This decision has no budgetary implications.

A summary of relevant past decisions providing context to the proposed Decision Point can be found in Annex 1.

Executive Summary

Context

1. The Global Fund 2023-2028 Key Performance Indicator Framework ("*KPI Framework"*) was developed as part of an overarching Monitoring & Evaluation Framework ("*M&E Framework"*) to monitor progress towards achieving the objectives outlined in the Global Fund 2023-2028 Strategy *("Strategy")*. The Strategy Committee ("*SC"*) and the Audit and Finance Committee ("*AFC"*) have responsibility for recommending specific Key Performance Indicators ("*KPIs"*) relevant to their respective committee mandates[1]. Based on the SC and AFC recommendations, the current KPI Framework[2] was approved by the Global Fund Board at its 48th meeting held in November 2022.

2. At its 49th meeting held in May 2023, the Board delegated authority to the Secretariat, in consultation with the relevant AFC and SC Chair and Vice Chair, to make non-material KPI adjustments, and to report such changes to the relevant Committees and Board. The Board decision noted that any proposed material changes to a KPI would continue to require recommendation by the AFC or SC and approval by the Board[3]. The approach to assessing materiality of KPI adjustments was shared with the Board in document GF/B49/03 Annex 1.

3. Now, at the mid-point of the 2023-2028 Strategy, the Secretariat has undertaken a review of the KPI Framework to determine whether the KPIs remain aligned with strategic priorities and continue to provide meaningful and actionable insights into strategic performance of the Global Fund partnership. While this was a routine mid-Strategy review, it was informed by changes in the operating environment, including funding disruptions and evolving donor priorities that affected countries' capacity to deliver certain services and generate data. The review also considered opportunities to simplify the framework and reduce reporting burden, given operational constraints at both country and Secretariat levels that have affected the feasibility and long-term sustainability of some KPIs.

Questions this paper addresses

- What are the proposed changes to the KPI Framework?

Conclusions

- The proposed KPI Framework comprises 43 KPIs, compared with 48 at the start of the Strategy period, including the introduction of four new KPIs, the discontinuation of nine KPIs, and the modification of four KPIs.
- The proposed revisions include: (i) the introduction of new KPIs on TB testing, service integration, Community health worker support, and financial governance in countries; (ii) the discontinuation of four targeted Health Facility Assessment (*"tHFAs"*)-based RSSH KPIs, two data use KPIs, one KPI on digital systems, one Pandemic Preparedness KPI on International Health Regulation, and the co-financing risk mitigation KPI; and (iii) modifications to KPIs relating to community engagement, human rights, and domestic resource mobilization to better reflect strategic priorities and provide more meaningful performance insights.

[1] The AFC is responsible for overseeing and recommending the Financial KPIs noted in Annex 2 section 2.2 of the paper GF/AFC20/09 (the "Financial KPIs"); and the SC is responsible for overseeing and recommending the Impact and Strategy KPIs noted in Annex 2 section 2.1 of the paper GF/SC20/05 revision 2 (the "Impact and Strategy KPIs").
[2] GF/B48/DP06
[3] GF/B49/DP03

Strategic area	Proposed update	Effective from
HTM (TB)	**Add** KPI T7 on TB testing	GC8, with first results reported in 2028
RSSH (quality, supervision, integration, CHWs)	**Drop** KPIs S1, S2, S3, S5 based on targeted health facility assessments (tHFAs)	2027
RSSH (integration)	**Add** KPI S3a on ANC4+ coverage	GC8, with first results reported in 2028
RSSH (CHWs)	**Add** KPI S5a on on-time payments to CHWs	GC8, with first results reported in 2028
RSSH (data use)	**Drop** KPIs S6b, S7 for in-country use of data	2027
RSSH (data systems)	**Drop** KPI S6a2 on HMIS maturity	2027
PPR	**Drop** KPI P3 on Human Resources for implementation of International Health Regulations (IHR)	2027
Community Leadership and Engagement	**Modify** KPI C1 to measure community satisfaction at each grant cycle stage independently, rather than across the grant cycle as a whole	GC8, with first results reported in 2027
Gender equality	**Modify** KPI E3a to measure women and transgender community satisfaction at each grant cycle stage independently, rather than across the grant cycle as a whole	GC8, with first results reported in 2027
Human Rights	**Modify** KPI E1 to measure reductions in barriers to service access overall, rather than on a disease-specific basis	GC8, with first results reported in 2028
Domestic Resource Mobilization	**Modify** KPI R1a to assess average country realization of co-financing commitments rather than weighted average portfolio realization	GC8, with first results reported in 2028
	Drop KPI R1b on mitigating co-financing risks for current GC	GC8, with final GC7 results reported in 2027
Country Financial governance	**Add** KPI R4 on percentage of Global Fund financing reflected on national health sector budgets	GC8, with first results reported in 2028

a. While the proposed revisions reduce the number of KPIs, visibility over strategic performance will be maintained through the broader Global Fund M&E Framework. The Strategic Performance Report will continue to synthesize evidence from KPIs and other M&E Framework components, including evaluations, programmatic, financial and risk analyses, and partner data, to provide a holistic assessment of progress towards the Strategic Objectives.

Input Sought

- Board approval is sought as per the Decision Point on page 2.

Input received

- Proposed changes to the KPI Framework were presented to the 30th Strategy Committee meeting in May 2026 for input[4]. The Strategy Committee generally supported the overall direction of the KPI revisions, while emphasizing the need to maintain ambition for Impact KPIs measuring reductions in mortality and incidence rate, and preserving visibility of performance in areas such as RSSH. The Committee's feedback informed further Secretariat deliberations and refinement of the proposed updates.
- The Strategy Committee recommended the refined proposal at its 31st meeting in October 2026 to the Board for approval. Key areas of discussion and clarification included: (i) the extent to which consolidating the Human Rights KPI (E1a) across the three diseases may affect visibility into the disparities in reducing disease-specific barriers to service access; (ii) the cohort monitored under KPI R4 on the percentage of Global Fund financing reflected in national health sector budgets, including the importance of maintaining visibility of transition countries; (iii) whether the proposed ANC4+ indicator (KPI S3a) adequately captures service integration outcomes, given its stronger focus on integration readiness; (iv) how governance bodies will continue to maintain visibility over strategic performance in areas not directly

[4] Mid-Strategy 2023-2028 KPI Framework Review, May 2026

measured through KPIs; and (v) the utility of leveraging partner data in assessing performance.

Report

What is being proposed and why?

The Secretariat proposes amendments to the 2023-2028 KPI Framework[5] to ensure that it remains strategically relevant, operationally feasible, and capable of providing actionable performance insights for the remainder of the Strategy period. The revisions reflect lessons from the first half of Strategy implementation, the shift towards greater integration under Grant Cycle 8 ("*GC*8"), and the need to reduce reliance on resource-intensive data collection approaches that are increasingly difficult to sustain in a constrained funding environment.

The Secretariat will continue to leverage evidence from other components of the Global Fund M&E Framework, including evaluations, programmatic, financial and risk analyses, as well as partner data, to provide a holistic assessment of strategic performance through the Strategic Performance Report. Together with KPIs, these sources will provide a holistic view of strategic performance and help ensure that important areas of progress and challenge remain visible, including those not directly measured through KPIs.

The proposed revisions comprise the introduction of four new KPIs, the discontinuation of nine KPIs, and modifications to four existing KPIs. The specific amendments to the 2023-2028 KPI Framework are described below.

1. **KPI T7: New TB KPI on use of WHO-recommended rapid diagnostic test**

   The Secretariat proposes the introduction of a new TB KPI to measure the percentage of people diagnosed with new TB infection who were tested using a WHO-recommended rapid diagnostic test (WRD).

   This indicator is a core measure of the Global TB Strategy and tracks access to accurate and quality-assured TB diagnosis. Its inclusion as a KPI is particularly relevant given the Global Fund's role as one of the largest global financiers of WHO-recommended rapid diagnostics tools.

   The indicator is included in the GC8 Modular Framework and will be reported through routine grant reporting. The KPI cohort will comprise countries that invest in rapid diagnostic testing and report against the indicator within their grant performance frameworks. Consistent with other HIV, TB, and malaria KPIs, portfolio performance will be assessed against approved grant targets, and the proposed KPI target is for the portfolio to achieve at least 90% of grant targets, a threshold generally considered indicative of strong grant performance.

   Results will be disaggregated by country and region to support performance analysis, identify key performance drivers, and inform performance management actions where needed.

[5] Current 2023-2028 KPI Framework details available in KPI handbook

The Secretariat proposes introducing KPI T7 in GC8, with the first results reported in 2028. The proposed definition for KPI T7 is presented in the table below.

KPI T7: Use of WHO recommended rapid diagnostic tests	
Definition	Portfolio performance for people diagnosed with a WHO-recommended rapid diagnostic tests
Formula	Portfolio performance for *"% of people diagnosed with a new episode of TB who were initially tested with a WHO-recommended rapid diagnostic test (WRD)*" with: Numerator = Aggregate portfolio result (%) Denominator = Aggregate portfolio target (%)
Cohort	All countries monitoring progress of indicator through grant(s)
Data source	Routine grant reporting
Baseline	98% portfolio performance across 74 countries in 2025
Target	Achieve or sustain Global Fund grant portfolio performance at or above 90%, assessed annually

2. **Targeted Health Facility Assessment (*"tHFAs"*) based KPIs – S1, S2, S3, S5**

Four KPIs were introduced under the 2023-2028 KPI Framework to measure the provision of integrated, people-centered, high-quality services and support for Human Resources for Health including community health workers ("*CHWs*"). These KPIs were designed to be measured through annual targeted Health Facility Assessments ("*tHFAs*"), with the baseline assessment funded by the Secretariat and subsequent assessments financed by countries through grant budgets.

While the Secretariat completed the baseline assessment in 2024, funding disruptions during GC7 necessitated greater prioritization of core HIV, TB and malaria service delivery, resulting in reduced grant investments in monitoring and evaluation ("*M&E*") and data systems. As a result, countries' ability to conduct stand-alone annual tHFAs declined and is expected to remain constrained under GC8. In addition, collecting data less frequently than annually was considered insufficient to support effective KPI performance management and timely course correction.

The Secretariat therefore proposes the following changes:

- **Discontinue KPI S1 *(Integrated, people-centered, high-quality services)***
  KPI S1 measures integration, person-centeredness, and quality of care across multiple dimensions for HIV, TB and malaria service delivery. Continued measurement requires extensive patient record reviews and exit interviews, making the assessment highly resource-intensive, and requiring substantial capacity and financial investment at both country and Secretariat levels. The Secretariat therefore proposes discontinuing this KPI effective from 2027.

- **Discontinue KPI S2 *(Supportive supervision)***
  KPI S2 measures the provision of supportive supervision. Given anticipated resource constraints under GC8, investments in integrated supportive supervision are expected to be more targeted to underperforming facilities and less likely to be implemented systematically across health systems. As a result, the strategic relevance is expected to decline, reducing its value as a strategic-level performance indicator. The Secretariat therefore proposes discontinuing this KPI effective from 2027.

- **Replace KPI S3 *(HTM integrated services offered to pregnant women)* with KPI S3a *(ANC4+ coverage)***

KPI S3 measures the provision of integrated HIV, TB and malaria services for pregnant women, through periodic tHFAs. While strategically relevant, the indicator relies on a resource-intensive data collection approach that creates additional reporting burden for countries.

Integrated service delivery for pregnant women will remain a priority under GC8. Antenatal care ("*ANC*") services provide a key platform for delivering HIV and malaria interventions during pregnancy. The proposed KPI S3a will measure ANC4+ coverage, defined as the percentage of women with a live birth who received antenatal care four or more times. ANC4+ coverage provides a practical measure of the reach and continuity of ANC services, which are prerequisites for delivering HIV and malaria interventions that require repeated contact with the health system. It may also serve as a tracer indicator of the strength of primary healthcare systems, particularly in low- and middle-income countries where maternal, newborn and child health services form a central component of primary care. While ANC4+ coverage measures access to and continued engagement in ANC services, it does not directly assess the delivery of specific interventions during ANC visits. To provide a more comprehensive assessment of integration, KPI S3a will therefore be complemented by HIV and malaria service coverage indicators delivered through ANC platforms, including EVT and IPTp3 coverage. Together, these indicators will help assess whether ANC contacts translate into improved coverage of HIV and malaria interventions for pregnant women.

The indicator is included in the GC8 Modular Framework and will be reported through routine grant reporting. Compared with KPI S3, the ANC4+ coverage can be routinely reported through HMIS[6], reducing reporting burden while enabling more regular monitoring of the ANC platform as an enabler of integration efforts. The KPI cohort will comprise countries that invest in activities supporting integrated health services for pregnant women and report against the indicator within their grant performance frameworks. Consistent with other HIV, TB, and malaria KPIs, portfolio performance will be assessed against approved grant targets. The proposed KPI target is for the portfolio to achieve at least 90% of grant targets, a threshold generally considered indicative of strong grant performance.

Results of the KPI will be disaggregated by country and region to support performance analysis, identify key performance drivers, and inform performance management actions where needed.

The Secretariat proposes discontinuing KPI S3 effective from 2027 and introducing KPI S3a from GC8, with first results reported in 2028. The proposed definition for KPI S3a is presented in the table below.

KPI S3a: ANC4+ coverage	
Definition	Portfolio performance for women with a live birth who received antenatal care four or more times
Formula	Portfolio performance for *"% of pregnant women with a live birth in a given time period who received antenatal care four or more times*" with: Numerator = Aggregate portfolio result (%) Denominator = Aggregate portfolio target (%)
Cohort	All countries monitoring progress of indicator through grant(s)
Data source	Routine grant reporting
Baseline	Not available
Target	Achieve or sustain Global Fund grant portfolio performance at or above 90%, assessed annually

- **Replace KPI S5 *(System readiness for CHWs)* with KPI S5a *(On-time payments to CHWs)***

[6] WHO MONITOR – Antenatal Care indicator sheet

KPI S5 measures the readiness of key system components required for community health workers (*"CHWs"*) to perform effectively. Baseline results from the targeted health facility assessment (*"tHFAs"*) identified gaps in CHW remuneration as a critical system weakness. The proposed KPI S5a will maintain focus on CHW system strengthening by tracking timely payments to CHWs, a key determinant of CHW functionality and an anticipated priority area under GC8.

The indicator is included in the GC8 Modular Framework and will be reported through routine grant reporting. The KPI cohort will comprise countries that invest in the remuneration of CHWs and report against the indicator within their grant performance frameworks. Country performance will be assessed against their approved grant targets. A country will be considered to be performing well if it achieves at least 90% of its grant target, consistent with the threshold used for strong grant performance. The proposed KPI target is for at least 70% of countries in the cohort to meet this performance threshold.

Results will be disaggregated by country, region and grant implementer type to support performance analysis, identify key performance drivers, and inform performance management actions where needed. Disaggregation by implementer type (government, or civil society) will also provide insights into the effectiveness of different CHW payment and management models. In countries where CHWs are remunerated directly through government payroll systems, the KPI will reflect the strength of government human resources and payroll management systems. In countries where CHWs are managed by civil society organizations ("*CSOs"*) but paid through government systems, the KPI will provide insights into the effectiveness of social contracting arrangements. Where CHWs are managed and remunerated directly by CSOs, the KPI will reflect the performance of civil society human resource and payment systems.

To provide a broader view of CHW system readiness, KPI S5a will also be complemented by insights from CHW maturity models and the Africa Union Community Health Scorecard, which will assess wider structural and operational dimensions of CHW and community health programs, including insights on domestic financing and sustainability.

The Secretariat proposes discontinuing KPI S5 effective from 2027 and introducing KPI S5a from GC8, with first results reported in 2028. The proposed definition for KPI S5a is presented in the table below.

KPI S5a: On-time payments to CHWs	
Definition	Percentage of countries performing well on making on-time payments to CHWs
Formula	Percentage of countries performing well for *"% of remunerations to Global Fund-funded community health workers made on time during the reporting period*" with: Numerator = Number of countries achieving at least 90% of their grant target Denominator = Number of countries in cohort
Cohort	Countries with significant Global Fund investments in the Allocation Period in the area of CHW remunerations
Data source	Routine grant reporting
Baseline	Not available
Target	70% of countries perform well against the grant targets. **country performs well if it meets 90% of the grant targets*

3. **Discontinue data use and data system KPIs – S6a2 *(Digital HMIS maturity)*, S6b *(Data use in countries)*, S7 *(Disaggregated data use in countries)***

Performance measurement for all these KPIs relies heavily on verifications conducted by Local Fund Agents (*LFAs*) to generate robust and reliable data. In the context of funding constraints during GC7 and a more constrained financial and human resource environment anticipated in GC8, the

Secretariat considers the continued implementation of these verifications increasingly challenging and resource intensive.

Accordingly, the Secretariat proposes discontinuing these KPIs under the revised KPI Framework effective from 2027. Progress in strengthening country data and digital health systems will continue to be monitored through evidence generated from routine grant reporting and complementary partner data sources like WHO SCORE report, thereby reducing monitoring costs while maintaining oversight of key outcomes.

4. **Discontinue Pandemic Preparedness KPI P3 *(Human Resources for implementation of International Health Regulations)***

KPI P3 measures whether countries have sufficient front-line workforce capacity to detect and respond rapidly to epidemics and pandemics in line with the core competencies of the International Health Regulations ("*IHR*").

The IHR-related activities monitored through this KPI were primarily supported through the C19RM funding mechanism, which is expected to conclude by the end of 2026. In the context of broader funding constraints and the need to prioritize limited resources under GC8, the Global Fund's role in supporting IHR-related workforce investments is expected to become more limited. Consequently, the Secretariat proposes discontinuing KPI P3 under the revised KPI Framework, effective from 2027, to ensure that strategic performance monitoring remains aligned with the Global Fund's principal areas of investment and influence.

5. **KPI R4: New KPI monitoring financial governance in countries**

Effective management of donor financing depends on both financial accountability and financial governance. While financial accountability is monitored through KPI R2, which measures the quality of external audits by Supreme Audit Institutions, there is currently no indicator to track financial governance. KPI R4 is proposed to address this gap.

KPI R4 will measure the percentage of Global Fund financing reflected in national health sector budgets. This indicator is strategically important because inclusion of Global Fund financing in national budgets supports aid effectiveness, sustainability and country ownership. It provides governments with a more complete view of available health resources, helping to align investments with national priorities and strengthen accountability through country systems. The KPI also serves as a leading indicator of transition readiness, providing an indication of whether the financial foundations for successful transition are being established. Successful transition requires governments to progressively assume responsibility for financing and managing health programs. Integration of Global Fund financing into national health sector budgets is an important step towards greater use of country systems and more sustainable, country-led financing.

The KPI will be monitored from GC8, with the first results reported in 2028. The cohort will comprise GC8 grants with government Principal Recipients ("*PRs*") in priority High Impact and Core portfolio countries, currently estimated at 39 countries which account for the majority of Global Fund investments. Data systems to monitor and report this KPI are already in place within the Secretariat, and the indicator is routinely reported to the AFC. The proposed target is for 80% of Global Fund financing to be reflected on national health sector budgets by the end of the grant cycle. This target is both ambitious and achievable, given that 58% of Global Fund financing in the 39 priority countries was reflected in the national health sector budgets during GC7.

To strengthen governance, accountability and sustainability of Global Fund investments, the Secretariat continues to encourage all countries to integrate grant budgets into national medium

term expenditure frameworks and annual budgets. Where information is available, KPI R4 reporting will be complemented by information on extent to which Global Fund investments are integrated in national health sector budgets beyond the KPI specific country cohort, as well as on the use of country public financial management systems, including on-budget, on-treasury and on-audit[7]. Together, these measures will provide a more comprehensive picture of financial integration, help identify areas requiring targeted support, and demonstrate progress in strengthening country financial systems.

The proposed definition for KPI R4 is presented in the table below.

KPI R4: GF financing on national health sector budget	
Definition	Percentage of Global Fund financing on national health sector budget
Formula	Numerator = Budget amount for grants in the cohort that is included in the national health sector budget during the Allocation Period Denominator = Total budget amount for grants in the cohort during the Allocation Period
Cohort	Grants with government Principal Recipients in priority countries in the Allocation Period
Data source	Global Fund Finance data systems
Baseline	58% (US$ 3.6 bn out of US$ 6.3 bn) of Global Fund financing was on national health sector budget in 39 priority countries in 2023-2025 Allocation Period
Target	80% Global Fund financing on national health sector budget by end of Allocation Period

6. **Domestic Resource mobilization KPIs – R1a, R1b**

The Secretariat proposes the following changes to these KPIs:

- **Revise KPI R1a monitoring realization of co-financing commitments to be timelier and more insightful**

  KPI R1a measures the domestic health expenditure realized against co-financing commitments over a grant cycle. However, the indicator measures aggregate portfolio-level realization and is therefore heavily influenced by countries with the largest co-financing commitments. As a result, strong performance by a small number of high-value countries can mask weaker performance across the broader portfolio, limiting visibility into the typical country's performance and potentially overstating overall KPI performance.

  The mid-term KPI Framework review also identified KPI R1a as an indicator with significant lag time. Realization data become available only after the end of a grant cycle, resulting in a reporting lag of approximately three to three-and-a-half years. This limits the indicator's usefulness for monitoring performance and informing corrective action during implementation.

  To address these limitations, the Secretariat proposes replacing KPI R1a with KPI R1c. The proposed indicator measures the average country-level realization rate of co-financing commitments, providing a clearer view of performance across the portfolio rather than being driven by a small number of high-value countries. In addition, the Secretariat is introducing annual monitoring of the realization of co-financing commitments through the Principal Recipient ("*PR*") reporting process. This will enable co-financing performance to be tracked throughout the grant cycle, significantly reducing reporting delays and allowing earlier identification of implementation challenges.

[7] On-budget : Global Fund funding is reflected in country budget documentation; On-treasury: Grants are disbursed into the government's main revenue funds and managed through the government's systems; On-audit: Audit of Global Fund grants by Supreme Audit Institutions

KPI R1a is proposed for discontinuation from GC7. However, to maintain visibility of GC7 co-financing performance, realization data for GC7 commitments will continue to be reported as complementary contextual information.

KPI R1c will be introduced from GC8, alongside the new annual monitoring approach, with the first results reported in 2028. During GC6, both the average country realization rate and the weighted portfolio realization rate were 76%; accordingly, the proposed target for KPI R1c is an average country realization rate of co-financing commitments of 85% by the end of the grant cycle. This target is both achievable and ambitious, representing a nine-percentage-point increase from GC6 baseline. KPI results will be disaggregated by disease burden category and country allocation size to support performance analysis.

The proposed definition for KPI R1c is presented in the table below.

KPI R1c: Realization of domestic co-financing commitments	
Definition	Average country realization rate of co-financing commitments for HIV, TB, malaria and RSSH
Formula	Average of cumulative country realization rate of co-financing commitments for the Allocation Period
Cohort	All country-components with an allocation in the Allocation Period, excluding those: (a) exempt from or granted waiver from co-financing requirements; (b) granted an extension for co-financing reporting, beyond the KPI reporting deadline; or (c) that have not finalized co-financing commitments
Data source	Global Fund Health Financing co-financing monitoring database
Baseline	76% average country realization rate for 2020-2022 Allocation Period
Target	85% average cumulative country realization rate of co-financing commitments by end of Allocation Period

- **Discontinue KPI R1b *(completion of co-finance risk mitigation actions)***

KPI R1b was introduced to support proactive management of co-financing risks as KPI R1a was constrained by significant reporting time lags. While the indicator has strengthened focus on co-financing risks and mitigation actions, the proposed introduction of KPI R1c and annual monitoring of co-financing realization will address this need more directly by measuring actual outcomes rather than the completion of risk mitigation actions as a proxy for performance.

The Secretariat therefore proposes discontinuing KPI R1b from GC8, with the final GC7 results reported in 2027.

Co-financing risk mitigation actions will continue to be monitored through the Risk Management Framework, consistent with the treatment of other organizational risks. Where appropriate, the Secretariat may also provide complementary information on the implementation and completion of co-financing mitigation actions.

7. **Revise Community Engagement KPIs – C1 *(community engagement across grant cycle stages)*, E3a *(women, gender-diverse community engagement across grant cycle stages)***

KPI C1 measures community satisfaction with engagement throughout the Global Fund grant cycle stages of Funding Request, Grant Making, and Grant Implementation. KPI E3a applies the same methodology to women, girls and gender-diverse communities. Both KPIs are derived from the same community engagement survey, and their target currently requires an average satisfaction score of at least 75 (out of 100) across all three grant cycle stages.

Lessons from monitoring these KPIs in GC7 indicate that the current "75 or above in all three grant cycle stages" target structure does not provide the most meaningful or methodologically robust assessment of community engagement performance. The all-or-nothing approach can result in a KPI being reported as underperforming even when satisfaction is high in one or two stages, limiting its value for performance assessment and decision-making. Survey results are also not directly comparable across grant cycle stages, as both participating countries and respondents vary between Funding Request, Grant Making and Grant Implementation. As a result, the current KPI design does not provide a reliable measure of consistency in community satisfaction across the grant cycle.

To address these limitations, the Secretariat proposes revising both KPIs so that each grant cycle stage is assessed independently. Rather than measuring the number of stages that meet the satisfaction threshold of 75 (out of 100), satisfaction will be monitored separately for Funding Request, Grant Making, and Grant Implementation. The satisfaction threshold of 75 out of 100 will be retained for each stage, as the GC7 baseline results indicate that this remains both ambitious and achievable. The community engagement survey will remain the primary data source. However, based on lessons learned from GC7, the survey methodology will be strengthened to better identify barriers to meaningful engagement and increase the actionability of findings. In addition, countries with fewer than two survey responses will be excluded from KPI calculations to improve the reliability and representativeness of results.

These KPIs will be complemented by insights from focus group discussions in priority countries to provide a deeper understanding of barriers to engagement and inform targeted improvements in community participation across the grant cycle.

The Secretariat proposes monitoring the revised KPI C1a and KPI E3a from GC8, with the first results reported in 2027.

The proposed definition for KPI C1a which will replace KPI C1 is presented in the table below.

KPI C1a: Community engagement across Global Fund grant cycle	
Definition	Average community satisfaction with engagement at an acceptable level for each grant cycle stage
Formula	Average of country-level community engagement satisfaction score for the Funding Request, Grant Making, and Grant Implementation stages, respectively
Cohort	All countries receiving Global Fund allocation for the Allocation Period, excluding countries with less than two survey responses for the relevant grant cycle stage
Data source	Community engagement survey conducted at different grant cycle stages
Baseline	Average of country-level community engagement satisfaction scores for 2023-2025 Allocation Period were: 67 (Funding Request), 65 (Grant making), 64 (Grant implementation)
Target	Average of country-level community engagement satisfaction score of at least 75 (out of 100) for the Funding Request, Grant Making, and Grant Implementation stages, respectively

The proposed definition for KPI E3c which will replace KPI E3a is presented in the table below.

KPI E3c: Advancing gender equality – engagement in grant cycle	
Definition	Average women, girls and transgender communities' satisfaction with engagement at acceptable level for each grant cycle stage
Formula	Average of country-level women, girls and transgender community engagement satisfaction score for the Funding Request, Grant Making, and Grant Implementation stages, respectively

Cohort	All countries receiving Global Fund allocation for the Allocation Period, excluding countries with less than two survey responses for the relevant grant cycle stage
Data source	Community engagement survey conducted at different grant cycle stages
Baseline	Average of country-level women, girls and transgender community engagement satisfaction scores for 2023-2025 Allocation Period were: 68 (Funding Request), 67 (Grant Making), 70 (Grant Implementation)
Target	Average of country-level women, girls and transgender community engagement satisfaction score of at least 75 (out of 100) for the Funding Request, Grant Making, and Grant Implementation stages, respectively

8. **Revise KPI E1 *(Scale up of programs to address Human Rights-related barriers)* to align with GC8 shift to Integration**

KPI E1 currently measures the scale-up of programs addressing human rights-related barriers to HIV, TB and malaria services through separate disease-specific cohorts and targets. While this approach has provided valuable insights into progress under GC7, it is no longer fully aligned with the strategic direction of GC8.

Under GC8, reducing human rights barriers has been repositioned as a cross-cutting, system-level outcome that supports equitable access to services across diseases rather than as a disease-specific objective. Continuing to measure performance through separate HIV, TB and malaria targets would therefore be inconsistent with the integrated approach embedded in GC8, and could inadvertently reinforce siloed program planning, implementation and performance management practices. In addition, as service delivery becomes increasingly integrated across countries, attributing improvements in reducing human rights-related barriers to a single disease program is becoming increasingly challenging and may lead to incomplete or misleading assessments of progress at the disease level.

The current disease-specific cohorts also differ significantly in size, comprising 24 countries for HIV, 12 for TB and only 2 for malaria. These disparities limit the comparability and interpretability of disease-level results and increase the risk that observed differences in performance reflect cohort composition rather than actual progress. Through the programmatic conditions to access human rights and gender matching funds, countries are required to conduct annual self-assessments of progress in reducing barriers across diseases for which they have received a country allocation. While some countries will continue to provide disease-level data in addition to aggregate scores, requiring complete disaggregation across all participating countries could substantially reduce the size of the KPI cohort and undermine its representativeness.

A disease-agnostic measure is therefore better suited to capturing systemic progress in addressing human rights-related barriers. It aligns with the integrated design of GC8, avoids attribution and comparability challenges associated with disease-specific reporting, and enables consistent measurement across a representative cohort of participating countries.

The Secretariat therefore proposes revising KPI E1 to replace disease-specific targets with a single integrated KPI E1a target that better reflects the strategic intent of GC8 while simplifying reporting and performance management at both country and Secretariat levels. Disease-specific information will continue to be collected and reported where available, ensuring visibility of disease-level progress while maintaining a representative and comparable KPI cohort.

The revised KPI cohort will include all 20 priority countries eligible for human rights and gender matching funds and participating in the Breaking Down Barriers (*"BDB"*) initiative, enabling consistent measurement of progress in addressing human rights-related barriers across the full BDB portfolio. The cohort will comprise 15 countries currently monitored under KPI E1, as well as five additional

countries. Data collection will continue to rely on annual self-assessments conducted by national technical working groups with support from technical assistance providers funded through the Human Rights and Gender Strategic Initiative.

The target level of 50% is proposed to be retained. While the numerical target remains unchanged, it represents a more demanding level of performance. Many of the countries monitored under KPI E1 during GC7 and retained in the KPI E1a cohort have already achieved relatively higher levels of program scale-up, with six countries already operating at scale at the subnational level, where further gains are inherently more difficult to achieve. Progress will also need to be achieved within an increasingly constrained human rights and funding environment. Retaining the 50% target therefore represents a deliberate and realistic stretch ambition that balances continued progress with implementation realities.

The Secretariat proposes to conclude reporting on KPI E1 following publication of the final GC7 results in 2027 and to introduce KPI E1a under GC8, with baseline scores reported in 2027, and first performance results reported in 2028.

The proposed definition for KPI E1a which will replace KPI E1 is presented in the table below.

KPI E1a: Scale up of programs to address Human Rights-related barriers	
Definition	Percentage of countries with increases in scale of programs to reduce Human Rights-related barriers
Formula	Numerator: Number of countries showing an increase in scale of programs from 2026 baseline Denominator: Total countries with scores in reporting period
Cohort	Countries receiving Human Rights & Gender Barriers to services Matching Funds for 2026-2028 Allocation Period
Data source	Annual reports from Technical Assistance providers
Baseline	Not available
Target	50% of countries show an increase in scale of programming between the 2026 baseline and the end of 2026-2028 Allocation Period

Recommendation

The Board is requested to approve the Decision Point on page 2 of this paper.

Annexes

Annex 1 – Relevant Past Board and Committee Decisions

Relevant past Decision Point	Summary and Impact
GF/B53/EDP02: *2023-2028 KPI S6a replaced with KPI S6a2* June 2025	The Board notes the recommendation of the Strategy Committee ("SC") as set forth in GF/SC27/EDP02, and: i. Approves the replacement of 2023-2028 KPI S6a as set forth in GF/B53/ER02
GF/B52/EDP01: *2023-2028 KPI R1b and KPI S8 adjustment* December 2024	The Board notes the recommendation of the Strategy Committee ("SC") as set forth in GF/SC26/DP01, and: ii. Approves the adjustments to the 2023-2028 KPI R1b target and cohort definitions as set forth in GF/B52/ER01; and iii. Approves the adjustment to 2023-2028 KPI S8 formula definition as set forth in GF/B52/ER01
GF/B49/DP03: *2023-2028 KPI Framework adjustments* May 2023	The Board notes the recommendations of the Audit and Finance Committee ("AFC") as set forth in GF/AFC21/EDP02, and the Strategy Committee ("SC") as set forth in GF/SC21A/DP01, and: i. Approves the adjustments to the 2023-2028 Key Performance Indicator ("KPI") Framework (including each KPI) as set forth in GF/B49/03 Annex 2; ii. Notes that proposed material changes to a KPI (refer to GF/B49/03 Annex 1 for the approach to assessing materiality) will continue to be recommended by the AFC or SC, within their respective allocated responsibilities (each a "Relevant Committee") (as set forth in Annex 2 section 2.2 of GF/AFC20/09 and Annex 2 section 2.1 of GF/SC20/05 revision 2), for Board approval; and iii. Delegates authority to the Secretariat, in consultation with the Relevant Committee Chair and Vice Chair, to make non-material KPI adjustments, in line with GF/B49/03 Annex 1, and report back to the Relevant Committees and Board on all such changes.
GF/B48/DP06: *2023-2028 M&E Framework, KPI Framework and Multi-Year Evaluation Calendar* November 2022	The Board noted the recommendations of the Strategy Committee and Audit and Finance Committee, as set forth in GF/B48/04 and: • Endorses the components of the M&E Framework as described in GF/B48/04 Annex 1; • Approves the KPI Framework (including each Key Performance Indicator), as set forth in GF/B48/04 Annex 2;

	• Approves the topics for the Multi-Year Evaluation Calendar 2023-2028 as set forth in GF/B48/04 Annex 3; and Delegates authority to the SC to approve changes to the Multi-Year Evaluation Calendar in 2023, following a request by the Chief Evaluation and Learning Officer and advice from the Independent Evaluation Panel.
GF/AFC20/DP05: *Financial Key Performance Indicators (KPIs)* October 2022	The Audit and Finance Committee recommended to the Board for approval the Financial Key Performance Indicators as set forth in Annex 2.2 of GF/AFC20/09.
GF/SC20/DP01: *2023-2028 M&E Framework, Impact and Strategy KPIs and Multi-Year Evaluation Calendar* October 2022	The Strategy Committee recommended to the Board for approval recommending the Impact and Strategy KPIs as set forth in GF/SC20/05_revision 2 Annex 2.1.
GF/B47/DP08: *Leveraging the work of the Standing Committees* May 2022	Based on the recommendation of EGC, as set forth in GF/B47/06 – Revision 1, the Board amended the Charters of the Standing Committees of the Board.