

35th Board Meeting

2017-2022 Strategic KPI Framework

For Board Approval

GF/B35/07b

Abidjan, Côte d'Ivoire

26-27 April 2016

The Global Fund 35th Board Meeting

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2017-2022 Strategic KPI Framework

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- 4 Indicator proposals (pg. 16-55)

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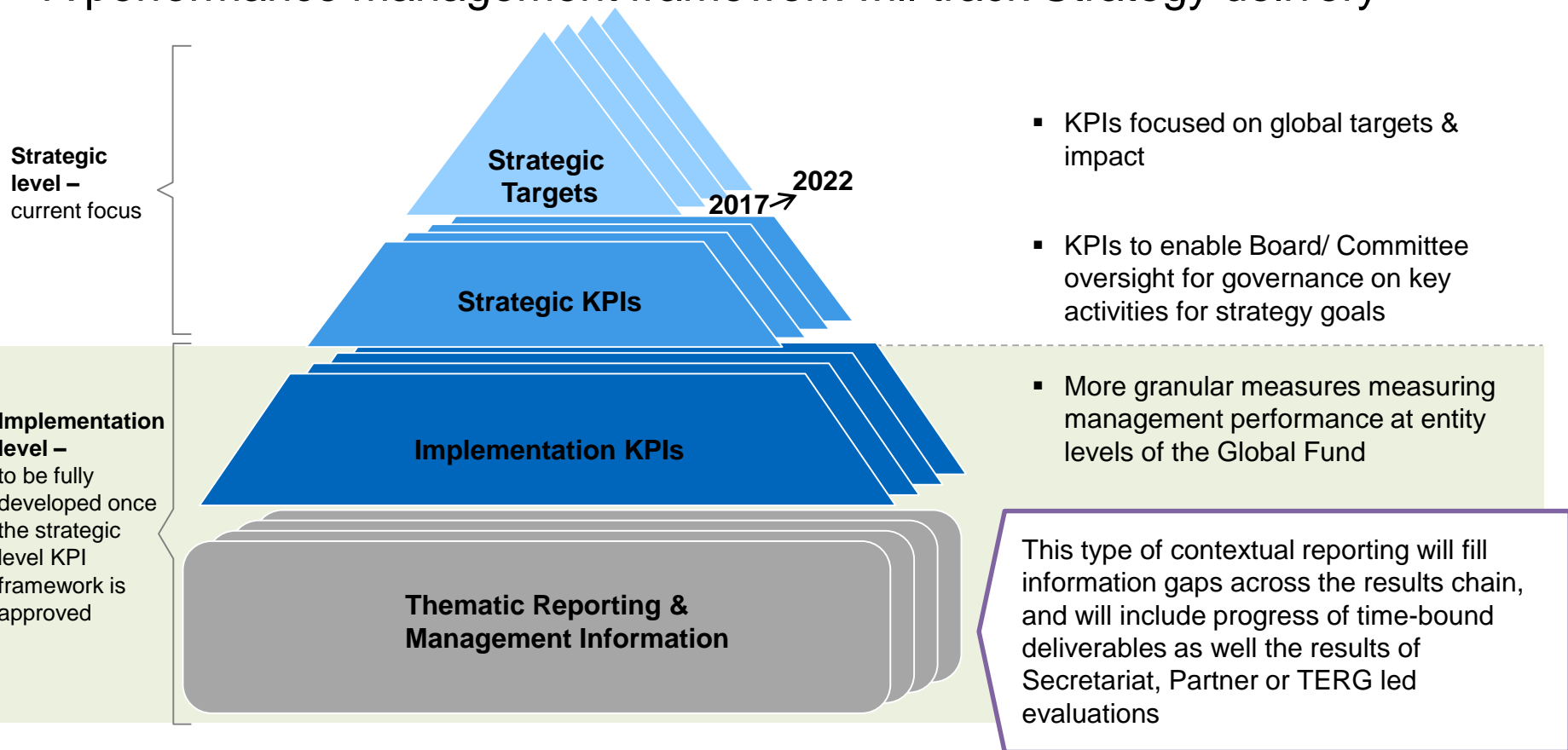
1 Framework development was guided by the following principles

Principles were drawn from past experience and learning from other organizations and sectors:

- **Align the framework** with the 2017-2022 Strategy
 - Strategic KPIs should aim to measure the overall effect of the Strategic Objectives – and not the specific effect of each sub-objective
- Set the Framework for the **lifetime of the Strategy**
- Define a **clear hierarchy** with logical links between the levels
 - Accountability should be clear and interpretation defined accordingly
- **Reduce the number of KPIs** and increase focus
- Complement the Strategic KPI framework with a **implementation KPIs and thematic reporting** to aid interpretation
- Ensure indicators are **visible** and **measurable**
 - Indicators should be measured on a meaningful number of countries




1

A performance management framework will track Strategy delivery



1

2017-2022 Framework for Approval

- 3  Retained from current framework
 5  Revised from current framework
 4  Addition

Strategic Targets	Strategic targets			
	① Performance against impact targets	② Performance against service delivery targets		
Strategic Objectives	Maximize Impact Against HIV, TB and malaria	Build resilient & sustainable systems for health	Promote and protect human rights & gender equality	Mobilize increased resources
Strategic vision	Invest funds to maximize portfolio impact	Improve the performance of strategically important components of national systems for health	Reduce human rights barriers to service access; & Reduce gender and age disparities in health	Increase available resources for HIV, TB & Malaria; & Ensure availability of affordable quality-assured health technologies
Strategic KPIs	3 Alignment of investment & need	6 Strengthen systems for health	8 Gender & age equality	10 Resource mobilization
	4 Investment efficiency	7 Fund utilization	9 Human rights	11 Domestic investments
	5 Service coverage for key populations			12 Availability of affordable health technologies

1 Overview of framework development

Context

- The KPI Framework for the new strategy has been **in development with technical and operational teams since April 2015**
- The 2017-2022 Strategic Framework was approved by the Board at its 34th meeting in November 2015 providing the firm basis on which this first draft KPI framework has been designed
- **Technical partners have been deeply engaged** in reviewing the technical soundness of indicator proposals
- A preliminary draft of proposed Strategic KPIs was shared with constituencies in January 2016 for input. **100+ pages of written feedback** were received from constituencies and summarized for review by the Committees
- **Resulting Framework incorporates this feedback, plus significant inputs from meetings with Board constituents and technical partners:** 10 MEC & Steering Committee meetings providing strong internal guidance; one-to-one consultation meetings with 14 Board Constituencies; 2 Constituency Working Groups on the RSSH and Service Delivery indicators; and two joint Board Committee sessions

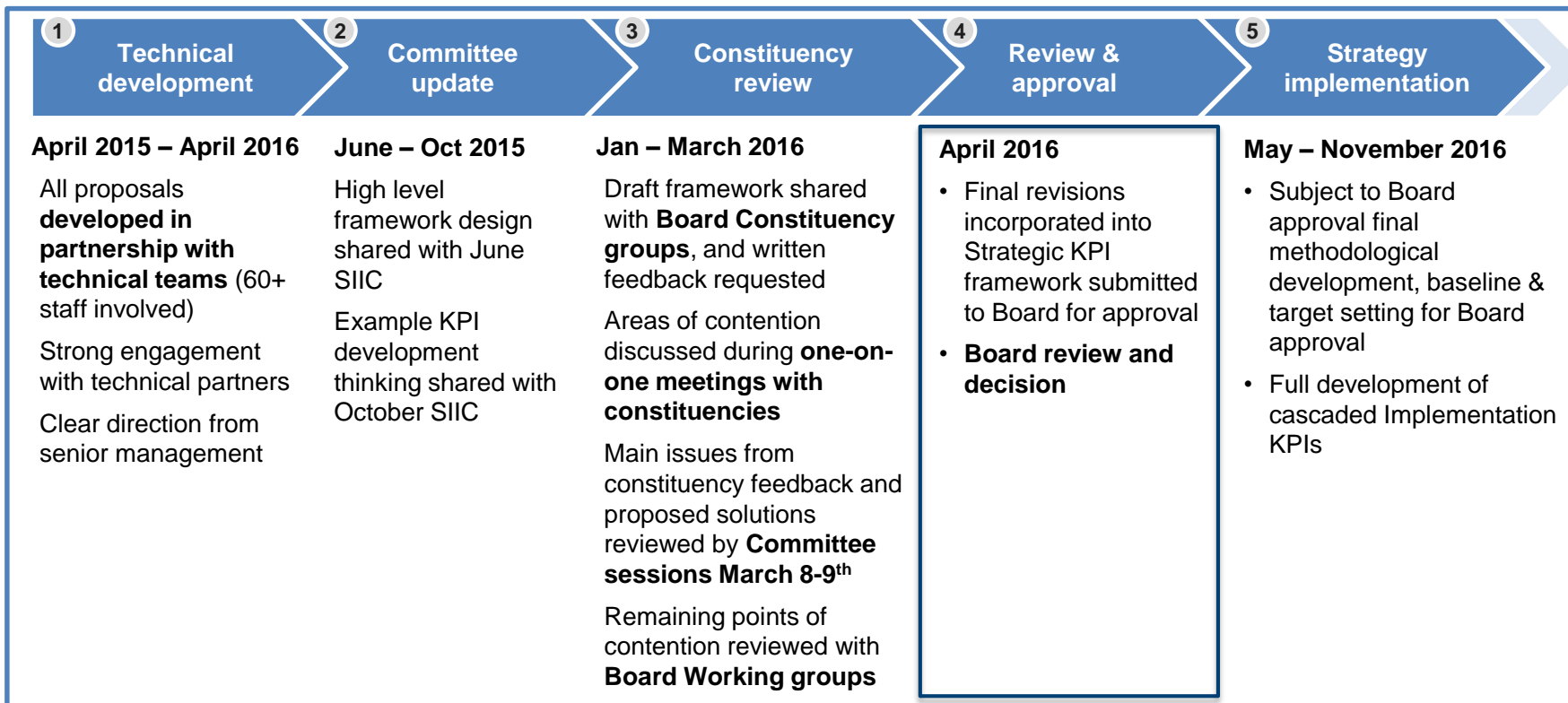
For Board Approval

- This document and accompanying narrative (GF/B35/07a) is the **final draft of the proposed framework**, incorporating the critical guidance received from technical partners and Board constituents
- **This framework is presented here for Board approval**
- With the Board's approval, Secretariat will fully develop the framework of **cascaded Implementation KPIs**

1

Developing the 2017-2022 Strategic KPI Framework

Proposals have been developed with significant input from internal and external stakeholders



2

Extensive stakeholder engagement

Consultation meetings held with:

- ✓ Communities
- ✓ Civil society groups
- ✓ Developing Country NGO
- ✓ EC
- ✓ Partners
- ✓ Point7
- ✓ Private Foundations
- ✓ Private Sector
- ✓ Stop TB partnership
- ✓ TERG
- ✓ UK
- ✓ US
- ✓ UNAIDS
- ✓ WHO

Written feedback to first draft Framework received from:

- ✓ Canada/Australia/CH
- ✓ Communities
- ✓ Developed Country NGO
- ✓ Developing Country NGO
- ✓ EC
- ✓ EMR
- ✓ France
- ✓ Germany
- ✓ Japan
- ✓ LAC
- ✓ Point7
- ✓ Private Foundations
- ✓ Private Sector
- ✓ UK
- ✓ US
- ✓ WCA/ESA
- ✓ Board Chair
- ✓ TRP
- ✓ Partners
- ✓ UNAIDS
- ✓ WHO

2

Major questions from the constituency feedback - reviewed by Board Committees

1. Should the distinction between “**corporate**” and “**operational**” KPIs be removed?
2. What is the **development schedule** for the **operational KPI** framework?
3. How will **progress** be monitored for **sub-objectives** not covered by a Corporate KPI?
4. What **mitigation plans** are proposed to minimize the noted risks on **data availability**?
5. Is it better to track **service delivery** as a **count** or **coverage** measure?
6. Should the service coverage measure for **key populations** be extended to **treatment**?
7. How were the **RSSH sub-objectives** prioritized?
8. Should additional **gender & age disparities** be included at the Corporate KPI level?
9. How will the following issues be tracked: **COEs, transition, differentiation, partnerships, risk**?

Two special working groups of Board constituents and technical experts established to resolve divergent views on service delivery and RSSH proposals

Service Delivery Working Group

Issues reviewed

1. A number of constituencies suggested **services to be added or removed** from the proposed measure
2. Feedback noted that **service coverage is a more mission-focused** measure than counts of services delivered and that measures of **service quality** be considered for inclusion
3. Other feedback has noted the **difficulty in interpreting aggregate measures of coverage and quality** to guide Global Fund decision making – especially related to issues of accountability and data quality

Working group input

- A revised set of service measures incorporating Working Group and subsequent StopTB facilitated input is set out in the KPI 2 proposals
- Decisions on whether to measure services as counts or coverage, and whether to include measures of service quality were based on assessments of data availability and quality, accountability and how the results could be interpreted for use as performance measures
- Issues of accountability and data quality for some indicators were addressed by proposals to focus data collection on a subset of countries, and to strengthen data systems to meet these demands

RSSH Working Group

Issues reviewed

Can the **RSSH sub-objectives not included** as part of the aggregate Strategic KPI be added: a) Strengthen community responses & systems; b) Support reproductive, women's, children's and adolescent health and platforms for integrated service delivery; d) Leverage critical investments in human resources for health; f) Strengthen and align to robust national health strategies and national disease-specific strategic plans

Working group input

- A Strategic KPI may not be the best way to track each of these sub-objectives. Alternative mechanisms to monitor progress would be more appropriate
- An additional measure on alignment of Concept Notes to National Strategic Plans was proposed as a possible addition to the Framework

2 Working Group consensus on how RSSH sub-objectives not included in the Strategic KPI should be tracked

<u>Sub-objective</u>	<u>Strategic direction</u>	<u>Proposed tracking mechanism</u>
Strengthen community responses & systems	Initial aims are to establish a solid framework to guide our work on community responses	<ul style="list-style-type: none"> ▪ Monitor through thematic reporting ▪ Establish Implementation KPIs as this work progresses ▪ Possible TERG evaluation
Support reproductive, women's, children's and adolescent health and platforms for integrated service delivery	Continue implementation of co-financing approach on RMNCAH	<ul style="list-style-type: none"> ▪ Continue tracking as an Implementation KPI ▪ Possible TERG evaluation
Leverage critical investments in human resources for health	HRH investments are highly dependent on country context and difficult to generalize across the portfolio	<ul style="list-style-type: none"> ▪ Monitor through thematic reporting ▪ Possible TERG evaluation

3

A broader performance management framework will provide the Board with a comprehensive view of Strategic progress

Strategy component (Targets, objectives, enablers)	Strategic KPIs	Implementation KPIs	Thematic Reporting	Secretariat led evaluations	TERG led evaluations
SO 2 Build Resilient and Sustainable Systems for Health	KPI 7				
2 a) Strengthen community responses and systems					
2 b) Support reproductive, women's, children's, and adolescent health, and platforms for integrated service delivery					
2 c) Strengthen global and in-country procurement and supply chain systems	KPI 6				
2 d) Leverage critical investments in human resources for health					
2 e) Strengthen data systems for health and countries capacities for analysis and use	KPI 6				
2 f) Strengthen and align to robust national health strategies and national disease-specific strategic plans	KPI 6				
2 g) Strengthen financial management and oversight	KPI 6				

Illustrative: Under development in line with Strategy Implementation planning process

3 What might **Thematic Reporting** look like?

ILLUSTRATIVE EXAMPLE 1

Illustrative example of thematic reporting for Gender under SO3

1. Information across the results chain

Inputs	Activities	Outputs	Coverage	Impact
Investment by intervention	Commodities, Human resources, TA	Number of interventions delivered	Number of interventions delivered / number in need	Reduction in HIV incidence

2. Progress against time-bound deliverables of the implementation plan

e.g. Developing and rolling out plan to measure gender equality in TB;

e.g. Embedding gender-related issues in national processes, and Global Fund sustainability and eligibility proposals

3. Synthesis of Secretariat and TERG led evaluations

e.g. Qualitative assessments of specific interventions to address gender inequalities

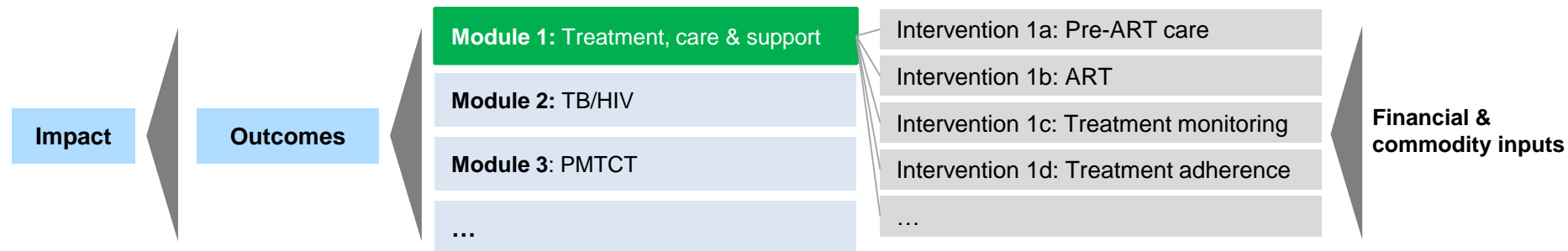
4. Supporting resource allocation

e.g. Investments from Secretariat operational expenses and Strategic Initiatives supporting implementation and measurement of the Strategic Objective

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3 Thematic Reporting: a more comprehensive view across the results chain

KPI 2 on HIV treatment (# of adults and children currently receiving ART)






Impact indicator	Outcome indicators	Coverage	Interventions delivered	Inputs
AIDS related mortality per 100,000 population	Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	<ul style="list-style-type: none"> Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV Percentage of people living with HIV who initiated ART with CD4 count of <200 cells/mm³† Percentage of adults and children who initiated ART, with an undetectable viral load at 12 months (<1000 copies/mL) Proportion of malnourished PLHIV that received therapeutic or supplementary food at any time during the reporting period* 	<p>Proposed Treatment: People currently receiving ARV therapy [Proposed KPI 2a]</p> <ul style="list-style-type: none"> Associated infections: People receiving treatment for sexually transmitted infections* Basic care and support services provided to orphans and other vulnerable children * 	<ul style="list-style-type: none"> Budget by intervention Expenditure rates by intervention Cost categories (eg. Human Resources; Commodities; Program administration)
HIV incidence				
Disaggregation				
<ul style="list-style-type: none"> Region Sex Age 	<ul style="list-style-type: none"> Region Sex Age 	<ul style="list-style-type: none"> Region Sex Age 	<ul style="list-style-type: none"> Region Sex Age 	<ul style="list-style-type: none"> Region

NOTE: Coverage and Impact indicators may be available for only a portion of the portfolio at each reporting period if only a subset of disease programs track that indicator.

†Disaggregation by region, and sex only; *No disaggregation possible

3

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Indicator proposals by Strategic Objective

Strategic Targets

Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
Systems for HealthPromote and Protect
Human Rights & Gender
EqualityMobilize Increased
Resources**KPI 1** Performance against impact targets**Strategic Vision**

Maximize portfolio impact

Aim of indicator

Measures the extent to which Strategic Objectives are achieving high level goals of lives saved and reduction of new infection/cases.

Given limitations inherent in modeling methodology, data timeliness, and projection reliability, this indicator provides a high level view on overall progress. However, coupled with KPI 4, cascading these targets down to regional/country level will increase accountability and help to “close the loop”.

The measure should be interpreted with these limitations in mind or reported separately as a high level tracking measure rather than a KPI.

Measure

- Estimated number of lives saved
- Reduction in new infections/cases

Limitations & mitigation actions

- ✓ The equivalent *reduction in deaths* number will be made available in thematic reports
- ✓ **Numeric targets will be aligned with the investment case modelling which has been developed with partners**
- ❑ Estimates produced by WHO/UNAIDS use standardized models and country-specific data with variable quality and availability. Country-level impact modelling is being undertaken to supplement this for select countries
- ❑ Data for all diseases are available with a one-year lag, and is sensitive to changes to modelling methodology and historical data. As a result, targets may require periodic recalibration

Strategic Targets

Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
Systems for HealthPromote and Protect
Human Rights & Gender
EqualityMobilize Increased
Resources**KPI 1** Performance against impact targets**Proposal takes into account Board Constituency feedback:**

Specific feedback	Way forward
<p>“Reduction in deaths” was originally proposed as alternative to “Lives saved.” Consider the data required for modeling in both of these measures and the quality of that data and complexity of manipulating data.</p>	<p>Lives Saved is proposed as KPI with reduction in deaths to be reported as thematic reporting.</p> <p>Reduction in deaths is considered more useful as an epidemiological measure, whereas lives saved is considered more useful for communicating to a non-technical audience. Both of these measures are already used, so datasets are established and available.</p>
<p>Provide additional detail on what ‘targets will require periodic recalibration to take into account changes to modelling methodology and historic data.’ Does this refer to changing the targets mid-replenishment cycle?</p>	<p>New data collected from countries and incorporated into the modelled estimates can change the historical time series and thus reset the indicator baselines. Adjustments to targets may therefore be required to account for these changes to the data underpinning the models</p>

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KPI 2 Performance against service delivery targets (1/2)

Strategic Vision

Deliver high impact high quality services

Aim of indicator

Measures extent to which the Strategic Objectives are achieving the high level service delivery targets at expected levels of quality.

Measures have been reviewed and endorsed by technical partners.

As projection methodology is strengthened and results forecast is institutionalized, the indicator will drive portfolio performance management in conjunction with ITP project.

Measure

A. HIV

- i. # of adults and children currently receiving ART
- ii. # males circumcised*
- iii. % HIV+ pregnant women receiving ART for PMTCT*
- iv. % of adults and children currently receiving ART among all adults and children living with HIV*
- v. % of people living with HIV who know their status*
- vi. % of adults and children with HIV known to be on treatment 12 months after initiation of ART*
- vii. % of PLHIV newly enrolled in care that started preventative therapy for TB, after excluding active TB*

B. Tuberculosis

- i. # of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses
- ii. % of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses among all estimated cases (all forms)
- iii. # of case with drug-resistant TB (RR-TB and/or MDR-TB) that began second-line treatment
- iv. # of HIV-positive registered TB patients (new and relapse) given anti-retroviral therapy during TB treatment
- v. % of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment (drug susceptible)
- vi. % of bacteriologically-confirmed RR and/or MDR-TB cases successfully treated (cured plus completed treatment) among those enrolled on second-line anti TB treatment*

* Indicator to be tracked on a specified set of countries to be selected in collaboration with technical partners

Strategic Targets

Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
Systems for HealthPromote and Protect
Human Rights & Gender
EqualityMobilize Increased
Resources**KPI 2** Performance against service delivery targets (2/2)**Strategic Vision**

Invest funds to maximize portfolio impact

Limitations & mitigation actions

Issues of data quality, timeliness and accountability addressed by focusing data collection on a subset of countries for some indicators



This focus will be supported by strengthening data systems & estimates in these countries to better meet these demands



Internal processes to ensure stronger links between service delivery targets and the grant portfolio will be required

Measure**C. Malaria**

- i. # of LLINs distributed to at-risk-populations
- ii. # of households in targeted areas that received IRS
- iii. % of suspected malaria cases that receive a parasitological test
- iv. % of women who received at least 3 doses of IPTp for malaria during ANC visits during their last pregnancy in selected countries*

Thematic reporting

Other measures reviewed by Board Constituency and Technical Partner working group, and subsequent input from the StopTB Partnership, were considered more suitable for thematic reporting:

- i. % of estimated HIV positive incident TB cases that received treatment for TB and HIV
- ii. % of PLHIV receiving HIV clinical care with a positive TB symptom screen who had a specimen sent for bacteriological diagnosis of active TB
- iii. % of notified HIV positive TB patients who died during treatment.
- iv. % of HIV positive tests out of total number of HIV tests performed*
- v. % of people on ART who received a Viral Load test during the last 12 months, among those enrolled in ART*
- vi. % of pregnant women initiated on ART among those who tested positive*
- vii. % of existing ITNs used the previous night

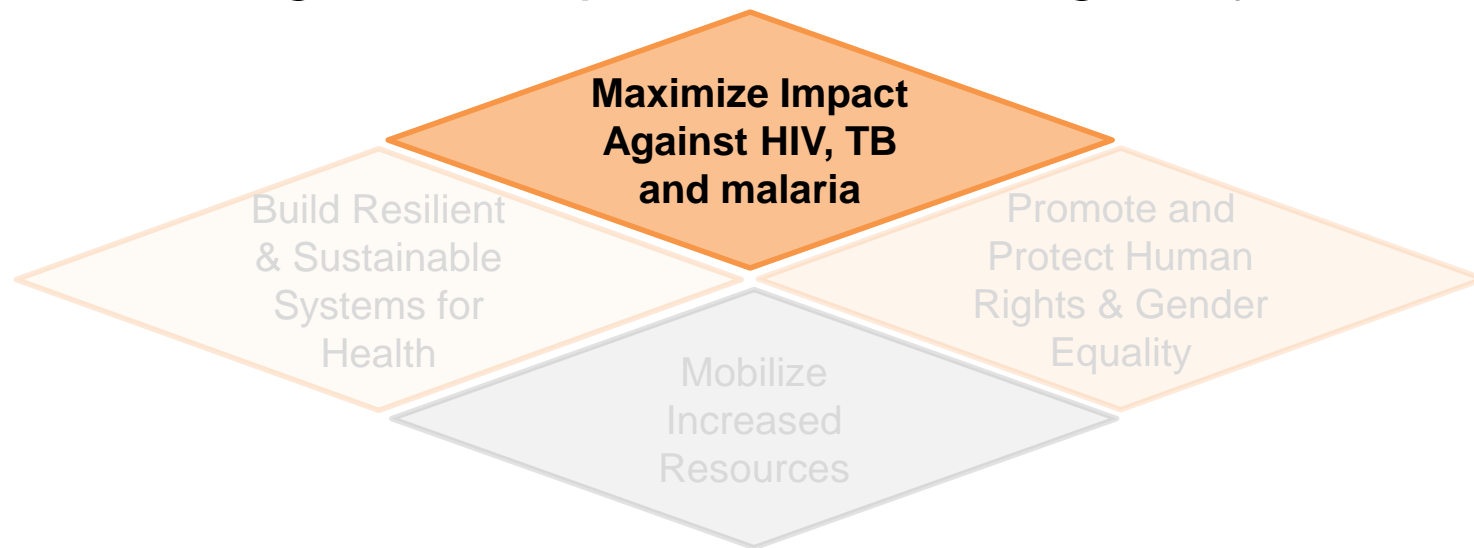
* Indicator to be tracked on a specified set of countries to be selected in collaboration with technical partners

Strategic Targets

Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
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EqualityMobilize Increased
Resources**KPI 2** Performance against service delivery targets**Proposal takes into account Board Constituency feedback:**

Specific feedback on overall measure	Way forward
Service coverage and quality information should be measured.	<p>A series of quality and coverage indicators are proposed and have been endorsed by technical partners. Data completeness, target-setting, and time lag for the data will remain challenges. To address some of these challenges, it is proposed to focus data collection in a subset of countries for certain indicators.</p> <p>This focus will be supported by strengthening data systems & estimates in these countries to better meet these demands. Age disaggregation for male circumcision and case reporting for knowledge of HIV status will require particular focus.</p> <p>It should be noted that the key driver for the proposed HIV/TB indicator tracking uptake of preventative therapy for TB is inclusion of this policy in a country's national strategic plan. Within the Global Fund's partnership model the primary responsibility for ensuring the rigor of national strategic plans rests with technical partners.</p> <p>Other measures were considered more suitable for thematic reporting, these will be reported as trends rather than against performance targets.</p>
To what extent will these results be disaggregated?	The data will be disaggregated where data are available. Disaggregation by region will be available, with some indicators also disaggregated by sex & age.

Investing to End Epidemics – strategic objectives



1. Maximize Impact Against HIV, TB and malaria

Innovative approaches to meet diverse country needs are essential to accelerate the end of the epidemics

- a) Scale-up evidence-based interventions with a focus on the highest burden countries with the lowest economic capacity and on key and vulnerable populations disproportionately affected by the three diseases
- b) Evolve the allocation model and processes for greater impact, including innovative approaches differentiated to country needs
- c) Support grant implementation success based on impact, effectiveness, risk analysis and value-for-money
- d) Improve effectiveness in challenging operating environments through innovation, increased flexibility and partnerships
- e) Support sustainable responses for epidemic control and successful transitions

Strategic Targets

Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
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Resources

KPI 3 Alignment of investment with need

Strategic Vision

Further improve alignment of investments with country “need”

Aim of indicator

The measure tracks the extent to which the Global Fund is able to rebalance the grant portfolio to invest funds in the countries where need is greatest.

Illustrates the extent to which grant expenses are committed to countries with most “need”, and not necessarily those with the greatest capacity to absorb funding.

Performance is driven by the design of the allocation methodology and the ability of countries, particularly those with high burden and low economic capacity, to use allocated funds.

Measure

Alignment between investment decisions and country “need”; with need defined in terms of disease burden and country economic capacity

Limitations & mitigation actions

- ✓ Indicator design will align with the “need” metric used in the allocation methodology to ensure consistency
- ❑ Accuracy of target setting will be determined by the Mid-Tem Plan three year financial forecast
- ✓ Indicator provides an important control for KPI 7 tracking Fund Utilization

Strategic Targets

Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
Systems for HealthPromote and Protect
Human Rights & Gender
EqualityMobilize Increased
Resources

KPI 3 Alignment of investment with need

Proposal takes into account Board Constituency feedback:

Specific feedback on overall measure	Way forward
How is this indicator calculated?	<p>This is an existing KPI (KPI4 in the current KPI framework). It compares a country's share of grant expenses, calculated on a rolling basis as a share of grant expenses committed over three years, to the country's share of "need" as defined by the allocation methodology's definition of disease burden adjusted for country economic capacity.</p> <p>A lower KPI value indicates close alignment between funding and need. The minimum KPI value is 0, which indicates that the share of grant expenses committed to countries is exactly equal to the country's share of need. The maximum KPI value is 2, when the country with the lowest "need" share receives all available funds.</p>
Does the KPI factor in need as expressed in national strategic plans?	"Need" is measured as disease burden and country economic capacity, and is aligned with the allocation methodology design.

Strategic Targets

Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
Systems for HealthPromote and Protect
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EqualityMobilize Increased
Resources**KPI 4 Investment efficiency****Strategic Vision**

Increase the efficiency of program design to maximize impact of fund investments

Aim of indicator

Increased use of disease impact models to improve the design of country-level programming will increase value for money of grant investments – this indicator will track the these gains

The indicator will “close of the loop” by linking grant level programmatic targets and investments with strategic targets – which will be set using partner supported disease impact models

The indicator provides a strong link to the objective on strengthening national strategic plans, and provides an opportunity to link this modelling effort to cost-effective service modalities (e.g. community based care models) and the work on program level quality

Measure

Change in cost per life saved or infection averted from supported programs

Limitations & mitigation actions

- ✓ Measures efficiency of National Strategic Plan rather than Global Fund-specific funding
- ❑ Countries will generally perform assessment during Concept Note and/or NSP development, so there may be one data point every 3 years per country assessed
- ❑ Limited partner capacity currently available to support country level modelling
- ✓ A new regional approach to providing country support is being implemented through the Value for Money Special Initiative
- ❑ Costing data needs to be improved for this exercise to become effective
- ✓ A ‘Cost consortium’ partnership with the Gates foundation has recently started with aims to address these gaps

Strategic Targets

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EqualityMobilize Increased
Resources

KPI 4 Investment efficiency

Proposal takes into account Board Constituency feedback:

Specific feedback on overall measure	Way forward
This indicator seems to be significantly limited by partner capacity and costing data. Is this a top priority given the work that needs to be done on data for other indicators, which may be closer to what is useful for management purposes in the countries?	Work to improve costing data is already underway with partners. Modelling support will be focused on high impact portfolios. These efforts are a top priority not just for KPI data but for informing program design. Because the disease models use the same assumptions as those used in the Investment Case, results of the modeling exercise provide critical management information to country programs to help them meet national targets.
Who is accountable for results on this KPI if it is focused on NSP?	As a gap filling mechanism, the Global Fund's contribution can only be assessed in light of the full NSP. The Global Fund is responsible for putting in place incentives, procedures and review processes that ensure maximum impact from investments in supported programs. Within the Global Fund's partnership model the primary responsibility for ensuring the rigor of national strategic plans rests with technical partners.

Strategic Targets

Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
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Resources

KPI 5 Service coverage for key populations

Strategic Vision

Reduce the number of new infections in key and vulnerable populations disproportionately affected by the three diseases

Aim of indicator

Indicator will track provision of evidence-informed HIV prevention services and treatment access to specified key population groups.

These groups face the double burden of low coverage of services and high rates of infection. Increased coverage of prevention and treatment services will be essential to accelerate the end of the epidemic.

Indicator builds on work undertaken during the current strategy to measure the size of key populations in 55 countries.

Proposal has close links to the strategic objectives in SO3 on gender and removing barriers to accessing services, and SO2 on data systems.

Measure

Coverage of key populations reached with evidence-informed package of treatment and prevention services appropriate to national epidemiological contexts

Limitations & mitigation actions

- ✓ There is no current consensus on how to measure a comprehensive combination prevention service package. Therefore the measure will assess coverage of an evidence-informed package of services appropriate to national epidemiological contexts
- ❑ A number of KPI implementation issues are currently being addressed with technical partners: methodology of coverage measurement; how to bridge data gaps between surveys; potential risk of harm to these populations through data collection and minimization of that risk; the potential for community based monitoring systems
- ✓ Positive discussions indicate that implementation issues can be successfully addressed – but they also stress that **it may take three years before data is available to detect change in coverage levels**
- ❑ Indicator focuses on HIV only
- ✓ New Global Plan for TB has a focus on key populations, but work remains at an early stage of development

Strategic Targets

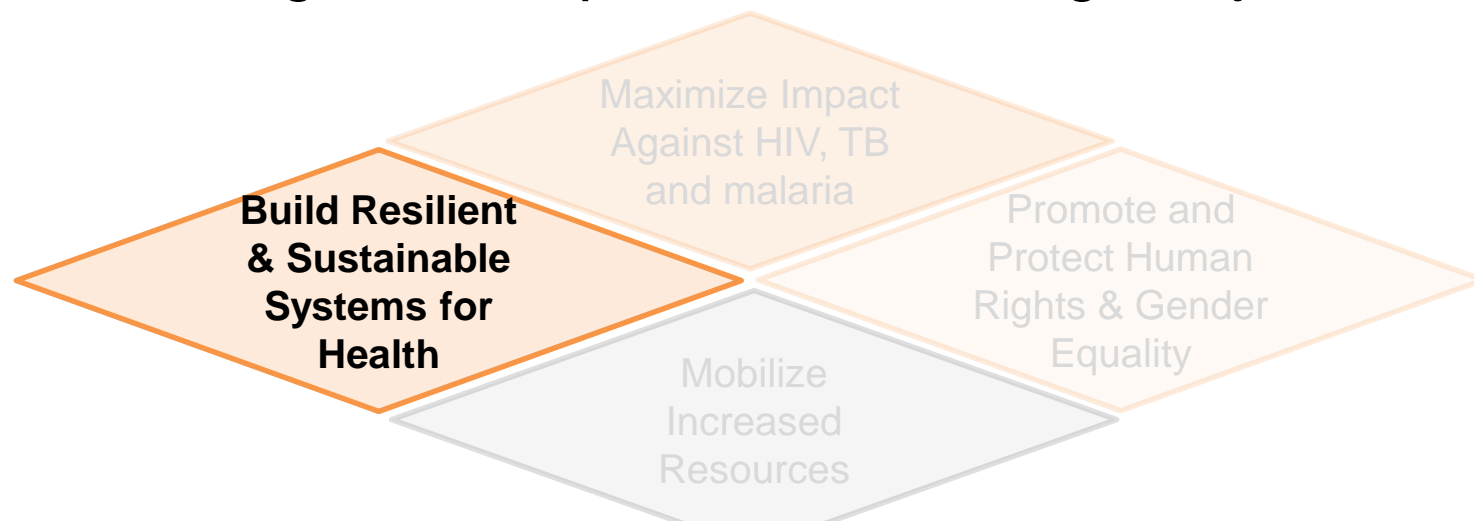
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Resources

KPI 5 Service coverage for key populations

Proposal takes into account Board Constituency feedback:

Specific feedback	Way forward
How are “comprehensive prevention services” being defined, and should definition include treatment services?	The measure will assess coverage of an evidence-informed package of services appropriate to national epidemiological contexts. Treatment services will be included in the measure
How will data be safely collected for this indicator, particularly on treatment provision?	Ethical and human rights considerations are a critical aspect in this indicator’s design. Monitoring strategies are under development, and community-based survey instruments and monitoring are under consideration to reduce risks to populations being assessed
Be cautious about focus on HIV when TB is also presenting great challenges	Partner guidance on effective programming for key populations in TB is still at an early stage of development
Which key populations are being considered for tracking?	This indicator will monitor service coverage in multiple populations including people who inject drugs; gay, bisexual and other men who have sex with men; sex workers; and transgender people. A separate but related indicator, KPI 8, directly addresses one specific population by measuring incidence reduction in adolescent girls and young women in high HIV burden settings

Investing to End Epidemics – strategic objectives



2. Build Resilient and Sustainable Systems for Health

Strengthening systems for health is critical to attain universal health coverage and to accelerate the end of the epidemics

- a) Strengthen community responses and systems
- b) Support reproductive, women's, children's, and adolescent health, and platforms for integrated service delivery
- c) Strengthen global and in-country procurement and supply chain systems
- d) Leverage critical investments in human resources for health
- e) Strengthen data systems for health and countries' capacities for analysis and use
- f) Strengthen and align to robust national health strategies and national disease-specific strategic plans
- g) Strengthen financial management and oversight

KPI 6 Strengthen systems for health

Strategic Vision

Increase the share of countries with resilient and sustainable national systems for health that meet standards for use by Global Fund programs

Aim of indicator

Indicator should provide a comprehensive view on the strength of core components of national systems for health based on explicit risk, functional and quality standards.

Measure should improve alignment between risk assessment and systems strengthening investments.

Indicator provides a common metric for comparing quality of systems – differentiated standards for systems would align with aid effectiveness and IHP+ principles, as well as strategic objectives on sustainability and transition.

This measure will aggregate data from a number of linked implementation KPIs (see slides 34-40) providing a more granular assessment for each of the three sub-systems.

Measure

Share of the portfolio that meet expected standards for:

- Procurement and supply chain systems
- Financial management systems
- Data systems
- Alignment with National Strategic Plans

Limitations & mitigation measures

- ✓ Strong consensus with technical partners and constituency working group that all remaining Strategic operational objectives will be tracked through thematic reporting and TERG evaluations
- ❑ Careful consideration will be needed to ensure that definitions and standards are agreed with relevant partners and relevant to country context, in particular for procurement systems where potential incentives to exit pooled procurement will need to be countered
- ❑ Data collection mechanisms do not yet exist or will require considerable revision for some of the linked implementation KPIs
- ✓ A clearly defined control structure for determining system compliance will be developed and implemented to limit potential gaming

Strategic Targets

Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
Systems for HealthPromote and Protect
Human Rights & Gender
EqualityMobilize Increased
Resources

KPI 6 Strengthen systems for health

Proposal takes into account Board Constituency feedback:

Specific feedback	Way forward
How will the Global Fund monitor progress against the other sub-objectives that are not addressed in the Strategic KPI?	<p>Strengthen community responses & systems: Initial aims in this area are to establish a solid framework to guide our work on community responses. To measure progress, it is proposed to:</p> <ul style="list-style-type: none"> • Monitor milestones as part of thematic reporting, • Establish implementation KPIs as this work progresses, and • Possible TERG led evaluation <p>Support reproductive, women's, children's and adolescent health and platforms for integrated service delivery: Aim is to continue implementation of co-financing approach on RMNCAH. Tracking mechanisms could include:</p> <ul style="list-style-type: none"> • Continue tracking as an Implementation KPI • Possible TERG led evaluation <p>Leverage critical investments in human resources for health: HRH investments are highly dependent on country context and difficult to generalize across the portfolio. As a result, it is proposed to:</p> <ul style="list-style-type: none"> • Monitor through thematic reporting • Possible TERG led evaluation

KPI 7 Fund utilization

Strategic Vision

Increase the strength of national systems for health to enable effective use of allocated funds

Aim of indicator

A resilient and sustainable system for health should be able to effectively use the full allocation of funds to deliver services to increase program impact. Indicator aims to **identify bottlenecks and better target strengthening efforts**, and does not intend to re-direct funding. The indicator measures:

- a) **Allocation utilization** measures extent to which:
 - countries can use their allocation, and
 - the Secretariat can optimize portfolio level investments
- b) **Absorptive capacity** measures whether programs can spend the budgeted funds
 - measure will focus on the 20 focus countries with strong links to the system strengthening activities tracked through KPI-6

Measure

- a) **Allocation utilization**: Portion of allocation that has been committed or is forecast to be committed as a grant expense
- b) **Absorptive capacity**: Portion of grant budgets that have been reported by country program as spent on services delivered

Limitations & mitigation measures



The Allocation utilization indicator risks two negative incentives:

1. Over-commitment to meet allocation
 - ✓ Risk controlled by part b) tracking absorption capacity and an implementation level KPI tracking cash balance
2. Re-direction of funds through portfolio optimization from portfolios with the greatest “need” to portfolios better able to absorb funds – without dealing with underlying health system constraints
 - ✓ Risk controlled by KPI-3 on alignment between investments and ‘need’

Strategic Targets

Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
Systems for HealthPromote and Protect
Human Rights & Gender
EqualityMobilize Increased
Resources

KPI 7 Fund utilization

Proposal takes into account Board Constituency feedback:

Specific feedback	Way forward
Agree with limitations and cautions for this indicator. How will those risks will be mitigated?	The interlinkages between indicators will provide deeper information linking expenditures with results. KPI 7 aims to track the Global Fund's ability to finance programs as part of its mission. KPIs 2, 3, and 4 measure the extent to which those funds are directed to maximize impact. The aim of this indicator is to act as an early warning system, highlighting where there are low expenditures enabling mitigation measures to be put into place to ensure this does not affect service delivery. Over-commitment will be controlled by an implementation KPI tracking in country cash balance.
Fund utilization requires the whole national picture with domestic and partner investment, & not just a focus on GF funds alone.	The Global Fund does not have access to budget and expenditure data of other partners.
How does this indicator relate to the current grant expense forecast, and to portfolio optimization efforts?	The current grant expense forecast measures forecast accuracy, and was particularly useful during the implementation of the grant forecast process internally. In the next strategic period, the aim is to build on more accurate forecasts to provide information to improve absorption in-country. The two proposed measures monitor this issue over the full allocation as well as in-country expenditures. Portfolio optimization efforts will be informed by this monitoring.

Strategic Targets

Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
Systems for HealthPromote and Protect
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EqualityMobilize Increased
Resources

Example Implementation KPIs for RSSH

Note: The proposed Strategic KPI 6 *Strengthen systems for health* has been designed to aggregate the results of a series of implementation KPIs. For that reason these implementation KPI proposals have been further developed as set out in this next section. This information will be complemented by expenditure tracking for each of the RSSH focus areas.

Strategic Targets

Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
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EqualityMobilize Increased
Resources

I-KPI Strengthen systems for health: a) procurement

Strategic Vision

Countries have sufficient procurement capacity to achieve improved procurement outcomes

Aim of indicator

Ensure that procurement capacity is actually delivering improved outcomes in terms of prices, on-time delivery and lead time

Focus procurement capacity-building efforts on delivery of results, rather than delivery of service

Should lead to the number of OIG country audits identifying procurement activities as major area of concern decreasing

Measure

Improved outcomes for procurements conducted through countries' national systems:

a) Price; b) OTIF delivery; c) Administrative lead time

Limitations & mitigation measures

- ☐ The Global Fund Price & Quality Reporting tool could be primary data source, but this would mean delays in data reporting (sometimes up to one year)
- ☐ May be challenging to track administrative lead time without additional data request to country
- ☐ Outcomes can be impacted by factors outside the procurer's control (e.g. changes in market conditions for active pharmaceutical ingredients can impact price or on-time in-full delivery)
- ✓ Could consider amending trigger for data entry to PQR
- ✓ Compare country outcomes to international benchmarks

I-KPI Strengthen systems for health: b) supply chains

Strategic Vision

Health facilities have the tracer medicines and diagnostics required to deliver high quality services for AIDS, TB & Malaria

Aim of indicator

To measure the extent to which investments in strengthening the different components of health product management systems contribute to the uninterrupted availability of essential health products at service delivery points

This is based on the mean availability score for 10 -15 tracer items, and aligned with the recommendations of the health product interagency task force.

Diagnostic services readiness (i.e. the capacity of the health facility to provide laboratory diagnostic services) is based on a defined list of tracer lab items

Measure

- Percentage of health facilities with tracer medicines available on the day of the visit
- Percentage of health facilities providing diagnostic services with tracer items on the day of the visit

Limitations & mitigation measures

- ☐ Health facility assessments would provide data every two years, other systems may exist in country but data quality is uncertain
- ☐ Range of tracer items is country specific, may include items for programs other than HIV, TB and malaria
- ☐ Stock out on the day is a Y/N; not a measure of stock-out days
- ✓ Harmonize indicator measurement (guidance on tracer items & calculation of availability)
- ✓ Options to collect additional, more frequent measures (stock outs, expired medicines) by leveraging supply chain initiative efforts, or through strengthened country level monitoring systems, to complement health facility assessments every 3 years

Strategic Targets

Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
Systems for HealthPromote and Protect
Human Rights & Gender
EqualityMobilize Increased
Resources

I-KPI Strengthen systems for health: c) financial management

Strategic Vision

Implementer financial management systems in key countries are sustainable and meet best practices

Aim of indicator

Financial management is a critical process and enabler in delivering program impact from investments

The indicator aims to:

- increase use of country financial management systems in high priority countries mainly through development partnerships such as the IHP+ framework
- address routine financial management capacity gaps outside PFM scope of indicator (a) by measuring the extent to which country financial systems are meeting expected standards, as defined by minimally qualified audits; timely & accurate financial reports; and capacity of finance personnel

Measure

- Number of high priority countries completing public financial management transition efforts towards use of country PFM system
- Number of countries with financial management systems meeting defined standards for optimal absorption & portfolio management

Limitations & mitigation measures

- ☐ In-country capacity, ownership and co-ordination is a challenge for public financial management initiatives
- ✓ Mobilize IHP+ partners to conduct Joint Financial Management Capacity Assessments with consolidated action plans; engage CTs in action plan follow up; and align with existing country level strengthening efforts
- ☐ Given risk exposure related to shifting to use country systems, partner buy-in may be a limitation
- ✓ Engage with IHP+ to influence other partners and foster harmonization
- ☐ Challenges are anticipated in establishing baseline data for PFM performance, as well as weak PR capacity & coordination in capacity building
- ✓ Co-ordinate approach to provision of financial management technical assistance; provide clarity on requirements; and coordinate with IHP+ including in-country studies to collect required data

Strategic Targets

Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
Systems for HealthPromote and Protect
Human Rights & Gender
EqualityMobilize Increased
Resources

I-KPI Strengthen systems for health: d) HMIS coverage

Strategic Vision

Well functioning Health Management Information System enables better decision making and ultimately better programs

Measure

Percent of high impact countries with fully deployed (80% of facilities reporting for combined set of indicators), functional (good data quality per last assessment) HMIS

Aim of indicator

- While many Global Fund supported countries can now report on key indicators for HIV, TB and malaria, many are still reliant on survey data or global estimates. To really be able to use data for program improvement, data need to be available routinely. Significant investments are being made to building these routine HMIS and this indicator measures the success of these investments
- The indicator is designed to measure two key aspects of an HMIS that have proven problematic in the past – coverage (fully deployed) and functional (defined in terms of data quality)
- This also aligns with international priorities set out at the Measurement Summit in June by Global Health Leaders

Limitations & mitigation measures

- ❑ This indicator does not measure effective use of data, rather it tracks completeness and functionality of the information systems needed for facilities/districts to have access to the data and tools to use the data
- ✓ This aligns well with the significant programmatic investments into deploying and improving these systems, as well as with international priorities
- ✓ Strengthening HMIS is a priority work-stream of the Global Collaborative from the Measurement Summit, and specific tasks are planned around this

I-KPI Strengthen systems for health: e) ability to report on disaggregated results

Strategic Vision

Countries are able to report on the minimum set of outcome and impact indicators to enable country monitoring and meet international commitments

Aim of indicator

- Global Fund performance frameworks define a set of high level indicators for each disease/program area, and a sub-set of these indicators is designated as requiring disaggregated reporting.
- It is critical that supported countries have this minimum set of data for their own purposes to understand the epidemic and their programs, as well as for Global Fund (and other donors) to assess performance and focus resources towards populations in need in order to meet global commitments.
- Gaps remain even within the High Impact Country cohort on ability to report on these data. This indicator aims to bring attention to this issue for PRs and key stakeholders.

Measure

Number and percentage of countries reporting on disaggregated results

Limitations & mitigation measures

- ❑ Rolling out changes to data definitions and data collection systems at facility level is a considerable logistical exercise which will take time and resources
- ✓ A comprehensive mapping has been undertaken by country and indicator for High Impact and other priority countries to identify gaps and resource needs
- ✓ Global Fund is investing significantly in routine HMIS systems through grants across the portfolio
- ✓ Indicator provides critical information on gender and age disparities, and is a key component of the Strategy's comprehensive approach to gender equality

Strategic Targets

Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
Systems for HealthPromote and Protect
Human Rights & Gender
EqualityMobilize Increased
Resources

I-KPI Strengthen systems for health: f) Alignment with national strategic plans

Strategic Vision

Global Fund investments are aligned with appropriately costed and sustainable national disease strategies

Aim of indicator

National health strategies and disease specific strategic plans will remain central going forward into the Global Fund's next application for funding process .

Indicator proposes to use this process to monitor and ensure alignment between Concept Notes and National Strategic Plans.

During the current funding cycle the vast majority of concept notes were rated by the Global Fund's independent Technical Review Panel as being well aligned with national strategic plan priorities. This indicator will track whether this strong performance is maintained in the next replenishment period.

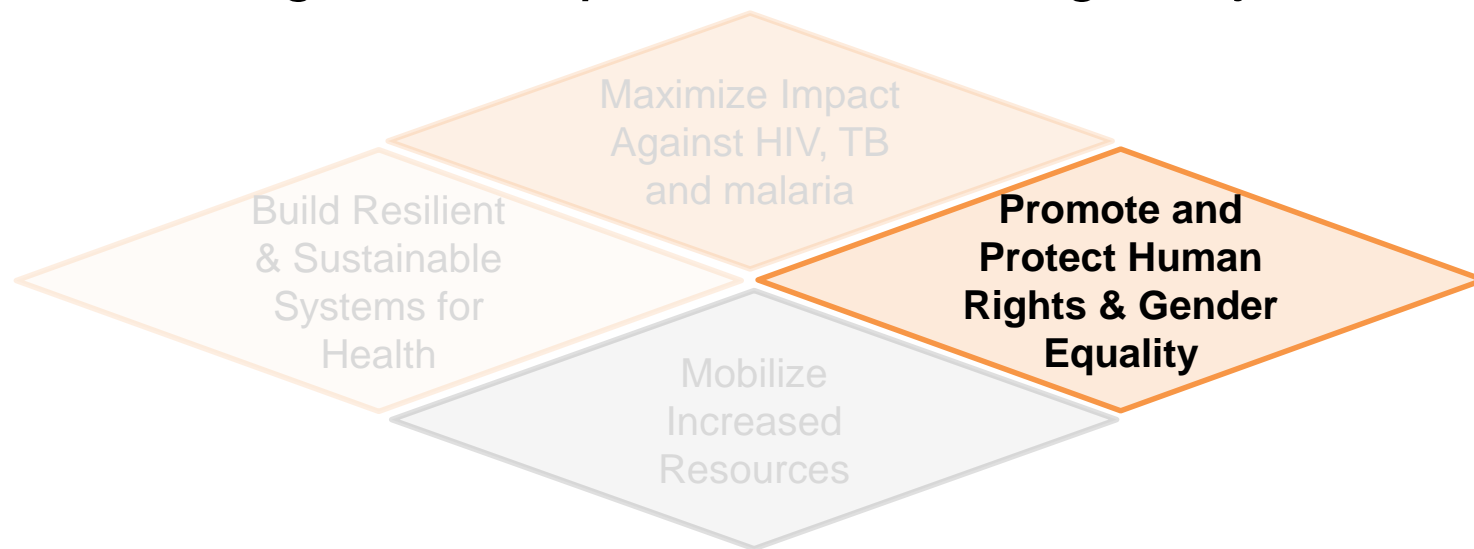
Measure

Percentage of Concept Notes rated by the TRP to be aligned with National Strategic Plans

Limitations & mitigation measures

- ☐ Indicator measures only the Global Fund's alignment with national strategic plan priorities. It does not track the rigor of those plans. Within the Global Fund's partnership model the primary responsibility for ensuring the rigor of national strategic plans rests with technical partners.
- ☐ Ratings are based on a subjective assessment by TRP members
- ✓ KPI 4 will provide a deeper assessment of a national strategy's investment efficiency, and use of disease models to inform strategy design will be tracked through thematic reporting

Investing to End Epidemics – strategic objectives



3. Promote and Protect Human Rights and Gender Equality

Promoting and protecting human rights and gender equality is required to accelerate the end of the epidemics

- a) Scale-up programs to support women and girls, including programs to advance sexual and reproductive health and rights
- b) Invest to reduce health inequities including gender- and age-related disparities
- c) Introduce and scale-up programs that remove human rights barriers to accessing HIV, TB and malaria services.
- d) Integrate human rights considerations throughout the grant cycle and in policies and policy-making processes
- e) Support meaningful engagement of key and vulnerable populations and networks in Global Fund-related processes

Strategic Targets

Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
Systems for HealthPromote and Protect
Human Rights & Gender
EqualityMobilize Increased
Resources

KPI 8 Gender & age equality

Strategic Vision

Reduce gender and age disparities in health

Aim of indicator

HIV infection rates among young women are twice as high as among young men in some regions. The indicator will track the extent to which an enhanced programmatic focus on women and girls results in a reduction in new infections in selected countries with large disparities in incident infections

This objective is closely linked to other strategic objectives focused on scale-up of programs supporting women and girls; advancing sexual and reproductive health and rights; support to women's, children's, and adolescent health; and removing barriers to access

The Global Fund 35th Board Meeting
26-27 April 2016, Abidjan, Côte d'Ivoire

Measure

HIV incidence in women aged 15-24

Limitations & mitigation measures

- ☐ Additional data and analysis are required to better understand the dynamics of gender disparities in the TB and malaria epidemics, which can vary significantly between countries.
- ✓ As part of the data systems component of KPI 6, sex and age disaggregation of key indicator results across the three diseases should become increasingly available.
- ☐ There is a narrow focus on HIV incidence in a single population group.
- ✓ This focused approach is designed to better demonstrate the impact of effective gender programming, but it does not limit the extent to which gender will be embedded into the wider grant portfolio. The Strategic KPI will be complemented by a comprehensive package of information from Implementation KPIs and thematic reporting

Strategic Targets

Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
Systems for HealthPromote and Protect
Human Rights & Gender
EqualityMobilize Increased
Resources

KPI 8 Gender & age equality

Proposal takes into account Board Constituency feedback:

Specific feedback	Way forward
Narrow focus on HIV, in a narrow age group, in a small number of countries in Africa	This focused approach is designed to better demonstrate the impact of effective gender programming, but it does not limit the extent to which gender will be embedded into the wider grant portfolio. The Strategic KPI will be complemented by a comprehensive package of information from Implementation KPIs and thematic reporting
How will gender & TB be assessed?	Consultations with technical partners concluded that there was insufficient evidence to propose a gender related KPI for TB at this stage. Additional data and analysis are required to better understand the dynamics of gender disparities in TB, which can vary significantly between countries.
How will gender & Malaria be assessed?	Additional data and analysis are required to better understand the dynamics of gender disparities in TB. IPTp coverage a key maternal health service will be tracked under KPI 2.
What other gender related information will be made available?	Complementary data on gender transformative investments, age and sex disaggregated service delivery results and relevant implementation KPIs will be included in thematic reporting.

Strategic Targets

Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
Systems for HealthPromote and Protect
Human Rights & Gender
EqualityMobilize Increased
Resources

KPI 9 Human rights: a) Reduce human rights barriers to services

Strategic Vision

Human rights barriers to services are reduced, resulting in improved uptake of and adherence to treatment and preventions programs

Aim of indicator

With a focus on 15-20 priority countries this indicator will measure the extent to which comprehensive programs to reduce human rights-related barriers to access are established

The programs will be designed around the “7 key interventions to reduce stigma and discrimination and increase access to justice” of UNAIDS

Where available, established WHO indicators for assessing enabling environments will be used to track progress in operationalizing the interventions

The aim is that these programs will contribute to a meaningful reduction in human rights barriers to services and that increased access will lead to increased impact. This will be measured through in-depth evaluations as baseline in 2016, at mid-term in 2019 and at the end of the strategy period in 2022

Measure

of priority countries with comprehensive programs aimed at reducing human rights barriers to services in operation

Limitations & mitigation measures

- ❑ Human rights interventions to reduce barriers to service are well defined for HIV. More work will be done for TB (in second half of 2016) & Malaria (as a second phase in 2017)
- ❑ Specific indicators to track progress beyond those proposed by WHO need to be defined and tracking systems to collect the relevant data will have to be established in countries
- ❑ The in-depth evaluations will use mixed-method assessment of human rights barriers and interventions that reduce barriers. This is a relatively new idea with respect to health programs, but a solid and program-relevant assessment method could set a useful precedent for such assessments for policy-makers and program practitioners
- ✓ The Global Fund has a key niche as the major funder of interventions aimed at removing legal barriers to access. There is strong backing from partners for this work – WHO, UNAIDS, OSF, Ford

Strategic Targets

Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
Systems for HealthPromote and Protect
Human Rights & Gender
EqualityMobilize Increased
Resources

KPI 9 Human rights: b) key populations and human rights in middle income countries

Strategic Vision

Increase programing for key populations and human rights in middle income countries

Aim of indicator

As middle income countries approach transition, greater investments will be required to ensure adequate scale up of comprehensive programs for key populations and programs to reduce human rights-related barriers to services.

The Sustainability, Transition and Co-Financing (STC) Policy* has been revised to ensure that all countries progressively absorb the costs of interventions for key populations, as dictated by their position along the development continuum, and that applications include interventions that respond to human rights and gender-related barriers and vulnerabilities to services.

Measure

Percentage of country allocation invested in programs targeting key populations and human rights barriers to access in middle income countries, for:

- i) Generalised epidemics
- ii) Concentrated epidemics

Limitations & mitigation measures

- ☐ Target-setting for this KPI will require alignment with STC policy stipulations, as well as analysis to determine investment levels required in different epidemic settings
- ✓ Indicator will provide information on the extent to which the STC policy is being enforced

*GF/B35/04

Strategic Targets

Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
Systems for HealthPromote and Protect
Human Rights & Gender
EqualityMobilize Increased
Resources

KPI 9 Human rights: c) key populations and human rights in transition countries

Strategic Vision

Upper middle income countries in transition take over programing for key populations and human rights

Measure

Percentage of funding for programs targeting key populations and human rights barriers to access from domestic (public & private) sources

Aim of indicator

To measure the extent to which, in upper middle income countries transitioning out of Global Fund support, governments recognize that support to services for key populations is essential and increasingly take over responsibility for and funding of these services.

This would allowing remaining external funding to be used to support initiatives that support effective transition.

Limitations & mitigation measures

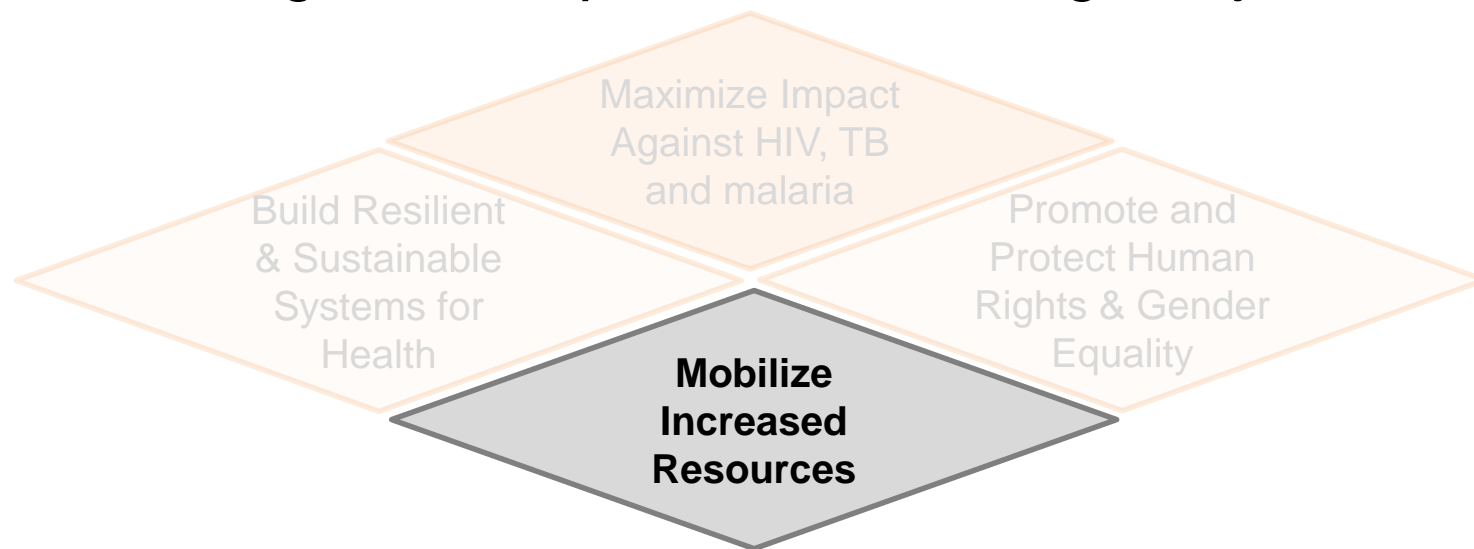
- ☐ Initiatives that support effective transition will be defined in early 2016 and tracked at the implementation level
- ☐ Criteria would be required to define countries 'in transition' e.g. transition expected within 10 years
- ☐ In some countries, even sustained efforts may not lead to governments taking over funding of services for key populations and human rights programs
- ✓ The Sustainability, Transition and Co-Financing Policy has been revised to ensure that all countries progressively absorb the costs of interventions for key and vulnerable populations, and that applications include interventions that respond to human rights and gender-related barriers and vulnerabilities to services

Strategic Targets

Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
Systems for HealthPromote and Protect
Human Rights & Gender
EqualityMobilize Increased
Resources**KPI 9 Human rights****Proposal takes into account Board Constituency feedback:**

Specific feedback	Way forward
Indicator seems to focus exclusively on HIV. Why?	HIV will be the initial focus of this indicator as additional work will be required to develop approaches in tuberculosis and malaria.
What makes a priority country for human rights? What metrics are being used to identify priorities – and whose priorities are they?	We need to make a much greater effort to ensure greater scale-up of these essential programs removing human rights barriers to services. This will start with a baseline study identifying all human rights barriers, programs existing to date and who funds them, comparing this response with what would be needed to adequately respond, costing it, identifying barriers and opportunities, and modelling impact if programs to reduce human rights barriers were brought to scale. Follow-up studies will be undertaken throughout the strategic period. Such efforts, which will also include working closely with in-country partners, building capacity in country and at the Secretariat, and leveraging support from other donors and building support for greater investments from national resources, can only be undertaken in 15-20 focus countries from across the portfolio to have a chance to achieve the desired result. This will not mean that efforts will not be undertaken also in other countries, but that we expect to be able to achieve much greater results and impact if we identify focus countries and devote intense efforts in those countries.

Investing to End Epidemics – strategic objectives



4. Mobilize Increased Resources

Increased programmatic and financial resources from diverse sources are needed to accelerate the end of the epidemics

- Attract additional financial and programmatic resources for health from current and new public and private sources
- Support countries to use existing resources more efficiently and to increase domestic resource mobilization
- Implement and partner on market shaping efforts that increase access to affordable, quality-assured key medicines and technologies
- Support efforts to stimulate innovation and facilitate the rapid introduction and scale-up of cost-effective health technologies and implementation models

Strategic Targets

Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
Systems for HealthPromote and Protect
Human Rights & Gender
EqualityMobilize Increased
Resources**KPI 10 Resource mobilization****Strategic Vision**

Increase the financial resources available to the Global Fund for investment in programs to tackle the three diseases

Aim of Indicator

A key objective of the Global Fund is to mobilize resources for health from current and new public and private sources

The indicator directly measures the volume of new pledges made, and the extent to which these pledges are fulfilled as contributions

Measure

- Actual pledges as a percentage of the replenishment target
- Pledge conversion rate. Actual 5th replenishment contributions as a percentage of forecast contributions

Limitations & mitigation measures

The current measure tracks pledge conversion on an annual basis, which makes it sensitive to time shifts in contribution schedules



Improved forecasting methodology, developed during the current replenishment period, will enable the measure to be tracked on a three year basis – maintaining accuracy and reducing the potential for over-interpretation of small time shifts

Strategic Targets

Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
Systems for HealthPromote and Protect
Human Rights & Gender
EqualityMobilize Increased
Resources**KPI 10 Resource mobilization****Proposal takes into account Board Constituency feedback:**

Specific feedback	Way forward
How will foreign exchange be taken into account?	In this KPI's current implementation, actual results are reported in accounting currency to deal with foreign exchange fluctuations. This approach will be re-visited during the development of KPI methodologies before the November 2016 Board meeting.

Strategic Targets

Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
Systems for HealthPromote and Protect
Human Rights & Gender
EqualityMobilize Increased
Resources

KPI 11 Domestic investments

Strategic Vision

Domestic investments in programs for HIV, TB & malaria continue to increase over the replenishment period

Aim of indicator

An increase in domestic investments in programs for HIV, TB and malaria is required to accelerate the end of the epidemics and to foster sustainable programs.

The Global Fund directly supports these aims through advocacy and the Sustainability, Transition and Co-Financing policy.

This indicator directly measures the extent to which domestic health commitments are fulfilled by governments to meet this need.

Measure

Percentage of domestic co-financing commitments to programs supported by the Global Fund realized as government expenditures

Limitations & mitigation measures

- ✓ The new Sustainability, Transition and Co-Financing Policy outlines co-financing requirements to incentivize fulfilment of government co-financing commitments
- ❑ Internal roles and responsibilities on advocacy, monitoring and accountability for performance need to be clarified and aligned with expectations
- ❑ The indicator focuses on conversion of commitments into expenditures, but not the scale of commitments
- ✓ The scale of increases in domestic commitments will be tracked as part of thematic reporting

Strategic Targets

Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
Systems for HealthPromote and Protect
Human Rights & Gender
EqualityMobilize Increased
Resources**KPI 11 Domestic investments****Proposal takes into account Board Constituency feedback:**

Specific feedback	Way forward
How will the Global Fund track issues related to sustainability and transitioning?	Guidance for these elements are outlined in the Sustainability, Transition and Co-Financing (STC) Policy and will be tracked as Implementation KPIs and Thematic Reporting.
How will the Global Fund track other issues related to domestic co-financing?	<p>Incentives for co-financing are tailored along the development continuum taking into account country income, disease burden, regional and other contexts relevant to the country operating environment. At the lower end of the continuum, emphasis is on domestic investments to build resilient health systems for moving towards universal health coverage through development of health financing strategies; along with minimal requirements to co-finance Global Fund supported programs. As countries move along the development continuum, expectations are set for progressively higher co-financing of disease programs and systems strengthening targeted to improving alignment, scale-up, and effectiveness of Global Fund support.</p> <p>All metrics measuring progress in this area will be directly aligned with the STC Policy.</p>

Strategic Targets

Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
Systems for HealthPromote and Protect
Human Rights & Gender
EqualityMobilize Increased
Resources**KPI 12 Availability of affordable health technologies: a) Availability****Strategic Vision**

A stable supply of key quality-assured health products sufficient to meet country demand

Measure

Percentage of a defined set of products with more than three suppliers that meet Quality Assurance requirements

Aim of indicator

Ensure that supply is available from multiple quality-assured manufacturers, reducing risk of supply disruption

Ensure a balance between decreasing prices and maintaining a secure, stable supply base

Promote competition between suppliers for key products

Align with Expert Review Panel requirements and processes

Limitations & mitigation measures

- ☐ Even with more than three suppliers, manufacturing capacity may still be insufficient to meet demand, especially during peak times
- ☐ Manufacturing capacity is estimated / self-reported by suppliers and difficult to validate (as is global demand)
- ✓ Estimated manufacturing capacity vs. forecast annual demand (Global Fund and global) will be monitored as part of thematic reporting

Strategic Targets

Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
Systems for HealthPromote and Protect
Human Rights & Gender
EqualityMobilize Increased
Resources**KPI 12 Availability of affordable health technologies: b) Affordability****Strategic Vision**

Market shaping efforts reduce prices for PRs accessing PPM framework agreements, yielding savings which can be used to support unfunded programmatic needs

Aim of indicator

Captures effectiveness in increasing the affordability of key medicines and technologies

Reflects achievement of target savings based on tenders conducted and forecast demand

Takes into account market conditions for different products in the PPM portfolio (e.g. anticipate greater savings on new product strategies or recently introduced products)

Measure

Annual savings achieved through PPM* on a defined set of key products (mature and new)

Limitations & mitigation measures

- ☐ The measure does not capture affordability of products in countries that do not access PPM framework agreements
- ✓ Implementation KPIs measuring RSSH achievements will provide information for these countries
- ☐ Cost avoidance (slowing the rate of cost increases) is not covered due to difficulties in validating estimates
- ☐ If considered alone, the indicator could lead to negative incentives for product availability - driving reduced supplier base and reduced investment
- ✓ Benchmark reference prices for key products will be tracked as management information
- ✓ KPI 12a will be used to control for potential negative effects on availability; management information will also track additional risk indicators

* Savings achieved via Framework agreements; PSA fees; freight /logistics costs, etc.

Strategic Targets

Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
Systems for HealthPromote and Protect
Human Rights & Gender
EqualityMobilize Increased
Resources

KPI 12 Availability of affordable health technologies: b) Affordability

Proposal takes into account Board Constituency feedback:

Specific feedback	Way forward
Concern about over-reliance on PPM as the main vehicle for tracking – makes it less and less voluntary and more prescriptive.	KPI 12b tracks savings, and currently these data are only reliably available through orders conducted through PPM. Other data sources will be explored and included as they become available as supplementary information.
These measures do not directly address the Strategy's Operational Sub-Objective d): "Support efforts to stimulate innovation and facilitate the rapid introduction and scale-up of cost effective health technologies and implementation models".	KPI 12 aims to align with the Market Shaping strategy. It is proposed to measure affordability and availability at the level of the Strategic KPIs, with the remaining dimensions being measured as part of the Implementation KPIs or Thematic Reporting. This sub-objective will be addressed through measures of innovation, demand and adoption.
Number of suppliers meeting Quality Assurance requirements for key products should increase from the proposed minimum of 2.	This point has been noted and the indicator changed accordingly.
Measure does not address availability of products to patients, rather just to countries.	Product availability to clients would be tracked at an implementation level as part of supply chain tracking. This indicator aims to measure Market Shaping efforts at the global level.

Annex

Terminology

- **Key Performance Indicator (KPI)** – a tool to track progress in achieving strategic goals, comprising:
 - **Strategic vision:** a clear statement of what we expect the strategy to achieve
 - **Measure:** translation of the vision into something numerically quantifiable
 - **Baseline:** current performance on the measure
 - **Target:** the ambitious but achievable goal set for the measure
- **Strategic KPIs:** indicators reported to the Board for strategic governance purposes
- **Implementation KPIs:** indicators used by the Secretariat to guide operational implementation of the strategy
- **Management information:** other useful information used to manage operations (no target)
- **Thematic reporting:** routine information provided to the Board for each Strategic Objective complementing and contextualizing the Strategic KPI results
- **Strategy implementation plan:** the detailed plan of the actions required to implement the strategy

New framework design draws from best practice structures and guiding principles

	Best practice from comparable organizations	Lesson learned
Leveling indicators	Performance management framework includes multiple levels of KPIs targeted to different audiences: global trends, contributive and attributive indicators, as well as implementation monitoring and management data	Strategic and activity-level KPIs will track Global Fund's contribution to mission, while additional monitoring from implementation KPIs and management information will provide deeper analysis, in particular on levers for action
Thematic reporting	Tracking and reporting on strategic themes are consistently provided to fill information gaps at goal-level tracking	Strategic indicators will be directly underpinned by implementation KPIs, consistent management information, and thematic reporting for each strategic objective
Variance analysis	Clear concise analysis is required to link and contextualize results and enable target audiences to better understand and use performance information for strategic decision making	Increased clarity will be provided on the levers for management action available, accountability for action and how information across and between the different levels links together

The guiding principles were used to examine the proposed indicators

Dimensions	Definition
Accountability	Contribution: Global Fund is one actor among many contributing to results achieved Attribution: Global Fund can largely attribute results to its actions
Data availability	Data may currently be available in an existing system ; collected in a structured manner (but not available in an existing system); or not yet available at Secretariat level and/or country level
Actionable & reliable results	Results are replicable, reliable and guide Global Fund decision-making
Coverage	What segment of countries, donors, etc., is represented in result
Projections available	Is it possible to forecast this KPI's results, thus enabling the Secretariat to take action to mitigate potential future underperformance
Frequency of reporting	Given the frequency of data collection, or the size cohort sampled, how often will meaningful KPI results be reported? (eg. Annually, semi-annually)

A summary by indicator is provided on the next page

KPI Proposals	Accountability	Data availability	Actionable & reliable results	Coverage	Projections available	Frequency of reporting
1 Performance against impact targets	Contribution	Structured	✘	Full portfolio	✓	Annual
2 Performance against service delivery targets	Contribution	Mix	✓	Mix	Mix	Annual / semi annual
3 Alignment of investment with need	Attribution	System	✓	Full portfolio	✓	Semi annual
4 Investment efficiency	Contribution	Structured	✓	Portfolio segment	✘	Semi annual
5 Key population service coverage	Contribution	Not yet available	✓	Portfolio segment	tbc	Annual
6 Resilient & sustainable systems for health	Mix	Not yet available	✓	Portfolio segment	✘	Annual
7 Fund utilization	Mix	System	✓	Mix	Mix	Semi annual
8 Gender & age equality	Contribution	Structured	✓	Portfolio segment	tbc	Annual
9 Human rights	Mix	Not yet available	✓	Portfolio segment	Mix	Annual
10 Resource mobilization	Contribution	System	✓	Full portfolio	✓	Semi annual
11 Domestic investment	Contribution	Structured	✓	Full portfolio	✘	Annual
12 Availability of affordable health technologies	Mix	Structured	✓	Mix	Mix	Annual

Strategic Targets

Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
Systems for HealthPromote and Protect
Human Rights & Gender
EqualityMobilize Increased
Resources**KPI 1** Performance against impact targets

Indicator dimensions

Dimension		Comment
Accountability	Contribution	Global Fund contribution to overall impact is estimated in-house
Data availability	Structured	Data is sourced externally.
Actionable & reliable results	x	Indicator works as more of a high level tracker. Target setting will be informed by the replenishment result and allocation model assumptions. Disaggregation of targets to region/country levels will inform analysis of performance along with results for KPIs 2, 3, 4 & 7.
Coverage	Full portfolio	
Projection available	✓	It is planned to improve the sophistication of the projection methodology. Targets may require periodic recalibration to take into account changes to modelling methodology and historical data
Frequency of reporting	Annually	Data is reported with a one-year lag due to partner data collection schedules

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Strategic Targets

Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
Systems for HealthPromote and Protect
Human Rights & Gender
EqualityMobilize Increased
Resources**KPI 2** Performance against service delivery targets

Indicator dimensions

Dimension		Comment
Accountability	Contribution	The count indicators will be reported using the Global Fund contribution methodology. The percentage indicators will report national results
Data availability	Mix	
Actionable & reliable results	✓	Target setting will be informed by the replenishment result and allocation model assumptions. KPI performance is affected by expected levels of service delivery being signed into grants and intervention level grant performance.
Coverage	Mix	Full portfolio will report on eight measures; Portfolio segment for six measures.
Projection available	Mix	
Frequency of reporting	Annual Semi annual	Data is reported with at minimum a six-month lag

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HIV, TB and malariaBuild Resilient & Sustainable
Systems for HealthPromote and Protect
Human Rights & Gender
EqualityMobilize Increased
Resources

KPI 3 Alignment of investment with need

Indicator dimensions

Dimension		Comment
Accountability	Attribution	
Data availability	System	
Actionable & reliable results	✓	Illustrates extent to which grant expenses are committed to countries with most need, and not necessarily those with best absorption. Provides a control for KPI7 Fund utilization
Coverage	Full portfolio	
Projection available	✓	Based on Mid-Term Plan commitments forecast
Frequency of reporting	Semi annual	

Strategic Targets

Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
Systems for HealthPromote and Protect
Human Rights & Gender
EqualityMobilize Increased
Resources

KPI 4 Investment efficiency

Indicator dimensions

Dimension		Comment
Accountability	Contribution	Focus is on the national strategic plan, not Global Fund specific
Data availability	Structured	Building disease modeling into grant processes will increase data availability
Actionable & reliable results	✓	Close country engagement during modelling process will increase scope for taking action
Coverage	Portfolio segment	Initial focus on high impact portfolios, but there is also a demand for modelling in UMICs
Projection available	✗	The KPI result is already a projection
Frequency of reporting	Semi annually	Countries will mostly use disease models during Concept Note and/or NSP development – there may be one data point every 3 years per country assessed

Strategic Targets

Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
Systems for HealthPromote and Protect
Human Rights & Gender
EqualityMobilize Increased
Resources

KPI 5 Service coverage for key populations

Indicator dimensions

Dimension		Comment
Accountability	Contribution	
Data availability	Not yet available	No routine data collection exists at country level either through surveys or programmatic monitoring. Data structure will be designed to avoid double-counting of population members
Actionable & reliable results	✓	
Coverage	Portfolio segment	Countries will be selected from the 55 expected to have key population size estimates by the end of 2016 (HIV only)
Projection available	TBC	If baseline coverage data available, projections may be possible based on availability of service delivery targets in Performance Frameworks focusing on key population interventions
Frequency of reporting	Annually	Each reporting period will include few new data points as countries may only conduct surveys every 2-3 years

Strategic Targets

Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
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EqualityMobilize Increased
Resources

KPI 6 Strengthen systems for health

Indicator dimensions

Dimension		Comment
Accountability	Contribution	
Data availability	Not yet available	Systems do not yet exist for some of this data. Health facility assessments & PQR may provide some data
Actionable & reliable results	✓	Measure represents aggregate measure for strategic level reporting. Implementation indicators should drive performance improvement in each focus area
Coverage	Portfolio segment	Cohort of countries sampled may differ across the three focus areas
Projection available	✗	Likely no projections will be available for forecasting system improvements
Frequency of reporting	Annually	Each reporting period may include few new data points for some elements, as countries may only conduct health facility assessments every 2-3 years

Strategic Targets

Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
Systems for HealthPromote and Protect
Human Rights & Gender
EqualityMobilize Increased
Resources**KPI 7 Fund utilization****Indicator dimensions**

Dimension		Comment
Accountability	Mix	Allocation utilization: attribution; Absorptive capacity: contribution
Data availability	System	Sourced from existing systems for grant expense actuals and forecasts, as well as Enhanced Financial Reporting systems to provide expenditure data
Actionable & reliable results	✓	Directly highlights absorption problems as they arise and guides portfolio optimization efforts
Coverage	Mix	Allocation Utilization will cover whole portfolio, while Absorptive Capacity will cover only selected countries
Projection available	Mix	Allocation Utilization will be forecast as part of the Mid-Term Plan, but Absorptive Capacity is based on country expenditures and cannot be forecast
Frequency of reporting	Semi annual	

Strategic Targets

Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
Systems for HealthPromote and Protect
Human Rights & Gender
EqualityMobilize Increased
Resources**I-KPI** Strengthen systems for health: a) procurement**Indicator dimensions**

Dimension		Comment
Accountability	Contribution	
Data availability	Not yet available	Currently data systems only exist for countries participating in PPM. Price data, OTIF and Lead Time could be sourced through PQR, though with up to one-year lag
Actionable & reliable results	✓	
Coverage	Portfolio segment	Countries that participate in procurement and capacity building programs. Issue also of considerable relevance to UMICs
Projection available	✗	Projected prices may be available, OTIF and Lead Time forecasts may not be possible
Frequency of reporting	Annual	Data points available at each reporting period may be limited given PQR and OTIF data coverage

Strategic Targets

Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
Systems for HealthPromote and Protect
Human Rights & Gender
EqualityMobilize Increased
Resources**I-KPI** Strengthen systems for health: b) supply chains**Indicator dimensions**

Dimension		Comment
Accountability	Contribution	
Data availability	Not yet available	Some data may be available through health facility assessments, but likely not at the frequency required for this indicator to be useful. Data generated from efforts related to supply chain initiative will be more frequent, but focused in a smaller number of countries
Actionable & reliable results	✓	Depending on system developed for data collection, results should reveal where supply chains are in need of strengthening
Coverage	Portfolio segment	Likely data will only be available from countries conducting health facility assessments or similar surveys
Projection available	✗	
Frequency of reporting	TBC	

Strategic Targets

Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
Systems for HealthPromote and Protect
Human Rights & Gender
EqualityMobilize Increased
Resources**I-KPI Strengthen systems for health: c) financial management****Indicator dimensions**

Dimension		
Accountability	Contribution	All efforts will be undertaken with partners
Data availability	Not yet available	System to track this information is not yet available
Actionable & reliable results	✓	Assessment of national system strength should guide investment and system strengthening focus in the 15-20 selected countries
Coverage	Portfolio segment	15-20 priority countries will be targeted
Projection available	✗	
Frequency of reporting	TBC	Each reporting period will include few new data points as 15-20 countries may only conduct assessments periodically

Strategic Targets

Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
Systems for HealthPromote and Protect
Human Rights & Gender
EqualityMobilize Increased
Resources**I-KPI** Strengthen systems for health: d) HMIS coverage

Indicator dimensions

Dimension		
Accountability	Contribution	
Data availability	Not yet available	HFAs and HMIS desk review are proposed as primary data sources
Actionable & reliable results	✓	Assessment of HMIS coverage and data quality should guide investment and data system strengthening focus in the countries monitored
Coverage	Portfolio segment	Data will be more prevalent in High Impact and core countries
Projection available	✗	
Frequency of reporting	Annually	

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Human Rights & Gender
EqualityMobilize Increased
Resources**I-KPI** Strengthen systems for health: e) ability to report on disaggregated results**Indicator dimensions**

Dimension		
Accountability	Contribution	
Data availability	Structured	Current systems do not track country's ability to report data disaggregated by age and sex so this will be a required system development
Actionable & reliable results	✓	
Coverage	Portfolio segment	Indicator will likely assess High Impact and core countries
Projection available	✗	
Frequency of reporting	Annually	Cohort of countries assessed at each reporting period will change depending on expected update schedule

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Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
Systems for HealthPromote and Protect
Human Rights & Gender
EqualityMobilize Increased
Resources**I-KPI Strengthen systems for health: f) Alignment with national strategic plan****Indicator dimensions**

Dimension		Comment
Accountability	Contribution	
Data availability	Structured	TRP assessment is collected systematically at each submission window.
Actionable & reliable results	✓	Data is based on a single survey response from the TRP at each submission window. Replicability / validity of results is not yet clear.
Coverage	tbc	Coverage is dependent on decisions made on differentiation
Projection available	✗	
Frequency of reporting	Semi Annual	

Strategic Targets

Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
Systems for HealthPromote and Protect
Human Rights & Gender
EqualityMobilize Increased
Resources**KPI 8 Gender & age equality****Indicator dimensions**

Dimension		Comment
Accountability	Contribution	
Data availability	Structured	Sourced from UNAIDS, modelled data of new incident cases, reported with a one year lag
Actionable & reliable results	✓	
Coverage	Portfolio segment	Cohort of countries to be defined based on where disparities are greatest
Projection available	tbc	
Frequency of reporting	Annually	With a one year lag – emphasizing the importance of thematic reporting

Strategic Targets

Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
Systems for HealthPromote and Protect
Human Rights & Gender
EqualityMobilize Increased
Resources**KPI 9** Human rights: a) Reduce human rights barriers to services**Indicator dimensions**

Dimension		Comment
Accountability	Contribution	The global fund has a key niche role as the major funder of interventions aimed at removing legal barriers to access, but partner support remains key
Data availability	Not yet available	Considerable work will be required to build the necessary tracking systems
Actionable & reliable results	✓	Initially, KPI performance will be most dependent on actions taken during the country dialogue and Concept Note development stages of the funding process.
Coverage	Portfolio segment	Countries will be selected across different epidemic, burden, conducive environment and barrier contexts
Projection available	✗	
Frequency of reporting	Annually	

Strategic Targets

Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
Systems for HealthPromote and Protect
Human Rights & Gender
EqualityMobilize Increased
Resources**KPI 9 Human rights: b) key populations and human rights in middle income countries****Indicator dimensions**

Dimension		Comment
Accountability	Attribution	
Data availability	Structured	
Actionable & reliable results	✓	
Coverage	Portfolio segment	Middle income countries
Projection available	TBC	A projection should be possible when new grants, subject to these stipulations, come into force
Frequency of reporting	Quarterly	

Strategic Targets

Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
Systems for HealthPromote and Protect
Human Rights & Gender
EqualityMobilize Increased
Resources

KPI 9 Human rights: c) key populations and human rights in transition countries

Indicator dimensions

Dimension		Comment
Accountability	Contribution	
Data availability	Structured	
Actionable & reliable results	✓	If suitable policy levers to enforce compliance can be introduced
Coverage	Portfolio segment	Cohort of countries to be defined. HIV and TB programs only
Projection available	✗	Formal projections are unlikely to prove accurate, but risk of non-compliance could be tracked on a more qualitative basis
Frequency of reporting	Annually	There will be a lag of 24-30 months after the start of the replenishment period

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Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
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Human Rights & Gender
EqualityMobilize Increased
Resources**KPI 10** Resource mobilization

Indicator dimensions

Dimension		Comment
Accountability	Contribution	Joint responsibility between Global Fund and donors to fulfill contribution agreements
Data availability	System	Directly sourced from financial systems
Actionable & reliable results	✓	
Coverage	Full portfolio	All donors are included in tracking
Projection available	✓	
Frequency of reporting	Semi annual	

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Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
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Human Rights & Gender
EqualityMobilize Increased
Resources**KPI 11 Domestic investments****Indicator dimensions**

Dimension		Comment
Accountability	Contribution	
Data availability	Structured	No system exists currently to track this data, but this will be addressed by Project AIM
Actionable & reliable results	✓	
Coverage	Full portfolio	
Projection available	✗	
Frequency of reporting	Annually	

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Strategic Targets

Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
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Human Rights & Gender
EqualityMobilize Increased
Resources**KPI 12** Availability of affordable health technologies: a) Availability**Indicator dimensions**

Dimension		Comment
Accountability	Contribution	
Data availability	Structured	Underlying data is currently tracked, but requires manual synthesis
Actionable & reliable results	✓	Where risks are identified, a number of actions can be taken, such as: proactive outreach to potential new suppliers, targeting ERP, reserving volumes for new entrants in PPM tenders, employing mechanisms to incorporate new entrants in existing PPM tenders
Coverage	Full portfolio	As a global indicator, all countries will be included; however, only select products will be tracked
Projection available	✗	
Frequency of reporting	Annually	

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Maximize Impact Against
HIV, TB and malariaBuild Resilient & Sustainable
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Human Rights & Gender
EqualityMobilize Increased
Resources**KPI 12** Availability of affordable health technologies: b) Affordability

Indicator dimensions

Dimension		Comment
Accountability	Attribution	
Data availability	Structured	Underlying price data is captured via current systems, but requires manual analysis. Forecast volumes are not captured via current systems.
Actionable & reliable results	✓	Target setting will be closely linked to anticipated volumes by product from PPM, and other channels. Methodology for Wambo.org savings has been devised in a way as to avoid “double counting” of PPM savings
Coverage	Portfolio segment	Countries that access PPM framework agreement prices as part of PPM, e-marketplace or through other channels
Projection available	✓	
Frequency of reporting	Annually	

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