

40th Board Meeting

Strategic Performance Reporting





For Board Information

GF/B40/14

Geneva, Switzerland

14-15 November 2018

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Performance Reporting Framework continues to evolve to provide insightful and actionable reporting

Going forward, reporting will integrate both KPI & SIP reporting...

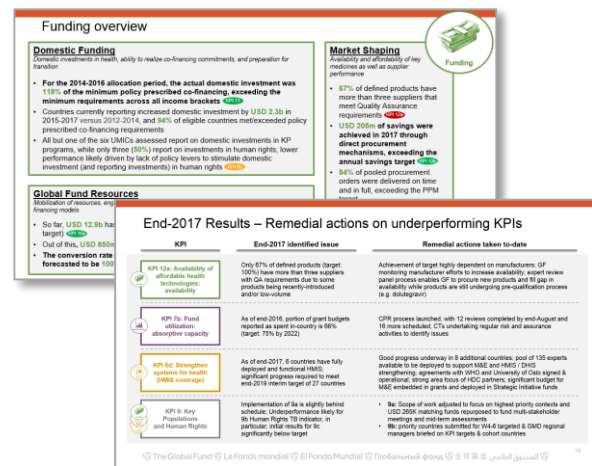
...resulting in a more holistic overview of performance

KPI reporting

Management information

Strategy Implementation (SIP) reporting

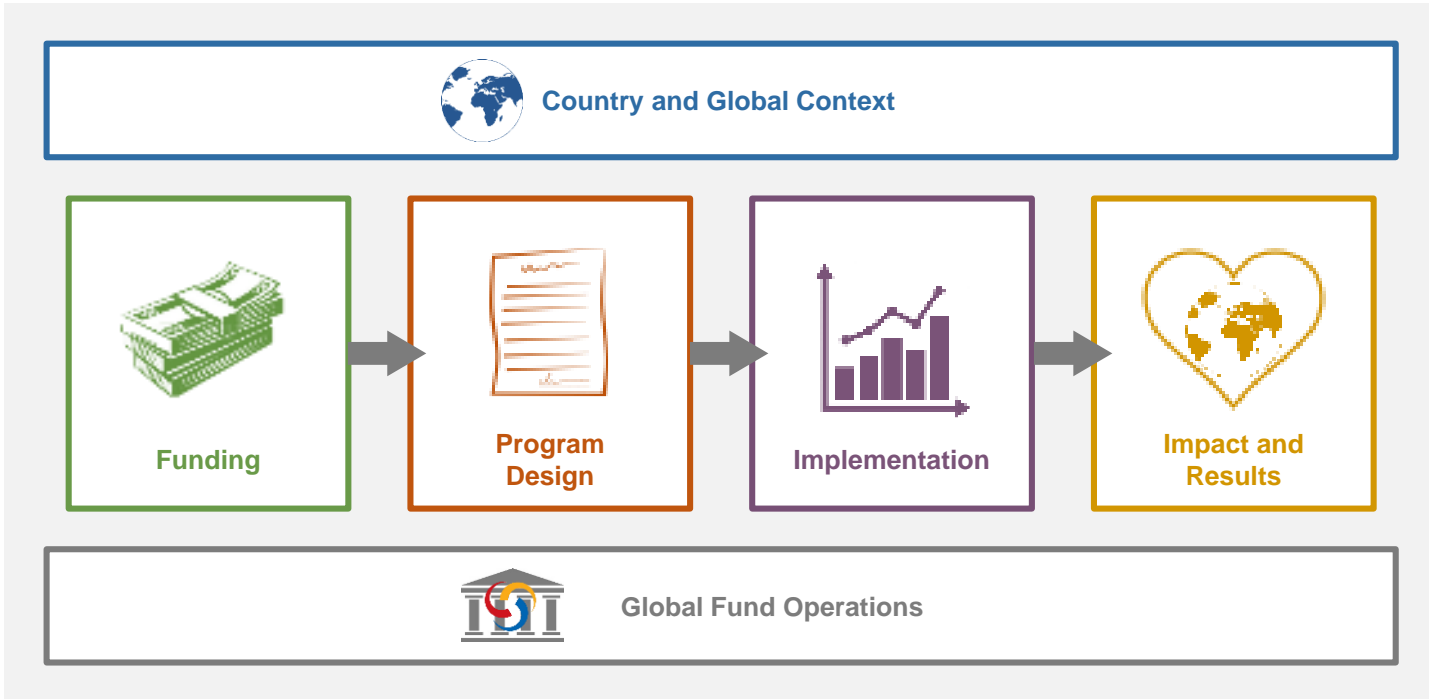
~70 high-priority deliverables deemed critical for achieving the 2017-2022 Global Fund Strategy



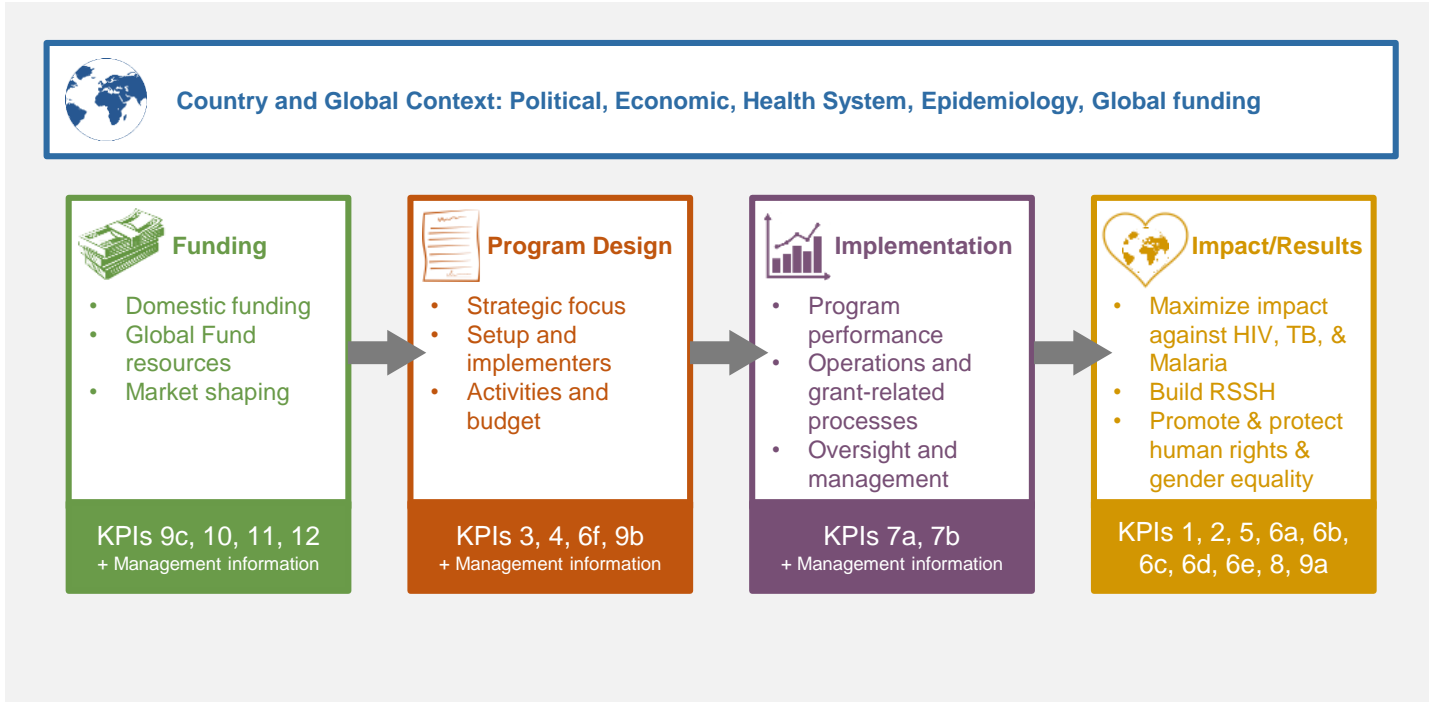
Performance Reporting Framework summary slides will now be more comprehensive with data from KPIs, management/thematic information and SIP deliverables

- Greater oversight over a **broad set of metrics** (e.g., strategic sub-objectives without a directly corresponding KPI)
- Visibility into **leading indicators** of progress (e.g., integration of AGYW-related indicators in grants in 13 priority countries is a key step to achievement of KPI 8)
- Follow-up on **remedial actions** being taken to address underperformance
- Deeper **contextual information and analysis** to enable useful & actionable insights

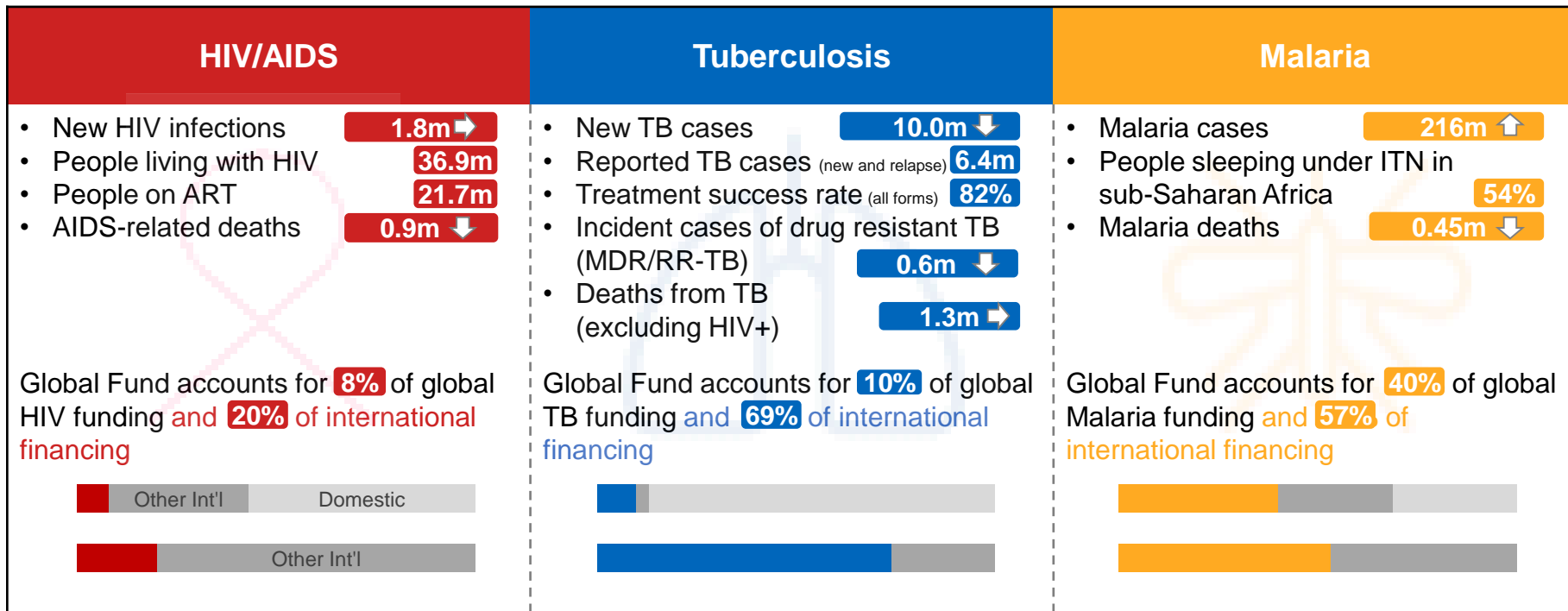
Performance Reporting Framework



Performance Reporting Framework



Setting the context – the global fight against the three diseases



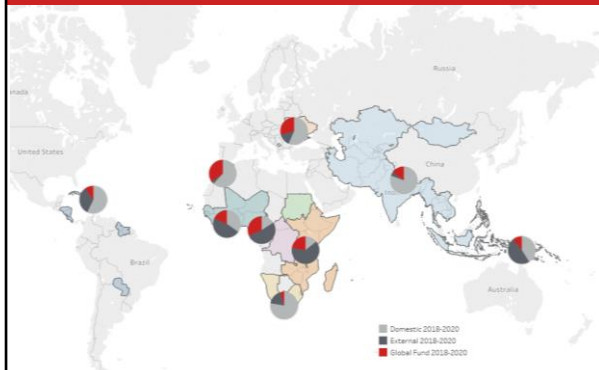
HIV data: UNAIDS.org, new infections (2017), people living with HIV (2017), people on ART (July 2018), AIDS-related deaths (2017); *TB data:* Global TB Report 2017, new TB cases (2016); reported TB cases (new and relapse) (2016); treatment success rate (all forms) (2015); incident cases of MDR/RR-TB (2016); deaths from TB (2016); *Malaria data:* WHO.int/malaria, World Malaria Report 2017: malaria cases (2016), population at risk slept under an ITN in sub Saharan Africa (2016), malaria deaths (2016).

Funding sources [2016 data for HIV/Malaria, 2018 for TB]: OECD DAC-CRS; UNAIDS FactSheet World AIDS Day 2017, UNAIDS; Global Tuberculosis Report 2018, WHO; World Malaria Report 2017, WHO
GF share of international funding: Global Fund 2017 Results Report

Figures are global and are not solely for countries where Global Fund resources are disbursed.

Setting the context – the global fight against the three diseases

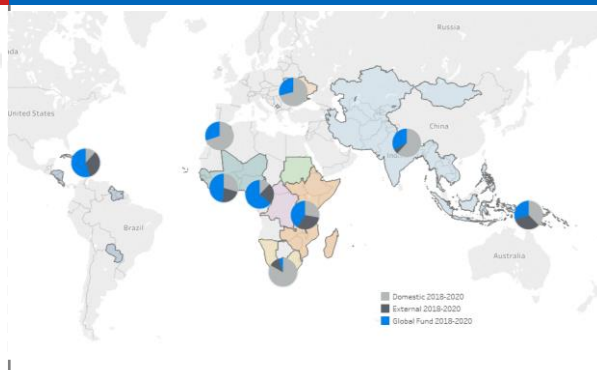
HIV/AIDS



Global Fund accounts for **8%** of global HIV funding and **20%** of international financing across the world

The GF has proportionately higher shares of funding in MENA and EECA eligible countries and lower shares in Western, Central and Eastern Africa (high PEPFAR funding); and in Southern Africa; LAC and Asia (high domestic funding).

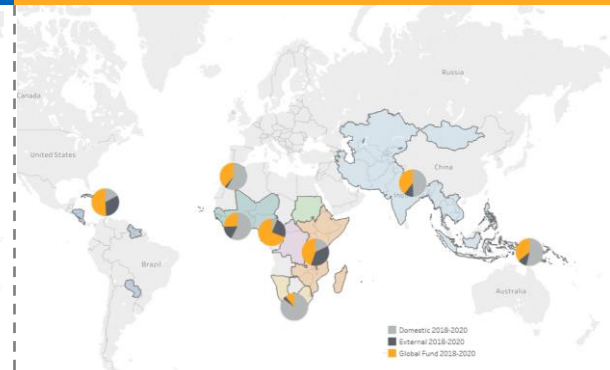
Tuberculosis



Global Fund accounts for **10%** of global TB funding and **69%** of international financing across the world

The GF has proportionately higher shares in LAC (eligible countries); and in Western, Central and Eastern Africa. It has lower shares in EECA, Southern Africa and Asia (mainly domestic funding).

Malaria



Global Fund accounts for **40%** of global Malaria funding and **57%** of international financing across the world

The GF has proportionately higher shares in LAC (eligible countries); and in Western, Central and Eastern Africa (that also receive high PMI funding). It has lower shares in MENA, Southern Africa and Asia (mainly domestic funding).

NB: this data is based on funding requests submitted by GF-financed countries* during the current allocation cycle.

*For instance, in LAC, the GF share of funding is not representative of the region as a whole as most of its countries are ineligible for GF funding. Regions are based on the UN geo-scheme. ⁷

Funding overview

Domestic Funding

Domestic investments, ability to realize co-financing commitments, preparation for transition

- Support (from GF and other partners) for implementation of **National Health Accounts** provided to **68%** of High Impact / Core countries
- Min. domestic co-financing **commitments met** for **100%** of components in Transition Preparedness cohort having completed grant making

Global Fund Resources

Mobilization of resources, engagement of new donors, availability of funding, and harnessing of new financing models

- So far, **101%** of the replenishment target has been **pledged** **KPI 10a**
- Out of this total, **6.6%** has been pledged by the **private sector**
- Total **contributions expected** to be received is currently forecasted to be **101%** of the initial forecasted amount **KPI 10b**
- **37** of **38** public donor contribution agreements expected to shift from tripartite to bilateral during this replenishment period. End-June, 1 tripartite + 33 bilateral agreements signed
- Spain – Democratic Republic of Congo **Debt2Health** agreement ratified, allowing DRC to invest **USD 3.4m** in Malaria programs (to-date, total of EUR 208m in debt swapped through Debt2Health)
- GF modelling guidance group convened to inform **2020-2022 investment case development**

Market Shaping

Availability and affordability of key medicines as well as supplier performance

- At mid-2018, indications that annual **target for savings through direct procurement mechanisms** likely to be exceeded (driven by ARV savings). Actual reporting in Spring 2019 **KPI 12b**
- **78%** of PPM orders delivered **on time and in full** since the beginning of 2018, exceeding target (with strong improvement from Q1 to Q2, with **89%** OTIF in Q2)
- **2** domestically financed transactions placed through **wambo.org domestic funding pilot** (for ARVs, worth **~USD 500k**), with 8 others expected by end-2018
- New MDR-TB regimen rolled-out in **30** countries
- ARV framework agreements signed, with expected savings of **USD 324m** by end-2021
- **20** countries have started procurement of more effective DTG; roll-out slowed pending updated WHO guidelines on safety signal in pregnancy



Funding

Program Design overview

Strategic focus

Focus of design by geography, disease burden, economic capacity, income levels, etc.

- **Alignment of investment & need strongly improving** now, using 2017/2019 allocation and its corresponding country shares of need. Almost on target now at **97%** achievement (**0.36** discrepancy vs target of 0.35). Using disbursements instead of commitments to measure share of funding would bring us above target **KPI 3**
- **9 of 10** KPI 2 modelled services have their **aggregate national targets aligned to strategy target**, indicating positive progress towards meeting strategy targets
- **Allocation methodology** presented to Strategy Committee in July and feedback provided on areas for potential refinement

Setup and implementers

Implementers, communities, partners, other stakeholders – and our joint efforts at collaboration

- For the current allocation*, **35%** of grants (and **24%** of investment) managed by **Community Sector implementers**, many of them local (13% of grants, 8% of investment) and 7 of them new implementers
- **93** small grants provided to **community-based groups** through *HER Voice Engagement Fund* from Jan-Jun 2018, to support the meaningful engagement of adolescent girls and young women
- **75%** of components receiving transition funding currently covered by a completed TRA or equivalent, with current plans to complete TRA or equivalent in remaining 25%; out of the overall Transition Preparedness components, **35%** are currently covered by a completed TRA or equivalent, with current plans to complete another ~25% in 2017-2019
- Malaria Matchbox toolkit piloted in **2 of 3** planned countries, discussions held with **partners** on potential collaborations; toolkit expected to be finalized & launched end-2018

* As of 31-Aug-2018

Activities

Activities & budgets of GF grants

- **96%** of funding requests in this cycle rated by TRP as **aligned with National Strategic Plans** **KPI 6f**
- **38** disease programs **assessed for investment efficiency**, with results undergoing validation; to be reported Spring 2019 **KPI 4**
- For new allocation, **2.82%** (target: 2.85%) of HIV grant budgets in Middle Income Countries and **0.72%** (target: 2%) of TB grant budgets in high-burden MICs invested in **activities to remove human rights barriers** **KPI 9b**
- In priority countries**, GF so far investing **USD 90.6m** towards reducing new HIV infections among adolescent girls & young women
- Robust method to assess **RSSH** investment developed – **24%** of total investment for 2017-19 cycle in grants approved to date. Of RSSH investment, 47% goes to **Human Resources for Health** (mainly through contributions from diseases), 18% to **Service Delivery** (mainly contributions), 16% to **HMIS** (direct funding), 2% to **Community Responses and Systems**



Design

** In 8 of 13 AGYW priority countries where financial data and defined package of interventions currently available for analysis

Implementation overview

Performance

Financial and programmatic performance of grant activities and implementers

- **92%** of the 4th replenishment allocation is already disbursed or forecasted to be **KPI 7a**
- Overall, **75%** of grant budgets have been reported as spent for the years 2015-2017 for whole portfolio (*see below). This represents a strong improvement from 66% in the 2014-2016 period – now on target. Explained by very strong 2017: driven by NFM grants; work with partners (ITP); risk and assurance activities; reprogramming; etc. Also very high disbursement utilization rate **KPI 7b**
- **Programmatic performance** at end-2017 generally **adequate to strong** for the portfolio when compared to Performance Framework (PF) targets for most service delivery indicators (*see annex for details*)
- However, weaker performance for: **PMTCT & ART** indicators (all mainly driven by currently unreliable/overestimated prevalence info for one of largest HIV portfolios); cases treated for **MDR-TB** (driven mainly by largest TB portfolio); and **HIV+TB patients on ART** (caused by low number of cases identified; however treatment rate for co-infected patients high across portfolio)

* NB: a full reconciliation exercise presented at AFC for different, detailed cohort (implementation periods ending 2017 or earlier, based on 2014-2017 expenditures) showed a consistent result with **78%** absorption rate

Oversight

Internal & external assessment, review, and grant management mechanisms

- Implementation of CCM evolution to be launched in **Sept. 2018**, with first phase in 16 countries
- **12** Country Portfolio Reviews (CPRs) completed by end-August, with 16 more ongoing. Enterprise Portfolio Review (EPR) pilot held to seek feedback on approach to organization-wide oversight

Operations

Efficiency and robustness of grant processes (including forecasting and performance based funding)

- For **current allocation**, **219** country funding requests submitted, resulting in **239 Board-approved grants** for total USD **9.6 bn** (as of 6 Sept 2018) – approximately 89% of the allocation. Out of this, USD **4.1 bn** already committed as grant expenses and **1.6 bn already disbursed**
- **Grant making faster** than in previous cycles: it takes on average **7.8** months from funding request submission to Board approval; and **72%** of grants had their first disbursement decision within target deadline (7-10 months from TRP approval of funding request, depending on profile)
- **Portfolio optimization** awards of **USD 128m** approved for 10 country components by GAC
- Improved internal systems: new functionalities rolled out in Grant Operating System (GOS), incl. modules for grant closure, risk management and migration of LFA management module



Implementation

Impact and Results overview

Maximize Impact against HIV, TB and Malaria

Service delivery, coverage, and quality performance for the three diseases

- **Many KPI 2 indicators are on track to meet strategy targets**, especially if current portfolio performance improved or maintained. Potential risks higher for: PMTCT, known HIV status, IPTp3 and both TB/HIV indicators (*see detailed analysis in annex*) **KPI 2**
- **45%** of target countries have data collection mechanisms in place to report on coverage of an evidence-informed package of services for at least 2 **key populations**. Many of the remaining countries are close to the threshold, meaning the 2019 target of 75% is reachable **KPI 5**
- Annual TB case notification for 2017 improved by **11%** in **13 priority countries** versus 2015 baseline, resulting in almost **390,000 additional TB cases**
- **Global Fund 2018 Results Report**, including latest programmatic and impact results, released in September. **Country Results Profiles** produced for majority of High Impact countries, providing deep-dive into financing, coverage, outcome, and impact data at country and disease level

2016	2017	2018	2019
replenishment, allocation	funding request, grant-making	implementation begins	first full results



Build Resilient & Sustainable Systems for Health

Improvements in human resources, procurement, supply chain, data and financial management capabilities of health systems

- **64%** of HI / Core countries experienced **improvements in financial management** capabilities between July 2017 - March 2018, with in-country financial absorption being the main contributing factor
- Preliminary figures on KPI 6d indicate **8 additional countries** (total of **14**) have **fully deployed, functional HMIS**, up from 6 at end-2017
- **7 supply chain** diagnostics completed (4 more in progress); **10 supply chain transformation** projects ongoing
- The majority of GF supported countries have an overall low level of core health personnel density (**2.1** or less). The highest levels of GF investments on cross-cutting human resources for health align with the countries with lowest availability of core health personnel

Promote and Protect Human Rights & Gender Equality

Increases in coverage, support, and impact for key populations, human rights, and adolescent girls and young women

- Continued improvement in data availability: **38%** of HI/Core **KPI 6e** countries provide results fully **disaggregated by age / gender** for relevant indicators, improving from 26% at end-2017 (2019 target: 50%)
- All (**100%**) **AGYW** priority countries with signed grants have **key indicators** embedded to assess coverage of AGYW with a defined package of prevention programs
- **18** Human Rights baseline assessments finalized & two multi-stakeholder meetings held in-country

Mid-2018 Reporting

Greyed out data corresponds to KPIs to be reported in Spring 2019. If available, result from Spring 2018 highlighted



Funding

- 9c KP and Human Rights in transition countries
- 10 **Resource Mobilization** (p.19)
- 11 Domestic Investments
- 12a Availability of affordable health technologies: availability
- 12b Availability of affordable health technologies: affordability



Program Design

- 3 **Alignment of investment & need** (p.20)
- 4 Investment efficiency (p.21)
- 6f **Strengthen systems for health: NSP alignment** (p.22)
- 9b **KP and Human Rights in middle income countries** (p.23-24)



Implementation

- 7a **Fund utilization: allocation utilization** (p.25)
- 7b **Fund utilization: absorptive capacity** (p.26)



Impact/Results

- 1 Performance against impact targets
- 2 **Performance against service delivery targets** (p.27-50)
- 5 **Service coverage for key populations** (p.51)
- 6 Strengthen systems for health
 - 6a Procurement
 - 6b Supply chains
 - 6c Financial mgmt.
 - 6d HMIS coverage
 - 6e **Results disaggregation** (p.52)
- 8 Gender and age equality
- 9a Reduce Human Rights barriers to services

● On track / Achieved
 ● At risk
 ● Not achieved
 ● Not yet reported

Mid-2018 Reporting – Zoom on KPIs at risk and on improved performance



Program Design

3 Alignment of investment & need

Results: Strong improvement (result **0.36**, target 0.35) due mainly to transition to share of needs from the NFM2 allocation model.

9b KP and Human Rights in middle income countries

Results: Target for Human Rights in TB grants unlikely to be met (result **0.72%**, target 2%) despite 800% increase vs. baseline.

Actions: Awaiting results from 2 HI grants, where Secretariat working to increase investments. Secretariat assessing UQD Register to identify opportunities for grant revisions. Funding for KPs being restated, using more granular methodology (likely to identify more activities & higher %).



Implementation

7b Fund utilization: absorptive capacity

Results: Strong improvement, now at target with **75%** absorption at grant level on 2015-2017 expenditures, from **66%** in previous KPI reporting (on 2014-2016 expenditures).

Mainly due to high absorption in 2017 - explained by improved business processes (NFM grant model); effective collaboration and alignment with partners on the ground; regular risk & assurance activities to identify issues; ongoing reprogramming of grants; efforts to maximize utilization of forecasted unutilized funds.



Impact/Results

2 Performance against service delivery targets

Results: for strategy targets, off-track risk for:

- **PMTCT coverage** (low grant targets and low performance); **% PLHIV who know their status** (low country targets, especially in COE); **# HIV+TB on ART** (low performance, however high treatment rate for co-infected cases); **% IPT for PLHIV** (low targets); **% IPTp3** (low targets)

On-track (assuming improved grant performance) for:

- **ART** number of patients and coverage (driven by one large W African country); **MDR-TB** (lagging performance in many countries)

On track:

- **VMMC; TB (all cases); LLINs; IRS**





5 Service coverage for key populations

Results: Significant progress made but continued effort required to meet 2019 target. Many countries currently reporting only slightly below threshold.

Actions: Strategic Initiative for Data funds allocated to priority countries; discussions ongoing with partners on TA mechanisms to improve performance.

● On track / Achieved
 ● At risk

End-2017 Results – Remedial actions on underperforming KPIs

KPI	End-2017 identified issue	Remedial actions taken <u>to-date</u>
 KPI 12a: Availability of affordable health technologies: availability	Only 67% of defined products (target: 100%) have more than three suppliers with QA requirements due to some products being recently-introduced and/or low-volume	Achievement of target highly dependent on manufacturers; GF monitoring manufacturer efforts to increase availability; expert review panel process enables GF to procure new products and fill gap in availability while products still undergoing pre-qualification process (e.g., ad-hoc ERP launched in Q1 2018 qualified 4 additional suppliers for TLD)
 KPI 7b: Fund utilization: absorptive capacity	As of end-2016, portion of grant budgets reported as spent in-country is 66% (target: 75% by 2022) ¹	CPR process launched, with 12 reviews completed by end-August and 16 more scheduled; CTs undertaking regular risk & assurance activities to identify issues; ongoing reprogramming of grants following rigorous review of financial performance and absorption; efforts taken to maximize utilization of forecasted unutilized funds (e.g., additional USD 1.1b carried forward to current allocation from amount not spent in 2014-16) – leading to significant improvements
 KPI 6d: Strengthen systems for health (HMIS coverage)	As of end-2017, 6 countries have fully deployed and functional HMIS; significant progress required to meet end-2019 interim target of 27 countries	Substantial progress made, resulting in 14 total countries having achieved fully deployed/functional HMIS, and improvements expected in several countries near term. Actions taken include: pool of 135 experts available to support effort; agreements with WHO and University of Oslo operational; strong area focus of HDC partners; significant budget for M&E embedded in grants and Strategic Initiative funds
 KPI 9: Key Populations and Human Rights	Implementation of 9a is slightly behind schedule; underperformance likely for 9b Human Rights TB indicator, in particular; initial results for 9c significantly below target	<ul style="list-style-type: none"> 9a: A differentiated approach to the work in the 20 cohort countries has been developed and USD 265k matching funds repurposed to fund multi-stakeholder meetings and urgent implementation TA needs 9b: priority countries submitted for W4-6 targeted & GMD regional managers briefed on KPI targets & cohort countries

1. As shared by the Secretariat at Spring 2018 Board meeting, there were a number of factors driving underperformance, including decisions to halt disbursements due to risk factors, and foreign exchange. As well, the KPI result is based on 2014-2016 data and therefore excludes 2017 - a peak year for implementation.

Timeline

2016	2017	2018	2019
replenishment, allocation	funding request, grant-making	implementation begins	first full results

YOU ARE HERE

Overall performance summary



Funding

On track for Global Fund **resource mobilization** in 5th replenishment with pledges and conversion rate to contributions at **+100%** of target; work ongoing for 6th (e.g. on investment case)

- Domestic investment indicators to be reported in Spring 2019
- Continued **strong performance on PPM** savings and OTIF. Domestically financed procurement piloted on wambo.org



Design

Strong **alignment** to needs (**97%** of target), National Strategic Plans (**96%**) and strategy targets (**9 indicators out of 10**)

- Sustained support to Civil Society and Communities (as PRs, SRs and through HER), and to Health Systems (with robust methodology to map investments – including contributions from disease)
- Increased funding for Human Rights in HIV grants (up to **2.8%**, at target)
- Strengthened methodology and reporting of Key Populations and AGYW investments



Implementation

First results for grants under new strategy available

- **Programmatic performance diverse** across indicators but higher for TB treatment (**92%** of grant targets), ART (**85%**) and LLINs (**84%**)
- **Financial performance** strong with improvement in grant absorption from 66% to **75%**
- Vast majority of current allocation (**85%+**) already converted into grants; grants developed and signed faster; increased agility of portfolio management through optimization



Results

Projections indicate strategy targets reachable for most indicators (including ARTs, LLINs, TB treatment) – biggest risks in PMTCT and a number of non-modelled / program quality indicators

- Progress on RSSH work - indicators to be presented in Spring 2019. Indications of strong progress on HMIS coverage (KPI 6d)
- Preparatory work continues on Gender and Human Rights reporting (Human Rights assessments, AGYW indicators in grants, increased availability of disaggregated data – now at **38%** of cohort countries with full availability)


Suggestions for improvements on reporting presentation are welcome and will be considered as we continually evolve and use KPIs for performance management

Schedule for upcoming KPI reporting

KPI	KPI Description	Frequency	2018 Fall Board	2019 Spring Board	2019 Fall Board
KPI 1	Performance against impact targets	Annual		2017 data	
KPI 2	Performance against service delivery targets	Annual	2017 data	Updated	2018 data
KPI 3	Alignment of investment & need	Semi-Annual	2016-2018 data	2016-2018 data	2017-2019 data
KPI 4	Investment efficiency	Semi-Annual	Progress update	NFM2 to date	NFM2 to date
KPI 5	Service coverage for key populations	Annual	Additional	2018 data	
KPI 6	6a) Procurement	Annual	Progress update		2018 data
	6b) Supply chains	Annual		2018 data	
	6c) Financial management	Annual		2018 data	
	6d) HMIS coverage	Annual	Progress update	2018 data	
	6e) Disaggregation & 6f) NSP Alignment	Semi-Annual	2016-2018 data	2016-2018 data	2016-2019 data
KPI 7	7a) Fund utilization – Allocation utilization	Semi-Annual	NFM1 to date	NFM2 to date	NFM2 to date
	7b) Fund utilization – Absorptive capacity	Annual	2015-2017 data	Additional	2016-2018 data
KPI 8	Gender & age equality	Annual		2017 data	
KPI 9	9a) & 9c) Human rights	Annual		2018 data	
	9b) Human rights	Semi-Annual	NFM2 to date	NFM2 to date	NFM2 to date
KPI 10	Resource mobilization	Annual	Additional	NFM2 to date	
KPI 11	Domestic investments	Annual		NFM2 to date	
KPI 12	12a) Availability of health technologies	Annual		2018 data	
	12b) Affordability of health products	Annual	Target setting	2018 data	Target setting

Annex - Detailed KPI Results

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Detailed Performance slides: Impact and Results 	
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Performance Reporting Framework Comprehensive of Strategy

■ Primary Linkage
■ Secondary Linkage

2017-2022 GF Strategic Objectives & Sub-Objectives



SO1: Maximize Impact against HIV, TB, Malaria	Scale-up evidence-based interventions				
	Evolve allocation model & processes				
	Support grant implementation success				
	Improve effectiveness in COEs				
	Plan for sustainable responses & transitions				
SO2: Build resilient & sustainable systems for health	Strengthen community responses & systems				
	Support platforms for integrated service delivery				
	Strengthen procurement/supply chain systems				
	Leverage critical investments in HRH				
	Strengthen data systems for health				
	Strengthen and align to robust NSPs				
	Strengthen financial mgmt. & oversight				
SO3: Promote & protect HRts and gender equality	Scale-up programs to support AGYW				
	Invest to reduce health inequities				
	Scale-up programs to remove HRts barriers				
	Integrate HRts considerations into grant cycle				
	Support engagement of KPs in GF processes				
SO4: Mobilize increased resources	Attract additional financial resources				
	Support increasing domestic resources				
	Implement market shaping efforts				
	Stimulate innovation of health technologies				



Funding



Design



Implementation



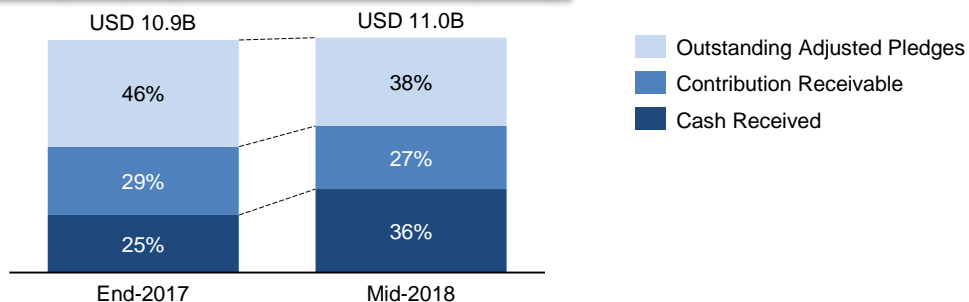
Results

Global Fund Resources

● KPI 10 – Resource mobilization

Measure	Mid-2018 Result	Key takeaways
a) Actual announced pledges as a percentage of the replenishment target	a) 101% (USD 13.1 bn) b) 101% (forecasted contributions of USD 11.0 bn)	<ul style="list-style-type: none"> On track Since replenishment, additional pledge from UK for GBP 100 m Since the baseline was established based on initial sources of funds approved by the AFC in October 2016, there have been changes in pledges forecasted to be received, with an extra USD 0.1bn expected to be received in total, as approved by the AFC in July 2018 To date, USD 3.9 bn has been received as cash, USD 3.0 bn is outstanding as contribution receivable, with another USD 4.1 bn outstanding adjusted pledge
b) Pledge conversion rate: Currently forecasted contributions vs. initially forecasted contributions	Target a) 2017-2019: 100% (USD 13 bn) b) 2017-2019: 100% (USD 10.9 bn, approved sources of funds)	

Change in pledge conversion since last reporting



Notes:

a) All data at the 5h replenishment conference rate (5-year simple moving average as of 5th replenishment conference).

b) All data at the spot rate as of 22 September. Current performance is defined as cash received, contributions receivables plus outstanding pledges adjusted for technical assistance and risk adjustment.



Funding



Design



Implementation



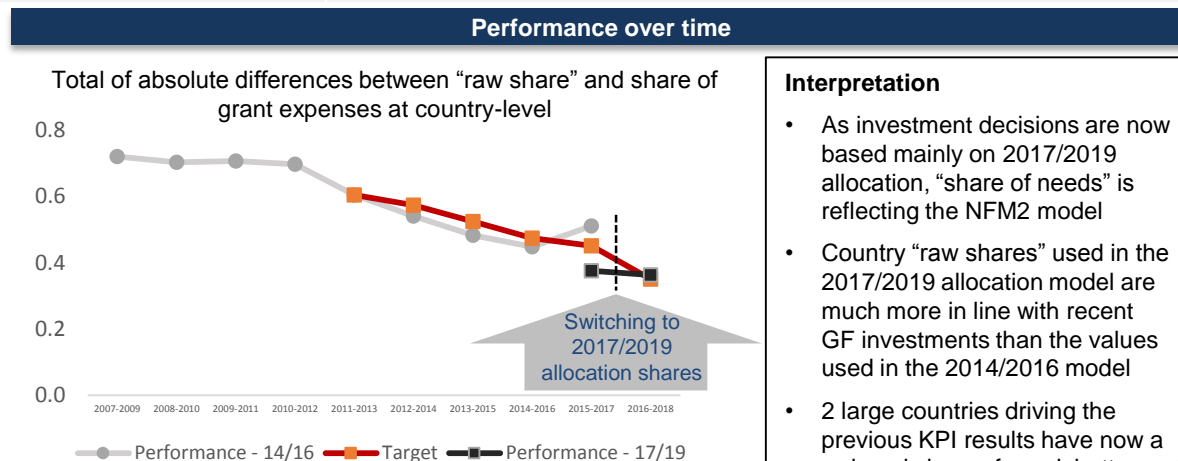
Results

Strategic focus

- KPI 3 – Alignment of investment & need

Measure	Mid-2018 Result	Key takeaways
Alignment between investment decisions and country disease burden & economic capacity, as defined by the country's "raw share" in the 2017-2019 allocation model	0.36 Target 2018: Less than or equal to 0.35	<ul style="list-style-type: none"> • Much improved result for this KPI as (following methodology), we are now switching to the "raw share" as defined in the 2017-2019 allocation (2014-2016 was used up to 2017) • Using "disbursements" instead of "grant expenses" to measure investment decisions would bring better results (0.33)

Disaggregation*		
	Result	Country count
High Impact Africa 1	0.08	6
High Impact Asia	0.05	9
Africa and Middle East	0.10	41
High Impact Africa 2	0.07	8
Asia Europe Latin	0.06	46
America and Caribbean	0.06	46
Total	0.36	109



Interpretation

- As investment decisions are now based mainly on 2017/2019 allocation, "share of needs" is reflecting the NFM2 model
- Country "raw shares" used in the 2017/2019 allocation model are much more in line with recent GF investments than the values used in the 2014/2016 model
- 2 large countries driving the previous KPI results have now a reduced share of need, better aligned to their actual funding

• Regional disaggregation is based on pre-September 2018 Global Fund portfolio categories

• NOTE: Includes countries that received an allocation and had cumulative 2016-2018 grant expenses >0; Excludes countries that received their entire allocation through a multi-country grant



Funding



Design



Implementation



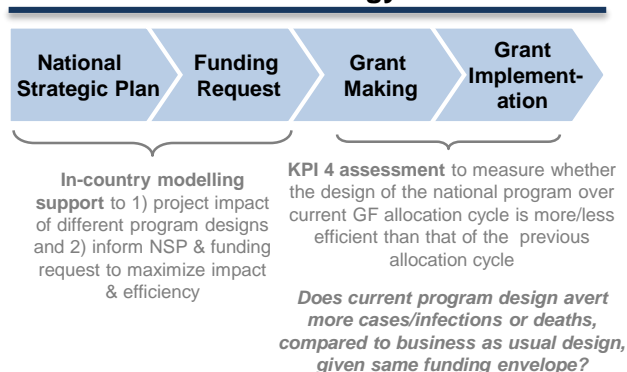
Results

Activities

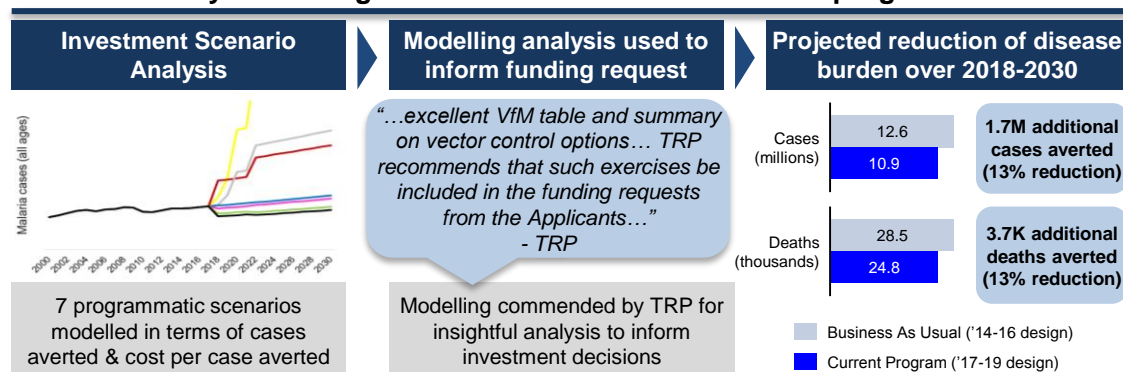
- KPI 4 – Investment efficiency
- KPI 6f – NSP alignment
- KPI 9b – Grant funding for KPs and Human Rights in MICs (1/2)

Measure	Mid-2018 Result	Key takeaways
Change in cost per life saved or infection averted from supported programs	Results due for reporting Spring 2019 Target 90% of countries measured show a decrease in or maintain existing levels of cost per life saved or infection/case averted over 2017-19 period	<ul style="list-style-type: none"> Approx. 30 disease programs in high impact countries have used / are using in-country modelling to inform development of NSPs & funding requests in 2017-19 cycle KPI4 methodology refined through Global Fund Modelling Guidance Group consultation in May 2018 38 disease programs have had assessment of investment efficiency, with results in the process of being refined and reviewed by Country Teams

Methodology



Case study: Modelling and KPI 4 assessment for malaria program in Africa





Funding



Design



Implementation



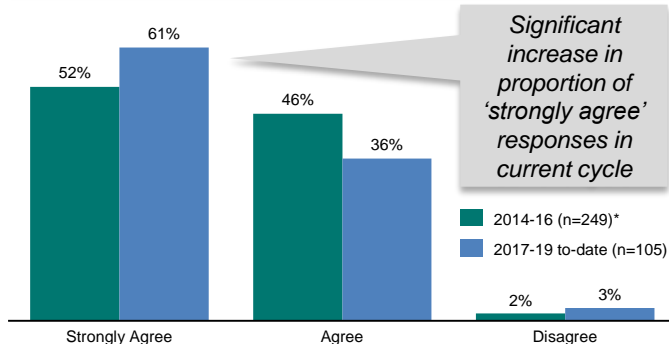
Results

Activities

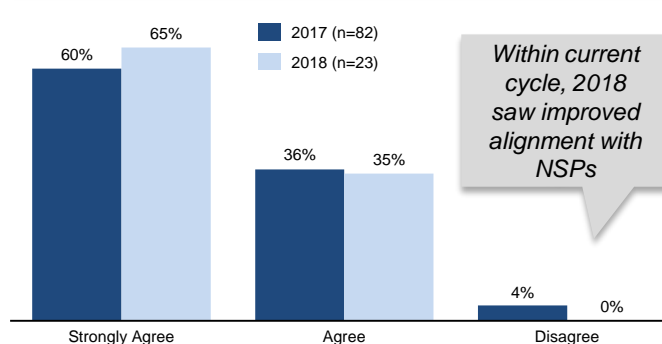
- KPI 4 – Investment efficiency
- **KPI 6f – NSP alignment**
- KPI 9b – Grant funding for KPs and Human Rights in MICs (1/2)

Measure	Mid-2018 Result	Key takeaways
Percentage of funding requests rated by the TRP to be aligned with National Strategic Plans: <i>“The funding request aligns with national priorities as expressed in the National Strategic Plan (or an investment case for HIV)”</i>	97% ‘Strongly Agree’ / ‘Agree’ Target 90% ‘Strongly Agree’ / ‘Agree’ (‘Very Good’ / ‘Good’ in previous survey iteration)	<ul style="list-style-type: none"> • Results continue to exceed target • Compared to 2014-2016 baseline, a higher proportion of respondents ‘Strongly Agree’ with alignment between funding requests and national priorities in this funding cycle (with increasing proportion in 2018 vs. 2017)

2014-16 vs. 2017-19 Funding Cycle



Current Funding Cycle: 2017 vs. 2018



*For Baseline, question & possible answers were slightly different from current question & answers. 2014-2016 question: “The funding request aligns with national priorities as expressed in the National Strategic Plan (or an investment case for HIV)” with responses “Very Good”, “Good”, “Poor”, “Very Poor”. For comparison purposes, “Very Good” has been mapped to “Strongly Agree” in current survey; “Good” to “Agree”; “Poor” to “Disagree”, etc. Excludes “N/A” responses.

Difference between size of cohorts due to fact all funding requests (concept notes) were assessed in last cycle, and in current cycle, only tailored and full funding requests are being assessed



Funding



Design



Implementation



Results

Activities

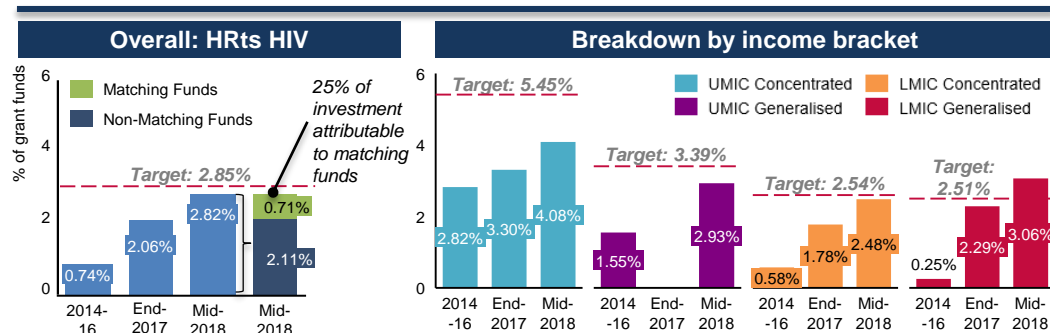
● KPI 4 – Investment efficiency

● KPI 6f – NSP alignment

● KPI 9b – Grant funding for KPs and Human Rights in MICs (1/2)

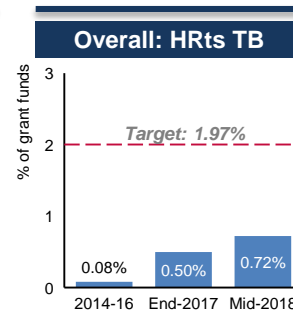
Measure	Mid-2018 Result	Key takeaways
Percentage of HIV, HIV/TB, and TB grant funds invested in programs targeting key populations and human rights barriers to access in middle income countries	HRts HIV: 2.82% HRts TB: 0.72% KP HIV: To be reported Spring 2019 2019 Target HRts HIV: 2.85% HRts TB: 2.00% KP HIV: 39.00%	<ul style="list-style-type: none"> • Human Rights HIV: results appear on-track to reach target (with highest performance in LMICs) • Matching funds in 5 countries account for 25% of investment, highlighting role in catalyzing greater investment • Only 25% of total investment in UMIC cohort is currently reporting, enabling opportunity to address underperformance

Human Rights HIV



66% of total investment in cohort reporting

Human Rights TB



75% of total investment in cohort reporting

- **Human Rights TB:** target unlikely to be met, despite 800% increase vs. baseline
- Lack of human rights TB matching funds hinders ability to advocate for greater investment
- *Going forward:* awaiting results from 2 HI grants; CRG & GMD closely coordinating to increase investments; CRG has assessed UQD register to identify opportunities in grant revisions



Funding



Design



Implementation



Results

KPI 9b: Funding for Key Populations in HIV grants

- results to be shared in Spring 2019, as rigorous manual methodology needed to accurately illuminate KP investments

KP baseline & target setting used heavily-manual approach

- **Original assessment of KP investment not for KPI purposes**, but for longer-term initiative to assess investment for KPs across specific intervention areas
- As a result, **methodology was rigorous, time-consuming and heavily-manual**, involving manual searches of detailed budgets, funding request supporting documents, etc.

To maximize efficiency, automated method used for 2018 KPI reporting

- **Automated search of detailed budgets** (interventions, modules, activities) for KP-designated interventions and 100+ 'key words' in 3 different languages (including misspellings)
- On review, this approach **broadly understates KP investment** as reported in 2018 KPI reports
- **Why?** It excludes modules/interventions/activities without 'key words' but which funding request narrative & other documents identify as KP-related

Revised approach to be used for Spring 2019

- Secretariat will use a **more rigorous approach to accurately capture KP investment** and is developing prioritized workplan & timeline

Case study: HI Asia country

HIV grant budget modules	% attributed to KP programming	
	Automated approach	Manual approach
Prevention program for MSM	100%	100%
Prevention program for TGs	100%	100%
Prevention program for PWID	100%	100%
HIV Testing Services	-	50%
PMTCT	-	0.3%
Programs to reduce HRts barriers	13%	85%
Community responses/systems	1%	99%
HMIS and M&E	1%	40%

Rationale for changes

Includes mobile testing for KPs

Small amount of funds for training for WWID and FSW

Significantly focused on KPs

Involves strengthening of KP networks

Funds IBBS study of KPs & KP program mapping

Net result:

Using manual review, amount attributable to KP programming increases by **8%** (from 29% to 37%), or an additional **USD 7.4M**



Funding



Design



Implementation



Results

Performance

- KPI 7a – Fund utilization: allocation utilization
- KPI 7b – Fund utilization: absorptive capacity

Measure	Mid-2018 Result	Key takeaways
Portion of allocation that has been committed or is forecast to be committed as a grant expense	92% (4 th replenishment)	<ul style="list-style-type: none"> Indicator continues to perform on target. Using disbursements actuals/forecast figure as it is better reflection of grant funding at end of allocation period Next KPI reports will consider 5th replenishment allocation
	Target 91-100% (5 th replenishment, 2018-2020)	



Funding



Design



Implementation



Results

NB: KPI includes complete set of 2015/2017 expenditures. **More detailed analysis presented to AFC based on full reconciliation exercise for a smaller cohort (all implementation periods ending before 1-Jan-2018) and on the **2014-2017** period.*

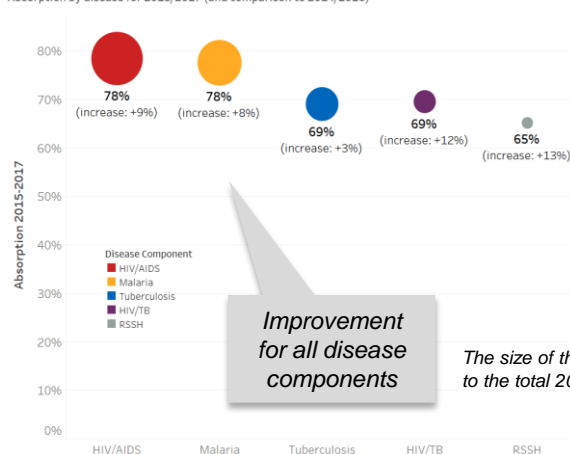
*That subset had an absorption rate of **78%***

Performance

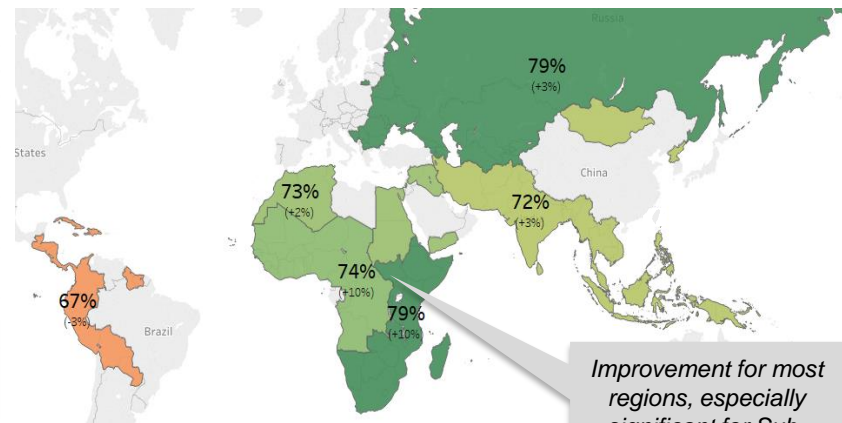
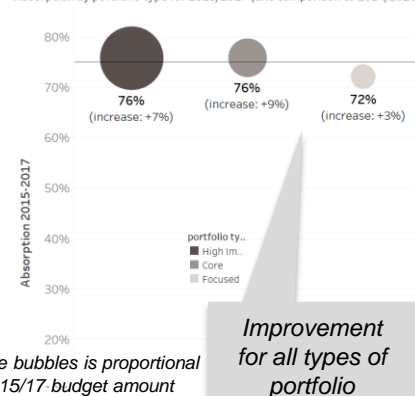
- KPI 7a – Fund utilization: allocation utilization
- KPI 7b – Fund utilization: absorptive capacity

Measure	Mid-2018 Result	Key takeaways
Portion of grant budgets that have been reported by country program as spent on services delivered	75% (* see above) Target 75% by 2022	<ul style="list-style-type: none"> • Strong improvement of grant absorption rate for the measurement period (2015/2017) at 75% absorption rate, compared to previous report (based on 2014/2016 data) which was at 66% • Improvement for all disease components, all types of portfolio and almost all regions, especially significant for Sub-Saharan Africa. • Explained by improved business processes (NFM grant) ; effective collaboration and alignment with partners on the ground ; regular risk & assurance activities to identify issues; ongoing reprogramming of grants; efforts to maximize utilization of forecasted unutilized funds. Further analysis on absorption needed including by activity. • In 2017: very high disbursement utilization rate – almost all funds disbursed are spent.

Absorption by disease for 2015/2017 (and comparison to 2014/2016)



Absorption by portfolio type for 2015/2017 (and comparison to 2014/2016)



Geographical regions based on UN geoscheme



Funding



Design

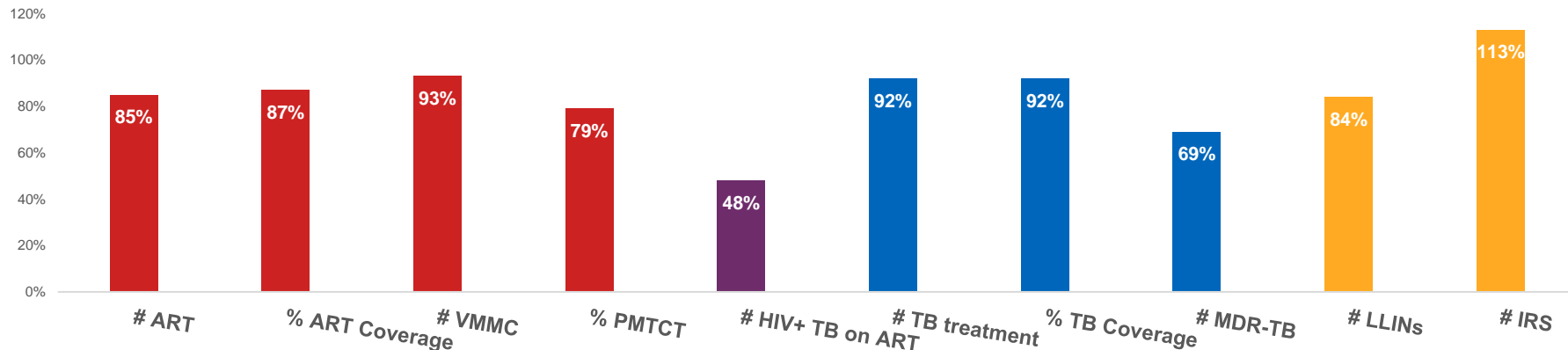


Implementation



Results

Achievements of GF grants against their performance framework targets (for modelled services)



HIV/AIDS

- **ART treatment and coverage** - high performance (>85%) against grant targets in South/East Africa and Asia. Slightly lower performance in W. Africa, driven by one country and due partly to potentially incorrect size estimates (in process of being updated).
- **VMMC** - of few GF grants with funding for VMMC, performance against grant targets is high.
- **PMTCT** – high performance in South/East Africa but region with the second largest share of GF grants (W. Africa) has low performance caused in part by potentially incorrect size estimates in a large country (in process of being updated).

Tuberculosis and TB/HIV

- **HIV+TB patients on ART** - low achievements against grant targets for number of patients put on ART, particularly in Asia and West/Central Africa. Underperformance may be linked to lower than expected number of cases. Indeed treatment rate generally high for cases detected in all regions.
- **TB treatment and coverage** – high performance in Asia and South/East Africa. Low performance in West/Central Africa being specifically addressed in collaboration with partners to improve case detection rate.
- **MDR-TB treatment** - low to average performance against grant targets across all regions.

Malaria

- **LLINs** – high performance in Asia and South/East Africa but lower in West/Central Africa, driven by two countries. Indeed for some of largest countries, GF funds only distribution in defined regions, but performance is measured nationally (explains low performance for large W. African country, facing issues with non-GF funded distribution). Underperformance in large C. African country due to issue with specific implementer (addressed by grant closure, improvement expected)
- **IRS** - performance is high (for 9 countries). The most important country in the strategy (in South Asia) is not funded by GF for IRS so it has no performance measure .



Funding



Design



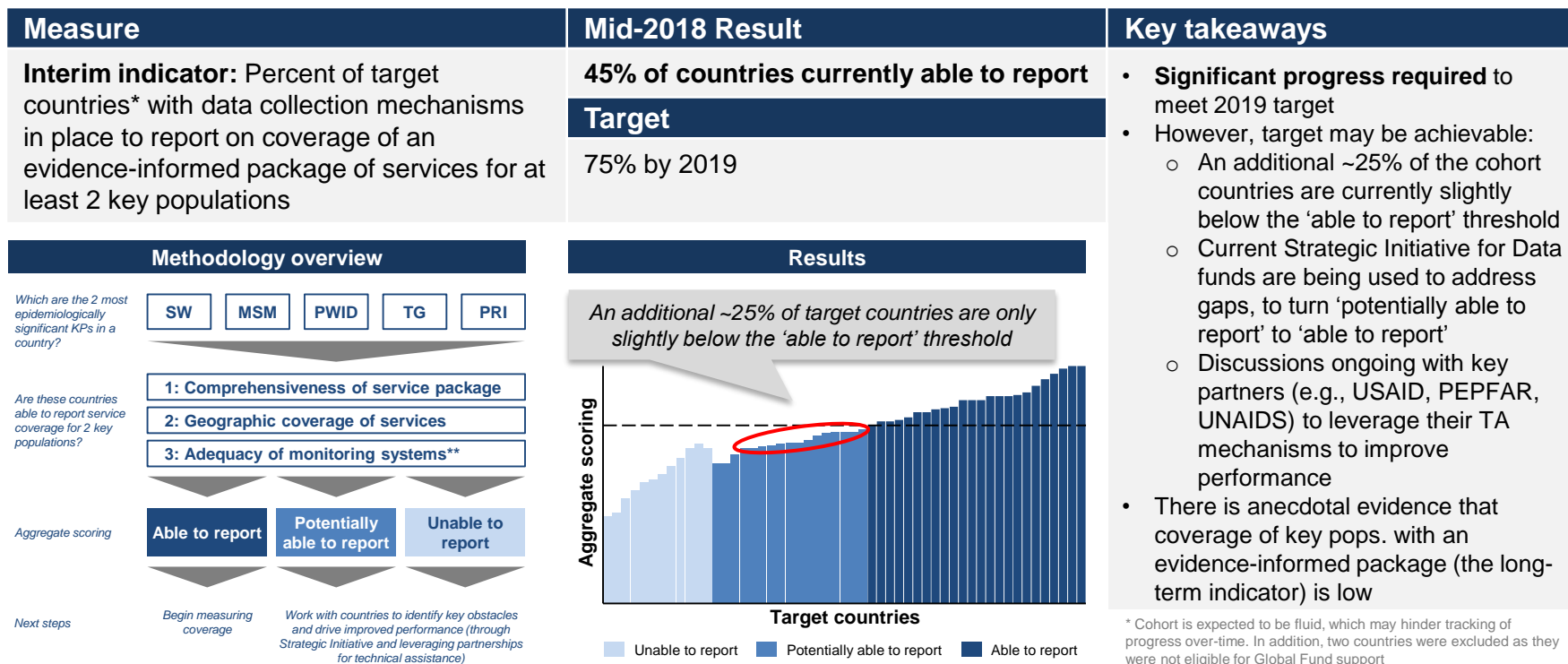
Implementation



Results

Maximize impact against HIV, TB, Malaria

- KPI 2 – Performance against service delivery targets
- KPI 5 – Service coverage for key populations



* Cohort is expected to be fluid, which may hinder tracking of progress over-time. In addition, two countries were excluded as they were not eligible for Global Fund support



Funding



Design



Implementation



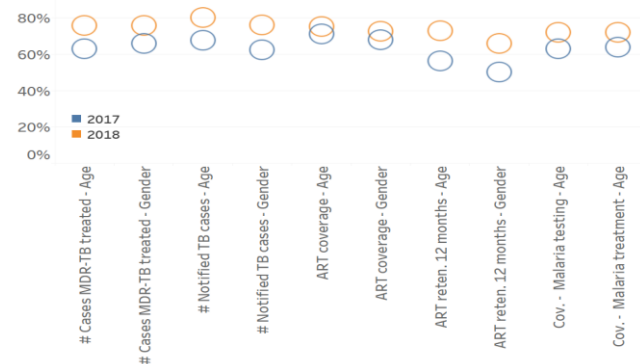
Results

Promote and protect human rights & gender equality

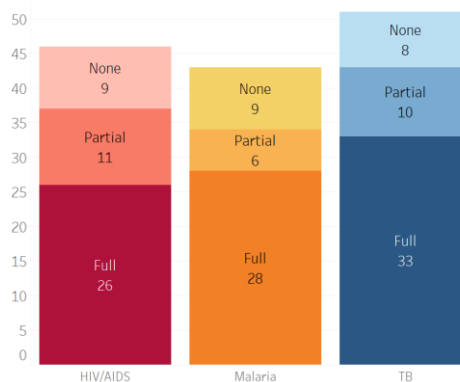
● KPI 6e – Results disaggregation

Measure	Mid-2018 Result	Key takeaways
Number and percentage of countries reporting on disaggregated results	<p>38% (20 countries out of 52 in cohort) have reported and provided disaggregation by age and gender on all relevant indicators</p> <p>Target</p> <p>50% by 2019</p>	<ul style="list-style-type: none"> On track, 20 countries fully reporting (from 14 as of end-2017); 29 countries reporting some disaggregated results; and only 3 countries are not reporting any disaggregated results Significant improvement in disaggregation on ART retention generally Overall, lower rate for Gender disaggregation vs. Age 13 countries with no disaggregation at baseline now have disaggregated results

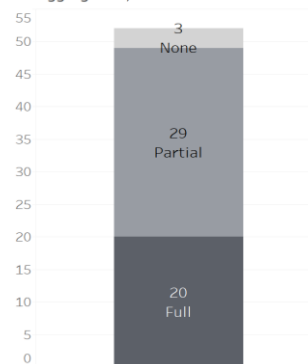
% of countries reporting disaggregated results, by Indicator and Disaggregate Type in 2017 and in 2018



Number of countries reporting all or some disaggregation, by disease



Number of countries reporting all or some disaggregation, overall





Funding



Design



Implementation



Results

KPI 2 summary

Maximize impact against HIV, TB, Malaria

● KPI 2 – Performance against service delivery targets

● KPI 5 – Service coverage for key populations

HIV

- i # of adults and children currently receiving ART
- ii # of males circumcised
- iii % of HIV+ pregnant women receiving ART or 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

Tuberculosis

- i # of notified cases of all forms of TB
- ii % of notified cases of all forms of TB
- iii # of cases with drug-resistant TB that began 2nd-line treatment
- iv # of HIV-positive registered TB patients given anti-retroviral therapy during TB treatment
- v % of TB cases, all forms, bacteriologically confirmed plus clinically notified, successfully treated among all notified TB cases
- vi % of bacteriologically-confirmed RR and/or MDR-TB cases successfully treated among those enrolled in second-line anti TB treatment

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
- Modelled services
 - Non-modelled services

Can strategy targets be met assuming grant targets are fully reached?

Can strategy targets be met assuming current grant performance is stable?

- On track, at least for lower bound of uncertainty range
- Unlikely
- Off track

Reference information for KPI 2 indicators

Code	Indicator Full Name	Modelled/ Non Modelled	Source for Numerator	Source for Denominator	Cohort
# ART	# of adults and children currently receiving ART	Modelled	GF result, UNAIDS for countries with no results	N/A	99 countries
% ART	% of adults and children currently receiving ART among all adults and children living with HIV	Modelled	GF result, UNAIDS data for countries with no results	UNAIDS Estimates	33 countries
# VMMC	# of males medically circumcised	Modelled	GF result, WHO data for countries with no results	N/A	14 countries
% PMTCT	% of HIV+ pregnant women receiving ART to PMTCT	Modelled	GF result, UNAIDS data for countries with no results	UNAIDS Estimates	26 countries
% PLHIV know	% of people living with HIV who know their status	Non Modelled	UNAIDS estimates, GF data for countries with no data	Same as numerator	33 countries
% ART retention	% of adults and children with HIV known to be on treatment 12 months after initiation of ART	Non Modelled	WHO data, GF data for countries with no data	Same as numerator	33 countries
% IPT	% of PLHIV newly enrolled in care that started preventative therapy for TB, after excluding active TB	Non Modelled	WHO data	WHO data	35 countries
# HIV + TB on ART	# of HIV-positive registered TB patients (new and relapse) given anti-retroviral therapy during TB treatment	Modelled	WHO data	WHO data	93 countries
# TB	# of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses	Modelled	GF result, WHO data for countries with no results	N/A	96 countries
%TB	% of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses among estimated new TB cases	Modelled	GF result, WHO data for countries with no results	WHO estimates	96 countries
# MDR – TB	# of cases with drug-resistant TB (RR-TB and/or MDR-TB) that began second-line treatment	Modelled	GF result, WHO data for countries with no results	N/A	87 countries
% TB TSR	% 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)	Non Modelled	WHO data, GF data for countries with no results	WHO data	99 countries
% MDR-TB TSR	% of bacteriologically-confirmed RR and/or MDR-TB cases successfully treated (cured plus completed treatment) among those enrolled on second-line anti TB treatment	Non Modelled	WHO data, GF data for countries with no results	WHO data	33 countries
# LLINs	# of LLINs distributed to at-risk-populations	Modelled	GF results	N/A	63 countries
# IRS	# of households in targeted areas that received IRS	Modelled	GF results	N/A	36 countries
% Malaria testing	% of suspected malaria cases that receive a parasitological test	Non Modelled	GF results; WHO data for countries with no results	Same as numerator	80 countries
% IPTp3	% of women who received at least 3 doses of IPTp for malaria during ANC visits during their last	Non Modelled	WHO estimates, GF data for	Same as	36



Funding



Design



Implementation



Results

Guidance: KPI 2 contribution chart

Maximize impact against HIV, TB, Malaria

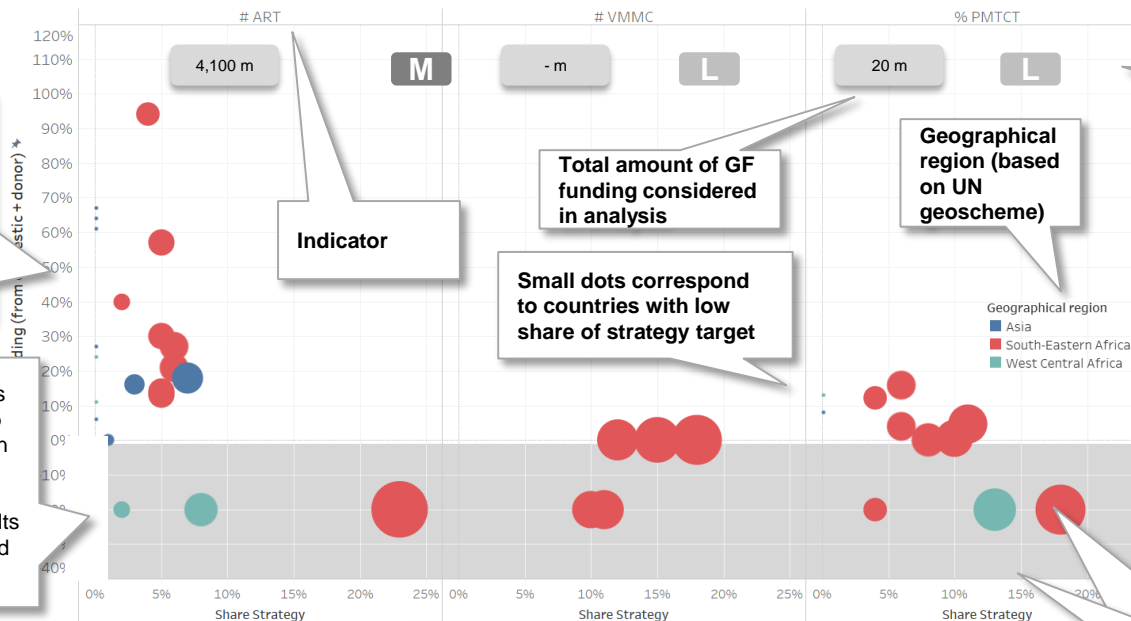
● KPI 2 – Performance against service delivery targets

● KPI 5 – Service coverage for key populations

Qualitative assessment of the GF contribution for the indicator, based on patterns of GF share of total funding

Vertical axis:
Share of activity which is financed by GF (compared to domestic and other external)

Grey area: countries for which there is **no data available yet** in terms of funding – grant not approved yet or Country Results Profiles not produced yet (Core countries)



The purpose of this chart is to **better understand the GF contribution to each indicator**. Focusing on countries that have the largest impact* on the overall strategy target for each indicator, it displays the GF share of funding for the corresponding activity, compared to domestic and other external funding

* We only considered countries that collectively account for 80% of the total strategy target

Sources:

Funding - Country Results Profile, available there:

[Country Results Profiles](#)

Share of strategy target – corporate GF strategic targets

Country results profiles are work in progress – will be updated once new data available

Horizontal axis and size of bubble:
share of the country in the total strategy target for this indicator



Funding



Design



Implementation



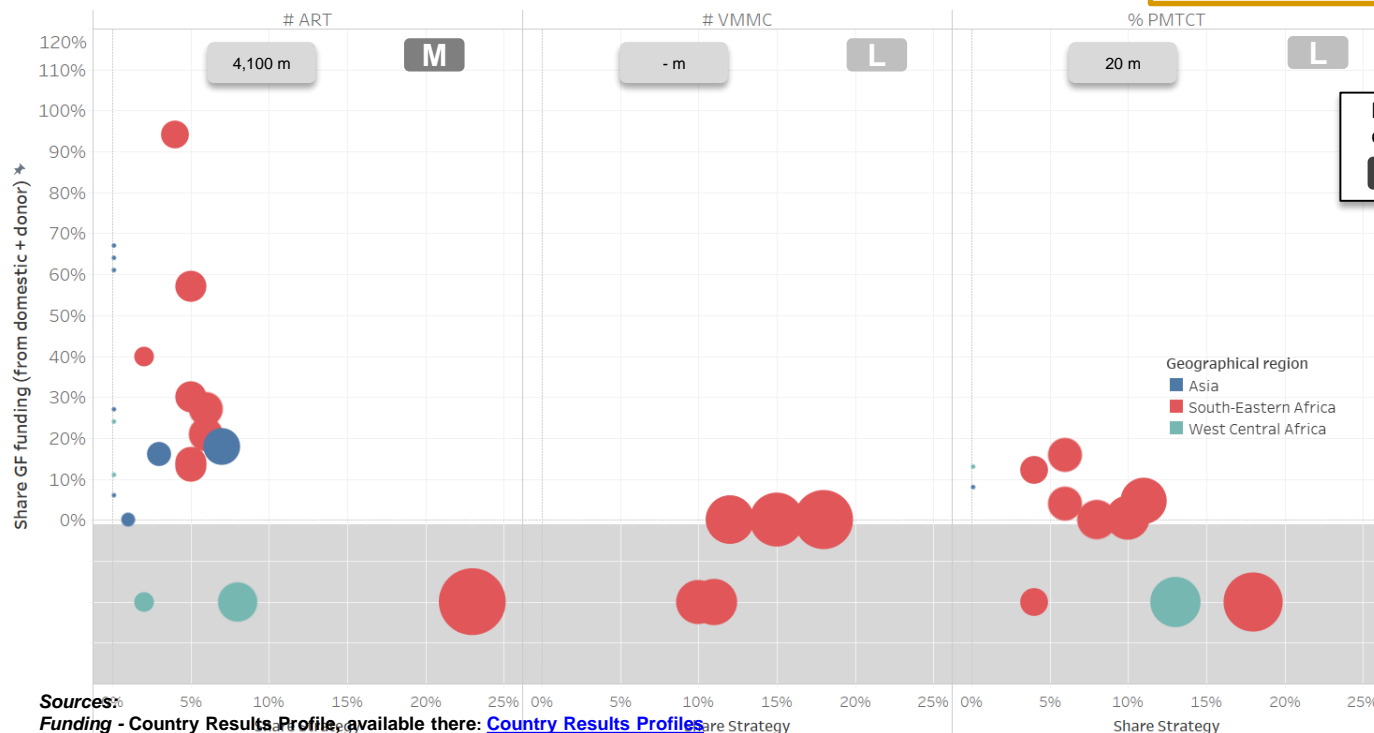
Results

KPI 2 contribution chart – HIV/AIDS

Maximize impact against HIV, TB, Malaria

● KPI 2 – Performance against service delivery targets

● KPI 5 – Service coverage for key populations



Sources:
Funding - Country Results Profile available there: [Country Results Profiles](#)
Share of strategy target – corporate GF strategic targets

Country results profiles are work in progress – will be updated once new data available

We only considered countries that collectively account for 80% of the total strategy target



Funding



Design



Implementation



Results

KPI 2 contribution chart – TB and TB/HIV

Maximize impact against HIV, TB, Malaria

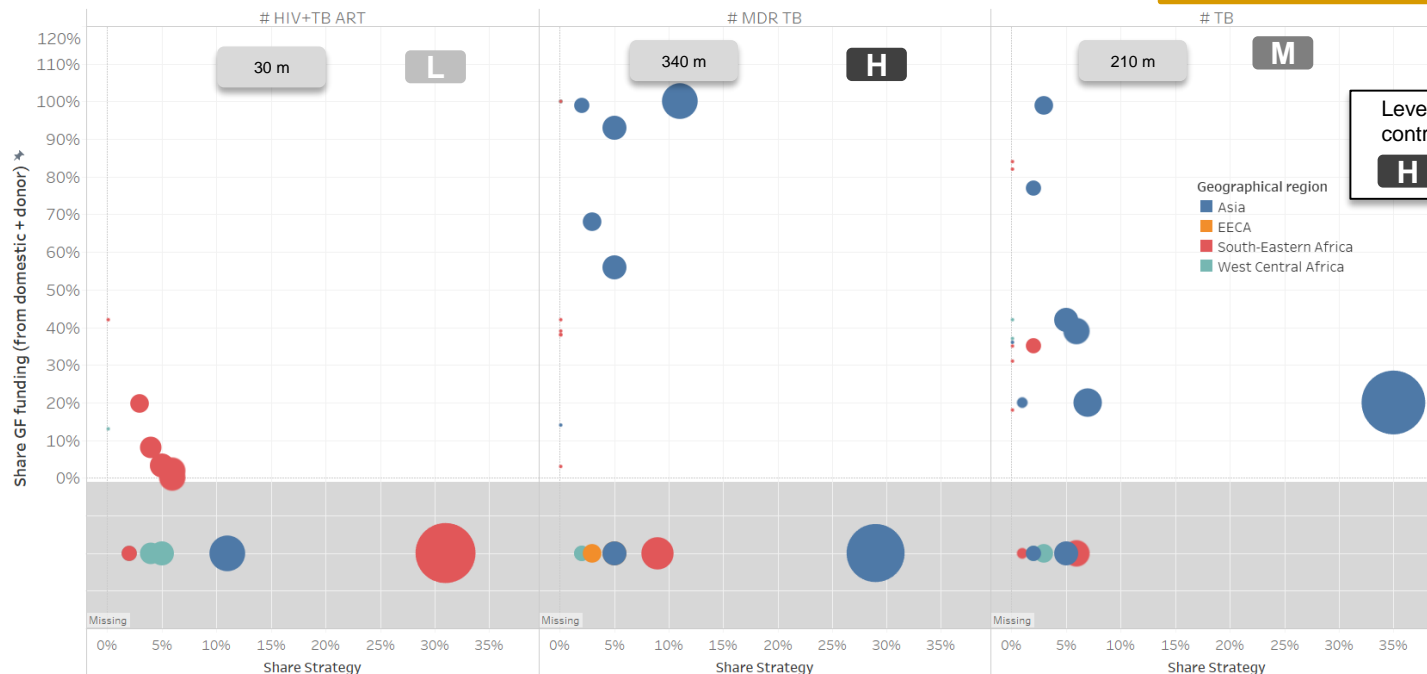
- KPI 2 – Performance against service delivery targets
- KPI 5 – Service coverage for key populations

Level of GF funding on activities in countries contributing to largest share of strategic target:

H High **M** Medium **L** Low

Geographical region

- Asia
- EECA
- South-Eastern Africa
- West Central Africa



Country results profiles are work in progress – will be updated once new data available

Sources:

Funding - Country Results Profile, available there: [Country Results Profiles](#)

Share of strategy target – corporate GF strategic targets

We only considered countries that collectively account for 80% of the total strategy target



Funding



Design



Implementation

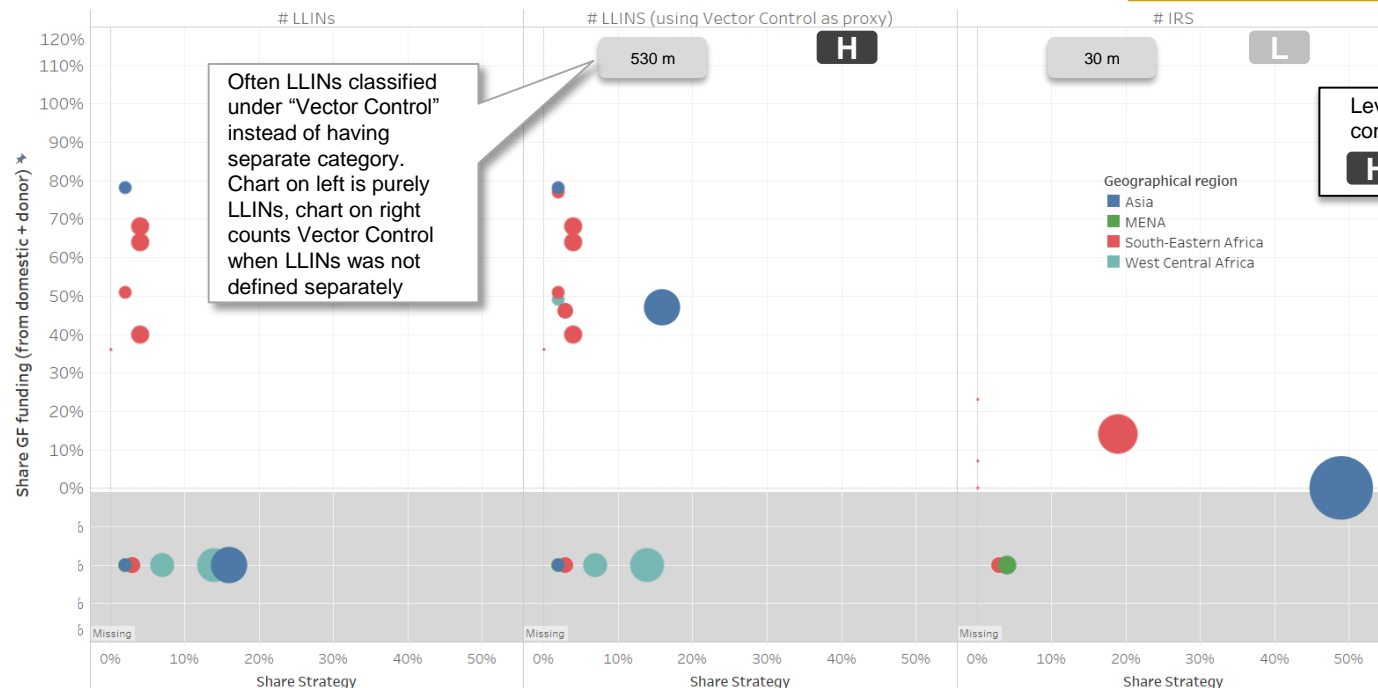


Results

KPI 2 contribution chart – Malaria

Maximize impact against HIV, TB, Malaria

- KPI 2 – Performance against service delivery targets
- KPI 5 – Service coverage for key populations



Sources:

Funding - Country Results Profile, available there: [Country Results Profiles](#)

Share of strategy target – corporate GF strategic targets

Country results profiles are work in progress – will be updated once new data available

We only considered countries that collectively account for 80% of the total strategy target



Funding



Design



Implementation



Results

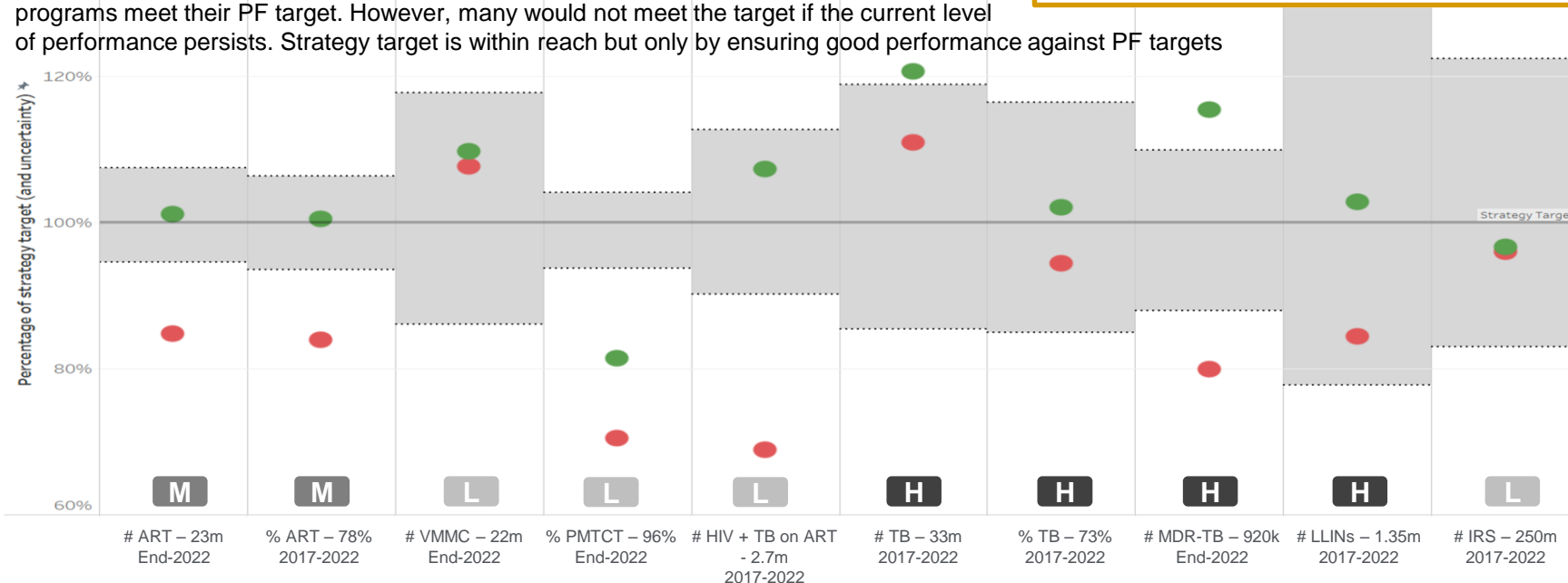
Overall KPI 2 projections* (modelled services)

All indicators (except PMTCT) would be in range of strategy target if programs meet their PF target. However, many would not meet the target if the current level of performance persists. Strategy target is within reach but only by ensuring good performance against PF targets

Maximize impact against HIV, TB, Malaria

● KPI 2 – Performance against service delivery targets

● KPI 5 – Service coverage for key populations



— Strategy target
 - - - - - Uncertainty range around Strategy target

- Aggregate projection assuming all countries **meet their existing PF targets** (assuming flat-lining for years with no target)
- Aggregate projection assuming countries **stay at current level of performance** against PF targets (flat-lining for years with no target)

Level of GF funding on activities in countries contributing to largest share of strategic target:

H High **M** Medium **L** Low

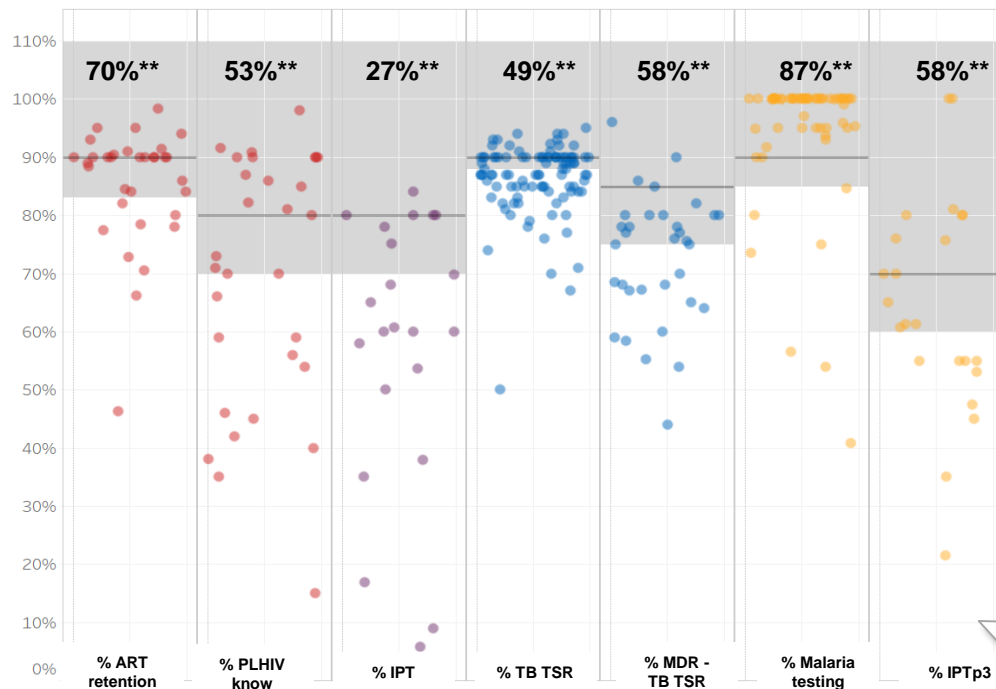
*Note that these are KPI projections using best data available at time of reporting. Updated projections will be provided in Spring 2019. Performance adjusted projections for VMMC and IRS based on limited data as GF is funding only a few countries for these activities.



Overall KPI 2 projections* (non-modelled services)

Maximize impact against HIV, TB, Malaria

- KPI 2 – Performance against service delivery targets
- KPI 5 – Service coverage for key populations



Overall comments

- For most of the non-modelled indicators, there is still a large number of countries not expected to meet the strategy target (except for Malaria testing, though there is still large variance).
- However, many countries are within the range for strategy targets or just under.

Strategy
Target line

Lower
Bound of
uncertainty
range

How to interpret (overall boxplot)

- Each **column** is a non-modelled indicator
- The strategy target (ST) line is the strategy target per indicator. The grey area represents the strategy target's uncertainty range, the bottom line of the grey area is the lower bound (LB) of the uncertainty range
- Each **dot** is a country in the cohort
- The **%** is the percentage of countries in cohort (where data available) expected to be within target uncertainty range
- Ideally most dots should be above the ST (or at least above the LB) line in the shaded area

*Note that these are KPI projections using best data available at time of reporting. Updated projections will be provided in Spring 2019. ** % of countries in the cohort (where data available) that are expected to be within target range.



Guidance: how to interpret KPI 2 detailed slides (non-modelled services)

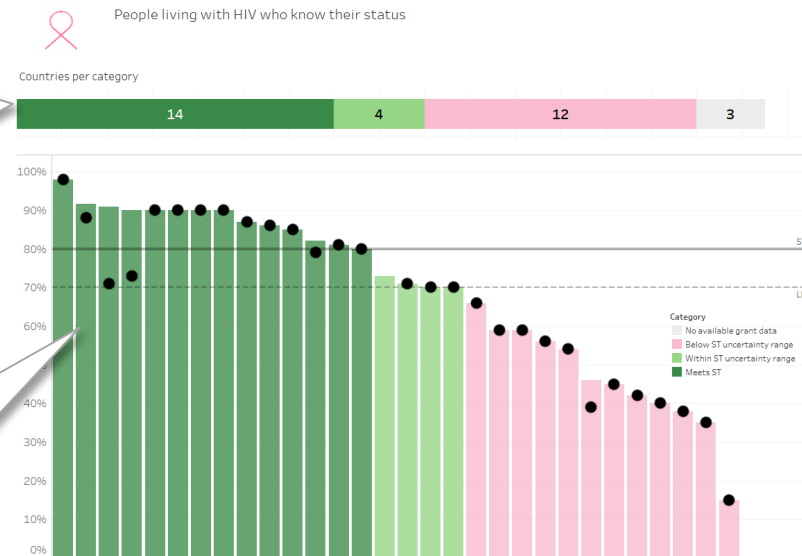
For indicators measuring # of countries reaching a specific, non-modelled threshold: assess distribution to better understand KPI projections

How to interpret (horizontal country count bar):

- The bar represents all countries in the cohort and is split according to 2022 **projections**. Numbers represent how many countries fit into category
 - Dark green** is "likely to meet midpoint of strategy target (ST)";
 - Lighter green** is "likely to meet lower bound (LB) of strategy target";
 - Pink** is "unlikely to meet lower bound of strategy target";
 - Grey** is "no data available at this stage".
- Projections are estimated as the higher of: a) the latest national targets listed in the GF grants; and b) the current results from partners (assuming then no change until the end of strategy)

How to interpret (vertical country target distribution bars):

- The **bars** represent the 2022 projection for individual countries, with the same colour coding as for the overall projection bar, comparing them to 2 reference lines (strategy target mid point (ST) and lower bound (LB) of confidence interval)
- The **dots** show the current result (generally for 2017) based on partner data and/or results reported in GF grants, depending on the indicator
- This graph provides two additional details compared to the overall bar:
 - How far are countries from a specific threshold (rather than just whether they meet it or not)?
 - Is the projection reasonable given the current results (if available)?





Funding



Design



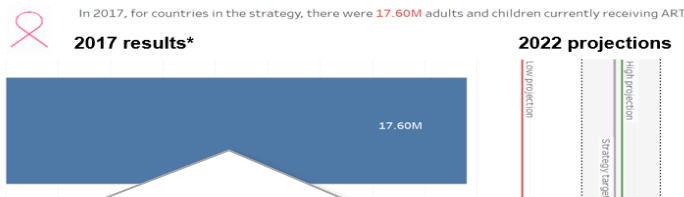
Implementation



Results

Guidance: how to interpret KPI 2 detailed slides (modelled services)

1 First, assess overall projections vs. target...



How to interpret (bar chart):

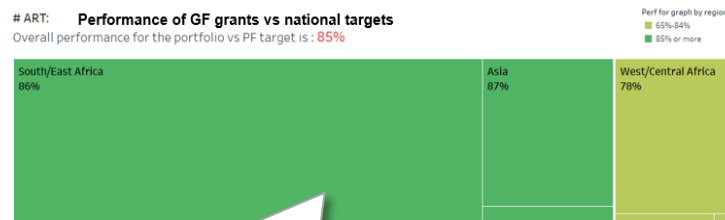
- The **blue bar** corresponds to the **2017 Result**: for countries in cohort, these are national results as of 2017 either from GF grant reporting or from technical partners. Note: these results do not necessarily match results reported in the GF Results Report as the cohort of countries may be slightly different
- The **grey range** corresponds to the **Strategy Target** (at end of strategy, either on 2022 or cumulative 2017-2022, depending on the indicator) with its uncertainty range
- The **green line** is the **High Projection**: based on full achievement of targets in current Performance Framework (PF), with assumption of flat-lining for following years, and using current partner results if no target data in PF
- The **red line** is **Low Projection**: same as High Projection, adjusted to 2017 performance when available (expecting current performance vs. targets will continue up to 2022), otherwise using median performance in the region

How to assess performance:

- If both projections are within/above the grey range**: if current performance continues, achievement of the strategy target for this indicator is expected
- If the red line is left of the grey range**: performance against PF targets will need to improve in order to achieve Strategy Target; focus needs to be on implementation
- If the green line is left of the grey range**: target unlikely to be achieved even at 100% achievement of PF targets; grant revisions / scale-up may need to be pursued

2 ...then, investigate which geographies are driving results

ART: Performance of GF grants vs national targets
Overall performance for the portfolio vs PF target is: **85%**



How to interpret (treemap):

- Size of box** corresponds to the contribution of each region to the strategy target. The larger the box, the more important that region is for the indicator. Regions are defined, based on UN geoscheme, split for Africa
- Colour and percentage** indicate the current (2017) performance against Performance Framework targets in that region when data is available. The national performance is weighted by relative importance of each country to the total Performance Framework target for the region
- How to assess performance**: Ideally, the larger boxes (important regions for the strategy) should be green (indicating good current performance vs PF targets)



Funding



Design



Implementation



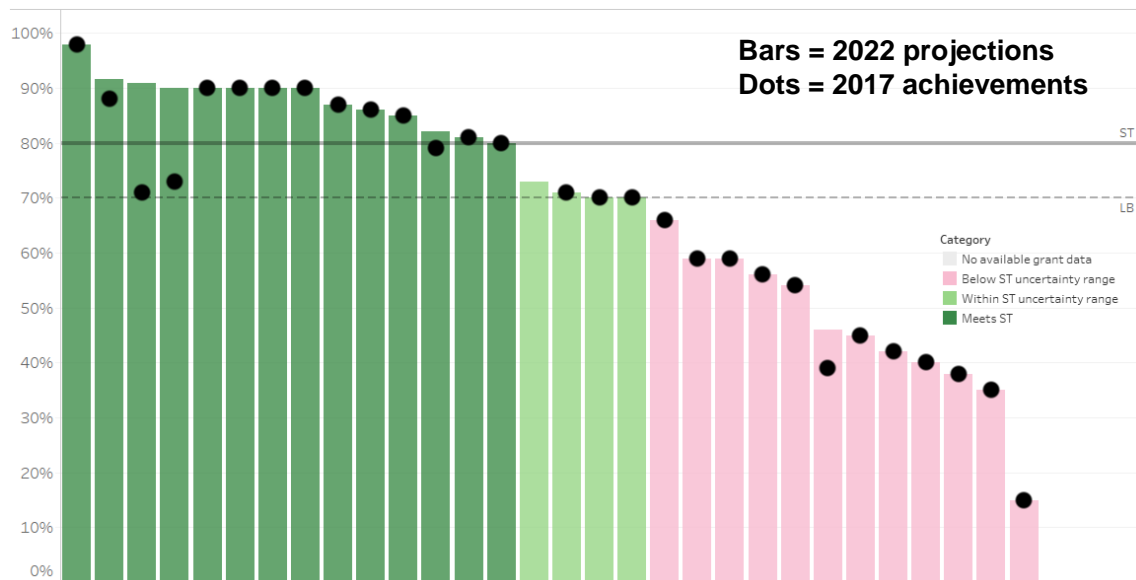
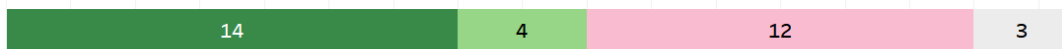
Results

% PLHIV know (people living with HIV knowing their status)



People living with HIV who know their status

Countries per category



Maximize impact against HIV, TB, Malaria

● KPI 2 – Performance against service delivery targets

● KPI 5 – Service coverage for key populations

End-2022 Target

80% (70-90% uncertainty range) PLHIV know their status in all cohort countries

Key takeaways

- Cohort of 33 countries
- **53% of countries where data available are expected to be within target range, but large variance in projected achievements**
- Data generally available, only missing for 3 countries (9%), all in Africa
- Very strong contrast between COE environments and the rest of portfolio, with low projections in COE countries



Funding



Design



Implementation



Results

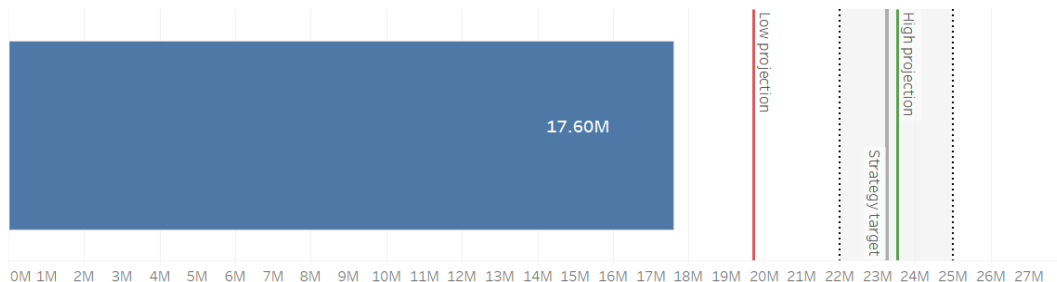
ART (patients on ART)



In 2017, for countries in the strategy, there were **17.60M** adults and children currently receiving ART

2017 results*

2022 projections



*KPI 2 results are based on a slightly different cohort of countries than the GF Results Report, so figures are not expected to match perfectly

ART: Performance of GF grants vs. national targets

Overall performance for the portfolio vs PF target is: **85%**

Perf for graph by region

- 65%-84%
- 85% or more



Performance % refer to achievement of GF programs vs their national targets, calculated by region (based on UN geoscheme and weighted by country share in the region total target)

Maximize impact against HIV, TB, Malaria

● KPI 2 – Performance against service delivery targets

● KPI 5 – Service coverage for key populations

End-2022 Target

23M (22-25M uncertainty range) adults and children currently receiving ART

Key takeaways

- Cohort composed of 99 countries
- Aggregate PF targets in line with strategy, so achievement possible with good perf.**
- Low performance vs. grant target for Western Africa country with large share; mainly due to incorrect (too high) population size estimates, which are in process of being recalculated
- Average performance reported in Southern Africa country with large share, but improvement expected
- Otherwise, generally high performance across portfolio**

*KPI 2 results are based on a slightly different cohort of countries than the GF Results Report, so figures are not expected to match perfectly



Funding



Design



Implementation



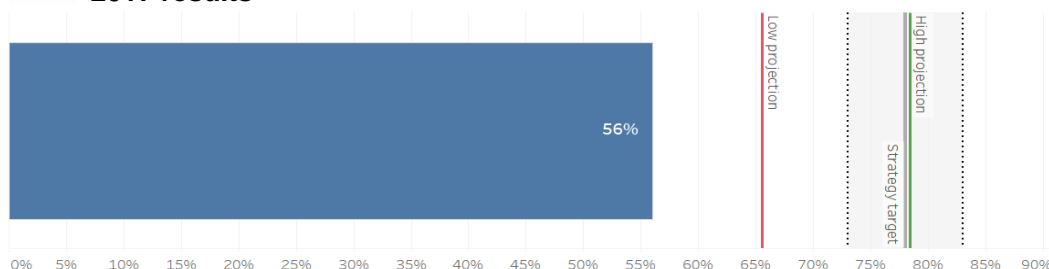
Results

% ART (ART Coverage)

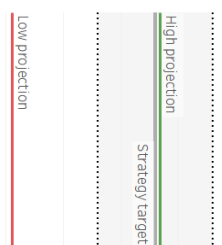


In 2017, for countries in the strategy, there were **56%** of adults and children currently receiving ART among all adults and children living with HIV

2017 results



2022 projections



% ART: Performance of GF grants vs. national targets

Overall performance for the portfolio vs PF target is : **87%**



Performance % refer to achievement of GF programs vs their national targets, calculated by region (based on UN geoscheme) and weighted by country share in the region total target. It does **NOT** refer to the average "% ART" for the region

Maximize impact against HIV, TB, Malaria

● KPI 2 – Performance against service delivery targets

● KPI 5 – Service coverage for key populations

End-2022 Target

78% (73-83% uncertainty range) of adults & children currently receiving ART among all adult and children living with HIV

Key takeaways

- Cohort composed of 33 countries
- **Aggregate PF targets in line with the strategy, so achievement possible assuming good performance**
- Low performance vs. grant target for W. Africa country with large share; mainly due to incorrect (too high) population size estimates, which are being recalculated
- Avg. performance in S. Africa country with large share, but improvement expected
- **Otherwise, generally high performance in portfolio**



Funding



Design



Implementation



Results

% ART retention

vi



Adults and children with HIV known to be on treatment 12 months after initiation on ART

Countries per category

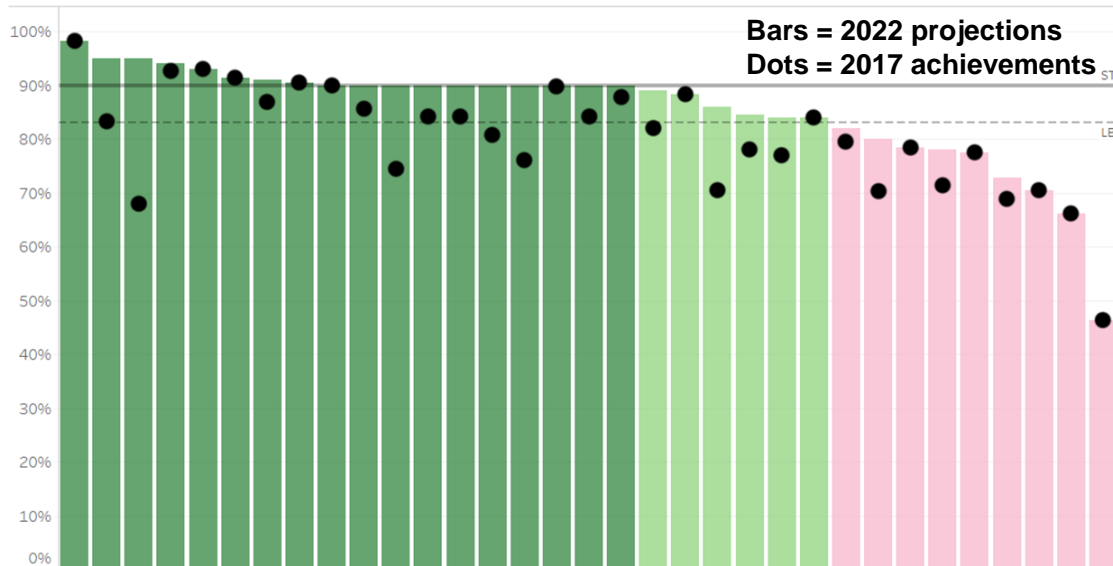


Category

Below ST uncertainty range

Within ST uncertainty range

Meets ST



Maximize impact against HIV, TB, Malaria

● KPI 2 – Performance against service delivery targets

● KPI 5 – Service coverage for key populations

End-2022 Target

90% (83-90% uncertainty range) of adults and children with HIV known to be on treatment 12 months after initiation of ART in all cohort countries

Key takeaways

- Cohort of 33 countries, data available for all of them
- **70% countries are expected to be within target range, with a number of countries slightly below threshold**
- Generally, 2022 projections appear realistic given current situation
- No significant difference by region otherwise



VMMC (voluntary male circumcisions)



Maximize impact against HIV, TB, Malaria

● KPI 2 – Performance against service delivery targets

● KPI 5 – Service coverage for key populations

2017-2022 Target

22M (19-26M uncertainty range) males circumcised

Key takeaways

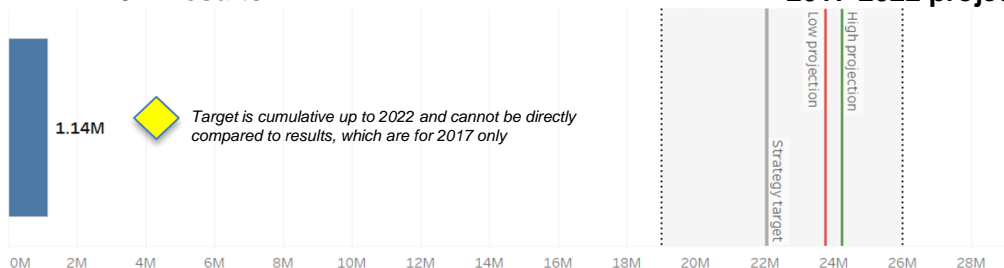
- Cohort composed of 14 countries, all in Africa
- **VMMC is predominantly funded by PEPFAR** so only a few GF grants have the corresponding indicator in their Performance Framework and have performance data
- Therefore, results based on very limited data as GF is not main external funder of these services
- **National results indicate that we are on track to reach 2022 strategy targets**



In 2017, for countries in the strategy, there were **1.14M** males circumcised

2017 results*

2017-2022 projections



*KPI 2 results are based on a slightly different cohort of countries than the GF Results Report, so figures are not expected to match perfectly

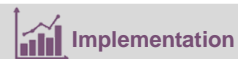
VMMC: Performance of GF grants vs. national targets

Overall performance for the portfolio vs PF target is : **93%**



Performance % refer to achievement of GF programs vs their national targets, calculated by region (based on UN geoscheme) and weighted by country share in the region total target.

Perf for graph by region
■ No available grant data
■ 85% or more



% PMTCT (PMTCT coverage)

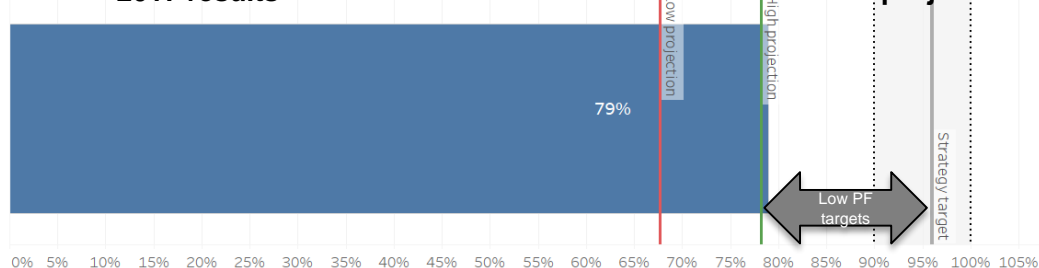


In 2017, for countries in the strategy, there were **79%** of HIV+ pregnant women receiving ART for PMTCT



2017 results*

2022 projections



*KPI 2 results are based on a slightly different cohort of countries than the GF Results Report, so figures are not expected to match perfectly

% PMTCT: Performance of GF grants vs. national targets

Overall performance for the portfolio vs PF target is : **79%**



Performance % refer to achievement of GF programs vs their national targets, calculated by region (based on UN geoscheme) and weighted by country share in the region total target. It does **NOT** refer to the average "% PMTCT" for the region

Maximize impact against HIV, TB, Malaria

● KPI 2 – Performance against service delivery targets

● KPI 5 – Service coverage for key populations

End-2022 Target

96% (90-100% uncertainty range) of HIV+ pregnant women receiving ART for PMTCT

Key takeaways

- Cohort is 26 countries, with majority in Africa
- Aggregate PF targets low vs. strategy. Even if all grants reached their PF targets, we would still not be in target range
- GF not funding PMTCT for country with largest share (in Southern Africa), so corresponding indicator does not appear in PF of GF grant
- Second largest share country (in Western Africa) has current low performance caused in part by potentially incorrect size estimates (in process of being updated)
- **Target appears challenging to meet given current situation**



Funding



Design



Implementation



Results

HIV+ TB on ART (coinfected patients on ART)

iv

iv

L

Maximize impact against HIV, TB, Malaria

● KPI 2 – Performance against service delivery targets

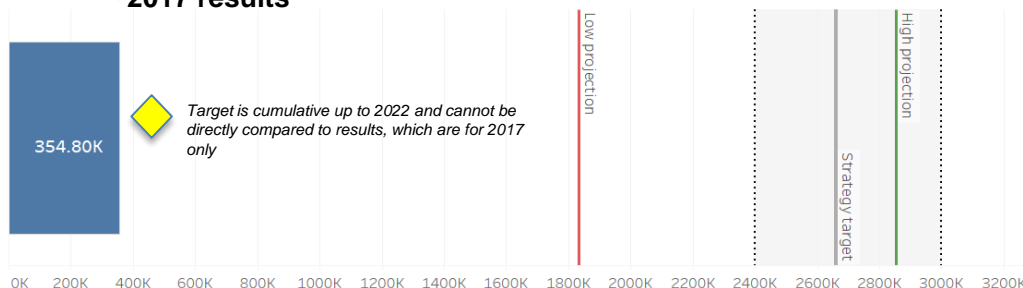
● KPI 5 – Service coverage for key populations



In 2017, for countries in the strategy, there were **354.80K** HIV-positive registered TB patients (new and relapse) given anti-retroviral therapy during TB treatment

2017 results*

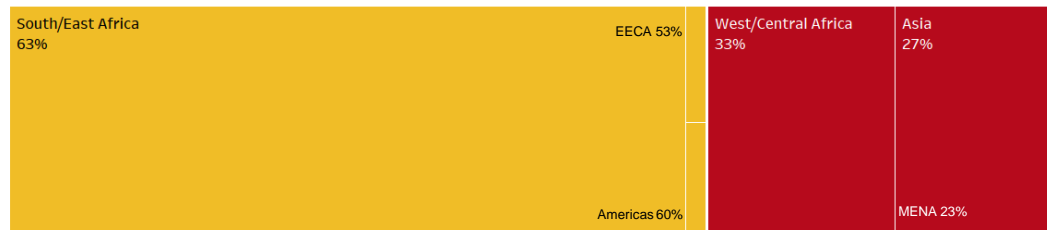
2017-2022 projections



*KPI 2 results are based on a slightly different cohort of countries than the GF Results Report, so figures are not expected to match perfectly

HIV+ TB on ART: Performance of GF grants vs. national targets

Overall performance for the portfolio vs PF target is : **48%**



Performance % refer to achievement of GF programs vs their national targets, calculated by region (based on UN geoscheme) and weighted by country share in the region total target.

End-2022 Target

2.7M (2.4 - 3.0M uncertainty range) HIV+ registered TB patients (new and relapse) given anti-retroviral therapy during TB treatment

Key takeaways

- Cohort composed of 93 countries
- Aggregate PF targets slightly over strategy target, **so achievement looks likely if portfolio performance is strong until 2022**
- **However, generally low performance across portfolio currently for number of patients on ART**
- On the other hand, once a case is detected, it is generally put on ART (**85% actual treatment rate for coinfections across GF grants**), from an aggregate target rate of 89%) so underperformance linked more to lower than expected number of detected cases

*KPI 2 results are based on a slightly different cohort of countries than the GF Results Report, so figures are not expected to match perfectly



Funding



Design



Implementation



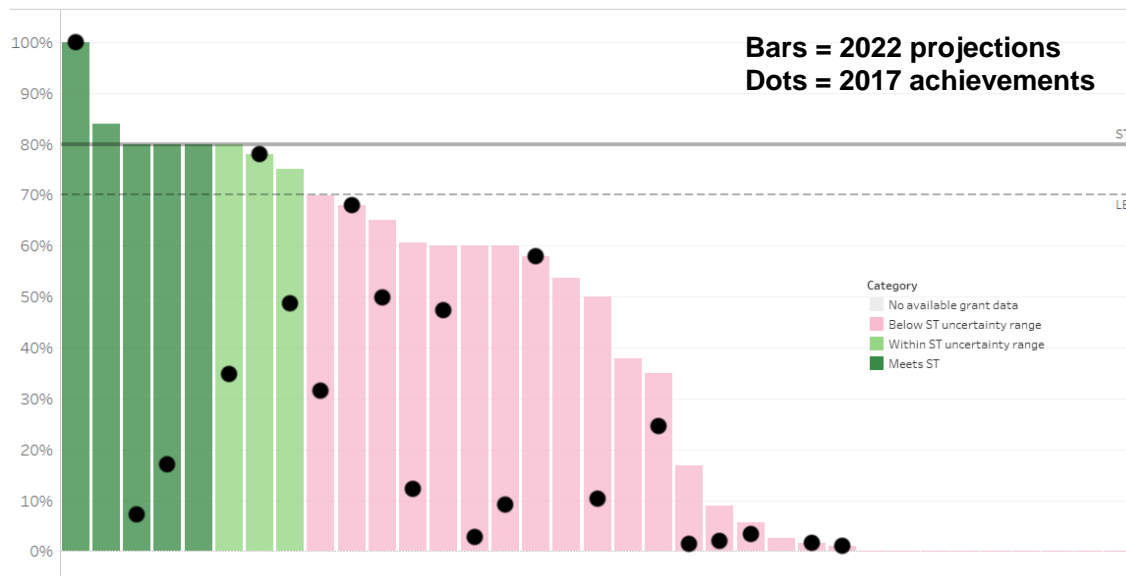
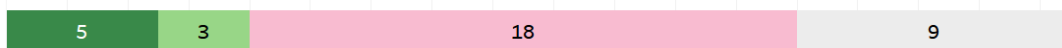
Results

% IPT (% PLHIV starting IPT) vii



PLHIV newly enrolled in care that started preventative therapy for TB, after excluding active TB

Countries per category



Maximize impact against HIV, TB, Malaria

● KPI 2 – Performance against service delivery targets

● KPI 5 – Service coverage for key populations

End-2022 Target

80% (70-90% uncertainty range) of PLHIV newly enrolled in care started preventative therapy for TB, excluding active TB, in all cohort countries

Key takeaways

- Cohort of 35 countries
- Data not available for 9 (25%)
- **Only 27% of countries (where data is available) expected to be within target range (i.e., 8 countries)**
- In addition, current achievements far from (already low) projections
- Strong regional differences with lower projected achievements in WC Africa



Funding



Design



Implementation



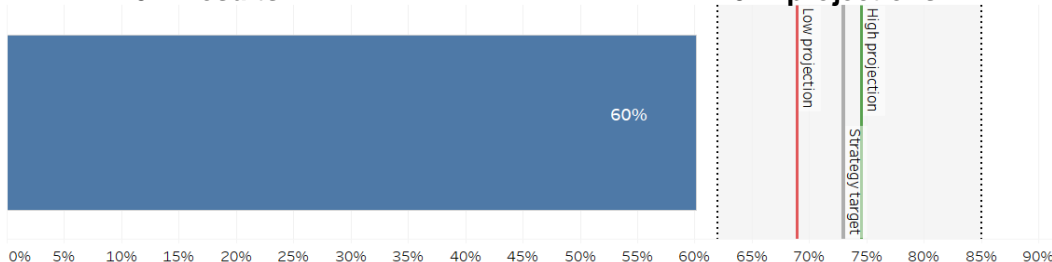
Results

% TB (treatment coverage)



In 2017, for countries in the strategy, there were **60%** of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses among estimated new TB cases

2017 results



% TB CDR: Performance of GF grants vs. national targets

Overall performance for the portfolio vs PF target is : **92%**

Perf for graph by region

- 50-64%
- 65%-84%
- 85% or more



Performance % refer to achievement of GF programs vs their national targets, calculated by region (based on UN geoscheme) and weighted by country share in the region total target. It does **NOT** refer to the average "% TB CDR" for the region

Maximize impact against HIV, TB, Malaria

- KPI 2 – Performance against service delivery targets
- KPI 5 – Service coverage for key populations

End-2022 Target

73% (62-85% uncertainty range) of notified cases of all forms of TB – bacteriologically confirmed plus clinically diagnosed, new and relapses among estimated new TB cases

Key takeaways

- Cohort composed of 96 countries
- Aggregate PF targets in line with strategy target, **so target reachable assuming good performance**
- Consistently good performance across the portfolio vs. PF targets**
- However, significantly lower performance in West Central Africa, being specifically addressed in collaboration with partners (Cotonou TB Declaration, report forthcoming)



Funding



Design



Implementation



Results

TB (TB notified cases)



M



In 2017, for countries in the strategy, there were **5.23M** notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses

2017 results*

2017-2022 projections



*KPI 2 results are based on a slightly different cohort of countries than the GF Results Report, so figures are not expected to match perfectly

TB treatment: Performance of GF grants vs. national targets

Overall performance for the portfolio vs PF target is : **92%**



Performance % refer to achievement of GF programs vs their national targets, calculated by region (based on UN geoscheme) and weighted by country share in the region total target

Maximize impact against HIV, TB, Malaria

● KPI 2 – Performance against service delivery targets

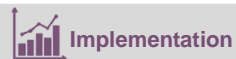
● KPI 5 – Service coverage for key populations

2017-2022 Target

33M (28-39M uncertainty range) of notified cases of all forms of TB – bacteriologically confirmed plus clinically diagnosed, new and relapses

Key takeaways

- Cohort composed of 96 countries
- Aggregate PF targets significantly over strategy target, **so achievement looks likely even in case of adequate performance**
- **Generally good performance across portfolio vs. PF targets**
- Performance significantly lower in WC Africa due to general issues with case detection rate
- Significant difference in performance between COE vs non-COE countries

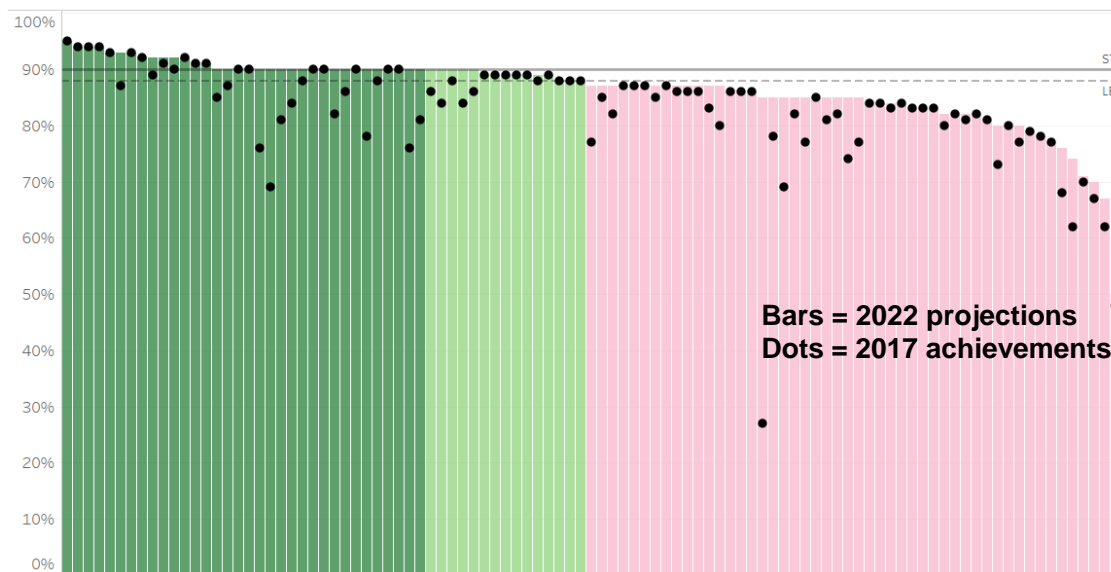


% TB TSR (TB treatment success rate) v



TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all notified TB cases (drug susceptible)

Countries per category



Maximize impact against HIV, TB, Malaria

● KPI 2 – Performance against service delivery targets

● KPI 5 – Service coverage for key populations

End-2022 Target

90% (88-90% uncertainty range) of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated among all notified TB cases in all cohort countries

Key takeaways

- Cohort of 99 countries, all are reporting
- **Only 49% of countries are expected to be within target range, but with a significant portion just below target**
- Strong variance in projections with no regional pattern
- Current results are generally in line with projected achievements
- One significant outlier for a small Central African country

NB: Due to the nature of the indicator, data is for the **2016** cohort



Funding



Design



Implementation



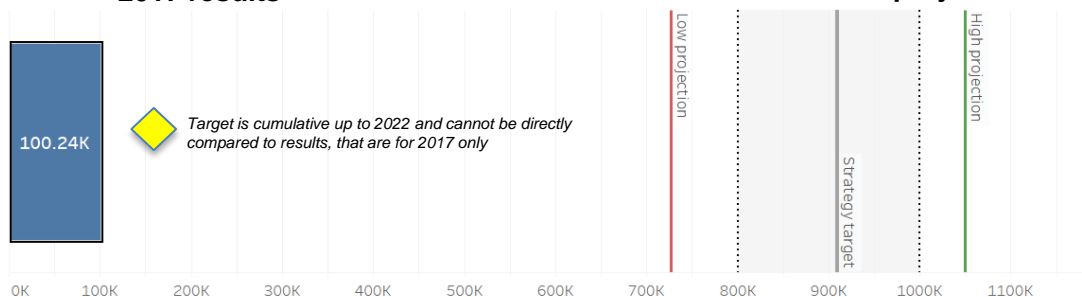
Results

MDR-TB (MDR-TB patients treated)



In 2017, for countries in the strategy, there were **100.24K** cases with drug-resistant TB (RR-TB and/or MDR-TB) that began second-line treatment

2017 results*



*KPI 2 results are based on a slightly different cohort of countries than the GF Results Report, so figures are not expected to match perfectly

MDR-TB: Performance of GF grants vs. national targets

Overall performance for the portfolio vs PF target is : **69%**



Performance % refer to achievement of GF programs vs their national targets, calculated by region (based on UN geoscheme) and weighted by country share in the region total target

Maximize impact against HIV, TB, Malaria

● KPI 2 – Performance against service delivery targets

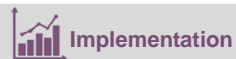
● KPI 5 – Service coverage for key populations

2017-2022 Target

920K (800-1,000K uncertainty range)
cases with drug-resistant TB (RR-TB and/or MDR-TB) that began second-line treatment

Key takeaways

- Cohort composed of 87 countries
- Aggregate PF targets significantly over strategy target, so achievement possible assuming portfolio performance is adequate
- However, performance is average at best across portfolio (no strong outliers)
- **Strategy target is within reach, provided performance improves to align with PF targets**



% MDR-TB TSR (MDR-TB treatment success rate)

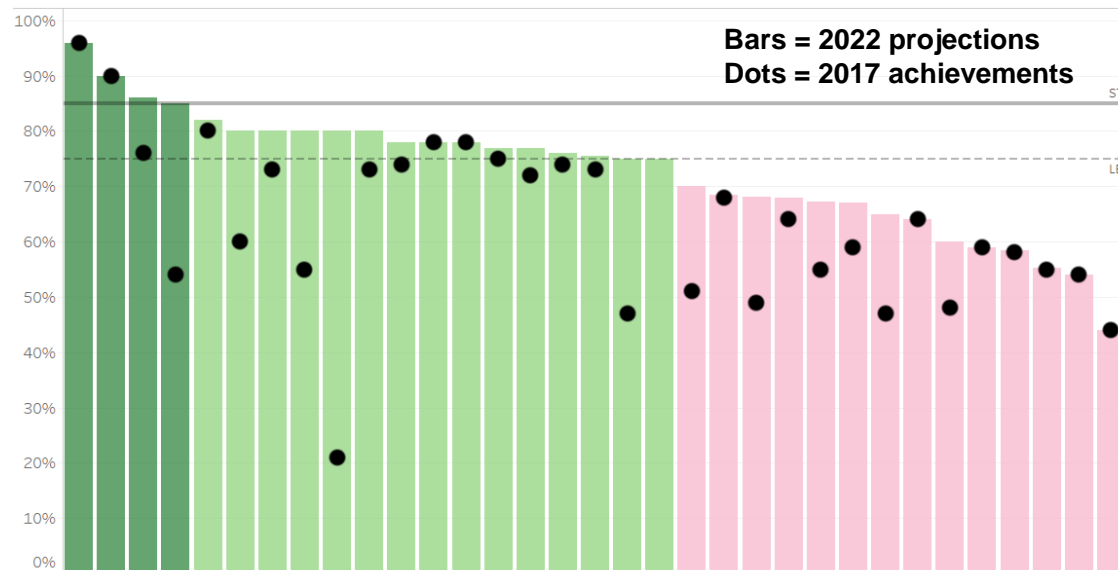
vi



Bacteriologically-confirmed RR and/or MDR-TB cases successfully treated (cured plus completed treatment) among those enrolled on second-line anti TB treatment

Countries per category

Category
 Below ST uncertainty range
 Within ST uncertainty range
 Meets ST



Maximize impact against HIV, TB, Malaria

● KPI 2 – Performance against service delivery targets

● KPI 5 – Service coverage for key populations

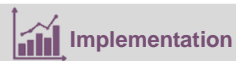
End-2022 Target

85% (75-90% uncertainty range) of bacteriologically-confirmed RR and/or MDR-TB cases successfully treated among those enrolled on second-line anti TB treatment in all cohort countries

Key takeaways

- Cohort of 33 countries, all are reporting
- **58% of countries are expected to be within target range but with large variance in projections and even larger variance in current achievements**
- No clear regional patterns
- One significant outlier for a large Southern African country

NB: Due to the nature of the indicator, data is for the **2015** cohort



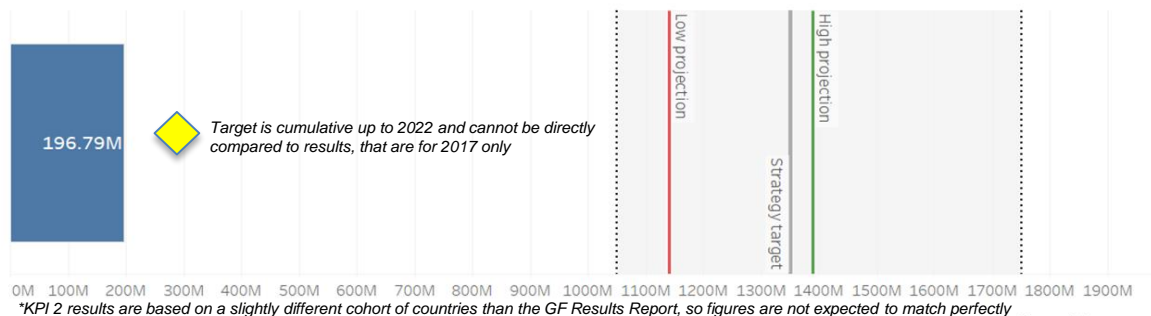
LLINs (nets distributed)



In 2017, for countries in the strategy, there were **196.79M** LLINs distributed to at-risk-populations

2017 results*

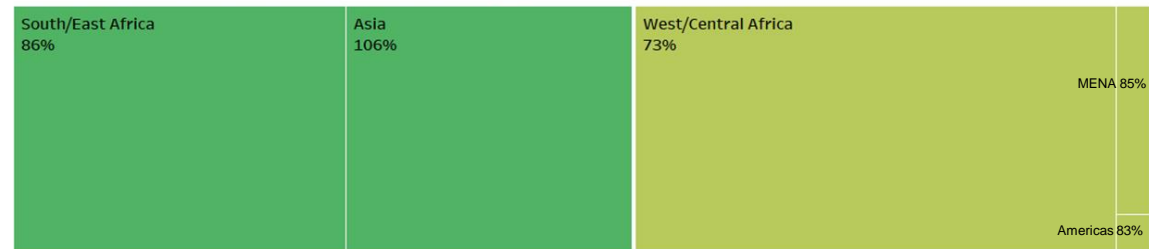
2017-2022 projections



Performance of GF grants vs. national targets

LLINs:

Overall performance for the portfolio vs PF target is : **84%**



Performance % refer to achievement of GF programs vs their national targets, calculated by region (based on UN geoscheme) and weighted by country share in the region total target

Note: 2022 Projections for LLINs do not assume flat-lining for years with no target; rather consider average over 2017-2022 and extrapolate for 2021 & 2022

Maximize impact against HIV, TB, Malaria

● KPI 2 – Performance against service delivery targets

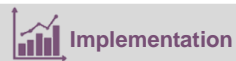
● KPI 5 – Service coverage for key populations

2017-2022 Target

1,350M (1,050-1,750M uncertainty range) LLINs distributed to at-risk populations

Key takeaways

- Cohort composed of 63 countries
- Aggregate PF targets in line with strategy, **so target achievable assuming good perf.**
- **If current performance maintained to 2022, results are just within strategy target range**
- For some of largest countries, GF funding only distribution in defined regions, but performance measured nationally (explains low performance for large W. African country, facing issues with non-GF funded distribution). Underperformance in large C. African country due to issue with specific implementer (issue addressed by grant closure, improvement expected)
- Large difference in perf for COE vs. non-COE



IRS (households sprayed)



Maximize impact against HIV, TB, Malaria

● KPI 2 – Performance against service delivery targets

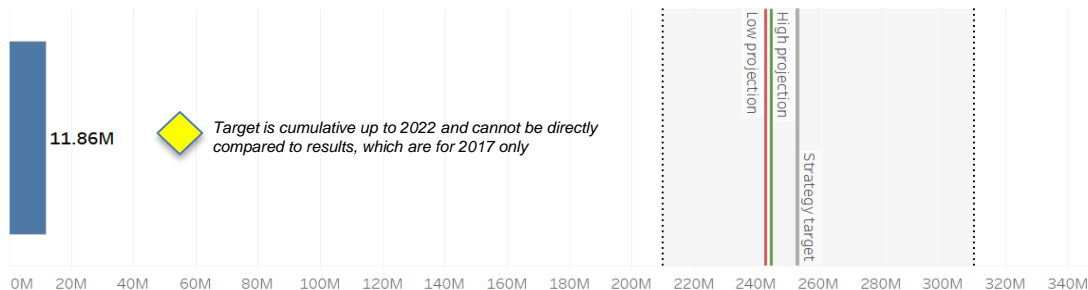
● KPI 5 – Service coverage for key populations



In 2017, for countries in the strategy, there were **11.86M** households in targeted areas that received IRS

2017 results*

2017-2022 projections



*KPI 2 results are based on a slightly different cohort of countries than the GF Results Report, so figures are not expected to match perfectly

IRS: Performance of GF grants vs. national targets

Overall performance for the portfolio vs PF target is : **113%**



Performance % refer to achievement of GF programs vs their national targets, calculated by region (based on UN geoscheme) and weighted by country share in the region total target

2017-2022 Target

250M (210-310M uncertainty range)
households in targeted areas received IRS

Key takeaways

- Cohort composed of 36 countries
- Aggregate PF targets in line with the strategy and current portfolio performance is strong where GF is funding IRS, **so achievement possible assuming good performance**
- However, perf. info is available for 9 countries only, for 30% of the strategy target
- **GF is not funding IRS for most important country in strategy** (in South Asia, ~50% of total target), so limited leverage and only partner data available

*KPI 2 results are based on a slightly different cohort of countries than the GF Results Report, so figures are not expected to match perfectly



Funding



Design



Implementation



Results

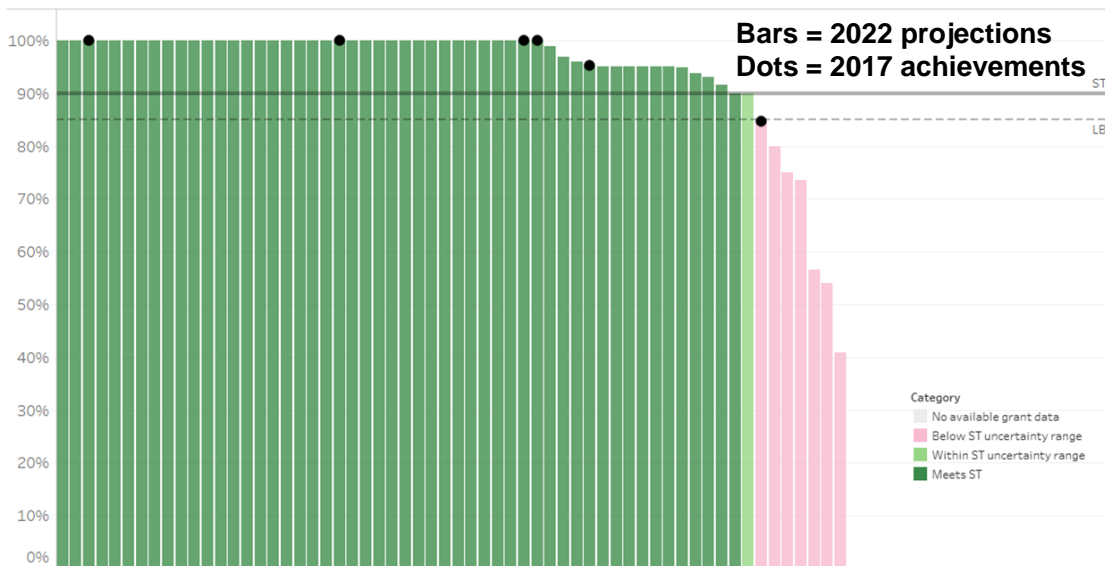
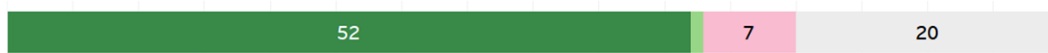
% Malaria testing (public)

iii



Suspected malaria cases that receive a parasitological test

Countries per category



Maximize impact against HIV, TB, Malaria

● KPI 2 – Performance against service delivery targets

● KPI 5 – Service coverage for key populations

End-2022 Target

90% (85-100% uncertainty range) of suspected malaria cases received a parasitological test in all cohort countries

Key takeaways

- Cohort of 80 countries, but data not available in 20 countries, (25% of cohort)
- **87% countries where data is available are expected to be within target range in 2022**
- Projections appear realistic given current situation
- High projections generally but a number of significant outliers (mainly focus countries) with much lower projections, and uncertainty due to number of countries where data is not available



Funding



Design



Implementation



Results

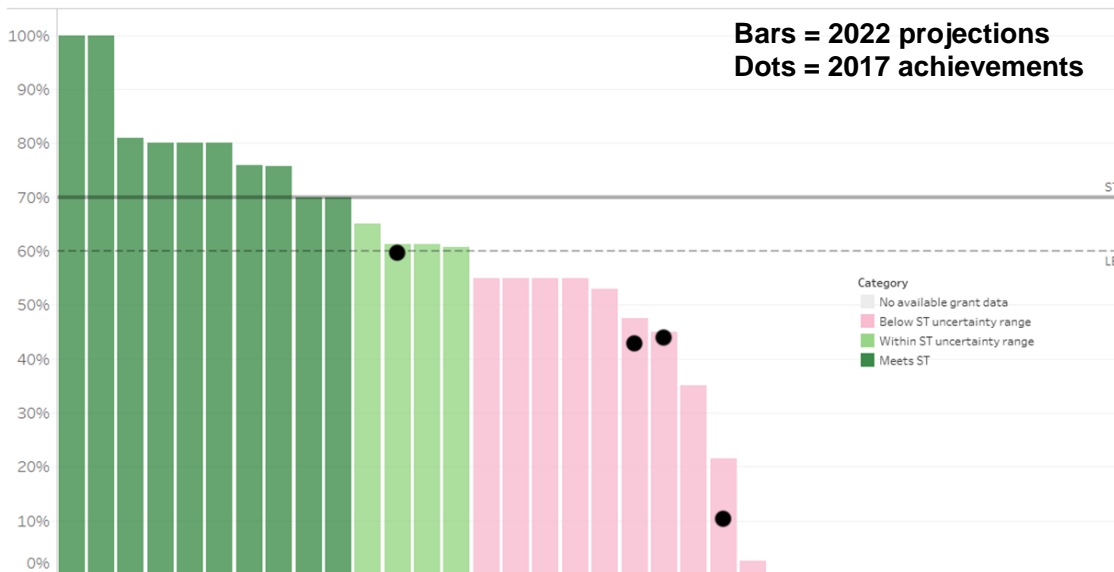
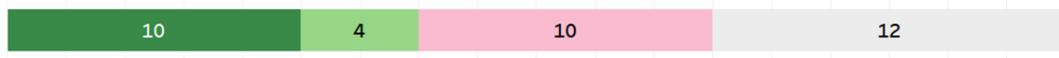
% IPTp3 (coverage of IPTp3)

iv



Women who received at least 3 doses of IPTp for malaria during ANC visits during their last pregnancy in selected countries

Countries per category



Maximize impact against HIV, TB, Malaria

● KPI 2 – Performance against service delivery targets

● KPI 5 – Service coverage for key populations

End-2022 Target

70% (60-80% uncertainty range) of women received at least 3 doses of IPTp for malaria during ANC visits during their last pregnancy in selected countries in all cohort countries

Key takeaways

- Cohort of 36 countries, almost all in Africa
- Data not available for 12 countries (33%)
- **58% countries where data is available are expected to be within target range**
- Those not expected to be within range are generally far from target & many cohort countries do not have available data
- **Strategy target very ambitious so unlikely to be met**
- Indicator being incorporated into DHIS2, enabling more frequent, complete and detailed reporting - hopefully enabling improved performance



Funding



Design



Implementation



Results

Country Results Profiles

An initial release of Country Results Profiles (CRPs) for High Impact countries is available to complement GF, technical partners and countries' own reports. **The overall purpose of the CRPs is to provide Global Fund stakeholders with a summary overview of key contextual financing data and programmatic results.**

This annex includes 6 CRPs that illustrate different investment profiles in high impact countries, showing examples of the diversity of funding sources for HIV, TB and malaria and implications for understanding Global Fund results reporting. These examples highlight countries where GF is funding a proportionally high and low percentage of activities for each disease. All CRPs for the remaining high impact countries can be found here: [Country Results Profiles](#)

Disease	GF Medium to high percentage of overall country funding	GF low percentage of overall country funding
HIV/AIDS	Tanzania	Kenya
TB	Viet Nam	Ethiopia
Malaria	Uganda	India

NB: CRPs were developed in May 2018 using available data and will be updated for the Spring Board 2019

Guidance: how to interpret Country Result Profiles

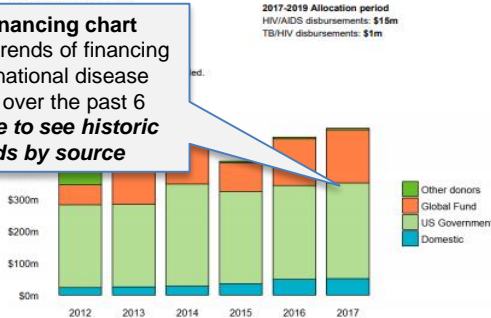
FINANCES: What resources were available to support the national program in the past six years? And what resources are available in the coming three years?

OUTCOME & COVERAGE: How many people received the treatment and prevention services that they need?

IMPACT: What is the trend among people who continue to fall ill or die? How many new infections and deaths are prevented?

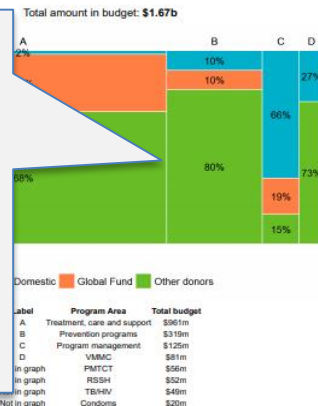
Global Fund and other investments

Global Fund investments:



Overview of Financing Available per CCM Funding Request (2018-2020)²

The Overview of Financing Available chart provides an indicative overview and percentage breakdown of domestic, GF and other donor funding available in major Program Areas as submitted by CCMs. The width of each lettered stack represents how much money (as a percentage of the total budget) is budgeted for each Program Area – **look here to see anticipated funding breakdown by activity and source**



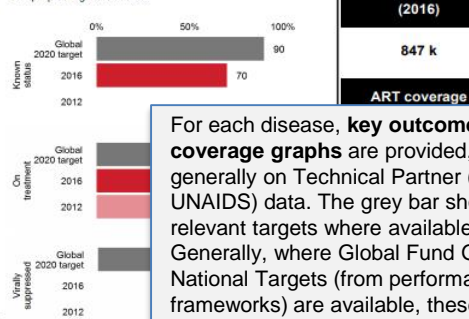
¹ Domestic – National AIDS Spending Assessment, funding request submitted to the Global Fund; External – country reported, OECD DAC CRS

² Detailed financial gap analysis reported by country based on NSP categories

HIV prevention and treatment

HIV testing and treatment cascade

% of people living with HIV who:



People on ART (2016)

847 k

ART coverage

For each disease, **key outcome and coverage graphs** are provided, based generally on Technical Partner (WHO or UNAIDS) data. The grey bar shows relevant targets where available. Generally, where Global Fund Grant National Targets (from performance frameworks) are available, these are displayed with years. If no target is available, Technical Partner targets for 2020 are displayed. The most recent data is included (darker coloured bar), plus 2012 or the closest available year (lighter coloured bar) – **look here to see past/future achievements in terms of outcome, coverage and service delivery vs national targets**

PMTCT coverage

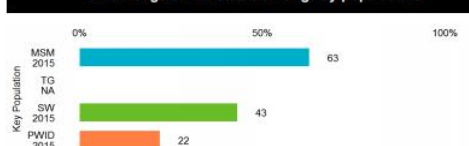
0% 50% 100%

2020 target

2016

2012

Knowledge of HIV status among key populations



AIDS deaths

Change in AIDS deaths:

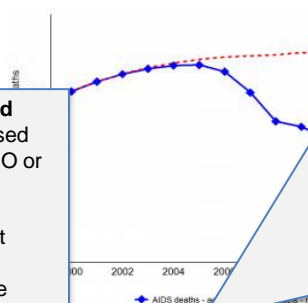
48% reduction from 2012-2016

67% reduction from 2000-2016

Lives saved:

451k lives saved since 2012

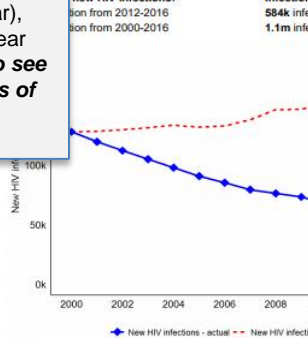
693k lives saved since 2000



New HIV infections

New HIV infections: 584k infections since 2012-2016

1.1m infections since 2000-2016



Notes

Detailed notes are available on the separate Explanatory notes page.

For each disease, **mortality and morbidity trends** are plotted against a counterfactual trend agreed with WHO and UNAIDS. In addition **the rate of change in deaths and new infections** or cases is calculated since 2000 (start of scaling up of programs) and 2012 (baseline consistent with outcome and coverage data)

- Estimates regarding lives saved and infections or cases averted represent the total estimate impact of the entire disease control program where applicable
- Counterfactual scenarios are plotted to show the impact of no, or highly limited program interventions since 2000 where applicable

- **look here to see trends of achievements in terms of impact at country level**

Tanzania, United Republic of

HIV/AIDS Results Profile

The Global Fund, May 2018
For Global Fund Board member review**FINANCES:** What resources were available to support the national program in the past six years? And what resources are available in the coming three years?

Global Fund and other investments

Global Fund investments:

2014-2016 Allocation period

HIV/AIDS disbursements: \$529m

TB/HIV disbursements: \$10m

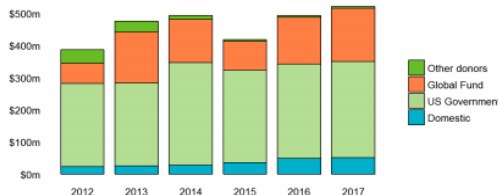
RSSH disbursements: \$13m

2017-2019 Allocation period

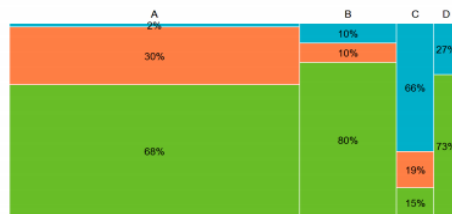
HIV/AIDS disbursements: \$15m

TB/HIV disbursements: \$1m

In 2015-2017, 79% of NSP need was funded.

HIV financing¹Overview of Financing Available per CCM Funding Request (2018-2020)²

Total amount in budget: \$1.67b



Domestic Global Fund Other donors

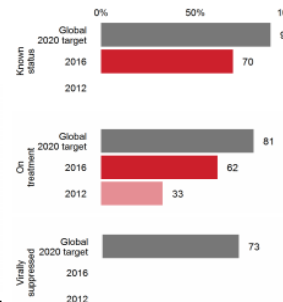
Label	Program Area	Total budget
A	Treatment, care and support	\$961m
B	Prevention programs	\$319m
C	Program management	\$126m
D	VMMC	\$81m
Not in graph	PMTCT	\$56m
Not in graph	RSSH	\$52m
Not in graph	TB/HIV	\$49m
Not in graph	Condoms	\$20m

OUTCOME & COVERAGE: How many people received the treatment and prevention services that they need?

HIV prevention and treatment

HIV testing and treatment cascade

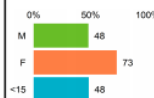
% of people living with HIV who:



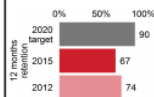
People on ART (2016)

847 k

ART coverage (2016)



ART retention



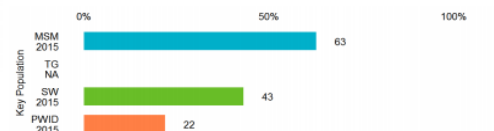
PMTCT coverage



VMMC coverage



Knowledge of HIV status among key populations

**IMPACT:** What is the trend among people who continue to fall ill or die? How many new infections and deaths are prevented?

AIDS deaths

Change in AIDS deaths:

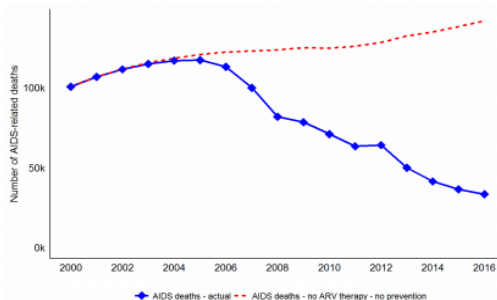
48% reduction from 2012-2016

67% reduction from 2000-2016

Lives saved:

451k lives saved since 2012

693k lives saved since 2000



New HIV infections

Change in new HIV infections:

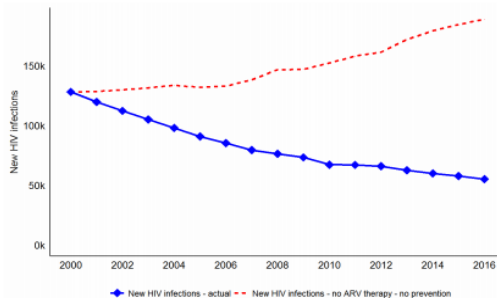
16% reduction from 2012-2016

57% reduction from 2000-2016

Infections averted:

584k infections averted since 2012

1.1m infections averted since 2000



Notes

Detailed notes are available on the separate Explanatory notes page.

Relatively high GF funding,
very high other external donor

Kenya

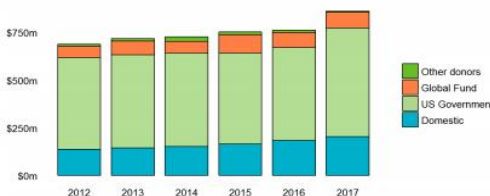
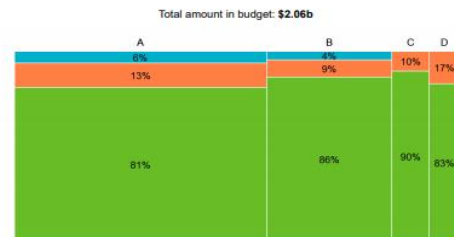
HIV/AIDS Results Profile

The Global Fund, May 2018
For Global Fund Board member review**FINANCES:** What resources were available to support the national program in the past six years? And what resources are available in the coming three years?**OUTCOME & COVERAGE:** How many people received the treatment and prevention services that they need?**IMPACT:** What is the trend among people who continue to fall ill or die? How many new infections and deaths are prevented?

Global Fund and other investments

Global Fund investments:
2014-2016 Allocation period
HIV/AIDS disbursements: \$321m2017-2019 Allocation period
HIV/AIDS disbursements: \$10m

In 2015-2017, 70% of NSP need was funded.

HIV financing¹Overview of Financing Available per CCM Funding Request (2018-2020)²

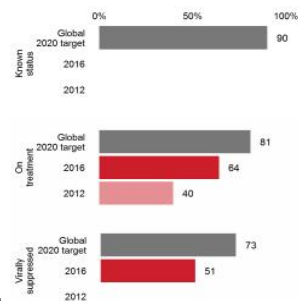
Domestic Global Fund Other donors

Label	Program Area	Total budget
A	Treatment, care and support - ART	\$107m
B	Prevention programs	\$53m
C	RSH4	\$159m
D	Program management	\$13m
Not in graph	PMTCT	\$86m
Not in graph	Male circumcision	\$56m
Not in graph	TB/HIV	\$11m
Not in graph	Human rights programs	\$7m

HIV prevention and treatment

HIV testing and treatment cascade

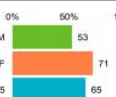
% of people living with HIV who:



People on ART (2016)

1019 k

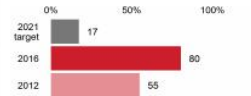
ART coverage (2016)



ART retention



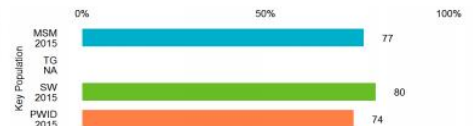
PMTCT coverage



VMMC coverage



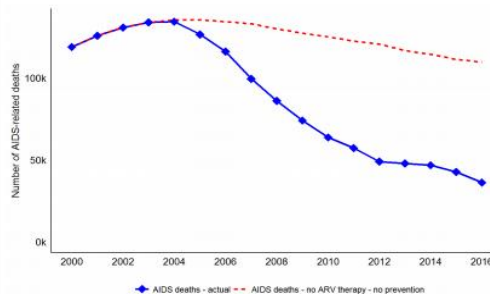
Knowledge of HIV status among key populations



Change in AIDS deaths:

26% reduction from 2012-2016
70% reduction from 2000-2016

Lives saved:

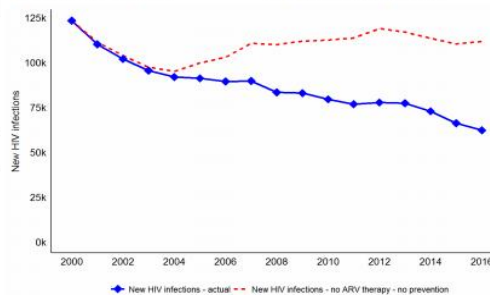
350k lives saved since 2012
635k lives saved since 2000

New HIV infections

Change in new HIV infections:

20% reduction from 2012-2016
50% reduction from 2000-2016

Infections averted:

215k infections averted since 2012
392k infections averted since 2000

Notes

Detailed notes are available on the separate Explanatory notes page.

¹ Domestic - National Health Accounts, funding request submitted to the Global Fund. External - country reported. OECD DAC CRS.
² Detailed financial gap analysis reported by country based on Global Fund Modules (government contributions pertain only to direct program costs and do not include service delivery costs)

Relatively low GF funding,
very high other external donor

Viet Nam

FINANCES: What resources were available to support the national program in the past six years? And what resources are available in the coming three years?

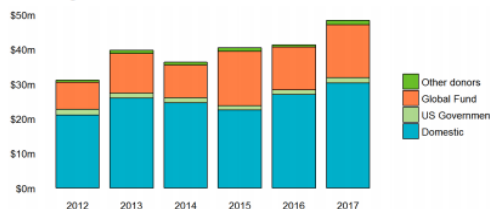
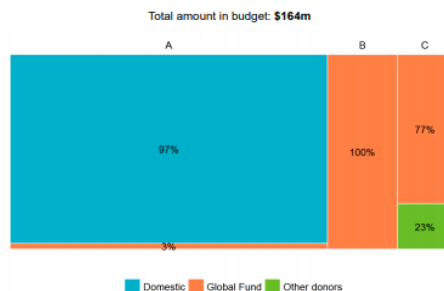
Global Fund and other investments

Global Fund investments:
2014-2016 Allocation period
Tuberculosis disbursements: \$53m

2017-2019 Allocation period
Tuberculosis disbursements: \$2m

RSSH disbursements: \$5m

In 2015-2017, 39% of NSP need was funded.

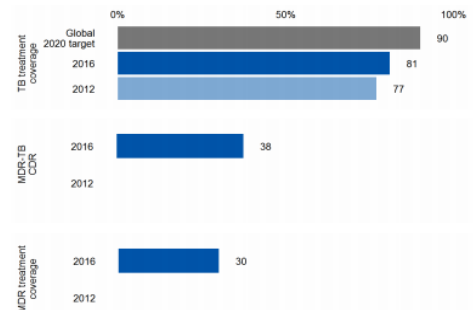
TB financing¹Overview of Financing Available per CCM Funding Request (2018-2020)²

Label	Program Area	Total budget
A	Program Management	\$114m
B	MDR-TB	\$25m
C	TB Care and Prevention: Case Detection and Diagnosis	\$19m
Not in graph	RSSH	\$3m
Not in graph	TB/HIV	\$1m
Not in graph	Other	\$1m
Not in graph	TB Care and Prevention: Treatment	\$1m

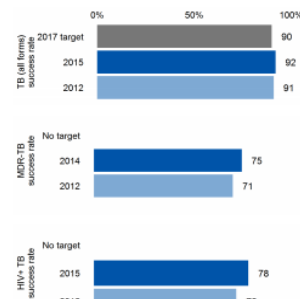
Tuberculosis Results Profile

OUTCOME: How many people received the treatment and prevention services that they need?

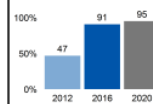
TB case finding



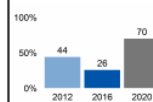
TB treatment outcomes



HIV+ TB patients on ART



Preventative TB therapy for HIV+



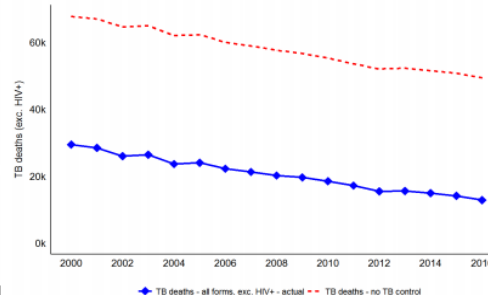
The Global Fund, May 2018
For Global Fund Board member review

IMPACT: What is the trend among people who continue to fall ill or die? How many new cases and deaths are prevented?

TB deaths (exc. HIV+)

Change in TB deaths (exc. HIV+):
17% reduction from 2012-2016
56% reduction from 2000-2016

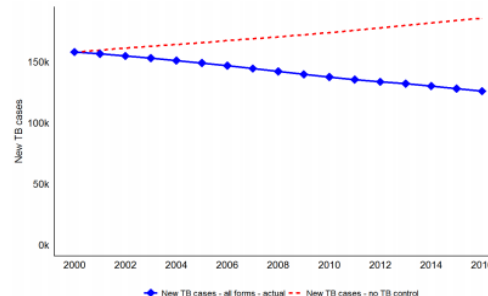
Lives saved:
183k lives saved since 2012
637k lives saved since 2000



New TB cases (all forms)

Change in TB cases:
6% reduction from 2012-2016
20% reduction from 2000-2016

Cases averted:
259k cases averted since 2012
490k cases averted since 2000



Notes
Detailed notes are available on the separate Explanatory notes page.

Relatively high GF funding

Ethiopia

FINANCES: What resources were available to support the national program in the past six years? And what resources are available in the coming three years?

Global Fund and other investments

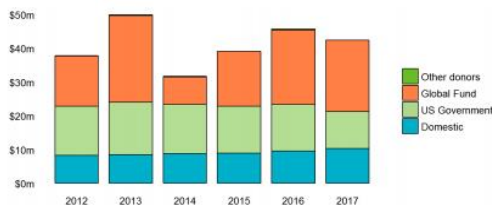
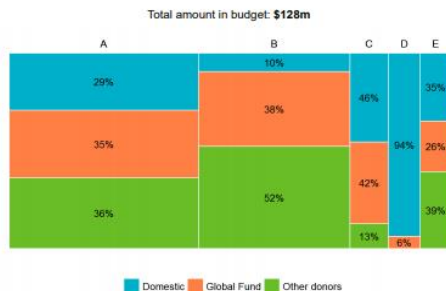
Global Fund investments:
2014-2016 Allocation period
Tuberculosis disbursements: \$70m

2017-2019 Allocation period
Tuberculosis disbursements: \$2m

RSSH disbursements: \$8m

RSSH disbursements: \$94k

In 2015-2017, 51% of NSP need was funded.

TB financing¹Overview of Financing Available per CCM Funding Request (2018-2020)²

Label	Program Area	Total budget
A	TB Care and Prevention	\$54m
B	MOR-TB	\$43m
C	TB/HIV	\$11m
D	RSSH	\$9m
E	Program management	\$9m
Not in graphical population programs		\$2m

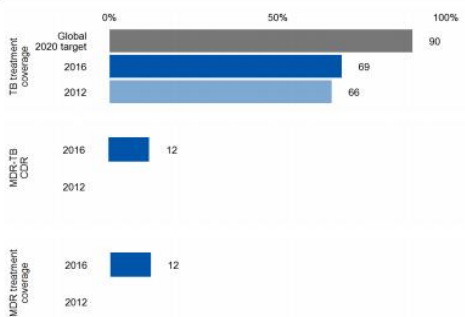
¹ Domestic – National Health Accounts, funding request submitted to the Global Fund; External – country reported, OECD DAC CRS

² Detailed financial gap analysis reported by country based on Global Fund Modules

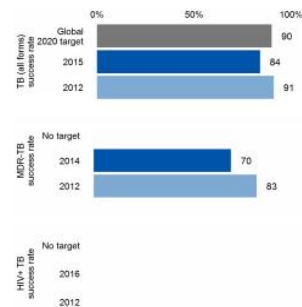
Tuberculosis Results Profile

OUTCOME: How many people received the treatment and prevention services that they need?

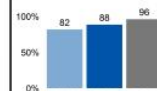
TB case finding



TB treatment outcomes



HIV+ TB patients on ART



Preventative TB therapy for HIV+



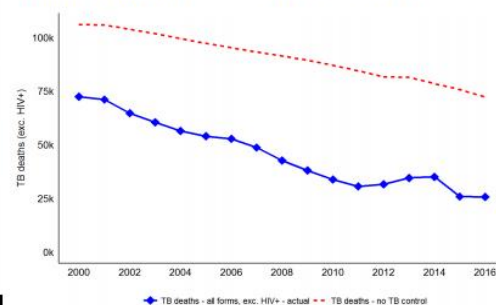
The Global Fund, May 2018
For Global Fund Board member review

IMPACT: What is the trend among people who continue to fall ill or die? How many new cases and deaths are prevented?

TB deaths (exc. HIV+)

Change in TB deaths (exc. HIV+):
19% reduction from 2012-2016
64% reduction from 2000-2016

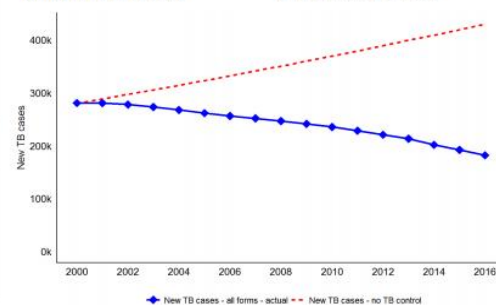
Lives saved:
237k lives saved since 2012
766k lives saved since 2000



New TB cases (all forms)

Change in TB cases:
18% reduction from 2012-2016
35% reduction from 2000-2016

Cases averted:
1m cases averted since 2012
1.9m cases averted since 2000



Notes
Detailed notes are available on the separate Explanatory notes page.

Relatively low GF funding,
high other external donor



Relatively high GF funding,
other external funding (IRS)

Uganda

Malaria Results Profile

The Global Fund, May 2018
For Global Fund Board member review

FINANCES: What resources were available to support the national program in the past six years? And what resources are available in the coming three years?

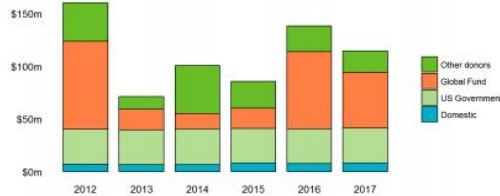
Global Fund and other investments

Global Fund investments:
2014-2016 Allocation period
Malaria disbursements: \$179m
RSSH disbursements: \$7m

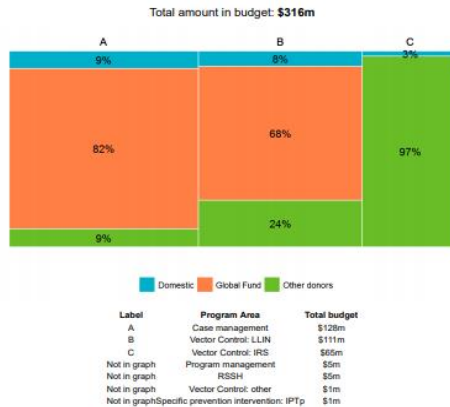
2017-2019 Allocation period
Malaria disbursements: \$4m

In 2015-2017, 48% of NSP need was funded.

Malaria financing¹

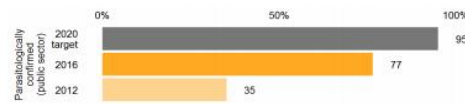


Overview of Financing Available per CCM Funding Request (2018-2020)²

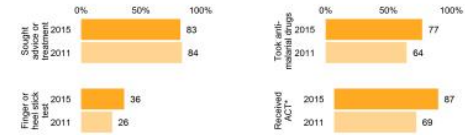


OUTCOME: How many people received the treatment and prevention services that they need?

Suspected malaria cases that receive a parasitological test

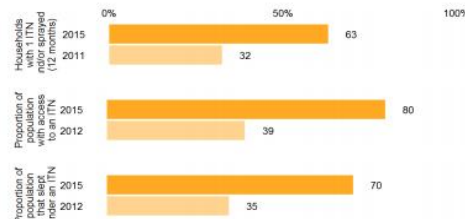


Malaria testing and treatment in children under 5 with fever in last 2 weeks



* Among those who received antimalarial drugs.

Vector control



Intermittent preventive treatment in pregnancy (IPTp)

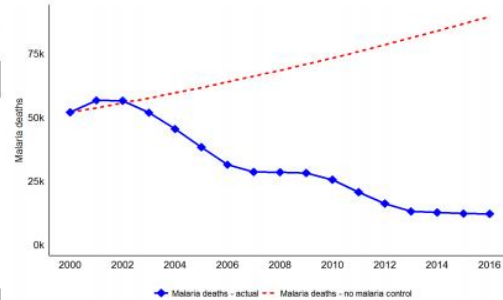


IMPACT: What is the trend among people who continue to fall ill or die? How many new cases and deaths are prevented?

Malaria deaths

Change in malaria deaths:
25% reduction from 2012-2016
77% reduction from 2000-2016

Lives saved:
354k lives saved since 2012
652k lives saved since 2000

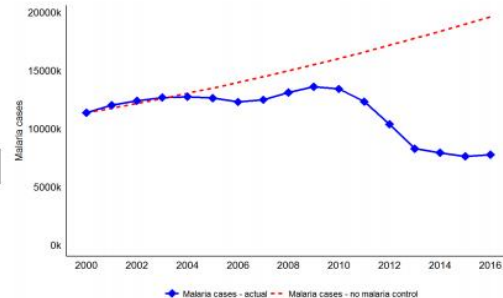


◆ Malaria deaths - actual - - Malaria deaths - no malaria control

Malaria cases

Change in malaria cases:
25% reduction from 2012-2016
32% reduction from 2000-2016

Cases averted:
49.9m cases averted since 2012
65.3m cases averted since 2000



◆ Malaria cases - actual - - Malaria cases - no malaria control

Notes
Detailed notes are available on the separate Explanatory notes page.



Relatively low GF funding,
high domestic

India

FINANCES: What resources were available to support the national program in the past six years? And what resources are available in the coming three years?

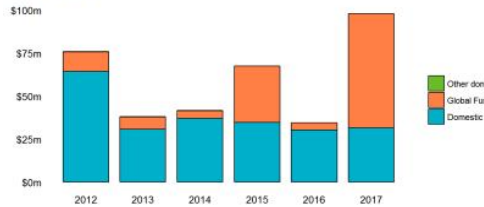
Global Fund and other investments

Global Fund investments:
2014-2016 Allocation period
Malaria disbursements: \$108m

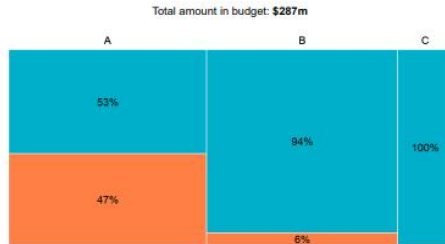
2017-2019 Allocation period

In 2015-2017, 22% of NSP need was funded.

Malaria financing¹



Overview of Financing Available per CCM Funding Request (2018-2020)²



Domestic Global Fund

Label	Program Area	Total budget
A	Prevention / Vector Control	\$112m
B	Programme-Specific Human Resources/RSRH HR	\$109m
C	Case management	\$31m
Not in graph	Monitoring and Evaluation/ RSRH HMIS	\$11m
Not in graph	Training Cell at National and Regional Level	\$5m
Not in graph	Communication, Media & Outreach	\$4m
Not in graph	General Program Management	\$4m
Not in graph	Infrastructure and Equipment	\$4m

¹ Domestic – National Health Accounts, funding request submitted to the Global Fund, External – country reported, OECD DAC CRS

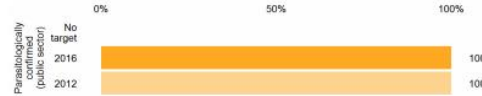
² Detailed financial gap analysis reported by country based on NSP categories (Domestic contributions represent central government commitments). Global Fund investments cover the period of 2018-2021

Malaria Results Profile

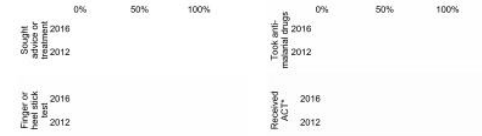
The Global Fund, May 2018
For Global Fund Board member review

OUTCOME: How many people received the treatment and prevention services that they need?

Suspected malaria cases that receive a parasitological test



Malaria testing and treatment in children under 5 with fever in last 2 weeks



* Among those who received antimalarial drugs.

Vector control



Intermittent preventive treatment in pregnancy (IPTp)

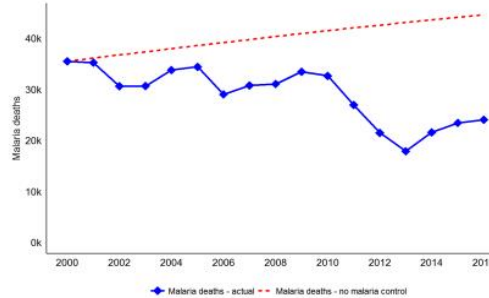


IMPACT: What is the trend among people who continue to fall ill or die? How many new cases and deaths are prevented?

Malaria deaths

Change in malaria deaths:
12% increase from 2012-2016
32% reduction from 2000-2016

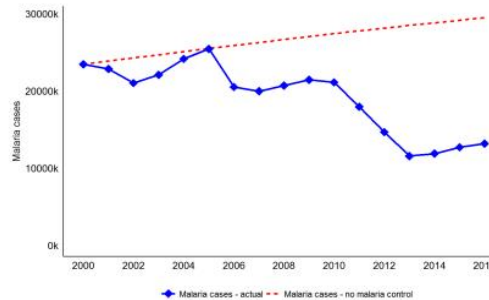
Lives saved:
110k lives saved since 2012
192k lives saved since 2000



Malaria cases

Change in malaria cases:
10% reduction from 2012-2016
44% reduction from 2000-2016

Cases averted:
80m cases averted since 2012
127.2m cases averted since 2000



Notes

Detailed notes are available on the separate Explanatory notes page.