41st Board Meeting

Strategic Performance Reporting – end 2018

For Board Information

The Global Fund

Contents

Piloting country-specific results in Strategic Performance Reporting

Currently, Strategic Performance Reporting (KPIs) is at **aggregate and regional** level (where relevant) and Secretariat **does not report any country specific results** to Board or Committees

In recent reporting, Secretariat has shared Country Results Profiles with Board, and constituencies have requested **more KPI country-specific analysis** (both at country & grant level) to understand the variance, challenges and performance of our operations

To address this, we are piloting reporting of some country-specific results (only for KPIs for which the country-level data is a) **publicly sourced** (or will be), b) **available** and c) **relevant** to understand KPI performance

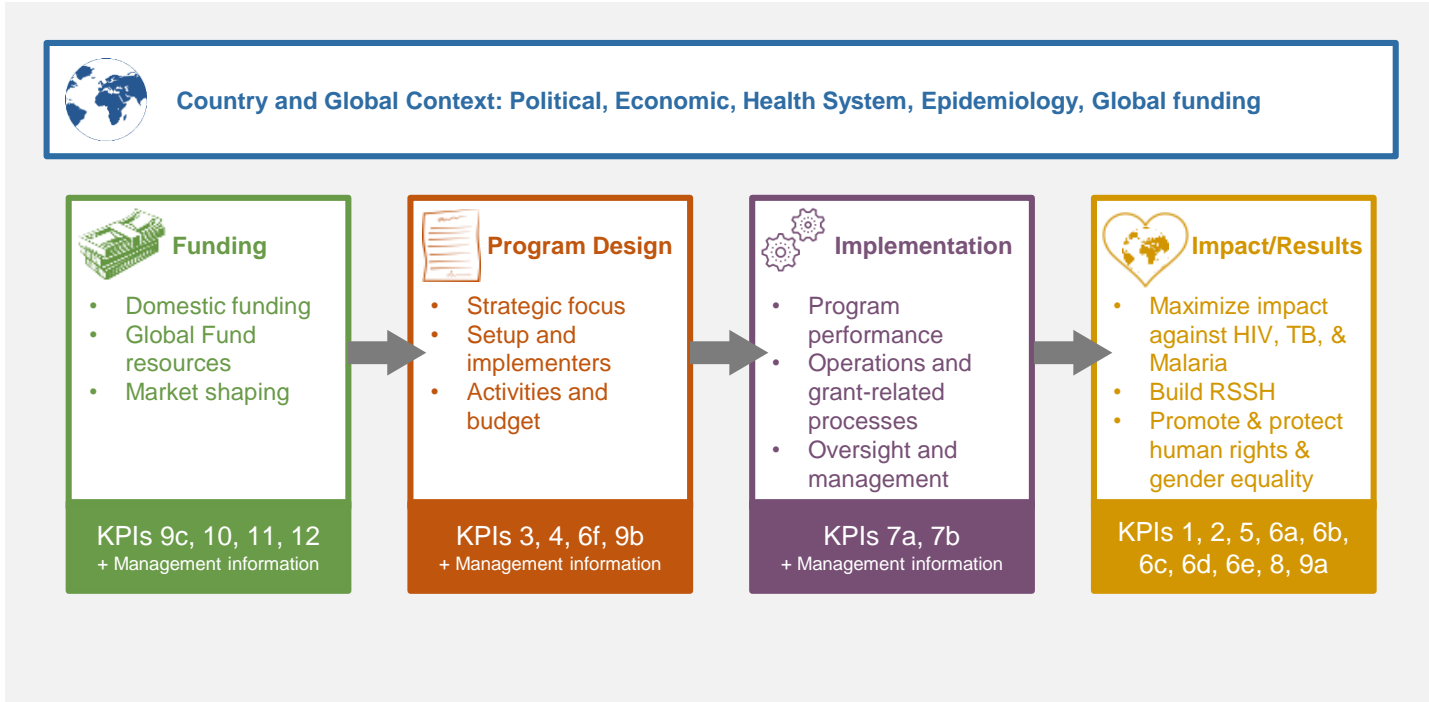| What this pilot should do:	What this pilot should _not_ do:
• Enable **clearer understanding** of GF results, in line with other development actors (PEPFAR, WHO, Gavi, etc) • Provide critical context to KPI results, helping to identify countries driving performance with potential to **inform action** • Increase **transparency** and provide the Board with a better description on how we are addressing underperformance • Be used consistent with the governance duty of care to the Global Fund.	• Be used to **name and shame** countries • **Criticize** constituencies or individuals at the Board or committees • Lower the **level of Board-level discussion** from the strategic to the country-specific • Hinder **objective discussions**, if constituencies are associated with certain countries • Foster **micromanagement**

KPIs where reporting Country-Specific Results apply

- **Available** for reporting country specific results now
  - **Impact and service delivery** *(using partner or national data)*: Performance against impact targets (KPI 1); Gender and age equality (KPI 8); Performance against service delivery targets (KPI 2)
  - **Data sourced from grant reporting**: Fund utilization: absorptive capacity (KPI 7b); RSSH: Results disaggregation (KPI 6e)
  - **Corporate public data**: Alignment of investment & need (KPI 3)

- **Potentially** available in future (2020 or later) or on demand:
  - **Data not publicly available yet:** RSSH: Supply chains (KPI 6b); RSSH: Financial Management (KPI 6c); RSSH: HMIS coverage (KPI 6d); Domestic Investments (KPI 11); Investment efficiency (KPI 4)
  - **KPI discussion more relevant at portfolio level**: Fund utilization: allocation utilization (KPI 7a)

- **Not available** for reporting:
  - **Strictly internal information:** Service coverage for key populations (KPI 5); RSSH: NSP alignment (KPI 6f); Reduce Human Rights barriers to services (KPI 9a); KP and Human Rights in middle income countries (KPI 9b); KP and Human Rights in transition countries (KPI 9c)
  - **Data does not exist at country level:** Resource Mobilization (KPI 10a and 10b); Availability of affordable health technologies (KPI 12a and 12b)

Performance Reporting Framework

Country and Global Context: Political, Economic, Health System, Epidemiology, Global funding

Funding
- Domestic funding
- Global Fund resources
- Market shaping

KPIs 9c, 10, 11, 12
+ Management information

Program Design
- Strategic focus
- Setup and implementers
- Activities and budget

KPIs 3, 4, 6f, 9b
+ Management information

Implementation
- Program performance
- Operations and grant-related processes
- Oversight and management

KPIs 7a, 7b
+ Management information

Impact/Results
- Maximize impact against HIV, TB, & Malaria
- Build RSSH
- Promote & protect human rights & gender equality

KPIs 1, 2, 5, 6a, 6b, 6c, 6d, 6e, 8, 9a

GF Level of control – for KPIs and <u>sample</u> management info

■ 2017-2022 KPI

☐ **Sample** management info

Global Fund Performance Reporting Framework

| Funding | Program Design | Implementation | Impact / Results |

GF accountability — Lower → Higher

1 *How is global effort performing?*

Sample management information provided here showcases a small sub-set of available information to provide context

ex. New cases/infections

ex. Svc. coverage/delivery

ex. Mortality rates

KPI 1: Impact

KPI 2: Service delivery

2 *How are countries we are supporting performing?*

KPI 9c: HRts & KP in transition countries

KPI 4: Investment efficiency

ex. Transition readiness

KPI 5: KPs srvc. coverage

KPI 6: RSSH (a, b, c, d, e)

KPI 11: Domestic investments

KPI 6f: NSP Alignment

KPI 8: Gender & age equality

KPI 9a: HRts barriers

3 *How are our grants performing?*

KPI 9b: HRts & KP in MICs

KPI 7b: Absorptive capacity

ex. Performance on service delivery & coverage

(80+ service delivery & coverage grant indicators)

ex. Gender grant funds

ex. Grant ratings

ex. CS implementers

ex. Grant making time

ex. CCM performance

4 *How are GF grant operations performing?*

KPI 10: Resource mobilization

KPI 3: Alignment of investment & need

KPI 7a: Allocation utilization

KPI 12: Availability of affordable health tech

ex. Forecast accuracy

ex. PPM (share & OTIF)

ex. Portfolio optimiz'n.

5 *How are internal Secretariat operations performing?*
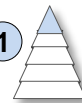
Management information

● On track / Achieved

● Not achieved
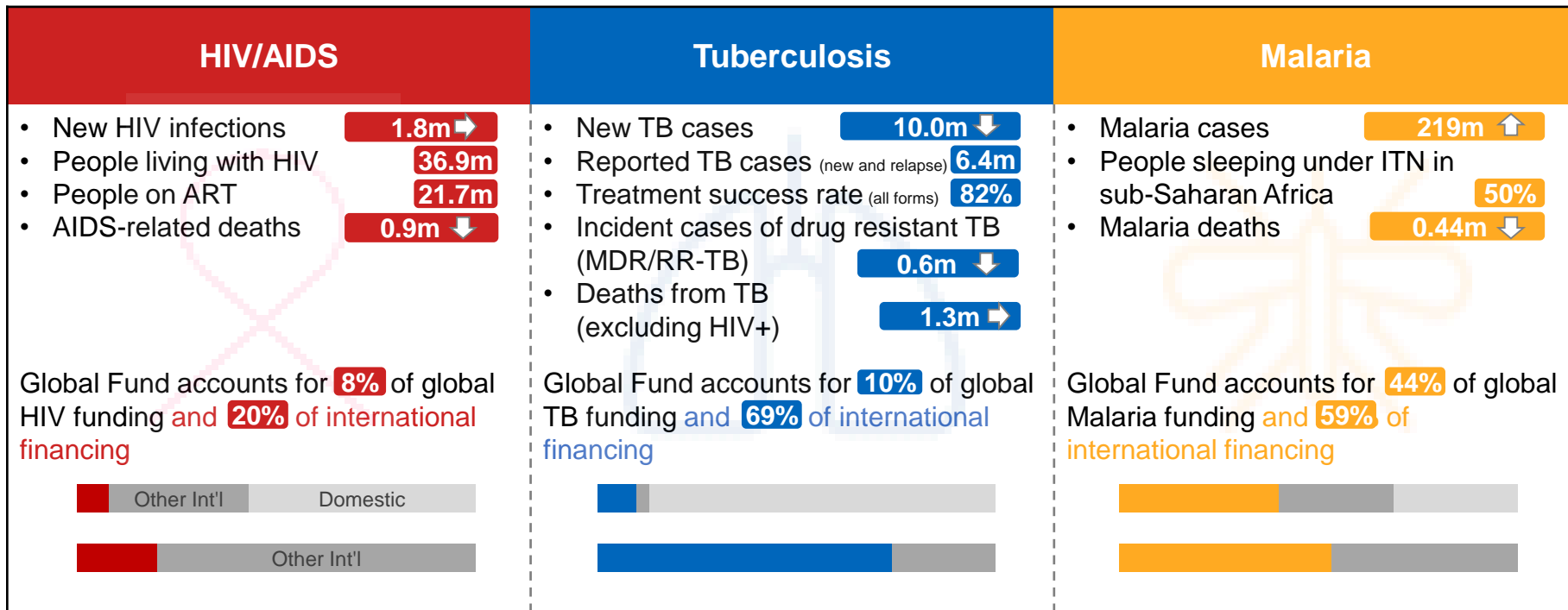
● At risk

● Not yet reported

Greyed out data corresponds to KPIs that were reported pre-Spring 2019 (e.g., Fall 2018)

Executive summary

- **Generally positive results on KPIs**: strong performance on SO2 (*Build Resilient & Sustainable Systems for Health*), and SO4 (*Mobilize Increased Resources*), with recent progress but continuing challenges on SO3 (*Promote & Protect Human Rights and Gender Equality*).

- **Significant improvement needed on Incidence Reduction**: at current funding levels, risk of not meeting strategy target in absence of sufficient progress; successful replenishment is critical. Focus needed on bending incidence curves down through: accelerating new tools and strengthening implementation of existing ones; supporting higher HIV prevention and treatment coverage; continuing to find missing TB cases; improving vector control and case management for malaria.

- **Positive results to-date on Lives Saved:** we are on track to meet strategic target. Programs supported are successful in reducing mortality and putting people on treatment. Treatment-related activities deliver results, with good absorption; PPM being one of the key factors for this progress.

- **Good performance on grant operations and financial indicators:** grants signed promptly with funding aligned to needs and high allocation utilization. Absorption at target (75%), does not systematically vary because of region or disease, but does by commoditization, in COEs and at the start of implementation.

Level of
Control 1

Setting the context – the global fight against the three diseases

HIV/AIDS	Tuberculosis	Malaria
• New HIV infections **1.8m** ➡	• New TB cases **10.0m** ⬇	• Malaria cases **219m** ⬆
• People living with HIV **36.9m**	• Reported TB cases (new and relapse) **6.4m**	• People sleeping under ITN in sub-Saharan Africa **50%**
• People on ART **21.7m**	• Treatment success rate (all forms) **82%**	• Malaria deaths **0.44m** ⬇
• AIDS-related deaths **0.9m** ⬇	• Incident cases of drug resistant TB (MDR/RR-TB) **0.6m** ⬇	
	• Deaths from TB (excluding HIV+) **1.3m** ➡	
Global Fund accounts for **8%** of global HIV funding and **20%** of international financing	Global Fund accounts for **10%** of global TB funding and **69%** of international financing	Global Fund accounts for **44%** of global Malaria funding and **59%** of international financing

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 2018: malaria cases (2017), population at risk slept under an ITN in sub Saharan Africa (2017), malaria deaths (2017).
*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.

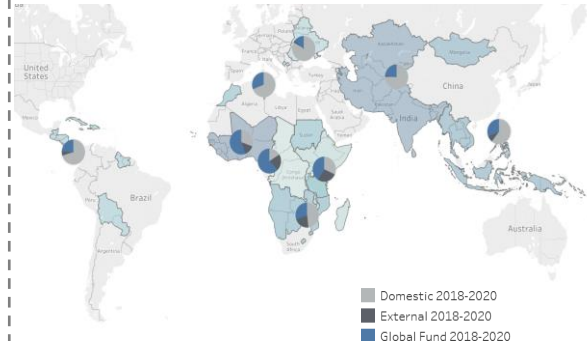# Setting the context – the global fight against the three diseases
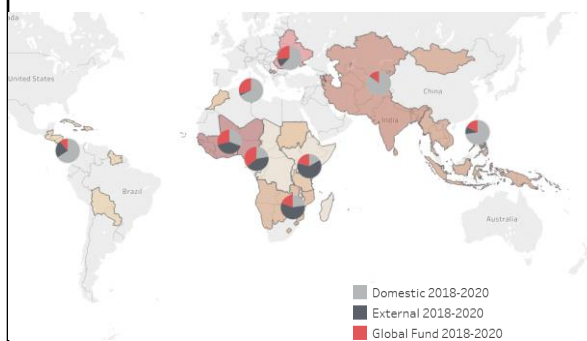
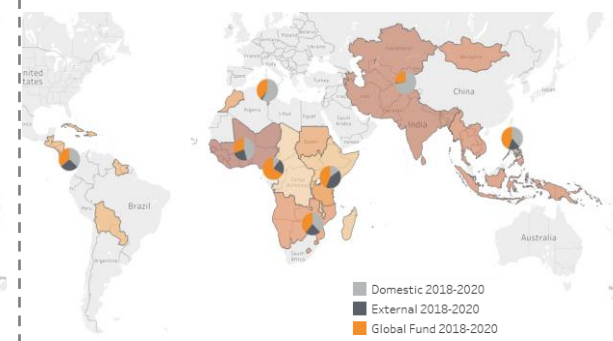| HIV/AIDS	Tuberculosis	Malaria
The GF has proportionately higher shares of funding in MENA and EECA eligible countries and lower shares in Western, Central and Eastern Africa (high PEPFAR funding); and in Southern Africa; LAC and Asia (high domestic funding).	The GF has proportionately higher shares in LAC (eligible countries); and in Western, Central and Eastern Africa. It has lower shares in EECA, Southern Africa and Asia (mainly domestic funding).	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).
The GF is expected to account for approx. 20% of all funding in eligible countries between 2018-2020	*The GF is expected to account for approx. 30% of all funding in eligible countries between 2018-2020*	*The GF is expected to account for approx. 40% of all funding in eligible countries between 2018-2020*

NB: this data is based on funding requests submitted by GF-financed countries* during the current allocation cycle 2018-2020
*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.

Funding overview

Funding

Domestic Funding

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

- To date for 2014-16 allocation period, **actual domestic investment** was **128%** of minimum policy prescribed co-financing, exceeding requirements across all income brackets – resulting in **39%** increase in investment versus baseline `KPI 11`
- **47%** (target: 100%) of UMI countries with Board approved grants **have reported on domestic investments in both key population & human rights programs** (although 82% reported on KP investment) `KPI 9c`
- **73%** of HI & Core countries are receiving support for **implementation of national health (and disease) accounts**, up from 68% at mid-2018

Global Fund Resources

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

- So far, **101%** of 5th replenishment target has been **pledged** `KPI 10a`
  - Out of this total, **6.9%** has been **pledged from private sector**
- Total 5th replenishment **contributions expected to be received** is forecasted to be **101%** of initial forecasted estimate `KPI 10b`
- 6th Replenishment **investment case** released, with request of at least **US$ 14B** funding to step up the fight to end the epidemics
- At end-Feb 2019, Ireland & Luxembourg have already announced **significant increases to their contribution** for 6th Replenishment (+50% and +11%, respectively)

Market Shaping

Availability and affordability of key medicines, and supplier performance

- **59%** of health products budgeted in grants **procured through Pooled Procurement Mechanism (PPM)**
  - In 2018**,** total of **US$ 913M spent through PPM**, mainly for ARVs & LLINs
  - **83%** of PPM orders **delivered on time and in full** (OTIF) in 2018, exceeding internal target
- **US$ 175M of savings** achieved in 2018 through PPM, exceeding annual savings target of US$ 122M `KPI 12b`
- The number of **defined products with >3 suppliers meeting Quality Assurance requirements** has increased to **69%** (was 67% in 2017) `KPI 12a`
  - **Low volumes of pediatric products present challenges** to maintain >3 suppliers. Secretariat to propose new targets for KPI 12a in 2019
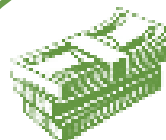
Program Design overview

Design

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

- **Alignment of investment & need still at satisfactory level**, almost on target at **97%** achievement (**0.36** discrepancy vs. target of 0.35). Using disbursements instead of commitments to measure share of funding (more reliable) would bring result above target. KPI strongly driven by largest High Impact countries **KPI 3**

- Looking forward to 2020-22 cycle, **allocation formula** was considered fit for purpose; two minor adjustments have been proposed to the malaria burden indicator (scheduled for approval in May Board): incorporating latest population-at-risk data and replacing baseline of 2000 with average of 2000-04

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

- For the current allocation*, **36%** of grants (and **30%** of investment) managed by **Community Sector implementers**, many of them local (15% of grants, 12% of investment) and 8 of them new implementers

- Approx. **48%** of **Transition Preparedness** components are currently covered by a TRA or equivalent (up from 35% in mid-2018). Among components currently receiving transition funding, approx. 100% are covered by an ongoing or completed TRA or equivalent

- **195 small grants provided to community-based groups** through *HER Voice Engagement Fund,* up from 93 mid-2018

* As of 28 Feb 2019

Activities
Activities & budgets of GF grants

- **97%** of funding requests this cycle rated by TRP as **aligned with National Strategic Plans** **KPI 6f**

- **100%** of 15 disease programs assessed for **investment efficiency** indicate high likelihood of efficiency improvement but unlikely to be representative of final result **KPI 4**

- For 2017-2019 allocation, **3.4%** (target: 2.85%) and average of **36.4%** (target: 39%) of HIV grant budgets in MICs invested in programs to **remove human rights-related barriers and in key populations programs**, respectively**.** Investments in programs to reduce HRts-related barriers to TB services in 13 selected high-burden MICs is unchanged (**0.72%** (target: 2%) of TB budgets) **KPI 9b**

- In priority countries**, GF investing **US$ 121.9m** towards reducing new HIV infections among **adolescent girls & young women**

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** In 12 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

- **94%** of 5th replenishment allocation is **already disbursed or forecasted to be** (on target), with high utilization across all portfolio categories KPI 7a
- More context to the strong improvement in **grant absorptive** KPI 7b **capacity** reported in Fall 2018 (**75%** of grant budgets reported as spent in 2015-2017 against 66% in the 2014-2016 period) with patterns by COE, activity, commoditization, age of grant, etc. - in addition to actions already described in previous report (work with partners (ITP); risk and assurance activities; reprogramming; etc.)

Oversight
Internal & external assessment, review, and grant management mechanisms

- **22 Country Portfolio Reviews** (plus 3 executive CPRs) held by end-2018 (up from 12 mid-year)
- **CCM Evolution** baseline assessments completed in all **18** countries
- **Internal Secretariat ethics case management system** developed to ensure ethics concerns raised result in timely, constructive, and accountable results

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

Implementation

- For current allocation period, as of 21 February 2019, **222** country **funding requests** submitted, resulting in **283 Board-approved grants** for **US$ 9.6B** of allocation funds – approximately 93% of the allocation.
- For current allocation period, as of 31 December 2018, **US$ 3.75B** already committed as grant expenses and **US$ 2.36B** already **disbursed**
- **Grant making** continues at a fast pace: it takes avg. **7.9 months** from funding request approval to 1st disbursement, and **80%** of grants had 1st disbursement decision within target deadline (7-10 mths from TRP approval, depending on profile)
  - High Impact countries take avg. **7.5** mths to 1st disbursement; while Core slightly longer at **7.6** mths and Focused countries take **9.2** mths
- Total of **US$ 239M portfolio optimization awards approved** by GAC in 2018
- Continued strong performance of **financial forecasts** with **9%** yearly variance in 2018 between Actuals Disbursed and Initial Forecast (QF1), on target

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Impact and Results overview

Results

Maximize Impact against HIV, TB and Malaria

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

- In this cycle, an estimated **5.1M lives were saved**. If trends continue, 2022 strategy target of 29M will be achieved KPI 1

- In 2017, **new infections/cases reduced** by an estimated **6%**. At current trend, strategy target will not be achieved (21% compared to 38% strategy target). However, at least US$ 14B in 6th replenishment will enable achievement of strategy targets

Build Resilient & Sustainable Systems for Health

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

- **Supply chain target reached** (**15%** reduction of non-availability for diagnostics and tracer medicines) at portfolio level for diagnostics, TB FLDs, HIV FLDs with Malaria FLDs close to target. However, individual country results vary significantly KPI 6b

- **3** countries have **completed public financial management transition** efforts in 2018 (on target) KPI 6c1

- **13** countries (target: 16 in 2018) have implemented required actions to **meet defined financial management systems standards** for optimal absorption & portfolio mgmt. 3 countries close to required level KPI 6c2

- **25%** of HI/Core countries with **fully deployed, functional HMIS** (up from **11%** at end-2017 and now on track); an additional 59% have 2-3 (of 4) components required to meet definition KPI 6d

Promote and Protect Human Rights & Gender Equality

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

- **HIV incidence among AGYW** reduced by **16%** in 2017. If recent trends continue, only 3/4ths of strategy target will be met; considerable acceleration of progress required KPI 8

- Continued improvement in data availability: **43%** of HI/Core countries are able to provide results fully **disaggregated by age / gender** for relevant indicators (up from 26% at end-2017), on track to reach the target of 50% by end-2019 KPI 6e

- **Human rights baseline assessments** finalized in 18 countries. In 9 countries, nationally-led multi-stakeholder meetings endorsed findings & established working groups to develop country-owned plans. Framework to assess programs to reduce human rights-related barriers developed KPI 9a

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End-2018 Reporting

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

Funding

- **9c** **KP and Human Rights in transition countries** *(p. 20)*
- **10** **Resource Mobilization** *(p. 21)*
- **11** **Domestic Investments** *(p. 18-19)*
- **12a** **Availability of affordable health technologies: availability** *(p. 22)*
- **12b** **Availability of affordable health technologies: affordability** *(p. 23)*

Program Design

- **3** **Alignment of investment & need** *(p. 24)*
- **4** **Investment efficiency** *(p. 25)*
- **6f** **Strengthen systems for health: NSP alignment** *(p. 26)*
- **9b** **KP and Human Rights in middle income countries** *(p. 27-28)*

Implementation

- **7a** **Fund utilization: allocation utilization** *(p. 29)*
- **7b** Fund utilization: absorptive capacity *(p. 30-39)*

Impact/Results

- **1** **Performance against impact targets** *(p. 40-42)*
- **2** Performance against service delivery targets
- **5** Service coverage for key populations
- **6** Strengthen systems for health
  - **6a** Procurement
  - **6b** **Supply chains** *(p. 43)*
  - **6c1** **6c2** **Financial mgmt.** *(p. 44-45)*
  - **6d** **HMIS coverage** *(p. 46)*
  - **6e** **Results disaggregation** *(p. 47)*
- **8** **Gender and age equality** *(p. 49)*
- **9a** **Reduce Human Rights barriers to services** *(p. 49)*

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

The Global Fund   Le Fonds mondial   El Fondo Mundial   Глобальный фонд   全球基金   الصندوق العالمي

End-2018 Reporting – Focus on underperforming KPIs

🟢 **On track / Achieved**   🟠 **At risk**

🔴 **Not achieved**

Funding

9c KP and HRts in transition countries *(p. 21)*

Results: 47% of UMI countries assessed report on domestic investments in KPs & HRts programs (target: 100%). Target is aspirational and will not be met, in part due to lack of co-financing requirements for HRts (unlike KP requirements)

Actions: For interim indicator, Secretariat engagement to ensure Funding Landscape Tables include data on domestic commitments to KP and human rights programs. Deeper dives to verify data sources and mechanisms to support final indicator definition, baseline and target

12a Availability of affordable health technologies: availability *(p. 23)*

Results: 69% of defined products have >3 QA suppliers (target: 100%). Underperformance is driven by pediatric products and products where >3 QA suppliers may not be commercially viable due to low volume demand

Actions: Achievement of the target is highly dependent on manufacturers. Sourcing activities to attract new suppliers include provisional volume allocation for strategic products still undergoing the pre-qualification process. ERP (expert review process) enables GF to procure these products, and has helped to close the gap for 3 products in 2018. A revised, realistic target for KPI 12a will be proposed in 2019

Program Design

9b KP & HRts in middle income countries *(p. 28-9)*

Results:
- *HRts HIV: Above target: 3.44% of HIV & HIV/TB grant funds invested in human rights (target: 2.85%)*
- *HRts TB: Target unlikely to be met despite 800% increase vs. baseline: in 11 out of 13 grants in cohort, 0.72% of TB grant funds invested in human rights (target: 2.00%)*
- *KPs HIV: Nearly at target: 36.36% of HIV grant funds invested in key populations (target: 39.00%)*

Actions: Two large grants in HI countries still outstanding and likely to impact results for HRts HIV & TB and KPs HIV. Extensive support currently being provided by Secretariat with the aim to encourage increase in investment in these grants.

Impact/Results

6c Strengthen systems for health (Financial management – meeting defined standards**)** *(p. 46-47)*

Results: 13 countries have at least 80% implementation of agreed actions to meet defined financial mgmt. system standards (target: 16), however the 3 countries not meeting standards yet are close to reporting 80% implementation

Actions: Strengthened financial mgmt. mainstreamed in Program Finance, to ensure timely achievement of targets. Implementation approach improved, including full capacity building support, targeted capacity building support based on outcome of regular Financial Management Impact Review, and involvement of Local Fund Agent (if required)

8 Reduction in HIV incidence among AGYW *(p. 50)*

Results: 16% reduction in HIV incidence from 2015 baseline (target: 58% by 2022). Efforts will need to be accelerated if strategy target range is to be reached

Actions: Secretariat has focused efforts to ensure all cohort countries have a defined package of AGYW interventions for GF investments and M&E framework to measure the coverage and outcome of interventions. Work undergoing to improve quality and sustainability measures. Need for further investment analysis, along with risk and intervention analysis towards national plans and targets

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Mid-2018 Results – Remedial actions on underperforming KPIs

KPI	End-2018 identified issue	Remedial actions taken to-date
KPI 2: Performance against service delivery targets	**At mid-2018, results were at risk of being off track for:** • PMTCT coverage • % PLHIV who know their status • # HIV+TB on ART • % IPT for PLHIV • % IPTp3	• Deep-dive analysis conducted by Secretariat to better understand root causes driving gap between strategy targets & projected results • Work has begun with Country Teams to address root causes, e.g., through Country Portfolio Reviews • Work underway to align on efforts going forward for countries with high share of strategy target and low performance
KPI 5: Service coverage for key populations	At mid-2018, **45% of countries currently able to report on service coverage for KPs (target 75% by end-2019)**, however, additional ~25% of countries are slightly below the 'able to report' threshold	Secretariat support focused on countries currently listed as 'potentially able to report', through: • Deployment of TA via CRG Strategic Initiative, e.g., to support integration of community based monitoring into KP reporting • Deployment of TA via Data Strategic Initiative, e.g., to strengthen country KP program monitoring systems, cascade analysis, testing yield analysis, prevention effectiveness analysis • Coordination with USAID on providing technical support; joint plans for priority countries finalized and TA in deployment • Finalization of Regional and Global Key Population Program Assessment reports with key recommendations endorsed by technical, civil society and community partners • Workshop with partners (WHO, UNAIDS) to update KP size estimation validations

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.

Schedule for upcoming KPI reporting

KPI	KPI Description	Frequency	2019 Spring Board	2019 Fall Board	2020 Spring Board
KPI 1	Performance against impact targets	Annual	2017 data		2018 data
KPI 2	Performance against service delivery targets	Annual		2018 data	
KPI 3	Alignment of investment & need	Semi-Annual	2016-2018 data	2017-2019 data	2017-2019 data
KPI 4	Investment efficiency	Semi-Annual	NFM2 to date	NFM2 to date	NFM2 to date
KPI 5	Service coverage for key populations	Annual		2018 data	
KPI 6	6a) Procurement	Annual		2018 data	
	6b) Supply chains	Annual	2018 data		2019 data
	6c) Financial management	Annual	2018 data		2019 data
	6d) HMIS coverage	Annual	2018 data		2019 data
	6e) Disaggregation & 6f) NSP Alignment	Semi-Annual	2016-2018 data	2016-2019 data	2017-2019 data
KPI 7	7a) Fund utilization – Allocation utilization	Semi-Annual	NFM2 to date	NFM2 to date	NFM2 to date
	7b) Fund utilization – Absorptive capacity	Annual	Additional	2016-2018 data	
KPI 8	Gender & age equality	Annual	2017 data		2018 data
KPI 9	9a) & 9c) Human rights	Annual	2018 data		2019 data
	9b) Human rights	Semi-Annual	NFM2 to date	NFM2 to date	NFM2 to date
KPI 10	Resource mobilization	Annual	NFM2 to date		NFM3 to date
KPI 11	Domestic investments	Annual	NFM2 to date		NFM2 to date
KPI 12	12a) Availability of health technologies	Annual	2018 data		2019 data
	12b) Affordability of health products	Annual	2018 data	Target setting	2019 data

Annex: Detailed KPI Results

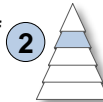| Funding	Design	Implementation	Results

Domestic Funding
- ● **KPI 11 – Domestic investments** *(p. 1/2)*
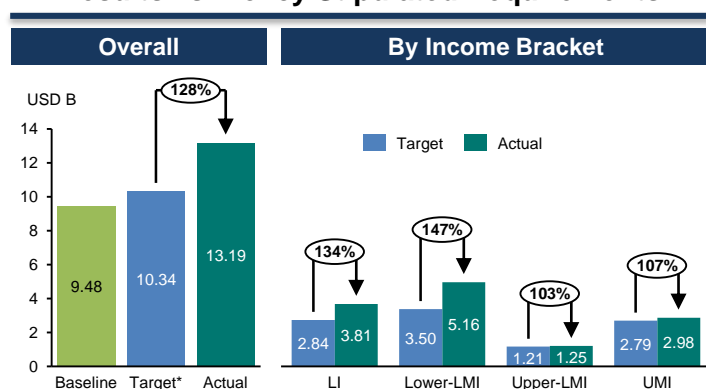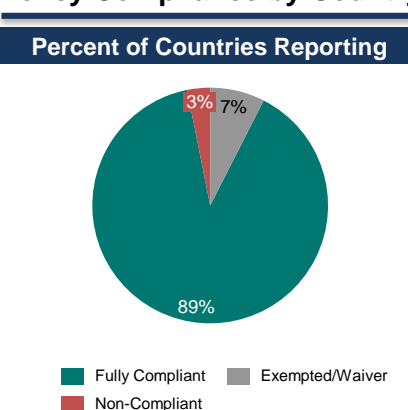- ● KPI 9c – Key populations and Human Rights in transition countries

Level of Control ②

Measure

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

End-2018 Result

128% * *(up from 118% end-2017)*

Target

100% of 2014-2016 policy stipulated requirements realized

Key takeaways

- **Co-financing investment exceeds target overall and in every income bracket**
  - ○ **LIs and Lower-LMIs** saw higher rates of co-financing investment over policy prescribed levels, contributing nearly 86% of additional investment in this cycle to date
  - ○ **In UMIs and Upper-LMIs,** increases over policy prescribed levels were more modest and spread relatively evenly across cohorts
- **89% of countries reviewed met or exceeded** policy stipulated requirements
  - ○ Of the 28 countries flagged as 'at risk' for not meeting requirements, **5 were granted waivers** (Afghanistan, CAR, Chad, Congo, South Sudan) and **3 are not compliant to date** (Lao PDR, Nigeria, East Timor)
- **Additional investment of USD 3.7B to date,** in implementation period of 2014-16 allocation, compared to baseline **(39% increase)**

Results vs. Policy Stipulated Requirements

Overall

USD B

Baseline	9.48	
Target*	10.34	
Actual	13.19 (128%)	

By Income Bracket

Target / Actual

- LI: 2.84 / 3.81 (134%)
- Lower-LMI: 3.50 / 5.16 (147%)
- Upper-LMI: 1.21 / 1.25 (103%)
- UMI: 2.79 / 2.98 (107%)

Policy Compliance by Country

Percent of Countries Reporting

- Fully Compliant: 89%
- Non-Compliant: 3%
- Exempted/Waiver: 7%

* Target is the sum of policy-prescribed domestic financing levels for current cohort (153 components across 64 countries; 4 countries/12 components had exemption/waiver so not included in denominator)

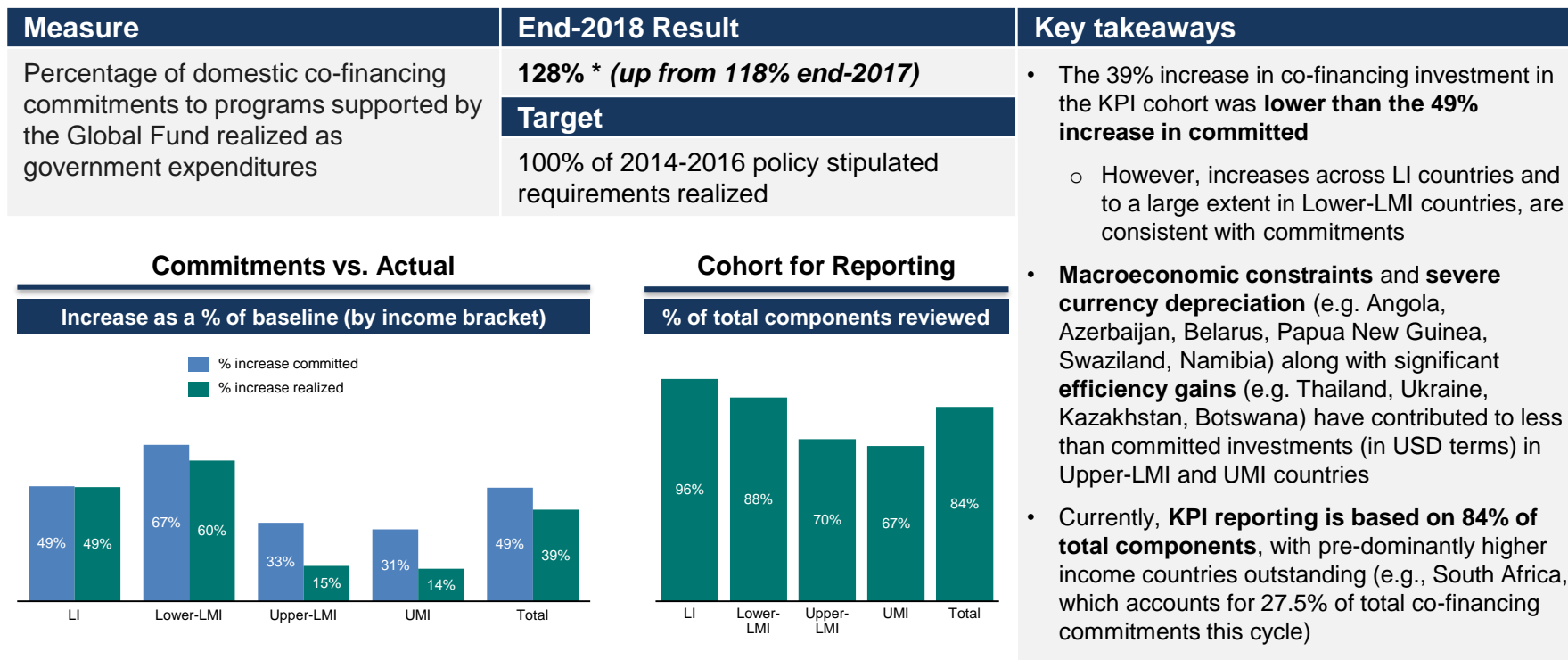| Funding	Design	Implementation	Results

Domestic Funding
- **KPI 11 – Domestic investments** *(p. 2/2)*
- KPI 9c – Key populations and Human Rights in transition countries

Level of Control **2**

Measure

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

End-2018 Result

128% * *(up from 118% end-2017)*

Target

100% of 2014-2016 policy stipulated requirements realized

Key takeaways

- The 39% increase in co-financing investment in the KPI cohort was **lower than the 49% increase in committed**
  - However, increases across LI countries and to a large extent in Lower-LMI countries, are consistent with commitments

- **Macroeconomic constraints** and **severe currency depreciation** (e.g. Angola, Azerbaijan, Belarus, Papua New Guinea, Swaziland, Namibia) along with significant **efficiency gains** (e.g. Thailand, Ukraine, Kazakhstan, Botswana) have contributed to less than committed investments (in USD terms) in Upper-LMI and UMI countries

- Currently, **KPI reporting is based on 84% of total components**, with pre-dominantly higher income countries outstanding (e.g., South Africa, which accounts for 27.5% of total co-financing commitments this cycle)

Commitments vs. Actual

Increase as a % of baseline (by income bracket)

- % increase committed
- % increase realized

	LI	Lower-LMI	Upper-LMI	UMI	Total
% increase committed	49%	67%	33%	31%	49%
% increase realized	49%	60%	15%	14%	39%

Cohort for Reporting

% of total components reviewed

LI	Lower-LMI	Upper-LMI	UMI	Total
96%	88%	70%	67%	84%

19

* Target is the sum of policy-prescribed domestic financing levels for current cohort (153 components across 64 countries; 4 countries/12 components had exemption/waiver so not included in denominator)
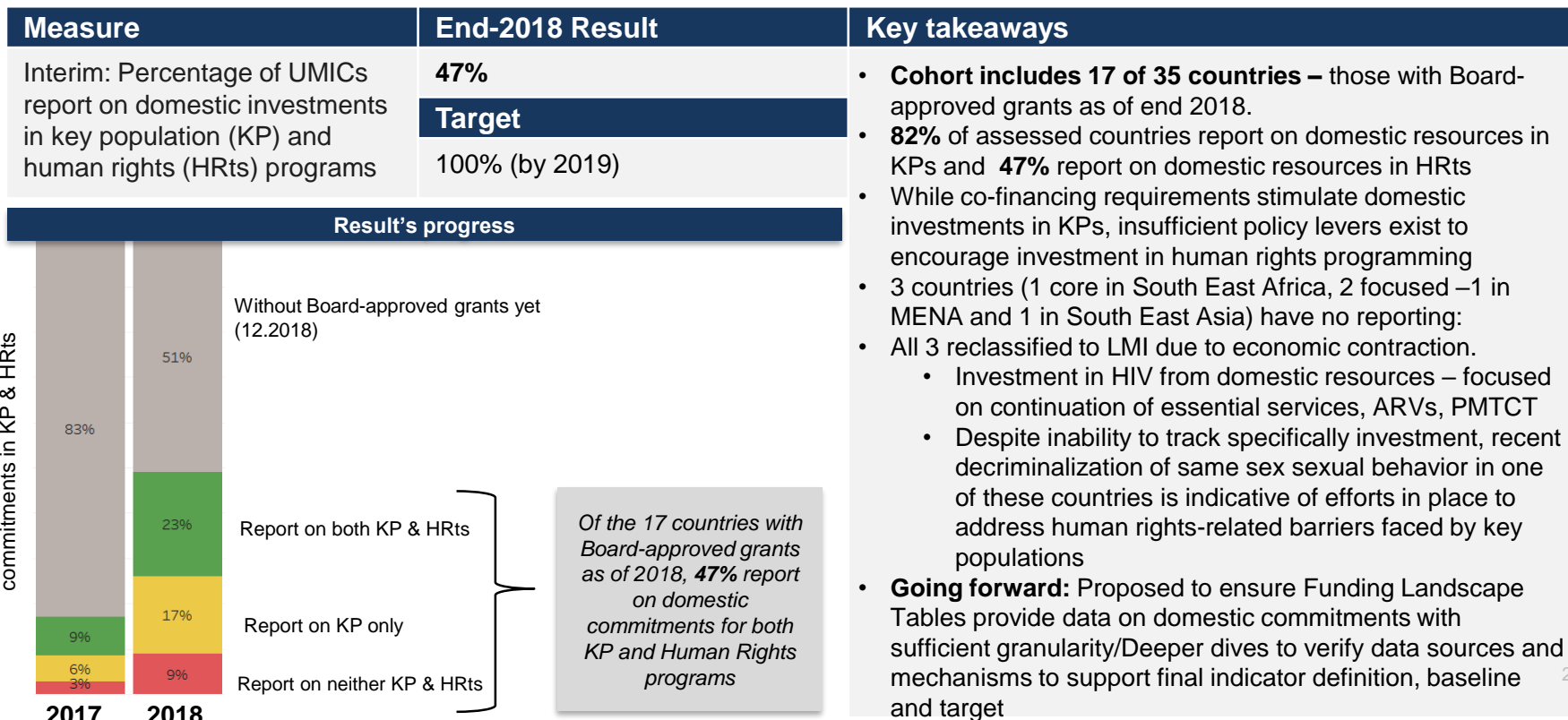
Funding	Design	Implementation	Results

Domestic Funding
- ● KPI 11 – Domestic investments
- ● **KPI 9c – Key populations and Human Rights in transition countries**

Level of Control **2**

Measure	End-2018 Result
Interim: Percentage of UMICs report on domestic investments in key population (KP) and human rights (HRts) programs	**47%**
	Target
	100% (by 2019)

Result's progress

Countries reporting commitments in KP & HRts

Without Board-approved grants yet (12.2018)

83% | 51%

Report on both KP & HRts — 23%

Report on KP only — 17%

9% | 9%

6%
3%

Report on neither KP & HRts

2017 **2018**

*Of the 17 countries with Board-approved grants as of 2018, **47%** report on domestic commitments for both KP and Human Rights programs*

Key takeaways

- **Cohort includes 17 of 35 countries –** those with Board-approved grants as of end 2018.
- **82%** of assessed countries report on domestic resources in KPs and **47%** report on domestic resources in HRts
- While co-financing requirements stimulate domestic investments in KPs, insufficient policy levers exist to encourage investment in human rights programming
- 3 countries (1 core in South East Africa, 2 focused –1 in MENA and 1 in South East Asia) have no reporting:
- All 3 reclassified to LMI due to economic contraction.
  - Investment in HIV from domestic resources – focused on continuation of essential services, ARVs, PMTCT
  - Despite inability to track specifically investment, recent decriminalization of same sex sexual behavior in one of these countries is indicative of efforts in place to address human rights-related barriers faced by key populations
- **Going forward:** Proposed to ensure Funding Landscape Tables provide data on domestic commitments with sufficient granularity/Deeper dives to verify data sources and mechanisms to support final indicator definition, baseline and target

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Funding	Design	Implementation	Results

Global Fund Resources
- **KPI 10 – Resource mobilization**

Level of Control 4

Measure

a) Actual announced pledges as a percentage of the replenishment target[1]
b) Pledge conversion rate: Currently forecasted contributions vs. initially forecasted contributions[2]

End-2018 Result

a) **101% (unchanged)**
b) **101% (unchanged)**

Target

a) 2017-2019: 100%
b) 2017-2019: 100%

Key takeaways

- **Both KPI 10a and 10b are on track**
- **KPI 10a[1]:** Since last reporting, additional pledges received from Germany, Gates Foundation, etc., with <u>a total of USD 248M[2] pledges announced since initial 5th Replenishment</u>
- **KPI 10b[2]:** To date, 56% of currently forecasted contributions have been received as cash, 17% is outstanding as contribution receivable – <u>indicating a significant increase in cash received since mid-2018 reporting</u>

Change in pledge conversion since last reporting

	End-2017	Mid-2018	End-2018
Outstanding Adjusted Pledges	46%	38%	27%
Contribution Receivable	29%	27%	17%
Cash Received	25%	36%	56%

Legend:
- Outstanding Adjusted Pledges
- Contribution Receivable
- Cash Received
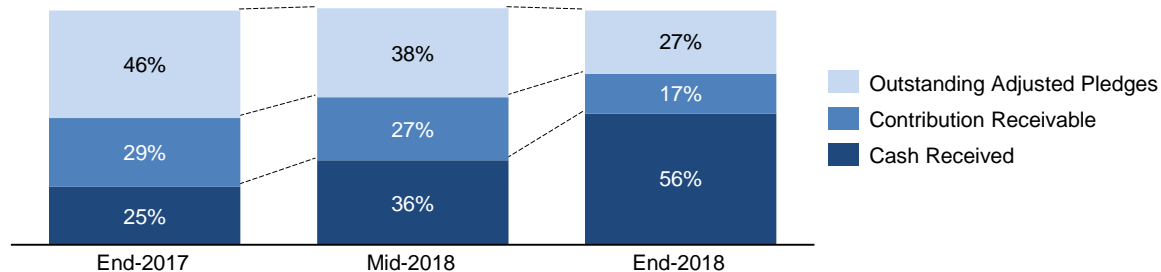
Notes:
1. Data at the 5h replenishment conference rate (5-year simple moving average as of 5th replenishment conference).
2. Data at the spot rate as of 22 September. Current performance is defined as cash received, contributions receivables plus outstanding pledges adjusted for technical assistance and risk adjustment.

Funding	Design	Implementation	Results

Market Shaping
- 🔴 **KPI 12a – Availability of health technologies**
- 🟢 KPI 12b – Affordability of health technologies

Level of Control **4**

Measure	End-2018 Result
Percentage of a defined set of products[1] with more than three suppliers that meet Quality Assurance[2] requirements	**69% (11/16 products)**
	Target
	100% (2017-2019)

Key takeaways

- 2 adult products and 3 pediatric products are **technically difficult to make and/or price and volume dynamic** may not support valid business case for new suppliers.

2018 achievements:
- **ERP[3] process approved** 5 additional suppliers across 3 products, resulting in 1 product achieving 2018 target, and closing the gap for 2 products.
- **Provisional volume allocation** to attract new suppliers for strategic products.
- **Multi-agency procurement working group (APWG)** to ensure supply availability for supply of 2 pediatric products.
- **Supply and demand coordination** with PMI/PEPFAR on strategic products.

2019 outlook:
- There are additional suppliers for 3 adult products in the pipeline, but KPI 12a target of 100% is not anticipated for 2019.
- Realistic targets and methodology for KPI 12a will be proposed for approval by the AFC.

Chart

Legend:
- 3 or less suppliers
- >3 suppliers

Overall (16)
- 5 (31%) — 3 or less suppliers
- 11 (69%) — >3 suppliers

Adult (11)
- 2 (18%) — 3 or less suppliers
- 9 (82%) — >3 suppliers

Paediatric (5)
- 3 (60%) — 3 or less suppliers
- 2 (40%) — >3 suppliers
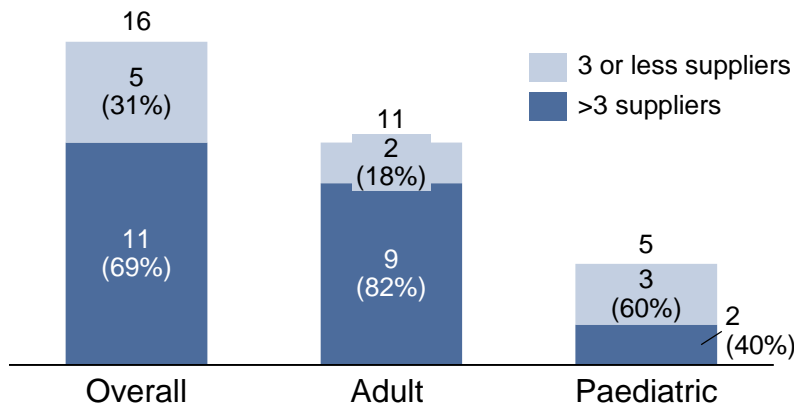
Notes:
1. All key optimally recommended by WHO life-saving 1st/2nd line products for HIV and Malaria for adults and children
2. Based on Global Fund Quality Assurance Policy
3. The Expert Review Panel (ERP)

| Funding | Design | Implementation | Results |

Market Shaping
- KPI 12a – Availability of health technologies
- **KPI 12b – Affordability of health technologies**

Level of Control **4**

Measure

Annual savings achieved through PPM[1] on a defined set of key products (mature and new).

End-2018 Result

US$175m savings

Target

US$122m savings in 2018
[On equivalent commodities at equivalent quality and volume, and equivalent PSA services]

Key takeaways

- The **target for 2018 was based on the lower bound** of the estimation ranged linked to the uncertainty of demand at that time.

- In total, **US$913m** spent under PPM in 2018. PPM manages approximately **59%** of the total expected health product spend by Global Fund grants over next 3 years.

- **Savings drivers for 2018**:
    - **ARVs:** US$146m. Greater savings as a result of lower prices achieved in the new tender. Specifically TLD volumes procured in 2018 contributed to 17% of savings.

    - **ANTMs:** US$13m. Greater savings generated from continued improved management of demand and the 2017 ANTM tender.

    - **LLIN:** US$11m. Missed savings opportunities (US$4m) due to late changes in PR requests for large quantity orders.

Waterfall chart: ARVs 146, ANTMs 13, LLINs 11, Other 5, Total 175

23
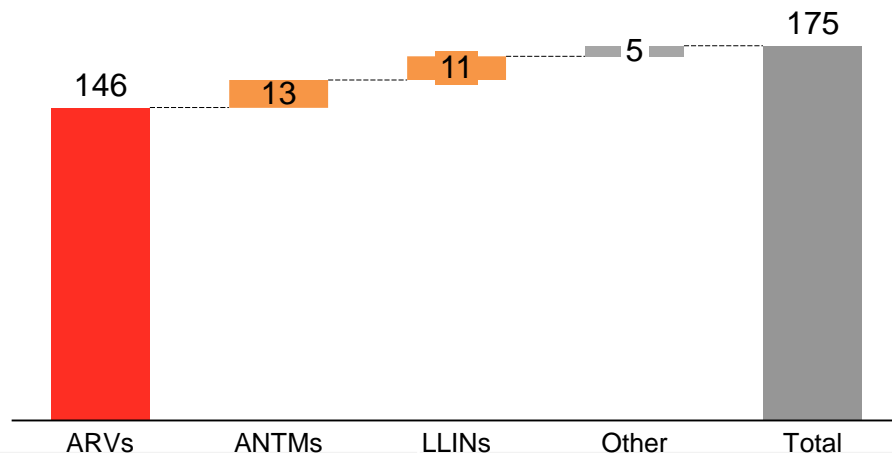
Note:
1. Savings achieved via product price reductions, PSA fees, freight/logistics costs. Excludes QA/QC and Other Costs.

| Funding | Design | Implementation | Results |

Strategic Focus
- **KPI 3 – Alignment of investment & need**

Level of Control **4**

Measure	End-2018 Result
Alignment between investment decisions and country disease burden & economic capacity, as defined by the country's "Initial Calculated Amount" in the **2017-2019** allocation model	**0.36**

Target
2018: Less than or equal to **0.35**

Key takeaways

- No material change from last reported (mid 2018). On track to meet target for 2019.
- Recommending to use "disbursements" (actual + forecast) instead of "grant expenses" as more reliable measure of investment decisions. Overall result would improve slightly (0.33) and takeaways would still apply
- KPI metric (*absolute difference of shares*) highly driven by countries with large share of "need", i.e, by High Impact countries, mainly in HI Africa 2
- However, when considering "*ratio of shares", a*lternative measures (correlation, R-squared) confirm good alignment, especially across income levels but also across disease, region and country categories

Alignment Needs-Expenses, global

*Fit = 85% ***
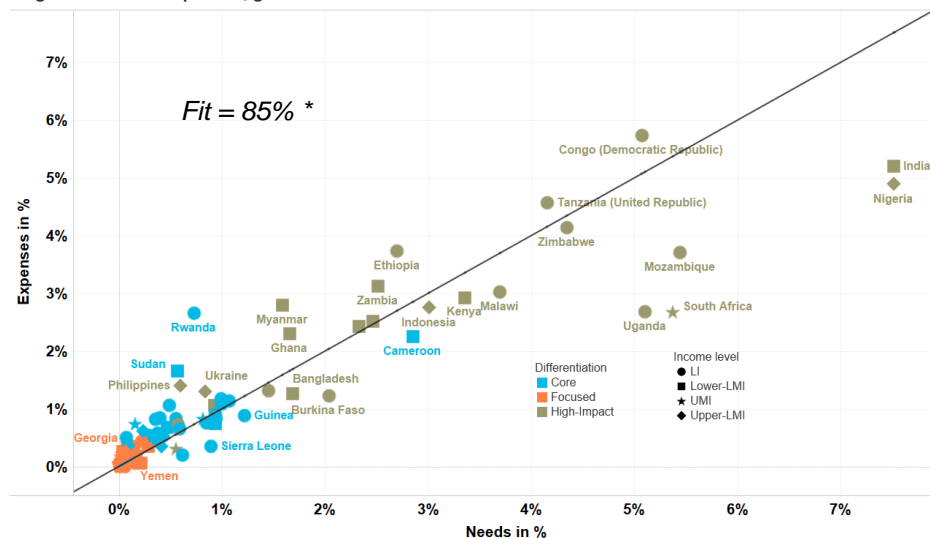
*: "Fit" defined as the coefficient of determination (R-squared) for the model assuming that "share needs" = "share funding". It can be interpreted as the % of variation in shares of funding that is explained directly by the shares of needs- **high is good**

**: KPI 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

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| Funding | Design | Implementation | Results |

Activities
- KPI 4 – Investment efficiency
- KPI 6f – NSP alignment
- KPI 9b – Grant funding for KPs and Human Rights in MICs

Level of Control 2

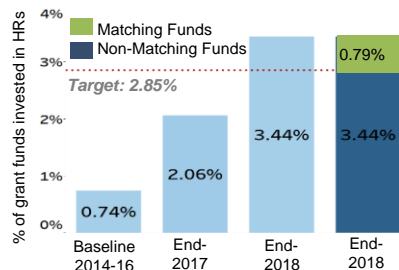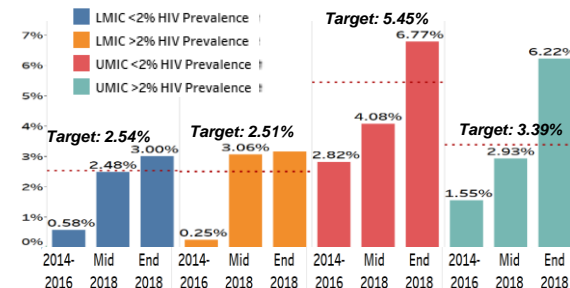| Measure	End-2018 Result	Key takeaways
Change in cost per life saved or infection averted from supported programs	**100% of disease programs show improved efficiency**	• 55% of disease program assessments completed by end 2018 (40 out of 73 disease programs in High Impact countries)

Target

90% of countries measured show an increase in the number of lives saved or infections averted comparing the current vs. previous disease program design.

Key takeaways

- 55% of disease program assessments completed by end 2018 (40 out of 73 disease programs in High Impact countries)
- The 13 HIV and 2 Malaria programs assessed, all indicate high likelihood of efficiency improvement
- TB assessment method and results still undergoing in-depth verification with country teams, deep dive analysis recommended for programs that have been preliminarily flagged as at risk of efficiency loss
- Based on small number of HIV/Malaria assessment results finalized to date, too early to assess overall status of KPI – **the current total result (100%) is unlikely to be representative of the final KPI achievement once all programs are assessed and results verified**
- The Secretariat continues to provide TA to countries to improve investment efficiency for example through the Strategic Initiative, Sustainability, Transition and Efficiency. To date, ~30 disease programs have conducted allocative efficiency analysis to inform NSP & funding request development in the 2017-19 cycle

	HIV	TB	Malaria	Total
% (#) of disease programs assessed to date	52% (13)	100% (25)	9% (2)	55% (40)
% of assessed disease programs showing a high likelihood of efficiency improvement	100%	Results to be confirmed	100%	100%

Funding	Design	Implementation	Results

Activities
- 🟢 KPI 4 – Investment efficiency
- 🟢 **KPI 6f – NSP alignment**
- 🟡 KPI 9b – Grant funding for KPs and Human Rights in MICs

Level of Control ②

Measure

Percentage of funding requests rated by the TRP to be aligned with National Strategic Plans: "*The funding request aligns with national priorities as expressed in the National Strategic Plan (or an investment case for HIV)*"

End-2018 Result

97% 'Strongly Agree' / 'Agree' *(unchanged)*

Target

90% 'Strongly Agree' / 'Agree' ('Very Good' / 'Good' in previous survey iteration)

Key takeaways

- **Results continue to exceed target, unchanged at 97% since last reporting period**
- Compared to 2014-2016 baseline, a **higher proportion of respondents 'Strongly Agree'** with NSP alignment of funding requests, driven by higher rate of 'Strongly Agree' responses in Core portfolio

2014-16 vs. 2017-19 Funding Cycle

	2014-16 Baseline (249*)	2017-19 Results (116)
Disagree	2%	3%
Agree	46%	39%
Strongly Agree	52%	58%

90%
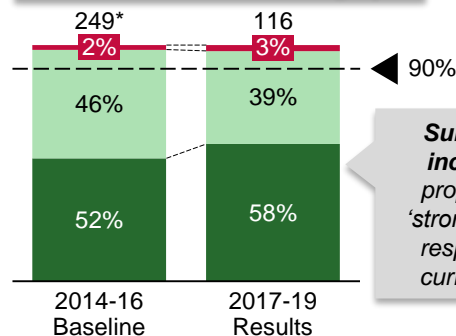
Substantial increase in proportion of 'strongly agree' responses in current cycle

2017-19: Breakdown by GF Portfolio Category

	High Impact (41)	Core (28)	Focused (47)
Disagree	2%	4%	2%
Agree	41%	25%	47%
Strongly Agree	56%	71%	51%

90%
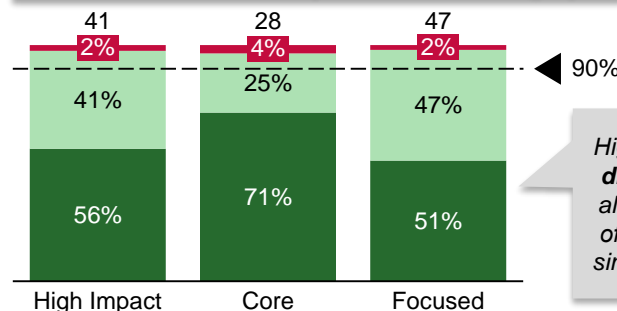
*High rate of 'strongly agree' **driven by Core portfolio,** although overall proportion of 'strongly agree' / 'agree' similar across all categories*

🟥 Disagree 🟩 Agree 🟩 Strongly Agree

*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

** Each observation = survey by TRP review group per funding request

| Funding | Design | Implementation | Results |

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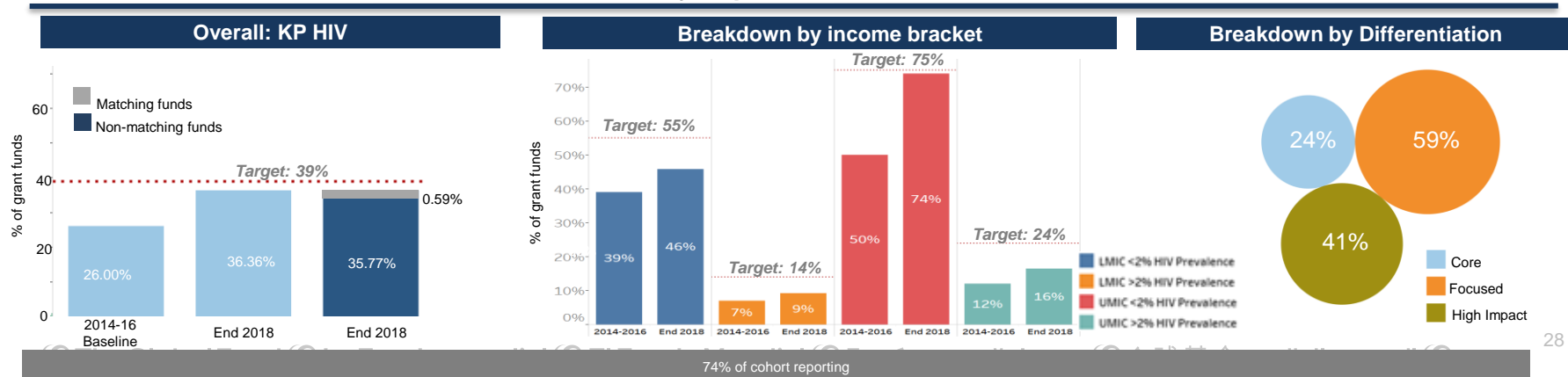- **KPI 9b – Grant funding for KPs and Human Rights in MICs** *(1/2)*

Level of Control **3**

Measure

- % of HIV allocation in MICs dedicated to key population programs & to programs to reduce **human rights-related barriers**
- % of TB allocation in selected MICs with highest TB disease burden dedicated to programs to reduce **HRts-related barriers**

End-2018 Result

Human Rights HIV: 3.44% TB: 0.72%

2019 Target

Human Rights HIV: 2.85% TB: 2.00%

Key takeaways

- **Human Rights HIV**: overall target met from analysis of 56 countries able to report to date representing 74% of full cohort grant size
- Progress across all income bracket & disease burden categories
- Among the 11 countries with approved matching funds, matching funds account for 46% of investment in HRts, highlighting the critical role in catalyzing greater investment for HRts.

Human Rights HIV

Human Rights TB

Overall: Human Rights - HIV

% of grant funds invested in HRs

- Matching Funds
- Non-Matching Funds

Target: 2.85%

| Baseline 2014-16 | End-2017 | End-2018 | End-2018 |
| 0.74% | 2.06% | 3.44% | 3.44% / 0.79% |

Breakdown by income bracket and disease burden

- LMIC <2% HIV Prevalence
- LMIC >2% HIV Prevalence
- UMIC <2% HIV Prevalence
- UMIC >2% HIV Prevalence

Target: 2.54% — 0.58% / 2.48% / 3.00%
Target: 2.51% — 0.25% / 3.06% / 2.82%
Target: 5.45% — 4.08% / 6.77%
Target: 3.39% — 1.55% / 2.93% / 6.22%

Overall: HRts TB

% of grant funds

Target: 2.00%

| 2014-16 | End-2017 | 2018 |
| 0.08% | 0.50% | 0.72% |

74% of total investment in cohort reporting

75% of total investment in cohort reporting

Human Rights TB: No new data available in current reporting period but target unlikely to be met, despite 800% increase vs. baseline

Still awaiting results from 2 HI grants; CRG & GMD continue to closely coordinate to advocate for increased investments in grants

| Funding | Design | Implementation | Results |

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

Level of Control **3**

Measure	End-2018 Result	Key takeaways
% of HIV allocation in MICs dedicated to **key population programs** and to programs to reduce human rights-related barriers	**KP HIV: 36.36%** **2019 Target** KP HIV: 39.00%	• **Key Populations HIV:** Findings from rigorous assessment of 56 countries indicate a positive direction of change since baseline • Overall target expected to be met but large grants in 2 High Impact countries still to report and likely to impact overall result • KP matching funds increased investment by avg. 22% in 8 countries • Progress to date for all income/disease categories but slower progress for LMICs with concentrated epidemics most likely consequence of paced reductions

Key Populations HIV

Overall: KP HIV

- Matching funds (grey)
- Non-matching funds (dark blue)

Target: 39%

2014-16 Baseline	End 2018	End 2018
26.00%	36.36%	35.77% (+0.59%)

Breakdown by income bracket

Target: 75%
Target: 55%
Target: 14%
Target: 24%

- LMIC <2% HIV Prevalence: 2014-2016 39%, End 2018 46%
- LMIC >2% HIV Prevalence: 2014-2016 7%, End 2018 9%
- UMIC <2% HIV Prevalence: 2014-2016 50%, End 2018 74%
- UMIC >2% HIV Prevalence: 2014-2016 12%, End 2018 16%

Breakdown by Differentiation

- Core: 24%
- Focused: 59%
- High Impact: 41%

74% of cohort reporting

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Funding	Design	Implementation	Results

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

Level of Control **4**

Measure	End-2018 Result	Key takeaways
Portion of allocation that has been committed or is forecast to be committed as a grant expense	95% (5th replenishment)	• Following schedule, indicator is now considering 5th replenishment allocations and funding
	Target	• Recommended to use **disbursements** (actuals + forecast) rather than grant expenses for measure of funding, as disbursements is a more reliable/consistent estimate of current and future funding. Overall result would not change (**94%** using disbursements)
	91-100% (5th replenishment, 2018-2020)	• Utilization is high for any portfolio categorization (region, COE, component, differentiation, etc)

*Utilization calculated based on **disbursements**, same patterns observed considering grant expenses instead*

Size of bubbles proportional to allocated amount (5th replenishment)

Utilization by region
AELAC 91% · AME 97% · HI Afr 1 91% · HI Afr 2 95% · HI Asia 95%

Utilization by COE
No 95% · Yes 93%

Utilization by component
HIV/AIDS 93% · HIV/TB 98% · HSS 97% · Malaria 97% · Multi-Component 102% · TB 90%

Utilization by differentiation
Core 95% · Focused 97% · High-Impact 94%

Overall utilization (94%)

Total allocation utilization (disb) ►
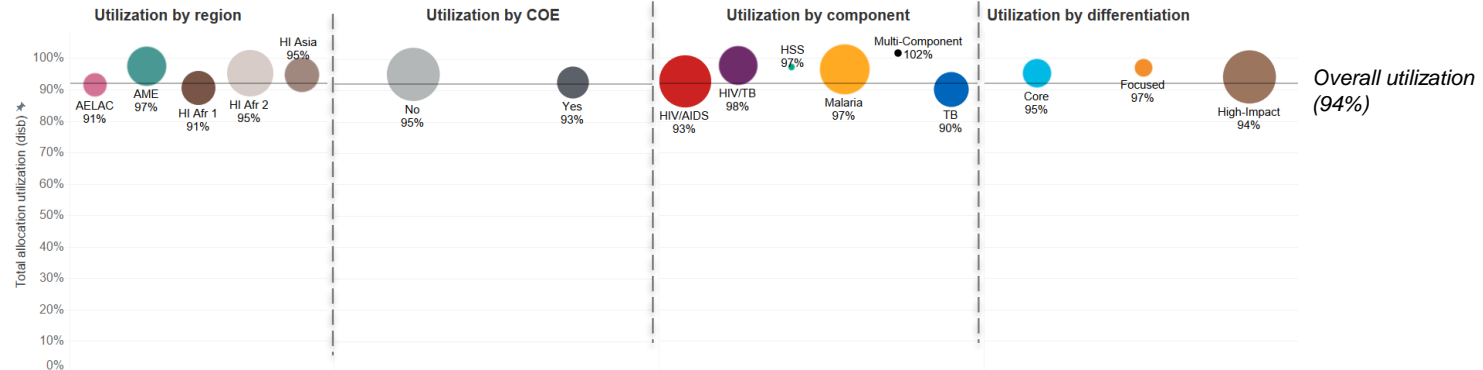
Funding	Design	Implementation	Results

Further analysis on KPI 7b

Performance
- ● KPI 7a – Fund utilization: allocation utilization
- ● **KPI 7b – Fund utilization: absorptive capacity** *(p. 1/11)*

Level of Control **3**

In Fall 2018, the Secretariat presented the result for KPI 7b on absorptive capacity, i.e., the portion of grant budgets that have been reported as spent on services delivered for the period 2015-2017.
Results for 2016-2018 will be presented in Fall 2019 as 2018 expenditures data becomes available. In the meantime, we provide additional information on the Fall 2018 result (2015-2017 expenditures/budget)*.

As reported in Fall 2018, the overall result for 2015-2017 is 75.4%, on track for the target of 75% by 2022.

For Spring 2019, the Secretariat looked at data patterns to check common assumptions, especially around geography, disease, type of activities, implementers, lifecycle of grant as well as the relationship with programmatic performance

This detailed analysis is based on the same overall data that was presented to the Board in Fall 2018, but using more disaggregated information on expenditures and adding a few extra grants/periods for which data became available later in 2018.This did not change significantly the overall result of the KPI

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Funding	Design	Implementation	Results

Performance
- KPI 7a – Fund utilization: allocation utilization
- **KPI 7b – Fund utilization: absorptive capacity** *(p. 2/11)*

Further analysis on KPI 7b: Testing assumptions

Level of Control 3

*Absorption is worse in specific **regions*** → Actually, generally, the link is with **COE** countries rather than with the actual region

***Tuberculosis** grants absorb less* → They do, to a degree. But this is mainly due to the fact that TB grants are much less **commoditized** and are using pooled procurement less

***RSSH** activities absorb less than others* → RSSH activities absorb at a level commensurate with **other non-commodities-related** activities (~65-70%)

*Activities implemented by **governments** absorb at lower rate* → **Yes**, in Asia/LAC/EECA. **No,** in Africa

*Grants that absorb poorly will **continue** to do so* → Absorption is much lower **at the start of implementation** and improves afterwards

*There is an automatic, systematic correlation between absorption and **programmatic achievements*** → There is **broad alignment**, but no perfect correlation: many other factors underpin disbursement decisions and spending in country

Funding	Design	Implementation	Results

Further analysis on KPI 7b - Region

Performance
- KPI 7a – Fund utilization: allocation utilization
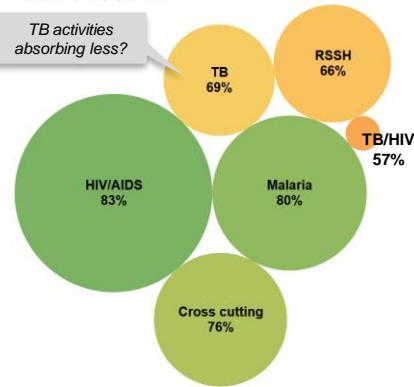- **KPI 7b – Fund utilization: absorptive capacity** *(p. 3/11)*
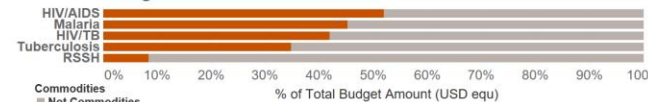
Level of Control 3

There appears to be lower absorption in specific regions (MENA, West Central Africa, LAC).

However, the **main relationship is with Challenging Environments (COE).**

Absorption is generally lower in COEs, which correspond to a large share of the GF investment in MENA and West Central Africa. This is one of the main causes of slightly lower absorption overall in these regions and is especially significant for Sahel and Ebola-affected countries.

WCA is also one of the regions with the strongest improvement since last year with +11% increase in its overall absorption.

Note that there was a **general improvement** in KPI 7b since last year in the vast majority of countries, **COEs included.**

NB: as India is reporting their expenditures in a different way from the rest of the portfolio (reimbursement based), it could be incorrect to compare it directly to other countries and we did not include it in the geographical analysis. The main message (COE as important driver of absorption) would not change if it was included

Size of bubble proportional to total grant budget for 2015-2017
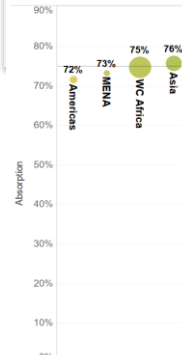
COEs absorbing less, more funding for COEs in WCA and MENA

Absorption COE vs non COE
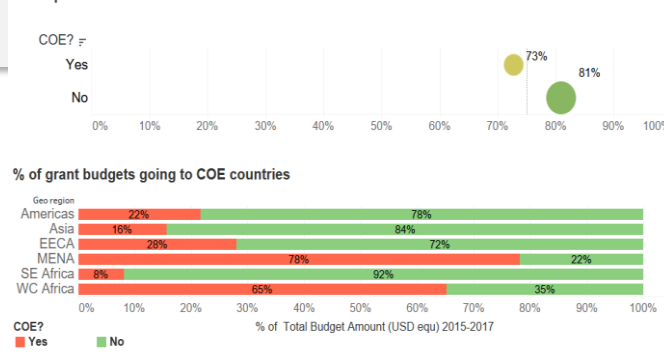
% of grant budgets going to COE countries
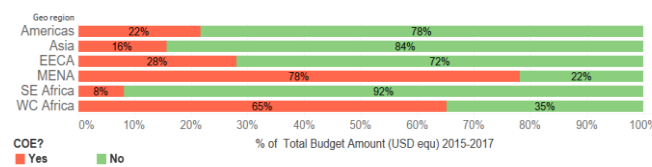
Absorption by country – zoom on WCA
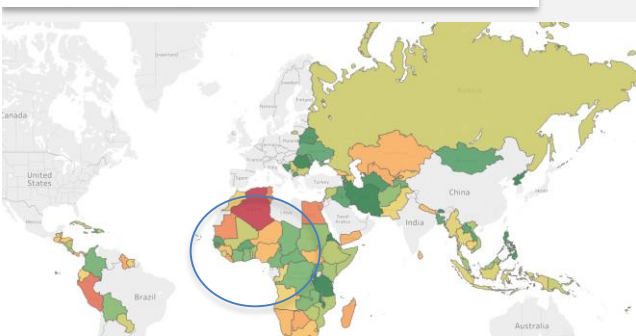
Slightly lower absorption in WCA is mainly due to COEs in WCA: Sahel, Ebola countries, Nigeria

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Funding   **Design**   **Implementation**   **Results**

Further analysis on KPI 7b - Disease

Performance
- KPI 7a – Fund utilization: allocation utilization
- **KPI 7b – Fund utilization: absorptive capacity** *(p. 4/11)*

Level of Control **3**

TB-related activities appear to have lower absorption than interventions focused on Malaria or on HIV/AIDS
However, **TB grants are generally much less commoditized** than HIV or Malaria grants, and there is a higher absorption for commodities across all disease components.
For non-commodities, the absorption rate of TB grants is indeed comparable to HIV or Malaria grants (69% vs respectively 72% and 70%)
In addition, a large share of commodities for Malaria and HIV grants are **procured under PPM**, which has a higher absorption rate than commodities procured using national channels or third parties. NB: For TB grants, GDF-procured products too have higher absorption rates than national channels or other parties, but their share in TB commodities purchases is lower than the share of PPM in HIV/AIDS or Malaria grants.
The main driver for the under-absorption for TB grants is therefore linked mainly to grant commoditization, and lower use of pooled procurement.

Absorption by category of Module

TB activities absorbing less?

TB 69% RSSH 66% TB/HIV 57% HIV/AIDS 83% Malaria 80% Cross cutting 76%

Graph above based on activities listed in budget. For instance RSSH activities could appear in any grant

Breakdown budget: commodities vs rest

Absorption rate: Commodities vs rest
Not Commodities 70%
Commodities 86%
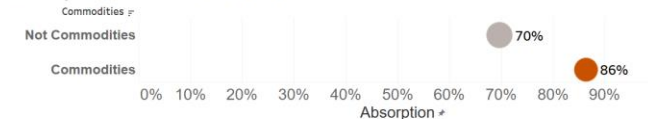
Absorption rate: Commodities vs rest, by disease

Commodit..	HIV/AIDS	HIV/TB	Malaria	Tuberculosis
Not Commodities	72%	66%	70%	69%
Commodities	89%	93%	87%	73%

Size of all bubbles proportional to grant budget for 2015-2017
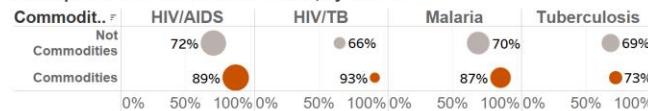
Breakdown commodities by: PPM, GDF vs non pooled

Detailed Component		
Malaria	71%	29%
HIV/AIDS	59%	41%
Tuberculosis	3% / 44%	53%
RSSH	100%	

% of Budget Amount (USD equ) for Commodities

NB: HIV/TB grants excluded from chart above as absorption data available at time of writing cannot distinguish between PPM or GDF purchases for them
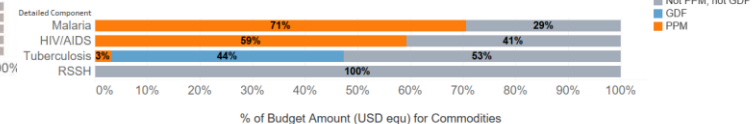
Absorption rate in Commodities: PPM vs rest
GDF 87%
Not PPM, not GDF 71%
PPM 93%
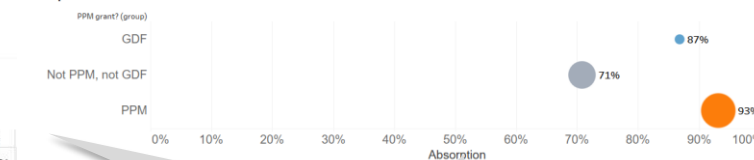
*Higher absorption for commodities, higher absorption for PPM/GDF. But TB grants are less commoditized **and** are using pooled procurement to a lower degree*

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Funding	Design	Implementation	Results
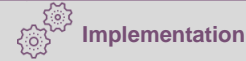
Further analysis on KPI 7b - RSSH

Performance
- 🟢 KPI 7a – Fund utilization: allocation utilization
- 🟢 **KPI 7b – Fund utilization: absorptive capacity** *(p. 5/11)*

Level of Control **3**

RSSH-related activities appear to have lower absorption than disease-related interventions, but this is driven by higher absorption for commodities across all disease components.
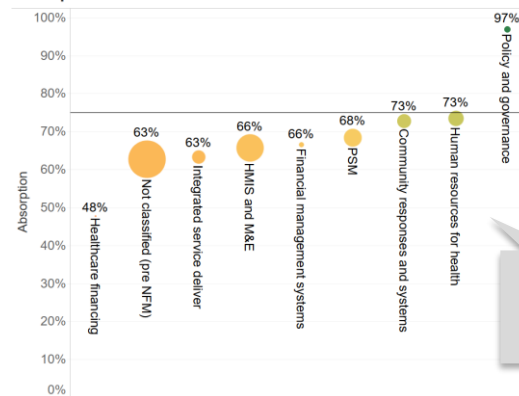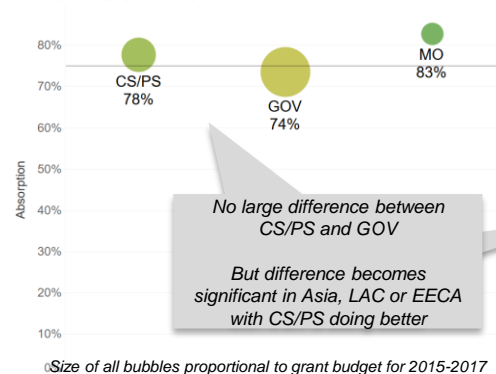
This is the case for **all areas of RSSH** (except Policy – which corresponds to small budget amounts). Variations in absorption for RSSH activities appear to be mainly country- or program-specific. Indeed, there is no significant pattern by region, income level, differentiation category, size of budget, etc. Only effect detected is linked to COE, but this is a general effect for absorption, not only for RSSH.

Absorption by category of Module
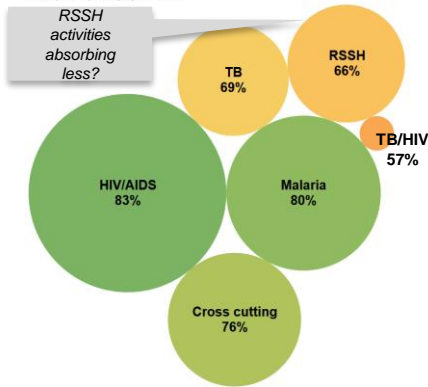
RSSH activities absorbing less?

- TB 69%
- RSSH 66%
- TB/HIV 57%
- HIV/AIDS 83%
- Malaria 80%
- Cross cutting 76%

Graph above based on activities listed in budget. For instance RSSH activities could appear in any grant

Absorption for RSSH activities

- Healthcare financing 48%
- Not classified (pre NFM) 63%
- Integrated service deliver 63%
- HMIS and M&E 66%
- Financial management systems 66%
- PSM 68%
- Community responses and systems 73%
- Human resources for health 73%
- Policy and governance 97%

Almost all areas of RSSH absorb lower than target

Size of all bubbles proportional to grant budget for 2015-2017

Distribution of RSSH absorption by geo region

Geo region: Americas, Asia, EECA, MENA, SE Africa, WC Africa — Absorption 0% to 140%
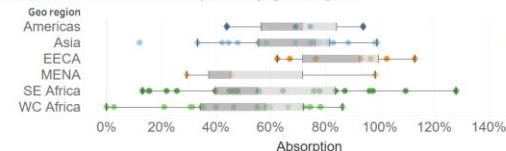
Distribution of RSSH absorption by income level

income level: UMI, Upper-LMI, Lower-LMI, LI — Absorption 0% to 140%

No significant difference between categories

Graph includes all countries with at least 1M USD for RSSH budget 2015-2017

Funding	Design	Implementation	Results

Further analysis on KPI 7b - Implementer

Performance
- ● KPI 7a – Fund utilization: allocation utilization
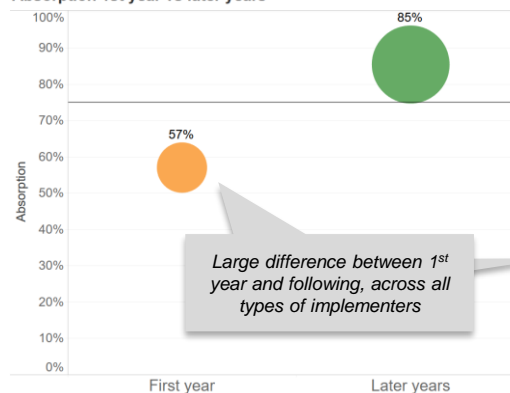- ● **KPI 7b – Fund utilization: absorptive capacity** *(p. 6/11)*

Level of Control **3**

There appears to be a difference in absorption between the different types of implementers (PRs and SRs). **Generally absorption is higher for Multilateral Organizations (MO) and for civil society (CS/PS), i.e., community, NGO, private sector, etc., compared to Governments (GOV).**
However, there is a strong link to region, with CS/PS and Governments performing at the same level in Africa and MENA.
There is also a slightly better performance for SRs compared to PRs.
There is no significant difference though between the different sub-types of implementers. For instance, local and international NGOs are absorbing at similar levels across regions.

SRs doing slightly better, whatever is the type of implementer

Absorption by type of implementer

No large difference between CS/PS and GOV

But difference becomes significant in Asia, LAC or EECA with CS/PS doing better

Size of all bubbles proportional to grant budget for 2015-2017

Absorption by type of implementer and geo region
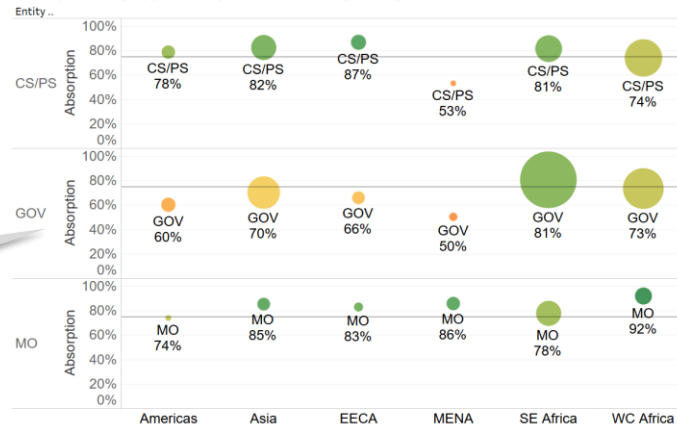
Absorption by type and function of implementer

| Funding | Design | Implementation | Results |

Further analysis on KPI 7b – Grant age

Performance
- 🟢 KPI 7a – Fund utilization: allocation utilization
- 🟢 **KPI 7b – Fund utilization: absorptive capacity** *(p. 7/11)*

Level of Control **3**

There is a **strong link between absorption and whether a program is in the first year* of its implementation.**
After the first year, there is no significant difference in the absorption between subsequent years.

The first-year effect exists for all types of PRs, even if it is less significant for Multilateral Organizations.
It also exists for every programmatic activity, but is especially stronger for Malaria-related and RSSH interventions. It is not as strong for HIV treatment and TB activities.
* This corresponds to the first year of a program (i.e., overall grant) rather than the first year of each distinct implementation period

Smallest gap between 1st year and later is on HIV treatment

Large difference between 1st year and following, across all types of implementers

Size of all bubbles proportional to grant budget for 2015-2017

The Global Fund Le Fonds mondial El Fondo Mundial Глобальный фонд 全球基金 الصندوق العالمي

Funding	Design	Implementation	Results

Further analysis on KPI 7b – Programmatic performance (1/4)

Performance
- KPI 7a – Fund utilization: allocation utilization
- **KPI 7b – Fund utilization: absorptive capacity** *(p. 8/11)*

Level of Control **3**

Based on AFC request, the following slides examine the relationship between the absorption level and the programmatic performance

- **Absorption level** is measured for some of the main programmatic activities (HIV treatment, care and support; PMTCT; TB care and prevention; TB/HIV; MDR-TB; and Vector Control) and coded in 3 groups *(with equal number of data points)*: High (more than 83%*), Medium (between 57% and 83%) and Low (less than 57%*)

- **Programmatic performance** is defined as 2017 achievements against grant targets for the respective tracer indicators: patients on ART; PMTCT coverage; TB notified cases; TB coinfected patients on ART; MDR-TB patients treated; LLINs, using also 3 groups *(with equal number of data points):* High (more than 93%*), Medium (between 70% and 93%) and Low (less than 70%*)

The analysis considers countries with data in both indicators and defines the alignment as **Good** if the country belongs to the same category for both (High/High, Medium/Medium, Low/Low); the alignment is **Weak** if one category is High and the other is Low; it is **Medium** otherwise.

* These thresholds are the 33% and 67% percentiles of the detailed data sets

How to read the chart?

Level of Alignment:
- *Good if programmatic performance and absorption are both in the same category for the country + module (High/High; Low/Low; Medium/Medium)*
- *Weak if one is High and other is Low*
- *Medium otherwise*

Alignment TB care and prevention

Weak	Medium	Good
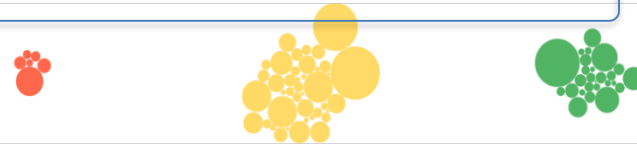
Each bubble is a separate country. The size of the bubble is proportional to the budget for the module. The colour of the bubble represents the alignment and is green for good alignment, yellow for medium and red for weak

💵 **Funding**	📄 **Design**	⚙️ **Implementation**	🌍 **Results**

Further analysis on KPI 7b –
Programmatic performance (2/4)

Performance
- 🟢 KPI 7a – Fund utilization: allocation utilization
- 🟢 **KPI 7b – Fund utilization: absorptive capacity** *(p. 9/11)*

Level of Control ③

The correlation between absorption level and programmatic performance is not perfect and there is weak alignment in some cases. This is caused by the following reasons:

- Programmatic performance is generally measured at the **national** level, whereas absorption is based on **GF** funding only. This can create disconnection in countries where most of the program is funded by other sources
- Programmatic performance data is for 2017, whereas absorption is calculated over 2015/2017. In addition, there is likely a **lag between the two measures** (duration is likely to be program-specific). Expenditures made now by the grant are likely to result in programmatic outcomes at a later date
- Expenditures made for a given module are generally for significantly **more diverse activities** than what is measured by the tracer indicator. For instance, expenditures for Vector Control could also correspond to IRS and not only LLINs
- Funding decisions, especially when **related to treatment and essential commodities**, are often not based solely on programmatic performance. Countries could have high expenditures even with lower programmatic performance
- Country-specific unique reasons

Funding	Design	Implementation	Results

Further analysis on KPI 7b – Programmatic performance (3/4)

Performance
- KPI 7a – Fund utilization: allocation utilization
- **KPI 7b – Fund utilization: absorptive capacity** *(p. 10/11)*

Level of Control **3**

Alignment Treatment, Care and Support

Weak — Medium (ZWE) — Good

Tracer indicator: *patients on ART*
Very good alignment overall
Example of incomplete alignment: *Zimbabwe* where most expenditures in module were for *"Other interventions"* rather than for patients on ART, as measured by the tracer indicator

Alignment PMTCT

Weak (CMR) — Medium — Good

Tracer indicator: *pregnant women on ART*
Good alignment overall
Example of poor alignment: *Cameroon* where most of PMTCT expenditures are for activities (prevention among women of childbearing age, treatment of mothers) that are not related to tracer indicator (treatment of pregnant women)

Alignment TB/HIV

Weak — Medium (ZAF) — Good

Tracer indicator; *TB coinfected patients on ART*
Good alignment overall
Example of incomplete alignment: *South Africa* where most of the funding is domestic and where expenditures in module were for *"Key populations in HIV/TB"* rather than for TB patients on ART for the general population, as measured by the tracer indicator

Funding | Design | Implementation | Results

Further analysis on KPI 7b – Programmatic performance (4/4)

Performance
- KPI 7a – Fund utilization: allocation utilization
- **KPI 7b – Fund utilization: absorptive capacity** *(p. 11/11)*

Level of Control **3**

Alignment TB care and prevention

Weak | Medium | Good

Tracer indicator: *TB notified cases*
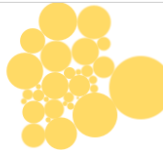Good alignment
Example of poor alignment: *Indonesia* where GF is funding a comparatively small share of the activity (app 20%)

Alignment MDR-TB

Weak | Medium | Good

Tracer indicator: *MDR-TB patients treated*
Average alignment
Example of poor alignment: *Pakistan* where most of expenditures in the module are for *"Case Detection",* but the tracer indicator measures patients treated

Alignment Vector Control

Weak | Medium | Good

Tracer indicator: *LLINs distributed**
Average alignment
Example of poor alignment: *Zambia* where GF Is funding a low share of the response and where most of the 2017 expenses under Vector Control where for Indoor Residual Spraying and not for LLINs.

**To reflect the cyclical nature of LLIN distribution, the programmatic performance in 2017 has been compared here to the absorption in 2017 only, rather than in 2015/2017 (i.e., the KPI). The alignment is slightly worse if we consider the 3 year absorption. 3-year programmatic performance data was not available.*

Funding	Design	Implementation	Results

Maximize Impact against HIV, TB and Malaria
● **KPI 1 – Performance against impact targets** *(p. 1/4)*

Level of Control **2**

Measure	End-2017 Result
a) Estimated number of lives saved	a) 5.1M b) 5.7%
b) Reduction in new infections/cases	**Target** a) 29M (28-30 uncertainty range) b) 38% (28-47 uncertainty range)

Key takeaways

- An estimated 5.1 million lives were saved across the portfolio in 2017. Sustaining this level of progress will enable the 2022 strategy target of 29 million to be reached.
- In 2017 new infections/cases reduced across the portfolio by approximately 6%. If recent trends continue, just over half of the expected decline is likely to be achieved (21% compared to the 38% strategy target). However, based on a successful 6th replenishment, it is projected that the scale up of key interventions will enable delivery of the strategy impact targets.

Estimated number of lives saved (all diseases) 2022 projections
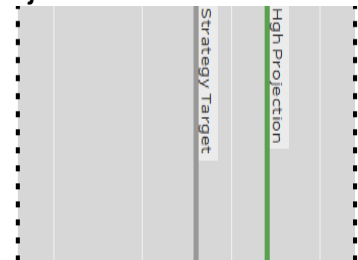
2017 result

5.1 million
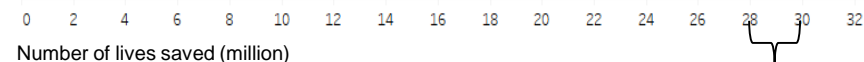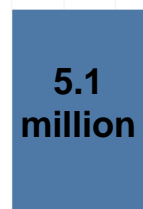
Number of lives saved (million)

Uncertainty range around Strategy targets

Reduction in new infections/cases (all diseases)

2017 result
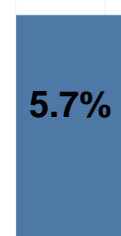
2022 projections

5.7%

Reduction in new infections/cases from 2015 (%)

Uncertainty range around Strategy targets

41

Funding	Design	Implementation	Results

Estimated number of lives saved

Level of Control ②

Maximize Impact against HIV, TB and Malaria
- **KPI 1 – Performance against impact targets** *(p. 2/4)*

Gap to achieving 2022 strategy target (all diseases) by region (Based on a conservative projection)

South-Eastern Africa	EECA
West Central Africa	Americas
Asia	MENA

0% 5% 10% 15% 20% 25% 30% 35% 40% 45% 50% 55% 60% 65% 70% 75% 80% 85% 90% 95% 100%
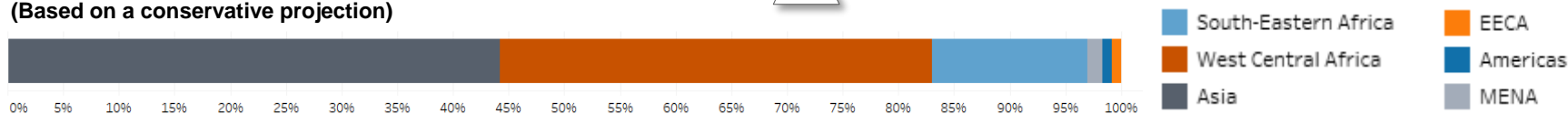
2012-2017 mortality rate decline for the region with largest gap to meeting strategy targets for each disease

HIV: West Central Africa*
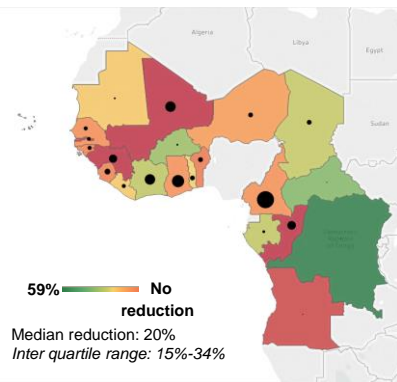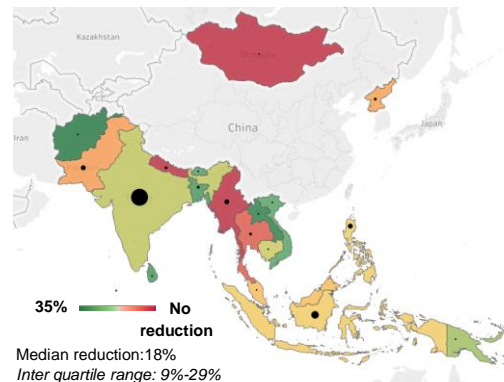
59% ▬ No reduction
Median reduction: 20%
Inter quartile range: 15%-34%

Tuberculosis: Asia

35% ▬ No reduction
Median reduction: 18%
Inter quartile range: 9%-29%

Malaria: West Central & South Eastern Africa

46% ▬ No reduction
Median reduction: 10%
Inter quartile range: 5%-32%
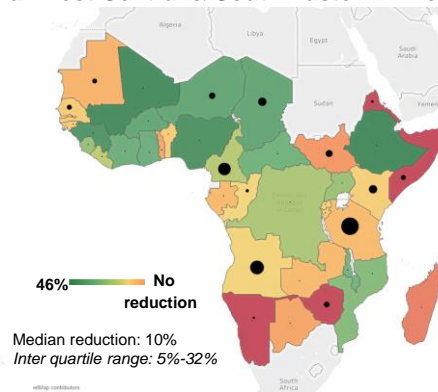
Interpreting the maps:
The color represents the change in mortality rate from 2012-2017. The size of the black dot represents the gap to meeting the country 2022 strategy target.

Median reduction = half of countries in the region experienced a decline in mortality rate above (or equal to) this value Inter quartile range = mortality rates decreased within this range for half the countries in the region. Half the countries had more extreme decreases, either below the lower point of this range or above the higher.

Key takeaways

Although it is highly likely the strategy target for lives saved will be reached even under the conservative projection, due to potential under-performance in decline in mortality, some countries in West Central and South Eastern Africa and Asia need to accelerate the rate of decline or reverse their increasing trend to meet the strategy target particularly Indonesia, Cameroon and Mozambique for HIV, India, Nigeria, Indonesia for TB and Tanzania, India, Angola for malaria.

* Nigeria HIV estimates not included. Estimates to be confirmed based on the 2018 Nigeria HIV/AIDS Indicator and Impact Survey

Funding	Design	Implementation	Results

Reduction in new infections/cases

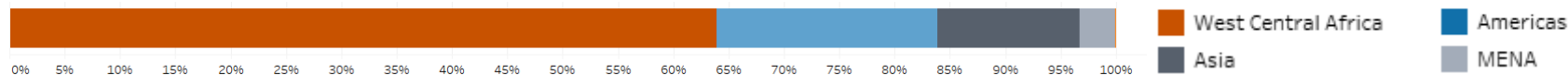**Gap to achieving 2022 strategy target (all diseases) by region (Based on a conservative projection)**
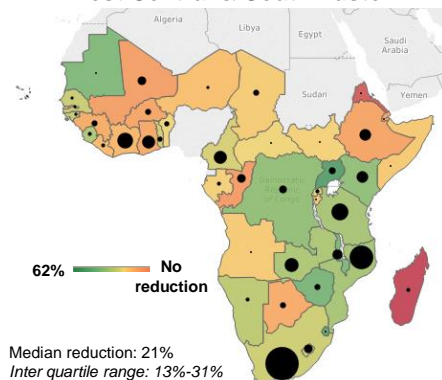
Level of Control **2**

Maximize Impact against HIV, TB and Malaria
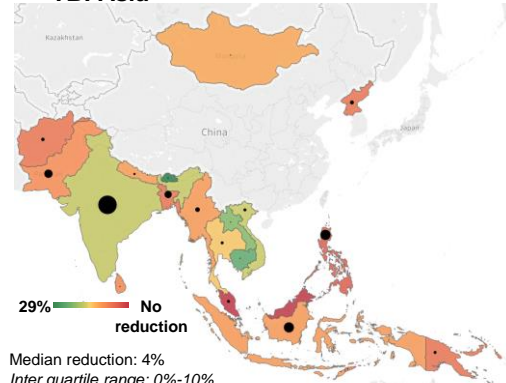● **KPI 1 – Performance against impact targets** *(p. 3/4)*

South-Eastern Africa	EECA
West Central Africa	Americas
Asia	MENA

0% 5% 10% 15% 20% 25% 30% 35% 40% 45% 50% 55% 60% 65% 70% 75% 80% 85% 90% 95% 100%

2012-2017 incidence rate decline for the region with largest gap to meeting strategy targets for each disease

HIV: West Central & South Eastern Africa*

62% — No reduction

Median reduction: 21%
Inter quartile range: 13%-31%

TB: Asia

29% — No reduction

Median reduction: 4%
Inter quartile range: 0%-10%

Malaria: West Central Africa

81% — No reduction

Median reduction:11%
Inter quartile range: 3% - 22%
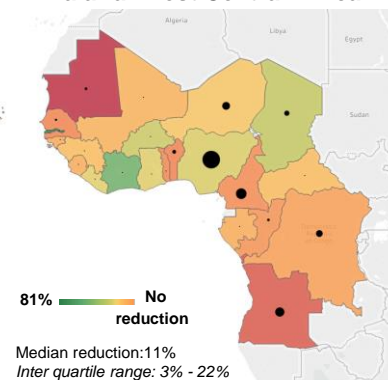
Interpreting the maps:
The color represents the change in incidence rate from 2012-2017. The size of the black dot represents the gap to meeting the country 2022 strategy target.

Median reduction = half of countries in the region experienced a decline in incidence rate above (or equal to) this value
Inter quartile range = incidence rates decreased within this range for half the countries in the region. Half the countries had more extreme decreases, either below the lower point of this range or above the higher.

Key takeaways

The gap in reaching the strategy target based on a conservative projection is mainly driven by West Central and South Eastern Africa for HIV, Asia for TB and West Central Africa for malaria where some countries need to accelerate the rate of decline or reverse their increasing trend to meet the strategy target particularly South Africa, Mozambique and India for HIV, India, Indonesia, Philippines for TB and Nigeria, Cameroon, India, Angola for malaria.

* Nigeria HIV estimates not included. Estimates to be confirmed based on the 2018 Nigeria HIV/AIDS Indicator and Impact Survey

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| Funding	Design	Implementation	Results

Reduction in new infections/cases: Incidence rates lowered in most countries, but maybe not enough to reach strategy target

Maximize Impact against HIV, TB and Malaria
● **KPI 1 – Performance against impact targets** *(p. 4/4)*

Level of Control ②

Average **annual change in incidence rate** from **2015 to 2017** vs **number of new infections/cases** in **2017**, for countries with highest disease burden* Data source: UNAIDS, WHO
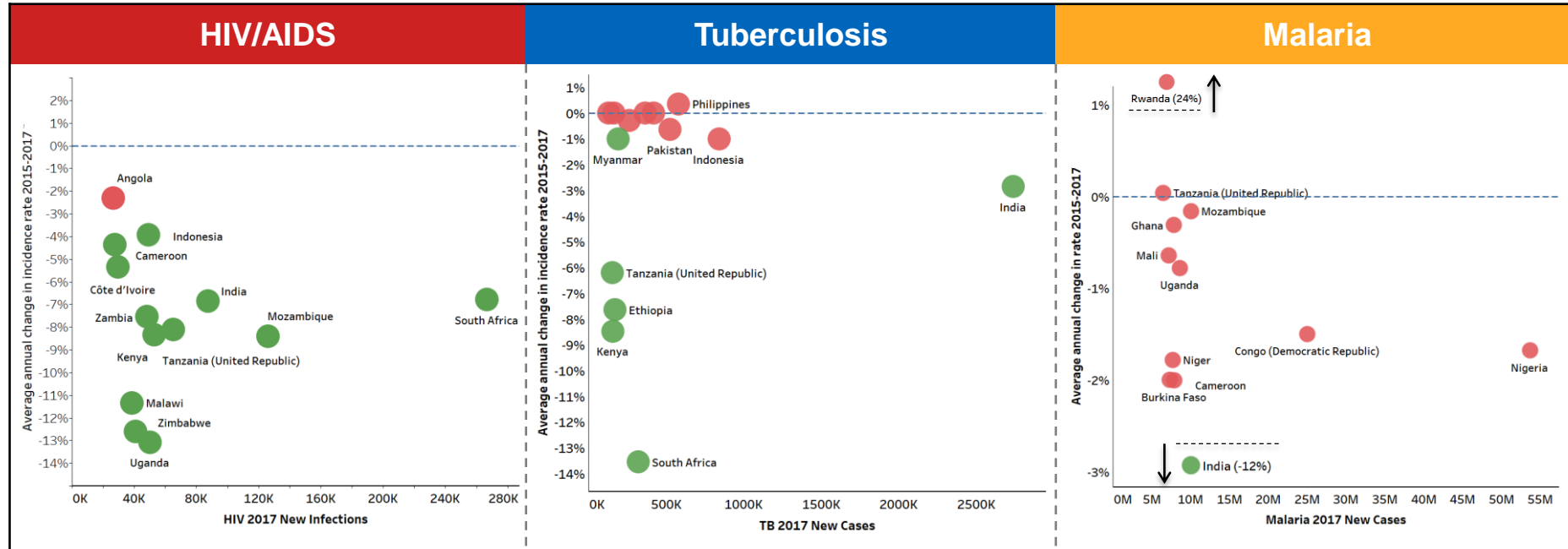
■ **Number** of new infections/cases in 2017 **decreased** since 2015

■ **Number** of new infections/cases in 2017 **increased** since 2015

* Highest Burden defined as (2017 figures): HIV > 20k new infections (13 countries); TB > 130k new cases (14 countries); Malaria > 6M new cases (12 countries)

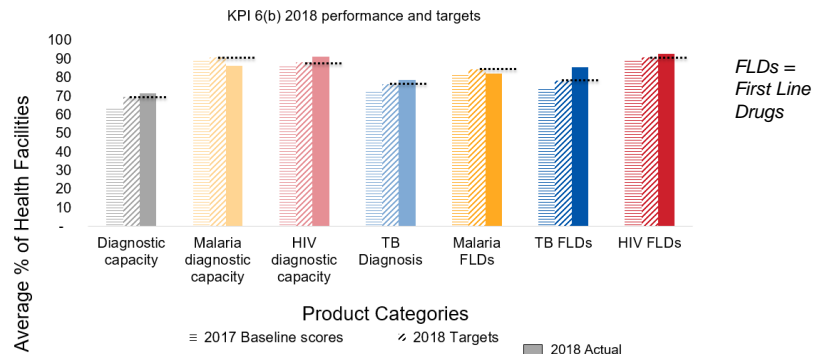| Funding	Design	Implementation	Results

Level of Control **2**

Build resilient and sustainable systems for health (RSSH)
- KPI 6a – Procurement system
- **KPI 6b – Supply Chain**
- KPI 6c – Financial Management
- KPI 6d – HMIS coverage

Measure

- Percentage of health facilities with **tracer medicines** available on the day of the visit (for each disease), or
- Percentage of health facilities with **tracer medicine** available as per LMIS status
- Percentage of health facilities providing **diagnostic services** with tracer items on the day of the visit

Partnership

- Data sourced from USAID where available (data quality confirmed in 2017)
- Future data collection for GAVI & Family Planning products, to understand Supply Chain strength and weaknesses across various portfolios

End-2018 Result

Overall Target met for Diagnostics; TB; and HIV Not met for Malaria

Target

- 15% reduction in non-availability per year

Key takeaways

- **Target met in most instances** for availability
- However, very **diverse situation depending on country**, with 51% of countries meeting their individual targets by product type.
- When availability already high for given country and product type over an extended period of time, then efforts should focus on Product expiry reduction
- Suggestion to revise metric and base it on "*15% reduction in non-availability* **OR maintain +90% availability**"

Overview of aggregate performance versus targets (15 countries)

KPI 6(b) 2018 performance and targets

Average % of Health Facilities

Product Categories: Diagnostic capacity, Malaria diagnostic capacity, HIV diagnostic capacity, TB Diagnosis, Malaria FLDs, TB FLDs, HIV FLDs

≡ 2017 Baseline scores   ⟋ 2018 Targets   ▨ 2018 Actual

FLDs = First Line Drugs

| Funding	Design	Implementation	Results

Level of Control **2**

Build resilient and sustainable systems for health (RSSH)
- KPI 6a – Procurement system
- KPI 6b – Supply Chain
- **KPI 6c (i) – Financial Management**
- KPI 6d – HMIS coverage

Measure	End-2018 Result	Key takeaways
i. # high priority countries completing public financial management transition efforts	**3 in 2018** **Target** 3 in 2018	• Countries using country or donor-harmonized systems for financially managing Global Fund's investments: the targeted 3 countries have demonstrated the use of at least 6 defined components of country or donor harmonized systems.

Overall Progress Against Target

# of countries using 6 defined financial management systems components

- Target (cumulative)
- Actual (cumulative)

2017	2018	2019	2020	2021	2022
0 0	3 3	6	8	8	8
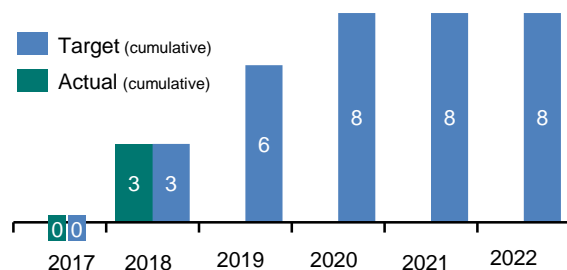
Success in the 3 targeted countries:

a) **High Impact Asia LMI country:** Components of country systems used for the financial management of the GF grants by key government TB and Malaria PRs: including the National Chart of Accounts; Government rolled-out integrated financial management information system; Supreme audit institution; National planning & budgeting cycle: Treasury & Funds Flow aligned with national procedures; National operational policy & procedures; National institutional and oversight arrangements

b) **Core LI country in West Africa:** Components of donor-harmonised systems including institutional & oversight arrangement, uniform chart of account (based on the Government Chart of Account), Joint Financial Management Manual, Single Financial Management Information System and single internal audit function are used for the financial management of the GF grants by the MoH through established Integrated Health Projects Administration Unit, responsible for coordination, administration and financial management of donor funded projects including World Bank and GAVI.

c) **Core LI country in West Africa:** Components used as part of financial management donor-harmonisation efforts in the MoH: including institutional & oversight arrangement, single chart of account, uniform operational policies & procedures, single financial management information system, same treasury & fund flow arrangement, and same planning & budgeting cycle.

Funding	Design	Implementation	Results

Level of Control ②

**Build resilient and sustainable systems for health (RSSH)**
- KPI 6a – Procurement system
- KPI 6b – Supply Chains
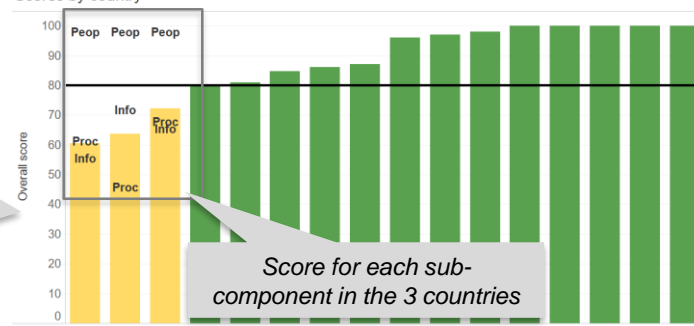- **KPI 6c (ii) – Financial Management**
- KPI 6d – HMIS coverage

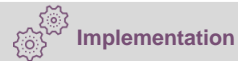| Measure	End-2018 Result	Key takeaways
ii. # countries with financial management systems meeting defined standards	**13 countries had at least 80% implementation of agreed actions** **Target** 16 countries in 2018, with at least 80% implementation of agreed actions	• Target not fully met, due to 3 countries where implementation rate is lower than 80% - however, they are all close • This is due to delays at country level in accessing technical assistance providers, and governance-related challenges in-country • Generally, almost all actions related to People capacity-building have been implemented; those related to Information and Processes more challenging

Overall Progress Against Target

Average score by area
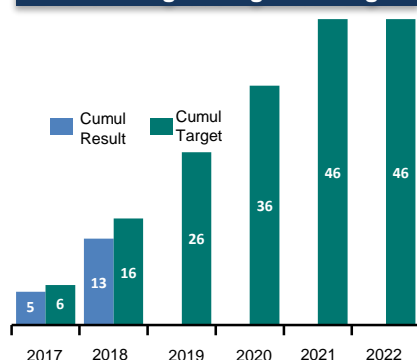
Information 82
Processes 86
People 99
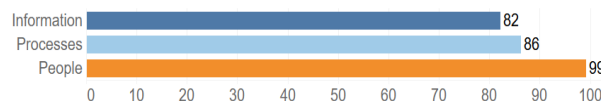
3 countries not reaching the target of 80% implementation; but all relatively close.
All of them have implemented 100% of the actions related to People, but need to implement further Process and Information related actions

Each bar represents a country and its overall % of implementation

Scores by country

Score for each sub-component in the 3 countries

The Global Fund · Le Fonds mondial · El Fondo Mundial · Глобальный фонд · 全球基金 · الصندوق العالمي

| Funding | Design | Implementation | Results |

Sub-indicator definitions

HMIS coverage: % of countries with > 80 % of facilities/reporting units expected to submit monthly/quarterly reports to the electronic HMIS
Disease data in the national HMIS: % of countries where HIV, TB & malaria aggregate data integrated/interoperable with national HMIS
Completeness of facility reporting: % of countries where > 80 % of expected facility monthly reports were actually received
Timeliness of facility reporting: % of countries where > 80% of submitted facility monthly reports were received on time

Level of Control ②
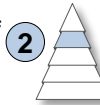
Build RSSH
- KPI 6a – Procurement system
- KPI 6b – Supply Chains
- KPI 6c – Financial Management
- **KPI 6d – HMIS coverage**

Measure	End-2018 Result	Key takeaways
% of High Impact and Core countries with fully deployed (80% of facilities reporting for combined set of sub-indicators) and functional (good data quality per last assessment) HMIS	**25% (13) of countries with fully deployed and functional HMIS** **Target** 70% by 2022 Interim target: 25% by end 2018 and 50% by end 2019	• **Interim target achieved with 13 countries (25%) achieving all 4 sub-indicators. Major contribution of** Strategic Initiative for Data Systems to leverage existing grant M&E funds • **Strong achievement in HMIS coverage and reporting completeness;** now focus is on integration / interoperability of disease reporting system into national HMIS platform • **For this: continuous coordination with UiO, WHO, USG, NORAD, BMGF and GAVI** on central investments for public goods through HDC and Digital Health Donor Alignment Principles and also at country level • **27% (14) countries are close to achieving target**; however remaining data quality components (particularly timeliness) in most cases challenging to realize due to connectivity and structural issues

% countries achieving target by sub-indicator

- Coverage: 88%
- Completeness: 78%
- Timeliness: 47%
- Disease data: 45%
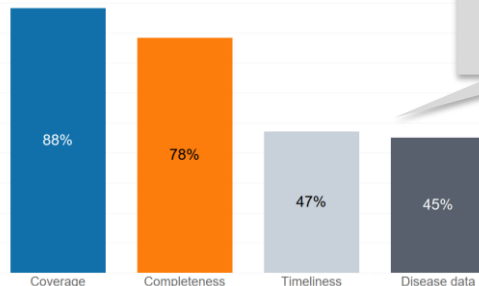
Lower scores for timeliness and disease reporting

Distribution of scores
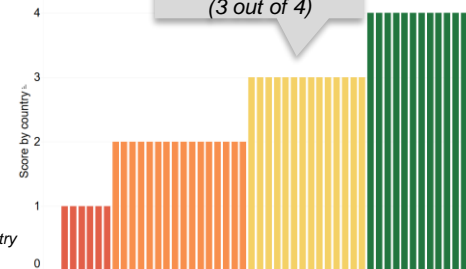
14 countries almost at target (3 out of 4)

KPI target reached when all 4 sub-indicators meet threshold

Each bar represents a country

| Funding | Design | Implementation | Results |

Level of Control ②

**Promote and protect human rights & gender equality**
- **KPI 6e – Results disaggregation**
- KPI 8 – Gender & age equality
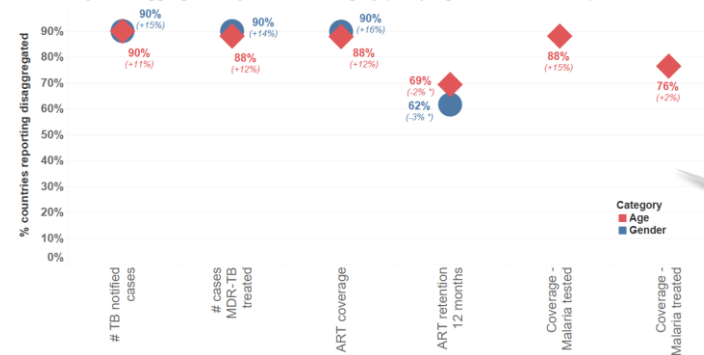- KPI 9a – Reduce human rights barriers to services

Measure	End-2018 Result	Key takeaways
Number and % of countries reporting on disaggregated results	**43%** of cohort countries have reported and provided disaggregation by age and gender on **all relevant indicators**	• On track, **22** countries fully reporting (from 20 as of mid-2018) and **29** countries reporting some disaggregated results. None with no disaggregation • **Significant improvement, especially for TB indicators**. Challenges still with ART retention (age or gender) • Good performance in Western and in Southern Africa, challenges in Central Africa • Metric measures capacity of national system to report on disaggregated data at some point in time. Focusing only on indicators reported in 2018, **53% of countries are reporting full disaggregation currently **
	Target	
	50% by end 2019	

% of expected disaggregation reported

% disaggregation reported
0%   100%
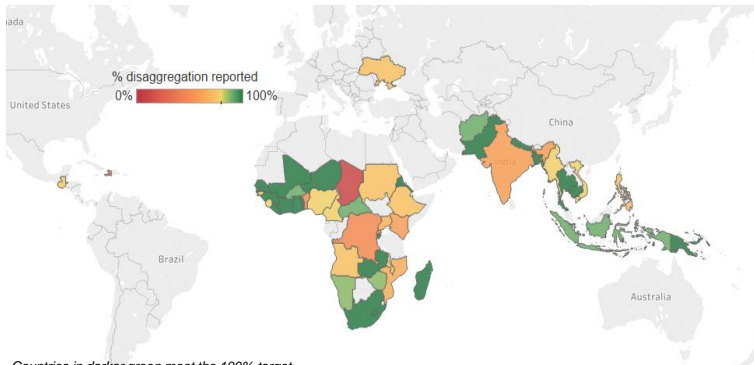
Countries in darker green meet the 100% target

Availability of disaggregation by indicator/category *(and progress from mid 2018)*

	# TB notified cases	# cases MDR-TB treated	ART coverage	ART retention 12 months	Coverage - Malaria tested	Coverage - Malaria treated
Age	90% (+15%)	90% (+14%)	90% (+16%)	69% (-2% *)	88% (+15%)	76% (+2%)
Gender	90% (+11%)	88% (+12%)	88% (+12%)	62% (-3% *)		

Category
- Age
- Gender

* Disaggregation % for "ART retention" is down from last report, as 6 new countries report on it now but only 1 provided disaggregation

** this % is higher than overall metric as a smaller subset of indicators were reported in 2018, compared to total. The indicators reported currently show on average a higher % of disaggregation compared to those that are not reported any more by the countries

Strong progress, especially for the TB indicators

Funding	Design	Implementation	Results

Promote and protect human rights & gender equality
- ● KPI 6e – Results disaggregation
- ● **KPI 8 – Gender & age equality**
- ● KPI 9a – Reduce human rights barriers to services

Level of Control **2**

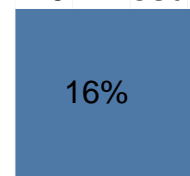| Measure	End-2017 Result
Reduction in HIV incidence in women aged 15-24 years old	16% from 2015 baseline
	Target
	58% (47-64%) over 2015-22 period

Key takeaways

- HIV incidence reduced in all 13 countries in cohort from 2015 to 2017 ranging from 7% to 30%, combined incidence reduced by 16%
- If recent trends continue, about three-quarters of the expected decline is likely to be achieved by 2022 (42% compared to the 58% strategy target). 3 countries represent largest share of potential gap in 2022 (South Africa, Mozambique & Tanzania)
- 6th replenishment projection shows that the strategy target can be reached if programs can substantially accelerate progress
- Among 12 out of 13 countries with board approved grants at end 2018, US$121.9m is supporting a mix of AGYW interventions
- PEPFAR ~ US$800m DREAMS investment over past 4 years in overlapping countries major contributor to results
- All countries in cohort have defined a package of AGYW interventions for GF investments aligned with their epidemic and socio-economic contexts. Need for further investment analysis, along with risk and intervention analysis towards national plans and targets
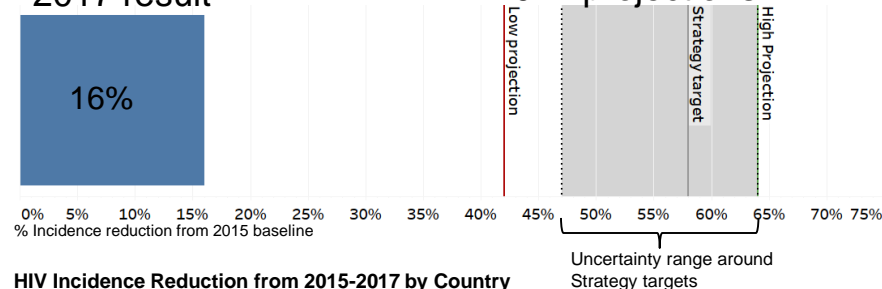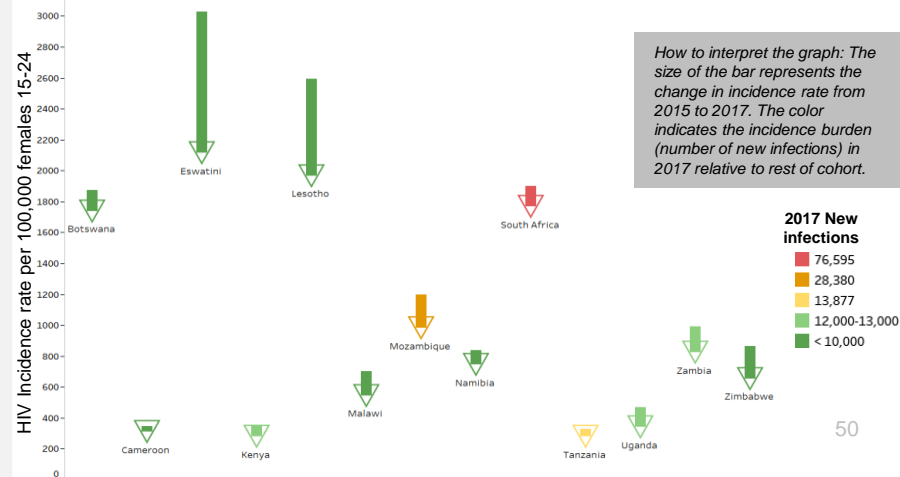
2017 result

2022 projections

16%

Low projection
Strategy target
High Projection

0% 5% 10% 15% 20% 25% 30% 35% 40% 45% 50% 55% 60% 65% 70% 75%
% Incidence reduction from 2015 baseline

Uncertainty range around Strategy targets

HIV Incidence Reduction from 2015-2017 by Country

How to interpret the graph: The size of the bar represents the change in incidence rate from 2015 to 2017. The color indicates the incidence burden (number of new infections) in 2017 relative to rest of cohort.

HIV Incidence rate per 100,000 females 15-24

Eswatini, Lesotho, South Africa, Botswana, Mozambique, Namibia, Malawi, Zambia, Zimbabwe, Cameroon, Kenya, Tanzania, Uganda

2017 New infections
- 76,595
- 28,380
- 13,877
- 12,000-13,000
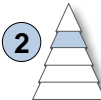- < 10,000

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Funding	Design	Implementation	Results

Programs to remove human rights-related barriers to services are *comprehensive* when the *right programs* are implemented *for the right people* in *the right combination* at the *right level of investment* to remove these barriers and increase access to HIV, TB and malaria services. (Working Group Definition)

Level of Control 2

**Promote and protect human rights & gender equality**
- KPI 6e – Results disaggregation
- KPI 8 – Gender & age equality
- **KPI 9a – Reduce human rights barriers to services**

Measure	End-2018 Result	Key takeaways
Number of priority countries with comprehensive programs aimed at reducing human rights barriers to services in operation	**Update on progress** **Target** 4 priority countries for HIV 4 priority countries for TB	**Considerable progress against milestones:** • **18/20 countries with finalized baseline assessments** Assessments have informed programmatic recommendations and established a measurement framework against which progress will be tracked at the mid/end-line • **9/20 countries conducted multi-stakeholder meetings** resulting in establishment of working groups developing country-owned plans for a comprehensive response • **17/20 countries with matching funds incorporated into Board approved-grants.** In these countries, a ten-fold increase in the level of human rights investment based on TRP-approved amounts

Scale of programs to reduce human rights-related barriers to HIV*
Average score from 2016/17 Baseline Assessments in 9 countries

Services provided at scale for all relevant populations
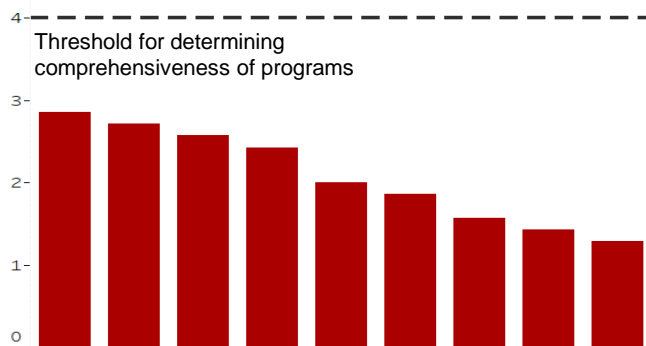
Threshold for determining comprehensiveness of programs

No activities

National programs for reducing human rights-related barriers to HIV assessed against 7 program areas:

	Average score out of 5
Stigma and discrimination reduction	2.67
Sensitization of health care workers	2.22
Legal/rights literacy	2.00
Monitoring and reforming policies, regulations and laws	2.00
Legal services	1.89
Reducing discrimination against women	1.89
Training of law-makers and law enforcement officials	1.89

Among programs assessed, stigma and discrimination reduction and training of healthcare providers in human rights and medical ethics are implemented at the greatest scale, while trainings for law makers and law enforcers and legal services rate lowest.

* In five countries programs to reduce human rights-related barriers to TB were also assessed, the programs were present at a much smaller scale with an average score of 0.84

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Glossary of acronyms used in this report

AGYW	Adolescent Girls and Young Women
CCM	Country Coordination Mechanism
COEs	Challenging Operating Environments
CPR	Country Portfolio Review
CRG	Community, rights and gender
EECA	Eastern Europe and Central Asia
ERP	Expert Review Process
FLDs	First Line Drugs
GAC	Grant Approvals Committee
HI	High Impact (countries)
HMIS	Health Management Information Systems
HRts	Human Rights
ITP	Impactful partnership
KP	Key populations
LAC	Latin America and the Caribbean
LI	Low Income
LMI	Lower Middle Income
MI	Middle Income
NSP	National strategic plan
OTIF	On time and in full
PPM	Pooled Procurement Mechanism
RSSH	Resilient and sustainable systems for health
SO	Strategic Objective
TA	Technical Assistance
TRP	Technical Review Panel
UMI	Upper Middle Income
WCA	West and Central Africa