Annex 1 to the End-2020 Strategic Performance Report: Detailed KPI results

45TH BOARD MEETING

GF/B45/14_ANNEX 1

11-12 MAY 2021, Virtual

The Global Fund
KPIs where reporting Country-Specific Results apply  
Color coding conventions for indicator progress status  
Setting the context

► Funding  
  KPI 11  
  KPI 10  
  KPI 12a  
  KPI 12b

► Program Design  
  KPI 3  
  KPI 4  
  KPI 6f  
  KPI 9b

► Implementation  
  KPI 7a

► Results  
  KPI 1  
  KPI 6b  
  KPI 6c  
  KPI 6d  
  KPI 9a

Glossary of acronyms used in this report
For info: KPIs where reporting Country-Specific Results apply

After successfully piloting in 2019, the Secretariat continues reporting of some country-specific results for KPIs for which the country-level data is a) **publicly sourced**, b) **available** and c) **relevant** to understand KPI performance.

- **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)
  - Reduce Human Rights barriers to services (KPI 9a); RSSH: Supply chains (KPI 6b); RSSH: Financial Management (KPI 6c)

- **Potentially** available in future (2021 or later) or on demand:
  - **Data not publicly available yet:** RSSH: HMIS coverage (KPI 6d); Domestic Investments (KPI 11); Investment efficiency (KPI 4) Grant funding for Key Populations (KPI 5a); Grant funding for Human Rights (KPI 9b)
  - **KPI discussion more relevant at portfolio level:** Fund utilization: allocation utilization (KPI 7a)

- **Not available** for reporting:
  - **Strictly internal information:** Capacity to report on Service coverage for Key Populations (KPI 5b); RSSH: NSP alignment (KPI 6f); Domestic Funding for KP and Human Rights (KPI 9c)
  - **Data does not exist at country level:** Resource Mobilization (KPI 10a and 10b); Availability of affordable health technologies (KPI 12a and 12b)
For info: Color-coding convention for indicator progress status *(traffic lights) 1/2*

<table>
<thead>
<tr>
<th>Type of indicator</th>
<th>Corresponding KPIs</th>
<th>Criterion for being “green” – On track/Achieved</th>
<th>Criterion for being “amber” – At Risk/Partially achieved</th>
<th>Criterion for being “red” – Off track/Not achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target is range, result is projection, based on conservative / optimistic trends</td>
<td>1a, 1b, 8</td>
<td>Both conservative and optimistic projections within strategy target range</td>
<td>Conservative projection below strategy target range, but optimistic projection within</td>
<td>Both conservative and optimistic projections below Strategy target range</td>
</tr>
<tr>
<td>Target and result are specific numbers / levels</td>
<td>3, 4, 5a, 6a, 6f, 7a, 7b, 9b, 10a, 10b, 11, 12a, 12b</td>
<td>Result at target or lower by less by 5% (relative to target)</td>
<td>Result below target by 5% or more but by less than 10%</td>
<td>Result below target by 10% or more</td>
</tr>
<tr>
<td>Target and result are number of countries meeting a given threshold</td>
<td>2 (non modelled)*, 5b, 6c, 6d, 6e, 9c</td>
<td>At least 90% of target # of countries meet threshold*</td>
<td>Between 67% and 90% of target # of countries meet threshold*</td>
<td>Less than 67% of target # of countries meet threshold*</td>
</tr>
</tbody>
</table>

*For KPI 2 non modelled, threshold is lower bound of strategy target range*
### For info: Color-coding convention for indicator progress status
*(traffic lights) 2/2*

<table>
<thead>
<tr>
<th>Type of indicator</th>
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<th>Criterion for being “red” – Off track/Not achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other – multiple sub-indicators</td>
<td>6b</td>
<td>All 6 sub-indicators at least at 95% (relative) of their individual target</td>
<td>4 or 5 (out of 6) sub-indicators at least at 95% (relative) of their own target</td>
<td>Less than 4 sub-indicators (out of 6) at least at 95% (relative) of their own target</td>
</tr>
<tr>
<td>Other – different target methodology depending on year</td>
<td>9a</td>
<td><strong>2020 &amp; 2021:</strong> Mid-term assessments: Country average scores increased in more than 90% of countries</td>
<td><strong>2020 &amp; 2021:</strong> Mid-term assessments: Country average scores increased in 67%-90% of countries</td>
<td><strong>2020 &amp; 2021:</strong> Mid-term assessments: Country average scores increased in less than 67% of countries</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>2022:</strong> End-term assessments: 4 priority countries for HIV and/or 4 priority countries for TB have comprehensive programs in place</td>
<td><strong>2022:</strong> End-term assessments: 2 or 3 priority countries for HIV and/or 2 or 3 priority countries for TB have comprehensive programs in place</td>
<td><strong>2022:</strong> End-term assessments: 1 or 0 priority countries for HIV and/or 1 or 0 priority countries for TB have comprehensive programs in place</td>
</tr>
<tr>
<td>Other – target is range, results are 2 projections, each with its own traffic light</td>
<td>2 (modelled)</td>
<td>Projection higher than strategy midpoint or equal to at least 105% of the lower bound of the range</td>
<td>Projection below strategy midpoint and between 95% and 105% of the lower bound of the range</td>
<td>Projection lower than 95% of the lower bound of the range</td>
</tr>
</tbody>
</table>
Setting the context – the Global fight against the three diseases

HIV/AIDS
- New HIV infections: 1.7m
- People living with HIV: 38.0m
- People on ART: 25.4m
- AIDS-related deaths: 0.69m

Global Fund accounts for 9% of global HIV funding and 21% of international financing.

Tuberculosis
- Total TB cases: 10m
- Notified TB cases (new and relapse): 7.1m
- Treatment success rate (new and relapse): 85%
- Incident cases of MDR/RR-TB: 0.47m
- Deaths from TB (excluding HIV+): 1.2m

Global Fund accounts for 9% of global TB funding and 73% of international financing.

Malaria
- Malaria cases: 229m
- People sleeping under ITN in sub-Saharan Africa (for people at risk of malaria): 46%
- Malaria deaths: 0.41m

Global Fund accounts for 37% of global malaria funding and 56% of international financing.

HIV data: Data Fact Sheet 2020 on UNAIDS.org, TB data: Global TB Report 2020, WHO; Malaria data: World Malaria Report 2020, WHO

Funding sources: Global Fund Results Report 2020, Global Fund

Figures are global and are not solely for countries where Global Fund resources are disbursed.
The GF has proportionately higher shares of funding in Western and Central Africa (that also receives high PEPFAR funding). It has lower shares in Eastern Africa (high PEPFAR funding); and in LAC, Southern Africa and Asia (high domestic funding).

The GF is expected to account for approx. 20% of all funding in eligible countries between 2018-2020.

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

The GF is expected to account for approx. 30% of all funding in eligible countries between 2018-2020.

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

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 allocation period 2017-2019

*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.
Measure | End-2020 Result | Key takeaways
--- | --- | ---
Percentage of domestic co-financing commitments to programs supported by the Global Fund realized as government expenditures | 129% *(stable from previous allocation cycle)* | For the implementation of the 2017-2019 allocation period, actual co-financing investment exceeded target overall, and in every income bracket
- **LIs, Lower-LMIs, Upper LMIs and UMIs** all saw high rates of co-financing investment over policy prescribed levels, with respectively 122%, 129%, 153% and 118% achievements. There was a strong increase (+48% on average) over the 2015-2017 actuals. It is especially significant for Upper-LMIs for which government expenditures increased by almost 80%.
- However, **actual increases in domestic funding are slightly lower than country commitments** (+48% vs +55%). Macroeconomic and fiscal constraints in countries with larger share of co-financing played a key role, with 2020 budget particularly impacted by the COVID-19 pandemic. While overall health sector spending has increased across the portfolio in response to the pandemic, prioritization for meeting emergency requirements and disruption of services due to lockdowns has resulted in co-financing of disease components being about 20% lower than commitments as per revised budgets for 2020, across the cohort.
- Of the 151 components that had individual allocations arising from the 2017-2019 allocation, 3 were exempt and 3 were granted a waiver; they are not in the KPI cohort. One country with three components did not comply with specific co-financing requirements, and grant funds from the 2017-2019 allocation period were reduced proportionate to level of non-compliance. One additional compliance assessment is pending, as further evidence is awaited. Overall, 141 components out of the 151 (94%) complied with co-financing requirements.
- The 2021 KPI cohort accounts for 68% of the total 2017-2019 allocation period (excluding multi-country grants). However, it is skewed towards lower income countries, with some major countries still to be reviewed by GAC. In total, the **cohort accounts for 32% of the total co-financing commitments** for the implementation period of the 2017-2019 allocation period. Full results are expected for Spring 2022.

*Target is the sum of policy-prescribed domestic financing levels for current cohort (145 disease components across 59 countries); 2 countries / 6 components had exemption/waiver and were not included.*
Revised Co-Financing Policy

- **Two core requirements** to access the allocation:
  1. Progressive government expenditure on health
  2. Progressive absorption of key program costs

- Co-financing incentive of **at least** 15% of the allocation available to countries if they make and realize **additional commitments** with the following focus:
  - At the lower end of the development continuum: A focus on health systems
  - As countries move up the development continuum: More targeted focus on disease programs, key and vulnerable populations, and transition and sustainability priorities

* *Low* or *moderate* burden country components are encouraged to show a greater share of domestic contributions that will address systemic bottlenecks for transition and sustainability.*
KPI 10 – Resource mobilization

Measure | Q4 2020 Result (as of Dec 2020) | Key takeaways
---|---|---
a) Actual pledges as a percentage of the replenishment target, with respect to the current (6th) Replenishment period  
b) Pledge conversion rate. Current adjusted pledges as a percentage of initial adjusted pledge, with respect to the current (6th) Replenishment period. | a) 102%  
b) 101% (after risk review by ALM & FX Committee) | • Both KPI 10a and 10b are on track, similar to prior cycles  
• The 6th Replenishment has started out strongly with both announced pledges and forecasted contributions meeting or exceeding targets  
• The KPI includes additional pledges received under C19RM.

<table>
<thead>
<tr>
<th>Change in pledge conversion since last reporting</th>
</tr>
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<tbody>
<tr>
<td>Dec 2020</td>
</tr>
<tr>
<td>47%</td>
</tr>
<tr>
<td>Jun 2020</td>
</tr>
<tr>
<td>Measure</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Percentage of a defined set of products with more than three suppliers that meet Quality Assurance requirements | **High-volume**: 93% (13/14)  
**Low-volume**: 100% (10/10) | • As approved by the Board in GF/B41/EDP16, this KPI is measured differently from 2020 onwards using two differentiated cohorts: High Volume (for 2020: all 1st line adult ARVs; ACTs; LLINs) and Low Volume (for 2020: all 2nd line adult ARVs; all pediatric ARVs; specialized formulations)  
  • For High Volume: 90% of products have 4 suppliers or more that meet QA requirements  
  • For Low Volume: 90% of products have 2 suppliers or more that meet QA requirements  
  • For both cohorts the target was met with high volume only falling short by 1 product of achieving 100%: this was: TLE 300/300/400 mg (30 tablet), which is a product transitioning to TLD with only 3 suppliers. We do not foresee any new suppliers during scale up. |

<table>
<thead>
<tr>
<th>Measure</th>
<th>End-2020 Result</th>
<th>Key takeaways</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>High Volume</td>
<td></td>
</tr>
<tr>
<td>13 (03%)</td>
<td>Achieving supplier target (4 HV/2LV)</td>
<td></td>
</tr>
<tr>
<td>1 (11%)</td>
<td>Not achieving supplier target</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Low Volume</td>
<td></td>
</tr>
<tr>
<td>10 (100%)</td>
<td>Achieving supplier target (4 HV/2LV)</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>Not achieving supplier target</td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
1. All key 1st and 2nd line products recommended by WHO for HIV and for Malaria for adults and children
2. Based on Global Fund Quality Assurance Policy
### Market Shaping

- **KPI 12a** - Supply Continuity of Health Products
- **KPI 12b** – Affordability of health technologies

#### Funding, Design, Implementation, Results

#### KPI 12a - Supply Continuity of Health Products

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Measure</th>
<th>Target</th>
<th>2020 result</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>S1: High Volume</strong></td>
<td>WHO-recommended 1st line ARVs for adults</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ACTs</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>LLINs</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HIV and malaria RDTs</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>VL/EID</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Condoms</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Percentage of a defined set of products with more than three suppliers that meet Quality Assurance requirements</td>
<td>90%</td>
<td>93%</td>
</tr>
</tbody>
</table>

**S2: Low Volume**

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Measure</th>
<th>Target</th>
<th>2020 result</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>S2: Low Volume</strong></td>
<td>WHO-recommended 1st line ARVs for children</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>WHO-recommended 2nd line ARVs for adults and children</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Specialized Formulations</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lower volume malaria RDTs (combo)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Percentage of a defined set of products with more than one supplier that meet Quality Assurance requirements</td>
<td>90%</td>
<td>100%</td>
</tr>
</tbody>
</table>

### Products

- **S1: High Volume**
  1. TLE 300/300/600mg, 30 tablet
  2. TLE 300/300/400mg, 30 tablet
  3. TEE 300/200/600mg, 30 tablet
  4. TLD 300/300/50mg, 30 tablet
  5. Dolutegravir 50mg, 30 tablet
  6. HIV tests
  7. HIV self-tests
  8. VL/EID
  9. Condoms
  10. AL 20/120mg, 18 & 24 tablet
  11. AL 20/120mg dispersible, 6 & 12 tablet
  12. ASAQ 25/67.5mg, 50/135mg, 100/270mg, 3 & 6 tablet
  13. LLINs – PBO and Pyrethroid nets
  14. Malaria RDTs (Pf)

- **S2: Low Volume**
  1. Abacavir/Lamivudine 120/60mg, dispersible, 30 tablet
  2. Lopinavir/Ritonavir 100/25mg, 60 tablet
  3. Lopinavir/Ritonavir 40/10mg, 120 pellets/granules
  4. Atazanavir/Ritonavir 300/100mg, 30 tablet
  5. Lamivudine/Tenofovir 300/300mg, 30 tablet
  6. Emtricitabine/Tenofovir 200/300mg, 30 tablet
  7. Lopinavir/Ritonavir 200/50mg, 120 tablet
  8. Lamivudine/Zidovudine 150/300mg, 60 tablet
  9. Artesunate injectables
  10. malaria RDTs combo (Pf/Pv, Pf/Pan)

**Legend:**
- **HIV**
- **Malaria**
- **Product under target**

**Note:**
1. Secretariat disease experts and technical specialists for supply operations have convened the annual forum and have agreed on the following product cohort for 2020 and 2021.
2. Multi Month pack is included.
Measure | End-2020 Result | Key takeaways
--- | --- | ---
Annual savings achieved through PPM on a defined set of key products (mature and new). | US$ 249m savings | • A total savings of US$ 249m was achieved in 2020: an increase of 67% on the revised target (defined in Spring 2020). The achievement is primarily driven by a significant volume increase in 2020, additional price reductions had marginal impact.

2021 Target | US$ 150m savings [On equivalent commodities at equivalent quality, equivalent PSA services, and freight] | • Significant volume increases have resulted from encouragement for early order placement to mitigate impact of COVID-19 control measures on supply chains, proactive budget optimization, advance procurement for the transition between the grant cycles and scale-up intervention in 2020.

<table>
<thead>
<tr>
<th>2020 revised target</th>
<th>2020 actuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARV</td>
<td>123</td>
</tr>
<tr>
<td>LLIN</td>
<td>9</td>
</tr>
<tr>
<td>ANTM</td>
<td>13</td>
</tr>
<tr>
<td>RDT</td>
<td>7</td>
</tr>
<tr>
<td>Other categories¹</td>
<td>150</td>
</tr>
<tr>
<td>Total</td>
<td>249</td>
</tr>
</tbody>
</table>

Note: 1. Other product categories include Procurement Service Agent (PSA) fees, non-core products. 2.
Key takeaways: Pharmaceuticals

ARV category savings:

- ARVs volume increased +67% vs targeted, of which 23% is driven by Advanced procurement for the new grant implementation period.
- The volume increase drove US$103m additional savings vs. revised target.
- A 1.5% price\(^1\) reduction on the 1\(^{st}\) line ARV contributed to USD 5 million additional savings.
- Price increases on the 2\(^{nd}\) line ARV lopinavir/ritonavir contributed 4% negative saving.

Antimalaria medicine (ANTM) category saving:

- ACT (AL) had +45% volume increase on high volume artemether-lumefantrine vs. target out of which 41% was advanced procurement

\(^1\)TheGlobalFund

Note: 1. Weighted Average Price (WAP)
Key takeaways: Health Technologies

LLIN Saving deep dive

- 29 millions PBO nets were procured versus the forecasted 7 millions nets in 2020.
- Increased demand required allocation to more expensive suppliers to ensure sufficient supply.
- Price and volume increase drove the vast majority of the LLIN negative saving

RDT Saving deep dive

- Negative saving in the RDT category is primarily driven by price and volume increases for malaria RDTs.
- +55% volume increase versus forecast.
- Due to the reprioritization for COVID-19 diagnostics, one major supplier increased their price by +100%.
- Through a coordinated partner procurement approach, the supplier base was expanded and mitigated cost increase mitigated to a 4.5% price increase.

Note: 1. Weighted Average Price (WAP)
**KPI 3 – Alignment of investment & need**

**Measure**
Alignment between investment decisions and country disease burden & economic capacity, as defined by the country’s “Initial Calculated Amount” in the 2017-2019 allocation period model

**End-2020 Result**
0.30 deviation (decreasing from end 2019)

**Target**
2020: Deviation less than or equal to 0.32

**Key takeaways**
- Share of investment now based on disbursements, instead of grant expenses, as decided by the Board in Fall 2020.
- Progress when compared to end 2019 which had a deviation equal to 0.322 when using “disbursements”
- 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. Deviation from optimal performance driven by South Africa, India and Nigeria
- Recent progress driven mainly by better alignment in Mozambique and Uganda (compared to end 2019) and Zimbabwe (compared to mid 2020 forecast)

**Level of Control** 4

**Alignment Needs-Disbursements, global**

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**Note:** KPI includes countries that received an allocation and had cumulative 2017-2019 grant expenses >0. Excludes countries that received their entire allocation through a multi-country grant.
**Measure**

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

**End 2020 Result**

87% countries show improved efficiency

**Target**

90% of countries measured show decrease of cost per life saved or infection averted comparing the current vs. previous disease program design.

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**Key takeaways**

- Of the national disease programs assessed to date, 87% demonstrate a decrease of cost per life saved or infection averted over the 2017-2019 allocation period indicating improved efficiency of national programs.
- Assessment progress of malaria programs is behind that of HIV and TB, mostly due to the fact that a very limited number of countries applied malaria epidemiological impact models to inform the development of NSPs and funding requests.
- In addition, it is challenging to assess the efficiency of malaria programs of the countries on the path to elimination. The Global Fund Modelling Guidance Group will continue advising how to address those challenges.
- The assessment methodology for TB programs is likely to be more sensitive in flagging countries. Flagged countries are recommended to take findings into account during NSP and funding request development and other strategic processes. The findings are taken into account during NSP and funding request development and other strategic processes by the flagged countries.
- Review of current methodologies is ongoing and when possible assessment approaches will be strengthened during 2020-2022 cycle.
Result for Window 1-3 2020-2022 Allocation Period

**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)”

**2020 Result**

98% ‘Strongly Agree’ / ‘Agree’ (-2% change from mid 2020)

**Key takeaways**

- Results continue to be robust; target exceeded by a wide margin
- The “Disagree” assessments both relate to HIV-TB joint funding requests in Focused portfolios – underlying issue is that 1 disease NSP is strong while the other is missing or less specific (e.g., HIV well aligned but TB is missing or not specific)
- High Impact and Core countries show a slight trend towards "strongly agree" (however this has decreased since the last report for High Impact)
- Note: It is too early for countries to have adapted NSPs to factor in COVID-19 responses and plans; results are not assessed for alignment on this point

**2017-19 vs. 2020-22 (window 1-3) Funding Cycle**

<table>
<thead>
<tr>
<th>Year</th>
<th>Core</th>
<th>Focused</th>
<th>High Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017-19 Baseline</td>
<td>46%</td>
<td>52%</td>
<td>34%</td>
</tr>
<tr>
<td>2020-2022</td>
<td>45%</td>
<td>55%</td>
<td>45%</td>
</tr>
</tbody>
</table>

**Results by portfolio type**

- Core: 90% ‘Strongly Agree’ / ‘Agree’
- Focused: 6% ‘Disagree’
- High Impact: 24% ‘Agree’

**Results by component**

- HIV/AIDS: 48% ‘Agree’
- HIV/AIDS, TB: 52% ‘Agree’
- HIV/AIDS, TB, Malaria: 50% ‘Agree’
- HIV/AIDS, TB, RSSH: 65% ‘Agree’
- Malaria: 35% ‘Agree’
- Malaria, RSSH: 60% ‘Agree’
- TB: 40% ‘Agree’

- Note: Results for COVID-19 responses and plans are not assessed.
### Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>End-2020 Result</th>
<th>Key takeaways</th>
</tr>
</thead>
</table>
| % of HIV allocation dedicated to key population programs & to programs to reduce human rights-related barriers | **Human Rights:** HIV: 2.45% | • A number of countries still had not gone through grant signing at the time when the KPI data was collected. The current cohort captures 69% of the total allocation in the whole HIV portfolio, with large % of upper-middle income countries missing, which is likely to affect the result of this KPI.  
  • The current level of investment in programs to remove human rights-related barriers in HIV and HIV/TB grants account for 2.45%, compared to 1.73% in NFM2 for the same cohort of countries.  
  • Large increase compared to previous funding cycle with Human Rights investment increasing from 62,401,522 USD in NFM2 to 103,714,131 USD in NFM3 for the cohort of 56 countries.  
  • Investment in countries that are part of the Breaking Down Barriers initiative show strong progress, indicative of the importance of multi-stakeholder commitment, evidence, sustained efforts and implementation support on comprehensive responses to human rights barriers.  
  • There is a clear effect of the income group processing on this KPI, with low income countries reporting lowest levels of Human Rights investments.  
  • The model underestimates the actual allocation, with the full extent better known with the complete cohort reporting. |

### 2020 Target

| Human Rights: HIV: 3.00% |

### Breakdown by BDB-countries & funding cycle

<table>
<thead>
<tr>
<th>BDB countries</th>
<th>Non-BDB countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>NFM2</td>
<td>NFM3</td>
</tr>
<tr>
<td>2.30%</td>
<td>3.08%</td>
</tr>
</tbody>
</table>

### Breakdown by income bracket & funding cycle

<table>
<thead>
<tr>
<th>Low income</th>
<th>Lower middle income</th>
<th>Upper middle income</th>
</tr>
</thead>
<tbody>
<tr>
<td>12%</td>
<td>35%</td>
<td>53%</td>
</tr>
</tbody>
</table>

### Comparing cohort to full HIV portfolio by income level – current cohort corresponds to 69% of total HIV allocation

<table>
<thead>
<tr>
<th>Share of allocation (whole HIV portfolio)</th>
<th>Share of budget (countries in cohort)</th>
</tr>
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<tbody>
<tr>
<td>69% of whole portfolio</td>
<td>65%</td>
</tr>
</tbody>
</table>

**Activities**

- KPI 4 – Investment efficiency
- KPI 6f – NSP alignment
- KPI 9b – Grant funding for Human Rights(1/2)
% of TB allocation in selected MICs with highest TB disease burden dedicated to programs to reduce HRts-related barriers

<table>
<thead>
<tr>
<th>Measure</th>
<th>End-2020 Result</th>
<th>Key takeaways</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB: 2.04%</td>
<td>• The current level of investment in programs to remove human rights-related barriers in TB grants in the 15 countries with Board-approved grants constitutes 2.04% (while the overall target is 2%). This represents a 67% increase compared to baseline (1.21%). • Factors contributing to such an increase are the continued engagement with technical partners, GMD and in-country stakeholders; the increased integration of HIV and TB Human Rights interventions including due to the cross-cutting nature of matching funds in NFM3; and the Human Rights module in the NFM3 TB modular framework • Breaking Down Barriers initiative, through evidence and multi-stakeholder commitment, built momentum with the TB communities and wider stakeholders to better identify and address human rights and gender-related barriers to TB services.</td>
<td></td>
</tr>
</tbody>
</table>

**2020 Target**

| Human Rights: TB: 2.00% |

**Breakdown by income bracket**

- Low income: 4.89%
- Lower middle income: 1.40%
- Upper middle income: 3.49%

**Breakdown by BDB-countries**

- BDB countries: 3.2%
- Non-BDB countries: 1.0%

**Comparing reported cohort to full cohort by income level**

- Share of HR investment (current portfolio investment)
  - Upper middle income: 38%
  - Lower middle income: 29%
  - Low income: 14%
  - Total: 66%

- Share of HR investment (current portfolio investment)
  - Upper middle income: 82%
  - Lower middle income: 66%
  - Low income: 4%
  - Total: 100%
### Measure: Portion of allocation that has been (or is forecasted to be) disbursed

**Target**

91-100% (5th Replenishment, 2018-2020)

**End-2020 Result**

99% (5th Replenishment)

**Key takeaways**

- Utilization is generally high for all portfolio categorizations (region, COE, component, differentiation, etc.) except for RSSH-specific allocations (which correspond to only 4 countries though, so difference is not statistically significant)
- Consistent with Financial Reporting to AFC, allocation utilization is based on Real Funds under Management which has an impact on the denominator of KPI 7a, especially now with C19RM. This allows a more accurate consideration of Portfolio Optimization and C19RM, not treating as new sources of funds when it really is pure recycling of existing sources of funds approved to maximize funds utilization. To avoid double-counting these in the KPI denominator (i.e., total allocation), adjustments are applied at the overall portfolio level – this means the overall KPI result will not match the average by region, component, differentiation status, etc.
**Measure**                  | **Latest Result**                  | **Target**                  | **Key takeaways**
---|---|---|---
\(a\) Estimated number of lives saved & \(b\) Reduction in new infections/cases & \(a\) 15.9 M (from 2017 to 2019) & \(b\) 11.1% (from 2015 to 2019) & \(a\) 29M (28-30) from 2017 to 2022 & \(b\) 38% (28-47) from 2015 to 2022 & • 15.9 million lives have been saved across the portfolio over 2017-2019. The 2017-2022 Strategy target of 29 [28-30] million is likely to be reached if the level of progress can be sustained. & • 11.1\% decline in combined incidence rate has been achieved between the 2015 baseline and 2019 across the portfolio. If recent trends continue, only about half of the Strategy targets of incidence reduction will be achieved. & • Strategic targets for KPI 1 were set using the same modelers/models that partners used to develop the global plans; however global plans assume fully funded programs whereas GF Strategy targets are based on best use of available funding (from all sources) during the 6 years of strategy and are therefore lower. & • The projections for this KPI are based on historical trends from most recent mortality and incidence data available from partners, i.e., at end 2019 for now. They are therefore not including COVID-19 impact but could be revisited when more recent data is available from partners.
Reduction in mortality rate

Gap to achieving 2022 Strategy target by geographical region
(Based on a conservative projection)

AIDS-related: West Central & South Eastern Africa

TB: Asia

Malaria: West Central & South Eastern Africa

Interpreting the maps:
The color represents the change in mortality rate from 2014 to 2019: red represents no change or an increasing rate. The darker the green the larger the decline in mortality rate relative to other countries in the region.
The size of the dot represents the gap to meeting country 2022 Strategy target.
Recent trend (median): more than half of countries experienced mortality declines above/below this value

2014-2019 mortality rate decline for the region with largest gap to meeting Strategy targets for each disease

Key takeaways

Overall declining trend in mortality rates in majority of countries, however, some countries in regions of West Central and South Eastern Africa and in Asia need to accelerate the rate of decline or reverse their increasing trend in mortality particularly: Nigeria, Mozambique, Ghana and Tanzania (all large gaps) or Madagascar (increasing mortality) for AIDS-related mortality; India, Indonesia and Philippines (large gaps) and DPRK (increasing mortality) for TB; and Tanzania, Nigeria, Angola and Cameroon (large gaps) for malaria.
Funding Design Implementation Results

Promote and protect human rights & gender equality

KPI 1b – Performance against impact targets – Incidence reduction (3/6)

Reduction in incidence rate
Gap to achieving 2022 Strategy target by geographical region
(Based on a conservative projection)

2014-2019 incidence rate decline for the region with largest gap to meeting Strategy targets for each disease

HIV: South Eastern Africa
Recent trends (median): 29% reduction

TB: Asia
Recent trends (median): 4% reduction

Malaria: West Central Africa
Recent trends (median): 9% reduction

Interpreting the maps:
The color represents the change in incidence rate from 2014 to 2019; red represents no change or increasing rate. The darker the green the larger the decline in incidence rate relative to other countries in the region.
The size of the dot represents the gap to meeting country 2022 Strategy target.

Recent trend (median) = more than half of countries experienced incidence declines above/below this value

Key takeaways
The gap in reaching the strategy target based on a conservative projection is mainly driven by 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 number of new cases to meet the strategy target particularly: Mozambique, South Africa, and Tanzania for HIV infections and Madagascar on HIV incidence rate; India, Indonesia and Philippines for TB cases and Fiji on TB incidence rate; Nigeria and DRC for malaria cases and Senegal, Côte d’Ivoire and Angola for malaria incidence rate.
HIV/AIDS: current situation for mortality and incidence, with progress from 2014 to 2019 – for countries in KPI 1 cohort

AIDS-related - Change of Mortality Rate between 2014 and 2019, size by # AIDS-related deaths 2019

HIV - Change of Incidence Rate between 2014 and 2019, sized by # New HIV Infections 2019

Current Mortality rate and progress between 2014 and 2019 for top 10 countries by #AIDS-related deaths 2019

Current incidence rate and progress between 2014 and 2019 for top 10 countries by #new HIV infections 2019

Countries pictured are top 10 countries in terms of volume. Horizontal bar = 2019 level mortality/incidence rate
Vertical bar = progress (difference in rates) in past 5 years in reducing the rate (red = deterioration)
Lower horizontal bars = lower 2019 rate; Longer vertical bars = stronger progress
Funding
Design
Implementation
Results

Promote and protect human rights & gender equality

KPI 1 – Performance against impact targets (5/6)

Tuberculosis: current situation for mortality and incidence, with progress from 2014 to 2019 – for countries in KPI 1 cohort

TB - Change of Mortality Rate between 2014 and 2019, size by #TB deaths in 2019 (excluding HIV+)

TB - Change of Incidence Rate between 2014 and 2019, size by #TB cases in 2019 (new and relapse)

Current Mortality rate and progress between 2014 and 2019 for top 10 countries by #TB deaths 2019 (excluding HIV+)

Current incidence rate and progress between 2014 and 2019 for top 10 countries by # new TB cases 2019

Countries pictured are top 10 countries in terms of volume. Horizontal bar = 2019 level mortality/incidence rate. Vertical bar = progress (difference in rates) in past 5 years in reducing the rate (red = deterioration).

Lower horizontal bars = lower 2019 rate; Longer vertical bars = stronger progress.
Malaria: current situation for mortality and incidence, with progress from 2014 to 2019 – for countries in KPI 1 cohort

Malaria - Change of Mortality Rate between 2014 and 2019, sized by # malaria Deaths 2019

Malaria - Change of Incidence Rate between 2014 and 2019, sized by # malaria Cases 2019

Current Mortality rate and progress between 2014 and 2019 for top 10 countries by # malaria deaths 2019

Current incidence rate and progress between 2014 and 2019 for top 10 countries by # malaria cases 2019

Countries pictured are top 10 countries in terms of volume. Horizontal bar = 2019 level mortality/incidence rate. Vertical bar = progress (difference in rates) in past 5 years in reducing the rate (red = deterioration).

Lower horizontal bars = lower 2019 rate; Longer vertical bars = stronger progress.
Measure: End-2020 Result
- 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

Overall targets:
- Met for: TB and HIV diagnostics; TB first line drugs (FLD);
- Almost met for malaria FLD and Diagnostics (<1% difference) and HIV FLD (87% vs 92%)
- *All categories except 1 (malaria diagnostics have OSA >90%)

Target:
15% reduction in non-availability per year OR maintain 90% availability

Key takeaways:
Target revised per 44th Board Meeting: Revised to on *15% reduction in non-availability OR maintain +90% availability.* Allows high performing countries to meet target

Despite “yellow” performance – clear success story for following reasons:
- Targets were achieved in most instances for availability in an exceptional way given the issues with global logistics to deliver in Q2 and Q3 and due to the travel restrictions in-country as a result of COVID-19 pandemic. (4 countries >90% on all products; all categories with >90% performance except one for which target was below 90% anyways)
- SI & Grants investments, others donors interventions are improving availability. It should be noted that data collection was made significantly more challenging due to COVID and results in Q2/Q3 were impacted by COVID. Corrective actions and Rapid Supplies Mechanisms were put in place to improve the OSA – this is reflected in Q4 results used in this report

Given that most products and countries that achieved 90% in OSA in 2019 were able to meet the current target and maintain their performance shows effectiveness of new target approach

Overall Progress Against Targets

Countries with >90% OSA by tracer item

This map displays countries in the cohort (all 16 countries are part of the transformation initiative), Colored slices represent products for which a country has On-Shelf-Availability ("OSA") of 90% or more.
1 additional country achieved >90% for all categories

NB: some OSA not available in the cohort
Measure | End-2020 Result | Key takeaways
--- | --- | ---

i. # high priority countries completing public financial management transition efforts | 8 in 2020 | • Countries using country or donor-harmonized systems for financially managing Global Fund investments: All 8 countries in the cohort have demonstrated the use of at least 6 defined components of country or donor harmonized systems (incl 4 countries using all 8 components)
• No discernible COVID impacts have changed the result of this KPI

Target | 8 in 2020 |

The KPI counts the number of high impact and core countries using at least 6 (out of total 8) defined components of public financial management (PFM) systems* contributing to financial management sustainability, aid effectiveness, accountability and transparency. These are: i) Information System; ii) Institutional Arrangements and Management Oversight iii) Operational Policy and Procedures Manual; iv) Internal Audit; v) External Audit; vi) Chart of Accounts; vii) Planning and Budgeting; and viii) Treasury and Funds Flow.

Six countries were targeted in 2019 (India, Sierra Leone, Senegal, Uganda, Zimbabwe, Tanzania) and 5/6 demonstrated the use of at least 6 of the above components – Tanzania fell short by 1 component (Information Systems), for which it has now been achieved.

In 2020, the cohort was expanded to another 2 countries – specifically Ghana and Ethiopia, both of which are meeting the minimum target for this KPI (6 and 8 components respectively). The most used components (observed in all 8 targeted countries) were: Operational Policy & Procedures Manuals, Institutional Arrangements & Management Oversight, Chart of Accounts. The least used components are External Audit and Treasury & Funds Flow (two countries each).

Note that although the target has been met it remains the same until 2022 – this was done in order to provide a buffer to manage addressing the challenge of achieving this KPI. Monitoring for these countries will continue until 2022. While the target will not be changed for the remainder of this Strategy cycle, it should be noted that there may be an opportunity to intervene in PFM of additional countries.

* This includes arrangements towards eventual use of country systems through the use of donor harmonised systems for financial management of interventions in the health sector.
Funding Design Implementation Results

**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

**ii. # countries with financial management systems meeting defined standards**

### End-2020 Result

- 26 countries had at least 80% implementation of agreed actions (72%)

### Key takeaways

- Target not fully met, due to 10 countries where implementation rate is lower than 80% - this includes 6/10 countries added to the cohort for this report. The target has increased by 10 countries in line with past years
- While the KPI falls short – internal Secretariat performance data, shows that financial management performance actually improved in high impact and core countries between 2019 and 2020
- Three reasons explain the underperformance:
  1. Negative impact of COVID-19; impacting ability to deploy TA
  2. Changes to program implementation strategy (1 country) or planned delay of actions due to COVID
  3. Secretariat prioritization: response to COVID (C19RM additional funding + budget flexibility) & country dialogue + grant-making

### Overall Progress Against Target

- Target: 36 countries in 2020, with at least 80% implementation of agreed actions

### Percent completion/distribution of financial mgmt. component

- The 3 components have similar levels of completion; variation is widest for information

### Completion by country

- 10 countries not reaching the target of 80% (note those with 0 actions excluded from map)
### 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.

### Measure | End-2020 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 | 39% (20) of countries with fully deployed and functional HMIS* (Score of 4, all sub-indicators met) | • Target for # countries not met. This is largely due to COVID-19 impact on the reporting timeliness sub-indicator in some countries, which is expected to be temporary.  
• The **HMIS deployment** and the **reporting completeness** sub-indicators remained high compared to 2019. The **Integration** of previously siloed disease specific reporting into the national HMIS increased significantly from 61% of countries achieving this for all 3D to 80% achieving. See Figure below.  
• Given the resilience and improvements in these sub-indicators, as well as mitigations below, the KPI is expected to be on track to reach final target of 70% by end 2022, barring significant further COVID-19 impact.  
• **Mitigation**: Targeted actions for increasing timeliness through grants (e.g. including this indicator with needed targets in grant PFs in priority countries), as well as ongoing and new targeted activities in the Data-Strategic Initiative.

### Key takeaways

#### Target
- 70% by 2022
- Interim: 50% end 2019

#### Number and percentage of countries that achieved threshold

<table>
<thead>
<tr>
<th>Year</th>
<th>HMIS Deployment</th>
<th>Completeness</th>
<th>Timeliness</th>
<th>Integration</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>50%</td>
<td>88%</td>
<td>47%</td>
<td>63%</td>
</tr>
<tr>
<td>2019</td>
<td>45%</td>
<td>88%</td>
<td>45%</td>
<td>61%</td>
</tr>
<tr>
<td>2020</td>
<td>41%</td>
<td>80%</td>
<td>41%</td>
<td>*</td>
</tr>
</tbody>
</table>

#### Integration improved; timeliness impacted by COVID

- 12 countries improved by 1 or more – 10/12 improved on integration. 8 countries moved downward by 1 – all due to timeliness.

#### Flows from 2019 to 2020 - size of bars and flows proportional to # countries

- End 2019: 22 ctrs 3/4, 16 ctrs 3/4, 9 ctrs 2/4, 4 ctrs 2/4
- End 2020: 21 ctrs 4/4, 22 ctrs 3/4, 5 ctrs 2/4, 3 ctrs 1/4

*Note – considered “at-risk/amber” based on gap to assumed target of 57% for 2020 based on extrapolation between 2019 and 2022 target*
Number of priority countries with comprehensive programs aimed at reducing Human Rights barriers to services in operation

Update on milestones and mid term assessment scores

**Target**

- 4 priority countries for HIV
- 4 priority countries for TB

**Comparison of Baseline and Mid-term Assessment Scores***

- **HIV assessments**
  - Baseline
  - Mid-term

- **TB assessments**
  - Baseline
  - Mid-term

**Key takeaways**

- Of the completed MTAs, final scores demonstrate progress against baseline in reducing HIV and TB related HRts barriers in every country. Assessments have found evidence of expansion in the scale up and coverage of programs.
- Programs that demonstrate most progress were those related to stigma and discrimination reduction for HIV and legal literacy and services for TB.
- Despite overall progress, the scale and scope of TB programs remains significantly lower than HIV. Programs scored higher when HIV and TB-related programmatic efforts are integrated to the extent possible.
- For the remainder of the Strategy period, the HRts Strategic Initiative will continue to support MTAs and end-term assessments & provide long-term technical assistance (TA) to BDB countries. Efforts will be strengthened by developing roadmaps to achieve comprehensiveness in priority countries.

*Scoring: from 0 (No programs present) to 5 (Programs at scale at national level (>90%))

Baseline, MTA final reports and country plans can be found here: https://www.theglobalfund.org/en/funding-model/throughout-the-
### Glossary of acronyms used in this report

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGYW</td>
<td>Adolescent Girls and Young Women</td>
</tr>
<tr>
<td>ART</td>
<td>Antiretroviral therapy</td>
</tr>
<tr>
<td>ANTM</td>
<td>Antimalarial medicine</td>
</tr>
<tr>
<td>BDB</td>
<td>Breaking Down Barriers</td>
</tr>
<tr>
<td>CCM</td>
<td>Country Coordination Mechanism</td>
</tr>
<tr>
<td>CDR</td>
<td>Case detection rate</td>
</tr>
<tr>
<td>COEs</td>
<td>Challenging Operating Environment</td>
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<tr>
<td>CPR</td>
<td>Country Portfolio Review</td>
</tr>
<tr>
<td>CRG</td>
<td>Community, rights and gender</td>
</tr>
<tr>
<td>EECA</td>
<td>Eastern Europe and Central Asia</td>
</tr>
<tr>
<td>ERP</td>
<td>Expert Review Process</td>
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<tr>
<td>EPR</td>
<td>Enterprise Portfolio Review</td>
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<tr>
<td>FLDs</td>
<td>First Line Drugs</td>
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<tr>
<td>GAC</td>
<td>Grant Approvals Committee</td>
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<tr>
<td>GAM</td>
<td>Global AIDS Monitoring</td>
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<tr>
<td>GF</td>
<td>Global Fund</td>
</tr>
<tr>
<td>HI</td>
<td>High Impact (countries)</td>
</tr>
<tr>
<td>HMIS</td>
<td>Health Management Information Systems</td>
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<tr>
<td>HRts</td>
<td>Human Rights</td>
</tr>
<tr>
<td>IPT</td>
<td>Isoniazid Preventive Therapy</td>
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<tr>
<td>IPTp3</td>
<td>Intermittent preventive treatment in pregnancy</td>
</tr>
<tr>
<td>IRS</td>
<td>Indoor residual spraying</td>
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<tr>
<td>ITP</td>
<td>Impactful partnership</td>
</tr>
<tr>
<td>KP</td>
<td>Key Populations</td>
</tr>
<tr>
<td>LAC</td>
<td>Latin America and the Caribbean</td>
</tr>
<tr>
<td>LLIN</td>
<td>Long lasting insecticidal net</td>
</tr>
<tr>
<td>LMI</td>
<td>Lower Middle Income</td>
</tr>
<tr>
<td>MDR-TB</td>
<td>Multi drug resistant</td>
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<tr>
<td>MIC</td>
<td>Middle Income Country</td>
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<tr>
<td>NFM</td>
<td>New funding model</td>
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<tr>
<td>OIG</td>
<td>Office of the Inspector General</td>
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<tr>
<td>NSP</td>
<td>National strategic plan</td>
</tr>
<tr>
<td>OTIF</td>
<td>On time and in full</td>
</tr>
<tr>
<td>OSA</td>
<td>Off shelf availability</td>
</tr>
<tr>
<td>PBO</td>
<td>Piperonyl butoxide</td>
</tr>
<tr>
<td>PAHO</td>
<td>Pan American Health Organization</td>
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<tr>
<td>PLHIV</td>
<td>People living with HIV</td>
</tr>
<tr>
<td>PF</td>
<td>Performance Framework</td>
</tr>
<tr>
<td>PMTCT</td>
<td>Prevention of mother-to-child transmission</td>
</tr>
<tr>
<td>PPM</td>
<td>Pooled Procurement Mechanism</td>
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<td>PQR</td>
<td>Price &amp; Quality Reporting</td>
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<td>Resilient and sustainable systems for health</td>
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<td>SC</td>
<td>Strategy Committee</td>
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<td>Strategic Objective</td>
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<td>SEA</td>
<td>Southern and Eastern Africa</td>
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<tr>
<td>ST</td>
<td>Strategy target</td>
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<tr>
<td>STC</td>
<td>Sustainability and transition &amp; co-financing</td>
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<tr>
<td>TA</td>
<td>Technical Assistance</td>
</tr>
<tr>
<td>TRP</td>
<td>Technical Review Panel</td>
</tr>
<tr>
<td>TSR</td>
<td>Treatment success rate</td>
</tr>
<tr>
<td>UMI</td>
<td>Upper Middle Income</td>
</tr>
<tr>
<td>VMMC</td>
<td>Voluntary male medical circumcision</td>
</tr>
<tr>
<td>WCA</td>
<td>West and Central Africa</td>
</tr>
</tbody>
</table>