Strategic Performance Reporting mid-2022
GF/B48/19B
48th Board meeting
15-17 November 2022, Geneva
Main Report:
Executive Summary
Preamble – KPI results included in this report
Current performance and Global Fund level of control
Performance Paths – KPI progress across reporting periods
Summary of KPI results

Annex 1: Detailed KPI results
• Funding
• Program Design
• Implementation
• Results

Annex 2: Reference slides
Executive Summary (1/2)

After the initially devastating impact of COVID-19 on the programs supported by GF, grant performance has started to improve in 2021 thanks to strong mitigation measures in countries.

Service delivery indicators:

- With only 1 year remaining in the 2017-2022 Strategy and 5 years of results, strong signs are present on which indicators are likely to be within target range for the Strategy service delivery targets. The following KPI 2 indicators are likely to be within target range:
  - (HIV) # of people on ART; ART coverage; # VMMC; % PLWHIV who know their status; % of people on ART with viral load suppression; KPI 8 on HIV incidence reduction for AGYW also saw some recent progress (TB)# TB notifications; notification rate; (Malaria) % of suspected cases tested in public facilities.

- Other indicators are unlikely to be within target range due to either low national targets and/or historically insufficient performance:
  - (HIV): PMTCT coverage; PLWHIV who started TPT/IPT; KP coverage*; (TB) Treatment Success Rate for both DS-TB and MDR-TB; MDR-TB cases on treatment; HIV/TB coinfections on ART; (Malaria) IPTp3 coverage

- Strong program performance in 2022 will be critical for # LLINs to meet its Strategy target, while the lack of data prevents reliable projections being made for # households receiving IRS

* This is reported under KPI 5c – tracking median grant performance for a cohort of countries
Executive Summary (2/2)

Relatively positive results in KPIs related to generating and using country data
• Results reported for the new KPI 6e on usage of disaggregated data in country demonstrate performance at an acceptable level albeit still below the target for the KPI
• Ability of countries to report on Key Population coverage (KPI 5b) demonstrate strong results as well but these may not be completely reliable due to small cohort size

Financial and operational performance continues to be strong at the Secretariat level
• Even during the continual challenges presented by COVID-19, GF ensured funds continued to be available for key activities when needed. This is reflected in the good performance of the financial KPIs in 2021 with strong allocation utilization (93% - KPI 7a) and Grant absorption (79% - KPI 7b)*

Contrasting situation for Key Populations and Human Rights between GF and domestic funding
• Significant increase in GF grant investments (with Matching Funds playing a catalytic role) in activities to reduce barriers for Human Rights, with KPI 9b meeting its target for both HIV and TB grants**. Similarly, HIV grant investments for Key Populations prevention is performing at an acceptable level with KPI 5a just below the target (with an increase in results from the last report)
• Increase in domestic funding is vital to strengthen comprehensive response to Human Rights related barriers, however, domestic funding appears to be low for both HRts social enablers and KP prevention, as KPI 9c results are very far from the target. These low results are potentially due to a reprioritization of domestic funds because of COVID-19.

* Note that as per definition, these two KPIs are focused on HTM-related funds rather than C19RM
** Noting that the Global Fund target is lower than the Global AIDS Strategy target
The following table outlines the KPIs which are scheduled for reporting in this cycle and the date of measurement for the data used to calculate the KPI result. All KPIs were calculated, verified and validated by the relevant teams using the defined methodology and are therefore the authoritative source of KPI results at mid-2022.

**Notes:**
- The Secretariat confirms that no error has been detected in KPI results reported at the Spring 2022 Board meeting and that these results remain unchanged.

<table>
<thead>
<tr>
<th>KPI</th>
<th>Description</th>
<th>Data cut-off date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Service delivery (17 sub-indicators)</td>
<td>End 2021</td>
</tr>
<tr>
<td>3</td>
<td>Alignment of investment &amp; need</td>
<td>August 2022 – disbursements forecasts up to end 2022</td>
</tr>
<tr>
<td>4</td>
<td>Investment efficiency</td>
<td>August 2022</td>
</tr>
<tr>
<td>5a</td>
<td>Key Populations: Grant investment</td>
<td>August 2022</td>
</tr>
<tr>
<td>5b</td>
<td>Capacity to report on Key Population Service coverage</td>
<td>August 2022</td>
</tr>
<tr>
<td>5c</td>
<td>Key Population coverage</td>
<td>End 2021</td>
</tr>
<tr>
<td>6a</td>
<td>RSSH: Procurement Prices</td>
<td>End 2021</td>
</tr>
<tr>
<td>6e</td>
<td>RSSH: Results disaggregation</td>
<td>End 2021</td>
</tr>
<tr>
<td>6f</td>
<td>RSSH: NSP Alignment</td>
<td>August 2022</td>
</tr>
<tr>
<td>7a</td>
<td>Allocation utilization</td>
<td>August 2022 – disbursements forecasts up to end 2022</td>
</tr>
<tr>
<td>7b</td>
<td>Grant absorption (over 3 calendar years)</td>
<td>End 2021</td>
</tr>
<tr>
<td>8</td>
<td>Gender &amp; age equality: HIV incidence for AGYW</td>
<td>End 2021</td>
</tr>
<tr>
<td>9b</td>
<td>Human Rights: Grant investment</td>
<td>August 2022</td>
</tr>
<tr>
<td>9c</td>
<td>Human Rights &amp; Key Populations: Domestic investment</td>
<td>End 2021</td>
</tr>
</tbody>
</table>
Current performance and GF level of control – for KPIs included in this report

Global Fund Performance Reporting Framework

- Funding
- Program Design
- Implementation
- Impact / Results

KPI 1: Impact
KPI 2: Service delivery
KPI 8: Gender & age equality
KPI 6b: RSSH Supply chain
KPI 6c: RSSH Finance
KPI 6d: RSSH HMIS
KPI 6e: RSSH disaggregation
KPI 5a: Investment in KP
KPI 5b: KP reporting
KPI 5c: KP Service coverage
KPI 5d: KP reporting
KPI 5e: RSSH procurement

- KPI 6a: RSSH Procurement
- KPI 6b: RSSH Supply chain
- KPI 6c: RSSH Finance
- KPI 6d: RSSH HMIS
- KPI 6e: RSSH disaggregation

How is global and in-country effort performing?
How are GF-supported programs performing?
How are GF core operation functions performing?
How are Secretariat supporting corporate functions performing?

Secretariat accountability

This level is monitoring performance of internal Secretariat functions such as HR, IT, Governance, etc.
Not in scope of KPI Framework

On track / Achieved
Off track / Not achieved
At risk / Partially achieved
Not yet reported

Improving
Deteriorating

Greedy out / faded dots correspond to KPIs that were last reported in Spring 2022

KPI 1: Impact
KPI 2: Service delivery
KPI 8: Gender & age equality
KPI 6b: RSSH Supply chain
KPI 6c: RSSH Finance
KPI 6d: RSSH HMIS
KPI 6e: RSSH disaggregation

How are internal Secretariat functions such as HR, IT, Governance, etc.

How are internal Secretariat operations performing?
How are GF grant operations performing?
How are GF supported programs performing?
How are GF core operation functions performing?
How are Secretariat supporting corporate functions performing?
## Performance Paths – KPI progress across reporting periods

<table>
<thead>
<tr>
<th>KPI</th>
<th>Description</th>
<th>F2017</th>
<th>F2018</th>
<th>F2019</th>
<th>F2020</th>
<th>F2021</th>
<th>F2022</th>
<th>F2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Impact – Lives saved</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>Impact – Incidence reduction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Service delivery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Alignment of investment &amp; need</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Investment efficiency</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td>KPs service coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5b</td>
<td>KPs service coverage (capacity to report)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td>RSSH: procurement prices</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6b</td>
<td>RSSH: supply chains</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6c1</td>
<td>RSSH: financial mgmt. transition efforts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6c2</td>
<td>RSSH: financial systems meeting standards</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6d</td>
<td>RSSH: HMIS coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6e</td>
<td>RSSH: results disaggregation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6f</td>
<td>RSSH – NSP alignment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>Allocation utilization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b</td>
<td>Absorptive capacity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Gender and age equality</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a</td>
<td>Reduce human rights barriers to services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9b</td>
<td>Grant funding for Human Rights (HIV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9c</td>
<td>Domestic investments in KPs and HRts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9c*</td>
<td>Domestic investments in KPs and HRts (reporting capacity)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Resource mobilization - pledges</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Resource mobilization – contributions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Domestic investments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12a</td>
<td>Supply Continuity of Health Products</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12b</td>
<td>Affordability of health technologies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Legend**
- **Achieved/on track**
- **At risk/partially achieved**
- **Not achieved/off track**
- **Not available**
- **No reporting scheduled**
- **To be reported**
KPI summary and projections on delivering the 2017-2022 Strategy service delivery targets

**HIV services – treatment cascade indicators on track, target at risk for PMTCT and IPT**

With one year left until the end of the 2017-2022 Strategy period, results for both ART indicators (# of patients and coverage) are already within the Strategy target range. This can be attributed to strong sustained performance across the Strategy period (especially in Africa) and successful COVID-19 mitigation. Results for the other two treatment cascade indicators (% of PLHIV who know their status and Viral Load Suppression for ART patients) also appear to be on track to be within their 2022 target range, provided progress is maintained across the portfolio. Despite COVID-19 impact, it is also likely for VMMC (mainly funded through PEPFAR) results to be within 2022 target range. However, there is a significant risk to achieving results within the 2022 target range for PMTCT coverage (due to consistently low national targets) and PLHIV who started TB preventative therapy (due to poor performance), (p.34)

**TB services - # notifications on track, MDR-TB and TSR targets at risk**

With one year left until the end of the 2017-2022 Strategy period, it is already clear that due to historically strong performance, results within the 2022 target range will be achieved for indicators on TB notifications (number and rate) despite the significant negative impact of COVID-19 in 2020 and 2021. However, other KPIs are unlikely to have results within their Strategy target range: # of MDR-TB cases on treatment (due to poor national performance); # of HIV/TB co-infections on ART (due to low national targets often because of poor case detection); DS-TB TSR and MDR-TB TSR (due to ambitious strategy targets and mediocre national performance) (p.34)

**Malaria services: 2022 grant performance will be critical for LLINs**

With one year left until the end of the 2017-2022 Strategy period, it is likely that results within the 2022 target range will be achieved for the KPI measuring % of cases tested in public facilities as most countries are already reporting results within the Strategy target range. On the other hand, the ambitious 2022 target for IPTp3 will clearly not be met (even within target range) due to historically very low national targets compounded by poor performance. For the KPI on # of LLIN’s distributed, as the conservative projection is at the lower bound of the Strategy target range, it cannot be said with certainty if results will be within the 2022 target range or not. Grant performance in 2022 (especially for the largest campaigns planned) will be critical for this indicator to meet its Strategy target. It is also not possible to reliably assess achievement of IRS Strategy target as only a few countries from the original cohort are reporting on it or even implementing it, so the projections are likely not representative (p.34)

Reminder: KPI 2 targets were maintained even during COVID-19 pandemic (more information available in prior reports)

The next 3 slides are providing examples of risk mitigation actions put in place to support grants in meeting their target
HIV: risk to program quality

The aggregated HIV program quality risk level remains High and the direction of travel is steady.

Root causes

- Prevention programs were negatively impacted in the initial months of the pandemic, but programs have been showing signs of recovery now that COVID-19 restrictions have eased. However, political trends towards zero or reduced tolerance of KPs look concerning.
- Lack of focus on highest impact interventions may compromise ultimate impact.
- Challenges are also being reported on quality and completeness of data on people currently on ART and retention rates.

Mitigating actions

- Ensuring ARV commodity security in countries that are at maximum risk of treatment disruption.
- Optimization and expansion of differentiated HIV testing strategies.
- Accelerating adoption of the five 'must have' COVID-19 HIV program adaptations and encourage further innovation and differentiation. Flexible harm reduction, community-based (& led) services, telemedicine, virtual demand creation, and integration of COVID-19 information, vaccination, and provision of PPE are key innovations and adaptations.

34 out of 55 HI/Core portfolios rated as Very High or High Risk. The top 5 countries with the greatest opportunity to reverse the negative trends in coming 12-18mths are listed below, in order of highest influence on driving risk level down.

<table>
<thead>
<tr>
<th>Focus Country</th>
<th>Current risk level</th>
<th>Mitigating actions in place or planned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya</td>
<td>High</td>
<td>Mitigating actions being implemented in these countries include: a focus on PTMCT, linking key population groups with care strategies, increased use of community-based organizations and community facilities, differentiation of prevention, testing and treatment and retaining adequate human resources for health.</td>
</tr>
<tr>
<td>Nigeria</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>DRC</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>Uganda</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>Zambia</td>
<td>High</td>
<td></td>
</tr>
</tbody>
</table>

Example of risk mitigation actions put in place to support grants in meeting their target

Residual Risk | Board approved Risk Appetite | Target Risk | Target risk timeframe | Direction of travel Q2-2022 |
---|---|---|---|---|
High | High | Moderate | Jun 2024 | Steady ➔ |
TB: risk to program quality

The aggregated TB program quality risk level remains Very High and the direction of travel is decreasing.

Root causes

- Residual impact of disruption to TB services during the pandemic and ensuing lock downs, including diversion of both human, laboratory and financial resources away from TB services.
- Program adaptations in some countries are also taking longer to deliver results due to delays in the resumption of normal public health and lab services, gaps in community and private sector engagement, and systems and program management fatigue.
- Operationalization of additional investments in molecular diagnostic networks and linkages to care is impacting DR-TB notifications.

Mitigating actions

- Promoting differentiated approaches and integrated service delivery models in diverse country contexts.
- Supporting countries to implement changes to drug policies including transition to the new 6-month regimens for DR-TB treatment and TPT.
- A roadmap to improve the TB surveillance system based on digital TB surveillance system assessments.
- Supporting bi-directional screening and diagnosis of TB and COVID-19.
- Focused efforts to accelerate recovery in eight priority countries still recovering from the impact of COVID-19.

32 out of 55 HI/Core portfolios rated as Very High or High Risk. Many countries have effectively mitigated their COVID-19 related risks and returned their TB program performance to pre COVID-19 levels. However, a number of countries, including some of the high burden countries are likely to miss their targets. The top 5 countries with the greatest opportunity to reverse the negative trends in coming 12-18mths are listed below, in order of highest influence on driving risk level down.

<table>
<thead>
<tr>
<th>Focus Country</th>
<th>Current risk level</th>
<th>Mitigating actions in place or planned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya</td>
<td>High</td>
<td>Mitigating actions being implemented in these countries include: a focus on understanding the impact of community referrals to case notification rates and opportunities for scale-up; expansion of TB diagnosis and treatment sites including in the community and private sector in high-burden and hard to reach underserved areas; targeted screening, bi-directional case management training, and a focus on strengthening reporting and monitoring including the set up of a country TB situation room.</td>
</tr>
<tr>
<td>Nigeria</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>Zambia</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>India</td>
<td>High</td>
<td></td>
</tr>
</tbody>
</table>

Example of risk mitigation actions put in place to support grants in meeting their target
Malaria: risk to program quality

The aggregated malaria program quality risk level remains High and the direction of travel is steady.

### Root causes

- **Pockets of malaria resurgence** at country level and regionally, driven partly by climate change events inc. unseasonal rain and flooding, as well as delays or gaps in vector control campaign operations and increases in levels of insecticidal resistance.
- Countries with **resource gaps in the last six months for vector control operations** for 2023 due to higher costs of nets and operations, and larger populations needing coverage.
- **Sub-optimal use of data for decision making**, including sub-national stratification and targeting of interventions.
- **Insufficient access to case management** including at community level. Limited attention to continuous quality improvement.

19 out of 55 HI/Core portfolios rated as Very High or High Risk. The direction of travel at an aggregate is steady although with potential to start increasing due to pockets of malaria resurgence both at an individual country level and regionally. The top 5 countries with the greatest opportunity to reverse the negative trends in coming 12-18mths are listed below, in order of highest influence on driving risk level down.

### Mitigating actions

- **Advocacy to mobilize resources** to fill gaps in funding for LLIN and IRS campaign gaps and ACTs/RDTs
- Working with manufacturers and PRs to **maximize product availability** through early procurements and coordination.
- **Accelerating uptake of program adaptations**, innovations and catch-up plans using existing grant and C19RM resources is also key as well as supporting sub-national stratification to target vector control tools and other interventions.

<table>
<thead>
<tr>
<th>Focus Country</th>
<th>Current risk level</th>
<th>Mitigating actions in place or planned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya</td>
<td>High</td>
<td>Mitigating actions being implemented in these countries include: National programs have stratified interventions/product selection particularly for Vector controls; ongoing efforts with focus on community case management through scale up of community-based testing and treatment; ensuring integrated approaches for lab services, with the overall aim of strengthening confirmatory diagnosis; and enhancement of data management and reporting tools.</td>
</tr>
<tr>
<td>Nigeria</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>Tanzania</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>Cote d’Ivoire</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>Mozambique</td>
<td>High</td>
<td></td>
</tr>
</tbody>
</table>

**Example of risk mitigation actions put in place to support grants in meeting their target**
Summary for other disease- or gender/human rights/KP-related KPIs

**HIV national disease programs showing efficiency**

KPI 4

100% of HIV national disease programs analyzed so far demonstrated a decrease in cost per life saved or infection/case averted over the 2020-2022 Allocation Period (p.22)

**Continued challenges for KPIs on Key Populations prevention**

KPI 5b

For first time KPI in green range for target (22/32 or 69% of countries). Progress is good but results skewed by reduction in cohort (p.28)

KPI 5c

Partly due to COVID-19 impact, results for HIV grant performance on KP prevention activities continue to be much lower than 2019 baseline. However, cohort not completely representative of full portfolio (p.55)

**HIV incidence reduction for AGYW still at risk**

KPI 8

The reduction in HIV incidence in women aged 15-24 years old is projected to be between 49% and 51% positioning for the first time just within the strategy target but still considered at risk (p.59)

**Mixed results for KP/Human Rights funding**

KPI 5a

For HIV grants analyzed, investments in HIV prevention activities for KP between 8.2% to 10.4% - increase from previous report, but lower bound still below the 10% target (p.24)

KPI 9b-i

For approved HIV grants, share of investments in Human Rights activities is at 3.46%, above 3% target. (p.25)

KPI 9b-ii

For approved TB grants, share of investments in Human Rights activities is at 2.15%, above 2% target. (p.26)

KPI 9c

KPI on domestic funding for KP/Human Rights continues facing challenges with only 4 countries against target of 13 countries meeting KP benchmarks and 1 country meeting Human Rights benchmarks (p.19)

**On track / Achieved**

- Green

**Off track / Not achieved**

- Red

**At risk / Partially achieved**

- Orange

**Not yet reported**

- Grey

△ Improving

▼ Deteriorating
Summary for RSSH and Financial KPIs

**Keyboard**

** Majority of funding requests aligned with NSP **

Results now available for the full cohort of 2020-2022 Funding Requests. Continued strong performance as 99% of Funding Requests rated by TRP to be aligned with National Strategic Plan (p.23)

** KPI 6f **

** Results for usage of disaggregated data are stable **

68% of HI countries met the threshold of having documented evidence of using disaggregated data to inform planning of programmatic decision making for priority populations in HTM (p.58)

** KPI 6e **

** Domestic procurement KPI meeting target **

Domestic procurement pricing remains a mixed picture against PPM pricing with result of 53% (measuring average of country-product combinations where price paid was below the PPM reference price) which is slightly above target (p.57)

** KPI 6a **

** Financial KPIs continue to perform well **

For the first time alignment has been tested against the 2020-2022 Allocation Period and based on disbursements over the last 3 years, the need is closely aligned to disbursements with a deviation of only 0.226 vs target of 0.293. (p.21)

** KPI 3 **

Allocation utilization is still surpassing the target at 93% though the slight reduction relates to changes in how COVID-19 funds were disbursed and re-distributed among countries (referred to as recycled optimization) (p.29)

** KPI 7a **

3-year grant absorption at 79% is still above target despite the low COVID-19 absorption due to operational and execution challenges related to the implementation of a completely new stream of funds (p.30)

** KPI 7b **

The Global Fund

On track / Achieved  Off track / Not achieved  At risk / Partially achieved  Not yet reported

△ Improving  ▼ Deteriorating
Annex 1: Detailed KPI results
Annex 1: Detailed KPI results

► Funding
  KPI 9c

► Program Design
  KPI 3
  KPI 4
  KPI 6f
  KPI 5a
  KPI 9b

► Implementation
  KPI 5b
  KPI 7a
  KPI 7b

► Results
  KPI 2
  KPI 5c
  KPI 6a
  KPI 6e
  KPI 8
Setting the context – the global fight against the three diseases – HIV/AIDS

- New HIV infections: 1.5m
- People living with HIV: 38.4m
- People on ART: 28.7m
- AIDS-related deaths: 0.65m

**Trends in AIDS-related deaths**
In countries where the Global Fund invests

- With prevention and ARVs (actual)
- If there had been no prevention or ARVs
- % change, 2002-2021

**Trends in new HIV infections**
In countries where the Global Fund invests

- With prevention and ARVs (actual)
- If there had been no prevention or ARVs
- % change, 2002-2021

HIV data: Data Fact Sheet 2021 on UNAIDS.org. GF data on deaths, incidence and funding sources Global Fund Results Report 2022. Figures on LHS are global and are not solely for countries where Global Fund resources are disbursed.
Setting the context – the global fight against the three diseases - TB

- Total TB cases: 10m
- Notified TB cases (new and relapse): 5.8m
- Treatment success rate (new and relapse): 86%
- Incident cases of MDR/RR-TB: 0.13m
- Deaths from TB (excluding HIV+): 1.3m

Trends in TB deaths (excluding HIV-positive)*
In countries where the Global Fund invests

- With TB control (actual)
- If there had been no TB control

% change, 2002-2020

+121% (If no TB control)
-21% (Actual change)

Trends in new TB cases (all forms)
In countries where the Global Fund invests

- With TB control (actual)
- If there had been no TB control

% change, 2002-2020

+35% (If no TB control)
-5% (Actual change)

TB data: Global TB Report 2021, GF data on deaths, incidence and funding sources Global Fund Results Report 2022. Figures on LHS are global and are not solely for countries where Global Fund resources are disbursed.
Setting the context – the global fight against the three diseases - MALARIA

- Malaria cases: 241m
- People sleeping under ITN in sub-Saharan Africa (for people at risk of malaria): 43%
- Malaria deaths: 0.62m

Malaria data: World Malaria Report 2021, WHO. GF data on deaths, incidence and funding sources Global Fund Results Report 2022. Figures on LHS are global and are not solely for countries where Global Fund resources are disbursed.
### KPI 9c – Domestic investment in key populations and Human Rights

**Measure**

Percentage of countries meeting domestic HIV expenditure benchmark on (i) social enablers, including programs to reduce human rights-related barriers, and (ii) prevention programs targeting KPs

<table>
<thead>
<tr>
<th><strong>Mid-2022 Result</strong></th>
<th><strong>Key takeaways</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) 6% (vs 13% Fall 2021)</td>
<td>• Four countries met the benchmarks for KP prevention (improvement on last report), and one for social enablers (decrease from last report).</td>
</tr>
<tr>
<td>(ii) 25% (vs 13% Fall 2021)</td>
<td>• Underperformance of this KPI reflects a larger trend in decreases in domestic HIV spending. There are also ongoing challenges with data availability and quality.</td>
</tr>
</tbody>
</table>

**Target**

33%

---

**Distribution of countries for period 2019-2021 on domestic expenditure**

- **Human Rights**
  - 1% benchmark
  - 2% benchmark
  - 6% countries

- **Key Populations**
  - 1% benchmark
  - 5% benchmark
  - 10% benchmark
  - 50% countries

**Breakdown of countries meeting benchmarks against baseline (16 countries with data in 2019-2021)**

- **Human Rights**
  - 2017-19 baseline: 89%
  - 2020-22: 94%
  - Target: 33% of countries meet benchmark

- **Key Populations**
  - 2017-19 baseline: 78%
  - 2020-22: 75%
  - Target: 33% of countries meet benchmark

---

**Domestic resources for HIV declined by 2% in 2021 compared with 2020.**

Prioritizing key populations prevention activities and human rights among available resources remains important, and the GF co-financing requirement remains an important lever.

As evidenced in this KPI, funding for HIV prevention among Key Populations still comprises very small proportions of total HIV spending in low and middle-income countries, even in regions where the vast majority of new HIV infections are occurring in these populations. The bulk of that funding—at least two thirds comes from international sources.
At Fall 2022, as most of the data for investment decisions (i.e., 2020-2022 Allocation Period model) is calculated by the country’s “Initial Calculated Amount” in the 2020-2022 Allocation Period model.

Key takeaways
- At Fall 2022, as most of the data for investment decisions (i.e., disbursements between 2020 and 2022, excluding C19RM) relate to grants from the 2020-2022 Allocation Period, the data for “needs” has been updated accordingly to use the distribution from the 2020-2022 Allocation Period model.
- The deviation between needs and disbursements has been reducing in recent years and current result using 2020-2022 Allocation Period figures also suggests a closer alignment between the needs and disbursements going forward as well.
- As in past reports, High-Impact countries with larger allocation amounts tend to have the largest gap between allocation and investment and these include Mozambique, Nigeria, South Africa and Zimbabwe. Other countries such as Russia or Rwanda also show imperfect alignment.
Measure | Mid-2022 Result
--- | ---
Change in cost per life saved or infection averted from supported programs | **100% countries show improved efficiency for 2020-2022 Allocation Period** (partial results for the 2020-2022 Allocation Period)

**Target**

90% of countries measured show a decrease or maintain existing levels of cost per life saved or infection/cases averted for the current allocation period

### Key takeaways

- Assessment of HIV programmes of the 2020-2022 Allocation Period are ongoing for all High Impact countries. Results of 13 HIV national disease programs have been finalized with all (100%) demonstrating a decrease in cost per life saved or infection/case averted over the 2020-2022 Allocation Period, indicating improved grant design leading to efficiency improvement of national programs.

- Assessment of Malaria programmes is also ongoing. The first Malaria results for 2020-2022 Allocation Period is expected to be available in Spring 2023.

- A revised assessment methodology for TB programmes has been proposed and piloted. The general principle and structure of the revised methodology has been endorsed by the Global Fund’s Modelling and Guidance Group (MGG). Work is ongoing to finetune the methodology and assessment plan. This revised methodology will be used to assess KPI4 for TB programmes for the 2020-2022 Allocation Period.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Mid-2022 Result</th>
<th>Key takeaways</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2020-2022 Allocation Period partial results</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of disease programs assessed</td>
<td>HIV: 13</td>
<td>• Assessment of HIV programmes of the 2020-2022 Allocation Period are ongoing for all High Impact countries. Results of 13 HIV national disease programs have been finalized with all (100%) demonstrating a decrease in cost per life saved or infection/case averted over the 2020-2022 Allocation Period, indicating improved grant design leading to efficiency improvement of national programs.</td>
</tr>
<tr>
<td></td>
<td>TB: 0</td>
<td>• Assessment of Malaria programmes is also ongoing. The first Malaria results for 2020-2022 Allocation Period is expected to be available in Spring 2023.</td>
</tr>
<tr>
<td></td>
<td>Malaria: 0</td>
<td>• A revised assessment methodology for TB programmes has been proposed and piloted. The general principle and structure of the revised methodology has been endorsed by the Global Fund’s Modelling and Guidance Group (MGG). Work is ongoing to finetune the methodology and assessment plan. This revised methodology will be used to assess KPI4 for TB programmes for the 2020-2022 Allocation Period.</td>
</tr>
<tr>
<td></td>
<td>Total: 13</td>
<td></td>
</tr>
<tr>
<td>% of assessed disease programs showing a high likelihood of efficiency improvement</td>
<td>HIV: 100%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>TB: -</td>
<td>• Assessment of HIV programmes of the 2020-2022 Allocation Period are ongoing for all High Impact countries. Results of 13 HIV national disease programs have been finalized with all (100%) demonstrating a decrease in cost per life saved or infection/case averted over the 2020-2022 Allocation Period, indicating improved grant design leading to efficiency improvement of national programs.</td>
</tr>
<tr>
<td></td>
<td>Malaria: -</td>
<td>• Assessment of Malaria programmes is also ongoing. The first Malaria results for 2020-2022 Allocation Period is expected to be available in Spring 2023.</td>
</tr>
<tr>
<td></td>
<td>Total: 100%</td>
<td>• A revised assessment methodology for TB programmes has been proposed and piloted. The general principle and structure of the revised methodology has been endorsed by the Global Fund’s Modelling and Guidance Group (MGG). Work is ongoing to finetune the methodology and assessment plan. This revised methodology will be used to assess KPI4 for TB programmes for the 2020-2022 Allocation Period.</td>
</tr>
</tbody>
</table>
### 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)”

### Mid-2022 Result

99% ‘Strongly Agree’ / ‘Agree’

### Key takeaways

- Results continue to be robust exceeding targets. As no more Funding Requests are expected for the 2020-2022 Allocation Period, assessment of 99% Funding Requests aligned to NSP is the final result for the Allocation Period in this Strategy
- Similar to the last cycle only 2 Funding Requests were rated as ‘Disagree’ on alignment with (both were Focused and HIV/TB funding requests)
- Similar to previous report, TB Funding Requests (55%) continue to be most strongly aligned to the NSPs.

#### 2017-2019 vs. 2020-2022 Funding Cycle

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Funding Requests</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017-2019</td>
<td>123</td>
<td>56%</td>
</tr>
<tr>
<td>2020-2022</td>
<td>164</td>
<td>40%</td>
</tr>
</tbody>
</table>

#### Result by Portfolio Disaggregation

<table>
<thead>
<tr>
<th>Portfolio</th>
<th>2017-2019</th>
<th>2020-2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core</td>
<td>47</td>
<td>51%</td>
</tr>
<tr>
<td>Focused</td>
<td>65</td>
<td>25%</td>
</tr>
<tr>
<td>High-Impact</td>
<td>52</td>
<td>50%</td>
</tr>
</tbody>
</table>

#### Results by component

<table>
<thead>
<tr>
<th>Component</th>
<th>2017-2019</th>
<th>2020-2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS</td>
<td>34</td>
<td>38%</td>
</tr>
<tr>
<td>TB</td>
<td>20</td>
<td>55%</td>
</tr>
<tr>
<td>Malaria</td>
<td>45</td>
<td>69%</td>
</tr>
<tr>
<td>RSSH</td>
<td>6</td>
<td>31%</td>
</tr>
<tr>
<td>HIV/AIDS, TB</td>
<td>50</td>
<td>44%</td>
</tr>
<tr>
<td>Multi-component</td>
<td>9</td>
<td>33%</td>
</tr>
</tbody>
</table>

Total Funding Requests in KPI cohort reviewed were 166, however 2 Funding Requests for which TRP assessment was not available are excluded from calculations.
<table>
<thead>
<tr>
<th>Measure</th>
<th>Mid-2022 Result</th>
<th>Key takeaways</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of grant budget in signed HIV and HIV/TB grants dedicated to HIV prevention programs targeting KPs</td>
<td>8.4% - 10.6%*</td>
<td>• For the 2021-2023 implementation period, the percentage of HIV grant funds invested in HIV prevention for Key Populations is currently between 8.4% and 10.6%*. The results are higher than what was reported in Spring 2022 (7.7% - 9%)</td>
</tr>
<tr>
<td><strong>Target</strong></td>
<td>10% for 2021-2023 budget period</td>
<td>• To date, based on the HIV cohort analyzed, the increase in proportion of investment for HIV prevention for Key Populations in the 2021-2023 implementation period is significant but less than expected and is just not sufficient to meet the target for KP.</td>
</tr>
</tbody>
</table>

HIV prevention investment in 2021-2023 period for Key and Vulnerable Populations

- **Other vulnerable people**: 21%
- **PWID**: 24%
- **SW**: 23%
- **MSM**: 24%
- **TG**: 4%
- **People in prison**: 3%

**Potential additional KP funding**: 2.2%

**KP funding**: 8.4% of total HIV grant budget

*In recognition of the fact that either due to misclassifications, or due to fear of stigma and discrimination, some KPs can be categorized under "Other Vulnerable People", KPI result is reported as a range between HIV prevention investment in KPs and in KVPs.

Regional variations are aligned with regional epidemiology of HIV:
- Overall investment in HIV prevention for Key Populations: much higher for EECA (42%) and lower for Africa (11%)
- Distribution of funds within Key Populations: Strong support to men who have sex with men (MSM) in LAC whereas activities are more focused on people who inject drugs and their partners (PWID) in EECA and Asia, and on sex workers and their clients (SWs) for Africa and MENA

Although most investments in HIV prevention for Key Populations are in the five priority populations, namely men who have sex with men (MSM), sex workers (SWs), people who inject drugs (PWID), transgender individuals (TGs) and people in prisons, some are made under "Other vulnerable people".
**Measure**

<table>
<thead>
<tr>
<th>Budget</th>
<th>Design</th>
<th>Implementation</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of HIV and HIV/TB grants budget dedicated to programs to reduce human rights-related barriers</td>
<td>Human Rights HIV: 3.46%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Key takeaways**

- The Strategic Objective 3 of the GF Strategy 2017-2022 and its focus on scaling up programs to reduce human rights-related barriers, as well as availability of catalytic funding, have driven progress towards KPI 9b HIV and TB targets.

- The increase in absolute terms between 2017-2019 Allocation Period and 2020-2022 Allocation Period in the countries included in this reporting has almost doubled for HIV: $207,752,203 in 2020-2022 compared to $111,245,055 in 2017-2019 Allocation Period.

- Although the target is largely met overall, non-BDB as well as low-income countries report a share of human right investments below 3%.

- Human Rights Matching Funds have proven to be effective in stimulating increased investments, including from within allocation. The cross-cutting nature of Matching Funds in 2020-2022 Allocation Period has served as a significant lever to increase both HIV and TB investments in programs to reduce human rights-related barriers.

- Reprogramming and portfolio optimization can affect HIV and TB investment levels adversely. The Matching Funds cannot be reprogrammed away from the respective priority area, this intending to safeguard investment focus. Upcoming decisions on portfolio optimization should be in line with the Global Fund’s strategic priorities, including the renewed focus on Human Rights in the new Strategy.
### Key takeaways

- For TB, in the 11 countries included both in the NFM2 and NFM3 cohort, investment increased from $13,645,678 to $23,871,620, representing a 74.9% increase.

- Although the target is also largely met for TB, non-BDB as well as lower middle-income countries report a share of human rights investments significantly below 2%.

- The new Global Fund Strategy has a significant focus on human rights, including as part of its ending **HIV and TB** objectives. Though KPI 9b is being discontinued as a KPI, regular investment analysis will have to be undertaken to continue to shine a light on the importance to invest significantly and consistently in programs to remove human rights-related barriers.

- Analyzing attrition between amounts budgeted and expenditures is an important additional analysis needed to paint a fuller picture of **HIV and TB** investments in programs to reduce human rights-related barriers.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Mid-2022 Result</th>
<th>Key takeaways</th>
</tr>
</thead>
</table>
| % of TB grants budget in selected countries with highest TB disease burden dedicated to programs to reduce human rights-related barriers | Human Rights **TB**: 2.15% | - For TB, in the 11 countries included both in the NFM2 and NFM3 cohort, investment increased from $13,645,678 to $23,871,620, representing a 74.9% increase.  
- Although the target is also largely met for TB, non-BDB as well as lower middle-income countries report a share of human rights investments significantly below 2%.  
- The new Global Fund Strategy has a significant focus on human rights, including as part of its ending **HIV and TB** objectives. Though KPI 9b is being discontinued as a KPI, regular investment analysis will have to be undertaken to continue to shine a light on the importance to invest significantly and consistently in programs to remove human rights-related barriers.  
- Analyzing attrition between amounts budgeted and expenditures is an important additional analysis needed to paint a fuller picture of **HIV and TB** investments in programs to reduce human rights-related barriers. |

<table>
<thead>
<tr>
<th>Measure</th>
<th>Key takeaways</th>
</tr>
</thead>
</table>
| **Target** | Human Rights **TB**: 2.00% | - For TB, in the 11 countries included both in the NFM2 and NFM3 cohort, investment increased from $13,645,678 to $23,871,620, representing a 74.9% increase.  
- Although the target is also largely met for TB, non-BDB as well as lower middle-income countries report a share of human rights investments significantly below 2%.  
- The new Global Fund Strategy has a significant focus on human rights, including as part of its ending **HIV and TB** objectives. Though KPI 9b is being discontinued as a KPI, regular investment analysis will have to be undertaken to continue to shine a light on the importance to invest significantly and consistently in programs to remove human rights-related barriers.  
- Analyzing attrition between amounts budgeted and expenditures is an important additional analysis needed to paint a fuller picture of **HIV and TB** investments in programs to reduce human rights-related barriers. |

<table>
<thead>
<tr>
<th>Share of HR investments by Breaking Down Barriers cohort</th>
<th>Share of HR investments by income level</th>
</tr>
</thead>
<tbody>
<tr>
<td>BDB Countries</td>
<td>Non-BDB Countries</td>
</tr>
<tr>
<td>3.9%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Low Income</td>
<td>Lower middle Income</td>
</tr>
<tr>
<td>4.1%</td>
<td>1.2%</td>
</tr>
</tbody>
</table>

**THE GLOBAL FUND**
**Measure**

Percentage of target countries* with reporting on coverage of an evidence-informed package of services for at least 2 Key Populations

**Mid-2022 Result**

69% of countries currently able to report

**Target**

75% by end 2022

---

**Overview**

32 countries in current cohort*. Assessments based on 4 dimensions:
- 2 KPs of epidemiological significance;
- Comprehensiveness of the service package;
- Geographic coverage of services;
- Adequacy of monitoring system.

**Results**

25% (8)

69% (32)

19% (6)

16% (6)

6% (2)

6% (2)

3% (1)

3% (1)

3% (1)

69% of countries currently able to report

**Geographical regions based on UN geoscheme**

- **Americas**: 19%
- **Asia**: 16%
- **EECA**: 10%
- **South-Eastern Africa**: 6%
- **West Central Africa**: 6%
- **MENA**: 3%

---

*Assessments only conducted in countries with nationally adequate population-sized estimates

---

**Key takeaways**

- KPI 5b result is below the expected target (but within the range for a “green” KPI traffic light) and the marginal increase when comparing to the previous reporting period does not reflect a real improvement in the ability of countries to report on Key Populations’ services coverage, rather the improvement can be attributed to a reduced cohort in KPI 5b denominator
- The number of countries with quality, and nationally adequate PSEs has decreased by 26% in this reporting period. This is due to a growing number of countries with PSEs that are out of date. The capacity to quantify the size of the population that is being targeted by GF HIV prevention resources is critical to HIV prevention
- Recommendation from Secretariat is:
  - Immediate action: Use existing opportunities (offered by Portfolio Optimization and reprogramming) to fast track national level size estimate studies in countries where these are out of date and not yet planned
  - Long-term: Develop multi-annual resourcing plans for PSE studies; have nationally adequate PSEs need to become a requirement to access funding; Nationally adequate PSEs as a TRP recommendation
<table>
<thead>
<tr>
<th>Measure</th>
<th>Mid-2022 Result</th>
<th>Key takeaways</th>
</tr>
</thead>
</table>
| Portion of allocation that has been disbursed or is forecast to be disbursed | 93% | • Across all disaggregation's (see below) utilization is strong with the exception of stand-alone RSSH grants – a trend that has carried over from past reporting.  
• 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. This allows a more accurate consideration of Portfolio Optimization, 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. |

**Target**

91-100% (6th Replenishment)

---

**Utilization by Region**

- Americas: 81%
- Asia: 82%
- EECA: 89%
- MENA: 91%
- South-Eastern Africa: 88%
- West Central Africa: 90%

**Utilization by COE Status**

- No: 87%
- Yes: 88%

**Utilization by Component**

- HIV/AIDS: 88%
- MALARIA: 90%
- TB: 85%

**Utilization by Differentiation**

- Core: 91%
- Focused: 85%
- High Impact: 85%

**Note:** Reminder – disaggregation does not reflect portfolio level optimization hence lower values than overall KPI result. Multicountry utilization excluded as the result is co-mingled with the amount applied for optimization.

**Level of Control**

- KPI 5b – KP reporting capacity
- KPI 7a – Fund utilization: allocation utilization
- KPI 7b – Fund utilization: absorptive capacity

---

**Utilization calculated based on 2020-2022 disbursements, including forecasts and excluding C19RM**

**Size of bubbles proportional to allocated amount (6th Replenishment)**

**Similar utilization with larger regions having higher use of allocated funds**

**RSSH and HIV/TB have lower utilization**
### Measure | Mid-2022 Result | Key takeaways
--- | --- | ---
Portion of grant budgets that have been reported by country program as spent on services delivered | 79% | • Grant absorption rate for the period 2019 to 2021* (calendar years) stands at 79%, with separately assessed C19RM 2021 being at 25%. For 2017-2019 Allocation Period grants, absorption is even higher at 89%.
• Slight decrease in absorption since 2018-2020 KPI reporting (81%) is a result of the inclusion of 2021, year 1 of implementation for 2020-2022 Allocation Period. This is in line with observed trend of lower absorption for year 1. Year 1 of 2020-2022 Allocation Period also had a larger impact on KPI than 2017-2019 due to the increase in allocation. Absorption was above target for HTM components, portfolios and across regions but is now under for Multi-component, C19RM, and RSSH standalone.

* 2019-2021 period includes grants that are at various stages of grant lifecycle but excludes C19RM 2021

---

For the year to date (YTD) of 2022, the Fund has achieved 79% of the budget amount targeted under the interim target of 75% by end of 2022.
### Measure | Mid-2022 Result | Key takeaways
--- | --- | ---
Portion of grant budgets that have been reported by country program as spent on services delivered | 79% Target 75% by end 2022 | **Result by modules** (key activities)*: Although there has been a recent decrease, absorption remains on or above target for most modules except for the RSSH and COVID-19 modules. The low COVID-19 absorption is due to a range of broad operational, execution and global challenges, pending reprogramming which is currently underway and forthcoming portfolio optimization, to unlock the ability of implementers to gear investments in emerging needs with higher absorption potential.

* 2019-2021 period includes grants that are at various stages of grant lifecycle but excludes C19RM 2021

![Absorption for top 5 modules (in total budgeted amount) by disease component. Generally, above or around the target except for RSSH and COVID-19 module](image)

*The size of the bubbles is proportional to the total 2019-2021 budget amount*
<table>
<thead>
<tr>
<th>Measure</th>
<th>Mid-2022 Result</th>
<th>Key takeaways</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portion of grant budgets that have been reported by country program as spent on services delivered</td>
<td><strong>79%</strong></td>
<td><strong>Result by analytical grouping</strong> (key costs)**: Aborption is high across all disease components, while program related activity cost is now slightly under the target at 74%. Program management related cost experienced the largest decrease by 6pp since last year. At a more granular cost grouping level, results display a higher absorption for human resources and commodities in this third year. However, infrastructure and non-health equipment has significantly dropped to 59%, followed by capacity building and technical assistance (65%) and health equipment (68%) both already low in year 2.</td>
</tr>
<tr>
<td><strong>Target</strong></td>
<td><strong>75% by end 2022</strong></td>
<td></td>
</tr>
</tbody>
</table>

*2019-2021 period includes grants that are at various stages of grant lifecycle but excludes C19RM 2021*
Results
## Summary of KPI 2 results & projections* to 2022 targets

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Strategy target</th>
<th>Latest Result (measuring # countries currently within range for non-modelled indicators)</th>
<th>Optimistic projection assumes grant targets will be fully reached</th>
<th>Conservative projection (only applies for modelled indicators) based on pre-COVID19 performance</th>
<th>COVID projection (only applies for modelled indicators) based on 2021 results remaining constant</th>
<th>GF level of funding**</th>
</tr>
</thead>
<tbody>
<tr>
<td>% PLHIV know</td>
<td>33 countries for which 80% PLHIV know their status</td>
<td>25 countries</td>
<td>Medium</td>
<td>Medium</td>
<td>Low</td>
<td>Medium</td>
</tr>
<tr>
<td># ART</td>
<td>23 million</td>
<td>23.4 million</td>
<td>Medium</td>
<td>Medium</td>
<td>Low</td>
<td>Medium</td>
</tr>
<tr>
<td>% ART</td>
<td>78%</td>
<td>75%</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td># VMMC</td>
<td>22 million</td>
<td>17.6 million</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>% PMTCT</td>
<td>96%</td>
<td>83%</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>% VLS</td>
<td>33 countries for which 90% ART patients virally suppressed</td>
<td>28 countries</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td># HIV+TB on ART</td>
<td>2.7 million</td>
<td>1.7 million</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>% IPT</td>
<td>35 countries for which 80% of PLHIV newly enrolled in care started preventative therapy for TB</td>
<td>7 countries</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td># TB treatment</td>
<td>33 million</td>
<td>27 million</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>% TB CDR</td>
<td>73%</td>
<td>56%</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>% TB TSR</td>
<td>99 countries for which 90% of TB cases successfully treated</td>
<td>38 countries</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td># MDR-TB</td>
<td>920 thousand</td>
<td>550 thousand</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>% MDR-TB TSR</td>
<td>33 countries for which 85% of RR and/or MDR-TB cases successfully treated</td>
<td>10 countries</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td># LLINS</td>
<td>1350 million</td>
<td>830 million</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td># IRS</td>
<td>250 million</td>
<td>46 million</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>% Malaria testing</td>
<td>80 countries for which 90% of suspected malaria cases received a parasitological test</td>
<td>66 countries</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>% IPTp3</td>
<td>36 countries for which 70% of women received at least 3 doses of IPT for malaria during ANC visits</td>
<td>7 countries</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
</tr>
</tbody>
</table>

*Projections based on best available data and will be updated with new grant targets when available

**Compared to domestic funding and other international funding. (See mid-2018 Strategic Performance Report)

**Level of Control**

- **On track**, at least for lower bound of uncertainty range
- **At risk**
- **Off track**
**Grant performance**: comparing the 2021 achievements (red cross) to 2020 (gold cross) and to historical trends in 2017-2019 (blue range). Impact of COVID-19 evident especially for some indicators (VMMC, TB notifications, MDR-TB cases on treatment). Generally, grant performance, measured as achievement against national targets, has improved in 2021 even if it is not back to pre-2020 level.

**Maximize impact against HIV, TB, Malaria**
- KPI 2 – Performance against service delivery targets
- KPI 5c – Service coverage for Key Populations

**Distribution of grant performance**, i.e., achievements vs PF (national) targets

**Indicators most affected** are those for which the crosses (2021 and 2020 performance) is below the blue range (historical performance)

**Median performance**
- in 2021
- in 2020
- over 2017-2019

*Performance* is calculated by dividing country-level annualized grant results by grant targets. The boxplots represent distribution of individual country-service mean performance over 2017-2019.

Note: IRS not representative as too few countries report on it.
Overall KPI 2 projections* (modelled services)

Most indicators will be in range of Strategy target if programs meet their performance targets. However, a very significant loss of progress was seen in 2020 in the context of COVID-19, with grant indicators performing at historically lowest level, with TB (detection, notification, MDR on treatment) and VMMC especially affected. This trend continued to an extent in 2021, with progress being noted on ART though.

Significant progress/deterioration from last report)

Strategy target

Uncertainty range around Strategy target

Optimistic Projection assuming all countries meet their existing PF targets

Conservative projection assuming countries stay at historical level of performance against PF adjusted targets excluding 2021 performance – proxy of COVID-19 mitigated

COVID-19 projection assuming countries stay at current 2021 results for 2022

How to interpret

• Each column is a modelled indicator
• The Strategy target (ST) line represents the modelled aggregated Strategy target per indicator (normalized at 100%). The grey area represents the Strategy target uncertainty range, the bottom line of the grey area is the Lower Bound of the range
• Green dots represent the aggregate “optimistic” projection, assuming all countries meet their existing Performance Framework (PF) targets. Ideally, they should be close/above ST to reflect appropriate ambition in PF targets
• Bright red dots represent the aggregate “conservative” projection, assuming that in 2022 all countries go back to the same performance level as before COVID-19 against their PF targets. Ideally, they should be close/above ST to reflect adequate ambition and good historical performance
• Dark red dots represent the aggregate “COVID contingency” projection, assuming all countries do not progress further than the results observed in 2021, under COVID-19. Ideally, they should be close/above ST to reflect adequate ambition, good performance and appropriate mitigation of COVID-19

*Projections based on best available data and will be updated with new grant targets in the next cycle and grant performance. IRS projections shown in the graph are limited to 9 (out of 36) countries with reliable national targets. The 9 countries account for one-third (82m) of the Strategy targets (253m).
Overall KPI 2 projections* (non-modelled services)

- 85% (+3pp)
- 91% (+6pp)
- 62% (+7pp)
- 67% (+0pp)
- 39% (-28pp)
- 92% (+2pp)
- 49% (-3pp)

**Overall comments**

- Projections have been significantly updated for many indicators as new grants were signed under the 2020-2022 Allocation with 2022 national targets now available.
- It is likely that the 2022 KPI target is unlikely to be met for most indicators, except potentially %malaria testing, %PLWHIV who know status and %VLS.
- Note that these projections are based on a combination of 2022 national targets and most recent results (generally 2021) and they mostly do not factor the effect of COVID-19, which cannot be assessed directly with the KPI data.

**How to interpret (overall boxplot)**

- Each column is a non-modelled indicator
- The Strategy target (ST) line is the global strategy target per indicator. The grey area represents the strategy target range, the bottom line of the grey area is the Lower Bound (LB) of the range
- Each dot is a country in the cohort its height represents the projected value at end of Strategy
- Ideally most dots should be above the ST (or at least above the LB) line in the shaded area

*Note that these are KPI projections using best data available at time of reporting.
% PLHIV know (people living with HIV knowing their status)

Bars = 2022 projections  
Dots = 2021 achievements

Cohort of 33 countries, with target data available for all of them and results available for 31.

- 85% of countries where data available are expected to be within target range in 2022.
- Many of them (25 out of 33) are already reporting results within target range.
- Results relatively high (over 80%) in most of the countries with largest incidence (ZAF, MOZ, TZA, UGA, NGA, KEN, IND).

Target likely to be met (at least, within range) with clear needs in select countries that are close to the threshold (PHL, GHA, AGO).

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

**Key takeaways**

- Cohort of 33 countries, with target data available for all of them and results available for 31.
- 85% of countries where data available are expected to be within target range in 2022.
- Many of them (25 out of 33) are already reporting results within target range.
- Results relatively high (over 80%) in most of the countries with largest incidence (ZAF, MOZ, TZA, UGA, NGA, KEN, IND).
- Target likely to be met (at least, within range) with clear needs in select countries that are close to the threshold (PHL, GHA, AGO).
# ART (patients on ART)

At the end of 2021 for countries in the Strategy cohort, there were **23.4M** adults and children receiving ART

End 2021 results*

End-2022 Target

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

Key takeaways

- Cohort composed of 99 countries.

- Latest results show that the **2022 Strategy target has already been achieved** with 23.4M adults and children receiving ART by end 2021. Despite the COVID-19 disruption, grant performance against their own targets was maintained at acceptable level across portfolio.

- Based on the latest projections, if countries achieve their national targets in 2022, 25.7M adults and children will receive ART.

- A few countries, mainly in Asia, are still likely to have a gap compared to their initial Strategy projections: the most significant being for Indonesia and Pakistan

*KPI 2 results are based on a slightly different cohort of countries than the GF Results Report, so figures are not expected to match perfectly // **Projections sensitive to updates in people living with HIV population estimates
% ART (ART Coverage)

At the end of 2021 for countries in the Strategy, 75% of adults and children were receiving ART among entire population living with HIV*

2021 results

2022 projections**

Results for countries driving the gap between very conservative scenario (including COVID-19 impact) and Strategy projections – sorted by size of gap

End-2022 Target

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

Key takeaways

• Cohort composed of 33 countries.

• Latest results of 75% ART coverage are already within the 2022 Strategy target range

• If countries in the GF portfolio achieve their PF targets, then 81% achievement can be reached in 2022.

*Note: this includes all adults and children living with HIV and not only those who know their status

**Projections sensitive to updates in people living with HIV population estimates

Grant target = grant national PF targets
Grant result = projected results based on very conservative scenario
% VLS on ART

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

Bars = 2022 projections
Dots = 2021 achievements

Countries per category*

End-2022 Target

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

Key takeaways

- Cohort of 33 countries with data available for all of them.
- 91% of countries where data is available are expected to be within target range in 2022.
- Many of them (28 out of 33) are already reporting results within the Strategy target range.
- Results high (higher than or close to 90%) in the countries with largest number of patients on ART (ZAF, TZA, UGA, KEN, NGA, MOZ) except for IND close to 80%
- Good chance that 2022 Strategy target will be met (at least, within range) if performance is maintained in a few countries (IND, SSD, CIV – all close to threshold)

* Includes unpublished UNAIDS estimates for PHL, IDN, BGD, COD, GHA, SDN, TCD, AGO, PAK
# VMMC (voluntary male circumcisions)

From 2017 to 2021 for countries in the Strategy, **17.6M** men have been circumcised

### 2017-2021 results*

![Graph showing 2017-2021 results](image)

*KPI 2 results are based on a slightly different cohort of countries than the GF Results Report, so figures are not expected to match perfectly. Strategy target is cumulative up to 2022 and cannot be directly compared to results which are for 2017-2020 only.

### 2022 projections

![Graph showing 2022 projections](image)

### Results for countries driving the gap between very conservative scenario (including COVID-19 impact) and Strategy projections – sorted by size of gap

![Graph showing results for countries driving the gap](image)

### 2017-2022 Target

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

### Key takeaways

- Cohort composed of 14 countries, all in Africa
- Despite the COVID-19 impact, National results indicate that 2022 Strategy target is likely to be within target range.
- VMMC is predominantly funded by PEPFAR so only a few GF grants have corresponding performance data and GF has only limited leverage in driving performance.
- MWI is the main driver of the gap because of COVID-19 related scale-down.

---

Grant target = grant national PF targets
Grant result = projected results based on very conservative scenario
% PMTCT (PMTCT coverage)

In 2021 for countries in the strategy, 83% of HIV+ pregnant women received ART for PMTCT

2021 results*

2022 projections**

Key takeaways

- Cohort is 26 countries, with majority in Africa
- Aggregate PF targets low vs. Strategy targets for majority of countries. Even if all grants achieved their PF targets, the Strategy target range will just be in reach.
- Even if grant performance has been generally acceptable for PMTCT and mainly due to the low national targets it is now unlikely for the portfolio to be within 2022 Strategy target range.
- The gap is mainly driven by NGA, COD, IND (all with both low targets and suboptimal performance) and MOZ (suboptimal grant performance)

*KPI 2 results are based on a slightly different cohort of countries than the GF Results Report, so figures are not expected to match perfectly.
**Projections sensitive to updates in people living with HIV population estimates.

End-2022 Target

96% (90-100% uncertainty range) of HIV+ pregnant women receiving ART for PMTCT
% IPT (% PLHIV starting IPT/TPT)

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

**Key takeaways**

- Projection based on targets for indicator that was discontinued in 2020-2022 Allocation Period

- Cohort of 35 countries, but projection data not available for 6 countries (17%).

- Many countries do not have recent results data (only 13 had results for 2021).

- Based on latest available data, only 62% of countries expected to be within target range (i.e., 18 countries) in 2022.

- This is assuming that countries will meet their target, which looks optimistic as most recent results are generally much lower than 2022 targets with only 7 countries with results within range. So, 2022 Strategy target is unlikely to be met (even within range).
From 2017 to 2021, for countries in the Strategy, there were 26.8M cases of all forms of TB notified bacteriologically confirmed plus clinically confirmed, new and relapse.

Key takeaways

- Cohort composed of 96 countries
- Despite the significant COVID-19 impact, national results indicate that Strategy target is likely to be met (at least, within range) thanks to high pre-2020 achievements and successful mitigation of COVID-19.
% TB CDR

In 2020 for countries in the Strategy, 56% of cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses among all estimated cases (all forms) were notified.

2021 results*

2022 projections

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

Results for countries driving the gap between very conservative scenario (including COVID-19 impact) and Strategy projections – sorted by size of gap

2017-2022 Target

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

Key takeaways

- Cohort composed of 96 countries.
- Despite the significant COVID-19 impact, national results indicate that Strategy target is likely to be within target range thanks to high pre-2020 achievements and successful mitigation of COVID-19.
% **TB TSR (TB treatment success rate)**

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

Bars = 2022 projections
Dots = 2020 achievements*

**Key takeaways**

*NB: Due to the nature of the indicator, data is for the **2020** cohort*

- **Cohort of 99 countries with data available for all of them.**
- **67%** of countries where data is available are expected to be within the Strategy target range in 2022.
- However, only a third of the cohort (38 out of 99) are already reporting results within target range so there is a high chance that the **2022 Strategy target is unlikely to be met (even within range).**
- The TSR is relatively high (80% or more) for many countries with a large share of Strategy target in notifications (IND, IDN, PAK, BGD, NGA, PHL). It is slightly lower (78%) for ZAF

**End-2022 Target**

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

**Countries per category**

- Green = Meet ST
- Yellow = Within ST uncertainty range
- Pink = Below ST uncertainty range

**ST = strategy target: 90% (88%-90%)**

**Latest results**

**ST mid-point**

**ST lower bound**

**Maximize impact against HIV, TB, Malaria**

- KPI 2 – Performance against service delivery targets
- KPI 5c – Service coverage for Key Populations
From 2017 to 2020 for countries in the Strategy, there were 550K people with drug resistant TB (RR-TB and/or MDR-TB) who began second-line treatment.

2017-2021 results*

2022 projections

Key takeaways

- Cohort composed of 87 countries
- Aggregate PF targets exceed Strategy target, so achievement of 2022 target may have been possible assuming strong performance
- However, due to poor national performance and the impact of COVID-19, it is unlikely for the Strategy target to be achieved (even within target)
- The gap between the low and high projections is mainly driven by the following countries: ZAF (low targets), PAK (poor performance), IDN (COVID-19 disruption).

Grant target = grant national PF targets
Grant result = projected results based on very conservative scenario

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

Strategy target is cumulative up to 2022 and cannot be directly compared to results which are for 2017-2020 only.

Results for countries driving the gap between very conservative scenario (including COVID-19 impact) and Strategy projections – sorted by size of gap

2017-2022 Target

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

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

Cohort of 33 countries with data available for all of them.

Only 39% of countries where data is available are expected to be within target range in 2022. Therefore, it is extremely likely that the 2022 Strategy target will not be met (even within range).

End-2022 Target

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

Key takeaways

- Cohort of 33 countries with data available for all of them.
- Only 39% of countries where data is available are expected to be within target range in 2022.
- Despite a general progress compared to the previous year, 10 countries only are already reporting results within the target range. Therefore, it is extremely likely that the 2022 Strategy target will not be met (even within range).

*NB: Due to the nature of the indicator, data is for the 2019 cohort*
# HIV+ TB on ART (co-infected patients on ART)

From 2017 to 2021 for countries in the Strategy, there were 1.67M registered HIV-positive TB patients (new and relapse) given antiretroviral therapy during TB treatment.

2017-2021 results*

Results for countries driving the gap between very conservative scenario (including COVID-19 impact) and Strategy projections – sorted by size of gap

End-2022 Target

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

Key takeaways

- Cohort composed of 93 countries
- Aggregate grant targets (high projection) within Strategy target range, so achievement of 2022 targets will be possible if grant targets are met (though unlikely).
- However, the targeted number of patients on ART was consistently not met through the Strategy period and it is now unlikely that the 2022 Strategy target will be within target range.
- The gap between the low and high projections is mainly driven by the following countries: ZAF (mainly government-driven), AGO (low targets and performance) IND, NGA (poor performance).

*KPI 2 results are based on a slightly different cohort of countries than the GF Results Report, so figures are not expected to match perfectly.
**# LLINs (nets distributed)**

From 2017 to 2021 for countries in the Strategy, **829.5M** LLINs distributed to at-risk populations

**2017-2021 results***

<table>
<thead>
<tr>
<th>Year</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>500M</td>
</tr>
<tr>
<td>2018</td>
<td>550M</td>
</tr>
<tr>
<td>2019</td>
<td>600M</td>
</tr>
<tr>
<td>2020</td>
<td>650M</td>
</tr>
</tbody>
</table>

**2022 projections**

<table>
<thead>
<tr>
<th>Year</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>2022</td>
<td>700M</td>
</tr>
</tbody>
</table>

Results for **countries driving the gap** between very conservative scenario (including COVID-19 impact) and Strategy projections – sorted by size of gap

---

*KPI 2 results are based on a slightly different cohort of countries than the GF Results Report, so figures are not expected to match perfectly. Strategy target is cumulative up to 2022 and cannot be directly compared to results which are for 2017-2020 only.

---

**2017-2022 Target**

1,350M (1,050-1,750M uncertainty range)

LLINs distributed to at-risk populations

**Key takeaways**

- Cohort composed of 63 countries.
- Despite the COVID-19 impact, National results were broadly sustained.
- Still, it is a close call to assess whether the 2022 Strategy target will be met (even within range) as the conservative scenario is just within target range. So, if grant performance follows historical trends, the result would just been in the range of the Strategy target, but any deterioration in performance could be critical.
# IRS (households sprayed)

From 2017 to 2021 for countries in the Strategy with grant targets, 46M households in targeted areas received IRS.

2017-2021 results*

2022 projections**

Key takeaways

- Even though the initial cohort for this KPI included 36 countries, eventually only 9 of them (representing approximately one third of the total 2022 Strategy Target) are providing reliable national targets.
- Therefore, the overall result of the KPI is extrapolated from this small cohort. The usefulness of the KPI projections is limited and whether or not the 2022 Strategy Target will be met (even within range) cannot be inferred at this stage.

**IRS projections shown in the graph are limited to 9 (out of 36) countries with reliable national targets. The 9 countries account for one-third (82m) of the Strategy targets (253m).

---

*KPI 2 results are based on a significantly different cohort of countries than the GF Results Report, so figures are not expected to match perfectly. Strategy target is cumulative up to 2022 and cannot be directly compared to results which are for 2017-2020 only.

**Grant target = grant national PF targets
Grant result = projected results based on very conservative scenario
% malaria testing (public)

Suspected malaria cases that receive a parasitological test in public facilities

Countries per category

Bars = 2022 projections
Dots = 2020 achievements

End-2022 Target

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

**Key takeaways**

- Cohort of 80 countries, but projection data not available in 2 countries
- **92%** of countries are expected to be within target range in 2022
- Based on 2020 achievements, the majority of the countries of the cohort are already within Strategy range target of testing rate for suspected malaria cases in public facilities.
- It is then likely that the 2022 Strategy target will be met (at least, within range).
% IPTp3 (coverage of IPTp3)

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

Bars = 2022 projections
Dots = 2020 achievements

Cohort of 36 countries, of which 33 have available projections.

This indicator continues to show low national targets, leading to low projections. Only 48% of the countries with projections are expected to be within Strategy range.

In addition, most countries are far from meeting their national targets as only 7 of them are already within Strategy target range.

IPTp3 became technical guidance in recent years, so:

a) countries are establishing reporting systems to track IPTp3 coverage;

b) performance is gradually seeing improvements (primarily by policy implementation and improved tracking);

c) performance is directly linked to timing of first ANC visit, beyond direct control of programs.

This confirms that it is unlikely for this indicator to meet its 2022 Strategy target (even within range).

End-2022 Target

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

Key takeaways

- Cohort of 36 countries, of which 33 have available projections
- This indicator continues to show low national targets, leading to low projections. Only 48% of the countries with projections are expected to be within Strategy range.
- In addition, most countries are far from meeting their national targets as only 7 of them are already within Strategy target range.
- IPTp3 became technical guidance in recent years, so a) countries are establishing reporting systems to track IPTp3 coverage; b) performance is gradually seeing improvements (primarily by policy implementation and improved tracking); and c) performance is directly linked to timing of first ANC visit, beyond direct control of programs.
- This confirms that it is unlikely for this indicator to meet its 2022 Strategy target (even within range).
Measure
Achievement rate against service coverage targets for 2 KPs of significance in Global Fund grants

Mid-2022 Result
78% median achievement rate

Target
100% median achievement rate at end of year

Key takeaways
• Within the cohort² under assessment, the median achievement rate is 78%. The 2021 median achievement rate is still significantly lower than the 2019 baseline of 97% for the same cohort. Although it is likely that COVID-19 had an impact on the decreased performance of some KP programs, more in-depth analysis needs to be carried out to precisely determine contributing causes.

• It is critical to anticipate needs for technical implementation support to ensure smooth transitions between different grant implementation periods, mitigating the risk of delays linked to new implementation arrangements (i.e., phasing in of new sub-recipients).

• Significant strategic investment is needed to support national and subnational HIV prevention programs to set credible and realistic targets for key populations. This is not only linked to countries having reliable and updated size estimates, but also to countries having management and data systems capable of providing more insight into the quantity, type and quality of prevention services accessed by Key Populations.

Median Achievement Rates per Region since 2019¹

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Americas</td>
<td>78%</td>
<td>77%</td>
<td>78%</td>
<td>96%</td>
<td>96%</td>
<td>96%</td>
</tr>
<tr>
<td>Asia</td>
<td>70%</td>
<td>72%</td>
<td>87%</td>
<td>91%</td>
<td>96%</td>
<td>95%</td>
</tr>
<tr>
<td>EECA</td>
<td>56%</td>
<td>62%</td>
<td>84%</td>
<td>94%</td>
<td>96%</td>
<td>105%</td>
</tr>
<tr>
<td>MENA</td>
<td>62%</td>
<td>73%</td>
<td>73%</td>
<td>73%</td>
<td>93%</td>
<td>93%</td>
</tr>
<tr>
<td>South-Eastern Africa</td>
<td>73%</td>
<td>73%</td>
<td>93%</td>
<td>93%</td>
<td>93%</td>
<td>93%</td>
</tr>
<tr>
<td>West Central Africa</td>
<td>73%</td>
<td>73%</td>
<td>73%</td>
<td>73%</td>
<td>73%</td>
<td>73%</td>
</tr>
</tbody>
</table>

2021 Median Achievement Rates Distribution

Overall

By coverage level

¹Cohort reduced to 50 data points i.e., countries and key populations with nationally adequate population-sized estimates and program results data available in all years.

²Assessment includes 56 data points in 2021 i.e., countries and Key Populations with nationally adequate population-sized estimates and program results data.
Achievement rate against service coverage targets for 2 KPs of significance in Global Fund grants:

**Mid-2022 Result**

- **78% median achievement rate**

**Target**

- **100% median achievement rate at end of year**

**Key takeaways**

- Based on 2022 results, PWID has the highest average coverage (56%), mainly driven by EECA and MENA.
- Although there are fewer number of data points, we still observe the same distribution across KPs and regions as last year except for WCA for which results are even more spread, and for SW in SEA for which the coverage rates have significantly dropped.
### Measure

<table>
<thead>
<tr>
<th>Percentage of quality assured core products purchased at or below the PPM reference price</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mid-2022 Result</strong></td>
</tr>
<tr>
<td><strong>Target</strong></td>
</tr>
</tbody>
</table>

#### Key takeaways

- The results decreased from 69% in 2021 to 53% in 2022 (for transactions placed in 2020 and 2021 respectively).
- In total 11 countries with 73 transactions worth $41M of product met the criteria for the KPI. This cohort is reduced compared to last year 15 countries, 130 transactions, and $111M. This lack of comparability makes it challenging to draw broader trends around domestic procurement.
- The structure of KPI 6a gives potentially too much importance to results of single orders in small countries (e.g., Albania, Azerbaijan, and Tunisia have only one order for Diagnostic Equipment or ARVs for the entire KPI).
- Most of the actual spending counted in this metric is still at or below the PPM prices (58%). For ARVs, which make up ~70% of all spending in this KPI, 85% of the total spend was at or below PPM.

#### Countries in end-201 cohort and transaction by product type

#### Average percent score for each product category

<table>
<thead>
<tr>
<th>Product</th>
<th>Orders</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARV</td>
<td>37</td>
<td>65%</td>
</tr>
<tr>
<td>ANT</td>
<td>18</td>
<td>70%</td>
</tr>
<tr>
<td>Dx</td>
<td>13</td>
<td>25%</td>
</tr>
<tr>
<td>LLIN</td>
<td>1</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>53</td>
<td>53%</td>
</tr>
</tbody>
</table>

#### THE GLOBAL FUND

It is not possible to fully track all the countries from year to year as a) order costs / sizes may change meaning they drop out of the cohort or b) procurement is mixed with both domestic and international procurement for the same category.
Percentage of countries that have documented evidence of using required disaggregated data to inform planning or programmatic decision making for priority populations in HIV, TB and malaria

<table>
<thead>
<tr>
<th>Measure</th>
<th>Mid-2022 Result</th>
<th>Key takeaways</th>
</tr>
</thead>
</table>
| 68% | **Target** 72% by end 2021 (interim target) (80% by end 2022) | • This is the first time the Secretariat is reporting results on updated KPI 6e that tracks use of disaggregated data at country level.  
• 68% (17 out of 25) of countries met the 50% threshold of having documented evidence of using required disaggregated data to inform planning or programmatic decision making for priority populations in HIV, TB, and Malaria programs.  
• This result is at the same level as the baseline of 68% established in 2021. In view of the negative impact of COVID-19 on countries and the fact that this is the first report, the result is considered positive.  
• From qualitative part of the survey, some key gaps in use of disaggregated data were identified as follows; lack of available disaggregated data in existing data source, lack of disaggregated targets and related interventions in strategic plans and organizational culture of focusing on aggregate data.  
• ART coverage and Viral Load Suppression (VLS) tracer indicators had the greatest variance between availability of disaggregated data and use of disaggregated data for planning and programmatic decision making. VLS reporting is relatively new for most countries, hence still has limited disaggregation in analytical or programme review reports and to some extent in existing strategic plans.  
• The Secretariat will work with countries falling below the threshold to address underlying issues affecting performance. |

Countries meeting or exceeding the 50% usage threshold

Breakdown of availability and use for all tracer indicators

• 100% availability  
• 10% planning  
• 80% programmatic decision making  

**THE GLOBAL FUND**
**Key takeaways**

- The decline in HIV incidence rate among females 15-24 years old across 13 priority countries is projected to be between 49%-51% by end of current Strategy period 2022, which is inside the Strategy target range for the first time. Nevertheless, given limited fluctuation of the projection around the lower bound of the target range in recent years, the KPI is still considered broadly at risk and exceptionally labeled as "amber".
- The incidence rate continues to decline in all 13 countries between 2015-2021 ranging from 21% to 60%. However, in order to meet the target, acceleration in decline is needed in all countries particularly in Mozambique, Uganda, Tanzania and to a small extent Namibia.
- AGYW SI (US $8 million) is fully implementing and has already supported countries to identify opportunities and challenges in SRHR and HIV prevention integration; re-design interventions for male sexual partners of AGYW and strengthen economic empowerment interventions; and identify technical assistance needs on data, linkage and referrals and community engagement.
- Greater alignment of AGYW investments with partners (PEPFAR) to achieve saturation in high disease burden areas continues. The PEPFAR and Global Fund collaboration continues through the grant life cycle with joint planning and HIV program mitigation intervention design.
- Efforts started in 2020-2022 Allocation Period will continue to support increasing program coverage and quality, access to SRH services, establish sex/age-disaggregated national targets on incidence and build on previous program evaluations.
Annex 2: Reference Slides
For reference: KPIs where reporting Country-Specific Results apply

After successfully piloting it 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); Domestic funding for KP and Human Rights (KPI 9c)
  • **Data sourced from grant reporting**: Fund utilization: absorptive capacity (KPI 7b)
  • **Corporate public data**: Alignment of investment & need (KPI 3)
  • **Corporate data available on demand**: Reduce Human Rights barriers to services (KPI 9a); RSSH: Procurement (KPI 6a); RSSH: Supply chains (KPI 6b); RSSH: Financial Management (KPI 6c); RSSH-Results disaggregation (KPI 6e)

• **Potentially** available in future (2022 or later) or on demand:
  • **Data not publicly available yet**: RSSH: HMIS coverage (KPI 6d); Domestic Investments (KPI 11); Investment efficiency (KPI 4);
  • **KPI discussion more relevant at portfolio level**: Grant funding for Key Populations (KPI 5a); Fund utilization: allocation utilization (KPI 7a); Grant funding for Human Rights (KPI 9b)

• **Not available** for reporting:
  • **Strictly internal information**: Capacity to report on Service coverage for Key Populations (KPI 5b); Key Population service coverage (KPI 5c); RSSH: NSP alignment (KPI 6f)
  • **Data does not exist at country level**: Resource Mobilization (KPI 10a and 10b); Supply Continuity (KPI 12a); Affordable health technologies (KPI 12b)
For reference: 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**, 5c**, 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 KPI 5b & 5c, country & KP combination is one data point.
**For reference: Color-coding convention for indicator progress status (traffic lights) (2/2)**

<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>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>2020 &amp; 2021: Mid-term assessments: Country average scores increased in more than 90% of countries 2022: End-term assessments: 4 priority countries for HIV and/or 4 priority countries for TB have comprehensive programs in place</td>
<td>2020 &amp; 2021: Mid-term assessments: Country average scores increased in 67%-90% of countries 2022: 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>2020 &amp; 2021: Mid-term assessments: Country average scores increased in less than 67% of countries 2022: 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>
<tr>
<td>Code</td>
<td>Indicator Full Name</td>
<td>Target: Modelled/ Non Modelled</td>
<td>Source for Numerator</td>
<td>Source for Denominator</td>
</tr>
<tr>
<td>-------</td>
<td>-------------------------------------------------------------------------------------</td>
<td>--------------------------------</td>
<td>----------------------------------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td># ART</td>
<td># of adults and children currently receiving ART</td>
<td>Modelled</td>
<td>GF result, UNAIDS for countries with no results</td>
<td>N/A</td>
</tr>
<tr>
<td>% ART</td>
<td>% of adults and children currently receiving ART among all adults and children living with HIV</td>
<td>Modelled</td>
<td>GF result, UNAIDS data for countries with no results</td>
<td>UNAIDS Estimates</td>
</tr>
<tr>
<td># VMMC</td>
<td># of males medically circumcised</td>
<td>Modelled</td>
<td>GF result, WHO data for countries with no results</td>
<td>N/A</td>
</tr>
<tr>
<td>% PMTCT</td>
<td>% of HIV+ pregnant women receiving ART for PMTCT</td>
<td>Modelled</td>
<td>GF result, UNAIDS data for countries with no results</td>
<td>UNAIDS Estimates</td>
</tr>
<tr>
<td>% PLHIV know</td>
<td>% of people living with HIV who know their status</td>
<td>Non Modelled</td>
<td>UNAIDS estimates, GF data for countries with no data</td>
<td>Same as numerator</td>
</tr>
<tr>
<td>% VLS</td>
<td>% of people living with HIV on ART with viral load suppression</td>
<td>Non Modelled</td>
<td>UNAIDS estimates, GF data for countries with no data</td>
<td>Same as numerator</td>
</tr>
<tr>
<td>% IPT</td>
<td>% of PLHIV newly enrolled in care that started preventative therapy for TB, after excluding active TB</td>
<td>Non Modelled</td>
<td>GF result, WHO data for countries with no results</td>
<td>Same as numerator</td>
</tr>
<tr>
<td># HIV + TB on ART</td>
<td># of HIV-positive registered TB patients (new and relapse) given anti-retroviral therapy during TB treatment</td>
<td>Modelled</td>
<td>GF result, WHO data for countries with no results</td>
<td>Same as numerator</td>
</tr>
<tr>
<td>Code</td>
<td>Indicator Full Name</td>
<td>Target: Modelled/ Non Modelled</td>
<td>Source for Numerator</td>
<td>Source for Denominator</td>
</tr>
<tr>
<td>------</td>
<td>--------------------</td>
<td>-------------------------------</td>
<td>----------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td># TB</td>
<td># of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses</td>
<td>Modelled</td>
<td>GF result, WHO data for countries with no results</td>
<td>N/A</td>
</tr>
<tr>
<td>%TB</td>
<td>% of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses among estimated new TB cases</td>
<td>Modelled</td>
<td>GF result, WHO data for countries with no results</td>
<td>WHO estimates</td>
</tr>
<tr>
<td># MDR – TB</td>
<td># of cases with drug-resistant TB (RR-TB and/or MDR-TB) that began second-line treatment</td>
<td>Modelled</td>
<td>GF result, WHO data for countries with no results</td>
<td>N/A</td>
</tr>
<tr>
<td>% TB TSR</td>
<td>% of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment (drug susceptible)</td>
<td>Non Modelled</td>
<td>WHO data, GF data for countries with no results</td>
<td>WHO data</td>
</tr>
<tr>
<td>% MDR-TB TSR</td>
<td>% of bacteriologically-confirmed RR and/or MDR-TB cases successfully treated (cured plus completed treatment) among those enrolled on second-line anti TB treatment</td>
<td>Non Modelled</td>
<td>WHO data, GF data for countries with no results</td>
<td>WHO data</td>
</tr>
<tr>
<td># LLINs</td>
<td># of LLINs distributed to at-risk-populations</td>
<td>Modelled</td>
<td>GF results</td>
<td>N/A</td>
</tr>
<tr>
<td># IRS</td>
<td># of households in targeted areas that received IRS</td>
<td>Modelled</td>
<td>GF results</td>
<td>N/A</td>
</tr>
<tr>
<td>% Malaria testing</td>
<td>% of suspected malaria cases that receive a parasitological test</td>
<td>Non Modelled</td>
<td>GF results; WHO data for countries with no GF results</td>
<td>Same as numerator</td>
</tr>
<tr>
<td>% IPTp3</td>
<td>% of women who received at least 3 doses of IPTp for malaria during ANC visits during their last pregnancy in selected countries</td>
<td>Non Modelled</td>
<td>GF results; WHO data for countries with no GF results</td>
<td>Same as numerator</td>
</tr>
</tbody>
</table>
KPI 2: Projection methods

- For the modelled indicators, three sets of projections are provided:
  - **The optimistic projection**: based on national Performance Framework targets for 2022. In their absence, it is assumed that the target (or result in the absence of target) from the latest available year will be continued. *The projection assumes 100% of PF targets are to be achieved* (or have been achieved, for past years);
  - **The conservative projection**: based on actual results (for available years up to 2021) and projected results, estimated by adjusting grant national targets by average 2017-2019 grant performance assuming it continues over the remaining Strategy period. *This assumes that programs go back to their historical, pre-COVID-19 performance levels in 2022.*
  - **The COVID projection**: based on actual results (for available years up to 2021) and future projected results, assumed to stay at the same level as 2021. For LLINs, 2021 performance was used to adjust to 2022 targets. *This is a very conservative scenario that assumes that the disruption experienced in 2020 and 2021 continues at the same level in 2022 (no progress).*

- For the non-modelled indicators only optimistic projection is provided due to limited data on performance
How to interpret (bar chart):

- The blue bars correspond to the results progression from 2017, 2018, 2019, 2020 and the most recent 2021 result for countries in cohort, these are national results as of 2021 either from GF grant reporting or from technical partners. Note: these results do not necessarily match results reported in the GF Results Report as the cohort of countries may be slightly different.
- The grey range corresponds to the Strategy Target (at end of Strategy, either on 2022 or cumulative 2017-2022, depending on the indicator) with its uncertainty range
- The green line is the Optimistic Projection: based on full achievement of targets in current Performance Framework (PF), with assumption of flat-lining for following years, and using current partner results if no target data in PF
- The bright red line is the conservative projection: assuming countries go back to the same level of performance against their national targets as seen before 2020
- The dark red line is the COVID contingency projection: assuming results cannot progress further than the 2021 level.

How to assess performance:

a) If all projections are within/above the grey range: if current performance continues, achievement of the Strategy target for this indicator is expected
b) If the dark red line is left of the grey range: current performance against PF targets will need to improve in order to achieve Strategy target; focus needs to be on COVID-19 mitigation
c) If the bright red line is left of the grey range: historical performance against PF targets will need to improve in order to achieve Strategy target; focus needs to be on implementation
d) If the green line is left of the grey range: target unlikely to be achieved even at 100% achievement of PF targets; grant revisions / scale-up may need to be pursued

How to interpret (results by country):

- The countries displayed are the most important drivers of the gap between the conservative projection and achievement of Strategy target
- The dark blue (first bar) is the countries’ expected contribution to the GF Strategy target.
- The middle bar is based on full achievement of 2022 targets in current Performance Framework (PF), with assumption of flat-lining of current targets for countries without national targets up to 2022
- The light blue bar (third bar) is adjusted to COVID-19 effect and recent performance when available (expecting current, 2021 results will stay stable up to 2022)
- A large difference between the first two bars could be explained by a mismatch between the country's national target (as appearing in PF) and their expected contribution in the model used for the Strategy. A large difference between the last two bars could be explained by performance issues in grants and/or COVID-19 impact

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

1. First, assess overall projections vs. target…

2. …then, investigate which countries are driving the gap to achieving Strategy targets

Funding
Design
Implementation
Results

- Maximize impact against HIV, TB, Malaria
- KPI 2 – Performance against service delivery targets
- KPI 5c – Service coverage for Key Populations
How to interpret (horizontal country count bar):

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

How to interpret (vertical country target distribution bars):

- The bars represent the 2022 projections for individual countries, with the same colour coding as for the overall projection bar, comparing them to 2 reference lines (solid line: Strategy target mid point (ST); and dotted line: lower bound (LB) of confidence interval).
- The dots show the current result (generally for 2021) based on partner data and/or results reported in GF grants, depending on the indicator.
- This graph provides three additional details compared to the overall bar:
  - How far are countries from a specific threshold (rather than just whether they meet it or not)?
  - Is the projection reasonable given the current results (if available)?
  - What are the countries in each group?
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGYW</td>
<td>Adolescent Girls and Young Women</td>
</tr>
<tr>
<td>ANTM</td>
<td>Antimalarial medicine</td>
</tr>
<tr>
<td>ART</td>
<td>Antiretroviral therapy</td>
</tr>
<tr>
<td>ARV</td>
<td>Antiretroviral</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>COE</td>
<td>Challenging Operating Environment</td>
</tr>
<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>EPR</td>
<td>Enterprise Portfolio Review</td>
</tr>
<tr>
<td>ERP</td>
<td>Expert Review Process</td>
</tr>
<tr>
<td>ESA</td>
<td>East-Southern Africa</td>
</tr>
<tr>
<td>FLDs</td>
<td>First Line Drugs</td>
</tr>
<tr>
<td>GAC</td>
<td>Grant Approval Committee</td>
</tr>
<tr>
<td>GAM</td>
<td>Global AIDS Monitoring</td>
</tr>
<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>
</tr>
<tr>
<td>HRts</td>
<td>Human Rights</td>
</tr>
<tr>
<td>IPT</td>
<td>Isoniazid Preventive Therapy</td>
</tr>
<tr>
<td>IPTp3</td>
<td>Intermittent preventive treatment in pregnancy</td>
</tr>
<tr>
<td>IRS</td>
<td>Indoor residual spraying</td>
</tr>
<tr>
<td>ITP</td>
<td>Impact 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>MDR-TB</td>
<td>Multi drug resistant</td>
</tr>
<tr>
<td>LMI</td>
<td>Lower Middle Income</td>
</tr>
<tr>
<td>MIC</td>
<td>Middle Income Country</td>
</tr>
<tr>
<td>NFM</td>
<td>New Funding Model</td>
</tr>
<tr>
<td>OIG</td>
<td>Office of the Inspector General</td>
</tr>
<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>PAHO</td>
<td>Pan American Health Organization</td>
</tr>
<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>
</tr>
<tr>
<td>PQR</td>
<td>Price &amp; Quality Reporting</td>
</tr>
<tr>
<td>RDT</td>
<td>Rapid diagnostic tests</td>
</tr>
<tr>
<td>RSSH</td>
<td>Resilient and sustainable systems for health</td>
</tr>
<tr>
<td>SC</td>
<td>Strategy Committee</td>
</tr>
<tr>
<td>SO</td>
<td>Strategic Objective</td>
</tr>
<tr>
<td>SEA</td>
<td>Southern and Eastern Africa</td>
</tr>
<tr>
<td>SRH</td>
<td>Sexual and Reproductive Health</td>
</tr>
<tr>
<td>ST</td>
<td>Strategy target</td>
</tr>
<tr>
<td>STC</td>
<td>Sustainability and transition &amp; co-financing</td>
</tr>
<tr>
<td>TA</td>
<td>Technical Assistance</td>
</tr>
<tr>
<td>TGs</td>
<td>Transgender people</td>
</tr>
<tr>
<td>TRP</td>
<td>Technical Review Panel</td>
</tr>
<tr>
<td>TSR</td>
<td>Treatment Success Rate</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Program</td>
</tr>
<tr>
<td>UMI</td>
<td>Upper Middle Income</td>
</tr>
<tr>
<td>VMHC</td>
<td>Voluntary male medical circumcision</td>
</tr>
<tr>
<td>WCA</td>
<td>West and Central Africa</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>