The Global Fund’s Approach to Monitoring and Evaluation
Table of Contents

THE GLOBAL FUND’S APPROACH TO MONITORING AND EVALUATION 3

HOW THE GLOBAL FUND USES RESULTS 3

THE GLOBAL FUND’S MONITORING AND EVALUATION PRINCIPLES 4

MEASURING AND DRIVING TOWARD IMPACT 5

GUIDANCE FOR PRINCIPAL RECIPIENTS 5

APPLYING PERFORMANCE-BASED FUNDING PRINCIPLES 6

DATA AND SERVICE QUALITY 7

STRENGTHENING MONITORING AND EVALUATION SYSTEMS 10

SUPPORTING DATA DISAGGREGATION 11

REPORTING GLOBAL RESULTS AND THE GLOBAL FUND’S CONTRIBUTION 11

GLOBAL FUND INVOLVEMENT IN MONITORING AND EVALUATION 14

LISTS OF CORE INDICATORS 15

Cover: Matron Djekorminde at the Idinah-Kelo health center, one of the locations in Kelo, Chad where insecticide-treated nets are stocked and distributed free of charge to the local population. Chad © The Global Fund / Andrew Esiebo
Strong monitoring and evaluation systems provide the information required to make evidence-based decisions for program management and improvement, policy formulation, and advocacy. Quality data are also important for satisfying accountability requirements, for donors as well as for grant recipients.

**HOW THE GLOBAL FUND USES RESULTS**

The Global Fund strategy for 2012-2016 is focused on “investing for impact”, which requires the use of timely and accurate data at both the level of the country and the level of the Global Fund Secretariat to inform strategies, prioritize activities, ensure strategic investments, monitor coverage of high-quality services and measure impact.

The Global Fund’s system of performance-based funding relies heavily on in-country monitoring and evaluation systems, by basing funding decisions on a transparent assessment of results against time-bound targets. The emphasis is on a core set of indicators along with greater investment in data systems, and disaggregation and data use to support clear, strategic programming to achieve coverage and impact.

Performance is also a consideration in determining allocation amounts for future funding. To this end, the Global Fund invests in monitoring and evaluation at all stages of the grant cycle and places significant emphasis on data collection, analysis and use in the programs that it supports.

Results from Global Fund-supported programs are also used to evaluate the performance of the Global Fund and to hold the Global Fund accountable at the global level. Data are shared publicly and with the donors to document progress toward impact and identify areas to improve the Global Fund’s investment strategy.
THE GLOBAL FUND’S MONITORING AND EVALUATION PRINCIPLES

The Global Fund’s approach to monitoring and evaluation is built around three principles:

• Simplify reporting
• Support data systems
• Strengthen data use

Together with partners, the Global Fund has used these principles to guide the updating of its monitoring and evaluation guidance to reflect the shift in its funding model and increase the focus on improving coverage and impact. This has resulted in a shift away from grant-specific or process indicators and toward a consistent set of national indicators used by all partners.

The emphasis is on a core set of indicators with greater investment in data systems, disaggregation and data use that supports clear, strategic programming to achieve coverage and impact.

This guidance supports countries by:

1. Simplifying measurement of progress.
2. Reducing the reporting burden through harmonized data collection and reporting.
3. Enabling comparability of data over time and across regions/countries.
4. Strengthening reporting against global targets, such as the Sustainable Development Goals, Universal Access and 2015 Global AIDS Progress Reporting targets, Stop TB strategy targets, Global Malaria Program targets, etc.
5. Supporting sustainable in-country data systems through collective and coordinated investments in monitoring and evaluation.
6. Signaling the need for course correction during program implementation through regular analysis of available data.
8. Promoting disaggregated data collection and analysis for improved targeting for impact.

This data will be used specifically to:

1. Advocate for more investments
   By demonstrating performance, results and impact, the Global Fund is able to advocate with its donors for continued investments and ensure the scale-up and continuation of lifesaving programs that reduce morbidity and mortality and ultimately achieve progress and support development of sustainable systems. With strong and robust data, the Global Fund is able to demonstrate value for money and secure financial resources required by implementing countries.

2. Guide strategic investments
   The data collected through the Global Fund’s core set of indicators guides the Global Fund and countries to invest in interventions where the greatest impact can be achieved. Disaggregated data and sub-national analyses allow countries to focus on populations at greatest risk and the geographic areas most affected and with the highest disease burden. Strong data for action helps remove bottlenecks to providing people-centered services and to reaching the most vulnerable and affected populations.

   Timely data on intervention coverage are essential for grant management, as this provides information on whether the programs are reaching the highest burden and transmission areas and those at increased risk of morbidity and mortality, to maximize health outcomes and impact. Such data can illustrate how much has been achieved and how to address programmatic and systemic gaps.

3. Decide on routine disbursements and allocation of funding
   Progress toward achieving the targets for each indicator is the starting point for decision-making for performance-based funding through regular disbursements as well as for allocation of funding. Impact, outcome and coverage data are important in making funding decisions that ensure grants are contributing to national program goals and are grounded in evidence-based interventions.

4. Support countries to monitor progress and course correction
   The effective use of data helps to identify and focus on areas of strategic investment. Limited or no progress towards impact (as evidenced by insufficient progress toward improved impact indicators) and low coverage of interventions in the high-burden and transmission areas should prompt a review of policies, service delivery mechanisms, gaps in funding and other resources. This should be followed by revising plans for programs to remove bottlenecks that include clear timelines and deliverables. Regular assessment of coverage helps to identify issues so that timely action can be taken to achieve the desired impact.
MEASURING AND DRIVING TOWARD IMPACT

The primary goal of the Global Fund is to achieve impact through improving health outcomes. Impact is defined as “a reduction in morbidity and mortality as a result of access to and coverage of proven interventions”. In order to measure progress, the Global Fund uses a set of core indicators that have been agreed and harmonized with the indicators recommended by partners. These are reviewed every year and at the end of the grant period and are used to inform funding decisions. Countries are encouraged to include activities related to routine reporting/surveillance, population-based surveys, modeling activities, data analysis and triangulation exercises and/or other required impact measurement tools in their requests for funding.

At the country level, the Global Fund also encourages and provides funding for conducting program reviews and epidemiological assessments to analyze epidemiological trends, assess the causal pathways between investments and impact, and evaluate what is and is not working in the strategic plan. Such reviews can significantly strengthen a program and inform prioritization, investment, and implementation decisions. These analyses support the Global Fund’s focus on investing for impact by providing incentives to countries that are able to demonstrate impact at the time of funding allocation. In order to identify impact, data should be analyzed across geographic locations (including sub-national), populations, and over time to fully explore changes in the epidemiology of the disease. Apart from using data at the time of development of national strategic plans and the concept notes to the Global Fund, regular analysis and use of data generated by national programs provide an important management tool to assess program performance and allow for course correction. More and more, investments are being focused to build resilient health systems, in particular to support routine monitoring.

At the global level, the Global Fund has recently initiated the Data Management for Impact initiative. This includes a full review of the current approach for assessing impact in Global Fund-supported programs, the data required to inform key strategic investment decisions, and how the Global Fund can improve its reporting in the context of other key partners as well as in country ownership. In addition, the project assesses how, and at what frequency, quality data can be accessed at all requisite levels and how data are linked, particularly coverage and outcome data with impact data. It is expected that this initiative will enable the Global Fund to make more strategic investment decisions aimed at maximizing impact at all stages of the investment life cycle, improve portfolio-level reporting, and inform the development of the new Global Fund strategy.

EXAMPLE: USING MODELING AND PROGRAM REVIEWS TO INFORM STRATEGY IN BANGLADESH

The Global Fund worked closely with stakeholders in Bangladesh to use program reviews and modeling to update the strategic plans of their HIV, TB and malaria programs, as well as inform the country’s concept note submissions. Using modeling data and findings from program reviews, Bangladesh was able to effectively modify their strategies and funding requests to optimize program impact. The malaria program focused on a more targeted strategy toward phased elimination while building capacity in surveillance and service delivery. The TB program modeling made it clear that the current level of services could not help them reach the impact in treatment success and case notification rates that they were looking for, so this provided strong incentive to improve the response. The integration of program reviews and modeling outputs resulted in a stronger application for Global Fund grant financing, leading to the awarding of an additional US$16 million in incentive funding for the TB program. The mathematical modeling workshops also catalyzed an increased interest and use of these tools by in-country stakeholders as they continue to adapt their model of care.

GUIDANCE FOR PRINCIPAL RECIPIENTS

The Global Fund has developed a set of materials to guide grant recipients through the monitoring and evaluation requirements. This includes the following:

1. Summary lists of core indicators (HIV, TB, malaria and health systems strengthening): Single-page summary lists of the types of indicators that are required for reporting to the Global Fund. Each is color-coded by data source. These are available for each of the three diseases and for health systems strengthening.

2. Indicator guidance sheets (HIV, TB and malaria): Operational guidance on indicator measurement for the three diseases, such as the description of numerators, denominators, data sources, frequency of data collection, required disaggregation and data analysis and interpretation and references to relevant technical guidance.

3. Global Fund measurement guidance: Key principles applied by the Global Fund to ensure strategic planning and investments and measurement of progress of supported programs. This document includes an
4. **Monitoring and evaluation framework for Global Fund grants with insufficient coverage indicators:** For use by grant recipients that cannot report on coverage indicators during the grant cycle or where demonstrable impact on national disease burden is unlikely during the implementation period, based on the activities supported by the grant. This scenario is most often seen in regional grants or other grants that include modules related to community systems strengthening, human rights and some interventions related to health systems strengthening. The monitoring and evaluation framework includes workplan tracking measures and evaluations, which are part of the performance framework.

All these documents are available on our website http://www.theglobalfund.org/en/me/documents/

**APPLYING PERFORMANCE-BASED FUNDING PRINCIPLES**

Progress towards achieving targets for each indicator is the starting point for decision-making for performance-based funding both in terms of regular disbursements and with regard to allocation of funding. Impact, outcome and coverage data are important in making funding decisions to ensure that the grants are contributing to national program goals.

In addition to the impact, outcome, quality and coverage indicators, the performance framework includes workplan tracking measures. These are qualitative milestones and/or input or process measures that are used to measure progress over the grant implementation period for modules and interventions that cannot be measured with coverage or output indicators. This is most often the case in regional grants or grants that include modules related to, for example, community systems strengthening, certain health system strengthening interventions, removing legal barriers to access, activities addressing gender inequalities, health sector linkages, etc.

Progress updates are submitted by Principal Recipients on a routine basis and include an update on programmatic performance indicators, financial performance, grant conditions and specific management actions. The Global Fund reviews this information and the grant is assigned an overall rating. Each year, this information is analyzed to determine the amount of funding to be disbursed to each eligible grant recipient for the next period of up to 12 months (plus a buffer period). The annual review process also seeks to identify any implementation issues or risks, as well as the corresponding mitigation measures. This process ensures that annual funding decisions are linked to performance, as a way of encouraging grant recipients to focus on results and timely implementation rather than on inputs, and so that annual funding decisions can be well documented and justified. The diagram below graphically represents the process.

**Figure 1: Annual funding decision process**
DATA AND SERVICE QUALITY

As part of the Global Fund strategy, there is an increased focus on both the quality of data and the quality of the services provided. Countries are encouraged to integrate data and service quality assurance and improvement into their routine processes; this can be supported by Global Fund grants. In addition, the Global Fund uses several tools to better understand these aspects of the grant portfolio, the extent of which can vary depending on the country context. The Global Fund’s approach has been to assess quality of services at a programmatic level through some of the core indicators in the performance framework, and through the use of the Rapid Service Quality Assessment. Data quality is periodically assessed using the On-Site Data Verification tool. Each of these tools uses a sample of facility-level data to provide an indicative picture of some of the data and service quality issues that might affect the effectiveness of grant implementation.

The Global Fund is moving to a new approach to data and quality assessments that has greater representativeness and is supportive of national systems. To this end, the Global Fund has been working with other international partners such as the World Health Organization (WHO), the World Bank and others to develop a harmonized health facility assessment tool using a modular approach. This format allows for customization of the tool based on country context, while maintaining minimum components to assess availability and quality of services and the quality of data across countries. The health facility assessment would be closely linked to the national planning and review process (see Figure 2), but also serve as a tool for the Global Fund and other donors to assess their investments and feed into the course correction during program implementation. Ideally, the process would be led by the government and supported technically by local universities or research institutions. External technical cooperation should be used to provide quality checks throughout the process.
While the health facility assessment tool is meant to be flexible, it is recommended that countries undertake some level of review of data quality and quality of services every year. This may mean that some years have a “lighter” assessment, followed the next year by a more in-depth assessment. Countries may also want to focus on different diseases in different years, depending on program reviews or other factors. The sample size and methodology used will depend on the objective of the assessment, how the data is intended to be used, and the availability of resources. The Global Fund will be supporting this work through a differentiated approach, where higher-risk/high-resource portfolios will be requested to complete a health facility assessment every two years, and lower-risk countries may require less frequent surveys.
The Global Fund joined with other partners (including GAVI, the Ugandan Ministry of Health, local government, academic institutions, and WHO) to support the repeated implementation of the Service Availability and Readiness Assessment (SARA) in Uganda to improve health sector performance. The use of SARA has revealed several key gaps in the health system that were affecting progress towards achieving the Millennium Development Goals in the country. The reports showed that the percentage of facilities providing diagnosis and treatment for communicable diseases varied considerably. While almost all facilities provided diagnosis and treatment services for malaria and sexually transmitted infections, services for HIV and TB were available only in a lower proportion of health facilities. Using this information, Uganda was able to provide evidence and support for their funding proposal to the Global Fund, which prioritized improvements in procurement and supply chain management, monitoring and evaluation, and community systems strengthening. The embedded nature of the SARA in the review and planning processes can help the country to monitor the successful translation of financial support for these activities into real change at the facility level.

EXAMPLE: IMPROVING SERVICE QUALITY THROUGH SERVICE AVAILABILITY AND READINESS ASSESSMENTS IN UGANDA
STRENGTHENING MONITORING AND EVALUATION SYSTEMS

In recent years, efforts to strengthen national monitoring and evaluation systems have yielded significant progress and improved the harmonization of monitoring and evaluation activities. However, certain weaknesses in both monitoring and evaluation have persisted. Therefore, the Global Fund specifically supports countries in strengthening their data systems as well as their capacity to use and evaluate results and to assess impact. Funding from a Board-approved Special Initiatives pool can also be allocated to countries above and beyond their grant funding in order to bolster specific components of their monitoring and evaluation systems.

Based on a common framework developed by WHO and supported by international health partners, the Global Fund has identified key cross-cutting and disease-specific data requirements and underlying data systems that should be assessed, with appropriate investments made to fill in the gaps. These include:

1. Routine reporting, including Health Management Information Surveys;
2. Surveys every three to five years, including population-based and key population surveys;
3. Routine civil registration and vital statistics systems;
4. Administrative and financial data sources; and
5. Analytical capacity and reviews.

Several tools are used to monitor and identify opportunities to invest in monitoring and evaluation systems. The primary tool is the concept note submitted by countries, which includes the countries’ priority interventions for improving in-country monitoring and evaluation systems. The Global Fund recommends that grants allocate between five and ten percent of their budget to monitoring and evaluation activities, and under-investment in this area will be flagged and explored in detail by the Global Fund’s country team. The Capacity Assessment Tool is also used prior to grant signing to assess and monitor the capacity of Principal Recipients across several areas (including monitoring and evaluation), and to ensure that gaps in the system are being addressed by specific strengthening or mitigation measures. At the time a grant is signed, the Global Fund requires a monitoring and evaluation plan which includes a costed workplan. In general, Principal Recipients should submit a national monitoring and evaluation plan that is linked to their national disease or health sector strategy, which outlines the various components and processes of the system. Data and service quality assessments are then applied throughout the grant lifecycle to inform further areas for improvement.

Figure 3: The funding model is more closely aligned to national systems.

EXAMPLE: INVESTING IN MONITORING AND EVALUATION SYSTEMS INTEGRATION IN GHANA

The Global Fund has supported the implementation of the national health information management system in Ghana through financing for training, register development, and supervision as part of the Ghana Health Services’ malaria grant. This support has helped to integrate malaria reporting into the country’s District Health Information Management System from a historically parallel system, and the expansion of the system to include 6,960 reporting facilities across the country.

Opposite: Jajja’s House, which means “Grandmother’s House”, is a nonprofit based in Kampala, Uganda which caters to HIV-positive children. The workers travel for three hours every day to pick up the children from their homes and transport them to the day care facility, where they receive ARVs, balanced meals in a loving environment. Uganda © The Global Fund / Guy Stubbs
SUPPORTING DATA DISAGGREGATION

Improved granularity of data can help to reveal health and social inequities, as well as the populations or geographic locations that exhibit the poorest outcomes. The Global Fund encourages countries to invest in monitoring and evaluation systems that are capable of reporting on disaggregated data for certain key indicators, and to incorporate disaggregated data into performance analyses. Data disaggregation can be based on gender, age, subnational geographic locations, and key or vulnerable populations that have been identified in a particular country context. This approach helps countries to target their investments more strategically, and ensure that marginalized or populations at higher risk for disease are being reached with services. While it is not cost-effective to capture disaggregated data for all indicators, the Global Fund recommends it for key strategic areas.

REPORTING GLOBAL RESULTS AND THE GLOBAL FUND’S CONTRIBUTION

The Global Fund provides strategic funding to countries to achieve greater global impact on HIV, TB and malaria. Continued funding—from donors to the Global Fund and then from the Global Fund to countries—is dependent on demonstrable results and impact these investments can achieve. To this end, the Global Fund uses data collected through its progress updates, as well as external data sources (such as demographic and health surveys, WHO TB and malaria reports, and UNAIDS country profiles) to assess its own progress.

For reporting on antiretroviral (ARV) therapy results, the Global Fund uses a pre-defined model and harmonizes its results with the other major external funders of HIV programs. For reporting on impact, the Global Fund uses metrics including morbidity and mortality rates, which are typically modeled and reported on at the national and international levels. Given the inability to attribute impact-level indicators to a particular donor or program, the Global Fund recognizes that it is only one contributor, along with many partners, effecting observable changes. Standard partner-developed and agreed-upon models are used to report on the Global Fund strategy’s targets of lives saved and infections averted.

The Global Fund does not attempt to attribute country-level results directly to its support, and uses results reporting as an opportunity to highlight its contribution to progress across the portfolio. In some countries, it is not possible to disaggregate and report on Global Fund-specific results without creating a parallel reporting system. In these countries (i.e. those where it is only possible to report at the national level), national data may be included in Global Fund results reporting if all of the following criteria are met:

- Total disbursements to countries in the specific programs must be at least US$50 million (past three years for HIV, cumulative amounts for TB and malaria)
- Total annual disbursement of Global Fund support is at least 15 percent of reported public expenditure per disease, based on latest available data from international agencies
- Supported programs must contribute to essential elements on a national scale; programs supported by the Global Fund must perform adequately (A- or B-rated grants)
- The reported indicators have no major data quality issues (as determined by on-site data verifications)

In cases where countries do not meet these criteria, the Global Fund may consider reporting programmatic results as a percentage contribution to the national program.
In early 2014, the Global Fund provided support for Nigeria’s HIV and malaria epi analyses in advance of their application for funding. A key feature of these analyses was an assessment of data at the sub-national levels, including both state and local government area levels as available. In a country as vast as Nigeria, strategic targeting of program interventions is essential in order to maximize the cost-effective allocation of resources. HIV and malaria epi analyses identified an opportunity for more focused interventions in high-burden regions that were contributing significantly to morbidity and mortality. This was the first time that such a diverse, comprehensive, and inclusive process had unpacked programmatic data to this level of detail in Nigeria, and the process helped to create strong alignment and joint planning across the Ministry of Health, WHO, the United Nations Joint Programme on HIV/AIDS (UNAIDS), the United Nations Children’s Fund (UNICEF), the President’s Malaria Initiative (PMI), the President’s Emergency Plan for AIDS Relief (PEPFAR), the Global Fund, and other partners. There was clear targeting of interventions and expected results, and better identification of challenges and potential solutions than in previous planning processes. These findings translated directly into the Global Fund concept notes for both HIV/TB and malaria, and resulted in the selection of a number of priority states for Global Fund investment.
Monitoring and Evaluation
GLOBAL FUND INVOLVEMENT IN MONITORING AND EVALUATION

The Global Fund is committed to monitoring and evaluation and has embedded support for these functions into the Secretariat structure. Specialists in the area of monitoring and evaluation who have additional expertise in public health work with the Global Fund’s grant management structure as part of a country team.

These specialists work with Principal Recipients and country team members to ensure adequate monitoring and evaluation and programmatic integrity and consistency between the monitoring and evaluation plans and the budgets and procurement plans of the grants. They work closely with finance experts, legal experts, supply chain specialists and the grant managers to ensure the best possible outcomes for the country. They can also facilitate technical cooperation for the country when needed.

In addition, the Global Fund Secretariat includes a Monitoring and Evaluation and Country Analysis team, which works across the entire grant portfolio to set monitoring and evaluation policies and develop operational guidance. They also provide technical support to country teams by facilitating data and service-quality assessments, monitoring and evaluation systems strengthening activities, epidemiological analysis, impact assessments and program reviews, key population size estimations, mortality analysis in countries, etc.

The Monitoring and Evaluation and Country Analysis team works closely with other teams across the Global Fund as well as with technical and other partners/donors to ensure harmonization and alignment with the latest technical guidance, assist with the rationalization of reporting requirements and support coordinated efforts and investments towards strengthening monitoring and evaluation systems in countries.

Global results reporting about the Global Fund’s contribution to impact is supported by the Strategic Information department. It regularly publishes the results achieved by Global Fund-supported programs. The Strategic Information department collects, standardizes and aggregates data across a list of indicators that cover prevention, treatment and care interventions for the three diseases.
### IMPACT AND OUTCOME INDICATORS

**(one to three years)**

<table>
<thead>
<tr>
<th>Disease trends</th>
<th>Treatment, care and support (for people living with HIV/AIDS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Percentage of young people aged 15-24 who are living with HIV</td>
<td>- Adults and children currently receiving ARV therapy (# &amp; %)</td>
</tr>
<tr>
<td>- Sexually transmitted infection prevalence (key populations, pregnant women, as applicable)</td>
<td>- People living with HIV that initiated ARV therapy with a CD4 count of &lt;200 cells/mm³</td>
</tr>
<tr>
<td>- HIV incidence among 15-49 age group</td>
<td>- People living with HIV that initiated ARV therapy with an undetectable viral load at 12 months (# &amp; %) (&lt;1000 copies/ml)</td>
</tr>
<tr>
<td>- AIDS-related mortality</td>
<td>- Health facilities with stock-outs of at least one required ARV drug (# &amp; %)</td>
</tr>
<tr>
<td>- New HIV infections among children</td>
<td>- Proportion of undernourished people living with HIV that received therapeutic or supplementary food at any point during reporting period</td>
</tr>
<tr>
<td>- TB/HIV mortality</td>
<td></td>
</tr>
<tr>
<td>- Modeled lives saved based on latest epidemiological data</td>
<td></td>
</tr>
<tr>
<td>- Modeled infections averted based on latest epidemiological data</td>
<td></td>
</tr>
</tbody>
</table>

### COVERAGE AND OUTPUT INDICATORS

**(to be used for performance rating every 6 to 12 months)**

<table>
<thead>
<tr>
<th>TB/HIV</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- TB patients with known HIV status (# &amp; %)</td>
<td></td>
</tr>
<tr>
<td>- HIV-positive TB patients given ARV therapy during TB treatment (# &amp; %)</td>
<td></td>
</tr>
<tr>
<td>- HIV-positive patients who were screened for TB in HIV care or treatment settings (# &amp; %)</td>
<td></td>
</tr>
<tr>
<td>- HIV-positive patients newly enrolled in HIV care starting intermittent preventive therapy (# &amp; %)</td>
<td></td>
</tr>
</tbody>
</table>

### Prevention of mother-to-child transmission

- Pregnant women who know their HIV status (# & %)
- HIV-positive pregnant women who received ARVs to reduce the risk of mother-to-child transmission (# & %)
- Infants born to HIV-infected women who receive a virological test for HIV within two months of birth (# & %)

### Prevention among key populations

- Key populations reached with HIV prevention programs-defined package of services (# & %)
- Key populations reached with HIV prevention programs-individual and/or smaller group level interventions (# & %)
- Key populations that received an HIV test during the reporting period and who know the results (# & %)
- Needles and syringes distributed per person who inject drugs per year by needle and syringe programs (#)
- Individuals receiving opioid substitution therapy who received treatment for at least six months (# & %)

### Prevention among general populations

- Women and men aged 15+ who received an HIV test and know their results (#)
- Individuals from targeted population reached through community outreach with standardized HIV prevention interventions
- New individuals who test positive for HIV, enrolled in care (pre-ARV therapy or ARV therapy) services (# & %)
- Antenatal care attendees tested for syphilis (# & %)
- Male circumcisions performed according to national standards (#)
- Orphaned and other vulnerable children aged 0–17 years whose households received free basic external support in caring for the child according to national guidelines (# & %)

### Health information system and monitoring and evaluation

- Health Management Information System or other routine reporting units submitting timely reports according to national guidelines (# & %)

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**Table 1: List of Core Indicators – HIV**

- **Disease trends**
  - Percentage of young people aged 15-24 who are living with HIV
  - Sexually transmitted infection prevalence (key populations, pregnant women, as applicable)
- **Treatment, care and support**
  - Adults and children currently receiving ARV therapy (# & %)
- **Coverage and output indicators**
  - People living with HIV that initiated ARV therapy with a CD4 count of <200 cells/mm³
  - People living with HIV that initiated ARV therapy with an undetectable viral load at 12 months (# & %) (<1000 copies/ml)
  - Health facilities with stock-outs of at least one required ARV drug (# & %)
  - Proportion of undernourished people living with HIV that received therapeutic or supplementary food at any point during reporting period

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Based on epidemiological review of disaggregated data by age, sex, risk and geographical distribution.
### Table 2: List of Core Indicators – TB

<table>
<thead>
<tr>
<th>IMPACT AND OUTCOME INDICATORS (to be assessed every one to three years)</th>
<th>COVERAGE AND OUTPUT INDICATORS (to be used for performance rating six to 12 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Disease trends</strong></td>
<td><strong>TB care and prevention</strong></td>
</tr>
<tr>
<td>- Case notification rate</td>
<td>- Number of notified cases of all forms of TB* (i.e. bacteriologically confirmed + clinically diagnosed)</td>
</tr>
<tr>
<td>- TB prevalence rate</td>
<td>- Number of notified cases of bacteriologically confirmed TB*</td>
</tr>
<tr>
<td>- TB incidence rate</td>
<td>- Treatment success rate for all forms of TB cases (# &amp; %)</td>
</tr>
<tr>
<td>- TB mortality rate</td>
<td>- Treatment success rate for bacteriologically confirmed TB cases (# &amp; %)</td>
</tr>
<tr>
<td>- TB/HIV mortality rate</td>
<td>- Laboratories performing smear microscopy that show adequate performance on external quality assurance (# &amp; %)</td>
</tr>
<tr>
<td>- Multidrug resistance prevalence among new TB patients</td>
<td>- Reporting units reporting no stock-outs of anti-TB drugs on the last day of the quarter (# &amp; %)</td>
</tr>
<tr>
<td>- Modeled lives saved based on latest epidemiological data</td>
<td>- Number of children &lt;5 in contact with TB patients who began intermittent preventive therapy</td>
</tr>
<tr>
<td>- Modeled infections averted based on latest epidemiological data</td>
<td><strong>Above indicators for specific groups will apply to some grants- such as</strong></td>
</tr>
<tr>
<td></td>
<td>- Number of TB cases (all forms) notified among key populations/high-risk groups</td>
</tr>
<tr>
<td></td>
<td>- Notified TB cases (all forms) contributed by non-national TB program providers (# &amp; %)</td>
</tr>
<tr>
<td></td>
<td>(specify if these providers are (a) private/non-governmental facilities (b) public sector such as general hospitals, social security, health insurance, educational institutions etc. or (c) community referrals)</td>
</tr>
<tr>
<td><strong>TB care and prevention</strong></td>
<td><strong>Multidrug-resistant TB</strong></td>
</tr>
<tr>
<td>- Case notification rate (per 100,000 population), all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed)*, disaggregated by age, sex and HIV status</td>
<td>- Previously treated TB patients receiving DST (bacteriologically positive cases only) (# &amp; %)</td>
</tr>
<tr>
<td>- Case notification rate (per 100,000 population), bacteriologically confirmed TB*, disaggregated by age and sex</td>
<td>- Number of cases of bacteriologically confirmed, drug resistant TB (Rifampcin-resistant TB and/or multidrug-resistant TB) notified</td>
</tr>
<tr>
<td>- Treatment success rate – a) all forms of TB cases (disaggregated by age, sex and HIV status) and b) bacteriologically confirmed new cases</td>
<td>- Number of cases with drug-resistant TB (Rifampcin-resistant TB and/or multidrug-resistant TB) that began second-line treatment (disaggregated by bacteriologically confirmed and presumptive cases)</td>
</tr>
<tr>
<td></td>
<td>- Cases with drug resistant TB (Rifampcin-resistant TB and/or multidrug-resistant TB) started on treatment for multidrug-resistant TB who were lost to follow up at six months (# &amp; %)</td>
</tr>
<tr>
<td></td>
<td>- DST laboratories showing adequate performance on external quality assurance (# &amp; %)</td>
</tr>
<tr>
<td><strong>Multidrug-resistant TB</strong></td>
<td><strong>TB/HIV</strong></td>
</tr>
<tr>
<td>- Notification of MDR-TB cases – Notified cases of bacteriologically confirmed, drug resistant TB (Rifampcin-resistant TB and/or multidrug-resistant TB) as a proportion of the estimated number of multidrug-resistant TB cases among notified TB cases</td>
<td>- Pregnant women who know their HIV status (# &amp; %)</td>
</tr>
<tr>
<td>- Treatment success rate multidrug-resistant TB</td>
<td>- HIV-positive pregnant women who received ARVs to reduce the risk of mother-to-child transmission (# &amp; %)</td>
</tr>
<tr>
<td></td>
<td>- Infants born to HIV-infected women who receive a virological test for HIV within two months of birth (# &amp; %)</td>
</tr>
<tr>
<td>* Case notification and treatment success rate indicators include new and relapse cases</td>
<td><strong>Prevention among key populations</strong></td>
</tr>
<tr>
<td></td>
<td>- TB patients with known HIV status (# &amp; %)</td>
</tr>
<tr>
<td></td>
<td>- HIV-positive TB patients given ARV therapy during TB treatment (# &amp; %)</td>
</tr>
<tr>
<td></td>
<td>- HIV-positive patients who were screened for TB in HIV care or treatment settings (# &amp; %)</td>
</tr>
<tr>
<td></td>
<td>- HIV-positive patients newly enrolled in HIV care starting intermittent preventive therapy (# &amp; %)</td>
</tr>
<tr>
<td><strong>Health Information system and monitoring and evaluation</strong></td>
<td><strong>Health management information system and monitoring and evaluation</strong></td>
</tr>
<tr>
<td>- Specific service readiness score for health facilities</td>
<td>- Health management information system or other routine reporting units submitting timely reports according to national guidelines</td>
</tr>
</tbody>
</table>

*Modeled based on latest epidemiological data.*
### Table 3: List of Core Indicators – Malaria

<table>
<thead>
<tr>
<th>Disease trends</th>
<th>Malaria prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reported malaria cases (presumed &amp; confirmed, disaggregated by sex)</td>
<td>Proportion of targeted risk groups receiving insecticide-treated nets (pregnant women, children under 5, migrants, etc.)</td>
</tr>
<tr>
<td>Confirmed malaria cases (microscopy or rapid diagnostic test) per 1,000 persons per year (disaggregated by sex)</td>
<td>Proportion of population at risk potentially covered by long-lasting insecticidal distributed (# &amp; %)</td>
</tr>
<tr>
<td>In-patient malaria deaths per 1,000 persons per year</td>
<td>Long-lasting insecticidal nets distributed - mass campaign and continuous distribution (#)</td>
</tr>
<tr>
<td>Malaria test positivity rate</td>
<td>Households in targeted areas that received indoor residual spraying during the reporting period (# &amp; %)</td>
</tr>
<tr>
<td>Parasite prevalence: Proportion of children aged 6-59 months with malaria infection</td>
<td>Proportion of population protected by indoor residual spraying within the last 12 months</td>
</tr>
<tr>
<td>All-cause under-5 mortality rate</td>
<td>Modeled lives saved based on latest epidemiological data</td>
</tr>
<tr>
<td>Modeled infections averted based on latest epidemiological data</td>
<td>Modeled infections averted based on latest epidemiological data</td>
</tr>
</tbody>
</table>

#### Malaria prevention

- Proportion of population that slept under an insecticide-treated net the previous night (disaggregated by age, sex, pregnancy status, geographical location)
- Proportion of population using an insecticide-treated net the previous night among the population with access to an insecticide-treated net
- Proportion of households with at least one insecticide-treated net for every two people and/or treated with indoor residual spraying within the last 12 months
- Proportion of households with at least one insecticide-treated net
- Proportion of households with at least one insecticide-treated net for every two people
- Proportion of population with access to an insecticide-treated net within their household

- Women attending antenatal clinics who received three or more doses of intermittent preventive treatment for malaria (# & %)

#### Surveillance in elimination setting

- Confirmed cases fully investigated (including case investigation form, focus investigation form and active case detection) (# & %)
- Malaria foci fully investigated (malaria focus investigation form completed, including data from an entomological investigation) and registered (on register with maps of each focus) (# & %)

#### Health management information system and monitoring and evaluation

- Health management information system or other routine reporting units submitting timely reports according to national guidelines (# & %)
- Facility reports received over the reports expected (# & %)
**Table 4: List of Core Indicators- Health Systems Strengthening† and Community Systems Strengthening**

**IMPACT AND OUTCOME INDICATORS**
(One to three years)

<table>
<thead>
<tr>
<th>List of core indicators – health systems strengthening</th>
<th>COVERAGE AND OUTPUT INDICATORS</th>
<th>(to be used for performance rating six to 12 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Under-5 mortality rate per 1,000 live births</td>
<td>Service delivery</td>
<td></td>
</tr>
<tr>
<td>• Neonatal mortality rate</td>
<td>• # &amp; distribution of health facilities per 10,000 population</td>
<td></td>
</tr>
<tr>
<td>• Maternal mortality ratio</td>
<td>• # of outpatients visits per 10,000 population</td>
<td></td>
</tr>
<tr>
<td>• % of women attending antenatal care</td>
<td>Health and community workforce</td>
<td></td>
</tr>
<tr>
<td>• % of births attended by skilled health professional</td>
<td>• # of health workers per 10,000 population (report on community health workers as applicable)</td>
<td></td>
</tr>
<tr>
<td>• Ratio of household out-of-pocket payments for health to total expenditure on health</td>
<td>• Distribution of health workers (by specialization)</td>
<td></td>
</tr>
<tr>
<td>• General/specific service readiness score for health facilities (specific service readiness score to be included in the disease specific HCSS modules when applicable)</td>
<td>• # of health workers newly recruited at primary health care facilities in the past 12 months, expressed as a percentage of planned recruitment target</td>
<td></td>
</tr>
<tr>
<td>• Annual rate of retention of service providers at primary health care facilities</td>
<td>• Annual rate of retention of service providers at primary health care facilities</td>
<td></td>
</tr>
</tbody>
</table>

**Procurement and supply chain management**

• % of health facilities reporting no stock-outs of essential drugs

**Monitoring and evaluation**

• % of health management information system or other routine reporting units submitting timely reports according to national guidelines
• % of deaths registered (as reported by civil or sample registration systems, hospitals, community-based reporting systems) among the total deaths for the same period and geographical region (Total deaths can be estimated by extrapolating from census or on the basis of mortality rates derived from population based surveys)

**Healthcare financing**

• Government expenditure on health as percentage of general government expenditure

**List of core indicators – community systems strengthening**

| For community systems strengthening interventions related to HIV, TB and malaria refer to disease-specific indicators |

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* For health systems strengthening interventions related to HIV, TB and malaria refer to disease-specific indicators

† Reference: MONITORING THE BUILDING BLOCKS OF HEALTH SYSTEMS: A Handbook of Indicators and Their Measurement Strategies, WHO 2010
The Global Fund is a 21st-century organization designed to accelerate the end of AIDS, tuberculosis and malaria as epidemics.