

Electronic Report to the Board

# 2017-2022 Strategic KPI Framework: Proposed Performance Targets

For Board Decision

GF/B36/ER08B

7 March 2017

# Overview

## Aim

- Review and approve the proposed performance targets for the 2017 – 2022 Strategic KPI Framework recommended for approval by the Audit & Finance and Strategy Committees

## Summary

- The 12 Strategic KPIs approved by the Board in June 2016 are made up of 37 separate measures
- Performance targets are proposed for 34 measures
- It is proposed to postpone target setting until the autumn 2017 Board Meeting for 3 measures:
  - KPI 6a Procurement; KPI 6b Supply chains; KPI 6e Results disaggregation
- Interim indicators are proposed for 2 measures:
  - KPI 5 Key populations, KPI 9c Human Rights

# 2017-2022 Strategic KPI Framework

## Target Status

**34** Validation requested

**3** Proposal to postpone

Strategic Targets	Strategic Targets			
	1 Performance against impact targets		2 Performance against service delivery targets	
Strategic Objectives	Maximize Impact Against HIV, TB and malaria	Build resilient & sustainable systems for health	Promote and protect human rights & gender equality	Mobilize increased resources
Strategic vision	Invest funds to maximize portfolio impact	Improve the performance of strategically important components of national systems for health	Reduce human rights barriers to service access; & Reduce gender and age disparities in health	Increase available resources for HIV, TB & Malaria; & Ensure availability of affordable quality-assured health technologies
Strategic KPIs	<p><b>3</b> Alignment of investment &amp; need</p> <p><b>4</b> Investment efficiency</p> <p><b>5</b> Service coverage for key populations</p>	<p><b>6</b> Strengthen systems for health</p> <ul style="list-style-type: none"> <li>a) Procurement</li> <li>b) Supply chains</li> <li>c) Financial management</li> <li>d) HMIS coverage</li> <li>e) Results disaggregation</li> <li>f) NSP alignment</li> </ul> <p><b>7</b> Fund utilization</p>	<p><b>8</b> Gender &amp; age equality</p> <p><b>9</b> Human rights</p> <ul style="list-style-type: none"> <li>a) Reduce HR barriers to services</li> <li>b) KP &amp; HR in middle income countries</li> <li>c) KP &amp; HR in transition countries</li> </ul>	<p><b>10</b> Resource mobilization</p> <p><b>11</b> Domestic investments</p> <p><b>12</b> Availability of affordable health technologies</p>

# Performance target proposals

## Strategic Targets

Maximize Impact Against HIV, TB and malaria

Build Resilient &amp; Sustainable Systems for Health

Promote and Protect Human Rights &amp; Gender Equality

Mobilize Resources

Definition Approved

**KPI 1** Performance against impact targets**Strategic Vision**

Maximize portfolio impact

**Aim of indicator**

Measures the extent to which Strategic Objectives are achieving high level goals of lives saved and reduction of new infection/cases.

Given limitations inherent in modeling methodology, data timeliness, and projection reliability, this indicator provides a high level view on overall progress. However, coupled with KPI 4, cascading these targets down to regional/country level will increase accountability and help to “close the loop”.

The measure should be interpreted with these limitations in mind.

**Measure**

- Estimated number of lives saved
- Reduction in new infections/cases

**Limitations & mitigation actions**

- ✓ The equivalent *reduction in deaths* and infections/cases averted numbers will be made available in thematic reports
- ✓ **Numeric targets will be aligned with the investment case modelling which has been developed with partners**
- ❑ Estimates produced by WHO/UNAIDS use standardized models and country-specific data with variable quality and availability. Country-level impact modelling is being undertaken to supplement this for select countries
- ❑ Data for all diseases are available with a one-year lag, and is sensitive to changes to modelling methodology and historical data. As a result, targets may require periodic recalibration
- ✓ Data will be disaggregated by region/country to illustrate the range of performance across the portfolio

# KPI 1: Lives saved and incidence reduction

Key Performance Indicator	Target <sup>1</sup>	Uncertainty range	Period / Year
<b>KPI 1</b>			
i. Estimated number of lives saved (millions)	<b>29</b>	28 - 30	2017 - 2022
ii. % Reduction in new infections/cases (average rates across the three diseases)	<b>38</b>	28 - 47	From 2015 to 2022

<sup>1</sup>Targets represent a point estimate within the corresponding range due to uncertainty  
GF/SC02/ER02 provides the detailed technical methodology underpinning the targets

## Strategic Targets

Maximize Impact Against HIV, TB and malaria

Build Resilient &amp; Sustainable Systems for Health

Promote and Protect Human Rights &amp; Gender Equality

Mobilize Resources

Definition Approved

**KPI 2** Performance against service delivery targets (1/2)**Strategic Vision**

Deliver high impact high quality services

**Aim of indicator**

Measures extent to which the Strategic Objectives are achieving the high level service delivery targets at expected levels of quality.

Measures have been reviewed and endorsed by technical partners.

As projection methodology is strengthened and results forecast is institutionalized, the indicator will drive portfolio performance management in conjunction with ITP project.

**Measure****A. HIV**

- i. # of adults and children currently receiving ART
- ii. # of males circumcised\*
- iii. % of HIV+ pregnant women receiving ART for PMTCT\*
- iv. % of adults and children currently receiving ART among all adults and children living with HIV\*
- v. % of people living with HIV who know their status\*
- vi. % of adults and children with HIV known to be on treatment 12 months after initiation of ART\*
- vii. % of PLHIV newly enrolled in care that started preventative therapy for TB, after excluding active TB\*

**B. Tuberculosis**

- i. # of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses
- ii. % of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses among all estimated cases (all forms)
- iii. # of cases with drug-resistant TB (RR-TB and/or MDR-TB) that began second-line treatment
- iv. # of HIV-positive registered TB patients (new and relapse) given anti-retroviral therapy during TB treatment
- v. % 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)
- vi. % of bacteriologically-confirmed RR- and/or MDR-TB cases successfully treated (cured plus completed treatment) among those enrolled on second-line anti TB treatment\*

\* Indicator tracked on a specified set of countries agreed with technical partners

**KPI 2** Performance against service delivery targets (2/2)**Strategic Vision**

Invest funds to maximize portfolio impact

**Measure****C. Malaria**

- i. # of LLINs distributed to at-risk-populations
- ii. # of households in targeted areas that received IRS
- iii. % of suspected malaria cases that receive a parasitological test [public sector]
- iv. % of women who received at least 3 doses of IPTp for malaria during ANC visits during their last pregnancy in selected countries\*

\* Indicator to be tracked on a specified set of countries to be selected in collaboration with technical partners

**Limitations & mitigation actions**

- Issues of data quality, timeliness and accountability addressed by focusing data collection on a subset of countries for some indicators
- ✓ This focus will be supported by strengthening data systems & estimates in these countries to better meet these demands
- Internal processes to ensure stronger links between service delivery targets and the grant portfolio will be required
- ✓ Data will be disaggregated by region/country to illustrate the range of performance across the portfolio

# HIV - Targets

HIV measures	Baseline (2015)	Target	Uncertainty range	Period / Year
<b>KPI 2</b>				
i. # of adults and children currently receiving ART (millions)	<b>14</b> (100 of 122 countries)	<b>23</b>	<b>22 - 25</b>	end-2022
ii. # males circumcised (millions) *	<b>0.5</b> (10 of 14 countries)	<b>22</b>	<b>19 - 26</b>	2017 - 2022
iii. % HIV+ pregnant women receiving ART for PMTCT *	<b>77%</b> (26 of 26 countries)	<b>96</b>	<b>90 - 100</b>	end-2022
iv. % of adults and children currently receiving ART among all adults and children living with HIV *	<b>47%</b> (33 of 33 countries)	<b>78</b>	<b>73 - 83</b>	end-2022
v. All selected countries achieve the target rate for - % of people living with HIV who know their status *±	<b>4 of 33</b> countries ≥80%	<b>80</b>	<b>70 - 90</b>	end-2022
vi. All selected countries achieve the target rate for - % of adults and children with HIV known to be on treatment 12 months after initiation of ART *±	<b>4 of 33</b> countries ≥90%	<b>90</b>	<b>83 - 90</b>	end-2022
vii. All selected countries achieve the target rate for - % of PLHIV newly enrolled in care that started preventative therapy for TB, after excluding active TB *±	<b>0 of 35</b> countries ≥80%	<b>80</b>	<b>70 - 90</b>	end-2022

Targets represent a point estimate within the corresponding range due to uncertainty. GF/SC02/ER02 provides the detailed technical methodology underpinning the targets

\* indicator to be tracked on a specified set of countries.

± Aspirational target based on benchmarking methodology

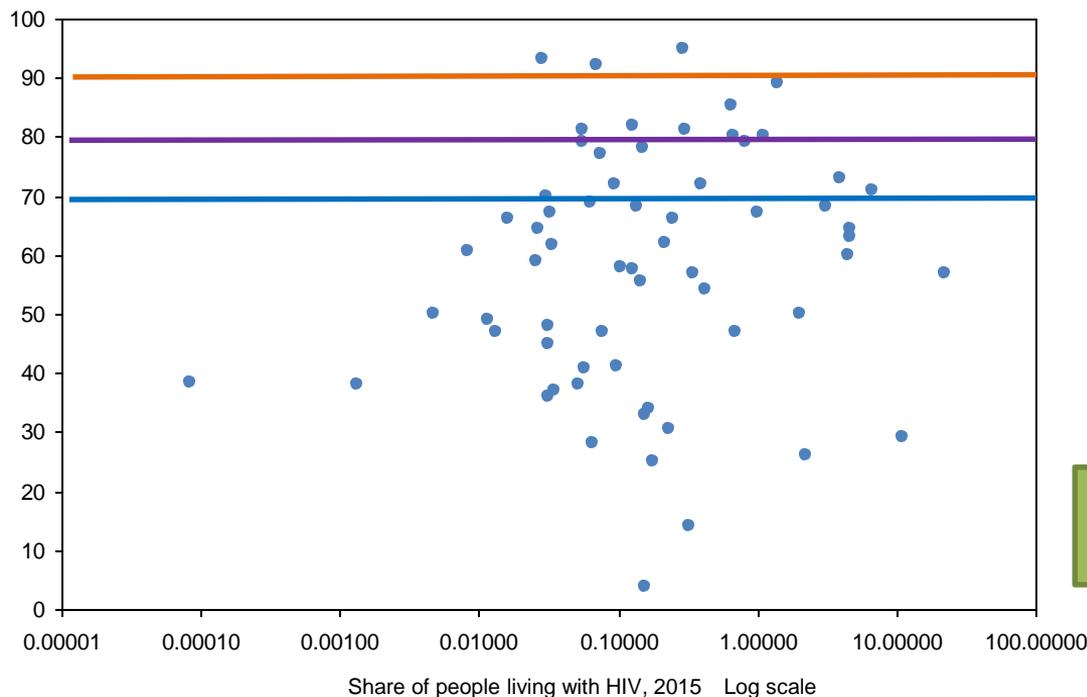
## HIV - Countries included in strategy targets agreed with technical partners

HIV measures	Agreed country cohorts
<b>KPI2</b>	
<b>i. # of adults and children currently receiving ART</b>	Full portfolio of eligible countries
<b>ii. # males circumcised*</b>	14 countries (Botswana, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, Swaziland, UR Tanzania, Uganda, Zambia, Zimbabwe)
<b>iii. % HIV+ pregnant women receiving ART for PMTCT*</b>	26 countries (Angola, Botswana, Cameroon, Chad, Côte d'Ivoire, DR Congo, Ethiopia, Ghana, India, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, South Africa, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe, Guinea, Indonesia, Mali, Rwanda, South Sudan)
<b>iv. % of adults and children currently receiving ART among all adults and children living with HIV*</b>	33 countries (Angola, Bangladesh, Botswana, Cambodia, Cameroon, Chad, Cote d'Ivoire, DR Congo, Ethiopia, Ghana, India, Indonesia, Kenya, Lesotho, Malawi, Mozambique, Myanmar, Namibia, Nigeria, Pakistan, Philippines, Rwanda, South Africa, South Sudan, Sudan, Swaziland, Thailand, Uganda, Ukraine, UR Tanzania, Viet Nam, Zambia, Zimbabwe)
<b>v. % of people living with HIV who know their status*</b>	
<b>vi. % of adults and children with HIV known to be on treatment 12 months after initiation of ART*</b>	
<b>vii. % of PLHIV newly enrolled in care that started preventative therapy for TB, after excluding active TB*</b>	35 countries (Angola, Bangladesh, Botswana, Cambodia, Cameroon, Central African Republic, Chad, Congo, DR Congo, Côte d'Ivoire, Ethiopia, Ghana, Guinea-Bissau, India, Indonesia, Kenya, Lesotho, Liberia, Malawi, Mozambique, Myanmar, Namibia, Nigeria, Pakistan, Papua New Guinea, Philippines, South Africa, Sudan, Swaziland, UR Tanzania, Thailand, Uganda, Viet Nam, Zambia, Zimbabwe)

\* Indicator to be tracked on a specified set of countries

## v. Country distribution of % of people living with HIV who know their status

% of people living with HIV who know their status (2015)



**Upper Bound** ->  
Fast Track = 90%

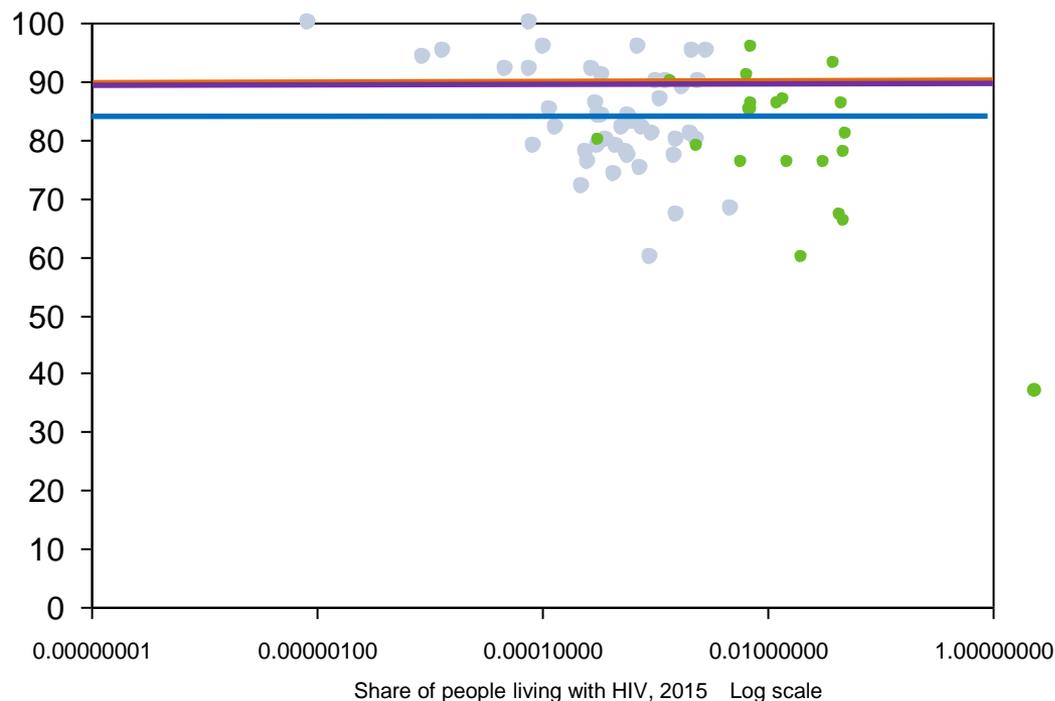
**Aspirational point target** ->  
Mean of 75th percentile value across Global Fund eligible countries and Fast Track target = 80%

**Lower Bound** ->  
75<sup>th</sup> Percentile = 70%

Note: Graph includes all countries with available data. The indicator will be tracked on the 33 countries identified on slide 9

## vi. Country distribution of % of adults and children with HIV known to be on treatment 12 months after initiation of ART

% of adults and children with HIV known to be on treatment 12 months after initiation of ART (2015)



**Upper Bound** ->

Fast Track Target = 90%

**Aspirational point target** ->

Mean of 75<sup>th</sup> percentile value across  
Global Fund eligible countries and  
Fast Track target = 90%

**Lower Bound** ->

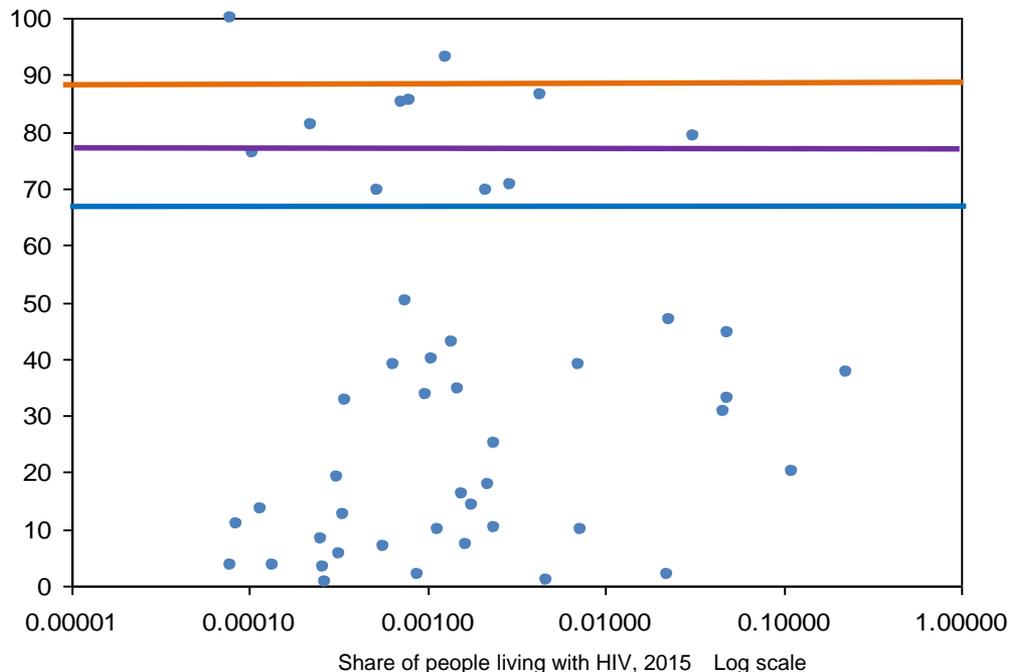
50<sup>th</sup> percentile = 83%

● Countries included in strategy target

Note: Graph includes all countries with available data. The indicator will be tracked on the 33 countries identified on slide 9

## vii. Country distribution of % of PLHIV newly enrolled in care that started preventative therapy for TB, after excluding active TB

% of PLHIV newly enrolled in care that started preventative therapy for TB, after excluding active TB (2015)



**Upper Bound** ->

Fast Track Target = 90%

**Aspirational point target** ->

Mean of 80th percentile value across Global Fund eligible countries and Fast Track target = 80%

**Lower Bound** ->

80<sup>th</sup> percentile eligible countries = 70%

Note: Graph includes all countries with available data. The indicator will be tracked on the 35 countries identified on slide 9

## TB - Targets

TB measures	Baseline (2015)	Target	Uncertainty range	Period / Year
<b>KPI 2</b>				
i. # of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses (millions)	<b>5.0</b> (112 of 116 countries)	<b>33</b>	<b>28 - 39</b>	2017 - 2022
ii. % of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses among all estimated cases (all forms)	<b>55%</b> (112 of 116 countries)	<b>73</b>	<b>62 - 85</b>	end-2022
iii. # of case with drug-resistant TB (RR-TB and/or MDR-TB) that began second-line treatment (thousands)	<b>86</b> (87 of 116 countries)	<b>920</b>	<b>800 – 1,000</b>	2017 - 2022
iv. # of HIV-positive registered TB patients (new and relapse) given anti-retroviral therapy during TB treatment (million)	<b>0.4</b> (94 of 116 countries)	<b>2.7</b>	<b>2.4 – 3.0</b>	2017 - 2022
v. All selected countries achieve the target rate for - % of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated±	<b>18</b> of 116 countries ≥90% [2014]	<b>90</b>	<b>88 - 90</b>	end-2022
vi. All selected countries achieve the target rate for - % of bacteriologically-confirmed RR and/or MDR-TB cases successfully treated*±	<b>1</b> of 33 countries ≥85% [2013]	<b>85</b>	<b>75 - 90</b>	end-2022

Targets represent a point estimate within the corresponding range due to uncertainty. GF/SC02/ER02 provides the detailed technical methodology underpinning the targets

\* indicator to be tracked on a specified set of countries.

± Aspirational target based on benchmarking methodology

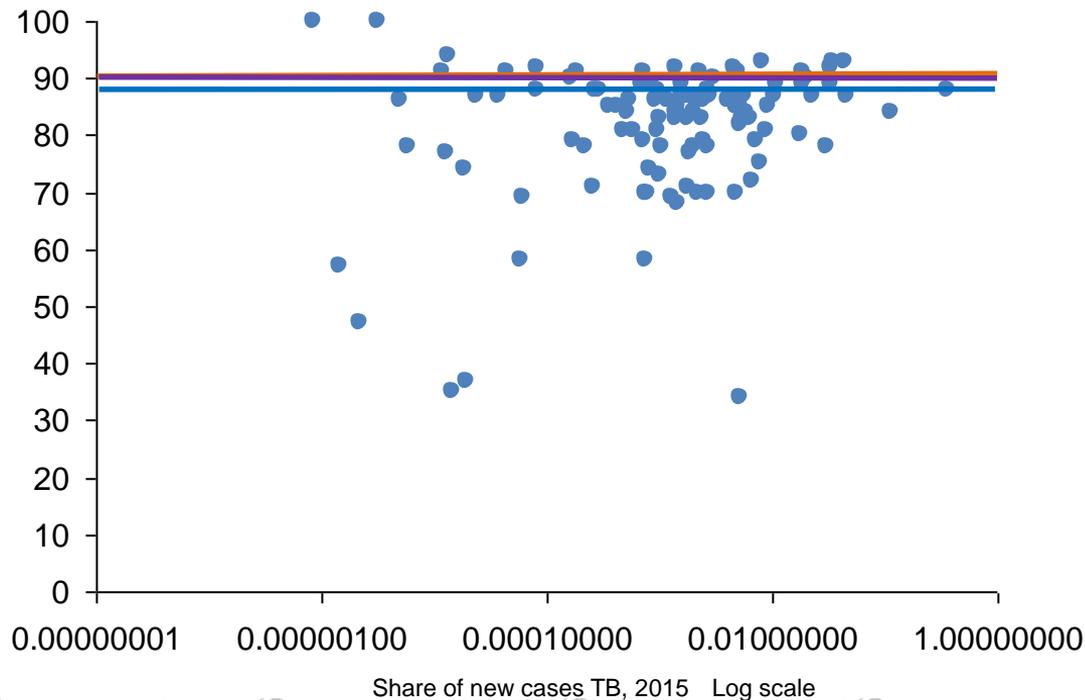
## TB - Countries included in strategy targets agreed with technical partners

TB measures	Agreed country cohorts
# of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses	Full portfolio of eligible countries
% of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses among all estimated cases (all forms)	
# of case with drug-resistant TB (RR-TB and/or MDR-TB) that began second-line treatment	
# of HIV-positive registered TB patients (new and relapse) given anti-retroviral therapy during TB treatment	
% of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all notified TB cases (drug susceptible)	
% of bacteriologically-confirmed RR and/or MDR-TB cases successfully treated (cured plus completed treatment) among those enrolled on second-line anti TB treatment*	33 countries (Bangladesh, DPR Korea, DR Congo, Ethiopia, India, Kazakhstan, Kenya, Indonesia, Mozambique, Myanmar, Nigeria, Pakistan, Philippines, South Africa, Ukraine, Uzbekistan, Viet Nam, Angola, Azerbaijan, Belarus, Kyrgyzstan, Papua New Guinea, Peru, Moldova, Somalia, Tajikistan, Zimbabwe, Côte d'Ivoire, Ghana, Sudan, UR Tanzania, Uganda, Zambia)

\* Indicator to be tracked on a specified set of countries to be selected in collaboration with technical partners

## V. Country distribution of % of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated

% of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (2014)



**Upper Bound** ->

The TB Global Plan and the 2012-2016 Global Fund target = 90%

**Aspirational point target** ->

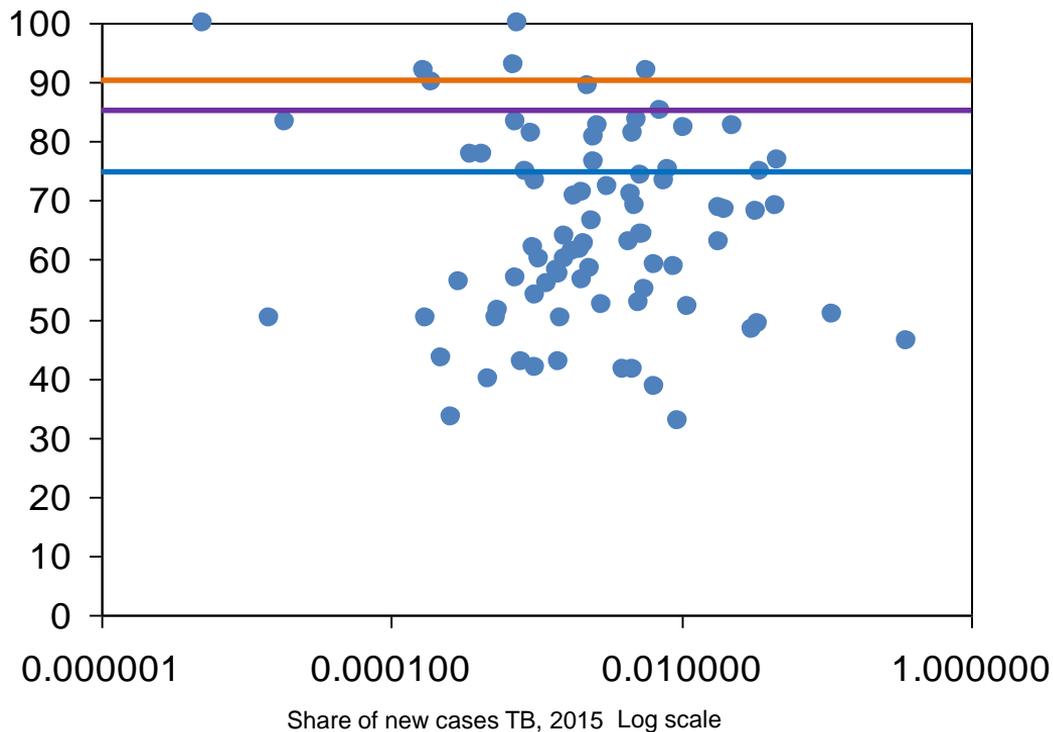
TB 2016-2020 Global Plan and the 2012-2016 Global Fund target = 90%

**Lower Bound** ->

75<sup>th</sup> percentile eligible countries= 88%

## vi. Country distribution of % of bacteriologically-confirmed RR and/or MDR-TB cases successfully treated

% of bacteriologically-confirmed RR and/or MDR-TB cases successfully treated (2013)



**Upper Bound** ->  
The TB Global Plan target = 90%

**Aspirational point target** ->  
Mean of 75th percentile value  
across Global Fund eligible  
countries and the TB Global  
Plan target = 85%

**Lower Bound** ->  
75<sup>th</sup> percentile eligible countries = 75%

Note: Graph includes all countries with available data. The indicator will be tracked on the 33 countries identified on slide 14

## Malaria - Targets

Malaria measures	Baseline (2015)	Target	Uncertainty range	Period / Year
<b>KPI 2</b>				
i. # of LLINs distributed to at-risk-populations (millions)	<b>175</b> (56 of 66 modelled countries)	<b>1,350</b>	<b>1,050 – 1,750</b>	2017 - 2022
ii. # of households in targeted areas that received IRS (millions)	<b>17</b> (33 of 66 modelled countries)	<b>250</b>	<b>210 - 310</b>	2017 - 2022
iii. All selected countries achieve the target rate for - % of suspected malaria cases that receive a parasitological test [public sector] ±	<b>44 of 80</b> countries ≥90% [2014]	<b>90</b>	<b>85 - 100</b>	end-2022
iv. All selected countries achieve the target rate for - % of women who received at least 3 doses of IPTp for malaria during ANC visits during their last pregnancy in selected countries*±	<b>0 of 36</b> countries ≥70% [2012-2015]	<b>70</b>	<b>60 - 80</b>	end-2022

Targets represent a point estimate within the corresponding range due to uncertainty. GF/SC02/ER02 provides the detailed technical methodology underpinning the targets

\* indicator to be tracked on a specified set of countries.

± Aspirational target based on benchmarking methodology

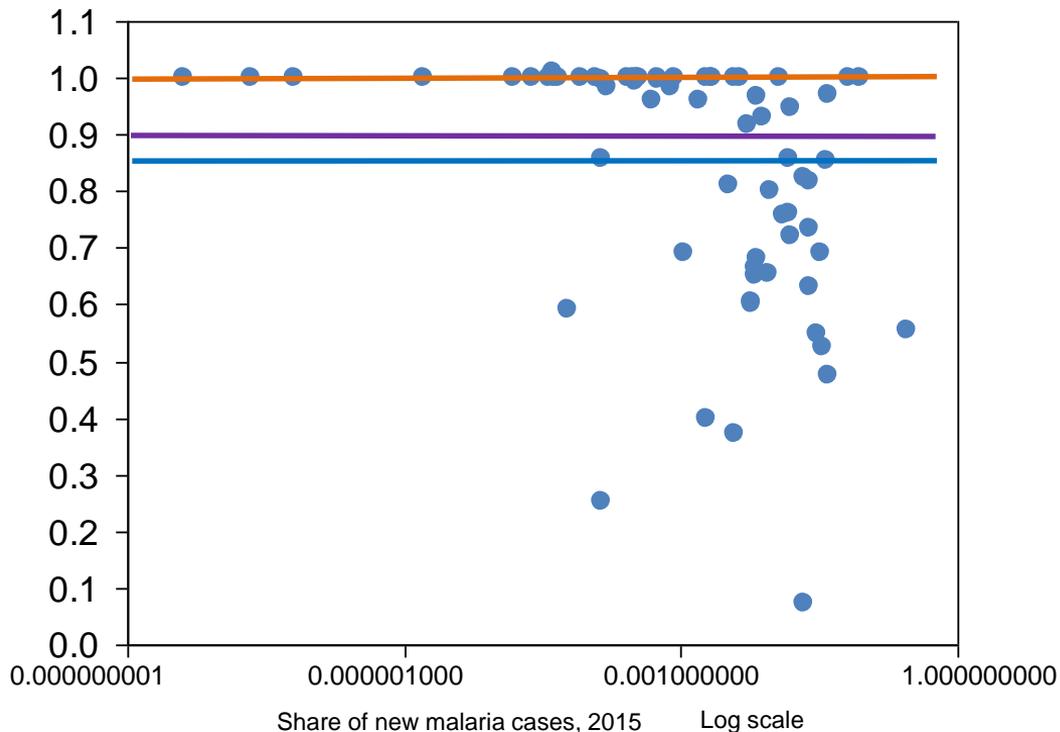
## Malaria - countries included in strategy targets agreed with technical partners

Malaria measures	Agreed country cohorts
# of LLINs distributed to at-risk-populations	Full portfolio of eligible countries
# of households in targeted areas that received IRS	
% of suspected malaria cases that receive a parasitological test [public sector]	
% of women who received at least 3 doses of IPTp for malaria during ANC visits during their last pregnancy *	36 countries (Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Comoros, Congo, DR Congo, Côte d'Ivoire, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Niger, Nigeria, Papua New Guinea, Senegal, Sierra Leone, South Sudan, Sudan, UR Tanzania, Togo, Uganda, Zambia)

\* Indicator to be tracked on a specified set of countries selected in collaboration with technical partners

### iii. Country distribution of % of suspected malaria cases that receive a parasitological test [public sector]

% of suspected malaria cases that receive a parasitological test [public sector] (2014)



**Upper Bound** ->

WHO Global target = 100%

**Aspirational point target** ->

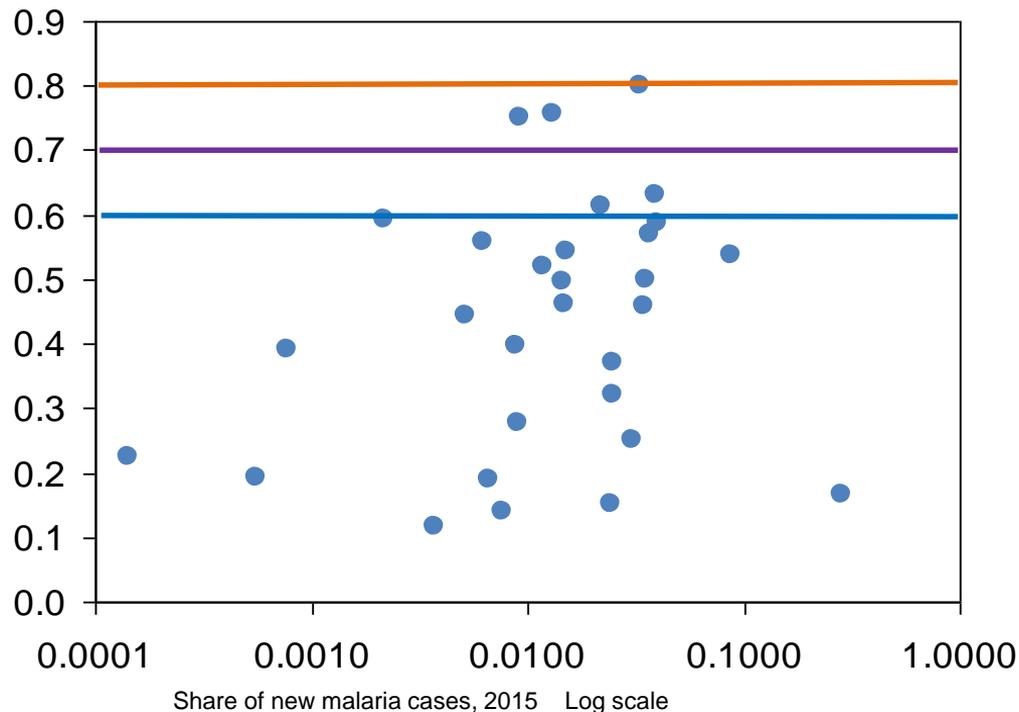
Mean of 50th percentile value across Global Fund eligible countries in Sub-Saharan Africa and the WHO global target. The 50th percentile value is applied to account for potential over estimation of measure due to reliability of reporting data = 90%

**Lower Bound** ->

50th percentile value across Global Fund eligible countries in Sub-Saharan Africa = 85%

#### iv. Country distribution of % of women who received at least **3 doses** of IPTp for malaria during ANC visits during their last pregnancy

% of women who received at least **2 doses** of IPTp for malaria during ANC visits during their last pregnancy in selected countries (2012-2015 WHO modelled estimates)



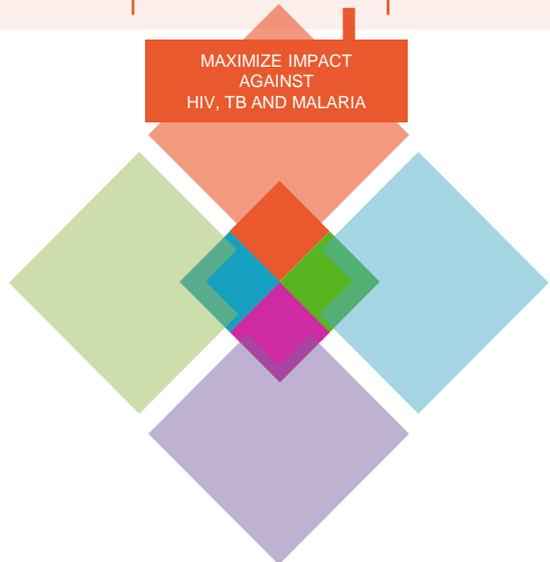
**Upper Bound** ->  
WHO Global target = 80%

**Aspirational point target** ->  
Mean of 75th percentile value across Global Fund eligible countries using WHO estimate of IPTp2 (**2 doses**) coverage and global target = 70%

**Lower Bound** ->  
75th percentile value across Global Fund eligible countries using WHO estimate of IPTp2 (**2 doses**) coverage = 60%

# Global Fund Strategy 2017-2022

<p><b>Innovative approaches to meet diverse country needs are essential to accelerate the end of the epidemics</b></p>	<p><b>a</b> Scale-up evidence-based interventions with a focus on the highest burden countries with the lowest economic capacity and on key and vulnerable populations disproportionately affected by the three diseases</p>	<p><b>b</b> Evolve the allocation model and processes for greater impact, including innovative approaches differentiated to country needs</p>	<p><b>c</b> Support grant implementation success based on impact, effectiveness, risk analysis and value-for-money</p>	<p><b>d</b> Improve effectiveness in challenging operating environments through innovation, increased flexibility and partnerships</p>	<p><b>e</b> Support sustainable responses for epidemic control and successful transitions</p>
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Strategic Targets

Maximize Impact Against  
HIV, TB and malariaBuild Resilient & Sustainable  
Systems for HealthPromote and Protect Human  
Rights & Gender EqualityMobilize  
Resources

Definition Approved

**KPI 3** Alignment of investment with need**Strategic Vision**

Further improve alignment of investments with country “need”

**Aim of indicator**

The measure tracks the extent to which the Global Fund is able to rebalance the grant portfolio to invest funds in the countries where need is greatest.

Illustrates the extent to which grant expenses are committed to countries with most “need”, and not necessarily those with the greatest capacity to absorb funding.

Performance is driven by the design of the allocation methodology and the ability of countries, particularly those with high burden and low economic capacity, to use allocated funds.

**Measure**

Alignment between investment decisions and country “need”; with need defined in terms of disease burden and country economic capacity

**Limitations & mitigation actions**

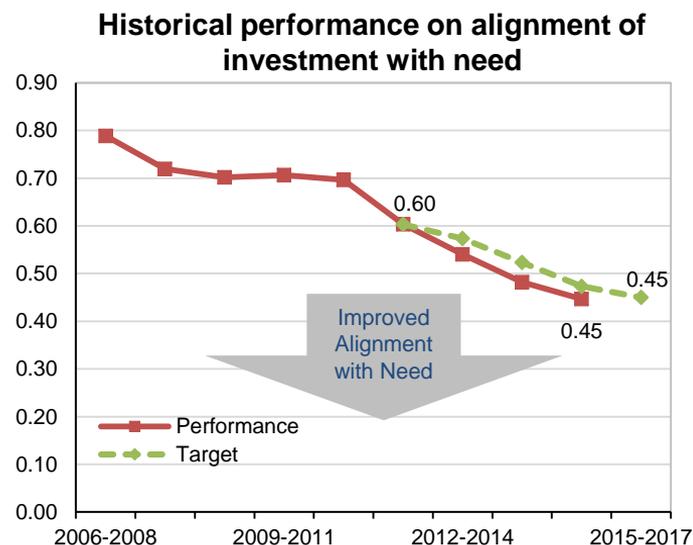
- ✓ Indicator design will align with the “need” metric used in the allocation methodology to ensure consistency
- ❑ Accuracy of target setting will be determined by the Mid-Term Plan three year financial forecast
- ✓ Indicator provides an important control for KPI 7 tracking Fund Utilization

Strategic Targets

Maximize Impact Against  
HIV, TB and malariaBuild Resilient & Sustainable  
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Rights & Gender EqualityMobilize Increased  
Resources**KPI 3****Alignment of investment with need**

Alignment between investment decisions and country "need"; with need defined in terms of disease burden and country economic capacity

<b>Baseline</b>	0.45
<b>Target</b>	0.45 for 2017

**Methodology & Assumptions****Cohort**

All eligible countries that have received an allocation and commitments in the past 3 years

**Target time period**

Annual for 2017; then 2018 - 2020

**Calculation methodology**

- A: GF investment = country's share of all funds committed over the current yr plus previous 2 yrs
- B: Need = country's share of allocation formula "Initial Calculated Amount", i.e. disease burden and country economic capacity, adjusted for minimum/maximum shares & external financing
- Result = Sum of (absolute value of A minus B);
- Results can range from 0 (perfect alignment) to 2 (minimal alignment)
- *Results will be disaggregated by disease*

**Freq. of reporting**

Semi-annually (F2 forecast, Q4 actual)

**Caveats & assumptions**

- Trend over time more important than the actual value
- Designed to capture "need" remaining once other funding sources are taken into account;
- KPI baseline and targets to be reset every 3 yrs to align with revisions to the allocation formula and any changes in the distribution of need

**KPI 4 Investment efficiency****Strategic Vision**

Increase the efficiency of program design to maximize impact of fund investments

**Aim of indicator**

Increased use of disease impact models to improve the design of country-level programming will increase value for money of grant investments – this indicator will track these gains.

The indicator will “close the loop” by linking grant level programmatic targets and investments with strategic targets – which will be set using partner supported disease impact models.

The indicator provides a strong link to the objective on strengthening national strategic plans, and provides an opportunity to link this modelling effort to cost-effective service modalities (e.g. community based care models) and the work on program quality.

**Measure**

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

**Limitations & mitigation actions**

- ✓ Measures efficiency of National Strategic Plan rather than Global Fund-specific funding
- ❑ Countries will generally perform assessment during Concept Note and/or NSP development, so there may be one data point every 3 years per country assessed
- ❑ Some countries already have high levels of design efficiency, any improvements in these countries are harder to achieve and difficult to detect with current models
- ✓ A differentiated target has been proposed for countries within two standard deviations of model projected optimal efficiency
- ❑ Costing data needs to be improved for this exercise to become effective
- ✓ A Global Health Costing Consortium has recently started with aims to address these gaps

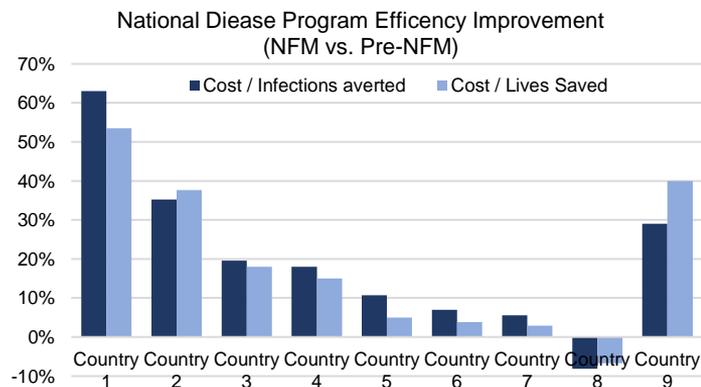
Strategic Targets

Maximize Impact Against  
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Rights & Gender EqualityMobilize Increased  
Resources**KPI 4 Investment efficiency**

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

<b>Baseline</b>	2016 pilots: 89% (8/9 countries)
<b>Target</b>	90% of countries measured show a decrease or maintain existing levels of cost per life saved or infection averted*

\*Those countries eligible for maintaining levels of efficiency would be restricted to those already highly efficient; defined as within two standard deviations of the projected optimal efficiency

**Results of 2016 KPI Piloting**

NOTE: Efficiency gains are projected over 15 years. Costs are based on total national program spending while impact can be only established based on direct intervention programs.

**Methodology & Assumptions**

<b>Cohort</b>	High Impact countries for all 3 diseases
<b>Target time period</b>	2017 - 2019
<b>Calculation methodology</b>	<p>At least one of the two indicators (cost per life saved or cost per infection averted) show efficiency improvement: IE improvement = <math>(IES1 - IES2) / IES1</math></p> <p>Investment Efficiency (IE) = cost per life saved and cost per infection averted of the country program</p> <ul style="list-style-type: none"> <li>Scenario 1 (S1), business as usual (had resources been allocated and utilized as they were during the last replenishment period)</li> <li>Scenario 2 (S2), action scenario (resources are allocated and utilized under the current replenishment period)</li> </ul> <p><i>Results will be disaggregated by disease</i></p>
<b>Frequency of reporting</b>	Semi-annually
<b>Caveats &amp; assumptions</b>	Modelling exercises are required in all High Impact countries for all 3 disease

Strategic Targets

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HIV, TB and malariaBuild Resilient & Sustainable  
Systems for HealthPromote and Protect Human  
Rights & Gender EqualityMobilize  
Resources

Definition Approved

## KPI 5 Service coverage for key populations

### Strategic Vision

Reduce the number of new infections in key and vulnerable populations disproportionately affected by the three diseases

### Aim of indicator

Indicator will track provision of evidence-informed HIV prevention services and treatment access to specified key population groups.

These groups face the double burden of low coverage of services and high rates of infection. Increased coverage of prevention and treatment services will be essential to accelerate the end of the epidemic.

Indicator builds on work undertaken during the current strategy to measure the size of key populations in 55 countries.

Proposal has close links to the strategic objectives in SO3 on gender and removing barriers to accessing services, and SO2 on data systems.

### Measure

Coverage of key populations reached with evidence-informed package of treatment and prevention services appropriate to national epidemiological contexts

### Limitations & mitigation actions

- ✓ There is no current consensus on how to measure a comprehensive combination prevention service package. Therefore the measure will assess coverage of an evidence-informed package of services appropriate to national epidemiological contexts
- ❑ A number of KPI implementation issues are currently being addressed with technical partners: methodology of coverage measurement; how to bridge data gaps between surveys; potential risk of harm to these populations through data collection and minimization of that risk; the potential for community based monitoring systems
- ✓ Positive discussions indicate that implementation issues can be successfully addressed – but they also stress that **it may take three years before data is available to detect change in coverage levels**
- ❑ Indicator focuses on HIV only
- ✓ New Global Plan for TB has a focus on key populations, but work remains at an early stage of development

Strategic Targets

Maximize Impact Against  
HIV, TB and malariaBuild Resilient & Sustainable  
Systems for HealthPromote and Protect Human  
Rights & Gender EqualityMobilize Increased  
Resources**KPI 5 Service coverage for key populations**

Coverage of key populations reached with evidence-informed package of treatment and prevention services appropriate to national epidemiological contexts

<b>Baseline</b>	2012-16: 29 of 55 (53%) countries currently reporting on comprehensive package of services for at least two key populations*
<b>Target</b>	2019: <b>75%</b>

\* Baseline may need to be revised to align with the definition of 'data collection mechanism' being agreed with technical partners

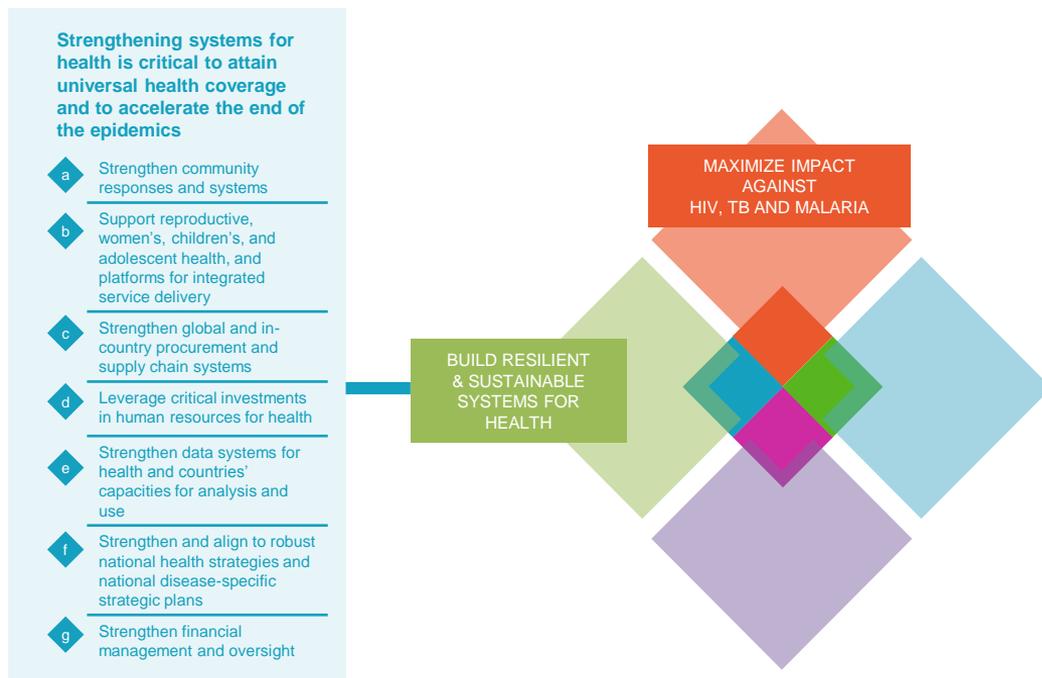
**Interim indicator – due to data and data system gaps**

***Target completion date: End-2019***

**Methodology & Assumptions**

<b>Cohort</b>	Where nationally adequate population size estimates are available and are supported by GF; Selection of KPs in these countries based on local epidemiological, policy and funding contexts as well as data collection-related risks
<b>Target time period</b>	Interim indicator for 2017-2019
<b>Calculation methodology</b>	<ul style="list-style-type: none"> <li>Interim measure 2017-2019: % of target countries with data collection mechanisms in place to report on coverage of an evidence-informed package of services for at least two key populations</li> <li>Service coverage indicator with improved data quality for baseline and target setting will be introduced for the 2020-2022 period</li> </ul>
<b>Frequency of reporting</b>	Annually
<b>Caveats &amp; assumptions</b>	Investment in the development of community based monitoring and survey instruments necessary over 2017-2019 to ensure access to treatment and comprehensive services can be adequately and ethically assessed

## Global Fund Strategy 2017-2022



## KPI 6 Strengthen systems for health

### Strategic Vision

Increase the share of countries with resilient and sustainable national systems for health that meet standards for use by Global Fund programs

#### Aim of indicator

Indicator should provide a comprehensive view on the strength of core components of national systems for health based on explicit risk, functional and quality standards.

Measure should improve alignment between risk assessment and systems strengthening investments.

Indicator provides a common metric for comparing quality of systems – differentiated standards for systems would align with aid effectiveness and IHP+ principles, as well as strategic objectives on sustainability and transition.

This measure will aggregate data from a number of linked implementation KPIs (see following slides) providing a more granular assessment for each of the four sub-systems.

### Measure

Share of the portfolio that meet expected standards for:

- |                         |  |
|-------------------------|--|
| a) Procurement          | d) HMIS coverage                           |
| b) Supply chain         | e) Disaggregated result                    |
| c) Financial management | f) Alignment with National Strategic Plans |

### Limitations & mitigation measures

- ✓ Strong consensus with technical partners and constituency working group that all remaining Strategic operational objectives will be tracked through thematic reporting and TERG evaluations
- ❑ Careful consideration will be needed to ensure that definitions and standards are agreed with relevant partners and relevant to country context, in particular for procurement systems where potential incentives to exit pooled procurement will need to be countered
- ❑ Data collection mechanisms do not yet exist or will require considerable revision for some of the linked implementation KPIs
- ✓ A clearly defined control structure for determining system compliance will be developed and implemented to limit potential gaming

**KPI 6a Strengthen systems for health: a) procurement****Strategic Vision**

Countries have sufficient procurement capacity to achieve improved procurement outcomes

**Aim of indicator**

Ensure that procurement capacity is actually delivering improved outcomes in terms of prices, on-time delivery and lead time.

Focus procurement capacity-building efforts on delivery of results, rather than delivery of service.

Should lead to a decrease in the number of OIG country audits identifying procurement activities as major area of concern.

**Measure**

Improved outcomes for procurements conducted through countries' national systems:

i) Price; ii) OTIF delivery; iii) Administrative lead time

**Limitations & mitigation measures**

- The Global Fund Price & Quality Reporting tool could be primary data source, but this would mean delays in data reporting (sometimes up to one year)
- May be challenging to track administrative lead time without additional data request to country
- Outcomes can be impacted by factors outside the procurer's control (e.g. changes in market conditions for active pharmaceutical ingredients can impact price or on-time in-full delivery)
- ✓ Could consider amending trigger for data entry to PQR
- ✓ Compare country outcomes to international benchmarks

Strategic Targets

Maximize Impact Against  
HIV, TB and malariaBuild Resilient & Sustainable  
Systems for HealthPromote and Protect Human  
Rights & Gender EqualityMobilize Increased  
Resources**KPI 6a Strengthen systems for health: a) procurement**

Improved outcomes for procurements conducted through countries' national systems:

i) Price; ii) OTIF delivery; iii) Administrative lead time

<b>Baseline</b>	TBD
<b>Target</b>	TBD - postponed until 2017 to align with new Supply Chain Strategy

**Target setting postponed*****Target completion date: 2017*****Methodology & Assumptions**

<b>Cohort</b>	<ul style="list-style-type: none"> <li>All core products</li> <li>All HIC grants not procuring through PPM excluding UNDP, UNOPS, and iNGOs</li> <li>Other countries/implementers that will go through the procurement capacity building program as determined by the new Supply Chain Strategy</li> </ul>
<b>Target time period</b>	Annual
<b>Calculation methodology</b>	% of procurement volume at or below benchmark % of consignments delivered OTIF % of purchases meeting tender to PO submission benchmark
<b>Frequency of reporting</b>	Annual
<b>Caveats &amp; assumptions</b>	Procurement capacity building program will be incorporated into the new Supply Chain Strategy

**KPI 6b Strengthen systems for health: b) supply chains****Strategic Vision**

Health facilities have the tracer medicines and diagnostics required to deliver high quality services for AIDS, TB & Malaria

**Aim of indicator**

To measure the extent to which investments in strengthening the different components of health product management systems contribute to the uninterrupted availability of essential health products at service delivery points.

This is based on the mean availability score for 10 -15 tracer items, and aligned with the recommendations of the health product interagency task force.

Diagnostic services readiness (i.e. the capacity of the health facility to provide laboratory diagnostic services) is based on a defined list of tracer lab items.

**Measure**

- i. Percentage of health facilities with tracer medicines available on the day of the visit
- ii. Percentage of health facilities providing diagnostic services with tracer items on the day of the visit

**Limitations & mitigation measures**

- Health facility assessments would provide data every two years, other systems may exist in country but data quality is uncertain
- Range of tracer items is country specific, may include items for programs other than HIV, TB and malaria
- Stock out on the day is a Y/N; not a measure of stock-out days
- ✓ Harmonize indicator measurement (guidance on tracer items & calculation of availability)
- ✓ Options to collect additional, more frequent measures (stock outs, expired medicines) by leveraging supply chain initiative efforts, or through strengthened country level monitoring systems, to complement health facility assessments every 3 years

Strategic Targets

Maximize Impact Against  
HIV, TB and malariaBuild Resilient & Sustainable  
Systems for HealthPromote and Protect Human  
Rights & Gender EqualityMobilize Increased  
Resources**KPI 6b Strengthen systems for health: b) supply chains**

- i. Percentage of health facilities with tracer medicines available on the day of the visit
- ii. Percentage of health facilities providing diagnostic services with tracer items on the day of the visit

<b>Baseline</b>	TBD based on Health Facility Assessment data available in 2017
<b>Target</b>	TBD based on baseline and new Supply Chain Strategy

Methodology & Assumptions	
<b>Cohort</b>	15 selected High Impact or Core countries
<b>Target time period</b>	Annual
<b>Calculation methodology</b>	<ol style="list-style-type: none"> <li>i. Percentage of health facilities with tracer medicines available on the day of the visit</li> <li>ii. Percentage of health facilities providing diagnostic services with tracer items on the day of the visit</li> </ol>
<b>Frequency of reporting</b>	Annual
<b>Caveats &amp; assumptions</b>	Programmatic spot checks will complement Health Facility Assessments conducted every three years

**Target setting postponed**

***Target completion date: 2017***

**KPI 6c Strengthen systems for health: c) financial management****Strategic Vision**

Implementer financial management systems in key countries are sustainable and meet best practices

**Aim of indicator**

Financial management is a critical process and enabler in delivering program impact from investments.

The indicator aims to:

- i. increase use of country financial management systems in high priority countries mainly through development partnerships such as the IHP+ framework
- ii. address routine financial management capacity gaps outside PFM scope of indicator (a) by measuring the extent to which country financial systems are meeting expected standards, as defined by minimally qualified audits; timely & accurate financial reports; and capacity of finance personnel

**Measure**

- i. Number of high priority countries completing public financial management transition efforts towards use of country PFM system
- ii. Number of countries with financial management systems meeting defined standards for optimal absorption & portfolio management

**Limitations & mitigation measures**

- In-country capacity, ownership and co-ordination is a challenge for public financial management initiatives
- ✓ Mobilize IHP+ partners to conduct Joint Financial Management Capacity Assessments with consolidated action plans; engage CTs in action plan follow up; and align with existing country level strengthening efforts
- Given risk exposure related to shifting to use country systems, partner buy-in may be a limitation
- ✓ Engage with IHP+ to influence other partners and foster harmonization
- Challenges are anticipated in establishing baseline data for PFM performance, as well as weak PR capacity & coordination in capacity building
- ✓ Co-ordinate approach to provision of financial management technical assistance; provide clarity on requirements; and coordinate with IHP+ including in-country studies to collect required data

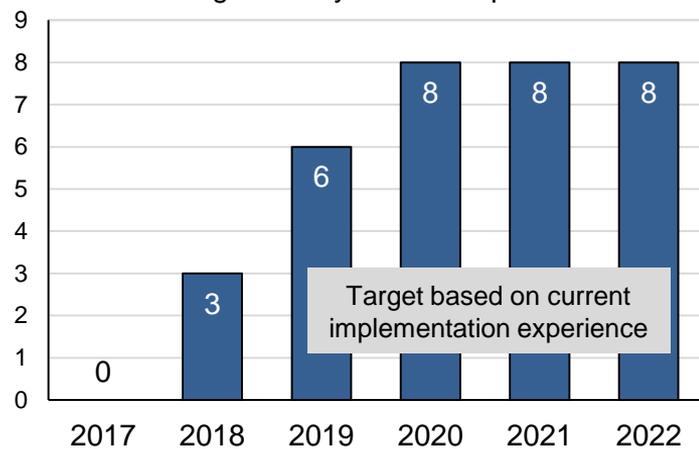
Strategic Targets

Maximize Impact Against  
HIV, TB and malariaBuild Resilient & Sustainable  
Systems for HealthPromote and Protect Human  
Rights & Gender EqualityMobilize Increased  
Resources**KPI 6c Strengthen systems for health: c) financial management**

- i. Number of high priority countries completing Public Financial Management transition efforts towards use of country PFM system

<b>Baseline</b>	Current: 1 country
<b>Target</b>	<b>8 countries</b>

**Target:** Countries using 6 defined financial management systems components

**Methodology & Assumptions**

<b>Cohort</b>	High impact and Core countries (n = 54)
<b>Target time period</b>	2017 - 2020
<b>Calculation methodology</b>	Number of countries using at least 6 defined public financial management system components contributing to financial management sustainability, aid effectiveness, accountability & transparency
<b>Frequency of reporting</b>	Annually
<b>Caveats &amp; assumptions</b>	One year implementation period required before results can be measured

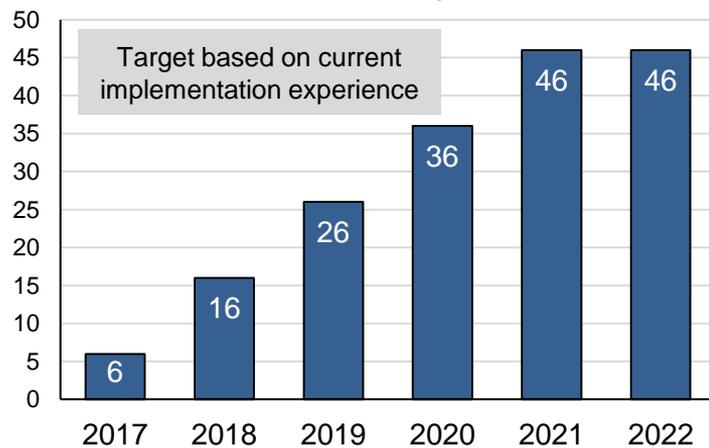
Strategic Targets

Maximize Impact Against  
HIV, TB and malariaBuild Resilient & Sustainable  
Systems for HealthPromote and Protect Human  
Rights & Gender EqualityMobilize Increased  
Resources**KPI 6c****Strengthen systems for health: c) financial management**

- ii. Number of countries with financial management systems meeting defined standards for optimal absorption & portfolio management

<b>Baseline</b>	Current: 3 countries
<b>Target</b>	<b>46 countries</b>

**Target:** Countries with at least 80% implementation of agreed actions

**Methodology & Assumptions**

<b>Cohort</b>	High impact and Core countries (n = 54)
<b>Target time period</b>	2017 - 2022
<b>Calculation methodology</b>	<p>Number of countries with at least 80% implementation of agreed action plans for improving financial management</p> <p>Implementation of agreed action plans = Number of action points implemented / Total Number of agreed action points</p>
<b>Frequency of reporting</b>	Annually
<b>Caveats &amp; assumptions</b>	Funds for financial management system development will be built into grant budgets

**KPI 6d Strengthen systems for health: d) HMIS coverage****Strategic Vision**

Well functioning Health Management Information System enables better decision making and ultimately better programs

**Aim of indicator**

- While many Global Fund supported countries can now report on key indicators for HIV, TB and malaria, many are still reliant on survey data or global estimates. To really be able to use data for program improvement, data need to be available routinely. Significant investments are being made to building these routine HMIS and this indicator measures the success of these investments.
- The indicator is designed to measure two key aspects of an HMIS that have proven problematic in the past – coverage (fully deployed) and functionality (defined in terms of data quality).
- This also aligns with international priorities set out at the Measurement Summit in June by Global Health Leaders.

**Measure**

Percent of high impact countries with fully deployed (80% of facilities reporting for combined set of indicators), functional (good data quality per last assessment) HMIS

**Limitations & mitigation measures**

- ❑ This indicator does not measure effective use of data, rather it tracks completeness and functionality of the information systems needed for facilities/districts to have access to the data and tools to use the data
- ✓ This aligns well with the significant programmatic investments into deploying and improving these systems, as well as with international priorities
- ✓ Strengthening HMIS is a priority work-stream of the Global Collaborative from the Measurement Summit, and specific tasks are planned around this

Strategic Targets

Maximize Impact Against  
HIV, TB and malariaBuild Resilient & Sustainable  
Systems for HealthPromote and Protect Human  
Rights & Gender EqualityMobilize Increased  
Resources**KPI 6d****Strengthen systems for health: d) HMIS coverage**

Percent of high impact countries with fully deployed (80% of facilities reporting for combined set of indicators), functional (good data quality per last assessment) HMIS

<b>Baseline</b>	7% (4 countries)
<b>Target</b>	<b>70% (38 countries) by 2022</b> Interim target: 27 by 2019

<b>Methodology &amp; Assumptions</b>	
<b>Cohort</b>	High impact and Core countries (n = 54)
<b>Target time period</b>	2017 – 2022
<b>Calculation methodology</b>	<p>Based on formal DQR/HMIS assessments –</p> <ol style="list-style-type: none"> <li>1. Does the HMIS capture at least 80% of public health facilities (coverage)</li> <li>2. % of reports received on time</li> <li>3. % of reports that are complete</li> <li>4. Availability of HIV, TB and malaria data in the national system</li> </ol> <p>Country included in numerator if all 4 elements achieve threshold</p>
<b>Frequency of reporting</b>	Annually
<b>Caveats &amp; assumptions</b>	Targets highly dependent on GF capacity to fund centralized / regional TA;

**KPI 6e Strengthen systems for health: e) ability to report on disaggregated results****Strategic Vision**

Countries are able to report on the minimum set of outcome and impact indicators to enable country monitoring and meet international commitments

**Aim of indicator**

- Global Fund performance frameworks define a set of high level indicators for each disease/program area, and a sub-set of these indicators is designated as requiring disaggregated reporting.
- It is critical that supported countries have this minimum set of data for their own purposes to understand the epidemic and their programs, as well as for Global Fund (and other donors) to assess performance and focus resources towards populations in need in order to meet global commitments.
- Gaps remain even within the High Impact Country cohort on ability to report on these data. This indicator aims to bring attention to this issue for PRs and key stakeholders.

**Measure**

Number and percentage of countries reporting on disaggregated results

**Limitations & mitigation measures**

- ❑ Rolling out changes to data definitions and data collection systems at facility level is a considerable logistical exercise which will take time and resources
- ✓ A comprehensive mapping has been undertaken by country and indicator for High Impact and other priority countries to identify gaps and resource needs
- ✓ Global Fund is investing significantly in routine HMIS systems through grants across the portfolio
- ✓ Indicator provides critical information on gender and age disparities, and is a key component of the Strategy's comprehensive approach to gender equality

Strategic Targets

Maximize Impact Against  
HIV, TB and malariaBuild Resilient & Sustainable  
Systems for HealthPromote and Protect Human  
Rights & Gender EqualityMobilize Increased  
Resources**KPI 6e Strengthen systems for health: e) ability to report on disaggregated results**

Number and percentage of countries reporting on disaggregated results

<b>Baseline</b>	TBD data will become available in Q1 2017
<b>Target</b>	<b>TBD based on baseline results</b>

<b>Methodology &amp; Assumptions</b>	
<b>Cohort</b>	Countries with ongoing grants; Selected set of indicators and disaggregation categories
<b>Target time period</b>	Replenishment period to date
<b>Calculation methodology</b>	<i>Numerator:</i> # of countries with 100% of selected indicators reported with required disaggregation categories <i>Denominator:</i> Number of all Global Fund countries with ongoing grants
<b>Frequency of reporting</b>	Annually
<b>Caveats &amp; assumptions</b>	It will take considerable time for country systems to adapt to new norms of data disaggregation, KPI cohort and targets must be selected with sensitivity to this

**Target setting postponed*****Target completion date: 2017***

Strategic Targets

Maximize Impact Against  
HIV, TB and malariaBuild Resilient & Sustainable  
Systems for HealthPromote and Protect Human  
Rights & Gender EqualityMobilize  
Resources

Definition Approved

## KPI 6f Strengthen systems for health: f) Alignment with national strategic plans

### Strategic Vision

Global Fund investments are aligned with appropriately costed and sustainable national disease strategies

#### Aim of indicator

National health strategies and disease specific strategic plans will remain central going forward into the Global Fund's next application for funding process.

Indicator proposes to use this process to monitor and ensure alignment between funding requests and National Strategic Plans.

During the current funding cycle the vast majority of concept notes were rated by the Global Fund's independent Technical Review Panel as being well aligned with national strategic plan priorities. This indicator will track whether this strong performance is maintained in the next replenishment period.

### Measure

Percentage of funding requests rated by the TRP to be aligned with National Strategic Plans

#### Limitations & mitigation measures

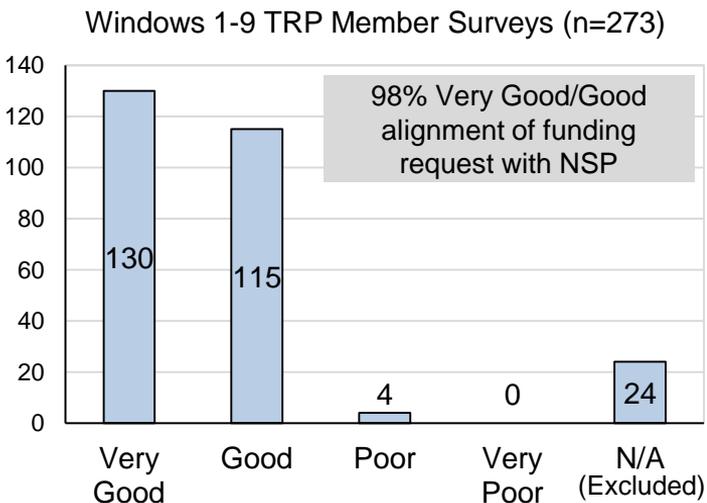
- Indicator measures only the Global Fund's alignment with national strategic plan priorities. It does not track the rigor of those plans which can be high level and non-prioritized, and do not consistently attend to quality or attainable results. Within the Global Fund's partnership model the primary responsibility for ensuring the rigor of national strategic plans rests with technical partners
- Ratings are based on a subjective assessment by TRP members
- ✓ KPI 4 will provide a deeper assessment of a national strategy's investment efficiency, and use of disease models to inform strategy design will be tracked through thematic reporting

Strategic Targets

Maximize Impact Against  
HIV, TB and malariaBuild Resilient & Sustainable  
Systems for HealthPromote and Protect Human  
Rights & Gender EqualityMobilize Increased  
Resources**KPI 6f****Strengthen systems for health: f) Alignment with national strategic plans**

Percentage of funding requests rated by the TRP to be aligned with National Strategic Plans

<b>Baseline</b>	Funding cycle 2014-2016: 98% Very Good/Good
<b>Target</b>	<b>90% Very Good/Good</b>

**Methodology & Assumptions**

<b>Cohort</b>	All new funding requests submitted with NSP for TRP review <i>Exclusions:</i> COEs in acute crisis; program continuation requests
<b>Target time period</b>	2017 - 2019
<b>Calculation methodology</b>	Subjective survey of TRP members; "The funding request aligns with national priorities as expressed in the National Strategic Plan (or an investment case for HIV)"
<b>Frequency of reporting</b>	Semi-Annual, cumulative
<b>Caveats &amp; assumptions</b>	Heavy reliance on technical partners; Ratings could be affected by change in TRP membership and increased rigor from respondents due to survey being used for KPI purposes

**KPI 7 Fund utilization****Strategic Vision**

Increase the strength of national systems for health to enable effective use of allocated funds

**Aim of indicator**

A resilient and sustainable system for health should be able to effectively use the full allocation of funds to deliver services to increase program impact. Indicator aims to **identify bottlenecks and better target strengthening efforts**, and does not intend to re-direct funding. The indicator measures:

- a) Allocation utilization** measures extent to which:
- countries can use their allocation, and
  - the Secretariat can optimize portfolio level investments
- b) Absorptive capacity** measures whether programs can spend the budgeted funds

**Measure**

- a) Allocation utilization:** Portion of allocation that has been committed or is forecast to be committed as a grant expense
- b) Absorptive capacity:** Portion of grant budgets that have been reported by country program as spent on services delivered

**Limitations & mitigation measures**

The Allocation utilization indicator risks two negative incentives:

1. Over-commitment to meet allocation
  - ✓ Risk controlled by part b) tracking absorption capacity, and through tracking of in-country cash balance
2. Re-direction of funds through portfolio optimization from portfolios with the greatest “need” to portfolios better able to absorb funds – without dealing with underlying health system constraints
  - ✓ Risk controlled by KPI-3 on alignment between investments and ‘need’

Strategic Targets

Maximize Impact Against  
HIV, TB and malariaBuild Resilient & Sustainable  
Systems for HealthPromote and Protect Human  
Rights & Gender EqualityMobilize Increased  
Resources**KPI 7 Fund utilization**

a) Allocation utilization: Portion of allocation that has been committed or is forecast to be committed as a grant expense

<b>Baseline</b>	91%
<b>Target</b>	91-100%

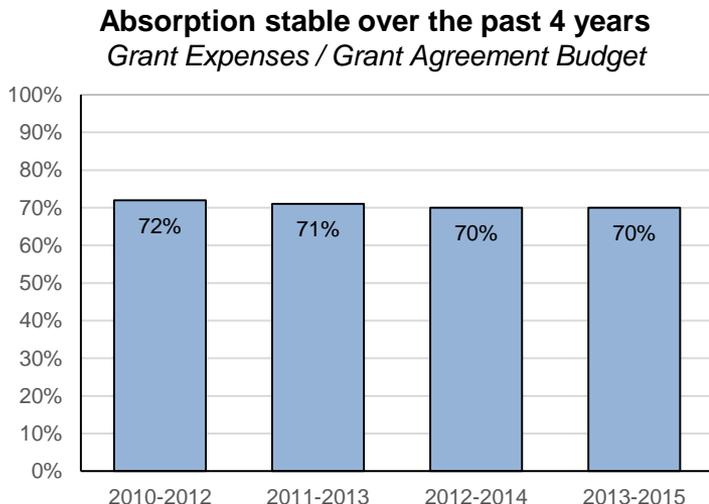
Methodology & Assumptions	
<b>Cohort</b>	Entire portfolio
<b>Target time period</b>	2018 – 2020
<b>Calculation methodology</b>	Committed amount / allocation – aggregated to portfolio level
<b>Frequency of reporting</b>	Semi annual
<b>Caveats &amp; assumptions</b>	Actions required to achieve portfolio optimization are most likely in the second half of the allocation period

Strategic Targets

Maximize Impact Against  
HIV, TB and malariaBuild Resilient & Sustainable  
Systems for HealthPromote and Protect Human  
Rights & Gender EqualityMobilize Increased  
Resources**KPI 7 Fund utilization**

b) Absorptive capacity: Portion of grant budgets that have been reported by country program as spent on services delivered

<b>Baseline</b>	2013-2015: 70%
<b>Target</b>	<b>75% by 2022</b>



NOTE: NFM grants without budgets uploaded to the financial system are not included in the baseline estimation.

**Methodology & Assumptions**

<b>Cohort</b>	Entire portfolio
<b>Target time period</b>	2017 – 2022
<b>Calculation methodology</b>	Actual expenditure / Grant budget (for each grant aggregated to portfolio level)
<b>Frequency of reporting</b>	Annually; data available approximately 6 months after the end of the financial year

**Caveats & assumptions**

Expenditure reports are compiled based on annual reporting cycle in the countries (~70% on Jan to Dec basis, ~30% other) resulting in a slight discrepancy on an annual basis

Some spill over effects can be expected due to expenditure delays and transition between allocation periods

These effects will be offset by using a 3 year aggregate measure

Strategic Targets

Maximize Impact Against HIV, TB and malaria

Build Resilient & Sustainable Systems for Health

Promote and Protect Human Rights & Gender Equality

Mobilize Increased Resources

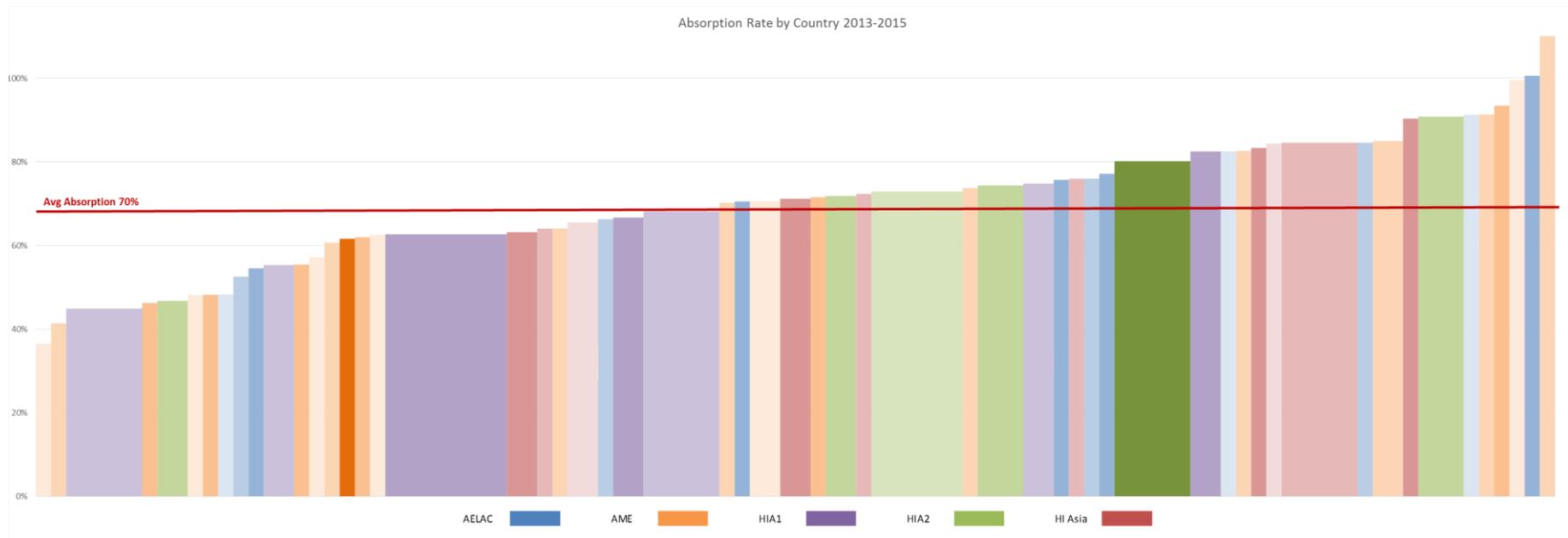
**KPI 7**

**Fund utilization**

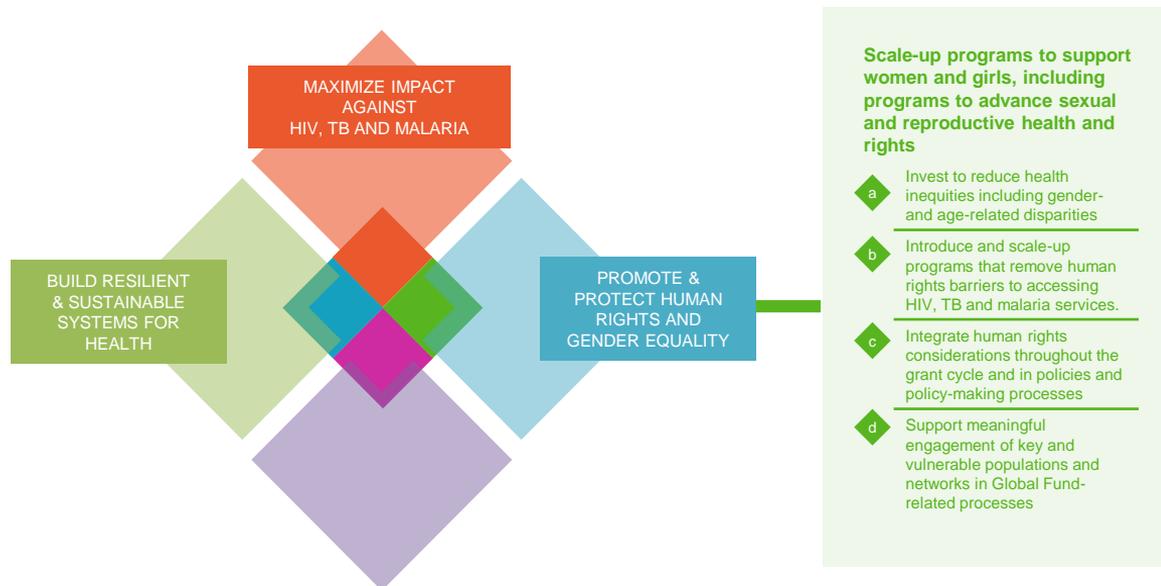
b) Absorptive capacity: Portion of grant budgets that have been reported by country program as spent on services delivered

**Absorption Rate by Country**

Width of the bar represents relative size of budget 2013-2015



## Global Fund Strategy 2017-2022



Strategic Targets

Maximize Impact Against  
HIV, TB and malariaBuild Resilient & Sustainable  
Systems for HealthPromote and Protect Human  
Rights & Gender EqualityMobilize  
Resources

Definition Approved

**KPI 8** Gender & age equality**Strategic Vision**

Reduce gender and age disparities in health

**Aim of indicator**

HIV infection rates among young women are twice as high as among young men in some regions in sub-Saharan Africa. The indicator will track the extent to which an enhanced programmatic focus on women and adolescent girls results in a reduction in new infections in selected countries with large disparities in incident infections.

This objective is closely linked to other strategic objectives focused on scale-up of programs supporting women and girls; advancing sexual and reproductive health and rights; support to women's, children's, and adolescent health; and removing barriers to access.

**Measure**

HIV incidence in women aged 15-24

**Limitations & mitigation measures**

- Indicator measures HIV programs for AGYW, and does not address gender disparities in the TB and malaria epidemics; additional data and analysis are required to better understand these dynamics which vary significantly between countries
- ✓ As part of the data systems component of KPI 6, sex and age disaggregation of key indicator results across the three diseases should become increasingly available
- There is a narrow focus on HIV incidence in this disproportionately impacted population group
- ✓ This focused approach is designed to better demonstrate the impact of effective programming for adolescent girls and young women, but it does not limit the extent to which gender will be embedded into the wider grant portfolio. The Strategic KPI will be complemented by a comprehensive package of information from Implementation KPIs and thematic reporting

Strategic Targets

Maximize Impact Against  
HIV, TB and malariaBuild Resilient & Sustainable  
Systems for HealthPromote and Protect Human  
Rights & Gender EqualityMobilize Increased  
Resources**KPI 8****Gender & age equality**

HIV incidence in women aged 15-24

<b>Baseline</b>	21% reduction over the 2008 – 2015 period
<b>Target</b>	<b>58% reduction</b> (Uncertainty range 47 – 64%)

Target represent a point estimate within the corresponding range due to uncertainty  
GF/SC02/ER02 provides the detailed technical methodology underpinning the targets

**\* Cohort**

1. Lesotho
2. Swaziland
3. Botswana
4. South Africa
5. Zimbabwe
6. Zambia
7. Namibia
8. Mozambique
9. Uganda
10. Malawi
11. Tanzania
12. Kenya
13. Cameroon

**Methodology & Assumptions**

<b>Cohort*</b>	Countries selected from Sub-Saharan Africa with 1) highest estimated HIV incidence rates among 15-24 year old females; 2) female-male ratio of new infections in 15-24 >1
<b>Target time period</b>	2015 - 2022
<b>Calculation methodology</b>	HIV incidence estimates derived from the Goals model, which uses EPP/Spectrum estimates
<b>Frequency of reporting</b>	Annual
<b>Caveats &amp; assumptions</b>	<ul style="list-style-type: none"> <li>▪ Current incidence estimation models do not account for age or sex differences</li> <li>▪ This target will be reset once more advanced models taking account of age and sex structure are available</li> <li>▪ The target is based on national-level reporting which does not capture important district level differences in incidence for this age range. Programming to reduce HIV incidence in adolescents and young women will focus on the 10-24 age range, depending on the epidemic context. The youngest age group for which survey data is available to enable estimation of incidence from measured prevalence is 15-24</li> </ul>

Strategic Targets

Maximize Impact Against  
HIV, TB and malariaBuild Resilient & Sustainable  
Systems for HealthPromote and Protect Human  
Rights & Gender EqualityMobilize  
Resources

Definition Approved

**KPI 9 Human rights: a) Reduce human rights barriers to services****Strategic Vision**

Human rights barriers to services are reduced, resulting in improved uptake of and adherence to treatment and preventions programs

**Aim of indicator**

With a focus on 15-20 priority countries this indicator will measure the extent to which comprehensive programs to reduce human rights-related barriers to access are established.

The programs will be designed around the “7 key interventions to reduce stigma and discrimination and increase access to justice” of UNAIDS.

Where available, established WHO indicators for assessing enabling environments will be used to track progress in operationalizing the interventions.

The aim is that these programs will contribute to a meaningful reduction in human rights barriers to services and that increased access will lead to increased impact. This will be measured through in-depth evaluations as baseline in 2017, at mid-term in 2019 and at the end of the strategy period in 2022.

**Measure**

# of priority countries with comprehensive programs aimed at reducing human rights barriers to services in operation

**Limitations & mitigation measures**

- Human rights interventions to reduce barriers to service are well defined for HIV. More work will be done for TB (in second half of 2016) & Malaria (as a second phase in 2017)
- Specific indicators to track progress beyond those proposed by WHO need to be defined and tracking systems to collect the relevant data will have to be established in countries
- The in-depth evaluations will use mixed-method assessment of human rights barriers and interventions that reduce barriers. This is a relatively new idea with respect to health programs, but a solid and program-relevant assessment method could set a useful precedent for such assessments for policy-makers and program practitioners
- ✓ The Global Fund has a key niche as the major funder of interventions aimed at removing legal barriers to access. There is strong backing from partners for this work – WHO, UNAIDS, OSF, Ford

Strategic Targets

Maximize Impact Against  
HIV, TB and malariaBuild Resilient & Sustainable  
Systems for HealthPromote and Protect Human  
Rights & Gender EqualityMobilize Increased  
Resources**KPI 9****Human rights: a) Reduce human rights barriers to services**

Number of priority countries with comprehensive programs aimed at reducing human rights barriers to services in operation

<b>Baseline</b>	2016: 0
<b>Target</b>	<b>4 priority countries for HIV</b> <b>4 priority countries for TB</b>

Methodology & Assumptions	
<b>Cohort</b>	15-20 selected priority countries
<b>Target time period</b>	2017 – 2022
<b>Calculation methodology</b>	Number of countries that meet benchmark for implementation of partner recommended interventions
<b>Frequency of reporting</b>	Annual update, complemented by repeat evaluations in 2017, 2019 and 2022
<b>Caveats &amp; assumptions</b>	<ul style="list-style-type: none"> <li>Target to be reassessed once 2017 baseline evaluations are available</li> <li>Key role for in-country actors and partners in stimulating country demand</li> <li>Lack of in-country capacity to scale-up human rights programs</li> <li>Lack of capacity of technical partners to support country partners</li> </ul>

**Partners consulted:**

OHCHR, Stop TB Partnership, WHO, UNAIDS, UNDP, OGAC, AIDS Fonds, American Jewish World Service, Ford Foundation, OSF, IDLO, International AIDS Alliance, ARASA, Kelin, AMShier, GNP+, Namati, LBH Masyarakat

Strategic Targets

Maximize Impact Against  
HIV, TB and malariaBuild Resilient & Sustainable  
Systems for HealthPromote and Protect Human  
Rights & Gender EqualityMobilize Increased  
Resources**KPI 9****Human rights: a) Reduce human rights barriers to services**

Number of priority countries with comprehensive programs aimed at reducing human rights barriers to services in operation

**Country selection criteria:**

1. Where there is need for programs to reduce human rights related barriers to health services
2. Where such programs have the potential to significantly increase uptake of and retention in health services
3. Where it is possible to obtain a certain level of coverage with regard to an affected population
4. Where the conditions exist or there is great(er) potential and capacity for proposing, funding and budgeting the programs in Global Fund grants
5. Where countries are in their grant cycle so that opportunities exist to include scale up of programs in grant proposals or through re-programming
6. Where there is capacity to implement the programs at a scaled up level
7. Where there is interest in/capacity/presence of technical partners and donors in promoting programs to remove human rights barriers
8. Where there is, or with efforts, could be sufficient capacity to monitor and evaluate the impact of programs

**Draft shortlist of selected countries**

- Benin
- Botswana
- Cameroon
- Chad
- Cote d'Ivoire
- DRC (Province-Level)
- Ghana
- Honduras
- Indonesia
- Jamaica
- Kenya
- Kyrgyzstan
- Mozambique
- Nepal
- Philippines
- Sierra Leone
- South Africa
- Tajikistan
- Tunisia
- Uganda
- Ukraine

Strategic Targets

Maximize Impact Against  
HIV, TB and malariaBuild Resilient & Sustainable  
Systems for HealthPromote and Protect Human  
Rights & Gender EqualityMobilize  
Resources

Definition Approved

**KPI 9b Human rights: b) key populations and human rights in middle income countries****Strategic Vision**

Increase programing for key populations and human rights in middle income countries

**Aim of indicator**

As middle income countries approach transition, greater investments will be required to ensure adequate scale up of comprehensive programs for key populations and programs to reduce human rights-related barriers to services.

The Sustainability, Transition and Co-Financing (STC) Policy has been revised to ensure that all countries progressively absorb the costs of interventions for key populations, as dictated by their position along the development continuum, and that applications include interventions that respond to human rights and gender-related barriers and vulnerabilities to services.

**Measure**

Percentage of country allocation invested in programs targeting key populations and human rights barriers to access in middle income countries

**Limitations & mitigation measures**

- Target-setting for this KPI will require alignment with STC policy stipulations, as well as analysis to determine investment levels required in different epidemic settings
- ✓ Indicator will provide information on the extent to which the STC policy is being enforced
- ✓ Reporting will provide data for upper and lower middle income categories

Strategic Targets

Maximize Impact Against  
HIV, TB and malariaBuild Resilient & Sustainable  
Systems for HealthPromote and Protect Human  
Rights & Gender EqualityMobilize Increased  
Resources**KPI 9b Human rights: b) key populations and human rights in middle income countries**

KPI	Baseline	2019 Target	Cohort	Measure*
Investment in programs to reduce human rights barriers (HIV)	0.74%	2.85%	Middle Income Countries (MICs)	% of investment in signed HIV and HIV/TB grants dedicated to programs to reduce human rights barriers to access
Investment in programs to reduce human rights barriers (TB)	0.08%	2.00%	MICs within 30 high burden TB countries	% of investment in signed TB grants dedicated to programs to reduce human rights barriers to access
Investment in programs targeting key populations (HIV)	26%	39%	MICs	% of investment in signed HIV and HIV/TB grants dedicated to programs targeting key populations

\* **Period:** 2017 - 2019, reported semi-annually

**Further plans to define and address gaps:**

- **TB** – Reliable data to identify a baseline for TB key populations investments is not available, nor is there a system to track and monitor investments. The Secretariat will work with technical partners to address these challenges with a view to integrating an appropriate target into the framework at mid-term review in 2019
- **Malaria** – Programs to reduce human rights barriers to malaria services are currently being redefined. Inclusion of malaria specific targets for human rights investment will be considered at mid-term in 2019. Discussions will continue with technical partners on appropriate measures with respect to vulnerable populations.

Strategic Targets

Maximize Impact Against  
HIV, TB and malariaBuild Resilient & Sustainable  
Systems for HealthPromote and Protect Human  
Rights & Gender EqualityMobilize  
Resources

Definition Approved

## KPI 9c Human rights: c) key populations and human rights in transition countries

### Strategic Vision

Upper middle income countries in transition take over programming for key populations and human rights

#### Aim of indicator

To measure the extent to which, in upper middle income countries transitioning out of Global Fund support, governments recognize that support to services for key populations is essential and increasingly take over responsibility for and funding of these services.

This would allow remaining external funding to be used to support initiatives that support effective transition.

### Measure

Percentage of funding for programs targeting key populations and human rights barriers to access from domestic (public & private) sources

### Limitations & mitigation measures

- Initiatives that support effective transition will be defined in 2016 and tracked at the implementation level
- Criteria would be required to define countries 'in transition' e.g. transition expected within 10 years
- In some countries, even sustained efforts may not lead to governments taking over funding of services for key populations and human rights programs
- ✓ The Sustainability, Transition and Co-Financing Policy has been revised to ensure that all countries progressively absorb the costs of interventions for key and vulnerable populations, and that applications include interventions that respond to human rights and gender-related barriers and vulnerabilities to services

Strategic Targets

Maximize Impact Against  
HIV, TB and malariaBuild Resilient & Sustainable  
Systems for HealthPromote and Protect Human  
Rights & Gender EqualityMobilize Increased  
Resources**KPI 9c Human rights: c) key populations and human rights in transition countries**

Percentage of funding for programs targeting key populations and human rights barriers to access from domestic (public & private) sources

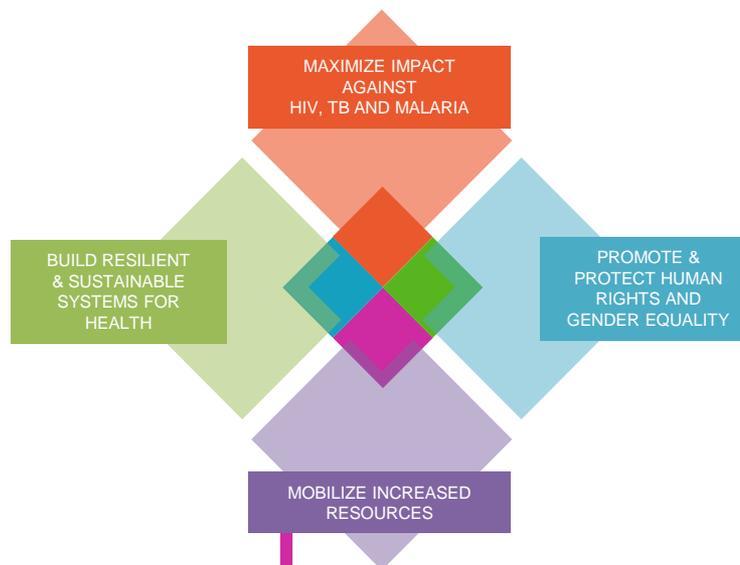
<b>Baseline</b>	TBD No countries report standardized domestic investments in KP and human rights programs
<b>Target</b>	2017-2019 100% of UMICs report on domestic investments in KP and human rights programs

Methodology & Assumptions	
<b>Cohort</b>	Upper Middle Income Countries
<b>Target time period</b>	2017 – 2019
<b>Calculation methodology</b>	For 2017-19 Percentage of UMICs report on domestic investments in KP and human rights programs  For 2020-22 Percentage of funding for programs targeting key populations and human rights barriers to access from domestic (public & private) sources
<b>Frequency of reporting</b>	Annual
<b>Caveats &amp; assumptions</b>	Very little data exists on domestic investments in programs targeting key populations and human rights barriers to access

**Interim indicator – due to data and data system gaps**

***Target completion date: End-2019***

# Global Fund Strategy 2017-2022



**Increased programmatic and financial resources from diverse sources are needed to accelerate the end of the epidemics**

- a** Attract additional financial and programmatic resources for health from current and new public and private sources
- b** Support countries to use existing resources more efficiently and to increase domestic resource mobilization
- c** Implement and partner on market shaping efforts that increase access to affordable, quality-assured key medicines and technologies
- d** Support efforts to stimulate innovation and facilitate the rapid introduction and scale-up of cost-effective health technologies and implementation models

Strategic Targets

Maximize Impact Against  
HIV, TB and malariaBuild Resilient & Sustainable  
Systems for HealthPromote and Protect Human  
Rights & Gender EqualityMobilize  
Resources

Definition Approved

**KPI 10** Resource mobilization**Strategic Vision**

Increase the financial resources available to the Global Fund for investment in programs to tackle the three diseases

**Aim of Indicator**

A key objective of the Global Fund is to mobilize resources for health from current and new public and private sources.

The indicator directly measures the volume of new pledges made, and the extent to which these pledges are fulfilled as contributions.

**Measure**

- a) Actual pledges as a percentage of the replenishment target
- b) Pledge conversion rate. Actual 5<sup>th</sup> replenishment contributions as a percentage of forecast contributions

**Limitations & mitigation measures**

- The current measure tracks pledge conversion on an annual basis, which makes it sensitive to time shifts in contribution schedules
- ✓ Improved forecasting methodology, developed during the current replenishment period, will enable the measure to be tracked on a three year basis – maintaining accuracy and reducing the potential for over-interpretation of small time shifts

Strategic Targets

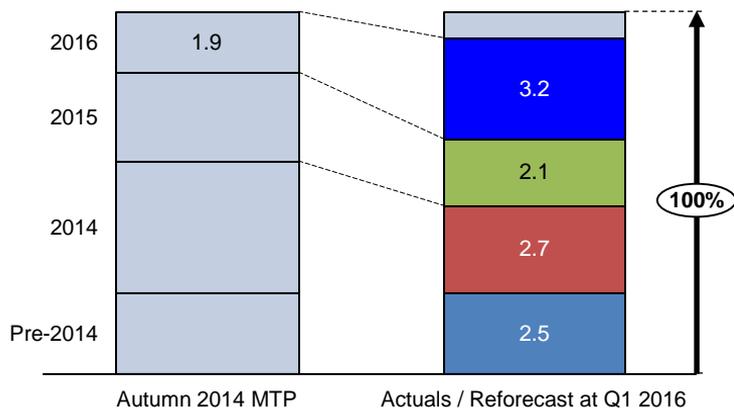
Maximize Impact Against  
HIV, TB and malariaBuild Resilient & Sustainable  
Systems for HealthPromote and Protect Human  
Rights & Gender EqualityMobilize Increased  
Resources**KPI 10 Resource mobilization**

- Actual pledges as a percentage of the replenishment target
- Pledge conversion rate. Actual 5th replenishment contributions as a percentage of forecast contributions

<b>Baseline</b>	4 <sup>th</sup> replenishment: a) 84%; b) 100%
<b>Target</b>	a) 100% b) 100%

**Methodology & Assumptions**

<b>Cohort</b>	All contributions, including earmarked contributions <i>Exclusions: Co-financing</i>
<b>Target time period</b>	2017 - 2019
<b>Calculation methodology</b>	a) Actual 5 <sup>th</sup> replenishment contributions to date / USD 13 billion target b) Actual 5 <sup>th</sup> replenishment contributions to date plus forecast contributions to the 5 <sup>th</sup> replenishment / Forecast 5 <sup>th</sup> replenishment contributions per Q1 2017 MTP  All contributions reported at fixed replenishment foreign exchange rate
<b>Frequency of reporting</b>	Annual
<b>Caveats &amp; assumptions</b>	Forecast contributions will be adjusted to account for TA withholdings and risk discount; Contributions from post-replenishment pledges will offset unrealized pledges beyond the risk discount

**4<sup>th</sup> replenishment pledge conversion rate**

NOTE: 4<sup>th</sup> replenishment pledges only. Actuals & MTP at accounting FX rates; forecast at replenishment FX rates. Actuals include any contributions from post-replenishment pledges.

**KPI 11 Domestic investments****Strategic Vision**

Domestic investments in programs for HIV, TB & malaria continue to increase over the replenishment period

**Aim of indicator**

An increase in domestic investments in programs for HIV, TB and malaria is required to accelerate the end of the epidemics and to foster sustainable programs.

The Global Fund directly supports these aims through advocacy and the Sustainability, Transition and Co-Financing policy.

This indicator directly measures the extent to which domestic health commitments are fulfilled by governments to meet this need.

**Measure**

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

**Limitations & mitigation measures**

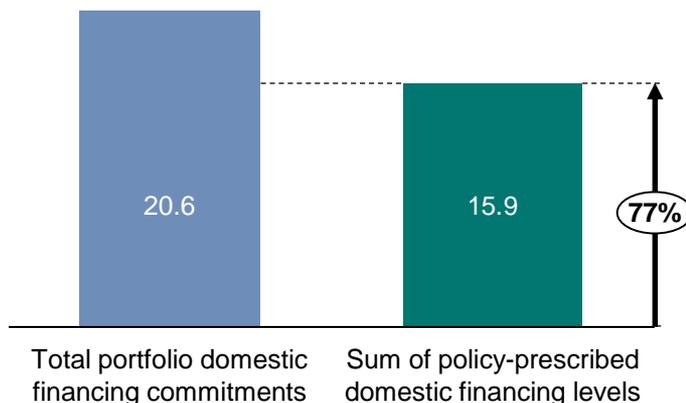
- ✓ The new Sustainability, Transition and Co-Financing Policy outlines co-financing requirements to incentivize fulfilment of government co-financing commitments
- ❑ Internal roles and responsibilities on advocacy, monitoring and accountability for performance need to be clarified and aligned with expectations
- ❑ The indicator focuses on conversion of commitments into expenditures, but not the scale of commitments
- ✓ The scale of increases in domestic commitments will be tracked as part of thematic reporting

Strategic Targets

Maximize Impact Against  
HIV, TB and malariaBuild Resilient & Sustainable  
Systems for HealthPromote and Protect Human  
Rights & Gender EqualityMobilize Increased  
Resources**KPI 11 Domestic investments**

Percentage of domestic co-financing commitments to programs supported by GF realized as government expenditures

<b>Baseline</b>	n/a
<b>Target</b>	100% of 2014-2016 policy stipulated requirements realized

**2014-16 Access to funding cycle**Policy-prescribed levels of domestic financing represent  
77% of total domestic commitments made

Methodology & Assumptions	
<b>Cohort</b>	All country components accessing funding <i>Exclusions:</i> Exempted from co-financing requirements; Co-financing requirements waived in previous replenishment period; Did not access funding in previous replenishment period
<b>Target time period</b>	2017 – 2019
<b>Calculation methodology</b>	% of domestic co-financing commitments made in 2014-16 access to funding cycle realized as government expenditures (inflation adjusted)
<b>Frequency of reporting</b>	Annual
<b>Caveats &amp; assumptions</b>	<ul style="list-style-type: none"> <li>2014-16 commitments were made under 2014-2016 policy prescriptions</li> <li>The effect of the new policy will be tracked over the 2020 allocation utilization period</li> <li>The proposed target is aligned with investment case assumptions</li> </ul>

Strategic Targets

Maximize Impact Against  
HIV, TB and malariaBuild Resilient & Sustainable  
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Rights & Gender EqualityMobilize  
Resources

Definition Approved

**KPI 12a Availability of affordable health technologies: a) Availability****Strategic Vision**

A stable supply of key quality-assured health products sufficient to meet country demand

**Measure**

Percentage of a defined set of products with more than three suppliers that meet Quality Assurance requirements

**Aim of indicator**

Ensure that supply is available from multiple quality-assured manufacturers, reducing risk of supply disruption.

Ensure a balance between decreasing prices and maintaining a secure, stable supply base.

Promote competition between suppliers for key products.

Align with Expert Review Panel requirements and processes.

**Limitations & mitigation measures**

- Even with more than three suppliers, manufacturing capacity may still be insufficient to meet demand, especially during peak times
- Manufacturing capacity is estimated / self-reported by suppliers and difficult to validate (as is global demand)
- ✓ Estimated manufacturing capacity vs. forecast annual demand (Global Fund and global) will be monitored as part of thematic reporting

Strategic Targets

Maximize Impact Against  
HIV, TB and malariaBuild Resilient & Sustainable  
Systems for HealthPromote and Protect Human  
Rights & Gender EqualityMobilize Increased  
Resources**KPI 12a****Availability of affordable health technologies: a) Availability**

Percentage of a defined set of products with more than three suppliers that meet Quality Assurance requirements

<b>Baseline</b>	91%
<b>Target</b>	<b>100%</b>

Methodology & Assumptions	
<b>Coverage</b>	11 products, covering: <ul style="list-style-type: none"> <li>▪ WHO recommended 1<sup>st</sup> &amp; 2<sup>nd</sup> line ARVs</li> <li>▪ ACTs</li> <li>▪ LLINs</li> </ul>
<b>Target time period</b>	2017 – 2019
<b>Calculation methodology</b>	<i>Numerator:</i> Number of products with more than three suppliers that meet Quality Assurance requirements  <i>Denominator:</i> Number of products
<b>Frequency of reporting</b>	Annual
<b>Caveats &amp; assumptions</b>	One 2 <sup>nd</sup> line HIV product currently has less than three suppliers  Partners are the main drivers of change on market entry  Primary purpose of this indicator is to minimize the risk of market exit

Strategic Targets

Maximize Impact Against  
HIV, TB and malariaBuild Resilient & Sustainable  
Systems for HealthPromote and Protect Human  
Rights & Gender EqualityMobilize  
Resources

Definition Approved

**KPI 12b Availability of affordable health technologies: b) Affordability****Strategic Vision**

Market shaping efforts reduce prices for PRs accessing PPM framework agreements, yielding savings which can be used to support unfunded programmatic needs

**Aim of indicator**

Captures effectiveness in increasing the affordability of key medicines and technologies.

Reflects achievement of target savings based on tenders conducted and forecast demand.

Takes into account market conditions for different products in the PPM portfolio (e.g. anticipate greater savings on new product strategies or recently introduced products).

**Measure**

Annual savings achieved through PPM\* on a defined set of key products (mature and new)

**Limitations & mitigation measures**

- The measure does not capture affordability of products in countries that do not access PPM framework agreements
- ✓ Implementation KPIs measuring RSSH achievements will provide information for these countries
- If considered alone, the indicator could lead to negative incentives for product availability - driving reduced supplier base and reduced investment
- ✓ Benchmark reference prices for key products will be tracked as management information
- ✓ KPI 12a will be used to control for potential negative effects on availability; management information will also track additional risk indicators

\* Savings achieved via Framework agreements; PSA fees; freight /logistics costs, etc.

Strategic Targets

Maximize Impact Against  
HIV, TB and malariaBuild Resilient & Sustainable  
Systems for HealthPromote and Protect Human  
Rights & Gender EqualityMobilize Increased  
Resources**KPI 12b Availability of affordable health technologies: b) Affordability**

Annual savings achieved through PPM\* on a defined set of key products (mature and new)

<b>Baseline</b>	USD 64m (2016 half year)
<b>Target</b>	<b>USD 135m</b>

Methodology & Assumptions	
<b>Coverage</b>	<ul style="list-style-type: none"> <li>Key products covering: ARVs, ACTs, LLINs, RDT &amp; Non Core products</li> <li>PSA Fees</li> </ul>
<b>Target time period</b>	2017; target will be set on an annual basis
<b>Calculation methodology</b>	Dependent on product maturity: <ul style="list-style-type: none"> <li>Weighted average price during the previous contract/period</li> <li>Announced lowest market entry price</li> <li>Spend avoidance</li> </ul>
<b>Frequency of reporting</b>	Annual
<b>Caveats &amp; assumptions</b>	Savings dependent on PPM demand Recent experience has shown major time shifts in product order and delivery schedules

\* Savings achieved via Framework agreements; PSA fees; freight /logistics costs

# ANNEX

# Terminology

- **Key Performance Indicator (KPI)** – a tool to track progress in achieving strategic goals, comprising:
  - **Strategic vision:** a clear statement of what we expect the strategy to achieve
  - **Measure:** translation of the vision into something numerically quantifiable
  - **Baseline:** current performance on the measure
  - **Target:** the ambitious but achievable goal set for the measure
- Target calculation methodology is made up of the following components:
  - **Cohort:** the dataset that will be evaluated (e.g. group of countries, select commodities, group of funding requests)
  - **Methodology:** How the target and result are calculated
  - **Target time period:** The period for which performance is being assessed
    - **Allocation utilization period:** 3-year period over which 5<sup>th</sup> replenishment allocations are utilized through country grants (becomes effective from the end of any existing grant, varies by country)
    - **Replenishment period:** 2017-2019 period over which 5<sup>th</sup> replenishment pledges are collected and country funding requests processed
    - **Strategy period:** 2017-2022, the effective period of the Global Fund Strategy: Investing To End Epidemics
  - **Frequency of reporting:** The schedule upon which results will be reported to the Board

# Principles driving target development

*Targets were developed to be:*

Ambitious,  
yet realistic

- Targets should be ambitious, but achievable

Visible and  
measurable

- Indicators should be measured on a meaningful number of countries
- Targets setting based on best available evidence

Broadly  
owned

- Targets were designed with extensive partner consultation

# Extensive stakeholder engagement

## Partner consultation included:

- ✓ African Men for Sexual Health and Rights
- ✓ Aids and Rights Alliance for Southern Africa
- ✓ AIDS Fonds
- ✓ American Jewish World Service
- ✓ Bill & Melinda Gates Foundation
- ✓ CDC
- ✓ DfID
- ✓ Ford Foundation
- ✓ Global Network for and by People Living with HIV
- ✓ Health Data Collaborative
- ✓ International AIDS Alliance
- ✓ International Development Law Organization
- ✓ Kelin
- ✓ Lembaga Bantuan Hukum (LBH) Masyarakat
- ✓ Modelling teams (Imperial College, London School of Hygiene & Tropical Medicine, Avenir Health)
- ✓ Namati
- ✓ Office Of The United Nations High Commissioner For Human Rights
- ✓ OGAC / PEPFAR
- ✓ Open Society Foundation
- ✓ Stop TB
- ✓ UNAIDS
- ✓ UNDP
- ✓ WHO
- ✓ World Bank

# Managing expectations

## Data & Systems Gaps

The new strategy takes the organization into new areas which have major data and data system gaps – notably in key populations, human rights, systems for health

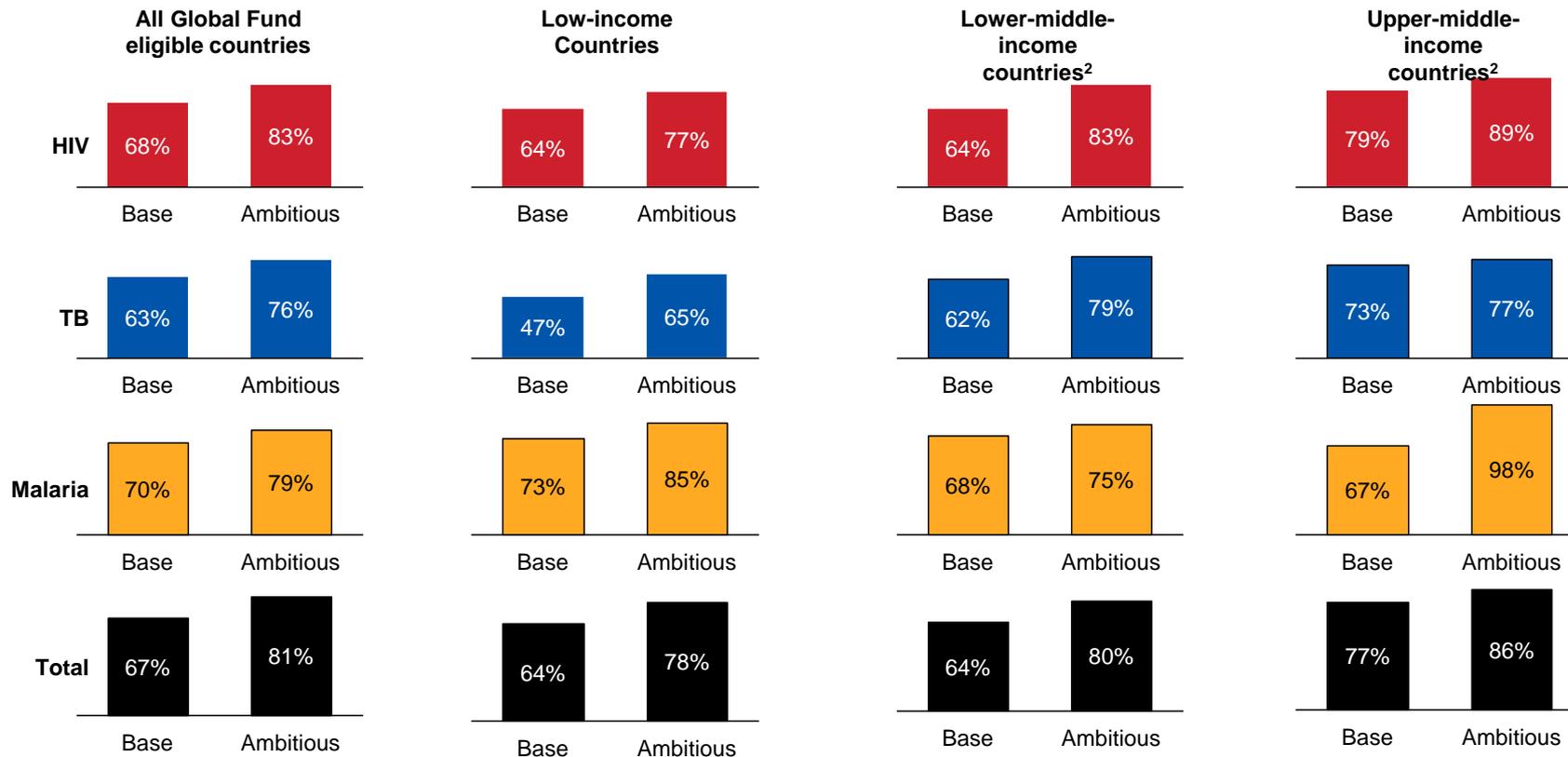
## Lag to effect

- **Funding lag:** 2017 is the first year of Strategy implementation; New funds from the 5th replenishment will start to be committed in 2018
- **Results lag:** The effects of investments and interventions are not immediate and may take time to materialize; For impact measures, it may take a number of years before the change in direction brought in by the new strategy become evident in the indicator results
- **Reporting lag:** A number of the indicators are outcome or impact measures which entail a one year reporting lag

## Limits to GF influence on funding requests

There are levers that the Global Fund uses to ensure that funding requests adhere to best practice, but technical partners have the responsibility to support the development of high quality national strategic plans and decision making rests with in-country actors

## Resource scenarios underpinning targets for KPIs 1, 2 & 8: Projected resources 2017-2022 by disease (overall and by income group) for base scenario and ambitious scenario (% of total resource need<sup>1</sup> projected to be covered)



1. The Fast-Track and the Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030, Global Plan to End TB 2016 to 2020 and the WHO End TB Strategy, and the Global Technical Strategy for Malaria 2016–2030 as adopted by the World Health Assembly in May 2015. 2. Amongst Global Fund eligible countries.

# Focus of activities for 2017 & 2018

Final Committee and Board review of performance against the 2012-2016 KPI framework

- First Committee & Board Review of results against the 2017-2022 Strategic KPI Framework
- First thematic reporting as complement to the Strategic KPIs



Transition between KPI Frameworks:

- Reporting on those 2016 KPIs with a 1-year lag
- Reporting on 2017 KPIs where available
- Update on progress implementing the 2017 KPI framework
- Approval of 2018 KPI performance targets