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Performance Reporting Framework continues to evolve to provide insightful and actionable reporting.

Going forward, reporting will integrate both KPI & SIP reporting...

• Greater oversight over a **broader set of metrics** (e.g., strategic sub-objectives without a directly corresponding KPI)

• Visibility into **leading indicators** of progress (e.g., integration of AGYW-related indicators in grants in 13 priority countries is a key step to achievement of KPI 8)

• Follow-up on **remedial actions** being taken to address underperformance

• Deeper **contextual information and analysis** to enable useful & actionable insights

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Performance Reporting Framework summary slides will now be more comprehensive with data from KPIs, management/thematic information and SIP deliverables.
Performance Reporting Framework

- Country and Global Context
- Funding
- Program Design
- Implementation
- Impact and Results

Global Fund Operations
Performance Reporting Framework

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

Funding
- Domestic funding
- Global Fund resources
- Market shaping

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

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

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

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

KPIs 7a, 7b
+ Management information

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

KPIs 1, 2, 5, 6a, 6b, 6c, 6d, 6e, 8, 9a
+ Management information
Setting the context – the global fight against the three diseases

### HIV/AIDS
- New HIV infections: 1.8m
- People living with HIV: 36.9m
- People on ART: 21.7m
- AIDS-related deaths: 0.9m

Global Fund accounts for 8% of global HIV funding and 20% of international financing.

### Tuberculosis
- New TB cases: 10.0m
- Reported TB cases (new and relapse): 6.4m
- Treatment success rate (all forms): 82%
- Incident cases of drug resistant TB (MDR/RR-TB): 0.6m
- Deaths from TB (excluding HIV+): 1.3m

Global Fund accounts for 10% of global TB funding and 69% of international financing.

### Malaria
- Malaria cases: 216m
- People sleeping under ITN in sub-Saharan Africa: 54%
- Malaria deaths: 0.45m

Global Fund accounts for 40% of global Malaria funding and 57% of international financing.

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**HIV data:** UNAIDS.org, new infections (2017), people living with HIV (2017), people on ART (July 2018), AIDS-related deaths (2017); **TB data:** Global TB Report 2017, new TB cases (2016); reported TB cases (new and relapse) (2016); treatment success rate (all forms) (2015); incident cases of MDR/RR-TB (2016); deaths from TB (2016); **Malaria data:** WHO.int/malaria, World Malaria Report 2017: malaria cases (2016), population at risk slept under an ITN in sub Saharan Africa (2016), malaria deaths (2016).

**Funding sources** [2016 data for HIV/Malaria, 2018 for TB]: OECD DAC-CRS; UNAIDS FactSheet World AIDS Day 2017, UNAIDS; Global Tuberculosis Report 2018, WHO; World Malaria Report 2017, WHO

**GF share of international funding:** Global Fund 2017 Results Report

**Figures are global and are not solely for countries where Global Fund resources are disbursed.**
Setting the context – the global fight against the three diseases

HIV/AIDS

Global Fund accounts for 8% of global HIV funding and 20% of international financing across the world.

The GF has proportionately higher shares of funding in MENA and EECA eligible countries and lower shares in Western, Central and Eastern Africa (high PEPFAR funding); and in Southern Africa; LAC and Asia (high domestic funding).

Tuberculosis

Global Fund accounts for 10% of global TB funding and 69% of international financing across the world.

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

Malaria

Global Fund accounts for 40% of global Malaria funding and 57% of international financing across the world.

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

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

*For instance, in LAC, the GF share of funding is not representative of the region as a whole as most of its countries are ineligible for GF funding. Regions are based on the UN geo-scheme.
Global Fund Resources

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

- So far, 101% of the replenishment target has been **pledged**
- Out of this total, 6.6% has been pledged by the **private sector**
- Total **contributions expected** to be received is currently forecasted to be 101% of the initial forecasted amount
- 37 of 38 public donor contribution agreements expected to shift from tripartite to bilateral during this replenishment period. End-June, 1 tripartite + 33 bilateral agreements signed
- Spain – Democratic Republic of Congo **Debt2Health** agreement ratified, allowing DRC to invest USD 3.4m in Malaria programs (to-date, total of EUR 208m in debt swapped through Debt2Health)
- GF modelling guidance group convened to inform **2020-2022 investment case development**

Funding overview

**Domestic Funding**

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

- Support (from GF and other partners) for implementation of **National Health Accounts** provided to 68% of High Impact / Core countries
- Min. domestic co-financing **commitments met** for 100% of components in Transition Preparedness cohort having completed grant making

**Market Shaping**

*Availability and affordability of key medicines as well as supplier performance*

- At mid-2018, indications that annual **target for savings through direct procurement** mechanisms likely to be exceeded (driven by ARV savings). Actual reporting in Spring 2019
- 78% of PPM orders delivered **on time and in full** since the beginning of 2018, exceeding target (with strong improvement from Q1 to Q2, with 89% OTIF in Q2)
- 2 domestically financed transactions placed through **wambo.org domestic funding pilot** (for ARVs, worth ~USD 500k), with 8 others expected by end-2018
- New MDR-TB regimen rolled-out in 30 countries
- ARV framework agreements signed, with expected savings of **USD 324m** by end-2021
- 20 countries have started procurement of more effective DTG; roll-out slowed pending updated WHO guidelines on safety signal in pregnancy
# Program Design overview

## Strategic focus

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

- **Alignment of investment & need strongly improving** now, using 2017/2019 allocation and its corresponding country shares of need. Almost on target now at 97% achievement (0.36 discrepancy vs target of 0.35). Using disbursements instead of commitments to measure share of funding would bring us above target [KPI 3](#).
- 9 of 10 KPI 2 modelled services have their **aggregate national targets aligned to strategy target**, indicating positive progress towards meeting strategy targets
- **Allocation methodology** presented to Strategy Committee in July and feedback provided on areas for potential refinement

## Activities

*Activities & budgets of GF grants*

- 96% of funding requests in this cycle rated by TRP as aligned with National Strategic Plans [KPI 6f](#).
- 38 disease programs assessed for investment efficiency, with results undergoing validation; to be reported Spring 2019 [KPI 4](#).
- For new allocation, 2.82% (target: 2.85%) of HIV grant budgets in Middle Income Countries and 0.72% (target: 2%) of TB grant budgets in high-burden MICs invested in activities to remove human rights barriers [KPI 9b](#).
- In priority countries**, GF so far investing USD 90.6m towards reducing new HIV infections among adolescent girls & young women [KPI 2](#).
- Robust method to assess RSSH investment developed – 24% of total investment for 2017-19 cycle in grants approved to date. Of RSSH investment, 47% goes to Human Resources for Health (mainly through contributions from diseases), 18% to Service Delivery (mainly contributions), 16% to HMIS (direct funding), 2% to Community Responses and Systems [KPI 3](#).

## Setup and implementers

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

- For the current allocation*, 35% of grants (and 24% of investment) managed by Community Sector implementers, many of them local (13% of grants, 8% of investment) and 7 of them new implementers.
- 93 small grants provided to community-based groups through HER Voice Engagement Fund from Jan-Jun 2018, to support the meaningful engagement of adolescent girls and young women.
- 75% of components receiving transition funding currently covered by a completed TRA or equivalent, with current plans to complete TRA or equivalent in remaining 25%; out of the overall Transition Preparedness components, 35% are currently covered by a completed TRA or equivalent, with current plans to complete another ~25% in 2017-2019.
- Malaria Matchbox toolkit piloted in 2 of 3 planned countries, discussions held with partners on potential collaborations; toolkit expected to be finalized & launched end-2018.

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** As of 31-Aug-2018

*KPI 3: [Alignment of investment & need strongly improving](#)*

*KPI 4: [38 disease programs assessed for investment efficiency](#)*

*KPI 6f: [96% of funding requests in this cycle rated by TRP as aligned with National Strategic Plans](#)*

*KPI 9b: [96% of funding requests in this cycle rated by TRP as aligned with National Strategic Plans](#)*

**: In 8 of 13 AGYW priority countries where financial data and defined package of interventions currently available for analysis
Implementation overview

Performance

Financial and programmatic performance of grant activities and implementers

- **92%** of the 4th replenishment allocation is already disbursed or forecasted to be

- Overall, **75%** of grant budgets have been reported as spent for the years 2015-2017 for whole portfolio (*see below*). This represents a strong improvement from 66% in the 2014-2016 period – now on target. Explained by very strong 2017: driven by NFM grants; work with partners (ITP); risk and assurance activities; reprogramming; etc. Also very high disbursement utilization rate

- **Programmatic performance** at end-2017 generally **adequate to strong** for the portfolio when compared to Performance Framework (PF) targets for most service delivery indicators (see annex for details)

- However, weaker performance for: PMTCT & ART indicators (all mainly driven by currently unreliable/overestimated prevalence info for one of largest HIV portfolios); cases treated for MDR-TB (driven mainly by largest TB portfolio); and HIV+TB patients on ART (caused by low number of cases identified; however treatment rate for co-infected patients high across portfolio)

*NB: a full reconciliation exercise presented at AFC for different, detailed cohort (implementation periods ending 2017 or earlier, based on 2014-2017 expenditures) showed a consistent result with 78% absorption rate

Operations

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

- For current allocation, **219** country funding requests submitted, resulting in **239 Board-approved grants** for total USD **9.6 bn** (as of 6 Sept 2018) – approximately 89% of the allocation. Out of this, USD **4.1 bn** already committed as grant expenses and **1.6 bn already disbursed**

- Grant making faster than in previous cycles: it takes on average **7.8 months** from funding request submission to Board approval; and **72%** of grants had their first disbursement decision within target deadline (7-10 months from TRP approval of funding request, depending on profile)

- **Portfolio optimization** awards of USD **128m** approved for 10 country components by GAC

- Improved internal systems: new functionalities rolled out in Grant Operating System (GOS), incl. modules for grant closure, risk management and migration of LFA management module

Oversight

Internal & external assessment, review, and grant management mechanisms

- Implementation of CCM evolution to be launched in **Sept. 2018**, with first phase in 16 countries

- **12 Country Portfolio Reviews** (CPRs) completed by end-August, with 16 more ongoing. Enterprise Portfolio Review (EPR) pilot held to seek feedback on approach to organization-wide oversight
Impact and Results overview

Maximize Impact against HIV, TB and Malaria
Service delivery, coverage, and quality performance for the three diseases

- Many KPI 2 indicators are on track to meet strategy targets, especially if current portfolio performance improved or maintained. Potential risks higher for: PMTCT, known HIV status, IPTp3 and both TB/HIV indicators (see detailed analysis in annex)
- 45% of target countries have data collection mechanisms in place to report on coverage of an evidence-informed package of services for at least 2 key populations. Many of the remaining countries are close to the threshold, meaning the 2019 target of 75% is reachable
- Annual TB case notification for 2017 improved by 11% in 13 priority countries versus 2015 baseline, resulting in almost 390,000 additional TB cases
- Global Fund 2018 Results Report, including latest programmatic and impact results, released in September. Country Results Profiles produced for majority of High Impact countries, providing deep-dive into financing, coverage, outcome, and impact data at country and disease level

Build Resilient & Sustainable Systems for Health
Improvements in human resources, procurement, supply chain, data and financial management capabilities of health systems

- 64% of HI / Core countries experienced improvements in financial management capabilities between July 2017 - March 2018, with in-country financial absorption being the main contributing factor
- Preliminary figures on KPI 6d indicate 8 additional countries (total of 14) have fully deployed, functional HMIS, up from 6 at end-2017
- 7 supply chain diagnostics completed (4 more in progress); 10 supply chain transformation projects ongoing
- The majority of GF supported countries have an overall low level of core health personnel density (2.1 or less). The highest levels of GF investments on cross-cutting human resources for health align with the countries with lowest availability of core health personnel

Promote and Protect Human Rights & Gender Equality
Increases in coverage, support, and impact for key populations, human rights, and adolescent girls and young women

- Continued improvement in data availability: 38% of HI/Core countries provide results fully disaggregated by age / gender for relevant indicators, improving from 26% at end-2017 (2019 target: 50%)
- All (100%) AGYW priority countries with signed grants have key indicators embedded to assess coverage of AGYW with a defined package of prevention programs
- 18 Human Rights baseline assessments finalized & two multi-stakeholder meetings held in-country
Mid-2018 Reporting

**Funding**
- KP and Human Rights in transition countries
- Resource Mobilization *(p.19)*
- Domestic Investments
- Availability of affordable health technologies: availability
- Availability of affordable health technologies: affordability

**Program Design**
- Alignment of investment & need *(p.20)*
- Investment efficiency *(p.21)*
- Strengthen systems for health: NSP alignment *(p.22)*
- KP and Human Rights in middle income countries *(p.23-24)*

**Implementation**
- Fund utilization: allocation utilization *(p.25)*
- Fund utilization: absorptive capacity *(p.26)*

**Impact/Results**
- Performance against impact targets
- Performance against service delivery targets *(p.27-50)*
- Service coverage for key populations *(p.51)*
- Strengthen systems for health
  - Procurement
  - Supply chains
  - Financial mgmt.
  - HMIS coverage
  - Results disaggregation *(p.52)*
- Gender and age equality
- Reduce Human Rights barriers to services

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

Greyed out data corresponds to KPIs to be reported in Spring 2019. If available, result from Spring 2018 highlighted.
Mid-2018 Reporting – Zoom on KPIs at risk and on improved performance

### Program Design

1. Alignment of investment & need
   - **Results:** Strong improvement (result 0.36, target 0.35) due mainly to transition to share of needs from the NFM2 allocation model.

2. KP and Human Rights in middle income countries
   - **Results:** Target for Human Rights in TB grants unlikely to be met (result 0.72%, target 2%) despite 800% increase vs. baseline.
   - **Actions:** Awaiting results from 2 HI grants, where Secretariat working to increase investments. Secretariat assessing UQD Register to identify opportunities for grant revisions. Funding for KPs being restated, using more granular methodology (likely to identify more activities & higher %).

### Implementation

1. Fund utilization: absorptive capacity
   - **Results:** Strong improvement, now at target with 75% absorption at grant level on 2015-2017 expenditures, from 66% in previous KPI reporting (on 2014-2016 expenditures).
     - Mainly due to high absorption in 2017 - explained by improved business processes (NFM grant model); effective collaboration and alignment with partners on the ground; regular risk & assurance activities to identify issues; ongoing reprogramming of grants; efforts to maximize utilization of forecasted unutilized funds.

### Impact/Results

1. Performance against service delivery targets
   - **Results:** for strategy targets, off-track risk for:
     - PMTCT coverage (low grant targets and low performance); % PLHIV who know their status (low country targets, especially in COE); # HIV+TB on ART (low performance, however high treatment rate for co-infected cases); % IPT for PLHIV (low targets); % IPTp3 (low targets)
   - **On-track (assuming improved grant performance) for:
     - ART number of patients and coverage (driven by one large W African country); MDR-TB (lagging performance in many countries)

2. Service coverage for key populations
   - **Results:** Significant progress made but continued effort required to meet 2019 target. Many countries currently reporting only slightly below threshold.
   - **Actions:** Strategic Initiative for Data funds allocated to priority countries; discussions ongoing with partners on TA mechanisms to improve performance.
## End-2017 Results – Remedial actions on underperforming KPIs

<table>
<thead>
<tr>
<th>KPI</th>
<th>End-2017 identified issue</th>
<th>Remedial actions taken to-date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>KPI 6d: Strengthen systems for health (HMIS coverage)</strong></td>
<td>As of end-2017, 6 countries have fully deployed and functional HMIS; significant progress required to meet end-2019 interim target of 27 countries</td>
<td>Substantial progress made, resulting in 14 total countries having achieved fully deployed/functional HMIS, and improvements expected in several countries near term. Actions taken include: pool of 135 experts available to support effort; agreements with WHO and University of Oslo operational; strong area focus of HDC partners; significant budget for M&amp;E embedded in grants and Strategic Initiative funds</td>
</tr>
<tr>
<td><strong>KPI 12a: Availability of affordable health technologies: availability</strong></td>
<td>Only 67% of defined products (target: 100%) have more than three suppliers with QA requirements due to some products being recently-introduced and/or low-volume</td>
<td>Achievement of target highly dependent on manufacturers; GF monitoring manufacturer efforts to increase availability; expert review panel process enables GF to procure new products and fill gap in availability while products still undergoing pre-qualification process (e.g., ad-hoc ERP launched in Q1 2018 qualified 4 additional suppliers for TLD)</td>
</tr>
<tr>
<td><strong>KPI 7b: Fund utilization: absorptive capacity</strong></td>
<td>As of end-2016, portion of grant budgets reported as spent in-country is 66% (target: 75% by 2022)(^1)</td>
<td>CPR process launched, with 12 reviews completed by end-August and 16 more scheduled; CTs undertaking regular risk &amp; assurance activities to identify issues; ongoing reprogramming of grants following rigorous review of financial performance and absorption; efforts taken to maximize utilization of forecasted unutilized funds (e.g., additional USD 1.1b carried forward to current allocation from amount not spent in 2014-16) – leading to significant improvements</td>
</tr>
<tr>
<td><strong>KPI 9: Key Populations and Human Rights</strong></td>
<td>Implementation of 9a is slightly behind schedule; underperformance likely for 9b Human Rights TB indicator, in particular; initial results for 9c significantly below target</td>
<td>• 9a: A differentiated approach to the work in the 20 cohort countries has been developed and USD 265k matching funds repurposed to fund multi-stakeholder meetings and urgent implementation TA needs • 9b: priority countries submitted for W4-6 targeted &amp; GMD regional managers briefed on KPI targets &amp; cohort countries</td>
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1. As shared by the Secretariat at Spring 2018 Board meeting, there were a number of factors driving underperformance, including decisions to halt disbursements due to risk factors, and foreign exchange. As well, the KPI result is based on 2014-2016 data and therefore excludes 2017 - a peak year for implementation.
Overall performance summary

On track for Global Fund resource mobilization in 5th replenishment with pledges and conversion rate to contributions at +100% of target; work ongoing for 6th (e.g. on investment case)
- Domestic investment indicators to be reported in Spring 2019
- Continued strong performance on PPM savings and OTIF. Domestically financed procurement piloted on wambo.org

Strong alignment to needs (97% of target), National Strategic Plans (96%) and strategy targets (9 indicators out of 10)
- Sustained support to Civil Society and Communities (as PRs, SRs and through HER), and to Health Systems (with robust methodology to map investments – including contributions from disease)
- Increased funding for Human Rights in HIV grants (up to 2.8%, at target)
- Strengthened methodology and reporting of Key Populations and AGYW investments

First results for grants under new strategy available
- Programmatic performance diverse across indicators but higher for TB treatment (92% of grant targets), ART (85%) and LLINs (84%)
- Financial performance strong with improvement in grant absorption from 66% to 75%
- Vast majority of current allocation (85%+) already converted into grants; grants developed and signed faster; increased agility of portfolio management through optimization

Projections indicate strategy targets reachable for most indicators (including ARTs, LLINs, TB treatment) – biggest risks in PMTCT and a number of non-modelled / program quality indicators
- Progress on RSSH work - indicators to be presented in Spring 2019. Indications of strong progress on HMIS coverage (KPI 6d)
- Preparatory work continues on Gender and Human Rights reporting (Human Rights assessments, AGYW indicators in grants, increased availability of disaggregated data – now at 38% of cohort countries with full availability)

Suggestions for improvements on reporting presentation are welcome and will be considered as we continually evolve and use KPIs for performance management
## Schedule for upcoming KPI reporting

<table>
<thead>
<tr>
<th>KPI</th>
<th>KPI Description</th>
<th>Frequency</th>
<th>2018 Fall Board</th>
<th>2019 Spring Board</th>
<th>2019 Fall Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>KPI 1</td>
<td>Performance against impact targets</td>
<td>Annual</td>
<td></td>
<td>2017 data</td>
<td></td>
</tr>
<tr>
<td>KPI 2</td>
<td>Performance against service delivery targets</td>
<td>Annual</td>
<td>2017 data</td>
<td>Updated</td>
<td>2018 data</td>
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<tr>
<td>KPI 4</td>
<td>Investment efficiency</td>
<td>Semi-Annual</td>
<td>Progress update</td>
<td>NFM2 to date</td>
<td>NFM2 to date</td>
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<tr>
<td>KPI 5</td>
<td>Service coverage for key populations</td>
<td>Annual</td>
<td>Additional</td>
<td>2018 data</td>
<td></td>
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<tr>
<td>KPI 6</td>
<td>6a) Procurement</td>
<td>Annual</td>
<td>Progress update</td>
<td>2018 data</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6b) Supply chains</td>
<td>Annual</td>
<td></td>
<td>2018 data</td>
<td></td>
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<tr>
<td></td>
<td>6c) Financial management</td>
<td>Annual</td>
<td></td>
<td>2018 data</td>
<td></td>
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<tr>
<td></td>
<td>6d) HMIS coverage</td>
<td>Annual</td>
<td>Progress update</td>
<td>2018 data</td>
<td></td>
</tr>
<tr>
<td>KPI 7</td>
<td>7a) Fund utilization – Allocation utilization</td>
<td>Semi-Annual</td>
<td>NFM1 to date</td>
<td>NFM2 to date</td>
<td>NFM2 to date</td>
</tr>
<tr>
<td>KPI 8</td>
<td>Gender &amp; age equality</td>
<td>Annual</td>
<td></td>
<td>2017 data</td>
<td></td>
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<tr>
<td>KPI 9</td>
<td>9a) &amp; 9c) Human rights</td>
<td>Annual</td>
<td></td>
<td>2018 data</td>
<td></td>
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<tr>
<td></td>
<td>9b) Human rights</td>
<td>Semi-Annual</td>
<td>NFM2 to date</td>
<td>NFM2 to date</td>
<td>NFM2 to date</td>
</tr>
<tr>
<td>KPI 10</td>
<td>Resource mobilization</td>
<td>Annual</td>
<td>Additional</td>
<td>NFM2 to date</td>
<td></td>
</tr>
<tr>
<td>KPI 11</td>
<td>Domestic investments</td>
<td>Annual</td>
<td></td>
<td>NFM2 to date</td>
<td></td>
</tr>
<tr>
<td>KPI 12</td>
<td>12a) Availability of health technologies</td>
<td>Annual</td>
<td></td>
<td>2018 data</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12b) Affordability of health products</td>
<td>Annual</td>
<td>Target setting</td>
<td>2018 data</td>
<td>Target setting</td>
</tr>
</tbody>
</table>
Annex - Detailed KPI Results
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Detailed Performance slides: Implementation  p. 25
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### 2017-2022 GF Strategic Objectives & Sub-Objectives

#### SO1: Maximize Impact against HIV, TB, Malaria
- Scale-up evidence-based interventions
- Evolve allocation model & processes
- Support grant implementation success
- Improve effectiveness in COEs
- Plan for sustainable responses & transitions

#### SO2: Build resilient & sustainable systems for health
- Strengthen community responses & systems
- Support platforms for integrated service delivery
- Strengthen procurement/supply chain systems
- Leverage critical investments in HRH
- Strengthen data systems for health
- Strengthen and align to robust NSPs
- Strengthen financial mgmt. & oversight

#### SO3: Promote & protect HRts and gender equality
- Scale-up programs to support AGYW
- Invest to reduce health inequities
- Scale-up programs to remove HRts barriers
- Integrate HRts considerations into grant cycle
- Support engagement of KPs in GF processes

#### SO4: Mobilize increased resources
- Attract additional financial resources
- Support increasing domestic resources
- Implement market shaping efforts
- Stimulate innovation of health technologies
### Measure

a) Actual announced pledges as a percentage of the replenishment target

b) Pledge conversion rate: Currently forecasted contributions vs. initially forecasted contributions

### Mid-2018 Result

<table>
<thead>
<tr>
<th>Measure</th>
<th>Key takeaways</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) 101% (USD 13.1 bn)</td>
<td>• On track</td>
</tr>
<tr>
<td>b) 101% (forecasted contributions of USD 11.0 bn)</td>
<td>• Since replenishment, additional pledge from UK for GBP 100 m</td>
</tr>
</tbody>
</table>

### Target

<table>
<thead>
<tr>
<th>Measure</th>
<th>Key takeaways</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) 2017-2019: 100% (USD 13 bn)</td>
<td>• Since the baseline was established based on initial sources of funds approved by the AFC in October 2016, there have been changes in pledges forecasted to be received, with an extra USD 0.1bn expected to be received in total, as approved by the AFC in July 2018</td>
</tr>
<tr>
<td>b) 2017-2019: 100% (USD 10.9 bn, approved sources of funds)</td>
<td>• To date, USD 3.9 bn has been received as cash, USD 3.0 bn is outstanding as contribution receivable, with another USD 4.1 bn outstanding adjusted pledge</td>
</tr>
</tbody>
</table>

### Change in pledge conversion since last reporting

<table>
<thead>
<tr>
<th>End-2017</th>
<th>Mid-2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>USD 10.9B</td>
<td>USD 11.0B</td>
</tr>
<tr>
<td>46%</td>
<td>38%</td>
</tr>
<tr>
<td>29%</td>
<td>27%</td>
</tr>
<tr>
<td>25%</td>
<td>36%</td>
</tr>
</tbody>
</table>

**Notes:**

a) All data at the 5h replenishment conference rate (5-year simple moving average as of 5th replenishment conference).

b) All data at the spot rate as of 22 September. Current performance is defined as cash received, contributions receivables plus outstanding pledges adjusted for technical assistance and risk adjustment.
<table>
<thead>
<tr>
<th>Measure</th>
<th>Mid-2018 Result</th>
<th>Key takeaways</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alignment between investment decisions and country disease burden &amp; economic capacity, as defined by the country’s “raw share” in the 2017-2019 allocation model</td>
<td>0.36</td>
<td>• Much improved result for this KPI as (following methodology), we are now switching to the “raw share” as defined in the 2017-2019 allocation (2014-2016 was used up to 2017)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Using “disbursements” instead of “grant expenses” to measure investment decisions would bring better results (0.33)</td>
</tr>
</tbody>
</table>

### Disaggregation*

<table>
<thead>
<tr>
<th>Country Category</th>
<th>Result</th>
<th>Country count</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Impact Africa 1</td>
<td>0.08</td>
<td>6</td>
</tr>
<tr>
<td>High Impact Asia</td>
<td>0.05</td>
<td>9</td>
</tr>
<tr>
<td>Africa and Middle East</td>
<td>0.10</td>
<td>41</td>
</tr>
<tr>
<td>High Impact Africa 2</td>
<td>0.07</td>
<td>8</td>
</tr>
<tr>
<td>Asia Europe Latin</td>
<td>0.06</td>
<td>46</td>
</tr>
<tr>
<td>America and Caribbean</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>0.36</strong></td>
<td><strong>109</strong></td>
</tr>
</tbody>
</table>

### Performance over time

**Total of absolute differences between “raw share” and share of grant expenses at country-level**

#### Interpretation

- As investment decisions are now based mainly on 2017/2019 allocation, “share of needs” is reflecting the NFM2 model
- Country “raw shares” used in the 2017/2019 allocation model are much more in line with recent GF investments than the values used in the 2014/2016 model
- 2 large countries driving the previous KPI results have now a reduced share of need, better aligned to their actual funding

---

- Regional disaggregation is based on pre-September 2018 Global Fund portfolio categories
- NOTE: Includes countries that received an allocation and had cumulative 2016-2018 grant expenses >0; Excludes countries that received their entire allocation through a multi-country grant
Global Fund 40th Board Meeting, 14-15 November 2018, Geneva

Funding

Design

Implementation

Results

Activities

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

Measure

Mid-2018 Result

Key takeaways

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

Results due for reporting Spring 2019

• Approx. 30 disease programs in high impact countries have used / are using in-country modelling to inform development of NSPs & funding requests in 2017-19 cycle
• KPI4 methodology refined through Global Fund Modelling Guidance Group consultation in May 2018
• 38 disease programs have had assessment of investment efficiency, with results in the process of being refined and reviewed by Country Teams

Target

90% of countries measured show a decrease in or maintain existing levels of cost per life saved or infection/case averted over 2017-19 period

Methodology

National Strategic Plan

In-country modelling support to 1) project impact of different program designs and 2) inform NSP & funding request to maximize impact & efficiency

Funding Request

Grant Making

Grant Implementation

KPI 4 assessment to measure whether the design of the national program over current GF allocation cycle is more/less efficient than that of the previous allocation cycle

Does current program design avert more cases/infections or deaths, compared to business as usual design, given same funding envelope?

Case study: Modelling and KPI 4 assessment for malaria program in Africa

Investment Scenario Analysis

7 programmatic scenarios modelled in terms of cases averted & cost per case averted

Modelling analysis used to inform funding request

“…excellent VfM table and summary on vector control options… TRP recommends that such exercises be included in the funding requests from the Applicants…” - TRP

Projected reduction of disease burden over 2018-2030

Cases (millions)

Deaths (thousands)

12.6

28.5

10.9

24.8

1.7M additional cases averted (13% reduction)

3.7K additional deaths averted (13% reduction)
Percentage of funding requests rated by the TRP to be aligned with National Strategic Plans:
“The funding request aligns with national priorities as expressed in the National Strategic Plan (or an investment case for HIV)”

**Measure**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Mid-2018 Result</th>
<th>Key takeaways</th>
</tr>
</thead>
<tbody>
<tr>
<td>97% ‘Strongly Agree’ / ‘Agree’</td>
<td><strong>Results continue to exceed target</strong>&lt;br&gt;<strong>Compared to 2014-2016 baseline, a higher proportion of respondents ‘Strongly Agree’ with alignment between funding requests and national priorities in this funding cycle (with increasing proportion in 2018 vs. 2017)</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Target**

90% ‘Strongly Agree’ / ‘Agree’<br>(‘Very Good’ / ‘Good’ in previous survey iteration)

### 2014-16 vs. 2017-19 Funding Cycle

- **Strongly Agree**
  - 2014-16: 52%<br>  - 2017-19 to-date: 61%
- **Agree**
  - 2014-16: 46%<br>  - 2017-19 to-date: 36%
- **Disagree**
  - 2014-16: 2%<br>  - 2017-19 to-date: 3%

**Significant increase in proportion of ‘strongly agree’ responses in current cycle**

### Current Funding Cycle: 2017 vs. 2018

- **Strongly Agree**
  - 2017: 60%<br>  - 2018: 65%
- **Agree**
  - 2017: 36%<br>  - 2018: 35%
- **Disagree**
  - 2017: 2%<br>  - 2018: 0%

**Within current cycle, 2018 saw improved alignment with NSPs**

*For Baseline, question & possible answers were slightly different from current question & answers. 2014-2016 question: “The funding request aligns with national priorities as expressed in the National Strategic Plan (or an investment case for HIV)” with responses “Very Good”, “Good”, “Poor”, “Very Poor”. For comparison purposes, “Very Good” has been mapped to “Strongly Agree” in current survey; “Good” to “Agree”; “Poor” to “Disagree”, etc. Excludes “N/A” responses.

Difference between size of cohorts due to fact all funding requests (concept notes) were assessed in last cycle, and in current cycle, only tailored and full funding requests are being assessed.

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

Percentage of HIV, HIV/TB, and TB grant funds invested in programs targeting key populations and human rights barriers to access in middle income countries

<table>
<thead>
<tr>
<th>Measure</th>
<th>Mid-2018 Result</th>
<th>Key takeaways</th>
</tr>
</thead>
</table>
| Percentage of HIV, HIV/TB, and TB grant funds invested in programs targeting key populations and human rights barriers to access in middle income countries | HRts HIV: 2.82% | HRts TB: 0.72% | KP HIV: To be reported Spring 2019 | • **Human Rights HIV**: results appear on-track to reach target (with highest performance in LMICs)  
• Matching funds in 5 countries account for 25% of investment, highlighting role in catalyzing greater investment  
• Only 25% of total investment in UMIC cohort is currently reporting, enabling opportunity to address underperformance |
| **2019 Target**          | HRts HIV: 2.85% | HRts TB: 2.00% | KP HIV: 39.00% | • **Human Rights TB**: target unlikely to be met, despite 800% increase vs. baseline  
• Lack of human rights TB matching funds hinders ability to advocate for greater investment  
• Going forward: awaiting results from 2 HI grants; CRG & GMD closely coordinating to increase investments; CRG has assessed UQD register to identify opportunities in grant revisions |

### Human Rights HIV

#### Overall: HRts HIV

<table>
<thead>
<tr>
<th>Year</th>
<th>Matching Funds</th>
<th>Non-Matching Funds</th>
<th>% of grant funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014-16</td>
<td>0.74%</td>
<td>2.06%</td>
<td>2.82%</td>
</tr>
<tr>
<td>End-2017</td>
<td>2.38%</td>
<td>2.21%</td>
<td>2.82%</td>
</tr>
<tr>
<td>Mid-2018</td>
<td>2.78%</td>
<td>2.11%</td>
<td>2.82%</td>
</tr>
</tbody>
</table>

#### Breakdown by income bracket

<table>
<thead>
<tr>
<th>Year</th>
<th>UMIC Concentrated</th>
<th>UMIC Generalised</th>
<th>LMIC Concentrated</th>
<th>LMIC Generalised</th>
<th>% of grant funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014-16</td>
<td>2.92%</td>
<td>3.30%</td>
<td>4.08%</td>
<td>2.82%</td>
<td>2.82%</td>
</tr>
<tr>
<td>End-2017</td>
<td>2.93%</td>
<td>3.30%</td>
<td>4.08%</td>
<td>2.82%</td>
<td>2.82%</td>
</tr>
<tr>
<td>Mid-2018</td>
<td>2.93%</td>
<td>3.30%</td>
<td>4.08%</td>
<td>2.82%</td>
<td>2.82%</td>
</tr>
</tbody>
</table>

66% of total investment in cohort reporting

### Human Rights TB

#### Overall: HRts TB

<table>
<thead>
<tr>
<th>Year</th>
<th>% of grant funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014-16</td>
<td>0.08%</td>
</tr>
<tr>
<td>End-2017</td>
<td>0.50%</td>
</tr>
<tr>
<td>Mid-2018</td>
<td>0.72%</td>
</tr>
</tbody>
</table>

75% of total investment in cohort reporting
KPI 9b: Funding for Key Populations in HIV grants

- results to be shared in Spring 2019, as rigorous manual methodology needed to accurately illuminate KP investments

**KP baseline & target setting used heavily-manual approach**

- **Original assessment of KP investment not for KPI purposes**, but for longer-term initiative to assess investment for KPs across specific intervention areas
- As a result, **methodology was rigorous, time-consuming and heavily-manual**, involving manual searches of detailed budgets, funding request supporting documents, etc.

**To maximize efficiency, automated method used for 2018 KPI reporting**

- **Automated search of detailed budgets** (interventions, modules, activities) for KP-designated interventions and 100+ ‘key words’ in 3 different languages (including misspellings)
- On review, this approach **broadly understates KP investment** as reported in 2018 KPI reports
- **Why?** It excludes modules/interventions/activities without ‘key words’ but which funding request narrative & other documents identify as KP-related

**Revised approach to be used for Spring 2019**

- Secretariat will use a **more rigorous approach to accurately capture KP investment** and is developing prioritized workplan & timeline

---

**Case study: HI Asia country**

<table>
<thead>
<tr>
<th>HIV grant budget modules</th>
<th>% attributed to KP programming</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention program for MSM</td>
<td>Automated approach: 100%</td>
</tr>
<tr>
<td></td>
<td>Manual approach: 100%</td>
</tr>
<tr>
<td>Prevention program for TGs</td>
<td>Automated approach: 100%</td>
</tr>
<tr>
<td></td>
<td>Manual approach: 100%</td>
</tr>
<tr>
<td>Prevention program for PWID</td>
<td>Automated approach: 100%</td>
</tr>
<tr>
<td></td>
<td>Manual approach: 100%</td>
</tr>
<tr>
<td>HIV Testing Services</td>
<td>Automated approach: -</td>
</tr>
<tr>
<td></td>
<td>Manual approach: 50%</td>
</tr>
<tr>
<td>PMTCT</td>
<td>Automated approach: -</td>
</tr>
<tr>
<td></td>
<td>Manual approach: 0.3%</td>
</tr>
<tr>
<td>Programs to reduce HRts barriers</td>
<td>Automated approach: 13%</td>
</tr>
<tr>
<td></td>
<td>Manual approach: 85%</td>
</tr>
<tr>
<td>Community responses/systems</td>
<td>Automated approach: 1%</td>
</tr>
<tr>
<td></td>
<td>Manual approach: 99%</td>
</tr>
<tr>
<td>HMIS and M&amp;E</td>
<td>Automated approach: 1%</td>
</tr>
<tr>
<td></td>
<td>Manual approach: 40%</td>
</tr>
</tbody>
</table>

**Rationale for changes**

- Includes mobile testing for KPs
- Small amount of funds for training for WWID and FSW
- Significantly focused on KPs
- Involves strengthening of KP networks
- Funds IBBS study of KPs & KP program mapping

**Net result:** Using manual review, amount attributable to KP programming increases by 8% (from 29% to 37%), or an additional USD 7.4M
### Measure

<table>
<thead>
<tr>
<th>Portion of allocation that has been committed or is forecast to be committed as a grant expense</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mid-2018 Result</strong></td>
</tr>
<tr>
<td>92% (4th replenishment)</td>
</tr>
<tr>
<td><strong>Target</strong></td>
</tr>
<tr>
<td>91-100% (5th replenishment, 2018-2020)</td>
</tr>
</tbody>
</table>

### Key takeaways

- Indicator continues to perform on target.
- Using disbursements actuals/forecast figure as it is better reflection of grant funding at end of allocation period
- Next KPI reports will consider 5th replenishment allocation
**Funding**

*NB: KPI includes complete set of 2015/2017 expenditures. More detailed analysis presented to AFC based on full reconciliation exercise for a smaller cohort (all implementation periods ending before 1-Jan-2018) and on the 2014-2017 period. That subset had an absorption rate of 78%.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Mid-2018 Result</th>
<th>Key takeaways</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portion of grant budgets that have been reported by country program as spent on services delivered</td>
<td>75% (* see above)</td>
<td>• <strong>Strong improvement</strong> of grant absorption rate for the measurement period (2015/2017) at 75% absorption rate, compared to previous report (based on 2014/2016 data) which was at 66%</td>
</tr>
<tr>
<td><strong>Target</strong></td>
<td>75% by 2022</td>
<td>• Improvement for all disease components, all types of portfolio and almost all regions, especially significant for Sub-Saharan Africa.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Explained by improved business processes (NFM grant); effective collaboration and alignment with partners on the ground; regular risk &amp; assurance activities to identify issues; ongoing reprogramming of grants; efforts to maximize utilization of forecasted unutilized funds. Further analysis on absorption needed including by activity.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• In 2017: very high disbursement utilization rate – almost all funds disbursed are spent.</td>
</tr>
</tbody>
</table>
Achievements of GF grants against their performance framework targets (for modelled services)

<table>
<thead>
<tr>
<th>HIV/AIDS</th>
<th>Tuberculosis and TB/HIV</th>
<th>Malaria</th>
</tr>
</thead>
<tbody>
<tr>
<td>• ART treatment and coverage - high performance (&gt;85%) against grant targets in South/East Africa and Asia. Slightly lower performance in W. Africa, driven by one country and due partly to potentially incorrect size estimates (in process of being updated).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• VMMC - of few GF grants with funding for VMMC, performance against grant targets is high.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• PMTCT – high performance in South/East Africa but region with the second largest share of GF grants (W. Africa) has low performance caused in part by potentially incorrect size estimates in a large country (in process of being updated).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• HIV+TB patients on ART - low achievements against grant targets for number of patients put on ART, particularly in Asia and West/Central Africa. Underperformance may be linked to lower than expected number of cases. Indeed treatment rate generally high for cases detected in all regions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• TB treatment and coverage – high performance in Asia and South/East Africa. Low performance in West/Central Africa being specifically addressed in collaboration with partners to improve case detection rate.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Malaria – low to average performance against grant targets across all regions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• LLINs – high performance in Asia and South/East Africa but lower in West/Central Africa, driven by two countries. Indeed for some of largest countries, GF funds only distribution in defined regions, but performance is measured nationally (explains low performance for large W. African country, facing issues with non-GF funded distribution). Underperformance in large C. African country due to issue with specific implementer (addressed by grant closure, improvement expected)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| • IRS - performance is high (for 9 countries). The most important country in the strategy (in South Asia) is not funded by GF for IRS so it has no performance measure.
Global Fund 40th Board Meeting, 14-15 November 2018, Geneva

Funding Design Implementation Results

Maximize impact against HIV, TB, Malaria
- KPI 2 – Performance against service delivery targets
- KPI 5 – Service coverage for key populations

<table>
<thead>
<tr>
<th>Measure</th>
<th>Mid-2018 Result</th>
<th>Key takeaways</th>
</tr>
</thead>
</table>
| Interim indicator: Percent of target countries* with data collection mechanisms in place to report on coverage of an evidence-informed package of services for at least 2 key populations | 45% of countries currently able to report | **Significant progress required** to meet 2019 target
- **However, target may be achievable:**
  - An additional ~25% of the cohort countries are currently slightly below the ‘able to report’ threshold
  - Current Strategic Initiative for Data funds are being used to address gaps, to turn ‘potentially able to report’ to ‘able to report’
  - Discussions ongoing with key partners (e.g., USAID, PEPFAR, UNAIDS) to leverage their TA mechanisms to improve performance
- **There is anecdotal evidence that coverage of key pops. with an evidence-informed package (the long-term indicator) is low**

<table>
<thead>
<tr>
<th>Methodology overview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which are the 2 most epidemiologically significant KPs in a country?</td>
</tr>
<tr>
<td>SW</td>
</tr>
<tr>
<td>Are these countries able to report service coverage for 2 key populations?</td>
</tr>
<tr>
<td>1: Comprehensiveness of service package</td>
</tr>
<tr>
<td>2: Geographic coverage of services</td>
</tr>
<tr>
<td>3: Adequacy of monitoring systems**</td>
</tr>
<tr>
<td>Aggregate scoring</td>
</tr>
<tr>
<td>Able to report</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>An additional ~25% of target countries are only slightly below the ‘able to report’ threshold</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unable to report</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Next steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Begin measuring coverage</td>
</tr>
</tbody>
</table>

* Cohort is expected to be fluid, which may hinder tracking of progress over-time. In addition, two countries were excluded as they were not eligible for Global Fund support

** If a country is deemed to have limited monitoring systems capability, it is categorized as “unable to report”
### Measure
Number and percentage of countries reporting on disaggregated results

### Mid-2018 Result
**38%** (20 countries out of 52 in cohort) have reported and provided disaggregation by age and gender on **all relevant indicators**

### Key takeaways
- On track, **20** countries fully reporting (from 14 as of end-2017); **29** countries reporting some disaggregated results; and only **3** countries are not reporting any disaggregated results
- Significant improvement in disaggregation on ART retention generally
- Overall, lower rate for Gender disaggregation vs. Age
- **13** countries with no disaggregation at baseline now have disaggregated results

### Promote and protect human rights & gender equality

KPI 6e – Results disaggregation
# KPI 2 summary

## HIV

1. **# of adults and children currently receiving ART**
2. **# of males circumcised**
3. **% of HIV+ pregnant women receiving ART for PMTCT**
4. **% of adults and children currently receiving ART among all adults and children living with HIV**
5. **% of people living with HIV who know their status**
6. **% of adults and children with HIV known to be on treatment 12 months after initiation of ART**
7. **% of PLHIV newly enrolled in care that started preventative therapy for TB, after excluding active TB**

## Tuberculosis

1. **# of notified cases of all forms of TB**
2. **% of notified cases of all forms of TB**
3. **# of cases with drug-resistant TB that began 2nd-line treatment**
4. **# of HIV-positive registered TB patients given anti-retroviral therapy during TB treatment**
5. **% of TB cases, all forms, bacteriologically confirmed plus clinically notified, successfully treated among all notified TB cases**
6. **% of bacteriologically-confirmed RR and/or MDR-TB cases successfully treated among those enrolled in second-line anti TB treatment**

## Malaria

1. **# of LLINs distributed to at-risk-populations**
2. **# of households in targeted areas that received IRS**
3. **% of suspected malaria cases that receive a parasitological test**
4. **% of women who received at least 3 doses of IPTp for malaria during ANC visits during their last pregnancy in selected countries**

### Can strategy targets be met assuming grant targets are fully reached?
- On track, at least for lower bound of uncertainty range
- Unlikely
- Off track

### Can strategy targets be met assuming current grant performance is stable?
- Modelled services
- Non-modelled services

---

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

1. **KPI 2 – Performance against service delivery targets**
2. **KPI 5 – Service coverage for key populations**
<table>
<thead>
<tr>
<th>Code</th>
<th>Indicator Full Name</th>
<th>Modelled/Non Modelled</th>
<th>Source for Numerator</th>
<th>Source for Denominator</th>
<th>Cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td># ART</td>
<td># of adults and children currently receiving ART</td>
<td>Modelled</td>
<td>GF result, UNAIDS for countries with no results</td>
<td>N/A</td>
<td>99 countries</td>
</tr>
<tr>
<td>% ART</td>
<td>% of adults and children currently receiving ART among all adults and children living with HIV</td>
<td>Modelled</td>
<td>GF result, UNAIDS data for countries with no results</td>
<td>UNAIDS Estimates</td>
<td>33 countries</td>
</tr>
<tr>
<td>% VMMC</td>
<td># of males medically circumcised</td>
<td>Modelled</td>
<td>GF result, WHO data for countries with no results</td>
<td>N/A</td>
<td>14 countries</td>
</tr>
<tr>
<td>% PMTCT</td>
<td>% of HIV+ pregnant women receiving ART to PMTCT</td>
<td>Modelled</td>
<td>GF result, UNAIDS data for countries with no results</td>
<td>UNAIDS Estimates</td>
<td>26 countries</td>
</tr>
<tr>
<td>% PLHIV know</td>
<td>% of people living with HIV who know their status</td>
<td>Non Modelled</td>
<td>UNAIDS estimates, GF data for countries with no data</td>
<td>Same as numerator</td>
<td>33 countries</td>
</tr>
<tr>
<td>% ART retention</td>
<td>% of adults and children with HIV known to be on treatment 12 months after initiation of ART</td>
<td>Non Modelled</td>
<td>WHO data, GF data for countries with no data</td>
<td>Same as numerator</td>
<td>33 countries</td>
</tr>
<tr>
<td>% IPT</td>
<td>% of PLHIV newly enrolled in care that started preventative therapy for TB, after excluding active TB</td>
<td>Non Modelled</td>
<td>WHO data</td>
<td>WHO data</td>
<td>35 countries</td>
</tr>
<tr>
<td># HIV + TB on ART</td>
<td># of HIV-positive registered TB patients (new and relapse) given anti-retroviral therapy during TB treatment</td>
<td>Modelled</td>
<td>WHO data</td>
<td>WHO data</td>
<td>93 countries</td>
</tr>
<tr>
<td># TB</td>
<td># of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses</td>
<td>Modelled</td>
<td>GF result, WHO data for countries with no results</td>
<td>N/A</td>
<td>96 countries</td>
</tr>
<tr>
<td>% TB</td>
<td>% of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses among estimated new TB cases</td>
<td>Modelled</td>
<td>GF result, WHO data for countries with no results</td>
<td>WHO estimates</td>
<td>96 countries</td>
</tr>
<tr>
<td># MDR – TB</td>
<td># of cases with drug-resistant TB (RR-TB and/or MDR-TB) that began second-line treatment</td>
<td>Modelled</td>
<td>GF result, WHO data for countries with no results</td>
<td>N/A</td>
<td>87 countries</td>
</tr>
<tr>
<td>% TB TSR</td>
<td>% of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment (drug susceptible)</td>
<td>Non Modelled</td>
<td>WHO data, GF data for countries with no results</td>
<td>WHO data</td>
<td>99 countries</td>
</tr>
<tr>
<td>% MDR-TB TSR</td>
<td>% of bacteriologically-confirmed RR and/or MDR-TB cases successfully treated (cured plus completed treatment) among those enrolled on second-line anti TB treatment</td>
<td>Non Modelled</td>
<td>WHO data, GF data for countries with no results</td>
<td>WHO data</td>
<td>33 countries</td>
</tr>
<tr>
<td># LLINs</td>
<td># of LLINs distributed to at-risk-populations</td>
<td>Modelled</td>
<td>GF results</td>
<td>N/A</td>
<td>63 countries</td>
</tr>
<tr>
<td># IRS</td>
<td># of households in targeted areas that received IRS</td>
<td>Modelled</td>
<td>GF results</td>
<td>N/A</td>
<td>36 countries</td>
</tr>
<tr>
<td>% Malaria testing</td>
<td>% of suspected malaria cases that receive a parasitological test</td>
<td>Non Modelled</td>
<td>GF results; WHO data for countries with no results</td>
<td>Same as numerator</td>
<td>80 countries</td>
</tr>
<tr>
<td>% IPTp3</td>
<td>% of women who received at least 3 doses of IPTp for malaria during ANC visits during their last pregnancy</td>
<td>Non Modelled</td>
<td>WHO estimates, GF data for countries with no data</td>
<td>Same as numerator</td>
<td>36 countries</td>
</tr>
</tbody>
</table>
Guidance: KPI 2 contribution chart

The purpose of this chart is to better understand the GF contribution to each indicator. Focusing on countries that have the largest impact* on the overall strategy target for each indicator, it displays the GF share of funding for the corresponding activity, compared to domestic and other external funding.

Sources:
Funding - Country Results Profile, available there: Country Results Profiles
Share of strategy target – corporate GF strategic targets

* We only considered countries that collectively account for 80% of the total strategy target

Geographical region (based on UN geoscheme)

Total amount of GF funding considered in analysis

Small dots correspond to countries with low share of strategy target

Vertical axis: Share of activity which is financed by GF (compared to domestic and other external)

Grey area: countries for which there is no data available yet in terms of funding – grant not approved yet or Country Results Profiles not produced yet (Core countries)

Horizontal axis and size of bubble: share of the country in the total strategy target for this indicator

Country results profiles are work in progress – will be updated once new data available

Maximize impact against HIV, TB, Malaria
KPI 2 – Performance against service delivery targets
KPI 5 – Service coverage for key populations

Qualitative assessment of the GF contribution for the indicator, based on patterns of GF share of total funding

4,100 m
- m
L
20 m
L

40th Board Meeting, 14-15 November 2018, Geneva
KPI 2 contribution chart – HIV/AIDS

Maximize impact against HIV, TB, Malaria
- KPI 2 – Performance against service delivery targets
- KPI 5 – Service coverage for key populations

Level of GF funding on activities in countries contributing to largest share of strategic target:
- High
- Medium
- Low

Sources:
Funding - Country Results Profiles, available there: Country Results Profiles
Share of strategy target – corporate GF strategic targets

Country results profiles are work in progress – will be updated once new data available

We only considered countries that collectively account for 80% of the total strategy target
KPI 2 contribution chart – TB and TB/HIV

Maximize impact against HIV, TB, Malaria

- KPI 2 – Performance against service delivery targets
- KPI 5 – Service coverage for key populations

Sources:
Funding - Country Results Profile, available there: Country Results Profiles
Share of strategy target – corporate GF strategic targets

Level of GF funding on activities in countries contributing to largest share of strategic target:

- H: High
- M: Medium
- L: Low

Country results profiles are work in progress – will be updated once new data available.

We only considered countries that collectively account for 80% of the total strategy target.
KPI 2 contribution chart – Malaria

Often LLINs classified under “Vector Control” instead of having separate category. Chart on left is purely LLINs, chart on right counts Vector Control when LLINs was not defined separately.

Sources:
Funding - Country Results Profile, available there: Country Results Profiles
Share of strategy target – corporate GF strategic targets

Maximize impact against HIV, TB, Malaria
- KPI 2 – Performance against service delivery targets
- KPI 5 – Service coverage for key populations

Level of GF funding on activities in countries contributing to largest share of strategic target:
H High  M Medium  L Low

Country results profiles are work in progress – will be updated once new data available

We only considered countries that collectively account for 80% of the total strategy target
Overall KPI 2 projections* (modelled services)

All indicators (except PMTCT) would be in range of strategy target if programs meet their PF target. However, many would not meet the target if the current level of performance persists. Strategy target is within reach but only by ensuring good performance against PF targets.

Aggregate projection assuming all countries **meet their existing PF targets** (assuming flat-lining for years with no target)

Aggregate projection assuming countries **stay at current level of performance** against PF targets (flat-lining for years with no target)

*Note that these are KPI projections using best data available at time of reporting. Updated projections will be provided in Spring 2019. Performance adjusted projections for VMMC and IRS based on limited data as GF is funding only a few countries for these activities.
Overall KPI 2 projections* (non-modelled services)

Overall comments
- For most of the non-modelled indicators, there is a still a large number of countries not expected to meet the strategy target (except for Malaria testing, though there is still large variance).
- However, many countries are within the range for strategy targets or just under.

How to interpret (overall boxplot)
- Each column is a non-modelled indicator.
- The strategy target (ST) line is the strategy target per indicator. The grey area represents the strategy target’s uncertainty range, the bottom line of the grey area is the lower bound (LB) of the uncertainty range.
- Each dot is a country in the cohort.
- The % is the percentage of countries in cohort (where data available) expected to be within target uncertainty range.
- Ideally most dots should be above the ST (or at least above the LB) line in the shaded area.

*Note that these are KPI projections using best data available at time of reporting. Updated projections will be provided in Spring 2019. ** % of countries in the cohort (where data available) that are expected to be within target range.
Guidance: how to interpret KPI 2 detailed slides (non-modelled services)

For indicators measuring # of countries reaching a specific, non-modelled threshold: assess distribution to better understand KPI projections

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

How to interpret (vertical country target distribution bars):
- The bars represent the 2022 projection for individual countries, with the same colour coding as for the overall projection bar, comparing them to 2 reference lines (strategy target mid point (ST) and lower bound (LB) of confidence interval)
- The dots show the current result (generally for 2017) based on partner data and/or results reported in GF grants, depending on the indicator
- This graph provides two additional details compared to the overall bar:
  - How far are countries from a specific threshold (rather than just whether they meet it or not)?
  - Is the projection reasonable given the current results (if available)?
Guidance: how to interpret KPI 2 detailed slides (modelled services)

1. First, assess overall projections vs. target...

   How to interpret (bar chart):
   - The blue bar corresponds to the 2017 Result: for countries in cohort, these are national results as of 2017 either from GF grant reporting or from technical partners. Note: these results do not necessarily match results reported in the GF Results Report as the cohort of countries may be slightly different.
   - The grey range corresponds to the Strategy Target (at end of strategy, either on 2022 or cumulative 2017-2022, depending on the indicator) with its uncertainty range.
   - The green line is the High Projection: based on full achievement of targets in current Performance Framework (PF), with assumption of flat-lining for following years, and using current partner results if no target data in PF.
   - The red line is Low Projection: same as High Projection, adjusted to 2017 performance when available (expecting current performance vs. targets will continue up to 2022), otherwise using median performance in the region.

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

2. ...then, investigate which geographies are driving results...

   How to interpret (treemap):
   - Size of box corresponds to the contribution of each region to the strategy target. The larger the box, the more important that region is for the indicator. Regions are defined based on UN geoscheme, split for Africa.
   - Colour and percentage indicate the current (2017) performance against Performance Framework targets in that region when data is available. The national performance is weighted by relative importance of each country to the total Performance Framework target for the region.
   - How to assess performance: Ideally, the larger boxes (important regions for the strategy) should be green (indicating good current performance vs PF targets).
% PLHIV know (people living with HIV knowing their status)

Cohort of 33 countries
53% of countries where data available are expected to be within target range, but large variance in projected achievements
Data generally available, only missing for 3 countries (9%), all in Africa
Very strong contrast between COE environments and the rest of portfolio, with low projections in COE countries

End-2022 Target
80% (70-90% uncertainty range) PLHIV know their status in all cohort countries

Key takeaways
- Cohort of 33 countries
- 53% of countries where data available are expected to be within target range, but large variance in projected achievements
- Data generally available, only missing for 3 countries (9%), all in Africa
- Very strong contrast between COE environments and the rest of portfolio, with low projections in COE countries
**# ART (patients on ART)**

In 2017, for countries in the strategy, there were 17.60M adults and children currently receiving ART.

### 2017 results*

**2022 projections**

The performance of GF grants vs. national targets is: **85%**

- South/East Africa: 86%
- Asia: 87%
- West/Central Africa: 78%
- Americas: 97%
- EECA: 84%
- MENA: 78%

*Performance % refer to achievement of GF programs vs their national targets, calculated by region (based on UN geoscheme and weighted by country share in the region total target."

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**Key takeaways**

- Cohort composed of 99 countries
- Aggregate PF targets in line with strategy, so achievement possible with good perf.
- Low performance vs. grant target for Western Africa country with large share; mainly due to incorrect (too high) population size estimates, which are in process of being recalculated
- Average performance reported in Southern Africa country with large share, but improvement expected
- Otherwise, generally high performance across portfolio

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**End-2022 Target**

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

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

In 2017, for countries in the strategy, there were 56% of adults and children currently receiving ART among all adults and children living with HIV.

2017 results

2022 projections

Performance of GF grants vs. national targets

% ART:

Overall performance for the portfolio vs PF target is: 87%

- South/East Africa: 88%
- Asia: 104%
- West/Central Africa: 81%
- EECA: 77%

Performance % refer to achievement of GF programs vs their national targets, calculated by region (based on UN geoscheme) and weighted by country share in the region total target. It does NOT refer to the average “% ART” for the region.

Key takeaways

- Cohort composed of 33 countries
- Aggregate PF targets in line with the strategy, so achievement possible assuming good performance
- Low performance vs. grant target for W. Africa country with large share; mainly due to incorrect (too high) population size estimates, which are being recalculated
- Avg. performance in S. Africa country with large share, but improvement expected
- Otherwise, generally high performance in portfolio

End-2022 Target

78% (73-83% uncertainty range) of adults & children currently receiving ART among all adult and children living with HIV.
Maximize impact against HIV, TB, Malaria
- KPI 2 – Performance against service delivery targets
- KPI 5 – Service coverage for key populations

End-2022 Target
90% (83-90% uncertainty range) of adults and children with HIV known to be on treatment 12 months after initiation of ART in all cohort countries

Key takeaways
- Cohort of 33 countries, data available for all of them
- 70% countries are expected to be within target range, with a number of countries slightly below threshold
- Generally, 2022 projections appear realistic given current situation
- No significant difference by region otherwise
**# VMMC (voluntary male circumcisions)**

In 2017, for countries in the strategy, there were **1.14M** males circumcised.

2017 results*

Target is cumulative up to 2022 and cannot be directly compared to results, which are for 2017 only.

2017-2022 projections

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

**Performance of GF grants vs. national targets**

Overall performance for the portfolio vs PF target is: **93%**

Performance % refer to achievement of GF programs vs their national targets, calculated by region (based on UN geoscheme) and weighted by country share in the region total target.

**2017-2022 Target**

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

**Key takeaways**

- Cohort composed of 14 countries, all in Africa
- VVMC is predominantly funded by PEPFAR so only a few GF grants have the corresponding indicator in their Performance Framework and have performance data
- Therefore, results based on very limited data as GF is not main external funder of these services
- National results indicate that we are on track to reach 2022 strategy targets
Global Fund 40th Board Meeting, 14-15 November 2018, Geneva

**% PMTCT (PMTCT coverage)**

In 2017, for countries in the strategy, there were 79% of HIV+ pregnant women receiving ART for PMTCT.

2017 results*

2022 projections

<table>
<thead>
<tr>
<th>Performance of GF grants vs. national targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall performance for the portfolio vs PF target is: 79%</td>
</tr>
</tbody>
</table>

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

**End-2022 Target**

96% (90-100% uncertainty range) of HIV+ pregnant women receiving ART for PMTCT

**Key takeaways**

- Cohort is 26 countries, with majority in Africa
- Aggregate PF targets low vs. strategy. Even if all grants reached their PF targets, we would still not be in target range
- GF not funding PMTCT for country with largest share (in Southern Africa), so corresponding indicator does not appear in PF of GF grant
- Second largest share country (in Western Africa) has current low performance caused in part by potentially incorrect size estimates (in process of being updated)
- **Target appears challenging to meet given current situation**

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Funding, Design, Implementation, Results

Maximize impact against HIV, TB, Malaria

- KPI 2 – Performance against service delivery targets
- KPI 5 – Service coverage for key populations

Performance % refer to achievement of GF programs vs their national targets, calculated by region (based on UN geoscheme) and weighted by country share in the region total target. It does NOT refer to the average “% PMTCT” for the region.
HIV+ TB on ART (coinfected patients on ART)

In 2017, for countries in the strategy, there were 354,800 HIV-positive registered TB patients (new and relapse) given anti-retroviral therapy during TB treatment. Target is cumulative up to 2022 and cannot be directly compared to results, which are for 2017 only.

2017 results:

- Target is 354,800.

2017-2022 projections:

- Target is cumulative up to 2022 and cannot be directly compared to results, which are for 2017 only.

End-2022 Target:

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

Key takeaways:

- Cohort composed of 93 countries.
- Aggregate PF targets slightly over strategy target, so achievement looks likely if portfolio performance is strong until 2022.
- However, generally low performance across portfolio currently for number of patients on ART.
- On the other hand, once a case is detected, it is generally put on ART (85% actual treatment rate for coinfections across GF grants), from an aggregate target rate of 89%) so underperformance linked more to lower than expected number of detected cases.

Performance % refer to achievement of GF programs vs their national targets, calculated by region (based on UN geoscheme) and weighted by country share in the region total target.
Key takeaways

- Cohort of 35 countries
- Data not available for 9 (25%)
- Only 27% of countries (where data is available) expected to be within target range (i.e., 8 countries)
- In addition, current achievements far from (already low) projections
- Strong regional differences with lower projected achievements in WC Africa
% TB (treatment coverage)

In 2017, for countries in the strategy, there were 60% of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses among estimated new TB cases.

2017 results

2022 projections

End-2022 Target

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

Key takeaways

- Cohort composed of 96 countries
- Aggregate PF targets in line with strategy target, so target reachable assuming good performance
- Consistently good performance across the portfolio vs. PF targets
- However, significantly lower performance in West Central Africa, being specifically addressed in collaboration with partners (Cotonou TB Declaration, report forthcoming)
Global Fund 40th Board Meeting, 14-15 November 2018, Geneva

# TB (TB notified cases)

In 2017, for countries in the strategy, there were 5.23M notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses.

### 2017 results*

- **5.23M**
- Target is cumulative up to 2022 and cannot be directly compared to results, which are for 2017 only.

### 2017-2022 projections

**Performance of GF grants vs. national targets**

- **Overall performance for the portfolio vs PF target is: 92%**

### 2017-2022 Target

- **33M (28-39M uncertainty range)** of notified cases of all forms of TB – bacteriologically confirmed plus clinically diagnosed, new and relapses.

### Key takeaways

- Cohort composed of 96 countries.
- Aggregate PF targets significantly over strategy target, so achievement looks likely even in case of adequate performance.
- Generally good performance across portfolio vs. PF targets.
- Performance significantly lower in WC Africa due to general issues with case detection rate.
- Significant difference in performance between COE vs non-COE countries.

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

Performance % refer to achievement of GF programs vs their national targets, calculated by region (based on UN geoscheme) and weighted by country share in the region total target.
% TB TSR (TB treatment success rate)

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

Key takeaways

- Cohort of 99 countries, all are reporting
- Only 49% of countries are expected to be within target range, but with a significant portion just below target
- Strong variance in projections with no regional pattern
- Current results are generally in line with projected achievements
- One significant outlier for a small Central African country

NB: Due to the nature of the indicator, data is for the 2016 cohort
Global Fund 40th Board Meeting, 14-15 November 2018, Geneva

# MDR-TB (MDR-TB patients treated)

In 2017, for countries in the strategy, there were 100,240 cases with drug-resistant TB (RR-TB and/or MDR-TB) that began second-line treatment.

2017 results*

- Target is cumulative up to 2022 and cannot be directly compared to results, that are for 2017 only.

2017-2022 projections

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

2017-2022 Target

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

Key takeaways

- Cohort composed of 87 countries
- Aggregate PF targets significantly over strategy target, so achievement possible assuming portfolio performance is adequate
- However, performance is average at best across portfolio (no strong outliers)
- Strategy target is within reach, provided performance improves to align with PF targets

Performance % refer to achievement of GF programs vs their national targets, calculated by region (based on UN geoscheme) and weighted by country share in the region total target.
Global Fund 40th Board Meeting, 14-15 November 2018, Geneva

% MDR-TB TSR (MDR-TB treatment success rate)

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

Cohort of 33 countries, all are reporting

58% of countries are expected to be within target range but with large variance in projections and even larger variance in current achievements

No clear regional patterns

One significant outlier for a large Southern African country

NB: Due to the nature of the indicator, data is for the 2015 cohort

Maximize impact against HIV, TB, Malaria

KPI 2 – Performance against service delivery targets

KPI 5 – Service coverage for key populations

End-2022 Target

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

Key takeaways

- Cohort of 33 countries, all are reporting
- 58% of countries are expected to be within target range but with large variance in projections and even larger variance in current achievements
- No clear regional patterns
- One significant outlier for a large Southern African country

Bars = 2022 projections
Dots = 2017 achievements
# LLINs (nets distributed)

In 2017, for countries in the strategy, there were 196.79M LLINs distributed to at-risk populations.

**2017 results**

- **196.79M**
  - Target is cumulative up to 2022 and cannot be directly compared to results, that are for 2017 only.

**2017-2022 projections**

- Low projection
- High projection

**Performance of GF grants vs. national targets**

Overall performance for the portfolio vs PF target is: 84%

<table>
<thead>
<tr>
<th>Region</th>
<th>Performance %</th>
</tr>
</thead>
<tbody>
<tr>
<td>South/East Africa</td>
<td>86%</td>
</tr>
<tr>
<td>Asia</td>
<td>106%</td>
</tr>
<tr>
<td>West/Central Africa</td>
<td>73%</td>
</tr>
<tr>
<td>Americas</td>
<td>83%</td>
</tr>
<tr>
<td>MENA</td>
<td>85%</td>
</tr>
</tbody>
</table>

*Note: 2022 Projections for LLINs do not assume flat-lining for years with no target; rather consider average over 2017-2022 and extrapolate for 2021 & 2022.*

**Key takeaways**

- Cohort composed of 63 countries
- Aggregate PF targets in line with strategy, so target achievable assuming good perf.
- If current performance maintained to 2022, results are just within strategy target range
- For some of largest countries, GF funding only distribution in defined regions, but performance measured nationally (explains low performance for large W. African country, facing issues with non-GF funded distribution). Underperformance in large C. African country due to issue with specific implementer (issue addressed by grant closure, improvement expected)

**2017-2022 Target**

1,350M (1,050-1,750M uncertainty range) LLINs distributed to at-risk populations

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

- KPI 2 – Performance against service delivery targets
- KPI 5 – Service coverage for key populations
In 2017, for countries in the strategy, there were 11.86M households in targeted areas that received IRS.

**Performance of GF grants vs. national targets**

Overall performance for the portfolio vs PF target is: 113%

- **South/ East Africa**: 114%
- **West/ Central Africa**: 102%
- **Asia**: 108%

There is no performance data available for IRS from Asian GF grants, as the corresponding standard indicator is either 1) not included in their Performance Framework; or 2) has not any reported result yet.

Performance % refer to achievement of GF programs vs their national targets, calculated by region (based on UN geoscheme) and weighted by country share in the region total target.

2017 results*  

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

2017-2022 projections

Target is cumulative up to 2022 and cannot be directly compared to results, which are for 2017 only.

- **2017 results**
  
- **2017-2022 projections**

**Key takeaways**

- Cohort composed of 36 countries
- Aggregate PF targets in line with the strategy and current portfolio performance is strong where GF is funding IRS, so achievement possible assuming good performance
- However, perf. info is available for 9 countries only, for 30% of the strategy target
- GF is not funding IRS for most important country in strategy (in South Asia, ~50% of total target), so limited leverage and only partner data available

**2017-2022 Target**

250M (210-310M uncertainty range)

Households in targeted areas received IRS

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

- KPI 2 – Performance against service delivery targets
- KPI 5 – Service coverage for key populations

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*KPI 2 results are based on a slightly different cohort of countries than the GF Results Report, so figures are not expected to match perfectly.*
Global Fund 40th Board Meeting, 14-15 November 2018, Geneva

% Malaria testing (public)

Suspected malaria cases that receive a parasitological test

End-2022 Target

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

Key takeaways

• Cohort of 80 countries, but data not available in 20 countries, (25% of cohort)
• 87% countries where data is available are expected to be within target range in 2022
• Projections appear realistic given current situation
• High projections generally but a number of significant outliers (mainly focus countries) with much lower projections, and uncertainty due to number of countries where data is not available

Bars = 2022 projections
Dots = 2017 achievements

TheGlobalFund LeFondsmondial ElFondoMundial Глобальныйфонд 全球基金
% IPTp3 (coverage of IPTp3)

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

Countries per category

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Available data</td>
<td>10</td>
</tr>
<tr>
<td>Below ST</td>
<td>4</td>
</tr>
<tr>
<td>Within ST</td>
<td>10</td>
</tr>
<tr>
<td>No data</td>
<td>12</td>
</tr>
</tbody>
</table>

Bars = 2022 projections
Dots = 2017 achievements

Key takeaways

- Cohort of 36 countries, almost all in Africa
- Data not available for 12 countries (33%)
- 58% countries where data is available are expected to be within target range
- Those not expected to be within range are generally far from target & many cohort countries do not have available data
- Strategy target very ambitious so unlikely to be met
- Indicator being incorporated into DHIS2, enabling more frequent, complete and detailed reporting - hopefully enabling improved performance

End-2022 Target

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

Maximize impact against HIV, TB, Malaria

- KPI 2 – Performance against service delivery targets
- KPI 5 – Service coverage for key populations

The Global Fund
Country Results Profiles

An initial release of Country Results Profiles (CRPs) for High Impact countries is available to complement GF, technical partners and countries' own reports. The overall purpose of the CRPs is to provide Global Fund stakeholders with a summary overview of key contextual financing data and programmatic results.

This annex includes 6 CRPs that illustrate different investment profiles in high impact countries, showing examples of the diversity of funding sources for HIV, TB and malaria and implications for understanding Global Fund results reporting. These examples highlight countries where GF is funding a proportionally high and low percentage of activities for each disease. All CPRs for the remaining high impact countries can be found here: Country Results Profiles

<table>
<thead>
<tr>
<th>Disease</th>
<th>GF Medium to high percentage of overall country funding</th>
<th>GF low percentage of overall country funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS</td>
<td>Tanzania</td>
<td>Kenya</td>
</tr>
<tr>
<td>TB</td>
<td>Viet Nam</td>
<td>Ethiopia</td>
</tr>
<tr>
<td>Malaria</td>
<td>Uganda</td>
<td>India</td>
</tr>
</tbody>
</table>

NB: CRPs were developed in May 2018 using available data and will be updated for the Spring Board 2019
Guidance: how to interpret Country Result Profiles

The disease financing chart shows the overall trends of financing available to the national disease control program over the past 6 years – look here to see historic funding trends by source.

The Overview of Financing Available chart provides an indicative overview and percentage breakdown of domestic, GF and other donor funding available in major Program Areas as submitted by CCMs. The width of each lettered stack represents how much money (as a percentage of the total budget) is budgeted for each Program Area – look here to see anticipated funding breakdown by activity and source.

For each disease, key outcome and coverage graphs are provided, based generally on Technical Partner (WHO or UNAIDS) data. The grey bar shows relevant targets where available. Generally, where Global Fund Grant National Targets (from performance frameworks) are available, these are displayed with years. If no target is available, Technical Partner targets for 2020 are displayed. The most recent data is included (darker coloured bar), plus 2012 or the closest available year (lighter coloured bar) – look here to see past/future achievements in terms of outcome, coverage and service delivery vs national targets.

For each disease, mortality and morbidity trends are plotted against a counterfactual trend agreed with WHO and UNAIDS. In addition the rate of change in deaths and new infections or cases is calculated since 2000 (start of scaling up of programs) and 2012 (baseline consistent with outcome and coverage data).

- Estimates regarding lives saved and infections or cases averted represent the total estimate impact of the entire disease control program where applicable
- Counterfactual scenarios are plotted to show the impact of no, or highly limited program interventions since 2000 where applicable - look here to see trends of achievements in terms of impact at country level.
Relatively high GF funding, very high other external donor.
Kenya

Global Fund and other investments

Global Fund investments:
2014-2016 Allocation period:
2017-2019 Allocation period:

HIV/AIDS disbursements: $13bn
HIV/AIDS disbursements: $13bn

HIV prevention and treatment

HIV testing and treatment cascade
% of people living with HIV who:

Impact: What is the trend among people who continue to fall ill or die? How many new infections and deaths are prevented?

People on ART (2016)

ART deaths

New HIV infections

HIV/AIDS Results Profile

Outcome & Coverage: How many people received the treatment and prevention services that they need?

ART coverage (2016)

Overview of Financing Available per CCM Funding Request (2018-2020)

Total amount in budget: $2.0bn

Knowledge of HIV status among key populations

Date

Global Fund

Domestics

Other donors

Relatively low GF funding, very high other external donor
Relatively high GF funding
Relatively low GF funding, high other external donor

Global Fund 40th Board Meeting, 14-15 November 2018, Geneva

FINANCES: What resources were available to support the national program in the last six years? And what resources are available in the coming three years?

Global Fund investments: 2014-2016 Allocation period
Tuberculosis disbursements: $71m
R&D disbursements: $5m

2017-2019 Allocation period
Tuberculosis disbursements: $22m
R&D disbursements: $5m

In 2015-2017, 51% of GF need was funded.

TB financing:

Overview of Financing Available per CCM Funding Request (2015-2020)

Total amount in budget: $128m

<table>
<thead>
<tr>
<th>Program Area</th>
<th>Total budget</th>
</tr>
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<tbody>
<tr>
<td>A</td>
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<td>B</td>
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<td>C</td>
<td>$17m</td>
</tr>
<tr>
<td>D</td>
<td>$13m</td>
</tr>
<tr>
<td>E</td>
<td>$20m</td>
</tr>
</tbody>
</table>

TB treatment outcomes:

HIV+ TB patients on ART

Prophylactic TB therapy for HIV+

New TB cases (all forms)

Relatively low GF funding, high other external donor

TB case finding:

Change in TB deaths (all forms, 2000-2016)

Lives saved:

Change in TB deaths (all forms, 2000-2016)

Cases averted:

Notes:
Detailed notes are available on the separate Explanatory notes page.
Global Fund 40th Board Meeting, 14-15 November 2018, Geneva

Uganda

FINANCES: What resources were available to support the national program in the past six years? And what resources are available in the coming three years?

Global Fund and other Investments

Global Fund investments:
2014-2016 Allocation period
Malawi: $200m
RSP: $10m
RSP: $5m

Total funding: $250m

Malaria financing:

Overview of Financing Available per GCM Funding Request (2015-2020)

Vector control

INFECTION: How many people were infected with malaria?

Suspected malaria cases that receive a parasitological test

Impact: What is the trend among people who continue to fall ill or die? How many new cases and deaths are prevented?

Malaria deaths

* Among those who were infected with malaria

Change in malaria cases:
25% reduction from 2015-2016
32% reduction from 2011-2013

Cases averted:
69.3m cases averted since 2000

Intermittent preventive treatment in pregnancy (IPTp)
Global Fund 40th Board Meeting, 14-15 November 2018, Geneva

Relatively low GF funding, high domestic

### India

**Global Fund and other investments**

<table>
<thead>
<tr>
<th>Year</th>
<th>GF Allocation</th>
<th>Other Sources</th>
<th>Total</th>
</tr>
</thead>
<tbody>
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<td>2015</td>
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<tr>
<td>2016</td>
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**Malaria Results Profile**

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<thead>
<tr>
<th>Year</th>
<th>Cases</th>
<th>Control</th>
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<tbody>
<tr>
<td>2012</td>
<td>100</td>
<td>40%</td>
</tr>
<tr>
<td>2013</td>
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</table>

**Overview of Financing Available per CCM Funding Request (2018-2020)**

<table>
<thead>
<tr>
<th>Category</th>
<th>GF Allocation</th>
<th>Other Sources</th>
<th>Total</th>
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<tbody>
<tr>
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<tr>
<td>B -战略</td>
<td>$50m</td>
<td>$45m</td>
<td>$95m</td>
</tr>
<tr>
<td>C -支持</td>
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<td>$45m</td>
<td>$95m</td>
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</table>

**Vector control**

<table>
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<tr>
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<tbody>
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**Intermittent preventive treatment in pregnancy (IPTp)**

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<tbody>
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**Notes**

- GF allocation is based on the Global Fund’s request. Other sources: domestic, non-GF, and others.
- Cases are reported in 2018. The Global Fund is to release its 2020 results in 2021.