41st Board Meeting

Strategic Performance Reporting – end 2018
For Board Information

GF/B41/14
Geneva
15-16 May 2019
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Piloting country-specific results in Strategic Performance Reporting

Currently, Strategic Performance Reporting (KPIs) is at aggregate and regional level (where relevant) and Secretariat does not report any country specific results to Board or Committees.

In recent reporting, Secretariat has shared Country Results Profiles with Board, and constituencies have requested more KPI country-specific analysis (both at country & grant level) to understand the variance, challenges and performance of our operations.

To address this, we are piloting reporting of some country-specific results (only for KPIs for which the country-level data is a) publicly sourced (or will be), b) available and c) relevant to understand KPI performance.

What this pilot should do:
- Enable clearer understanding of GF results, in line with other development actors (PEPFAR, WHO, Gavi, etc)
- Provide critical context to KPI results, helping to identify countries driving performance with potential to inform action
- Increase transparency and provide the Board with a better description on how we are addressing underperformance
- Be used consistent with the governance duty of care to the Global Fund.

What this pilot should not do:
- Be used to name and shame countries
- Criticize constituencies or individuals at the Board or committees
- Lower the level of Board-level discussion from the strategic to the country-specific
- Hinder objective discussions, if constituencies are associated with certain countries
- Foster micromanagement
KPIs where reporting Country-Specific Results apply

• **Available** for reporting country specific results now
  • **Impact and service delivery (using partner or national data):** Performance against impact targets (KPI 1); Gender and age equality (KPI 8); Performance against service delivery targets (KPI 2)
  • **Data sourced from grant reporting:** Fund utilization: absorptive capacity (KPI 7b); RSSH: Results disaggregation (KPI 6e)
  • **Corporate public data:** Alignment of investment & need (KPI 3)

• **Potentially** available in future (2020 or later) or on demand:
  • **Data not publicly available yet:** RSSH: Supply chains (KPI 6b); RSSH: Financial Management (KPI 6c); RSSH: HMIS coverage (KPI 6d); Domestic Investments (KPI 11); Investment efficiency (KPI 4)
  • **KPI discussion more relevant at portfolio level:** Fund utilization: allocation utilization (KPI 7a)

• **Not available** for reporting:
  • **Strictly internal information:** Service coverage for key populations (KPI 5); RSSH: NSP alignment (KPI 6f); Reduce Human Rights barriers to services (KPI 9a); KP and Human Rights in middle income countries (KPI 9b); KP and Human Rights in transition countries (KPI 9c)
  • **Data does not exist at country level:** Resource Mobilization (KPI 10a and 10b); Availability of affordable health technologies (KPI 12a and 12b)
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

KPIs 1, 2, 5, 6a, 6b, 6c, 6d, 6e, 8, 9a + Management information
GF Level of control – for KPIs and sample management info

Global Fund Performance Reporting Framework

How is global effort performing?
- KPI 1: Impact
- KPI 2: Service delivery
- KPI 3: Alignment of investment & need
- KPI 4: Investment efficiency
- KPI 6: NSP Alignment
- KPI 7a: Allocation utilization
- KPI 8: Gender & age equality
- KPI 9a: HRts & KP in MICs
- KPI 9b: HRts & KP in transition countries
- KPI 10: Resource mobilization
- KPI 11: Domestic investments
- KPI 12: Availability of affordable health tech
- KPI 1: Impact
- KPI 2: Service delivery
- KPI 3: Alignment of investment & need
- KPI 4: Investment efficiency
- KPI 6: NSP Alignment
- KPI 7a: Allocation utilization
- KPI 8: Gender & age equality
- KPI 9a: HRts & KP in MICs
- KPI 9b: HRts & KP in transition countries
- KPI 10: Resource mobilization
- KPI 11: Domestic investments
- KPI 12: Availability of affordable health tech

How are countries we are supporting performing?
- KPI 5: KPs & servc. coverage
- KPI 6: RSSH (a, b, c, d, e)
- KPI 7: Allocation utilization
- KPI 8: Gender & age equality
- KPI 9a: HRts & KP in MICs
- KPI 9b: HRts & KP in transition countries
- KPI 10: Resource mobilization
- KPI 11: Domestic investments
- KPI 12: Availability of affordable health tech

How are our grants performing?
- KPI 7b: Absorpive capacity
- KPI 7c: Grant ratings
- KPI 7d: Grant making time
- KPI 7e: Portfolio performance
- KPI 7f: Grant size
- KPI 8: Gender & age equality
- KPI 9a: HRts & KP in MICs
- KPI 9b: HRts & KP in transition countries
- KPI 10: Resource mobilization
- KPI 11: Domestic investments
- KPI 12: Availability of affordable health tech

How are GF grant operations performing?
- KPI 9c: HRts & KP in transition countries
- KPI 11: Domestic investments
- KPI 12: Availability of affordable health tech

How are internal Secretariat operations performing?
- KPI 7c: Grant ratings
- KPI 7d: Grant making time
- KPI 7e: Portfolio performance
- KPI 7f: Grant size

Sample management information provided here showcases a small sub-set of available information to provide context

- 2017-2022 KPI
- Sample management info

ex. New cases/infections
ex. Svc. coverage/delivery
ex. Mortality rates
ex. Transition readiness
ex. Performance on service delivery & coverage
(80+ service delivery & coverage grant indicators)

Management information
- On track / Achieved
- Not achieved
- At risk
- Not yet reported

Greedy out data corresponds to KPIs that were reported pre-Spring 2019 (e.g., Fall 2018)
Executive summary

- **Generally positive results on KPIs**: strong performance on SO2 (*Build Resilient & Sustainable Systems for Health*), and SO4 (*Mobilize Increased Resources*), with recent progress but continuing challenges on SO3 (*Promote & Protect Human Rights and Gender Equality*).

- **Significant improvement needed on Incidence Reduction**: at current funding levels, risk of not meeting strategy target in absence of sufficient progress; successful replenishment is critical. Focus needed on bending incidence curves down through: accelerating new tools and strengthening implementation of existing ones; supporting higher HIV prevention and treatment coverage; continuing to find missing TB cases; improving vector control and case management for malaria.

- **Positive results to-date on Lives Saved**: we are on track to meet strategic target. Programs supported are successful in reducing mortality and putting people on treatment. Treatment-related activities deliver results, with good absorption; PPM being one of the key factors for this progress.

- **Good performance on grant operations and financial indicators**: grants signed promptly with funding aligned to needs and high allocation utilization. Absorption at target (75%), does not systematically vary because of region or disease, but does by commoditization, in COEs and at the start of implementation.
### Setting the context – the global fight against the three diseases

<table>
<thead>
<tr>
<th>HIV/AIDS</th>
<th>Tuberculosis</th>
<th>Malaria</th>
</tr>
</thead>
<tbody>
<tr>
<td>• New HIV infections</td>
<td>• New TB cases</td>
<td>• Malaria cases</td>
</tr>
<tr>
<td>• People living with HIV</td>
<td>• Reported TB cases (new and relapse)</td>
<td>• People sleeping under ITN in sub-Saharan Africa</td>
</tr>
<tr>
<td>• People on ART</td>
<td>• Treatment success rate (all forms)</td>
<td>• Malaria deaths</td>
</tr>
<tr>
<td>• AIDS-related deaths</td>
<td>• Incident cases of drug resistant TB (MDR/RR-TB)</td>
<td>Global Fund accounts for 44% of global Malaria funding and 59% of international financing</td>
</tr>
<tr>
<td></td>
<td>• Deaths from TB (excluding HIV+)</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

### Notes

- **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 2018: malaria cases (2017), population at risk slept under an ITN in sub Saharan Africa (2017), malaria deaths (2017).

- **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.**
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).

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

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

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

The GF has proportionately higher shares in 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).

The GF is expected to account for approx. 40% of all funding in eligible countries between 2018-2020.

NB: this data is based on funding requests submitted by GF-financed countries* during the current allocation cycle 2018-2020
*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.
Funding overview

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

- To date for 2014-16 allocation period, **actual domestic investment** was 128% of minimum policy prescribed co-financing, exceeding requirements across all income brackets – resulting in 39% increase in investment versus baseline
- 47% (target: 100%) of UMI countries with Board approved grants have reported on domestic investments in both key population & human rights programs (although 82% reported on KP investment)
- 73% of HI & Core countries are receiving support for implementation of national health (and disease) accounts, up from 68% at mid-2018

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

- So far, 101% of 5th replenishment target has been pledged
- Out of this total, 6.9% has been pledged from private sector
- Total 5th replenishment contributions expected to be received is forecasted to be 101% of initial forecasted estimate
- 6th Replenishment investment case released, with request of at least US$ 14B funding to step up the fight to end the epidemics
- At end-Feb 2019, Ireland & Luxembourg have already announced significant increases to their contribution for 6th Replenishment (+50% and +11%, respectively)

**Market Shaping**
Availability and affordability of key medicines, and supplier performance

- 59% of health products budgeted in grants procured through Pooled Procurement Mechanism (PPM)
  - In 2018, total of US$ 913M spent through PPM, mainly for ARVs & LLINs
  - 83% of PPM orders delivered on time and in full (OTIF) in 2018, exceeding internal target
- US$ 175M of savings achieved in 2018 through PPM, exceeding annual savings target of US$ 122M
- The number of defined products with >3 suppliers meeting Quality Assurance requirements has increased to 69% (was 67% in 2017)
  - Low volumes of pediatric products present challenges to maintain >3 suppliers. Secretariat to propose new targets for KPI 12a in 2019
Global Fund 41st Board Meeting, 15-16 May 2019, Geneva

Program Design overview

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

- **Alignment of investment & need still at satisfactory level**, almost on target at 97% achievement (0.36 discrepancy vs. target of 0.35). Using disbursements instead of commitments to measure share of funding (more reliable) would bring result above target. KPI strongly driven by largest High Impact countries.
- Looking forward to 2020-22 cycle, **allocation formula** was considered fit for purpose; two minor adjustments have been proposed to the malaria burden indicator (scheduled for approval in May Board): incorporating latest population-at-risk data and replacing baseline of 2000 with average of 2000-04

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

- For the current allocation*, 36% of grants (and 30% of investment) managed by **Community Sector implementers**, many of them local (15% of grants, 12% of investment) and 8 of them new implementers
- Approx. 48% of **Transition Preparedness** components are currently covered by a TRA or equivalent (up from 35% in mid-2018). Among components currently receiving transition funding, approx. 100% are covered by an ongoing or completed TRA or equivalent
- **195 small grants provided to community-based groups** through HER Voice Engagement Fund, up from 93 mid-2018

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**Activities**
Activities & budgets of GF grants

- **97%** of funding requests this cycle rated by TRP as **aligned with National Strategic Plans**
- **100%** of 15 disease programs assessed for **investment efficiency** indicate high likelihood of efficiency improvement but unlikely to be representative of final result
- For 2017-2019 allocation, 3.4% (target: 2.85%) and average of 36.4% (target: 39%) of HIV grant budgets in MICs invested in programs to remove human rights-related barriers and in key populations programs, respectively
- **In priority countries**, GF investing US$ 121.9m towards reducing new HIV infections among **adolescent girls & young women**

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* As of 28 Feb 2019
** In 12 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

- **94%** of 5th replenishment allocation is **already disbursed or forecasted to be** (on target), with high utilization across all portfolio categories  [KPI 7a](#)
- More context to the strong improvement in **grant absorptive capacity** reported in Fall 2018 (75% of grant budgets reported as spent in 2015-2017 against 66% in the 2014-2016 period) with patterns by COE, activity, commoditization, age of grant, etc. - in addition to actions already described in previous report (work with partners (ITP); risk and assurance activities; reprogramming; etc.)

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

- For current allocation period, as of 21 February 2019, **222** country **funding requests** submitted, resulting in **283 Board-approved grants** for **US$ 9.6B** of allocation funds – approximately 93% of the allocation.
- For current allocation period, as of 31 December 2018, **US$ 3.75B** already committed as grant expenses and **US$ 2.36B** already **disbursed**
- **Grant making** continues at a fast pace: it takes avg. **7.9 months** from funding request approval to 1st disbursement, and **80%** of grants had 1st disbursement decision within target deadline (7-10 mths from TRP approval, depending on profile)
  - High Impact countries take avg. **7.5 mths** to 1st disbursement; while Core slightly longer at **7.6 mths** and Focused countries take **9.2 mths**
- Total of **US$ 239M portfolio optimization awards approved** by GAC in 2018
- Continued strong performance of **financial forecasts** with 9% yearly variance in 2018 between Actuals Disbursed and Initial Forecast (QF1), on target

Oversight
Internal & external assessment, review, and grant management mechanisms

- **22 Country Portfolio Reviews** (plus 3 executive CPRs) held by end-2018 (up from 12 mid-year)
- **CCM Evolution** baseline assessments completed in all 18 countries
- **Internal Secretariat ethics case management system** developed to ensure ethics concerns raised result in timely, constructive, and accountable results
Global Fund 41st Board Meeting, 15-16 May 2019, Geneva

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

• In this cycle, an estimated 5.1M lives were saved. If trends continue, 2022 strategy target of 29M will be achieved

• In 2017, new infections/cases reduced by an estimated 6%. At current trend, strategy target will not be achieved (21% compared to 38% strategy target). However, at least US$ 14B in 6th replenishment will enable achievement of strategy targets

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

• HIV incidence among AGYW reduced by 16% in 2017. If recent trends continue, only 3/4ths of strategy target will be met; considerable acceleration of progress required

• Continued improvement in data availability: 43% of HI/Core countries are able to provide results fully disaggregated by age / gender for relevant indicators (up from 26% at end-2017), on track to reach the target of 50% by end-2019

• Human rights baseline assessments finalized in 18 countries. In 9 countries, nationally-led multi-stakeholder meetings endorsed findings & established working groups to develop country-owned plans. Framework to assess programs to reduce human rights-related barriers developed

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

• Supply chain target reached (15% reduction of non-availability for diagnostics and tracer medicines) at portfolio level for diagnostics, TB FLDs, HIV FLDs with Malaria FLDs close to target. However, individual country results vary significantly

• 3 countries have completed public financial management transition efforts in 2018 (on target)

• 13 countries (target: 16 in 2018) have implemented required actions to meet defined financial management systems standards for optimal absorption & portfolio mgmt. 3 countries close to required level

• 25% of HI/Core countries with fully deployed, functional HMIS (up from 11% at end-2017 and now on track); an additional 59% have 2-3 (of 4) components required to meet definition

Impact and Results overview
End-2018 Reporting

**Funding**
- KP and Human Rights in transition countries (p. 20)
- Resource Mobilization (p. 21)
- Domestic Investments (p. 18-19)
- Availability of affordable health technologies: availability (p. 22)
- Availability of affordable health technologies: affordability (p. 23)

**Program Design**
- Alignment of investment & need (p. 24)
- Investment efficiency (p. 25)
- Strengthen systems for health: NSP alignment (p. 26)
- KP and Human Rights in middle income countries (p. 27-28)

**Implementation**
- Fund utilization: allocation utilization (p. 29)
- Fund utilization: absorptive capacity (p. 30-39)

**Impact/Results**
- Performance against impact targets (p. 40-42)
- Performance against service delivery targets
- Service coverage for key populations
- Strengthen systems for health
- Procurement
- Supply chains (p. 43)
- Financial mgmt. (p. 44-45)
- HMIS coverage (p. 46)
- Results disaggregation (p. 47)
- Gender and age equality (p. 49)
- Reduce Human Rights barriers to services (p. 49)

Greyed out data corresponds to KPIs to be reported in Fall 2019. If available, result from Fall 2018 highlighted.
End-2018 Reporting – Focus on underperforming KPIs

**Funding**

9c KP and HRts in transition countries (p. 21)

**Results:** 47% of UMI countries assessed report on domestic investments in KPs & HRts programs (target: 100%). Target is aspirational and will not be met, in part due to lack of co-financing requirements for HRts (unlike KP requirements).

**Actions:** For interim indicator, Secretariat engagement to ensure Funding Landscape Tables include data on domestic commitments to KP and human rights programs. Deeper dives to verify data sources and mechanisms to support final indicator definition, baseline and target.

12a Availability of affordable health technologies: availability (p. 23)

**Results:** 69% of defined products have >3 QA suppliers (target: 100%). Underperformance is driven by pediatric products and products where >3 QA suppliers may not be commercially viable due to low volume demand.

**Actions:** Achievement of the target is highly dependent on manufacturers. Sourcing activities to attract new suppliers include provisional volume allocation for strategic products still undergoing the pre-qualification process. ERP (expert review process) enables GF to procure these products, and has helped to close the gap for 3 products in 2018. A revised, realistic target for KPI 12a will be proposed in 2019.

**Program Design**

9b KP & HRts in middle income countries (p. 28-9)

**Results:**
- HRts HIV: Above target: 3.44% of HIV & HIV/TB grant funds invested in human rights (target: 2.85%)
- HRts TB: Target unlikely to be met despite 800% increase vs. baseline: in 11 out of 13 grants in cohort, 0.72% of TB grant funds invested in human rights (target: 2.00%)
- KPs HIV: Nearly at target: 36.36% of HIV grant funds invested in key populations (target: 39.00%)

**Actions:** Two large grants in HIC countries still outstanding and likely to impact results for HRts HIV & TB and KPs HIV. Extensive support currently being provided by Secretariat with the aim to encourage increase in investment in these grants.

6c Strengthen systems for health (Financial management) – meeting defined standards (p. 46-47)

**Results:** 13 countries have at least 80% implementation of agreed actions to meet defined financial mgmt. system standards (target: 16), however the 3 countries not meeting standards yet are close to reporting 80% implementation.

**Actions:** Strengthened financial mgmt. mainstreamed in Program Finance, to ensure timely achievement of targets. Implementation approach improved, including full capacity building support, targeted capacity building support based on outcome of regular Financial Management Impact Review, and involvement of Local Fund Agent (if required).

8 Reduction in HIV incidence among AGYW (p. 50)

**Results:** 16% reduction in HIV incidence from 2015 baseline (target: 58% by 2022). Efforts will need to be accelerated if strategy target range is to be reached.

**Actions:** Secretariat has focused efforts to ensure all cohort countries have a defined package of AGYW interventions for GF investments and M&E framework to measure the coverage and outcome of interventions. Work undergoing to improve quality and sustainability measures. Need for further investment analysis, along with risk and intervention analysis towards national plans and targets.
Mid-2018 Results – Remedial actions on underperforming KPIs

<table>
<thead>
<tr>
<th>KPI</th>
<th>End-2018 identified issue</th>
<th>Remedial actions taken to-date</th>
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</table>
| KPI 2: Performance against service delivery targets | At mid-2018, results were at risk of being off track for:  
• PMTCT coverage  
• % PLHIV who know their status  
• # HIV+TB on ART  
• % IPT for PLHIV  
• % IPTp3 | • Deep-dive analysis conducted by Secretariat to better understand root causes driving gap between strategy targets & projected results  
• Work has begun with Country Teams to address root causes, e.g., through Country Portfolio Reviews  
• Work underway to align on efforts going forward for countries with high share of strategy target and low performance |
| KPI 5: Service coverage for key populations | At mid-2018, 45% of countries currently able to report on service coverage for KPs (target 75% by end-2019), however, additional ~25% of countries are slightly below the ‘able to report’ threshold | Secretariat support focused on countries currently listed as ‘potentially able to report’, through:  
• Deployment of TA via CRG Strategic Initiative, e.g., to support integration of community based monitoring into KP reporting  
• Deployment of TA via Data Strategic Initiative, e.g., to strengthen country KP program monitoring systems, cascade analysis, testing yield analysis, prevention effectiveness analysis  
• Coordination with USAID on providing technical support; joint plans for priority countries finalized and TA in deployment  
• Finalization of Regional and Global Key Population Program Assessment reports with key recommendations endorsed by technical, civil society and community partners  
• Workshop with partners (WHO, UNAIDS) to update KP size estimation validations |

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.
## Schedule for upcoming KPI reporting

<table>
<thead>
<tr>
<th>KPI</th>
<th>KPI Description</th>
<th>Frequency</th>
<th>2019 Spring Board</th>
<th>2019 Fall Board</th>
<th>2020 Spring Board</th>
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<tr>
<td>KPI 1</td>
<td>Performance against impact targets</td>
<td>Annual</td>
<td>2017 data</td>
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<td>6b) Supply chains</td>
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<td>2018 data</td>
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<td></td>
<td>6c) Financial management</td>
<td>Annual</td>
<td>2018 data</td>
<td>2019 data</td>
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<td>6d) HMIS coverage</td>
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<td>KPI 7</td>
<td>7a) Fund utilization – Allocation utilization</td>
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<td>7b) Fund utilization – Absorptive capacity</td>
<td>Annual</td>
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<td>Additional</td>
<td>2016-2018 data</td>
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<td>KPI 8</td>
<td>Gender &amp; age equality</td>
<td>Annual</td>
<td>2017 data</td>
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<td>KPI 9</td>
<td>9a) &amp; 9c) Human rights</td>
<td>Annual</td>
<td>2018 data</td>
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<td>9b) Human rights</td>
<td>Semi-Annual</td>
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<td>Annual</td>
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<td>NFM3 to date</td>
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<td>KPI 11</td>
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<td>Annual</td>
<td>NFM2 to date</td>
<td>NFM2 to date</td>
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<td>KPI 12</td>
<td>12a) Availability of health technologies</td>
<td>Annual</td>
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<td></td>
<td>12b) Affordability of health products</td>
<td>Annual</td>
<td>2018 data</td>
<td>Target setting</td>
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Annex: Detailed KPI Results
### Measure

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<thead>
<tr>
<th>Percentage of domestic co-financing commitments to programs supported by the Global Fund realized as government expenditures</th>
</tr>
</thead>
</table>

### End-2018 Result

| Target | 128% * (up from 118% end-2017) |

### Policy Compliance by Country

<table>
<thead>
<tr>
<th>Percent of Countries Reporting</th>
</tr>
</thead>
</table>

**Key takeaways**

- Co-financing investment exceeds target overall and in every income bracket
  - LIs and Lower-LMIs saw higher rates of co-financing investment over policy prescribed levels, contributing nearly 86% of additional investment in this cycle to date
  - In UMIs and Upper-LMIs, increases over policy prescribed levels were more modest and spread relatively evenly across cohorts

- 89% of countries reviewed met or exceeded policy stipulated requirements
  - Of the 28 countries flagged as ‘at risk’ for not meeting requirements, 5 were granted waivers (Afghanistan, CAR, Chad, Congo, South Sudan) and 3 are not compliant to date (Lao PDR, Nigeria, East Timor)

- Additional investment of USD 3.7B to date, in implementation period of 2014-16 allocation, compared to baseline (39% increase)

* Target is the sum of policy-prescribed domestic financing levels for current cohort (133 components across 64 countries; 4 countries/12 components had exemption/waiver so not included in denominator)
### Measure

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

### End-2018 Result

<table>
<thead>
<tr>
<th>Measure</th>
<th>Key takeaways</th>
</tr>
</thead>
<tbody>
<tr>
<td>128% * (up from 118% end-2017)</td>
<td><strong>Target</strong> 100% of 2014-2016 policy stipulated requirements realized</td>
</tr>
</tbody>
</table>

### Key takeaways

- The 39% increase in co-financing investment in the KPI cohort was lower than the 49% increase in committed.
  - However, increases across LI countries and to a large extent in Lower-LMI countries, are consistent with commitments.

- **Macroeconomic constraints** and severe currency depreciation (e.g. Angola, Azerbaijan, Belarus, Papua New Guinea, Swaziland, Namibia) along with significant **efficiency gains** (e.g. Thailand, Ukraine, Kazakhstan, Botswana) have contributed to less than committed investments (in USD terms) in Upper-LMI and UMI countries.

- Currently, KPI reporting is based on 84% of total components, with pre-dominantly higher income countries outstanding (e.g., South Africa, which accounts for 27.5% of total co-financing commitments this cycle).

---

#### Commitments vs. Actual

*Increase as a % of baseline (by income bracket)*

- **LI:** 49% increase committed, 49% increase realized
- **Lower-LMI:** 67% increase committed, 60% increase realized
- **Upper-LMI:** 33% increase committed, 15% increase realized
- **UMI:** 49% increase committed, 39% increase realized

#### Cohort for Reporting

*% of total components reviewed*

- **LI:** 96%
- **Lower-LMI:** 88%
- **Upper-LMI:** 76%
- **UMI:** 87%
- **Total:** 84%
Global Fund 41st Board Meeting, 15-16 May 2019, Geneva

**Measure**
- Interim: Percentage of UMICs report on domestic investments in key population (KP) and human rights (HRts) programs

**End-2018 Result**
- 47%

**Target**
- 100% (by 2019)

**Key takeaways**
- **Cohort includes 17 of 35 countries** – those with Board-approved grants as of end 2018.
- **82%** of assessed countries report on domestic resources in KPs and **47%** report on domestic resources in HRts.
- While co-financing requirements stimulate domestic investments in KPs, insufficient policy levers exist to encourage investment in human rights programming.
- 3 countries (1 core in South East Africa, 2 focused – 1 in MENA and 1 in South East Asia) have no reporting:
  - All 3 reclassified to LMI due to economic contraction.
- Investment in HIV from domestic resources – focused on continuation of essential services, ARVs, PMTCT.
- Despite inability to track specifically investment, recent decriminalization of same sex sexual behavior in one of these countries is indicative of efforts in place to address human rights-related barriers faced by key populations.

**Going forward:** Proposed to ensure Funding Landscape Tables provide data on domestic commitments with sufficient granularity/Deeper dives to verify data sources and mechanisms to support final indicator definition, baseline and target.
Global Fund 41st Board Meeting, 15-16 May 2019, Geneva

<table>
<thead>
<tr>
<th>Measure</th>
<th>End-2018 Result</th>
<th>Key takeaways</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Actual announced pledges as a percentage of the replenishment target(^1)</td>
<td>a) 101% (unchanged)</td>
<td>• Both KPI 10a and 10b are on track</td>
</tr>
<tr>
<td>b) Pledge conversion rate: Currently forecasted contributions vs. initially forecasted contributions(^2)</td>
<td>b) 101% (unchanged)</td>
<td>• KPI 10a(^1): Since last reporting, additional pledges received from Germany, Gates Foundation, etc., with a total of USD 248M(^2) pledges announced since initial 5(^{th}) Replenishment</td>
</tr>
<tr>
<td>Target</td>
<td>a) 2017-2019: 100%</td>
<td>• KPI 10b(^2): To date, 56% of currently forecasted contributions have been received as cash, 17% is outstanding as contribution receivable – indicating a significant increase in cash received since mid-2018 reporting</td>
</tr>
<tr>
<td>b) 2017-2019: 100%</td>
<td></td>
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</tbody>
</table>

### Change in pledge conversion since last reporting

| Level of Control | 4 |

#### Measure

<table>
<thead>
<tr>
<th></th>
<th>End-2017</th>
<th>Mid-2018</th>
<th>End-2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outstanding Adjusted Pledges</td>
<td>25%</td>
<td>29%</td>
<td>46%</td>
</tr>
<tr>
<td>Contribution Receivable</td>
<td>36%</td>
<td>27%</td>
<td>38%</td>
</tr>
<tr>
<td>Cash Received</td>
<td>36%</td>
<td>27%</td>
<td>27%</td>
</tr>
</tbody>
</table>

Notes:
1. Data at the 5\(^{th}\) replenishment conference rate (5-year simple moving average as of 5\(^{th}\) replenishment conference).
2. 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.
### Key takeaways

- 2 adult products and 3 pediatric products are **technically difficult to make and/or price and volume dynamic** may not support valid business case for new suppliers.

#### 2018 achievements:

- **ERP** process approved 5 additional suppliers across 3 products, resulting in 1 product achieving 2018 target, and closing the gap for 2 products.
- **Provisional volume allocation** to attract new suppliers for strategic products.
- **Multi-agency procurement working group (APWG)** to ensure supply availability for supply of 2 pediatric products.
- **Supply and demand coordination** with PMI/PEPFAR on strategic products.

#### 2019 outlook:

- There are additional suppliers for 3 adult products in the pipeline, but KPI 12a target of 100% is not anticipated for 2019.
- Realistic targets and methodology for KPI 12a will be proposed for approval by the AFC.

### Measure

<table>
<thead>
<tr>
<th>Percentage of a defined set of products¹ with more than three suppliers that meet Quality Assurance² requirements</th>
<th>End-2018 Result</th>
<th>Key takeaways</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target</strong></td>
<td><strong>69% (11/16 products)</strong></td>
<td><strong>• 2 adult products and 3 pediatric products are technically difficult to make and/or price and volume dynamic</strong> may not support valid business case for new suppliers.</td>
</tr>
<tr>
<td></td>
<td><strong>100% (2017-2019)</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Notes:

1. All key optimally recommended by WHO life-saving 1st/2nd line products for HIV and Malaria for adults and children
2. Based on Global Fund Quality Assurance Policy
3. The Expert Review Panel (ERP)
Global Fund 41st Board Meeting, 15-16 May 2019, Geneva

Measure End-2018 Result Key takeaways

Annual savings achieved through PPM\(^1\) on a defined set of key products (mature and new). US$175m savings

**Target**

US$122m savings in 2018 [On equivalent commodities at equivalent quality and volume, and equivalent PSA services]

- The **target for 2018 was based on the lower bound** of the estimation ranged linked to the uncertainty of demand at that time.

- In total, **US$913m** spent under PPM in 2018. PPM manages approximately **59%** of the total expected health product spend by Global Fund grants over next 3 years.

- **Savings drivers for 2018:**
  - **ARVs:** US$146m. Greater savings as a result of lower prices achieved in the new tender. Specifically TLD volumes procured in 2018 contributed to 17% of savings.
  - **ANTMs:** US$13m. Greater savings generated from continued improved management of demand and the 2017 ANTM tender.
  - **LLINs:** US$11m. Missed savings opportunities (US$4m) due to late changes in PR requests for large quantity orders.

Note:
1. Savings achieved via product price reductions, PSA fees, freight/logistics costs. Excludes QA/QC and Other Costs.

\[\text{Level of Control} \ 4\]
Funding Design Implementation Results

Strategic Focus

KPI 3 – Alignment of investment & need

<table>
<thead>
<tr>
<th>Measure</th>
<th>End-2018 Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alignment between investment decisions and country disease burden &amp; economic capacity, as defined by the country’s “Initial Calculated Amount” in the 2017-2019 allocation model</td>
<td>0.36</td>
</tr>
</tbody>
</table>

**Target**

2018: Less than or equal to 0.35

Key takeaways

- No material change from last reported (mid 2018). On track to meet target for 2019.
- Recommending to use “disbursements” (actual + forecast) instead of “grant expenses” as more reliable measure of investment decisions. Overall result would improve slightly (0.33) and takeaways would still apply.
- KPI metric (absolute difference of shares) highly driven by countries with large share of “need”, i.e., by High Impact countries, mainly in HI Africa 2.
- However, when considering “ratio of shares”, alternative measures (correlation, R-squared) confirm good alignment, especially across income levels but also across disease, region and country categories.

---

*“Fit” defined as the coefficient of determination (R-squared) for the model assuming that “share needs” = “share funding”. It can be interpreted as the % of variation in shares of funding that is explained directly by the share of needs: high is good.*

**“KPI 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.”*
**Key takeaways**

- 55% of disease program assessments completed by end 2018 (40 out of 73 disease programs in High Impact countries)
- The 13 HIV and 2 Malaria programs assessed, all indicate high likelihood of efficiency improvement
- TB assessment method and results still undergoing in-depth verification with country teams, deep dive analysis recommended for programs that have been preliminarily flagged as at risk of efficiency loss
- Based on small number of HIV/Malaria assessment results finalized to date, too early to assess overall status of KPI – the current total result (100%) is unlikely to be representative of the final KPI achievement once all programs are assessed and results verified
- The Secretariat continues to provide TA to countries to improve investment efficiency for example through the Strategic Initiative, Sustainability, Transition and Efficiency. To date, ~30 disease programs have conducted allocative efficiency analysis to inform NSP & funding request development in the 2017-19 cycle
Funding Design Implementation Results

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)”

<table>
<thead>
<tr>
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<th>Key takeaways</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of funding requests rated by the TRP to be aligned</td>
<td>97% ‘Strongly Agree’ / ‘Agree’ (unchanged)</td>
<td>• Results continue to exceed target, unchanged at 97% since last reporting period</td>
</tr>
<tr>
<td>with National Strategic Plans: “The funding request aligns with</td>
<td></td>
<td>• Compared to 2014-2016 baseline, a higher proportion of respondents ‘Strongly Agree’</td>
</tr>
<tr>
<td>national priorities as expressed in the National Strategic Plan (or an</td>
<td></td>
<td>with NSP alignment of funding requests, driven by higher rate of ‘Strongly Agree’ responses in Core portfolio</td>
</tr>
<tr>
<td>investment case for HIV)”</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Target

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

2014-16 vs. 2017-19 Funding Cycle

<table>
<thead>
<tr>
<th>2014-16 Baseline</th>
<th>2017-19 Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>249* 52%</td>
<td>46% 52%</td>
</tr>
<tr>
<td>116 2%</td>
<td>15% 2%</td>
</tr>
<tr>
<td>2%</td>
<td>4%</td>
</tr>
<tr>
<td>4%</td>
<td>4%</td>
</tr>
</tbody>
</table>

High rate of ‘strongly agree’ driven by Core portfolio, although overall proportion of ‘strongly agree’ / ‘agree’ similar across all categories

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

- % of HIV allocation in MICs dedicated to key population programs & to programs to reduce **human rights-related barriers**
- % of TB allocation in selected MICs with highest TB disease burden dedicated to programs to reduce **HRts-related barriers**

**End-2018 Result**

**Human Rights HIV**: 3.44%

**TB**: 0.72%

**2019 Target**

**Human Rights HIV**: 2.85%

**TB**: 2.00%

**Key takeaways**

- **Human Rights HIV**: overall target met from analysis of 56 countries able to report to date representing 74% of full cohort grant size
- Progress across all income bracket & disease burden categories
- Among the 11 countries with approved matching funds, matching funds account for 46% of investment in HRts, highlighting the critical role in catalyzing greater investment for HRts.

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**Human Rights HIV**

**Overall: Human Rights - HIV**

- 74% of total investment in cohort reporting

**Breakdown by income bracket and disease burden**

**Human Rights TB**

**Overall: HRts TB**

- 75% of total investment in cohort reporting

**Human Rights TB**: No new data available in current reporting period but target unlikely to be met, despite 800% increase vs. baseline

Still awaiting results from 2 HI grants; CRG & GMD continue to closely coordinate to advocate for increased investments in grants
**Overall: KP HIV**

- **End 2018 Result**: KP HIV: 36.36%
- **2019 Target**: KP HIV: 39.00%

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>% of HIV allocation in MICs dedicated to <strong>key population programs</strong> and to programs to reduce human rights-related barriers</td>
<td>KP HIV: 36.36%</td>
<td><strong>Key Populations HIV</strong>: Findings from rigorous assessment of 56 countries indicate a positive direction of change since baseline</td>
</tr>
<tr>
<td></td>
<td><strong>2019 Target</strong></td>
<td>Overall target expected to be met but large grants in 2 High Impact countries still to report and likely to impact overall result</td>
</tr>
<tr>
<td></td>
<td></td>
<td>KP matching funds increased investment by avg. 22% in 8 countries</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Progress to date for all income/disease categories but slower progress for LMICs with concentrated epidemics most likely consequence of paced reductions</td>
</tr>
</tbody>
</table>

### Key Populations HIV

- **Target**: 39%

#### Breakdown by Differentiation

- **Core**: 24%
- **Focused**: 59%
- **High Impact**: 41%

**74% of cohort reporting**
<table>
<thead>
<tr>
<th>Measure</th>
<th>End-2018 Result</th>
<th>Key takeaways</th>
</tr>
</thead>
</table>
| Portion of allocation that has been committed or is forecast to be committed as a grant expense | 95% (5th replenishment) | • Following schedule, indicator is now considering 5th replenishment allocations and funding  
• Recommended to use **disbursements** (actuals + forecast) rather than grant expenses for measure of funding, as disbursements is a more reliable/consistent estimate of current and future funding. Overall result would not change (94% using disbursements)  
• Utilization is high for any portfolio categorization (region, COE, component, differentiation, etc) |

**Target**  
91-100% (5th replenishment, 2018-2020)

---

Utilization calculated based on **disbursements**, same patterns observed considering grant expenses instead

Size of bubbles proportional to allocated amount (5th replenishment)

**Performance**
- **KPI 7a** – Fund utilization: allocation utilization
- **KPI 7b** – Fund utilization: absorptive capacity

**Level of Control** 4

---

Overall utilization (94%)
In Fall 2018, the Secretariat presented the result for KPI 7b on absorptive capacity, i.e., the portion of grant budgets that have been reported as spent on services delivered for the period 2015-2017. Results for 2016-2018 will be presented in Fall 2019 as 2018 expenditures data becomes available. In the meantime, we provide additional information on the Fall 2018 result (2015-2017 expenditures/budget)*.

As reported in Fall 2018, the overall result for 2015-2017 is 75.4%, on track for the target of 75% by 2022.

For Spring 2019, the Secretariat looked at data patterns to check common assumptions, especially around geography, disease, type of activities, implementers, lifecycle of grant as well as the relationship with programmatic performance.

*This detailed analysis is based on the same overall data that was presented to the Board in Fall 2018, but using more disaggregated information on expenditures and adding a few extra grants/periods for which data became available later in 2018. This did not change significantly the overall result of the KPI.
Further analysis on KPI 7b: Testing assumptions

Absorption is worse in specific regions

Actually, generally, the link is with COE countries rather than with the actual region.

Tuberculosis grants absorb less

They do, to a degree. But this is mainly due to the fact that TB grants are much less commoditized and are using pooled procurement less.

RSSH activities absorb less than others

RSSH activities absorb at a level commensurate with other non-commodities-related activities (~65-70%).

Activities implemented by governments absorb at lower rate

Yes, in Asia/LAC/EECA. No, in Africa.

Grants that absorb poorly will continue to do so

Absorption is much lower at the start of implementation and improves afterwards.

There is an automatic, systematic correlation between absorption and programmatic achievements

There is broad alignment, but no perfect correlation: many other factors underpin disbursement decisions and spending in country.
There appears to be lower absorption in specific regions (MENA, West Central Africa, LAC). However, the main relationship is with Challenging Environments (COE). Absorption is generally lower in COEs, which correspond to a large share of the GF investment in MENA and West Central Africa. This is one of the main causes of slightly lower absorption overall in these regions and is especially significant for Sahel and Ebola-affected countries.

WCA is also one of the regions with the strongest improvement since last year with +11% increase in its overall absorption. Note that there was a general improvement in KPI 7b since last year in the vast majority of countries, COEs included.

NB: as India is reporting their expenditures in a different way from the rest of the portfolio (reimbursement based), it could be incorrect to compare it directly to other countries and we did not include it in the geographical analysis. The main message (COE as important driver of absorption) would not change if it was included.
TB-related activities appear to have lower absorption than interventions focused on Malaria or on HIV/AIDS. However, TB grants are generally much less commoditized than HIV or Malaria grants, and there is a higher absorption for commodities across all disease components.

For non-commodities, the absorption rate of TB grants is indeed comparable to HIV or Malaria grants (69% vs respectively 72% and 70%).

In addition, a large share of commodities for Malaria and HIV grants are procured under PPM, which has a higher absorption rate than commodities procured using national channels or third parties. NB: For TB grants, GDF-procured products too have higher absorption rates than national channels or other parties, but their share in TB commodities purchases is lower than the share of PPM in HIV/AIDS or Malaria grants.

The main driver for the under-absorption for TB grants is therefore linked mainly to grant commoditization, and lower use of pooled procurement.

Graph above based on activities listed in budget. For instance RSSH activities could appear in any grant

Size of all bubbles proportional to grant budget for 2015-2017

Higher absorption for commodities, higher absorption for PPM/GDF. But TB grants are less commoditized and are using pooled procurement to a lower degree.
**Further analysis on KPI 7b - RSSH**

**RSSH-related** activities appear to have lower absorption than disease-related interventions, but this is driven by higher absorption for commodities across all disease components. This is the case for **all areas of RSSH** (except Policy – which corresponds to small budget amounts). Variations in absorption for RSSH activities appear to be mainly country- or program-specific. Indeed, there is no significant pattern by region, income level, differentiation category, size of budget, etc. Only effect detected is linked to COE, but this is a general effect for absorption, not only for RSSH.
There appears to be a difference in absorption between the different types of implementers (PRs and SRs). **Generally absorption is higher for Multilateral Organizations (MO) and for civil society (CS/PS), i.e., community, NGO, private sector, etc., compared to Governments (GOV).**

However, there is a strong link to region, with CS/PS and Governments performing at the same level in Africa and MENA. There is also a slightly better performance for SRs compared to PRs.

There is no significant difference though between the different sub-types of implementers. For instance, local and international NGOs are absorbing at similar levels across regions.
There is a **strong link between absorption and whether a program is in the first year* of its implementation.** After the first year, there is no significant difference in the absorption between subsequent years.

The first-year effect exists for all types of PRs, even if it is less significant for Multilateral Organizations. It also exists for every programmatic activity, but is especially stronger for Malaria-related and RSSH interventions. It is not as strong for HIV treatment and TB activities.

*This corresponds to the first year of a program (i.e., overall grant) rather than the first year of each distinct implementation period.*

---

**Further analysis on KPI 7b – Grant age**

- **Performance**
  - KPI 7a – Fund utilization: allocation utilization
  - KPI 7b – Fund utilization: absorptive capacity (p. 7/11)

Size of all bubbles proportional to grant budget for 2015-2017

- Large difference between 1st year and following, across all types of implementers

- Smallest gap between 1st year and later is on HIV treatment

---

**Level of Control**

- 3

**Crosscutting**
- Supportive Environment
- Program management

**HIV/AIDS**
- Treatment, Care and Support
- Prevention programs for general pop.

**Malaria**
- Vector Control
- Case management

**RSSH**
- Not classified (pre NFM)
- HMIS and M&E
- PSM
- Human resources for health
- Community responses and systems
- Integrated service delivery

**TB**
- TB care and prevention
- MDR-TB

**TB/HIV**
- TB/HIV
Further analysis on KPI 7b – Programmatic performance (1/4)

Based on AFC request, the following slides examine the relationship between the absorption level and the programmatic performance

- **Absorption level** is measured for some of the main programmatic activities (HIV treatment, care and support; PMTCT; TB care and prevention; TB/HIV; MDR-TB; and Vector Control) and coded in 3 groups *(with equal number of data points)*: High (more than 83%*), Medium (between 57% and 83%) and Low (less than 57%*)

- **Programmatic performance** is defined as 2017 achievements against grant targets for the respective tracer indicators: patients on ART; PMTCT coverage; TB notified cases; TB coinfected patients on ART; MDR-TB patients treated; LLINs, using also 3 groups *(with equal number of data points)*: High (more than 93%*), Medium (between 70% and 93%) and Low (less than 70%*)

The analysis considers countries with data in both indicators and defines the alignment as **Good** if the country belongs to the same category for both (High/High, Medium/Medium, Low/Low); the alignment is **Weak** if one category is High and the other is Low; it is **Medium** otherwise.

*These thresholds are the 33% and 67% percentiles of the detailed data sets*
Further analysis on KPI 7b – Programmatic performance (2/4)

The correlation between absorption level and programmatic performance is not perfect and there is weak alignment in some cases. This is caused by the following reasons:

- Programmatic performance is generally measured at the national level, whereas absorption is based on GF funding only. This can create disconnection in countries where most of the program is funded by other sources.
- Programmatic performance data is for 2017, whereas absorption is calculated over 2015/2017. In addition, there is likely a lag between the two measures (duration is likely to be program-specific). Expenditures made now by the grant are likely to result in programmatic outcomes at a later date.
- Expenditures made for a given module are generally for significantly more diverse activities than what is measured by the tracer indicator. For instance, expenditures for Vector Control could also correspond to IRS and not only LLINs.
- Funding decisions, especially when related to treatment and essential commodities, are often not based solely on programmatic performance. Countries could have high expenditures even with lower programmatic performance.
- Country-specific unique reasons.
Further analysis on KPI 7b – Programmatic performance (3/4)

Alignment Treatment, Care and Support

- Weak
- Medium
- Good

**Tracer indicator: patients on ART**
Very good alignment overall
Example of incomplete alignment: Zimbabwe where most expenditures in module were for “Other interventions” rather than for patients on ART, as measured by the tracer indicator

Alignment PMTCT

- Weak
- Medium
- Good

**Tracer indicator: pregnant women on ART**
Good alignment overall
Example of poor alignment: Cameroon where most of PMTCT expenditures are for activities (prevention among women of childbearing age, treatment of mothers) that are not related to tracer indicator (treatment of pregnant women)

Alignment TB/HIV

- Weak
- Medium
- Good

**Tracer indicator: TB coinfected patients on ART**
Good alignment overall
Example of incomplete alignment: South Africa where most of the funding is domestic and where expenditures in module were for “Key populations in HIV/TB” rather than for TB patients on ART for the general population, as measured by the tracer indicator
Further analysis on KPI 7b – Programmatic performance (4/4)

Alignment TB care and prevention

- **Weak**
  - **IDN**

- **Medium**

- **Good**

Alignment MDR-TB

- **Weak**
  - **PAK**

- **Medium**

- **Good**

Alignment Vector Control

- **Weak**
  - **ZMB**

- **Medium**

- **Good**

**Tracer indicator: TB notified cases**
Good alignment
Example of poor alignment: *Indonesia* where GF is funding a comparatively small share of the activity (app 20%)

**Tracer indicator: MDR-TB patients treated**
Average alignment
Example of poor alignment: *Pakistan* where most of expenditures in the module are for "Case Detection", but the tracer indicator measures patients treated

**Tracer indicator: LLINs distributed**
Average alignment
Example of poor alignment: *Zambia* where GF is funding a low share of the response and where most of the 2017 expenses under Vector Control were for Indoor Residual Spraying and not for LLINs.

*To reflect the cyclical nature of LLIN distribution, the programmatic performance in 2017 has been compared here to the absorption in 2017 only, rather than in 2015/2017 (i.e., the KPI). The alignment is slightly worse if we consider the 3-year absorption. 3-year programmatic performance data was not available.*
Global Fund 41st Board Meeting, 15-16 May 2019, Geneva

Measure | End-2017 Result
---|---
a) Estimated number of lives saved | a) 5.1M  
b) 5.7%
b) Reduction in new infections/cases | a) 29M (28-30 uncertainty range)  
b) 38% (28-47 uncertainty range)

Key takeaways

- An estimated 5.1 million lives were saved across the portfolio in 2017. Sustaining this level of progress will enable the 2022 strategy target of 29 million to be reached.
- In 2017 new infections/cases reduced across the portfolio by approximately 6%. If recent trends continue, just over half of the expected decline is likely to be achieved (21% compared to the 38% strategy target). However, based on a successful 6th replenishment, it is projected that the scale up of key interventions will enable delivery of the strategy impact targets.
Estimated number of lives saved

Gap to achieving 2022 strategy target (all diseases) by region (Based on a conservative projection)

Interpreting the maps:
The color represents the change in mortality rate from 2012-2017.
The size of the black dot represents the gap to meeting the country 2022 strategy target.
Median reduction = half of countries in the region experienced a decline in mortality rate above (or equal to) this value.
Inter quartile range = mortality rates decreased within this range for half the countries in the region. Half the countries had more extreme decreases, either below the lower point of this range or above the higher.

Key takeaways

Although it is highly likely the strategy target for lives saved will be reached even under the conservative projection, due to potential under-performance in decline in mortality, some countries in West Central and South Eastern Africa and Asia need to accelerate the rate of decline or reverse their increasing trend to meet the strategy target particularly Indonesia, Cameroon and Mozambique for HIV, India, Nigeria, Indonesia for TB and Tanzania, India, Angola for malaria.

Reduction in new infections/cases

Gap to achieving 2022 strategy target (all diseases) by region (Based on a conservative projection)

2012-2017 incidence rate decline for the region with largest gap to meeting strategy targets for each disease

HIV: West Central & South Eastern Africa

- Median reduction: 21%
- Inter quartile range: 13%-31%

TB: Asia

- Median reduction: 4%
- Inter quartile range: 0%-10%

Malaria: West Central Africa

- Median reduction: 11%
- Inter quartile range: 3% - 22%

Key takeaways

The gap in reaching the strategy target based on a conservative projection is mainly driven by West Central and South Eastern Africa for HIV, Asia for TB and West Central Africa for malaria where some countries need to accelerate the rate of decline or reverse their increasing trend to meet the strategy target particularly South Africa, Mozambique and India for HIV, India, Indonesia, Philippines for TB and Nigeria, Cameroon, India, Angola for malaria.

* Nigeria HIV estimates not included. Estimates to be confirmed based on the 2018 Nigeria HIV/AIDS Indicator and Impact Survey
**Reduction in new infections/cases**: Incidence rates lowered in most countries, but maybe not enough to reach strategy target

Average **annual change in incidence rate** from 2015 to 2017 vs **number of new infections/cases** in 2017, for countries with highest disease burden*  

Data source: UNAIDS, WHO

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**Number of new infections/cases in 2017 decreased** since 2015  
**Number of new infections/cases in 2017 increased** since 2015

* Highest Burden defined as (2017 figures): HIV > 20k new infections (13 countries); TB > 130k new cases (14 countries); Malaria > 6M new cases (12 countries)
### Measure

- Percentage of health facilities with **tracer medicines** available on the day of the visit (for each disease), or
- Percentage of health facilities with **tracer medicine** available as per LMIS status
- Percentage of health facilities providing **diagnostic services** with tracer items on the day of the visit

### End-2018 Result

- **Overall Target met for Diagnostics; TB; and HIV**
- **Not met for Malaria**

### Target

- 15% reduction in non-availability per year

### Key takeaways

- **Target met in most instances** for availability
- However, very **diverse situation depending on country**, with 51% of countries meeting their individual targets by product type.
- When availability already high for given country and product type over an extended period of time, then efforts should focus on **Product expiry reduction**
- Suggestion to revise metric and base it on “15% reduction in non-availability OR maintain +90% availability”

### Partnership

- Data sourced from USAID where available (data quality confirmed in 2017)
- Future data collection for GAVI & Family Planning products, to understand Supply Chain strength and weaknesses across various portfolios
Global Fund 41st Board Meeting, 15-16 May 2019, Geneva

Build resilient and sustainable systems for health (RSSH)

- KPI 6a – Procurement system
- KPI 6b – Supply Chain
- KPI 6c (i) – Financial Management
- KPI 6d – HMIS coverage

### Measure

<table>
<thead>
<tr>
<th>Measure</th>
<th>End-2018 Result</th>
<th>Key takeaways</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. # high priority countries completing public financial management transition efforts</td>
<td>3 in 2018</td>
<td>- Countries using country or donor-harmonized systems for financially managing Global Fund’s investments: the targeted 3 countries have demonstrated the use of at least 6 defined components of country or donor harmonized systems.</td>
</tr>
<tr>
<td><strong>Target</strong></td>
<td>3 in 2018</td>
<td></td>
</tr>
</tbody>
</table>

### Overall Progress Against Target

<table>
<thead>
<tr>
<th>Year</th>
<th>Target (cumulative)</th>
<th>Actual (cumulative)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>2018</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>2019</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>2020</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>2021</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>2022</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

### Success in the 3 targeted countries:

#### a) High Impact Asia LMI country:
- Components of country systems used for the financial management of the GF grants by key government TB and Malaria PRs: including the National Chart of Accounts; Government rolled-out integrated financial management information system; Supreme audit institution; National planning & budgeting cycle: Treasury & Funds Flow aligned with national procedures; National operational policy & procedures; National institutional and oversight arrangements.

#### b) Core LI country in West Africa:
- Components of donor-harmonised systems including institutional & oversight arrangement, uniform chart of account (based on the Government Chart of Account), Joint Financial Management Manual, Single Financial Management Information System and single internal audit function are used for the financial management of the GF grants by the MoH through established Integrated Health Projects Administration Unit, responsible for coordination, administration and financial management of donor funded projects including World Bank and GAVI.

#### c) Core LI country in West Africa:
- Components used as part of financial management donor-harmonisation efforts in the MoH: including institutional & oversight arrangement, single chart of account, uniform operational policies & procedures, single financial management information system, same treasury & fund flow arrangement, and same planning & budgeting cycle.
Measure | End-2018 Result | Key takeaways
--- | --- | ---

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

13 countries had at least 80% implementation of agreed actions

**Target**

16 countries in 2018, with at least 80% implementation of agreed actions

**Build resilient and sustainable systems for health (RSSH)**

- KPI 6a – Procurement system
- KPI 6b – Supply Chains
- KPI 6c (ii) – Financial Management
- KPI 6d – HMIS coverage

**Average score by area**

3 countries not reaching the target of 80% implementation; but all relatively close. All of them have implemented 100% of the actions related to People, but need to implement further Process and Information related actions

- Target not fully met, due to 3 countries where implementation rate is lower than 80% - however, they are all close
- This is due to delays at country level in accessing technical assistance providers, and governance-related challenges in-country
- Generally, almost all actions related to People capacity-building have been implemented; those related to Information and Processes more challenging

**Scores by country**

Each bar represents a country and its overall % of implementation
Sub-indicator definitions

HMIS coverage: % of countries with > 80% of facilities/reporting units expected to submit monthly/quarterly reports to the electronic HMIS

Disease data in the national HMIS: % of countries where HIV, TB & malaria aggregate data integrated/interoperable with national HMIS

Completeness of facility reporting: % of countries where > 80% of expected facility monthly reports were actually received

Timeliness of facility reporting: % of countries where > 80% of submitted facility monthly reports were received on time

<table>
<thead>
<tr>
<th>Measure</th>
<th>End-2018 Result</th>
<th>Key takeaways</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of High Impact and Core countries with fully deployed (80% of facilities reporting for combined set of sub-indicators) and functional (good data quality per last assessment) HMIS</td>
<td>25% (13) of countries with fully deployed and functional HMIS</td>
<td>• Interim target achieved with 13 countries (25%) achieving all 4 sub-indicators. Major contribution of Strategic Initiative for Data Systems to leverage existing grant M&amp;E funds</td>
</tr>
<tr>
<td></td>
<td>70% by 2022 Interim target: 25% by end 2018 and 50% by end 2019</td>
<td>• Strong achievement in HMIS coverage and reporting completeness; now focus is on integration / interoperability of disease reporting system into national HMIS platform</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• For this: continuous coordination with UiO, WHO, USG, NORAD, BMGF and GAVI on central investments for public goods through HDC and Digital Health Donor Alignment Principles and also at country level</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 27% (14) countries are close to achieving target; however remaining data quality components (particularly timeliness) in most cases challenging to realize due to connectivity and structural issues</td>
</tr>
</tbody>
</table>

Measure

% of High Impact and Core countries with fully deployed (80% of facilities reporting for combined set of sub-indicators) and functional (good data quality per last assessment) HMIS

Target

70% by 2022 Interim target: 25% by end 2018 and 50% by end 2019

Key takeaways

• Interim target achieved with 13 countries (25%) achieving all 4 sub-indicators. Major contribution of Strategic Initiative for Data Systems to leverage existing grant M&E funds

• Strong achievement in HMIS coverage and reporting completeness; now focus is on integration / interoperability of disease reporting system into national HMIS platform

• For this: continuous coordination with UiO, WHO, USG, NORAD, BMGF and GAVI on central investments for public goods through HDC and Digital Health Donor Alignment Principles and also at country level

• 27% (14) countries are close to achieving target; however remaining data quality components (particularly timeliness) in most cases challenging to realize due to connectivity and structural issues

Level of Control

2

Build RSSH

KPI 6a – Procurement system
KPI 6b – Supply Chains
KPI 6c – Financial Management
KPI 6d – HMIS coverage

Lower scores for timeliness and disease reporting

14 countries almost at target (3 out of 4)
**Measure**

Number and % of countries reporting on disaggregated results

**End-2018 Result**

43% of cohort countries have reported and provided disaggregation by age and gender on all relevant indicators

**Target**

50% by end 2019

**Key takeaways**

- On track, 22 countries fully reporting (from 20 as of mid-2018) and 29 countries reporting some disaggregated results. None with no disaggregation
- **Significant improvement, especially for TB indicators.** Challenges still with ART retention (age or gender)
- Good performance in Western and in Southern Africa, challenges in Central Africa
- Metric measures capacity of national system to report on disaggregated data at some point in time. Focusing only on indicators reported in 2018, **53% of countries are reporting full disaggregation currently** **

* Disaggregation % for "ART retention" is down from last report, as 6 new countries report on it now but only 1 provided disaggregation

**Strong progress, especially for the TB indicators**
**Promote and protect human rights & gender equality**

- KPI 6e – Results disaggregation
- KPI 8 – Gender & age equality
- KPI 9a – Reduce human rights barriers to services

**Measure**

<table>
<thead>
<tr>
<th>Reduction in HIV incidence in women aged 15-24 years old</th>
<th>End-2017 Result</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>16% from 2015 baseline</td>
<td>58% (47-64%) over 2015-22 period</td>
</tr>
</tbody>
</table>

**Key takeaways**

- HIV incidence reduced in all 13 countries in cohort from 2015 to 2017 ranging from 7% to 30%, combined incidence reduced by 16%
- If recent trends continue, about three-quarters of the expected decline is likely to be achieved by 2022 (42% compared to the 58% strategy target). 3 countries represent largest share of potential gap in 2022 (South Africa, Mozambique & Tanzania)
- 6th replenishment projection shows that the strategy target can be reached if programs can substantially accelerate progress
- Among 12 out of 13 countries with board approved grants at end 2018, US$121.9m is supporting a mix of AGYW interventions
- PEPFAR ~ US$800m DREAMS investment over past 4 years in overlapping countries major contributor to results
- All countries in cohort have defined a package of AGYW interventions for GF investments aligned with their epidemic and socio-economic contexts. Need for further investment analysis, along with risk and intervention analysis towards national plans and targets

**2017 result**

- HIV Incidence Reduction from 2015-2017 by Country

**2022 projections**

- Uncertainty range around Strategy targets

How to interpret the graph: The size of the bar represents the change in incidence rate from 2015 to 2017. The color indicates the incidence burden (number of new infections) in 2017 relative to rest of cohort.

- 2017 New infections
  - 76,595
  - 28,380
  - 22,877
  - 12,000-13,000
  - < 10,000
**Global Fund 41st Board Meeting, 15-16 May 2019, Geneva**

**Promote and protect human rights & gender equality**
- KPI 6e – Results disaggregation
- KPI 8 – Gender & age equality
- KPI 9a – Reduce human rights barriers to services

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

**End-2018 Result**
- Update on progress
- Target
  - 4 priority countries for HIV
  - 4 priority countries for TB

**Key takeaways**

**Considerable progress against milestones:**
- **18/20 countries with finalized baseline assessments**
  - Assessments have informed programmatic recommendations and established a measurement framework against which progress will be tracked at the mid/end-line
- **9/20 countries conducted multi-stakeholder meetings** resulting in establishment of working groups developing country-owned plans for a comprehensive response
- **17/20 countries with matching funds incorporated into Board approved-grants.** In these countries, a ten-fold increase in the level of human rights investment based on TRP-approved amounts

**Scale of programs to reduce human rights-related barriers to HIV**

- Average score from 2016/17 Baseline Assessments in 9 countries

**Services provided at scale for all relevant populations**

- Threshold for determining comprehensiveness of programs

**Threshold for determining comprehensiveness of programs**

- In five countries programs to reduce human rights-related barriers to TB were also assessed, the programs were present at a much smaller scale with an average score of 0.84

**National programs for reducing human rights-related barriers to HIV assessed against 7 program areas:**

- Stigma and discrimination reduction
- Sensitization of healthcare workers
- Legal/rights literacy
- Legal services
- Reducing discrimination against women
- Training of law-makers and law enforcement officials

<table>
<thead>
<tr>
<th>Program Area</th>
<th>Average Score out of 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stigma and discrimination reduction</td>
<td>2.67</td>
</tr>
<tr>
<td>Sensitization of healthcare workers</td>
<td>2.22</td>
</tr>
<tr>
<td>Legal/rights literacy</td>
<td>2.00</td>
</tr>
<tr>
<td>Monitoring and reforming policies, regulations and laws</td>
<td>2.00</td>
</tr>
<tr>
<td>Legal services</td>
<td>1.89</td>
</tr>
<tr>
<td>Reducing discrimination against women</td>
<td>1.89</td>
</tr>
<tr>
<td>Training of law-makers and law enforcement officials</td>
<td>1.89</td>
</tr>
</tbody>
</table>

**Among programs assessed, stigma and discrimination reduction and training of healthcare providers in human rights and medical ethics are implemented at the greatest scale, while trainings for law makers and law enforcers and legal services rate lowest.**

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**KPI 6e – Results disaggregation**

**KPI 8 – Gender & age equality**

**KPI 9a – Reduce human rights barriers to services**

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**Programs to remove human rights-related barriers to services are comprehensive when the right programs are implemented for the right people in the right combination at the right level of investment to remove these barriers and increase access to HIV, TB and malaria services. (Working Group Definition)**
### Glossary of acronyms used in this report

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGYW</td>
<td>Adolescent Girls and Young Women</td>
</tr>
<tr>
<td>CCM</td>
<td>Country Coordination Mechanism</td>
</tr>
<tr>
<td>COEs</td>
<td>Challenging Operating Environments</td>
</tr>
<tr>
<td>CPR</td>
<td>Country Portfolio Review</td>
</tr>
<tr>
<td>CRG</td>
<td>Community, rights and gender</td>
</tr>
<tr>
<td>EECA</td>
<td>Eastern Europe and Central Asia</td>
</tr>
<tr>
<td>ERP</td>
<td>Expert Review Process</td>
</tr>
<tr>
<td>FLDs</td>
<td>First Line Drugs</td>
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<tr>
<td>GAC</td>
<td>Grant Approvals Committee</td>
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<tr>
<td>HI</td>
<td>High Impact (countries)</td>
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<td>HMIS</td>
<td>Health Management Information Systems</td>
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<td>HRts</td>
<td>Human Rights</td>
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<td>ITP</td>
<td>Impactful partnership</td>
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<tr>
<td>KP</td>
<td>Key populations</td>
</tr>
<tr>
<td>LAC</td>
<td>Latin America and the Caribbean</td>
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<tr>
<td>LI</td>
<td>Low Income</td>
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<tr>
<td>LMI</td>
<td>Lower Middle Income</td>
</tr>
<tr>
<td>MI</td>
<td>Middle Income</td>
</tr>
<tr>
<td>NSP</td>
<td>National strategic plan</td>
</tr>
<tr>
<td>OTIF</td>
<td>On time and in full</td>
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<tr>
<td>PPM</td>
<td>Pooled Procurement Mechanism</td>
</tr>
<tr>
<td>RSSH</td>
<td>Resilient and sustainable systems for health</td>
</tr>
<tr>
<td>SO</td>
<td>Strategic Objective</td>
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<tr>
<td>TA</td>
<td>Technical Assistance</td>
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<tr>
<td>TRP</td>
<td>Technical Review Panel</td>
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<tr>
<td>UMI</td>
<td>Upper Middle Income</td>
</tr>
<tr>
<td>WCA</td>
<td>West and Central Africa</td>
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