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BOARD APPROVES NEW TARGETS FOR THE 2017-2022 STRATEGIC KPI FRAMEWORK

After a months-long review process involving a number of bodies within the Global Fund, the Board has approved 29 of the 37 targets it declined to accept at its last meeting, revising just five targets, and postponing approval of three targets until later this year. The decision was taken on 20 March by electronic vote.

See the [table](#) at the end of this article for a summary of the 2017-2022 KPI targets.

Agreement on the targets comes after the Board failed to approve the proposed targets at its meeting last November. At the time, several Board members were worried about some of the assumptions used to calculate the targets, and about whether they were sufficiently ambitious. Board members were also concerned that country level projections used to calculate some of the targets were not clear enough.

As a result, the Board asked its constituencies to provide further feedback on the targets, and requested that the Audit and Finance Committee and the Strategy Committee take charge of various targets according to their respective responsibilities. It also asked for a joint-committee Advisory Group to be set up to offer revised targets to the committees for recommendation to the Board.

The Advisory Group was made up of four people representing implementers, four from donor constituencies, and two from partners. Their aim was to review whether the targets were ambitious enough, without being unrealistic.

To achieve this, the group held a number of discussions from December 2016 to February 2017, including with the modelers who had been hired to help develop the targets and with relevant Secretariat staff.

The three targets that have been delayed are part of KPI 6 (strengthen systems for health) – specifically KPI 6a (procurement), 6b (supply chains) and 6e (ability to report on disaggregated results).

Two of the targets have been approved on an interim basis – i.e. the targets for KPI 5 (service coverage for key populations) and KPI 9c (human rights: key populations and human rights in transition countries). The Advisory Group noted that KPI 5 needed an interim target because the first three years of the 2017-2022 Strategy focus on reporting capacity, and after that its focus changes to service delivery coverage. KPI 9c was assigned an interim target until the end of 2019 because there is little data available on domestic investments in programs targeting key populations and human rights barriers to access.

The targets that were revised from what was originally presented to the Board were for KPI 2 (performance against service delivery targets); KPI 4 (investment efficiency); KPI 7a (allocation utilization); KPI 8 (gender and age equality) and KPI 11 (domestic investments).

KPI 2 has 17 targets, but only one was changed. Instead of aiming for 85% of people with HIV known to be on treatment 12 months after they start antiretroviral treatment, the Fund will now target 90% to better align it with other targets.

The targets for KPI 4, KPI 7a and KPI 11 were only adjusted slightly, but the one for KPI 8 (gender and age equality), which aims to measure progress towards reducing gender and age disparities in health, was altered significantly. It had been set at achieving a 45% reduction in HIV incidence in women aged 15-24. The Board has agreed to increase that to 58% now, and to reset it again in 2018, after more advanced models accounting for age and sex differences are put in place.

The Advisory Group also discussed an issue raised at the Board meeting about how country level project data should be used when developing aggregate and portfolio level targets. The Group recommended that if country level projections were used to calculate high-level targets they should be shared with the country stakeholders, so that the country level projections are seen as part of the country's deliberations (as opposed to being seen as being owned by the Fund).

Although there have been delays in finalizing this set of KPIs, and although these past few months appear to have involved lengthy deliberations over 29 targets that in the end stayed the same, the Fund is making significantly better progress towards finalizing this set of KPIs than it did with the previous set. The targets for the 2012-2016 Strategy were only adopted half-way through the term. Even then, the KPIs were criticized for being poorly designed, and for not allowing corrective action when it was needed.

Table: KPI targets for 2017-2022

KPI	Indicators	Targets
	Strategic-Level	
Performance against impact	Estimated number of lives saved Percentage reduction in new infections/cases (average rates across the three diseases)	29 million (28-30) over the 2017-2022 period 38% (28-47%) over the 2015-2022 period

KPI	Indicators	Targets
Performance against service delivery targets	HIV	
	Number of adults and children currently receiving ART	
	Number of males circumcised	
	Percentage of HIV+ pregnant women receiving ART for PMTCT	23 (22-25) million by 2022
	Percentage of adults and children currently receiving ART among all adults and children living with HIV	22 (19-26) million over the 2017-2022 period
	Percentage of people living with HIV who know their status	96% (90-100%) by 2022
	Percentage of adults and children with HIV known to be on treatment 12 months after initiation of ART	78% (73-83%) by 2022
	Percentage of PLHIV newly enrolled in care that started preventative therapy for TB, after excluding active TB	80% (70-90%) by 2022
	TB	
	Number of notified cases of all forms of TB – bacteriologically confirmed plus clinically diagnosed, new and relapses	90% (83-90%) by 2022
	Percentage of notified cases of all forms of TB – bacteriologically confirmed plus clinically diagnosed, new and relapses among all estimated cases (all forms)	80% (70-90%) by 2022
	Number of cases with drug-resistant TB (RR-TB and/or MDR-TB) that began second-line treatment	33 (28-39) million over the 2017-2022 period
	Number of HIV-positive registered TB patients (new and relapse) given anti-retroviral therapy during TB treatment	73% (62-85%) by 2022
	% of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated	920 (800-1,000) thousand over the 2017-2022 period
	Percentage of bacteriologically -confirmed RR and/or MDR-TB cases successfully treated	2.7 (2.4-3.0) million over the 2017-2022 period
	Malaria	
	Number of LLINs distributed to at-risk populations	90% (88-90%) by 2022
	Number of households in targeted areas that received IRS	85% (75-90%) by 2022
Percentage of suspected malaria cases that receive a parasitological test [public sector]		
Percentage of women who received at least 3 doses of IPTp for malaria during ANC visits during their last pregnancy	1,350 (1,050-1,750) million over the 2017-2022 period	
	250 (210-310) million over the 2017-2022 period	
	90% (85-100%) by 2022	
	70% (60-80%) by 2022	

Strategic Objective 1: Maximize Impact Against HIV, TB and malaria

KPI	Indicators	Targets
3 Alignment of investment with need	Country's share of all funds committed minus their share of allocation formula	0.45 for 2017
	Designed to capture "need" remaining once other funding sources are taken into account	
4 Investment efficiency	Change in cost per life saved or infection averted from supported programs	90% of countries measured show a decrease or maintain existing levels of cost per life saved or infection averted over the 2017-2019 period
	At least one of the two indicators show efficiency improvement: IE improvement = (IES1-IES2) / IES1	
5 Service coverage for key populations	Coverage of key populations reached with evidence-informed package of treatment and prevention services appropriate to national epidemiological contexts	75% of selected countries by 2019
	Interim indicator: Countries currently reporting on comprehensive package of services for at least two key populations (interim)	

Strategic Objective 2: Build resilient & sustainable systems for health

6 Strengthen systems for health	a) Procurement	
	Improved outcomes for procurements conducted through countries' national systems	(To be set later in 2017)
	b) Supply chains	
	Percentage of health facilities with tracer medicines available on the day of the visit	(To be set later in 2017)
	Percentage of health facilities providing diagnostic services with tracer items on the day of the visit	(To be set later in 2017)
	c) Financial management	
	Number of high priority countries completing public financial management transition efforts towards use of country PFM system	8 countries by 2020
	Number of countries with financial management systems meeting defined standards for optimal absorption & portfolio management	46 countries by 2022

KPI	Indicators	Targets	
7 Fund utilization	d) Health Management Information System coverage		
	Percentage of high impact countries with fully deployed (80% of facilities reporting for combined set of indicators), functional (good data quality per last assessment) HMIS	70% by 2022	
	e) Results disaggregation		
	Number and percentage of countries reporting on disaggregated results	(To be set later in 2017)	
	f) Alignment with national strategic plans		
	Percentage of funding requests rated by the TRP to be aligned with National Strategic Plans	90% over the 2017- 2019 period	
7 Fund utilization	a) Allocation utilization		
	Portion of allocation that has been committed or is forecast to be committed as a grant expense	91-100% over the 2018-2020 period	
	b) Absorptive capacity		
	Portion of grant budgets that have been reported by country program as spent on services delivered	75% at end of strategy period	
Strategic Objective 3: Promote and protect human rights & gender equality			
8	Gender and age equality	Percentage reduction in HIV incidence in women aged 15-24	58% (47-64%) over the 2015-2022 period
		a) Reduce human rights barriers to services	
9	Human rights	Number of priority countries with comprehensive programs aimed at reducing human rights barriers to services in operation	4 for HIV & 4 for TB by 2022

b) Key populations and human rights in middle income countries

Percentage of investment in signed HIV and HIV/TB grants dedicated to programs to reduce human rights barriers to access 2.85% over the 2017- 2019 period

Percentage of investment in signed TB grants dedicated to programs to reduce human rights barriers to access 2% over the 2017- 2019 period
39% over the 2017- 2019 period

Percentage of investment in signed HIV and HIV/TB grants dedicated to programs targeting key populations

c) Key populations and human rights in transition countries

Percentage of UMICs that report on domestic investments in KP and human rights programs (Interim) 100% over the 2017- 2019 period

Strategic Objective 4: Mobilize increased resources

	1. Actual pledges as a percentage of the replenishment target	100%
10	Resource mobilization	
	2. Pledge conversion rate. Actual 5th replenishment contributions as a percentage of forecast contributions	100%
11	Domestic investments	
	Percentage of domestic co-financing commitments to programs supported by GF realized as government expenditures	100% of 2014-2016 policy stipulated requirements realized. Measured over the 2017-2019 period.
	a) Availability	
	Percentage of a defined set of products with more than three suppliers that meet Quality Assurance requirements	
12	Availability of affordable health technologies	
	b) Affordability	100% by 2019
	Annual savings achieved through pooled procurement mechanism on a defined set of key products (mature and new)	USD 135m in 2017