

The 49th Global Fund Board Meeting

Board Amendments to the 2023-2028 Key Performance Indicator Framework

Context

Readers may remember that the 2023-2028 Key Performance Indicator (KPI) Framework was approved by Board in November 2022 see our article on this [here](#)). However, at that time targets and KPIs for Impact and Human Rights could not be presented due to the unavailability of data on Global Fund funding or on recent burden estimates. These have since become available and proposed KPIs were duly presented to the Board for approval.

The targets presented were:

- Impact Targets KPIs I1 & I2 (mortality rate and incidence rate)
- Human Rights Target for KPI E1 (human rights)

Further updates were also made with material adjustments to two KPIs (change in number of priority countries for adolescent girls and young women in KPI H5, a correction of the typo to threshold for KPI R2) as well as clarifications in language and presentation. Timely adoption of these updates is needed to start effectively monitoring the 2023-2028 Strategy.

To use the Board's limited time more efficiently, a proposal was tabled to delegate authority to approve non-material KPI updates to the Secretariat (in consultation with the leadership of relevant Board Committees).

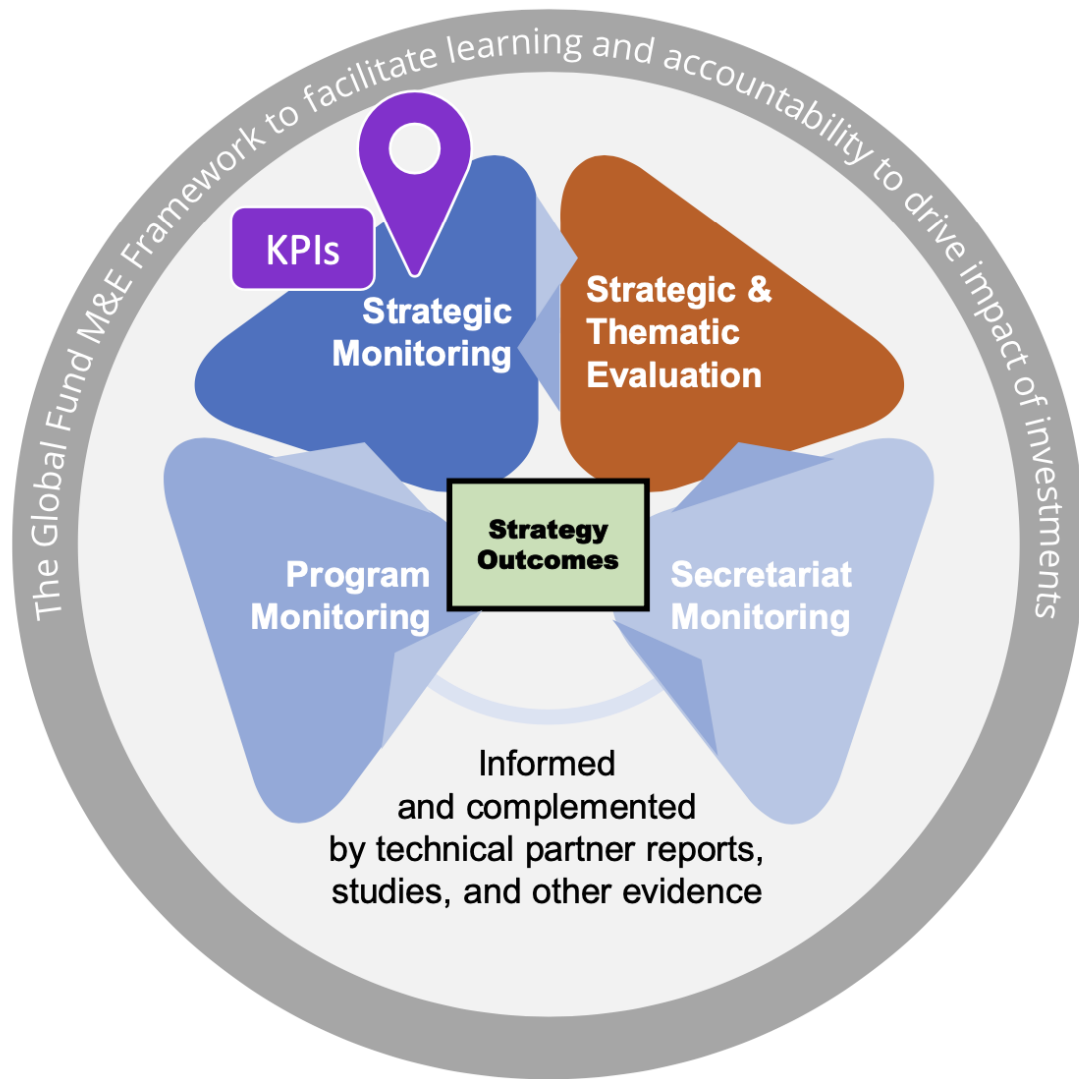
We do not normally include annexes in our articles but, to make it easier for readers who are not familiar with the KPIs, on this occasion we attach a full list of the KPIs at Annex A.

KPIs fit into the wider M&E framework

Collectively, information coming through the four components of the M&E Framework provides a comprehensive picture of progress towards achieving the Strategy outcomes and on how well the Global Fund is delivering on its mandate.

Information for Board oversight will rely not only on regular KPI reporting but also on complementary insights drawn from the rest of the M&E Framework.

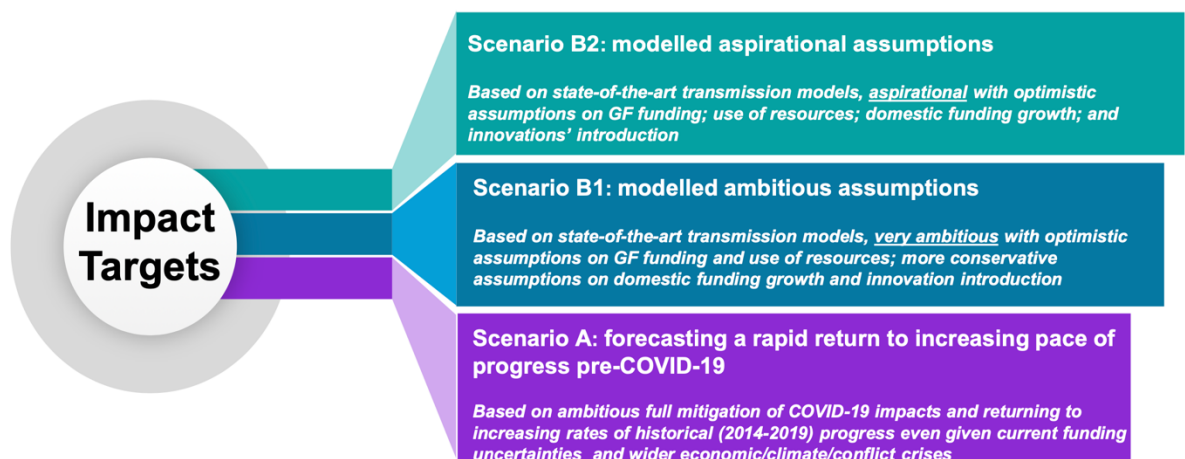
Figure 1. KPI Placement within the M&E Framework



Impact Targets (KPIs I1 & I2)

The impact targets under discussion were based on three distinct circumstances described in Figure 2.

Figure 2. The three scenarios forming the basis for the Impact Targets (KPIs I1 & I2)



The three scenarios use different approaches and assumptions about the Global Fund Partnership (Figure 3).

Figure 3. Scenario approaches and assumptions

| | Scenario A | Scenario B1 | Scenario B2 | |
|--------------------------------------|---|--|--|-----|
| Aspiration | Ambitious ★ | Very Ambitious ★★ | Aspirational ★★★ | |
| Approach | Approach based on time-series model (forecasting) with main assumption being continuation of pre-COVID-19 trends (i.e., progress in control of diseases will rapidly return to the same pace as pre-COVID-19) | Disease Transmission models | Disease Transmission models | |
| Domestic Financing for Health | | Conservative growth >>> | High growth | |
| GF Funding | | GF continues to cover 14% share of (increasing) total need | GF continues to cover 14% share of (increasing) total need | |
| Other External Funding | | At least maintained at current level | At least maintained at current level | |
| Innovations | | Absence of significant new innovations >>> | New innovations per partners Global Plans | |
| Use of Resources | | Best use of available resources | Best use of available resources | |
| ~ % of funding need covered | | 60% | 70% | 80% |
| THE GLOBAL FUND | | >>> Different assumptions in model | | 5 |

The proposed Impact KPI targets used a performance scale. The targets for Board approval were the percentage of combined reduction in the three diseases from 2021 to end-2028:

- KPI I1 (mortality rate): 35% – 54% – 70% (low/intermediate/high targets)
- KPI I2 (incidence rate): 30% – 40% – 60% (low/intermediate/high targets)

These were derived from the proposed targets from the three scenarios (Figure 4):

Figure 4. Proposed Impact KPIs (% reduction from 2021 baseline to 2028)

| | Scenario | HIV | TB | Malaria | Aggregate * | Proposed KPI targets |
|-----------------------|-------------|-----|-----|---------|-------------|----------------------|
| Mortality rate | Scenario B2 | 64% | 71% | 86% | 73% | |
| | Scenario B1 | 57% | 52% | 52% | 54% | |
| | Scenario A | 43% | 34% | 24% | 34% | |
| Incidence rate | Scenario B2 | 54% | 49% | 87% | 63% | |
| | Scenario B1 | 45% | 38% | 44% | 42% | |
| | Scenario A | 35% | 25% | 17% | 26% | |

These KPI targets and their range are an honest reflection of the uncertainty the world faces at this moment in time. The target setting exercise is an objective assessment of the pace of global progress and it is clear from this that the Sustainable Development Goal (SDG) target to end the three diseases by 2030 is at risk and unlikely to be achieved without an extraordinary recommitment of effort.

Compared to past results, the proposed targets – and even the low targets – demonstrate a considerable level of ambition for the Global Fund Partnership (see Figure 5).

Figure 5. Impact KPI Targets compared with Progress to Date

| Progress (over 8 years) | Reduction in Mortality rate (3 diseases combined) | Reduction in Incidence rate (3 diseases combined) |
|---|--|--|
| Past 8 years (2014-2021) | 21% | 20% |
| Discounting COVID-19 period (2012-2019) | 30% | 23% |
| Proposed Targets (2021-2028) | [35%-54%-70%] | [30%-42%-70%] |

While setting ambitious yet achievable KPI targets, the Global Fund is calling attention to these challenges precisely because it remains fully committed to ending these diseases. Progress against these proposed targets will be measured quantitatively, broken down by disease, and accompanied by country-specific analysis (as in current KPI reporting) detailing incidence and mortality progress and gap to targets. Therefore, the wide range of target does not prevent performance management or clear interpretation of results and the introduction of an intermediate benchmark further aids assessment of progress.

Achieving the lower boundaries of the KPI target range would indicate that the Global Fund Partnership has fully and rapidly recovered the pre-COVID pace of progress and has successfully maintained this increasing pace of progress despite any funding challenges, future crises or conflicts. The intermediate and higher limits of the KPI targets are even more ambitious and will only be achieved with increased financing from all sources, the best use of available resources and, in the case of the most ambitious scenario, the introduction of new innovations at scale.

These impact targets are therefore a shared responsibility between countries, communities, donors, technical partners, the Global Fund and others.

Proposed target for KPI E1 (Human Rights)

The current KPI E1 is: Percentage of countries with increases in scale of programs to reduce human rights-related barriers for: (a) HIV; (b) TB; and (c) malaria respectively.

The proposed target for Board approval was that 50% of countries in the cohort show an increase in the scale of programming from baseline for a comprehensive response to human rights barriers to HIV, TB, malaria (HTM) services respectively for the 2023-2025 Allocation Period.

Board Decision Point

The Board noted the recommendations of the Audit and Finance Committee (“AFC”) as set forth in GF/AFC20/09 and the Strategy Committee (“SC”) as set forth in GF/SC21A/DP01, and:

- i. Approved the adjustments to the 2023-2028 Key Performance Indicator (“KPI”) Framework (including KPI) as set forth in GF/B49/03 Annex 2;
- ii. Noted that proposed material changes to a KPI (refer to GF/B49/03 Annex 1 for the approach to assessing materiality) will continue to be recommended by the Audit and Finance Committee or Strategy Committee within their respective allocated responsibilities (each a “Relevant Committee”) (as set forth in Annex 2 section 2.2 of GF/AFC20/09 and Annex 2 section 2.1 of GF/SC20/05 revision 2), for Board approval;
- iii. Delegated authority to the Secretariat, in consultation with the Relevant Committee Chair and Vice Chair, to make non-material KPI adjustments, in line with GF/B49/03 Annex 1, and report back to the Relevant Committees and Board on all such changes.

Stakeholder comments

Some stakeholders have stated that, when reviewing the various Board documents, it is not clear to them that the right steps are being taken to deploy grant funding and influence co-financing that will maximize impact on HTM in a resource-constrained situation. Elimination of the three diseases is globally off-track and so, before the Board is asked to approve billions in new grants, the stakeholders consider it necessary to have a far greater understanding of the quality of country and Fund processes for prioritizing resources both from these grants and from the co-financing committed by countries, to ensure that impact is maximized.

Stakeholders noted the slow performance in reducing the incidences across the three diseases which remains a serious concern. Some are of the view that the current rates of progress on mortality reduction and incidence reduction will not be sufficient to significantly contribute to ending HTM as public health threats. The entire Global Fund Partnership urgently needs to accelerate HTM prevention and treatment, especially among key and vulnerable populations and who in some regions are being left behind.

Stakeholders have therefore suggested that the Board prioritize monitoring progress to bring down incidence. They would also like to learn more about the Secretariat's improvement strategies.

They understand why the proposed changes to the KPI impact targets are needed given the sombre global health financing projections. Despite the challenging landscape, they consider that the Secretariat and broader Global Fund partnership should still keep ambitions high and make every effort to identify efficiencies, bring innovations to scale, leverage innovative finance opportunities, and work to maximise results with the available resources. They expect the Global Fund to lead efforts to mobilise resources domestically, regionally, and internationally for the three diseases, including leading efforts to shape the broader operating environment on behalf of the entire partnership. This will require greater collaboration and partnership with other global health actors and the leveraging of the diplomatic potential of Global Fund stakeholders.

The July committee meetings offer further opportunity to understand what the Global Fund is receiving in proposals. However, these meetings will occur after countries have submitted any Window 2 proposals. Stakeholders would therefore like to understand how they can work together now to assist countries to achieve maximum impact with the available resources.

Annex A: Key Performance Indicators

| KPI | Description | Target |
|-----|---|--|
| H1 | People living with HIV (PLHIV) who know their status | Grant portfolio at or above 90% annually |
| H2 | PLHIV who are on ART | Grant portfolio at or above 90% annually |
| H3 | PLHIV and who are on ART who are virologically suppressed | Grant portfolio at or above 90% annually |
| H4 | Key populations reached with HIV prevention programs | Grant portfolio at or above 90% annually |
| H5 | Adolescent girls and young women reached with HIV prevention programs | Grant portfolio at or above 90% annually |

| | | |
|----|--|---|
| H6 | Percentage of pregnant women living with HIV and on ART | Grant portfolio at or above 90% annually |
| H7 | PLHIV on art who initiated TB preventive therapy | Grant portfolio at or above 90% annually |
| T1 | Number of patients with all forms of TB notified | Grant portfolio at or above 90% annually |
| T2 | TB treatment success rate, all forms | Grant portfolio at or above 90% annually |
| T3 | Percentage of people with confirmed RR-TB and/or MDR-TB on treatment | Grant portfolio at or above 90% annually |
| T4 | Treatment success rate of RR/MDR-TB | Grant portfolio at or above 90% annually |
| T5 | Number of TB contacts on preventive therapy | Grant portfolio at or above 90% annually |
| T6 | ART coverage for HIV-positive TB patients | Grant portfolio at or above 90% annually |
| M1 | Number of long lasting insecticidal treated nets (LLINs) distributed through mass campaigns and continuous distribution | Grant portfolio at or above 90% annually |
| M2 | Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities | Grant portfolio at or above 90% annually |
| M3 | Proportion of confirmed malaria cases that received first-line antimalarial treatment at public sector health facilities | Grant portfolio at or above 90% annually |
| M4 | Proportion of pregnant women attending antenatal clinics who received three or more doses of intermittent preventive treatment for malaria | Grant portfolio at or above 90% annually |
| M5 | Percentage of children who received the full number of courses of seasonal malaria chemoprevention per transmission season in targeted areas | Grant portfolio at or above 90% annually |
| S1 | Percentage of countries with improvement in scores for provision of integrated, people-centred, high quality service delivery from latest baseline | 100% countries improved scores compared to latest baseline (2023, 2025) by mid Strategy (2025) and end of Strategy (2028) |
| S2 | Percentage of countries with improvement in scores for provision of integrated supportive supervision at health facilities from latest baseline | 100% countries improved scores compared to latest baseline (2023, 2025) by mid Strategy (2025) and end of Strategy (2028) |

| | | |
|-----|--|---|
| S3 | Percentage of countries with improvement in scores for provision of HTM integrated services to pregnant women from latest baseline | 100% countries improved scores compared to latest baseline (2023, 2025) by mid Strategy (2025) and end of Strategy (2028) |
| S4 | Percentage of countries with systems in place for community health service delivery | 38% (40 countries) meet at least 3/4 criteria by end of Strategy (2028) |
| S5 | Percentage of countries with improvement in scores for system readiness for community health workers from latest baseline | 100% countries improved scores compared to latest baseline (2023, 2025) by mid Strategy (2025) and end of Strategy (2028) |
| S6a | Percentage of countries with a digital health management information system functionality baseline maturity score of 3 or less that increased by at least one maturity level | 100% of countries increase by at least one maturity level by end of Strategy (2028) |
| S6b | Percentage of countries with data use maturity score of 3 or less that increased by at least one maturity level in terms of leveraging programmatic monitoring for data driven decision making | 90% of countries increase by at least one maturity level by end of Strategy (2028) |
| S7 | Percentage of countries that have documented evidence of using required disaggregated data to inform planning or programmatic decision making for priority populations in HIV, TB and malaria | 80% countries meeting threshold for use of disaggregated data by end of Strategy (2028) |
| S8 | Percentage of health facilities with tracer health products available on the day of visit for HIV, TB and malaria respectively | Achieve on shelf availability of at least 90% by 2025 and maintain annual 90% result till end Strategy (2028) for HIV, TB, Malaria respectively |
| S9 | Percentage of priority products with the desired number of suppliers that meet quality assurance requirements | 90% of priority products have the desired number of suppliers that meet quality assurance requirements, assessed annually |
| S10 | Percentage of new products introduced, from an agreed list of new products | 80% of new products available for country procurement, assessed annually |

| | | |
|-----|--|---|
| E1 | Percentage of countries with increases in scale of programs to reduce human rights-related barriers for: (a) HIV; (b) TB; and (c) malaria respectively | 50% of countries in cohort show increase in scale of programming from baseline for a comprehensive response to human rights barriers to HIV, TB, malaria services respectively, for the 2023-2025 Allocation Period. TBC in Spring 2026 for the 2026-2028 Allocation Period |
| E2a | Percentage of countries with at least half of the custom equity indicators having performance of 90% or more | 70% countries have at least half of the custom equity indicators with a performance of 90% or more, assessed annually |
| E2b | Percentage of countries with at least half of the custom equity indicators showing a faster progression compared to the standard indicator | 70% countries have at least half of the custom equity indicators showing faster progression compared to standard indicator, assessed annually |
| E3a | Satisfaction of women and gender-diverse communities with engagement across the grant cycle consistently at an acceptable level | 3 stages (out of 3), i.e., each stage of the grant cycle has at least 75% satisfaction level, assessed annually |
| E3b | Percentage of countries with at least half of the gender indicators having performance of 90% or more | 70% countries have at least half of the gender indicators with a performance of 90% or more, assessed annually |
| C1 | Satisfaction of communities with engagement across the grant cycle consistently at an acceptable level | 3 stages (out of 3), i.e., each stage of the grant cycle has at least 75% satisfaction level, assessed annually |
| R1a | Percentage realization of domestic co-financing commitments to health across the whole portfolio | 85% co-financing commitment realized for each Allocation Period, assessed annually |
| R1b | Percentage of milestones achieved in implementing mitigating actions by countries at risk of not meeting co-financing commitments | 80% mitigation actions implemented by countries at risk of not meeting co-financing commitments, assessed annually |
| R2 | Percentage of countries meeting criteria of timeliness and quality for audit deliverables | 80% countries meet criteria for timeliness and quality of audit deliverables, assessed annually |
| R3 | Announced pledges as a ratio of Replenishment target | 100% of Replenishment Target for 7th and 8th Replenishment respectively, assessed annually |

| | | |
|----|--|--|
| P1 | Percentage of countries with improved or sustained high performance in laboratory testing capacity modalities | 90% of countries show significant improvement, or have maintained high performance by end of Strategy (2028) |
| P2 | Percentage of countries with improved or sustained high performance in early warning surveillance function | 90% of countries show significant improvement, or have maintained high performance by end of Strategy (2028) |
| P3 | Percentage of countries with improved or sustained high performance in human resources for implementation of IHR | 90% of countries show significant improvement, or have maintained high performance by end of Strategy (2028) |
| I1 | Reduction in disease mortality rate | Combined disease mortality rate reduction of [35% – 54% – 70%] (low/intermediate/high targets) across the three diseases from 2021 to end 2028 |
| I2 | Reduction in disease incidence rate | Combined disease incidence rate reduction of [30% – 42% – 60%] (low/intermediate/high targets) across the three diseases from 2021 to end 2028 |
| F1 | Pledge conversion rate | For 7th and 8th Replenishment respectively: Pledge conversion rate by end Y1:30%; Y2:60%; Y3:90%; Y4:100%, assessed annually |
| F2 | Utilization of corporate assets across approved uses of funds (e.g., Grants, SI, and OPEX) in the Replenishment Period | 95%-98% corporate asset utilization, assessed annually |
| F3 | Portion of allocated grant funds that are disbursed or forecast to be disbursed | 95% allocation utilization, assessed annually |
| F4 | Portion of grant budgets that have been reported by country programs as spent on services delivered | For each Allocation Period, in-country absorption by end Y1: 75%, Y2: 80%, Y3: 85%, assessed annually |

Note: KPIs listed in the order they appear in the Key Performance Indicator Framework

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