



Global Fund Strategic Performance up to mid-2023

At the Strategy Committee meetings on 9, 10 and 11 October, the Global Fund Secretariat reported on the organization's performance up to mid-2023. The good news is that, despite COVID-19 inevitably disrupting Global Fund-supported programs, grant performance rebounded in 2022 due to the resilience of country programs and successful national mitigation measures .

Key performance indicators (KPIs) included in the Secretariat report

Table 1 outlines the KPIs which are scheduled for reporting on in this cycle and the date of measurement for the data used to calculate the KPI result. All KPIs were calculated, verified and validated by the relevant teams using the defined methodology and are therefore the authoritative source of KPI results at end-2022. The Secretariat confirmed that no error was detected in KPI results reported at the Spring 2023 Board meeting and that these results remain unchanged.

Table1. KPIs reported on by the Global Fund Secretariat

KPI	Description	Data cut-off date
2	Service delivery (17 sub-indicators)	End 2022

4	Investment efficiency	End 2022
5a	Key Populations: Grant investment	July 2023
5b	Capacity to report on Key Population Service Coverage	August 2023
5c	Key Population Coverage	End 2022
6a	RSSH: Procurement Prices	End 2022
6e	RSSH: Results disaggregation	End 2022
7a	Allocation utilization	June 2023 – disbursement forecasts up to end 2023
7b	Grant absorption (over 3 calendar years)	End 2022
8	Gender & age equality: HIV incidence & adolescent girls and young women (AGYW)	End 2022
9a	Reducing human rights barriers	End 2022
9b	Human Rights: Grant investment	August 2023
9c	Human Rights & Key Populations: Domestic investment	End 2022
10a	Resource mobilization: pledges	End 2022
10b	Resource mobilization: contributions	End 2022

Source: The Global Fund

Summary of final results for the 2017-2022 KPIs on service delivery

At the end of the 2017-2022 Global Fund Strategy period, several key service delivery indicators achieved results within the Strategy target range.

Table 1. Status of KPIs for HIV, TB and malaria, mid-2023

	Achieved	Partially achieved	Not achieved
HIV	<ul style="list-style-type: none"> # of people on antiretroviral therapy (ART) ART coverage # voluntary male medical circumcision (VMMC) HIV incidence reduction for AGYW (KPI 8) 	<ul style="list-style-type: none"> % of people living with HIV (PLHIV) who know their status % of people on ART with viral load suppression 	<ul style="list-style-type: none"> Prevention of mother-to-child transmission (PMTCT) coverage PLHIV starting TB preventive therapy (TPT) / isoniazid preventive therapy (IPT)

TB	<ul style="list-style-type: none"> # TB notifications and notification rate 		<ul style="list-style-type: none"> Treatment Success Rate for both drug-susceptible (DS)-TB and multi-drug resistant (MDR)-TB MDR-TB cases on treatment HIV/TB coinfections on ART
Malaria		<ul style="list-style-type: none"> # of long-lasting insecticidal nets (LLIN)* % of suspected cases tested in public facilities 	<ul style="list-style-type: none"> # indoor residual spraying (IRS) Intermittent preventive treatment (IPTp3) coverage

Source: The Global Fund

The results for each disease are described below in more detail.

HIV

<p>HIV services – ART targets met, ambitious target partially achieved for other treatment cascade indicators but not achieved for PMTCT and IPT</p>
<p>ART indicators (number of patients and coverage) At the end of the 2017-2022 Strategy period, results for both indicators are above the mid-point of the Strategy target range. This can be attributed to strong sustained performance across the Strategy period (especially in Eastern and Southern Africa [ESA]).</p>
<p>Percentage of PLHIV who know their status and Viral Load Suppression for ART patients Targets for the other two treatment cascade indicators are partially achieved with 81% and 87% of cohort countries, respectively, being within the target range.</p>
<p>VMMC Despite the impact of COVID-19, VMMC (mainly funded through the US President's Emergency Fund for AIDS Relief (PEPFAR)) is also within the Strategy target range.</p>
<p>PMTCT coverage This did not meet its targets due to: higher than expected number of HIV+ pregnant women; consistently low national targets; and poor grant performance in two large countries.</p>
<p>PLHIV who started TPT The target was also far from met, mainly due to poor performance against national targets.</p>

TB

TB services –notifications targets met but targets not achieved for MDR-TB cases and treatment success

TB notifications number and rate

Results were in the Strategy target range for both KPIs (over the period 2017-2022 for the TB notifications number and in 2022 for the TB notification rate, despite the significant negative impact of COVID-19 in 2020 and 2021, thanks to strong results in Asia and West and Central Africa (WCA), and ambitious national targets.

Other TB KPIs

However, results have not been achieved for:

- # of MDR-TB cases on treatment was far from the expected target due to COVID-19 impact, ambitious targets and poor national performance in most countries
- # of HIV/TB co- infections on ART due to low number of coinfecting patients detected and treated, often because of poor TB case detection, even though the treatment rate was relatively high
- Treatment success rates for both DS-TB and MDR-TB (due to ambitious Strategy targets and mediocre national performance).

For those, even though only 36% (DS-TB) and 50% (MDR-TB) of countries are within the target range, many countries are close to the lower band and there has been steady progress during the Strategy period.

Malaria

Malaria services – positive results for LLINs and malaria testing, target not met for IPTp3

Numbers of LLINs distributed

At the end of the 2017-2022 Strategy period, the results for the KPI on the number of LLINs distributed are positive. Even if the final number is just at the lower end of the target range, it is significantly underestimating the total number of bed nets distributed in Global Fund-supported countries due to the absence of national data for some countries, such as India.

Percentage of cases tested in public facilities

The KPI target is partially achieved with 88% of cohort countries in the target range.

IPTp3

On the other hand, the ambitious Strategy target for IPTp3 is not met with only 25% of cohort countries within the range due to historically very low national targets compounded by poor performance.

IRS

It is also not possible to reliably assess the IRS Strategy target achievement as only a few countries from the original cohort report on it in grants, or even implement it, so the overall (negative) result is not representative as it is based on only one quarter of the original cohort, with many of the remaining countries deciding not to implement IRS to the level initially modelled in the KPI target.

The poor results in HIV, TB and malaria ~ but notably in TB indicators – can be explained by generally mediocre grant performance and in some cases (PMTCT, TPT/IPT, IPTp3) low national targets.

There is still progress to be achieved in KPIs related to generating and using country data. A growing number of countries are demonstrating use of disaggregated data in planning or programmatic decision making (KPI 6e). However, results related to reporting on Key Population coverage (KPI 5b) are stagnating as countries showed little progress in comparison to last year. Data quality and validity are a concern as many countries are still missing recent and reliable population size estimates.

KPIs with high Global Fund accountability are doing well

KPIs for which the Global Fund has high accountability are on track, such as financial KPIs. These have consistently been on track throughout the 2017-2022 Strategy. This is still the case for 2022 results with high allocation utilization (KPI 7a) and grant absorption at target (KPI 7b). It should be noted that, as per their definition, these two KPIs are focused on HIV, TB and malaria-related funds but do not include funding for the COVID-19 Response Mechanism (C19RM).

Global Fund and domestic funding for KPs and Human Rights (HRts) show varying trends

The KPIs for Global Fund funding for interventions addressing KPs and HRts are generally on track. This can be seen by targets being met for Global Fund grant investments in activities to reduce barriers for HRts (KPI 9b) and similar to previous reports, results in HIV grant investments for KP prevention (KPI 5a) being just below the target. Note here, however, that the Global Fund target is lower than the Global AIDS Strategy target.

However, domestic funding is still too low as results for HRts social enablers are far from meeting the KPI 9c target. Surprisingly, there is an unexpected positive outcome for domestic funding for KP prevention which is now meeting its target; however, this could be partially caused by poor data quality issues as there is a known significant funding gap for KP prevention programmes.

Even if the final results will only be available by the first/second quarter of 2024, it is clear that the number of countries demonstrating comprehensiveness in HRts programming will be too low to meet the target for KPI 9a. On the other hand, the target for KPI 5c has been met with the latest results for grant performance on KP coverage showing significant improvement in performance comparable to pre COVID-19 levels.

Stakeholder feedback

Stakeholders commended the Global Fund's achievements in the principal HIV and TB targets despite the negative impacts of COVID-19. They congratulated the Global Fund Secretariat and implementing countries, especially Asia, ESA and WCA, for the results achieved despite disruptions. The thoroughness of the reporting was especially appreciated in its comprehensiveness, transparency and detail as it responded to the request from the governance bodies.

Nonetheless, some were concerned about the KPIs presented and called for additional clarity regarding what is considered "within the range" for achieved targets. Areas where KPI performance is falling short (such as reduction of incidence rates, prevention performance, and domestic investment in KPs and human rights) demand attention. They also shared concerns regarding the stagnation in response to malaria and TB, on HIV treatment cascades and for the missed opportunity to increase PMTCT coverage given the "mediocre grant performance" and low national targets. They called for targeted interventions and improved coordination to address the alarming shortfall in PMTCT coverage and PLHIV who started TPT, while noting that TPT coverage for children under five and household contacts remains a cause for concern in TB programs.

People reinforced their support for using disaggregated data, including KP size estimates (PSEs), to inform strategic KP programming and decision-making. They wanted to know how the Secretariat intended to deal with GC7 grant-making for enhanced service coverage for KPs in the one-third of countries where there are no up-to-date PSEs.

Stakeholders mused about the fact that absorption issues in gender, human rights, and KP programming continue to affect grants. They wanted to know what was being done to address this and when partners can expect to see improved grant absorption in these areas.

People want the Secretariat to: increase in-country presence in GC7; reassess PR capacities to manage and monitor grants; increase CCM capacities to oversee implementation; and hold PRs accountable for weak performance. They also noted that the second iteration of the new Bylaws is showing promise but close follow up is required. Constituencies also called on technical partners to support countries to: ensure national strategic plans (NSPs) set ambitious targets; advocate for greater investment in prevention interventions including in reproductive and sexual health; and stress greater scale and quality of antenatal care services to end vertical transmission.

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