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Agenda item 15

**Strategic and Operational
Key Performance Indicators 2021**

For Information For Review and Advice For Decision

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INTRODUCTION

This document summarizes the results of Unitaid's Strategic and Operational Key Performance Indicators (KPIs) for 2021. This is the fifth and final year of reporting against this KPI framework, which is linked to the Unitaid's 2017-2021 Strategy.

KPI reporting is one part of a wider set of results reporting by Unitaid and complements the *Grant portfolio overview (UNITAID/EB40/2022/12)* and associated annexes. Further details on the Strategic KPIs and Operational KPIs are presented in the Annexes *UNITAID/EB40/2022/14/Annex1* and *UNITAID/EB40/2022/14/Annex2*.

SUMMARY OF THE 2021 STRATEGIC KPI RESULTS

1. Overview - Strategic KPIs

The purpose of the Strategic KPIs is to 1) **Demonstrate Unitaid's impact in a meaningful way**, 2) **Support direction setting & accountability**, and 3) **Aid institutional positioning** of the organisation.

Unitaid's nine Strategic Key Performance Indicators (KPIs) reflect performance measurement against the strategic objectives of Innovation (KPI 1), Access (KPI 2) and Scalability (KPIs 3.1 and 3.2), alongside estimating the potential impact of health products and approaches supported by Unitaid five years beyond Unitaid's investments (KPIs 4.1, 4.2 and 4.3), and ensuring that Unitaid's investments are focused on equitable access (KPIs 5.1 and 5.2).

2. Performance overview for 2021

For the latest KPI reporting, **ten grants** are in scope of reporting, totaling **US\$ 181 million** in value (excluding WHO PQ, which is reported each year, but whose value was accounted for in 2020 reporting). Most grants this year were jointly evaluated as "Areas for Intervention" (AFI), specifically for 1) Paediatric TB diagnosis and treatment (namely the "TB Speed" project, implemented by the University of Bordeaux and "CapTB", implemented by the Elizabeth Glazer Pediatric AIDS Foundation (EGPAF); 2) HIV Pre-Exposure Prophylaxis (PrEP) projects, including the "ImPrEP" project, implemented by Fiotec and a project implemented by the Wits Reproductive Health and HIV Institute (WITS RHI); 3) HIV Self-testing (Population Services International's "STAR" project (phase III), the Solthis-implemented "ATLAS" project and MTV Staying Alive Foundation "Shuga" project) 4) Malaria prevention in pregnancy (covering Jhpiego's "TIPTOP" project, focusing on community-based chemoprevention for pregnant women and Medicines for Malaria Venture (MMV) project focused on strengthening the supply-side of malaria commodities). Additionally, WHO Prequalification (PQ) was assessed individually, being assessed every year to inform the access barrier of "Quality".

Against the strategic objective of Innovation and Availability, **2 out of 2 (100%)** of barriers were overcome. Specifically, the MMV Supply Side grant increased availability of quality assured malaria chemoprevention products by supporting local manufacturers in specific regions in Africa. Supporting local manufacturing of generic products is seen as crucial to enable the uptake of prequalified (PQ) products and drive non-PQ products out of the markets. Additionally, the TB Speed grant supported the development and testing of an innovative sample collection tool prototype which has the potential to decentralize childhood TB testing at lower levels of health care systems, to address basic challenges in undertaking effective childhood TB testing.

On the second objective of "Access", **18 out of 19 barriers (95%)** were overcome across "Quality", "Demand & Adoption", "Affordability" and "Supply & Delivery" barriers.

For Quality, **2 out of 2 (100%)** barriers were overcome. Through the MMV supply Side Grant, two malaria prevention products received WHO PQ. In addition, the WHO PQ programme largely achieved its annual objectives to prequalify Active Pharmaceutical Ingredients (API), Finished Pharmaceutical Products (FPP) and In-Vitro Diagnostics (IVD). The target for FPPs was exceeded and the target for APIs was almost met. However, since the IVD assessment team continued to be heavily involved in emergency use listing (EUL) assessment of IVDs for COVID-19, only two IVDs (against a target of 10)

for Unitaid priority diseases were prequalified. In 2021, a total of 43 products were prequalified that correspond to Unitaid's area of focus. Notably, this includes the prequalification of the first paediatric formulation of DTG and the first fixed-dose combination product with ritonavir for HIV. In addition, a dispersible formulation for drug-susceptible TB and two products for acute malaria treatment were prequalified.

For Demand & Adoption, **7 of 8 (88%)** of barriers were overcome. Evidence generated through both of Unitaid's investments under Paediatric TB AFI supported the update of WHO normative guidelines and adoption of paediatric diagnostic tools and treatment. Significant progress has been made in respect to HIV Self-testing (HIVST), where close to 90% of West and Central African countries have now included HIVST introduction or scale up within Global Fund grants, facilitated by the provision of technical assistance in the region through the ATLAS grant. Furthermore, MTV Shuga project has supported an overall increase in awareness and demand for HIVST and prevention among young people. Good progress has been made in HIV PrEP space, where three out of four project countries have adopted policies and have made significant progress on national roll outs of oral PrEP programmes. In the other remaining country, Peru, it is anticipated that the new national HIV prevention guidelines will include provision of PrEP. Finally, despite positive signals from scale up partners, namely Global Fund and PMI, there remains a risk that, in absence of WHO normative guidelines which specifically focuses on community-based delivery of malaria prevention in pregnancy, wider adoption of community-based delivery of malaria prevention for pregnant women may not be fully achieved. Thus, at this point, the demand & adoption barrier has been assessed as only moderately overcome.

In terms of Affordability, **2 of 2 (100%)** barriers were overcome, one each for the STAR Phase III and ATLAS HIV self-testing projects. Market interventions supported securing price parity for blood-based HIVST kits with oral fluid self-test kits, both types of test are now available at less than US \$2. Notably, the evidence generated by the projects have demonstrated the cost-effectiveness of HIVST in finding hard to reach populations.

Finally, on Supply & Delivery barriers, **7 out of 7 (100%)** of barriers were overcome. The paediatric TB grants supported integration and decentralization of childhood TB detection, introduction of new treatment options and innovative diagnostic tools. Enhanced supply security of WHO PQ'd products for malaria prevention in pregnancy has been delivered, which has supported an increase in coverage of IPTp prevention among pregnant women. Unitaid grants supported the integration of PrEP within health systems in project countries and delivery models to reach key populations, although low continuation rates were observed among some populations (adolescent girls and young women in South Africa), which could put at risk the overall effectiveness of PrEP. Finally, the HIVST investments helped to increase the availability of a more diverse range of HIVST kits (oral and blood based), alongside strengthening procurement and supply management systems for HIVST.

Related to objective of Scalability, **seven of ten (70%)** STAR phase III project countries have secured funding for the scale-up of HIVST. More broadly, The Global Fund and PEPFAR have significantly increased their HIVST investment which will further increase access to HIVST in low- and lower-middle income countries. It is estimated that an additional **36 million** people will be tested for HIV with self-testing kits in the next two years, and test kit volumes are expected to reach **27 million kits per year** by 2025.

For PrEP, in Latin America **two out of three (66%)** ImPrEP project countries (Brazil and Mexico) and South Africa (**100%**) have donor and/or domestic funding in place for scale-up. Peru (the third ImPrEP project country) has provisions for PrEP included as part of Global Fund support for HIV services.

Although most of the Paediatric TB project countries have secured funding for transition for a range of interventions, it is unclear if the overall level of funding will be sufficient for wider scale up. Notably, Paediatric TB investments included a broad range of interventions, and it is anticipated that countries will implement a subset of these interventions based on their local context and needs.

The TIPTOP project engaged with national stakeholders and relevant scale up partners throughout the life of the project to ensure plans were being developed to ultimately support the adoption and scale up of community-based delivery of malaria chemoprevention for pregnant women. Based on latest available information, The Global Fund is expected to support transition and scale up of the intervention in at least three project countries in the next funding cycle, but this needs to be confirmed at the conclusion of their next funding round in 2023. It is estimated that an additional 2.9 million pregnant women will receive at least 3 doses of malaria preventive treatment over the 2 years after the grant end.

On impact, whilst funding for scale-up of community-based malaria prevention in pregnancy needs to be confirmed, reasonable estimates can be made to project the impact of this intervention over the next five years. Current estimates suggest that an **additional 101,000 lives saved** (KPI 4.1) and an **additional 2.9 million infections averted** can be generated from the scaling of community-based malaria prevention in pregnancy over the next five years. Whilst increasing coverage of the 3rd dose of malaria prevention for pregnant women using community-based approaches will incur an additional financial cost to the health system, it is cost-effective in preventing malaria for a high-risk group and is estimated to deliver a positive return on investment (KPI 4.3), estimated at **~32:1** (range 21 – 41) over time.

Impact projections for Unitaids investment in HIVST (PSI STAR, Solthis ATLAS and MTV Shuga) estimate that an additional **3.9 million people** can learn their HIV status using HIVST, and an additional **3.5 million people** can access HIV treatment, by 2027. Thus, HIVST is expected to play an important role in closing the gap towards the first “95”, the global target of 95% of all people living with HIV knowing their status. Thus, it is expected that HIVST, in conjunction with Unitaids wider investments in optimal HIV treatments, which work faster and have fewer side effects than alternative treatments, can support the delivery of significant public health impact (infections averted and lives saved) over the next few years.

The potential for impact is more difficult to estimate at this point in the other investment areas reported this year. Whilst the paediatric TB investments demonstrated an increase in childhood TB detection and treatment within pilot sites and studies, estimating the impact remains challenging given the uncertainties around the scale up of the wide range of interventions implemented through these projects. Similarly, whilst clinical studies demonstrate that oral PrEP is highly effective for preventing HIV, potentially reducing the risk of HIV transmission by about 99% when taken as intended, it is more challenging to estimate impact at scale where the effectiveness of PrEP can vary due to context-specific factors. Unitaids has recently added to this investment area by supporting the adoption of newly available long-acting PrEP that can support the overall goal of reducing new HIV

infections among at risk populations by diversifying HIV prevention options for the most at-risk populations.

The summary findings presented above are summarized in figure 1, below. In addition, further detail on 2021 performance against the Strategic KPIs can be found in the supporting annex to this pre-read.

Finally, the Equity KPIs 5.1 and 5.2, were **met** in relation to the three new core investments in 2021. The Executive Board approved investments in the following areas:

- **Intermittent preventive treatment for malaria in infants (SP-IPTi)** - this project aims to demonstrate scalable models that can increase equitable access to IPTi in a cost-effective and sustainable manner, and thus reduce morbidity and mortality due to malaria. Children under 2 years of age are at most risk of malaria. The focus countries included in this project, namely: Benin, Cameroon, Cote d'Ivoire, and Mozambique together accounted for 12% or 43,000 deaths of global malaria cases in 2019.
- **VivAction** – this project aims to provide equitable access to appropriate *P. vivax* treatment options and reduce the global disease burden of *P. vivax* malaria by accelerating target country adoption of radical cure tools (both drugs and diagnostics). *P. vivax* malaria is the second most common species of malaria that more than one-third of the world's population is at risk of, which has gained momentum with the recognition that it occurs in high-burden countries and accounts for over 70% of malaria cases in countries approaching elimination. *P. vivax* can cause severe disease and death and represents a major financial burden to patients and their caregivers. High-risk groups include migrant populations, the rural poor, and other marginalized groups, as well as children under five who have the greatest chance of suffering negative health consequences because of their infection.
- **CUIDA Chagas** – this project aims to implement 'test, treat and care' approaches for Chagas disease in a selection of endemic countries, through active, systematic screening and linking to care of women at risk of infection, and their newborn infants. Despite high morbidity and mortality, and a high associated economic burden, only 7% of people with Chagas disease are diagnosed, and only 1% receive appropriate treatment. With at least two million women of child-bearing age estimated to be chronically infected with *Trypanosoma cruzi* (*T. cruzi*), mother-to-child transmission is a key infection route, with Chagas often undetected and untreated in both mothers and their newborns. Currently, Chagas's vertical transmission is considered the source of the highest number of new acute infection cases. As a neglected tropical disease, Chagas disease mainly affects poor and vulnerable populations, resulting in severe and life-threatening clinical complications in 30% to 40% of cases. Chagas is endemic in 21 Latin American countries where it causes more deaths than any other parasite-borne disease including malaria. Most cases occur in Latin America, but the disease is increasingly spreading to other geographic regions. According to WHO, in Latin America alone, 1.12 million women of childbearing age are infected, and between 8,000-15,000 infected babies are born each year.

3. Summary of performance and forward look

Cumulatively, since the start of the Strategic period in 2017, based on projects in scope of KPI reporting to date, totalling US\$765 million in value, Unitaid has made good progress to accelerate equitable access to better health products and approaches in several areas.

The targets set for the Strategic objectives surrounding Innovation, Access and Scalability were met for Innovation and Access (KPIs 1 and 2), with performance of **100%** and **83%** respectively, with KPI 3.1 just below target at **78%** (all targets were 80%).

Overall, it is estimated that an **additional 150 million people** will benefit from innovative health products and approaches supported by Unitaid within 2 years of respective grant closures, **758,000 lives will be saved**, and almost **133 million infections** will be averted up to five years beyond the end of Unitaid investments. Economic savings amount to **US\$ 2.3 billion** to date¹. More specifically, Unitaid investments have delivered tangible progress in several key areas including:

- Seasonal Malaria Chemoprevention (SMC), with most recent coverage estimates (33.5 million children received SMC in 2020) exceeding Unitaid's projections. At this scale, SMC has the potential to save over 100,000 lives per year, for children under 5 at high risk of malaria
- HIVST, as noted above, where the market for HIVST will be 27 million test kits per year by 2025. Access to self-testing at this scale could support identifying 10% of all people living with HIV, who do not know their status
- Childhood TB treatment, where Unitaid's investment in the World's first appropriately formulated, child-friendly TB treatment is now being procured by 116 countries, and
- The Medicines Patent Pool, which supports widening access to generically manufactured medicines in over 100 countries, generating economic savings of US\$ 2.2 billion by 2025.

It is important to note that these numbers reflect a subset of Unitaid's portfolio corresponding to projects which closed during the 2017-2021 period – in line with the KPI reporting definition. When accounting for the full portfolio, estimates are higher. These latter numbers are those typically used in external communication documents. Examples of investments not captured in the formal 2017-2021 reporting include:

- The impact of optimal HIV regimens, including (paediatric and adult) dolutegravir-based regimens, which work faster, have fewer side effects, are more durable to drug resistance and are projected to save more than \$US 5 billion by 2030².
- Next-generation long-lasting insecticide treated nets, which remain the primary vector control tool to prevent malaria in high burden countries
- Widening access to preventive TB treatment that is now more affordable and accessible in over 30 countries, through a diverse supplier base

¹ Adjustments to earlier estimates have been made this year to reflect i) higher coverage of Seasonal Malaria Chemoprevention than originally expected, and ii) expected lower coverage of rectal artesunate due to the recommendation of the Malaria Policy Advisory Group.

² This estimate comprises approximately US\$ 3 billion of the savings associated with the Medicines Patent Pool, described above.

In contrast, several investment areas have been less successful during the 2017-2021 period, or show lower potential for scale, including:

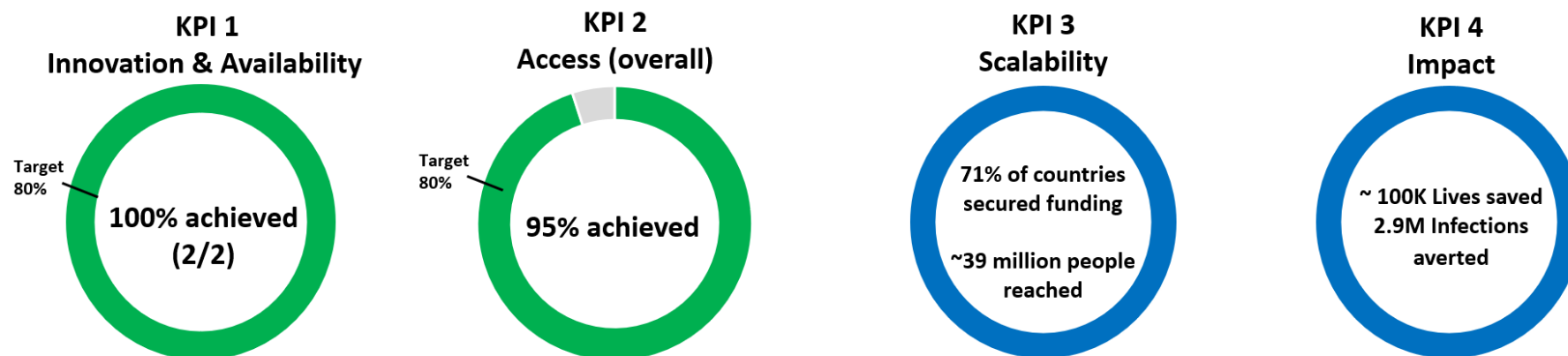
- Rectal artesunate, which, despite being a highly effective product, is now expected to have lower impact, at least in the short term. This follows the information note issued by WHO in January 2022 outlining a need for a new recommendation on RAS deployment. The information note advises countries to halt implementation and/or expansion of RAS use for malaria pre-referral treatment until further guidelines are issued by WHO. The key lesson from this project is that prior to deploying recommended interventions for malaria, ensuring the resilience of the health system to support successful delivery of the intervention is critical.
- The 4-in-1 paediatric HIV treatment, developed through an investment to Drugs for Neglected Diseases (DNDi), as the product in question has been superseded due to the availability of paediatric DTG, which has also been supported by Unitaid.
- Some diagnostic platforms, such as the SAMBA and Open Polyvalent Platforms
- HCV care, where, despite good progress from Unitaid investments to secure access to better, more affordable tools, still faces challenges around availability of funding, notably domestic funding to create access at scale for HCV care.

Finally, looking ahead, a new set of strategic KPIs will be put in place for the next strategic period, with a final proposal being considered for approval for the Executive Board at the June 2022 meeting. Please refer to UNITAID/EB40/2022/6 and the supporting annexes for more information.

Figure 1: 2021 Strategic KPI performance – overview

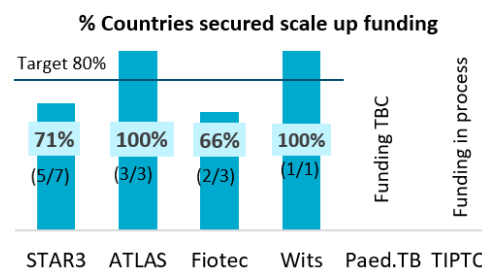
Overview of our strategic KPI performance in 2021

10 Grants evaluated
\$ 181 million total value



- ✓ TB Speed
- ✓ MMV Supply Side Grant

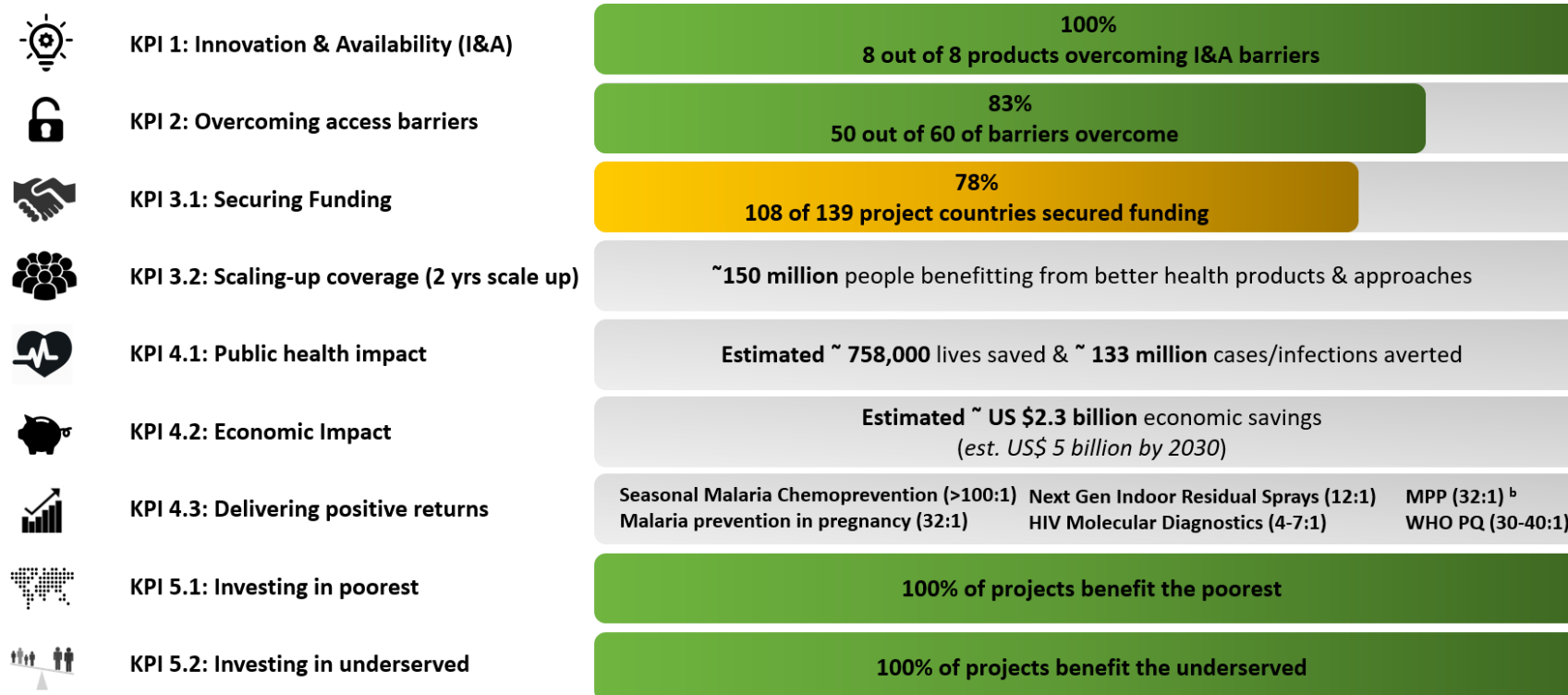
- ✓ Quality (2/2)
- ✓ Affordability (2/2)
- ✓ Demand & Adoption (7/8)
- ✓ Supply & Delivery (7/7)



- Additional people benefiting 2 years post grant end**
- ~36 million additional people tested using HIVST
 - 2.9 million additional pregnant women receiving third dose of preventive treatment

Figure 2: Cumulative Strategic KPI performance - overview

Cumulative performance (closed projects) 2017 -2021



SUMMARY OF THE 2021 OPERATIONAL KPI RESULTS

1. Overview - Operational KPIs

Unitaid has ten Operational Key Performance Indicators (KPIs) that reflect key organisational objectives for (i) financial management, (ii) grant development, (iii) grant implementation and (iv) human resources. The KPIs are assessed on an annual basis, based on performance in the previous calendar year. The purpose of the Operational KPIs is to promote accountability, consistency, and high-quality service delivery; support prioritization of work and more effective allocation of resources; and enable continuous improvement in organisational performance.

2. Performance overview for 2021

As for 2020, the year 2021 remained disruptive, with several COVID-19 related restrictions, risks and uncertainties affecting the operations of Unitaid and the portfolio of grants. Unitaid continued to adapt its way of working, and core activities of the Secretariat were primarily delivered remotely through teleworking, while a new hybrid working environment was refined. The pandemic continued to disrupt regular grant implementation activities across Unitaid's diverse portfolio, and created additional COVID-specific activities, notably the creation of 16 new projects to support the pandemic response alongside a central role in the ACT-A accelerator.

The pandemic continued to have an impact on Unitaid's core processes in 2021. As the Secretariat focused on maintaining business continuity and improving its operational performance, several mitigation measures were put in place to adapt to the changing environment, e.g., the introduction of an expedited disbursement process, and a shift to a single reporting cycle. Subsequently, the overall performance against the KPIs in 2021 was generally good. Critically, there was no major compromise to quality of process delivery or assurance in the execution of operations. In addition, Unitaid's operating model was able to pivot rapidly to respond to the emerging needs of the pandemic.

All the ten operational KPIs had a target this year. Five KPIs came within or exceeded their targets (**KPI A – Secretariat Efficiency, KPI D – Grantee Reporting Timeliness, KPI E – Disbursement Efficiency, KPI F – Grantee Responsiveness, and KPI H – Risk Management**). For **Resource Mobilization (KPI B)**, one of the three targets (**KPI B(c)** - number of new donors) was exceeded, with the other two targets not met (**KPI B(a)** and **KPI B(b)**). Of the remaining four KPIs, two of the KPIs (**KPI G – Audit Status** and **KPI I – People Development**) were marginally off target, and **KPI C – Speed of Grant Development** and **KPI J – Staff Satisfaction** were off target.

Focusing on KPIs that met or exceeded their targets, **KPI A** was within the 2% target, at 1.75%, showing that Unitaid's Secretariat has managed a US\$ 1.5 billion portfolio efficiently. **KPI D** on Grantee Reporting Timeliness showed that 90% of all reports were received on time, its best score over the strategic period. The change in reporting process (from biannual to annual) supported the performance of this KPI and allowed implementers to focus their efforts while also having to deal with all the operational difficulties imposed by the pandemic. **KPI E** on Disbursement Efficiency has shown strong and consistent performance against its target over the last 5 years. The average time taken to execute a disbursement in 2021 was 5.2 weeks, on a par with past results, but the performance in 2021 for late disbursements was the best over the entire strategic period (95% disbursements

executed within 8 weeks, against 72% in 2017). **KPI F** On Grantee Responsiveness showed good performance, at 85%, an improvement from 2020. Projects teams have worked to maintain a step-by-step approach in grant implementation, with recommendations more targeted than in previous years, to support implementers in navigating the unpredictable environment of the pandemic. Finally, **KPI H** on Risk Management met its target of 100% for the fifth year in a row. Unitaid continued to place strong emphasis on risk management, even more so in the last two years, with risk management being amplified due to the additional risks created by the COVID-19 pandemic.

Focusing on KPIs that were off target, it took on average 9.5 months for Grant Agreement Development processes in 2021 (**KPI C**), against a target of 6 months on average. Regular grant development processes were affected by the shift in focus towards pandemic-related risk mitigations across the core portfolio, and the development of COVID-specific investments. Similar to 2020, a small number (three) of core portfolio grants were submitted to the Executive Board in 2021, compared to a yearly average of 10 grants submitted over 2017-2019. All three GADs were affected by COVID-19 related restrictions and uncertainties. Of these three grants (SP-IPTi+, VivAction and CUIDA Chagas) one was delivered marginally slower than the target (CUIDA Chagas with 6.3 months) with the others taking longer. SP-IPTi+ took 8.4 months, due to COVID-19 related travel restrictions to partner countries. The VivAction GAD was delayed and paused several times, as explained in the VivAction Grant Agreement Executive Summary (submitted as part of the approval package). The development of the grant was severely impacted by the pandemic and several mechanisms had to be put in place to mitigate the ongoing risks resulting from COVID-19. The pandemic created such uncertainties regarding the feasibility of program implementation that only the mitigation measures put in place allowed the GAD to be completed and the grant signed while still in a pandemic context. In total, the GAD was active for 13.7 months over a 19.7-month period; six months being discounted from the total time taken due to factors beyond the control of the Unitaid Secretariat and the proponents, in line with internal guidelines for the operational KPIs. Related to this, the Secretariat pivoted efforts to support the development of a set of COVID-specific projects, starting 16 new projects in 2021 in total. Here, it took only 1.4 months on average to develop these 16 projects. Since the process and documentation associated to these packages differ to standard grant agreements, these projects are reported separately and not accounted for in the main KPI C result.

KPI B on Resource Mobilization had a target of \$100 million increase in funding by the end of 2021 (**KPI B(a)**). The total resources received over the strategic period are just over 1 billion. In 2021, resources exceeded the 2016 baseline by US\$ +11.6 million, an important achievement in a tight funding environment, but well below the target of US\$ + 100 million. Almost 20% of 2021 contributions came through an increase in contributions from Executive Board members (France, Japan, Norway, Spain, and the Republic of Korea) to support the work of the Secretariat on COVID-19 through ACT-A (US\$ 38.3 million), and five new donors (Germany, Canada, Portugal, Italy, Wellcome) contributed US\$ 46.6 million to Unitaid through ACT-A in 2021. In the last 2 years Unitaid has achieved increasing visibility with key donors due to its leadership role in the ACT Accelerator and Emergency Oxygen Task Force, with a total investment of \$US 137.4 million to support Unitaid work under ACT-A over 2020-2021. On the other hand, core funding has been particularly affected in the last two years (-38% in core funding in 2021 compared to 2016), largely due to the significant decline in funding from the UK, starting in 2020. In addition, due to a delay in the approval of the new Strategy and the COVID-19 pandemic, a majority of Unitaid's multi-year agreements have expired, leading to diminished funding predictability (55% of funding in 2021 came from multi-year commitments – below the 70%

target for **KPI B(b)**). With the approval of the new Strategy anticipated in June 2022, there is now the opportunity to align new multi-year agreements with the new Strategy time frame. With five new donors contributing in 2021, the target of two additional donors by 2021 for **KPI B(c)** has been exceeded. Encouraging these donors to become regular contributors to the core work of Unitaid will be critical to meet the funding ambitions of the proposed 2023-2027 Strategy.

The performance on **KPI J – Staff Satisfaction** – was 70%, slightly below the 75% target and the 2020 performance of 74%. The decrease compared to 2020 comes mainly from a fall in positive answers to the question “We have successfully managed to integrate and onboard new staff in the organization”. This question received its lowest score over the strategic period, at 60% (against 71% in 2020), partly due to COVID-19 related restrictions and the difficulties to onboard new staff while working remotely. Immediate management actions have been taken considering this feedback, with the “Integrating New Talent Project” being launched in the last few months. The goal of the initiative is to reshape and uniformize the onboarding system, provide better support and onboarding tools to new staff, and adapt it to a new hybrid working environment.

Of the remaining two KPIs off target, two audits (**KPI G**) were not completed within the calendar year due to delays created by COVID-19 related travel restrictions. However, the delays were minimal, and the late audits were up to date by January 2022 and quality standards were maintained. On **KPI I – People Development**, a small number of performance reviews were not complete on time (three reviews).

All findings are summarized in figure 2, below.

3. Summary of performance and forward look

Unitaid has evolved as an organization over the last five years. Initially, at the start of the strategic period, the organization was focused on embedding the “new” operating model and related processes and securing performance in line with operational KPI targets. Subsequently, the performance against some operational KPIs was supportive in identifying areas for improvement, and in the middle period of the Strategy a lot of emphasis was placed on refining and improving processes and operational efficiency. This was reflected in the good results obtained on the process oriented KPIs (**KPIs D, E, F, G, H & I**).

Equally, it is difficult to look at the last five years without assessing the impact of the pandemic on the organization. The COVID-19 pandemic created challenges for the operational efficiency of the organization, but also opportunities. It has shaped a new wave of refinements and improvements, with several processes being simplified, adaptations to routine ways of working, including travel restrictions and a shift to hybrid working. Unitaid demonstrated that its operating model was sufficiently flexible to the needs of a large public health emergency such as a global pandemic. The value of Unitaid has been recognized, with Board members increasing their contributions to support the leading role of Unitaid in ACT-A, and new donors trusting Unitaid with their contributions.

Building on the strengths of the operating model will be essential for Unitaid to take up the challenges of the next strategy. Whilst the quality of operations was maintained in the last two years since the pandemic happened, this was associated with a reduction in timeliness in several areas (**KPIs C & G**).

Proactively identifying and mitigating risks has allowed the impact to be minimized in some areas (**KPIs D, E, F & H**), to ensure Unitaid remains as efficient and effective in executing its operations.











Looking ahead, a number of revisions will be made to operational-level KPIs (renamed as “organizational” KPIs). This includes the removal of several process oriented KPIs that consistently showed strong and stable performance over the 2017-2021 strategic period. These indicators continue to remain as relevant measures of Secretariat operational efficiency, and may be used as internal-facing KPIs going forward, specifically: **KPIs D, E, F, G, H & I**. Other KPIs will be retained, all of which remain important areas of focus for Unitaid: **KPIs A, B, C & J**.

KPI A, as a measure of Secretariat efficiency, will require further evaluation by the end of 2023. On Resource Mobilization (**KPI B**), the Secretariat will continue to engage with existing and new donors to capture funding opportunities and explore resource mobilization prospects to strengthen funding for the new strategy. On Speed of Grant Development (**KPI C**), despite a lower performance in the last 2 years, the Secretariat remains confident that core GAD processes remain stable, and with a shift back to more regular working arrangements the 6-month target should be achievable. Opportunities to refine and improve this process will be considered as part of the review of the operating model. In terms of Staff satisfaction (**KPI J**) there is a need for continued monitoring and management of staff engagement, particularly in relation to workload and onboarding of new staff.

More details on the 2023-2027 performance framework can be found in [UNITAID/EB40/2022/7](#).

Figure 3: Summary - Operational KPIs 2021 performance

■ Substantially above target
 ■ On target or moderately above target
 ■ Moderately below target
 ■ Substantially below target
 ■ No target or colour-coding

KPI	Target	Definition	Results 2017 ¹	Results 2018 ¹	Results 2019	Results 2020	Results 2021
 A- Secretariat efficiency	2%	Unitaid Secretariat operational costs / Total value of the Unitaid portfolio in a given year.	1.95%	1.87%	1.74%	1.80%	1.75%
 B- Resource mobilization	+US\$100m (2021) 70% by 2021 2 by 2021	<ul style="list-style-type: none"> Net increase in annual commitments from 2016 baseline. Percentage of Unitaid contributions covered by multi-year agreements (in value) at the end of the strategic period. Number of new donors over the period 2019-2021 (cumulative). 	+US\$9.3m na na	+US\$69.1m na na	-US\$13.5m 97% 1 new donor	-US\$3.5m 67% 1 donor ²	+US\$11.6m 55% 1+5 new donors ³
 C- Speed of grant development	6 months	Average time taken from Grant Agreement Development (GAD) kick-off to GAD submission to the Executive Board.	6.5 months	5.6 months	5.8 months	7.6 months ³ 1.4 m ⁴	9.5 months ³ 1.4 m ⁴
 D- Grantee reporting timeliness	80%	Proportion (%) of grants which have submitted their semi-annual / annual reporting in a timely manner.	69%	89%	86%	80%	90%
 E- Disbursement efficiency	8 weeks	Average time taken from the day a complete, final disbursement request is received to the day the disbursement is executed by the Secretariat.	6.5 weeks	5.7 weeks	5.2 weeks	5 weeks	5.2 weeks
 F- Grantee responsiveness	80%	Proportion (%) of recommendations issued to grant implementers that are implemented in a timely manner.	93%	94%	90%	82%	85%
 G- Audit status	100%	Proportion of Unitaid grants with an up-to-date financial audit.	100%	100%	100%	91%	95%
 H- Risk management	100%	Proportion of Unitaid grants with an up-to-date risk review.	100%	100%	100%	100%	100%
 I- People development	100%	Proportion (%) of Unitaid Secretariat staff performance management and development reviews completed on time	96%	100%	99%	98%	97%
 J- Staff satisfaction	75%	Level of Secretariat staff satisfaction reported in the staff survey.	83%	na	64%	74%	70%

1 - Retroactively calculated based on new definitions and targets approved by the Executive Board in November 2019. / 2 - The result does not include Canada as a new donor, as the agreement was signed in January 2021.
 3 - Result limited to only 2 GADs finalized in 2020. / 4 - Due to their nature, COVID related projects do not fit the definition for KPI C and the time it took to develop, approve and launch them had to be calculated separately. / 5 - 1 core donor in 2019 (Japan) and 5 new donors in 2021 (Canada, Germany, Portugal, Italy, Wellcome)