

GOAL 1: ADVOCATE, CATALYZE AND FACILITATE SUSTAINED COLLABORATION AND COORDINATION AMONG PARTNERS IN ORDER TO ACHIEVE THE TARGETS UNDER THE GLOBAL PLAN TO END TB 2016-2020 AND MOVE TOWARDS ENDING TB

KPI	Indicator	Baseline	Target	2016 Result	Comments
KPI 1.1 Ensure TB is high on the political agenda through increased dialogue and engagement with political decision makers and influencers, and a strong unified community	Percentage of high-burden TB, MDR-TB, and TB/HIV countries that have made a commitment to achieving the targets in the Global Plan to End TB 2016-2020. ("political commitment")	0 (2015)	25 (2016)	18	The 2016 KPI reflects work done in the period August-December 2016. There are additional 11 high-level commitments made by Ministers of Health in Q1 2017 (reported in Q1 2017).
KPI 1.2 Increase the financial resources available for implementation of the Global Plan 2016-2020	Percentage of countries with an increase in national level for funding for TB ("national funding")	19 out of 48 HBC, 39.6% (2015)	40% (2016) 45% (2017) 50% (2018) 60% (2019) 80% (2020)	2016 result will be available in Q4 2017	1. Data for repetitive years will be available in Q4 of the following year. 2. For a number of countries the data reported fluctuates widely between years. 3. Data should be made available in the public domain for all 48 HBC.
KPI 1.3 Strengthen TB community systems and responses through the Challenge Facility for Civil Society and other initiatives and platforms	Percentage of countries that have national strategic plans (NSPs) with components to strengthen TB community systems including gender, human rights, stigma, and/or grassroots activities ("community systems")	2% (2015)	10% (2016)	2016 result will be available in Q4 2017	1. Most NSPs are being revised in the last part of 2016 and during 2017 - work in progress with GF CRG team to analyze NSPs. 2. from GF CRG team we found out that XX NSPs and applications had only XX% a component of Human rights.
KPI 1.4 Maximize the impact of the Global Fund's TB portfolio towards reaching the Global Plan targets	Percentage of GFATM TB funds disbursed ("disbursement")	38% (end Q2 2016)	80% (2017) 90% (2021)	N/A	The 2017 KPI will be reported in Q1 2018.

GOAL 2: SUPPORT THE DEVELOPMENT, REPLICATION AND SCALE-UP OF INNOVATIVE APPROACHES (INCLUDING IN THE ROLL-OUT OF NEW TOOLS) TO OVERCOME SYSTEMIC BARRIERS IN THE FIGHT AGAINST TB

KPI	Indicator	Baseline	Target	2016 Result	Comments
KPI 2.1 Promote innovation in TB service delivery and new tools through TB REACH and other initiatives.	Percentage of funding available for TB research and development (R&D) versus identified need ("R&D funding")	US\$ 674 million (2014)	XX(2017) XX(2018) XX(2019) XX (2020)	N/A	1.The 2017 KPI will be available in Q4 2018,therefore reported in Q1 2019. 2. Work in progress with the new tools working groups to define the target and the annual increase of this target.
KPI 2.2 Promote innovation in TB service delivery and new tools through TB REACH and other initiatives	Percentage of TB REACH supported projects demonstrating an increase in case detection and/or improved treatment outcomes ("improved service delivery")	0 (2016)	80% (2020)	N/A	1. Target is developed for 2020. 2. Intermediar results from wave 5 grants will be availble and reported in Q1 2019.

Stop TB Key Performance Indicator Results 2016
 For Board Information



KPI 2.3 Generate evidence based practice and knowledge sharing around the implementation of innovative approaches in TB care delivery and the roll-out of new tools	Percentage of relevant WHO policy guidance referencing TB REACH supported projects ("policy influence")	17% (2010-2015)	50% (2016-2020)	80% (2016)	In 2016 there were 16 publications produced by WHO's Global TB programme. Five are relevant for TB REACH's work. 4 of the 5 (80%) had participation from TB REACH staff, or input from TB REACH grantees for the subject matter.
KPI 2.4 Support the adoption and scale-up of effective, innovative approaches from TB REACH and other initiatives by mobilizing domestic and/or external funding.	Percentage of approaches funded by TB REACH that are part of national plans and/or are being scaled up ("scale up of TB REACH approaches")	21% (2010-2015)	33% (2016-2020)	N/A	This KPI will be reported in Q1 2021 only.
GOAL 3: FACILITATE WORLDWIDE, EQUITABLE ACCESS TO TB MEDICINES AND DIAGNOSTICS INCLUDING NEW TOOLS, ACROSS SECTORS					
<i>KPI</i>	<i>Indicator</i>	<i>Baseline</i>	<i>Target</i>	<i>2016 Result</i>	<i>Comments</i>
KPI 3.1 Manage and coordinate market activities across all stakeholders for the full portfolio of TB medicines, regimens and diagnostics	Number of GDF TB market roadmaps endorsed by stakeholders ("market coordination").	0 (2015)	1 (2016)	1	Prioritization of Global Fund Expert Review Panel Expression of Interest
KPI 3.2 Develop state of the art business intelligence and data driven approaches through early adoption of cutting edge technology	Percentage of tracer medicines with accurate demand forecasts ("forecast accuracy")	75% (2015)	75% (2016)	75%	Most medicines that failed to reach target had order numbers that exceeded the forecasted quantities
KPI 3.3 Undertake strategic procurement and executive innovative logistics solutions for TB medicines and diagnostics	Percentage of On-Time In-Full (OTIF) deliveries for second-line drugs (SLDs) ("delivery performance").	75% (2015)	75% (2016)	81%	
KPI 3.4 Accelerate the uptake of new medicines, regimens, and diagnostics using the GDF "launch pad" in close collaboration with TB REACH and Stop TB Partnerships Working Groups on new TB medicines	Number of GDF priority countries - uptake of bedaquiline	11 (2015)	20 (2016)	18	Indicator doesn't reflect number of countries that ordered in 2016: 2 additional countries ordered in 2016 of which 1 was delivered, 1 expected to be delivered in 2017
	Number of GDF priority countries - uptake of delamanid	0 (2015)	10 (2016)	8	Indicator doesn't reflect number of countries that ordered in 2016: 2 additional countries ordered in 2016 of which 1 was delivered, 1 expected to be delivered in 2017
	Number of GDF priority countries - uptake of new pediatric formulations	0 (2015)	12 (2016)	6	Indicator doesn't reflect number of countries that ordered in 2016: 3 additional countries ordered in 2016 of which 1 was delivered, 2 expected to be delivered in 2017

GOAL 4: ENSURE THE OPTIMAL AND EFFICIENT FUNCTIONING OF THE SECRETARIAT					
KPI	Indicator	Baseline	Target	2016 Result	Comments
KPI 4.1 The Secretariat, well supported by UNOPs, is lean, cost efficient, operates and is managed in an effective manner	<i>Operating costs as share of total expense ("operating efficiency")</i>	12% (2015)	less than 13% (2016-2020)	9.4%	
KPI 4.2 The Secretariat is adequately staffed, is gender balanced and staff are drawn from diverse cultural backgrounds	<i>Vacancy rate</i>	20% (2015)	<7% (2016-2020)	21%	The high vacancy rate was due to a 34% vacancy in GDF due to ongoing restructuring and recruitment. The rest of the secretariat had a vacancy rate of 4%.
KPI 4.3 The Secretariat has systems in place for managing financial resources and risk, is substantially funded through a number of donors committing to multi- year grants	<i>Number of donors and flexibility of funding ("donor diversity")</i>	11 donors	15 (2020)	N/A	1. Number of donors is expected to be reported in 2020 only. However, the Secretariat will also report the number of donors from 2017 during Q1 2018. 2. Work in progress to determine the 2020 target of % of flexible funding.
		5% (2015)	TBD (2020)	N/A	
KPI 4.4 Governance mechanisms of the Stop TB Partnership operate in an efficient, effective and transparent manner (including the Coordinating Board, Executive Committee, Finance Committee, as well as any other Ad-Hoc Committees of the Board)	<i>Timely distribution of governance documents ("timeliness")</i>	30% (2015)	40% (2016)	35%	
KPI 4.5 Demonstrate, strengthen, and share the Secretariat's clear added value and impact	<i>Partner satisfaction rating of Secretariat Support ("partner satisfaction")</i>	75% (2015)	75% (2016) (in at least 1 domain)	Met	<u>2016 Partners satisfaction survey results - all domains:</u> Communications tools : 83% Advocacy support : 90% Partner engagement in decision-making processes: 72% Strategic inputs: 79% Communities and GFATM: 59% Overall satisfaction: 99%

KEY	
Green	80-100%
Yellow	65-80%
Red	<65%

GOAL 1: ADVOCATE, CATALYZE AND FACILITATE SUSTAINED COLLABORATION AND COORDINATION AMONG PARTNERS IN ORDER TO ACHIEVE THE TARGETS UNDER THE GLOBAL PLAN TO END TB 2016-2020 AND MOVE TOWARDS ENDING TB.

1.1: Ensure TB is high on the political agenda through increased dialogue and engagement with political decision makers and influencers, and a strong unified community

Indicator	Percentage of high-burden TB, MDR-TB, and TB/HIV countries that have made a commitment to achieving the targets in the Global Plan to End TB 2016-2020. (“political commitment”).
Definition	“Endorsement” of the Global Plan to be measured by official statements made by Heads of State or Heads of Governments at national, regional or global fora or as evidenced by signed declarations of commitment at the ministerial level.
Measure	$\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$ <p>Numerator: Number of high burden TB, MDR-TB, and TB/HIV countries in which a Head of State, Head of Government, and/or minister, has endorsed the TB targets as articulated in the Global Plan to end TB Denominator: Number of high burden TB, MDR-TB, and TB/HIV countries (n=48)</p>

1.2: Increase the financial resources available for implementation of the Global Plan 2016-2020

Indicator	Percentage of countries with an increase in national level for funding for TB (“national funding”).
Definition	National level funding defined as domestic resources and overseas development assistance (ODA) to country.
Measure	$\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$ <p>Numerator: Number of select high burden TB, MDR-TB, and TB/HIV countries* that have an increase in national finances (domestic and ODA) for TB as compared with previous year Denominator: Number of select high burden TB, MDR-TB, and TB/HIV countries* (n= TBD) * Countries will be determined following Board discussion on annual monitoring and reporting of Global Plan to End TB at the 28th Coordinating Board meeting (September 2016).</p>

1.3: Strengthen TB community systems and responses through the Challenge Facility for Civil Society and other initiatives and platforms

Indicator	Percentage of countries that have national strategic plans (NSPs) with components to strengthen TB community systems including gender, human rights, stigma, and/or grassroots activities (“community systems”)
Definition	The inclusion of TB community systems strengthening components will be measured by reference to at least one gender, human rights, stigma, and/or grassroots activity in the TB NSP.
Measure	$\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$ <p>Numerator: Number of high burden TB, MDR-TB, and TB/HIV countries with TB NSPs that include at least one component to strengthen TB community systems including gender, human rights, stigma, and/or grassroots activities Denominator: Number of high burden TB, MDR-TB, and TB/HIV countries (n=48).</p>

1.4: Maximize the impact of the Global Fund’s TB portfolio towards reaching the Global Plan targets

Indicator	Percentage of GFATM TB funds disbursed (“disbursement”).
Definition	Disbursement defined as actual disbursements versus forecasted disbursement.
Measure	$\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$ <p>Numerator: Cumulative disbursements during the funding cycle for TB grants and TB/HIV grants in GFATM high impact countries (2014-2017 or 2018-2021) Denominator: Disbursement forecast for the funding cycle for TB grants and TB/HIV grants in high impact countries (2014-2017 or 2018-2021) (n=20)</p>
2.1: Promote innovation in TB service delivery and new tools through TB REACH and other initiatives.	
Indicator	Percentage of funding available for TB research and development (R&D) versus identified need (“R&D funding”)
Definition	The overall funding need for new tools is defined in the Global Plan to End TB 2016-2020. The funding available is calculated through an R&D Funding Annual Report.
Measure	$\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$ <p>Numerator: Funding available for TB R&D Denominator: Funding needed for TB R&D per year as defined in the Global Plan to End TB 2016-2020</p>
GOAL 2: SUPPORT THE DEVELOPMENT, REPLICATION AND SCALE-UP OF INNOVATIVE APPROACHES (INCLUDING IN THE ROLL-OUT OF NEW TOOLS) TO OVERCOME SYSTEMIC BARRIERS IN THE FIGHT AGAINST TB	
2.1: Promote innovation in TB service delivery and new tools through TB REACH and other initiatives.	
Indicator	Percentage of funding available for TB research and development (R&D) versus identified need (“R&D funding”)
Definition	The overall funding need for new tools is defined in the Global Plan to End TB 2016-2020. The funding available is calculated through an R&D Funding Annual Report.
Measure	$\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$ <p>Numerator: Funding available for TB R&D Denominator: Funding needed for TB R&D per year as defined in the Global Plan to End TB 2016-2020</p>
2.2: Promote innovation in TB service delivery and new tools through TB REACH and other initiatives.	
Indicator	Percentage of TB REACH supported projects demonstrating an increase in case detection and/or improved treatment outcomes (“improved service delivery”).
Definition	An increase is defined identification of additional TB cases and/or improved treatment outcomes versus during the baseline period.
Measure	$\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$ <p>Numerator: Number of TB REACH projects funded between 2017-2020 that succeed in identifying additional TB cases and/or improved treatment outcomes than during the baseline period (country specific) Denominator: Number of TB REACH projects funded between 2017-2020</p>

2.3: Generate evidence based practice and knowledge sharing around the implementation of innovative approaches in TB care delivery and the roll-out of new tools.	
Indicator	Percentage of relevant WHO policy guidance referencing TB REACH supported projects (“policy influence”).
Definition	Contribution to advancing policy defined by references to TB REACH supported projects or articles in WHO policy guidance documents and/or TB REACH participation in policy development and meetings.
Measure	Percentage of relevant WHO policy guidance documents that refer to evidence generated through TB REACH, as compared with 2015 baseline. Measured by direct citations to articles related to TB REACH supported projects and/or TB REACH participation in the policy development and review meetings.
2.4: Support the adoption and scale-up of effective, innovative approaches from TB REACH and other initiatives by mobilizing domestic and/or external funding.	
Indicator	Percentage of approaches funded by TB REACH that are part of national plans and/or are being scaled up (“scale up of TB REACH approaches”).
Definition	“Scale up” defined as included in national plans and/or are being scaled up through domestic or external funding such as the Global Fund.
Measure	$\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$ <p>Numerator: Approaches funded by TB REACH are part of national plans and/or being scaled up through domestic and/or external funding</p> <p>Denominator: All approaches funded by TB REACH</p>
GOAL 3: Facilitate worldwide, equitable access to TB medicines and diagnostics including new tools, across sectors	
3.1: Manage and coordinate market activities across all stakeholders for the full portfolio of TB medicines, regimens and diagnostics	
Indicator	Number of GDF TB market roadmaps endorsed by stakeholders (“market coordination”).
Definition	Market roadmaps are brief documents that describe market inefficiencies as well as agreed-upon objectives, interventions, and targets. Market roadmaps will be developed in consistent formats for specific products or for cross-cutting initiatives.
Measure	<p>Stakeholders include those organizations who are members in the GDF TB Procurement and Market-Shaping Working Group.</p> <p>Roadmaps will be developed for a sub-set of GDF products or initiatives “as tracers” for overall performance. Roadmaps may not be drug specific. For example, the first coordinated activity will likely be to agree on and implement a prioritization scheme to send the right signals to suppliers on the medicines, formulations of highest priority.</p> <p>Endorsement will be measured by formal sign off for roadmaps, as noted in meeting minutes, by the GDF TB Procurement and Market-Shaping Working Group.</p>
3.2: Develop state of the art business intelligence and data driven approaches through early adoption of cutting edge technology	
Indicator	Percentage of tracer medicines with accurate demand forecasts (“forecast accuracy”)
Definition	Demand forecasts are defined as annual forecasts provided to suppliers during the tender process. Accuracy is defined as order volumes place with suppliers that are at least 80% of the annual forecasted volumes for 75% percent of tracer medicines. Based on current use, the following 4 tracer medicines have been chosen: cycloserine, kanamycin, levofloxacin; prothionamide. These may need to be reassessed given the recent release of revised MDR-TB guidelines.
Measure	Annual review of forecast volumes versus actual order volumes placed with suppliers for a sub-set of GDF medicines “as tracers” for overall performance.

3.3: Undertake strategic procurement and executive innovative logistics solutions for TB medicines and diagnostics	
Indicator	Percentage of On-Time In-Full (OTIF) deliveries for second-line drugs (SLDs) (“delivery performance”).
Definition	OTIF measures the success at delivering exactly what the customer ordered in the time it was supposed to be delivered. It measures whether the supply chain was able to deliver the expected product (reference and quality) in the quantity ordered by the customer at the expected time.
Measure	OTIF is expressed as a percentage: % OTIF = % of all deliveries made OTIF = (# OTIF deliveries ÷ total # deliveries) x 100 This will be measured for all second line drugs.
3.4 : Accelerate the uptake of new medicines, regimens, and diagnostics using the GDF “launch pad” in close collaboration with TB REACH and Stop TB Partnerships Working Groups on new TB medicines	
Indicator	Country uptake of bedaquiline, delamanid (DLM), and new pediatric formulations, (“uptake”).
Definition	Uptake is defined as new medicines/regimens introduced in GDF priority countries (26 priority countries - 25 currently eligible for bedaquiline and delamanid via GDF). GDF will also report the volume or estimated number of new treatments supplied to priority countries
Measure	Indicator would be tracked separately across three areas: pediatric formulations, bedaquiline, and delamanid as a <u>ratio</u> : # GDF priority countries that have received new TB medicines / # GDF priority countries. GDF will also report the estimated number of new treatments supplied to countries for bedaquiline and delamanid and the volume of pediatric formulations supplied to countries.
GOAL 4: ENSURE THE OPTIMAL AND EFFICIENT FUNCTIONING OF THE SECRETARIAT	
4.1: The Secretariat, well supported by UNOPS, is lean, cost efficient, operates and is managed in an effective manner	
Indicator	Operating costs as share of total expense (“operating efficiency”)
Definition	This indicator measures the percent of total operating costs (UNOPS and Secretariat) vis-à-vis total expense.
Measure	<p>“Operating costs” defined as total UNOPS costs as well as Secretariat fixed and core human resource costs</p> $\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$ <p>Numerator : PSC, UNOPS, (CMDC and LMDC) and Secretariat fixed and core human resource costs Denominator : Total expenditure and disbursements on an annual basis, including for GDF, TB REACH, and the Challenge Facility for Civil Society.</p> <p>PSC (programme support costs) CMDC (centrally managed direct costs) LMDC (locally managed direct costs) Secretariat fixed costs include rent, utilities, IT, insurance, and phones.</p> <p>Cross-cutting positions: 11 staff positions including the Executive Director and Deputy Executive Director. These positions are neither programme nor project specific, but rather provide broad support across the Secretariat’s various programme priorities.</p>

	Operating costs are to be calculated based upon actual expenditures (not approved budgets), using year-end expenditure reports.
4.2: The Secretariat is adequately staffed, is gender balanced and staff are drawn from diverse cultural backgrounds.	
Indicator	Vacancy rate
Definition	Percent of full time positions (FTE) identified in annual work plan that have been not filled in comparison to total FTEs identified as needed in annual work plan.
Measure	$\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$ <p>Numerator: Number of full time positions (FTE) identified in annual work plan that have not been filled</p> <p>Denominator: Number of full time positions (FTE) identified in annual work plan</p>
4.3: The Secretariat has systems in place for managing financial resources and risk, is substantially funded through a number of donors committing to multi- year grants.	
Indicator	Number of donors and flexibility of funding (“donor diversity”).
Definition	Total number of donors that contribute to the Stop TB Partnership Secretariat and percentage of un-earmarked funds.
Measure	<p>1) Total number of donors Total number of donors contributing financial resources through the Secretariat</p> <p>2) Percent of un-earmarked funds Numerator: Amount of funding received by Stop TB Partnership that is not earmarked Denominator: Total amount of funding received by STOP TB Partnership</p>
4.4: Governance mechanisms of the Stop TB Partnership operate in an efficient, effective and transparent manner (including the Coordinating Board, Executive Committee, Finance Committee, as well as any other Ad-Hoc Committees of the Board)	
Indicator	Timely distribution of governance documents (“timeliness”).
Definition	Percentage of documents that are distributed to Board, Executive Committee, and Finance Committee at least 7 days in advance of meetings and teleconferences. Documents are defined as the agenda and supporting materials for agenda sessions.
Measure	$\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$ <p>Numerator: Number of Board, Executive Committee, and Finance Committee documents distributed at least 7 days in advance of meetings</p> <p>Denominator: Number of Board, Executive Committee, and Finance Committee meeting documents</p>
4.5: Demonstrate, strengthen, and share the Secretariat’s clear added value and impact	
Indicator	Partner satisfaction rating of Secretariat Support (“partner satisfaction”).
Definition	Satisfaction of partners as measured by annual survey to partners (1500 partners in 109 countries). This is intended to serve as a proxy measure for quality of Secretariat support.

Measure

The Stop TB Partnership administers an annual partner survey, to assess and improve its role in aligning, catalyzing, and facilitating the role of partners in the global effort against TB. The satisfaction questions are measured along a likert scale (0- n/a; 1= completely dissatisfied; 2: dissatisfied, needs major additional work; 3= OK needs only additional minor work; 4= satisfied, doing well; 5=completely satisfied, more than meets my expectations).

Responses to questions gauging partners' satisfaction across 5 domains (communication tools, advocacy support, partner engagement, strategic input to GFATM, and TA for GFTAM) will be used to track this indicator over time. The questions to be used to measure each of these domains follow below:

How satisfied are you with the tools (e.g. meetings, Stop TB Partnership website, social media, google groups, Partners' Directory, newsletters, e-alerts, etc.) provided by the Stop TB Partnership to help you work with other partners?
(*Communication tools*)

How satisfied are you with the Stop TB Partnership Secretariat in facilitating, supporting and aligning partners around key advocacy messages and resource mobilization opportunities for the global fight against TB? (*Advocacy support*)

How satisfied are you with your engagement in the decision-making process of the Stop TB Partnership through your Constituency representative? (*Partner engagement*)

How satisfied are you with the Stop TB Partnership Secretariat in providing strategic inputs into the Global Fund processes such as Global Fund Board, Strategy Investment Impact Committee (SIIC), Grant Approval System, etc.? (*Strategic inputs*)

How satisfied are you with the Stop TB Partnership Secretariat in providing opportunities for communities and people affected to engage with Global Fund and Human Rights & Gender activities? (*Communities*)

The percentage of 4s (satisfied) and 5s (completely satisfied, more than meets my expectations) will be added for each domain to measure satisfaction.