Stop TB Partnership

Key Performance Indicators

As approved at the

28th Coordinating Board Meeting

19-20 September 2016, New York

And revised by the

Executive Committee on 16 May 2018

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 (Sub-goal 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.
Rationale for use	Measures political will and extent to which targeted advocacy and the highest level of political engagement and ownership are achieved at the country, regional, and global levels.
How it is measured	Numerator X 100% Denominator ***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)
Baseline and Target(s)	**Baseline:** 2015 (0%) **Targets:** 2016 (25%); 2017 (50%); 2018 (65%); 2019 (80%); 2020 (90%)
Data source	Specific source documents will include: • UN Political Declarations; • Ministerial Declarations; • Outcome Statements from Conferences and Meetings; • Signed Letters from government representatives; • Official transcripts of verbal statements or speeches.
Limitations	This indicator may prove difficult to track over 48 countries. Endorsement of The Global Plan to End TB does not quantify the extent to which political will translates into specific action at the country level.

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1.2 (Sub-goal 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.
Rationale for use	Directly measures annual changes in national financing (domestic and ODA) mobilized for implementation of the Global Plan 2016-2020.
How it is measured	Numerator X 100% Denominator ***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).
Baseline and Target(s)	**Baseline:** 2015 (39%) **Targets:** 2016 (40%); 2017 (45%); 2018 (50%); 2019 (60%); 2020 (80%)
Data source	WHO TB database on government and international donor financing (data reported by NTPs) (WHO)
Limitations	Financial data reported by NTPs is likely to be an under-estimation of international donor funding, as some international donor funding may be channeled directly to other entities (rather than through national systems). Also NTP reported data will very likely not include private sector funding, or funding for communities, key populations or vulnerable groups. In this way, they will likely underestimate financing available for TB at the national level. Due to availability of data and intensive effort to collect, verify and analyse data, only a selection of countries will be chosen to measure this indicator.

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1.3 (Sub-goal 3, objective D): 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.
Rationale for use	Community approaches to TB, particularly human rights and gender approaches, are relatively new areas of work in TB. The actual inclusion of gender, human rights, stigma, and/or grassroots activities in the TB NSP – the measure for this indicator - demonstrates a commitment to action.
How it is measured	Numerator X 100% Denominator ***Numerator:*** Total number of high burden countries with TB NSPs that have mentioned the four components (gender, human rights, stigma and grassroots activities) in each of the five criteria: inclusion, assessment, implementation, monitoring and budgeting ***Denominator:*** Number of selected high burden countries (n=38) multiplied by 20 (i.e. 4 components times 5 criteria[1]).
Baselines and Target(s)	**Baseline:** 2015 (2%) **Targets:** 2017 (50%); 2019 (60%)
Data source	TB National Strategic Plans
Limitations	This indicator may under estimate TB community systems strengthening activities, as some community strengthening activities (that are either underway or being planned) may not be included in national strategic plans. It may also be difficult to access current NSPs for all high burden countries, which will affect the calculation of the indicator.

[1] The 5 criteria:

Criteria 1	*Criteria 2*	*Criteria 3*	*Criteria 4*	*Criteria 5*
Number of NSPs that mentioned the specific component	Number of NSPs conducted an assessment on the component	Number of NSPs with specific activities for implementation	Number of NSPs with specific indicators for the component	Number of NSPs with a budget line allocated for the component

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1.4 (Sub-goal 3, Objective C): 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.
Rationale for use	Stop TB does extensive work with the Global Fund Secretariat to ensure that the Global Fund commits adequate resources to countries and the countries utilize these funds in a manner that maximizes impact. Absorption of funds by countries is a key factor in translating funds into impact.
How it is measured	Numerator X 100% Denominator **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)[2]
Baseline and Target(s)	**Baseline:** 38% was disbursed by mid 2016 during the funding cycle 2014-2017 **Target:** Reaching 80% disbursed at the end of 2017 and 90% disbursed at the end of 2021
Data source	Global Fund grant management and disbursement data (GFATM)
Limitations	In a few cases when the timing of grant signatures with respect to the funding cycle varies, it can become difficult to interpret the data on disbursements. For such cases qualitative explanations will be required for correct interpretation of the KPI. The disbursement of funds by the Global Fund does not ensure that funds will be expended by the country, that they will be used appropriately or have the intended impact. But the monitoring from Global Fund of expenditure should ensure that disbursed funds do not remain unexpended for a long time. Many of the issues which delay disbursement are well outside the influence of the Partnership (e.g. whether or not the country has signed, issues around audit or financial management). TB/HIV joint Global Fund grants in a few countries makes it difficult to disaggregate disbursements that are purely for TB. While recognizing that inclusion of the HIV portion of the grant may skew the results, given that these can be an important source of TB funding, TB/HIV grants will also be included in the calculation.

[2] See Annex 1 one for list of countries.

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 (Objective A): 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.
Rationale for use	This indicator measures the success of advocacy efforts for R&D funding. Development of new tools is critical to "bend the curve" and achieve the targets as set out in the End TB Strategy. This will require significant investment as defined in the Global Plan to End TB.
How it is measured[3]	Numerator X 100% Denominator ***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
Baseline and Target(s)[4]	**Baseline:** 2014 (674 million) **Targets:** 2017 (increase annual funding to 75%*); 2018 (increase annual funding to 100%*); 2019 (exceed annual funding by 25%*); 2020 (exceed annual funding by 50%*) *% of US$ 1.8 billion annualized need as per the Global Plan
Data source	For "funding available" - R&D funding annual report. For identified need – Global Plan to End TB 2016-2020 (table 7.5, page 111)
Limitations	Although R&D is a critical element of the End TB strategy, the Secretariat has limited impact on global R&D funding for TB. The funding of Secretariat activities does not allow for the development, launch and roll-out of a global advocacy campaign on R&D development for TB.

[3] The measurement excludes roll-out costs.
[4] Targets were set by the Stop TB Partnership Research Working Groups.

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2.2 (Objective A): 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.
Rationale for use	This measure enables the Secretariat to determine whether innovative projects funded by TB REACH contribute to strengthening TB service delivery as measured through the identification of additional TB cases and improved treatment outcomes. In addition, TB REACH projects are evaluated using a robust standardized methodology, with various measures taken to ensure data quality and assess attribution (e.g. intervention areas are compared with control area and adjustments made for secular trends, where appropriate).
How it is measured	Numerator X 100% Denominator ***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
Baseline and Target(s)	Baseline: 0 Target: 2020 (80%)
Data source	Project reports from each TB REACH funding Waves 5 and 6 using validated data by external M&E.
Limitations	Initial funding for Wave 5 will be made in Q1 2017. Due to the timing of the TB REACH funding and evaluation periods this indicator cannot be reported on annually, but only after the evaluation of the respective waves of TB REACH projects are completed and all data have been validated (on average 18 months from baseline data collection to final validated report). Data availability cannot be predicted or linked to calendar years or board meetings. It is likely that only 2 complete measurements (for Wave 5 and Wave 6) will happen during the 2017-2020 period. However, interim reports from ongoing grants can be provided after at least 6 months of project implementation.

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	
2.3 (Objective B): 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.
Rationale for use	WHO guidance shapes national TB policy and guidelines as well as donor policies and funding priorities. Influencing WHO policy guidance thus can have broad impacts on the uptake and funding of effective innovative approaches piloted by TB REACH at the country level.
How it is measured	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.
Baseline and Target(s)	**Baseline:** 2010-15 (17%) (n=17) **Target:** 2016-2020 (50%)
Data source	WHO TB policy guidance documents (WHO)
Limitations	TB REACH may generate evidence which influences WHO policy development, but which is not referenced as such. Given the limited number of policy guidance documents released by WHO each year, this indicator may also have limited data points for input. Also, as TB REACH does not support randomized clinical trials, it is less likely TB REACH would be cited directly in WHO guidelines or graded evidence. Consideration must also be given to the time between the publication of results and the generation of WHO policy, which can often be significant.

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	
2.4 (Objective C): 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.
Rationale for use	Provides a direct measure of approaches funded by TB REACH that are being incorporated into national strategic plans and/or being scaled up through the domestic or other external funding (non-TB REACH). Active collaboration with the Global Fund is already initiated to formalize this process,
How it is measured	Numerator X 100% Denominator ***Numerator:*** Approaches funded by TB REACH are part of national plans and/or being scaled up through domestic and/or or external funding ***Denominator:*** All approaches funded by TB REACH
Baselines and Target(s)	**Baseline:** 2010-2015 (21%) **Target:** 2016-2020 (33%)
Data source	Grantee reports, NSPs and Global Fund concept notes/applications
Limitations	This does not capture the quality or effectiveness of the approaches/ programmes being scaled up or other factors (e.g. political influence) that may impact national decisions to scale up. It also may or may not capture TB REACH approaches that are adopted or being scaled up in countries that have not been funded by TB REACH. Also, given that the purpose of TB REACH is to innovate, not all approaches will be successful or merit national scale up, hence the target of 33% (or one-third) – this is an increase on the approximately 20% which were scaled-up from Waves 1-4. This indicator will often come with some delay as even successful approaches take some time to be incorporated into national plans or other funding.

GOAL 3: FACILITATE WORLDWIDE, EQUITABLE ACCESS TO TB MEDICINES AND DIAGNOSTICS INCLUDING NEW TOOLS, ACROSS SECTORS	
3.1 (Objective A): 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.
Rationale for use	Stakeholder endorsement demonstrates recognition of GDF's thought leadership and coordination role with regard to market activities. Coordination of stakeholders should ensure all stakeholders are working toward common goals and should minimize duplication of effort.
How it is measured	***Stakeholders*** include those organizations who are members in the GDF TB Procurement and Market-Shaping Working Group. ***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. ***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.
Baseline and Target(s)	**Baseline:** 2015 (0) **Targets (cumulative):** 2016 (1); 2017 (3); 2018 (4); 2019 (5); 2020 (6)
Data source	GDF Order Management System data Market data from non-GDF sources Published papers and reports
Limitations	Stakeholder endorsement may not preclude key actors from continuing to operate or make decisions based on their own institutional interests in a manner that is inconsistent with stakeholder consensus or in a manner that duplicates efforts.

GOAL 3: FACILITATE WORLDWIDE, EQUITABLE ACCESS TO TB MEDICINES AND DIAGNOSTICS INCLUDING NEW TOOLS, ACROSS PUBLIC AND PRIVATE SECTORS	
3.2 (Objective B): 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 placed with suppliers that are at least 80% of the annual forecasted volumes for the one-year tender period. Based on current use and latest WHO treatment guidelines the tracer list consists of medicines used in treatment of multi-drug resistant tuberculosis (MDR-TB). The current tracer list includes: Cycloserine and kanamycin (declining stage of product life cycle); protionamide and levofloxacin (mature stage of product life cycle); and clofazimine and linezolid (growth stage of product life cycle). The tracer medicines list may be reassessed, as needed, due to rapid changes in the evidence for TB treatment efficacy and introduction of new medicines and their combinations to treatment.
Rationale for use	Reliable forecasts are a key business intelligence tool for market shaping as they enable matching of supply and demand, and drive industry's investment decisions and production planning. Second line drugs have been chosen as tracers because these markets are particularly fragile and thus accuracy of forecasting is particularly critical.
How it is measured	Annual review of forecast volumes versus actual order volumes placed with suppliers for a sub-set of GDF medicines "as tracers" for overall performance.
Baseline and Target(s)	**Baseline:** 2015: 75% **Targets:** 2016 (75%) 2017 (75%), 2018 (65%), 2019 (65%), 2020 (65%)
Data source	GDF forecasts provided with Intention to Bid documents during the tender process. Procurement Agent data on actual order volumes placed with suppliers. The GDF Order Management System (OMS) data.
Limitations	See note above on potential need to revise list of tracer medicines based on new guidelines. GDF currently has insufficient advance intelligence on development or revision of WHO guidelines to adjust annual forecasts, accordingly. Similarly, GDF currently has no access to national TB strategic plans or progress against these plans (e.g., enrollment, attrition, etc.). Intelligence on WHO guidelines changes and country adoption of these changes is critical to developing accurate demand forecasts. Many Global Fund projects procure based upon cohort forecasting and funds disbursement, rather than real demand. In the context of changing guidelines, NTPs who continue the practice of placing orders 2-3 years in advance will surely cancel orders as they shift patients to new regimens.

GOAL 3: FACILITATE WORLDWIDE, EQUITABLE ACCESS TO TB MEDICINES AND DIAGNOSTICS INCLUDING NEW TOOLS, ACROSS SECTORS	
3.3 (Objective C): 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.
Rationale for use	OTIF is the industry standard for measurement of delivery performance and is the key indicator used by the Global Fund to monitor its performance. As per the StopTB/GDF-Global Fund MoU, the two parties agreed to align on key indicators. SLDs chosen given the long lead times and challenges with co-packing multiple orders for multiple drugs into a single shipment.
How it is measured	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.
Baseline and Target(s)	**Baseline:** 2015 (75%) **Targets:** 2016 (75%); 2017 (75%); 2018 (75%); 2019 (75%); 2020 (75%)
Data source	GDF Order management system data
Limitations	OTIF measures supply-side performance only (GDF, supplier, procurement agent) but does not measure demand-side performance (e.g., buyer quantification and volumes ordered).

GOAL 3: FACILITATE WORLDWIDE, EQUITABLE ACCESS TO TB MEDICINES AND DIAGNOSTICS INCLUDING NEW TOOLS, ACROSS SECTORS	
3.4 (Objective C): 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 for delamanid, 25 bedaquiline and pediatrics via GDF).[5] GDF will also report the volume or estimated number of new treatments supplied to priority countries.
Rationale for use	KPI focuses on GDF role in providing access to new tools to facilitate expedited introduction (medicines, regimens,) as they become available/recommended.
How it is measured	Indicator would be tracked separately across three areas: pediatric formulations, bedaquiline, and delamanid as a ratio: # GDF priority countries that have received new TB medicines / # GDF priority countries.[6] 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.
Baseline and Target(s)	**Baseline** (2015): Bedaquiline: 11/25; Delamanid: 0/26; Pediatrics 0/25 **Targets:** Bedaquiline: 2016 (20/25); 2017-2020 (25/25) Delamanid: 2016 (10/26); 2017(15/26); 2018-2020 (26/26); Pediatrics: 2016 (12/25); 2017 (24/25); 2018-2020 (25/25)
Data source	The GDF Order Management System data
Limitations	For bedaquiline and delamanid, the denominator may change with changes in Global Fund eligibility. GDF has more in–country influence in formulation changes than new drug or regimen introduction as the latter require national guideline and policy changes typically out of the remit of GDF. GDF currently has insufficient advanced intelligence on WHO guideline changes to prepare suppliers or countries in advance. Bedaquiline and delamanid uptake is back-calculated from procurement data with the assumption that a 6-month purchase is the equivalent of 1 patient treatment. If countries treat people with bedaquiline or delamanid for more than 6 months, we will overestimate the number of people treated. Back-calculation of pediatric treatments is not possible and progress will be reported in volumes purchased, not treatments.

[5] GDF priority countries: Afghanistan, Bangladesh, Cambodia, Dem Rep Congo, Ethiopia, India, Indonesia, Kazakhstan, Kenya, Kyrgyzstan, Malawi, Mozambique, Myanmar, Nigeria, Pakistan, Philippines, S Africa, S Sudan, Tajikistan, Tanzania, Uganda, Ukraine, Uzbekistan, Viet Nam, Zambia, Zimbabwe.

GOAL 4: ENSURE THE OPTIMAL AND EFFICIENT FUNCTIONING OF THE SECRETARIAT	
4.1 (Objective A): 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.
Rationale for use	This indicator measures how efficiently the organization uses it resources to achieve its strategic and programmatic goals and objectives.
How it is Measured	"Operating costs" defined as total UNOPS costs as well as Secretariat fixed and core human resource costs Numerator X 100% Denominator ***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. PSC (programme support costs) CMDC (centrally managed direct costs) LMDC (locally managed direct costs) Secretariat fixed costs include rent, utilities, IT, insurance, and phones. 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. Operating costs are to be calculated based upon actual expenditures (not approved budgets), using year-end expenditure reports.
Baseline and Target(s)	**Baseline:** 2015 (12%) **Target:** 2016-2020 (<13%)
Data source	Annual work plan and budget (Secretariat)
Limitations	Although the operating expense ratio provides a general reference point for overall efficiency, it does not measure quality or indicate whether the Secretariat resources are being managed effectively.

GOAL 4: ENSURE THE OPTIMAL AND EFFICIENT FUNCTIONING OF THE SECRETARIAT	
4.2 (Objective B): 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.
Rationale for use	Adequate staffing is required to deliver on the goals and objectives of the Stop TB partnership. Staffing levels impact organizational performance and are an important contextual factor when considering progress (or lack thereof) on other KPIs.
How it is measured	Numerator X 100% Denominator ***Numerator:*** Number of full time positions (FTE) identified in annual work plan that have not been filled ***Denominator:*** Number of full time positions (FTE) identified in annual work plan
Baseline and Target(s)	**Baseline:** 2015 (20%) **Target:** 2016-2020 (<7 percent vacancy rate -benchmarked against GAVI)
Data source	Annual cumulative expenditure report (Secretariat)
Limitations	The weakness of this measure is that it does not address performance of staff or workload. Also there is a risk that Secretariat may define staffing needs conservatively based upon available funding, rather than staffing needs based upon the work plan.

GOAL 4: ENSURE THE OPTIMAL AND EFFICIENT FUNCTIONING OF THE SECRETARIAT		
4.3 (Objective C). 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.	
Rationale for use	This measure enables the Secretariat to assess whether there is sufficient diversity in its donor base, and whether the proportion of un-earmarked funds is increasing, decreasing, or remaining static over time. Diversity of the donor base is critical for the long-term viability and sustainability of the partnership, as relying heavily on any single donor enhances the financial vulnerability of the partnership. Percentage of funds that are not earmarked gives the partnership the flexibility to fund strategy priorities and develop new business areas.	
How it is measured	Total number of donors *Total number of donors contributing financial resources through the Secretariat*	Numerator X 100% Denominator 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*
Baseline and Target(s)	**Baseline:** 2015 (11 donors) **Target:** 2020 (15 donors)	**Baseline:** 2015 (5%) **Target:** 2020 (10%)
Data source	Stop TB donor agreements (Secretariat)	
Limitations	This indicator does not provide insights into the relative size of donor contributions or diversity of activities funded by any given donor.	

GOAL 4: ENSURE THE OPTIMAL AND EFFICIENT FUNCTIONING OF THE SECRETARIAT	
4.4 (Objective D): 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 (EC), and Finance Committee (FC) at least 7 days in advance of meetings and teleconferences. Documents are defined as the agenda and supporting materials for agenda sessions.
Rationale for use	This indicator measures the efficiency and timeliness of the Secretariat in distributing meeting documents and serves as a proxy for the extent to which there is alignment on agenda, key decision points, etc between the Board and Secretariat leadership. If documents are distributed in advance, it increases the likelihood that members have sufficient time to review and reflect upon documents and/or share with constituents for inputs, enhancing effectiveness of representational process.
How it is measured	Numerator X 100% Denominator ***Numerator***: Number of Board, Executive Committee, and Finance Committee documents distributed at least 7 days in advance of meetings ***Denominator***: Number of Board, Executive Committee, and Finance Committee meeting documents
Baseline and Target(s)	**Baseline:** 2015: 30% **Targets:** 2016 (40%); 2017 (50%); 2018 (65%); 2019 (80%); 2020 (90%)
Data source	Email records of Board, EC, and FC documents shared (Secretariat).
Limitations	The timely distribution of documents does not ensure quality of documentation or that members will share with their constituents for feedback or that members will review materials in advance.

GOAL 4: ENSURE THE OPTIMAL AND EFFICIENT FUNCTIONING OF THE SECRETARIAT	
4.5 (Objective E): 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.
Rationale for use	The Stop TB Partnership is a unique partnership organization that seeks to align a wide range of constituencies and partners across the world in the fight against TB. The key to retaining partners and constituents – and attracting new ones – is knowing what they need and value, how the Partnership can fill those needs, and what they think of the Partnership. Given the large size and broad scope of the partnership, maintaining individual or personal interaction with each partner is difficult. One of the best ways to keep in tune with partners and assess added value is by conducting annual partner satisfaction surveys.
How it is measured	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.
Baseline and Target(s)	<u>Baseline (2015): n/a</u> Communication tools: 70% Advocacy support: 52% Partner engagement in decision-making processes: 40% Strategic inputs: 55% Communities and GFATM: 43% <u>Targets: will reported as met/not met</u> 2016: Satisfaction rating of 75% in at least 1 domain 2017: Satisfaction rating of 75% in at least 2 domains 2018: Satisfaction rating of 75% in at least 3 domains 2019: Satisfaction rating of 75% in at least 4 domains 2020: Satisfaction rating of 75% in at least 5 domains
Data source	Annual partner survey data and report
Limitations	Satisfaction surveys are subject to non-response bias (how those who choose not to participate compare with those who choose to participate) and response bias (social desirability/favorable response bias). Low response rates are a particular challenge and may undermine the representativeness of the views presented. In addition, true assessment of 'added value" would require a "counterfactual". Given this is not possible, "perceived satisfaction" with services provided by the Secretariat is being used as a proxy indicator.

ANNEX ONE: LIST OF COUNTRIES

48 countries in total[7]

TB HIGH BURDEN	TB AND HIV COINFECTION HIGH BURDEN	MULTIDRUG RESISTANT TB HIGH BURDEN
Angola	**Angola**	**Angola**
Bangladesh*	Botswana	Azerbaijan
Brazil	Brazil	Bangladesh*
Cambodia	Cameroon	Belarus
Central African Republic	Central African Republic	**China**
China	**China**	Democratic Peoples Republic of Korea*
Democratic Peoples Republic of Korea*	Chad	**Democratic Republic of the Congo***
Democratic Republic of the Congo*	**Democratic Republic of the Congo***	**Ethiopia***
Ethiopia*	**Ethiopia***	**India***
India*	Ghana	**Indonesia**
Indonesia*	Guinea-Bissau	Kazakhstan*
Kenya	**India**	**Kenya***
Lesotho	**Indonesia**	Kyrgyzstan
Liberia	**Kenya**	Moldova, Republic of
Mozambique*	Lesotho	**Mozambique***
Myanmar*	Liberia	**Myanmar***
Namibia	Malawi*	**Nigeria**
Nigeria*	**Mozambique***	Pakistan
Pakistan*	**Myanmar***	**Papua New Guinea***
Papua New Guinea	Namibia	Peru
Philippines*	**Nigeria**	Philippines*
Russian Federation	**Papua New Guinea***	Russian Federation
Sierra Leone	**South Africa***	Somalia
South Africa*	Swaziland	**South Africa***
Tanzania, United Republic of	**Thailand**	Tajikistan
Thailand	Uganda	**Thailand**
Viet Nam*	Tanzania, United Republic of	Ukraine*
Zambia	Zambia	Uzbekistan
Zimbabwe*	Zimbabwe*	Viet Nam*
		Zimbabwe*

*These countries plus Niger and Rwanda are Global Fund High Impact Countries (KPI 1.4)

[7] Countries in bold feature in all 3 lists.