Stop TB Partnership Board Meeting
Jakarta 2019
Doc: 32-2.3

Stop TB Key Performance Indicator Results 2019
For Board Information

Stop **TB** Partnership

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 (year)*	*Targets*	*2016 Result*	*2017 Result*	*2018 Result*	***2019 Result***	*Comments 2019*
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")*	2015 (0%)	2016 (25%) 2017 (50%) 2018 (65%) 2019 (80%) 2020 (90%)	18%	75%	100%	**100%**	All member states endorsed the UN High-Level Meeting Political Declaration and the target to diagnose and treat 40 million people with TB by 2022.
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")*	2015 (39%)	2016 (40%) 2017 (45%) 2018 (50%) 2019 (60%) 2020 (80%)	N/A	58%	59%	**61%**	For the first time we are able to compute this KPI using what countries actually received from Domestic Sources (as reported to WHO) instead of what they expected to receive. From the 61 countries in the country list we have for this indicator, 49 countries reported on both years: 30 countries increased domestic funding, 18 decreased it and one remained at the same level. Domestic funding decreased in most countries in the African region.
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")*	2015 (2%)	2017 (50%) 2019 (60%)	N/A	53%	N/A	**Result available in Q1 2020**	Most existing National Strategic Plans are still valid and will start to expire in 2020, therefore, the observed annual change in targets is minimal to date. However, STP community, rights and gender work-streams, initiatives, and platforms continue reflecting commitment to action by forming the basis for policy change, cross-sector collaborations and continued engagement. In parallel and in collaboration with partners, STP strengthen TB community systems to be embedded into The Global Fund work and its processes. The next reporting time for this KPI is Q1 of 2020 for 2019 results.
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")*	2016 (38%)	2017 (80%) 2021 (90%)	N/A	92%	25% of funds signed in TB grants (implement. period 2018-20) disbursed	N/A	2019 data will be available in Q1 2020 and reported accordingly.

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 (year)*	*Targets*	*2016 Result*	*2017 Result*	*2018 Result*	***2019 Result***	*Comments 2019*
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")*	2014 (US$ 674 million)	2017 (increase to 75%) 2018 (increase to 100%) 2019 (> by 25%) 2020 (> by 50%)	N/A	N/A	50% (767 million) *the result refers to 2017 data	N/A	The total annualized need has been changed by the UNHLM on TB to: $2 billion per year. 2018 funding results are not yet available. The indicator will be updated and known on 10 December 2019, date of the launch of the TB R&D Financing report.

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KPI	Indicator	Baseline (year)	Targets	2016 Result	2017 Result	2018 Result	2019 Result	Comments 2019
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")*	2016 (0)	2020 (80%)	N/A	N/A	29/31 Projects (94%)	**23/28 (82%)**	Early data from 28 Wave 6 and Wave 5 Scale-up projects aiming at improving case detection with valid notification data, TB notifications increased in 23 of 28 (82%) project areas. These projects identified 123,419 people with TB and put them on anti-TB treatment through the end of Q3 2019.
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")*	2010-15 (17%)	2016-2020 (50%)	80%	80%	2/4 (50%)	**0/1**	WHO published only 3 guidelines in 2019, two of which were not relevant (infection control and DR-TB tretament). One guideline was deemed relevant – a policy update on LF-LAM, which did not include TB REACH projects.
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")*	2010-2015 (21%)	2016-2020 (33%)	N/A	N/A	N/A	N/A	This KPI will be reported in 2020. However, in 2019 a number of Wave 5 and Wave 6 projects received additional support to continue and expand services developed under TB REACH. Overall, 55% of Wave 5 projects have received additional support to continue or scale-up their TB REACH activities. Wave 6 projects are still ongoing but some have already received additional external funding. In 2019, • Wave 5: Vietnam NTP project leveraged close to USD 2.5M for Zero TB Cities project and Vietnam FIT also received an additional EU grant for about USD 600K to support these activities. • Wave 5 Nepal and Madagascar Drone projects received additional funding from the Simon Foundation and the MSH, respectively. • Wave 6: two Type 3 grants (Peru and Cameroon) were awarded with total co-funding of approximately USD 1.7M. Type 3 projects are those which have received co-financing for scale up in the Transition to Scale Framework in TB REACH 2017-2021 which has been implemented to assist the scale up of innovative approaches and technologies which have already been proved to be impactful. Cameroon will be part of the next GF-SI for TB and is working on incorporating the results and findings from their grant into the new funding request. • Wave 6, KNCV was awarded up to 17M from UNITAID for the Assent Digital Adherence projects. Funds will be used to scale up 4 of the KNCV supported Wave 6 digital adherence projects. • Wave 6, projects in Nigeria are receiving Global Fund support • 4 TB REACH grantees were awarded USAID LON (Local Organizations Network) funds.
GOAL 3: FACILITATE WORLDWIDE, EQUITABLE ACCESS TO TB MEDICINES AND DIAGNOSTICS INCLUDING NEW TOOLS, ACROSS SECTORS								
KPI	*Indicator*	*Baseline (year)*	*Targets*	*2016 Result*	*2017 Result*	*2018 Result*	*2019 Result*	*Comments 2019*
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").*	2015 (0)	2016 (1) 2017 (3) 2018 (4) 2019 (5) 2020 (6)	1	3	6	**8**	1.- Analysis of the TB Medicines Dashbaord resulted in recommendations on changes needed to update the WHO Essential Medicines List and Essential Medicines List for Children 2019 - applications submitted (by GDF and Partners) to add, delete or change 28 products. 27 accepted by the EML Expert Committee 2.- Analysis of the TB Medicines Dashboard resulted in more than 20 recommendations to update and align the WHO Prequalification Expression of Interest with current guidance documents, all were accepted and implemented
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")*	2015 (75%)	2016 (75%) 2017 (75%) 2018 (65%) 2019 (65%) 2020 (65%)	75%	25%	67%	**Result available in Q2 2020**	Indicator is measured annually -April through March- the contract period following a tender process. GDF will send updated KPI result to the Board through internal communication by 30 April, 2020.

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KPI	Indicator	Baseline	Targets				2019 Result	Comments 2019
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").*	2015 (75%)	2016 (75%) 2017 (75%) 2018 (75%) 2019 (75%) 2020 (75%)	81%	76%	66%	**Result available in Q1 2020**	Indicator is measured in a calendar year. GDF will send updated KPI resul to the Board through internal communication by 28 February, 2020.
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*	2015 (11)	2016 (20/25) 2017-2020 (25/25)	18	23	24	**25**	Target achieved.
	Number of GDF priority countries - uptake of delamanid	2015 (0)	2016 (10/26) 2017(15/26) 2018-2020 (26/26)	8	16	24	**26**	Target achieved.
	Number of GDF priority countries - uptake of new pediatric formulations	2015 (0)	2016 (12/25) 2017 (24/25) 2018-2020 (25/25)	6	22	24	**24**	This indicator refers to paedaitirc fixed-dose combination tablets for drug-sensitive TB. One remaining target country is South Sudan, who has an order in draft stage.

GOAL 4: ENSURE THE OPTIMAL AND EFFICIENT FUNCTIONING OF THE SECRETARIAT								
KPI	**Indicator**	**Baseline**	**Targets**	*2016 Result*	*2017 Result*	*2018 Result*	**2019 Result**	Comments 2019
KPI 4.1 The Secretariat, well supported by UNOPs, is lean, cost efficient, operates and is managed in an effective manner	*Operating costs as share of total expense ("operating efficiency")*	2015 (12%)	2016-2020 (<13%)	9.4%	6.1%	8.8%	N/A	The KPI for 2019 will be available beginning 2020 as financial data for full year 2019 is need for its calculation. However, the estimated result for 2019 based on the data until end of June 2019 (and prorated for the 2nd half of the year) is 9%.
KPI 4.2 The Secretariat is adequately staffed, is gender balanced and staff are drawn from diverse cultural backgrounds	*Vacancy rate*	2015 (20%)	2016-2020 (<7 percent vacancy rate - benchmarked against GAVI)	21%	19%	12%	**7%**	We note a positive outcome with a decrease from 12% to 7% in the overall vacancy rate. A gap still shows due to positions filled during the year but did not function 100% throughout the year. The Partnership's overall gender balance with the female representation remains high even though it has slightly gone down.
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	*Number of donors and flexibility of funding ("donor diversity")*	2015 (11 donors)	2020 (15 donors)	N/A	N/A	N/A	N/A	This KPI is expected to be reported in 2020. However, the Secretariat reports that in 2019 the number of donors stands at 10. The flexible funding remains low at 3%.
		2015 (5%)	2020 (10%)	N/A	N/A	N/A	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)	*Timely distribution of governance documents ("timeliness")*	2015 (30%)	2016 (40%) 2017 (50%) 2018 (65%) 2019 (80%) 2020 (90%)	35%	48%	67%	**75%**	This KPI result is based on the timeliness of documents available for the Board Meeting in January 2019. The result will be updated ulteriorly with the average timely distribution of documents from the 31st and 32nd Board Meetings.

KPI 4.5 Demonstrate, strengthen, and share the Secretariat's clear added value and impact	*Partner satisfaction rating of Secretariat Support ("partner satisfaction")*	2015 (N/A)	2016 (75% in at least 1 domain) 2017 (75% in at least 2 domains) 2018 (75% in at least 3 domains) 2019 (75% in at least 4 domains) 2020 (75% in at least 5 domains)	met	met	met	**N/A**	GDF survey is launched and the team is currently working on the partners survey to be launched in December 2019.

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

Detailed Indicator view

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	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)
Target(s)	*2016 (25%); 2017 (50%); 2018 (65%); 2019 (80%); 2020 (90%)*

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	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).
Target(s)	*2016 (40%); 2017 (45%); 2018 (50%); 2019 (60%); 2020 (80%)*

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.
	Numerator X 100%

Measure	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)
Target(s)	*2017 (50%); 2019 (60%)*

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	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)
Target(s)	***Reaching 80% disbursed at the end of 2017 and 90% disbursed at the end of 2021.***

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	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
Target(s)	*2017 (increase annual funding to 75%); 2018 (increase annual funding to 100%); 2019 (exceed annual funding by 25%); 2020 (exceed annual funding by 50%)*
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.
	Numerator X 100% Denominator

Measure	*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
Target(s)	*2020 (80%)*

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.
Target(s)	*2016-2020 (50%)*

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	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
Target(s)	*2016-2020 (33%)*

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	*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.

Target(s)	*2016 (1); 2017 (3); 2018 (4); 2019 (5); 2020 (6)*

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 one-year tender period. Based on current use and latest WHO treatment guidelines the tracer list consists of medicines used in treatment of multi-durg resistant tuberculosis (MDR-TB). The current tracer list includes: cycloserine and kanamycin (declining stage of product life cycle); prothionamide 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.
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.
Target(s)	*2016 (75%) 2017 (75%), 2018 (65%), 2019 (65%), 2020 (65%)*

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.
Target(s)	*2016 (75%); 2017 (75%); 2018 (75%); 2019 (75%); 2020 (75%)*

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 for delamanid, 25 bedaquiline and pediatrics 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.
Target(s)	*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)*

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	"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.
Target(s)	*2016-2020 (<13%)*
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	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
Target(s)	*2016-2020 (<7 percent vacancy rate -benchmarked against GAVI)*
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	1) Total number of donors Total number of donors contributing financial resources through the Secretariat 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
Target(s)	*2020 (15 donors) and 2020 (10% unearmarked funds)*

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	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
Target(s)	*2016 (40%); 2017 (50%); 2018 (65%); 2019 (80%); 2020 (90%)*

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.
Target(s)	*Targets: will reported as met/not met* *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*