### 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

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<tbody>
<tr>
<td>KPI 1.1</td>
<td>Ensure TB is high on the political agenda through increased dialogue and engagement with political decision makers and influencers, and a strong unified community</td>
<td>2015 (0%)</td>
<td>2016 (25%) 2017 (50%) 2018 (65%) 2019 (80%) 2020 (90%) 2021 (90%) 2022 (90%)</td>
<td>18%</td>
<td>75%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td><strong>78%</strong> For 2021 and 2022 the Indicator has been updated (because the previous indicator and targets had already been achieved at 100%).</td>
<td></td>
</tr>
<tr>
<td>KPI 1.2</td>
<td>Increase the financial resources available for implementation of the Global Plan 2018-2022</td>
<td>2015 (39%)</td>
<td>2016 (40%) 2017 (45%) 2018 (50%) 2019 (60%) 2020 (80%) 2021 (80%) 2022 (80%)</td>
<td>N/A</td>
<td>58%</td>
<td>59%</td>
<td>61%</td>
<td>56%</td>
<td>N/A Results for 2021 are not yet available - will be available when WHO publishes the 2021 data in its Global TB Report 2022 and the related country TB finance data - October 2022.</td>
<td></td>
</tr>
<tr>
<td>KPI 1.3</td>
<td>Strengthen TB community systems and responses through the Challenge Facility for Civil Society and other initiatives and platforms</td>
<td>2015 (2%)</td>
<td>2017 (50%) 2019 (60%) 2021 (55%) 2023 (65%)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td><strong>53%</strong></td>
<td>KPI based on updated NSPs as of December 2021. The following countries updated their NSPs since last reporting: Cambodia, DRC, Ethiopia, Ghana, Malawi, Nigeria, Tajikistan, Tanzania, Uzbekistan, Vietnam, Zimbabwe.</td>
<td></td>
</tr>
<tr>
<td>KPI 1.4</td>
<td>Maximize the impact of the Global Fund’s TB portfolio towards reaching the Global Plan targets</td>
<td>2016 (38%)</td>
<td>2017 (80%) 2021 (90%) 2022 (30%)* next Global Fund cycle</td>
<td>N/A</td>
<td>92%</td>
<td>N/A</td>
<td>84%</td>
<td>N/A</td>
<td>work in progress</td>
<td></td>
</tr>
</tbody>
</table>
## 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

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</thead>
<tbody>
<tr>
<td>KPI 2.1</td>
<td>Promote innovation in TB service delivery and new tools through TB REACH and other initiatives</td>
<td>Percentage of funding available for TB research and development (R&amp;D) versus identified need (&quot;R&amp;D funding&quot;)</td>
<td>2014 (US$ 674 million)</td>
<td>2017 (75% *) 2018 (100% *) 2019 (&gt; by 25%) 2020 (&gt; by 50%) 2011 (100% of USD 2 bil. annual need from UNHLM Decl.) 2022 (100% of 2 billion)</td>
<td>N/A</td>
<td>50% (767 million) *the result refers to 2017 data</td>
<td>45% of 2 billion *result refers to 2018 data</td>
<td>45% of 2 billion *result refers to 2019 data</td>
<td>46%</td>
<td>This result is based on the TB R&amp;D Financing report from 2020. In 2020 TB R&amp;D funding increased marginally by US$ 15 million over the 2019 figure. It remains far short of the 2 billion USD committed as annual funding for TB R&amp;D in the UNHLM political declaration.</td>
</tr>
<tr>
<td>KPI 2.2</td>
<td>Promote innovation in TB service delivery and new tools through TB REACH and other initiatives</td>
<td>Percentage of TB REACH supported projects demonstrating an increase in case detection and/or improved treatment outcomes (&quot;improved service delivery&quot;)</td>
<td>2016 (0)</td>
<td>2020 (80%) 2021-2022 (80%)</td>
<td>N/A</td>
<td>N/A</td>
<td>29/31 Projects (94%)</td>
<td>23/28 Projects (82%)</td>
<td>52/59 (88%)</td>
<td>17/39 (44%)</td>
</tr>
<tr>
<td>KPI 2.3</td>
<td>Generate evidence-based practice and knowledge sharing around the implementation of innovative approaches in TB care delivery and the roll-out of new tools</td>
<td>Percentage of relevant WHO policy guidance referencing TB REACH supported projects (&quot;policy influence&quot;)</td>
<td>2010-15 (17%)</td>
<td>2016-2020 (50%) 2021-2022 (50%)</td>
<td>80%</td>
<td>80%</td>
<td>2/4 (50%)</td>
<td>0/1</td>
<td>2/3 (67%)</td>
<td>The evidence generated by TB REACH-supported projects were critical in the WHO Screening Guidelines published in 2021 in a number of areas including impact of ACF on TB notifications, the economic impact of ACF on out of pocket costs for people with TB, and the first ever recommendation of artificial intelligence to read chest-X-rays. In addition, evidence from TB REACH projects supporting new childhood TB guidelines was used.</td>
</tr>
<tr>
<td>KPI 2.4</td>
<td>Support the adoption and scale-up of effective, innovative approaches from TB REACH and other initiatives by mobilizing domestic and/or external funding.</td>
<td>Percentage of approaches funded by TB REACH that are part of national plans and/or are being scaled up (&quot;scale up of TB REACH approaches&quot;)</td>
<td>2010-2015 (21%)</td>
<td>2016-2020 (33%) 2021-2022 (33%)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>40/80 (50%)</td>
<td>58/114 (51%)</td>
<td>TB REACH projects continue to have success linking innovative interventions to longer term funding. A number of Wave 6 projects have been included in Global Fund funding for the use of digital adherence technologies, the C19RM included a large amount of support to expand initial investments in ultra-portable x-ray technology, and the work on private sector engagement has been taken up in countries including Tanzania and Vietnam with larger Global Fund investments.</td>
</tr>
</tbody>
</table>
### GOAL 3: FACILITATE WORLDWIDE, EQUITABLE ACCESS TO TB MEDICINES AND DIAGNOSTICS INCLUDING NEW TOOLS, ACROSS SECTORS

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<tbody>
<tr>
<td>KPI 3.1 Manage and coordinate market activities across all stakeholders for the full portfolio of TB medicines, regimens and diagnostics</td>
<td>Number of GDF TB market roadmaps endorsed by stakeholders (&quot;market coordination&quot;)</td>
<td>2015 (0)</td>
<td>2016 (1) 2017 (3) 2018 (4) 2019 (5) 2020 (6) 2021 (10) 2022 (12)</td>
<td>1</td>
<td>3</td>
<td>6</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>Analysed the TB Medicines Dashboard and coordinated with partners to submit applications to add, remove, change indications for 28 medicines for the WHO Model Essential Medicines List (EML) and EML for Children (EMLc). Twenty-three were accepted by the WHO Expert Committee to change in 2021 and the remaining five changes will automatically be implemented in the next update in 2023.</td>
</tr>
<tr>
<td>KPI 3.2 Develop state of the art business intelligence and data driven approaches through early adoption of cutting-edge technology</td>
<td>Percentage of tracer medicines with accurate demand forecasts (&quot;forecast accuracy&quot;)</td>
<td>2015 (75%)</td>
<td>2016 (75%) 2017 (75%) 2018 (65%) 2019 (65%) 2020 (65%) 2021 (65%) 2022 (65%)</td>
<td>75%</td>
<td>25%</td>
<td>67%</td>
<td>83%</td>
<td>50%</td>
<td>0%</td>
<td>The low forecast accuracy in 2021 is due to multiple factors. The global COVID-19 pandemic continued to affect TB programmes, leading to fewer TB notifications and less people starting TB treatment. Additionally, many programmes had ordered extra TB medicines in 2020 as the Global Fund grant cycle ended. Tracer medicines include all WHO-recommended Group A and B medicines for DR-TB (levofloxacin, moxifloxacin, bedaquiline, linezolid, clofazimine and cycloserine).</td>
</tr>
<tr>
<td>KPI 3.3 Undertake strategic procurement and executive innovative logistics solutions for TB medicines and diagnostics</td>
<td>Percentage of On-Time In-Full (OTIF) deliveries for second-line drugs (SLDs) (&quot;delivery performance&quot;)</td>
<td>2015 (75%)</td>
<td>2016 (75%) 2017 (75%) 2018 (75%) 2019 (75%) 2020 (75%) 2021 (75%) 2022 (75%)</td>
<td>81%</td>
<td>76%</td>
<td>66%</td>
<td>78%</td>
<td>68%</td>
<td>81%</td>
<td>The COVID-19 pandemic continued create global logistics challenges in 2021. Rates for freight continued to fluctuate widely and there have been shortages of shipping containers and congestion at port facilities globally. Despite these challenges, GDF exceeded its 2021 target, delivering 82% of second-line medicines shipments On-Time and In-Full.</td>
</tr>
<tr>
<td>KPI 3.4 Accelerate the uptake of new medicines, regimens, and diagnostics using the GDF &quot;launch pad&quot; in close collaboration with TB REACH and Stop TB Partnerships Working Groups on new TB medicines</td>
<td>Country uptake of bedaquiline</td>
<td>2015 (11)</td>
<td>2016 (20/25) 2017-2022 (25/25)</td>
<td>18</td>
<td>23</td>
<td>24</td>
<td>24</td>
<td>25</td>
<td>target met in 2020 Final (cumulative) target of number of countries that introduced bedaquiline achieved in 2020, results are no longer reported.</td>
<td></td>
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<tr>
<td></td>
<td>Country uptake of delamanid</td>
<td>2015 (0)</td>
<td>2016 (10/26) 2017 (15/26) 2018-2022 (26/26)</td>
<td>8</td>
<td>16</td>
<td>24</td>
<td>24</td>
<td>26</td>
<td>target met in 2020 Final (cumulative) target of number of countries that introduced delamanid achieved in 2020, results are no longer reported.</td>
<td></td>
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<tr>
<td>Country uptake of Child friendly formulations for DR-TB treatment (e.g., levofloxacin 100mg dispersible tablets [DT], moxifloxacin 100mg DT, cycloserine 125mg mini-capsules, ethambutol 150mg DT, pyrazinamide 150mg DT, ethionamide 125mg DT)</td>
<td>2017 (0/53)</td>
<td>Tier 1: 2018 (50% - 13/26); 2019 (75% - 20/26); 2020 (90% - 23/26); 2021 (100% - 26/26) Tier 2: 2018 (30% - 8/27); (60% - 16/27); 2020 (90% - 24/27); (100% - 27/27)</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>Tier 1: 13/26 Tier 2: 8/27</td>
<td>Tier 1: 24/26 Tier 2: 23/27</td>
<td>Tier 1: 26/26 Tier 2: 25/27</td>
<td>2021 Target met for Tier 1 Countries.</td>
<td></td>
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<tr>
<td>Country uptake of 2019 WHO-recommended all-oral longer regimen for DR-TB treatment</td>
<td>2018 (0/53)</td>
<td>Tier 1: 2019 (50% - 13/26); 2020 (75% - 20/26); 2021 (90% - 23/26); 2022 (26/26) Tier 2: 2019 (30% - 8/26); 2020 (60% - 16/27); 2021 (90% - 24/27); 2022 (27/27)</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>Tier 1: 21/26 Tier 2: 20/27</td>
<td>Tier 1: 26/26 Tier 2: 25/27</td>
<td>Tier 1: 26/26 Tier 2: 26/27</td>
<td>2021 Target met for Tier 1 and Tier 2 Countries</td>
<td></td>
</tr>
<tr>
<td>Country uptake of 2020 WHO-recommended bedaquiline-based all-oral shorter regimen for DR-TB treatment</td>
<td>2019 (0/53)</td>
<td>Tier 1: 2020 (50% - 13/26); 2021 (75% - 20/26); 2022 (26/26) Tier 2: 2020 (30% - 8/26); 2021 (60% - 16/27); 2022 (90% - 24/27)</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>Tier 1: 15/26 Tier 2: 16/27</td>
<td>Tier 1: 21/26 Tier 2: 17/27</td>
<td>Tier 1: 21/26 Tier 2: 17/27</td>
<td>2021 Target met for Tier 1 and Tier 2 countries. Additionally, three Tier 1 and five Tier 2 countries have implemented Modified all-oral shorter regimens under structured operational research conditions. This brings the total number of countries using all-oral shorter regimens to 24/26 Tier 1 and 22/27 Tier 2.</td>
<td></td>
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<tr>
<td>Uptake of Rifamycin-based short-course regimens for TB Preventative Treatment (includes 3RH, 3HP, 1HP, 4R in pop. not living with HIV)</td>
<td>2019 (0/53)</td>
<td>Tier 1: 2020 (20% - 5/26); 2021 (40% 11/26); 2022 (70% 18/26) Tier 2: 2020 (12% - 4/27); 2021 (25% - 7/27); 2022 (50% 13/27)</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>Tier 1: 19/26 Tier 2: 15/27</td>
<td>Tier 1: 21/26 Tier 2: 17/27</td>
<td>Tier 1: 19/26 Tier 2: 15/27</td>
<td>2021 Targets met for Tier 1 and Tier 2 countries.</td>
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## GOAL 4: ENSURE THE OPTIMAL AND EFFICIENT FUNCTIONING OF THE SECRETARIAT

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<tbody>
<tr>
<td>KPI 4.1</td>
<td>Operating costs as share of total expense (“operating efficiency”)</td>
<td>2015 (12%)</td>
<td>2016-2020 (&lt;13%) 2021-2022 (&lt;13%)</td>
<td>9.4%</td>
<td>6.1%</td>
<td>8.8%</td>
<td>9%</td>
<td>8.4%</td>
<td><strong>8.5%</strong></td>
<td>2021 KPI of 8.5% is very similar to the prior year’s indicator result of 8.4%, showing thus a stabilization of the operating efficiency of the Secretariat. This is an interim calculation with the final KPI for 2021 to be available as soon as the 2021 financial year closure is completed in UNOPS system (estimated mid 2022)</td>
</tr>
</tbody>
</table>
| KPI 4.2 | Vacancy rate | 2015 (20%) | 2016-2022 (<7 percent vacancy rate - benchmarked against GAVI) | 21% | 19% | 12% | 7% | 6% | **8%** | Vacancy rate  
- The overall vacancy rate has gone up from 6% to 8%.  
- This increase is due to some vacated positions not filled during the year, along with some late recruitments that did not function 100% throughout the year.  
- Due to hosting expiry date and short timeframe some recruitments failed, having to rerun the process, resulting in recruitment delays.  
**Gender balance:** overall representation of women in the Partnership remains high at 60%.  
**Geographic diversity:** 48 nationalities  
**Geographic origin ratio:** 50/50 - Global South/Global North |
| KPI 4.3 | Number of donors and flexibility of funding (“donor diversity”) | 2015 (11 donors) | 2020-2022 (15 donors) | N/A | N/A | N/A | N/A | N/A | 10/15 (66%) | 9/15 (60%) | 9 donors in 2021. Anticipated at least 2 new donors (Korea, UNITAID) in 2022. |
| KPI 4.4 | Timely distribution of governance documents (“timeliness”) | 2015 (30%) | 2016 (40%) 2017 (50%) 2018 (65%) 2019 (80%) 2020 (90%) 2021 (90%) 2022 (90%) | 35% | 48% | 67% | 79% | 89% | **66%** | 66% of the documents were made available online at least 7 days before the first day of 34th Board meeting. |
**KPI 4.5**  
Demonstrate, strengthen, and share the Secretariat's clear added value and impact

<table>
<thead>
<tr>
<th>Partner satisfaction rating of Secretariat Support (“partner satisfaction”)</th>
<th>2015 (N/A)</th>
<th>2016 (75% in at least 1 domain)</th>
<th>2017 (75% in at least 2 domains)</th>
<th>2018 (75% in at least 3 domains)</th>
<th>2019 (75% in at least 4 domains)</th>
<th>2020 (75% in at least 5 domains)</th>
<th>2021 (Satisfaction rating of 80% in 3 core domains)</th>
<th>2022 (Satisfaction rating of 80% in 3 core domains)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021-2022 Coms support:</td>
<td>70%</td>
<td>met</td>
<td>met</td>
<td>N/A</td>
<td>met</td>
<td>N/A</td>
<td>2021 survey to start in June 2022.</td>
<td></td>
</tr>
<tr>
<td>Advocacy support:</td>
<td>52%</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>CRG support:</td>
<td>43%</td>
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</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Percentage of priority countries that have aligned the targets of their national strategic plans with the UNHLM targets. (&quot;political commitment&quot;).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition</td>
<td>&quot;Aligned&quot; here means that the NSP targets are either the same, or within +/- 20% of the globally modelled targets, with valid explanations for the variation.</td>
</tr>
</tbody>
</table>
| Measure   | Numerator: Number of countries in which the NSP targets are aligned with UNHLM TB treatment targets on Stop TB website  
Denominator: Number of countries who are in the list of priority countries (total n=27) |
| Target(s) | 2016 (25%); 2017 (50%); 2018 (65%); 2019 (80%); 2020 (90%); 2021 (90%); 2022 (90%) |

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Percentage of countries with an increase in national level for funding for TB (&quot;national funding&quot;).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition</td>
<td>National level funding defined as domestic resources and overseas development assistance (ODA) to country.</td>
</tr>
</tbody>
</table>
| Measure   | 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 priority countries* (n= 27)  
* list of 27 priority countries can be found in Annex One of Stop TB Partnership Key Performance Indicators 2016-2022 Framework |
| Target(s) | 2016 (40%); 2017 (45%); 2018 (50%); 2019 (60%); 2020 (80%); 2021 (80%); 2022 (80%)  
These targets imply that in 80% of high burden countries, the budget for TB at national level from all sources will increase in 2021 compared to 2020; also 80% of countries will have further increases in their budget in 2022 compared to 2021. |

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>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 (&quot;community systems&quot;)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition</td>
<td>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.</td>
</tr>
</tbody>
</table>
| Measure   | 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%); 2021(55%); 2023 (65%) |

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Percentage of GFATM TB funds disbursed (&quot;disbursement&quot;).</th>
</tr>
</thead>
</table>

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*Stop TB Partnership Key Performance Indicators 2016-2022 Framework*
**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

<table>
<thead>
<tr>
<th>Numerator</th>
<th>Denominator</th>
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<tbody>
<tr>
<td>Funding available for TB R&amp;D</td>
<td>Funding needed for TB R&amp;D per year as defined in the Global Plan to End TB 2016-2020</td>
</tr>
</tbody>
</table>

#### 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%); 2021 (100% of the 2 billion USD annual need expressed in the UNHLM political declaration); 2022 (100% of the 2 billion USD annual need expressed in the UNHLM political declaration)

*% of US$ 1.8 billion annualized need as per the Global Plan*

### 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

<table>
<thead>
<tr>
<th>Numerator</th>
<th>Denominator</th>
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</thead>
<tbody>
<tr>
<td>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)</td>
<td>Number of TB REACH projects funded between 2017-2020</td>
</tr>
</tbody>
</table>

#### Target(s)
2020 (80%); 2021-2022 (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%); 2021-2022 (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**  
\[
\begin{align*}
\text{Numerator} & = \text{Approaches funded by TB REACH} \\
\text{Denominator} & = \text{All approaches funded by TB REACH}
\end{align*}
\]

**Target(s)**  
2016-2020 (33%); 2021-2022 (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); 2021 (10); 2022 (12)

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-drug 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%); 2021 (65%); 2022 (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:  
\[
% \text{OTIF} = \% \text{of all deliveries made OTIF} = \frac{\# \text{OTIF deliveries} + \text{total} \# \text{deliveries}}{\text{total} \# \text{deliveries}} \times 100
\]

This will be measured for all second line drugs.
Target(s) | 2016 (75%); 2017 (75%); 2018 (75%); 2019 (75%); 2020 (75%); 2021 (75%); 2022 (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 (BDQ),
- Delamanid (DLM),
- Pediatric fixed-dose combination (FDCs) formulations for DS-TB,
- 2016 WHO-recommended Shorter Regimen for DR-TB treatment (e.g., kanamycin-based standard shorter regimen)
- Child-friendly formulations for DR-TB treatment (e.g., levofloxacin 100mg dispersible tablets DT, moxifloxacin 100mg DT, cycloserine 125mg mini-capsules, ethambutol 100mg DT, pyrazinamide 150mg DT, ethionamide 125mg DT)
- 2019 WHO-recommended all-oral longer regimen for DR-TB treatment
- 2020 WHO-recommended bedaquiline-based all-oral shorter regimen for DR-TB treatment
- Rifamycin-based short regimen for TB Preventative Treatment

### Definition

Uptake is defined as new medicines/regimens introduced in 26 GDF priority countries for delamanid and 2016 WHO-recommended shorter regimens, 25 for bedaquiline and pediatrics via GDF. 53 GDF priority countries (26 Tier 1 and 27 Tier 2) for child-friendly formulations for DR-TB, 2019 and 2020 WHO recommended regimens for DR-TB treatment and LTBI.

GDF will also report the volume or estimated number of new treatments supplied to priority countries.

### Measure

Indicator would be tracked separately across the different medicines and regimens as a ratio: # GDF priority countries that have introduced new TB medicines and treatments regimens/# GDF priority countries.

GDF will also report the estimated number of treatments supplied to countries for new tools when treatments can be calculated from procurement data. For other tools, volumes supplied will be reported.

### Target(s)

<table>
<thead>
<tr>
<th>Medicine/Regimen</th>
<th>Baseline</th>
<th>Targets 2016</th>
<th>Targets 2017-2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delamanid</td>
<td>2015 (0/26); Targets: 2016 (10/26); 2017(15/26); 2018-2022 (26/26)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatrics</td>
<td>2015 (0/25); Targets: 2016 (12/25); 2017 (24/25); 2018-2022 (25/25)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child-friendly formulations for DR-TB treatment (e.g., levofloxacin 100mg dispersible tablets DT, moxifloxacin 100mg DT, cycloserine 125mg mini-capsules, ethambutol 100mg DT, pyrazinamide 150mg DT, ethionamide 125mg DT)</td>
<td>2017 (0/53)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rifamycin-based short-course regimens for TB Preventative Treatment (includes 3RH, 3HP, 1HP, 4R in populations not living with HIV)</td>
<td>2019 (0/53)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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")
### Indicator | Definition | Measure | Target(s) | 4.2: The Secretariat is adequately staffed, is gender balanced and staff are drawn from diverse cultural backgrounds.
---|---|---|---|
Vacancy rate | 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. | 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 | 2016-2020 (<7 percent vacancy rate -benchmarked against GAVI); 2021-2022 (<7 percent vacancy rate -benchmarked against GAVI) |
### Indicator | Definition | Measure | Target(s) | 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"). | Total number of donors that contribute to the Stop TB Partnership Secretariat and percentage of un-earmarked funds. | 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 | 2020 (15 donors); 2021-2022 (15 donors) and 2020 (10% unearmarked funds); 2021-2022 (10%) |
### Indicator | Definition | Measure | Target(s) | 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"). | | | |
<table>
<thead>
<tr>
<th>Definition</th>
<th>Percentage of documents that are distributed to the Board at least 7 days in advance of meetings and teleconferences. Documents are defined as the agenda and supporting materials for agenda sessions.</th>
</tr>
</thead>
</table>
| Measure                                                                    | Numerator: X \( \times 100\% \)  
Denominator:  
**Numerator**: Number of Board documents distributed at least 7 days in advance of meetings  
**Denominator**: Number of Board meeting documents |
| Target(s)                                                                 | 2016 (40%); 2017 (50%); 2018 (65%); 2019 (80%); 2020 (90%); 2021 -2022 (90%) |

4.5: Demonstrate, strengthen, and share the Secretariat’s clear added value and impact

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Partner satisfaction rating of Secretariat Support (“partner satisfaction”).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition</td>
<td>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 3 domains (communication tools, advocacy support, and CRG support) will be used to track this indicator over time. The percentage of 4s (satisfied) and 5s (completely satisfied, more than meets my expectations) will be added for each domain to measure satisfaction.</td>
</tr>
</tbody>
</table>
| Measure                                                                    | **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  
2021: Satisfaction rating of 80% in 3 core domains of Stop TB support to partners – Communication support and tools, Advocacy support, CRG support  
2022: Satisfaction rating of 80% in 3 core domains of Stop TB support to partners – Communication support and tools, Advocacy support, CRG support |
| Target(s)                                                                 |                                                                                                                                              |