

# Key Performance Indicators for 2016-2020 Strategy Background paper for Stop TB Partnership Coordinating Board

### **Section A: Background**

The Stop TB Partnership Coordinating Board approved the Operational Strategy 2016-2020 at its 27<sup>th</sup> meeting held in November 2015. The Board requested the Secretariat, under supervision of the Executive Committee, to develop annual key performance indicators as well as specific targets (decision point 27-5). The overall number of KPIs was not to exceed 16.

A core team from the Secretariat, supported by Spark Street Consulting, drafted a list of potential indicators. These were then refined through interviews with additional Secretariat staff, select members of the Coordinating Board and with the Executive Committee (please refer to annex A). The draft KPIs were then reviewed by the Executive Committee as a whole during its call on 7 July 2016.

Taking into account the guidance provided on that call, the KPIs have been further revised and the Secretariat had developed baselines and targets. The main changes proposed by the EC, reflected in this version proposed to the Board, can be summarized as follows (please refer to meeting minutes for further detail)<sup>1</sup>:

- Two indicators were added for consideration: one related to maximizing the impact of the Global Fund's portfolio (Goal 1, indicator 4); and, one on promoting new tool development (Goal 2, indicator 1).
- The indicator aimed to capture the extent to which the Partnership is promoting innovation in TB service delivery and new tools (Goal 2, indicator 1) has been replaced, shifting the focus from fundraising to service delivery.
- The indicator related to strategic procurement (Goal 3, indicator 3) has been revised slightly to reflect with more accuracy whether the supply chain was able to deliver the expected product in the quantity orders by the customer at the expected time.

Please note that some indicators, baselines and/or targets have yet to be calculated and will be completed following the Board meeting. <sup>2</sup> Also, the total number of KPIs is now 17.

## **Section B: Key Performance Indicators**

At the mission level, the Stop TB Partnership will use the indicators and targets proposed to measure SDG Goal 3, the Global Plan to End TB, and the End TB Strategy

<sup>&</sup>lt;sup>1</sup> http://www.stoptb.org/assets/documents/about/cb/Final%20Minutes%20-%20ExCom73.pdf

<sup>&</sup>lt;sup>2</sup> For indicator 1.2 ("national financing") and 2.1 ("R&D funding"), and 3.3 ("delivery performance"), 4.2 ("vacancy rate"), and 4.3 ("donors diversity") the baseline and/or targets will be developed following the September 2016 Stop TB Coordinating Board Meeting.



(see Annex B). At the goal level, the recommended KPIs are summarized below (for full description, including targets and baselines, see Key Performance Indicators document).

### Goals and key performance indicators

- 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
  - 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
  - ii. Percentage of countries with an increase in national level of funding for TB
- iii. Percentage of countries that have national strategic plans with components to strengthen TB community systems including gender, human rights, stigma and/or grassroots activities
- iv. Percentage of GFATM TB funds disbursed
- 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
  - Percentage of funding available for TB research and development versus identified need
  - ii. Percentage of TB reach supported projects demonstrating an increase in case detection and/or improved treatment outcomes
- iii. Percentage of relevant WHO policy guidance referencing TB REACH supported projects
- iv. Percentage of approaches funded by TB REACH that are part of a national plan and/or are being scaled up
- 3. Facilitate world-wide equitable access to TB medicines and diagnostics, including new tools, across public and private sectors
  - i. Number of GDF TB product roadmaps endorsed by stakeholders
  - ii. Percentage of tracer medicines with accurate demand forecasts
- iii. Percentage of on-time in-full deliveries for second line drugs
- iv. Country uptake of bedaquline, delamanid, and new pediatric formulations
- 4. Ensure the optimal and efficient functioning of the Secretariat
  - i. Operating cost as share of total expenses
  - ii. Vacancy rate
- iii. Number of donors and flexibility of funding
- iv. Timely disbursement of governance documents
- v. Partner satisfaction rating of Secretariat support



### **Annex A: INTERVIEW LIST**

# **Board & Executive Committee (10 interview sessions conducted)**

| Aaron Oxley* Results UK        | Board Developed NGO          | Unable to schedule interview |
|--------------------------------|------------------------------|------------------------------|
|                                | Representative               |                              |
| Joanne Carter* Results         | Vice-Chair                   | 17 June                      |
| Education Fund                 |                              |                              |
| Erika Arthun* Bill and Melinda | Board Foundation             | 15 June                      |
| Gates Foundation               | Representative               | Input by email 20 June       |
| Cheri Vincent* <i>USAID</i>    | Donor seat at Board          | 21 June                      |
| Mario Raviglione* WHO          | Multilateral Agency          | 20 June                      |
| Gloria Wiseman*, Cheryl Boon   | Donor seat at Board          | 17 June                      |
| Global Affairs Canada          |                              |                              |
| Paula Fujiwara* The Union      | Technical Agency             | 17 June                      |
| Jay Bagaria <i>DfID</i>        |                              | 17 June                      |
| David Lewinsohn <i>Chair</i>   | Working Group representative | 14 June                      |
| Working Group on New Vaccines  |                              |                              |
| Austin Obiefuna*               | Developing Country NGO       | 17 June                      |
| Timur Abdullaev                | TB Affected Communities      | Unable to schedule           |
| Thoko Phiri*                   | TB Affected Communities      | 17 June                      |

<sup>\*</sup> Member of Executive Committee

Secretariat (6 interview sessions conducted)

| Lucica Ditiu     | Executive Director          | 9 June                       |
|------------------|-----------------------------|------------------------------|
| Savanand Sahu    | Deputy Executive Director   | 2 June                       |
| Shirley Bennett  | Governance & Planning       | 2 June                       |
| _                | Officer                     |                              |
| Brenda Waning    | Chief, GDF                  | 8 June and by email (9 June) |
| Andre Zagorski   | Manager, GDF                | Input by email (9 June)      |
|                  |                             |                              |
| Jacob Creswell   | Innovations & Grants Team   | 6 June with by email (10     |
|                  | Leader                      | June)                        |
| Andrew Codlin    | Technical Officer, TB REACH | Not schedule                 |
| Anant Vijay      | Senior Finance Advisor      | 2 June                       |
| Mikkel Broholt   | UNOPS                       | 13 June                      |
| Colleen Daniels  | Community, Rights & Gender  | 10 June                      |
|                  | Officer                     |                              |
| Coaimhe Smyth    | Project Office, Challenge   | 10 June                      |
|                  | Facility for Civil Society) |                              |
|                  | Global Fund Technical       |                              |
| Farihah Malik    | Assistance Officer          | 10 June                      |
| Darivianca Laloo | Partners and Donors Officer | 10 June                      |



#### **Annex B: MISSION LEVEL INDICATORS**

# I. SDGs Goal 3. Target 3.3

By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

➤ Indicator: TB incidence per 1,000 persons per year

**Data source:** WHO TB Database: annual SDGs reports

# II. Global Plan to End TB (2016-2020)

90-90-90 targets:

- Reach 90% of all people with TB and put them on appropriate treatment
- Reach at least 90% of key populations (most vulnerable, underserved, atrisk) a subset of target 1
- Achieve at least 90% treatment success
- Indicators: case detection (including for vulnerable groups); cure rate

Data Source: WHO TB Database; Global Plan progress tracking

#### III. End TB Strategy (2015-2035)

- 95% reduction in number of TB deaths by 2035 (compared with 2015)
- 90% reduction in TB incidence rate as compared with 2015 (target: <10/100,000)
- Zero TB-affected families facing catastrophic cost due to TB
- ➤ **Indicators:** TB related deaths; TB incidence; families facing catastrophic costs

Data Source: WHO TB database; End TB Strategy progress tracking