

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	Comments
KPI 1.1 Ensure TB is high on the political agenda through increased dialogue and engagement with political decision makers and influencers, and a strong unified community	Percentage of high-burden TB, MDR-TB, and TB/HIV countries that have made a commitment to achieving the targets in the Global Plan to End TB 2016-2020. ("political commitment")	2015 (0%)	2016 (25%) 2017 (50%) 2018 (65%) 2019 (80%) 2020 (90%)	18%	75%	100%	All member states endorsed the UN High-Level Meeting Political Declaration and the headline target to diagnose and treat 40 million people with TB by 2022, which fully aligns with the Global Plan to End TB 2016-2020 90-(90)-90 targets.
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%	During the KPI Framework Review, the Executive Committee approved the proposed annual targets for this KPI.
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	In 2018, most existing National Strategic Plans (NSPs) 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. During the KPI Framework Review, the Executive Committee approved a revised manner to monitor and measure this KPI from 2018 onwards: with new targets and a bi-annual reporting system. The next reporting time 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 for implementation period 2018-2020 disbursed	1. Overall the indicator is on track. Please note that this indicator measures disbursements in the first year (2018) of a new 3-year implementation cycle of Global Fund (2018-2020). This is a cumulative indicator which should reach 100% at the end of 2020. From experience, we expect in the first year of implementation the absorption to be lower, which usually speeds up in the second and third year. In addition some grants started later in 2018 and did not have full one year time for disbursements. We also compared it with HIV and Malaria which are at 24% and 23% respectively. Specific countries with lower absorption are being discussed in the TB Situation Room to identify and unlock bottlenecks. 2. Please note that due to changes in the Global Fund publicly available data on grant disbursements, the denominator of this indicator was changed from 'allocation' to 'signed grants'. This change will overall improve the precision of measuring absorption. This will also address a few situations where countries get more funds signed into grants than originally allocated due to the Portfolio Optimization process.

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	Comments
KPI 2.1 Promote innovation in TB service delivery and new tools through TB REACH and other initiatives.	Percentage of funding available for TB research and development (R&D) versus identified need ("R&D funding")	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	Targets (proposed by New Tools Working Group) approved by the Executive Committee: Total Needed 2016-2020: \$6081 million Annualized need: \$1216 2017 Increase annual funding to 75% of the annualized need 2018 Increase an. funding to 100% 2019 Exceed an. funding by 25% 2020 Exceed an.funding by 50%
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%)	Interim results from Wave 5 projects (*not all have closed) show that across 31 projects with valid data, All Forms TB notifications increased in 29 of 31 project areas. The overall increase was 20.1% through the end of Q2 2018. 142,789 people were diagnosed, treated and notified in TB REACH project areas cumulatively and 8 of the projects improved notifications more than 40%.
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%)	Relevant guidance included Latent TB infection, Handbook on the use of digital technologies, the PPM Landscape Analysis and, Best practices in child and adolescent tuberculosis care.
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	This KPI will be reported in 2020. However, it can be reported that already a number of Wave 5 projects have received additional support to continue and expand services developed under TB REACH. The Zero TB Cities Initiative in Vietnam is poised to receive additional funding from Global Fund to increase ACF and prevention services. A tribal ACF intervention in India has been taken up and will continue the work with the grantee. FIND India developed a proficiency panel testing and EQA for Xpert in the private sector and the RMTCP has taken up the EQA for both public and private sector machines. In Mozambique, a community based ACF approach developed by Health Alliance International in coordination with USAID will continue with World Bank Resources. An intervention using Lady health Workers in Pakistan in Sindh Province piloted by Mercy Corps is being funded at a larger scale by the Global Fund, and an approach using drones to collect sputum and deliver results and drugs to remote communities is being expanded in remote mountainous areas of Nepal.

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	Comments
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	1. Development of a multi-stakeholder position paper reflecting collective concerns and recommendations on planned specifications of Cepheid's GeneXpert Omni, to ensure product development is optimized to meet user needs 2. Development of a TB Medicines Dashboard to align TB medicines lists across WHO Departments, Global Fund, and Stop TB/GDF towards consistent messaging to suppliers, national TB programmes, and other key stakeholders 3. Development of a model Service Level Agreement for comprehensive service and maintenance of GeneXpert machines, to provide a standard framework of terms and conditions for all implementing programmes and ensure service provider accountability
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%	Result available in Q2 2019	During the KPI Framework Review, the Executive Committee approved a revised definition of this KPI to reflect the changes of WHO guidelines. The GDF's one-year tender cycle ends in March 2019, hence, KPI 3.2 result becomes available in April 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%	During the KPI Framework Review, the Executive Committee approved the baseline of 2015 (75%) and revised targets. Two significant events occurred in 2018 that affected OTIF, one expected and one unexpected. StopTB/GDF's contracted procurement agent moved to a larger warehouse in Q2 2018. This necessitated halting shipments during the move. The move took longer than expected, affecting OTIF, however StopTB/GDF had implemented a risk mitigation plan to ensure no country experienced any stockout. In August, WHO released a major revision to the Drug-Resistant TB guidelines which no longer recommend the use of injectable agents and reprioritized other medicines. This resulted in numerous programmes either cancelling or revising orders for injectable agents and increasing orders for reprioritized medicines. While the StopTB/GDF Strategic Rotating Stockpile (SRS) was able to respond to many of the requests for reprioritized medicines, the sheer number of cancellations and modifications for injectable agents had an overall negative impact on OTIF.
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	During the KPI Framework Review, the Executive Committee adjusted the priority country targets. 24 countries made orders. One pending country: South Sudan.
	Number of GDF priority countries - uptake of delamanid	2015 (0)	2016 (10/26) 2017(15/26) 2018-2020 (26/26)	8	16	24	During the KPI Framework Review, the Executive Committee adjusted the priority country targets. 24 countries made orders. Pending countries are Uganda and South Sudan.
	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	During the KPI Framework Review, the Executive Committee adjusted the priority country targets. 24 countries made orders. Pending country is South Sudan.

GOAL 4: ENSURE THE OPTIMAL AND EFFICIENT FUNCTIONING OF THE SECRETARIAT							
KPI	Indicator	Baseline	Targets	2016 Result	2017 Result	2018 Result	Comments
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%	2018 saw a slight decrease in the value of orders placed with GDF in 2018 comparatively with 2017 (due to Global Fund new grant cycle that started in January 2018). This decreased the total expenditure of SG3, which is the denominator of this indicator. Thus, indicator value slightly increased versus 2017.
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%	We note a positive outcome with a decrease from 19% to 12%. The Partnership's overall gender balance with the female representation remains high at 61%.
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	This KPI is expected to be reported in 2020. However, the Secretariat reports that in 2018 the number of donors stands at 10. As a result of fundraising work in 2018, potentially 2 new donors will provide resources to the Secretariat in the future. The flexible funding remains low at 3%.
		2015 (5%)	2020 (10%)	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%	
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	pending	The partners satisfaction survey for 2018 is currently ongoing. The results will be available in Q2 2019.

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