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	2020 Result	2021 Result	Comments 2021
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 priority countries that have aligned the targets of their national strategic plans with the UNHLM targets. ("political commitment").*	2015 (0%)	2016 (25%) 2017 (50%) 2018 (65%) 2019 (80%) 2020 (90%) 2021 (90%) 2022 (90%)	18%	75%	100%	100%	100%	**78%**	For 2021 and 2022 the Indicator has been updated (because the previous indicator and targets had already been achieved at 100%).
KPI 1.2 **Increase the financial resources available for implementation of the Global Plan 2018-2022**	*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%) 2021 (80%) 2022 (80%)	N/A	58%	59%	61%	56%	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.
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%) 2019 (50%)	2017 (50%) 2019 (60%) 2021 (55%) 2023 (65%)	N/A	53%	N/A	N/A	53%	**59%**	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.
KPI 1.4 **Maximize the impact of the Global Fund's TB portfolio towards reaching the Global Plan targets**	*Percentage of Global Fund TB funds disbursed ("disbursement")*	2016 (38%)	2017 (80%) 2021 (90%) 2022 (30%)* *next Global Fund cycle	N/A	92%	25% of funds signed were disbursed (implement. period 2018-20)	N/A	84%	N/A	*work in progress*

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	2020 Result	2021 Result	Comments 2021
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 (75% ↗) 2018 (100% ↗) 2019 (> by 25%) 2020 (> by 50%) 2021 (100% of USD 2 bil. annual need from UNHLM Decl.) 2022 (100% of 2 billion)	N/A	N/A	50% (767 million) *the result refers to 2017 data	45% of 2 billion *result refers to 2018 data	45% of 2 billion USD *result refers to 2019 data	**46%**	This result is based on the TB R&D Financing report from 2020. In 2020 TB R&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&D in the UNHLM political declaration.
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%) 2021-2022 (80%)	N/A	N/A	29/31 Projects (94%)	23/28 Projects (82%)	52/59 (88%)	**17/39 (44%)**	In Wave 7, the Covid-19 pandemic severely limited the ability of many projects to work and demonstrate a positive impact on TB case detection. However, almost half of the projects were still able to improve TB notifications by 20%, despite massive declines at a global level. Analyzed together, TB REACH projects were able to maintain TB notifications almost at pre-pandemic levels, demonstrating the importance in investing in additional efforts when the health systems are not able to provide proper services.
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%) 2021-2022 (50%)	80%	80%	2/4 (50%)	0/1	2/3 (67%)	**2/3 (67%)**	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.
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%) 2021-2022 (33%)	N/A	N/A	N/A	N/A	40/80 (50%)	**58/114 (51%)**	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.

				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*	*2020 Result*	*2021 Result*	*Comments 2021*	
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) 2021 (10) 2022 (12)	1	3	6	8	9	**10**	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.	
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%) 2021 (65%) 2022 (65%)	75%	25%	67%	83%	50%	**0%**	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, moxiflocaxin, bedaquiline, linezolid, clofazimine and cycloserine).	
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%) 2021 (75%) 2022 (75%)	81%	76%	66%	78%	68%	**81%**	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.	
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**	*Country uptake of bedaquiline*	2015 (11)	2016 (20/25) 2017-2022 (25/25)	18	23	24	24	25	target met in 2020	Final (cumulative) target of number of countries that introduced bedaquiline achieved in 2020, results are no longer reported.	
	Country uptake of delamanid	2015 (0)	2016 (10/26) 2017 (15/26) 2018-2022 (26/26)	8	16	24	24	26	target met in 2020	Final (cumulative) target of number of countries that introduced delamanid achieved in 2020, results are no longer reported.	
	Country uptake of new paediatric fixed-dose combination products for DS-TB	2015 (0)	2016 (12/25) 2017 (24/25) 2018-2022 (25/25)	6	22	24	24	25	target met in 2020	Final (cumulative) target of number of countries that introduced paediatric FDCs achieved in 2020, results no longer reported.	

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 100mg DT, pyrazinamide 150mg DT, ethionamide 125mg DT)	2017 (0/53)	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)	--	--	--	Tier 1: 13/26 Tier 2: 8/27	Tier 1: 24/26 Tier 2: 23/27	**Tier 1: 26/26 Tier 2: 25/27**	2021 Target met for Tier 1 Countries.
Country uptake of 2019 WHO-recommended all-oral longer regimen for DR-TB treatment	2018 (0/53)	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)	--	--	--	Tier 1: 21/26 Tier 2: 20/27	Tier 1: 26/26 Tier 2: 25/27	**Tier 1: 26/26 Tier 2: 26/27**	2021 Target met for Tier 1 and Tier 2 Countries
Country uptake of 2020 WHO-recommended bedaquiline-based all-oral shorter regimen for DR-TB treatment	2019 (0/53)	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)	--	--	--	--	Tier 1: 15/26 Tier 2: 16/27	**Tier 1: 21/26 Tier 2: 17/27**	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.
Uptake of Rifamycin-based short-course regimens for TB Preventative Treatment (includes 3RH, 3HP, 1HP, 4R in pop. not living with HIV)	2019 (0/53)	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)	--	--	--	--	--	**Tier 1: 19/26 Tier 2: 15/27**	2021 Targets met for Tier 1 and Tier 2 countries.

GOAL 4: ENSURE THE OPTIMAL AND EFFICIENT FUNCTIONING OF THE SECRETARIAT										
KPI	Indicator	Baseline	Targets	2016 Result	2017 Result	2018 Result	2019 Result	2020 Result	2021 Result	Comments 2021
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%) 2021-2022 (<13%)	9.4%	6.1%	8.8%	9%	8.4%	**8.5%**	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)
KPI 4.2 **The Secretariat is adequately staffed, is gender balanced and staff are drawn from diverse cultural backgrounds**	*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 **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)	2020-2022 (15 donors)	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.
		2015 (5%)	2020-2022 (10%)	N/A	N/A	N/A	N/A	1%	**4%**	
KPI 4.4 **Governance mechanisms of the Stop TB Partnership operate in an efficient, effective and transparent manner (including the 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%) 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**	*Partner satisfaction rating of Secretariat Support ("partner satisfaction")*	2015 (N/A) 2021-2022 Coms support: 70% Advocacy support: 52% CRG support: 43%	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) 2021 (Satisfaction rating of 80 % in 3 core domains – Coms tools, Advocacy support, CRG support) 2022 (Satisfaction rating of 80 % in 3 core domains)	met	met	met	N/A	met	**N/A**	2021 survey to start in June 2022.

KEY	
Green	**80-100%**
Yellow	**65-80%**
Red	**<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 priority countries that have aligned the targets of their national strategic plans with the UNHLM targets. ("political commitment").
Definition	"Aligned" here means that the NSP targets are either the same, or within +/- 20% of the globally modelled targets, with valid explanations for the variation.
Measure	Numerator X 100% Denominator ***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	
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 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	
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.
Measure	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*)
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	
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 implementation cycle for TB grants and TB/HIV grants in priority countries (2018-2020 or 2021-2023) **Denominator:** Disbursement forecast for the implementation cycle for TB grants and TB/HIV grants in priority countries (2018-2020 or 2021-2023) (n=27)
Target(s)	*Reaching 80% disbursed at the end of 2017 and 90% disbursed at the end of 2021. 2022 (30% disbursement by end of 2021, for new grants in the cycle 2021-2023)* *Note: The 2022 target is lower because Global Fund starts a new grant implementation cycle in 2021. The first year of the three-year grant will be implemented in 2021, and therefore, the target for 2022 was kept at 30% disbursement of the overall implementation cycle amount.*

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%); 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	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
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	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%); 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-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%); 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: % 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%); 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 fix-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)	*Bedaquiline* • *Baseline: 2015 (11/25); Targets: 2016 (20/25); 2017-2022 (25/25)* *Delamanid* • *Baseline: 2015 (0/26); Targets: 2016 (10/26); 2017(15/26); 2018-2022 (26/26)* *Pediatrics* • *Baseline: 2015 (0/25); Targets: 2016 (12/25); 2017 (24/25); 2018-2022 (25/25)* *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)* • *Baseline: 2017 (0/53)* • *Targets Tier 1: 2021 (100% - 26/26)* • *Targets Tier 2: 2021 (100% - 27/27)* *2019 WHO-recommended all-oral longer regimen for DR-TB treatment* • *Baseline: 2018 (0/53)* • *Targets Tier 1: 2021 (90% - 23/26); 2022 (100% - 26/26);* • *Targets Tier 2: 2021 (90% - 24/27); 2022 (100% - 27/27)* *2020 WHO-recommended bedaquiline-based all-oral shorter regimen for DR-TB treatment* • *Baseline: 2019 (0/53)* • *Targets Tier 1: 2021 (75% - 20/26); 2022 (100% - 26/26)* • *Targets Tier 2: 2021 (60% -16/27); 2022 (90% - 24/27)* *Rifamycin-based short-course regimens for TB Preventative Treatment (includes 3RH, 3HP, 1HP, 4R in populations not living with HIV)* • *Baseline: 2019 (0/53)* • *Targets Tier 1: 2021 (40% 11/26); 2022 (70% 18/26)* • *Targets Tier 2: 2021 (25% - 7/27); 2022 (50% 13/27)*

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 (hosting agency and Secretariat) vis-à-vis total expense, including an additional 1% coordination levy introduced by UN General Assembly (resolution 72/279) applied to all engagements signed with partners starting 1 January 2021.
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%); 2021-2022 (<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); 2021-2022 (<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); 2021-2022 (15 donors) and 2020 (10% unearmarked funds); 2021-2022 (10%)*

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 the Board at least 7 days in advance of meetings and teleconferences. Documents are defined as the agenda and supporting materials for agenda sessions.
Measure	<u>Numerator X 100%</u> 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	
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 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.
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* *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)*