Stop TB Partnership

Key Performance Indicators

Stop TB Partnership

	GOAL 1: CHAMPION ENDING TB WITH FINANCING AND POLITICAL ADVOCACY	
	1.1: Countries with costed national strategic plans for TB response	
Indicator 1.1	Percentage of countries with a comprehensive, costed national strategic plans (NSPs)	

Definition	Country NSPs will be analysed and scored for fully costed NSP that aim to end TB – including clear targets and a comprehensive approach, integration or mainstreaming of the TB response will also be scored.
	
	- Fully costed: includes annual budgets with high level breakdown of costs.
	- Targets:
	   o country defined targets that are aligned with the SDG targets on decline in deaths and incidence rate by 2030 when compared to a baseline of 2015
	   o country targets on treatment by 2027 are aligned with the UNHLM target
	- Comprehensive approach: includes the components of search, treat, prevent and enablers to address barriers.
	- TB response plan is mainstreamed into health and development agenda, including clear links with UHC, PPR and AMR
	
	Country NSPs will be scored and the **average score** of 24 high priority countries will be reported as a score and as a **percentage** out of maximum score possible. A scoring tool will be used to score NSPs, with scores for each of the four parameters: fully costed, targets, comprehensiveness, and integration.
	
	Geographical scope: 24 high priority countries - Afghanistan, Bangladesh, Cambodia, DRC, Ethiopia, India, Indonesia, Kenya, Kyrgyzstan, Malawi, Mozambique, Myanmar, Nigeria, Pakistan, Philippines, South Africa, Tajikistan, Tanzania, Uganda, Ukraine, Uzbekistan, Vietnam, Zambia, and Zimbabwe.
	
	A scoring tool will be used to score NSPs, with scores for each of the four parameters: fully costed, targets, comprehensiveness, and integration.	

Rationale for use	A fully costed, ambitious and comprehensive NSP is a pre-requisite for resource mobilization and actions that are needed to end TB. Assessing the NSP cannot be a dichotomy situation of good or bad, but will need a scoring approach. The full score will be a benchmark that countries should look forward to achieving and for Stop TB Partnership to advocate for and support countries. Progress towards the full score is a marker of progress in the right direction.	
How it is measured	**Average NSP score:** Numerator Denominator *Numerator:* Sum total of the NSP scores of priority countries (24) *Denominator:* Number of countries (24)	

	Percentage achieved on NSP score:
	$$\frac{\text{Numerator}}{\text{Denominator}} \quad X \quad 100\%$$
	Numerator: Sum total of the NSP scores of priority countries (24)
	Denominator: Sum total of maximum score possible for NSP for all priority (24)
Baseline and Target(s)	**Targets:** 2023-2024 (25%); 2026 (65%); 2028 (90%)
Data source	Latest NSPs from countries will be collected for review and assessment. Assessment will be done by Stop TB Partnership.
Limitations	- NSPs are developed/updated on a 3-5 years cycle, usually aligned with the Global Fund funding cycles, so this indicator may not change on an annual basis. Most NSPs were updated in 2023 and the next updating is likely in 2026. A few countries may update their NSPs before 2026. - This is an indicator that measures ambitious and bold planning to end TB. However, a good NSP may not always translate into good progress especially in settings where the available funding does not allow full implementation of the NSP.

Stop TB Partnership

GOAL 1: CHAMPION ENDING TB WITH FINANCING AND POLITICAL ADVOCACY	
1.2: TB funding from domestic, donor, and innovative sources	
Indicator	Percentage of countries with an increase in available funding for TB
Definition	Number and percentage of countries where funding available for TB increased versus the previous year. Geographical scope: 24 priority countries - Afghanistan, Bangladesh, Cambodia, DRC, Ethiopia, India, Indonesia, Kenya, Kyrgyzstan, Malawi, Mozambique, Myanmar, Nigeria, Pakistan, Philippines, South Africa, Tajikistan, Tanzania, Uganda, Ukraine, Uzbekistan, Vietnam, Zambia, and Zimbabwe.
Rationale for use	Funds available for TB response need to increase year-on-year to the levels committed by the UNHLM 2023
How it is measured	<u>Number:</u> it is the count of countries among the 24 priority ones where the available funds for TB increased in the reporting year when compared to the immediate previous year. <u>Percentage:</u> The KPI is also expressed as a percentage out of 24 priority countries. Numbers and percentage will be reported on a cumulative basis, starting 2023.
Baseline and Target(s)	**Targets:** 2023 (xx%); 2024 (30%); 2025 (35%); 2026 (40%); 2027-28 (50%)
Data source	- Publicly available finance data submitted by countries to WHO will be used as a primary source of data. - Adjustments will be made in specific cases based on data available from Global Fund, World Bank - especially on funding for TB that goes to the TB response but may not be recorded as NTP received funds, e.g. C19RM, World Bank performance based financing, etc.
Limitations	- This KPI measures increases in funding made available to the TB responses in countries but does not measure the quantum of increase. - As shown during the Covid pandemic, funding to TB could reduce due to other health emergencies, but systems built during such health emergencies could help TB response. - The well-known incompleteness and quality of data on financing for health may affect the accurate measurement of this indicator.

Stop TB Partnership

GOAL 1: CHAMPION ENDING TB WITH FINANCING AND POLITICAL ADVOCACY	
1.3: Government leadership engaged in TB response	
Indicator	Countries where High-level Leadership (i.e. Heads of States / Heads of Govt.) are engaged in the TB response
Definition	Number of HoS who are part of the "Coalition of Leaders to End TB (COOL)" and/or who lead the TB responses in their countries presiding over TB meetings, launching initiatives on TB or championing the TB cause.
Rationale for use	Leadership of Heads of States/Governments is needed to end TB. TB is not merely a health issue but has socio economic dimensions. To end TB actions are needed at an unprecedented scale through 'all-of-the-government' and 'all-of-the society' approaches. The COOL initiative was announced at the March 2023 Board and launched in New York during the UNHLM in September 2023. Stop TB Partnership's work will include support and growth on the COOL initiative. The High Level Leadership will be included if engaged in any type of support and/or engagement in TB response.
How it is measured	The KPI will report the numbers of countries on an annual and cumulative manner. Add to the numbers of countries who are part of COOL the additional numbers whose Presidents/PMs have either convened/presided over a meeting on TB, or have launched themselves new initiatives on TB, or have spoken about TB. Reported in a cumulative.
Baseline and Target(s)	2022: 2 2023: 7 2024: 9 2025: 12 2026: 15 2027: 18 2028: 20
Data source	Stop TB records on COOL Stop TB records on national level advocacy National partnership activity reports Stop TB News Alerts Review of media reports
Limitations	Turnover of Presidents/PMs due to elections in countries could impact the interpretation of this KPI.

Stop TB Partnership

GOAL 2: MOBILIZE AN EQUITABLE AND INCLUSIVE PEOPLE-CENTERED TB MOVEMENT	
2.1: Active and robust country engagement across multiple sectors and partners	
Indicator	Percentage of countries with active and robust engagement of diverse partners including networks of people affected by TB, broader civil society, community-based organizations, academia, celebrities, journalists, private sector stakeholders
Definition	Countries are counted as having fully achieved (100%) "active and robust engagement of diverse partners" if all of the following are there: - Country-level Stop TB Platform - Political leadership engaged in TB - Celebrity engaged in TB - Journalist involved in TB - Private sector businesses supporting TB response - TB-affected community organizations engaged - Network of survivors present - Academia actively advocating for TB - Stop TB Partnership's social media is actively amplified by country partners - NTP and CS collaborate under an inclusive governance effort (Ref: Stop TB Governance Report) Countries are counted as having partially achieved "active and robust engagement of diverse partners" if some of the above are present. For each one of the above being present countries get 10%. Thus, if a country has 2 of the above it gets 20% and if a country has 6 of the above then it gets 60%. This KPI will have two parts: 2.1.1 Number and percentage of countries who have fully achieved active and robust engagement of diverse partners. 2.1.2 Average percentage achieved by countries. This is calculated by adding percentage scores of all countries and dividing by the number of countries. Geographical scope of this indicator: 24 priority countries - Afghanistan, Bangladesh, Cambodia, DRC, Ethiopia, India, Indonesia, Kenya, Kyrgyzstan, Malawi, Mozambique, Myanmar, Nigeria, Pakistan, Philippines, South Africa, Tajikistan, Tanzania, Uganda, Ukraine, Uzbekistan, Vietnam, Zambia, and Zimbabwe.
Rationale for use	The achievement of this KPI requires mobilization and active engagement of diverse partners. KPI 2.1.1: Counting the number and percentage of countries fully achieving active and robust engagement of diverse partners will measure progress globally. KPI 2.1.2: Measuring partial achievement of engagement of a subset of the partners/stakeholders listed above and demonstrating progress over time towards full achievement of all partners/stakeholders is important to measure progress within countries from partial to full achievement of this indicator.

How it is measured	2.1.1 Number and percentage of countries who have fully achieved active and robust engagement of diverse partners. Number: count of countries Percentage: denominator is 24 high priority countries 2.1.2 Average percentage achieved by countries. This is calculated by adding percentage scores of all countries and dividing by the number of countries. <u>Numerator</u> X 100% Denominator *Numerator:* sum total of the percentages achieved by all countries *Denominator:* number of countries
Baseline and Target(s)	2.1.1 Baseline 2 (2023); Target: 4 (2024); 8 (2025); 12 (2026); 16 (2027) 2.1.2 Baseline 10% (2023); Target: 20% (2024); 40% (2025); 50% (2026); 70% (2027)
Data source	• Stop TB Partnership data with comms team on social media analytics, journalists, celebrities, etc • CCS4i teams, partners directory/database • Governance Report • National Stop TB Partnership database and annual questionnaire.
Limitations	• The targets set for this KPI is based on an optimistic funding scenario for work in selected high priority countries. Decreased funding, especially for national partnership and for communications will translate into lower performance. • Conflict in countries may stall or reverse progress (e.g. Myanmar, Afghanistan, Ukraine) • Some of the data sources may not be complete for all countries, e.g. Governance Report covers about 20 countries, annual questionnaire for national TB partnerships can be implemented only in a subset of countries having national partnerships.

Stop TB Partnership

GOAL 3: BUILD A STIGMA-FREE COMMUNITY-LED, RIGHTS-BASED, GENDER-TRANSFORMATIVE TB RESPONSE

3.1: CRG strengthening in national strategic plans

Indicator	Percentage of countries that have national strategic plans (NSPs) with areas of work to strengthen TB community systems including gender, human rights, stigma, community-led monitoring & community engagement.
Definition	The inclusion of TB community systems strengthening components will be measured by reference to at least one activity for gender, human rights, stigma, and community-led monitoring nd engagement in the TB NSP. The following 30 priority countries (USAID & L'Initiative/Expertise France) are included: Afghanistan, Bangladesh, Benin, Burkina Faso, Cambodia, Cameroon, CAR, Cote d'Ivoire, DRC, Ethiopia, India, Indonesia, Kenya, Kyrgyzstan, Malawi, Mozambique, Myanmar, Niger, Nigeria, Pakistan, Philippines, South Africa, Tajikistan, Tanzania, Uganda, Ukraine, Uzbekistan, Vietnam, Zambia, and Zimbabwe.
Rationale for use	Community approaches to TB, particularly human rights, gender, community-led monitoring are relatively new areas of work in TB. The actual inclusion of gender, human rights, stigma, and community-led monitoring activities & engagement in the TB NSP – the measure for this indicator - demonstrates a commitment to action.
How it is measured	$\underline{\text{Numerator}} \quad X \quad 100\%$ Denominator *Numerator:* Total number of priority countries with TB NSPs that have mentioned the four components (gender, human rights, stigma, and community-led monitoring activities & engagement) through the perspective of inclusion, assessment, implementation, monitoring, and budgeting *Denominator:* Number of selected priority countries (n=30) multiplied by 20 (i.e. 4 components times 5 criteria[1]).
Baseline and Target(s)	**Baseline:** 2023 (66%) **Target:** 2025 (75%); 2027 (85%)
Data source	TB National Strategic Plans
Limitations	- This indicator may underestimate TB community systems strengthening activities, as some community strengthening activities (that are either underway or being planned) may not be included in the national strategic plans. - Because the NSPs are updated based on year cycles (often 5 years cycle), this KPI will be reported once in two years.

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[1] The 5 criteria:

Criteria 1	Criteria 2	Criteria 3	Criteria 4	Criteria 5
Number of NSPs that mentioned the specific component	Number of NSPs conducted an assessment on the component	Number of NSPs with specific activities for implementation	Number of NSPs with specific indicators for the component	Number of NSPs with a budget line allocated for the component

GOAL 4: CATALYZE, INCUBATE AND SUPPORT SCALE-UP TB INNOVATIONS

4.1: Support of innovations in TB affected countries

Indicator	Number of innovations by country newly supported in TB affected countries
Definition	"Innovations" includes new approaches and new tools. "Supported" implies supported for the first time in country by either TB REACH, Re-imagining TB Care initiative (RTC), or Introducing New Tools Project (iNTP) and normally means a signed grant agreement with partners. This indicator will be reported with a few sub-indicators, and each of them will be a cumulative figure starting from baseline of zero at the strategy start date. Definitions: 4.1 Main indicator Innovations supported: Numbers of new approaches and/or tools supported by TB REACH, RTC, and iNTP within the period of reporting. Sub-indicators: 4.1.1 Innovation support completed: Out of the numbers supported, the numbers completed implementation with results available in at least one country. 4.1.2 Innovation support leading to policy change: Out of the numbers supported, the numbers that provided evidence for domestic (in at least one country) or global policy development. 4.1.3 Number of countries with a newly introduced innovation supported by the Stop TB Partnership 4.1.4 Number of innovators newly engaged during the reporting period (source Stop TB Partnership's innovations database)
Rationale for use	TB REACH, RTC and iNTP support partners in TB affected to implement innovative approaches and/or tools to address barriers in TB care and services and generate evidence and best practices. The number of innovations supported is the main indicator and provides a good and simple measure of progress made in this area. A few sub-indicators add value in capturing the entire area of work.
How it is measured	4.1 Numbers of innovations supported: Add the numbers of new approaches and/or tools benefited from in a grant by TB REACH, RTC and iNTP, within the reporting period. Report it cumulative from start of strategy period. Exclude approaches/tools which have already been supported by earlier Stop TB Partnership's grants. Same innovation supported for multiple grantees will be counted only once, unless the innovations have been tweaked substantially in different projects for different

	needs/context.
	4.1.1 Add the numbers of new approaches and/or tools which have completed implementation and results are available in at least one country. Report it cumulative from start of strategy period.
	4.1.2 Add numbers of innovations that changed local (in at least one country) or global policy. Report it cumulative from start of strategy period.
	4.1.3 Count of the number of countries where the Stop TB Partnership newly supported an innovation. Report it cumulative from start of strategy period.
	4.1.4 Count of the number of innovators, both private sector developers for 'new tools', as well as implementation partners for 'new approach' where the Stop TB Partnership newly supported an innovation. Report it cumulative from start of strategy period.

Baseline and target(s)	**Baseline:** 2022 (0)
	
	Targets (cumulative):
	- 4.1 Numbers of innovations supported by the Stop TB Partnership: 2023 (8); 2024 (17); 2025 (27); 2026 (38); 2027 (49); 2028 (60)
	    ○ 4.1.1 Number of innovation support completed: 2023 (8); 2024 (16); 2025 (26); 2026 (30); 2027 (45); 2028 (50)
	    ○ 4.1.2 Number of innovation support leading to policy change: 2023 (3); 2024 (6); 2025 (11); 2026 (18); 2027 (26); 2028 (35)
	    ○ 4.1.3 Number of countries with a newly introduced innovation: 2023 (12); 2024 (20); 2025 (24); 2026 (28); 2027 (30); 2028 (35)
	    ○ 4.1.4 Number of innovators newly engaged during the reporting period: 2023 (3); 2024 (8); 2025 (14); 2026 (17); 2027 (20); 2028 (25)

Data source	Project reports through the TB REACH GMS system, RTC M&E framework, iNTP M&E system, register of innovators, meeting of concerned teams for review of innovations and policy changes.
Limitations	- Number of innovations supported will depend on funding availability. The Secretariat currently does not have funding visibility for the later years of the strategy period. - Targets set for 2023-24 are aligned with the budget availability and planned activities. Targets set for 2025 and beyond are projections based on continued funding support. - Country processes and procedures to change policies and practices for new tools and approaches will slow down STBP's work in this area.

GOAL 5: FACILITATE ACCESS TO QUALITY-ASSURED, AFFORDABLE TB PRODUCTS

5.1: Expedite the introduction of new TB products

Indicator	The number of GDF-priority countries that have introduced new WHO-recommended TB medicines and/or regimens: • 2022 WHO-recommended 6-month DR-TB treatment regimen (BPaLM) • Rifapentine-based, short-course regimens (3HP and/or 1HP) for TB Preventative Treatment in household contacts
Definition	Introduction is defined as initiation of treatment of medicines and/or regimens that are newly recommended by the WHO. GDF priority countries are high-burden TB countries, categorized into two tiers: • GDF Tier 1 countries (25): Afghanistan, Bangladesh, Cambodia, DR Congo, Ethiopia, India, Indonesia, Kazakhstan, Kenya, Kyrgyzstan, Malawi, Mozambique, Myanmar, Nigeria, Pakistan, Philippines, South Sudan, Tajikistan, Tanzania, Uganda, Ukraine, Uzbekistan, Vietnam, Zambia, Zimbabwe. • GDF Tier 2 countries (26): Angola, Armenia, Azerbaijan, Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Cote d'Ivoire, Eswatini, Georgia, Ghana, Guinea, Haiti, Lesotho, Liberia, Mali, Morocco, Nepal, Niger, Papua New Guinea, Republic of Moldova, Rwanda, Senegal, Sierra Leone, Somalia.
Rationale for use	GDF's end-to-end life cycle approach aims to ensure products are developed and available for use as quickly as possible. This indicator tracks the rate at which high-burden countries are accessing new tools recommended by the WHO.
How it is measured	Numerator: # GDF priority countries that have introduced new TB medicines and/or regimens Denominator: # GDF priority countries

Baseline and Target(s)	BPaLM
	Baseline: 2022
	    • Tier 1: 1/25 (4%)
	    • Tier 2: 1/26 (4%)
	Targets Tier 1 (cumulative): 2023 - 7/25 (30%); 2024 - 21/25 (85%); 2025 to 2028 - 25/25 (100%).
	Targets Tier 2 (cumulative): 2023 - 4/26 (15%); 2024 - 20/26 (80%); 2025 to 2028 - 26/26 (100%).
	
	3HP and/or 1HP
	Baseline: 2022
	    • Tier 1: - 18/25 (70%)
	    • Tier 2: - 9/26 (35%)
	Targets Tier 1 (cumulative): 2023 - 21/25 (85%); 2024 - 23/25 (90%); 2025 to 2028 - 26/25 (100%)
	Targets Tier 2 (cumulative): 2023 - 11/26 (40%); 2024 - 15/26 (60%); 2025 - 20/26 (80%); 2026 to 2028 - 26/26 (100%)

Data source	Quantitative: Country-specific TB medicines quantification files and the GDF Order Management System (OMS).
	Qualitative: Reports from technical assistance missions and Joint Programme Reviews, regular communication with the national TB programs, and via collaborations with other in-country and international partners
Limitations	- Limitations to the indicator: Measures the rate but not the extent of introduction of new medicines and regimens.
	- Potential limitations to meeting targets: The introduction of new TB medicines and regimens can vary among countries for various reasons, including political will, funding availability, and the national TB program's programmatic and clinical capacity to adapt to change. GDF may not have influence on all these factors.

CORE ENABLERS	
Sub-goal 1: Diversity of overall workforce and within leadership positions with regards to gender and geography balance	
Indicator	Percentage of men and women in the STBP secretariat (with a contract >6 months) Percentage of men and women who lead teams Percentage of personnel from Global North/South in the STBP secretariat (with a contract >6 months) Percentage of personnel from Global North/South who lead teams
Definition	Personnel includes FTAs, TA, ICA and LICA contract-holders (not interns) in Geneva and in remote locations
Rationale for use	Gender and geographical representation in the organization overall and in leadership position in particular is an indicator of diversity. Diversity is key in ensuring that STBP represents and is tuned to the concerns of the people affected by TB. This indicator can be measured easily (as opposed to other diversity indicators such as disability, race, sexual orientation and gender identity, etc. which are not yet captured in One UNOPS.
How it is Measured	$\underline{\text{Numerator}}$ X 100% Denominator *Numerator:* Number of positions overall and at leadership level identified at a given time *Denominator:* Number of positions overall identified at a given time
Baseline and Target(s)	**Baseline:** 1 Jan. 2023 Gender: 57% female and 43% male overall; 67% female and 33% male in leadership Geography: 49% Global North and 51% Global South overall; 58% Global North and 42% Global South in leadership **Target:** UNOPS Target for ECR (the target may evolve between now and 2028) Gender: Minimum 50% female overall and 48.9% in leadership Geography: Minimum 50% Global South overall and 44.5% in leadership
Data source	STBP/UNOPS own HR statistics
Limitations	The weakness of this measure is that it addresses only 2 dimensions of diversity (gender and geography) within STBP. It does not address the inclusion dimension, which is measured through a separate KPI (staff engagement).

CORE ENABLERS	
Sub-goal 2: The Secretariat, 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 (Secretariat and UNOPS) versus total expenditures per year.
Rationale for use	This indicator measures how efficiently the organization uses it resources to achieve its strategic and programmatic goals and objectives.
How it is Measured	"Operating costs" defined as total UNOPS costs as well as fixed Secretariat costs and core human resource costs Numerator X 100% Denominator *Numerator*: PSC, UNOPS, (LSS and GSS), fixed Secretariat costs and core human resource costs. *Denominator:* Total expenditure and disbursements on an annual basis, including for GDF, TB REACH, the CCS4i, EASI, Advocacy & Communications, and Executive Office. PSC (programme support costs) LSS (local shared services) GSS (global shared services) Secretariat fixed costs include rent, utilities, IT, insurance, and phones. Core human resources: including core positions within the Secretariat Operations Team (OPS), the Governance, Diversity & Inclusion, Executive Director Office that provide broad support across the Secretariat's various programmatic priorities. Operating costs are to be calculated based upon actual expenditures, using year-end expenditure reports.
Baseline and Target(s)	**Baseline:** Average from 2020-2022 (9%) **Target:** Less than 13% (the target may evolve between now and 2028, in particular in case of significant changes to the current operating model).
Data source	Annual work plan and budget (Secretariat)
Limitations	Although the operating expense ratio provides a general reference point for overall efficiency, it does not measure quality or indicate whether the Secretariat resources are being managed effectively.

Stop TB Partnership

CORE ENABLERS	
Sub-goal 3: Employee engagement measured via annual UNOPS People and Pulse surveys	
Indicator	Engagement of STBP personnel in annual UNOPS survey
Definition	Employment engagement (measured by an index called "engagement mean") represents the average of the 12 elements that measure employee engagement as defined by Gallup for all UNOPS. Each element has consistently been linked to better business outcomes.
Rationale for use	Engagement of employees helps to measure overall inclusion. Gallup Q12 methodology is based on surveying 2.7 million workers across 100,000+ teams over 50 diverse industries. The survey is implemented every year across UNOPS and Hosted Engagements, and allows us to get STBP specific results that can be benchmarked against overall UNOPS and public sector results.
How it is measured	Stop TB engagement mean: <u>Numerator</u> Denominator ***Numerator:*** *sum of means for all questions (12 in 2023)* ***Denominator:*** *number of questions (12 in 2023)*
Baseline and Target(s)	**Baseline:** 3.61 **Target:** progressive increase of engagement every year to reach 4 by 2028 Engagement scores are classified as less engaged (<3.5), engaged (3.5 to 4.5) or highly engaged (>4.5)
Data source	UNOPS yearly surveys broken down by HE
Limitations	- Response rate (about half of STBP personnel). - Measuring the average of standard questions, not tailored questions that can be requested.