

Update from Executive Committee on Coordinating Board reform initiative

12 April 2013

As many of you are aware, the Stop TB Partnership has been on a journey of change over the past year. This journey has involved clarifying the role and strategy of the Partnership Secretariat, realigning resources against that strategy, and reforming the Board to improve our efficiency and effectiveness to address the global burden of TB.

This journey began at the 21st Coordinating Board meeting in Bangkok, where the Board held a governance retreat. That retreat led to a decision to develop an Operational Strategy for the Secretariat and examine how to improve the functioning of the Coordinating Board.¹

Between March and October 2012, the Partnership Secretariat undertook a process, overseen by a Steering Committee comprised of board stakeholders, to develop the Operational Strategy and recommend changes to strengthen the Board.² The Steering Committee presented recommendations on both the Operational Strategy and board reform at the 22nd Coordinating Board meeting in Kuala Lumpur.³ The Board approved these recommendations which included the establishment of a reconfigured Executive Committee (EC) of the Coordinating Board. The Board tasked the EC with implementing the board reform to ensure an effective transition to the new governance model by the 23rd Coordinating Board meeting, to be held in July 2013 in Ottawa.⁴

This memo provides a brief background on the key elements of the board reform, an update on the decisions taken by the EC since the 22nd board meeting to implement the board reform and next steps.

What are we hoping to achieve by reforming the Board?

We are making a number of changes to the Coordinating Board, including refining the model, recruiting new members, and improving our processes and procedures to be more transparent and efficient. Before outlining the changes, we wanted to share what we are hoping to achieve through this transformational effort.

¹ 21st Coordinating Board Meeting decision point [1.12-7.0](#).

² Jeremiah Chakaya (DOTS Expansion chair/STAG Chair), Nevin Wilson (The Union), Amy Bloom (USAID), Cheri Vincent (USAID), Michael Kimerling (Bill & Melinda Gates Foundation), Erika Arthun (Bill & Melinda Gates Foundation), Blessi Kumar (Communities/Vice-Chair), Evan Lee (Eli Lilly), Ken Castro (CDC), Mario Raviglione (WHO), Marja Esveld (Netherlands), Lucica Ditiu (Executive Secretary)

³ 22nd Coordinating Board meeting document. [2.12-4.1](#) (*Strengthening the efficiency, effectiveness, and impact of the Partnership Board*).

⁴ At the 22nd Coordinating Board meeting, the Board determined that the composition of the Executive Committee would include: Amy Bloom (Board Interim Chair), Blessi Kumar (Vice Chair), Cheri Vincent (USAID), Nathalie Garon (CIDA), Nevin Wilson (the Union), Carol Nyirenda (communities), Michael Kimerling (Bill & Melinda Gates Foundation), and Mario Raviglione (WHO). (22nd Coordinating Board Meeting decision point [22-6](#)).

The EC held a retreat in Seattle (March 14 -15) at which it developed a vision for what a successful board reform would look like. Measures of success fell into three main categories: fulfilling clearly-defined roles and responsibilities, efficiently executing processes, and effectively managing external relationships.

EXHIBIT 1: MEASURING SUCCESS

Success from this effort will look like--	
	Description
① Role and responsibilities	<ul style="list-style-type: none"> The Board focuses on providing strategic direction and leadership to partners and to the Secretariat The Board agrees on and addresses the prioritized issues facing the TB community More diverse Board membership brings in new voices, experiences, capabilities, and those who have decision-making ability The Secretariat provides governance support to the Partnership The EC makes decisions effectively and is transparent
② Process	<ul style="list-style-type: none"> The Board has efficient and well-defined processes that are clearly communicated to partners There is a cadence and schedule to Board business which moves away from ad-hoc and crisis behavior The governing framework/Board manual is clear and Board stakeholders understand what is expected of them The Board makes evidence-based decisions that utilize available data The Board prioritizes the issues it discusses in order to maximize its influence and efficiency
③ External relationships	<ul style="list-style-type: none"> The Board has influence with other organizations and the implementation of its decision points Board decision points are implemented by partners and create change in the policies of other organizations The Board is recognized and perceived as a dynamic body within the Partnership and in the broader global health space

The ultimate impact of a successful transformational effort is the achievement of the **Global Plan to Stop TB**

By implementing these governance reforms, we will be able to see a board that focuses on strategic priorities, avoids getting stuck in procedural issues, and effectively influences other bodies and organizations. With this reinvigorated Board, the Partnership will move closer to its ultimate goal of achieving the Global Plan to Stop TB.

What has been our journey to governance reform?

The unique value of the Coordinating Board is the dedication and passion of its members. The Board has been fortunate to have members who are committed to fighting TB and who have extensive knowledge and experience in global health.

Since its inception, the world in which the Partnership operates has changed dramatically. As such, the Coordinating Board recognized that the Partnership also needed to change, and at its 22st meeting in Bangkok, requested that the Secretariat develop: 1) a three-year Operational Strategy for the Secretariat and 2) recommendations to strengthen the efficiency and effectiveness of the Coordinating Board.

To implement these decisions, the Board formed a Steering Committee that represented a diverse set of constituencies. The Steering Committee provided oversight of the Secretariat in developing the strategy and board reform recommendations. Additionally, an external consultancy supported

the Secretariat by providing independent, fact-based analysis, developing options based on international public and private sector best practices, and project management support.

Operational Strategy

At its 22nd meeting in Kuala Lumpur, the Board approved a three-year Operational Strategy for the Partnership Secretariat. The Operational Strategy is based on four strategic goals:

- Facilitate meaningful and sustained collaboration among partners;
- Increase political engagement by world leaders and key influential figures to double external financing for TB from 2011 to 2015;
- Promote innovation in TB diagnosis and care through TB REACH and other innovative mechanisms and platforms; and
- Ensure universal access to quality assured TB medicines and diagnostics in countries served by the Global Drug Facility (GDF).

The Operational Strategy indicates a streamlined focus for the Partnership Secretariat and has narrowed the scope of its activities to reflect its comparative advantages. As such, the resources of the Partnership Secretariat have been re-aligned against these four goals.

Board reform

The process to develop recommendations to improve the Board's efficiency and effectiveness included: conducting interviews with current and former Coordinating Board stakeholders; identifying public and private sector best practices; and considering a range of improvement initiatives. The Steering Committee, through a two-day in-person workshop in October 2012, debated the advantages and disadvantages of different options and developed a series of recommendations on the Board's role, model, structure, and composition for the Coordinating Board's consideration⁵.

The Board approved the majority of the recommendations from the Steering Committee, which can be broadly summarized as follows:⁶

- Board role – defined the role of the Board in relation to the global TB community and to the Partnership and Secretariat.
- Board model and structure – agreed to the principle of a constituency-based board supported by a representative Executive Committee with decision-making authority and a new Finance Committee.
- Board composition – agreed on the skills and experience required of the Board and streamlined the composition from 34 to 26-28 maintaining the principle of a representative, constituency-based board with a mix of fixed and rotating seats.⁷

⁵ For full text, see 22st Coordinating Board Meeting document [2.12-4.1: Strengthening the efficiency, effectiveness, and impact of the Partnership Board](#).

⁶ For full text, see 22nd Coordinating Board Meeting decision point [22-6](#).

The Board tasked the EC with taking forward the board reform effort and ensuring that the Board had transitioned to the new model by its 23rd meeting in Ottawa in July 2013.⁸ Transitioning to the new board model entails: filling the open board seats; establishing the Finance Committee; revising the Board governing framework/operating procedures; determining the timeline and process for electing a new Board Chair and Vice-Chair; and orienting the new Board.

What has happened since November to take forward the governance reform?

Since the 22nd board meeting, the EC has held 4 teleconferences and a two-day in-person retreat focused on governance (March 14-15 in Seattle) to address the critical issues relevant to implementing the board reform. This includes the following issues:

1. Filling the open board seats
2. Establishing the Finance Committee
3. Determining the desired role and profile of the Coordinating Board Chair & Vice-Chair

1. Filling the open board seats

The Board approved a model of 26-28 board seats, which includes 23-25 voting seats (9 fixed seats and 14-16 rotating seats, which represent constituencies and countries) and 3 non-voting seats (UNITAID, Board Chair, Vice Chair).⁹

Of the 10 fixed seats (including the non-voting UNITAID seat), 7 are filled.¹⁰ The fixed seats that must designate a representative include: the Global Fund, UNAIDS (representing multilateral agencies), and UNITAID. In April, the Partnership Secretariat will send an official letter to these organizations communicating the changes in the Coordinating Board and request them to designate a senior-level representative by early June.

All of the 14-16 rotating seats are currently open. This includes six country seats and seven constituency-based seats (two communities, one developed country NGO, one developing country

⁷ The Partnership Board approved a board model of no more than 28 members, representing a mix of rotating and fixed voting seats and non-voting seats. The Board will include nine fixed voting seats – three donors (USAID, CIDA, UK/Netherlands), one foundation (Bill & Melinda Gates Foundation), two technical agency seats (to be rotated among three founding technical agency members – KNCV, the Union, CDC), and three multilateral agencies (WHO, Global Fund, World Bank). The Board will also include 14-16 rotating seats – six countries, one developed country NGO, one developing country NGO, two communities, two Working Groups, one private sector, one multilateral, and two open seats to be filled strategically for new partners or donors. Three non-voting seats will include the Board Chair, Vice Chair, and UNITAID.

⁸ For full text, see 22nd Coordinating Board Meeting decision point [22-6](#).

⁹ Fixed seats are allocated to a core group of organizations that are founding members of the Partnership and are most engaged in TB funding, research, or implementation programs, while rotating seats are designed to promote the inclusion of broader perspectives and enable new voices to participate in Partnership discussions and activities.

¹⁰ Current filled fixed board seats include: USAID (Cheri Vincent), CIDA (Nathalie Garon), Netherlands/UK (Ger Steenbergen), Bill & Melinda Gates Foundation (Michael Kimerling), two technical agency seats, shared by the Union/KNCV/CDC, WHO (Mario Raviligone), World Bank (Montserrat Meiro-Lopez)

NGO, one private sector, two Working Groups). The two open seats that are available to the Board to use strategically for new partners or donors will not be filled during this recruitment.

In order to fill these seats, the EC considered the role and expectations of these seats and the process to nominate and select individuals to fill these seats.

Four open country seats. Given the desire to have country seats represented at the highest level and the excellent participation in the past from the Ministers of Health of South Africa and Swaziland, the EC decided to extend invitations to these two individuals to continue their participation on the Coordinating Board. Therefore, there are four open country seats. The EC developed criteria to fill these seats based on epidemiological and strategic considerations and prioritized the desire to have individuals with influence at country and global level who are also committed to the Partnership. Based on these criteria, the EC has developed a list of 11 priority countries to target for participation.¹¹ However, the Secretariat will also issue an open call for countries to self-nominate to ensure that any interested country has the opportunity to be considered.

The call for the open country seats will be issued on April 15. The Secretariat and EC will leverage the World Health Assembly as an opportunity to actively recruit candidates for these seats with the aim of filling these seats by early June.

Communities (2), Private Sector (1), Developing Country NGO (1), Developed Country NGO seats (1): One of the most important principles of the board reform is strengthening constituencies. During the governance reform process, one of the challenges consistently identified by stakeholders was that the Coordinating Board constituencies require extensive support to be considered truly representative. Many board stakeholders have experience in other global health boards (e.g. Global Fund, GAVI, RBM) and have identified the need for the Coordinating Board to set clearer expectations of constituencies, create transparent processes, and develop communication and support mechanisms to ensure that representatives have the authority and ability to speak on behalf of the constituency.

Based on the lessons learned from peer organizations, the EC developed a common set of TORs for constituency-based seats, including specific TORs for each constituency. The Board's priority is to recruit individuals who are committed to developing these constituencies by providing leadership to ensure there are clear criteria for constituency membership; developing communication mechanisms within the constituency and between the constituency and the Board; and developing transparent nomination and election processes.

Therefore, the Board is establishing an independent selection committee to review nominations for these constituency-based seats and make recommendations to the EC for approval. This is a one-time process for this recruitment cycle with the expectation that the individuals selected to lead these constituencies will develop transparent election processes for the next cycle. The individuals selected for the independent selection committee have experience representing these constituencies either through the Coordinating Board or through other global health boards (e.g. Global Fund, RBM). The outgoing Vice-Chair of the Coordinating Board, Blessi Kumar, is on this committee.

The call for constituency seat nominations will be issued on April 15 and nominations will be due on May 8. The independent selection committee will meet in late May and make a recommendation to the EC. The EC will communicate decisions by early June.

¹¹ The 11 priority countries that will be targeted by the EC and the Secretariat include: India, Pakistan, Moldova, Nigeria, Brazil, Cambodia, Bangladesh, Myanmar, Peru, Tajikistan, and Russia.

Two open Working Group seats. The Working Groups have been broadly divided into research Working Groups (New Drugs, New Diagnostics, and New Vaccines) and implementation Working Groups (DOTS Expansion, MDR-TB, TB/HIV, and GLI). One Working Group seat will be allocated to the constituency of research Working Groups and the other to the constituency of implementation Working Groups. The EC, in a communication sent to the Working Group Chairs and Secretariats on 29 March 2013, requested that Working Groups select their representatives by a transparent process based on the terms of reference (TORs) for all Board members and the expectations of constituency-based seats and that they communicate their selection to the Board for the research and implementation constituencies by June 1, 2013 so that the selected board representative is able to participate in Board orientations and preparations for the July 2013 Board meeting. The Partnership Secretariat will be available to provide support for the Working Group constituency election process should it be requested.

2. Establishing the Finance Committee

At the 22nd board meeting in Kuala Lumpur, the Coordinating Board approved the creation of a small finance committee to play an oversight and advisory role on the financial health of the Partnership Secretariat. The Finance Committee will also guide the Board and the Executive Committee in making appropriate decisions by considering financial implications.¹² The EC has agreed on the TORs and desired composition of this committee, as well as a timeline for the nomination and vetting process.

The composition of the Finance Committee shall include one Chair and 2-3 members. Membership will be skills-based. The Chair of the Finance Committee should be a board member. However, if a board member with the appropriate qualifications is not available, the eligible pool of candidates will be broadened to include non-board members from a constituency represented on the Board. The EC believes the recruitment of the open private sector seat presents an opportunity to recruit a Finance Committee Chair.

In June, after all of the open board seats are selected, the EC will issue an open call to the Board to fill the Finance Committee, with the aim of bringing a recommendation on its composition to the 23rd board meeting.

3. Role and profile of the Coordinating Board Chair and Vice-Chair

At the governance workshop in March 2013, the EC discussed the desired roles of the board leadership and agreed that the roles of the Chair and the Vice-Chair need to be clear and complementary. The EC reviewed the approach to board leadership selection among peer organizations, including GAVI, RBM, Global Fund, and PMNCH.

The EC agreed that both the Chair and Vice-Chair should bring unique experiences and perspectives to the Partnership Board. However, both should be able to serve in their personal capacities as ex-officio non-voting members and act solely in the best interests of the Partnership without concurrent representation responsibilities vis-à-vis their constituency/organization.

The Coordinating Board Chair should act as a principal spokesperson for the Partnership, representing the Partnership's mission and sharing its goals with partners and external stakeholders. This individual should advocate globally and actively fundraise for TB, making new connections and

¹² 22st Coordinating Board Meeting document [2.12-4.1](#): *Strengthening the efficiency, effectiveness, and impact of the Partnership Board*

using existing relationships to garner awareness and support for the Partnership's mission. The desired profile of the Chair is an individual with significant influence in global health and development and, ideally, someone representing a developing country (e.g. influential Minister of Health).

Given the desire to have a Coordinating Board Chair that can serve as a global spokesperson for the Partnership, the Vice-Chair will have the responsibility of managing the day-to-day governance of the Coordinating Board. This includes chairing the EC, providing guidance to the Secretariat, and actively liaising with other board members. Given this role, the desired profile for the Vice-Chair is a member of the Coordinating Board with experience in the Partnership's governing structures and/or significant prior governance experience.

The EC is currently considering the appropriate process and timeline to select new board leadership. This topic is on the agenda for the April 17 EC call and the decision will be communicated by April 22.

What are the next steps?

The remaining open issues to implement the board reform by the 23rd Coordinating Board meeting include:

- *Determine the timeline and process to select the next Coordinating Board Chair and Vice-Chair* - to be decided and communicated by April 22
- *Revise the governance manual of procedures* – the Coordinating Board requires a new governance framework/operating procedures to reflect the changes. This new manual is currently being drafted and will be reviewed by the EC by the end of April. The draft manual will be available on the Coordinating Board section of the Partnership website in May and open for comment. The EC will consider those comments and recommend the final manual to the Board at the 23rd board meeting.
- *Orient the new board* – the Secretariat is developing an orientation program for board members in June. Additionally, all board members are required to attend a board retreat on 10 July prior to the Coordinating Board meeting.

Where can I find more information?

The EC is committed to transparency and as such, the documents and minutes of all of our meetings are on the Partnership web-site under the Coordinating Board section: <http://stoptb.org/about/cb/>.

We appreciate your feedback and invite you to provide any comments to: stoptbboard@who.int.

Should you have any clarifying questions, these can be directed to the Partnership Secretariat Governance focal point- Young-Ae Chu (chuy@who.int).

Additional communications will be sent out broadly to the Partnership list-servs and on the Partnership website.