

**Topic:** Stop TB Partnership Board Strategy Review

**Background:**

In 2020, the Executive Committee (EC) of the Stop TB Partnership Board commissioned an independent review of the Stop TB Partnership which resulted in several recommendations that were incorporated into an Action Plan agreed upon by the Board at its November 2020 meeting. Action Point 10 was, to “Review the Board and Executive Committee” to “improve Board capacity to fulfill its duties, **with a focus on representation from high-burden TB countries and affected communities.**”<sup>1</sup> In 2021, the EC followed up on this action point to oversee a review of the Stop TB Partnership Board.

The EC retained an independent consultancy to support the Board to develop a future strategic vision, an aspiration for diversity, equity, and inclusion, and recommendations to strengthen Board representation and engagement from high burden TB countries and affected communities. This review was conducted from September 2021 – April 2022 with extensive consultation including two Board governance retreats. The recommendations from the Review are presented by EC to the Board for final endorsement at the upcoming 35<sup>th</sup> Board meeting.

**Guided Questions for Board Discussion:**

- How will we most effectively implement “Our Aspiration” to role model a diverse, equitable, and inclusive TB response? What actions can we take today and in the future?
- What formal commitments can we make as Board members and constituencies to make progress toward closing the funding gap?

**Requested Board Action:**

- Endorse the strategic and governance package recommended by the EC
- Commit to specific actions as Board members to advance the strategic recommendations and make progress toward closing the funding gap

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<sup>1</sup> *Proposed Action Plan in Response to Independent Review of Allegations of Racism and Misconduct at the Stop TB Partnership.* 20 November 2020.

**Decision Point**

1. The Board acknowledges the work done to review the strategic vision, role, and governance of the Board (the Stop TB Partnership Board Strategy Review) under the leadership of the Executive Committee. The Board further notes that the Stop TB Partnership Board strategy Review was undertaken in response to Action Point 10 within the *Action Plan in Response to Independent Review of Allegations of Racism and Misconduct at the Stop TB Partnership*, and thanks each stakeholder who provided input and perspective at each stage of this important process.
  2. The Board formally adopts the recommendations of the Executive Committee based on the Stop TB Partnership Board Strategy Review including:
    - A. The future strategic vision for the Partnership and the Board bold actions
    - B. Aspiration for how the Board can advance, role model, and integrate a more diverse, equitable, and inclusive TB response
    - C. Changes to the role and composition of the Board that are indicative of a strengthened, visible commitment to the leadership of TB affected stakeholders by ensuring that voices directly by TB held at least 50% of the seats while not increasing the overall size of the Board
  3. The Board requests the Secretariat working with the strategy review team to align its Operational Strategy with the strategic recommendations of the Stop TB Partnership Board Strategy Review and to amend the Board Governance Manual accordingly.
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## Executive Summary

As part of a holistic review of the Stop TB Partnership conducted in 2020, the Board recognized its role to strengthen the Partnership's commitment to diversity, equity, and inclusion. Specifically, the Board recognized the need to advance its stated goal to "improve Board capacity to fulfill its duties, **with a focus on representation from high-burden TB countries and affected communities.**"

Starting in August 2021, an extensive consultation process was overseen by the EC with support from an independent consultancy to obtain input from stakeholders within the Partnership and across the broader public health ecosystem. This consultation process specifically sought reflection on:

- 1) What opportunities has COVID-19 created for TB, and how should TB be positioned for the future to increase political attention and funding?
- 2) What are unique capabilities of the Partnership and specifically, what is the Secretariat's opportunity to influence country level advocacy, financing, and implementation?
- 3) How can the Partnership evolve to better support its constituencies and stakeholders as a diversity, equity, and inclusion leader?

The Board first considered the extensive stakeholder input at the 34<sup>th</sup> Board meeting "Mini-Retreat" held on 30 September 2021, which considered the first question regarding the state of TB post COVID-19 and defined a set of opportunities for future positioning. These opportunities included:

- Putting TB at the top of the health agenda through a bold TB narrative and increased accountability
- Driving progress through innovation acceleration, new voices, and more advocates
- Engaging with countries and communities through a country-driven, country-led approach and a clarified role in country
- Reflecting diverse perspectives through TB-affected community leadership and partner support
- Broadening funding by closing the funding gap

With this foundation, the EC then considered how the Partnership Board could best advance these priorities and increase the representation and engagement of TB affected countries and communities. Board constituencies and public health governance experts were engaged to develop a broad range of potential options.

A draft set of recommendations was reviewed with individual Board members through 1:1 interviews and then presented for input at the Board Governance Retreat on 17 March 2022. These recommendations encompassed:

- 1) A future strategic vision for the Partnership and a set of bold actions to bring that vision to life
- 2) An aspiration for the Partnership to advance, role model, and integrate a more diversity, equitable, and inclusive TB response
- 3) A package of governance recommendations for how the Partnership Board can advance, integrate, and role model a more inclusive TB response

The March Governance Retreat also provided an opportunity for Board members to brainstorm commitments to create a more inclusive Board and close the funding gap.

With the approval of this strategic and governance package at the 35<sup>th</sup> Board Meeting, the Board can show its responsibility toward ensuring the Partnership is advancing its commitment to diversity, equity, and inclusion with a bold strategic vision for the next decade.

## Background

In 2020, the EC of the Stop TB Partnership Board commissioned an independent review of the Stop TB Partnership which resulted in several recommendations that were incorporated into an Action Plan agreed upon by the Board at its November 2020 meeting. Action Point 10 was, to “Review the Board and Executive Committee” to “improve Board capacity to fulfill its duties, **with a focus on representation from high-burden TB countries and affected communities.**”<sup>2</sup> In 2021, the EC followed up on this action point to oversee a review of the Stop TB Partnership Board.

This review coincided with an important strategic reflection moment for the Partnership, as it is nearly 10 years since the Stop TB Partnership developed its operating strategy and adapted its governance, as well as its organizational and hosting model. The EC recommended the review be conducted in a forward-looking manner to consider the role and positioning of the Stop TB Partnership, considering the evolving global public health and development landscape as a result of the COVID-19 pandemic.

A formal process was defined, overseen by the EC, starting in August 2021 until the Board meeting in May 2022. The specific objectives of the Stop TB Partnership Board Review were to assist the Board to:

- 1) Develop an aspiration for the Partnership Board for how it can advance, integrate, and role model diversity, equity, and inclusion (DEI) in service of a more inclusive TB response
- 2) Provide a strategic context for positioning the Partnership for the future in a changing global public health landscape
- 3) Shape a broad set of governance options for the evolution of the Board to advance, integrate, and role model DEI

The EC developed a scope of work for an independent consultancy and USAID sponsored the project and recruited the consultancy. The project consisted of three phases of work with extensive stakeholder consultation throughout:

- A. *Initial input & consultation (August – September 2021):* A wide consultation process was conducted to engage TB and public health stakeholders on the opportunity for TB post COVID-19 to inform its future strategic vision (see Appendix 1 for detailed list). This included 30+ interviews with Board and public health stakeholders, 5 regional focus groups with TB affected community groups, Partnership Secretariat focus groups, and a survey to Partnership civil society members from TB affected countries. The outputs of this consultation were shared with the Board at a Mini Retreat in September 2021 which defined the major opportunities for TB and input toward a future strategic vision.

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<sup>2</sup> *Proposed Action Plan in Response to Independent Review of Allegations of Racism and Misconduct at the Stop TB Partnership.* 20 November 2020.

- B. *Strategic option development (October – December 2021)* : The EC met over 3 strategic design workshop to consider options for how the Board should evolve to advance its leadership as a diversity, equity, and inclusion leader. The EC finalized a package of recommendations in December which served as the basis for the following Board consultation.
- C. *Board consultation and finalization (January – April 2022)*: Board members and constituencies who provided their availability to engage were consulted 1:1 on the EC package of recommendations. The March 2022 Board Governance retreat considered the draft package and Board members brainstormed further opportunities for the Board’s role in leading a TB inclusive response and addressing the financing gap.

## **Recommendations from the consultation process**

As a result of the process outlined above, the EC developed an integrated package for the Board’s consideration including:

- 1) A future strategic vision for the Partnership and a set of bold actions to bring that vision to life
- 2) An aspiration for the Partnership to advance, role model, and integrate a more diverse, equitable, and inclusive TB response
- 3) A set of governance recommendations for how the Partnership Board can advance, integrate, and role model a more inclusive TB response

These areas are outlined further below and the details are included in the appendices to this document.

### **1. Our 10-Year Strategic Vision**

An extensive consultation process with TB stakeholders was conducted including a September 2021 Board mini retreat. The consultation process requested reflection on:

- Opportunities COVID-19 has created for TB and implications for the future to increase political attention and funding
- The Partnership’s unique capabilities and specifically the role and value of the Secretariat to influence country level advocacy, financing, and implementation
- How the Partnership can evolve to better support its constituencies and stakeholders as a diversity, equity, and inclusion leader

The Board reflected on the feedback from stakeholders and identified themes during the September 2021 Board Mini-Retreat. These opportunities include:

- COVID-19 has demonstrated the potential to accelerate innovation and production, which partners believe can be translated into R&D and development of a new TB vaccine and other prevention mechanisms on an accelerated scale
- Countries and regions are increasingly setting the broader health agenda, allowing partners an opportunity to engage with regional leaders on advocacy, procurement, and technical assistance and ensure strong policy and technical engagement
- Health security has become a focal point—nationally and internationally—providing an opportunity to align the goals of the global health security agenda with those of TB in an explicitly non-stigmatising way, raising the profile of and financing for TB
- An increased focus on people and community-centered care creates an opportunity to reflect the voices of people and communities in TB policies and programs and work more closely with civil society to accelerate impact on TB outcomes
- Broadening sources of funding for health may signal the availability of new sources of financing that can close the significant funding gap to the Global Plan

As a result of these opportunities, the Board identified five priorities for the Partnership during the September 2021 Board Mini Retreat:

1. Putting TB at the top of the health agenda through a bold TB narrative and increased accountability
2. Driving progress through innovation acceleration, new voices, and more advocates
3. Engaging with countries and communities through country-driven, country-led approach and a clarified role in country
4. Reflecting diverse perspectives through TB-affected community leadership and partner support
5. Broadening funding by closing the funding gap

The full strategic vision document can be found as Attachment 1. This vision would be codified as a public-facing document hosted on the Stop TB Partnership's website that clarifies the Partnership's mission, strategy, and role within the TB ecosystem for external partners and the broader global health community.

To advance the strategic vision, the EC considered how best the Partnership should execute. The strategic principles and actions are designed to guide the Partnership Board (and the Secretariat, where specifically referenced) in prioritizing activities and decision-making. They were developed with the recognition of the important balance between the ambitious goals of the Partnership and, simultaneously, the limited resources available to realize those ambitious goals.

*Nine strategic principles:*

1. **Bold TB narrative:** Promote a bold, refreshed TB narrative that positions the business case for TB investment and opportunistically integrates into broader discussions around health and equity. Equip the TB community and countries broadly to be aligned to a common narrative.
2. **Accountability:** Follow through on UN HLM targets and commitments with stronger global monitoring that reinforces country “peer pressure for progress” and accountability to targets
3. **Closing the funding gap:** Engage countries more actively to increase financing from a range of financing sources including global donors, domestic financing, development financing, the private sector within countries, regionally, and globally
4. **New voices, more advocates:** Promote advocacy and social mobilization and cultivate the next generation of TB activists by recruiting new, diverse perspectives beyond TB and health including journalists, national/global celebrities, private sector influencers, and others—and by equipping existing advocates with strong messaging and tools
5. **Innovation acceleration:** Accelerate development and implementation of therapeutics, diagnostics, vaccines, and prevention mechanisms, widen ecosystem of innovators, increase rapid uptake of new technologies in countries, and ensure universal access to commodities
6. **Country-driven and led approach:** Empower a broad range of country level stakeholders to lead, shape, and advocate for their domestic, long-term, sustainable TB response
7. **Role in country:** Ensure strong TB voice in national health and development mechanisms to increase attention and financing for TB, working more proactively with a few priority countries that have the potential to influence others
8. **TB-affected community leadership:** Lead a response that is equitable, rights-based, people-centered, and gender transformative by elevating TB-affected communities and TB-affected countries, advocating for

human rights and gender, engaging key vulnerable populations, and addressing systemic inequities

9. Partner support: Stop TB Secretariat convenes diverse partners for important strategic efforts and invests in developing partners critical to an equitable and inclusive TB response such as TB-affected communities, civil society, and country-based private sector delivery

The five bold Board actions describe specific steps that the Board can take immediately to bring the strategic vision to life. They will be integrated into the key strategic documents utilized by the Board, Secretariat, and broader Partnership.

*Five bold actions:*

1. It starts with us: Re-commitment for what it means to be a Board member by refreshing our roles and responsibilities, expected contributions, and how we each individually commit to creating an inclusive Board environment
2. Strategic Board role focused on a few major priorities: Board priorities guided by future strategic vision; more active participation in dialogue/decisions; clarity on EC's role to develop a prioritized agenda
3. Accountability for TB financing from all of us: Every Board member has ownership and accountability to increase overall financing for TB which includes more proactively leveraging our capabilities while recruiting new voices to work on bolder, innovative financing solutions
4. Active country leadership for a sustainable TB response: Secretariat to elevate and strengthen TB voices in national health and development mechanisms, working with priority countries that will influence others
5. Board composition that signals commitment to diversity, equity, and inclusion: Board that more proportionately has representation from TB-affected communities, countries, and civil society

## **2. Our Aspiration for role modeling a more diverse, equitable, and inclusive TB response**

Emerging from the consultation process with substantial input from Board colleagues and the broader community of stakeholders, the EC developed a draft aspiration for how the Board can role model a more diverse, equitable, and inclusive TB response. The draft aspiration was shared with the Board at the March 2022 Governance retreat, refined with input, and is presented to the Board for final endorsement.

*We believe the only way to achieve a TB-free world is through an inclusive and equitable response that challenges biases and unearths structural inequities in ending TB.*

*Our role as a Board is to ensure that TB-affected communities, TB-affected countries and vulnerable populations are visibly and authentically represented, engaged, and heard in our leadership, systems, and structures.*

*We will model leadership on diversity, equity, and inclusion and inspire others with our actions to influence the broader health and development community.*

### 3. Governance recommendations

Considering the aspiration on how to role model a more diverse, equitable, and inclusive TB response, the EC considered the role of the Board, responsibilities of members, and the Board model. The EC did not conduct a comprehensive review of every component of governance reform. Recognizing that there is a balance between the desire for greater clarity and accountability around governance and what is reasonable from a time and resourcing standpoint, the recommended changes here address the highest priority governance issues.

First the EC considered ways to instill cultural and management norms that will foster a diverse, equitable, and inclusive environment before considering any structural changes to the Board. EC members recognized the individual role each Board member can play and identified practical ways to create a more inclusive Board environment such as: onboarding new members to ensure equal access to information and key relationships; engagement with other constituencies to discuss their work and offer support; holding joint prep sessions with new members from TB-affected countries to hear different perspectives and support engagement; involving country representatives in setting the agenda to incorporate their perspectives; recognizing members for leadership in enabling an inclusive, equitable TB response; and listening by giving space for others to speak, especially after one has contributed themselves.

The EC then looked at the strategic and structural considerations of the Board and in particular, how the Board is designed in a way that visibly and reinforces diversity, equity, and inclusion and whether there are changes required to achieve the future strategic vision. The EC debated the necessity for structural change versus more focus on cultural norms. However it was ultimately decided that truly living into the aspiration would require visible, structural change to the Board.

The recommended governance changes include:

- 1) *Enhancing the strategic and financing role of the Board* to reflect a more active Board committed to generating public commitments, mobilizing resources, and across the TB ecosystem;

- 2) *Removing the distinction of fixed vs. rotating seats* to ensure a more equitable, accountable, and inclusive Board, requiring all seats to be reviewed every three years for their contributions and engagement;
- 3) *Refining Board composition* to show a strengthened, visible commitment to the leadership of TB affected stakeholders by ensuring that TB affected countries and communities represent at least 50% of the Board while ensuring that the Board remained the same size
- 4) *Refining EC composition* to align with the recommended evolution of the Board composition and the removal of fixed vs. rotating seats.

Achieving the shift to a Board represented by 50% TB affected voices without increasing the size of the Board will be done by:

- Adding one community seat to ensure broad range of regions and vulnerable populations represented
- Adding three civil society seats to represent the breadth of civil society groups (e.g., delivery, advocacy, healthcare workers, research institutions, R&D) and changing “Developing country NGO” to “Civil society from TB-affected countries”
- Adding one in-country private sector seat to reflect difference between in-country healthcare delivery vs. manufacturers of TB products/R&D financing and clarifying the voices represented by the three different private sector seats
  - Private sector: business
  - Private sector provider from a TB-affected country: delivery
  - Research & innovation: research
- Absorbing one of the open seats into donors and asking the Executive Committee to review all donor seats every three years
- Absorbing all but one technical/WG seat into civil society to address the USG perceived duplication and technical overweight in a board whose primary role is advocacy and financing and rename seat to “Research & Innovation”
- Refining and streamlining the multilateral seats to: a normative agency seat for WHO, a multilateral financing agency seat for the Global Fund to Fight AIDS, TB, and Malaria, and one constituency-based multilateral seat for other multilaterals with a demonstrated interest and commitment to TB (e.g. World Food Programme, UNAIDS, UNICEF)
- Streamlining from two to one open seat to enable the recruitment of currently unforeseen new donors or representatives with needed skills

The full set of governance changes recommended in the Governance Manual can be found in Appendix 2.

## **Commitments Dialogue**

To begin advancing the recommendations outlined above, the Board held a re-enrollment session / retreat on 17 March 2022. Over 20 Board members and representatives participated and engaged in dialogue about their roles and responsibilities as members of the Stop TB Partnership Board and the broader TB ecosystem. They discussed Board commitments for how to create a more inclusive Board environment and close the funding gap for TB.

### *Creating a more diverse, equitable, and inclusive Board environment*

- Onboarding: Set up introduction session with new members so that everyone has equal access to necessary information and relationships
- Engagement: Reach out to other constituencies to discuss their work and offer support, developing camaraderie
- Joint prep sessions: Hold prep sessions with new members from TB-affected countries to hear different perspectives and support engagement
- Agenda: Involve country representatives in setting agenda to incorporate their perspectives
- Recognition: Recognize members for leadership in enabling an inclusive, equitable TB response
- Listening: Give space for others to speak, especially after contributing

### *Closing the funding gap*

- Generating commitments: Some Board members are uniquely positioned to make or generate public commitments to elevate TB in-country
- Resource mobilization: Some Board members are uniquely positioned to mobilize resources—or to encourage others to mobilize resources—to increase overall financing for TB
- Coordination across the ecosystem: Some Board members are uniquely positioned to play a role, ensuring TB remains highly relevant within the broader global health ecosystem (e.g., crafting the narrative, connecting players, participating in key dialogues)

Board members were asked to continue the dialogue about these commitments with their constituencies with the intention of continuing the discussion and making more formal commitments at the 35<sup>th</sup> Annual Board Meeting.

### **Next Steps**

Following the endorsement of this package at the 35<sup>th</sup> Annual Board Meeting, these are the next steps to enable these recommendations to be swiftly and effectively implemented:

- Commit to and take specific action to create a more inclusive Board – *individual Board members*
- Commit to and take specific action to close the funding gap – *individual Board members*
- Track and report out on commitments – *EC*
- Align the Operational Strategy with the recommendations outlined here – *Secretariat*

Recognizing the scope of the governance review was not exhaustive, the EC will also consider whether any broader governance review is needed (e.g. reviewing the role and recruitment of the Chair, Vice-Chair and other governance manual revisions).

## Decision Point

1. The Board acknowledges the work done to review the strategic vision, role, and governance of the Board (the Stop TB Partnership Board Strategy Review) under the leadership of the Executive Committee. The Board further notes that the Stop TB Partnership Board strategy Review was undertaken in response to Action Point 10 within the *Action Plan in Response to Independent Review of Allegations of Racism and Misconduct at the Stop TB Partnership*, and thanks each stakeholder who provided input and perspective at each stage of this important process.
2. The Board formally adopts the recommendations of the Executive Committee based on the Stop TB Partnership Board Strategy Review including:
  - A. The future strategic vision for the Partnership and the Board bold actions
  - B. Aspiration for how the Board can advance, role model, and integrate a more diverse, equitable, and inclusive TB response
  - C. Changes to the role and composition of the Board that are indicative of a strengthened, visible commitment to the leadership of TB affected stakeholders by ensuring that voices directly by TB held at least 50% of the seats while not increasing the overall size of the Board
3. The Board requests the Secretariat working with the strategy review team to align its Operational Strategy with the strategic recommendations of the Stop TB Partnership Board Strategy Review and to amend the Board Governance Manual accordingly.

## Appendix 1: Consultation Process

The consultation process engaged a broad array of stakeholders, including:

Timur Abdullaev	Celina Garfin	Ebere Okereke
Malik Adenov	Mustapha Gidado	Peter Owiti
Klepikov Andrey	Rico Gustav	Aaron Oxley
Ekpeno Akpanowo	Douglas Hatch	Thoko Nkhoma Phiri
Farhana Amanullah	Jackie Huh	Raghuram Rao
Erika Arthun	Asgar Ismayilov	Ramona Rata
Stela Bivol	Philippe Jacon	Anais Rault
Draurio Barreira Cravo	Mayowa Joel	Alasdair Reid
Neto	Dr Bobby John	Sulochana Roy
Jaime Nicolas Bayona	Benjamin Kagina	Suvanand Sahu
Garcia	Tereza Kasaeva	Peter Sands
Pierre Blais	Michel Kasha	Charles Sandy
Amy Bloom	Maya Kavtaradze	Alena Skrahina
Mikkel Broholt	Irma Khonelidze	Peter Small
Joanne Carter	Andrew Kirkwood	Viorel Soltan
Daniel Chin	Nalini Krishnan	Anil Soni
Chris Collins	David Lewinsohn	Guy Stallworthy
Kelly Collins	Simon Lee	Turyahabwe Stavia
Ramón H. Crespo	Kylie Luu	Falokun Victor
Jacob Creswell	James Malar	Temitope
Andrew Cross	Guy Marks	Adrian Thomas
Kieran Daly	Arial Pablos Mendez	Thomas Vergès
Anand Date	Tsakani Mnisi	Brian Kaiser
Ruwan Demel	Elena Mochinova	Cheri Vincent
Jenniffer Dietrich	Subrat Mohanty	Arne von Delft
Lucica Ditiu	Andrei Mosneaga	Eliud Wandwalo
Philippe Duneton	Eamonn Murphy	Brenda Waning
Nasir Ebrahimkhail	Priyakanta Nayak	Jade Wooley
Mark Edington	Sreenivas Nair	Feng Zhao
Imran Farooq Syed	Carol Nawina	Zhi Zhen Qin
Alexandra Frum	Luan Vo Nguyen	
Paula Fujiwara	Quang	
Deliana Garcia	Austin Obiefuna	

## Appendix 2: Revisions to the Stop TB Partnership Board Governance Manual

This memo outlines the key changes to be made to the Stop TB Partnership Board governance manual to implement the governance recommendations presented for approval at the 35<sup>th</sup> annual Stop TB Partnership Board Meeting.

These key changes include:

- 5) *Enhancing the strategic and financing role of the Board* to reflect a more active Board committed to generating public commitments, mobilizing resources, and across the TB ecosystem;
- 6) *Removing the distinction of fixed vs. rotating seats* to ensure a more accountable and inclusive Board, requiring all seats to be reviewed every three years by the Executive Committee for their contributions and engagement;
- 7) *Refining Board composition* to show a strengthened, visible commitment to the leadership of TB affected stakeholders;
- 8) *Refining the Executive Committee composition* to align with the recommended evolution of the Board composition and the removal of fixed vs. rotating seats.

Recognizing that there is a balance between the desire for greater clarity and accountability around governance and what is reasonable from a time and resourcing standpoint, the recommended changes here address the highest priority governance issues.

Detail is provided on each of these key changes below – and areas for further consideration are outlined in the final section.

### 1. Enhancing the strategic and financing role of the Board

During the consultation process, input from a broad set of stakeholders indicated that the role of the Board should be enhanced so that the emphasis is on strategic and financing contributions. There was broad agreement that the Board should retain its oversight and governance functions, but that strategic and financing responsibilities should be clarified and elevated alongside them to reflect the commitment to a more active Board.

Specifically, these recommended changes include:

- Updating Sections 1.1. and 1.2 to reflect the major activities discovered and discussed during the consultation process (generating commitments, resource mobilization, and coordination across the ecosystem) vs. broader reference to

awareness- and consensus-building. The recommended language would read: “The Stop TB Partnership Board has a responsibility:

- to the global TB community to generate public commitments, mobilize resources, and enable coordination across the TB ecosystem
  - to the Secretariat to set strategic direction and provide oversight and guidance as they undertake activities to advance the above priorities for the global TB community.”
- Elevating and clarifying the external relations functions within Section 1.2 to align with the refined list of major strategic activities. The recommended language would read: “External relations functions:
    - Use the forum of the Board convenings to align on messaging and strategy to mobilize financing and influence stakeholders within and outside of the global health community
    - Engage with the broader public health and development communities to promote and integrate the TB agenda
    - Work with partners and external stakeholders to identify and develop investment cases to mobilize resources for TB
    - Provide a platform to engage the broader TB ecosystem, through which all TB voices are heard”

## **2. Removing the distinction of fixed vs. rotating seats**

The need for greater accountability and action from all Board members was a key theme that emerged during the consultation process. To enable a regular review of all seats and therefore incentivize greater engagement from all members, the distinction of fixed vs. rotating seats would be removed and replaced with one type of seat that is reviewed every three years for contribution and engagement.

The Executive Committee would oversee this review process, including setting the specific criteria and thresholds for appropriate contributions and engagement.

Specifically, these recommended changes include:

- Removing all references to fixed vs. rotating seats and replacing with more straightforward language to reflect one type of seat. These replacements can be found in Section 2 (Board structures), Section 4 (Election procedures for Board Chair and Vice-Chair), Section 5 (Composition), Section 7 (Terms of office), Section 8 (Selection processes), Section 11 (Finance Committee) and Section 17 (Meetings of the Board)
- Adding language to Section 5 (Composition) to indicate that all seats will be reviewed for contributions and engagement every three years by the Executive Committee

### **3. Refining Board composition**

As a result of the strategic and governance review, a clear priority emerged to ensure that voices directly affected by TB held at least 50% of the seats on the Board, while ensuring that the Board remained the same size.

This informed a series of recommended changes to the composition to the Board, which—if approved—would be codified in the Board governance manual (Section 5) and include:

- Adding one community seat to ensure broad range of regions and vulnerable populations represented
- Adding three civil society seats to represent breadth of civil society groups (e.g., delivery, advocacy, healthcare workers, research institutions, R&D) and change “Developing country NGO” to “Civil society from TB-affected countries”
- Adding one in-country private sector seat to reflect difference between in-country delivery vs. manufacturers of TB products/R&D financing and clarifying the voices represented by the three different private sector seats
  - Private sector: business
  - Private sector provider from a TB-affected country: delivery
  - Research & innovation: research
- Absorbing one of the open seats into donors and asking the Executive Committee to review all donor seats every three years
- Absorbing all but one technical/WG seat into civil society to address the USG duplication and technical overweight in a board whose primary role is advocacy and financing and rename seat to “Research & Innovation”
- Streamlining to three multilateral seats with two seats for WHO and Global Fund and one constituency-based seat to address optical overweighting
- Streamlining from two to one open seat to enable the recruitment of currently unforeseen new donors or representatives with needed skills

Throughout Section 5, criteria for each new or refined seat would be updated to align with the refined role of the Board and language would be added to clarify the purpose of the seat (i.e., what voice they are expected to represent as a Board member).

#### **4. Refining Executive Committee composition**

In alignment with the previously-outlined recommendations that emerged from the strategic and governance review (e.g., removal of fixed vs. rotating seats distinction and refinement of Board composition), the composition of the Executive Committee would also be refined. In the new composition, all seats would be reviewed every three years alongside the broader Board and the manual would make a recommendation for members in the first three-year period vs. in perpetuity.

Specifically, these changes would include:

- Updating Section 10 to highlight the commitment required from Executive Committee members as a key prerequisite for membership. Specifically, this language would read: “Membership on the Executive Committee requires a significant investment of time, including active participation in monthly meetings, execution of ad hoc Board projects, and support for the Secretariat as it advances its strategic work.”
- Updating Section 10.2 to clarify that the new approach to composition would include a periodic review of all seats every three years. Specifically, this language would read: “Executive Committee composition is reviewed every three years alongside Board composition. It is expected that the Executive Committee will include the major donors to the Partnership Secretariat, the WHO, and representation from non-donor seats to provide a diverse range of perspectives.”
- Outlining the recommended membership for the first three-year period following approval in Section 10.2. to include:
  - Board Chair
  - Board Vice-Chair
  - Executive Director
  - USAID
  - GAC
  - Bill & Melinda Gates Foundation
  - WHO
  - Private sector
  - Communities
  - Civil society from TB-affected countries

As the governance of the Board continues to evolve in the coming months and years, the following open and/or continually evolving areas should be addressed:

- Role and election procedures for Board Chair and Vice-Chair
- Terms of office
- Periodic review of Board composition and expectations of Board members
- Periodic review of Executive Committee composition and expectations of EC members