

Stop TB Partnership



Stop TB Partnership Board Strategy Review Session

Board Presentation and Pre-Read
March 2023

hosted by
 **UNOPS**



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Introduction

Agenda

<p>1 Board's Strategic Vision</p> <p>Provides context and approach to developing Board strategic vision</p>	<p>p. 3-7</p>
<p>2 Aspiration for Diversity, Equity, Inclusion</p> <p>Provides context and approach to developing Board aspiration for DEI</p>	<p>p. 8-11</p>
<p>3 Board governance</p> <p>Provides EC recommendations for governance changes and decision point</p>	<p>p. 12 - 21</p>

This document is the presentation that will be shared at the 36th Stop TB Partnership Board Meeting regarding the Board Strategy Review.

The Board session will:

1. Recap purpose and history of Board strategy review including prior Board decisions
2. Share the EC's recommendations on Board governance implementation including: Board composition, EC role and composition, and governance manual revisions
3. Engage the Board on further ways to live its aspiration on Diversity, Equity, and Inclusion (DEI)

Board Strategic Vision

Overview

- EC commissioned an external consultancy to facilitate the Board to develop a future strategic vision to inform governance changes (including the implementation of the Action Plan)
- Extensive consultation conducted including focus groups with communities and civil society
- Board reviewed findings and debated future vision at its mini Board Retreat in September 2021

Evolution of the Stop TB Partnership and Board transformation



Board 3.0 emerged in response to Action Point 10 in the *Action Plan to Address Racism and Misconduct*



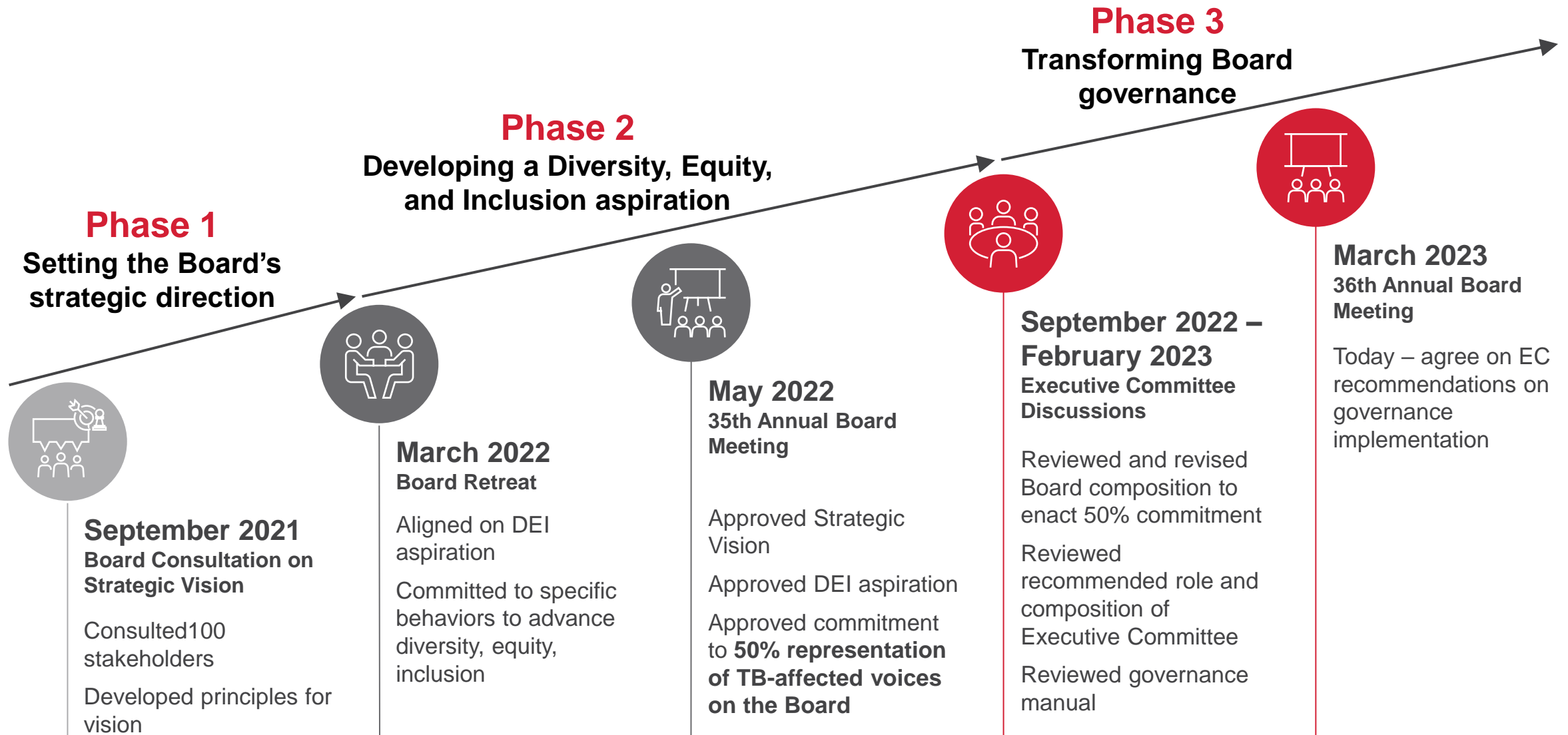
Commitment to an Inclusive and Effective Global TB Response:

A. Review the Board and Executive Committee:

The independent review has outlined the limitations of the Board, given its status as a non-legal entity and its large size. In practice, the Board functions as a high-level advisory committee on strategy, finances, and technical issues to the Secretariat. As such, the current Board and Executive Committee are committed to restructuring to be better fit for that purpose, and **will initiate a comprehensive review to improve Board capacity to fulfill its duties, with a focus on representation from high-burden TB countries and affected communities.** In order to quickly identify and address any future emerging issues, the Executive Committee and Board will also acquire additional administrative and managerial support.



Board Strategy Review approach and timeline



Board Strategic Vision agreed at 35th Board meeting



Putting TB at the top of the health agenda

- Bold TB narrative
- Accountability



Driving progress

- Innovation acceleration
- New voices, more advocates



Engaging with countries and communities

- Country-driven and country-led approach
- Role in country



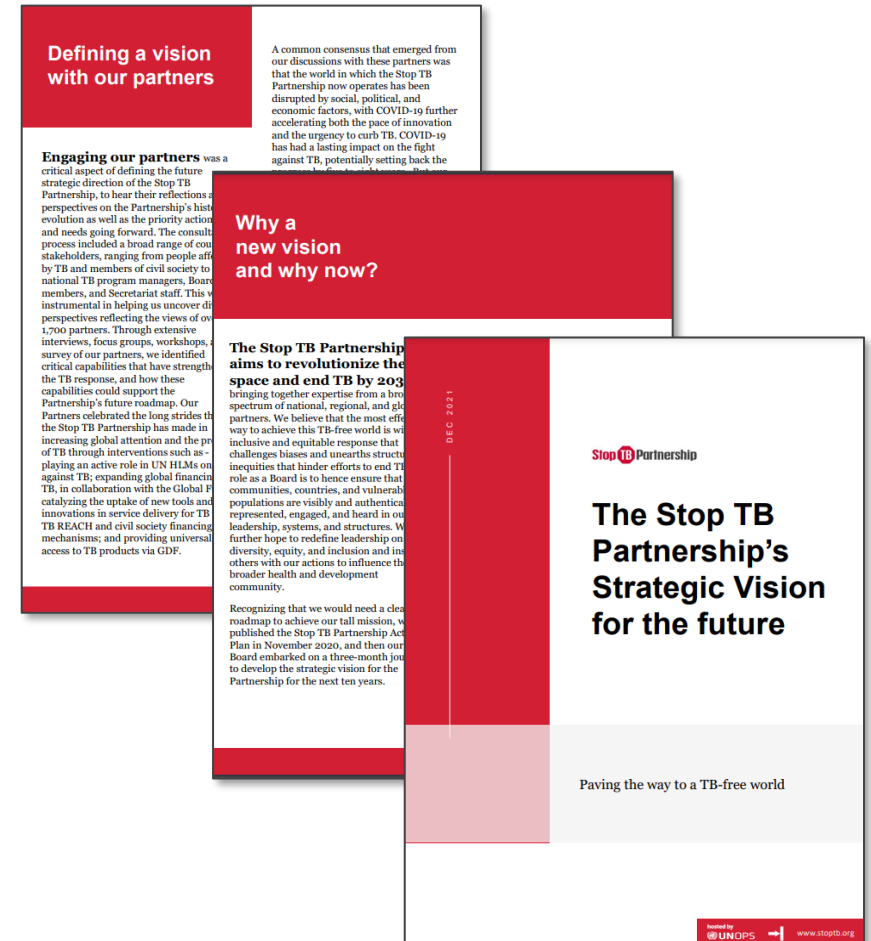
Reflecting diverse perspectives

- TB-affected community leadership
- Partner support



Broadening funding

- Closing funding gap



Aspiration for Diversity, Equity, Inclusion

Overview

- Board reviewed broad range of concepts to define what diversity, equity, and inclusion (DEI) means in the Stop TB Partnership Board
- Communities, civil society, and countries provided extensive feedback
- Board reviewed 6 opportunity areas to strengthen its DEI potential prioritizing
 - An aspiration for DEI
 - Board composition review

What does DEI mean for the Partnership Board?

Concepts related to DEI for the Stop TB Partnership Board

Community empowerment



Process of enabling communities to increase control over their lives, with community ownership and action explicitly aimed at social and political change

“What would it mean to be really community led in the Partnership governance?”

Decolonizing development



How systems must change to remove all forms of supremacy (i.e., seeing the big as superior to the small), acknowledging that there are many ways of being and doing

“As donors we don’t rotate our seats and have long experience which is an advantage. Countries and communities are constantly rotating which is an issue in how we designed the system

Country ownership



Countries and regions define and own their public health agenda with minimal reliance on global support e.g., increased domestic funding for healthcare

“DEI means getting serious about a country ownership agenda in the programs and priorities of the Partnership – we need refocus efforts to countries versus global

Key themes from assessing Board's DEI potential debated at March 2022 Board Retreat

- 1 Diversity, equity, and inclusion (DEI) is a relatively new term in public health. Board and EC seek to be a leader in DEI and have different views on what that means, indicating **need to define a Board aspiration on DEI**
- 2 Strong sentiment that not all voices carry same weight due to longevity of participation from fixed seats vs new voices from rotating seats, indicating **need to create an inclusive Board environment for participating more equitably**
- 3 Strong community and civil society voices on Board, but concern that country and Ministry of Health participation has remained inconsistent, indicating **need to re-think role, expectations, and recruitment of country seats and Chair**
- 4 To advance Partnership's future strategic vision, Board needs fresh ideas including from non-TB partners, indicating **need to refresh desired skills and experience represented on Board**
- 5 Composition optically feels overweighted to donor/technical/northern voices and needs to reflect shifts in partner landscape and future strategic priorities, indicating **need to examine Board and EC composition**
- 6 Current model may inadvertently contribute to siloes, indicating **opportunity to explore new models that foster more cross-sectoral collaboration** to ensure long-term, sustainable TB response

Board Aspiration for DEI approved at 35th Board meeting

We believe the **only way to achieve a TB-free world is with 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 key 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.

Transforming Board governance

Overview

- EC has focused on reflecting the Board Strategic Vision and DEI aspiration into governance
- Priority areas for Board decision:
 1. Board composition to achieve 50% principle
 2. Revised EC role and composition
 3. Governance Manual updates

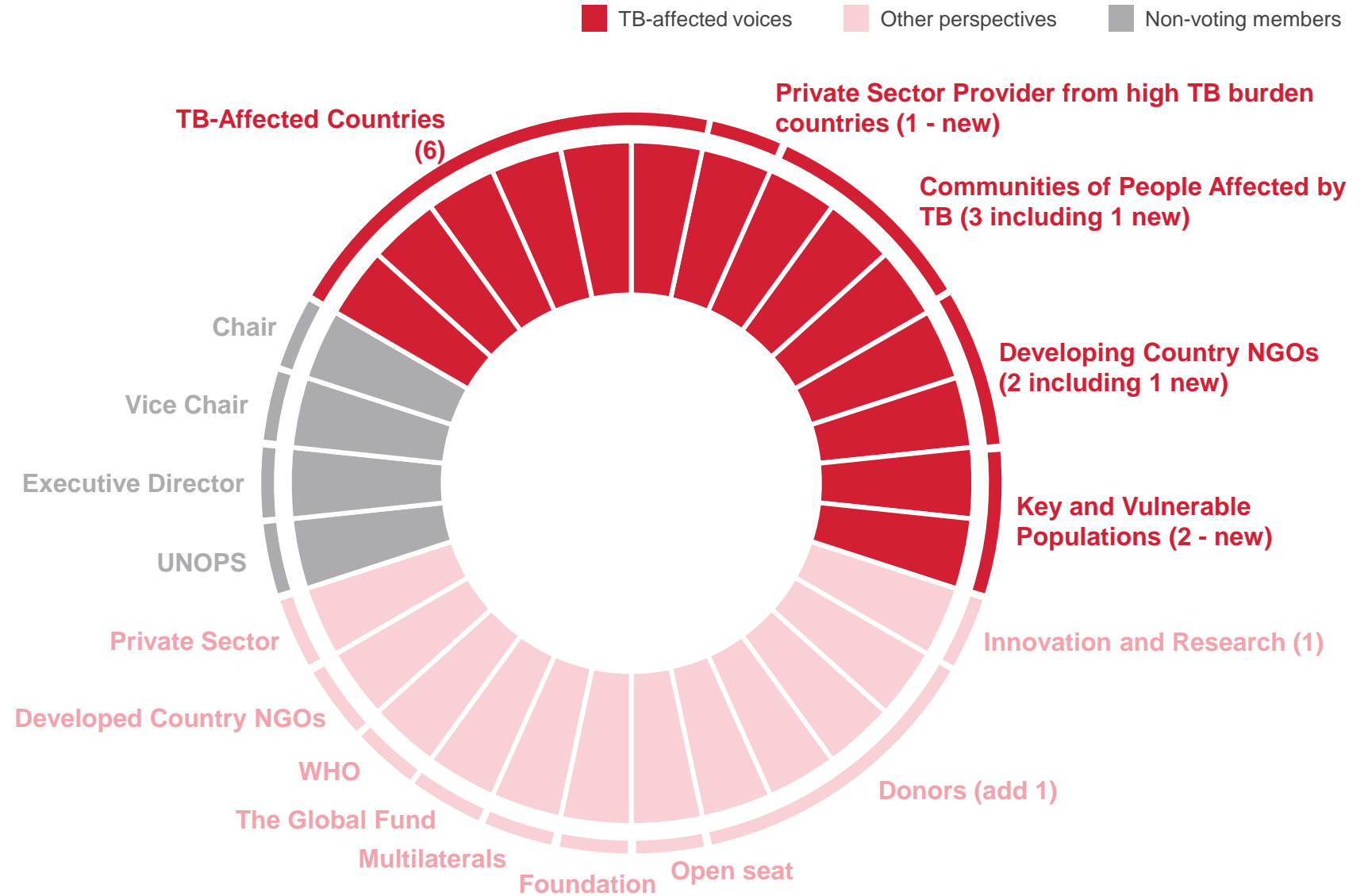
Final phase of Review to transform governance considering the Board's Strategic Vision and DEI aspiration

Executive Committee governance work

- 1 Refine Board composition to achieve principle of 50% representation by TB affected voices
- 2 Review EC role, composition, and ways of working
- 3 Reflect updates within Governance Manual

1 Recommended Board composition achieving 50% principle

- Ensure effective representation of TB-affected voices while maintaining same size of Board
- New seats created by:
 - Streamlining multilaterals (2)
 - Re-aligning Working Groups (2) and Technical Agencies (2) into other seats
 - Removing 1 Open Seat



2 Recommended Role of the Executive Committee

Context

- EC committed to review its role and composition considering Board strategic priorities and DEI aspiration
- EC reflected on feedback heard during consultation process from Board members about need for greater transparency and understanding about role of EC

Updated TORs

- Ability to **manage sensitive / confidential topics** urgently and effectively
- Awareness of and ability to **manage potentially sensitive relationships with a broad array of key stakeholders** (e.g., other EC, other Board members, community advocates, high-level political leaders)
- **Strong commitment to make the time to participate and prepare to participate** (5-6 or more hours/month)
- Ability to consider the **best interests of the Stop TB Partnership at large**
- **Passionate and connected to the issue of TB** and regarding their participation on the Stop TB Partnership Board as a top priority
- Energized to participate in and, as appropriate, **lead ongoing education / onboarding**

2 Recommended Executive Committee composition

Considerations	Recommended composition
<ul style="list-style-type: none">• Important to reflect removing fixed and rotating seats• Never been an issue of too many Board members wanting to be on EC• TB affected countries have only engaged through the representation of the Chair and have not wanted a seat• Major donors expect a seat to provide regular oversight and engagement	<ol style="list-style-type: none">1. Board Chair (non-voting, no change)2. Board Vice-Chair (non-voting, no change)3. Executive Director (non-voting, no change)4. WHO (no change)5. Communities of People Affected by TB (no change)¹6. Two largest donors²7. Two seats for TB affected voices (Countries, Developing Country NGO, Private Sector Provider, Key and Vulnerable Populations)8. Two seats open to all other voting Board members not otherwise represented in the EC <p>Changes reflect:</p> <ul style="list-style-type: none">- More emphasis on TB affected voices- Contribution criteria for donors- Removal of seat fixed for “technical agencies”- Flexibility with EC continuity

¹ It is expected that this constituency will establish a process internally to nominate one Board Member to fill the designated EC seat

² The two largest donors have the first and guaranteed opportunity to join the EC, but may choose to pass the opportunity to another donor

2 Recommended Executive Committee selection process

Principles

- Demonstrate equitable representation
- Enable all Board members to apply if interested
- Ensure a diverse range of perspectives balancing rotation and institutional memory
- Empower Board members to collaborate and participate in the selection process
- Enact commitment to learning through regular review of membership
- Ensure the EC can fulfill its duties with the composition selected

Selection Process (detailed further in Governance Manual)

- Secretariat issues an open call every three years to **eligible Board members for the 2 TB affected seats and the 2 seats for other voting Board members not represented on the EC**
- Secretariat and Vice-Chair review nominations against the desired EC membership and commitments expressed
- If there is more interest than available seats (e.g., should 3 Board members express interest for 2 available seats), the Vice Chair will collaborate with the interested Board members to reach a joint recommendation about how to best to allocate the seats in line with the principles and in the context of the rest of the recommended composition
- **Vice Chair makes a recommendation to the Board** in line with the principles

EC commitments to strengthen transparency with the Board

- a Hold quarterly Vice-Chair updates from EC to the Board

- b Distribute EC meeting minutes directly to all Board members

- c Establish an EC annual workplan and communications schedule

- d Ensure onboarding for new Board members includes clarity on the role of the EC

- e Provide materials in advance to ensure adequate time to review

3 Recommended changes to the governance manual

- **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;
- **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 EC for their contributions and engagement;
- **Updating Board composition and relevant TORs** to show a strengthened, visible commitment to the leadership of TB affected stakeholders;
- **Updating/adding TORs for seats** as needed, even beyond the seats refined in the new Board composition (e.g., Foundations)
- **Refining the role of the EC** to align with the recommended evolution of the Board
- **Updating EC composition and relevant TORs** to reflect the refined role and recommended ways of working

Note: Additional changes were made to reflect the current state of the Partnership's operations.

Questions for Discussion

- How can we best support our new Board constituencies?
- What can we do as a board to **further embrace our ambitious DEI aspiration?**
- What else can the EC do to strengthen engagement with the rest of the Board?

Board Strategy Review Decision Point

1. The Board recognizes 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 (EC). This work was undertaken to implement Action Point 10 within the *Action Plan in Response to Independent Review of Allegations of Racism and Misconduct at the Stop TB Partnership*.
2. The Board further acknowledges the follow on work to implement Decision Point 35-9 to advance the Board aspiration to diversity, equity, and inclusion (DEI)—including the ambitious commitment to dedicate at least 50% of Board seats to TB-affected voices.
3. The Board formally adopts the Board Strategy Review implementation recommendations made by the EC as detailed in the Board Strategy Review pre-read which enhances the strategic and financing role of the Board, strengthens the approach to DEI within the Board composition and TORs, and refines the role and composition of the EC.
4. The Board furthermore formally adopts the revised Board Governance Manual which reflects the implementation recommendations.
5. The Board remains committed to fulfilling its aspiration on DEI and requests the EC to review the implementation of this Board Strategy Review decision as part of an ongoing commitment to reflect on learnings from these governance changes.

Appendix

Further detail on Governance Recommendations

Recap: The EC initial recommendation on Board composition included in paper for 35th Board meeting

+ Increase seats - Decrease seats ● Alter representation

Feedback and Recommendations

+ **Add 1 community seat** to ensure broad range of regions and vulnerable populations represented

+ **Add 3 civil society seats** to represent breadth of civil society groups (e.g., delivery, advocacy, healthcare workers, research institutions, R&D) and consider changing name of “Developing country NGO” to “Civil society from TB-affected countries”

+ **Add 1 in-country private sector seat** to reflect difference between in-country delivery vs manufacturers of TB products/R&D financing

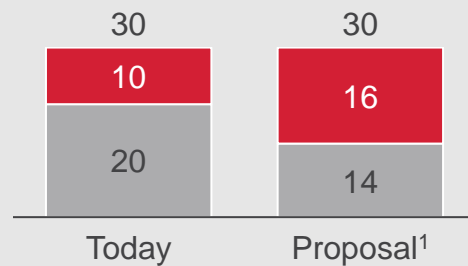
● **Absorb one open seat into donors and review all donor seats every 3 years** with ideally 3-year contribution to Secretariat to reinforce minimum contribution; consider constituency basis for “Foundations” / converting “Donors” to constituency-based if more than 5 donors are eligible

- **Absorb all but one technical/WG seat** into civil society to address technical overweight in a board whose primary role is advocacy and financing; ensure WHO as main technical voice and innovation voice remains on Board. **Refocus (and rename) remaining seat to “Innovation & Research.”**

- **Streamline to 3 multilateral seats** with 2 fixed seats for WHO, Global Fund, and 1 constituency-based seat (Unitaid, World Bank, UNAIDS, and possible others) to address overweighting

■ Voices from TB-affected countries
■ Voices from developed countries

Including more TB-affected voices on Board



Including voices outside of Board

- **Consult outside voices:** Engage constituents outside of Board to inform decisions
- **Feature experts:** Invite experts to panels during meeting to shape dialogue on select topics
- **Invite observers:** Ask non-voting observers to join and contribute to overall dialogue
- **Offer mentorship:** Have former Board members mentor and share perspectives to new seats

1. “Voices from TB-affected countries” includes TB-affected communities, TB-affected countries, civil society from TB-affected countries, private sector provider from developing country, Chair (TB-affected country), Vice-Chair (developing country NGO). **Note that this represents the minimum voices from TB-affected countries that would be included on the Board at any time. Additional seats may be filled by voices from TB-affected countries depending on the specific representative selected.**

Post 35h Board, EC refined the Board composition after consultations with communities and civil society

Questions raised during consultation

- How do we manage such a broad and different definition of civil society across countries?
- What are the implications of eligibility changes from “developing NGO” using income versus “TB affected countries” using disease burden?
- How should “vulnerable populations” be defined?
- How should these voices best be represented to ensure high visibility on the Board?
- What is required to ensure successful participation from new Board members?

EC initial thinking pre-35th Board meeting

+ Add 3 civil society seats to represent breadth of civil society groups... and consider change “Developing country NGO” to “Civil society from TB-affected countries”

+ Add 1 Communities seat

Final proposal post consultation presented to 36th Board for approval

+ Add 2 “Key and Vulnerable populations” seats to provide visibility into these perspectives

+ Add 1 Developing NGO seat and *do not rename*

+ Add 1 Communities seat

The EC recommended that the Board establish 2 seats for a Vulnerable Populations constituency

Principles

- We want to **strongly signal** to the TB community and the outside world the importance of key and vulnerable populations
- We believe calling them as their own constituency rather than integrating into others is the best way to **use the power of our Board to demonstrate our commitment** to incorporating their perspectives
- The inherent challenge of their representation in our Board highlights the broader **challenge we have in reaching them in the overall TB response**
- This will be a **learning process** similar to how other constituencies developed and can be re-evaluated – no other Board has tried this

How we propose to do it

- Use the **Global Plan criteria** on key and vulnerable populations – while recognizing it is a long list, we are also not concerned we will get overwhelmed with applications
- Key and Vulnerable populations would be prioritized for outreach based on what is **most relevant to our Board context now**
- Secretariat would **issue a call for applications to be reviewed by a subset of the EC** (following the March Board meeting)
- **Secretariat would provide support** to help these new members form as a constituency and learn more about how to engage these voices in the Board

How this constituency is distinct from Communities and Developing Country NGOs

Voice represented

Recommended TORs for governance manual

Does NOT include

Communities

The diverse **global experience of people affected by TB, particularly survivors**

- Individuals who have been diagnosed with or have recovered from TB [*connected to a network*]
- Individuals with a close personal connection (i.e. family member) to someone who has been diagnosed with TB
- Individuals from survivor-led organizations (i.e. CBO or advocacy organizations) or networks (i.e. Network of People affected by TB).¹

- Individuals from **organizations that are not led by people affected by TB**, unless they meet one of the other criteria
- Individuals who are vulnerable to **TB** but do not otherwise meet the other criteria

Key & Vulnerable Populations

The perspective of **unique networks of key and vulnerable populations**; what makes them vulnerable; and what is needed to address vulnerability

- Those identified as vulnerable populations in the Global Plan to End TB (e.g., miners, community health workers, indigenous people)²
- AND
- Representing formal or informal networks of vulnerable populations

- Networks primarily organized around having **lived with and survived TB**
- NGOs who work on behalf of but not led by key and vulnerable populations

Developing Country NGOs

The experience of those working on **advocacy and delivery in developing countries**

- Individuals representing a national or multinational NGO with a track record of advancing global TB priorities
- NGO must be headquartered in countries defined by the IMF as “emerging/developing economies”³

Note: This definition is currently in the governance manual.

- **Individual advocates** (not representing a formal, incorporated NGO)
- **Advocates representing informal networks**
- Representatives from NGOs incorporated in developed countries
- Representatives from networks of people affected by TB

Note: Individuals meeting eligibility requirements for more than one delegation are encouraged to join the group that best reflects their lived experience. **Membership in multiple delegations is discouraged.**

¹ STBP Board Communities Internal Delegation Manual; ² Global Plan to End TB; ³ Current STBP governance manual

EC composition options considered

Option	Description	Strengths	Challenges	Recommended option
1 Minor change 5 fixed seats 3 flexible	<ul style="list-style-type: none"> Maintain USAID, GAC, BMGF, WHO, 1 Communities seat as fixed Convert technical seat into an additional flexible seat totaling 3 flexible 	<ul style="list-style-type: none"> Straightforward to implement with limited additional work Track record of group working well 	<ul style="list-style-type: none"> Limited broader TB affected voices representation Inconsistent with principles of governance reform 	
2 Hybrid	<ul style="list-style-type: none"> Establish four consistent seats (two largest donors reviewed every 3 years, Communities, WHO) Allocate 2 seats for TB affected voices Allocate 2 seats for others EC is refreshed every 3 years with an open call for the 4 flexible seats Vice-Chair reviews and makes recommendation to Board for approval 	<ul style="list-style-type: none"> Allows for EC continuity Provides platform for most significant donors to share perspectives on key issues Demonstrates stronger principle for TB affected voices Maintains flexibility for those most interested 	<ul style="list-style-type: none"> Broader call for applications for Secretariat to manage Potential more rotation every 3 years 	
3 Major change No fixed seats 50% firm principle	<ul style="list-style-type: none"> Apply 50% principle to 8 voting EC seats Secretariat holds open call every three years for all Chair and Vice-Chair review and make recommendation to be approved at Board meetings 	<ul style="list-style-type: none"> Equitable approach enables all interested parties to have the same opportunity to drive key strategic discussions 	<ul style="list-style-type: none"> Lack of continuity in EC A significant amount of work for Secretariat and Vice-Chair More rigid approach to allocation 	

Across all options:

- Balance (e.g. gender, race, ethnicity, North/South), reflecting the Partnership's commitment to DEI
- Members should be limited to two terms of three years each

Questions for Discussion:

1. Which best allows the EC to fulfill the principles of its updated role?
2. Which demonstrates change in spirit of governance reform?