

Stop TB Partnership Coordinating Board Call for Nominations for Constituency Representatives: Developed Country NGO, Developing Country NGO, Communities and Private Sector Constituencies

At its 22nd Board meeting held in November 2012 in Kuala Lumpur, Malaysia, the Coordinating Board approved a comprehensive package of governance reforms to improve its performance and impact on tuberculosis (TB). An important element of the Board reform is to streamline the Board structure according to a principle of stronger and more representative constituencies.

In line with the decisions taken in Kuala Lumpur, the Coordinating Board tasked the Executive Committee to take forward the Board reform and manage the transition in order for the full Board to be operational by the 23rd Board meeting in July 2013. This includes ensuring that all open seats on the Coordinating Board are filled by June 2013 to ensure all new representatives can attend the 23rd Board meeting.

As part of this process, the Stop TB Partnership Secretariat is launching a call for nominations for a total of **5 open constituency seats** in the following constituencies:

Developed Country NGO – 1 seat Developing Country NGO – 1 seat Communities – 2 seats Private Sector – 1 seat

This call for nominations provides:

- an overview of the key changes made to the Partnership Board;
- clarifies the expectations for Board members and TORs for each constituency representative; and
- explains the process for nominations and selection.

I. Background

At the 21st Coordinating Board meeting in January 2012, the Stop TB Partnership Board held a governance retreat, where Board members identified challenges to Board effectiveness. To address these challenges, the Board made a decision (Decision point 1.12-7.0) to comprehensively review its governance structure.

The Board convened a Steering Committee¹ responsible for overseeing the implementation of this decision. After extensive analysis and discussion about how to make the Board a more effective decision-making body, the Steering Committee came to a consensus and made a set of recommendations to the Coordinating Board. These recommendations² were approved at the 22nd meeting in November 2012 (Decision point 22.6) and the Board

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² To access the full list of the Steering Committee's recommendations: <u>http://www.stoptb.org/assets/documents/about/cb/meetings/22/2.12-04%20Governance/2.12-4.1%20Governance%20paper.pdf</u>.



delegated authority to the Executive Committee to review and decide on changes to the Board's By-Laws and Operating Procedures to include:

a. Terms of Reference for Executive Committee and Finance committee and guidelines on other board structures (e.g. task-forces).

b. Constituency guidelines for board member selection.

c. Selection processes for non-constituency seats.

d. Terms of Reference for Board Chair, Vice-Chair, Committee Chairs, and Board Members.

e. Protocols to strengthen communication between Working Groups and the Board.

f. Nomination and selection process for Board Chair and Vice-Chair.

To implement these governance changes, the Board requested the interim Board Chair, Dr. Amy Bloom, with support from the Executive Committee, to oversee the transition process to a new governance model by no later than July 2013.

Recognizing the important principle of a representative, constituency-based Board, the Executive Committee has developed a process for nominating and selecting individuals to fill the five open constituency-based seats, with the aim of recruiting individuals who will be committed to developing and strengthening their constituencies.

This process, which will be replaced with elections in future recruitment rounds, will be overseen by the Executive Committee and will involve an independent selection committee, which will be responsible for reviewing nominations for all five open constituency-based seats and making recommendations to the Executive Committee for selection.

The independent selection committee is tasked with reviewing all the eligible nominees and filling the open Board seats with individuals who are committed to building constituencies and have the capacity to communicate and represent these groups.

The independent selection committee will involve representatives with experience in constituency-based processes such as those from other peer organizations (e.g. Global Fund) and members of the Partnership Board.

This process has been developed following feedback from stakeholders who stated that Partnership constituencies require significant support, and that leadership of these constituencies is critical for them to be successful.

The goal of this process is therefore to select strong constituency leaders who will focus on fully developing their constituencies. Stronger, better-developed constituencies will mean membership guidelines that are clear both within the constituency and to the Coordinating Board, as well as strong communication mechanisms within the constituency and between the constituency and the Board.

The incoming constituency board members will be responsible for ensuring that transparent constituency-based processes are developed for elections in future.

II. Overview of key changes to Stop TB Partnership Board

In order to move to a stronger, more representative Coordinating Board, the Steering Committee recommended a number of changes to the Board model and composition.



Among these changes were a stronger focus on strategy-setting and oversight and a new, more efficient Board model with smaller membership but broader representation of different voices. To ensure that the new membership accurately reflects the goals of the overall governance reform, the Steering Committee also recommended a clarification of the criteria and terms of reference for all Board members as well as for specific seats. Finally, they recommended a new selection process to ensure that the new Board members are the best candidates to take the governance reform forward and work to achieve the goals set forth in the Global Plan.

The Coordinating Board, in Kuala Lumpur, endorsed the following changes to the governing structure and processes.

A. Role of the Board

The Stop TB Partnership Coordinating Board provides leadership and direction, monitors the implementation of agreed policies, plans and activities of the Stop TB Partnership, and ensures coordination among Partnership components.

The role of the Board is to:

- Provide overall strategic direction for the Partnership to address TB as a public health threat
- Approve the Global Plan, the Secretariat Operational Strategy, and the Secretariat budget
- Review annual budget against the Secretariat Operational Strategy
- Monitor the performance of the Operational Strategy and workplan against a set of approved metrics
- Make recommendations regarding the recruitment of Executive Secretary and the termination of the Executive Secretary's contract and conduct an annual performance assessment process
- Establish the overall principles and direction for the governing, administrative, and advisory bodies and any additional Board structures
- Elect the Board Chair, Vice-Chair, and Finance Committee Chair through transparent selection processes
- Oversee the effectiveness and efficiency of the governance model, including amending the composition of the Board, creating or terminating structures, and reviewing/adjusting governance policies as necessary
- Establish and oversee the strategy for identifying and managing risks, particularly strategic, reputational and operational risks
- Influence other actors in the global health community to promote the TB agenda
- Provide a platform for all TB voices to be heard



B. Changes to Board model

A principle of the refined Board model was to streamline the Board size and be more strategic about stakeholder representation. The Board decided to streamline the Board composition to 27-29 members (from 35) with a principle of a constituency-based Board that reflects the diversity of TB stakeholders. The Board is comprised of a mix of fixed and rotating seats.

Exhibit 1: Stop TB Partnership Coordinating Board model

	Selection approach
oting	Open seat
Donors	3 fixed (USAID, CIDA, Netherlands/UK)
Open donor seat	 1 open donor seat to incentivize new donors identified by EC (Optional)
Countries	6 nominated through EC for board approval (4 Open)
Foundation	1 fixed (BMGF)
Private sector	• 1 rotating constituency seat (Open)
Communities	2 rotating constituency seats (Open)
NGOs	2 rotating constituency seats – North/South (2 Open)
Multilateral	 2 fixed seats (WHO, GE), 1 rotating UN seat
Technical agencies	2 fixed seats shared by KNCV/Union/CDC
Working groups	2 rotating seats – implementation/research (2 Open)
Open seats	 2 rotating seats to incentivize new donors or include new partner voices. EC to review nominations; Board to approve (Optional)
n-voting	
Board Chair & Vice-Chair	2 rotating seats every three years
UNITAID	 1 non-voting seat which will be maintained as long as UNITAID is a TB donor

The Board agreed on a model which includes 10 "fixed voting seats" representing founding members and those organizations most engaged in TB. These seats include the six founding members of the Partnership: WHO, the Union, KNCV, World Bank, CDC, and USAID. The remaining 14-16 voting seats will be rotating seats, some of which are constituency-based seats. The Board also decided to introduce non-voting seats for the Board Chair and Vice-Chair in recognition of their role in guiding the Board and stewarding consensus, and one non-voting seat for UNITAID.

C. Changes to constituency-based seats

As part of the governance reform effort, the Coordinating Board approved changes to the allocation of constituency seats. The Executive Committee has clarified the definition of each constituency as well as the desired contributions of members of each constituency:



- Communities seats (2):
 - Should represent high-burden communities and those personally affected by TB (i.e., bring the perspectives of people diagnosed with TB or from close family members of TB patients)
 - Should provide input and approach from those who have first-hand experience with the disease
 - Should provide understanding and recommendations from patient perspective
- *NGO seats (2, 1 each for developed/developing country NGOs):*
 - Should be NGOs with TB-relevant missions and an interest in the Partnership's goals
 - Should have understanding of current on-the-ground implementation efforts
 - Should provide input on implementation, feasibility, and prioritization of Partnership goals
- Private sector seat (1):
 - Should be corporations with global health experience or non-global health groups with an interest in the Partnership's goals
 - Should have an ability to bring private sector perspective to Partnership goals/strategy
 - Should contribute to fundraising and financial development to support the Partnership's aims

III. Terms of reference for Board members

Though each constituency seat has its own, unique set of criteria and qualifications, there is a set of criteria that is common to all Board members as well as a set that is common to all constituency representatives.

All Coordinating Board members are expected to serve in their capacity for three years, with the term renewable once. They are also expected to commit time (non-remunerated) of approximately 12-15 days per year and attend all Board meetings.

Additionally, they are expected to fulfill the following responsibilities:

- Read documents, gain understanding of all issues, and obtain input from constituency prior to Board deliberations (meetings, teleconferences, email communication)
- Participate fully in Board meetings and discussions, communicating constituency views and reporting key issues back to the constituency after Board meetings, including implications for the constituency
- Act as an advocate on behalf of the Partnership within the constituency and to external stakeholders

In order to fulfill these responsibilities, the Board Members are expected to have the following skills:



- Required skills
 - Availability and commitment to participate 12-15 days/year
 - Recognized leader in global health with the understanding and knowledge required to help shape overall strategic direction for the Partnership
 - In-depth understanding of and personal commitment to the Partnership principles, core values and mission
 - In-depth knowledge of the issues around TB, international health and/or development, and financing for development
 - Facilitative and consultative approach—diplomatic with policy and strategic skills
 - Strong leadership and management skills
 - Ability to act as an ambassador/advocate and to represent the Partnership at a senior level (e.g., represent a larger viewpoint, possess decision-making authority within their organization)
 - Access to the necessary communication infrastructure to carry out their role as Board members effectively (e.g. telephone, fax, e-mail and mobile phone)
 - Ability to work in written and spoken English (additional languages a great advantage)
- Desired additional skills
 - Experience working in a multicultural environment
 - Experience serving in partnerships and governing bodies with the ability and capacity to network effectively and broadly

The constituency-based seats are unique in that Board members filling these seats must be especially equipped to represent a diverse set of views. Because of the special characteristics of constituency-based seats, constituency-based Board members are also expected to meet criteria for communication and representation, and be strongly committed to developing their constituency. These criteria include:

- Communication
 - Access to necessary internet, email, and phone infrastructure
 - Ability to work well in written and spoken English
 - Demonstrate willingness to report back the results of key meetings to the broader constituency
- Representation
 - Must be senior leader of their organization with ability to leverage resources and make decisions
 - Must be able to liaise with their constituency and represent their views at meetings
 - Must be able to serve as a representative for the full constituency
 - Must be well-respected as a leader within the constituency



- Development
 - Must be committed to recruiting and mentoring new members
 - Must be committed to developing constituency processes, including developing an approach to selection so that the next election can be owned and led by the constituency
 - Must work actively to communicate with constituencies (e.g. regular TCs)

For this recruitment, the focus will be on selecting members that are committed to *development*. The Board has agreed that they want to focus on building strong, well-developed constituencies that will be able to lead their own selection processes in the future. Thus, it is critical that the Board members selected to fill the open constituency seats during this recruitment cycle are able to commit to further developing their constituencies.

A. Criteria for developed country NGO representative

The specific criteria for the Developed Country NGO representative is as follows:

- From an NGO with experience in global health
- From an NGO with the capacity and willingness to mobilize resources to support Partnership initiatives and TB initiatives in general
- From an NGO which is recognized as a leading organization in the country in which it is based
- Capacity to advocate for TB and represent the organization at a senior level; record of advocating for TB in public fora
- Proven collaborative spirit, including experience working in partnerships
- Commitment to strengthening country and regional Partnership activities
- Experience in strategy development, governance, or oversight
- Ability to represent views of a diverse constituency

Definition of developed country NGO:

- National NGO operating in any of the 34 countries defined by the IMF as "advanced economies"³ - International NGO headquartered in countries defined by the IMF as "advanced economies"⁴ - Organization types under this Constituency include: faithbased organizations, community-based organizations⁵, health care service providers, advocacy groups, and professional associations.

- Effective communicator; interested in communicating with a broad range of people in various positions, especially within the constituency
- Ability to provide leadership to convene constituency (e.g., convene calls every 2-3 months)

³ The IMF lists the following 34 countries as "advanced economies:" United States, Germany, France, Italy, Spain, Netherlands, Belgium, Austria, Greece, Portugal, Finland, Ireland, Slovak Republic, Slovenia, Luxembourg, Estonia, Cyprus, Malta, Japan, United Kingdom, Canada, Korea, Australia, Taiwan Province of China, Sweden, Hong Kong SAR, Switzerland, Singapore, Czech Republic, Norway, Israel, Denmark, New Zealand, Iceland (Reference: IMF World Economic Outlook, April 2012).

⁴ Same countries listed in footnote 1

⁵ Community-based organizations that are patient-led and patient-focused are classified as part of the communities constituency



B. Criteria for developing country NGO representative

The specific criteria for the Developing Country NGO representative are as follows:

- From an NGO with sufficient experience in implementing TB initiatives
- Holds leadership position within NGO
- Preferably from an NGO based in a high burden country
- Demonstrated experience working with national TB program
- Capacity to advocate for TB and represent at a senior level
- Ability to represent views of a diverse constituency
- Effective communication skills; interested in communicating with a broad range of people in various positions, especially within the constituency
- Proven collaborative spirit, including experience of working in partnerships

Definition of developing country NGO:

National NGO operating in countries defined by the IMF as "emerging/developing economies"⁶ with the exception of those headquartered in developed countries.
Organization types under this Constituency include: faithbased organizations, communitybased organizations⁷, health care service providers, advocacy groups, professional associations.

- Commitment to strengthening country and regional Partnership activities
- Access to communications technology for teleconferences and conference calls
- Ability to provide leadership to convene constituency (e.g., convene calls every 2-3 months)

C. Criteria for communities representative

The specific criteria for the Communities representatives are as follows:

- Be living with, or had tuberculosis
- Clear understanding of issues from an affected communities perspective
- Presence on national working groups or link to national network/program
- Ability to represent views of a diverse constituency
- Effective communication skills; interested in communicating with a broad range of people in various positions, especially within the constituency
- Demonstrated leadership within community networks

Definition of communities:

 Individuals who have been diagnosed with or recovered from TB

Individuals who have a close personal connection (i.e. family members) with someone who has been diagnosed with TB
Individual from a Patient-led organization (CBO, or advocacy organization) or network (i.e.
Network of People affected by TB)
Community-based organizations will be treated as NGOs unless they are patient-led

• Demonstrated capacity to work with a range of stakeholders

⁶ All countries not listed in footnote 1

⁷ Community-based organizations that are patient-led and patient-focused are classified as part of the communities constituency



- Access to communications technology for teleconferences and conference calls
- Ability to provide leadership to convene constituency (e.g., convene calls every 2-3 months)

D. Criteria for private sector representative

The specific criteria for the Private Sector representative are as follows:

- From a company that is relevant to the goals of Stop TB Partnership (i.e., expertise in implementation in affected countries or skills in development of related products)
- From a company with demonstrated commitment to global health
- From a company willing to make appropriate contributions to the Board
- From a company willing to make a minimum financial contribution to Secretariat
- Willingness to participate in relevant working groups/ subcommittees
- Willingness and ability to attend any pre-Board meetings and teleconferences
- Willingness to engage diverse group of companies on key issues
- Holds, or recently held senior title within business
- Ability to participate or lead Partnership Board's finance committee
- Ability to provide leadership to convene constituency (e.g., convene calls every 2-3 months) and engage other companies
- From a company without any ties to the tobacco industry⁸

Definition of private sector: - Companies from industries that are relevant to the goals of the Stop TB Partnership - Companies with skills in development of products related to TB

⁸ WHO has a policy of not interacting with tobacco companies, their affiliates or any other companies that work with the tobacco industry. Nominees for this constituency cannot work for companies with ties to the tobacco industry.



IV. Nomination and selection process

The nominations and selection process is being launched on 15 April 2013 with the objective of identifying board representatives by early June in order to ensure their participation at the 23rd board meeting.

A. Issue call for nominations

For all constituency seats, the applicant must submit all the documents listed below. All complete applications should be sent by email to the Stop TB Partnership Secretariat at stoptbBoard@who.int by 13 May 2013, 18:00 GMT. On the email subject line, please ensure you specify which constituency seat (Developed Country NGO, Developing Country NGO, Communities, Private Sector) you are applying for.

Please note incomplete applications **will not be considered** for the selection.

- One completed Nomination Form: same form for all Constituencies seats. The form can be downloaded from the following site: <u>http://www.stoptb.org/about/cb/comms.asp</u>
- 2. Two dated letters of endorsement from other members of the same constituency clearly outlining why the applicant is best suited for the Board seat for the specific constituency
- 3. One letter of support from the applicant's organization endorsing the nominee and agreeing that the nominee can spend time on Board activities (If nominee is an individual from the communities constituency and does not belong to an organization, this requirement is waivered)
- 4. Short CV including, if applicable, employment history, education, skills, professional memberships, honors and awards, and list of publications.
- 5. Short narrative outlining the following (maximum 500 words):
 - Understanding of the Stop TB Partnership and its future vision as laid out in its Operational Strategy
 - □ Constituency linkages and relevant experience
 - Most significant capabilities one would bring to the Board and toward developing constituency
 - How one will communicate with their broader constituency, represent the views of the entire constituency (not just the individual or their own organizations views), and actively seek to strengthen constituency

B. Screen and review nominees

At the end of the nomination period, the Secretariat will conduct an initial screen of all nominees to ensure that all applications are complete and that the nominees meet the basic standards required of all Board members. The Secretariat will then share the successfully screened nominees' names and full applications (CVs/statements) with an independent selection committee. This committee is comprised of individuals who have knowledge of governance, constituencies, and/or experience with the Partnership.

The committee will review all of the applications for each of the open seats and will meet to have a candid discussion about how best to fill the seats. They will use the TORs and criteria



included here as a starting point for their discussion and will ensure that the group of constituency representatives is dedicated to developing constituencies and can fulfill the expectations of all board members.

It is important to note that this process – and the convening of the independent selection committee – will *only be utilized during this recruitment cycle*.

The independent selection committee will be tasked with filling the open constituency seats with individuals who are committed to strengthening and developing their constituencies to the point at which constituencies will be able to run their own selection processes in the future.

C. Approve nominees

The independent selection committee will recommend one person for each of the open seats and forward this name to the Executive Committee. The Executive Committee will review the proposed nominees and approve them if they agree that the group of recommended nominees will best promote the mission of the Partnership.

These decisions will be communicated to the candidates by 1 June and communicated to the broader Partnership by 15 June.

D. Orient new Board members

In order for the new Board members to contribute as effectively as possible to the Partnership, it is critical that they become familiar with the mechanisms and procedures of the Board and the broader Partnership. The Secretariat will lead the first part of this orientation process by providing orientation materials and holding calls with each of the new members to familiarize them with all of the inner workings of the Partnership.

After that, the full Board will attend a Board retreat on 10 July before the July Board meeting from 11 to 12 July. At this retreat, all Board members will receive training on Board governance and how to effectively represent their constituencies. In this way, the new Board members will become part of a cohesive group that works well together.