

## Stop TB Partnership Coordinating Board Call for Nominations for Country Representatives

At its 22<sup>nd</sup> 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 as well as strong country representation to bring the following three key elements to the Board:

1. Diverse epidemiological challenges
2. Access to countries with a strategic role to the Stop TB Partnership
3. Interest and commitment to tackle TB both within their countries and across the world.

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 23<sup>rd</sup> 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 23<sup>rd</sup> Board meeting.

As part of this process, the Stop TB Partnership Secretariat is launching a call for nominations for a total of **4 open country seats**.

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 country representatives; and
- explains the process for nominations and selection.

### I. Background

At the 21<sup>st</sup> 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 Committee<sup>1</sup> 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 recommendations<sup>2</sup> were approved at the 22<sup>nd</sup> meeting in November 2012 ([Decision point 22.6](#)) and the Board

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<sup>1</sup> Jeremiah Chakaya (DOTS Expansion Chair/STAG Chair), Nevin Wilson (The Union), Amy Bloom (USAID), Cheri Vincent (USAID), Michael Kimerling (BMGF), Erika Arthun (BMGF), Blessi Kumar (Communities/Vice-Chair), Evan Lee (Eli Lilly), Ken Castro (CDC), Mario Raviglione (WHO), Marja Esveld (Netherlands), Lucica Ditiu (Executive Secretary)

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

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 all of the open rotating seats, including the country seats and the constituency seats.

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 four open country 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 with influence at country and global level who have shown interest and commitment to the Partnership and its goals.

The independent selection committee will involve representatives with experience in governance processes such as those from other peer organizations and members of the Partnership Board.

## **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 and clearer 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	
<b>Voting</b>	
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, GF), 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)
<b>Non-voting</b>	
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.

The Executive Committee, at a retreat held in Seattle, USA from 14-15 March 2013 to discuss the governance reform and process for selection of all open Board seats, discussed whether to open all six country seats for selection. The EC decided to offer two current representatives, the Ministers of Health from South Africa and Swaziland, the opportunity to stay in their current positions on the Board given their engagement and the ongoing high-profile TB awareness activities happening in their countries and region. Therefore the Executive Committee agreed at the Seattle retreat to open up the call for nominations for four open country seats.

### III. Terms of reference for Board members

There is a set of criteria that is common to all Board members.

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/organization prior to Board deliberations (meetings, teleconferences, email communication)
- Participate fully in Board meetings and discussions, communicating constituency/organization/country views and reporting key issues back to the constituency/organization/country after Board meetings, including implications for the constituency/organization/country.
- Act as an advocate on behalf of the Partnership within the constituency/organization/country 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

In addition to the overall responsibilities and skills required of all Board members, the Executive Committee agreed on some specific requirements for country representatives as follows:

- Country representatives should be individuals with senior positions within their governments who make TB an important part of their platform, who have influence at country and global level, and who are advocates for the partnership.
- Country representatives should have relevant experience in global health and should be senior enough within their country to influence country, regional, and global policies and financing.
- Country representatives should ideally be a high-level individual, such as a Minister of Health, or other high-level government official and Minister of another relevant sector such as Gender Ministry, Finance Ministry, Labour Ministry, etc.

#### **IV. Nomination and selection process**

The country representative selection process will consist of both active recruitment by the Secretariat and members of the Executive Committee, as well as an open call for nominations by the Secretariat.

##### **Process for active recruitment**

The Executive Committee, at its Seattle Retreat, identified objective criteria to develop an initial list of countries to target.

The criteria included TB burden, incidence, TB/HIV priority, MDR-TB priority, Global Fund priority, level of domestic investment as well as countries receiving GDF or TB REACH grants.

From the initial list of countries meeting the objective criteria, a shorter list of 11 target countries was developed by considering further subjective criteria to determine the level of influence and commitment to the Partnership and its goals. The subjective criteria included historic involvement of the country on the Board, current political situation in the country, feasibility for representative to commit time to TB and travel to meetings, strategic value for the partnership as well as whether the country aligns with specific areas of interest for the Partnership.

Using this additional subjective criteria, the Secretariat and the EC approved a short list of 11 countries<sup>3</sup>, which will be targets for active recruitment by the Secretariat and members of the EC.

Active recruitment will involve diplomatic approach through embassies and missions, reaching out through letters from board member organizations, as well as activation of personal networks with connections to different national and global health leaders.

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<sup>3</sup> India, Pakistan, Moldova, Nigeria, Brazil, Cambodia, Bangladesh, Myanmar, Peru, Tajikistan, Russia

## **Open call for nominations for all countries**

The Executive Committee also approved an open call for all countries to run parallel to the active recruitment, in order to ensure transparency and equal access to the Partnership Board. This open call gives all interested countries meeting the required skills and profiles an opportunity to apply for open country seats.

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 23<sup>rd</sup> board meeting.

### **A. How to submit a nomination**

To submit a nomination, the applicant must submit the documents listed below. All complete applications should be sent by email to the Stop TB Partnership Secretariat at [stoptbBoard@who.int](mailto:stoptbBoard@who.int) by **13 May 2013, 18:00 GMT**. On the email subject line, please ensure you write "Nomination for Country Board Seat".

#### **1. 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
- ☐ Reason for interest in becoming a Board member
- ☐ Most significant capabilities one would bring to the Board

#### **2. Short CV**

### **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 applications 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 as a starting and will ensure the representatives selected are committed to the Partnership.

### **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.