

Stop TB Partnership Coordinating Board Call for Nominations for Board Chair

At its 22nd Board meeting in November 2012, the Coordinating Board approved a comprehensive package of governance reforms to improve its performance and impact on TB. The 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 determining the role, profile, and selection process for the next Stop TB Partnership Board Chair and Vice-Chair.¹

As part of this board reform process and on behalf of the Executive Committee, the Secretariat is launching a call for nominations for the Stop TB Partnership Board Chair. This call for nominations provides an overview of the key changes made to the Partnership Board, clarifies the expectations for the Board Chair 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 Committee² 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 were approved at the 22nd meeting in November 2012 ([Decision point 22.6](#)) and included clarifying the role of the Board, streamlining the composition of the Board, setting expectations of Board members, and clarifying the role of Board committees.³

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.

The Executive Committee held a governance retreat on March 14-15 where it identified the desired role and profile for the Board Chair and Vice-Chair. The desired role for the Board Chair is a global spokesperson who can raise the profile of the Partnership and is someone with significant influence at country, regional and global level. Ideally, this person would be a Minister of Health from an influential developing country. The role of the Vice-Chair will therefore be orientated towards day-to-day governance management, including chairing the

¹ In Kuala Lumpur, the Coordinating Board approved an interim leadership arrangement by electing Dr. Amy Bloom as the interim Board Chair and continuing Ms. Blessi Kumar's term as Vice-Chair, to oversee and manage the period of reform in the Stop TB Partnership. Their terms are in place until the new leadership is elected.

² 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)

³ 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>.

Executive Committee, advising the Secretariat on governance matters, and liaising with board members. This model is similar to the one employed by Roll Back Malaria (RBM).

The Executive Committee, in further considering the timelines for selection, determined that the nomination and selection process for the Board Chair and Vice-Chair should be staggered. The process for nomination of the Board Chair is being launched now in order to elect the next Board Chair in person at 23rd Coordinating Board meeting in Ottawa (July 2013).

The process for nomination and election of the Board Vice-Chair will be launched after the July Board meeting. Given the need to recruit a Vice-Chair who will manage the day-to-day governance of the board, the Executive Committee agrees it is important to launch this process after all seats on the board are filled.

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. The committee recommended that the board should focus on strategy-setting and oversight and restructure to a smaller group of members that will be representative of a greater number of partners.

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.

Specifically, 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 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	<input type="checkbox"/> Open seats
Voting	Donors	3 fixed (USAID, CIDA, Netherlands/UK)	
	Open donor seat	11 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	3 fixed seats (WHO, Global Fund, World Bank), 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 nominators, board to approve (optional)	
	Non-voting	Board chair and vice-chair	2 rotating seats every 3 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 9 “fixed voting seats” representing founding members and those organizations most engaged in TB. These seats include the six founding members of the Partnership: WHO, World Bank, USAID, and CDC/KNCV/the Union (three organizations which will operate in a constituency of two technical agency seats). The remaining 15-17 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.

III. Terms of reference for Board Chair & Vice-Chair

Board Chair TORs

- *Role*
 - Act as a principal spokesperson for the Partnership, representing its mission and sharing its goals with partners and external stakeholders
 - Convene the Board and chair Board meetings, presiding over all sessions and guiding the Board through the agenda
 - Advocate globally and actively fundraise for the Partnership, making new connections and utilizing existing relationships to garner awareness and funding for the Partnership’s mission
 - Serve in personal capacity as ex officio non-voting members
 - Act solely in best interests of the Partnership without having representation responsibilities vis-à-vis their constituency/organization
- *Skills*
 - High-profile position within country/organization, with the ability to leverage resources and make decisions
 - Well-known and highly respected within the global health community – and among TB advocates specifically
 - Experience with advocacy, fundraising, and development within the global health community
 - Access to a broad network of current or potential advocates and donors and an interest in further developing this network among TB advocates
- *Responsibilities*
 - Commit time to the Partnership (approximately 15 days/year)
 - Build broad networks within the global health community and advocate for TB within those networks
 - Identify and actively seek to build relationships with potential donors
 - Participate in events designed to increase awareness of TB or raise the profile of the Partnership
 - Chair all Board meetings, allowing adequate time for discussion, (ensuring active contributions by all members) and lead deliberations toward clear decisions, overseeing a vote if consensus is not reached
 - Act as principal spokesperson on behalf of the Partnership with Board members, constituencies, and to external stakeholders

- *Eligibility, duration, and accountability*
 - Chair may be chosen from outside the current Board as long as nominated and seconded by current Board member
 - Chair and Vice-Chair will serve as a team for three-year terms, renewable once
 - If the Chair leaves office before the end of the three-year term, for any reason, an individual will be identified and appointed by the Board to serve out the remaining term of his/her predecessor

Vice-Chair TORs

- *Role*
 - Manage the Board, ensuring that the agenda is set in advance, all issues are addressed, and a diversity of opinions are heard
 - Chair Executive Committee meetings and convene Executive Committee on monthly calls
 - Serve in personal capacity as ex officio non-voting members
 - Act solely in best interests of the Partnership without having representation responsibilities vis-à-vis their constituency/organization
- *Skills*
 - Ability to solicit input from a wide range of stakeholders and synthesize thoughts and opinions across the Board
 - Ability to lead and manage a diverse group of people, ensuring that open communication is maintained and all voices are heard
 - Possession of excellent communication skills and a history of written and spoken communication related to global health
 - Possession of knowledge base which allows them to effectively work with the Finance Committee
 - History of involvement with the Partnership; extensive knowledge of history, goals, and policies
 - Experience in governance (e.g., membership in other partnerships/governing boards)
- *Responsibilities*
 - Commit time to the Partnership (approximately 15 days/year)
 - Work with the Board and the Secretariat to set agendas for the Board meetings
 - Work with the EC and the Secretariat to set agendas for monthly EC calls
 - Chair all EC calls, allowing adequate time for discussion, (ensuring active contributions by all members) and lead deliberations toward clear decisions, overseeing a vote if consensus is not reached
 - Ensure that the performance of the Executive Secretary is reviewed annually (working with the Board)
 - Lead intercessional work on the Board, consulting Board members as appropriate

- Take action on behalf of the Board between meetings, when necessary, with full transparency to the Board
- *Eligibility, duration, and accountability*
 - Vice-Chair must have at least one year of experience serving on the Partnership Board and/or significant experience in governance with another global health board
 - Chair and Vice-Chair will serve as a team for three-year terms, renewable once
 - If the Vice-Chair leaves office before the end of the three-year term, for any reason, an individual will be identified and appointed by the Board to serve out the remaining term of his/her predecessor

III. Nomination and selection process for Board Chair

The nominations and selection process is being launched on 3 May 2013 with the objective of formally electing the next Board Chair at the next Coordinating Board in July.

Given that many of the board seats are in the process of being filled, a modified process is being recommended for the election of the next Board Chair, where the Executive Committee will fill the role of the independent nominations committee. This will ensure that the Coordinating Board can elect its new chair in person at the Ottawa board meeting.

Electing the Chair in person will build momentum and show the broader global health community that the Partnership is over its reform phase with a strong leader chairing the board.

No member of the Executive Committee will be nominated for the role of Board Chair to avoid any perceptions of conflict of interest.

The following principles will guide the selection process:

1. The process for the election of Board Chair will be launched on **3 May 2013** with the principle of electing the next board chair in person at the 23rd board meeting. The process for the Vice-Chair will be launched at the conclusion of the 23rd board meeting.
2. Nominations will be open for three weeks, closing on **24 May 2013**.
3. Once nominations have been received, the EC will review the potential candidates. Should there be more than one candidate, the EC will conduct discussions with all the candidates.
4. At the 23rd Board meeting in Ottawa, the Board will take a majority vote on the proposed nominees to formally elect one individual to become the Chair.

IV. How to submit a nomination

Please note that only current Board members can make nominations for the Board Chair.

Board members can nominate:

1. Themselves (unless they are a member of the Executive Committee)

2. Other Board members (excluding members of the Executive Committee)

3. Individuals who are not currently on the Board. These nominations must be seconded by another member of the Board.

Nominations should be submitted to the Stop TB Partnership Secretariat at stoptbboard@who.int. All nominations should be received by the Secretariat no later than **Friday, 24 May, 17:00 Geneva time**.

Nominations should include the following:

In case of self-nomination:

1. CV or short biography
2. A short text explaining how the candidate meets the terms of reference for the Board Chair, their relevant experience and their commitment to fulfill their role as Chair.

In case of nomination of another individual:

- please send an email with the name and title of the person and the Secretariat will be in contact with you for more required details.