

# STRENGTHENING STBP GOVERNANCE

## ANNEX 1

### 1. SURVEY QUESTIONS

#### 1 Role of Coordinating Board

The overall role of the Coordinating Board is to “provide leadership and direction, monitor the implementation of agreed policies, plan activities of the Partnership, and ensure coordination among Stop TB Partnership components” (source: STBP website). On a scale from 1-5, where 1 is ineffective and 5 is effective (i.e. successfully fulfills these roles), to what extent does the Coordinating Board successfully carry out these above functions? (Please mark with X)

	1- Ineffective	2-Somewhat Ineffective	3- Neutral	4-Somewhat Effective	5- Effective
• Provide leadership and direction					
• Monitor the implementation of agreed policies					
• Plan activities of the Partnership					
• Ensure coordination among Stop TB Partnership components					

What in your view could be done to increase the effectiveness of the Board in implementing its currently described role:

#### 2 Role of Coordinating Board

On a scale from 1-5, where 1 is inefficient and 5 is efficient (i.e. does not waste time and resources), to what extent does the Coordinating Board function (processes and decision-making) in an efficient manner? (Please mark with X)

	1- Inefficient	2-Somewhat Inefficient	3- Neutral	4-Somewhat Efficient	5- Efficient
• Coordinating Board Efficiency					

What in your view could be done to improve the efficiency (functioning) of the Coordinating Board:

### 3 Composition of the Coordinating Board

The Coordinating Board is currently comprised of 34 (voting) members, the largest number of seats in a global health partnership. It comprises:

- Working Group Chairs (7 seats),
- WHO Regions (6),
- Donors (5),
- High Burden Countries (4),
- Multilateral Organizations (4),
- NGOs / Technical Agencies (3),
- Affected Communities (2),
- Private Sector (1),
- Foundations (1),
- STAG Chair (1) (source: STBP Secretariat).

In comparison, the respective board sizes (voting members) of Roll Back Malaria (21), UNITAID (10) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (20). What would, in your opinion, be the optimal number of seats for the Coordinating Board to carry out its work effectively and efficiently? How should the optimal number of seats be determined?

Please comment:

### 4 Composition of the Coordinating Board

The following constituencies are represented on the Stop TB Partnership Coordinating Board:

- Working Group Chairs (7 seats),
- WHO Regions (6),
- Donors (5),
- High Burden Countries (4),
- Multilateral Organizations (4),
- NGOs / Technical Agencies (3),
- Affected Communities (2),
- Private Sector (1),
- Foundations (1),
- STAG Chair (1).

Are these constituencies, in your opinion, over or under represented by the number of seats on the Coordinating Board? If so, which ones? Are any key constituencies missing?

YES / NO

### 5 Composition of the Coordinating Board

There are currently 13 permanent seats and 21 rotating seats on the Coordinating Board (source: STBP Secretariat). Following your response in Question 5, would 'stacked' seats (i.e. where one seat represents more than one member, and where the representative of these members rotates) in your opinion be a possible way to streamline board seats (e.g. as currently happens with the Netherlands/DfID)?

YES / NO

What additional suggestions to you have to streamline Board seats?

## 6 Accountability

Do you think Board members should be accountable for the performance of:

- The Stop TB Partnership as a whole  YES / NO
- The Coordinating Board  YES / NO
- The Secretariat  YES / NO

Please comment:

## 7 Accountability

Do you think KPIs (key performance indicators) for board members would improve accountability?

Please comment:

## 8 Anything else

Can you recommend any best practices from other institutions / boards that could be useful for the Stop TB Partnership's governance reforms?

Please comment:

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## 2. SOURCES

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