

Teleconference Executive committee (54 Ex Comm. – 15 May 2014)
(Draft) Minutes

Attended:	Apologies:	Secretariat
<p>Joanne Carter (Vice-Chair) Paula Fujiwara Michael Kimerling Nathalie Garon Austin Obiefuna Aaron Oxley Thokozile Phiri Mario Raviglione Cheri Vincent (with Amy Bloom)</p> <p>Naina Dhingra</p>	<p>Victor Ramathesele</p>	<p>Lucica Ditiu Shirley Bennett Jake Creswell -partial for TB REACH Jon Liden Christy Sander</p>
Minutes of Discussion		Outcome
1. TB REACH Wave 3, Year 2		
<p>The Proposal Review Committee met by phone on 8 May 2014 to review proposals for a second wave of funding for 15 Wave 3 grants. The PRC recommended funding 9 of the projects, for a total budget of USD 3,434,172.</p> <p>There are 12 additional projects that are eligible to apply for a second year of funding which TB REACH will plan on announcing later this month with a late July closing date.</p> <p>TB REACH currently has 5.3 million USD uncommitted so has funds to cover the approved projects as well as 1.9 million for the final call of TB REACH continuation funding for Wave 3. There are two calls for Wave 3, Year 2 as there was a staggered start and two calls allows sufficient time for data to be collected by those projects which had a later start date.</p> <p>The Executive Committee approved the recommendations of the Proposal Review Committee.</p>	<ul style="list-style-type: none"> The Executive Committee approved the recommendations of the Proposal Review Committee 	
2. Update on South African elections		
<p>The South African General Elections 2014 were held on 7th May 2014, and the results were officially announced on 10th May 2014. The African National Congress</p>	<ul style="list-style-type: none"> The Executive Committee noted the update and would 	

<p>(ANC) has retained power, but the cabinet will only be announced by the President on 25th May 2014. We will only know then if Minister Dr. Aaron Motsoaledi will be returned to the health portfolio.</p>	<p>like receive further updates in due course.</p>
<p>3. Hosting</p>	
<p>The Vice-Chair updated the EC that a Transition Team has been formed consisting of several Secretariat staff members, a Transition Manager (Christy Sander) and legal counsel (Tammy Boutel and Ruth Szabo).</p> <p>The Transition Team is operating under the guidance of the EC, which has been tasked by the board to provide an integrated set of recommendations on hosting. The Transition Team is checking in regularly with the Vice-Chair and will provide weekly updates for the EC</p> <p>With regards to the terms of a potential transition from WHO to UNOPS, WHO will lead the discussion with UNOPS, with support and engagement from the Transition Team. With regards to hosting terms for the Partnership at UNOPS, the Transition Team is leading discussions.</p> <p>Over 20 hours of consultations have been held with UNOPS over the past two weeks to explore and exchange information in order to map processes at Stop TB and at UNOPS. Various meetings are scheduled over the coming days including: the Chair and Vice-Chair with the Director General; the Transition Team and Vice – Chair with the ADG/HTM, legal counsel and HR; as well as an all Secretariat staff meeting with the Vice-Chair, WHO HR and legal counsel and the Transition Team.</p> <p>A set of Guiding Principles of the Transition (attached) have been developed reflecting prior discussions to guide the work towards a possible transition. The Executive Secretary explained these principles included: minimizing disruption to business, safeguarding the interests of its staff, realizing efficiencies and maintaining a positive and productive working relationship with WHO.</p> <p>The Executive Committee felt it important the Board is informed of progress and requested the Guiding Principles be shared with the Board. The Board should also be updated following the Executive Committee video-conference on hosting on 2nd June 2014.</p>	<ul style="list-style-type: none"> • The EC approved the Guiding Principles of the Transition (attached). • Secretariat to arrange reoccurring weekly appointment for the Executive Committee to receive an update or ask questions, with written updates. • The Guiding Principles of the Transition should be shared with the Board.
<p>4. GDF Discussions</p>	
<p>A meeting was held in Washington, DC on 6-7 May 2014 to discuss GDF attended by representatives of USAID, FATDC, and GDF senior staff. The Vice-Chair attended part of the final day.</p> <p>For a possible transition to UNOPS, it was agreed that GDF should continue in its current model, in order to prevent interruptions of service and maintain high quality of work during and after a transition. The importance of the fees UNOPS would charge was recognized and that these should not be in excess of WHO</p>	<ul style="list-style-type: none"> • The Executive Committee welcomed the update on the meeting.

<p>current charges. For GDF, UNOPS should be able to receive local currency orders. It was felt that it should be possible in the future to explore changes to the GDF model.</p>	
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STOP TB PARTNERSHIP**EXECUTIVE COMMITTEE PRINCIPLES TO GUIDE THE TRANSITION PLANNING¹**

The purpose of this document is to articulate the principles that will guide the Stop TB Partnership in its approach to transition planning up to 15 July Board meeting. This document builds on the guiding principles articulated by the Executive Committee in its decision of 14 March 2014.

1. Minimize disruption to business:

The uncertainty of transition, the transfer of funds and operations and the physical transfer of people, equipment and systems to a new location will likely result in some disruption to the Partnership Secretariat's work. The Executive Committee stated that "the transition plan should be developed with minimal disruption to business with the objective of completing a transition (if decided by the Board) by 1 January 2015". The risk of disruption needs to be actively managed:

- Operational Strategy: The Operational Strategy (including the GDF Strategy) and the organizational priorities of the Partnership will remain unchanged. The Partnership will strive to ensure that its high standards are maintained throughout.
- Communication: Clear and reassuring communications will be provided to all stakeholders, including donors, Secretariat staff, vendors and partners.
- Continued Collaboration: The Partnership values its collaboration with its partners, in particular its important partnership with WHO, and will strive to minimize the impact of transition planning and any eventual transition on its partnerships. See below.
- Operational Continuity: In principle, Secretariat operations will continue as normal and operational decisions will not assume that transition will happen until a Board decision has been taken on this at the July Board meeting. This relates, for example, to contract renewals for staff and vendors and grants, including TB REACH and GDF grant agreements.
- Staff Morale and Retention: The Partnership is conscious of the impact of any possible transition on its staff and, in collaboration with WHO, will act to

¹ Adopted by the Stop TB Partnership Executive Committee on 16 May 2014.

safeguard the interests of its staff. See below.

- Operating Model: The operating model for all aspects of the Partnership's business will remain substantially the same for the transition. This includes continuing with the normal grant cycle, retaining the same vendors etc. (Options for flexibility in the future will be discussed for UNOPS for the longer term).
- Donors: Continuity of funding is paramount. The Secretariat will work closely with donors to address donor concerns and ensure a smooth transition (including assignment of existing agreements).

2. Safeguarding the interests of the staff

The Partnership Secretariat currently has 44 staff members with different contractual status. The impact of the transition on the Secretariat staff will need to be very carefully managed and minimized, in collaboration with WHO. The following principles will guide the Partnership in relation to its staff:

- Information and transparency: The staff will be regularly updated on the transition planning process and any decisions made on the transition itself and how it will impact the staff. The Secretariat, in collaboration with WHO, will explain to staff the impact on them of the transition (e.g. through townhalls, workshops etc.).
- Staff retention:
 - The intention is for the existing organigram of the Secretariat to be maintained at UNOPS, to the extent feasible.
 - Positions offered within UNOPS will be made with comparable compensation and benefits, and substantially similar terms of reference.
 - In close collaboration with WHO, the Partnership will work to ensure that staff members' contractual rights are honored.
- Office location: Disruption to the staff will be minimized by seeking office premises in Geneva.²

3. Realizing efficiencies re the provision of all administrative services; Maximizing the institutional capabilities provided by UNOPS

The Executive Committee has stated that “the new operating model and organizational

² The EC had determined that based on input from board retreat it was critical for successful strategy implementation and link to partners to stay in Geneva.

model should ensure the Secretariat's optimal execution of the Operational Strategy while realizing efficiencies with regards to the provision of all administrative services, maximizing the institutional capabilities provided by UNOPS".

- With this in mind, the planning will aim to avoid duplication, ensure cost effectiveness and maximize UNOPS capabilities while bearing in mind (a) the need to manage the Secretariat as a functioning whole and (b) the considerations of minimizing disruption to operations and safeguarding staff interests.

4. Maintain a positive and productive working relationship with WHO

It is paramount that the continuous collaboration between WHO and the Partnership, to serve the interests of people affected by TB and to achieve the objectives outlined in the Partnership's Operational Strategy and the WHO Global TB Programme's TB Strategy, is maintained throughout the transition planning and any eventual transition.

- The Partnership Secretariat and the Executive Committee will work closely with WHO on the transition planning.
- As outlined in the 14 March decision of the Executive Committee, the Partnership will work with WHO to develop the framework for a memorandum on continued programmatic collaboration for the July Board meeting.