

Community Perspectives on Governance at PAN- Feedback from the 2017 Members and Stakeholders' Survey



April 2018

This is the fourth in a series of monthly blogs featured on the PAN website starting in January 2018. These blogs represent perspectives on potential governance changes at PAN that will be voted on at the 2018 AGM in the fall. The blogs represent voices across the network – staff, PAN Board members, people living with HIV, and community members – sharing their thoughts on these changes. In April the feature is voices of community in the form of results from the Members and Stakeholders' Survey which asked about the proposed changes.

By Mona Lee, Manager of Evaluation

Pacific AIDS Network's (PAN's) annual [Members and Stakeholders' Survey](#) gathers data from representatives of PAN member organizations and other key stakeholders. These include people with lived experience who have engaged with PAN's programs and services, health authorities and other regional and national partners, other non-PAN member community or academic partners, and PAN staff, contractors and board of directors. Our goal is to improve PAN's services and programs, support PAN's strategic planning, and ultimately strengthen the collective community-based response to HIV, hepatitis C (HCV) and related conditions in BC.

Last year, we consulted our members and stakeholders on a new governance model – one with potential to better align with PAN's mandate and strengthens PAN's community response. To be eligible to complete this section of the survey, one had to be an executive director; staff; volunteer; and/or person with lived experience who have utilized PAN's or PAN member organizations' programs and services. In total, 45 to 46 respondents (depending on the question) completed this section of the survey. Questions were asked around the membership, board composition and election process, and people living with HIV (PLHIV) Forum.

Let's get right to the point: the majority of survey respondents are in support of proposed changes to PAN's governance model... with some conditions.

For all questions, more than 50% of the respondents indicated they supported the proposed changes to PAN's governance model (as seen in Figures 1, 2, 3 and 4). Further, more respondents answered "maybe" than "no" to all proposed changes. This speaks to the general support for PAN's new governance model that *might* include these components (member votes will decide):

- expand full membership criteria to agencies working with HIV *and/or* HCV (70% in support);
- move to a single class of full voting member and remove the class of non-voting, associate member (62% in support);
- give authority to PAN Board of Directors to establish and set PAN membership criteria (75% in support);
- create a designated seat for people with HCV lived experience on PAN Board (76% in support);

- move to a 50% Board seat designation for people with lived experience of HIV *and/or* HCV (56% in support);
- create a First Nations Health Authority (FNHA)-designated seat on the PAN Board (98% in support);
- move to 7 regionally-elected seats (including the FNHA) and 5 not-tied-to-a-region seats (73% in support);
- allow all elections for PAN Board of Directions to take place at the AGM (72%).

The PLHIV Forum has historically and is presently only for people living with HIV. In light of our mission statement, people were asked to select the structure of the Forum. (45 people answered this question.)

- 51% of respondents (n=23) answered “Fully integrated Forum (for people with lived experience of HIV and/or HCV).”
- 40% of respondents (n=18) answered “Multiple Forums (one for people living with HIV & a separate one for people with lived experience with HCV).”
- 9% of respondents (n=4) answered “Status quo (one Forum for people living with HIV).”

There were a number of recurring concerns noted across all questions, particularly amongst those who were against the proposed changes. The most frequently mentioned is one around fear of losing HIV voice, space and legacy. A number of respondents expressed their worries in HCV taking a focus away from HIV, and noted that there are differences between HCV and HIV (including complexity of living with HIV; the differing stigma; HCV having a cure while HIV does not) implying the potential challenges in finding common ground. (For those readers who are curious about PAN’s commitment to HIV, take a read of [this blog](#) that provides a 10-year PLHIV perspective on potential governance changes.)

Those who were in support of or answered “maybe” to potential changes to PAN’s governance model also provided comments. Respondents spoke to the importance of ensuring a good process if the new governance model is implemented, including membership consultation (e.g. on establishing membership criteria). Respondents also wanted to make sure the new governance model was protective of regional diversity and fair in terms of being inclusive of both HIV and HCV.

These changes will be decided on through a vote by the membership on what directions PAN will take.

A. PAN Membership

PAN membership applications are voted on by existing membership at the Annual General Meeting (AGM). The Board provides recommendations only. In 2017, the Board updated its membership policy, regarding the criteria it uses to provide recommendations to now include HCV-focused organizations into full, voting membership. At the 2017 AGM, the members voted to accept several HCV-focused organizations into full membership.

- 1) Do you support the expansion of full membership criteria *from* agencies working with HIV or HCV/HCV co-infection *to* agencies working with HIV and/or HCV? (Figure 1)
 - 70% of respondents who answered this section of the survey (n=32) are in support.
 - In support said: PAN's membership needs to evolve with emerging needs and that HCV should be made visible ("move HCV from the margins to the centre").
 - Against and wary (i.e. those who answered "maybe") said: There are differences between HIV and HCV, and there are fears around losing HIV voice.
- 2) Would you support PAN moving to a single class of FULL voting member (and removing the class of non-voting, associate member) in light of including agencies working with HIV and/or HCV as full members? (Figure 1)
 - 62% of respondents (n=28) are in support.
 - In support said: Both HIV and HCV voices need to be heard and that their voices cannot be heard unless they are a full voting member.
 - One suggestion from a wary respondent: Can we try a trial-basis full membership?
- 3) Do you support giving the PAN Board of Directors authority to establish and set the membership criteria (current bylaws state that members set criteria but members have never set one)? (Figure 1)
 - 75% of respondents (n=34) are in support.
 - In support said: Yes, because board represents the membership. This is long overdue and this process (i.e. Board having the authority) will be more streamlined.
 - A wary respondent said: Yes, but members should be consulted and the Board's rationale should be fully articulated to the membership.
- 4) How often should membership be renewed to ensure we have accurate information about our member organizations? (Figure 2)
 - 51% of respondents (n=23) answered "annually."
 - 44% of respondents (n=20) answered "every 3 years."
 - 4% of respondents (n=2) answered "never."

FIGURE 1. PAN MEMBERS' AND STAKEHOLDERS' RESPONSES TO POTENTIAL CHANGES TO PAN'S MEMBERSHIP CRITERIA AND RELATED VOTING CLASS

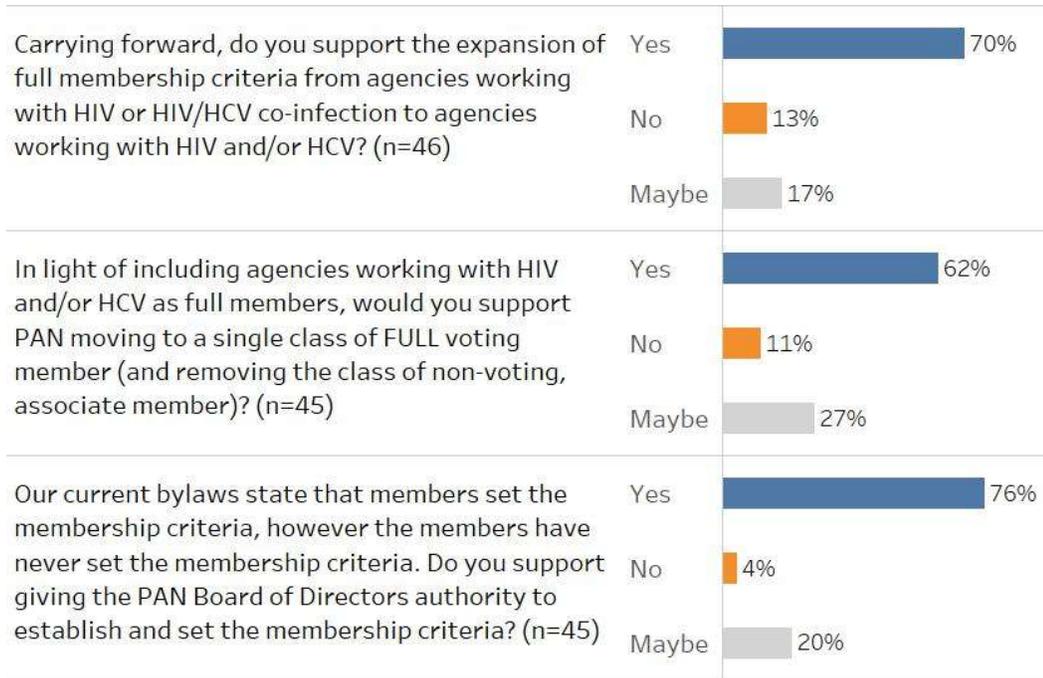
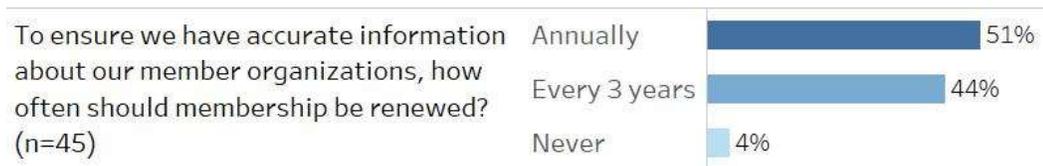


FIGURE 2. PAN MEMBERS' AND STAKEHOLDERS' RESPONSES TO POTENTIAL CHANGES TO PAN'S MEMBERSHIP RENEWAL

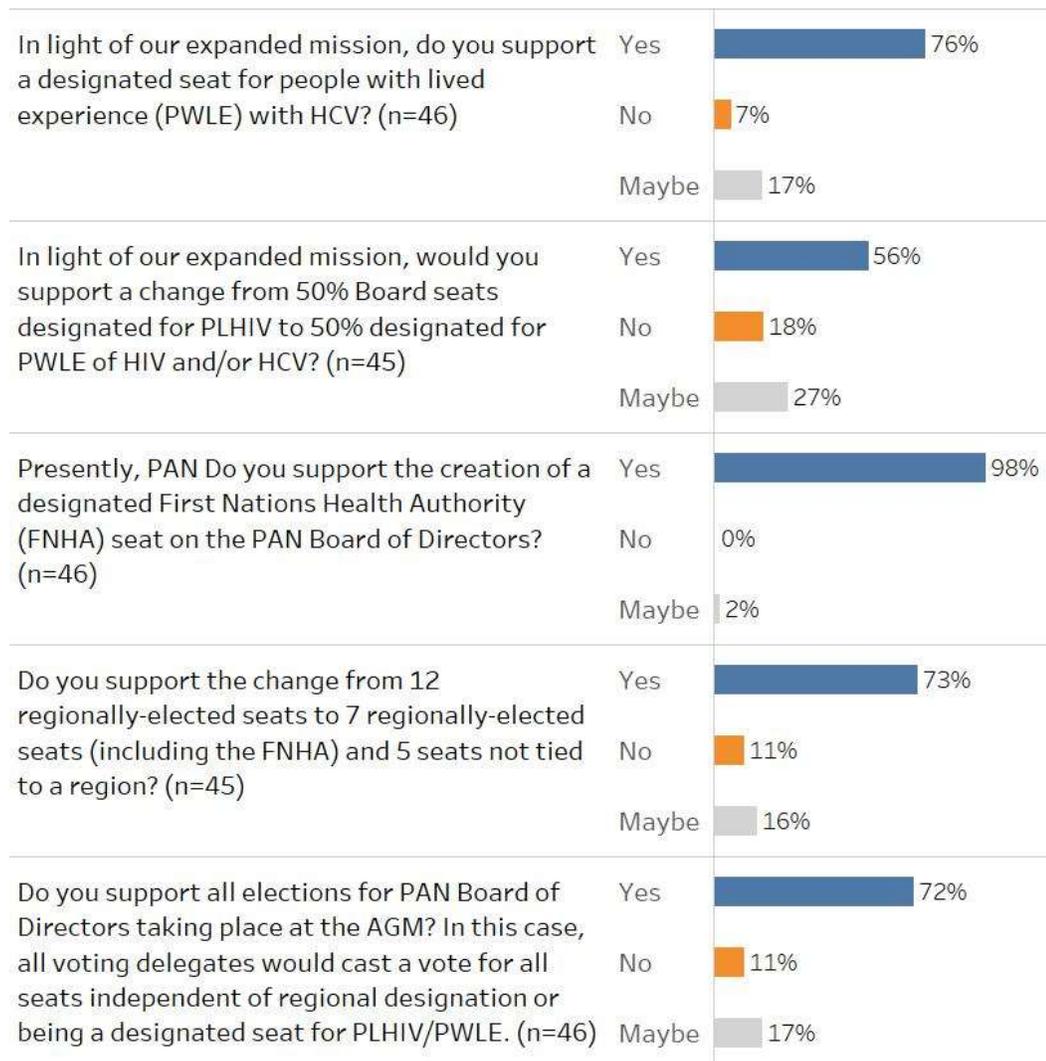


B. Board Composition and Election Process

- 1) Presently, 50% of the seats are designated for PLHIV on the PAN Board. There is no designated representation for people with lived experience with HCV. In light of our expanded mission, do you support a designated seat for people with lived experience with HCV? (Figure 3)
 - 76% of respondents who answered this section of the survey (n=35) are in support.
 - Those in support said: If HCV is part of PAN's mandate, then it only makes sense to have HCV be included at the board level too. Without a HCV-designated seat, PAN cannot "hold their collective head up in adhering to the GIPA/MIPA and Nothing About Us Without US Principles."
 - A wary respondent said: Yes to representation, but more seats should be occupied by PLHIV or people co-infected with HIV and HCV.

- 2) In light of our expanded mission, would you support a change from 50% Board seats designated for PLHIV to 50% designated for people with lived experience of HIV and/or HCV? (Figure 3)
 - 56% of respondents (n=25) are in support.
 - Respondents in support said: This allows us to better adhere to Nothing About Us Without Us Principle and better serve our community.
 - Those who were wary said: There are concerns around majority of these designated seats being filled with people with HCV lived experience. PAN needs to ensure to include both HIV and HCV equally.
- 3) Presently, PAN member organization delegates from each Health Authority region, including the PHSA, elect two regional representatives to the PAN Board of Directors. PAN member organizations associated with the First Nations Health Authority (FNHA) do not have designated representation. Given the disproportionate impacts of HIV, HCV, mental health, substance use and other conditions on Indigenous individuals and communities, it is important to consider designating space for the Indigenous perspective. A FNHA seat would provide a consistent provincial perspective on Indigenous issues/concerns. Do you support the creation of a designated FNHA seat on the PAN Board? (Figure 3)
 - 98% of respondents (n=45) are in support (nobody against and one person “maybe”).
 - In support said: We would benefit from hearing more from Indigenous community, and “any organization that works closely with the Indigenous population should be required to include Indigenous members in its governing body.”
- 4) Presently, all seats on the PAN Board of Directors are elected by Health Authority region (not including the FNHA). Sometimes this has led to some PAN Board seats remaining vacant, which impacts the capacity of the Board, the organization and ultimately the membership. As a provincial network it is essential that PAN continue to be guided by distinct regional voices. Do you support the change from 12 regionally-elected seats to 7 regionally-elected seats (including the FNHA) and 5 seats not tied to a region? (Figure 3)
 - 73% of respondents (n=33) are in support.
 - In support said: Flexibility is needed and barriers should be removed for an effective board.
 - Those who were against said: We need put greater efforts into recruiting from hard-to-get regions.
 - A wary respondent said: The 5 seats not tied to a region should be “filled with other representatives that support the diversity of the province.”
- 5) The current regional structure of the PAN Board of Directors, in combination with 50% of the elections taking place at the Forum, often results in persons being elected to the Board with a very few delegates casting a vote. This raises concerns about transparency and accountability. Do you support all elections for PAN Board of Directors taking place at the Annual General Meeting (AGM)? In this case, all voting delegates would cast a vote for all seats independent of regional designation or being a designated seat for PLHIV/people with lived experience. (Figure 3)
 - 72% of respondents (n=33) are in support.
 - In support said: This would maximize the spectrum of knowledge and representation.
 - Against said: Can we try online voting (as other agencies do) to allow agencies who cannot attend AGM in person?

FIGURE 3. PAN MEMBERS' AND STAKEHOLDERS' RESPONSES TO POTENTIAL CHANGES TO PAN'S BOARD COMPOSITION AND ELECTION PROCESS



C. People Living with HIV (PLHIV) Forum

- 1) Historically, the PLHIV Forum (that precedes every AGM) has been an important mechanism to provide priority directions for advocacy. This is also the meeting at which the PLHIV designated seats on the PAN Board are elected. Presently, the Forum is only for people living with HIV. In light of our mission statement, please select the structure of the Forum. (45 people answered this question.) (Figure 4)
- 51% of respondents (n=23) answered “Fully integrated Forum (for people with lived experience of HIV and/or HCV).”
 - 40% of respondents (n=18) answered “Multiple Forums (one for people living with HIV & a separate one for people with lived experience with HCV).”
 - 9% of respondents (n=4) answered “Status quo (one Forum for people living with HIV).”

FIGURE 4. PAN MEMBERS’ AND STAKEHOLDERS’ RESPONSES TO POTENTIAL CHANGES TO PAN’S PLHIV FORUM

