

PAN's Governance key changes proposed for 2018...in a nutshell...

Most of the following proposed changes are because of the change in mission in 2013

Current Situation

Proposed Change

The reasons...

OVERVIEW

In 2013, with the support of the membership and as part of the Strategic Planning process, the mission of the network was expanded to include *hepatitis C and other related conditions*.

PAN's governance structures and Bylaws now need to reflect the mission that has led the work of PAN since 2013.

Our Bylaws, first adopted in 2003 provided for 50% of board seats designated for people living HIV (PLHIV). They did not explicitly provide for any board seats for people with lived experience of hepatitis C. In addition, while our Bylaws provided for board seats associated with the five regional health authorities and the Provincial Health Services Authority (PHSA), they were no board seats that reflected the creation of the First Nations Health Authority (FNHA).



50% of seats on the board would be designated for PLHIV **AND** people with lived experience of hepatitis C.

One seat on the board would be designated for a member that is associated with and able to effectively represent the FNHA.

PAN's governance structures and Bylaws should reflect, our current mission statement:

We lead an inspired, strong, and effective community-based response to HIV/AIDS, hepatitis C, and related communicable diseases and conditions

With these new Bylaws, we would ensure consistency with the inclusion principles of GIPA/MIPA, the HCV Manifesto, and Nothing About Us Without Us.

Additionally, it is critical that organizations that serve Indigenous communities and populations, have a designated voice, consistent with community respect and Truth and Reconciliation principles.

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1.

There are two classes of membership (voting and non-voting/associate*). The current Bylaws give the members the ability to set membership criteria, but do not describe those criteria.

Bylaw 2.3 (1)

* Associate members are supporting organizations that weren't appropriate as voting members, e.g. CATIE is a national, rather than BC-based group; the BCCDC is not a community-based organization.



There would be one class of membership: voting. There would be no associate members.

The Bylaws would require members deliver HIV and/or hepatitis C programming in BC, and the Board has the authority to set further criteria for membership.

Members of PAN would continue to vote to admit any new member at annual general meetings.

Draft Bylaw 5

Currently, the PAN Board's policy regarding membership criteria allows for agencies with missions focused on hepatitis C to be full voting members. This policy change was adopted in June 2017 and put into practice at the 2017 AGM, when PAN members voted to admit a number of hepatitis C organizations as full voting members. We should align our Bylaws with our practice and our mission.

Giving the Board the authority to set additional membership criteria from time to time, allows for the network to continue to be nimble and responsive. And ultimately it is the membership, at the annual general meetings, that has the power to admit new members.

Current Situation

Proposed Change

The reasons...

2.

12 Board directors in total; all directors elected regionally (two from each health



14 Board directors in total; 7 of the 14 directors shall be elected based on their association and ability to effectively

As noted above, it is critical that Indigenous organizations that serve Indigenous communities and

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authority region, not including the FNHA).

Bylaw 4.9 (d) (i)

Current Situation

represent each of the 7 Health Authorities (now including the FNHA).

Draft Bylaw 51

Proposed Change

populations, have a designated voice. consistent with community respect and Truth and Reconciliation principles.

As a provincial network, PAN continues to value and ensure regional representation on the board.

However, revising the regional requirement allows for greater flexibility and more opportunity to have Board directors who are skilled and passionate about the work.

The reasons...

3.

12 Board directors in total; 50% of seats designated for people living with HIV (PLHIV) - one from each health authority region not including the FNHA.

PLHIV designated seats are elected by regions, at the PLHIV Forum.

Non-PLHIV designated seats aka "open seats" elected regionally, at the annual general meeting.

Bylaw 4.9 (d) (iii)



14 Board directors in total; 50% of seats designated for PLHIV and/or with lived experience of hepatitis C.

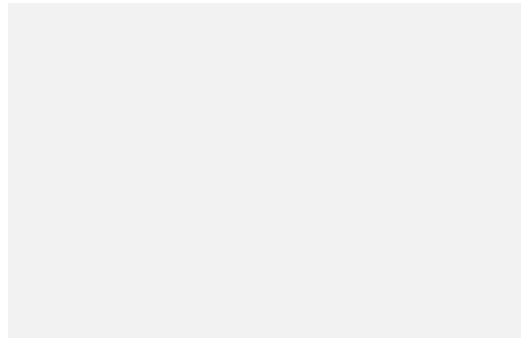
Of these 7 designated seats, a minimum of one member shall be self-disclosed as HIV positive; and a minimum of one member shall be self-disclosed as with lived experience of hepatitis C.

Consistent with PAN's history and current operations and programming, so too in governance we continue to embody GIPA/MIPA Principles.

At the same time it is important to reflect our current mission (and the work of the majority of PAN member organizations) by inviting the voices of people with lived experience of hepatitis C as leaders of PAN.

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All of the Board seats would be elected by all of the membership present at the annual general meeting.

Draft Bylaw 51

Proposed Change

We continue to have 50% of board seats designated for people with lived experience/PLHIV.

Having all board seats elected by all the membership at the annual general meeting, increases accountability to the entire PAN membership.

The reasons...

4.

The Forum for people living with HIV must precede the AGM. The Forum must take place within 24 hours of the AGM.

As noted above, the Forum serves a governance function, as the six seats designated for PLHIV are elected regionally by delegates at the Forum.

Historically, as a matter of practice, the Forum also worked to set collective advocacy priorities for PAN. The Executive Directors' Summit, which also helps to set advocacy priorities for PAN, is not referred to in the Bylaws.

Bylaw 3.7 (1)



The Forum for PLHIV would continue to be a part of the annual fall meeting (just like the Executive Directors' Summit) - as an important body providing guidance to PAN regarding collective advocacy priorities.

The Forum for PLHIV would no longer be in the Bylaws.

To better ensure the effectiveness of PANs governance structures, we wish to have all board seats elected at the annual general meeting by all the membership.

Regardless of the Bylaw changes, PAN will engage with the membership and PLHIV to determine ways to potentially strengthen the Forum as a meaningful and effective mechanism for helping to inform the work of the network.

PAN is committed to providing a safe space for all participants at any of our events and programming.

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5.

No remuneration for Board directors.

Bylaw 4.14



Potential for remuneration for Board directors, as set by Board policy.

Draft Bylaw 85

As an equity issue, we recognize that PAN board work is done by persons with paid employment and persons without paid employment. We want to explore the possibility of compensating board directors for their time when those volunteers are not being compensated for their time through their employment, as is often the situation for peers/PLHIV/people with lived experience of hepatitis C.

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The reasons...

6.

No participation at AGM by electronic means written into Bylaws.



Participate in AGM by electronic (telephone, web meeting) means.

Draft Bylaw 29

PAN's resources are finite and funding may not always allow for a face to face fall meeting/AGM. Participation by electronic means would help to ensure the sustainability of our annual meetings, and ensure that members can continue to participate regardless of geographic location.