International Federation of Community Health Centres

Constitution (2019)

PREAMBLE

The IFCHC Constitution (2019) is presented for the purpose of enacting governance, membership and operational aspects of the "International Federation of Community Health Centres (IFCHC)". This constitution and the objectives, structures and protocol outlined have been agreed to and ratified by all Directing Council members of the IFCHC in good standing as of August 2019. This constitution replaces in full the IFCHC Constitution (2013).

SECTION 1: Name of organisation

1.1 The organization will be known as the International Federation of Community Health Centres, hereafter referred to as IFCHC.

1.2 Translation of the organization's name into other languages will be undertaken in consultation with the IFCHC's Directing Council members, with a goal of ensuring cultural and linguistic relevancy across countries and regions.

SECTION 2: Aims and objectives of organisation

Through knowledge exchange, resource-sharing, networking and cross-jurisdictional partnership-building (e.g. "CHC twinning") and the development/use of tools to carry forward these processes, the IFCHC exists to achieve the following objectives:

2.1 Encourage and support the establishment and growth of country level and state/province level Community Health Centre associations around the world which advance the collective work of CHCs as defined in Section 4, below.

2.2 Increase awareness and visibility of Community Health Centres around the world (as defined in Section 4). Examples of tools that may be developed and used to achieve this include such things as:

- 2.2.1 Inventories and mappings of Community Health Centres locally, regionally and globally;
- 2.2.2 An IFCHC website and member/collaboration portals;
- 2.2.3 Health 2.0 tools such as webinar platforms, tele-health, social media and other platforms;
- 2.2.4 Relevant promotional materials, both in hard-copy and electronic formats;
- 2.2.5 Annual "Community Health Centre Week" events as organized in the individual countries.

2.3 Advance alignment of the Community Health Centre model with the World Health Organization's definition and vision for primary health care and the Declaration of Astana on Primary Health Care.

2.4 Increase the adoption of the Community Health Centre model within countries around the globe, including establishment of new Community Health Centres as best practice for primary health care.

2.5 Increase the research and evidence base that underscores the value of Community Health Centres to:

- 2.5.1 individual clients;
- 2.5.2 population groups and communities;
- 2.5.3 secondary and tertiary care organizations, and to health systems as a whole;
- 2.5.4 partners from other social service sectors;
- 2.5.5 policy makers and decision-makers in government and the private sector.

2.6 Increase the scope of operational and governance tools that are used by CHCs to advance accessibility, equity, safety and quality in the provision of comprehensive primary health care.

2.7 Support individual Community Health Centres in their processes of continuous quality improvement through:
   2.7.1 Dissemination and sharing of tools and resources, as described in Sections 2.1 - 2.6, above;
   2.7.2 Facilitation and coordination of centre-to-centre and peer-to-peer knowledge exchange and collaboration opportunities;
   2.7.3 The offering of education and training services aimed at improving the operations of health centres individually and collectively;
   2.7.4 Other networking and collaboration opportunities among CHCs across jurisdictions, as they may arise.

2.8 Facilitate advocacy in support of Community Health Centres directed at national, state/provincial, and local governments, global partners, and the general public.

SECTION 3: Powers of the organization

In accordance with the rules, roles and responsibilities of the organization's governance body, outlined below in Section 6, the IFCHC will have the power to:

3.1 Set and require annual dues from all "members" as defined in Section 5 in order to support the IFCHC's operational activities.

3.2 Manage all revenues and expenses of the organization, in keeping with any limitations imposed by the organization's governing body, and for the specific purpose of pursuing the aims and objectives of the organization, as outlined in Section 2.

3.3 Solicit contributions, donations and grants from external non-member partners in order to pursue the aims and objectives of the organization, as outlined in Section 2.

SECTION 4: Definition of Community Health Centre

IFCHC recognizes "Community Health Centre (CHC)" as a model of health and social services that can take a variety of formal names depending on the jurisdiction in which it is situated. IFCHC defines "Community Health Centre" as an organization that reflects the following minimum characteristics and attributes, recognizing that in certain jurisdictions additional criteria may be in place.

4.1 Primary care (clinical) services delivered by an interprofessional team of healthcare providers.

4.2 Integration of primary care with programs and services in health promotion, illness prevention and community health using a holistic frame of reference and an orientation towards the needs of individuals, families, groups and communities.

4.3 Attention to the broader causes of illness – the social determinants of health – addressing them through services, programs, advocacy and/or intersectoral cooperation.

4.4 A strong emphasis on community engagement and civic participation in health and health care, which includes regular/routine participation of clients and other community members in governance and/or planning for the Community Health Centre.

4.5 Makes a contribution to universal health coverage and is accessible to individuals and families irrespective of race, religion, social status and other factors, with a commitment to equity, social inclusion and human rights.

SECTION 5: Membership and Member Benefits

5.1 Eligibility for membership in the IFCHC will be limited to individual organizations that satisfy the definition of "Community Health Centre", as described in Section 4, and to national and state/provincial associations whose primary focus is to represent Community Health Centre (CHC) organizations as defined in Section 4. A determination as to whether an organization or association satisfies these criteria will be made by the IFCHC Directing Council (see Section 6) upon an organization's application for membership.

5.2 An organization will be considered an active member so long as they have submitted their annual dues for IFCHC membership as determined by the IFCHC Directing Council. A grace period for submission of annual membership dues will be utilized by the IFCHC Directing Council along with a procedure for notifications and, ultimately, de-enlisting members as required if dues have not been received in accordance with these policies.

5.3 Specific benefits of membership will be determined by the IFCHC Directing Council and made available to existing and prospective members on an ongoing basis.

5.7 Other "non-member" opportunities for affiliation with the IFCHC by individuals, groups, organizations, associations and other entities may be implemented by the IFCHC Directing Council. Any such partnerships or associations must be deemed by the IFCHC Directing Council to not conflict with the objectives of the federation (as described in Section 2) or the principles and values of Community Health Centres (as described in Section 4).

SECTION 6: Governance and Management

6.1 The IFCHC will be governed by a Directing Council with a maximum of 15 member organizations ("seats"). The Directing Council will have both "permanent seats" and "non-permanent seats". Non-permanent seats may not surpass one-third of total Directing Council seats at any time.

6.2 "Permanent seats" on the Directing Council are reserved for country level Community Health Centre associations. Each country level Community Health Centre association that is a member in good standing of the IFCHC is entitled to a permanent seat. Each of these associations will be responsible for identifying its representative delegate to participate in Directing Council meetings and votes. This individual's contributions and votes on all matters shall be deemed to represent the contribution/vote of the association.

6.3 "Non-permanent seats" are reserved for state/province level Community Health Centre associations and individual Community Health Centres that are members in good standing of the IFCHC. Non-permanent seats will be occupied on a rotating basis, subject to a nomination and selection process to be determined by the Directing Council. Each non-permanent seat has a two-year term limit at which point the seat will be placed into rotation for another eligible member. Since no more than one-third of total Directing Council seats at any time may be non-permanent seats, the number of available non-permanent seats will be determined each year by the existing Directing Council in proportion to the number of permanent seats on the Directing Council at that time (ie, country level CHC association members in good standing). Each state/province level Community Health Centre association or individual Community Health Centre selected to occupy a non-permanent seat will be responsible for identifying its representative delegate to participate in Directing Council meetings and votes. This individual's contributions and votes on all matters shall be deemed to represent the contribution/vote of the association or individual CHC.

6.4 At such time when the number of country level CHC association members (in good standing) of the IFCHC exceeds 12, the Directing Council will be required to undertake a review of the Constitution and implement a revised governance structure. At that time, a review of Directing Council seats, term limits and other relevant governance criteria will be undertaken.

6.5 Each participating organization on the Directing Council will be entitled to one vote in all decision-making matters undertaken by the Directing Council. On all such matters the votes of permanent and non-permanent seats carry the same weight.

6.6 On all matters that require voting to occur, support by at least 51% of Directing Council members is required for a motion to carry.

6.7 The IFCHC will have a rotating Chairperson, whose election and terms of reference will be developed by the Directing Council.

6.8 The IFCHC will carry forward operational activities through a Secretariat whose location, structure and staffing will be determined by the Directing Council. The Directing Council will approve the operating budget and policies for the Secretariat in alignment with laws and regulations in effect within the selected jurisdiction.

6.9 The operating language of the IFCHC Directing Council and Secretariat will be English. In order to support accessibility and participation, the IFCHC will endeavour to make materials and engagement processes available in other languages, contingent upon the financial and other resources required to do so. All determinations of this sort will be made by the IFCHC Directing Council.

SECTION 7: Meetings

7.1 The Directing Council shall meet at least quarterly, subject to the call of the Chairperson

- 7.1.1 Meetings of the Council may be held by conference call or via the Internet, provided that all members can simultaneously hear and communicate with one another.
- 7.1.2 A quorum of at least a majority of the members of the Directing Council shall be required in order to conduct the business of a meeting of the Directing Council.
- 7.1.3 Special meetings of the Council may be called by the Chairperson or by a majority of the members of the Council.
- 7.1.4 A calendar of meetings will be developed in order to provide sufficient advance notice to Directing Council Members. All Directing Council members shall be notified of any special meeting at least 7 days in advance of the meeting. The notice of any special meeting shall include a statement of the purpose or purposes of such meeting, and the matters to be voted upon.
- 7.1.5 Any action required or permitted to be taken by the Directing Council may be taken without a meeting if all members of the Directing Council individually and collectively consent in writing, including email transmission, to such action. Such written consent shall have the same effect as a unanimous vote of the Directing Council, and shall be filed with the minutes of the proceedings of the Council.

SECTION 8: Committees

8.1 The Directing Council may appoint one or more committees at its discretion and may delegate to any committee the authority as required to conduct its business, except that such authority may not include any action requiring a vote of the Directing Council.

SECTION 9: Finance

9.1 To be determined at the discretion of the Directing Council.

SECTION 10: Indemnification/Personal Liability

10.1 No member, officer, or director of this organisation shall be personally held liable for the debts or obligations of the organisation of any nature whatsoever; nor shall any of the property of any member, officer, or director be subject to the payment of debts or obligations of this organisation.

SECTION 11: Amendments to this Constitution

11.1 This constitution may be amended, revised, or repealed by a vote of not less than two-thirds of the Directing Council, provided that such vote is taken at a meeting that meets the requirements of Section 6.

SECTION 12: Duration/Dissolution

12.1 The duration of the IFCHC shall be perpetual until dissolution.

12.2 The IFCHC may be dissolved by a vote of not less than three-quarters of the members of the Directing Council, unless the membership of the IFCHC is greater than the number of Directing Council members, in which case a vote of not less than three-quarters of the entire IFCHC membership will be required for dissolution.