

CONSTITUTION PATIENT ACCESS PARTNERSHIP
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Article 1 – NAME

The association is called PATIENT ACCESS PARTNERSHIP

PATIENT ACCESS PARTNERSHIP is governed by the Belgian law on international non-profit organisations and foundations of 27 June 1921, as amended by the law of 2 May 2002.

Article 2 – HEADQUARTERS

The head office of PATIENT ACCESS PARTNERSHIP is established on the territory of a municipality of the Brussels Region. It is currently located at Chaussée d’Etterbeek 180, 1040 Brussels, Belgium. The head office can be transferred to any other place in the Brussels region by decision of the General Meeting.

Article 3 – MISSION, VISION & OBJECTIVES**3.1. Vision:**

The PATIENT ACCESS PARTNERSHIP enables different health stakeholders to join forces to develop, drive and propose to the European Commission and the European Member States sustainable solutions to ensure equitable patients’ access to quality healthcare in the EU. Stakeholders will actively participate in delivering these solutions.

3.2. Mission:

The activities of the PATIENT ACCESS PARTNERSHIP are patient-focused. Information and knowledge transfer are a key requirement to identify gaps in and measure access to quality healthcare between and within member states. The PARTNERSHIP will develop a tool to monitor and measure equity of access in member states on an on-going basis. Through holistic collaboration with relevant EU-led or national initiatives, the PARTNERSHIP will provide a much needed space for creativity, coherence and collaboration and propose sustainable solutions.

3.3. Objectives:

Access to healthcare remains unequal in Europe. By creating a structured partnership approach with a broad range of national and European actors ranging from patient groups, healthcare management and delivery, medical and health technology, national and European institutions, individual experts in healthcare and others, the PATIENT ACCESS PARTNERSHIP will identify key hurdles in access to healthcare for patients in a holistic way. While the approach is to look at healthcare systems as a whole, the activities of the PARTNERSHIP will be guided by a patient-focus, from the assessment of gaps in access to quality healthcare among Member States, to the collaboration with relevant EU-led or national initiatives and the development of solutions.

The objectives of the PATIENT ACCESS PARTNERSHIP are:

- To facilitate the dialogue between European and national health stakeholders according to the mission;
- To identify key hurdles in access to healthcare for patients in a holistic way;

- To assess gaps in access to quality healthcare within EU member states;
- To collaborate with relevant EU-led or national initiatives;
- To develop innovative and sustainable solutions.

Article 4 - DURATION

The PATIENT ACCESS PARTNERSHIP is established for an indefinite period.

Article 5 – MEMBERSHIP

5.1.

Membership is open to European organizations, associations and other entities involved in health care.

The number of members is unlimited, with a minimum of 2 full members.

The establishing members of the PATIENT ACCESS PARTNERSHIP are the European Patients' Forum (EPF) and the Bulgarian National Patients' Organization (NPO).

5.2.

PATIENT ACCESS PARTNERSHIP will have two categories of members:

1. Full members, and
2. Partners.

5.3. – Full members

Full membership is granted by the General Meeting according to the criteria written in the Internal Regulations.

Full membership is approved by a unanimous vote at the General Meeting of the current full members.

5.4.

Membership will be automatically discontinued in the event that a full member no longer fulfils the criteria for full membership.

Non-payment of annual fees or non-compliance with the Constitution may lead to the exclusion of a full member or partner, as detailed in the Internal Regulations.

A member that faces possible exclusion will have the possibility to submit his defence in writing or during the ordinary or extraordinary General Meeting where the issue will be discussed.

During the deliberations, the General Meeting will take into consideration the justification put forward by the member. If the General Meeting does not accept the justification, the member concerned immediately loses its membership. The Chairperson notifies the member of its exclusion in writing.

A decision on exclusion has to be made by at least 2/3 majority of the full members being present and voting.

5.5.

Each member can notify its withdrawal from the PATIENT ACCESS PARTNERSHIP, by means of a letter sent to the Chairperson. The withdrawal takes effect by the end of the year, provided that the notification was sent no later than 30 June the same year.

5.6. – Partners

Partners of the PATIENT ACCESS PARTNERSHIP are all actors who actively contribute to the work of the PARTNERSHIP. The PARTNERSHIP is open to a wide range of European and national associations, governmental and non-governmental organizations and their representatives, private sector, legal entities and individual experts, and other stakeholders. Partners are identified according to the needs of the PATIENT ACCESS PARTNERSHIP and its activities. The PARTNERSHIP will keep a public up-to-date list of all Partners, their role and participation in the activities and the period for which the Partner has been involved.

Partners are identified and involved in the PATIENT ACCESS PARTNERSHIP according to the criteria and the procedures written in the Internal Regulations.

Partner status is granted only for the period of the activity where the partner is actively involved.

Unless confirmed in written form, the Partners are in no way responsible/obliged to comply with any official correspondence, document, report from a working group, and public statements by legal representatives of the PATIENT ACCESS PARTNERSHIP. The PARTNERSHIP is not responsible for any actions, statements etc. of its individual partners.

Article 6 – POWERS AND OBLIGATIONS

6.1.

The full members are entitled to attend all the meetings of the PATIENT ACCESS PARTNERSHIP. They have the right to debate and to vote on all issues.

6.2.

The members pay annual fees, as determined by the General Meeting.

Article 7 – GENERAL MEETING

7.1.

The General Meeting is the governing body of the PATIENT ACCESS PARTNERSHIP

7.2.

The General Meeting consists of the full members.

7.3.

The General Meeting will be convened at least once a year for its ordinary meetings.

An extraordinary General Meeting can be convened upon unanimous decision by the full members.

7.4.

Unless otherwise specified in the constitution, the presence of minimum 60% of all full members is required to make decisions.

Unless otherwise specified in the constitution, decisions are taken by a simple majority by the full members. In case of a tie, the Chairperson has the casting vote.

7.5.

Unless otherwise specified in the Constitution, all powers rest with the General Meeting, including approving the accounts and the budget and deciding and approving the Internal Regulations.

7.6.

The minutes from the meetings are sent to all the members entitled to attend the meetings no later than six weeks after the meeting.

Article 8. – STEERING COMMITTEE**8.1.**

The Steering committee consists of the Chairperson, the Secretary-General and at least 5 partners appointed by the Partnership Assembly.

The term of office of the members of the Steering Committee is two years and can be renewed.

8.2.

The Steering Committee meets at least once each quarter of a year.

Extraordinary meetings shall be convened upon decision by the Chairperson or any two other members of the Steering Committee.

Minutes of the meetings will be sent to the members of the Steering Committee no later than six weeks after the meeting.

8.3.

The presence of the Chairperson or Secretary General and 2 other members of the Steering Committee is required to make decisions.

The decisions are taken by simple majority of the votes of Steering Committee members being present.

In case of a tie, the Chairperson has a casting vote.

8.4.

The powers of the Steering committee are the following:

- Preparation of issues to be discussed at the General Meeting;
- Follow-up of decisions taken by the General Meeting;
- Preparation of the balance sheet of the previous year and the following year for approval by the General Meeting;
- Approving the structure of the Secretariat and consulting with the Secretary-General the job description for the secretariat positions.

Article 9 – THE CHAIRPERSON**9.1.**

The Chairperson is elected by the General Meeting of the full members. The Chairperson is proposed by the European Patients' Forum. His/her term of office is two years and can be renewed. It is a non-paid mandate.

9.2.

The Chairperson chairs meetings of the PATIENT ACCESS PARTNERSHIP and ensures its representation within the framework of the Constitution, the Internal Regulations and any other regulations.

9.3.

The Chairperson is authorised to sign documents and contracts on behalf of the PATIENT ACCESS PARTNERSHIP.

9.4.

The Chairperson represents the PATIENT ACCESS PARTNERSHIP in meetings with the Commission of the European Union and other organisations. The Chairperson represents the PATIENT ACCESS PARTNERSHIP in legal proceedings.

Article 10 – THE SECRETARY-GENERAL

10.1.

The Secretary-General is elected by the General Meeting. The Secretary-General is proposed by the National Patients' Organization. His/her term of office is two years and can be renewed. It is a non-paid mandate.

10.2.

The Secretary-General implements the strategies adopted by the General Meeting and manages and implements activities. If a Secretariat is needed, the Secretary-General is responsible for setting up and governing the work of the Secretariat which should be based at the EPF office in Brussels.

10.3.

The Secretary-General acts on behalf of the Chairperson during his/her absence, on account of illness or any other reason.

Article 11 – Partnership Assembly

11.1. The Partnership Assembly consists of all the partners of the PATIENT ACCESS PARTNERSHIP.

11.2. The Partnership Assembly has an advisory role over the PATIENT ACCESS PARTNERSHIP.

11.3. The Partnership Assembly proposes and appoints five members, excluding the Chairperson and the Secretary-General, to the Steering Committee of the PATIENT ACCESS PARTNERSHIP, as outlined in the Internal Regulations of the organization.

Article 12–AMENDMENT OF THE CONSTITUTION

12.1.

A proposal to amend the constitution may be made by any of the full members.

All requests for amendments of the constitution must be received by the General Meeting no later than three months before the date of the ordinary meeting during which the requests will be discussed. The full members are notified of the request no later than two months prior to the date of the meeting.

12.2.

Decisions relating to the constitution of PATIENT ACCESS PARTNERSHIP require a three quarters majority of full members being present and voting. The presence of two thirds of all full members is required to constitute a quorum.

Article 13 - INTERPRETATION

Any disputes relating to the interpretation of the constitution or the Internal Regulations will be settled by the full members by a majority of 60% of the votes, providing a minimum of 60% of all full members are present.

Article 14 - DISSOLUTION

14.1.

50% of the full members can propose the dissolution of the PATIENT ACCESS PARTNERSHIP.

The proposal must be put forward in writing to the General Meeting. The proposal as well as an explanatory note will be sent to all full members no later than three months prior to the date of the meeting during which the proposal will be discussed. Each full member will at the same time receive a voting paper.

14.2.

The decision to dissolve the PATIENT ACCESS PARTNERSHIP must be taken with unanimity vote by all full members.

14.3.

In case of dissolution of the ACCESS PARTNERSHIP, the General Meeting decides on the use of the available capital. It must in any case be used for a charitable purpose.