



SUMMARY OF ACHIEVEMENTS



2011-2020

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Over the last decade, the African Palliative Care Association (APCA) implemented its 2011 to 2020 strategic plan, resulting in the organisation attaining strategic milestones set forth in this document.

These achievements would not have been possible without the support and partnership of a multitude of stakeholders, including national ministries of health, national palliative care associations, hospices and other health facilities, academic and research institutions, and especially donors who provided the financial resources to make this essential work possible. We are expectant that the following summary of achievements will form a firm foundation upon which palliative care developments in Africa will be established and sustained in the decade to come.



This publication was developed in partnership with the Walther Center in Global Palliative Care & Supportive Oncology at Indiana University.



OBJECTIVE ONE

INCREASING KNOWLEDGE AND
AWARENESS OF PALLIATIVE CARE
AMONG ALL STAKEHOLDERS

Objective	Metrics	Comments
1. Attendance at triennial international African palliative care conferences	1,705 delegates	APCA hosted three triennial conferences in Johannesburg (2013), Kampala (2016), and Kigali (2019) with an average of 570 delegates in attendance per conference.
2. Coordination of triennial African Ministers of Health Sessions on Palliative Care	3 sessions	<p>APCA convened three high-level strategic palliative care sessions with African Ministers of Health in 2013, 2016 and 2019, correlating with APCA's triennial international African palliative care conferences. Each session included the adoption of a declaration on palliative care that was relevant to the health policy climate and the Sustainable Development Goal (SDG) agenda at that time. Delegates represented ministries of health, deputy ministers and key technocrats in national ministries of health from nearly 30 African countries.</p> <p>The First African Ministers of Health Session on Palliative Care, held in Johannesburg in 2013, was attended by 92 delegates from 23 countries (of which 21 were African countries). At this meeting, delegates adopted a joint statement titled the 'Consensus Statement for Palliative Care Integration into Health Systems in Africa: Palliative Care for Africa'. This important statement was endorsed by all participating ministers and deputy ministers of health, as well as ministry of health delegations from 14 African countries. The statement continues to be an anchor for advocacy in support of the integration of palliative care into regional health systems³. Other key stakeholders represented included national palliative care associations and development partners.</p> <p>The Second African Ministers of Health Session on Palliative Care, held in 2016 in Kampala, had over 26 countries represented and included ministers of health or their representatives from Libya, Malawi, Republic of the Sudan, South Africa, The Gambia, Tanzania and Uganda, each presenting their country's progress in implementing the 2014 resolution on palliative care – WHA 67.19 titled, 'Strengthening of palliative care as a component of comprehensive care throughout the life course'⁴.</p> <p>The main outcome from the Second Ministers of Health session on Palliative Care, was the adoption of a consensus statement for strengthening palliative care as a component of comprehensive care throughout the life course in Africa – The Kampala Declaration, 2016¹. This Kampala Declaration was presented by the Uganda Health Minister at the African Health Ministers' meeting at the African Union, which took place soon after the session. The session resulted in the accelerated implementation of national level palliative care programmes in several African countries, including: Botswana, Kenya, Liberia, The Gambia, Togo, Republic of the Sudan, South Africa and Uganda, among others.</p> <p>The Third African Ministers of Health Session on Palliative Care, held in Kigali in 2019, was attended by 120 delegates from 25 countries (the majority of which represented African countries). Delegates included ministers and deputy ministers of health from Ghana, Liberia, Nigeria, Rwanda, The Gambia, and Uganda, as well as representatives of ministers from several other African countries. The session was also attended by officials from the World Health Organization in Geneva and the WHO Regional Office for Africa (WHO-AFRO); the East, Central, and Southern African (ECSA) Health Community, the East Africa Legislative Assembly (EALA), and a representative from the Pontifical Academy for Life of the Vatican, among other dignitaries. The main conference was attended by 491 delegates from 38 countries (27 of which were African countries). Progress on palliative care and lessons were shared at the session, and a basic palliative care package for inclusion into Universal Health Coverage for Africa was adopted².</p>
3. Technical assistance meetings with ministries of health, parliaments, and regional bodies	16 ministries of health 2 regional commissions 2 parliament meetings	<p>For technical assistance at the ministerial level, APCA visited ministries of health in the following countries: Botswana, the Democratic Republic of Congo, Eswatini, Ghana, Kenya, Liberia, Namibia, Rwanda, Tanzania, The Gambia, Togo, Malawi, Mozambique, Uganda, Zambia, and Zimbabwe.</p> <p>In addition, APCA held bilateral talks with the East African Health Research Commission (EAHRC), the East African Legislative Assembly (EALA) and the parliaments of Uganda and Namibia.</p>
4. Grants to support strategic palliative care advocacy	7 small grants	Seven small grants worth USD \$6,000 were administered to non-profit organisations in Kenya, Rwanda, Tanzania, and Uganda to support advocacy initiatives.

5. Policy makers oriented in palliative care	113 participants	The content of these orientations addressed: what palliative care is, why it is important, and the need to have it integrated into a Universal Health Care package. Policy makers were also introduced to regional minimum requirements for a Universal Health Care Coverage palliative care package.
6. Convening strategic advocacy and communication sessions to strengthen the inclusion of palliative care towards the realisation of Universal Health Coverage (UHC)	113 participants	Participating stakeholders were from Kenya, South Africa and Uganda, including policy makers and senior managers from ministries of health, national associations, and civil society organisations in the health and human rights sectors. The sessions addressed palliative care development; palliative care inclusion in UHC coverage; palliative care financing; palliative care and strategic communication; synergies and opportunities for collaboration. Participants were also trained in advocacy for inclusion of palliative care into UHC in their respective countries.
7. Communication and social media growth	19,000 Facebook followers 3,836 Twitter followers 12,000 ehospice unique views annually 2,188,225 annual website hits	APCA continues to engage its audiences through its social media channels by sharing impact stories, news relevant to palliative care in LMICs, and by disseminating findings from emergent studies that contribute to building an evidence base for palliative care development in the region. Every year, APCA leads and supports national associations and Ministries of Health in integrating palliative care messaging to commemorate major world days, including: Universal Health Coverage Day, World AIDS Day, World Hospice & Palliative Care Day, World Health Day, World Childhood Cancer Day, Human Rights Day, and World Cancer Day. This is achieved through online campaigns and the production of digital material such as short videos and infographics that highlight patient voices and promote palliative care awareness. APCA also produced a mini documentary showcasing the need for palliative care services in East Africa. The short video has received over 1,100 views and is available on YouTube .
8. APCA membership	6,344 members	4,310 individuals and 2,034 institutions have joined APCA's international membership programme.
9. Strategic partnerships	20 partners	APCA engaged in over 20 strategic partnerships over the past decade. These included: the African Union (AU), the East Africa Research Commission (EARC), WHO, ministries of health (MoH) from Ethiopia, Ghana, Liberia, The Gambia, Togo, and Uganda; national cancer institutes from Uganda and Zambia, the Worldwide Hospice Palliative Care Alliance (WHPCA), the International Association for Hospice and Palliative Care (IAHPC), the International Children's Palliative Care Network (ICPCN), the American Cancer Society (ASC), the East African Legislative Assembly (EALA), the Uganda Human Rights Commission, various media houses and academic institutions, among others.
10. Collaboration awards	1 award	APCA was awarded the 2018 UICC international collaboration award for excellence in global collaboration.

¹African Palliative Care Association. (2016). *The Kampala Declaration*. Available from <https://www.thewhpc.org/resources/item/the-kampala-declaration-2016>

²African Palliative Care Association. (2019). *Essential package for Universal Health Care*. Available from https://www.africanpalliativecare.org/images/stories/pdf/PC_in_UHC_package.pdf

³Downing J, Namisango E, Kiyange F, et al. The net effect: spanning diseases, crossing borders-highlights from the fourth triennial APCA conference and annual HPCA conference for palliative care. *ecancermedicalscience* 2013; 7(371).

⁴World Health Assembly, 67. (2014). *Strengthening palliative care as a component of comprehensive care throughout the life course*. World Health Organization. Available from https://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_R19-en.pdf





OBJECTIVE TWO

STRENGTHENING HEALTH SYSTEMS
BY INTEGRATING PALLIATIVE CARE
AT ALL LEVELS

Objective	Metrics	Comments
1. Number of countries where APCA has supported or implemented programmes	27 countries	Botswana, Burundi, Cameroon, Côte d'Ivoire, Democratic Republic of Congo, Eswatini, Ethiopia, Ghana, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mozambique, Namibia, Nigeria, Rwanda, Sierra Leone, South Africa, South Sudan, Tanzania, The Gambia, Republic of the Sudan, Togo, Uganda, Zambia and Zimbabwe.
2. Service delivery sub-grants for service providers to improve access to palliative care	187 sub-grants	187 institutions were provided financial and technical support to strengthen palliative care services in 25 African countries.
3. Countries supported to undertake joint advocacy activities with legal experts	2 countries	APCA developed open access legal materials in Uganda and Zimbabwe to support the integration of legal services into palliative care. In Uganda, these materials have been translated into four local languages.
4. Multi-disciplinary teams trained in the integration of legal services into palliative care	32 profession-als	APCA led a joint legal project review meeting in Harare, Zimbabwe in 2019 to support the integration of legal services into palliative care. This meeting was attended by 32 participants, including: 16 palliative care practitioners; 9 legal practitioners, and seven officials from the Ministry of Health and Child Care (MOHCC). The review provided an objective way of analysing the project through introspection, peer evaluation, and by obtaining client feedback.
5. Countries supported to implement the 2014 World Health Assembly resolution on palliative care	3 countries	APCA supported Liberia, The Gambia and Togo in their implementation of their country mandates set forth in the World Health Assembly resolution 67.19 ^d . This was achieved through visits to ministries of health and inter-agency partners such as the World Health Organization. Discussions were held with key stakeholders, including ministry of health officials, heads of pharmaceutical companies, National Drug Authorities (NDA), tertiary level service providers and national associations, as well as palliative care champions. Partners were supported to set up beacon palliative care centres within hospitals and home-based care facilities. In addition, APCA also facilitated study exchanges for key staff from various facilities across Africa to increase national capacity for palliative care services, including local capacity building for data collection on key palliative care development indicators.

PALLIATIVE CARE POLICY DEVELOPMENT

Countries supported to develop national palliative care policies	9 countries	APCA supported the following countries in their development of national palliative care policies: Botswana, Eswatini, Malawi, Mozambique, Rwanda, Tanzania, Uganda, Zambia, and Zimbabwe. In addition, APCA developed and published guidelines on policy development in palliative care for partners to access.
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HUMAN RESOURCES / PALLIATIVE CARE EDUCATION AND TRAINING

1. Training education institutions to integrate palliative care into their curricula.	28 institutions	APCA supported over 28 education and training institutions to integrate palliative care into their curricula. Countries with supported institutions included: Botswana, Eswatini, Ghana, Kenya, Uganda and Zambia. Examples of participating institutions in this partnership included: Busitema University in Uganda, Ghana College of Physicians and Surgeons, Gulu Teaching University in Uganda, Moi University in Kenya, the Uganda Cancer Institute, Uganda Christian University, and the University Teaching Hospital in Zambia.
2. Development of training packages	9 types of training packages	The following 9 countries have developed palliative care training packages through APCA's support: Botswana, Eswatini, Kenya, Namibia, Malawi, Mozambique, Tanzania, Uganda, and Zimbabwe.
3. Care providers (nurses and social workers) supported to receive formal palliative care training.	119 care providers trained	APCA supported care providers from regional hospitals and hospices in over 11 African countries to receive formal palliative care training from the Institute of Hospice and Palliative Care in Africa (IHPCA), Mildmay Uganda, Kenya Medical Training College, and Nairobi Hospice. Participants came from the following countries: Cameroon, Kenya, Malawi, Namibia, Nigeria, South Africa, Swaziland, Togo, Uganda, Zambia and Zimbabwe.

4. Training for care providers, community volunteers, patients and family members	3,975 persons trained	<p>Care providers from the following countries were supported with trainings in palliative care service provision: Botswana, Democratic Republic of the Congo, Kenya, Malawi, Mozambique, Namibia, Nigeria, Republic of the Sudan, Rwanda, Tanzania, The Gambia, Swaziland, Uganda, Zambia, and Zimbabwe.</p> <p>Training and participant details are as follows: 2,141 care providers received basic palliative care training 752 community volunteers, family caregivers and patients completed a palliative care training programme 660 care providers completed pre-service palliative care training 341 care providers completed training of trainers' (ToT) sessions 81 care providers completed specialist training.</p>
5. Psychological care and support for team building	31 palliative care providers	<p>A team building initiative for addressing staff burn out was piloted at the Raleigh Fitkin Memorial Hospital in Eswatini.</p> <p>The aim of the activity was to strengthen the palliative care team's understanding around the concept of teamwork and to enable them to work more collaboratively with self-awareness as they provide palliative care services.</p> <p>Participants went through various team building activities which included lessons on the importance of communication, teamwork, proper planning and dealing with stress and burnout. Following this activity, participants reportedly felt refreshed and mutually strengthened to provide quality palliative care to their patients.</p> <p>This approach has been further proposed for consideration as a best practice for self-care amidst the COVID-19 pandemic among front line palliative care providers.</p>
6. Supported palliative care coursework for six physicists through the American Cancer Society (ACS) and Global Partners in Care	6 students	<p>A cohort of four students from Ethiopia, Nigeria and South Africa received funding from APCA through the ACS and Global Partners in Care to study palliative care at the University of Cape Town. APCA also supported masters degree level coursework for two medical physicists from Ethiopia to receive palliative care training in Italy.</p>
7. Capacity building for higher education institutions	28 institutions	<p>APCA supported the integration of palliative care into medical and social work programmes at the following academic institutions: Institutes of Health Sciences in Botswana, Busitema University Medical School in Uganda, Gulu University Medical School, the Uganda Christian University Social Work Department, Ghana College of Physicians and Surgeons, the Uganda Cancer Institute, Moi University in Kenya, and The University Teaching Hospital in Zambia.</p>

DEVELOPMENT OF PALLIATIVE CARE TOOLS

1. Developed and disseminated an African <i>Essential Palliative Care Package for UHC</i> ²	1 package	<p>This package was used to engage 120 strategic delegates who attended the Third African Ministers of Health Session on Palliative Care. The <i>Essential Palliative Care Package for Universal Health Coverage</i>² was distributed to 491 delegates from 38 countries at the 6th International African Palliative Care Conference held in Kigali in 2019.</p>
2. Developed and translated educational resources	10 resources	<p>These included: <i>APCA Standards for Providing Quality Palliative Care across Africa</i>; <i>A Framework of Core Competencies for Palliative Care Providers in Africa</i>; <i>Palliative Care: A Handbook of Palliative Care in Africa</i>; <i>Beating Pain: A Pocket Guide for Pain Management in Africa</i>; <i>Using Opioids to Manage Pain: A Pocket Guide</i>; <i>Curriculum Review Toolkit</i>; <i>Clinical Placement Guidelines</i>; <i>Monitoring and Evaluation Framework</i>; <i>Effective methods of Teaching Palliative Care</i>; <i>Palliative Care Core Curriculum</i>; <i>Guidelines for using the APCA African Children's Palliative Outcome Scale</i>; <i>Successful Advocacy for Palliative Care: A Toolkit</i>.</p>
3. APCA Atlas for Palliative Care in Africa	1	<p>APCA, in collaboration with the University of Navara, developed indicators for palliative care development in Africa, and launched the first <u>APCA Atlas for Palliative Care in Africa</u>.</p>

ACCESS TO MEDICINES

1. Legal prescribers trained in palliative care medicines, including opioid analgesics for pain management	496 personnel	Health workers received training in opioid analgesic for use in pain management.
2. Strategic meetings to discuss and resolve system level barriers in access to opioids in Southern Africa	2 meetings	These strategic meetings were conducted in Mozambique and Zimbabwe and were attended by regulators, members of civil society groups and service providers.
3. Engaged pharmacists in advocacy for palliative care and access to controlled medicines	20 pharmacists	<p>APCA supported a 2-day national sensitisation workshop for pharmacists in palliative care and access to controlled medicines. The workshop, held in Arusha, Tanzania in 2019, drew 53 participants, including 20 pharmacists.</p> <p>The supply chain mechanism for accessing morphine was presented and addressed compliance issues such as reporting and ordering. The Tanzania Food and Drug Authority was brought on board to issue permits allowing select sites to stock oral morphine, and to increase its access for patients in need. Through this meeting national issues and concerns on availability and accessibility to opioids for pain relief were widely published at the national and regional level using various media outreach approaches. Based on training outcomes, the regional task force was empowered to continue to support increased access and availability of opioids for medical use.</p>
4. Countries supported to set up opioid-morphine reconstitution	7 countries	The following countries now reconstitute oral morphine locally as a result of APCA's technical support: Botswana, Eswatini, Ghana, Kenya, Mozambique, Nigeria, and Rwanda.
5. Experiential visits that contributed to increased access to palliative care medicines and associated guidelines	7 visits	<p>APCA supported experiential visits for strategic representatives from the following countries: Botswana, Kenya, Liberia, Malawi, Mozambique, Swaziland, and The Gambia.</p> <p>APCA also supported 3 countries to develop pain management guidelines, namely: Botswana, Malawi and Uganda.</p>



OBJECTIVE THREE

EVIDENCE: BUILDING A SOUND EVIDENCE
BASE FOR PALLIATIVE CARE IN AFRICA

Objective	Metrics	Comments
1. Number of research projects implemented	32 projects	28 primary studies 3 systematic reviews 1 publication of knowledge translation guidelines.
2. Number of scientific publications	168 peer reviewed articles published	APCA published peer reviewed journal articles that appeared in the following publications: <i>Journal for Palliative Medicine</i> , <i>Journal of Pain and Symptom Management</i> , <i>BMJ Supportive & Palliative Care</i> , <i>Annals of Palliative Medicine</i> , among others.
3. Research mentorships	23 students	3 PhD Students, 9 masters students and 2 interns were mentored in palliative care research methodologies.
4. Research workshops	4 workshops	Workshops were attended by 192 participants and included presentations from research leads on palliative care across Africa.
5. Research partnerships	25 partnerships	13 academic partnerships, four hospices and eight hospitals partnered in research initiatives. These included: King's College London, University of Leeds, Queens University Belfast, University of Birmingham, the University of Ibadan, among others.
6. Research hubs	4 hubs	Four research hubs were established in Eastern, West Africa, North Africa and Southern Africa. These are hosted within the following universities: Makerere University and Nairobi University for East Africa; Ibadan University for West Africa; University of Cape Town for Southern Africa; and the University of Cairo for North Africa. The hub coordinators are academics, who provide coaching and mentorship support to emergent researchers.
7. APCRN members	200 members	Members engaged in joint grant applications, running of research workshops, webinars, education and learning sessions related to palliative care development in Africa.
8. Special research interest groups	5 groups	These research interest groups sit within the research network and we currently have five working groups: digital health, health economics, spirituality, outcome measurement and methodological approaches. The interest groups consist of palliative care professionals with similar research interests who come together to pursue shared research and fundraising goals.
9. Countries where we conducted research	7 countries	APCA has engaged in research projects in the following countries: Ghana, Malawi, Mozambique, Namibia, Nigeria, Uganda, and Zimbabwe.

25 
PARTNERSHIPS

13 ACADEMIC
PARTNERSHIPS,

4 HOSPICES

8 HOSPITALS


200
MEMBERS
ENGAGED IN JOINT GRANT
APPLICATIONS, RUNNING OF
**RESEARCH
WORKSHOPS,
WEBINARS,
EDUCATION
AND LEARNING SESSIONS**

168
JOURNAL
ARTICLES
PUBLISHED





OBJECTIVE FOUR

SUSTAINABILITY

Objective	Metrics	Comments
1. General assemblies convened	3 general assemblies	APCA's general assemblies were held triennially to correspond with APCA's International African Palliative Care Conferences in 2013, 2016 and 2019.
2. Consistent board meetings with a fully functional board	40 meetings	Four board meetings were held annually.
3. Number of grants received and successfully implemented	55 grants	Grants covered the period April 2011- March 2020. Further detail on annual activities are accessible in APCA's annual reports .
4. Number of donors	23 donors	APCA received support from 23 grant making institutions from April 2011 to March 2020.
5. Countries supported to set up national palliative care associations	4 countries	APCA supported the establishment of national palliative care associations in Botswana, Cameroon, Rwanda, and Senegal to sustain palliative care integration in their respective health systems.
6. Staff technical capacity	15 skills	APCA's dedicated staff share technical capacity in the following areas: palliative care, programme management, monitoring and evaluation, research, ICT, finance, administration, policy analysis, medicine, nursing, business administration, informatics, digital health, organisational development, knowledge translation, and education.
7. Organisational development	1 evaluation	<p>APCA has been externally evaluated by the Strengthening Organizations for a United Response to the Cancer Epidemic (SOURCE) Program of the American Cancer Society.</p> <p>Joining in 2017, APCA graduated with distinction in 2019, after a rigorous performance evaluation based on the following seven domains in organisational development: governance, financial management, financial sustainability, external relations and partnerships, human resources management, programme management, operations and administration.</p>

→ **FOLLOWING A RIGOROUS EVALUATION IN 2017, APCA GRADUATED WITH DISTINCTION IN SEVEN DOMAINS: GOVERNANCE, FINANCIAL MANAGEMENT, FINANCIAL SUSTAINABILITY, EXTERNAL RELATIONS AND PARTNERSHIPS, HUMAN RESOURCES MANAGEMENT, PROGRAMME MANAGEMENT, OPERATIONS AND ADMINISTRATION.**



LIST OF APCA PAST AND CURRENT DONORS

1. American Cancer Society
2. Bartlett Foundation
3. Department for International Development UK (DFID)
4. Diana, Princess of Wales Memorial Fund
5. Global Institute of Psychosocial, Palliative and End- of -Life Care (GIPPEC)
6. Global Partners in Care
7. Help Age International - UK
8. Hospice UK (Wolfson Foundation)
9. King's College London (KCL)
10. Livestrong Foundation
11. University of Leeds
12. Measure Evaluation
13. Open Society Initiative for Eastern Africa (OSIEA)
14. Open Society Initiative for Southern Africa (OSISA)
15. Open Society Foundations (OSF)
16. Tropical Health Education Trust/ University of Edinburgh
17. True Colours Trust
18. The HIV/AIDS Twinning Center/ American International Health Alliance (AIHA)
19. Pain & Policy Studies Group, University of Wisconsin-Madison
20. USAID Regional HIV/AIDS Programme, South Africa
21. Waterloo Coalition (DFID & True Colours Trust)
22. World Health Organization
23. Worldwide Hospice Palliative Care Alliance / Joffe Charitable Trust





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