


African Palliative Care Association
BI-ANNUAL REPORT
2020-2022



April 2020 - March 2021 and April 2021- March 2022



“Not all of us can do great things. But we can do small things with great love.”

- Mother Theresa

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Abbreviations

APCA	African Palliative Care Association
GPIC	Global Partners in Care
KEHPCA	Kenya Hospices and Palliative Care Association
PPE	Personal Protective Equipment
SDGs	Sustainable Development Goals
TCT	True Colours Trust
WHO	World Health Organisation



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WWW.AFRICANPALLIATIVECARE.ORG

About APCA

Founded in 2004, the African Palliative Care Association (APCA) originated at a meeting of 28 palliative care trainers from across the African continent who met in Cape Town, South Africa, in 2002.

These trainers produced a declaration calling for the integration of palliative care into health care systems and national health strategies in Africa.

APCA, a membership-based pan-African organisation, was then established and has its headquarters located in the capital of Uganda, Kampala.



Our Vision

Access to palliative and comprehensive chronic care for all in Africa.



Our Mission

To ensure palliative and comprehensive chronic care is understood and integrated into health systems at all levels to reduce pain and suffering across Africa. Since its opening in 2004, APCA has established a continent-wide reach and built strong partnerships globally, regionally and at national levels that have enabled it to deliver on its objectives. All of APCA's activities and decisions are

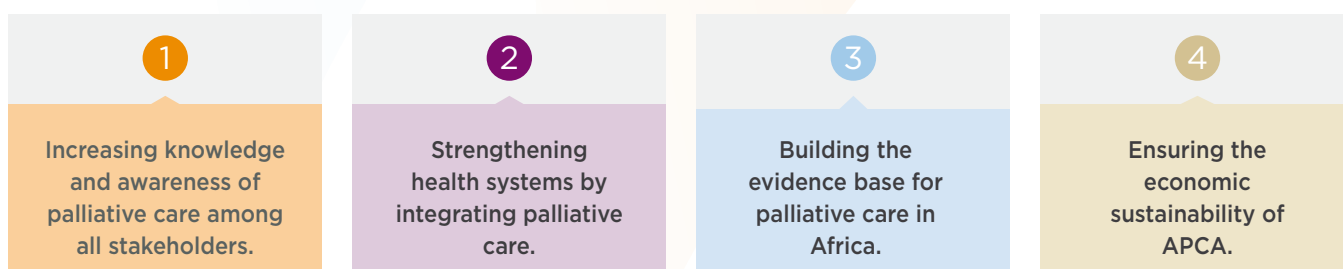
underpinned by core values that have built a very strong governance structure, robust accountability systems and a commitment to the people served.

At the core of the work of the APCA are patients, their families, their caregivers and the multidisciplinary teams of health workers who deliver the services.

- APCA's new strategic plan for 2020-2030 is intended to orchestrate action at regional, national and local levels to ensure that there is access to these services for all who need them without necessarily having to face risks of out-of-pocket costs in line with the global Universal Health Coverage 2030 agenda.

Introduction


From April 2020, APCA started implementing its new 10-year Strategic Plan (2020 – 2030) following the conclusion of the 2011-2020 plan, which was marked with success stories and educative experiences. Our activities continue to be aligned to our strategic objectives, which are:





APCA continues to work towards its mission and objectives. Our work remains aligned to global strategies that relate to palliative care, namely, the 2014 World Health Assembly resolution to strengthen palliative care as a component of comprehensive care throughout the life course, the 2017 World Health Assembly Resolution on Cancer, the Sustainable Development Goals (SDGs), including good health and well-being. Our approach is guided by the World Health Organisation’s public health strategy which is underpinned by the core


health system building blocks of policy, education, access to essential medicines, service delivery and evidence. These are pivotal to fostering effective integration of palliative care into national health systems.


Our interventions directly contribute to the six WHO health system building blocks, and this annual report highlights our success stories in line with the building blocks, namely:


 Health service delivery

 Access to essential medicines, vaccines and technologies

 Health workforce

 Health systems financing

 Health information systems

 Leadership and governance

OUR APPROACH IS GUIDED BY THE WORLD HEALTH ORGANISATION'S PUBLIC HEALTH STRATEGY WHICH IS UNDERPINNED BY THE CORE HEALTH SYSTEM BUILDING BLOCKS OF POLICY, EDUCATION, ACCESS TO ESSENTIAL MEDICINES, SERVICE DELIVERY AND EVIDENCE.

Over the two years, our scope spans the following countries: Burundi, Democratic Republic of Congo, Eswatini, Ethiopia, Kenya, Malawi, Mozambique, Rwanda, South Africa, South Sudan, Sudan, Tanzania, Uganda, and Zimbabwe. This has been possible through the generous support of our donors and partners within and outside Africa who are mentioned later in the report.

Following our evaluation of palliative care service development in the region, we noted inequities in progress in Francophone and Lusophone countries and therefore made a deliberate decision to prioritise support to more partners in these countries as reported in here.

Interventions were implemented mainly through formal partnerships and collaboration with Ministries of Health, national palliative care associations, palliative care service providing organizations, public and private-not-for profit health facilities including cancer centres, professional associations and civil society organizations as well as academic institutions.

We also leveraged technical support from APCA's members and partners in the different regions of Africa where we implemented activities. This year the organizations which contributed technical support towards our interventions include:

National palliative care associations

- Kenya Hospice and Palliative Care Association (KEHPCA)
- Palliative Care Association of Malawi (PACAM)
- Palliative Care Association of Uganda (PCAU)
- Hospice Palliative Care Association of Zimbabwe (HOSPAZ)
- Mozambique Palliative Care Association (MOPCA)
- Palliative Care Association of Rwanda (PCAR)

Ministries of health

- Ministry of Health, Malawi
- Ministry of Health, DRC
- Ministry of Health, Uganda

Other international partners

- Worldwide Hospice Palliative Care Alliance (WHPCA)
- Global Partners in Care
- WHO Geneva
- Bluegrass Care Navigators

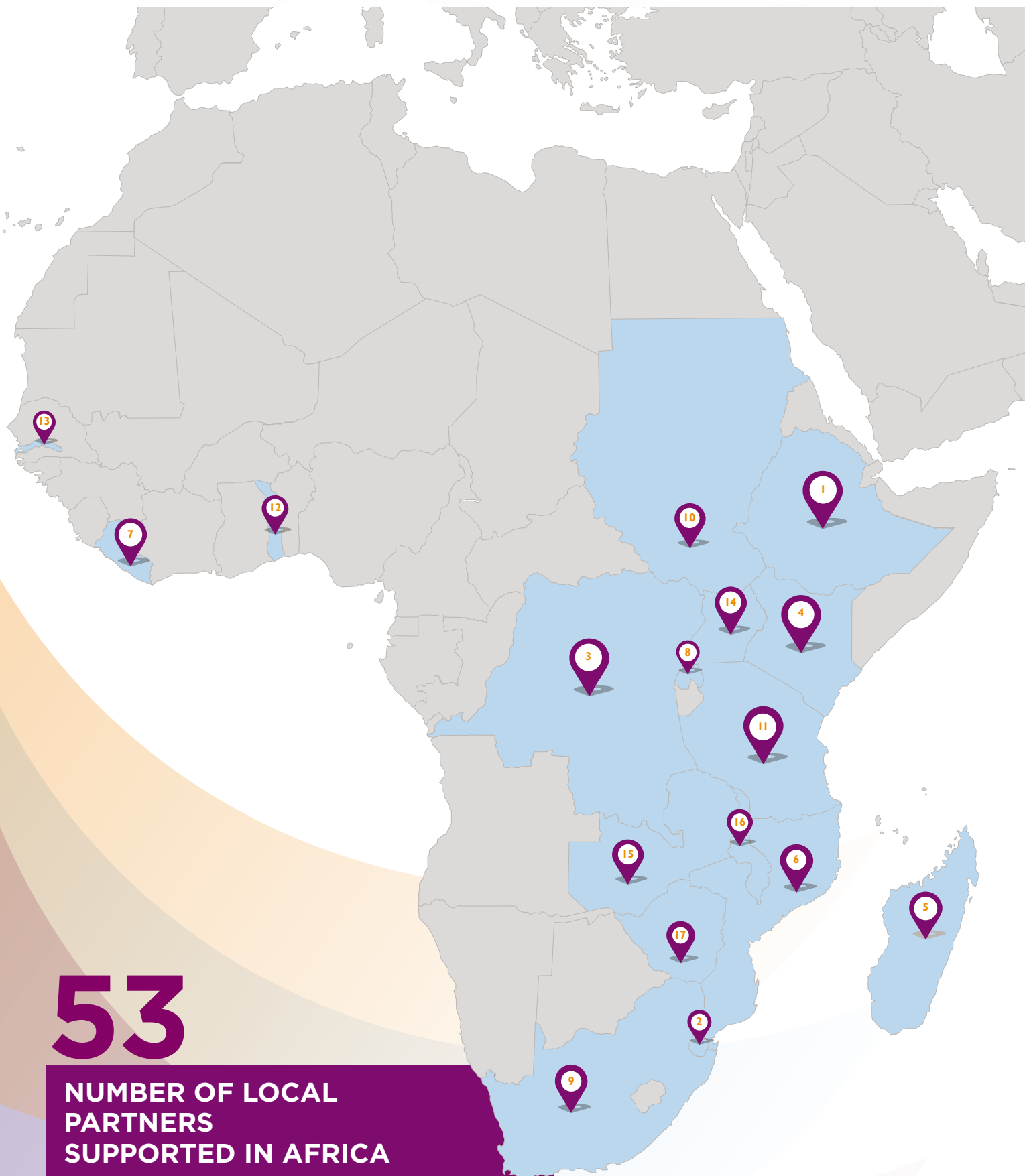
Palliative care service providers

- Makerere Palliative Care Unit (MPCU)
- Hospice Africa Uganda (HAU)
- Island Hospice Zimbabwe
- Centre for Palliative Care, Nigeria (CPCN)
- Rays of Hope Hospice Jinja
- Naggalama Hospital
- Uganda Cancer Institute
- Uganda Heart Institute
- Kiruddu Referral Hospital

Academic institutions

- University College Hospital Ibadan, Nigeria
- Sagam Community Health Hospital, Kenya
- Leeds University, UK
- Cicely Saunders Institute, Kings College London
- University of Birmingham, UK
- Queens University, Belfast, UK
- University of Notre Dame, USA
- University of Navara, Spain

SUMMARY OF COUNTRIES AND IN-COUNTRY PARTNERS SUPPORTED IN THE TWO YEARS



OUR SPREAD FOR THE TWO FINANCIAL YEARS.

COUNTRY	NUMBER OF LOCAL PARTNERS	DETAILS OF COUNTRY PARTNERS SUPPORTED THIS YEAR
1. Ethiopia	01	<ul style="list-style-type: none"> ▪ Hospice Ethiopia ▪ Hawassa University Comprehensive Specialized Hospital
2. Eswatini	04	<ul style="list-style-type: none"> ▪ Ministry of Health ▪ Raleigh Fitkin Memorial Hospital ▪ Shselweni Home Based Care
3. Democratic Republic of Congo	03	<ul style="list-style-type: none"> ▪ Centre Hospitalier Aru Cite ▪ Focus Droits Et Acces ▪ Palliative Familie
4. Kenya	06	<ul style="list-style-type: none"> ▪ Kenya Hospices and Palliative Care Association ▪ Ongata Ngong Palliative Care Community Organisation ▪ Living Room International ▪ Malindi Sub County PCU ▪ Nyeri Hospice ▪ Nairobi Hospice Limited
5. Madagascar	01	<ul style="list-style-type: none"> ▪ Douleurs Sans Frontieres
6. Mozambique	04	<ul style="list-style-type: none"> ▪ Mozambique Palliative Care Association ▪ Associacao Nacional Dod Enfermeiros de Mozambique ▪ Mozambique Order of Nurses ▪ ANEMO
7. Liberia	01	<ul style="list-style-type: none"> ▪ Home of Dignity
8. Rwanda	01	<ul style="list-style-type: none"> ▪ Palliative Care Association of Rwanda
9. South Africa	09	<ul style="list-style-type: none"> ▪ Hospice and Palliative Care Association of South Africa ▪ Helderberg Hospital ▪ Lambano Sanctuary ▪ The Tygerberg Hospice Trust ▪ Breede River Hospice ▪ Centurion Hospice Association ▪ Goldfields Hospice Association ▪ Thembalitsha Foundation
10. South Sudan	03	<ul style="list-style-type: none"> ▪ Mind for Community Development Organisation ▪ Palliative Care Association of South Sudan ▪ Women Relief Organisation
11. Tanzania	02	<ul style="list-style-type: none"> ▪ Nyakahanga Designated District Hospital ▪ Machame Council Designated Hospital
12. Togo	01	<ul style="list-style-type: none"> ▪ Association Togolaise pour la Promotion de la Santé et du Développement Communautaire
13. The Gambia	01	<ul style="list-style-type: none"> ▪ Hands of Care
14. Uganda	06	<ul style="list-style-type: none"> ▪ Palliative Care Association of Uganda ▪ Uganda Cancer Institute ▪ Rays of Hope Hospice Jinja ▪ Hospice Africa Uganda ▪ Peace Hospice Adjumani ▪ JOY Hospice
15. Zambia	01	<ul style="list-style-type: none"> ▪ Ranchhod Community Services and Hospice
16. Malawi	03	<ul style="list-style-type: none"> ▪ Diocese of Dedza ▪ Palliative Care Association of Malawi ▪ Ndimoyo Palliative Care Trust
17. Zimbabwe	06	<ul style="list-style-type: none"> ▪ Hospice Palliative Care Association of Zimbabwe ▪ Life Empowerment Support Organisation ▪ Seke Rural Home-Based Care ▪ The Loving Hand ▪ Tony Wait Organisation ▪ Umguza AIDAS Foundation



Impact Area 1: Palliative Care Service Delivery

“APCA has successfully managed the small grants programme since 2009 and impacted 49,899 patients who received palliative and comprehensive chronic care services and of these 650 were children and young people.”

APCA continued to support the increase in coverage for quality services and celebrates its partnership with True Colours Trust (TCT) which has made it possible to fund palliative care service delivery and development in Africa. The APCA/TCT partnership on the small grants programme started in 2009.

The aim of the programme is to provide funds to small organisations such as hospices, non-governmental organisations, and hospitals to support the provision of palliative care services in Africa.

To date, the programme has made 23 calls for small grants applications for which we have received 1,238

applications from 35 countries and made awards to 223 palliative care service providers from 26 countries across the African continent.

Over the two years, APCA supported thirty-seven (37) organisations/institutions from **10 African countries** of South Sudan, Mozambique, South Africa, Tanzania, Kenya, Madagascar, Eswatini, Zimbabwe, DRC, Malawi to further strengthen and expand quality palliative care services. Through this scheme, APCA supported palliative care service providers to continue the safe delivery palliative care amidst the COVID-19 pandemic through training and provision of personal protective equipment (PPE).




- Patients from
- Lubombo and
- Shiselweni region
- receive PPE

63 small grants were awarded in the last two years, and these have improved the experiences of patients living with serious illnesses and their families.

APCA's mission is to ensure that palliative and comprehensive chronic care is understood and integrated into health systems at all levels to reduce pain and suffering across Africa, but central to this mission is quality assurance. To support the development of quality palliative care services, APCA and partners developed standards for palliative care in Africa.

APCA supports its partners in using this resource to assess the quality of their services and to set quality improvement plans as appropriate. During this year, the standards came in handy in the appraisal of the extent to which the COVID-19 treatment guidelines reflected quality palliative care in Africa. The main recommendation was that **comprehensive palliative care which addresses physical, psychological, social, and spiritual concerns must be prioritized within COVID-19 case management guidelines in African countries.**

 (http://www.thewhpc.org/images/resources/npg/APCA_Standards_Africa.pdf).



• South Coast Hospice Association refurbished the day care lounge for patients who come onto hospice premises for visits, services, meetings, respite and PC services. Photos taken before COVID lockdown.



Impact Area 2: Health Workforce

The momentum for palliative and comprehensive chronic care service development has steadily increased in Africa and the need for training and trained health workers to support service delivery is now massive. APCA has been at the forefront of developing E-based models of training which can

be delivered remotely and reduce health workers' travel demands. Through such innovations, several members of the multi-disciplinary teams were trained in palliative and comprehensive chronic care through short courses. Below are some highlights.

INTRODUCTORY PALLIATIVE CARE COURSE FOR COMMUNITY HEALTH ASSISTANTS

In August 2020, APCA signed a Memorandum of Understanding with KEHPCA and African Innovative Health Transformation Medical Knowledge HUB (AIHTSagam IMK HUB), the latter being centre of excellence that supports physical and virtual medical delivery infrastructures of innovations, professional development, health management, creative collaborative partnerships and medical networks as well as next-generation medical cognitive technologies and knowledge transfer. The three partners agreed to work towards harnessing

the use of technology to build the capacity of health workers in palliative care, improve service provision, and strengthen health systems. We celebrate the first outcome of our partnership, which was a successful execution of the community health assistants's virtual introduction palliative care course for community health assistants in Siaya county in Kenya. This reporting period focused on the intensive planning phase which included developing the curriculum, mobilizing the trainees, and setting up the platform for e-learning.



The course was later successfully delivered in Siaya County in Kenya in 2021, and it is a model that partners are now encouraged to replicate elsewhere in Africa.

- APCA's Programmes and Research Manager delivers a virtual training

410 FRONTLINE HEALTH WORKERS TRAINED

MEASURING OUTCOMES IN PALLIATIVE CARE

In October 2020, APCA in partnership with Kenya Hospices and Palliative Care Association (KEHPCA), trained **68 health workers** on best practices for integrating person-centred outcome measures into clinical care. These included nurses, clinical officers, and social workers from various palliative care service providers in Kenya. The training introduced the trainees to the key outcome measures in palliative i.e., the adult and paediatric palliative care outcome measures. The training was delivered online over a one-day period and was attended by 68 participants from 13 facilities.



Some of the participants who attended the virtual training on measuring outcomes in palliative care

13 EDUCATION SCHOLARSHIPS AWARDED TO NURSES AND SOCIAL WORKERS

Besides the short courses, some health workers need diploma or higher degree training to get them into the field of palliative and comprehensive chronic care. To address this need, APCA, in partnership with Global Partners in Care (GPIC), continue to offer education scholarships for palliative care health workers and facilitating exchange visits for experience and mentorship. This financial year, following an arduous process, APCA awarded 11 scholarships (3 male and 8 female) scholars from the following countries: Cameroon, Kenya, Malawi, South Africa, and Uganda. Of these, 3 are

pursuing bachelor's degrees, 1 Diploma in Higher Education in Palliative Care; 1 Certificate course in Palliative Nursing; 5 Palliative Care for Health and Social Welfare Professionals; 2 Higher Diplomas in Palliative Care and 1 Master in palliative care. APCA set up WhatsApp group for the scholars and this platform is used by scholars to network and to share knowledge. Through this scheme, APCA and GPIC have awarded a total of **74 scholarships**. In the subsequent section, we share some reflections from scholarship beneficiaries.

SCHOLAR 1

STELLAH

The scholarship grant supported her training but the skills she has gained have also benefitted the wider community who live far from palliative care services located at Meru. This has resulted in reduced expenses in terms of patient travel hours for many days and she hopes to continue offering service to the communities of Isiolo.

Stella leading a demonstration on cervical cancer treatment with thermal ablation device during health care workers training on cervical and breast cancer screening and treatment.



SCHOLAR 2

INNOCENT

Innocent just completed his training and promises to utilize the knowledge and the skills gained during the training to benefit both palliative care students as well as palliative care patients. It is his ambition to reach many people as he can in his country and across the borders to address the needs of the palliative care patients.

Innocent on his first day at Makerere University for registration.





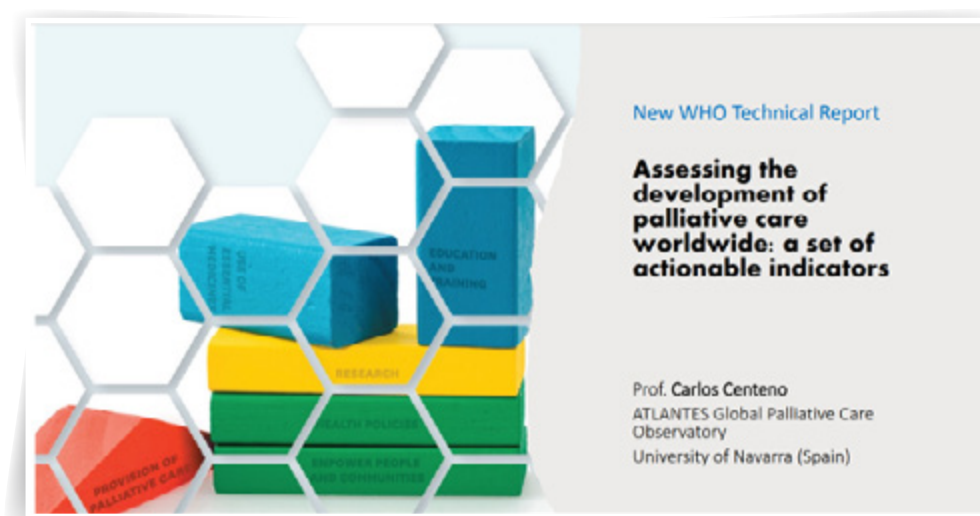
Impact Area 3: Health information systems

A SET OF ACTIONABLE INDICATORS FOR PALLIATIVE CARE DEVELOPED

To inform evidence-based decision making and planning in palliative and comprehensive chronic care, it is important to invest in robust health information systems.

To support this initiative, APCA participated in a collaborative project between the WHO and University of Navara to develop indicators to track palliative care programme development at a global level.

“To ensure the effective implementation of the WHA resolution on palliative care within the UHC framework, it is necessary to build a consensus on simple rigorous tools to monitor the impact of palliative care interventions. This document builds on a combination of specific indicators for palliative care, along with integration of other components of the health system. We are arguing partners to use this resource to adapt robust indicators that can be used to assess the development of palliative care programs across Africa.” WHO



• The launching of this document is a huge success for palliative care globally



Impact Area 4: Access to essential controlled medicines and technologies



A SET OF ACTIONABLE INDICATORS FOR PALLIATIVE CARE DEVELOPED

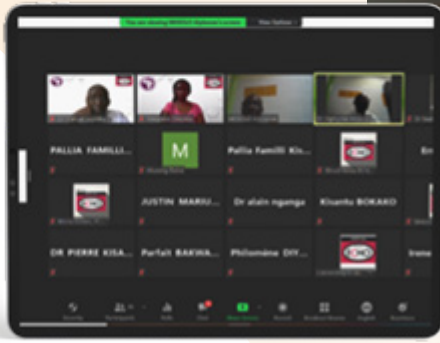
For the last two years, we have largely focused on increasing access to and availability of essential controlled medicines in francophone countries using DRC as a beacon site. We used a health system strengthening approach to achieve this goal. This involved stakeholder engagement meetings with policy makers in the DRC, training of health workers

and developing guidelines for use. APCA's Executive Director led the in-country visit with support from Dr. Chris Ntege to meet the in-country partners and stakeholders for local buy-in and to agree on the project workplan. APCA is continuing with the in-country capacity building to improve access to essential controlled medicines in the DRC.

“Effective use of opioids requires training, APCA has 49 health workers in DRC on pain management in palliative care...”

Left to right: Dr. Kakese Lumanisha Innocent of the Cancer Centre DRC, Dr. Emmanuel Luyirika APCA, Mr. Anselme Kananga PalliaFamilli, Prof. Nogi and Dr. Chris Ntege, APCA





Trainees attending a session

The training sessions were hybrid in nature with simultaneous interpretation channels were available in both French and English to allow for a smooth flow of the sessions. Feedback from both English and French channels showed that the training ran seamlessly with limited disruptions. The online platform was supported by ECHO India, who also provided interpreters for day one. About 30% of the facilitators were remote (Kinshasa, Kampala, UK) while the rest attended in person.

The post-test showed participants got a decent grasp of the content and could come up with some draft action plans relevant to their institutions and/or workstations. However, they also showed that there is need for further support to transform the action plans into reality and make the necessary changes feasible. To sustain the achievements, we incorporated continued mentorship sessions 4 online sessions took place and 17 participants from 10 facilities attended all the sessions. Maximum time spent by individual participants per session was 107 minutes (maximum time).



On 29th September 2020, APCA hosted a webinar on access to controlled medicines in Africa. We had remarkable speakers, including Catherine Kanari – Amref Health Africa; Edith Andrews Annan – WHO Afro; Adeolu Adebeyi – West Africa Commission on Drugs; and Stephen Watiti – a patient beneficiary. What was notable was the impact of COVID-19 on access to essential controlled medicines following the disruption of the supply chains.



Webinar on Access to controlled medicines

Impact Area 5: Palliative care financing

TOOLS TO COST THE UNIVERSAL HEALTH CARE PACKAGE IN AFRICA DEVELOPED AND PILOTED

Palliative care patients and their families endure catastrophic costs which push them into vulnerability.

To protect patients and their families from such shocks, palliative care should be integrated within the Universal Healthcare Coverage.

It will be recalled that during the 2019 African Palliative Care Conference which was held in Kigali, Rwanda, APCA launched the Minimum Healthcare Package for Universal Health Care Coverage. APCA has gone further to cost this package, starting with Kenya as a case study and beacon sit

The tools are now available for partners to adapt and use in their respective settings.



Tools for costing the palliative care Minimum Healthcare Package for Universal Health Care Coverage





Impact Area 6: Research, innovation, and development



“Without research palliative care is an art not a science.”

At APCA, we endeavour to ensure that palliative care services are underpinned by robust evidence to optimise outcomes of care. APCA, therefore, continued to support the development of the evidence base for palliative care in the region, together with the requisite capacity building for emerging researchers in the region. The perception of palliative care by all stakeholders at country and regional level remains a challenge, as many still see it as being synonymous with end-of-life care rather than a holistic approach of care that aims to improve the quality of life of patients and their families throughout the life course. This negatively impacts public support and the allocation of resources to this important service. APCA collaborated with Leeds University, UK to conduct a qualitative study that sought to understand data and information needs for

palliative cancer care to target mobile phone-based intervention development in Uganda and Zimbabwe. This work is informing our initiatives on how to leverage technology to improve palliative cancer care in Africa. This has become even more relevant and urgent now as service provision has had to be more accommodating to the use of technology to maintain access to care amidst the global COVID-19 pandemic.

APCA was further involved in a project for mapping service pathways across the cancer disease trajectory in Kampala, a retrospective cohort study of timing and access to services. The study aims to depict the cancer pathway for patients from diagnosis to death in Kampala, Uganda, to examine the sources of referrals, and patterns of patient access to participating health facilities from diagnosis to death.

“Knowledge is power if it can be accessed and used”

AFRICAN PALLIATIVE CARE RESEARCH NETWORK



The APCRN has is a platform for upcoming researchers in the field of palliative and comprehensive chronic care. We provide mentorship and targeted short education series to empower junior researchers to engage in research and to connect with other researchers across the globe. The membership base currently stands at two hundred (200). We take enormous delight in the growing number of PhDs in palliative care in the region. We now have over 9 PhDs in the discipline which is a huge shift in the growth of a critical mass. Each year, we host 2-3 interns for exchange learning. In 2020 we hosted Muhammed Khalid Saleem who was undertaking his master’s degree in health policy at Oxford University. Working with APCA’s research manager and staff from the University of Notre Dame, the intern was supported to develop the first evidence gap map for palliative care. This is an ongoing project, and the end goal is to have a one-stop centre for evidence on palliative care in Africa. The evidence is categorised by WHO health system building blocks.

PUBLICATIONS

- Afolabi, O. A., Abboah-Offei, M., **Namisango, E.**, Chukwusa, E., Oluyase, A. O., Luyirika, E. B. K., Nkhoma, K. (2021). Do the Clinical Management Guidelines for Covid-19 in African Countries Reflect the African Quality Palliative Care Standards? A Review of Current Guidelines. *J Pain and Symptom Management*
- Boufkhed S, **Namisango E**, Luyirika E, Sleeman KE, Costantini M, Peruselli C, Normand C, Higginson IJ, HARDING R. Preparedness of African palliative care services to respond to the COVID-19 pandemic: A rapid assessment. *J Pain Symptom Manage.* 2020 Dec;60(6):e10-e26. Doi: 10.1016/j.jpainsymman.2020.09.018. Epub 2020 Sep 16
- Nkhoma KB, Ebenso B, Akeju D, Adejoh S, Bennett M, Chirenje M, Dandadzi A, Nabirye E, Namukwaya E, **Namisango E**, Okunade K, Salako O, Harding R, Allsop MJ. Stakeholder perspectives and requirements to guide the development of digital technology for palliative cancer services: A multi-country, cross-sectional, qualitative study in Nigeria, Uganda and Zimbabwe. *BMC Palliat Care.* 2021 Jan 4;20(1):4. Doi: 10.1186/s12904-020-00694-y. PMID: 33397321.
- **Namisango E**, Bristowe K, Murtagh FEM, Downing J, Powell RA et al. Towards person-centred quality care for children with life-limiting and life-threatening illness: Self-reported symptoms, concerns and priority outcomes from a multi-country qualitative study. *Palliative Medicine* 2020.



↑ Please share any resources you would wish to have included in this map



Impact Area 7: Communications

The APCA Information Communication and Technology (ICT) unit contributes towards the achievement of APCA's overall organisational objectives through engaging effectively with all key stakeholders and demonstrating the success of APCA's work. During the year under review, the communications department placed emphasis on maintaining meaningful contact and engagement with APCA's membership and partners, especially in the absence of physical interactions and site visits due to COVID-19 travel restrictions. Capacity building and technical assistance interventions were adapted to online delivery through regular webinars on areas of need and interest, production of digital materials that could be disseminated electronically, and supporting national associations and other in-country partners to establish and maintain meaningful online presence.

With the whole team working remotely from home, the ICT department made the necessary adaptations to ensure that all staff stayed connected and could access materials on the server when needed.

In addition to our regular work challenging the influx of misinformation and myths around palliative and chronic care, we added our voice to counter fake news and misinformation around the COVID-19 pandemic and vaccination through video clips and infographics that we made available to our members for adaptation and translation into their local languages. We hosted a webinar that focused on comorbidities where experts interacted with attendees who had many questions regarding interactions between medications for cancer, HIV, and other chronic conditions and COVID-19. We produced a video to steer our members and their constituencies towards getting vaccinated at the first opportunity

possible. Other webinars focused on palliative care and paediatric oncology, minority populations, and disability and palliative care. These were made possible with support from Global Partners in Care.

APCA also used the website and social media platforms to publish research papers, patient stories, and health care worker experiences in palliative care from across the continent and beyond. Our ehospice (Africa edition) site had a steady stream of readership throughout the year and received content from all subregions of Africa including significant change stories, research papers, and advocacy messaging. **APCA had an average of 4,000 followers on Twitter and 18,000 on Facebook during the reporting period.**

We also supported the visibility of palliative care through supporting national associations and other partners to commemorate the World Hospice and Palliative Care Day. **We were able to give 3 small grants of US\$500 to help local organisations to get more visibility** during the commemorations through our partnership with WHPCA and the Joffe Charitable Trust. We also concluded the **3-year Patient Power Project with Ethiopia and South Africa**, with significant strides in capturing patient voices in palliative care advocacy. APCA ICTs also ensured that we stayed connected with global agendas on specific occasions such as World Cancer Day, International Human Rights Day, UHC Day, World AIDS Day and other such events and occasions. We also forged a partnership with ECHO India/University of New Mexico that would enable us to carry out training remotely to participants dotted around different sites and countries seamlessly.

APCA'S ENGAGEMENT WITH REGIONAL AND INTERNATIONAL PARTNERS FOR STRATEGIC ADVOCACY

APCA engaged in various country-level and international strategic advocacy activities lobbying for governments to plan and budget for palliative care as part of their Universal Health Coverage plans through partnerships focused on the development of palliative care. These partnerships were opportunities for APCA to consolidate ongoing support in our countries of intervention and to national associations. Such initiatives included:

18000



THE NUMBER OF FOLLOWERS ON FACEBOOK

4000



THE NUMBER OF FOLLOWERS ON TWITTER



On the **26th March 2021**, APCA’s Executive Director, Dr Emmanuel Luyirika attended the African Union Regional Consultations on Experts recommendations to the political declaration on AIDS. The main objective of these regional consultations is to deliver recommendations to the political Declaration on AIDS (June 2021). The consultations will specifically seek to achieve the following outcomes:

- High-level summary of the Global AIDS strategy
- Draft Report of Experts recommendations to the aforementioned Political Declaration on AIDS

At this meeting the Dr. Luyirika disseminated the Universal Health Care Package for palliative care to the attendees.



STATEMENTS OF IAHPDC DELEGATES DURING WHO CIVIL SOCIETY DIALOGUES - 20TH APRIL 2021



Dr. Eve Namisango (Uganda)

Dr. Eve Namisango is a board member at IAHPDC, and she participated in the WHO Civil Society Dialogues in April 2021. She spoke shared evidence-based suggestions for how African member states can minimize the impact of COVID-19 on palliative care service delivery.

“To reduce the spread of COVID-19, African governments are emphasizing the strengthening of primary health care in communities to de-congest tertiary level facilities and restriction of movement. To address the shortage of controlled essential medicines prescribers, these local African countries are continuing to embrace task shifting by training other cadres besides the doctors as prescribers. For example, we have the Diploma in Clinical Palliative Care for nurses and Rapid Morphine Prescribers Course for clinical officers at the

Institute of Hospice and Palliative Care Uganda, which prepares nurses for this role. How does this help? We have more nurses than doctors and these can reach out to patients in the communities and most importantly in the rural under-served areas where 90% of our patients’ dwell. This strategy therefore expands our reach to improve access to controlled essential medicines at community level. We urge WHO to support such novel innovations in low-middle income settings.”

THE CICELY SAUNDERS INTERNATIONAL ANNUAL LECTURE

The impact of COVID-19 on palliative care in Africa: Challenges, opportunities and emerging innovations with Dr. Eve Namisango

APCA’s Programmes and Research Manager was a keynote speaker at the Cicely Saunders annual lecture 2020 on 5 November 2020. Her presentation shed light on impact of COVID-19 on palliative care in Africa. Please use this URL link to watch the recording on demand.



[<https://youtu.be/3d7BTwOLrMc>]

MEMBERS AND PARTNERSHIPS

APCA has **6,344 members** – **4,310 individuals** and **2,034 institutions** have joined APCA’s international membership programme.

By March 2021, APCA had changed its membership strategy from a free-membership base to rebuilding a paid membership base. The change aims to use a minimal membership fee contribution to support the sustainability of the organisation. This policy

took effect in January 2020 but has been interrupted by the COVID-19 pandemic and we thank all those all who signed up for paid membership.

The membership can be individual and institutional. By signing up for membership you join a unique, dynamic community of palliative care professionals and supporters across Africa.



Please sign up for membership:

<https://www.africanpalliativecare.org/articles/apcas-new-membership-1/>
or contact patricia.batanda@africanpalliativecare.org



Impact Area 8: Leadership and Governance

APCA is governed by a Board of Directors who get their mandate from the General Assembly. This is our current board membership: Mr. Andre Wagner (South Africa) – Board Chair; Ms. Jacqueline Busingye (Uganda) – Honorary Treasurer of the Board; Dr. Martha Gyansa-Lutterodt (Ghana) – Honorary Secretary of the Board; Ms. Mary Callaway (USA) – member; Prof. Maged El Ansary (Egypt) – member; Prof. Jose Pereira (Canada) – member; Dr. Rene Krause (South Africa) – member; Ms. Irene Among (Germany/Uganda) – member; Ms. Thobekile Finger (South Africa) – member. Their term of service is from 2019 – 2022. The board was very instrumental in the restructuring process in the period under review. At the APCA International African Palliative Care Conference in August 2022, some members of the board will step down and new members will be nominated by the General Assembly.

APCA STAFF

We are thankful for the gift of the wonderful staff who are committed to the cause of increasing access to quality palliative care for those in need across Africa. APCA underwent a major restructuring process from December 2019 to May 2020, which ended with a new leaner staff complement. Some positions were scrapped, others were merged and yet others were created.

We were equally thrilled to welcome the following new staff members in accordance with the new structure, who have joined the APCA team.

- 1 Mr. Salim Ngira – Finance & Admin Assistant
- 2 Ms. Mable Namuddu – Finance Manager
- 3 Mr. Eugene Rusanganwa – Programme Officer
- 4 Ms. Irene Kambonesa – Resource Mobilisation Consultant (Short-term)
- 5 Mr. David Kagoro Byaruhanga – Short-term Projects Officer
- 6 Ms. Sophie Keiffer – Resource Mobilisation consultant (Short-term)

“We extend an open invitation to a great diversity of players, to harness support and empower decision makers to act on the resolution targets.”

Our staff at the end-of-year thanksgiving.



“ Staff are our number one resource”

STAFF DEVELOPMENT

Staff continued to work from home in the period in accordance with the government directive and lockdown due to the COVID-19 pandemic. To ably continue with their work at home, senior management ensured that staff had all the right equipment, including furniture, laptops, airtime and data and that all work processes, including working from home, reporting, annual leave, meetings and trainings, were clearly articulated. All meetings with different stakeholders were held virtually, a process which worked well.

Through the period, staff attended several sessions on working remotely and the “new normal” given by different organisational development consultants, on topics that included mental health, physical health and wellness, working smart, and changing norms. These were very helpful sessions that continued to

help maintain staff cohesion.

In August 2021, after several months of not physically interacting with each other, and a few weeks after the lifting of the government’s lockdown in Kampala, the team of 13 members of staff had a 2-day staff retreat at the Garuga Country Resort, off Entebbe Road for a team building exercise. It was a refreshing time that enabled staff to re-connect, re-learn and also welcome the new staff officially. In December 2021, staff also had an end-of-year staff luncheon that brought the team together again. At the luncheon the ED, Dr. Luyirika, congratulated the team for their efforts, continued commitment and dedication to the work of APCA, despite the pandemic times. He sent staff home to refresh and enjoy the time away with family and friends.

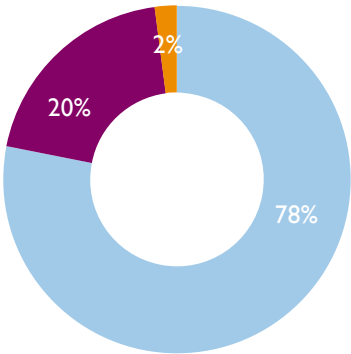
APCA staff during their retreat



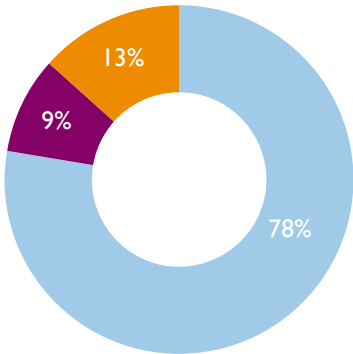
Financial Section

WHERE THE MONEY CAME FROM

FINANCIAL YEAR 2020 - 2021



FINANCIAL YEAR 2021 - 2022



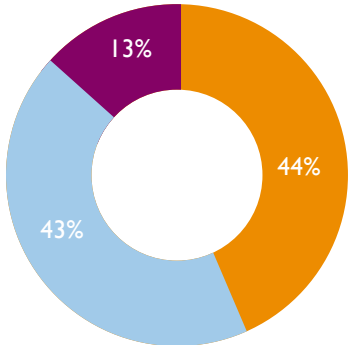
- Trusts and Foundations
- Other donors
- Internally generated

- 78% of the income in both years came from Trusts and Foundations
- Income from other donors significantly reduced from 20% in the F/Y 2020 - 21 to 9% in the F/Y 2021 - 22
- Internally generated income on the other hand increased from 2% in the F/Y 2020 - 21 to 13% in the F/Y 2021 - 22

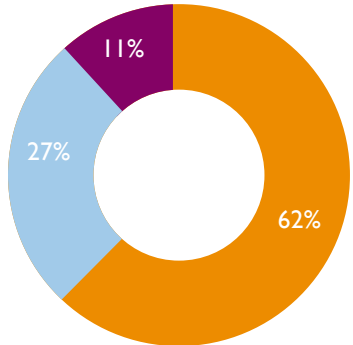
78%
of the income in both years came from Trusts and Foundations

HOW THE MONEY WAS SPENT

FINANCIAL YEAR 2020 - 2021



FINANCIAL YEAR 2021 - 2022

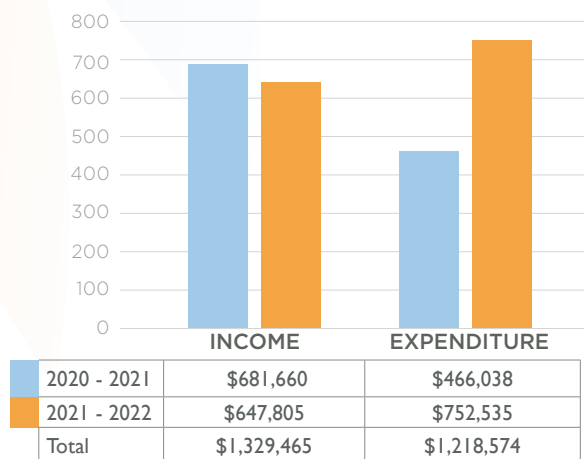


- Personnel Expenses
- Administration & Capital Expenses
- Program Expenses

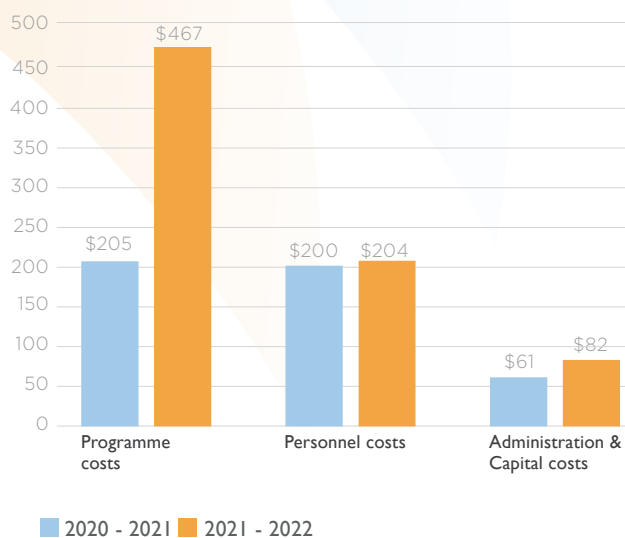
Programme implementation was disrupted in the F/Y 2020 - 21 because of the COVID-19 pandemic. All efforts were focused on increasing awareness about the pandemic which explains why personnel costs remained high even when there was limited implementation

FINANCIAL PERFORMANCE: 2020-21 AND 2021-22

INCOME AND EXPENDITURE SUMMARY (USD 000'S)



EXPENDITURE SUMMARY (USD 000'S)



BALANCE SHEET EXTRACTS FOR THE FINANCIAL YEARS 2021-22 AND 2020-21 IN USD

Assets	2022	2021
Non-Current Assets		
Property and equipment	101,079	107,697
Leasehold Land	63,835	65,320
Total non-current assets	164,914	173,017
Current Assets		
Cash and bank balances	393,308	478,686
Receivables	112,504	126,540
Total Current Assets	505,812	605,226
Total Assets	670,726	778,243

Funds & Liabilities	2022	2021
Funds		
Capital fund	164,914	173,017
General fund	176,283	118,196
Restricted fund	310,806	473,623
Total Fund	652,003	764,836
Non-current liabilities		
Terminal Benefits	10,728	3,697
Current liabilities		
Payables	7,995	9,710
Total Liabilities	18,723	13,407
Total Funds and Liabilities	670,726	778,243

Donor Appreciation



Our work is made possible because of the generous contributions of our donors.

Thank you all our donors for your generous giving. Your support through the years has enabled us to continuously touch the lives of people living with life threatening illnesses on the continent.

MAKE A DONATION

All donations made to APCA, whether large or small, are greatly appreciated and will be used in a transparent, accountable and effective way.

If you would like to support APCA financially, please let us know by emailing patricia.batanda@africanpalliativecare.org and we will contact you with further details.

Alternatively, please visit our website www.africanpalliativecare.org and click 'donate'.



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