



DIGNITY  
HAPPINESS



Holistic Care:  
AFRICA ON THE MOVE

AFRICAN PALLIATIVE CARE ASSOCIATION  
**ANNUAL REPORT**  
2016-17



# ABOUT APCA

The impetus for APCA's founding in 2004 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. 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 care for all in Africa".

## OUR MISSION

To ensure that palliative care is widely understood, integrated into health systems at all levels and underpinned by evidence, in order to reduce pain and suffering across Africa.

## STRATEGIC OBJECTIVES

- 1 To develop and implement an information strategy on palliative care for all levels of stakeholders in Africa.
- 2 To provide leadership and coordination for palliative care integration into health policies, education programmes and health services in Africa.
- 3 To develop an evidence base for palliative care in Africa.
- 4 To develop and implement a financial sustainability framework for APCA.

I RESOLVE TO:  
STRONGLY  
SUPPORT SPIRITUAL  
MANAGEMENT  
FOR CHILDREN  
IN PALLIATIVE  
CARE.



I RESOLVE TO...  
ADVOCATE FOR  
INCREASED  
PALLIATIVE CARE  
FINANCING FROM  
OUR GOVERNMENTS.



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I RESOLVE  
TO: EXPAND  
PALLIATIVE  
CARE  
PROGRAMMES  
TO INVOLVE  
ALL  
PEOPLE  
IN NEED.



I RESOLVE  
TO: MAKE  
PALLIATIVE  
CARE BENEFIT  
ALL.



I RESOLVE  
TO: MAKE A  
DIFFERENCE!



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# WELCOME MESSAGE

Message from the APCA Executive Director and Chair of the APCA Board



Dr Emmanuel Luyirika



Mr Andre Wagner

Partners and colleagues,  
Welcome to the the 2016/17 edition of our annual report, themed “Holistic care: Africa on the move”. We know that the journey towards the integration of holistic care for patients is one that requires us to move far together, rather than fast alone.

Aligning with this theme, we would like to extend sincere gratitude to the many partners who exhibited generosity in contributing their expertise, time and resources to support the 5th International Palliative Care Conference, hosted in Kampala, Uganda on August 2016. As such, in this report we highlight a number of these inspirational individuals who represent catalysts to moving the needle of palliative care integration in Africa forward.

Our continent has an exorbitant disease burden while facing a parallel challenge: a growing need to alleviate pain and suffering while resources are diminishing. This challenge has honed our attention towards strengthening governance and leadership in Africa, as well as within our own institution.

## BELOW ARE A NUMBER OF SIGNIFICANT HIGHLIGHTS FROM THE YEAR:

- The 2nd Ministers of Health Session on Palliative Care was held as a pre-conference session. This meeting resulted in participating African ministers of health reaffirming their commitment to leadership over the implementation of the WHA Palliative Care Resolution (2014) and the use of essential technologies in palliative care in their respective countries.
- APCA's drive to address palliative care disparities between Anglophone and Francophone and Lusophone countries has resulted in tangible outcomes. Namely, a West Africa working group convened during a pre-conference session to strategise on a way forward for integration. The conference also offered French translation for francophone delegates to more actively engage in its deliberations.
- Beyond the conference, we have seen a tremendous response from many African countries to the WHA Palliative Care Resolution of 2014, resulting in noticeable progress at the policy level as well as in service delivery. You can see these developments in the APCA Atlas of Palliative Care in Africa, launched this year in collaboration with our partners: [https://www.africanpalliativecare.org/images/stories/pdf/APCA\\_atlas.pdf](https://www.africanpalliativecare.org/images/stories/pdf/APCA_atlas.pdf)
- In many countries in Africa, there has been a noticeable emphasis on access to pain medications. There has been an increase in the reconstitution of oral morphine from powder -- a practice which is increasing access to morphine in Africa, with minimum to no risk of misuse.
- Institutionally, we at APCA have prioritized the growth of our membership programme as a mechanism for resource sharing and dissemination of leadership and training opportunities. We are pleased to report that our membership has increased from less than 100 at the beginning of 2016 to over 1,680 individual members and over 500 institutional members. If you are interested in joining our free membership community, you are invited to email: [members@africanpalliativecare.org](mailto:members@africanpalliativecare.org).



I RESOLVE TO:  
STRONGLY LOBBY FOR  
PALLIATIVE CARE  
SERVICES TO THE  
NEGLECTED VILLAGES  
IN MY COMMUNITY –  
MAVA KENYA!  
WE CAN  
MAKE IT!



This year, we welcome in a new chair of the board, Mr Andre Wagner, who is an organisational development expert in South Africa and is a welcomed voice of leadership in steering our organisation in its momentum forward. I would like to sincerely thank Dr Bernard Dornoo, our outgoing chair, for his humble and inspirational leadership over the last three years as we have navigated significant terrain in policy formation and palliative care integration into national health systems and global frameworks.

Finally, I thank our board for keeping us on track and fully supported; I thank our donors for the resources which make our work possible; our staff for their tireless efforts and creativity; the ministries of health and national associations as well as the implementing partners in hospices, hospitals and other programmes – for their perseverance and for their continual pursuit to alleviate the pain and suffering through compassionate policies and services.

As a community dedicated to palliative care, thank you for joining us in the journey forward.

Dr Emmanuel Luyirika

EXECUTIVE DIRECTOR

African Palliative Care Association

## HOW YOU CAN PARTNER WITH APCA

We believe in the value of partnership and collaboration in order to make a difference – bringing together the strengths and resources of multidisciplinary stakeholders to make our collective voice stronger.

APCA is seeking new partnerships to strengthen its support to African palliative care service delivery and leadership training. To establish a partnership with us, please email [patricia.batanda@africanpalliativecare.org](mailto:patricia.batanda@africanpalliativecare.org).

**TO JOIN APCA'S FREE  
MEMBERSHIP BENEFIT  
PROGRAMME, EMAIL**  
[members@africanpalliativecare.org](mailto:members@africanpalliativecare.org)



# BUILDING BLOCK 1

# PALLIATIVE CARE SERVICE DELIVERY

At APCA, we believe in an ecological framework of people whom, together, form an integrative palliative care service structure for health systems across Africa.

From patient, to caregiver; from clinician, to researcher to policy maker -- in each sphere of influence, we provide technical assistance to public, private and non- governmental health facilities as well as to academic institutions.

# 6,621 PEOPLE,

INCLUDING ADULTS AND CHILDREN, HAVE RECEIVED A RANGE OF PALLIATIVE CARE SERVICES ACROSS SEVEN AFRICAN COUNTRIES.

During this reporting period, APCA supported a total of **34 health facilities** across seven countries to establish and provide palliative care services. As a result, **6,621 people**, including adults and children, have received a range of palliative care services, including: psychosocial and spiritual support, pain assessments and pain management services, screenings for Tuberculosis (TB), the provision of meals which are essential for taking medications, wish/will and memory making, and legal services, among others. The health facilities benefitting from this programme spanned across the following countries: **Botswana, Kenya, South Africa, Tanzania, Uganda and Zimbabwe.**

APCA supported the **establishment and operation of a chemotherapy unit** in the **Kingdom of Swaziland** through a south-to-south partnership between APCA, the Kingdom of Swaziland's Ministry of Health, the Mbabane Government Hospital in Swaziland, and the Uganda Cancer Institute (UCI) in **Uganda**. The UCI provided training and mentorship for this initiative, including exchange visits between the institutions. We are pleased to report that the Mbabane Government Hospital is now treating patients with breast cancer as well as Kaposi Sarcoma and has plans to expand treatment to other forms of cancer. Through this programme, health workers from other major hospitals in Swaziland have also received training in cancer management.

A total of **18 small grants** were awarded to hospice and palliative care service organisations across the following seven African countries: **Kenya, Mozambique, Rwanda, South Africa, Sudan, Tanzania and Zambia**. These small grants aimed at increasing access to palliative care services and have contributed to an increase in awareness; have provided education and skill building among healthcare workers, and have increased access to holistic palliative care services by patients and their families. Various health facilities were also supported to purchase medications through the APCA/True Colours Trust (TCT) small grants programme.

In **Uganda**, APCA, in collaboration with local stakeholders, brought lawyers and paralegals on board to provide legal support to palliative care patients through the Access to Justice Project. Through this initiative, **40 paralegals and 30 lawyers** from various organisations and districts across Uganda were trained in the basics of palliative care. With this knowledge, they were able to reach more than **200**





I RESOLVE TO:  
CONTINUING TO  
HELP DEVELOP  
RESEARCH  
DEVELOPMENT  
IN GLOBAL  
PALLIATIVE  
CARE.

**palliative care patients** and their families who benefitted from legal aid and support provided by newly trained lawyers. This project was undertaken in collaboration with the Palliative Care Association of Uganda (PCAU), the Uganda Network on Law Ethics and HIV/AIDS (UGANET), as well as hospital-based palliative care units, local hospices and palliative care service providers.

## PARTNERSHIP HIGHLIGHT: APCA CONDUCTS STANDARDS AUDIT WITH AN INTERNATIONAL HUMANITARIAN ORGANISATION.

In a unique collaboration with an international humanitarian organisation, APCA partnered with Samaritan's Purse International Relief (SP) in Uganda and the Palliative Care Association of Uganda (PCAU) in order to conduct two palliative care standards audits in two rural districts of **Uganda** (Masindi and Kalangala). The aim of these audits

was to establish the level and status of palliative care needs in order to determine quality improvement plans. These audits established disparities among palliative care service provision in the two districts, based on HIV prevalence and gaps in service quality.

The data has informed a call to action by development partners for Kalangala, where the HIV prevalence rate is at a staggering 26 percent of the population. APCA's partner, PCAU has also used the audit data to plan its palliative care interventions in the district.

“ APCA supported the establishment and operation of a chemotherapy unit in the Kingdom of Swaziland through a south-to-south partnership ”



# BUILDING BLOCK 2

# HEALTH CARE WORKFORCE

As the global health community works to strengthen human resources for health (HRH), APCA supports palliative care training to ensure patients and families receive holistic care, even – and especially – where resources are limited.

This fiscal year, APCA reached more than 3,700 people with palliative care messaging in **Botswana, Nigeria, Uganda and Zimbabwe**. These included hospital management teams, ministry of health officials, palliative care patients, social workers, health workers, and community members. We also trained 1,138 people in palliative care service delivery across these countries.

## PALLIATIVE CARE CAPACITY BUILDING

During this financial year, APCA in collaboration with its partners, trained 1,138 people in palliative care service delivery. Countries represented among the participants included: **Botswana, Ethiopia, Ghana and Uganda**. Trainees included health care professionals of various cadres, including community volunteers, lawyers, social workers and paralegals.

Information, Educational and Communication (IEC) materials were provided to **706 trainees in Botswana, Ghana, and Uganda** during workshops on pain management. These IEC materials were intended to encourage continuing education through reference materials and to inform the public of the availability of pain management services at their local health centres. In addition, **13 health facilities** received training resources and equipment in these countries to further improve service delivery and palliative care education. These included computers and assorted office furniture.

## PROFESSIONAL SCHOLARSHIPS FOR TRAININGS

Through APCA's nurses and social worker scholarship programme, **five health care professionals** were awarded scholarships to undertake palliative care specialist training courses at the University of Cape Town in South Africa and at the Institute of Hospice and Palliative Care in Africa (IHPCA) in **Uganda**. The five countries represented through this initiative included: **Ethiopia, Kenya, Nigeria and South Africa**.

In response to the Ethiopian Federal Ministry of Health's priority to expand comprehensive cancer care and treatment, APCA awarded two scholarships to **two health professionals** from **Ethiopia** to undertake a Masters degree in Medical Physics at the International Centre for Theoretical Physics (ICTP) in Italy. Following their graduation, the two scholarship participants are expected to run the radiotherapy services in the country.







## BUILDING BLOCK 3

# PALLIATIVE CARE INFORMATION SYSTEMS

APCA is determined to ensure that research is effectively applied to capture the benefits of effective palliative care services. The challenges of data aggregation across countries and cultures necessitate an approach that is multi-disciplinary, and at APCA we therefore factor mentorship into our evidence-based approach.

By engaging Data Demand and Information Use (DDIU) as a core strategy, we work to develop scientifically rigorous contributions that will bring palliative care in Africa to the next level of accessibility.

In Uganda, we are pleased to report that media awareness and continued engagement around palliative care has resulted in an **increased demand for services.**

## AFRICAN PALLIATIVE CARE RESEARCH NETWORK STRENGTHENS RESEARCH PARTNERSHIPS

APCA as the host and lead entity of the APCRN, held a fruitful research workshop at the 5<sup>th</sup> International African Palliative Care Conference, which was attended by **69 delegates** from **18 countries**. The workshop, supported by APCA's Research Advisory Council, featured presentations from research leads across Africa and the world.

APCA also convened an expert workshop on “research partnerships” which was attended by **45 delegates from 17 countries** with the aim of informing capacity building for research initiatives in the region. A position paper titled, *How to establish successful research partnerships in global health palliative care*, has been drafted and submitted for publication.

## INCREASING ACCESS TO INFORMATION FOR PATIENTS WITH METASTATIC BREAST CANCER

APCA, in conjunction with Uganda Women's Cancer Support Organisation (UWOCASO), disseminated findings on the psychosocial and clinical needs of patients with metastatic breast cancer in **Uganda**. Following the study's dissemination, the Uganda Counselling Association committed to support cancer care centres to strengthen psychosocial services for cancer patients in Uganda. UWOCASO also committed to work with the Uganda Cancer Society and the Ministry of Health to increase access to information for cancer patients.



## AN INTEGRATED APPROACH TO INCREASE AWARENESS

Over **3,700 people** benefitted from palliative care messages on pain management and basic palliative care services across four countries: **Botswana, Nigeria, Uganda and Zimbabwe**. These sensitisation and awareness sessions



were conducted through media outreach, home visits, official meetings, and community gatherings. Through these projects, palliative care messaging reached hospital management teams, ministry of health officials, health workers, social workers, palliative care patients, caregivers and community members.

**For World Hospice and Palliative Care Day**, APCA engaged in a pilot public campaign to raise awareness around palliative care to an international audience. The campaign, titled 'Pain Doesn't Have To Happen' was launched through Thunderclap as an interactive platform to call on policy makers, the media, and health care providers to make pain-relieving medications available and affordable to the people who really need it. The pilot campaign garnered an online social reach of 186,988 people, which was 155% beyond its target of supporters. A link to the campaign, its powerful 1.5 minute video and call to activism is available here: <http://www.ehospice.com/ArticleView/tabid/10686/ArticleId/20722/View.aspx>  
<https://www.thunderclap.it/projects/48067-pain-doesn-t-have-to-happen>

## MEDIA INCREASES DEMAND FOR SERVICES

In **Uganda**, we are pleased to report that media awareness and continued engagement around palliative care has resulted in an increased demand for services. During this reporting period, APCA and its partners trained **25 journalists** from various Ugandan media houses in the basics of palliative care and how to integrate these services into health reporting. The journalists were also connected to various health facilities in the country in order to engage in case studies for their reports and to be guided towards palliative care issues and reporting leads.

As a result of media training in palliative care, below are some of the stories that were published in two of Uganda's leading newspapers, The Monitor and New Vision. Journalists who authored many of these articles were trained through some of APCA's collaborative projects, which empowered them to collect field stories in order to increase palliative care awareness. Several other TV and radio reports were also conducted and interviews are still on going.

## BELOW IS A LIST OF OUR TOP MEDIA REPORTS THIS YEAR:

Agaba, J. (2016). *African health ministers meet in Kampala* [online]. New Vision. Available: [http://www.newvision.co.ug/new\\_vision/news/1432820/rugunda-calls-investment-palliative-care](http://www.newvision.co.ug/new_vision/news/1432820/rugunda-calls-investment-palliative-care) [Accessed 13 September 2017].

Agaba, J. (2016). *Palliative Care still a faraway cry in Africa* [online]. New Vision. Available: [http://www.newvision.co.ug/new\\_vision/news/1432984/palliative-care-faraway-africa](http://www.newvision.co.ug/new_vision/news/1432984/palliative-care-faraway-africa) [Accessed 13 September 2017].

Esagala, A. (2016). *Triple tragedy as HIV positive cancer patient catches tuberculosis* [online]. Daily Monitor. Available: <http://www.monitor.co.ug/Magazines/HealthLiving/Triple-tragedy-as-HIV-positive-cancer-patient-gets-tuberculosis/689846-2924026-5igwnkz/index.html> [Accessed 13 September 2017].



Makumbi, C. (2015). *Breast cancer patient under palliative care tells her plight* [online]. Daily Monitor. Available: <http://www.monitor.co.ug/SpecialReports/688342-2921136-uth2mn/index.html> [Accessed 13 September 2017].

Mazinga, M. (2016). *Palliative care champions get awards* [online]. New Vision. Available: [http://www.newvision.co.ug/new\\_vision/news/1442356/palliative-care-champions-awards](http://www.newvision.co.ug/new_vision/news/1442356/palliative-care-champions-awards) [Accessed 13 September 2017].

Namagembe, L. (2016). *Palliative care: Keeping hope alive* [online]. Daily Monitor. Available: <http://www.monitor.co.ug/artsculture/Reviews/691232-3416688-2quhe0z/index.html> [Accessed 13 September 2017].

Okoth, C. (2016). *Uganda to host international conference on palliative care* [online]. New Vision. Available: [http://www.newvision.co.ug/new\\_vision/news/1432637/uganda-host-international-conference-palliative-care](http://www.newvision.co.ug/new_vision/news/1432637/uganda-host-international-conference-palliative-care) [Accessed 13 September 2017].

## RESEARCH PRESENTATIONS AND PUBLICATIONS

At the 5<sup>th</sup> International African Palliative Care Conference, APCA's research manager delivered a presentation on 'Measuring Outcomes in Palliative Care', a priority area for informing service evaluation and demonstrating the effectiveness of palliative care interventions. Additional research and presentations from APCA staff are available on the conference website: <https://africanpalliativecare.org/conference2016/all-presentations>.

This year, the APCRN completed a novel study exploring palliative care related concerns and symptoms in patients with cancer, diabetes, chronic respiratory and cardiovascular diseases. The publication, *Prevalence and Severity of Palliative Care*, is available at the following link on the APCA website: [https://www.africanpalliativecare.org/images/stories/pdf/NCD\\_REPORT.pdf](https://www.africanpalliativecare.org/images/stories/pdf/NCD_REPORT.pdf).

We are pleased to report that the findings of this study informed the development of the palliative care guidelines within the **Namibian policy for non-communicable diseases**. These findings were further disseminated in **Namibia and Malawi** in August 2016.

## DATA DEMAND AND INFORMATION USE

A number of additional developments around palliative care knowledge translation and data application occurred in **Malawi and Namibia**. In August 2016, APCA's research manager held a series of workshops on the application of Data Demand and Information Use (DDIU). The aim of the DDIU strategy was to build capacity for partners to use research findings to inform key decisions in patient care, policy and service delivery.



The University of Namibia commits to support palliative care education and the policy development process as part of their response strategy.

## KNOWLEDGE TRANSLATION

APCA continues to support regional initiatives geared towards building an evidence base for palliative care and supporting knowledge translation initiatives. For this reporting period, APCA endorsed and supported the Palliative Care Network Community Virtual Conference and APCA's research manager developed a lecture titled the 'Need for knowledge translation or linking research to action in palliative care'.

Using this study, a topical lecture was developed as an example of a model that is feasible for Africa. This initiative was featured as an invited lecture at the 2016 International Palliative Care Network conference under the title, 'Linking research to action: The comprehensive strategy for research in palliative care in Africa'.



Conference presentations from the 5th International African Palliative Care Conference scientific programme are available from:  
<https://africanpalliativecare.org/conference2016/all-presentations>

## MENTORSHIP

As part of APCA's mentorship strategy in academia, APCA staff supervised four masters' degree students from **Ghana, Kenya, South Africa** and **Uganda**. The four students undertook research in palliative care and their work serves as a significant contribution to the evidence base in the region. These students will be provided with ongoing mentorship to disseminate their findings.

APCA also provided mentorship to two senior ministry of health officials from **Namibia and Malawi** in knowledge translation. Using in-country research findings, they wrote high quality abstracts and provided oral presentations at

the 5th International African Palliative Care Conference. In these two countries, these two technical leads have been at the forefront of advancing the agenda for integrating palliative care into routine non-communicable disease (NCD) care.

As part of capacity building in research, APCA's Executive Director Dr Emmanuel Luyirika, and Research Manager Eve Namisango, provided mentorship to the Chief Executive Officer of UWOCASO and other members of the organisation towards the implement a UICC funded project in Uganda. This involved the development of a care protocol, undertaking research, analysing data analysis and hosting a dissemination workshop for the study.

## APCA'S CONTRIBUTION TO PUBLICATIONS

- Fraser, B.A., Powell, R.A., Mwangi-Powell, F.N., Hannon, B., Zimmermann, C., Rodin, G., Namisango, E. (2017). Palliative Care Development in Africa: Lessons from Uganda and Kenya. *Journal of Global Oncology*. Retrieved 20 August, 2017, from <http://ascopubs.org/doi/full/10.1200/JGO.2017.010090>
- Harding R., Luyirika, E., Sleeman, K. (2016). Palliative care: When and how, and what are the implications for global cancer policy? *Journal of Cancer Policy*. **10**: 16-20. Retrieved 20 August, 2017, from [http://www.journalcancerpolicy.net/article/S2213-5383\(16\)30021-2/pdf](http://www.journalcancerpolicy.net/article/S2213-5383(16)30021-2/pdf)
- Harding, R., Namisango, E., Radbruch, L., Katabira, E. (2016). How to establish successful research partnerships in global health palliative care. *Journal of Pain and Symptom Management*. **53**(2): e3–e4. Retrieved 20 August, 2017, from [http://www.jpmsjournal.com/article/S0885-3924\(16\)30769-2/abstract](http://www.jpmsjournal.com/article/S0885-3924(16)30769-2/abstract).
- Rhee, J. Y., Luyirika, E., Namisango, E., Powell, R. A., Garralda, E., Pons, J. J., De Lima, L., and Centeno, C. (2017). *APCA Atlas of Palliative Care in Africa, 15<sup>th</sup> World Congress of the European Association for Palliative Care*. Madrid, 18-20 May. Retrieved 20 August, 2017, from [https://www.africanpalliativecare.org/images/stories/pdf/APCA\\_atlas.pdf](https://www.africanpalliativecare.org/images/stories/pdf/APCA_atlas.pdf)
- Gómez-Batiste, X. and Connor, S. (2017). *Building integrated palliative care programs and services*. [Online]. Worldwide Hospice Palliative Care Alliance. Available from: <http://www.thewhpc.org/resources/building-integrated-palliative-care-programs-and-services>.
- Rhee, J. Y., Garralda, E., Torrado, C., Blanco, S., Ayala, I., Namisango, E., Luyirika, E., De Lima, L., Powell, R., Centeno, C.: *Is Palliative Care Building Up in Africa? A Scoping Review of the Progress of a Decade*. In press *Lancet Oncology*.
- APCA developed an abstract that was accepted as a poster presentation at the UICC World Cancer Congress held in Paris France 31st October - 3rd November, 2016.
- APCA was also the guest editor of a special edition of *Palliative care for cancer in Africa* and published five publications on the open access cancer journal, e cancer website, as cited at the following link: <http://ecancer.org/special-issues/12-palliative-care-for-cancer-in-africa--an-update.php>.

# SPECIAL CONFERENCE

The 5th International African Palliative Care Conference was held in Kampala, Uganda from 16-19 August, 2016 in collaboration with the World Hospice and Palliative Care Alliance (WHPCA) and the Ministry of Health of Uganda (MoH).

The conference was held under the theme “*Hospice and Palliative Care: From Resolution to Action – Differentiated Care for Diverse Communities*” and brought together **474 delegates from 48 countries**.

Dignitaries included representatives from global and regional bodies such as the World Health Organization- AFRO, headquartered in Geneva, the International Atomic Energy Agency Program of Action on Cancer Therapy, the Union for International Cancer Control (UICC), the United Nations and the African Union Commission, as well as universities across Africa, Europe and the United States. The engagement of high-level leadership with African Ministers of Health represented at the conference served as a pivoting point for dialogue and collaboration.

## FOCUS ON AFRICAN MINISTERS OF HEALTH



Officially opening the conference, the Prime Minister of Uganda, the Hon Dr Ruhakana Rugunda, welcomed delegates and African Ministers of Health represented at the Second African Ministers of Health Session on Palliative Care.

Over **26 countries** were represented at the Second African Ministers of Health Session on Palliative Care by either a minister or a minister’s representative. Each of these representatives provided a progress report for their country’s advances, challenges and priorities in implementing the WHA 67.19 – the World Health Assembly resolution on palliative care.

A key outcome from the one-day session was the adoption of the “Kampala Declaration 2016 on strengthening palliative care as a component of comprehensive care throughout the life course in Africa”. This declaration included a renewed commitment by African Ministers of Health to the implementation of the 2014 World Health Assembly Resolution on palliative care. The ministers additionally committed to improve access to essential technologies such as radiotherapy in palliative care service delivery in their countries.



Uganda Prime Minister Dr Ruhakana Rugunda meets the Libya Minister of Health, Dr Reida El Oakley, at the Second African Ministers of Health Session on Palliative Care. Looking on is Uganda’s Minister of Health, the Hon Dr Jane Ruth Aceng.

# REPORT

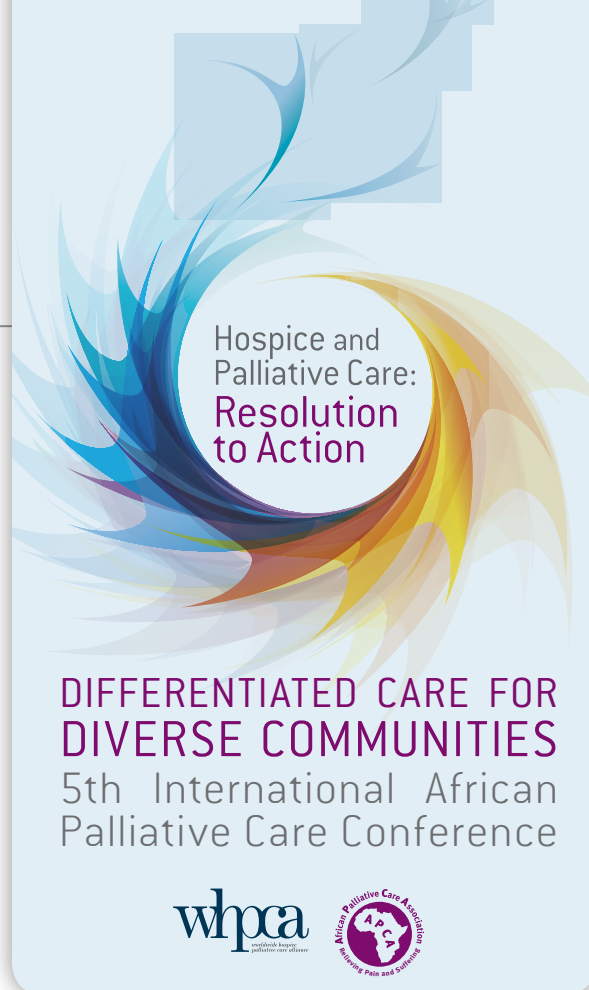
## FOCUS ON WEST AFRICA

A second regional strategic meeting addressed the *Acceleration of the development of palliative care in West Africa*. This one-day meeting was attended by a total of **37** participants from **16** countries, namely: **Australia, Burundi, Cameroon, Côte d'Ivoire, Democratic Republic of Congo, France, Ghana, The Gambia, Kenya, Malawi, Nigeria, Senegal, Sierra Leone, South Africa, Togo, and Uganda.**

Gaps in palliative care service delivery in West Africa were discussed at great lengths. The interest group further brainstormed the most appropriate, relevant and effective strategies to address emergent challenges to service delivery, and held a discussion on finding connections to potential funding sources and support opportunities to facilitate the integration of palliative into health systems across the region. A detailed report from the meeting is available at the following link: [https://www.africanpalliativecare.org/images/stories/pdf/Accelerating\\_PC\\_Development\\_in\\_West\\_Africa\\_Meeting\\_report.pdf](https://www.africanpalliativecare.org/images/stories/pdf/Accelerating_PC_Development_in_West_Africa_Meeting_report.pdf)

As a result of deliberations at key conference workshops, APCA with support from the Open Society Initiative for Eastern Africa, is implementing activities on strategic advocacy for palliative care and access to controlled medicines as a follow up to the conference. The True Colours Trust in the United Kingdom has also provided support in follow-up to key action points from the Second African Ministers of Health Session on palliative care to cover **Angola, Togo, Liberia and The Gambia.**

The conference brought together a broad range of stakeholders from across Africa and internationally to share best practices and research results with a view to improve access to palliative care on the African continent. Stakeholders included palliative care providers, patient groups, researchers, donors, development partners, government representatives and education institutions.



This was all made possible through the generous support of the following sponsors whom we would like to acknowledge with appreciation:



The conference was held under the theme “Hospice and Palliative Care: From Resolution to Action – Differentiated Care for Diverse Communities” and brought together 474 delegates from 48 countries.









Hospice and Palliative Care:  
**Resolution to Action**

**DIFFERENTIATED CARE FOR DIVERSE COMMUNITIES**  
5th International African Palliative Care Conference

whpca African Palliative Care Association  
Improving Palliative and End-of-Life Care







Dr Marie-Charlotte Bouësseau (TOP MIDDLE) shaking hands with Uganda's Prime Minister



Dr Bouësseau presenting



Dr Bouësseau and Prof. Jean-Marie Dangou



Jean-Marie Dangou, MD, Professor, WHO Regional Office for Africa; Dr Marie-Charlotte Bouësseau, Department of Service Delivery and Safety, WHO, Geneva; Uganda Prime Minister, the Hon Dr Ruhakana Rugunda; Uganda's Minister of Health, the Hon Dr Jane Ruth Aceng; Dr Bernard Dornoo, former APCA Chair of the Board; and Dr Margaret Agama-Anyetei of the African Union Commission.



(LEFT TO RIGHT) Jean-Marie Dangou, MD, Professor, WHO Regional Office for Africa; Dr Marie-Charlotte Bouësseau, Department of Service Delivery and Safety, WHO, Geneva; Uganda Prime Minister, the Hon Dr Ruhakana Rugunda; Uganda's Minister of Health, the Hon Dr Jane Ruth Aceng.



Dr Marie-Charlotte Bouësseau greeted by Uganda's Minister of Health, the Hon Dr Jane Ruth Aceng.



Mr Dainius Puras (TOP LEFT) is a UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health being greeted by Uganda Minister



Mr Dainius Puras presenting






Dr Bernard Dornoo, former APCA Chair of the Board (TOP LEFT) with Dr Margaret Agama-Anyetei, Head of Division for Health, Population and Nutrition at the Social Affairs Department of the African Union Commission (TOP RIGHT)

Hospice and Palliative Care:  
**Resolution to Action**

**DIFFERENTIATED CARE FOR DIVERSE COMMUNITIES**  
5th International African Palliative Care Conference

whpca 



Uganda Minister of Health, the Hon Dr Jane Ruth Aceng greets Ms Nelly Enwerem-Bromson (TOP LEFT) Director, Division of Programme of Action for Cancer Therapy, International Atomic Energy Agency (TOP RIGHT)



Conference Chairs: Dr Emmanuel Luyirika, APCA and Dr Stephen Connor, WHPCA



Ms Nelly Enwerem-Bromson (TOP LEFT) presenting





# BUILDING BLOCK 4

## ACCESS TO ESSENTIAL MEDICINES AND TECHNOLOGIES

APCA provides legislative guidance, capacity building and tools for health care providers, policy makers, educators and advocates to ensure practical steps are taken towards ensuring pain-relieving medications are made available to patients in need.

We are pleased to report that **10,800 palliative care patients** received pain medication, particularly morphine, through trained personnel in APCA-supported health facilities in **Botswana, Ghana, Kenya, Tanzania, Uganda and Zimbabwe.**

In Ghana, the Tetteh Quarshie Memorial Hospital and the Upper East Regional Hospital, Bolgatanga, incorporated pain into their national vital signs chart and developed a 24-hour medicine chart sheet in order to facilitate timely and effective self-administration of medicines among patients

**Our efforts to increase access to pain relief has expanded regionally this year. In total, 1,352 health care professionals were trained in pain management and the use of opioid medicines across three African countries. APCA is also coordinating the development of a morphine production manual, which will be an important tool for improving local liquid morphine production in countries across the continent.** This manual is currently at draft zero and it is hoped that when it is completed, it will serve as a pivotal reference on oral liquid morphine production.

APCA, in collaboration with its partners, trained **113 doctors** and **1,239 health care professionals** in pain management from **Botswana, Ghana and Uganda.** Through their acquired knowledge and skills, these health care professionals were able to reach an increased number of palliative care patients that required relief from pain. This year, the number of trained health professionals increased nearly 5 fold due to the programme's expansion.

In **Ghana**, the Tetteh Quarshie Memorial Hospital and the Upper East Regional Hospital, Bolgatanga, **incorporated pain into their national vital signs chart** and developed a 24-hour medicine chart sheet in order to facilitate timely and effective self-administration of medicines among patients. APCA has continued to be an advocate to the Ghanaian Ministry of Health to consider a possible national roll out of this development.

## PRODUCTION SUPPORT FOR PAIN RELIEF MEDICINES

**In Kenya**, Kenyatta National Hospital (KNH) was supported to expand and scale-up its reconstitution of oral liquid morphine from small-scale production. As a result, the hospital has increased its capacity for morphine production from 10 litres to 50 litres per production and is anticipating an increase to 250 litres of morphine per production cycle. We are pleased to report that Kenyatta National Hospital's first pilot batch of oral morphine that has been produced through its expanded production initiative has passed quality testing.





In **Swaziland**, APCA supported the improvement of the local production of liquid oral morphine in the Mbabane Government Hospital to improve their morphine production inventory management. As a result of APCA's support, Swaziland has been able to secure funds for the partitioning of their morphine production space as recommended through APCA's technical assistance programme.

## TECHNICAL SUPPORT FOR ESSENTIAL CONTROLLED MEDICINES

In **Botswana**, APCA provided remote technical support to a core team within the essential medicines supply chain. Information shared has helped to address gaps in knowledge on procedural protocols to ordering morphine powder. Efforts to assess morphine powder quotas needed to address the pain burden in the country is ongoing and plans to start

local production are in advanced stages. Two hospitals have been identified as sites for the initial production of oral liquid morphine that is, Princess Marina and Nyangagbwe Hospitals.

**In Mozambique**, APCA trained key stakeholders that included production pharmacists and technicians in the supply chain for essential controlled medicines. The training included guidance on how to initiate local oral liquid morphine production. Further, two officials from the Medicines Regulatory Agency of Mozambique were supported to visit and learn from various institutions in Uganda to enable them to consider local production of liquid oral morphine in their country.





# BUILDING BLOCK 5

## PALLIATIVE CARE FINANCING

APCA works to ensure that palliative care is included in budget allocations for health services and wider health financing plans. However, financing for the integration of palliative care has significantly reduced, posing a challenge to addressing this important public health issue.

A number of traditional palliative care donors have either closed or changed priorities, with palliative care and access to pain relief being dropped. Currently, only a few donors are supporting palliative care making access to pain relief a challenge that requires new partnerships and bolstered support.

### APCA MEMBERSHIP AND RESOURCE SHARING

**We believe part of palliative care financing includes the sharing of information resources with our partners to act upon capacity building opportunities and financing when they are made available.**

To this end, APCA has gone the extra mile to keep its members engaged with frequent email communication, resource sharing and updates on palliative care developments across Africa through our quarterly newsletters. During this year, APCA intensified the recruitment of new individual and institutional members and currently there are over **1,680 individual members** and over **200 institutional members**.

### FUNDING SUPPORT AND INTEGRATION

APCA is working to see palliative care services integrated into national health budget allocations across Africa through Ministries of Health. For example, the **Kingdom of Swaziland** has allocated palliative care funding through its national budget and development partners to compliment APCA's funding support.

In efforts to mobilise palliative care funding from the **private sector**, APCA has advocated for the integration of palliative care into the health insurance services of African countries.

To support grassroots programmes, APCA has continued in 2016/17 to make financial contributions towards the work of its partners across Africa through its small grants programme with support from The True Colours Trust.

All efforts are being made by APCA and its partners to influence African governments to invest in palliative care, as it is an important public health and human rights issue. We also hope that new donors and development partners will garner interest in this issue and establish strategic partnerships for the further development of palliative care and pain relief services in Africa.

**TO JOIN APCA'S FREE  
MEMBERSHIP BENEFIT  
PROGRAMME, EMAIL  
[members@africanpalliativecare.org](mailto:members@africanpalliativecare.org)**

I RESOLVE TO: PUSH FOR PALLIATIVE CARE AGENDA AT ALL LEVELS: AT THE HOSPITAL, MINISTERIAL LEVEL AND REGIONALLY.



I RESOLVE TO: ADVOCATE FOR HOSPICES IN UK TO SUPPORT DEVELOPMENT OF PALLIATIVE CARE IN AFRICAN COUNTRIES.





# BUILDING BLOCK 6

# LEADERSHIP AND GOVERNANCE IN PALLIATIVE CARE

APCA works to ensure palliative care leadership and governance is combined with effective oversight and coalition-building, as well as the appropriation of regulations and accountability.

Through our representation at strategic high level advocacy meetings coupled with our technical support, we advocate for the inclusion of palliative care into national health policies that also include HIV/AIDS, national cancer control programmes and strategies, with aims to expand to many other policy frameworks.

Our advocacy and technical assistance works to ensure that palliative care gets noticed, recognised and becomes accessible at all levels of service delivery to support patients' rights

## APCA PROVIDES TECHNICAL ASSISTANCE FOR ORGANISATIONAL LEADERSHIP AND DEVELOPMENT IN THE FOLLOWING DOMAINS:

- Governance and management
- Financial and human resource management
- Strategy development and implementation
- Programme development and implementation
- Monitoring and evaluation to ensure quality services for African patients and their caregivers
- Communications and fundraising
- Marketing and branding.

## POLICY DEVELOPMENT

As a precursor to funding palliative care through national budgets, APCA supports countries to develop and adopt national palliative care policies. In **Uganda**, APCA continues to provide financial and technical support to the Uganda Ministry of Health for palliative care policy development while awaiting government procedures to move this forward. APCA has continued to follow-up and to provide information and technical assistance to the MoH to ensure that the national palliative care policy gets onto the agenda of cabinet meetings for approval before its parliament convenes. APCA also fully participated in the development of the National Palliative Care Communication Strategy for **Uganda** this financial year.

Following the 5th International African Palliative Conference, APCA shared relevant documents with **South Africa** to support in the development of their palliative care policy at the request of Dr Sibongiseni Maxwell Dhlomo who is the Member of Executive Council for Health and Provincial Minister in KwaZulu - Natal. and Dr Liz Gwyther of the Hospice Palliative Care Association of South Africa.



I RESOLVE TO:  
RAISE AWARENESS  
ABOUT HOW  
IMPORTANT  
AND NEEDED  
PALLIATIVE  
CARE IS!



## BOTSWANA LAUNCHES ITS NATIONAL HOSPICE AND PALLIATIVE CARE POLICY

We would like to congratulate the Ministry of Health in **Botswana** for developing its National Hospice and Palliative Care Policy, officially launched on 23<sup>rd</sup> October 2016. APCA supported the process with technical assistance throughout the process and representation at the launch event. The policy was developed with funding from the Centers for Disease Control and Prevention through the American International Health Alliance.

Read more about the policy's launch on the Africa edition of ehospice: <http://www.ehospice.com/africa/ArticleView/tabid/10701/ArticleId/21067/language/en-GB/View.aspx>

“ We would like to congratulate the Ministry of Health in Botswana for developing its National Hospice and Palliative Care Policy, officially launched on 23<sup>rd</sup> October 2016. ”



# BUILDING BLOCK 6

# LEADERSHIP AND GOVERNANCE IN PALLIATIVE CARE

## STRATEGIC ADVOCACY WORKSHOPS

At the 5<sup>th</sup> African International Palliative Care Conference, APCA coordinated three strategic advocacy and policy related workshops. The workshops included:

- 1 Strategic advocacy for palliative care: lessons from the field of health and human rights;
- 2 Legal needs and support for palliative care patients and families;
- 3 Access to controlled medicines workshop.

These workshops were attended by over **200 participants** allowing for a broad range of stakeholders to engage in a rights-based approach to pain relief integration into health systems. The workshops focused on accelerating the achievement of global and regional commitments on palliative care and pain relief, especially in implementing the 2014 World Health Assembly (WHA) Resolution on palliative care. Stakeholders engaged in shared lessons and best practices, exploring innovative approaches for strategic palliative care advocacy, and drawing lessons from other fields of health, human rights and the media.

## ADVOCACY OUTCOMES IN WEST AFRICA

Arising from the Second Ministers of Health Session, Togo has recruited a coordinator for palliative care within its the Ministry of Health. A number of West African countries, including **Angola, Liberia, Togo, The Gambia**, as well as **Mauritius** in Southern Africa, have also set up active palliative care advocacy teams to support the effective integration of palliative care into their national health systems.

## APCA'S PARTICIPATION IN GLOBAL EVENTS

APCA had the privilege of representation at several high level meetings this year in order to present on critical issues pertaining to the status and development of palliative care in Africa. At each of these events, individual advocacy oriented meetings focused on developing strategies to accelerate the integration of palliative care into African health systems based on the World Health Assembly Resolution 67.19 and its tenets.

APCA has been actively engaged in national, regional and global advocacy efforts throughout the year 2016/17, as set out in the table below.

STRATEGIC MEETING	DATE	ATTENDEES
UNGASS Special Session of the General Assembly on the World Drug Problem meeting in <b>New York</b> .	April, 2016	APCA's Executive Director
Botswana national symposium on cancer prevention and control in <b>Gaborone, Botswana</b> .	September, 2016	APCA's Executive Director
World Cancer Congress in <b>Paris</b> organised by the UICC	October/November, 2016	APCA's Executive Director and the Programmes Director
World Innovations Summit for Health hosted by the government of Qatar and the Qatar Foundation in <b>Doha, Qatar</b> .	November, 2016	APCA's Executive Director
Salzburg Global Seminar in <b>Salzburg, Austria</b> .	December, 2016	APCA's Executive Director
Maruzza Foundation workshop on "Palliative care for older people" and thereafter, a global palliative care working group which was held at the <b>Vatican, Rome</b> .	March, 2017	APCA's Executive Director

I RESOLVE TO...  
CONTINUE  
ADVOCACY  
IN PALLIATIVE  
CARE.



I RESOLVE TO: RAISE  
AWARENESS AND  
POLITICAL COMMITMENT  
TO THE ETHICAL AND  
MORAL IMPERATIVES OF  
PALLIATIVE CARE  
AS A HUMAN RIGHT AND  
SUPPORT COUNTRIES IN  
THE IMPLEMENTATION  
OF PALLIATIVE CARE  
AS PART OF  
COMPREHENSIVE  
CANCER CONTROL.





# SUSTAINABILITY



APCA's new board members with the senior management team.

APCA was recognised by the American Cancer Society's SOURCE programme (Strengthening Organizations for a United Response to the Cancer Epidemic) for its outstanding performance in five domains of capacity building: governance, operations and administration, financial management, programme management and evaluation, partnerships and external relations.

## BOARD GOVERNANCE ORIENTATION

In February 2017, APCA's new board members received a governance orientation that addressed various aspects of organisational development. Mr Andre Wagner, an organisational development expert and the current chairperson of the APCA board of directors, facilitated the training. The main highlight of the meeting was the appointment of new office bearers for the term 2016 - 2019.

The board's leadership was elected as follows:

- Mr Andre Wagner – Chairperson
- Mr Malik Jaffer - Vice Chairperson
- Ms Martha Gyansa-Lutterodt - Honorary Secretary
- Ms Jacqueline Busingye - Honorary Treasurer.

## COMMUNITY ENGAGEMENT

During the holiday season in 2016, APCA staff members reached out to children with cancer and their parents at the **Uganda Cancer Institute (UCI)**. The activity, themed “*Giving for passion and love*”, was jointly funded by APCA, its staff members, and the APCA board members as their personal, small way of bringing smiles to families in need during the festive season. This activity also engaged UCI staff and management, who work with tireless commitment to improve the quality of life of their patients.

### APCA participates in the “hats on” for children’s palliative care campaign



In October 2016, APCA joined the Children's Palliative Care Network (ICPCN) and its community of members and partners to raise awareness on

the need to develop and strengthen palliative care services for children who need palliative care globally. *Hats on for Children's Palliative Care* is an annual campaign that engages the participation of more than 30 countries in the world. Below is a photo of APCA staff in their hats as part of this important global initiative.

# FOR APCA

## APCA engages uniformed communities

Because of the high calibre of delegates and the number of participants at the 5th International African Palliative Care conference, APCA liaised with the Ministry of Health of Uganda to ensure a high level of security and observation of protocol for conference guests, including the African Ministers of Health.

A team from the Uganda Police VIP section worked with APCA to ensure that VIP guests were transported to and from the conference venue and the airport in a timely manner. This event was carried out efficiently and smoothly throughout the course of the conference. APCA has since established a strong relationship with the police and plans more palliative care interventions targeting the police force and other uniformed communities.



## ORGANISATIONAL DEVELOPMENT

Following the fruitful 5<sup>th</sup> International African Palliative Care Conference, APCA's management team coordinated a staff retreat to Queen Elizabeth National Park in Western Uganda for the team to debrief the conference and rejuvenate for the year ahead. Staff reflected on the achievements of the organisation over the past year with a specific review of the conference gains, experiences, challenges and lessons.

In September 2016, APCA staff attended a financial sustainability workshop organised by the American Cancer Society's (ACS) SOURCE programme. Following this training, APCA developed a Resource Mobilisation Strategy for the next three years. APCA was also recognised by the ACS SOURCE (Strengthening Organizations for a United Response to the Cancer Epidemic) programme for its outstanding

performance in five domains of ACS's capacity building programme: governance, operations and administration, financial management, programme management and evaluation, partnerships and external relations.

To ensure the APCA team remains abreast of developments in the accounting profession and new compliance protocols, our finance team engaged in various trainings this year. In September 2016, APCA's finance manager attended an annual accountant's seminar organised by the Institute of Certified Public Accountants of Uganda (ICPAU). This March, three members of the finance team also attended a Continuous Professional Development session organised by the Association of Chartered Certified Accountants (ACCA).

APCA actively holds weekly in-house trainings on different disciplines for its staff at the office headquarters. The senior management team also encourages APCA staff participation in quarterly national palliative care meetings organised by the Palliative Care Association of Uganda (PCAU)

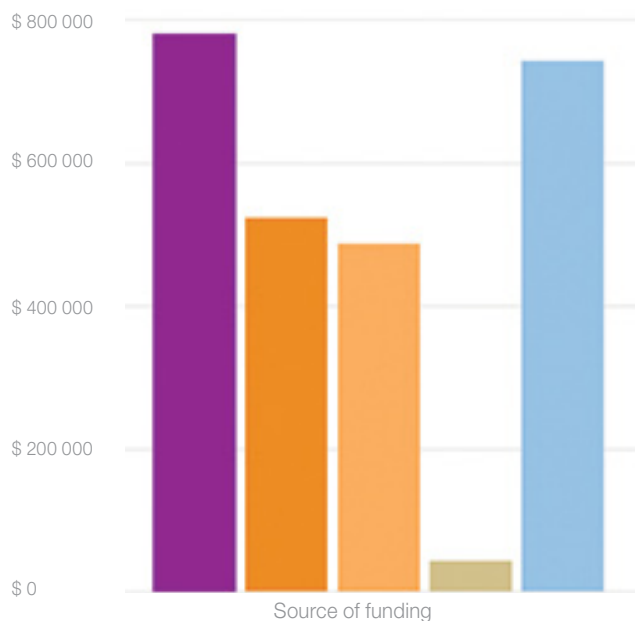
## STAFF ACHIEVEMENTS

APCA's Research Manager Ms Eve Namisango won the highly competitive BUILD CARE PhD scholarship to undertake a part time PhD in palliative care policy and rehabilitation at the Cicely Saunders Institute - King's College London. Her work will focus on developing best practices for outcome measurement in paediatric palliative care and will bridge a critical knowledge gap to informing paediatric palliative care service stimulation and development in the region.

APCA's Administrative and Research Assistant, Mr Julius Nganizi, graduated from Sikkim Manipal University, India with a Bachelor of Science in Information Technology (IT). His new qualifications have resulted in an expansion of support he provides to the IT department, where he has a passion to apply his skills.

# FINANCIAL MATTERS

Where the money came from 2016/17



Sources of income	Bal b/f 1/4/16	Income for the period Apr16- Mar 17	Total available funds Apr16 - Mar 17	Percentage income by donor
American Cancer Society	\$396 969	\$384 364	\$781 333	30%
OSF, OSISA & OSIEA	\$254 146	\$270 000	\$524 146	20%
True Colours Trust	\$100 511	\$387 561	\$488 072	19%
Other grants*	\$28 198	\$16 874	\$45 072	2%
Unrestricted funds**	\$481 304	262 647	\$743 951	28%
<b>Total available funds</b>	<b>\$1 261 128</b>	<b>\$1 321 445</b>	<b>\$2 582 573</b>	<b>100%</b>

**Acronyms:**

OSF Open Society Foundations  
 OSIEA Open Society Initiative for Eastern Africa  
 OSISA Open Society Initiative of Southern Africa

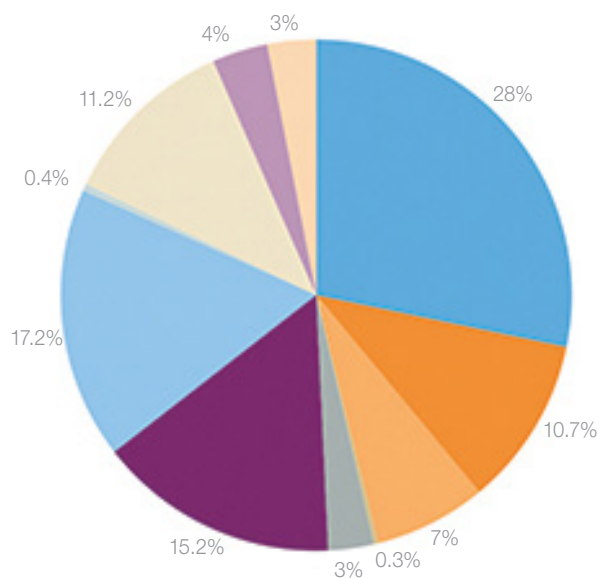
**\*Other grants**

University of Edinburgh, APCA UK, American International Health Alliance (AIHA), Global Partners in Care, International Association of Hospice and Palliative Care (IAHPC)

**\*\*Un restricted funds**

Legacy grant, General funds, Conference registration fees, AON Uganda Ltd, EMMS International, Megaline Agencies, Vision Group, Wolfson Foundation

Where the money went 2016/17



Expenditure area	Apr 16- Mar17 (Amount)	Apr 16- Mar17 (Percentage)
Awareness creation & APCA/WHPCA Conference	\$490 358	28.3%
Education	\$186 235	10.7%
Service delivery and small grants	\$123 279	7%
Policy /advocacy	\$5 027	0.3%
Evidence	\$49 882	3%
Administrative salaries	\$264 338	15.2%
Programme salaries	\$298 960	17.2%
Capital expenditure	\$7 558	0.4%
Administration costs	\$195 093	11.2%
APCA sustainability costs	\$61 113	4%
Partner sustainability costs	\$53 535	3%
<b>Total expenditure to date</b>	<b>\$1 735 377</b>	<b>100%</b>



# DONOR APPRECIATION

Our work is made possible because of the generous contributions of our donors. APCA is committed to making sure every contribution is spent with patients and their families in mind.

APCA would like to thank every one of our donors for helping us to turn our resolve into action for the relief of pain and suffering for patients across Africa. In particular, our donor list includes:

- American Cancer Society
- American International Health Alliance (Twinning Center)
- AON Uganda Limited
- EMMS International
- Global Partners in Care
- International Association for Hospice and Palliative Care (IAHPC), USA
- Let's Go travel
- Megaline Agencies
- Open Society Foundations - New York (OSF)
- Open Society Initiative for Eastern Africa (OSIEA)
- Open Society Initiative of Southern Africa (OSISA)
- The Global Health Academy and University of Edinburgh, with support from DFID
- The True Colours Trust
- Vision Group
- Wolfson Foundation, Hospice UK

## 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 [donate@africanpalliativecare.org](mailto:donate@africanpalliativecare.org) and we will contact you with further details.

Alternatively, please visit our website [www.africanpalliative.org](http://www.africanpalliative.org) and click 'donate'.

Thank you for your support.





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NGO Registration Number 4231

