

# ANNUAL REPORT 2011-12

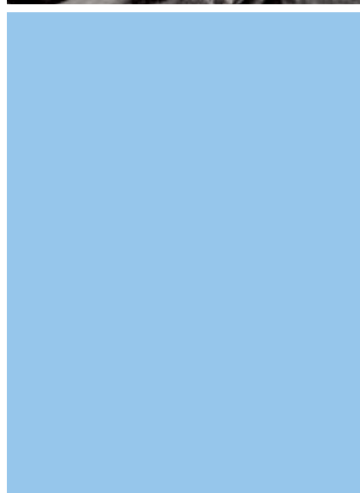
The power of partnerships  
Collaborating to restore dignity and quality of life  
African Palliative Care Association





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## About the cover

Reflected in this report's cover is a collage of individual partners who together paint a picture of unity in restoring dignity and quality of life for the patients and caregivers we serve. Collage participants include patients, caregivers, health care providers, service providers, political stakeholders, academics, and donors. It is our belief that through our united collective voice, we can shape and strengthen African health systems to restore dignity and quality of life for patients and their families.

APCA thanks the staff and patients of Hospice Ethiopia and all our partners represented in this report for enabling us to illustrate the importance of collaboration in palliative care delivery. It is through these partnerships that we can attain our common goal of seeing quality palliative care services address the vast needs of patients throughout Africa.



**Dr Jonah Wefuan**  
Chair of the Board of Directors



**Dr Emmanuel B.K. Luyirika**  
Executive Director

# From the Chair

Dear Supporters, Colleagues and Friends

**A**s we have reached the end of the financial year 2011/2012, APCA has a great deal of exciting things to share with you. Key achievements this year include advancements in the development of national palliative care policies in Swaziland and Rwanda, and commencing the palliative care policy development process in Zimbabwe. With Swaziland's swift adoption of a palliative care policy and corresponding guidelines, APCA's former Executive Director, Dr Faith Mwangi-Powell, appointed the Honourable Minister of Health for Swaziland, Benedict N. Xaba, to be APCA's Ambassador for Palliative Care in Africa. This initiative served as a first step toward awareness raising for palliative care among African policy makers through peer-to-peer advocacy.

We continue to develop resources for palliative care, and as you will see in the last section of this report, APCA has recently launched its *Core Curriculum for Palliative Care*, along with key competencies that are needed both by health professionals and by community care providers for quality palliative care service delivery. These resources, together with APCA's *Standards for Providing Quality Palliative Care Across Africa*, provide a comprehensive package for supporting palliative care education across the continent; these standards are also translated into Portuguese and French to support our colleagues in Mozambique, and other Lusophone and Francophone countries.

Through our pain management programme, APCA reached 77 clinicians and doctors working in public hospitals in Kenya, Malawi and The Gambia. These trained health care providers are now at the forefront of developing palliative care initiatives in their respective countries. This year, we have also ventured into two new countries, supporting palliative care development in the Democratic Republic of Congo (DRC) as well as The Gambia, bringing the total number of African countries that APCA currently supports to 21.

Other exciting developments include the launch of new scholarship programmes for social workers and the development of targeted informational factsheets that provide a brief overview of palliative care basic concepts. These are just some of the latest developments this year with a more comprehensive update included in this report and on the APCA website.

These achievements would not have been possible without the great contribution of APCA's former Executive Director, Dr Faith Mwangi-Powell, who for the last seven years has steered APCA to where we are now. Sadly, we will be saying goodbye to Faith, as she moves on in a new capacity of palliative care policy and advocacy on an international scale. We are sorry to see her go, but we are grateful that APCA is in a stronger position than ever before, and therefore we send her off with our full blessing and sincere

gratitude, knowing that she will still be very much with us in her new role.

In the same breath, please join me in welcoming Dr Emmanuel Luyirika, who is our incoming Executive Director. We are delighted that Dr Luyirika is joining us and we are confident that he is the right person to take APCA to its next level as someone who both shares APCA's core values and embodies a plethora of palliative care experiences important to the executive director's role.

Dr Luyirika is a family physician who started his career as a medical officer in rural Uganda at Kagando Hospital, near the Rwenzori Mountains on the border with the DRC. He later moved to South Africa, where he worked at the Donald Fraser Hospital in Limpopo Province, after which he trained in Family Medicine at the Medical University of Southern Africa. Dr Luyirika was also trained in public management at the University of Stellenbosch's School of Public Management and Planning. Apart from practising medicine in a hospital setting in South Africa, Dr Luyirika worked as a facilitator in the Rural Health Initiative of the South African Academy of Family Practice, where he trained multidisciplinary teams to care for HIV patients and to develop home care kits, and where he also developed HIV prevention strategies.

Returning to Uganda in 2002, Dr Luyirika accepted the role of overseeing the health care programme run by Mildmay International, as a Clinical Director, an overall Centre Director, and eventually as Country Director. He has since been actively involved in palliative care development both in Uganda and across Africa.

Reflecting upon his new position, Dr Luyirika has remarked that his vision for APCA's work in Africa is to see a strengthened evidence base for advocating for policy development and change for palliative care across the continent. He also values knowledge and best practice sharing in the region to influence stakeholders to ensure the integration of palliative care into national health sector plans using available resources.

Key to this agenda will be the development of new partnerships and strengthening those that exist. Dr Luyirika has noted that building on the existing international, regional and country partnerships as well as ongoing empowerment of national palliative care associations, where they exist, will be key to moving palliative care development to the next level.

I therefore offer to you Dr Emmanuel Luyirika, the incoming APCA Executive Director. Thank you for partnering with us and do enjoy reading our 2011/12 Annual Report.

Dr Jonah Wefuan  
Chair of the Board of Directors

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“ Be brave, decisive, work hard to build your team and more importantly find people you trust for support and mentorship. Above all, enjoy the ride with passion, dedication and make integrity your seal of excellence. ”

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## Interview with APCA's outgoing Executive Director: Dr Faith Mwangi-Powell

**Over the last seven years, APCA's Executive Director, Dr Faith Mwangi-Powell, has been a pioneering advocate for palliative care development in Africa. Bringing together palliative care leaders across the continent, under her leadership APCA has influenced policy and education systems to embrace palliative care as a necessary pillar in health care provision. As Faith's tenure with APCA comes to a close, here are some of her reflections on her leadership experiences and vision for palliative care's continued emergence on the health care agenda in Africa.**

### **What has been the key to expanding APCA's reach and influence in Africa from when you first assumed the role of executive director in 2005?**

Our belief in reducing pain and suffering underpin the APCA agenda and this has been key in expanding APCA's reach and influence. Indeed, from when APCA was established in 2002, to provide African solutions to African problems, the notion of addressing the inequities in pain and suffering across the continent has been the thread that has permeated and driven our agenda.

Consequently, if I look at APCA's accomplishments through that lens, then I can say that our greatest achievement is that there are significantly more people across Africa who have access to pain and symptom management since 2005 when we set up our office in Kampala, Uganda. This is evident from some of the national developments around palliative care in Africa.

### **What are some of the priority areas of palliative care that APCA has invested in most heavily under your leadership?**

The greatest priority has been the development of a coherent strategic direction for APCA that speaks to the national planning frameworks to present palliative care as an integral part of health system development and not as an 'add on'. In this regard, our priority has been integration of palliative care into existing national plans, curricula of health professionals, national policies and regulations and working with ministries of health and national palliative care associations across Africa to ensure that the integration happens. Without this integration, palliative care cannot be sustainable as a discipline and nor will it get the credibility it deserves.

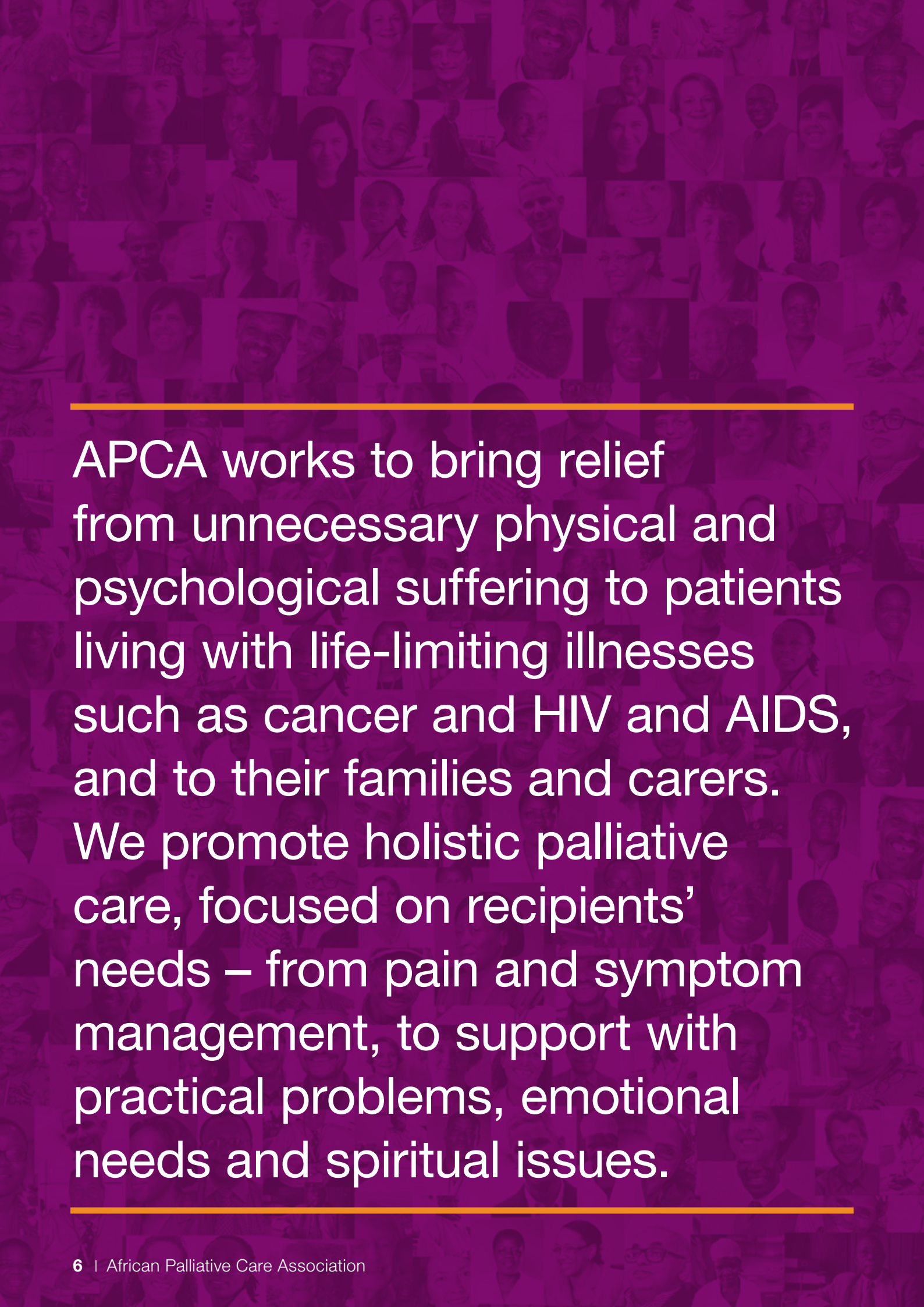
Second, I've been developing APCA staff to take leadership in specific strategic drivers to ensure the smooth implementation of APCA's 2011-2020 Strategic Plan. We have also increased investment in our communications through the development of a new dynamic APCA website, which we see as a key

resource for our stakeholders. With staff trained to blog and contribute to our social media presence, we are spreading knowledge and awareness around palliative care in Africa. At the governance level, we have invested time in assembling a dynamic governing board for APCA with diverse skills and this has provided APCA with sound leadership and governance. More importantly, our members have contributed to our work through their great professional networks that will help position APCA within the global health development agenda.

### **What are some of the main challenges that African patients face that you've seen mitigated through APCA's work?**

Repeatedly, across all areas of our work, including among health care professionals, we always encounter a lack of understanding of what palliative care is and how it enhances life. It is often either seen as synonymous with death and hospices, and all the associated negative connotations, or is conflated with the relief of physical pain only. Few people comprehend its holistic nature, while even fewer understand its powerful potential to restore quality of life to patients and their carers. Additionally, palliative care is often confused with home-based care, which is only one model of delivery. The scarcity of existing palliative care services and the fact that many people are not engaged with the palliative care discourse is further evidence of this lack of understanding. This, coupled with lack of integration of palliative care into national policies, health systems and health professionals' education, means that palliative care is still not widely accessible to all those who need it.

Despite these challenges, since APCA opened its office in Kampala, and has been working with national and international partners, we have been successful in supporting the agenda for strengthening health systems through the integration of palliative care into national policies and frameworks, educational programmes and health services, as well as contributing to a burgeoning evidence base for palliative care through APCA's research and the establishment of the African Palliative Care Research Network (APCRN). This network will draw partners from across the globe through regional hubs to support the development of palliative care research in Africa. Additionally, with some countries launching palliative care policies – such as Rwanda, Kenya and Swaziland – and several others on the verge of integrating palliative care into national policies and educational curricula for health professionals (e.g. Botswana, Malawi, Namibia, Tanzania, Uganda, Zambia and Zimbabwe), there is a great opportunity for APCA to continue delivering on its objectives in collaboration with in-country partners.



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APCA works to bring relief from unnecessary physical and psychological suffering to patients living with life-limiting illnesses such as cancer and HIV and AIDS, and to their families and carers. We promote holistic palliative care, focused on recipients' needs – from pain and symptom management, to support with practical problems, emotional needs and spiritual issues.

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### **Reflecting on the early days of APCA's beginnings, what did you see as the biggest challenge faced by the organisation?**

The biggest challenge we faced when starting was uncertainty - we were chartering a course that had not been chartered before; we were unknown, we had no track record to speak of. We also had limited resources, and we still had not really found our niche as an organisation. But, as I reflect on the various people I have had the opportunity to work with over the past few years, I realise how blessed we have been.

Addressing the uncertainty challenge took great courage, and not courage on my part, it was the courage of the founding APCA board members, who invested in me and believed in me as the person to set up APCA. And it is because of their strength that I was strong to forge forward.

*"If I have seen further than others, it is by standing upon the shoulders of giants"* - looking back I can say that this quote by Isaac Newton speaks to my journey at APCA. My founding board of directors<sup>1</sup> were the giants on whose shoulders I stood; each one of them played a great role and I remain forever grateful. Allow me to say that I am particularly indebted to then chair of the board, Kath Defilippi, who was my great mentor and who saw attributes in me that I did not know I had. With her mentorship and support, Kath made me find the 'I can do it spirit' and with that, the determination to get APCA going was born.

### **What have been some of the lessons learned in your role as executive director in overcoming those early challenges?**

The key lessons I learnt early on was the power of self-belief and also the fact that no one can succeed alone. In view of that, apart from the board, I met other great people during the early days: the team at the National Hospice and Palliative Care Organization with Don Schumacher's leadership, and particularly, Galen Miller, Dr Stephen Connor and Dr Carla Alexander. These people were really key in providing mentorship and support for me personally and providing reading resources on leadership. It is from these individuals that I developed the habit of reading leadership and management books, which I share with staff at every opportunity. This practice of reading and learning from the best made me the leader I am today.

In addition to the external support I mentioned, internal support from the small group of APCA staff in the early days included: Denis Kidde who started APCA with me as our driver although we had no car; Fatia

Kiyange who joined us in 2005 as the education and training officer and is now our director of programmes; Dr Henry Ddunga our advocacy manager (2006-2011); Alex Kumaketch, our finance officer (2005-2007); the late Dedan Muchoki, our information and technology officer (2006-2009); Dr Julia Downing, my deputy director (2006-2010) and Tony Powell, our monitoring and evaluation and research manager and the former director of learning and research. This core team of staff was key in moving the APCA milestones forward, they were the brains behind our initial strategic plan and I owe a lot of our early success to each of them.

### **What do you consider to be your main legacy in your contribution to palliative care in Africa?**

I really do not look at myself as a legacy builder; I see myself as a person who has been so privileged to direct APCA and really hope that the greatness of the APCA team and the work we have done so far will be the legacy that will propel my successor to greater heights of success.

### **In your opinion, what's on the forefront of palliative care in Africa over the next seven years?**

The priorities, in my view, can be summed up in three words: integration, integration, integration. Palliative care needs to be integrated at all levels: policy, health systems, education, service delivery across diseases (HIV and AIDS, Non Communicable Diseases, etc.), and across populations, adults, children and vulnerable communities. Without this, palliative care will still remain accessible to a limited few.

### **What piece of advice do you have for emerging African leaders in palliative care?**

Be brave, decisive, work hard to build your team and more importantly find people you trust for support and mentorship. Above all, enjoy the ride with passion, dedication and make integrity your seal of excellence.

### **What is the significance of partnership in advancing the palliative care agenda in Africa?**

I have heard the word partnership described in many different ways. The one that makes me laugh is the one that describes partnerships as 'mutual loathing in search of money'. At APCA, partnership is described as an opportunity that allows us to do more with less. With the limited palliative care resources to go around, it is important that we all work together in a collaborative and strategic manner to maximise the limited resources we have and to reach many more people who need palliative care across Africa. That is what underpins the partnership agenda at APCA.

<sup>1</sup>See the APCA website for names of founding board members.



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“ I got from hospice life, I was sick before, critically, and by the care, I got life. I returned to life. When I received this care, I was feeling very happy and I became very sure that I will get up from my bed and be a strong person like how I am looking now. ”

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# APCA's Aims

## HOW WE WORK

**APCA helps to expand service provision, builds capacity locally and facilitates networking that will fuel palliative care development. We advocate for a public health approach, founded on appropriate government policies, adequate drug availability, the education of health professionals and the implementation of palliative care throughout society. Underpinned by four strategic drivers, our key areas of work include:**

### Increasing awareness for palliative care

APCA has been working to counter the widespread lack of awareness in Africa around what palliative care actually is as well as its benefits. We work with policy makers, hospital management teams, deans of universities, community leaders, caregivers and patients, as well as the media, to ensure that information around palliative care is accurately shared with those who need it.

### Enhancing palliative care integration

#### Changing policy

APCA advocates directly with Ministries of Health and national palliative care associations, encouraging them to include palliative care in national health policies, to resource it adequately and to allow the right medication to reach those who need it (in many African countries, morphine and other opioids classified by the World Health Organization as essential for effective pain control are not legally available for medical use). We support national palliative care associations in their advocacy, both directly and through tailor-made resources.

#### Education and training

We promote palliative care education for doctors, nurses, social workers and other members of the multi-disciplinary palliative care team. As well as working with medical schools and universities to develop curricula, we produce a comprehensive range of tools and manuals to help promote the delivery of top quality care in Africa. We train people in the application of these tools and build their capacity to train others in their localised context.

### Increasing evidence for palliative care

APCA supports evidence-based work that advances the scientific knowledge base of palliative care in Africa, as well as service delivery. We carry out research into palliative care needs and practices, disseminate our learning widely, and monitor and evaluate all our work. We also train palliative care providers to do the same, using specially developed tools, such as the *APCA African Palliative Outcome Scale (POS)* for measuring the effectiveness of palliative care. Through the recent establishment of the African Palliative Care Research Network, we are advancing a region-wide, prioritised

palliative care research agenda, bringing researchers together in productive collaborative partnerships.

### Sustainability and capacity building

We offer technical support to national palliative care associations and care providers, helping them build both staff and institutional capacity to promote and deliver palliative care. As a membership organisation, we drive support for palliative care across and beyond Africa, building a dynamic community to create the momentum that will bring palliative care – the kind of care we'd all want for ourselves and our families – to everyone who needs it in on the continent.

### A multi-layered approach

In all these areas, we tackle the key issues from many different angles, from grassroots to government policy, so we can achieve maximum effectiveness in bringing about change. Among the most pressing challenges we currently face is drug availability. We cannot ignore the fact that excellent medications exist for the control of physical pain and other symptoms, and yet are not available to most people in Africa. In particular, we are working to ensure that opioid painkillers – most commonly in the form of liquid morphine – are available to everyone in need.

Underpinning all this is APCA's grassroots work through training and the media to create awareness among community volunteers and patients of the powers of modern pain medication and social support, and of the basic human right to a life free from unnecessary pain. By bringing people together on several levels - from policy makers and drug manufacturers, to health care professionals and community members - APCA makes a unique contribution towards the vision we all share: that of an Africa where holistic palliative care reaches all who need it.

## APCA's stakeholders and partners





# Partnering for Awareness

**T**he need for palliative care in Africa can seem overwhelming – but at APCA we focus on the enormous opportunities that exist for all our stakeholders to make a positive difference. As an advocating voice for palliative care in Africa, awareness raising is at the cusp of our work as we speak out on behalf of people with life-limiting illnesses and their families, and empower them to speak out for themselves.

**We employ a diversity of strategies for making palliative care widely understood by a broad audience that spans from policy makers to academics; social workers, caregivers and patients; the media and the general public. We equip emergent African palliative care advocates by maintaining a strong online presence and by producing resources to guide them through their advocacy efforts, including e-learning modules. We also partner with legal and human rights organisations to raise awareness around palliative care as a human rights issue. By engaging policy makers directly and interacting with key health care players on the global health scene, APCA is helping to make holistic care, including pain relief, for the patient a priority in Africa.**

## **Advocating for patient needs through collaboration with ministries of health and other development agencies in Africa**

APCA appointed its first African Minister to be an Ambassador for Palliative Care in Africa - the Honourable Minister of Health for Swaziland, Benedict N. Xaba. As Swaziland has swiftly adopted a palliative care policy and corresponding guidelines, APCA's former Executive Director, Dr Faith Mwangi-Powell, appointed Mr Xaba as a first step toward awareness raising among African policy makers through peer-to-peer advocacy. This appointment was made in November 2011, when Mr Xaba visited Uganda to draw lessons for integrating palliative care in the health system in Swaziland. His Ministry of Health has since adapted a national palliative care curriculum, and has identified two potential companies to supply powdered morphine to Swaziland.

To support advocates and champions of palliative care across Africa, we developed the *APCA Advocacy Toolkit*, packed with advice for working with policy makers, the media and the public, to win support for palliative care provision. The toolkit provides useful frameworks for engaging governments across Africa to prioritise palliative care as an approach for health systems strengthening.

In April 2012, APCA, in collaboration with Family Health

Internationals 360 (FHI 360), organised the first dialogue meeting with leaders of HIV and AIDS programmes in the Southern Africa region, including representatives of national HIV and AIDS commissions and programmes. Countries represented included: Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe. There was consensus among participants that the strengthening of palliative care in HIV and AIDS programming is a priority in the region. An HIV palliative care technical working group was established, under APCA's coordination, to support palliative care integration into HIV programmes in Africa; country action plans were also developed for APCA's support in their implementation.

APCA has been reaching out to lawyers in Uganda with the aim of equipping them to better advocate for the needs of patients that seek legal counsel. In a pilot project, 14 Ugandan legal organisations were represented at an APCA sensitisation on common legal and human rights issues among patients; nine of these undertook more in-depth palliative care training. The training resulted in a partnership between APCA and the Uganda Network on Law, Ethics and HIV/AIDS (UGANET), through which legal and human rights user guides on palliative care have been developed to serve as a resource for both patients and health care providers. We are pleased to note that the Ugandan Ministry of Health is adopting these legal materials as national documents for Uganda.

## **Partnering to communicate stories around palliative care**

This year, APCA overhauled its website to a new versatile site with an appealing news section for palliative care in Africa. Since the site's launch in October 2011, visitors from 141 countries have logged on, including site visitors from 43 African countries, covering nearly 80 percent of the continent. APCA has also invested in multi-media interviews of palliative care experts in Uganda, Kenya and Ethiopia to generate palliative care communiqué that would be targeted toward a general audience.

APCA and The Diana, Princess of Wales Memorial Fund worked with the *Africa Health Magazine* to develop a special edition on palliative care targeting doctors across Africa. The first edition was produced in 2011, has been widely disseminated and has raised awareness and understanding for palliative care, especially among policy makers, heads of health teaching institutions, and the general public. This year, we also supported the Palliative Care Association of Uganda (PCAU) to work with the Ministry of Health of Uganda to present the premier screening of the award winning 'LIFE Before Death' documentary, telling the stories that people



Swaziland's Minister of Health, the Honourable Benedict N. Xaba, was appointed African Ambassador for Palliative Care in recognition of his country's swift adoption of a palliative care policy and corresponding guidelines.



with life-limiting illnesses and their families experience. The documentary was viewed by a group of 70 participants, including Uganda Ministry of Health officials, representatives from HIV and AIDS donors, partner organisations, students, and health care professionals.

**Partnering to make educational resources accessible**  
**With the limited palliative care training opportunities available for grassroots palliative care service providers, we believe the production of resources that enable clinicians to self-educate is imperative to our work.** To this end, each of the resources listed below are available on the APCA website's Resource Centre, where a plethora of palliative care materials are available for download, free of charge. Our resources have been disseminated to heads of medical and nursing schools from 10 African countries, including Ghana, Nigeria, the DRC, The Gambia, and Mozambique, among others.

APCA officially launched an e-Learning Guide based on palliative care case studies and is available on APCA's website for clinicians in Africa to undertake as self-directed learning. The guide was initially developed in English and has since been translated into French and Portuguese to ensure access and use by clinicians from Francophone and Lusophone countries. Many doctors have reported that they have found the resource to be immensely useful as a reference in the prescription of pain medication and in the actual management of pain among patients.

In an effort to address language barriers in our advocacy initiatives, this year APCA also translated the *Beating Pain Pocket Guide* and APCA's *Palliative Care Handbook* into French and Portuguese. In Malawi, APCA conducted a translation of morphine use leaflets into the local language (Chichewa) for health workers and patients/ community caregivers to promote awareness of palliative care, and more specifically the use of morphine. Community caregivers trained in home-based palliative care delivery will also benefit from these leaflets. As we seek to provide our partners and members with targeted information that meets their needs, APCA has initiated a series of informational factsheets that provide a brief overview of palliative care basic concepts. Two

informational packs have been developed, which include a 'What is?' series (factsheets that define palliative care and related concepts and principles), and a 'How to?' series (factsheets that provide guidance on implementing quality improvement activities). APCA plans to continue publishing more informational factsheets and to make them readily available to its membership and partners.

**Partnering to share lessons learned**  
 With the aim of advancing APCA's vision to become a development agency for palliative care across Africa, APCA has pursued known international players to learn lessons on how to transition successfully to being part of the international global health development debate. We represent the interests of patients by presenting at meetings and engaging in policy debates to both learn and share empowering lessons, applicable to our work in Africa.

One of these forums included the 12th Congress of the European Association for Palliative Care held in Lisbon, Portugal. With its theme 'Reaching out, beyond Europe', the conference provided a good platform for engaging European palliative care networks, as well as sharing information on palliative care development in Africa. At the conference, APCA's work based on a study on the added value of palliative care in the era of antiretroviral therapy won first prize in a poster session with approximately 450 entrants, again providing an opportunity to raise the profile of APCA's work internationally.

At a pre-conference on HIV and Ageing in Africa of the International Conference on AIDS and STIs in Addis Ababa, Ethiopia, APCA's executive director gave a presentation on palliative care for older women and men living with HIV and ways to explore opportunities for wider policy integration. Also addressing APCA's aim to address the holistic needs of HIV and AIDS patients, APCA's programmes director participated in a regional dialogue on HIV/AIDS and the law in Pretoria, South Africa. The goal of the dialogue was to develop actionable, evidence-informed, human rights recommendations for effective AIDS responses that promote and protect the human rights of people living with and most vulnerable to HIV.

# We asked our partners |

## How does partnership address patient

APCA has demonstrated extraordinary leadership in the development of palliative care throughout Africa and has expanded the capacity of individuals, organisations, associations and governments to provide the quality care patients and families desperately need. Access to pain relief and palliative care is a human right and APCA's leadership is making this a reality. The International Palliative Care Initiative of the Open Society Foundations is proud to consider APCA a valued partner.

*Mary Callaway, Project Director, International Palliative Care Initiative, Open Society Foundations.*

Partnerships are critical. You can have islands of excellence, but you also need systematic change that only comes from people working together.

*Dr Astrid Bonfield, Chief Executive, The Diana, Princess of Wales Memorial Fund*

Partnerships are key to sustained change. By entering into partnerships we are acknowledging that we can't do this alone.

*Ruth Mkhwanazi Bechtel, Community Care and Support Program Director, Friends in Global Health - Vanderbilt University, Maputo, Mozambique*

Partnerships are central to all we do at The True Colours Trust. We strive to identify organisations in the UK and sub-Saharan Africa that share our passion to enhance the quality of life for people with life-limiting and life-threatening illnesses and their families. By working in partnership, we believe we can combine knowledge, expertise and resources to best effect, avoid unnecessary duplication and ensure the best possible experience for all.

*Jo Ecclestone Ford, Trust Executive, The True Colours Trust*

The stronger the partnership between collaborators in palliative care, the more patients are seen and the better care they receive.

*Dr Zena Bernacca, Chief Executive Director, Hospice Africa Uganda*

Partnership brings different people together to exchange knowledge and hence 'improve quality' in improving partnership; I have partners in Jordan, India, Libya, South Africa and Nigeria.

*Professor Maged el Ansary, Professor of Pain Medicine, Al Azhar University, Cairo, Egypt*

Partnership brings the best parts of different responses to the problem to achieve the best results for our patients.

*Meg O'Brien, Director, Global Access to Pain Relief Initiative, Washington, DC*

Partnership raises standards of work and services due to using international guidelines. It also helps one to keep in track and the momentum. In Sudan, palliative care did not start without international partners and collaboration that contributed in undertaking needs assessments and capacity building.

*Dr Nahla Gafer, Radiation Oncologist, Radiation and Isotope Centre, Khartoum, Sudan*

Our work on the continent would not be nearly as rich or productive without our programmatic ties—and our friendship. FHSSA's mission is to 'build partnerships to enhance compassionate care in Africa.' As such, our existence is focused on partnership, bringing together U.S. and African organizations to work together in 15 African countries.

*John Mastrojohn III, Executive Director, FHSSA (begun as the Foundation for Hospices in Sub-Saharan Africa)*



## needs in Africa? Here's what they had to say:

The social situation in Africa is that in which most patients are unable to meet their social needs thereby depending on benevolent partners for assistance. Patient needs are usually diverse and demand for collective efforts.

*Ndikintum George Mbeng, Palliative Care Nurse Specialist, Cameroon Baptist Convention Health Board, Cameroon*

Palliative care partnership is very important as palliative care uses the multi-disciplinary approach so we need the other partners. They broaden the scope of experience as people bring different ideas and experiences and support one another.

*Dr Ikeoluwapo Ajayi, Senior Lecturer, University of Ibadan, Nigeria*

Partnership has helped me to look at different cultures and thus be aware of underlying assumptions in my work to formulate good research questions.

*Professor Lukas Radbruch, Chair of Palliative Medicine, University of Bonn, Germany; Co-founder of the African Palliative Care Research Network*

Partnership is about maximising each other's strengths and minimising weaknesses. It is the only way to have an effective impact at the level of the individual and community. Working in silos may provide services, but they won't be able to provide the holistic level of care that most people need. At a policy level the different perspectives that partners bring to the table allow policies and programs to achieve a broader reach and more effective outcomes. While not a panacea, partnership almost always produces a way forward that includes better solutions than when organisations work alone.

*Melissa Sharer, Senior Technical Advisor, AIDSTAR-One, John Snow Inc*

Partnerships can bring skills that other partners do not have. It can also improve both partners' capacity to access funding and improve credibility.

*Dr Elizabeth Namukwaya, Professor of Medicine, College of Health Sciences, Makerere University, Kampala, Uganda*

In collaboration, there is a broader scope of management that provides an advantage to attract funding, remain relevant in practice, and promote mutual contribution and agendas. However, partnerships need to ensure fairness, transparency, respect and maturity, have and work by clear agreements and scope of work.

*Dr. Ivy Kasirye, Head of Paediatrics, Mildmay Uganda*

In the African Palliative Care Research Network, partnerships will bring strength and spread the expertise to the rest of Africa. We will also share resources and tools that are already there and used in other parts, hence save time and avoid reinventing the wheel.

*Dr Charmaine Blanchard, Centre for Palliative Care, Chris Hani Baragwanth Hospital, South Africa*

[Partnership] ensures combined efforts in ensuring implementation of palliative care processes through sharing of experiences and expertise within the country, region and international level."

*Eunice Garanganga, (Acting Director), Palliative Care Technical Adviser, Hospice and Palliative Care Association of Zimbabwe*

Partnership is important in deciding as a group what to measure and how to measure quality in the same way.

*Dr David Casserett, Associate Professor of Medicine, Centre for Bioethics, University of Pennsylvania; Chief Medical Officer, Penn-Wissahickon Hospice, Pennsylvania*





# Partnering for Integration

Although the need for palliative care in Africa has never been greater, many millions of people who need it don't receive it. APCA was founded in 2004 to ensure they do.

**A**PCA is determined to keep working on behalf of patients and their families until their rights to health, and more specifically relief from pain, are seamlessly fused into health systems and policies across Africa. With your support, we have reached tangible benchmarks this year in integrating palliative care to improve the care and rights of patients in the domains of policy, academia and health care services. We value quality assurance; by monitoring programme performance and establishing general policies for programmatic implementation, we strive to establish a standard of excellence that our stakeholders deserve. Through APCA's *Standards for Providing Quality Palliative Care Across Africa*, we also train and mentor partners in context-specific standards of care.

This year, APCA developed a number of resources that target quality assurance by building the competencies of service providers in palliative care. These strategic resources include:

### ***Palliative Care Core Curriculum***

APCA developed an easy-to-use curriculum review tool that provides specific information on what needs to be added to teaching curricula to improve the level of training in palliative care. This competency-based curriculum was produced in response to the identified lack of standardisation of similar training across Africa. It provides a potent forum for empowering health care workers with knowledge, skills and attitudes, which are

building blocks for effective palliative care practice and the use of an overall holistic approach to care provision. The palliative care core curriculum integrates 10 days of theory and five days of practicum under mentorship and supervision.

### ***A Framework of Core Competencies for Palliative Care Providers in Africa***

This guide targets service providers and educators in their development of an interdisciplinary team of competent care providers. The framework presents the competencies that are needed both by health professionals and by community care providers for quality palliative care service delivery. It also provides a framework for flexible adaptation by policy makers and educators to country- and institution-specific contexts.

### ***APCA Standards for Providing Quality Palliative Care Across Africa (2nd Edition)***

Due to a high demand for this resource, APCA reprinted a 2nd edition of the *APCA Standards* and has continued to provide technical assistance for their adaptation and adoption in countries such as Malawi and Tanzania. The Standards were also adopted as a national guide in Rwanda and are undergoing local adaptation in countries such as Swaziland and Uganda. This year, we also developed an *APCA Standards* audit tool to review their implementation. APCA used this tool to undertake an audit of palliative care programmes in Swaziland (Swaziland Hospice at Home), Zimbabwe (Island Hospice), and Zambia (Livingstone General Hospice).

Through strategic collaboration, palliative care integration in Africa has gained significant ground. As highlighted in the map that follows, this year APCA has engaged 18 African countries in palliative care initiatives, primarily in Southern, Central, and East Africa.

However, much remains to be done to advocate for the needs of patients and caregivers in North and West Africa. APCA is actively seeking partners to join us in this effort.

For more information, please contact us: [donate@africanpalliativecare.org](mailto:donate@africanpalliativecare.org)

See map  
on pg 16-17

# Regional

- Service providers in nine countries across Africa have been able to purchase pain and symptom management medication.
- 13 doctors selected from six countries in the Southern Africa region undertook a palliative care training of trainer's (ToT) workshop focusing on pain management.
- 12 registered nurses across Africa were awarded scholarships to undertake palliative care courses and participate in palliative care conferences.

## Southern Africa

### 1 Botswana

- An advocacy and sensitisation meeting on palliative care and pain medication was held with high level policy makers in the Ministry of Health in collaboration with the home-based care department in the Ministry.
- 22 lecturers from the University of Botswana's School of Nursing and Social Work engaged in an introductory palliative care training course.
- Palliative care was fully integrated into the family nurse practitioners curriculum at two institutes of health sciences through collaboration with the Institute of Health Sciences Gaborone (IHSG).

### 2 Malawi

- A palliative care policy was drafted under the local leadership of the Palliative Care Association of Malawi (PACAM).
- 12 medical and nursing schools have been supported to integrate palliative care in their curricula and teaching programmes.
- 97 health care workers were sensitised in palliative care and 21 clinicians and doctors were trained in pain management at two public hospitals, Dowa District Hospital and Chikwawa District Hospital.

### 3 Zambia

- APCA provided technical assistance at a political roundtable meeting at the first paediatric palliative care conference in Zambia, emphasising the importance of advocacy and raising awareness on opioid availability.
- APCA worked with the Palliative Care Association of Zambia (PCAZ) to conduct a palliative care assessment of Livingstone General Hospital and Hospice using Zambia's Institutional Self-Assessment Tool (ISAT), which has adaptations from the APCA Standards Audit Tool.
- 14 clinicians and doctors were trained in pain management, leading to the formation of palliative care teams in two public hospitals.

### 4 South Africa

- APCA is collaborating with the Hospice Palliative Care Association of South Africa (HPCA) to organise a joint 2013 conference themed "The Net Effect: Spanning Diseases, Crossing Borders."
- With APCA's support, the Bigshoes Foundation conducted palliative care training for doctors in three hospitals.
- One social worker was awarded a scholarship to pursue a course in play therapy theory and practice for children in palliative care.

### 5 Swaziland

- APCA supported the development of a national palliative care policy, palliative care guidelines and a strategic plan.
- A palliative care experiential visit to Uganda for the Honourable Minister of Health of Swaziland, the chief pharmacist and national palliative care coordinator provided an opportunity to learn about nurse prescribers of pain medications such as morphine.
- The Ministry of Health, with technical support from APCA in collaboration with ICAP (Columbia University), adapted APCA's Palliative Care Core Curriculum for a national palliative care training package and for training health workers.

### 6 Zimbabwe

- The Hospice Palliative Care Association of Zimbabwe (HOSPAZ), with support from APCA, is leading the development of a palliative care policy in Zimbabwe and is conducting a national situation analysis.
- HOSPAZ is leading the adaptation of a national palliative care training package, with APCA's support.
- Following an APCA standards audit, Island Hospice is implementing a quality improvement plan for its service delivery as they aspire to become a centre of excellence for palliative care.
- Island Hospice was supported by APCA to collaboratively assess palliative care integration into medical and nursing curricula.

### 7 Namibia

- 29 nurses are developing and piloting a national palliative care training curriculum; APCA has supported the curriculum's final reviews.
- Nursing and social work departments from the University of Namibia and Polytechnic of Namibia integrated palliative care in their teaching.

### 8 Mozambique

- The Mozambique Palliative Care Association (MOPCA) translated APCA's national situation analysis of palliative care, enabling the Ministry of Health and other stakeholders to adopt the report and to implement a number of key recommendations.
- MOPCA has led the adaptation of APCA's Palliative Care Core Curriculum and used it to draft a national palliative care training package in collaboration with the Ministry of Health and other national stakeholders.


## Central Africa

### 9 DRC

- Following APCA's national situation analysis for palliative care, APCA supported the Ministry of Health and key local partners to develop a road map for the integration of palliative care into the health system.
- Two doctors were supported to undertake palliative care training in Cameroon at the first palliative care workshop conducted in French by Hospice Africa Uganda (HAU) and its partners.



Our partnerships include stakeholders represented in all echelons of health care systems in Africa, including public policy, education networks and health care services. Here are just a few of the highlights of achievements that have made a difference in the continent this year.

 Palliative care integration in education





 Palliative care integration into health services

 Palliative care integration into health-related policies and frameworks



 Palliative care integration into drug availability

## East Africa

### 10 Kenya

- APCA supported the review of Kenya's national palliative care guidelines. 
- 95 health care workers were sensitised in palliative care and 28 clinicians and doctors were trained in pain management at Coast Provincial General Hospital in Mombasa, and Nyanza Provincial General Hospital in Kisumu. 
- 17 medical and nursing schools have been supported to integrate palliative care in their curricula and teaching programmes. 
- 26 breast cancer survivors sensitised their community about the availability of palliative care services at Embu-Mbeere Hospice through APCA's small grants programme. 







### 11 Ethiopia

- APCA supported the drafting of Ethiopia's national palliative care guidelines through the national palliative care working group. 
- 21 clinicians and doctors were trained in pain management to extend coverage of palliative care beyond Addis Ababa. 


### 12 Rwanda

- APCA supported Rwanda in the development and launch of the national palliative care policy, strategy and adaptation of the *APCA Standards for Providing Quality Palliative Care*. 
- APCA supported the Palliative Care Association of Rwanda (PCAR) and Ministry of Health to train 23 clinicians and doctors in palliative care. 
- 76 home care visits have been undertaken and 26 new patients have been cared for at the Rwanda Hospice Palliative Care Centre, through APCA's support. The centre has increased its stock of palliative care medications and has obtained morphine. 

### 13 Tanzania


- APCA supported the drafting of Tanzania's national palliative care guidelines. 
- 30 clinicians and pharmacy staff were trained in palliative care, in partnership with the Evangelical Lutheran Church of Tanzania (ELCT). 
- 14 deans, principals, senior lecturers and heads of departments from medical and nursing institutions were trained to facilitate palliative care integration in the curricula, leading to the establishment of the first Tanzanian diploma course in palliative care. 
- APCA supported the first intake of students in the post-graduate diploma in palliative care offered by the International Medical Technological University (IMTU). 
- Tanzania's palliative care training package (training manual and trainer's guide) has been piloted through the training of deans and lecturers from medical schools and heads of nursing schools. 
- 16 health professionals were trained in pain management, use of opioids and how to advocate for them in rural Ngara district in northwestern Tanzania. 

### 14 Uganda



- 14 Ugandan legal organisations participated in an APCA sensitisation on common legal and human rights issues among patients with palliative care needs; nine of these undertook further palliative care training. 
- 123 children and young people received palliative care from Kawempe Home Care volunteers, through a small grant provided by APCA. 

## West Africa


### 15 The Gambia

- 44 health care workers were sensitised in palliative care and 28 clinicians and doctors were trained in pain management in two public hospitals. 

### 16 Cote d'Ivoire

- In Cote d'Ivoire, the national palliative care association was formed and launched.  

### 17 Nigeria

- 215 children have benefited from day sessions at the new Paediatric Palliative Daycare Unit at the University College Hospital (UCH), through support from APCA. 

# Partnering for Evidence



## The African Palliative Care Research Network

**With the aim of working to ensure patients in Africa receive quality palliative care services, partnerships have proven foundational toward measuring the impact of palliative care on the continent. For this reason, the African Palliative Care Research Network (APCRN) has been established to serve as a coordinating research body, drawing upon the strength of the partnerships that comprise it - both intellectually and fiscally. The formation of the research network has raised the profile of APCA's collaborative approach, and has led to the creation of regional hubs for palliative care research in Eastern, Western, Southern and Northern Africa, in partnership with the European Association for Palliative Care. APCA's aim is to continue strengthening and sustaining North-South and South-South collaborative relationships in generating and disseminating palliative care evidence in Africa.**

In April 2012, a milestone meeting of the APCRN was held in Kampala, Uganda, attracting a diverse mix of committed researchers from across the continent (including Egypt, Kenya, Nigeria, South Africa, Sudan and Uganda), and beyond. Participants agreed on a vision of "palliative care for all across Africa underpinned by robust evidence", and a mission "to nurture interdisciplinary research collaborations between partners within and outside Africa focused on improving palliative care provision on the continent."

While the value of research that has been conducted to date in Africa cannot be underestimated, the growth and development of palliative care research is currently limited by several factors, including: the short-term and project-specific commitment of some international partners; inadequate financing; over-dependency on key individuals rather than institutions; an over-emphasis on North-South partnerships, and; a lack of a strategic organisational model to ensure sustainable collaboration.

Researchers working in Africa have yet to take advantage of the potential added value of multi-country and multi-site comparative work, drawing upon large patient populations, from diverse diagnostic and age groups, geographic settings, varying service delivery models, and socio-cultural contexts and influences. To address this limitation, the APCRN aims to build a methodologically strong evidence base for palliative care in Africa by:

- Developing and delivering a region-wide, prioritised palliative care research agenda

- Bringing existing researchers together in productive partnerships to generate primary data
- Building research skills and knowledge among health care professionals to generate a critical mass of researchers
- Connecting academic researchers with palliative care clinicians and advocates
- Mobilising the resources necessary to conduct high-impact research, and
- Fostering a critical and vibrant research culture within the discipline.

The meeting, funded by the Diana, Princess of Wales Memorial Fund, also resulted in a consensus that not only is there a need for palliative care research on the continent (in part to target finite resources to proven interventions), but that collaborative partnerships like the APCRN make such research feasible.

It is through partnerships such as these that the APCRN can produce findings that speak with a regional, rather than localised voice to provide more targeted services that better address the needs of patients in Africa.

## Partnering for research

**This year, APCA partnered with donors and service providers to engage in a number of research initiatives that will have a direct impact on patients. APCA spearheaded the development of the APCA African Children's Palliative Outcome Scale (POS), a simple tool for measuring care outcomes for children receiving palliative care.** The tool was developed using patient-level indicators to measure multidimensional outcomes during routine clinical practice. Other research initiatives have included a review of the cost of future HIV care to ensure that the goal of universal access to antiretroviral therapy (ART) is realised. We also examined how patient and family carer priorities for end-of-life (EOL) care needs in Africa are taken into account by service providers. This study was conducted in partnership with the Cicely Saunders Institute, King's College, London, to identify public priorities and preferences for EOL care in Windhoek, Namibia.

## Partnering to give children a voice

Currently, paediatric palliative care services are largely based upon anecdote rather than robust evidence of their effectiveness, while at the individual patient level there is no multi-dimensional instrument to capture children's lived experiences in multiple domains over



Members of the African Palliative Care Research Network at its initial meeting in Kampala, 23-25 April 2012.



time, rendering targeted service interventions to address any distressing areas problematic.

APCA identified a need to validate an outcome measure (the *APCA African Children's POS*) that would not only fill that gap, but whose originality globally would profile paediatric work and research on the continent. **By underpinning the discipline with evidence, we expect that children in palliative care would have their pain and other distressing symptoms associated with their life-limiting conditions taken seriously and rigorously.**

Following a consultation exercise with experts from across the region, an initial tool was developed and a first phase pilot was conducted between September 2009 and February 2010 in four sites in three countries.

The second phase pilot of the tool entailed a multi-site longitudinal study utilising both quantitative and qualitative data collection methods, carried out in eight sites across five countries. Following completion of the second phase pilot, the data was collated, analysed and the review findings incorporated into a protocol for final tool validation. This process is ongoing, with a total of 300 children with their carers being recruited into the study in three sites in Kenya, South Africa and Uganda to determine the tool's face validity, sensitivity to change over time, construct validity and internal consistency. Results from the exercise will be reported in 2013.

#### **Partnering to address the cost of HIV care**

Confronted by diminished external donor funding and the transitioning of HIV from an emergency to a chronic condition, many African countries will have to assume increasing responsibility for addressing the associated costs of future HIV care. Indeed, informed fiscal budgeting will increasingly be needed over the longer term to ensure that the goal of universal access to ART is realised.

However, despite the centrality of care and treatment in national responses to the HIV epidemic, identifying the exact costing per patient associated with AIDS programmes is a relatively recent development.

Moreover, very few studies have examined the costs for ART programmes. In collaboration with MEASURE Evaluation, APCA launched a study in Uganda to provide a broader, more accurate insight into the costing of HIV care at differing levels of service delivery to support the modelling of costing features, which can be extrapolated to similar facility levels across Africa.

The study, which aims to gather data on 600 adults and 200 paediatric patients in 12 accredited ART centres, aims to estimate the actual average costs of providing HIV treatment, care and support services using both bottom-up (based upon patient and carer interviews) and top-down (based upon service financial data) techniques. The study results will be available in 2013.

#### **Partnering to address end-of-life-care**

**As the end-of-life (EOL) care needs of populations in Africa are growing, quality EOL care provision is increasingly an international public health issue.** To help ensure services are responsive to people's expectations and needs, it is imperative they take account of patient and family carer priorities and preferences. In sub-Saharan Africa, research into these domains has been minimal.

To address this gap, APCA, in collaboration with the Cicely Saunders Institute, King's College, London, undertook a study of public priorities and preferences for EOL care in Windhoek, Namibia. The survey uncovered four important findings: (i) for nearly two thirds of participants, improving the quality of life is considerably more important than extending life itself in a scenario of advanced illness; (ii) the vast majority (i.e. more than 9 in 10) of people would always like to receive information on available care options, and the symptoms and problems they might experience; (iii) being in pain is the most concerning symptom and problem, and; (iv) most people want to be involved in decisions about their care and to involve their family in that process, particularly in a scenario of personal incapacity. Partnering arrangements, which have been pivotal to the success of these studies, is the future path that will continue to be followed by the APCRN.

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“ At APCA partnership is described as an opportunity that allows us to do more with less. With the limited palliative resources to go around, it is important that we all work together in a collaborative and strategic manner to maximise the limited resources we have and to reach much more people who need palliative care across Africa. ”

*Former APCA Executive Director, Dr Faith Mwangi-Powell.*

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# Partnering for Sustainability

**E**nsuring economic sustainability remains a priority area for APCA through the development of strategic partnerships. Since the inception of APCA's Strategic Plan (2011-2020), APCA has been working to forge and strengthen collaborative relationships in promoting its core strategic drivers - awareness, integration, evidence and sustainability. As a membership organisation, bringing together the efforts and resources of individuals, organisations and other key stakeholders in a collaborative approach is central to APCA's vision and long-term sustainability.

## Developing a partnerships framework

This year, we created a framework to strengthen collaborative approaches with new partners in order to achieve results in line with APCA's Strategic Plan for the period 2011-2020. This framework describes our approach to partnership development and management. It outlines the different types of partners that APCA engages with; the process for moving each of these types of partnerships forward in a way that is precise and measurable, and the tools that will be used to track and share partnership information.

To support the use of this framework, a mapping tool was developed to collect and store key information from past, current and potential APCA partners. This data was collected from over 300 websites of organisations that were perceived to be most relevant for advancing palliative care in Africa. The partnership database has enabled APCA to manage, communicate with, and build relationships effectively with current and potential partners.

## Strengthening existing partnerships through monitoring and evaluation

As we strive continually to strengthen existing partnerships, this year APCA staff participated in USAID rules and regulations training workshops and a financial training workshop in Kampala, organised by the UK-based Mango consultancy. Participation

in these trainings followed an organisational capacity assessment (OCA), which focused primarily on finance and administration systems strengthening. Both trainings equipped APCA staff with essential knowledge and skills in managing finances, which included developing and monitoring budgets, and practicing good financial principles in the procurement process.

As APCA successfully develops more USAID-funded partnerships, such as programmes in Southern Africa through the Regional HIV/AIDS Program (RHAP) and the American International Health Alliance/ Twinning Center, APCA serves as a monitoring institution for these projects. By increasing our monitoring and evaluation skills base, we can better support partnering organisations to ensure full compliance with USAID rules and regulations, thereby enabling APCA and its partners to fortify this key funding relationship.

## The Net Effect: Spanning diseases, Crossing borders

We are pleased to announce that APCA's 2013 conference will be held in South Africa, in partnership with the Hospice Palliative Care Association of South Africa (HPCA). Forefront to our preparations for the conference is the aim of developing new partnerships that would attract members of the global health community who may have not had direct exposure to palliative care in their field of work. We are also expanding our target audience to include partners from Francophone and Lusophone countries that have traditionally had low participation in the global palliative care dialogue. We look forward to sharing this opportunity for learning and collaboration with our African and international partners.



9.67 million people are in need of palliative care across the continent

# APCA Resources

One of the ways in which APCA strives to ensure that palliative care is widely understood, integrated into health systems and underpinned by evidence, is through the development of palliative care materials and resources tailored to the needs of African patients and health care providers. These materials cover awareness, policy, advocacy, education and quality improvement in palliative care.

Electronic versions of the following resources can be downloaded free of charge from the Resource Centre on APCA's website, categorised according to publication language and by year of publication. African partners may receive technical assistance in the adaptation of these resources to their local context.



## Palliative Care Core Curriculum (2012)

To contribute to the availability of basic knowledge and skills for the provision of palliative care in Africa, APCA has developed a competency-based core curriculum framework for use in introductory training on palliative care. The curriculum incorporates theoretical, practical, mentorship and supervision components that are critical to the effective application of knowledge in practice. **This resource is available in English and has been developed in partnership with AIDSTAR-One.**



## A Framework of Core Competencies for Palliative Care Providers in Africa (2012)

To guide the provision of quality palliative care services across the African region, APCA has developed a framework of core palliative care competencies that can be used by service providers, educators and other stakeholders to guide programme development. These competencies also provide useful guidance when designing and implementing targeted and effective education programmes in palliative care, aimed at producing highly competent care providers. **This resource is available in English and has been developed in partnership with AIDSTAR-One.**



## APCA Standards for Providing Quality Palliative Care across Africa (2011)

This resource covers the following five principles in palliative care provision: organisational development; holistic care provision; children's palliative care; education and training; and research and management of information. **This resource is available in English and has been developed in partnership with the Elton John AIDS Foundation.**



## Successful Advocacy for Palliative Care: A Toolkit (2011)

A guide for champions of palliative care across Africa, packed with advice for working with policy makers, the media and the public to win support for palliative care provision. It provides useful frameworks for engaging governments to prioritise palliative care as an approach for health systems strengthening. **This resource is available in English and French and has been developed in partnership with DFID and Help the Hospices.**



**Beating Pain: A Pocket Guide for Pain Management in Africa (2010)**

This guide targets clinicians to improve their knowledge and skills in managing pain in an African clinical setting, paying special attention to children's needs.

**This resource is available in English, French and Portuguese and has been developed in partnership with AIDSTAR-One.**



**Guidelines for the Use of the APCA African Palliative Outcome Scale (POS) (2011)**

This guide provides a simple tool for measuring care outcomes for patients receiving palliative care and walks you through the steps of using the tool, and how to analyse and use the data for the improvement of patient care. The development of a children's version of the POS is underway.

**This resource is available in English and has been developed in partnership with AIDSTAR-One.**



**Guidelines for Ensuring Patient Access to, and Safe Management of, Controlled Medicines (2010)**

These guidelines cover essential regulatory and administrative measures needed to achieve the essential balance for safely managing opioid medicines and access to patients. They allow policy makers, service providers and drug regulatory bodies to navigate the supply chain for class A drugs. **This resource is available in English and has been developed in partnership with the True Colours Trust.**



**Palliative Care: A Handbook of Palliative Care in Africa (2010)**

This resource targets the general population, including busy managers and administrators, to introduce them to palliative care. Compiled as a comprehensive manual, this handbook contains essential information on palliative care provision in the African context and is a useful resource for palliative care service planning. The manual includes a section on children's palliative care. **This resource is available in English, French and Portuguese and has been developed in partnership with AIDSTAR-One.**



**Using Opioids to Manage Pain: A Pocket Guide for Health Professionals in Africa (2010)**

A succinct guide to opioids for medical practitioners, this pocket guide includes compelling justification for their use, myths about opioids, pain evaluation and how to use opioids to manage different levels of pain. **This resource is available in English and has been developed in partnership with the True Colours Trust.**

**NEW**

**Beating Pain: E-learning Guide (2012)**

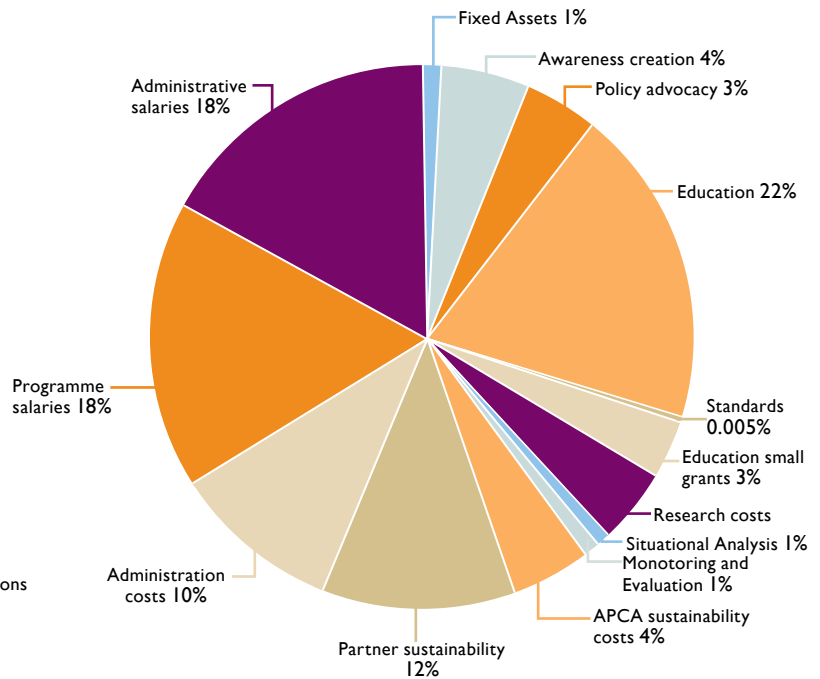
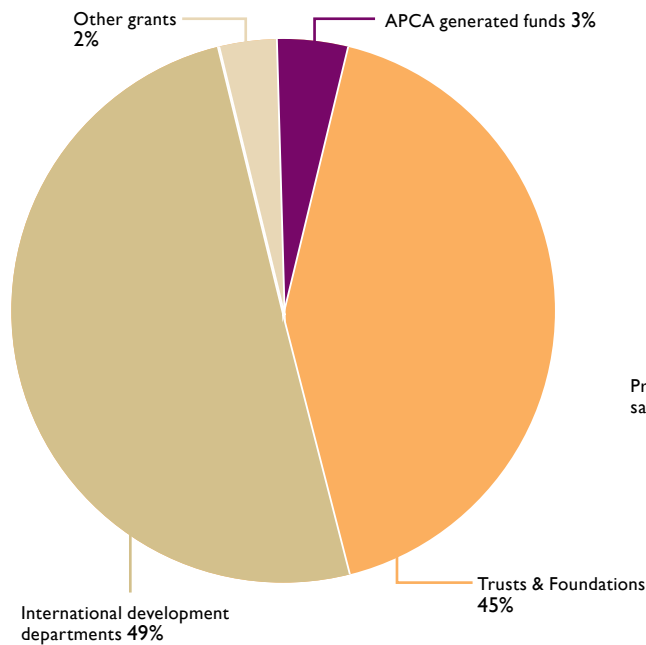
An e-learning guide to facilitate self-directed learning to manage pain effectively using the *Beating Pain: A Pocket Guide for Pain Management in Africa* publication. Both the pocket guide and e-learning guide target doctors, clinicians, nurses, medical assistants, pharmacists and dispensers at all levels of service provision in Africa. The e-learning guide, available in English, enables you to undertake self-directed learning on pain management using the pocket guide as a resource.

To contact us for further information on these resources, republication and copyright information, please email: [info@africanpalliativecare.org](mailto:info@africanpalliativecare.org).

# Financial Information

Where the money came from

Where the money went



Sources of income	Bal b/f 1/4/2011	Income for the Fyr 11/12	2011/2012 Amount	2011/2012 Percentage
APCA generated funds	\$74 615.50	\$33 649.56	\$108 265.06	3%
Trusts and Foundations	\$199 066.07	\$1 232 178.98	\$1 431 245.05	45%
International Development departments	-\$68 018.69	\$1 622 418.53	\$1 554 399.84	49%
Other grants	\$0.00	\$68 387.04	\$68 387.04	2%
<b>Total</b>	<b>\$205 662.88</b>	<b>\$2 956 634.11</b>	<b>\$3 162 296.99</b>	<b>100%</b>

Expenditure	2010/2011 Amount	2010/2011 Percentage
Awareness creation	\$97 722.06	4%
Policy Advocacy	\$68 957.22	3%
Education	\$491 315.51	22%
Standards	\$10 101.48	0.005%
Education small grants	\$69 854.25	3%
Research costs	\$58 608.71	3%
Situation analysis	\$21 844.06	1%
Monitoring and Evaluation	\$18 316.13	1%
APCA sustainability costs	\$81 201.95	4%
Partner sustainability costs	\$276 574.32	12%
Administration costs	\$222 950.66	10%
Programme salaries	\$402 724.67	18%
Administrative salaries	\$390 850.50	17%
Fixed assets	\$28 189.97	1%
<b>Total</b>	<b>\$2 236 789.49</b>	<b>100%</b>





# To our donors: **Thank you**

We greatly appreciate the generous contributions of all APCA's donors. We stand by our commitment to make each contribution profoundly impact patients and caregivers in Africa to experience a future free from unnecessary pain and suffering. Thank you for partnering with us as we work to make this a reality.

- American International Health Alliance HIV/AIDS Twinning Center
- Endo Pharmaceuticals
- FHSSA
- Friends in Global Health
- Futures Group/ Measure Evaluation
- Help the Hospices with funding from DFID
- John Snow International/AIDSTAR-One
- National Association of Social Workers (NASW) of the United States
- Open Society Foundation – New York (OSF)
- Open Society Initiative for Eastern Africa (OSIEA)
- Open Society Initiative for Southern Africa (OSISA)
- President's Emergency Plan for AIDS Relief (PEPFAR)
- Reflecting the Positive Diversities of European Priorities for Research and Measurement in end-of-life care (PRISMA)
- Regional HIV/AIDS Program (RHAP)
- The Commonwealth Foundation
- The Diana, Princess of Wales Memorial Fund
- The True Colours Trust
- UK Department for International Development / Help the Hospices
- USAID Malawi
- USAID Namibia
- USAID Tanzania
- World Health Organization

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

Alternatively, please visit our website [www.africanpalliativecare.org](http://www.africanpalliativecare.org) and click "Donate."

Thank you for partnering with us.



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APCA/HPCA Palliative Care Conference  
**THE NET EFFECT** | **SPANNING DISEASES**  
**CROSSING BORDERS**

17-20 September 2013 | Johannesburg | South Africa

