

AFRICAN PALLIATIVE CARE ASSOCIATION

**ANNUAL
REPORT
2014 - 15**

CELEBRATING

10



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ACRONYMS

APCA	African Palliative Care Association
APCRN	African Palliative Care Research Network
APPF	African Pain Policy Fellowship
CDC	Centers for Disease Control and Prevention
DDIU	Data Demand and Information Use
HOSPAZ	Hospice and Palliative Care Association of Zimbabwe
HPCA	Hospice Palliative Care Association of South Africa
HRH	Human Resources for Health
ICPCN	International Children's Palliative Care Network
IEC	Information Education Communications
MoH	Ministry of Health
NCDs	Non-communicable diseases
NDA	National Drug Authorities
NGO	Non-governmental organisation
PCAR	Palliative Care Association of Rwanda
PCAU	Palliative Care Association of Uganda
PCAZ	Palliative Care Alliance of Zambia
PMP	Performance Monitoring Plan (tool)
POS	Palliative Care Outcome Scale
TOT	Training of trainers
TPCA	Tanzania Palliative Care Association
UGANET	Uganda Network on Law, Ethics and HIV/AIDS
VHT	Village Health Teams
WHA	World Health Assembly
WHPCA	Worldwide Hospice Palliative Care Alliance



At the heart of all of APCA's work are the patients and their friends, family and community. Here is a selection of patients who continue to inspire, educate and lead our work.





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 and 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, 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.



OUR CORE VALUES

Our core values, reflected in the various interventions, decisions and relationships that APCA is involved with, are:

Collaboration:

We work collaboratively, by asking for and giving support and by sharing success with others.

Integrity:

We are honest, trustworthy and straightforward in all our dealings, and we use time, money and resources wisely.

Diversity:

We value others for their contribution, irrespective of personal differences, we provide equal access to opportunities and we discourage any form of unfair discrimination.

Respect:

We involve and listen to others, and show consideration and empathy for their emotional and physical well-being.

Excellence and quality:

We always strive to provide services that meet or exceed the needs, standards and timescales of our internal and external stakeholders, and always strive for excellence and quality in all areas.

Reliability:

We deliver what we commit to and keep our stakeholders informed of progress.

Social justice:

We strive to create an organisation that is based on the principles of equality and solidarity, that understands and values human rights, and that recognises the dignity of every human being.

Cultural sensitivity:

We advocate for palliative care to be delivered in a culturally sensitive manner by respecting the values and beliefs of others even when they differ from our own.

Teamwork:

We strive to support one another, working cooperatively, respecting one another's views and making our work environment positive and enjoyable as we work towards achieving our goal.

WELCOME

Message from the Chair of the Board

Ten years in the life of any person, individual or organisation, is a significant landmark – particularly when it abounds with the attainment of major goals and objectives along the path, which has often not been smooth. As we at the African Palliative Care Association mark our 10th anniversary, we should look back with a sense of duty to accomplish what is undone, while looking forward with hope to a new horizon of expanding the frontiers towards “*relieving pain and suffering*”.

The past year presented us with brimming opportunities and prospects that allowed us to make an impact not just on the African continent, but on the global front as well. Our contribution to the various global efforts that culminated in the passage of the World Health Assembly resolution on palliative care is something that we must all take pride in. This resolution highlights and imposes an explicit duty and responsibility on us collectively as an organisation, and individually as advocates of palliative care.

Together we must continue to engage governments, ministries of health, institutions of care and partners to increase awareness, and to project the role of leadership, coordination, sustainability and research for the systematic integration of palliative care in the healthcare delivery systems of Africa.

The collective roles of past and present board members, management and staff of APCA, as well as the continual support of partners and donors are strongly acknowledged today as having contributed to placing us in a stronger position in the marathon to relieve needless pain and suffering today than we were at APCA’s inception.



Dr Bernard Tei Dornoo, Board Chair, APCA

It must be our resolve to foster collaboration, and harness the leadership and dedication of our global partners with whom we have taken great strides this year to advance the pain relief agenda on the continent and on the global stage.

As we join our hearts, minds, resources, hands and efforts together – from the northern, southern, east and west regions across Africa in this endeavour -- it is my firm conviction that we shall together be able to achieve our overall goal of improving the quality of life of patients, families and communities, making an impact at the governance levels of care in all countries in Africa.

On behalf of the Board of Directors, I welcome you to engage in this review of APCA’s achievements and thank you for your continuous commitment, dedication and collaboration to cloak African patients and communities with dignity in the midst of disease.

We trust our efforts will be multiplied in the next decade beyond all we can currently envision.

Message from the Executive Director

I am pleased to welcome you to a special 10-year edition of our Annual Report. At the forefront of our work since APCA's inception, are millions of patients eagerly and literally awaiting palliative care policies, guidelines and strategies to trickle down to their doorstep to alleviate their prolonged, preventable pain and suffering. This reality is reflected in the collage of patients featured throughout the report.

This year, APCA has been privileged to be their voice in the hallways of the World Health Organization, the deliberations of Ministries of Health and in the integration of this vital discipline into African academia and the media. We know that our mandate as a coordinating body requires strong partnerships to take monumental policy agendas forward while ensuring that widespread integration is sustained through awareness and education, upheld by quality services.

Today, APCA remains true to its founding vision and mission ten years ago: to increase access to palliative care for all in Africa. To ensure that palliative care is truly understood and integrated through health systems and to build a compelling evidence base for these essential services.

To this end, in 2014-15 we worked diligently to support communities, family networks and individual patients awaiting relief from physical pain as well as social, psychological and spiritual suffering.

We developed new resources and contributed to strategic global deliberations. We helped strengthen palliative care services in 21 African countries, with benefits that have had a ripple effect in communities, family networks and individual patients. We supported palliative care integration into the national health policies, guidelines and strategies in six African countries. We trained nearly 700 health care professionals,



Dr Emmanuel Luyirika, Executive Director, APCA

academics and religious leaders in palliative care and focused on capacity building for 29 health facilities across 12 countries to provide palliative care services at the health facility level – where most patients go to access these services. We also administered 15 small grants that strengthened services to children and patients in rural areas.

We collaborated with partners to reach over 2,000 strategic stakeholders through 30 awareness and sensitisation forums in nine African countries and collaborated on ground breaking research initiatives in mHealth, Human Resources for Health, NCDs, and patient outcome assessments in adults and children. We know all this was only made possible through the generosity of our partners in Africa and worldwide who share our vision to increase access to palliative care for all in Africa.

It is with joy that I invite you to read our 2014-15 Annual Report to learn more, to be motivated to become partners and donors, and to find out how you, too, can join in a legacy of relieving the pain and suffering of millions in Africa. May our resolve spur us on to another fruitful year and decade ahead.

10 YEARS OF PALLIATIVE CARE IN AFRICA

HOW HAS THE LANDSCAPE OF PALLIATIVE CARE IN AFRICA CHANGED MOST SIGNIFICANTLY SINCE ITS FOUNDING 10 YEARS AGO?

Dr Faith Mwangi-Powell

It is hard to believe that it has been ten years since APCA was established. I feel very privileged to have been part of APCA and many congratulations to everyone who has been part of this work – it is a great milestone!

Looking back, the African landscape for palliative care has been significantly transformed on many levels. Globally, and through the tireless advocacy of many passionate and committed palliative care leaders, we have seen greater recognition of the discipline as a fundamental human right and its true value in relieving suffering has been recognised. This has resulted in the greater integration of palliative into key global policies and resolutions. This is no small achievement; it is the very heart of the sustainability of this work. Similarly, the establishment of the Worldwide Hospice Palliative Care Alliance (WHPCA), uniting the global voice for palliative care has not only raised its profile, but has also brought about global solidarity and coordinated efforts that have been a great success.

Regionally, APCA has continued to be innovative and has spearheaded many successes for the continent; for example, engaging ministers of health across Africa to support palliative care. These ministers hold the key to unlocking greater access to palliative care for their respective countries. These efforts have been underpinned by the unfailing commitment of the national associations, who have been at the forefront of efforts to ensure palliative care is available to all. To this end, we have seen incredible successes in many countries where national associations are setting the pace and national agenda for palliative care. At the patient level, we have seen greater access and more awareness of the need for palliative care, with patients in many countries demanding this care. For me, this is how I define success and it has been a great ten years.

Fatia Kiyange

Within the last 10 years, the landscape of palliative care development has moved from individual or personalised initiatives and efforts to more institutional developments centred in ministries of health. The recent global frameworks and commitments on palliative care have made it easier for governments to be persuaded and assume their responsibilities in palliative care provision.

They have also made advocacy by regional and national palliative care associations more solid and meaningful. These include: the May 2014 World Health Assembly resolution on palliative care; its inclusion in essential services under Universal Health Coverage (UHC) in 2012, and its inclusion in the 2011 United Nations Political Declaration on Non-Communicable Diseases.

WHAT DO YOU CONSIDER TO BE THE MOST SIGNIFICANT ADVANCEMENT IN PALLIATIVE CARE IN AFRICA WORTH CELEBRATING FROM THE LAST 10 YEARS?

Dr Faith Mwangi-Powell

With the level of success I mentioned, it is difficult to pinpoint the most significant success. However, what I know for sure is that there is more awareness of what palliative care is and its true value, both at the policy and public level than in 2005, when many people did not even know what the term 'palliative care' meant. We always advocated for greater integration of palliative care into health systems following the WHO's public health approach, and we have seen this achieved to varying degrees, with many countries developing palliative care policies as a first step in that process. Indeed, sub-Saharan Africa has been described as a huge success in palliative care development globally. There is also much more recognition of the value of rigorous research producing evidence to drive policy and service development.



Dr Faith Mwangi-Powell



Fatia Kiyange

Fatia Kiyange

The benefits of advocacy and awareness creation at the policy level and with health training institutions has led to palliative care integration in health systems and academic institutions in countries like Kenya, Malawi, Botswana, Uganda, Tanzania, Namibia and others. Other advancements include:

- More than 20 types of information and education materials have been produced in the last 10 years, including regional standards for palliative care provision and various sets of guidelines. These have been adapted by several African countries.
- Within the last 10 years, six African countries (Rwanda, Swaziland, Malawi, Mozambique, Tanzania and Zimbabwe) have developed and are implementing national palliative care policies and another two countries (Botswana and Uganda) are in final stages of developing such policies. These policies are coming with some financial commitments from governments, although funding remains inadequate due to generally overstretched country health budgets. They are also helping in building a sustainable foundation for access to palliative care on the continent.
- The last 10 years have also seen the integration of palliative care into more than 150 public health facilities in Kenya, Malawi, Tanzania, Uganda, The Gambia, Zambia, Rwanda and Swaziland, among others.
- Palliative care is integrated in more than 30 health teaching institutions in Botswana, Kenya, Malawi, Namibia and Tanzania. Degree and post-graduate courses have been developed in Kenya, Tanzania and Uganda to supplement those implemented in South Africa.
- Research has also taken a centre place in palliative care and there is more realisation of the need for research evidence to support policy development and implementation as well as programming and service development. The African Palliative Care Research Network, hosted at APCA, is coordinating these efforts.
- From less than five functional national palliative care associations in 2005, Africa currently has 21 country associations which play a critical advocacy and coordinating role for country based palliative care developments. The capacity of these associations has been significantly strengthened over the last 10 years.

WHAT WOULD YOU LIKE TO WISH APCA'S STAKEHOLDERS/PARTNERS FOR THE NEXT 10 YEARS?

Dr Faith Mwangi-Powell


Despite the great successes, there is still a great deal to be done. For the next 10 years we need to harness these collective accomplishments and focus on translating the many global policies and resolutions into real actions at the patient level. We need to ensure we focus on returns on investment so that the great efforts and support that has been expended into global advocacy can translate meaningfully into more government accountability and responsibility to increase domestic financing for palliative care. With declining international donor funds for palliative care, there is a need to refocus our efforts and engage more with local partners and governments so that global successes are translated into local patient-level outcomes. Here is to another 10 years of success! Congratulations once again.

Fatia Kiyange

Achieving universal access to palliative care services – for all chronic diseases, for children, adults and the older persons; for the rich, the poor and other vulnerable populations; those in urban and rural areas, etc. This is only achievable if we work through strategic partnerships to leverage the limited resources available, while recognising the strength and comparative advantage of one other.

We must draw and utilise lessons from the last 10 years and avoid wasting resources by re-inventing the wheel. We must have true commitment to those who need the services and to ourselves, learning from the early pioneers in the discipline for a sustainable future. We also need a more consolidated fund for palliative care to reach the next set of milestones, ready to adapt to the changing landscape for palliative care development in Africa.

SAVE THE DATE!



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

DIFFERENTIATED CARE FOR DIVERSE COMMUNITIES

5th International African Palliative Care Conference

DATE
16-19
August
2016

Hosted by:

African Palliative Care Association
Worldwide Hospice Palliative Care Alliance

Venue:

Speke Resort, Munyonyo
Kampala, Uganda

www.africanpalliativecare.org/conference2016



At the centre of all the activities undertaken by APCA are patients, their families and carers. APCA strives to adapt palliative care to African traditions, beliefs, cultures and settings, all of which vary between and within communities and countries on the continent. As such, APCA works with its partners and members to provide African solutions to African problems, articulating them with what is the recognised voice for palliative care across the continent, as it seeks to drive forward its development for all in need.

The role of APCA is not to provide direct clinical care to people living with progressive life-threatening illnesses, but instead to play a facilitative role, working collaboratively with existing and potential providers of palliative and other health care services to expand service provision by building capacity and strengthening health systems by supporting the integration of palliative care at all levels.

APCA works to build effective linkages between all our key stakeholders, including: patients, their families and communities; carers (both family and volunteers); health care providers and educators; African governments, policymakers and decision makers; APCA's constituent members (both individuals and organisations); national palliative care associations, hospices and palliative care organisations; academic institutions; the media; governmental and non-governmental donors (both within and outside the continent); and the general public. These linkages come about, and are strengthened, through a network of national, regional and international partnerships.

APCA's work cuts across four 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.

What APCA has succeeded in achieving in each of the first three of these strategic objectives during 2014–15 is given next.

RAISING AWARENESS OF PALLIATIVE CARE

APCA is determined to ensure that everyone understands palliative care and its role in the wider health care system. APCA is committed to support policymakers, legislators, academics and students, health care providers, researchers, educators and members of the general public in understanding the implications of quality palliative care services for patients and their families. Through our digital Resource Centre, we publish resources designed to support and empower different stakeholders to understand palliative care and the role they can play in changing the lives of both adult and child patients. In our work to increase knowledge and awareness on why palliative care is an essential health service in Africa, here are the major highlights we are pleased to report.

During 2014-15, APCA has used innovative approaches to increase the knowledge and awareness of palliative care in Africa. We have ventured into ensuring palliative care topics gain prominence through radio programmes, social media, as well as through the development and dissemination of materials and strategic sensitisation meetings.

The target audiences for palliative care messaging this year included: ministries of health and other relevant government departments, health care providers, patients and their families, civil society organisations, advocates at the global, regional and national levels, health educators, members of the media, the legal fraternity, and the general public.

APCA has helped strengthen palliative care services in 21 African countries, with benefits that have had a ripple effect in communities, family networks and individual patients awaiting relief from physical pain as well as social, psychological and spiritual suffering.

APCA's scope of influence is further echoed through its website, publications and social media dissemination channels to increase palliative care awareness. These have included: Facebook, Twitter, the APCA newsletter, as well as press release dissemination.

In addition, APCA still maintains the editorial oversight of the growing Africa edition of the global palliative care news site, ehospice, available at: www.ehospice.com. This site reaches out to a global palliative care and wider health journalist community. This year, the most popular articles on the Africa edition of ehospice addressed issues in policy development, patient impact, and educational resources.

ehospice



NEW FRONTIERS

APCA has embarked into palliative care programming in West Africa. In **Togo**, the first national palliative care advocacy and sensitisation workshops were conducted with the aim of introducing the concepts and principles of palliative care into Togo’s health system. The workshops targeted national level stakeholders from the Ministry of Health (MoH), public health facilities, Non Communicable Disease (NCD) alliances, National Drug Authorities (NDA), non government organisations (NGOs) and the National AIDS Secretariat. Togo has since encouraged the enrolment of several health professionals to palliative care initiators courses at Hospice Africa Uganda (HAU). In **Liberia**, plans for a similar national workshop were interrupted by the devastation of the Ebola outbreak.

This year, APCA collaborated with partners to reach over 2,000 strategic stakeholders through 30 awareness and sensitisation forums in nine African countries, including: **Kenya, Liberia, Mozambique, Swaziland, The Gambia, Togo, Uganda, Zambia, and Zimbabwe.**

“As a result of the published story about our services the turn up of patients at the facility increased by over 50%. People would read the story and make phone calls to confirm whether the services are available...”

MEDIA ENGAGEMENT



APCA and PCAU staff with members of various media houses following a workshop in Uganda.

To ensure quality reporting on palliative care needs in Africa, APCA in collaboration with the Palliative Care Association of Uganda (PCAU), developed a series of **Palliative Care Factsheets for Media Houses in Uganda**, accessible through the Resource Centre on the APCA website. The factsheets are a resource to ensure that media houses share accurate and standardised information regarding palliative care.

In contexts where literacy rates may be low, radio is an effective medium to reach the masses with effective dissemination of palliative care information and messaging. As a result of APCA’s media engagement, in collaboration with PCAU, a number of palliative care service providers were provided with free radio slots to share palliative care information and respond to the public’s frequently asked questions. In **Kenya and Zambia**, radio programmes were held on national stations, with input from national associations, to further increase awareness around what palliative care is and its impact on communities in those countries. In **Uganda**, through the influence of journalists trained by APCA and PCAU, a number of radio programmes from local stations were also run on national stations, thus increasing the scope of message exposure among large population segments in the radio station catchment areas.



Also in Uganda, advocacy efforts targeted 42 health journalists and editors from 17 media houses to increase their understanding of the human rights and legal issues patients and their families face.

These trained journalists published articles on palliative care and human rights in their local newspapers, impacting local communities in their identification of palliative care patients and community members seeking out these services.

The impact of increased media coverage is highlighted in the example of Hospice Jinja in Uganda, which received an increase in demand for palliative care services following the publication of a touching article about one of their clients in *The Observer* newspaper. Hospice Jinja Coordinator, Richard, noted:

“...that story was a ground breaking avenue of creating awareness about the availability of palliative care services at Hospice Jinja. We had tried all the other methods of reaching out to the community like using Village Health Teams to pass on information, but they were not as effective. But as a result of the published story about our services the turn up of patients at the facility increased by over 50%. People would read the story and make phone calls to confirm whether the services are available...”

The *Observer* article is accessible at:

<http://observer.ug/lifestyle/health/31923--prostate-cancer-turned-his-world-upside-down>

During the reporting period, APCA also had articles published with significant mentions on **PR Web, The Daily Telegraph, NBS TV, Republikein, All Africa** and the **Stroud News and Journal**. All these mentions in the media are recorded on our [new look website](#).

PAN-AFRICAN ADVOCACY STRATEGY DEVELOPMENT

In a collaborative effort with 15 national palliative care associations from across Africa, APCA developed the 10-year *Palliative Care Advocacy Strategy for the African Region (2015 – 2025)*. The strategy is aligned to the 2014 World Health Assembly Resolution on Palliative Care, with its 9-point mandate to the WHO’s Member States as the focal point during the strategy development meeting in Uganda. Participating national associations in this initiative included:

- **Botswana** Hospice and Palliative Care Association (BHPCA)
- Hospice and Palliative Care Association of **Cameroon** (HPCAC)
- Palliative Care Association of **Cote d’Ivoire** (PCACD)
- **Ghana** Palliative Care Association (GPCA)
- **Kenya** Hospice and Palliative Care Association (KEHPCA)
- Palliative Care Association of **Malawi** (PACAM)
- **Mozambique** Palliative Care Association (MOPCA)
- Hospice and Palliative Care Association of **Nigeria** (HPCAN)
- Palliative Care Association of **Rwanda** (PCAR)
- Hospice Palliative Care Association of **South Africa** (HPCA)
- **Tunisian** Association for the Promotion of Palliative Care (TAPPC)
- **Tanzania** Palliative Care Association (TPCA)
- Palliative Care Association of **Uganda** (PCAU)
- Palliative Care Alliance of **Zambia** (PCAZ)
- Hospice Palliative Care Association of **Zimbabwe** (HOSPAZ).

“ APCA is determined to ensure that everyone understands palliative care and its role in the wider health care system. ”



This advocacy strategy is expected to be a very useful tool for palliative care stakeholders in Africa to ensure that concerted efforts towards advocacy for palliative care in Africa are synchronised, harmonised, and ultimately effective.

We are happy to report that in July 2014 the **Botswana Hospice and Palliative Care Association (BHPCA)** was launched, with support from APCA. It is hoped that the association will boost advocacy efforts for palliative care in Botswana once the organisation obtains funding for its activities. APCA also provided technical and financial support to the Botswana MoH towards the development of a national palliative care policy.

RAISING AWARENESS THROUGH PALLIATIVE CARE SYMPOSIUMS

In **Namibia**, APCA partnered to organise two palliative care symposium events in Windhoek and Oshakati, in close collaboration with the University of Namibia (UNAM) School of Medicine and Faculty of Law, and the Ministry of Health and Social Services. The aim of the symposiums was to create awareness, and advocate for palliative care service integration into health and community programme planning and implementation. Both symposiums were well attended, with a total of 150 participants.

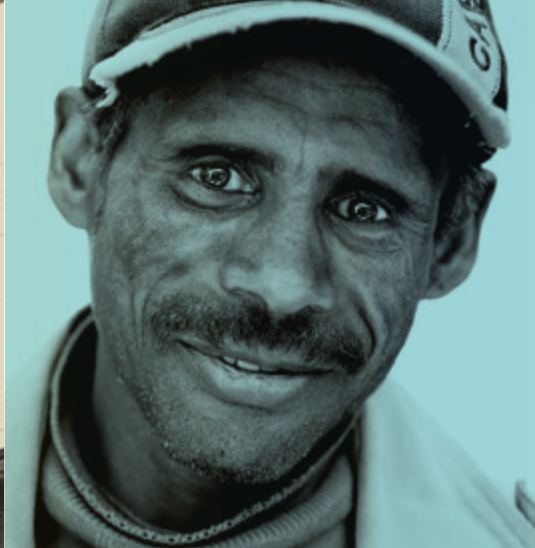
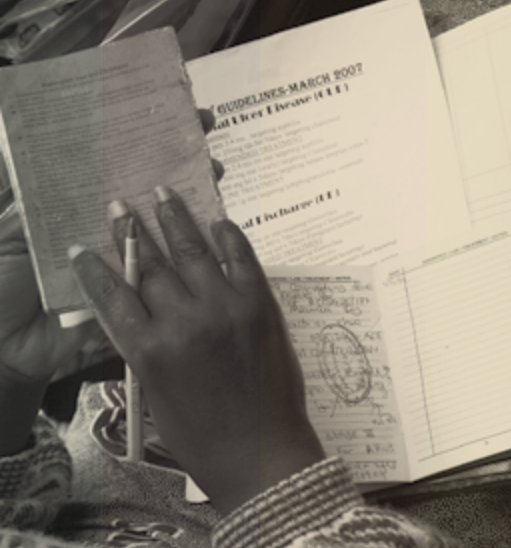
Following the event, participants called upon the Ministry of Health and Social Services to fast track the process of recruiting a palliative care coordinator at the MOHSS and eventually in the remaining regions. This step would serve as a prerequisite for the efficient and effective coordination and consolidation of services across the country.

As a means of further raising awareness on the need for palliative care in Namibia, APCA used these symposium forums to further disseminate IEC materials, including: *Beating Pain: A Pocket Guide for Pain Management in Africa*, *Palliative Care for Women Living with HIV*, *Successful Advocacy for Palliative Care: A Toolkit*, and other palliative care information resources.

COMMUNITY OUTREACH

An essential part of creating a demand for palliative care services lies in the strengthening of referral pathways for the public to know how to access palliative care services. APCA has supported community outreach projects in **Kenya, Zambia and Uganda** towards this aim and provided direct support to participating health facilities with palliative care activities in these countries. In areas where communities, village health teams, and local and religious leaders were sensitised on the importance of palliative care services, the consumption of morphine in implementing hospitals steadily went up over the project's duration.

In **Kenya**, over 1,620 people in Homa Bay District Hospital and Nyeri Hospital were reached through community dialogues where issues of palliative care were discussed. These outreaches were held in churches, at funerals and other public meetings where palliative care teams requested a slot to give a talk and provide information on palliative care services available at the hospital. They also encouraged community members to refer patients with palliative care needs to these hospitals. The outreaches contributed to the creation of demand for palliative care services, strengthening the referral pathway to encourage early identification of chronic conditions, and thereby improving the quality of life for patients with advanced and terminal diseases.



In **Zambia**, a palliative care awareness meeting was held for 49 caregivers from three home-based care (HBC) centres, which cover 34 health facilities in Mazabuka District. The meeting was coordinated by Mazabuka Community General Hospital, in collaboration with the Palliative Care Alliance of Zambia (PCAZ). In Ndola District Hospital, 127 community members were also reached with palliative care messages through a community sensitisation meeting. The aim of these meetings was to raise awareness around the existence of palliative care teams at these hospitals, to introduce the palliative care referral form to caregivers, and to increase awareness around HBC programmes. The meetings further aimed to equip the community with knowledge and skills in identifying patients needing palliative care services and to strengthen their capacity to provide supportive care.

INFORMATION EDUCATION COMMUNICATION MATERIALS

This year, APCA and its partners have developed, translated and printed several palliative care IEC materials with the support of its donors. These publications included:

- Palliative Care Factsheets for Media Houses (*targeting media houses in Uganda*)
- Palliative Care as a Basic Human Right (*poster translated into three languages: Luo, Runyankole/Rukiga and Runyoro/Rutooro*)
- Supporting a Person Facing Legal Issues and Human Rights Violations (*poster translated into three languages: Luo, Runyankole/Rukiga and Runyoro/Rutooro*)
- Palliative Care Patients' Rights (*poster translated into three languages: Luo, Runyankole/Rukiga and Runyoro/Rutooro*)

- Will Making and Succession (*poster translated into three languages: Luo, Runyankole/Rukiga and Runyoro/Rutooro*)
- An Introduction to Palliative Care Course for Legal Practitioners
- An Introduction to Palliative Care for Paralegal Practitioners
- Human Rights, Ethical and Legal Issues in Palliative Care: A Guide for Health Care Providers (*second printing*)
- Human Rights, Ethical and Legal Issues in Palliative Care: A Guide for Patients and Families (*second printing*)
- Guidelines for Clinical Placement in Hospice and Palliative Care in Africa
- Core Competencies: A Framework of Core Competencies for Palliative Care Providers in Africa
- Effective Methods of Teaching Palliative Care: A Guide for Educators and Trainers in Africa
- Beating Pain: A Pocket Guide for Pain Management in Africa.

These materials are already being disseminated to palliative care stakeholders across Africa, with several being adapted to local contexts. The *Beating Pain Pocket Guide for Pain Management in Africa* has been adapted in **Botswana, Nigeria** and **Kenya** and used to train clinicians in pain control. It was also adapted for the development of Botswana's National Pain Management Guidelines in 2014.

In **Namibia**, due to the popularity of this publication among clinicians and nurses, APCA reprinted copies of the pocket guides, and translated APCA brochures and palliative care information packs into two local Namibian languages, namely, Oshiwambo and Rukwangali.

The development of posters and translation of IEC materials into local languages in Namibia were among the initiatives employed to reach a wider audience with palliative care messaging in areas with the highest rates of HIV. The key areas of focus of the posters that were



developed addressed the following themes: *Make their journey comfortable (children); No one does it alone; Access to pain relief is a human right; and Keep your faith at all times (spiritual care)*. In Namibia, APCA further printed promotional pens with palliative care messages. All these materials were distributed through APCA's partnership with the Tonata Network of People Living with HIV/AIDS and Catholic AIDS Action (CAA).

In **Swaziland**, APCA supported the MoH to developed palliative care IEC materials through funding and technical review. These palliative care resources, disseminated by the MoH to health care facility clinicians across the country, included the MoH's palliative care brochure, job aids and a palliative care algorithm.

education institutions from Africa and across the globe to improve access to palliative care on the continent. Delegates will also take stock of the gains realised since the last conference in September 2013.

We invite you to join us as we facilitate the sharing of evidence, lessons, best practices and innovative approaches for accelerating the achievement of global, regional and national commitments on palliative care.

Additional details are available on the newly launched conference website:
www.africanpalliativecare.org/conference2016.

APCA'S INTERNATIONAL AFRICAN PALLIATIVE CARE CONFERENCE

Preparations for the **APCA 5th triennial conference** have commenced this year. The conference will be co-hosted with the Worldwide Hospice Palliative Care Alliance (WHPCA) at **Speke Resort, Munyonyo, Kampala, Uganda from 16th to 19th August, 2016**. The conference theme, as approved by both the APCA and WHPCA boards of directors is: *Hospice and Palliative Care: From Resolution to Action – Differentiated Care for Diverse Communities*.

This theme echoes our vision to disseminate ideas and research evidence for how to move to action faster and more effectively in the wake of the **2014 World Health Assembly resolution on palliative care**.

The conference will bring together hospice and palliative care providers, patient groups, researchers, donors, development partners, government representatives and



INTEGRATING PALLIATIVE CARE INTO EXISTING HEALTH SYSTEMS

APCA believes that the most effective way to roll out palliative care is to integrate it into existing health systems as this is the

most sustainable way of reaching more patients and their families who are in need of palliative care.

To this end, APCA provides technical assistance in the following areas:



POLICY AND STRATEGY DEVELOPMENT, GOVERNANCE AND LEADERSHIP

We provide support for the inclusion of palliative care into national policies and the implementation of national palliative care programmes.



PALLIATIVE CARE EDUCATION AND TRAINING

We provide education training resources and tools to support the implementation of national palliative care education programmes. We also support specialist training through bursaries.



MEDICINES AVAILABILITY

We provide guidelines and tools for health care providers and advocates, legislation guidance on use of opioids, education and training to ensure practical steps are taken towards ensuring pain relieving medications are made available to patients in need.



SERVICE DELIVERY

APCA provides technical assistance for the integration of palliative care in existing health services, including public health facilities and NGO health facilities. This is undertaken through capacity building of health care providers and quality improvement interventions.

“An essential part of creating a demand for palliative care services lies in the strengthening of referral pathways for the public to know how to access palliative care services.”



Palliative care policies, guidelines and strategies

During 2014-15, APCA has supported palliative care integration into national health policies, guidelines and implementation plans, pre-service and in-service health education and teaching programmes, national medicines policies, guidelines and regulations, and management systems. We have also supported palliative care integration into public facility health services and NGOs in a total of 21 African countries.

APCA supported the policy development and review process in six countries to ensure the integration of palliative care into health policies, guidelines and services. Country-specific developments from **Kenya, Namibia, Malawi, Tanzania, Uganda** and **Zimbabwe** are outlined below:

In **Tanzania**, the Tanzania National Palliative Care Policy Guidelines were approved by the government following a three-year development and review process, which APCA supported. The policy was inaugurated in September 2014, making Tanzania the 6th African country to approve a national palliative care policy after Rwanda, Swaziland, Mozambique, Malawi and Zimbabwe. Through the policy, nurses are legally allowed to prescribe pain management medications such as morphine.

In **Malawi**, the National Palliative Care Policy, developed with support from APCA, was approved and is currently in operation.

In **Uganda**, the drafting of Uganda's National Palliative Care Policy was completed in 2014. In November 2014, the draft policy was presented and discussed by the Technical Working Group of the MoH. The policy was approved with several amendments and was presented to the Senior Management Committee of the MoH, which

also provided its approval. The policy currently awaits approval from the MoH's highest management committee. APCA has also participated in the development of the palliative care communication strategy and implementation guidelines, which are a prerequisite for the approval of the National Palliative Care Policy. These guidelines are being developed under the leadership of the MoH and PCAU.

In **Kenya**, APCA supported the Kenya Hospices and Palliative Care Association (KEHPCA) in printing a *Handbook on Legal Aspects in Palliative Care* to support continued advocacy for pain management and palliative care as a human rights issue.

In **Namibia**, APCA supported a palliative care experiential visit for MoH officials from Namibia to Malawi to learn about how a national palliative care policy is implemented. This visit is regarded as an innovation as it was the first time APCA facilitated a country learning visit to Malawi, owing to the country's significant and systematic expansion of palliative care services, especially in government hospitals. APCA has observed an improvement in the response and proactive approach of Namibia's MoH and Social Services following this policy experiential learning visit.

In **Zimbabwe**, the Ministry of Health and Child Care (MoHCC) approved the National Palliative Care Situation Analysis and the National Palliative Care Policy. This resulted from the continuous advocacy efforts of HOSPAZ with support from APCA. The MoHCC is currently laying strategies on how to scale up palliative care in the country in compliance with the approved policy frameworks, their national policy, and the WHA resolution on palliative care.



Service delivery

APCA, in collaboration with its partners, directly supported 29 health facilities in 12 countries across Africa to build their capacity in the provision of palliative care services at the health facility level. Through small grants and other APCA-managed programmes, healthcare facilities in the following countries received support: **Ghana, Ethiopia, Kenya, Malawi, Namibia, Rwanda, South Africa, Swaziland, Uganda, Zambia, and Zimbabwe.**

APCA strengthened service delivery in these countries through training, clinical placements, on-site job mentorship, provision of palliative care information and educational materials and the provision of financial support.

As a result of this support, these facilities were able to integrate palliative care into their health systems. In several facilities, palliative care units or departments were formed, with fully functional teams.

To ensure patients have increased access to pain control, APCA has been working to strengthen internal referral systems within health facilities within these countries. In Kabale Regional Referral Hospital and Gulu Regional Referral Hospital in **Uganda**, for example, a stand-alone palliative care unit has been established and is manned by a palliative care specialist that has been trained by APCA and its partners. APCA has collaborated with PCAU, MPCU and the MoH to train nurses in palliative care and station them within each ward to ensure that pain control, and other palliative care interventions, are becoming mainstreamed.

To ensure quality services are delivered, APCA further supported Ndola Central Hospital in **Zambia** and Gulu Regional Referral Hospital in **Uganda** to conduct palliative care standards audits. These audits were undertaken to identify the major palliative care gaps at the respective hospitals. Quality improvement plans for Gulu Regional Referral Hospital in Uganda and Moi Teaching and Referral Hospital in **Kenya** were also implemented during this year.

With an aim of drawing lessons from more advanced and experienced partners in Uganda to implement a palliative care national strategy, a team of four delegates from **Swaziland** visited Uganda. The delegates visited various palliative care stakeholders in the country with one of the major outcomes being a shared best practice on chemotherapy management and odour control, as Swaziland moves towards opening a chemotherapy unit.

This year, an evaluation led by the University of Edinburgh at the end of a three-year project highlighted significant advancements in service provision in countries participating in the project, namely: **Kenya, Rwanda, Uganda, and Zambia.**

The University of Edinburgh's evaluation showed an increase in morphine consumption per capita, which is also associated with an increase in number of patients seen over a three-year period.

In Nyeri Hospital in **Kenya**, for example, there was a five-fold increase in morphine consumption from 40,000 mgs of morphine consumed in 2012, to 220,000 mgs by March 2015. The number of patients receiving palliative care services increased from 151 to 413 patients.

In Kabale Regional Referral Hospital in **Uganda**, the number of patients receiving palliative care services increased from zero at baseline (where patients were not receiving any palliative care services prior to the partnership) to 315 patients; there was also an increase from 36,000 mgs in 2012 to 120,000 mgs by March 2015 in morphine consumption.

In CHUK Teaching Hospital in **Rwanda**, there was an increase from zero mgs of reported morphine consumption to 116,000 mgs, and an increase in patients seen from 85 to 466.

In Ndola Central Hospital in **Zambia**, there was an increase in morphine consumption from 5,200 mgs to 93,200 mgs in the same period of time and an increase of 44 to 1,848 in patients receiving services.



These increases are a good indication that there is improved access to palliative care services in these hospitals and their surrounding areas.

Strengthening legal support for palliative care

The integration of legal support and media engagement into palliative care services in **Uganda** in 2014 is regarded as a highly innovative initiative in APCA's programming and collaboration with the Palliative Care Association of Uganda (PCAU) and the Uganda Network on Law, Ethics and HIV/AIDS (UGANET).

Six organisations have embarked on the integration of legal support in their services in **Uganda**, including: Hospice Africa Uganda, Kawempe Home Care, Makerere Palliative Care Unit in the National Referral Hospital, Rays of Hope Hospice in Jinja, Mildmay Uganda and Kitovu Mobile Programme in Masaka District.

In **Malawi**, APCA has also supported the national association to initiate steps for the integration of legal services into existing palliative care programmes. To this end, an awareness and advocacy meeting was conducted for lawyers and palliative care providers which was followed by an experiential visit to Uganda by a legal expert and a team from the Palliative Care Support Trust to learn about legal services for palliative care patients in Uganda.

Strengthening services through small grants and programmes

Through its small grants programme, APCA contributed to the improvement of access to palliative care services. Fifteen small grants were awarded to palliative care organisations in the following 10 African countries: **Ghana, Ethiopia, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Uganda, and Zimbabwe.**

The activities that were funded spanned from supportive equipment for patients, provision of palliative care for

children and young people, provision of palliative care medicines, support for training courses for palliative care service providers within Africa and increasing access to palliative care in rural areas.

These small grants have had a significant institutional impact in the countries where they were awarded. For example, a small grant to the Mozambique Palliative Care Association (MOPCA) has resulted in the initial development of a model for palliative care integration in district health services. The innovative model includes a partnership approach between public health services, NGOs, community volunteers and traditional healers.

An article covering this approach is accessible on the Africa edition of ehospice:

<http://www.ehospice.com/africa/ArticleView/tabid/10701/ArticleId/16382/language/en-GB/View.aspx>

In **Namibia**, APCA contributed to the institutional capacity of the Tonata network of People Living with HIV and AIDS (PLHIV). This network has an individual membership of over 9,000 PLHIV and more than 300 support groups of PLHIV. With the intent to integrate palliative care into the network's scope of work, a number of support groups and members were trained in palliative care service delivery. Members from Tonata's leadership team also visited HIV networks and organisations in Uganda to exchange lessons in key areas of organisational management, income generation, management of support groups and organisational sustainability.

One of the quality improvement areas for the network was the limited knowledge and skills among service providers in facilitating the effective disclosure of HIV status to children. APCA worked closely with Mildmay Uganda and ICPCN during this period to adapt a course on disclosure to children, with training extended to the staff, management and representatives of support groups within the network.



Medicines availability

In February 2014, APCA entered into partnership with the Pain Policy Studies Group (PPSG) at the University of Wisconsin to implement a one-year project aimed at piloting an African Pain Policy Fellowship programme. As a result of the partnership, a workshop themed “Availability of opioid analgesics for pain management” was held in Entebbe, **Uganda** for the programme’s five fellows from **Ethiopia, Ghana, Rwanda, Sudan, and Zambia**.

With the aim of empowering healthcare practitioners with knowledge and skills to improve patient access to opioid analgesics for cancer pain management in their countries, major outcomes from this initiative included:

In **Ethiopia**, the government has taken leadership and initiated the integration of pain management in its major hospitals. In **Ghana**, the Ghana Ministry of Health included a budget line item for palliative care and the curriculum of selected health training institutions included a section on palliative care.

In **Sudan**, capacity building of health workers was strengthened and hospital pharmacists, particularly at the Radiation and Isotopes Center, Khartoum (RICK), had their working hours adjusted to facilitate better access to morphine by patients.

In **Zambia**, a survey of morphine use was undertaken across all health facilities in Lusaka to inform decision-making on how to improve opioid availability and accessibility especially at the lower level health facilities.

A group of 23 trainees from **Uganda, Zambia, Kenya, Rwanda and Botswana** were supported to undergo various specialist trainings, which included a morphine prescription-training component, with their prescribing eligibility dependent on their professional cadre and the prevailing laws in their respective countries.

In **Zimbabwe**, APCA supported a palliative care seminar for 50 pharmacists through HOSPAZ and Island Hospice. The pharmacists were trained on the importance of making pain medications available and accessible. Significant outcomes from the seminar included: solicitations for quotes from suppliers of morphine and the formulation of guidelines for morphine, which were shared from Uganda. A corresponding letter was written from Island Hospice Zimbabwe to the Pharmacists Council of Zimbabwe and copied to the Director of Pharmacy Services in the Ministry of Health and Child Care to request an allocation of a Community Service Pharmacist to be based at the hospice.

In **Zambia**, 21 health care professionals working in Choma Hospital and other health facilities in the district were trained in pain management and use of opioids. This initiative was supplemented by the training of community volunteers to ensure that there is a functional referral network for palliative care. As a result of this initiative, more healthcare workers are aware of palliative care in the hospital setting and are referring patients to the palliative care unit, which is staffed by trained participants.

Choma Hospital also printed and placed posters on symptom management in strategic places as a reference to health care workers in their day-to-day work. They have also partnered with a home based care group, Hospice Alternative Care (HAC), and a mobile palliative care clinic to ensure discharged patients receive continuity of care.



“Everyone has a right to palliative care”





Education and training

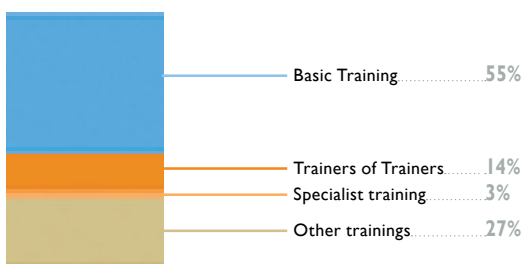
APCA, in collaboration with its partners across Africa, trained **695** health care professionals and providers, lecturers, pharmacists and religious leaders from various countries.

These trainings covered basic elements of palliative care provision, Training of Trainers and training of palliative care specialists as well as capacity building of APCA’s partners in good governance, leadership and project management. Other workshop topics included: *Most Significant Change, teaching methodologies, organisational development, project planning, general and financial management.*

The majority of trainings were conducted in participants’ home countries, with select educational advancements requiring participant travel to Uganda, Kenya and South Africa, where specialist palliative care training is offered. Table 1 below shows the summary of training activities:

Table 1: Trainees by category

Trainees by training category	
Training type	#trained
Basic palliative care training	385
Training of Trainers (ToT) in palliative care	96
Specialist training	23
Other trainings	191
TOTAL	695



Basic palliative care trainings

This year, APCA and its partners trained **385** healthcare workers in a foundational course in palliative care to enhance their palliative care practice and improve service delivery. Participants were equipped with palliative care knowledge and skills to integrate palliative care into their health facilities, in order to improve the quality of life of their patients.

The impact of these trainings both on patients and the training participants themselves was highlighted by one of the nurses from *Gombe Hospital in Uganda*:

Before I went for the training my mum was sick with cancer of the pancreas... we spent money and money on her until she died. We had to sell our land. Then I went for the training on palliative care and if I had known this before, we would have cared differently for my mother, by that time she could have stayed at home and died peacefully. Now I can support people in this situation.

“An increased number of trainers across Africa translates into an increase in the number of health professionals with palliative care skills and knowledge to accelerate integration of palliative care into service delivery.”



APCA continued to support the following national associations as they trained community volunteers and health care workers:

In **Kenya**, APCA in collaboration with KEHPCA, trained 40 community volunteers from Nyeri Provincial General Hospital and Homa Bay District Hospital. The aim of the training was to equip the volunteers with skills to identify patients with palliative care needs and support the early referral of suspected cancer patients. The trained community volunteers would also provide the community with information on palliative care services available at the hospital.

Table 2: Basic palliative care training in Kenya

Hospital	# participants
Nyeri Provincial Hospital	21
Moi Teaching Referral hospital	20
Homa Bay District Hospital.	24

In **Namibia**, APCA organised a two-week introductory training in pediatric palliative care for health care workers, including radiologists, clinical officers and social workers. The training was facilitated by the ICPCN and was attended by 38 healthcare workers. In addition, APCA conducted a five day introductory palliative care training for 25 health care workers.

In **Malawi**, PACAM conducted a 5-day introductory palliative care training for professionals from nine faith-based hospitals. The training brought together 18 participants, including clinical officers and nurses from both mission and government hospitals.

In **Mozambique**, MOPCA conducted a workshop for 29 volunteers in palliative care and pain control.

In **Togo**, one pharmacist from Togo's MoH was supported to undertake a 6-week palliative care course at Hospice Africa Uganda. The course was aimed at capacity building to support the integration of palliative care into Togo's health system.

In **Uganda**, APCA in collaboration with PCAU, supported Gombe District Hospital to conduct an introductory training for 14 healthcare workers. The same training was also conducted at Gulu Regional Referral Hospital for 20 healthcare workers and Kabale Regional Referral Hospital for 20 healthcare workers.

In **Zambia**, APCA worked with the Palliative Care Alliance Zambia (PCAZ) to support trainings to strengthen the competencies of in-service healthcare professionals to provide palliative care services. APCA supported both Mazabuka District Hospital in an introductory training for 22 healthcare workers, and Ndola Community Hospital in training 20 healthcare workers. A palliative care training was also held for community volunteers/caregivers from Choma General Hospital and its affiliates. The training was attended by 23 participants and focused on the basics of palliative care. This was followed by a practical placement in the community where they identified patients with palliative care needs and demonstrated the care and referral process for such patients. An introduction to palliative care training was also conducted for 26 health care providers from the University Teaching Hospital.

Training of Trainers (ToT)

An increased number of trainers across Africa translates into an increase in the number of health professionals with palliative care skills and knowledge to accelerate integration of palliative care into service delivery.

APCA worked with its partners to train care providers and educators to instil palliative care training of trainer (ToT) skills. A total of 96 trainees from **Namibia, Uganda, Kenya and Zambia** were given ToT skills in palliative care during this period.



In **Namibia**, APCA conducted a two-week training for healthcare workers, radiologists, clinical officers and social workers in children’s palliative care. A total of 25 participants from among the trainees were selected to receive the training skills to instruct on children’s palliative care.

In **Uganda**, a ToT was undertaken for 14 health care professionals and these were selected from three hospitals: Gombe Hospital, Gulu Regional Referral Hospital/Lacor Hospital and Kabale Regional Referral Hospital.

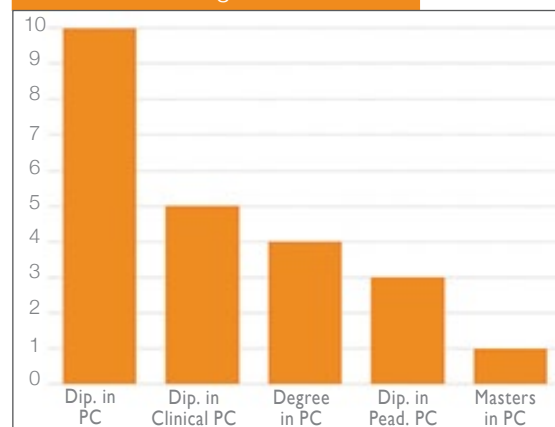
In **Kenya**, APCA supported a ToT course for 15 health care workers from Nyeri Provincial General Hospital.

In **Zambia**, a ToT was conducted for 26 health professionals from the University Teaching Hospital and another was conducted for 16 health professionals from Mazabuka District Hospital.

Specialist trainings

APCA and its partners supported 23 health professionals to attend specialist trainings for palliative care masters’ degrees, bachelors and diploma courses in palliative care, delivered at Hospice Africa Uganda and at the University of Cape Town. The trainees were selected from **Uganda (8), Rwanda (7), Zambia (4), Kenya (2), Botswana (1), and Swaziland (1)**. The breakdown of training certifications are highlighted in the table below:

Table 3: Training certifications



Teaching methodologies capacity building

APCA has developed a teaching methodologies guide, which was used to train lecturers in **Botswana** and health workers in **Kenya** as they teach on palliative care principles.

Zimbabwe developed a national training package for palliative care to aid in standardising palliative care trainings across the country.

In **Botswana**, a Teaching Methodologies in Palliative Care training was conducted for lecturers and other healthcare professionals. The training was attended by 21 participants from 12 institutions both from the public and private sectors. The aim of the training was to introduce effective teaching methodologies used in palliative care to lecturers and other health professionals to enable them to instil knowledge and skills in palliative care within their institutions.

Trainings to strengthen organisational development

An Organisational Development workshop was conducted in **Botswana** for 24 participants, which included: principals of health training institutes, senior staff members from the Institute of Health Sciences Gaborone (ISHG), members of the Botswana Hospice and Palliative Care Association and other affiliated institutions. The workshop was offered in response to a request from ISHG for team capacity building among individuals responsible for integrating palliative care into the national healthcare system. Training areas included skill building in functional design and human resource systems to improve organisational function and performance.

Also in **Botswana**, a workshop on project planning, general, and financial management was conducted for 25 participants, which included principals of health training institutions, department heads at the IHSG and one participant from the national association (BHPCA). The objectives of the workshop were to strengthen the capacity of IHSG faculty to provide palliative care training for students, and to strengthen the capacity of other health teaching institutions and existing palliative care centres. Areas of training



included: evaluating IHSG programmatic effectiveness on the integration and implementation of palliative care, and continued strengthening of the IHSG's and the national association's capacity in strategic planning, business planning, and management.

E-learning in palliative care

An e-learning programme for Pain Relief in Africa is in its advanced stages of development. During the year, 13 e-learning modules were developed for uploading to the Captivate e-learning platform. The course will be piloted during the next financial year in Uganda.

Trainings in advocacy, research and communications

An advocacy skills training was conducted in **Mozambique, Swaziland and Zimbabwe**, with 45 participants (15 participants from each country). The focus of the training was to empower women's groups and associations with messaging and confidence to advocate for the integration of palliative care starting at the community level and upwards.

In **Swaziland**, APCA continued to support quality improvement activities at Swaziland Hospice at Home (SHAH). During the year, **30** staff members of the hospice were trained in strategies for palliative care advocacy and organisational development. The hospice reported a significant improvement in their visibility as a leading organisation in palliative care advocacy and had expanded their services by allowing special needs populations – such as prisoners – to access palliative care services.

In **Namibia**, APCA supported a weeklong workshop on *communication skills with children* for three individuals who were selected from APCA's local partners: CAA, Project Hope Namibia and the Tonata Network. The training, held in Uganda, aimed to empower the participants to deploy their new communication skills to improve the quality of life for children living with life limiting illnesses within these respective participating institutions.

In **Zambia**, a series of trainings in Most Significant Change was conducted for health workers in the University Teaching Hospital (15 participants), Ndola District Hospital (23 participants) and Mazabuka District Hospital (16 participants). Through the introduction of relevant approaches and tools, the training focused on introducing and orienting health care workers to the value of narrative reporting and storytelling to showcase the impact of their work. In Zambia, APCA also conducted research training for Ndola District Hospital (15 participants) and Mazabuka District Hospital (10 participants).

Clinical placements

A total of 91 health care professionals from **Kenya, Uganda and Zambia** were exposed to the practical side of palliative care after their theoretical palliative care training.

In **Uganda**, 23 paralegal practitioners undertook clinical placements at palliative care sites. The placements were aimed at exposing them to the realities of palliative care patients and their families and the nature of their holistic needs, including legal issues. Placements also offered paralegals an opportunity to engage in their practice in identifying legal and human rights issues among patients following their training.

In **Zambia**, 23 trained community volunteers/caregivers from Choma General Hospital and its affiliates undertook practical placements in the community as a follow up activity. The aim of the placement was for them to internalise their knowledge and skills through the practical identification of patients with palliative care needs, thereby demonstrating care and guiding the referral process for such patients. Clinical placements were also conducted for 25 healthcare professionals who were trained from the University Teaching Hospital.

In **Kenya**, clinical placements were held for 20 healthcare professionals from Homa Bay District Hospital to consolidate skills obtained during classroom training sessions.

BUILDING EVIDENCE FOR PALLIATIVE CARE IN AFRICA

We are passionate about creating an evidence base for palliative care through academic and field research. Through the African Palliative Care Research Network (APCRN), which strives to conduct research projects and serve as a hub for international research, we strive to ensure that policymaking and palliative care programming is based on sound evidence.

We are determined to contribute to the growth of an evidence base of palliative care as a discipline. Research skills development and transfer is key to our work as we aim at supporting research initiatives that improve the lives of patients.

The APCRN has a highly successful mode of partnership that has flourished in Europe via King's College London (Cicely Saunders Institute), the Academic Unit of Palliative Care at the University of Leeds, UK, and the University of Bonn in Germany; (Department of Palliative Care), in America (with Measure Evaluation), and in Australia (with HONEXUS). The network also works in very close partnership with PhD students from universities in Africa and Europe.

RESEARCH AND LEARNING

Cutting-edge research undertaken by APCA

During 2014, the APCRN completed a series of research projects that have strengthened a growing evidence base for palliative care in Africa through the following research initiatives:

1 An assessment of palliative care needs for patients with NCDs in Namibia and Malawi.

The overall goal of this research was to establish the prevalence and severity of palliative care needs of patients diagnosed with one of the four most prevalent NCDs in Africa: cardiovascular diseases, cancers, chronic respiratory diseases and diabetes. This project addressed an information deficit on the palliative care needs of people living with NCDs, which is critical. Several African countries are developing NCD care guidelines and agendas and are providing evidence on the palliative care needs of these patients which will help to ensure that palliative care is included in these national documents and thus provision.

The need for this information is also important for guiding donors, policy makers and other relevant stakeholders on what needs to be done to ensure that service providers meet the multi-dimensional needs of patients. APCA provided regional partners with an evidence base for palliative care needs of patients with NCDs to inform opportunities for future developments and the required financial investments for the region.

2 The status of palliative care in ten Southern African countries:

This project addressed an information deficit on the development of palliative care in the Southern African region. The need for this information is to guide donors, policy makers and other relevant stakeholders on what is in place



and what still needs to be done. The findings offer individual countries, the Southern Africa region, and other stakeholders, a comprehensive overview of palliative care development in the Southern Africa region to also inform opportunities for future developments and the required financial investments for the region.

3 A review of human resources for palliative care in Swaziland: Several African countries have developed standalone policies for palliative care and have good governance for palliative care at the ministry of health level. This is a fundamental step towards extending coverage for palliative care. It is however important to ensure that the human resource needs are well planned for to avoid high patient loads on health workers.

Ideally, human resources for palliative care should be proportionate to the palliative care needs of the country, which has a growing cancer problem as well as a very high (27.4%) HIV prevalence. This survey highlighted major challenges affecting human resources for palliative care. Findings from the review will inform the development of evidence-based strategies and policies for palliative care workforce planning, training, retention and distribution in the country.

Factors affecting the availability of human resources for palliative care:

- Limited capacity for training
- Unattractive working environment
- Failure to recognise palliative care as a medical speciality
- Growing need for palliative care for both communicable and non-communicable diseases
- Rural/ urban inequity in deployment.
- Limited resources for palliative care.

4 Leveraging the power of mobile technology to improve service delivery in palliative care

APCA, through the APCRN, explored the potential role of mHealth in tracking two palliative care indicators in resource-limited settings: morphine consumption per cancer death and number of patients reporting pain. This was achieved through the use of a mobile technology platform through the HONEXUS Health Management Information System, developed for APCA to strengthen pharmaceutical systems at the supply chain and service delivery levels. Findings from this pilot, which was conducted at Hospice Africa Uganda and Gombe District Hospital, will inform service development.

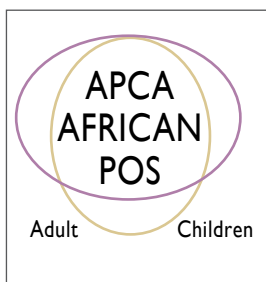
A key outcome from the pilot showed that by strengthening pharmaceutical systems, hospital staff members are better equipped to handle palliative care medicines, maintain accurate reporting, and monitor the utilisation of these medicines. The pilot mapped best practices on how the two palliative care indicators can be tracked at the health facility level alongside service delivery improvement. The use of open software most importantly in situations where health management information systems are still weak, also presented an innovative approach in integrating mHealth into palliative care in Africa.

A workshop was also held in Kampala to strengthen the generation for mHealth interventions as an evidence base for palliative care in Africa with the participation of palliative care organisations across Uganda, Kenya and Rwanda. Further information on this collaborative meeting is available on the Africa edition of ehospice:

<http://www.ehospice.com/ArticleView/tabid/10686/ArticleId/15988/language/en-GB/View.aspx>



OUR OUTCOME MEASURES



The APCA African Palliative Care Outcome Scale (POS)

The APCA African Palliative Care Outcome Scale continues to be the most widely used palliative care outcome measure in Africa. APCA continues to provide the African POS free of

charge and provides technical assistance to users who need it.

The APCA African Children's Palliative Care Outcome Scale (C-POS)

APCA and its partners completed the full development and validation of the C-POS which is now available for use. We are proud of this achievement which will have a great impact upon a fragile patient population. Several paediatric palliative care services have already expressed interest in using the C-POS and currently the C-POS is being used by Hospice Africa Uganda in Mbarara, situated in Western Uganda, to offer palliative care to children suffering primarily from cancer and HIV/ AIDS. The C-POS has also been adapted for use as an outcome measure in a Malaysian based study aimed to establish the outcomes of children with life limiting neurological disorders who received in-patient palliative care support.

This opens up a new opportunity for increasing access to tools to support patient-level research in paediatric palliative care in sub-Saharan Africa. A snapshot of the evidence for validity and reliability was presented at the European Association of Palliative Care Congress in 2015.

The APCA African iPOS (integrated POS)

Palliative care services in Africa have been recognised for their leadership in using patient-reported outcome measures (principally the APCA African POS) in routine care and in research. During this year, APCA

Participants in two-day meeting in Accra which led to the establishment of a team to spearhead outcome measurement in Ghana.



participated in a 2-day meeting in Accra, which led to the establishment of a team to spearhead outcome measurements in Ghana. The 30 Ghanaian delegates represented stakeholders from medicine, nursing, social work, psychological services, pharmacy and academia. They exchanged best practices, learned to use the iPOS, and formulated a country action plan to integrate the iPOS into care, and to use it to build the local evidence base to inform policy and health care delivery across Ghana. Ghana will be the first African country to use the updated version of the tool to measure patient outcomes through the APCA African iPOS (integrated POS).

Leading the way in palliative care knowledge translation

While the evidence base for palliative care in Africa has improved over time, its use to inform service development, service delivery and policy development unfortunately has yet to be realised. To bridge this gap, APCA is actively engaging in building capacity for knowledge synthesis and Data Demand and Information Use (DDIU) initiatives. APCA is currently supporting its partners in the development of evidence based palliative care policies in the region and to continuously use their data for informed decision making. This is a core area for the World Health Organization and critical to the implementation of the 2014 World Health Assembly resolution on palliative care, where the need for evidence based palliative care policies is emphasised as a priority.



Read more on this initiative on the Africa edition of ehospice:

<http://www.ehospice.com/africa/Default/tabid/10701/ArticleId/14028>

APCA presented two abstracts at the 20th International AIDS Conference in Melbourne, Australia, held on the 20-25 July, 2014. The abstracts presented covered the following topics:

- **Correlates of Pain and its impact on quality of life in ambulatory HIV/AIDS patients.**
- **Symptom clusters differentially affect quality of life outcomes: Preliminary evidence in HIV/AIDS.** Through this presentation, the need to consider the symptom cluster approach to providing care to HIV/AIDS patients with multiple complaints was emphasised.

Very few palliative care related abstracts were accepted for this conference and APCA is grateful for the opportunity to showcase the need for effective pain management in HIV, despite the advent of ART.

PUBLISHED RESEARCH

Through active research and collaboration with partners we are delighted to have contributed to the evidence base for palliative care through publications in peer reviewed journals such as *The Journal of AIDS CARE*, *PLOS ONE* and *Support Care Cancer*.

- 1. Symptom Clusters in People Living with HIV Attending Five Palliative Care Facilities in Two Sub-Saharan African Countries: A Hierarchical Cluster Analysis. *PLoS One*. 12; 10(5):e0126554. <http://www.ncbi.nlm.nih.gov/pubmed/?term=Symptom+Clusters+in+People+Living+with+HIV+Attending+Five+Palliative+Care+Facilities+in+Two+Sub-Saharan+African+Countries%3A+A+Hierarchical+Cluster+Analysis>

- 2. A novel symptom cluster analysis among ambulatory HIV/AIDS patients in Uganda. *AIDS Care*. 2015; 27(8):954-63. doi: 10.1080/09540121.2015.1020749. <http://www.ncbi.nlm.nih.gov/pubmed/?term=A+novel+symptom+cluster+analysis+among+ambulatory+HIV%2FAIDS+patients+in+Uganda>

- 3. Palliative care-related self-report problems among cancer patients in East Africa: a two-country study. *Support Care Cancer*. 2014 Dec;22(12):3185-92. doi: 10.1007/s00520-014-2301-5. <http://www.ncbi.nlm.nih.gov/pubmed/24957003>

- 4. Palliative care-related self-report problems among cancer patients in East Africa: a two-country study. 2014; *Support Care Cancer* DOI 10.1007/s00520-014-2301-5 http://www.mascc.org/assets/Pain_Center/2014_July/july_2014-9.pdf

- 5. The current situation in education and training of health-care professionals across Africa to optimise the delivery of palliative care for cancer patients. *Ecancermedicalscience*. 2014 Dec 11;8:492. doi: 10.3332/ecancer.2014.492. eCollection 2014. <http://www.ncbi.nlm.nih.gov/pubmed/25624873>

APCA also contributed to a chapter in the Oxford Textbook of Palliative Nursing, 4th Edition. (February 2015) which includes a section on palliative care as a human right in chapter 82.

<http://oxfordmedicine.com/view/10.1093/med/9780199332342.001.0001/med-9780199332342-chapter-83>

PROMOTING SUSTAINABILITY FOR PALLIATIVE CARE

APCA believes 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. The areas in which we provide technical assistance for organisational development include (but are not limited to): 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; fundraising; marketing and branding; and website development.

In order to ensure that the organisation remains sustainable, APCA engages in several activities aimed at creating strategic linkages and partnerships, staff development as well as internal systems development.

STAFF DEVELOPMENT

In November 2014, APCA's finance manager and resources director attended a conference organised by the Association of Chartered Certified Accountants at Speke Resort, Munyonyo in Uganda. These staff members were updated on new developments in the accounting profession, which they have used in enhancing APCA's financial management and accounting system as well as ensuring continued compliance with international accounting standards.

In February 2015, 15 staff members undertook a one-day training in organisation development covering the areas of policy development, implementation and compliance, leadership development, maximising productivity and minimising burn out.

The programmes director received a scholarship from University College, Cork, Ireland and undertook a six-month online postgraduate certificate in Public Health from the same University. Upon completion, she was awarded a scholarship to undertake an online Masters programme in public health, which she is currently undertaking.

APCA's programme officer, Ms Mackuline Atieno, attended a 5-day training on 'communicating with children' delivered by Mildmay Uganda from 24th -28th November 2014. The objective of the course was to provide a framework to apply knowledge and skills to improve services and interaction with children and adolescents. Mackuline noted that she will use the knowledge gained to contribute to the development of children's palliative care, especially in regards to listening and interpreting a child's language.

CORPORATE GOVERNANCE

APCA has a board of directors comprised of 12 members. The board members have varied skills in the areas of advocacy, financial management, palliative care service development and management, legal and human rights, HIV/AIDS and palliative care education. Countries represented on the APCA board include: Namibia, Uganda, South Africa, Morocco, Ivory Coast, Ghana, Nigeria and the United States. During the year, four board meetings were held where the board members deliberated on key strategic issues concerning the organisation.

In February 2015, nine members of the Board of Directors undertook a one-day training in good governance and organisational development in order to enhance their skills in governance, policy and procedure development processes.

INTERNAL SYSTEMS DEVELOPMENT

In May 2014, APCA engaged a consultant to undertake APCA's human resource review. The aim was to document APCA's current human resource status, identify needs and make recommendations for streamlining the function in order to deliver effectively on its strategic plan. Specific objectives under this exercise involved the review of human resource policies in line with Ugandan labour laws and the employment act to address: human resource gaps, job descriptions, staff competencies and to review various personnel forms. The consultant provided APCA with an independent review of all the above areas and APCA implemented these recommendations. In February 2015, the board approved APCA's corresponding adaptation of its human resource policies.

APCA's executive director at the World Health Assembly meeting in Geneva, where the resolution on palliative care was passed.



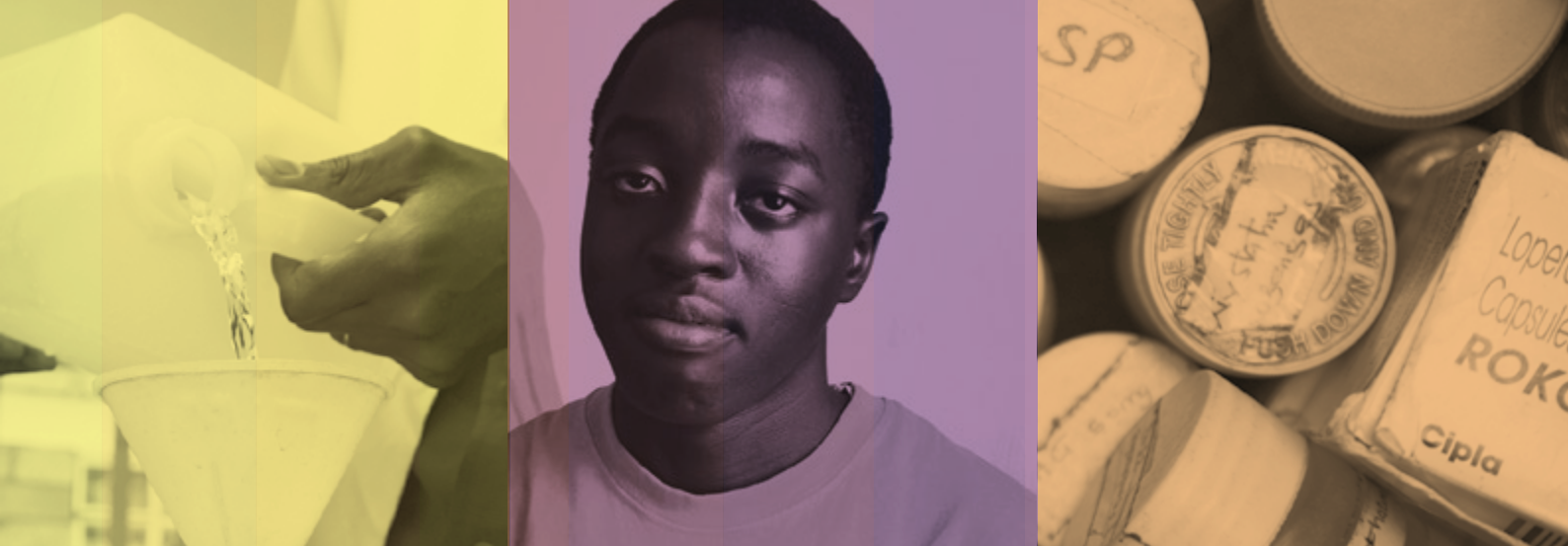
REGIONAL AND INTERNATIONAL ENGAGEMENTS:

APCA participated in a number of conferences and meetings during the year in order to create new strategic partnerships and to bolster existing ones.

In May 2014, APCA's executive director attended a meeting held in Geneva, Switzerland organised by the WHO. At this meeting, the World Health Assembly (WHA) resolution on palliative care was passed. The resolution calls for the integration of palliative care into hospice and palliative care in national health services globally, as well as training for health workers. It also calls upon governments worldwide towards budgetary allocation for palliative care.

In the wake of this monumental resolution, APCA is supporting the WHO to develop the palliative care portfolio as a member of the WHO's Ad hoc Palliative Care Committee. APCA's executive director was appointed as co-chair of the committee, with Dr Kathy Foley as the chairperson. We are pleased to report that APCA resources that have already been developed are being used, in addition to resources from other entities.

In September 2014, APCA presented a summary of the WHA resolution and the role that countries have to play at the **Hospice and Palliative Care Association (HPCA)** conference.



In 2014, APCA and the Ministry of Health (MoH) of Uganda jointly submitted a request to the **East African Community (EAC)** to include palliative care in the council of health ministers' meetings of the EAC Community Affairs Council. The MoH of Uganda is working to take this request forward.

APCA is a member of the board of the **International Children's Palliative Care Network (ICPCN)** and the **World Hospice and Palliative Care Alliance (WHPCA)**. Through its participation on the board of these two international palliative care bodies, we are able to ensure that the interests and needs of Africa are catered for.

APCA's executive director, programme manager and one programme officer represented APCA at the **KEHPCA conference** in November 2014 where Dr Luyirika delivered a presentation on the regional and global developments of palliative care.

In our aim to highlight the situation and eminent palliative care priorities to partners worldwide, APCA engaged in the following strategic meetings and workshops:

European Association of Palliative Care (EAPC) Conference (Spain, June, 2014): An overview of APCA's work was presented.

4th Biannual International Pain Conference (The Netherlands, September 2014): the executive director and programmes director attended the conference and provided presentations on APCA's work.

Regional meeting for NCDs (Uganda, May 2014): APCA presented on the role of palliative care in the management of NCDs at a meeting organised by the NCD Alliance for East Africa.

Red Ribbon, Pink Ribbon Conference (Zambia, 16-19 June, 2014): APCA presented on the integration of palliative care into cancer and HIV. The same week, APCA's executive director also participated in a National Cancer Institute meeting in Washington DC on developing national cancer control plans.

Uganda Non-Communicable Diseases (NCD) Alliance (Uganda, October 2014): APCA participated in a meeting to discuss how to take forward the agenda of NCDs in Uganda.

World Bank Global Cancer Care and Control Video Conference (webinar, July 2014): Dr Luyirika presented on the topic "palliative care and designing programmes to manage pain and other symptoms." In the same month, he attended a regular meeting organised by the WHPCA on how take the palliative care agenda forward globally.

African Cancer Control Leadership Forum (Skype, October 2014): The meeting was a follow up to the development of national cancer control plans in Africa by the Ministries of Health and National Cancer Institutes.

French Embassy meeting (Uganda, October 2014): APCA's executive director attended a meeting to explore collaborative ways to support palliative care organisations across Africa. The executive director was informed that French embassies across Africa have small grants in different countries which partners can apply for depending on embassy priorities in each country. This information was shared with APCA partners in French speaking countries.

African Centre of Media Excellence (Uganda, May 2015): APCA presented on the role of media professionals in palliative care to 40 journalist students from Indiana University.



Other strategic initiatives included:

- The virtual monthly NCI/World Bank cancer meeting: APCA is now regularly represented by the executive director and the programmes director at these meetings.
- The Rome paediatric palliative care donors meeting: The key outcome was to network and consider new partnerships as the paediatric palliative care agenda is pushed forward.
- The Open Society Foundations meeting, hosted in Salzburg, Austria, aimed to plan for future palliative care funding in light of a dwindling number of palliative care donors. This meeting was attended by the executive director.
- The World Innovation Summit for Health afforded APCA with an opportunity to actively contribute to policy briefs around end of life care globally and to network with other global players in health.

MONITORING AND EVALUATION

APCA continues to hold internal performance review meetings to assess progress towards the achievement of its strategic objectives. These meetings have been useful in ensuring that all staff are on board in terms of APCA's strategic direction, and are aware of their roles as individuals and as departments, in achieving these objectives. As each of APCA's departments shared their progress and the challenges they faced, lessons and best practices were documented to ensure APCA's work is further strengthened.

During this period, an initial review of APCA's business plan 2011 – 2014 was undertaken in order to put in place a working document upon which the organisation can base its short and medium-term planning. The final evaluation will be finalised in the next financial year.

Other routine activities included the provision of technical support and capacity building to national associations in their monitoring and evaluation procedures and the updating of annual work plans and the APCA Performance Management Plan (PMP).

CHALLENGES FACED DURING THE REPORTING PERIOD.

Funding remains the major challenge facing palliative care development in Africa. The major USAID RHAP grant for Namibia came to an end resulting in the closure of APCA's country office in Namibia as well as a reduction in palliative care interventions in nine Southern African countries in this financial year. APCA has continued to work with these countries to look for resources to build upon the ground gained through this RHAP programme. We are optimistic that the next fiscal year will bring an expansion of resources to empower APCA's partners to expand needed palliative care services 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.

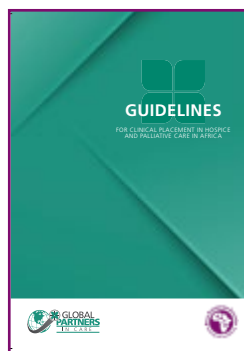
Electronic versions of the following resources can be downloaded free of charge from the Digital Resource Centre on APCA's website, categorised according to publication language and by year of publication. African partners may receive technical assistance from APCA in the adaptation of these resources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



Final Evaluation Report for the Integrate Palliative Care Project (2015)

In April 2012, the UK Department for International Development approved a three-year project through the Tropical Health Education Trust's (THET) Health Partnerships multi-country partnership scheme to support a programme for strengthening palliative care integration into national health systems in four African countries (Kenya, Rwanda, Uganda and Zambia). The grant was awarded to the Global Health Academy at the University of Edinburgh (UoE), who work in conjunction with the African Palliative Care Association (APCA), and Makerere University Palliative Care Unit (MPCU). This report highlights lessons and best practices identified through the final project evaluation.

This project was supported by the Tropical Health & Education Trust (THET) as part of the Health Partnership Scheme, which is funded by the UK Department for International Development (DFID).



Clinical Placement Guidelines (2015)

This guide describes steps to conduct clinical placements in palliative care in an effort to expand palliative care education and training activities. It can serve as a resource for all stakeholders (i.e. national palliative care associations, public facilities and other organisations) interested in hosting clinical placements as a way to increase the number of palliative care professionals in Africa. It can be adapted by African governments to their local contexts.

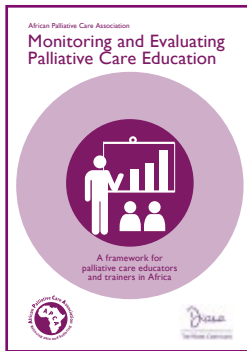
This guide has been developed by Global Partners in Care in partnership with APCA and other stakeholders.



Palliative Care Factsheets for Media Houses in Uganda (2015)

These factsheets were developed in collaboration with journalists from various media houses in Uganda with the aim of ensuring Ugandan journalists accurately collect and report on palliative care as a human rights issue. The factsheets, adaptable to other African countries, are a resource to ensure that media houses share accurate and standardised information regarding palliative care by answering frequently asked questions with simple and easy to understand language.

This resource is available in English and has been developed in partnership with the Open Society Initiative for Eastern Africa.



Monitoring and Evaluation Framework (2014)

This framework can act as a roadmap for palliative care institutions and programme leaders, educators, trainers as well as government departments, that are involved with education and training in palliative care. It is designed as a tool for giving guidance to ensure that education and training interventions are properly implemented, monitored and evaluated. The framework ensures that any deviation can be noted and corrected early and that best practices and outstanding achievements inform future plans for palliative care education and training.

This resource is available in English and has been developed in partnership with the Diana, Princess of Wales Memorial Fund.



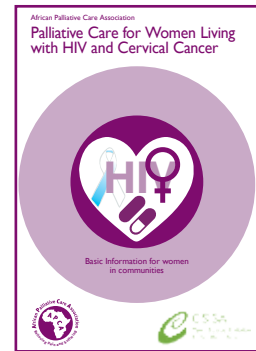
Effective Methods of Teaching Palliative Care (2014)

For education to be competency-based and effective, appropriate training methodologies have to be used to support the learner to have the appropriate knowledge and to translate this knowledge into skills and competencies. Such education and training should lead to a change in attitudes, beliefs and values, thus making the palliative care graduate able to do their job effectively. To this end, APCA has developed this new resource, which is a guide to effective teaching methodologies in palliative care, targeting educators and trainers across Africa. ***This resource is available in English and has been developed in partnership with The Diana, Princess of Wales Memorial Fund.***



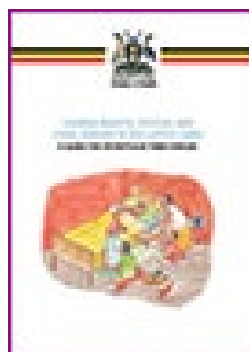
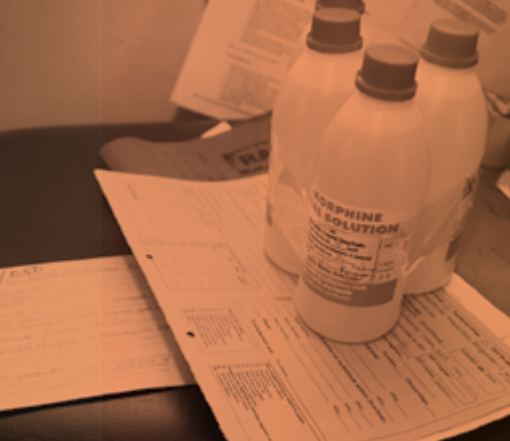
Palliative Care for Women Living with HIV (2013)

The information in this monograph is intended to help women living with HIV and those in the community who support them, such as their families, caregivers and health professionals. The document provides a framework towards understanding the role of palliative care in such circumstances, although individual situations might require more specific information than what is provided in the publication. ***This resource is available in English, French and Portuguese and has been developed in partnership with the Open Society Initiative for Southern Africa***



Palliative Care for Women Living with HIV and Cervical Cancer (2013)

The information in this monograph is intended to help women living with HIV as well as cancer of the cervix, and those in the community who support them such as their families, caregivers and health professionals. The document provides a framework towards understanding the role of palliative care in such circumstances, although individual situations might require more specific information than what is provided in the publication. ***This resource is available in English, French and Portuguese and has been developed in partnership with the Open Society Initiative for Southern Africa.***



Human Rights, Ethical and Legal Issues in Palliative Care (2013)

This guide, for patients and their families, highlights patients' rights in relation to access, humane and ethical care, and the delivery of palliative care. The guide helps patients to understand their rights in relation to the care received, provides insights into the common legal and human-rights issues they may encounter, and encourages them to share these with their health care provider for support. **This resource is available in English and Luganda and has been developed in partnership with the Open Society Initiative for Eastern Africa.**



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.**



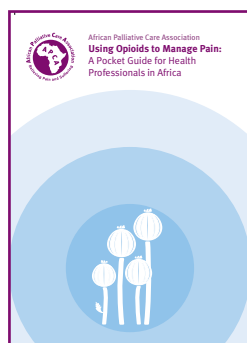
Palliative Care Core Curriculum (2012)

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.**



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.**



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 (including countering some myths about opioids), as well as advice on 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.**



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; it also explains how to analyse and use generated data for the improvement of patient care. The development of a children’s version of the POS is under way. **This resource is available in English and has been developed in partnership with AIDSTAR-One.**



Successful Advocacy for Palliative Care: A Toolkit (2011)

This guide is directed at champions of palliative care across Africa and is packed with advice for working with policymakers, the media and the public to win support for palliative care provision. It provides useful frameworks for engaging with 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.**



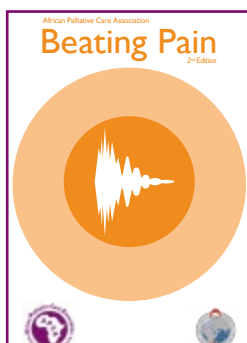
Guidelines for Ensuring Patient Access to, and Safe Management of, Controlled Medicines (2010)

These guidelines cover essential regulatory and administrative measures needed to achieve the appropriate approach to safely managing opioid medicines and their access to patients. They allow policymakers, 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.**

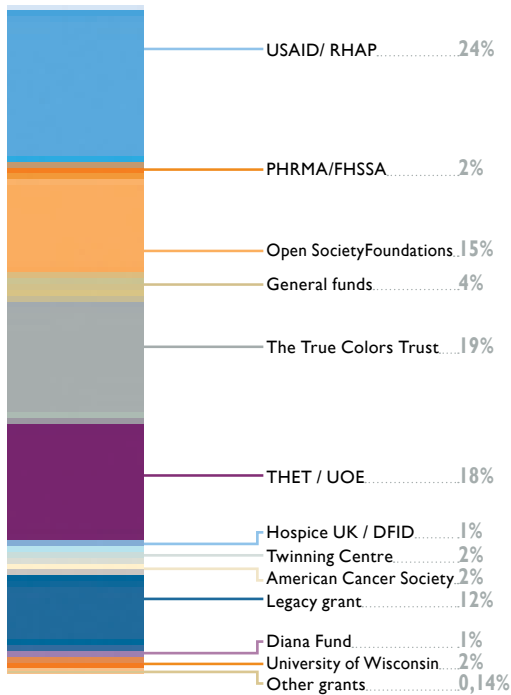


Beating Pain: A Pocket Guide for Pain Management in Africa (2010)

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.**

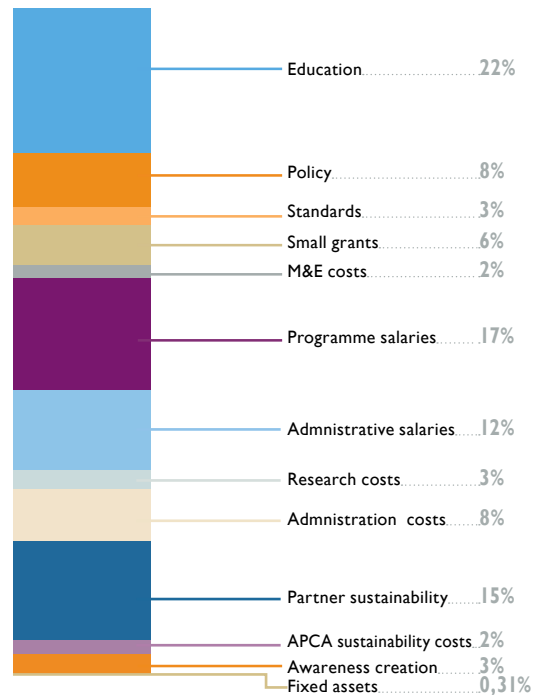
FINANCIAL REPORT

Where the money came from 2014/15



Sources of income	Bal b/f 1/4/2014 Restated	Income 2014/2015	Total available funds 2014/2015	Percentage of total income 2014/2015
USAID/ RHAP	118 933	678 788	CA\$797 721,00	24%
PHRMA / Global Partners in Care	49 596	2 403	CA\$51 999,00	2%
Open Society Foundations	89 340	397 072	CA\$486 412,00	15%
General funds	94 367	38 659	CA\$133 026,17	4%
The True Colors Trust	290 224	345 482	CA\$635 706,00	19%
THET / UOE	107 247	492 367	CA\$599 614,00	18%
Hospice UK / DFID	14 066	8 341	CA\$22 407,00	1%
Twinning Centre	40 677	39 682	CA\$80 359,00	2%
American Cancer Society	19 097	38 870	CA\$57 967,00	2%
Legacy grant	393 768	-00	CA\$393 768,00	12%
Diana fund	30 333	-00	CA\$30 333,00	1%
University of Wisconsin	-00	60 586	CA\$60 586,00	2%
Other grants	4 655	-00	CA\$4 655,00	0,14%
Total	1 252 303,00	2 102 250,17	3 354 553,17	100%

Where the money went 2014/15



Expenditure area	2014/2015 (Amount)	2014/2015 (Percentage)
Education	A\$534 430	22%
Policy	A\$188 329	8%
Standards	A\$67 467	3%
Small grants	A\$147 595	6%
M&E costs	A\$43 445	2%
Programme salaries	A\$421 898	17%
Administrative salaries	A\$295 225	12%
Research costs	A\$79 350	3%
Administration costs	A\$191 052	8%
Partner sustainability	A\$370 311	15%
APCA sustainability costs	A\$54 007	2%
Awareness creation	A\$83 930	3%
Fixed assets	A\$7 767	0,31%
Total	2 484 806	100%

DONOR APPRECIATION

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

APCA would like to thank every one of our donors for helping us to advocate for the relief of pain and suffering for patients across Africa. In particular, these include:

- American Cancer Society
- American International Health Alliance (Twinning Center)
- FHSSA with support from Endo Pharmaceuticals
- Global Partners in Care
- Open Society Foundations - 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)
- The Diana, Princess of Wales Memorial Fund (legacy grant)
- The Global Health Academy and University of Edinburgh, with support from DFID
- The True Colours Trust
- USAID Southern Africa (Regional HIV/AIDS Programme)
- USAID Tanzania
- USAID Namibia
- USAID Malawi
- University of Wisconsin.

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 and we will contact you with further details.

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

Thank you for your support.

African Palliative Care Association
PO Box 72518 | Plot 95 | Dr Gibbons Road | Makindye | Kampala | Uganda

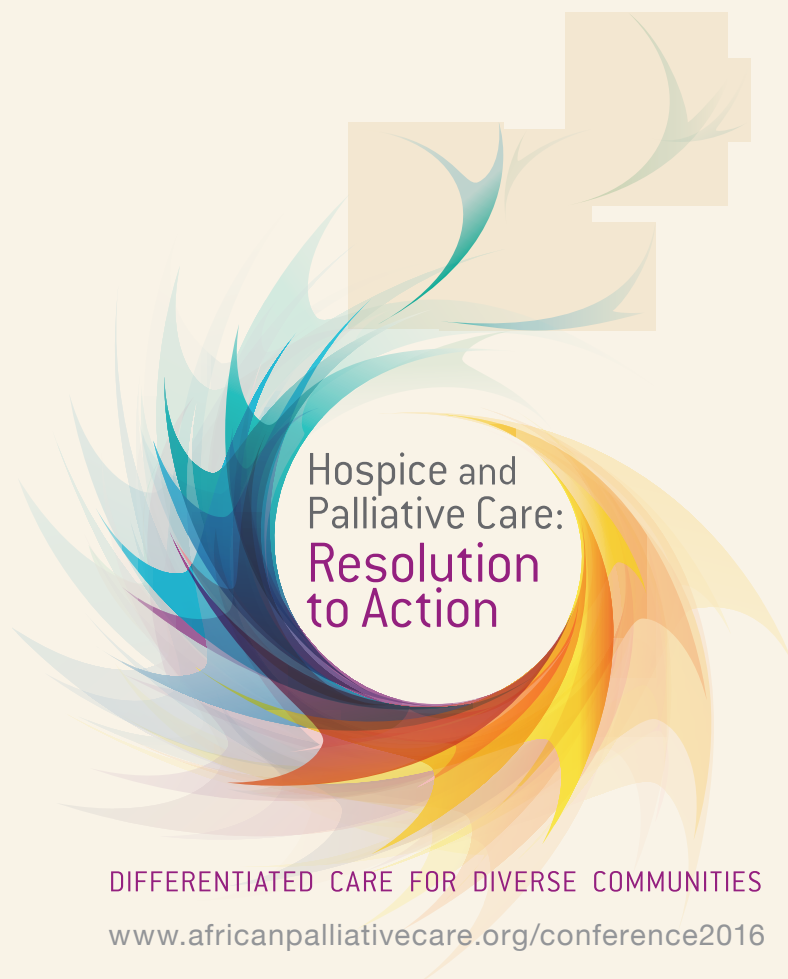
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NGO Registration Number 4231

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CELEBRATING



DIFFERENTIATED CARE FOR DIVERSE COMMUNITIES

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