



# STRATEGIC PLAN 2020-2030



VISION  
**2030**



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# ACRONYMS

<b>APCA</b>	African Palliative Care Association
<b>APCRN</b>	African Palliative Care Research Network
<b>COVID-19</b>	Coronavirus Disease 2019
<b>CSO</b>	Civil Society Organisations
<b>CT</b>	Computerised Tomography
<b>HIV</b>	Human Immunodeficiency Virus
<b>IEC</b>	Information, Education and Communication
<b>IRB</b>	Institutional Review Boards
<b>LMIC</b>	Low and Middle-Income Countries
<b>MDR/TB</b>	Multi Drug Resistant Tuberculosis
<b>MOH</b>	Ministry of Health
<b>MRI</b>	Magnetic Resonance Imaging
<b>NCD</b>	Non-Communicable Diseases
<b>NTD</b>	Neglected Tropical Diseases
<b>NGO</b>	Non-Governmental Organisations
<b>PC</b>	Palliative Care
<b>PET</b>	Positron Emission Tomography
<b>PHC</b>	Primary Health Care
<b>SHS</b>	Serious Health-Related Suffering
<b>SDG</b>	Sustainable Development Goals
<b>SP</b>	Strategic Plan
<b>SWOT</b>	Strengths, Weaknesses, Opportunities, Threats
<b>UHC</b>	Universal Health Coverage
<b>UNDP</b>	United Nations Development Programme
<b>WHA</b>	World Health Assembly
<b>WHO</b>	World Health Organization
<b>WHPCA</b>	Worldwide Hospice Palliative Care Alliance (previously WPCA)

# FOREWORD

At the core of the African Palliative Care Association's (APCA) work are patients, their families, their carers and the multidisciplinary teams of health workers which deliver palliative care services.

This strategic plan is based upon APCA's vision to improve the quality of life for patients and their families in different contexts across Africa and in different stages of need for palliative and chronic comprehensive care services. Whether at the regional, national or local level, this plan is intended to orchestrate action to ensure that there is equitable access to palliative care services for all who need them, without having to face debilitating risks and out of pocket expenses, in line with the global Universal Health Coverage (UHC) agenda.

APCA has a very strong governance structure, robust accountability systems, and a commitment to the people it serves. Since its inception in 2004, APCA has established a continent-wide reach with strong partnerships that have enabled the organisation to deliver on its objectives at the national, regional and global level.

APCA is uniquely placed to drive forward the palliative and chronic comprehensive care agenda across the continent given its implementation track record, its robust membership programme, and professional staff that bring a breadth of experience to their roles. We thrive upon the great opportunity of working with our members, partnering national palliative care associations, academic institutions, service providers, palliative care beneficiaries, and ministries of health across Africa.

This strategic plan, covering the period 2020-2030 (ten years), aims to direct APCA's work towards the fulfillment of its vision to ensure access to palliative and chronic comprehensive care for all in Africa.

This vision will be achieved through a health systems building approach, leveraging the World Health Organization's (WHO) health systems building blocks: service delivery, health workforce, information systems,

medical products, vaccines and technologies; financing, leadership and governance<sup>20</sup>.

A critical component of the WHO's first building block, service delivery, identifies the importance of developing a package of integrated health services. With this component forefront, APCA has been working with a wide range of stakeholders to develop a palliative and chronic comprehensive care package for integration into Universal Health Coverage plans at national levels.

This new APCA Strategic Plan 2020-2030 also responds to imminent challenges to palliative care development in Africa in a way that is structured around four strategic objectives:

1. Increasing knowledge and awareness of palliative and comprehensive chronic care linked to advocacy through and with all stakeholders;
2. Strengthening health systems through the integration of palliative and comprehensive care;
3. Building the evidence base for palliative and comprehensive chronic care in Africa;
4. Ensuring the sustainability of APCA, palliative care as a discipline, and the approach of comprehensive chronic care in Africa.

APCA intends to implement the strategic plan under these objectives using cost effective approaches such as the use of digital platforms, partnerships and collaboration, advocacy, maintaining a small but experienced core staff structure, working with disease survivors and beneficiaries of services, and through the procurement and secondment of skills when needed. APCA has also positioned itself to respond to the needs of patients affected by infectious diseases such as COVID-19 and other emerging diseases, while being responsive to palliative care needs in emergency and humanitarian situations. We therefore welcome all to join us as we work to improve the quality of life for people in need of essential palliative care services across Africa.



**Andre Wagner**  
Board Chairman



**Dr Emmanuel Luyirika**  
Executive Director



**WE THANK YOU FOR  
YOUR PARTNERSHIP  
IN BRINGING THIS  
10-YEAR VISION TO  
FRUITION.**

# INTRODUCTION

The African Palliative Care Association (APCA) is a membership-based non-profit pan African organisation with its secretariat located in Kampala, Uganda where it has been registered as a non-governmental organisation (NGO) since 2003. The organisation has a steadily growing membership which currently has more than 5,000 individual members and 1,500 institutional members from across Africa and globally.

This Strategic Plan (2020 – 2030) comes on the heels of the second 10-year Strategic Plan (2011 – 2020) which had followed the implementation of the first three-year Strategic Plan (2007 – 2010).

The current Strategic Plan (SP) provides a strategic direction for APCA's work over the next decade. It takes inventory of the milestones achieved over the last 15 years, identifying persisting challenges hampering access to palliative and comprehensive chronic care, and provides direction for strategies and interventions towards the attainment of universal health coverage in Africa.

While the SP builds upon previous and ongoing work, it most significantly aims to address ongoing challenges while recognising and aligning with emerging issues and new developments in the health

sector and its related fields at the national, regional and global level.

According to the Lancet Commission Report on Palliative Care and Pain Relief, more than 25.5 million (45%) of the 56.2 million total deaths recorded worldwide in 2015 experienced serious health-related suffering (SHS). More than 80% of the people who died with SHS in 2015 were from developing countries, with the vast majority lacking access to palliative care and pain relief.<sup>7</sup>

Every year, almost 2.5 million children die with SHS and more than 98% of these children are from developing countries. In high-income countries, children account for less than 1% of all deaths associated with SHS, whereas in low-and-middle income countries (LMICs), children account for more than 30% of all deaths associated with SHS. It is also estimated that in low-income countries at least 93% of child deaths associated with SHS are “avoidable.”<sup>7</sup>

The reality that most individuals living in LMICs, including Africa, have no access to palliative care and effective pain control for their end of life care is a concern which this plan seeks to redress.



→ **THE REALITY THAT MOST INDIVIDUALS LIVING IN LOW AND MIDDLE-INCOME COUNTRIES, INCLUDING AFRICA, HAVE NO ACCESS TO PALLIATIVE CARE AND EFFECTIVE PAIN CONTROL FOR THEIR END OF LIFE CARE IS A CONCERN WHICH THIS PLAN SEEKS TO REDRESS.**

# GUIDING FRAMEWORKS FOR THE STRATEGIC PLAN

This strategic plan has been developed with leadership from the APCA Board of Directors and in consultation with key stakeholders, specifically: national, regional and global palliative care associations, APCA members, the APCA Advisory Council, former APCA board members, disease survivors, and several other partners. The strategic plan is rooted in APCA's values and is intended to drive the organisation towards the fulfilment of its vision.

## APCA'S VISION, MISSION AND VALUES

The African Palliative Care Association recognises palliative care as defined in the WHO's 2002 definition<sup>19</sup> and palliative care as a holistic approach that focuses on the person and their family from the time of diagnosis of a life limiting illness, whether it is acute or chronic.

The terms 'palliative' and 'comprehensive chronic care' will be used interchangeably in this Strategic Plan to ensure that the services provided embrace the needs of all patients in a comprehensive manner, focusing on the quality of life of all patients from the point of diagnosis until such services are no longer required.

For patients who are in care for a long duration, palliative and comprehensive chronic care should enable them to access a wide range of services along the continuum of care. In order to avoid

the narrow understanding of palliative care in some settings as a service only provided at the end of life, the palliative and comprehensive chronic care approach referenced in this Strategic Plan is intended to focus on improving the quality of life of patients with chronic and non-chronic illnesses as a component of care throughout the life course<sup>17</sup>.

This strategic plan is also aligned with the UHC 2030 time frame to ensure that palliative and comprehensive chronic care remain an essential part of UHC plans and implementation across Africa. Based upon this background, APCA has adopted the following vision and mission statements to support the early introduction of palliative care services based on available evidence:

**Vision statement:** Access to palliative and comprehensive chronic care for all in Africa.

**Mission statement:** To ensure palliative and comprehensive chronic care is understood and integrated into health systems at all levels to reduce pain and suffering across Africa.

**Core values:** All of APCA's activities and decisions are underpinned by the following core values:

**Collaboration:** We work collaboratively, by asking for and giving support, jointly implementing projects and sharing success with others.

**Integrity:** We are honest, trustworthy and straight-forward in our dealings, and use time, money and resources wisely.

**Diversity and inclusiveness:** We value all people and key and vulnerable populations are central to our inclusion and diversity ethos. Everybody's contribution is valued and all beneficiaries are given equal access to opportunities irrespective of age, gender, sexual orientation, disability, religion, displacement, incarceration, remote geographical location, or social status.

**Respect:** We involve and listen to others, show consideration and empathy for their emotional and physical wellbeing.

**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 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 and comprehensive chronic care delivery in a manner sensitive to the values and beliefs of others, even when they are different from our own.

**Team work:** We strive to support one another, working co-operatively, respecting one another's views and making our work environment positive and enjoyable as we work towards achieving our goal.

## APCA'S STRATEGIC PLAN IN THE CONTEXT OF GLOBAL FRAMEWORKS

Given that APCA subscribes to the view that contextualises palliative and comprehensive chronic care within WHO and UHC frameworks, this service or discipline should be understood in the context of the 2002 WHO definition of palliative care<sup>19</sup> and the provision of services for communicable and non-communicable diseases within the UHC 2030 United Nations Political Declaration<sup>14</sup>. This provision covers the continuum of promotive, preventive, curative, rehabilitative and **palliative care**.

Palliative care services can be provided at home, the hospital, or another clinical setting that specialises in disease specific conditions or serves as an integrated multi-disease service. Palliative and comprehensive chronic care holistically covers the conditions and needs of both adults and children with respect to all conditions as stated in the *Global Palliative Care Atlas for Palliative Care at the End of Life*<sup>4</sup>, and beyond. A palliative care service should cover the social, spiritual, psychological, physical and legal needs of both patients and caregivers in a culturally sensitive manner.

Since 2011, APCA has supported more than 25 African countries to integrate palliative care into their national health systems. This has been accomplished through awareness creation, policy development, capacity building for service provision and training, service expansion and improvement, advocacy for access to essential palliative care medicines and technologies, as well as the generation of evidence for advocacy, policy development, implementation and service delivery.

APCA's strategic objectives and strategies during the last 10 years were informed by the WHO's six core components (building blocks) of health systems strengthening:

1. service delivery
2. health workforce
3. health information systems
4. access to essential medicines
5. financing
6. leadership/governance<sup>20</sup>.

They were also aligned with the WHO's public health strategy for effectively integrating palliative care into a country's system which addresses four key pillars:

1. appropriate policies
2. adequate drug availability
3. education of policy makers, health care workers and the public
4. implementation of palliative care services at all levels throughout society<sup>9</sup>.

This strategic plan comes at a time when all African countries are focusing on ensuring access to UHC for their citizens, in order to fulfil Sustainable Development Goal (SDG) 3 target 3.8<sup>15</sup>. This

goal is about ensuring healthy lives and promoting well-being for all people at all ages.

Universal Health Coverage implies that all people have access, without discrimination, to nationally determined sets of health packages. Such packages should include the necessary promotive, preventive, curative, rehabilitative and **palliative** health services, including essential safe, affordable, effective and quality medicines and vaccines. It also ensures that the use of these services does not expose users to financial hardship, with a special emphasis on the poor, vulnerable, and marginalised segments of the population<sup>14</sup>. To achieve 'health for all', and to 'leave no one behind', as key principles of UHC, it is critical to support health systems to plan for the whole continuum of health care services – promotive, preventive, treatment, rehabilitative and **palliative care**.

The World Health Assembly resolution on strengthening palliative care as a component of comprehensive care throughout the life course (WHA 67.19, 2014<sup>17</sup>) outlines the responsibilities of World Health Assembly (WHA) member states. These responsibilities are stated in nine key areas: evidence-based palliative care policies; funding and allocation of human resources; basic support to all caregivers including families, volunteers and others; education and training at all levels; assessing basic palliative care needs, including pain medication requirements; revision of national and local legislation and policies for controlled medicines to improve access; updating national essential medicines lists; fostering partnerships; and implementing and monitoring palliative care actions included in the WHO's Global Action Plan for the Prevention and Control of NCDs 2013–2020.

African states have also committed to the World Health Assembly Resolution on Cancer (WHA 70.12, 2017<sup>18</sup>), and the United Nations High-level Political Declaration on Non-Communicable Diseases (2011, 2018<sup>11,16</sup>), and the 2014 outcome document of the previous high-level meetings of the General Assembly on the prevention and control of non-communicable diseases<sup>12</sup>, each of which recognise palliative care as an essential health service. In 2012, the African Union (AU) adopted a common position on controlled substances and access to pain medications<sup>2</sup>. The overall goal of this position is to ensure a functioning system for managing the availability of opioid analgesics and psychotropic substances to provide relief from pain and suffering by ensuring the safe delivery of the best affordable medicines to those patients who need them and, at the same time, to prevent the diversion of opioids for the purpose of abuse.



**SINCE 2011, APCA HAS SUPPORTED MORE THAN 25 AFRICAN COUNTRIES TO INTEGRATE PALLIATIVE CARE INTO THEIR NATIONAL HEALTH SYSTEMS.**

## HOW APCA'S STRATEGIC PLAN FITS INTO GLOBAL FRAMEWORKS

The aforementioned global and regional frameworks elaborate a need for:

- Health systems which address all disease and health conditions through an integrated and multi-sectoral approach. Those mentioned in the frameworks include non-communicable diseases, such as cancer and mental disorders, and communicable diseases such as HIV/AIDS and tuberculosis. Health problems of ageing are also well recognised.
- Health systems that ensure access to all essential health services along the continuum of care, including promotive, preventive, curative, rehabilitative and **palliative** essential health services.
- Health systems that are integrated, community-based, people-centred and capable of quality service delivery, supported by a competent health workforce, an adequate health infrastructure to support legislative and regulatory frameworks, as well as sufficient and sustainable funding.
- Strong global, regional and national partnerships in achieving health-related SDGs, including UHC.
- A comprehensive and person centred approach, with a view of leaving no one behind, reaching vulnerable populations and targets of the 2030 Agenda for Sustainable Development, which are integrated and indivisible. Health plans and interventions need to recognise the interconnectedness between SDGs.
- Strong political commitment to address the challenge of financing in order to create an enabling environment at all levels for sustainable and quality health services.
- Health systems which recognise the fundamental importance of equity, social justice and social protection mechanisms as well as the elimination of the root causes of discrimination and stigma in healthcare settings. This is to ensure universal and equitable access to quality health services without financial hardship for all people, particularly for those who are vulnerable or in vulnerable situations.
- Health services that are accessible to all people irrespective of where they live, including those at the community level and at home through the strengthening of primary health care and community home-based care.
- Political commitment and identification of actions, bringing all key players together to strengthen health systems through WHO's health systems building blocks, namely: human resources development, knowledge and information, health financing, access to essential medicines, technologies and supplies, governance, and legislative and regulatory frameworks for the achievement of UHC.
- Involvement of people with palliative care needs and disease survivors.
- Health systems that reaffirm the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health.

The public health approach to palliative and comprehensive chronic care calls for building a strong policy framework, a

strong health workforce, access to essential medicines including controlled substances, and the implementation of an effective and accessible health service delivery system. For this to happen, there needs to be national, regional and global frameworks that offer opportunities for palliative care integration.

Some African countries, such as Botswana, Eswatini, Malawi, Mozambique, Rwanda, Tanzania, and Zimbabwe currently have national standalone palliative care policies. In many African countries, themes of palliative care also appear in a number of disease-specific national health policies, guidelines and plans, such as those relating to HIV and cancer.

For the next ten years, APCA will focus on ensuring access to palliative and comprehensive chronic care, taking into consideration the continuum of essential health services in national palliative care policy development.

Implementation of the Strategic Plan will contribute directly to the attainment of the aforementioned global, regional and national frameworks through the strategic goals and principles they represent, and building upon the achievements realised in the last 15 years since APCA's inception. APCA shall continue to work with all stakeholders and governments to achieve these objectives.

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 **FOR THE NEXT DECADE, APCA WILL FOCUS ON ENSURING ACCESS TO PALLIATIVE AND COMPREHENSIVE CHRONIC CARE, TAKING INTO CONSIDERATION THE CONTINUUM OF ESSENTIAL HEALTH SERVICES.**

# SUMMARY OF PRECEDING ACHIEVEMENTS BY OBJECTIVE

## APCA STRATEGIC PLAN 2011-2020

### OBJECTIVE ONE

Increasing knowledge and awareness of palliative care among all stakeholders

- Convened three International African Palliative Care Conferences in 2013, 2016 and 2019.
- Hosted three African Ministers of Health Palliative Care Sessions which collectively had over 1,700 attending delegates.
- Facilitated technical assistance meetings with 17 ministries of health, parliaments, the East African Legislative Assembly, and the East African Health Research Commission.
- Oriented 63 African policy makers in palliative care principles.
- Supported 113 African policy makers and senior managers to advocate for inclusion of palliative care into UHC.
- Provided seven small grants to support strategic palliative care advocacy in East Africa.
- Increased membership to 4,310 individual members and 2,034 institutional members.
- Expanded APCA's social media following to 19,000 on Facebook and 3,840 on Twitter.
- Increased digital audiences to the African edition of ehospice averaging 200,000 unique views per month.
- Increased traffic to the APCA website to an annual average of 2 million site visits.

### OBJECTIVE TWO

Strengthening health systems by integrating palliative care at all levels

- Supported or implemented programmes in 24 African countries.
- Provided 187 sub-grants for service providers to improve access to palliative care.
- Supported clinicians from two countries to undertake joint advocacy activities with legal experts.
- Trained 30 palliative care and legal practitioners from Zimbabwe on the integration of legal services into palliative care.
- Supported three West African countries to implement the World Health Assembly resolution on palliative care (2014)<sup>17</sup>.
- Supported 9 countries to develop national palliative care policies.
- Funded 119 care providers to pursue diploma and degree study programmes in palliative care.
- Supported palliative care training for: 252 community volunteers; 2,410 care providers (in-service basic palliative care training); 660 care providers (pre-service palliative care training); 31 care providers (psychological care and support team building); supported 7 care providers to undertake masters courses in palliative care.
- Provided palliative care education and institutional capacity building for 8 medical institutions.
- Developed and disseminated the African palliative care package for inclusion in UHC.
- Produced over 10 educational palliative care resources in English, with a number of these translated into French and Portuguese.
- Facilitated the training of over 500 legal prescribers in palliative care medicines and opioid analgesics.
- Hosted two dialogue meetings to discuss and resolve system level barriers in access to opioid analgesics in Southern Africa.
- Engaged more than 20 pharmacists in strategic advocacy for palliative care and access to controlled medicines in Tanzania.
- Supported seven countries to set up opioid-morphine re-constitution sites.

### OBJECTIVE THREE

Evidence: Building a sound evidence base for palliative care in Africa

- Implemented 32 research projects, 28 primary studies, 3 systematic reviews, and one publication on knowledge translation guidelines. These projects resulted in APCA's contributions to 168 scientific publications in peer reviewed journals.
- Supported 23 research mentorships.
- Coordinated four research workshops attended by 192 participants.
- Engaged in 25 research partnerships.
- Increased membership to the African Palliative Care Research Networks to 200 members.
- Developed five special research interest groups focusing on digital health, health economics, spirituality, outcome measurements, and methodological approaches in palliative care.

### OBJECTIVE FOUR

To develop and implement a financial sustainability framework for APCA

- Hosted three triennial general assemblies held in 2013, 2016 and 2019.
- Successfully implemented 52 grants from 23 different donors, totalling over USD \$14 million.
- Convened 40 board meetings with four meetings held annually.
- Contributed to the establishment of four national palliative care associations in Botswana, Cameroon, Rwanda and Senegal in order to strengthen the sustainability of palliative care in these countries.



**THE NEW STRATEGIC PLAN (2020-2030) WILL BUILD UPON THESE ACHIEVEMENTS TO ADDRESS AFRICA'S PRESSING PUBLIC HEALTH DEMANDS, WHICH NECESSITATE THE INTEGRATION OF A PALLIATIVE AND COMPREHENSIVE CHRONIC CARE APPROACH INTO NATIONAL HEALTH SYSTEMS IN THE DECADE TO COME.**

# PERSISTING CHALLENGES IMPEDING ACCESS TO PALLIATIVE AND COMPREHENSIVE CHRONIC CARE IN AFRICA

There remains a significant disease burden of both communicable and non-communicable diseases across the continent that calls for immediate, concerted and comprehensive interventions. Most infectious diseases such as HIV, TB, and COVID-19 (among others) disproportionately affect Africa more than many other regions of the world, both directly and indirectly due to the associated socio-economic burden that accompanies life-limiting conditions.

Also affecting African populations significantly are non-communicable diseases (NCDs), especially cancer, cardiovascular and chronic respiratory diseases, congenital malformations, neurological disorders, including dementia, and accompanying mental health disturbances.

In addition, humanitarian emergency situations with forced migration and displacement of people due to war and natural phenomena contribute to increases in cross-border migration, poverty and disease. Africa has a large displaced population due to war and political upheavals, with Uganda alone hosting over 1.4 million refugees from the Democratic Republic of Congo, Burundi, Rwanda, South Sudan, and Eritrea, among other countries. Many of the displaced reside in poorly serviced refugee camps. These communities require refugee-specific interventions and health services that include palliative and comprehensive chronic care as more refugees are spending longer periods of time in these camps.

The recent global pandemic of COVID-19, which has not spared Africa, and prior Ebola outbreaks in West and Central Africa have highlighted the need for robust health systems that can offer comprehensive care, including palliative care, in relation to infectious disease management and control. Many hospices and hospitals in Africa were not prepared to offer palliative care in the context of highly infectious disease outbreaks. The lack of systems to deliver palliative and comprehensive care in these situations calls for UHC with an integrated approach that includes palliative care.

Across Africa, as national and regional priorities compete for funding within a context of limited resources, health systems have remained over-burdened with increasing diseases, wide geographical distances to access services and late presentation

of symptoms, all contributing to the extensive need for palliative care. Even with significant investments in prevention and treatment for diseases such as HIV, non-communicable diseases (NCDs), Neglected Tropical Diseases (NTDs), and emerging infectious diseases such as Ebola and COVID-19, people will continue to fall sick and die from these and other diseases. Further, as the African population ages, new demographic changes will require increases in funding and the inclusion of palliative and comprehensive chronic care into national health plans and budgets.

According to UNAIDS, in 2018 there were 1.7 million new HIV infections, 770,000 HIV deaths and 37.9 million people living with HIV globally. Of all people living with HIV, 79% reportedly knew their status, 62% were accessing treatment and 53% were virally suppressed. Eastern and Southern Africa accounted for 20.6 million of all HIV infections while Central and Western Africa accounted for 5 million HIV infections. Sub-Saharan Africa therefore contributes 68% of all HIV infections globally. In addition, only 64% of those infected in sub-Saharan Africa are on ARTs<sup>10</sup>. This makes HIV one of the major contributors to the palliative care need in Africa<sup>7</sup>.

With new HIV infections and the burden of aging populations with HIV and associated NCDs, non-HIV defining cancers, as well as the burden of dementia and other mental health diseases, the reality is stark and requires an imperative response.

According to the International Agency for Research on Cancer, across Africa's population of nearly 1.3 billion people, over one million new cancer cases were documented and 693,487 cancer deaths were registered in 2018 alone<sup>5</sup>. The top five cancers in Africa are breast, cervix uteri, prostate, liver and non-Hodgkin lymphoma. This makes cancer another high contributor to the disease burden in Africa. In addition, other contributors to Africa's disease burden include tuberculosis and numerous infectious and tropical diseases, cardiovascular diseases, renal diseases, mental health conditions including dementia and complications of malnutrition, among others. Despite Africa's high disease burden and limited health system supports, according to the *APCA Atlas of Palliative Care in Africa* (2017)<sup>8</sup>, only 38 African countries had any form of palliative care service, of which 28 had

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**➔ THE RECENT GLOBAL PANDEMIC OF COVID-19, WHICH HAS NOT SPARED AFRICA, AND THE PRIOR OUTBREAK OF EBOLA IN WEST AND CENTRAL AFRICA HAVE HIGHLIGHTED THE NEED FOR ROBUST HEALTH SYSTEMS THAT CAN OFFER COMPREHENSIVE CARE, INCLUDING PALLIATIVE CARE, IN RELATION TO INFECTIOUS DISEASE MANAGEMENT AND CONTROL.**

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➔ **THE NEW STRATEGIC PLAN 2020-2030 WILL BUILD UPON PRIOR ACHIEVEMENTS TO ADDRESS AFRICA'S PRESSING PUBLIC HEALTH DEMANDS, WHICH NECESSITATE THE INTEGRATION OF A PALLIATIVE AND COMPREHENSIVE CHRONIC CARE APPROACH INTO NATIONAL HEALTH SYSTEMS IN THE DECADE TO COME.**

a form of home-based palliative care service and only 16 had a palliative care service to address the unique needs of children. Even so, a significant majority, over 40 countries, do not have an implemented overarching palliative care policy<sup>8</sup>. The WHO (2015) reports that only 14% of people at the end of life who need palliative care worldwide currently receive it. According to the *Global Atlas for Palliative Care at the End of Life* (2014), 32% of the world's countries are lacking an identified hospice or palliative care service<sup>4</sup>.

The global, regional and national need for palliative care is projected to continue growing owing to the rising burden of non-communicable diseases (NCDs) and ageing populations. According to the African Union Score Card on Domestic Financing for Health (2018), most African countries lack health insurance coverage with most of the health costs carried by patients and external donors<sup>3</sup>. While Africa faces an increasing burden of infectious and non-communicable diseases as well as the frailty and multi-morbidity which comes with an aging population, the continent is faced with overly restrictive regulations on essential controlled palliative care medicines. A lack of training and awareness among health professionals has also been cited as a major barrier in access to palliative care services.

Health inequities and inequalities in access to health care continue to exist between countries, within countries, and amongst communities. It is the very poor, those in remote and rural areas, refugees, the disabled, women and children and other key vulnerable populations that are most often unable to access health care. It is even worse when life limiting and/or chronic illnesses are present.

Poorly funded health systems that correspond with inadequate medical technology and human resources characterise most of the African continent. More than 50% of cancer patients in Africa can benefit from radiotherapy but have no access to radiotherapy as a treatment or an alternative palliative modality<sup>6</sup>. The cost of access to medicines for NCDs such as cancer and cardiovascular diseases makes them unaffordable in many African countries.

Funding for palliative care through national health budgets is extremely limited, while donor funding is dwindling. There further remains limited understanding of palliative care and comprehensive chronic care. This is compounded by an inward looking approach among palliative care players which has left out critical external networks that can contribute meaningfully to improve access to palliative care services. The role of people with palliative care needs and their families also needs to be strengthened. The recognition of palliative care as a specialty and its appropriate deployment has remained a challenge.

Access to controlled but essential medicines is still very restrictive in most of Africa even in those countries with middle income status. In most countries, home-based care and adherence support for patients who need palliative and comprehensive chronic care is not available. This leaves patients and their families in a situation of vulnerability, poverty, and tremendous suffering.

Some of the common key roles outlined in global frameworks and resolutions are lacking in many African countries and a void in these roles persistently poses a challenge to the implementation of and access to palliative care services universally on the continent.

These include legislation and the development of policy frameworks, education and training, research, improved service delivery and access to essential medicines and technologies.

This strategic plan has therefore been developed at a time when several regional and global frameworks have been set, with clear roles for member states and other stakeholders such as NGOs, academia and research institutions to address Africa's multi-disease burden.

With these frameworks in place, the following Strategic Plan sets forth a road map to strengthen African health systems to address the pressing need for palliative care services in a comprehensive approach that remains cost effective and universally accessible.

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➔ **IT IS THE VERY POOR, THOSE IN REMOTE AND RURAL AREAS, REFUGEES, THE DISABLED, WOMEN AND CHILDREN AND OTHER KEY VULNERABLE POPULATIONS THAT ARE MOST OFTEN UNABLE TO ACCESS HEALTH CARE.**

# THE 2020-2030 STRATEGIC PLAN AT A GLANCE

This new strategic plan (2020-2030) builds upon the achievements of APCA's previous strategic plan (2011-2020).

→ **THE OVERALL GOAL:** Access to palliative and comprehensive chronic care for all people in Africa in the context of APCA's vision and mission:

**Vision statement:** Access to palliative and comprehensive chronic care for all in Africa.

**Mission statement:** To ensure palliative and comprehensive chronic care is understood and integrated into health systems at all levels to reduce pain and suffering across Africa.

## STRATEGIC OBJECTIVES AND RATIONAL

APCA's role is to facilitate the increase of knowledge and awareness of palliative and comprehensive chronic care across Africa. We support the strengthening of health systems through the integration of palliative and comprehensive chronic care and the development of an evidence base to address each of these strategic objectives.



### APCA'S OVERARCHING GOAL

To ensure access to palliative and comprehensive chronic care for all in Africa.

### OBJECTIVE ONE

#### Increasing knowledge and awareness of palliative care among all stakeholders

**RATIONALE:** Limited awareness and understanding of palliative and comprehensive chronic care



### APCA'S GOAL

To develop tailor-made information resources and packages; to convene appropriate fora that meet the information needs of all stakeholders, including people living with palliative care needs and disease survivors.

Despite years of advocacy, there still remains poor awareness of palliative care as a discipline, a service, and a component of the continuum of care (from health promotion, to disease prevention, early detection, diagnosis and treatment, rehabilitation and palliation), and of comprehensive chronic care as a public health approach<sup>17</sup>. This calls for targeted awareness creation among all key stakeholders - from the patient and family, to health workers, managers, pharmacists, decision makers, policy makers and all those involved in healthcare provision, education, management, regulation and governance.

This information and knowledge gap around palliative and comprehensive chronic care is compounded by social taboos, such as the development of opioid abuse and misuse. As a discipline, palliative care is often viewed as an end of life care intervention, especially in Western countries, where insurance schemes place a limit and window during which it should be provided. In the African context, and using the WHO's 2002 palliative care definition and principles, palliative and comprehensive chronic care is provided from the moment of diagnosis of a life-limiting illness until complete recovery or death, and this might be for a duration of months or years<sup>19</sup>.

→ **IN THE AFRICAN CONTEXT, AND USING THE WHO'S 2002 PALLIATIVE CARE DEFINITION AND PRINCIPLES, PALLIATIVE AND COMPREHENSIVE CHRONIC CARE IS PROVIDED FROM THE MOMENT OF DIAGNOSIS OF A LIFE-LIMITING ILLNESS UNTIL COMPLETE RECOVERY OR DEATH, AND THIS MIGHT BE FOR A DURATION OF MONTHS OR YEARS.**



## OBJECTIVE TWO

### Strengthening health systems by integrating palliative care at all levels

**RATIONALE:** Prioritising the development of national policies and guidelines on health, education, essential medicines and technologies, health worker accreditation, including adequate deployment and remuneration to address gaps in coverage of palliative and comprehensive chronic care as national priorities.



#### APCA'S GOAL

Support key partners across 46 African countries to develop national policy frameworks for palliative and comprehensive chronic care. APCA will work with African governments, civil society groups and institutions of higher learning and relevant health and related cadres to ensure that palliative and comprehensive chronic care are integrated into national health policies, guidelines, strategies, and health-related education curricula as well as national essential medicines frameworks and emergency and humanitarian responses.

The strategic plan will focus on the development and implementation of measurable, nationally funded service delivery plans for all patients in emergency and humanitarian situations across the disease spectrum, including highly infectious epidemics such as Ebola, and COVID-19, among others, drawing upon the involvement of survivors and people with palliative care needs.

Across the majority of African countries, many government national health policies, essential medicines policies, education policies and health services lack an adequate palliative care component to support the population's palliative and comprehensive care needs.

#### 1. Government national policies

As of September 2020, only eight African countries had standalone palliative care policies. Notably, restrictive measures for controlled medicines remains more emphasised and funded than access to palliative and comprehensive chronic care to address the need for pain management.

#### 2. Essential medicines and technology policies

Essential palliative care medicines and technologies remain sparsely accessible across African countries. This includes controlled medicines and radiotherapy as a palliative modality, together with other technologies to support access to medicines. The African Common Position on Controlled Medicines (2012)<sup>2</sup>, the 2014 World Health Assembly palliative care resolution (WHA 67.19)<sup>17</sup> and the WHA Cancer Resolution (2017)<sup>18</sup> provide an opportunity for improvement based on globally agreed steps towards palliative care integration.

#### 3. Human resources for health and education policies

Despite years of the WHO encouraging countries to include palliative care into health professional training and education programmes, most pre-service courses do not cover the discipline. This has resulted in suffering even in countries that have trained and qualified staff. Many national health systems have gaps in health worker accreditation, deployment and remuneration policies. Even where palliative care trained staff exist, some countries do not recognise them as specialists in their fields and they are therefore not deployed and remunerated as such. In many countries, service delivery of palliative and comprehensive chronic care, whether at home or another clinical care setting, has largely not been integrated fully as part of UHC.

#### 4. Strategic health information

Many countries have not integrated palliative and comprehensive chronic care indicators into their Health Management Information Systems (HMIS) and national data collection protocols.

#### 5. Financing

African governments have yet to purposefully include palliative and comprehensive chronic care in their financing of health services and funding for palliative care services remains largely donor driven.

→ **THE STRATEGIC PLAN WILL FOCUS ON THE DEVELOPMENT AND IMPLEMENTATION OF MEASURABLE, NATIONALLY FUNDED SERVICE DELIVERY PLANS FOR ALL PATIENTS IN EMERGENCY AND HUMANITARIAN SITUATIONS ACROSS THE DISEASE SPECTRUM, INCLUDING HIGHLY INFECTIOUS EPIDEMICS SUCH AS EBOLA, COVID-19, AMONG OTHERS, DRAWING UPON THE INVOLVEMENT OF SURVIVORS AND PEOPLE WITH PALLIATIVE CARE NEEDS.**

## OBJECTIVE THREE

### To build the evidence base for palliative and comprehensive chronic care in Africa

**RATIONALE:** Limited palliative and comprehensive chronic care research in Africa



#### APCA'S GOAL

To support the development of evidence-based palliative and comprehensive chronic care through robust research and the development of research skills, mentorship and publications, using APCA as a regional palliative and comprehensive centre for palliative and chronic care.

Across Africa, there is currently no palliative and comprehensive chronic care research centre. This has resulted in very limited palliative and comprehensive chronic care research initiatives and a gap in scientific literature that can be addressed through a regional palliative care-specific peer reviewed journal. The development of palliative and comprehensive chronic research skills and related mentorship is also very limited. This presents a challenge in the development of evidence-based actions and advocacy for palliative and comprehensive chronic care in routine health services, and in emergency and humanitarian responses.

## OBJECTIVE FOUR

### To ensure the sustainability of APCA, palliative care as a discipline and the approach of comprehensive chronic care in Africa

**RATIONALE:** Sustainability of the African Palliative Care Association and the discipline of palliative and comprehensive chronic care



#### APCA'S GOAL

To ensure that APCA has strategies in place that support its sustainability and that of palliative and comprehensive chronic care as a discipline on the continent.

Development funding going towards palliative care as a discipline has decreased globally, and being a non-profit entity, APCA finds itself dependent on funding sources that are limited.

Currently, very few governments in Africa are allocating palliative care financing into their national budgets. This situation negatively affects the development and sustainability of palliative care as a discipline and essential health service.

# APCA'S ASPIRATIONS

APCA is the only pan-African organisation on the continent that aspires to bring together all palliative and comprehensive care providers, patients and survivors, researchers, educators, policy and decision-makers, and financiers with a view to improve the quality of life of people living with communicable and non-communicable life-limiting illnesses, both in stable environments and also within emergency and humanitarian responses. APCA advocates for this to be accomplished in home-based care settings and at all levels within the health care system.

Using a non-paying membership approach, APCA has built a strong base of individual and institutional members. In this new Strategic Plan, APCA will adapt this approach to form a tiered paid membership model for the formation of a strengthened movement of palliative and comprehensive care stakeholders and enthusiasts. APCA will play a supporting role to its members by providing empowering and engaging resources both at the institutional and individual level to impact and improve the quality of life of patients and caregivers at any stage in the trajectory of disease.

#### Key stakeholders in APCA's work include:

- African governments and policy makers
- regional and global political and civil society organisations
- disease survivors
- patients and caregivers
- governmental and non-governmental health development partners and donors
- health-related researchers
- health workers and educators
- hospices, hospitals and palliative care organisations
- academic institutions
- national palliative care associations
- the media and general public in a network of South-to-South and North-to-South partnerships.

# APCA'S SWOT ANALYSIS

## OBJECTIVE ONE Increasing knowledge and awareness of palliative care among all stakeholders

### S Strengths

- Recognised as an effective pan-African organisation.
- Strong relationships and partnerships with governments and non-government entities across Africa.
- Convening capacity for high-level government and non-government stakeholders.
- APCA's intentional shift to focus on palliative care in the context of comprehensive chronic care.
- Team of skilled staff.
- Availability of a communications strategy.
- Availability of a membership strategy with a rapidly growing membership base across Africa.
- APCA triennial conference provides opportunities for learning.
- Diverse IEC tools.
- Having robust IT and social media platforms for dissemination and engagement.

### Weakness

- Limited budget to implement a communications strategy.
- Limited number of materials translated to cover Francophone, Lusophone, and Arabic speaking audiences.
- Lack of tracking mechanisms to assess who is using APCA's IEC materials.
- Limited information packages for specific target audiences.
- Limited human resource capacity specialising in communications.
- Outdated information technology systems at APCA.

### O Opportunities

- Palliative care is a growing discipline.
- Increase in NCDs and other conditions that require palliative care services.
- Increasing number of unreached stakeholders.
- Palliative care language included in SDGs and UHC.
- Evolving technologies and social media channels for communication outreach.
- APCA conferences as an avenue for advocacy, public relations, and information dissemination.
- National associations as drivers for palliative care awareness and advocacy.
- Emerging donor environment for funding diversification.
- Small grant opportunities for awareness creation.
- Support from media and advocacy organisations.
- Addressing a wide gap in knowledge and awareness of palliative care across different stakeholder groups in Africa.

### Threats

- APCA does not provide direct service delivery.
- Palliative care is understood differently in different regions of the world.
- Government restrictions and changes in political leaders impacting APCA's work.
- Limited and expensive Internet services across Africa.
- High costs to ship materials.
- Increased competition for resources.
- Limited funding.
- Competition among palliative care entities.
- Traditional palliative care donors decreasing.
- Few palliative care donors.
- Conditional grant funding environment.
- Unethical partners.
- Few, weak or non-functional national associations.

➔ **APCA HAS STRONG RELATIONSHIPS AND PARTNERSHIPS WITH GOVERNMENTS AND NON-GOVERNMENT ENTITIES ACROSS AFRICA.**

## OBJECTIVE TWO

To support the improvement of health systems in Africa through the integration of palliative and comprehensive chronic care at all levels

### S Strengths

- APCA has a history of working towards PC integration in HSS in Africa since 2004.
- Effective palliative care integration models exist.
- APCA has experience in supporting national palliative care policy development and integration in African countries.
- Strong institutional project management experience.
- Credible and accountable organisation.
- APCA has palliative care integration tools and materials which can be used by various countries.
- Team of skilled multidisciplinary cadres already providing countries with technical support.
- Established collaborations with government and non-government partners that are well positioned for palliative and comprehensive chronic care integration through leadership and advocacy into UHC.
- APCA mobilises grants that are distributed among several partners for service coverage.
- Role as a pan African organisation with a very strong governance track record.

### Weakness

- APCA's integration tools and materials need to be updated in line with emerging trends.
- Limited staff time capacity to review IEC materials in order to align with emerging issues and new developments.
- Not being able to develop IEC materials for all relevant cadres due to funding challenges.
- Over reliance on project funding versus unrestricted funding, limiting flexibility in planning and implementation of the SP.
- Limited staff to implement the work and meet demand.
- Lack of an advocacy strategy.
- Much of APCA's programmatic work has not been published.
- No dedicated resource mobilisation person to continually mobilise funds for activities.
- Limited engagement of national associations outside of funded projects.

### O Opportunities

- Palliative care as part of the SDGs and UHC.
- New non-traditional palliative and comprehensive chronic care partners coming on board, e.g. legal and human rights groups, the anti-tobacco movement, patient organisations, and key vulnerable populations involved in advocacy.
- High demand for APCA's services within Africa.
- APCA strategically positioned to provide governments and partners in Africa with relevant technical support.
- Being a regional organisation opens up multi-country and consortium funding opportunities.
- Global, regional and national health agendas on NCDs include references to palliative care.
- Some funding towards advocacy for integration of PC into UHC is available.
- Growing potential for collaboration.
- Health systems development and human rights as areas of growing need for engagement.
- Potential to liaise with academic institutions for research and accreditation.
- Strengthening paediatric palliative care.
- Potential for members to contribute to APCA's causes.
- Trust from existing donors, planned donor workshop and a clear funding exit strategy.

### Threats

- Donor fatigue among long-term donors.
- Limited funding for palliative care in national budgets among African countries.
- Limited funding options to cover staff time and core costs.
- Uncertain donor environment; donors changing priorities and reducing or withdrawing funds.
- Recurrent political changes that affect implementation.
- Ownership of projects or publications when collaborating with others.
- Unethical practices among some partners.
- Competition for a small pool of palliative care funding.
- Major donors such as PEPFAR moving away from palliative care.
- Limited interaction with direct beneficiaries, which limits funding options to mostly advocacy and capacity building.

## OBJECTIVE THREE

### To build an evidence base for palliative and comprehensive chronic care in Africa

#### S Strengths

- Established collaborations with academic institutions globally.
- Skilled staff members.
- Track record of publishing in peer-reviewed journals.
- Development of research tools for the African context.
- Host to the African Palliative Care Research Network.
- Convening capacity for research dissemination through triennial APCA conferences.
- Experienced in hosting multi-stakeholder and multi-country collaborative research projects.
- Mentorship capacity for emerging researchers.

#### Weakness

- Lack of an African palliative and comprehensive chronic care research centre.
- Lack of an African palliative and comprehensive chronic care peer-reviewed journal.
- Research funds are still granted to non-African institutions.
- Most of APCA's programmatic work is published through donor reports but not in peer reviewed journals.
- Limited number of APCA staff members with research skills.

#### O Opportunities

- Palliative care research is still not well developed in Africa.
- Potential to connect with academic institutions for accreditation.
- Expansion of the APCRN.
- The need for an African palliative care research centre.
- Demand for research partnerships from stakeholders across Africa.
- Strengthening the evidence base for paediatric palliative care services.
- Potential to connect with academic institutions for research and university accreditation.
- Leveraging the global economic climate to make people more aware of the plight of others.
- Potential for members to contribute to APCA's causes.

#### Threats

- Institutional Review Board (IRB) costs are high.
- Limited palliative care research skills continent-wide.
- Unethical research practices by some partners.
- Limited funding for palliative care research.
- Potential for donor fatigue among long-term donors.
- Ownership of projects or publications when collaborating with others.



## OBJECTIVE FOUR

### To ensure the sustainability of APCA, palliative care as a discipline and the approach of comprehensive chronic care in Africa

#### S

#### Strengths

- Respected as an effective pan-African organisation.
- Experienced in managing multiple grants from different donors.
- Multidisciplinary team of skilled staff.
- Strong and functional governance.
- Well established financial systems.
- A lean and efficient organisational structure.
- Rapidly growing APCA membership across Africa and beyond.
- Established collaborations with partners of all types – ministries of health and other government institutions, NGOs, academic institutions, donors, national PC associations, other CSOs, etc.
- Staff are trained in areas essential to sustainability.
- APCA owns its physical infrastructure and offices.
- APCA has sub-granting expertise and capacity.
- APCA has been recognised and awarded by several global bodies for organisational development and collaboration.

#### Weakness

- Inability to meet the high demand for services due to resource constraints.
- Lack of income generating projects.
- Limited unrestricted funding for core costs.
- Lack of a dedicated resource mobilisation staff member.
- The lack of an updated advocacy strategy and accompanying resources for its implementation.
- Lack of internal mechanisms to access funding from individuals.
- Inadequate engagement with the private sector.

#### W

#### O

#### Opportunities

- Palliative care as part of the SDGs under UHC.
- The 2014 and 2017 World Health Assembly resolutions on palliative care and cancer, respectively<sup>17,18</sup>.
- Global, regional and national health agendas on NCDs where palliative care has a central role.
- High demand for APCA's services within the African region.
- More collaboration opportunities with faith-based groups who have extensive coverage and funding.
- Experience in health systems development work.
- Potential to work with academic institutions in research and academic accreditation.
- Leveraging the global economic climate to make people more aware of the plight of others.
- Potential for members to contribute to APCA's causes.
- Opportunities of working with disease specific initiatives.
- Strengthening paediatric palliative care.
- Aging African populations with NCDs present an opportunity for expansion of APCA's work.
- National palliative care associations have more capacity and are directly receiving and managing their funds – previously a role played by APCA.

#### Threats

- Uncertain donor environment; donors shifting priorities with funding reductions or withdrawals.
- Political instability in many countries across Africa.
- Political changes affecting APCA's work with policymakers.
- Ownership of projects or publications when collaborating with others.
- Competing for a small pool of funding with other organisations doing similar work.
- Donors preferring to work directly with governments, national associations and CSOs.
- Governments not mainstreaming and funding palliative care.
- Currency fluctuations.
- Limited number of palliative care donors.
- Limited funding for palliative care at the national level in countries of operation.
- Bureaucracies in partnering countries and organisations that delay implementation.
- Limited palliative care awareness by policy makers and health workers.

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# APCA'S PRIORITIES AND OPPORTUNITIES

## PRIORITIES

Emergent priorities from the SWOT analysis are highlighted as follows:

1. The need to ensure that there is an understanding of palliative and comprehensive chronic care as a service, as a discipline, and as an approach which meets the needs of patients and their families. This includes: education training, research, engagement in humanitarian emergency situations and in the management of epidemics, such as COVID-19, Ebola, and other haemorrhagic fevers and infectious diseases.
2. The importance of using the WHO's public health approach<sup>9</sup> to ensure the integration of a palliative and comprehensive chronic care approach into health systems. This is to improve access to essential palliative care medicines and technologies, including controlled medicines and substances for medical and scientific use, training and education of health workers, policy and guideline development at the national and service delivery level, and to ensure that palliative care is part of all service delivery within the context of UHC.
3. An emphasis on partnerships and connections to other stakeholders such as those involved in harm reduction, mental health, anaesthesiology, obstetrics, infectious diseases and other groups that face similar challenges in accessing controlled medicines. These partnerships will aim at building a multidisciplinary movement to push for access to palliative care services, pooling efforts and resources to achieve this goal.
4. The need to take initiative in clarifying the distinction of the opioid misuse and abuse crisis that is current in the West from the crisis of suffering in Africa due to the lack of access to opioid analgesics for medical purposes.

## OPPORTUNITIES

Emergent opportunities from the SWOT analysis are highlighted as follows:

1. The growing need for palliative and comprehensive chronic care for patients across Africa.
2. Palliative and comprehensive chronic care as an approach that is emergent (following the 2002 WHO definition, and the 2014 WHA palliative care resolution<sup>19,17</sup>), and an increase in public health awareness regarding the need for this approach to address both communicable and non-communicable conditions, more so in the context of aging populations.
3. Other global, regional and national policies, political declarations, frameworks and resolutions that reference palliative and comprehensive chronic care, including the 2011 Political Declaration on NCDs, the 2012 African Common Position on Access to Controlled Medicines, the 2017 WHA Cancer Resolution<sup>11,2,18</sup>, among many others.
4. The developing nature of health systems in Africa that allow for the integration of palliative and comprehensive chronic care into national UHC plans and schemes.
5. Disability and rehabilitation as part of the palliative care response.
6. Numerous other challenges that provide mitigating opportunities for APCA's work in Africa.

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## KEY CHALLENGES FOR DEVELOPING PALLIATIVE AND COMPREHENSIVE CHRONIC CARE IN AFRICA

1. Inadequate palliative and comprehensive chronic care knowledge and awareness.
2. The ever increasing burden of communicable and non-communicable diseases, as well as emerging diseases such as haemorrhagic fevers and other highly infectious diseases, including Ebola and COVID-19.
3. The many Neglected Tropical Diseases (NTDs) and other undocumented diseases in Africa for which palliative and comprehensive chronic care is needed.
4. Inadequate non-comprehensive adherence support for patients in settlements of displaced persons and refugees, and among those in need of chronic care.
5. Limited access to essential medicines, especially controlled medicines that contribute to the quality of life of patients in palliative and comprehensive chronic care programmes.
6. Inaccessible diagnostic, imaging, treatment and data technologies, including: CT, MRI, PET scans, and radiotherapy, among others.
7. Inadequate research skills to document promising practices in palliative care across Africa.
8. Inadequate funding for palliative care in national budgets and donor priorities, resulting in weak health systems with limited palliative and comprehensive chronic care integration.
9. Limited training, equipping and deployment of palliative care trained health workers.
10. Few countries with funded national palliative care policy frameworks.

# APCA'S RESPONSE TO THE CHALLENGES

In addressing challenges related to the developments of palliative and comprehensive care across African countries, APCA will respond through the following strategies and activities through each of its four main strategic objectives.

The interaction of these strategic objectives will enhance the emergence of coordinated activities that will enable APCA, in partnership with its members and stakeholders, to respond to the demands and needs for palliative and chronic care integration effectively.

## STRATEGIC OBJECTIVE ONE

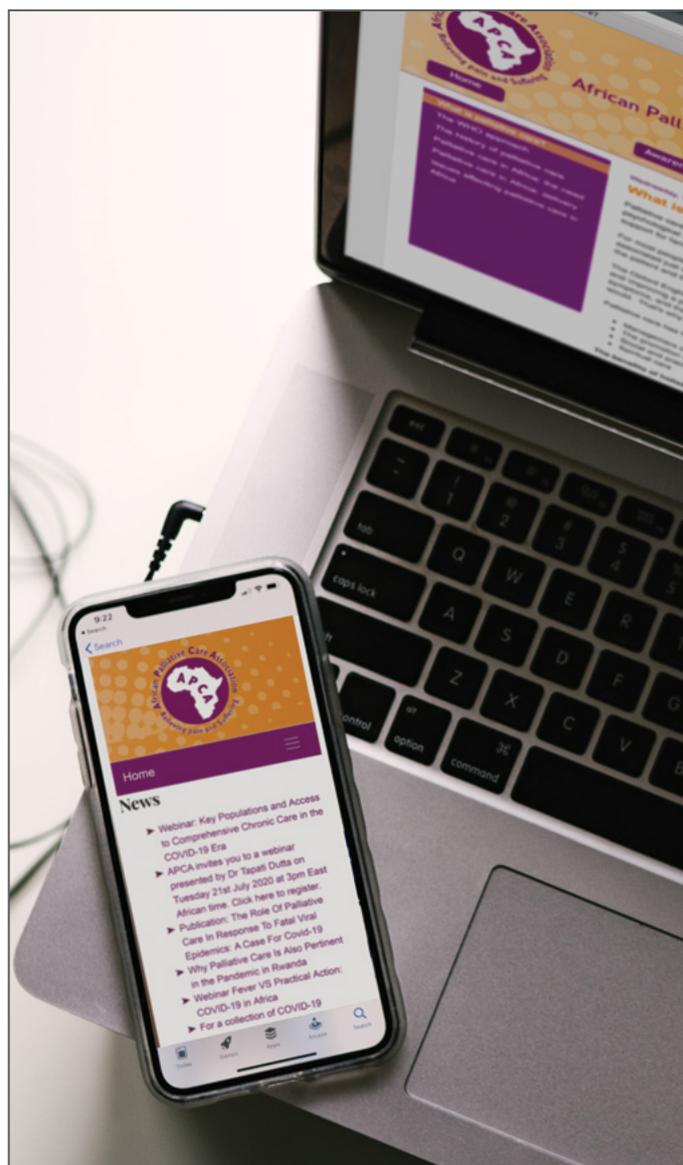
To increase the knowledge and awareness of palliative and comprehensive chronic care linked to advocacy through and in collaboration with all stakeholders

There remains poor awareness of palliative care as a discipline, a service and a component of the continuum of care from health promotion to disease prevention, early detection, diagnosis and treatment, rehabilitation and palliation, including that of comprehensive chronic care as an approach that palliative care addresses. This results in a widespread lack of understanding of palliative and comprehensive chronic care among the public, health workers, clinical managers and policy makers. As a discipline, palliative care is often viewed as end of life care.

In order to address this awareness challenge, APCA will use the following strategies:

- Leverage electronic platforms and social media to reach and engage stakeholders to minimise travel and accommodation costs.
- Redevelop and refine the implementation of an APCA advocacy strategy.
- Develop tailored packaging of information for each stakeholder level, bearing in mind the 2002 WHO definition and the 2014 WHA resolution on palliative care throughout the life course<sup>19,17</sup>.
- Convene virtual triennial African palliative care conferences, building attendance and attracting new stakeholders progressively by 20%. APCA envisions most of these events to be hosted virtually to reduce costs and the need for travel.
- Perform country-specific palliative and comprehensive care awareness activities in at least 24 countries, bringing in new country partners.
- Use of mass mailings and the website to interact with partners and APCA's growing membership.
- Develop and translate key palliative care awareness information to French, Arabic and Portuguese. Palliative care health messaging would address COVID-19 and other infectious diseases for palliative care providers, families and other stakeholders.
- Engage palliative care champions and ambassadors.
- Define and share the extent of the controlled essential medicines crisis in Africa as it differs from the abuse/ misuse crisis in the West.

In order to limit the requirement for financial resources, the implementation of most of these strategies will depend heavily on use of electronic channels rather than face-to-face activities. APCA will continue to invest in its Internet accessibility and digital platforms in order to engage remotely with key partners and national palliative care associations, where they exist.



## STRATEGIC OBJECTIVE TWO

### To support the improvement of health systems in Africa through the integration of palliative and comprehensive chronic care at all levels

APCA will follow a health systems strengthening approach for palliative care integration by adhering to WHO's six health system building blocks of a generic health system namely: service delivery, the health workforce, health information systems, medical products, vaccines and technologies, financing, leadership and governance<sup>20</sup>, including the cross cutting intersection between these domains.

#### I. SERVICE DELIVERY

**Strengthening service delivery with palliative care integration will involve the following steps:**

- Liaising with service delivery units, hospices, hospitals, disease-specific clinics and programmes in both rural and urban areas through the administration of service delivery small grants.
- Supporting patients, families and people with palliative care needs in survivorship adherence and engagement in both vertical disease specific and horizontal service provision channels. This will involve engaging disease survivors and people with palliative care needs in the development of user-centric services.
- Supporting partners to establish referral networks.
- Updating and rolling out the *APCA Standards for Providing Quality Care in Africa* at all levels to guide the provision of quality care at home, in hospitals, hospices or nursing homes and in emergency humanitarian responses.
- Supporting the introduction and integration of legal and human rights work in palliative and comprehensive chronic care services and linking these services to patient packages at hospices, hospitals and home-based services.
- Advocating for and equipping palliative and comprehensive care providers to leverage disease prevention opportunities for NCDs and other diseases while providing services at the patient, household, and community level.
- Advocating for the inclusion of key vulnerable populations, especially refugees and displaced populations, prisoners, the disabled, older persons, and children in palliative care and comprehensive chronic care initiatives, taking into consideration sexual and gender diversity and country-based legal contexts.
- Advocating for the inclusion of home-based care as a vehicle for palliative and comprehensive chronic care in national health systems.
- Advocating for the inclusion of palliative and comprehensive chronic care in UHC implementation plans, including Primary Health Care (PHC) as part of national health systems.
- Engaging the media around service delivery successes and challenges.

#### 2. HEALTH WORKFORCE

To provide palliative and comprehensive chronic care services, a skilled and dedicated multidisciplinary workforce is required. This workforce is necessary to address care from the home and community-based level, to the highest referral and academic hospitals and institutes - each of which require a health workforce that has been trained and accredited by relevant professional councils, with streamlined deployment, retention and remuneration.

**In line with the 2014 World Health Assembly resolution on palliative care throughout the life course<sup>17</sup> and other global frameworks, APCA will:**

- Support health worker development, capacity building, mentorship and curriculum development, including pre-service, in-service, internship and postgraduate education, experiential visits for peer-to-peer learning, placements, self-study, digital learning and other training initiatives, including the design of packages for patients with disabilities and service providers.
- Support the development of national palliative care training packages, including community health worker training.
- Revise and disseminate the *APCA tool on the M&E Framework for Palliative Care Education*.
- Advocate for the accreditation of palliative care education and recognition of the discipline as a medical speciality.
- Support implementation and service delivery, including palliative care quality assurance and standards.
- Utilise small grants for hospices, hospitals and palliative care education institutions.

#### 3. STRATEGIC INFORMATION

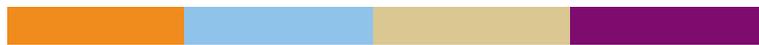
**APCA values reliable strategic information and data in the health sector which supports decision making that impacts patients and users positively and ensures the effective distribution and use of limited resources. To this end, APCA will:**

- Support the integration of palliative care indicators into national and hospital health information systems.
- Support the development of palliative and comprehensive chronic M&E frameworks, including data collection and use.
- Support the piloting and use of digital health technologies, including patient care technologies, software and devices, and mobile phone platforms to support interactions between the healthworker, patient and caregiver.
- Support supply chain monitoring and linkages to healthworker education, communication and awareness initiatives.

#### 4. MEDICAL PRODUCTS, VACCINES, TECHNOLOGIES AND PATIENT USE DEVICES.

**In order to ensure improved access to medical products, vaccines, and technologies as they relate to palliative and comprehensive chronic care, APCA will:**

- Support the improvement of access to controlled medicines as part of UHC schemes while maintaining balance between control and access to opioids and other controlled but essential medicines for medical and scientific use and in agreement with the Single Convention on Narcotic Medicines of 1967.



- Support countries and institutions to develop and maintain relevant skills to maintain the supply chain to ensure that patients have essential palliative care medicines, including oral liquid morphine reconstitution, while at the same time preventing the diversion of controlled substances.
- Run virtual regional medicines workshops and webinars and linking these to capacity building and mentorship in regards to oral liquid morphine reconstitution and supply chain management.
- Support linkages for access to other technologies such as mobile platforms for stock management, medicine-related patient-to-healthworker interaction, and radiotherapy as a technological modality in palliative care for cancer patients.
- Support survivors to access patient user devices and prostheses for disease or treatment, including disease induced disability in the palliative and comprehensive chronic care context.

## 5. FINANCING

In Africa, most palliative and comprehensive chronic care services are largely financed by the patient and their family, or through private donations, while governments pay for the lowest percentage of fee for service. Consequently, user fees at the time and point of need for palliative and comprehensive chronic care services impoverishes families, and in some cases leads to untimely deaths. Palliative care financing is therefore imperative if access to services is to be improved.

**In order to improve financing for palliative care, APCA will support:**

- Advocacy for the development of health financing mechanisms that involve palliative care, and the inclusion of palliative and comprehensive chronic care in UHC and rooted in the WHO's model for PHC.
- National and regional level interaction with key policy and decision makers at the country level to ensure palliative care inclusion into national health budgets.
- Strengthening the provision of short-to-medium term small grant schemes to community-based rural service providers that offer palliative care services and education.

## 6. LEADERSHIP AND GOVERNANCE

Good governance and management structures are key to building credibility and accountability, coupled with the associated benefit for governments and organisations from putting funds to good use.

**APCA will provide leadership for palliative and comprehensive chronic care integration into national health policies and frameworks.**

**This will be accomplished through the following measures:**

- Supporting evidence-based national policy reviews and the development of palliative care related policies which connect palliative care services to PHC within a UHC context.
- Hosting a ministers of health palliative care session once every three years to advocate for palliative and comprehensive chronic care in the context of policy environment improvements. This could be accomplished using digital platforms.
- Supporting the improvement of national controlled but essential medicines policies.
- Strengthening the implementation of education policies and frameworks that improve access to palliative and comprehensive chronic care education by increasing the number of trained personnel and prescribers of controlled medicines.

## 7. CROSSCUTTING STRATEGIES

The following areas are proposed to be captured under cross-cutting strategies:

- Funding
- Monitoring and Evaluation/ Health Information Systems
- Sustainability

**The key crosscutting strategies across this Strategic Plan's four strategic objectives are:**

- Advocacy at all levels and with all stakeholders.
- Universal Health Coverage and SDGs, especially SDG3 which addresses quality and accessible health for communicable and non-communicable diseases, including:
  - Beneficiary involvement
  - Gender equity
  - Human rights
  - Key populations including: children, older persons, refugees, displaced populations, sexual diversity, among others.
  - Poverty and its effect on access to palliative care with associated contributing affects of disease on poverty.
- Integrating key disease prevention messaging into palliative care activities, using relevant and user friendly platforms to reach patients and their family members, their community, health providers, and key decision makers, among other stakeholders.

**In order to ensure a comprehensive health systems strengthening approach in integrating palliative and comprehensive chronic care into health systems, APCA will:**

- Invest in partnerships and collaborations to source capacity and seconded skills to reduce the cost of implementing this strategic plan.
- Track and share the implementation of global and regional frameworks and declarations, such as WHA resolutions and UN global political declarations that impact palliative and comprehensive chronic care across Africa.

## STRATEGIC OBJECTIVE THREE

### To build an evidence base for palliative and comprehensive chronic care in Africa

Palliative care research across Africa suffers from many aspects. Funding remains limited and there is minimal research capacity, delivery and evaluation of appropriate care, translation of research into policy and practice, and support for publishing and research dissemination. APCA will contribute to the improvement of the palliative and comprehensive chronic care research environment in Africa through the following steps:

- Define the palliative and comprehensive chronic research priorities and agenda by working with stakeholders on a periodic basis.
- Broaden the African Palliative Care Research Network (APCRN) and strengthen regional APCRN hubs.
- Develop a largely virtual African Centre of Palliative and Comprehensive Chronic Care Research to support palliative care integration into UHC plans and schemes.
- Design and seek funding and partnership opportunities to implement research projects.
- Establish the *African APCA Journal of Palliative and Comprehensive Chronic Care*.
- Invest in initiatives to improve African palliative and comprehensive chronic care research publications.
- Package research findings through policy briefs for knowledge translation and policy development.
- Leverage the triennial APCA conference as a key research dissemination opportunity.
- Support the publication of all APCA conference abstracts in collaboration with peer-reviewed journals in Africa and globally.
- Establish South-to-South and North-to-South research partnerships and collaborations.
- Hold a regional research meeting/webinar at least once a year.
- Develop a repository for grey literature and a research agenda for palliative care in Africa.
- Build the capacity of researchers and health workers on the African continent through collaboration with academic institutions globally. This includes supervising research sub-grants from international partners to African institutions. It also includes training, equipping and deploying a well-resourced, skilled and passionate workforce that will influence policy, programming and provision of care.

## STRATEGIC OBJECTIVE FOUR

### To ensure the sustainability of APCA and palliative care as a discipline and approach to comprehensive chronic care in Africa

In order for APCA to sustain its existence as an entity, the following strategies will be employed:

- Develop a tiered paid membership programme with offerings for institutional and individual members.
- Implement APCA's resource mobilisation strategy, covering the acquisition of financial and other in-kind resources for APCA's sustainability.
- Work with other global and regional palliative care entities to engage new donors in palliative care, especially the private sector, trusts and foundations.
- Engage funding movements such as the Rotary Club.
- Develop a reserve fund worth about half a year of APCA's core operating costs.
- Develop a pool of prominent African and international celebrities and champions to support fundraising for palliative care.
- Develop technical assistance packages for African countries, academic institutions and other organisations for APCA to reach its objectives in raising unrestricted income.
- Improve APCA's grant winning capacity by strengthening staff skills, through networking, and by establishing partnerships for the design of winning proposals.
- Refine and increase APCA's investment portfolios.

In addition, APCA will work towards the sustainability of palliative and comprehensive chronic care as a discipline through:

- Support of advocacy initiatives for palliative and comprehensive care inclusion into national policies and budgets.
- Advocate for palliative care inclusion in health worker training and education at the basic, intermediate, and speciality level.
- Partner with national palliative care associations, hospices and other CSOs involved in palliative and comprehensive chronic care to develop local and national palliative care task forces to oversee local developments.
- Provide core curricula for health worker training that can be adapted and adopted by academic institutions.
- Support initiatives that translate palliative and comprehensive chronic care packages into national and local languages.
- Support national associations and other stakeholders to engage in advocacy for the inclusion of palliative care financing into national budgets.



# IMPLEMENTATION OF THE STRATEGIC PLAN IN A COST EFFECTIVE MANNER

In order to implement this Strategic Plan, APCA will develop a progressive 3-year business plan with clear annual work plans that will be based upon stated objectives, strategies and associated activity costs.

Planned activities will largely be determined by resources mobilised. Due to resource challenges, APCA will use the following implementation tactics to minimise resource spending:

- Most of APCA's strategic meetings, workshops, webinars, and planned conferences will be run through digital platforms.
- In order to minimise requirements for the recruitment of staff, APCA will maintain a small core team of staff to run operations and some of its technical activities.
- APCA will develop partnerships and engage short term consultants for the secondment of necessary skills.
- APCA will utilise in-country skills in whichever country or region where activities are focused to reduce costs of travel.

## MONITORING AND EVALUATION

The successful implementation of the strategic plan will be monitored through indicators under each objective as indicated in the table below. Monitoring will be monthly, with annual reports published and a midterm review conducted.

### OBJECTIVE ONE INDICATORS

Number of new information packages developed  
 Number of information packages revised  
 Number of information packages distributed  
 Number of social media engagements by platform  
 Number of awareness workshops or meetings held  
 Number of attendees at the APCA conference  
 Number of attendees at the ministers of health session.

Number of media engagements/activities  
 Number of people reached through digital media engagement  
 Number of people reached through social media by platform  
 Number of national strategic meetings attended  
 Number of regional strategic meetings attended  
 Number of global strategic meetings attended.



➔ **APCA WILL PLAY A SUPPORTING ROLE TO ITS MEMBERS BY PROVIDING RESOURCES TO IMPACT AND IMPROVE THE QUALITY OF LIFE OF PATIENTS AND CAREGIVERS AT ANY STAGE IN THE TRAJECTORY OF DISEASE.**

## OBJECTIVE TWO INDICATORS

### Service delivery

Number of service delivery facilities reached  
Number service delivery tools developed  
Number of service delivery tools shared.

### Health workforce/human resources

Number of health workers supported to receive training  
Number of health facilities reached through training  
Number of academic/training institutions supported  
Number of new curricula developed  
Number of curricula updated  
Number of education tools developed  
Number of scholarships issued  
Number of twinning arrangements between countries  
Number of referral networks supported  
Number of mentorships recorded  
Number of clinical placements.

### Strategic Information

Number of entities supported to develop data frameworks for palliative care  
Number of countries supported to integrate palliative care indicators into their HMIS  
Publication of status updates of palliative care development in Africa through the *APCA Atlas of Palliative Care in Africa*.  
Entities supported with rapid strategic information responses.

### Medical products, vaccines and technologies

Number of medicine production units supported  
Number of people trained in the controlled medicines supply chain  
Number of palliative care medicines production placements completed  
Number of countries supported to produce medicines  
Number of innovative technologies developed to support service delivery and supply chain management.

### Financing

Number of small grants that are sub-granted by service category  
Number of multi-stakeholder projects funded  
Number of countries with palliative care included in their national budgets  
Number of programme grants received by APCA  
Number of health units funded  
Number of academic/training institutions funded  
Number of individuals funded.

### Policy

Number of countries supported in policy development  
Number of countries supported to develop palliative care guidelines  
Number of stakeholders engaged per country at the policy level  
Number of evidence-based policy briefs.

## OBJECTIVE THREE INDICATORS

Establishment of a research network with ongoing activities and a growing membership  
Number of proposals submitted for funding  
Number of successful proposals granted  
Number of priority research questions identified to inform a research agenda  
Number of new research and knowledge translation partners brought in  
Number of ongoing research projects.

Number of research capacity building activities conducted  
Establishment of a research and learning centre with on-going research and training  
Number of dissemination activities  
Number of knowledge transfer and information materials shared  
Number of peer reviewed journal articles published  
Numbers of articles submitted for peer review  
Number of resources housed on APCA's digital resource centre  
Number of people using the APCA digital resource centre.

## OBJECTIVE FOUR INDICATORS

Number of APCA board meetings held  
Number of APCA board committee meetings held  
Number of resource mobilisation activities held  
Number of grants received by amount and source  
Amount of funds going into reserves per year  
Number of in-kind donations to APCA by value  
Number of new donors  
Number of funding proposals submitted to donors  
Number of technical assistance projects completed for stakeholders.

Number of new APCA financial investments  
Number of advocacy activities engaged  
Number of partnerships established  
Number of new APCA members by tiered category  
Number of membership renewals by tiered category  
Number of national associations supported  
Number of ministries of health supported.

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## African Palliative Care Association

PO Box 72518 | Plot 95 | Dr Gibbons Road | Makindye | Kampala | Uganda

Tel: +256 312 264978

[info@africanpalliativecare.org](mailto:info@africanpalliativecare.org)

[www.africanpalliativecare.org](http://www.africanpalliativecare.org)

NGO Registration Number 4231

