WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE

ANNUAL REPORT 2020-2021 >>









whpca

worldwide hospice palliative care alliance





We impact people's lives on the ground.

We influence policy at the highest levels.

We are building a diverse and strong movement demanding care for all.

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Executive summary

Welcome to our 2020/2021 annual report. Despite the continuation of the global pandemic, the WHPCA has continued to focus on achieving access to palliative care as part of Universal Health Coverage (UHC) reforms. We have focussed on strengthening the support of palliative care advocates and palliative care allies worldwide to achieve our aims for palliative care for all as part of UHC. We continue to work closely with WHO, as a non-state actor in official relations. Our official relation status with WHO was extended another three years in January 2020 by the WHO Executive Board.

During 2020/2021 we have accomplished a great deal including continuation of our projects in Bangladesh, South Africa, Ethopia, Russia, Kenya and Greece. We have forged a closer partnership with the International Children's Palliative Care Network (ICPCN) which has included exploring myriad of ways we can work together to benefit both children and adults across the world. We also continue to work in partnership with The International Association for Hospice and Palliative Care (IAHPC), and Palliative Care in Humanitarian Aid Situations and Emergency Network (PalCHASE).

The 2020 World Hospice & Palliative Care Day held in October was successful, despite COVID19, with over 104 (mostly virtual) events in 43 countries. At the same time we also launched the 2nd Edition of the Global Atlas of Palliative Care, in cooperation with the World Health Organization. Early 2021 saw the conclusion of the 3 year, Joffe Foundation funded Patient Power project in South Africa and Ethiopia.

In spite of all the restrictions we continue to face with the COVID-19 pandemic, WHPCA continues to be at the heart of global advocacy of palliative care, building a diverse and strong movement demanding care for all.

{By numbers}

We impact people's lives on the ground

We worked with local palliative care providers in South Africa to give voice to those living with palliative care needs



How WHPCA projects in Bangladesh continue to impact lives positively

Compassionate Korail – a community based palliative care project

WHPCA and Bangabandhu Sheikh Mujib Medical University Hospital (BSMMU) have worked in partnership for 4 years to establish and develop a model of community home based care with a focus on older patients in Korail, one of the largest informal settlements (slums) in Dhaka, Bangladesh. The focus this year was mitigating the impact of the Covid-19 pandemic on the palliative care patients. This included providing information about Covid-19, what precautions were needed, distribution of hand sanitisers, masks and food packs, as well as providing telephone consultation when visiting patients was not possible.

The impact of Covid-19 hit the patients and their families hard. 84% of the households in the project had a reduction in income with the estimated drop being about 70%. Fear, boredom, anxiety, and self-isolation were noticed among the children and adolescents. All of the 32 households in the project mentioned the high importance of the food packs.

One of the patients raised chickens as a way to make a small amount of money. Some of the residents of Korail informal settlement cultivated small vegetable gardens on the banks of the surrounding lake. With job scarcity, they relied on their crops for subsistence, and began to sell products to neighbours at prices below market rate, which actually enabled communities to cultivate urgently needed food, thereby building their resilience and group power.

In 2021, BSMMU, the Bangladesh Palliative Care Society and the Community Based Organization in Korail have taken on full responsibility for running the project with local resources. This is a huge achievement and means that the work will be sustainable into the future as it no longer depends on external resources. We look forward to seeing home-based palliative care continue to grow in Bangladesh.

“

A 15-year-old living in Korail who is connected to the project through the community mobilization activities said:

“For the last couple of months me and my family are eating plain rice, daal, potato, and occasionally egg as a meal. I am bored and it’s really hard to eat same kind of food every day! My family have no options though. My father and mother lost their jobs, and we get this food as donations. Now my school is closed. So, I am searching for a job to support my family”.

A 30 year old man that used to work in a garment factory in Korail. His wife was a housemaid. They both lost their jobs due to lockdown. They managed to survive with some savings and little help from the project and their child’s school for the first month. This man’s father and child were registered patients with Compassionate Korail. After one month they started to reduce how much they ate. Their landlord demanded they pay their rent, but for 3 months they couldn’t afford to do this. The landlord started to humiliate them. So they took a loan and paid the rent. Both he and his wife are still searching for jobs. Day by day their debt was increasing, and surviving was getting harder. His wife told the project team:

“Nowadays my husband gets angry about little things and sometimes scolds me and my child without any reason. If we were not getting support from the project, we do not know what would have happened to us. We are so helpless right now and do not know where the end of this suffering is! Struggle has always been there in our life, however this COVID period is one of the most miserable experiences we are going through”.

Compassionate Narayanganj – how we adapted to COVID-19

This was the final year of a three-year project in Narayanganj in collaboration with Bangabandhu Sheikh Mujib Medical University Hospital (BSMMU) , funded by UK Aid Direct. The team had to adapt the home-based care service model very quickly at the start of the year due to Covid- 19. Instead of home visits, the team provided care over the telephone. While this was not the same as the practical home-based care provided during home visits, it did mean that patients and carers were supported throughout lockdown.

We were fortunate to receive additional funding to be able to address some of the immediate impact of Covid- 19 in Narayanganj. This included t raining the staff with up to date information about Covid- 19, adapting, t ranslating and distributing the PALLIATIVE CARE GUIDELINES FOR COVID- 19 PANDEMIC Edited by Task Force in Palliative Care (PallicovidKerala) , KERALA, India. We were able to adapt 4 curricula to integrate Covid- 19 and palliative care responses and t rained 50 health professionals in integrating palliative care and Covid- 19 responses (including 16 intensive care staff) . The team made a series of short videos on YouTube aimed at patients, caregivers and health professionals with clear practical information on Covid- 19 precautions. These were seen by over 4,400 people. Volunteers have played an important role this year. Not only have they supported sensitisation activities in the community around Covid- 19, but they have visited patients and helped dist ribute food parcels to those most in need of them. The volunteers have founded the Narayanganj Palliative Care Societ y and hope to be engaged with palliative care into the future.



The project was impacted by the cuts to the UK's international development budget and had to reduce activities in the final quarter of year 3 but was able to carr y some activities into the next quarter. As the external funding for this project comes to an end, we are exploring with BSMMU and two other partners how to build on the work already done and on the increasing interest in Bangladesh in palliative care.

The Directorate General for NCDs has now issued technical guidelines for palliative care and has included palliative care as an element in some health professional curricula. We will continue to work to support the development of palliative care in Bangladesh.

UKaid
from the British people

We work in partnership with the Department of Palliative Medicine of the Bangabandhu Sheikh Mujib Medical University (BSMMU) is supported by funds from UK AID Direct and an anonymous donor.





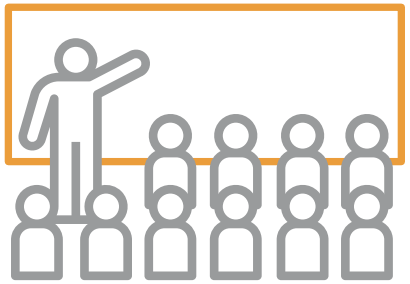
2,563

people viewed videos with practical information for patients and care givers on how to care for patients during the Covid-19 epidemic

BY NUMBERS

THE POSITIVE IMPACT OF COMPASSIONATE KORAIL ON THE COMMUNITY *

TEN
PALLIATIVE CARE ASSISTANTS TRAINED
on how to protect and care for patients and themselves during the pandemic



1,575 COMMUNITY MEMBERS
participated in courtyard meetings to learn about Covid-19



1,930 PATIENTS RECEIVED MEDICINES



2,500 LEAFLETS AND 450 POSTERS
with Covid-19 information distributed across Korail

1,167 WOMEN
412 MEN
227 GIRLS
227 BOYS
WERE SEEN BY THE DOCTOR AND NURSE AT THE OUTPATIENT CLINIC

DURING COVID-19 THE FOLLOWING WAS DISTRIBUTED

1,480 BARS OF SOAP



1,680 HAND SANITISERS



1,115 FACE MASKS



700 FOOD PARCELS



BY NUMBERS THE POSITIVE IMPACT OF THE NARAYANGANJ PROJECT ON THE COMMUNITY *

1,204
FAMILY MEMBERS WHO WERE SUPPORTED

97%
PATIENTS SURVEYED RATED THE CARE THEY RECEIVED AS EXCELLENT OR GOOD

1,925
THE AMOUNT OF LEAFLETS, HAND SANITZIER & BARS OF SOAP DISTRIBUTED DURING COVID-19

52
MEETINGS HELD WITH COMMUNITY ORGANISATIONS, WARD COUNCILORS AND HOSPITALS AND CLINICS

151
PATIENTS RECEIVED INFORMATION ON WHERE TO ACCESS LEGAL SUPPORT

4,219
TELEPHONE CONSULTATIONS WERE CONDUCTED

81%
OF HEALTH PROFESSIONALS TRAINED IN YEARS 1&2 REPORTED APPLYING THEIR LEARNING ON PALLIATIVE CARE IN THEIR WORK

4
PALLIATIVE CARE CURRICULA WERE UPDATED TO INCLUDE COVID-19 INFORMATION

16
INTENSIVE CARE UNIT DOCTORS & NURSES TRAINED IN BASIC PALLIATIVE CARE SKILLS

24 NURSES & **20** DOCTORS
TRAINED IN COVID-19 PRECAUTIONS AND PROCEDURES

*Figures reflect cumulative activity outcomes over the full course of the project.

Living with HIV and cancer during COVID-19



Samuel, from Mamitwa village in South Africa living with HIV and diagnosed with rectal cancer.

{read his story}

Palliative care adds life into days when it can't add days into life

Samuel, from Mamitwa village in Greater Tzaneen, South Africa was already living with HIV when he was diagnosed with rectal cancer. Until then had lived an independent life but his diagnosis meant he needed to move in with his mother so she could care for him. His independence was gone.

His situation was made worse as the hospital was unable to help with his pain, and because of COVID19, with an already compromised immune system, he was concerned for his health.

Then Samuel met CHoiCe Palliative Care nurse Jamela and he no longer must face his illness alone.

He says his health condition has "improved immensely" since CHoiCe came into the picture, and they have referred him to a new doctor who has helped him with pain medication which has "made the world of difference". CHoiCe has even organised transport and a food parcel for Samuel when he was unable to access food during the lockdown. They have helped inform Samuel about the virus too, helping him keep safe.

Without the palliative care he has received, Samuel believes he would not be able to walk or sit comfortably as he can today.





Samuel said:

"Palliative Care is the programme that assists you when you're homebound and you feel isolated and helpless. It's been my saving grace and there's no programme more important. I feel confident recommending CHoiCe Palliative Care to anyone I come across who's sick and needs support. palliative care helps at every step of the way, and you don't have to go down this road alone"

Support for global palliative care development





WHPCA with partners is helping to support palliative care development in the Russian Federation and Eurasian region. We recently signed a memorandum of understanding with the Russian Hospice Care Professionals Association (the main association in the country) and the American Eurasian Cancer Alliance. Others working collectively in the region include the European Association for Palliative Care, A UK charity (PACED) focussed on improving palliative care (PC) education in the region, and faculty from several US Universities including Harvard, Johns Hopkins, Indiana University, and Fox Chase Cancer Center. Regular zoom calls are being held including quarterly difficult case conferences, training of trainers, health systems research, and presentations on PC at major conferences in the region.

- Global Palliative Care Series webinar: Risks, Challenges, and Opportunities for Fundraising during the Pandemic (slides)
- Global Palliative Care Series webinar: Persons Experiencing Homelessness, Detainees, & LGBT+ People (video)
- Global Palliative Care Series webinar: Persons Experiencing Homelessness, Detainees, & LGBT+ People (slides)
- Global Palliative Care Series webinar: Advocating for Integration of Palliative Care into National COVID-19 Responses (video)
- Global Palliative Care Series webinar: Advocating for Integration of Palliative Care into National COVID-19 Responses (slides)
- Global Palliative Care Series webinar: Valuing and strengthening palliative nursing in the time of COVID-19 (video))
- Global Palliative Care Series webinar: Valuing and strengthening palliative nursing in the time of COVID-19 (slides)
- Global Palliative Care Series webinar #8: Global Palliative Care Series webinar 11 June: Inter-professional spiritual care and self care (slides)
- Global Palliative Care Series webinar #8: Global Palliative Care Series webinar 11 June: Inter-professional spiritual care and self care (video)
- Global Palliative Care Series webinar #7: Palliative Care in Covid-19 for persons with disabilities and in humanitarian crises (slides)
- Global Palliative Care Series webinar #7: Palliative Care in Covid-19 for persons with disabilities and in humanitarian crises (video)
- Global Palliative Care Series webinar #6 May 28: how people with pre-existing palliative care needs are affected by the Covid-19 pandemic (video)
- Global Palliative Care Series webinar #6 May 28: how people with pre-existing palliative care needs are affected by the Covid-19 pandemic (presentation slides)
- Global Palliative Care Series webinar #5 May 21 - Palliative Care for Older People in the Context of Covid-19 (video)
- Global Palliative Care Series webinar #5 May 21 - Palliative Care for Older People in the Context of Covid-19 (presentation slides)
- Global Palliative Care Series webinar #4 May 15 - Suffering alone and Grief and Bereavement (video)
- Global Palliative Care Series webinar #4 May 15 - Suffering alone and Grief and Bereavement (presentation slides)
- Global Palliative Care Series webinar #3 May 8 - Palliative Care & Covid-19: Holistic care of children and symptom control (slides)
- Global Palliative Care Series webinar #2 May 1 - Clinical and Prevention Aspects in Covid-19 (presentation slides)



- Global Palliative Care Series webinar #2 May 1 - Clinical and Prevention Aspects in Covid-19 (video)
- Global Palliative Care Series webinar #1 April 24 - Access to palliative care during the COVID-19 pandemic: Ethical and Legal aspects (slides)
- Global Palliative Care Series webinar #1 April 24 - Access to palliative care during the COVID-19 pandemic: Ethical and Legal aspects (video)
- Global Palliative Care Series webinar #3 May 8 - Palliative Care & Covid-19: Holistic care of children and symptom control (video)
- Global Palliative Care Series webinar #9: The Role of Telemedicine in Delivering Palliative Care during the Covid-19 Pandemic (slides)
- Global Palliative Care Series webinar #9: The Role of Telemedicine in Delivering Palliative Care during the Covid-19 Pandemic (video)
- Global Palliative Care Series webinar: Risks, Challenges, and Opportunities for Fundraising during the Pandemic (video)
- Time to Talk webinar April 17: The impact of COVID-19 on palliative care and health systems (slides)
- Time to Talk webinar April 17: The impact of COVID-19 on palliative care and health systems (video)
- Time to Talk webinar April 9: Palliative care and COVID-19 in LMICs
- Time to Talk: A virtual hub to discuss palliative care priorities in COVID-19 response
- WHPCA webinar on Coronavirus and people with serious conditions and underlying health issues

Strengthening collaboration with partner institutions and alliances

We have been strengthening partnerships with regional and international organisations.

WE CONTINUE TO RESEARCH. We are also working with the Lien Centre for Palliative Care in Singapore on the next iteration of the Quality of Death and Dying Index. This third version of the Index will rank over countries in the quality of end of life care using more sophisticated research methods than the previous versions.

WE CO-FACILITATE the Global Palliative Care Advocates Google Group of **181 members** which is used for real-time discussions on key global advocacy issues.

WE CONTINUED TO BUILD collaboration with civil society organisations where palliative care is not the primary focus such as the Action for Global Health, the NCD Alliance, the UICC, HelpAge International, Alzheimer's Disease International, Dementia Alliance International and the American Eurasian Cancer Alliance.

WE CONTINUE TO STRENGTHEN our partnership with the ICPCN and IAHPC.

We influence policy at the highest levels

This year, we continued to influence policy on palliative care. Our activities included:

Civil Society Round-table on Palliative Care

Working in partnership with the International Association for Hospice and Palliative Care and International Federation on Ageing, we participated in the Civil Society Roundtable on palliative care with Dr Tedros, the Director General of the World Health Organisation. As with all our work, we worked to ensure that the voice of people with lived experience was heard and Lucy Watts was able to speak on the call with Dr Tedros. The commitment displayed by Dr Tedros and WHO towards increasing palliative care access was encouraging, including a focus on a campaign in the run up to World Hospice and Palliative Care Day 2021 and the joint action plan on palliative care.



World Health Assembly and the WHO Executive Board

In May 2020 and November 2020, we attended the World Health Assembly and supported action to ensure the inclusion of palliative care in the EU resolution on the COVID19 response. In May, 6 INGOs mentioned palliative care in their written statement demonstrating a growing commitment to this issue. In November 2020, we continued to ensure that the voice of people with lived experience was heard at the highest level, as Helena Davies, our trustee with lived experience of palliative care delivered an intervention on primary health care and palliative care. She requested the inclusion of palliative within monitoring frameworks. In January 2021, we focussed our energies at the World Health

Assembly Executive Board on ensuring that the voice of lived experience was heard with powerfulinterventions from Ashla Rani and Huyaam Samuels and written statements from Lucy Watts and Helena Davies

Commission on the Status of Women and Girls

In March 2021, we attended the Commission on the status of women and girls to inform and develop strategies on how to ensure that palliative care is considered in the ongoing discussions around the critical role of women and girls as carers.

Building partnerships

Partnerships remain crucial to ensure palliative care is included in health systems strengthening and Universal Health Coverage reforms. We published a guideline on endof- life care and COVID-19 with Help Age International. We continued to engage in key networks such as Action for Global Health and the UK Working Group on NCDs ensuring the integration of palliative care in all discussion on global health.

Meet the palliative care patient champions who are speaking to power

Our trustees with lived experience – Dr Helena Davies and Stephen Watiti –along with many other palliative care advocates with lived experience continued to speak truth to power and raise the voice of people with lived experience of palliative care. Some examples of this work include:



Dr Helena Davies

She lives with a severe complex auto inflammation which affects many of her systems including nerves and muscles meaning that she depends upon a motorised wheelchair and am on multiple medications. Helena is in the top 5% of the "extremely vulnerable" group. Helena is a WHPCA trustee.and participated as a speaker and facilitator at the WHO organised consultation on the meaningful involvement of people living with non-communicable diseases.

Helena feels passionate about the importance of palliative care both within the UK and globally

Dr Stephen Watiti

He is a medical doctor from Kampala Uganda who has worked in HIV/AIDS treatment an served as a medical officer for The Mildmay Center in Uganda from 2004 to 2013. Dr. Watiti is a person living with HIV who is also a cancer survivor, received multiple treatments for tuberculosis, and was treated for meningitis. He has been a spokesperson for the WHPCA as a recipient of palliative care. Watiti was engaged in work to include palliative care within new WHO guidelines on HIV along with WHPCA trustees and staff.









We continued to work with our partners to support advocacy and provide tools for advocacy at the national level. This work included:



Maintaining a global palliative care advocates email group to enable open and transparent discussion on advocacy successes, challenges and strategies. We also provide 1:1 advocacy support on request.



We worked to ensure media coverage with relevant key messages including a publication in Global Citizen on the Narayanganj Project, demonstrating the critical importance of UK aid and palliative care as part of Universal Health Coverage.



We undertook a survey with ICPCN and PALCHASE and published a report on COVID19 and palliative care sharing key findings on how palliative care services were impacted and the availability of palliative care during the pandem

They enabled, facilitated and supported people with lived experience of palliative care to speak out.

icpcn
international children's palliative care network

PalCHASE
Palliative Care in Humanitarian Aid Situations and Emergencies

Communicating our message and measuring impact

One of our key aims is to build our membership to be an empowered advocacy network for universal coverage of palliative care. We do this by building picture of lived experience of palliative care. We write plan and share engaging social media content and shine a light on best practice through editing the international edition of ehospice.

https://ehospice.com/international/

The WHPCA website is a global resources hub and includes the 2nd Edition of the Global Atlas of Palliative Care and a directory of WHO documents.

https://www.thewhpca.org/resources/who-resources)

Completed in February 2020, we have used digital media to give voice to people with lived palliative care experience in sub Saharan Africa, through the Joffe Foundation funded Patient Power project. The aim was to increase demand for, and access to, palliative care in Ethiopia and South Africa, as well as the Compassionate Korail project in Bangladesh, and the implementation of the UK Aid Direct Project in Bangladesh.



Go to: www.ehospice.com/international

ehospice

The International edition of ehospice supports WHPCA programmes and advocacy activity. In April 2021 the weekly subscriber email was reactivated by the ehospice team, which meant that not only did interested parties see stories online, but they also received them straight into their inbox. WHPCA Executive Director, Dr Stephen Connor was invited to contribute an editorial and WHPCA programmes in Bangladesh, South Africa and Ethiopia, work on the Universal Health Coverage and the global Non Communicable Disease (NCD) agenda, palliative care as part of the WHO General Programme of Work, access to medications, rights of older persons, and advocacy at the WHO Executive Board Meeting and the World Health Assembly were also covered as articles.

theWHCPA.org had an increase in 1,413 new users and ehospice/international saw a 91% increase in new users.

Growing our digital presence

Over the year we have increased our engagement on social media platforms, including Facebook, Twitter, LinkedIn and Instagram. Social media has the ability to reach global audiences with key WHCPA messages and is a measurable communication tool.



Communication Tools

The WHPCA has continued to build up its communications tools.

Newsletter

Our monthly e-newsletter which is circulated to over 3,054 subscribers in over 120 countries.

You can sign up to be kept up to date here: https://thewhpca.us15.list-manage.com/subscribe?u=7011dfc36f9d68a62dfde82aa&id=39accacaff

Website

The WHPCA website is an excellent resource and is updated with regular news relating to hospice and palliative care. .

Go to: www.thewhpca.org



Our monthly e-newsletter which is circulated to over 3,054 subscribers in over 120 countries.



Patient Power Project

The Patient Power Project, funded by the Joffe Charitable Trust was completed in Feb 2020. to use digital media and the voices of those people who need, or are accessing palliative care, to tell their stories to raise demand among people who would benefit from it. The second aim is to encourage national decision makers to include palliative care in Universal Health Coverage plans.

For an insight into the project, you can read Margaret's story, Living with papiloma or watch her film and that of other lived experience people in South Africa here https://www.thewhpca.org/about-us-3/anglophone-africa-project

LEAVE NO ONE BEHIND
EQUITY IN ACCESS TO PALLIATIVE CARE

World Hospice & Palliative Care Day
9 OCTOBER 2021

www.thewhpca.org/world-hospice-and-palliative-care-day

World Hospice and Palliative Care Day

This awareness day is a key driver in building a strong and diverse movement demanding care for all. In 2021 it took place on the 9th of October with the theme, "Leave No One Behind." This highlighted the importance of Equity in access to Palliative Care

HOW WE COMMUNICATED KEY MESSAGES

4,688 page likes on Facebook +396

6,677 followers on Twitter +571

International ehospice saw
44,675 sessions
58,349 page views
38,129 new users
91% new users

Monthly newsletter had
2,855 recipients in over
120 countries

theWHCPA.org had
63,441 SESSIONS AND +4,032
127,891 UNIQUE PAGE VIEWS BY -337
45,793 USERS +1,413

200 WORLD DAY HAD
104 EVENTS ACROSS
42 COUNTRIES

Strengthening collaboration with partner institutions



Reports

- Palliative Care – Celebrating Nurses Contributions Report (2021). Julia Downing (Ed). ICPCN, WHPCA, IAHPC Report. Access at: http://www.thewhpca.org/resources/item/palliative-care-celebrating-nurses-contributions-report
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Book Chapters

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Launch of the new Global Atlas of Palliative Care

3rd Edition

The new Global Atlas of Palliative Care is a follow up to the original Global Atlas of Palliative Care at the End of Life originally published with WHO in 2014 and has been downloaded more than 140,000 times. The Atlas is a product of our 'official relations' with WHO and helps to paint a picture of the status of palliative care worldwide.

Download here: http://www.thewhpca.org/resources/global-atlas-on-end-of-life-care



This new edition of the Atlas has been produced in cooperation with several partner organizations including the IAHPC, ICPCN, University of Miami, Walther Centre in Global Palliative and Supportive Care, Indiana University, and University of Glasgow. The original WHO methodology for determining the need for palliative care has been replaced with a modified version of the method used by the Lancet Commission on Palliative Care and Pain Relief. The original estimate of 40 million people needing palliative care has now been increased to almost 57 million annually. The number of palliative care services has increased from 16,000 caring for three million patients in 2011 to over 25,000 services caring for seven million patients in 2017.

Our WHO/WHPCA Global Atlas of Palliative Care at the End of Life (2014) has now been downloaded over 140,000 times.

The Atlas addresses the following questions:

1. What is palliative care?
2. How many people are in need of palliative care worldwide?
3. What are the main diseases requiring palliative care?
4. What are the main barriers to palliative care?
5. Where are the existing gaps?
6. How well is palliative care developed in each country?
7. Where is palliative care currently available?
8. What are the models of palliative care worldwide?
9. What resources are devoted to palliative care?
10. What is the way forward?

Global Atlas stats

ALMOST 57 MILLION PATIENTS AND FAMILIES NEED PALLIATIVE CARE ANNUALLY

7% of people that needs palliative care annually are children



ONLY 12% of global palliative care need is being met

ALMOST 25% of those 57 million suffer from communicable diseases like HIV, TB, and even COVID-19.



ALMOST 45% of those 57 million are at the end of life



64% of countries have no or very limited provision of palliative care

76% of adult palliative care need is in low & middle-income countries

ALMOST 69% of people needing palliative care suffer from non-communicable diseases like cancer, dementia, stroke, heart-liver-kidney failure, lung diseases, or injuries

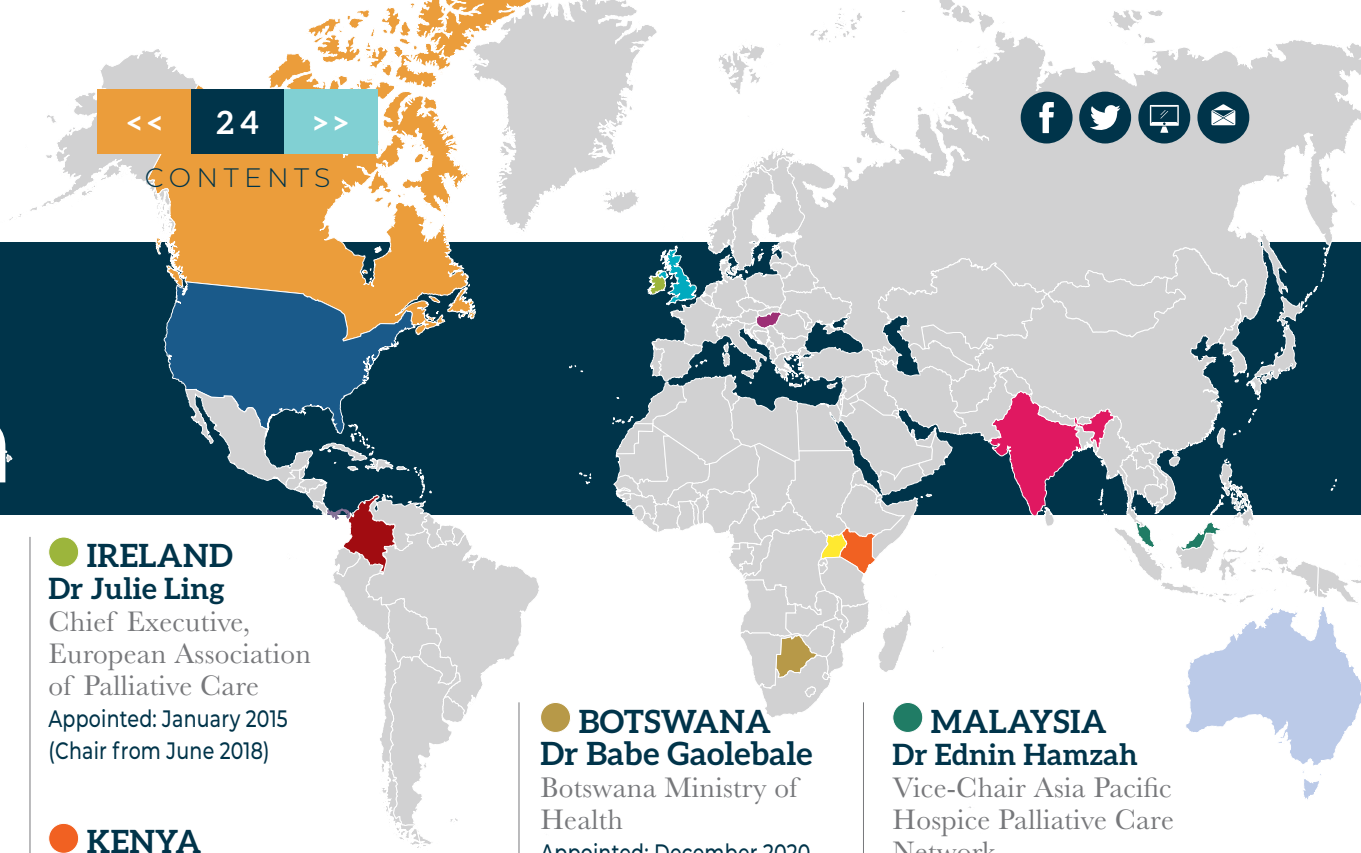


83% of countries have low to non-existent access to opioids for pain relief



87% The percentage palliative care is expected to increase by 2060

Governance representation



CANADA
Ms Sharon Baxter, MSW
Executive Director, Canadian Hospice Palliative Care Association
Appointed: June 2018; Retired: December 2020

Ms Laurel Gillespie
Executive Director, Canadian Hospice Palliative Care Association
Appointed: December 2020

USA
Dr James Cleary
Director and Walther Senior Chair of Supportive Oncology, Indiana University
Appointed: December 2016

Mr. Edo Banach, JD
CEO and President National Hospice and Palliative Care Organisation
Appointed: October 2017

PANAMA
Dr Nisla Camano Reyes
President, Panamanian Association of Palliative Care
Appointed: November 2018

COLUMBIA
Ms. MariaMarroquin
Administrator, Latin American Palliative Care Assoc.
Appointed: August 2020

UK
Dr Julia Downing
Chief Executive, International Children's Palliative Care Network
Appointed: March 2017

Mr. Craig Duncan, FCA
COO, Hospice UK
Appointed: August 2016

Dr Richard Harding
Kings College, Cicely Saunders Institute
Appointed: August 2016

Dr Helena Davies
Trustee with Palliative Care Needs
Appointed: October 2017

IRELAND
Dr Julie Ling
Chief Executive, European Association of Palliative Care
Appointed: January 2015
(Chair from June 2018)

KENYA
Dr Zipporah Ali
Executive directive, Kenya Hospices and Palliative Care Association
Re-appointed: Aug 2016

UGANDA
Dr Emmanuel Luyirika
Executive Director, African Palliative Care Association
Re-appointed: Aug 2016

Dr Julia Downing
Chief Executive, International Children's Palliative Care Network
Appointed: March 2017

Dr Stephen Watiti
Trustee with Palliative Care Needs
Appointed: December 2018

BOTSWANA
Dr Babe Gaolebale
Botswana Ministry of Health
Appointed: December 2020

HUNGARY
Dr Agnes Csikos
Pecs-Baranya Hospice Foundation, Hungary
Appointed: March 2017

INDIA
Dr Abhijit Dam
Secretary, Indian Association of Palliative Care
Appointed: October 2017; Resigned: June 2020

Dr Savita Butola
Secretary, Indian Association of Palliative Care
Appointed: March 2020

MALAYSIA
Dr Ednin Hamzah
Vice-Chair Asia Pacific Hospice Palliative Care Network
Re-appointed: August 2017

JAPAN
Prof Yoshiyuki Kizawa
President, Japanese Society for Palliative Medicine
Appointed: September 2020

AUSTRALIA
Dr Frank Brennen
Physician
Appointed: December 2016

Prof Meera Agar
Chair, Palliative Care Australia
Appointed: September 2020

Challenges and Opportunities

The opportunity is for health systems to realize the value that palliative care brings to health care especially the prevention and management of serious health related suffering, the art of having difficult conversations and breaking bad news, and the importance of helping the bereaved to effectively grieve in situations where there was no opportunity to say goodbye to loved ones. As we look beyond the pandemic, which likely will not be the last one, we can do more to help low and middle-income countries to incorporate palliative care into health care systems using culturally appropriate indigenous models of care that are folded in to universal health coverage schemes. What is needed is political will and the realization that palliative care is not a new burden but part of the solution to a health care crisis that will see more and more people with non-communicable and communicable illnesses where palliative care is a model for how to provide the right care at the right time.



We are seeking new funders to support an expansion of research and advocacy initiatives to meet the global demand for palliative care services.

Thank You

We would like to thank our donors without whom our work would not be possible

WE EXTEND OUR APPRECIATION TO: TO UPDATE

1. Open Society Foundations – Public Health Program
2. UK Aid Direct
3. Joffe Charitable Trust
4. Stavros Niarchos Foundation
5. United States Cancer Pain Relief Committee
6. True Colours Trust
7. Anonymous Donor

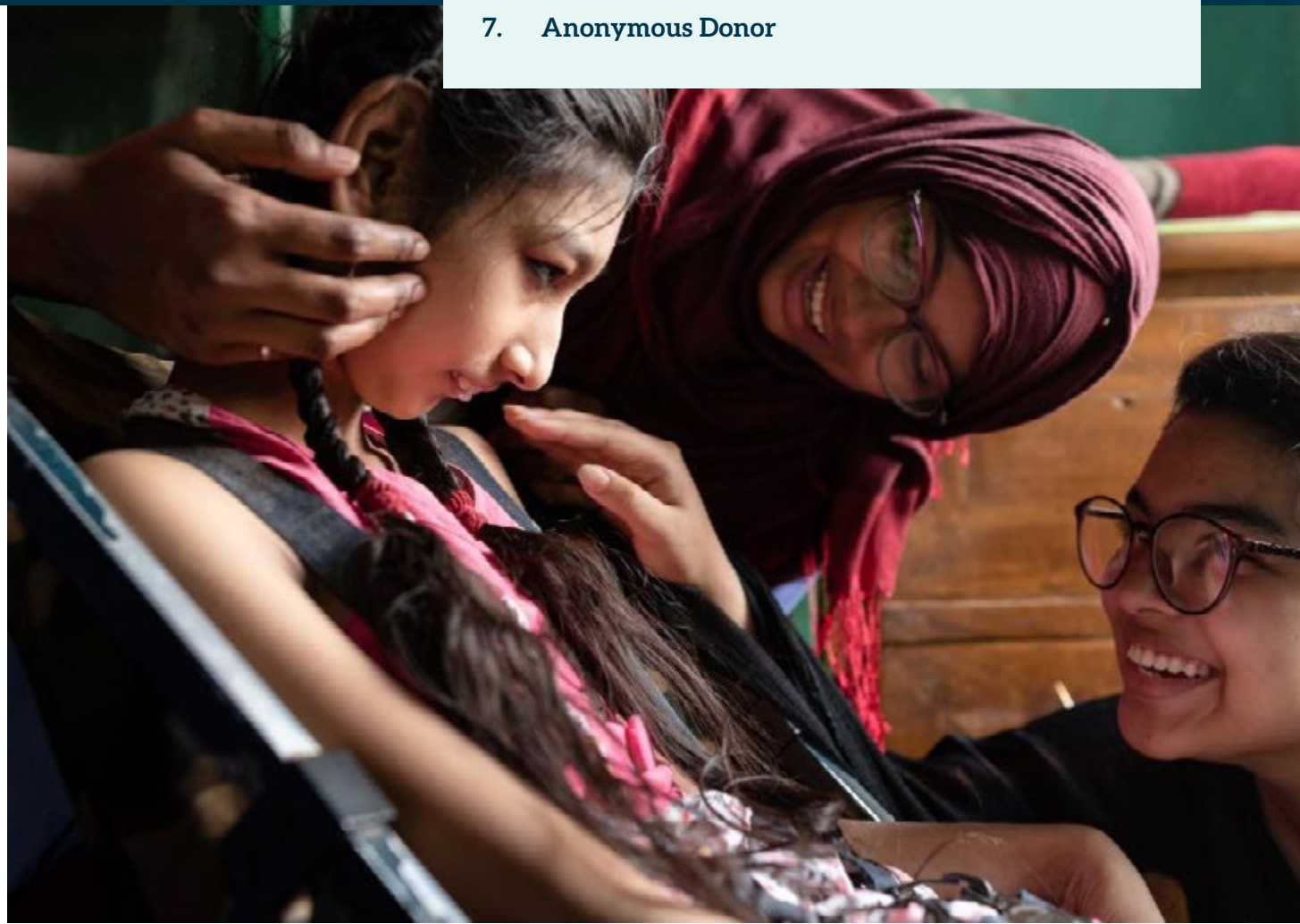
Why your support is so important!

Narayanganj city was a red hot spot for Covid-19. They had several lockdowns in 18 months which made home care quite impossible. However, the Compassionate Narayanganj team did not stop their services.

They utilized social media such as Facebook and used WhatsApp effectively.

Patient care was given through tele-consultations, food packs and medicines were delivered to patients' homes. Whenever lockdown was relaxed they continued home care where they could.

Their greatest achievement was that they could realize their team strength, continued their service during this pandemic. They accepted this as the 'New Normal'.



Financial Report

For the year ended
31 March 2021

				2021	2020
		Unrestricted	Restricted	**TOTAL**	TOTAL
	NOTE	£	£	**£**	£
Income					
Donations and legacies	*2a*	4,713	322,212	**326,925**	272,718
Income from charitable activities	*2b*	0	0	**0**	0
TOTAL INCOME		**4,713**	**322,212**	**326,925**	**272,718**
Expenditure					
Raising funds	*3*	1,929	0	**1,929**	1,350
Charitable activities	*3*	0	307,224	**307,224**	341,962
TOTAL EXPENDITURE		**1,929**	**307,224**	**309,153**	**343,312**
Net income / (expenditure) before		**2,784**	**14,988**	**17,772**	**(70,594)**
Transfer between funds		113,112	(113,112)		
Reconciliation of funds					
Net income / (expenditure) after reconsiliation of funds		**115,896**	**(98,124)**	**17,772**	**(70,594)**
Total funds brought forward		31,602	129,874	**161,476**	232,068
TOTAL FUNDS CARRIED FORWARD	*11*	**147,498**	**31,750**	**179,248**	**161,474**

Balance Sheet

	Note	2020 £	2019 £
Tangible Fixed Assets	*8*	675	0
Current assets			
Cash at bank and in hand		160,215	151,393
Debtors	*9*	19,718	6,164
		179,933	157,557
Liabilities			
Creditors: amounts due within 1 year	*10*	(1,360)	(2,847)
Net current assents		178,573	154,710
Net assets		179,248	154,710
Funds			
Restricted funds		31,750	129,874
Unrestricted funds		147,498	31,602
TOTAL CHARITY FUNDS	*11*	179,248	161,476



WHPCA STAFF

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© November 2020 Worldwide Hospice Palliative Care Alliance

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