World Hospice and Palliative Care Day Report 2010

Sharing the care



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worldwide palliative care alliance

WORLD HOSPICE & PALLIATIVE CARE DAY

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Introduction

> **"Palliative care developed as a response to suffering. The organisation and provision of palliative care has to be adapted to the country, culture and context if the needs of the person requiring care and their family members are to be met."**
>
> **(Worldwide Palliative Care Alliance)**

www.thewpca.org

The Worldwide Palliative Care Alliance (WPCA) believes that everyone who requires it should have access to quality palliative care which will improve their quality of life and their caregiver's. The only way to succeed in obtaining the level of coverage required is by building partnerships – we need to be 'sharing the care'.

Unfortunately, only a small minority of people living with a life-limiting illness worldwide can currently access the care that they need to manage their physical, psychosocial, spiritual and social problems. For most marginalised and vulnerable groups, access to palliative care is rarely possible.

Partnership working, ie working together to meet a common goal, can help us to identify the specific needs of marginalised and vulnerable groups and to make sure services are targeted to reach these groups in innovative and culturally appropriate ways. Together, as we 'share the care', it is our responsibility to make sure that everyone can access holistic palliative care services focused on their individual needs irrespective of their geographical location, disease, race, age, gender and sexuality.

On World Hospice and Palliative Care Day 2010, the WPCA commits to increasing and improving its collaborative working to improve the quality of life of people living with a life-limiting illness. Join us – only together can we make this vision a reality.

Cynthia Goh, co-chair, WPCA

David Praill, co-chair, WPCA

What is palliative care? – WHO definition

"The World Health Organization definition of palliative care is a description of compassionate, comprehensive palliative care that can be provided in any geopolitical, cultural and economic setting."

(Worldwide Palliative Care Alliance)

www.who.int/cancer/palliative

Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. Palliative care:

- provides relief from pain and other distressing symptoms
- affirms life and regards dying as a normal process
- intends neither to hasten or postpone death
- integrates the psychological and spiritual aspects of patient care
- offers a support system to help patients live as actively as possible until death
- offers a support system to help the family cope during the patient's illness and in their own bereavement
- uses a team approach to address the needs of patients and their family, including bereavement counselling, if indicated
- will enhance quality of life, and may also positively influence the course of illness
- is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications[1].

Palliative care for children represents a special, albeit closely related field to adult palliative care and is the active total care of the child's body, mind and spirit, and also involves giving support to the family[2].

Palliative care is applicable from the point of diagnosis of a life-limiting illness, often alongside curative treatment.

Caring for older people in India

"Both palliative care and geriatrics focus on patient-centred holistic care, emphasizing quality of life, adding life to days when days can no longer be added to life. Both specialities take a patient-centred rather than an organ-based approach, carefully considering the benefits and burdens of intervention and treatment in advanced disease and age[3]."

(Lo and Woo)

www.helpageindia.org

www.palliativecare.in

Many older people in India do not have access to good quality healthcare and have a low standard of living. Both HelpAge India and the Indian Association of Palliative Care (IAPC) have seen the provision of palliative care to older people as a priority. They therefore formed a partnership, along with the Institute of Palliative Medicine in Calicut, to develop a pilot project – Project Kiran – with the aim of improving the provision of palliative care to older people.

The project started in Kerala and there is a demonstration model in Cuddalore, Tamil Nadu. HelpAge India is responsible for the direct patient care parts of the project and training its field staff in palliative care. The IAPC has trained healthcare professionals and developed a team of educators to help with training those involved in providing care. In addition, more than 100 community volunteers have been trained to provide palliative care.

Through the partnership, both health professionals and community volunteers feel more equipped to provide palliative care to older people.



- It is estimated that the number of older people (defined as those people aged 60 years and above), will more than triple globally by 2050, increasing from 606 million in 2000 to a projected 1.9 billion[4].
- By 2050, 19% of older people will be over 80 years of age, an increase of 8%[4].
- 60% of older people currently live in resource-limited settings[4].
- In resource-limited countries, there are 85 men for every 100 women over 60 years of age; for the over 80s, there are only 73 men for every 100 women[5].

Faith based organisations working in partnership with the government in Tanzania

"This partnership aims to provide quality palliative care to the community served by each hospital and community FBO, through education and mentoring of a team within an established hospital, and linking with trained FBOs, volunteers and people living with HIV and AIDS in the community."

(Karilyn Collins, Palliative Care Worker)

www.tearfund.org

www.palliativecareworks.org

www.tpca.or.tz

Tearfund, a UK based organisation, is working in partnership with Palliative Care Works (PCW), the Tanzanian Palliative Care Association (TPCA), local Tanzanian community faith based organisations (FBOs) and local hospitals in Mwanza, Shirati, Geita and Shinyanga, to train people in palliative care and help them to integrate it into the services they are providing.

Training has been through the use of the 'Palliative care toolkit'[6] and its accompanying training manual, including the Kiswahili translation for community training. Care is being shared by FBOs, and government and mission hospitals to achieve comprehensive palliative care provision in the hospitals and in patients' homes. Mentors are on hand to offer support and advice, and TPCA is helping to get access for the sites to palliative care medications, such as analgesics.

There have been many benefits of this partnership. Through sharing the care, government hospitals, which have no community outreach, are able to continue to care for patients after they have discharged them. For the FBOs, the training on pain and symptom management has been invaluable and they welcome the link with the palliative care team at the hospitals. Also, morphine is now available at Bugando, the tertiary referral hospital, thus improving the quality of care given in the community.



- **FBOs in sub-Saharan Africa provide 30% to 70% of the region's healthcare services, and are therefore critical for sustaining the national health sectors of their nations[7].**
- **FBOs are a key link in the sustainability of accessible health services.**
- **In many African countries, FBOs have been providing healthcare for more than 60 years and in some, such as Kenya, for a century or more[8].**
- **FBOs often have strong relationships with the local communities, and are often located in areas where other providers are not available[8].**

Providing palliative care for prisoners in South Africa

"HIV in prisons is both a public health and a human rights issue that needs to be addressed urgently for an effective response on the continent (sub-Saharan Africa). Despite this and although there has been a significant increase in national and international funding to control the epidemic, prison settings in sub-Saharan Africa have received surprisingly little attention."

(United Nations Office on Drugs and Crime)[9]

www.hospicepalliativecaresa.co.za

In KwaZulu Natal (KZN), the Hospice Palliative Care Association of South Africa (HPCA) has made a significant start in terms of addressing the palliative care needs of prisoners. The HPCA and the KZN Department of Correctional Services (DCS) have set up a formal partnership that offers mentorship to staff at two correctional facilities and equips them to provide palliative care to inmates.

In the KZN region, there are 42 correctional centres with healthcare facilities (clinics). There is approved accommodation for 19,427 inmates but there is 140% overcrowding, and in 2008, 168 prisoners died from natural causes. HPCA has been aware of the needs of inmates and has been actively involved in advocating for them to have better access to palliative care on a broader scale.

This pilot project has the potential for rollout at other facilities across the country. It is hoped that this vulnerable population group will be better able to access palliative care, which is a basic human right, for life-limiting conditions. The introduction of palliative care to DCS facilities has been long overdue and is in line with the provisions of the constitution as well as relevant statutes (health, correctional services Acts) and the various international declarations.



- Taking into account the numbers of both new and released prisoners, there are more than 30 million prisoners worldwide every year[9].
- In 2008, South Africa had a prison population of 164,297 people, and 335 prisoners per 100,000 of the national population[10].
- The combination of TB and HIV is responsible for a high mortality rate in African prisons[9].
- HIV prevalence among prisoners is between six and 50 times higher than that of the general adult population[11].
- Overcrowding poses significant health concerns with regard to control of infectious diseases and the provision of care[12].

Improving tuberculosis care in Sierra Leone

"Christian, a 12-year-old boy, was referred to The Shepherd's Hospice following a diagnosis of TB. Visits were made to his home to supervise treatment and training the mother on treatment practice. Christian has recovered and returned back to school. During my last visit to his home I was told how he plays football and now captains the school team."

(Gabriel Madiye, The Shepherd's Hospice, Sierra Leone)

In Sierra Leone, The Shepherd's Hospice, in partnership with Help the Hospices and the Department for International Development, has developed an innovative project that uses tuberculosis (TB) as an access point for the provision of palliative care, through developing the capacity of health systems and local communities to provide palliative care.

TB and HIV are dual epidemics affecting many of the same people, particularly the poor and vulnerable. TB and HIV interventions have suffered in Sierra Leone from a high default rate, often because of a lack of home visiting and community involvement. Therefore, the project uses trained community volunteers and family members to supervise treatment at home with support from a multidisciplinary team of health and social workers.

Health workers and community volunteers in eight districts of Sierra Leone have been trained in palliative care. A rights-based collaborative approach to treatment is promoted alongside the government and non-government organisation (NGO) service providers. This has resulted in increased access to treatment and care at home with the national treatment programmes for TB and HIV using 500 of the trained volunteers for treatment monitoring and support. This partnership between palliative care, HIV and TB services has informed the policy of the National Leprosy and TB Control Programme, has had an impact on stigma within the community, has improved adherence to treatment and has increased access to an integrated palliative care service.



- **TB kills more young people and adults than any other infectious disease in the world[13].**
- **One-third of the world's population is currently infected with the TB bacillus[13] with the TB mortality rate per 100,000 being 24[14].**
- **The TB incidence rate in sub-Saharan Africa is nearly twice that of the South-East Asia Region with more than 350 cases per 100,000 of the population[13].**
- **1.3 million people died from TB in 2008[13].**

The Neighbourhood Network in Palliative Care – a community-led initiative in India

"In many gramsahbas (local government meetings) they have begun to hear raised voices not only about the state of the roads and electricity, but of the care of the terminally ill."

(Community volunteer, Kerala)[15]

www.painandpalliativecare.org

The Neighbourhood Network in Palliative Care (NNPC) is a community-led initiative aiming to provide home-based palliative care to all those in need in Kerala, South India. As well as providing excellent symptom control, it involves the community in designing, delivering and evaluating services to make sure the social, spiritual and emotional needs of everyone, including the poorest and most vulnerable, are met.

The NNPC was formed in 2001, and with the support of the medical and nursing teams at the Pain and Palliative Care Society (PPCS) and link centres, it set up community owned units in the rural areas. The philosophy of the NNPC is based on the theory that chronic illness is a social problem with medical components. Therefore, community ownership is key to the NNPC with funds being raised by the local community.

Since 2001, the NNPC has grown rapidly and now works in all 14 districts of Kerala. Through its network of 230 clinics, with over 60 full-time doctors, 150 nurses and more than 12,000 trained volunteers, NNPC sees more than 2,500 patients per week, with 60% coverage in many areas. About 60% of patients seen are below the poverty line and 55% are women. The health workers and volunteers provide medical and nursing care, spiritual and psychological care, free medications, training for family members in basic care, and link with the community for social needs. The NNPC enjoys support from the community, local and national government, schools, universities, religious groups and NGOs[15].



- **The population of India in 2008 was 1,139 million[16].**
- **Health expenditure per capita in India is $40 (US dollars)[16].**
- **The state of Kerala is 38,863sq km and had a population of 31.8 million people in 2001 when the NNPC began[17].**
- **In India, despite palliative care being in existence for more than 20 years, national coverage remains below 2%[15].**

Increasing access to effective pain control for patients in Colombia

"To ensure permanent availability of opioids, it is critical that all the stakeholders continue the joint collaboration with the main goal of improving the quality of care of patients with pain in Colombia."

(Marta Leon et al, Universidad de la Sabana, Colombia)[18]

Providing palliative care for injecting drug users (IDUS) in Ukraine is a challenge. To combat this problem, in 2006 the Pain and Policy Studies Group at the University of Wisconsin, in conjunction with the Open Society Institute's International Palliative Care Initiative, set up the International Pain Policy Fellowship (IPPF) programme.

Marta Leon, from the Universidad de la Sabana, Colombia, was one of the first IPPF fellows. At the start of the programme, she undertook an analysis of the situation in Colombia and identified problems in the procurement process as the main barrier to the availability of opioids in the country. Following this, she developed an action plan with the aim of solving this problem, which included: identifying the perception of the availability of opioids in Colombia by pain and palliative care physicians; a workshop in Bogota to jointly review with physicians and regulators the barriers in their region and identify possible solutions; and the inclusion of essential analgesics in the country's Obligatory Health Plan.

As a result of the IPPF programme working in partnership with the local stakeholders, including clinicians, patients, government representatives, regulators, insurance companies and the public, there has been a significant change in the availability of opioids. One major change has been in the contracts between the regional competent authorities and state hospitals and pharmacies in six states, which has increased dispensing hours to allow availability 24 hours, seven days a week. Thus through these partnerships, more patients in Colombia have access to effective pain control[18].



- **The WHO has designated morphine and codeine as essential analgesics for the treatment of pain, and they are part of the essential medications list[19].**
- **Latin America consumes less than 2.7% of the morphine in the world[20].**
- **In 2007, Colombia reported a per capita consumption of morphine (1.07 mg/capita) that was significantly lower than the global average (5.98 mg/capita)[21].**
- **Restrictive laws and regulations, exaggerated fears of addiction, the lack of education among healthcare professionals, and the lack of political support have been consistently identified as the most significant barriers in the availability of opioids in Latin America[22].**

Stakeholders working together – the Australian End of Life Alliance

"These collaborations have provided an opportunity to ensure that the broadest range of views and issues are addressed in an effort to foster a greater depth of understanding of the need to provide the highest possible care at the end of life."

(Yvonne Luxford, Palliative Care Australia)

www.palliativecare.org.au

The Quality Care at the End of Life Alliance, coordinated by Palliative Care Australia (PCA), was the result of a meeting to explore options for stakeholders to work collaboratively and collectively across Australia to improve access to quality palliative care. Its aim is to promote greater sharing of information about the current state of end of life care, and inform the development of policy and innovation.

The alliance brings together the knowledge and expertise of key national stakeholders across the palliative care, chronic care, disability, consumers, primary care, acute care, subacute care, and aged care sectors with a common interest in advancing the 'quality care at the end of life' agenda. The impetus behind this initiative was the Australian government's national health reform agenda, which offered the prospect of inclusion through better integration of all health related services in Australia.

On behalf of 21 national organisations, PCA coordinated the preparation of a joint submission on end of life care issues to the National Health and Hospitals Reform Commission, which was asked to make recommendations on national health system reform. The commission's report acknowledges end of life care as a priority area for health system reform, so the alliance's new challenge is to make sure that this is translated into action.

PCA, in consultation with the alliance and the National End of Life Framework Forum, produced a comprehensive guidance document for health system reform and care at the end of life[23]. It provides advice to governments, policy makers and service providers and encourages conversations about high quality end of life care. Thus, the alliance serves as an important channel for collective thinking and championing of the end of life policy agenda.



- The population of Australia at the end of 2009 was 22.5 million[24].
- Life expectancy in Australia in 2008 was 82 years[25].
- Per capita expenditure on health in 2007 was $3,986 (US dollars)[25].
- 89% of the population of Australia live in an urban setting[25].
- Rural and remote areas have higher rates of chronic disease and lower life expectancy[26].

Palliative care for injecting drug users in Ukraine

"Working with local, established NGOs in Ukraine is crucial due to the connections they have with the Ministry of Health and the endorsements and accreditation for programmes this can help to assure. Working in partnership with local organisations also promotes sustainability."

(Dermott McDonald, Mildmay International)

www.mildmay.org

www.aidsalliance.org

Providing palliative care for injecting drug users (IDUs) in Ukraine is a challenge. One of the areas of expertise of Mildmay, a UK-based organisation, is its work with vulnerable people. It has therefore been working in partnership with local organisations in Ukraine, including the Ukrainian Ministry of Health, to improve palliative care provision for IDUs.

In order to provide palliative care to IDUs, training of care providers is crucial. Mildmay and Alliance Ukraine have worked in partnership to deliver a palliative care training programme for healthcare professionals – the first of its kind in the region – in response to a need for a more comprehensive and holistic approach to HIV and AIDS palliative care for IDUs in Ukraine. Technical support has been provided in developing palliative care services in six selected sites: Odessa, Mykolaiv, Kherson, Zaporizhzhya, Donetsk and Kiev. Staff and volunteers from the Christian drug rehabilitation centres in Ukraine, Moldova and Russia have also been trained in palliative care, as part of the International Substance Abuse and Addiction Coalition, alongside Samaritan's Purse.

However, there are still challenges, such as ingrained levels of stigma and discrimination at the local and national level, as well as mistrust and lack of dialogue between faith communities and the state sector. There is also a reluctance by some organisations to offer care, support and treatment to IDUs because of the double stigma of drug use and HIV. It is hoped that there will be opportunities to increase the work with IDUs in Ukraine, Belarus and Moldova, and forge further partnerships with international and local NGOs and FBOs to develop quality programmes with a focus on palliative care and marginalised groups.



- **An estimated 15.9 million people inject drugs in 148 countries, almost all in low-income and middle-income countries[27].**
- **About three million people worldwide who inject drugs might also be HIV positive[27].**
- **There are 360,000 people living with HIV in Ukraine with the epidemic concentrated among IDUs, sex workers and men who have sex with men, and their partners.**
- **The high prevalence of HIV among many populations of IDUs represents a substantial global health challenge[27].**

Palliative care for people with disabilities in the UK

"In England and Wales up to 300,000 people with diseases other than cancer need palliative care and currently do not receive it."

(Sue Ryder Care)

www.suerydercare.org

Many of the people affected by conditions such as stroke, brain injury, multiple sclerosis, Huntingdon's disease, Parkinson's disease and motor neurone disease are in their 20s, 30s and 40s and may need care for 10, 20 or even 30 years. Sue Ryder Care, a UK-based charity, aims to provide compassionate care for people with palliative, end of life and long-term needs.

Sue Ryder Care works in partnership with health and social care professionals to provide flexible services that are aimed at supporting people through their illness. In particular, it supports people with complex needs, such as those with disabilities, throughout their pathway of need. Care is aimed at enabling people to make personal choices about the services that they receive, and through working in partnership with the community, local organisations and the National Health Service, it has developed a range of services to support those living with long-term disabilities.

Care is provided primarily through three healthcare service models: health and social care packages within the home environment, specialist palliative care services and neurological complex care services from residential centres or within a supported living environment. Individuals will move between the different service models according to individual need.

As a provider of both palliative and neurological care, Sue Ryder Care has drawn on its experiences and expertise in both areas to develop services and tools to support healthcare professionals to provide end of life and specialist palliative care for people living with long-term neurological conditions. Its Palliative Initiatives in Neurological Care (PINC) programme assessed the potential of established end of life care tools to improve palliative care for people with neurological conditions living in residential care. The programme acknowledges that people's conditions are varied and complex and decisions about where they want to die may change. The Department of Health highlighted the PINC programme as an example of best practice in its End of Life Care Strategy for England (July 2008).[28]



- **People with disabilities make up more than 10% of the world's population[29].**
- **There are approximately 10 million disabled people in Great Britain – about 18% of the population[30].**
- **The incidence of disability increases with age. While 9% of adults aged 16 to 24 are disabled, this increases to about 33% in the 50 to retirement age category[30].**
- **One in every three people either has a disability or has a close relative or friend who is disabled[30].**

Partnerships in caring for children in South Africa

"Hospices country-wide have had to extend themselves over the years to meet the challenges associated with the HIV/AIDS pandemic. We soon realised that we cannot work in isolation and have worked hard at advocating on behalf of our patients by establishing new and nurturing existing networking relationships."

(Angela Hibbert and Trish Gillies, Grahamstown Hospice South Africa)

www.grahamstownhospice.org.za

Grahamstown is a small university town, set in the hills of the Eastern Cape Province of South Africa. Its hospice, Grahamstown Hospice, runs an Orphans and Vulnerable Children Programme (OVC), which is designed to meet the specific needs of the children that they care for – children who may be patients, children of patients, siblings, or recently bereaved children.

Grahamstown Hospice's partnerships with various organisations, government departments and individuals are pivotal to the successful running of the OVC. Key partners include the paediatric palliative care ward at Settler's Hospital, primary healthcare clinics, ARV clinics and allied healthcare professionals at the hospital.

Nurses visit children in their homes to assess their holistic needs, and work alongside hospice social workers and other networking partners in order to access the best care for the children and their families. Carer support groups are also provided, where carers of the children can raise their concerns and receive education on how best to care for their child. The social workers also run support groups for the children of school age. These groups include stimulating and creative activities, resilience work and therapeutic interventions. Also, working with the Department of Social Development, the team at the hospice runs poverty alleviation projects, which include providing food parcels, school uniforms and care packs.

All these partnerships are crucial in meeting the holistic needs of the children.



- On average, 166,000 children under the age of 15 are diagnosed with cancer across the world each year, with 84% being in low-resource settings[31].
- 15 million children under the age 18 have been orphaned by AIDS and about 11.6 million of these live in sub-Saharan Africa[31].
- In sub-Saharan Africa, 14.5% of children die before their fifth birthday and in many countries, child mortality rates are getting worse[31].
- Approximately 80% of children dying in Africa die at home without seeing a healthcare provider[31].
- Malnutrition is a contributing factor in about 50% of child deaths[31].

Developing services for waria in Indonesia

"Perwokas was formed by transgender with HIV to help transgender with HIV. They organized around the fact that so many waria were dying even though ART was available. Stigma, lack of knowledge and fear of ART side-effects were all formidable barriers to care. They have transformed access to care and treatment and knowledge among waria of how to care for themselves. They are an amazing organization and one we have learned a lot from."

(Kimberly Green, Family Health International)

Perwakos, an NGO based in Surabaya City, Indonesia, is reaching out to provide care for waria (transvestites and transgenders). Many waria are isolated, stigmatised and away from their families, so they formed an organisation to help support each other. Since 2005, Perwakos has received support for prevention, care and support for waria.

Peer educators and buddies are trained on prevention, and some are also selected to learn case management and counselling, and provide home-based care to support their peers at home and in hospital. If needed, they also rent cheap rooms to care for the sick waria.

Partnerships are key in sharing the care for the waria. Perwakos has links with the provincial and district Social Welfare Office, primary healthcare and hospitals in Surabaya city for care and treatment. It also connects to other health facilities in different districts and cities in East Java, as needed, as well as the prison service.

In the first four years of the project, Perwakos provided home-based care for 133 people, 59 of whom died. It was able to provide palliative care for these individuals through working with the health facilities; however, it recognises the need for palliative care training for its staff and volunteers to improve the care that is given. Networking and partnerships with both the health and welfare system is important for the ongoing sustainability of the programme and the provision of comprehensive care to the waria.



- **The HIV epidemic in Indonesia is among the fastest growing in Asia[32].**
- **At the end of 2009, it was estimated that there were 333,200 people living with HIV (PLHIV) in Indonesia[32].**
- **Official estimates in 2006 placed the number of waria in Indonesia between 20,960 and 35,300[32].**
- **Surveillance data shows that waria tend to engage in risky sexual behaviours by selling sex, and that they have high HIV prevalence[32].**

Sharing the care in disaster situations – Haiti

"Sharing the burden of care for Joseph, (a 50-year-old who had survived the earthquake but was dying from his injuries) made a difference to his last days. It would not have been possible without a partnership, albeit a temporary one, between the different agencies. It demonstrated the importance of sharing resources and knowledge, especially in emergency situations, and showed what can be done, despite the odds."

(Colette Cunningham, Solas International Consultancy for Health and HIV)

For many, 12 January 2010 was just an ordinary day; for the people of Haiti, it was the day they were hit by a devastating earthquake, which killed and injured many thousands of people and destroyed vital infrastructures, including hospitals, leaving the injured and sick in extremely vulnerable situations.

Healthcare workers arrived in Haiti to provide life-saving care to injured survivors and those in need, with the focus being to meet the immediate needs of the injured, look after the survivors, provide safe shelter, food and water, and prevent the spread of diseases such as cholera. In the immediate aftermath of the earthquake, palliative care was rarely considered, as emergency care needs took precedence over all other care. Yet it was needed for those suffering from life-threatening illnesses and injuries.

Innovative partnerships between those working in the disaster situation meant that it was possible to provide palliative care and find creative solutions to challenging situations. For example, the medical team, a local Cuban mission opthalmic clinic and an FBO, all worked together to care for a man called Joseph, who had survived the earthquake but was in a lot of pain and dying. They managed his pain on morphine injections, found carers for him during the night, provided a tarpaulin shelter, bed clothes and thin mattress, and helped him with hygiene and wound care. He was therefore able to die peacefully 48 hours after he had begun to receive palliative care.



- **Haiti has an area of 27,750 square kilometers (10,714 square miles). Its capital and largest city is Port-au-Prince.**
- **The population of Haiti in 2008 was 9.8 million with a life expectancy of 62 years[25].**
- **Haiti is one of the most densely populated countries in the world.**
- **The earthquake in Haiti left 300,000 people injured, 230,000 dead or missing and one million people homeless[33].**

What more can be done to 'share the care'?

"In whatever sphere of life one finds oneself, no partnership should be entered into without due consideration of the benefits and challenges of the proposed affiliation."

(International Children's Palliative Care Network)

'Sharing the care' means networking, linking in with other people and organisations, and partnering together to improve the accessibility and provision of palliative care to those who need it, including the most marginalised. Partnerships can be links, co-operation, a relationship or a 'joint venture' between two individuals, organisations or communities who agree to work towards a common goal, bringing with them their own skills and resources.

We need to step out and work with our neighbours. Partnerships can be mutually beneficial and empowering – we need to share ideas, information, skills, experience and knowledge. As we strive to make palliative care for all a reality, let's do it through a philosophy of sharing and partnership so that together we can 'share the care'. This is the only way that palliative care services will be able to reach everyone in need.

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The Worldwide Palliative Care Alliance (WPCA) is a global action network focusing exclusively on hospice and palliative care development worldwide. Its members are national and regional hospice and palliative care organisations and affiliate organisations supporting hospice and palliative care.

Our vision is a world with universal access to hospice and palliative care.

Our mission is to foster, promote and influence the delivery of affordable, quality palliative care.

We operate through work groups based in different national hospice and palliative care organisations around the world.

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