2018

Worldwide Hospice Palliative Care Alliance

Strategic Plan

2019-21

Table of Contents

Executive Summary 3
1.0 Background 4
2.0 The Worldwide Hospice Palliative Care Alliance 4
2.1 Origins of the Worldwide Hospice Palliative Care Alliance 5
2.2 The role of WHPCA 6
2.3 WHPA's track record 6
2.4 WHPCA and its regional members 6
3.0 WHPCA's vision, mission and values 7
3.1 Vision 7
3.2 Mission 7
3.3 Values 7
3.4 Unique Selling Points 7
4.0 WHPCA Strategic Goals and Objectives 8
4.1 Strategic goals and objectives 8
4.2 Rationale for the strategic plan 8
4.3 Strategic activities 11
4.3.1 Strategic Goal: 1 11
4.3.2 Strategic goal: 2: 11
4.3.3 Strategic goal: 3 12
4.3.4 Strategic goal: 4 12
4.3.5 Strategic goal: 5 13
5.0 Monitoring and evaluation and Business Plan Development 14

Executive Summary

Established in 2008, the Worldwide Hospice Palliative Care Alliance (WHPCA) is an international NGO focusing on hospice and palliative care development worldwide. WHPCA's Vision is a world with universal access to hospice and palliative care. WHPCA's Mission is to bring together the global palliative care community to improve well-being and reduce unnecessary suffering for those in need of palliative care in collaboration with the regional and national hospice and palliative care organisations and other partners.

WHPCA members are national and regional hospice and palliative care organisations and affiliate organisations supporting hospice and palliative care, currently 347 members representing 100 countries across the globe. WHPCA is governed by a Board of Trustees that is comprised of 19 members who are palliative care leaders and direct stakeholders from Africa, Asia Pacific, India, North America, Latin America, Europe and the Middle East.

Our Focus 2019-2021

There is an epidemic of avoidable pain and suffering worldwide due to the absence of palliative care for most of the 61 million people who need it. WHPCA, along with our members, aims to reduce this health related suffering to improve lives.

WHPCA Strategic Areas

1. **INFLUENCING CHANGE: We will reduce suffering by including palliative care in universal health coverage basic packages of care in low and middle income countries**
2. **TRACKING PROGRESS: We will ensure that palliative care progress is tracked and monitored by policy makers using standardized, tested, and reliable national indicators**
3. **BUILDING A MOVEMENT: We will work to build a movement of direct stakeholders, carers, civil society, government, and academia to improve understanding and demand for palliative as part of Universal Health Coverage**
4. **GENERATING FUNDS: We will work with our member organizations to increase funding and technical assistance to palliative care organisations worldwide to increase access to essential palliative care as part of Universal Health Coverage**
5. **WORKING COLLABORATIVELY: We will grow as a strong regional and national member driven global alliance working collaboratively in meaningful partnership with others.**

Over the last several years WHPCA's advocacy initiatives have focused on increasing strategic collaboration with the global palliative care community. Following the adoption of the WHA palliative care resolution the magnitude of the task of closing the gap in access to palliative care is clear. Also clear is the reality that the WHO has very limited resources to address the problem. It is increasingly apparent that the global palliative care community as a primary stakeholder must step up to meet this challenge.

This will require all international, regional, and national organizations to work together in a collaborative strategic fashion. This means that no one single organization can meet the challenge and that increasingly we need to work together and to share resources. WHPCA has taken leadership in addressing the need to promote universal health coverage that includes palliative care as part of achieving the UN's Sustainable Development Goal #3. We have taken a supportive role to other organizations including the International Association for Hospice and Palliative Care and the Pain and Policy Studies group in addressing lack of access to essential palliative medications.

The WHPCA is committed to meaningful engagement of direct stakeholders – people who need palliative care now or who may need it in the near future – at every level of our organization. We have appointed two direct stakeholder trustees, are undertaking a review of our governance, advocacy and

communications functions by direct stakeholder consultants and have accessed funding to support direct stakeholder led communications and advocacy projects in low and middle income countries. A key part of our organisational strategy is to address the lack of awareness of palliative care by working with direct stakeholders on communicating the importance of palliative care as an essential component of healthcare for those with life-limiting illness.

We have also grown in our ability to help countries identify and test models of palliative care delivery, especially for low and middle income countries, where 80% of the need for palliative care exists. Many challenges remain including promotion of palliative care in health professional training, slow progress in the development of palliative care services worldwide, lack of progress in measurement of palliative care's growth and impact, and the lack of new funders in the palliative care space. There are also many cross cutting issues that have not been well addressed including problems of gender equity, discrimination experienced by those with disabilities, lack of acceptance and understanding of the human right to palliative care, and continuing age discrimination. Achieving truly universal health coverage including palliative care by 2030 is a very challenging goal that could cost between 0.78% to 3% of the essential UHC package.[1] However, WHPCA is growing stronger and more collaborative in efforts to achieve the goals set forth in this plan and to achieving our mission of relieving human suffering.

1.0 Background

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.[2] Approximately 58 million people die every year worldwide. Only about one in ten people who need palliative care receive it. At least 120 million people, their families and carers worldwide could benefit from accessing hospice and palliative care.

Every year, it is estimated that at least 18 million people die with avoidable pain and suffering due to the lack of access to pain treatment and palliative care. At least 40-60 million people annually are living with life-limiting conditions in pain and distress and currently only about 3 million are able to access the palliative care that they need.[3] This is due to multiple reasons including a lack of access to pain treatment medications, lack of trained health professionals, few national level policies, weak government commitment and a lack of funding. Even where there is access to palliative care there still tends to be an emphasis on end of life care rather than earlier intervention in the illness journey.

The World Health Assembly resolution on palliative care, with health officials from around the world agreeing to the integration of palliative care into country health systems, provides an opportunity for regional and national associations, in partnership with direct stakeholders, to engage with governments to implement the resolution. WHPCA is in a strong position to provide support and

[1] Watkins D, Qi J, Horton S. Costs and affordability of essential universal health coverage in low- and middle-income countries. DCP3 Working Paper Series Working Paper #20. Seattle, WA: University of Washington, 2017.

[2] World Health Organisation Definition of Palliative Care at: http://www.who.int/cancer/palliative/definition/en/

[3] Global Atlas of Palliative Care at the End of Life at: http://www.who.int/cancer/publications/palliative-care-atlas/en/

technical advice for these activities. As global and national policy shifts from disease specific interventions to a health systems strengthening approach, there has never been a better time to focus efforts to scale up palliative care. With the rising burden of non-communicable diseases (such as heart disease, diabetes and cancer) and the continuing high mortality of HIV and TB, demand for this care has never been greater. The Global Atlas [2] reports that 42% of countries still have no identified hospice and palliative care services. A recent *Lancet Commission Report on Palliative Care and Pain Relief* [4] has increased the estimated global need for palliative care from the 40 million in the *Atlas* to 61 million annually. Barriers to progress are focussed on the limited availability and accessibility of palliative care medications, inadequately trained health professionals and carers and a lack of national level policies.

2.0 The Worldwide Hospice Palliative Care Alliance

2.1 Origins of the Worldwide Hospice Palliative Care Alliance

The Worldwide Hospice Palliative Care Alliance (WHPCA) was established in 2008 to address the challenges affecting progress on hospice and palliative care development worldwide. WHPCA is a global membership organisation with a current membership that represents 100 countries across the globe.

WHPCA is governed by a Board of Trustees that is comprised of 19 members who are palliative care leaders and direct stakeholders from Africa, Asia Pacific, India, North America, Latin America, Europe and the Middle East. Collectively, the trustees bring skills and expertise on issues such as advocacy, leadership and management, cancer care, HIV/AIDS care, law, education and human rights, as well as vital personal experience of living with serious illness. The Organisation is registered as a charity in the UK and Hospice UK provides financial management and administrative support. WHPCA is also now a registered IRS tax exempt corporation in the United States. WHPCA has positive net assets and no debt. The organisation has tight financial management and internal controls supported by Hospice UK financial management systems which meet rigorous international standards.

WHPCA grew from an informal global network of national organisations who saw the benefits of working together and sharing knowledge with each other. In 2008, WHPCA (originally WPCA) became a formal registered charity in the UK focussed exclusively on supporting the development of hospice and palliative care internationally. Global advocacy and networking was identified as a significant gap in what was already being done at the global level and the organisation initially focussed on these areas. WHPCA has worked at influencing UN bodies and civil society organisations, while convening global summits of national palliative care associations. WHPCA is in official relations with the WHO and jointly publishes the *Global Atlas of Palliative Care at the End of Life* (2014 and next edition expected in 2019). Also WHPCA has continued status as an NGO in consultative status with the UN Economic and Social Council (ECOSOC).

Over these years, we have seen real progress in global policy and interconnectedness between palliative care organisations. In addition, WHPCA has supported local programmes such as an appeal to assist The Shepherd's Hospice in Sierra Leone during the Ebola crisis and the current project to

[4] Alleviating the access abyss in palliative care and pain relief – an imperative of Universal Health Coverage. Lancet Commission Report at: https://www.thelancet.com/commissions/palliative-care

extend community-based palliative care to older people in Bangladesh. WHPCA has co-ordinated World Hospice and Palliative Care Day annually since its inception in 2008, to increase awareness of palliative care needs and care provided. This has been enhanced by the introduction of ehospice, an online resource that is available as a global palliative care news source (www.ehospice.com). WHPCA manages the international edition of ehospice (www.ehospice/international).

2.2 The role of WHPCA

The purpose of WHPCA is to work with its regional and national members, governments and with other global partners to ensure availability and accessibility of quality palliative care for adults and children across the globe. The benefits of working together include sharing experience and information on best practice; improving quality and standards; improving governance and education; and communicating news, innovation and inspiration worldwide. Most importantly, working together creates a strong global voice and collective strength in advocacy and lobbying for change. WHPCA has also initiated a programme support initiative and provides funding to hospice and palliative care services. Six priority countries have been selected (Bangladesh, Ethiopia, Jordan, Panama, Philippines, and Ukraine) to assist them in the development of models of palliative care integration for low and middle-income countries. There are now fully developed projects for three countries (Bangladesh, Ethiopia, and Jordan) and a fully funded demonstration project in one (Bangladesh).

2.3 WHPCA's track record

Since its inception and in collaboration with other key members and international partners, WHPCA has focused on global advocacy and policy work to support integration of palliative care into international policies and health development agendas with a significant degree of success taking advantage of the recent attention to non-communicable diseases. In September 2011 and again in 2018, at the UN High Level Summits on the prevention and control of NCD, WHPCA and allies capitalized on the advocacy of cancer, dementia, other NCD activists and palliative care providers around the world, and successfully pushed for the inclusion of palliative care into the political declaration on the prevention of NCDs that was signed at these meetings. Since the declarations, WHPCA has intensified its advocacy efforts resulting in successful negotiations on the inclusion of a palliative care indicator into the monitoring and evaluation framework of the Global NCD Action Plan. This indicator will help ensure that governments are held accountable for implementing the NCD declaration. Beyond advocacy work on NCDs, WHPCA has led ongoing successful, collaborative advocacy work at the World Health Assembly with Human Rights Watch and other palliative care partners. This has included providing a platform for the extremely powerful voices of direct stakeholders to be heard at the highest global levels. This work has led to the adoption of the palliative care resolution by the World Health Organisation; '*Strengthening of palliative care as a component of comprehensive care throughout the life course*'. The resolution calls on WHO member states to work to integrate palliative care into national healthcare systems.

Additionally and based on the International Covenant on Economic, Social and Cultural Rights (ICESCR), General Comment 14 of the Committee on Economic, Social and Cultural Rights (CESCR) and statements by the UN Special Rapporteurs on Health and on Torture where palliative care is declared as a human right, the WHPCA supported international partners, European Association of Palliative Care (EAPC), International Association for Hospice and Palliative Care (IAHPC) and Human Rights

Watch (HRW) to develop the Prague Charter calling on governments to integrate palliative care into their health systems and health budgets. Moreover, WHPCA has also done important work leading to the inclusion of palliative care in the new WHO Stop TB Strategy launched in 2012, raising the profile of palliative care needs for patients with multiple drug resistant TB (MDR-TB).

Beyond international advocacy, WHPCA has also been at the forefront of information gathering and dissemination. The WHPCA website has uploaded global resources on palliative care and has provided members and partners with a platform to share materials. More recently, WHPCA has put concerted effort into the development of its social media platform. As a result, the World Hospice and Palliative Care Day and WHPCA have a substantial cohort of followers on Twitter and regular updates and 'likes' on Facebook. In 2012, WHPCA established ehospice, an online resource that is available via a website and an application (www.ehospice.com). The goal of ehospice is to bring hospice and palliative care news to those with a personal or professional interest in hospice and palliative care, as well as new audiences. In addition, the World Hospice and Palliative Care Day campaign provides greater opportunities for members and partners to interact and share information and ideas on global campaign activities.

2.4 WHPCA and its Regional Members

WHPCA has permanent positions on its board for trustees from the four regional hospice palliative care associations (APCA, APHN, EAPC, and ALCP). WHPCA has a strong relationship with these members and strong collaboration supports initiatives that are undertaken in countries within their regions. This will include efforts to fund demonstration, communications, or other projects intended to promote palliative care in the regions.

3.0 WHPCA's vision, mission and values

3.1 Vision

A world with universal access to quality palliative care.

3.2 Mission

To bring together the global palliative care community to improve well-being and reduce unnecessary suffering for those in need of palliative care in collaboration with the regional and national hospice and palliative care organisations and other partners.

3.3 Values

The WHPCA agenda and all the activities and decisions are underpinned by the needs of hospice and palliative care patients across the globe and guided by the following values:

- **Compassion**: a strong feeling of understanding/empathy for another's suffering
- **Quality**: striving for excellence
- **Integrity**: being honest and upright in character, demonstrating transparency
- **Equity**: fairness or justice in the way people are treated; and
- **Respect**: appreciation of and esteem for another's worth or value.

3.4 Unique Selling Points

What is it that distinguishes the WHPCA from other palliative care organizations?

- Focus on engaging with direct stakeholders at all organizational levels in all our activities
- World Hospice & Palliative Care Day management & dissemination
- ehospice international focus
- Working with in country palliative care leaders in the development of new and integrated models of PC in LMICs; creation of new knowledge & sharing with other parts of world
- Having a collective voice that comes out of the regional and national associations
- Creativity and open sharing of useful information and resources for free – two qualities and positives for WHPCA
- Authoritative voice – strong opportunity for collaboration and to look at doing joint projects
- Fundraising project work to work with local partners on projects whilst also advocating at global policy level

4.0 WHPCA Strategic Goals and Objectives

4.1 Strategic goals and objectives

1. **We will reduce suffering by including palliative care in universal health coverage basic packages of care in low and middle income countries**
2. **We will ensure that palliative care progress is tracked and monitored by policy makers using standardized, tested, and reliable national indicators**
3. **We will work to build a movement of direct stakeholders, carers, civil society, government, and academia to improve understanding and demand for palliative as part of Universal Health Coverage**
4. **We will work with our member organizations to increase funding and technical assistance to palliative care organisations worldwide to increase access to essential palliative care as part of Universal Health Coverage**
5. **We will grow as a strong regional and national member driven global association working collaboratively in meaningful partnership with others.**

4.2 Rationale for the strategic plan

There is considerable expertise within WHPCA and member organisations to provide advice and technical assistance to national associations and to governments to facilitate the implementation of the WHA resolution on palliative and long term care. The World Health Organisation recommends that palliative care development follows a public health model that emphasises policy, education, medication availability, implementation and research. There are, however, many barriers to achieving each of these as articulated in the *Global Atlas of Palliative Care at the End of Life,*
developed by WHPCA in collaboration with WHO

Policy: Without appropriate policies to support development of palliative care, its provision is challenging and in many countries there is no government support whatsoever for palliative care. The key policies that can support palliative care development include: laws/polices that acknowledge and define that palliative care is part of the healthcare system; national standards of care describing palliative care; clinical guidelines and protocols; establishment of palliative care as a recognised medical specialty/sub-specialty; regulations that establish palliative care centres and hospices as a recognised type of healthcare provider with accompanying licensing provision; and national strategy

on palliative care implementation. Alongside policy is the need for additional measures to be developed, tested, and implemented. There are currently no palliative care measures of universal health coverage that are agreed so that countries can know if palliative care is developing in their health systems.

Education: In addition to policies, there is recognition that that vast majority of health professionals worldwide have little or no knowledge of the principles and practices of palliative care and little progress is being made in this area. All medical professional schools should include basic training on palliative care and continuing professional education should include palliative care for existing health professionals. Without these professional competencies, palliative care integration across the health systems will be challenging. The WHA resolution mandates palliative care education at three levels:

(a) basic palliative care training for all health professionals – undergraduate training and in-service training to include health care workers, caregivers addressing patients' spiritual needs and social workers;
(b) intermediate training for those routinely working with patients with life-threatening illnesses;
(c) specialist palliative care training to manage patients with more than routine symptom management needs.

Further there is a still a lack of awareness by the public about palliative care services and the need for public engagement to create demand for palliative care services. WHPCA has undertaken two major projects to involve the voices of **direct stakeholders**, those in need of palliative care, in public awareness campaigns for universal health coverage public engagement, and in the development and review of WHPCA's own policies. This is an area we believe needs further expansion.

Medication availability: Essential palliative care medications, especially opioids, are required for the delivery of quality palliative care. Access to opioid medication for pain control is an enormous problem worldwide. In 2004, the International Narcotic Control Board (INCB) reported that 80% of the world's population lacks adequate access to opioid medications for pain control. Australia, Canada, New Zealand, the United States and several European countries account for more than 90% of the global consumption of opioid analgesic. In spite of the INCB efforts to ensure adequate availability of opioids for medical and scientific purposes, the INCB found in 2010 that more than 100 countries had inadequate consumption of opioids. Access to medications is crucial to high quality and effective pain and symptom management. Moreover, systemic challenges in the supply chain – from ordering to administering – are compounded by the lack of pharmacists in public health services, and the restriction of the powers of prescription to select group of professionals within the medical hierarchy. WHPCA is taking a supportive role in improving access to essential palliative medicines globally by supporting work being done by partner organizations including the International Association for Hospice and Palliative Care and the Pain and Policy Studies Group among others.

Implementation: WHPCA has made some progress in assisting our members to develop models of palliative care delivery that are feasible in low and middle income countries. Two funded projects in Bangladesh are successfully operating that demonstrate models of compassionate community delivery of palliative care in the Dhaka area (Korail Slum and Narayanganj City Corporation) one funded by a UK trust and the other by the UK Department for International Development (DFID).

WHPCA's achieving DFID funding is a breakthrough in achieving funding from a major national development agency. Similar culturally appropriate and indigenous projects have been designed for Ethiopia and Jordan and funding is being sought. These projects are being done in collaboration with national members and with the cooperation of regional members. Much further work is needed to expand this work globally.

In addressing the challenges outlined above, WHPCA aspires to be an effective and powerful voice for palliative care to change policies, increase integration of palliative care and stimulate funding flow. The WHO has a goal to raise over US$20million from member states so that the WHA resolution can be implemented. However, to date none of these funds have been committed by member states. WHPCA personnel (including the ED and several board members) were supporting the WHO through their technical Advisory Group for Palliative Care and Long Term Care, however WHO has not renewed the mandate for this group to continue. At the country level WHPCA will continue to work with regional and national palliative care associations to support integration of palliative care into national health systems and universal health coverage packages so as to transform the care provided to people approaching the end of life. This work will improve coverage, availability and accessibility of palliative care for those who need it. To ensure that health professionals and carers are trained to provide quality care, WHPCA will work with our regional and national partners to include palliative care in the training at undergraduate and postgraduate levels for health and social care professionals. The WHPCA Palliative Care Toolkit and training manual published in 2008 and translated into six languages, and now updated in 2017, provides basic palliative care training for health care workers. In addition, WHPCA will leverage resources to directly support programmes to reach poor and marginalised people with palliative care services. WHPCA's aim is to access and provide financial support and programming expertise to regional, national, and local partners to reach those in need of palliative care services including a focus on poor, marginalised and hard to reach communities. These will provide innovative models to show funders and governments how palliative care works in practice and at relatively low cost.

Research: Palliative care must be evidence based and while the field's body of knowledge continues to grow annually the strength of evidence for palliative care's impact on health care systems remains moderate to weak. Much more quality research is needed to make the case for palliative care and to help in developing valid and reliable measures that can be used from the ground up and top down. Only one global measure of palliative care progress is recognized by the UN for NCD's (morphine adjusted opioid consumption per cancer mortality). Many more measures are needed to effectively describe palliative are growth, development, and quality.

Achieving the following activities will require a considerable increase in funding for WHPCA from current levels. Funding will determine how successful we will be in achieving many of these aspirational goals.

4.3 Strategic activities

4.3.1 Strategic Goal 1

We will reduce suffering by including palliative care in universal health coverage basic packages of care in low and middle income countries

Universal Health Coverage under SDG3.8 is the key lever to the inclusion of palliative care in the UN's effort to improve life on earth. It is absolutely critical that palliative care is not neglected in the development of UHC packages at the country level. Regional and national organisations need to be closely involved with WHPCA in ensuring that palliative care is included in any basic basket of care under UHC, preferably utilizing the basic package of palliative care identified in the Lancet Commission Report on Palliative Care and Pain Relief. WHPCA needs to take leadership and work in collaboration with its partners to ensure that this occurs over the next three years.

Strategic objectives for Goal 1:

1. From January 2019 - June 2020 the essential package of palliative care services described in the LCR will be piloted in 3 countries to determine feasibility & cost

2. From July 2020 – December 2020 a case for support will be created from the results of the feasibility study to be disseminated to all country ministries of health in close coordination with WHPCA members

3. From July 2020 - December 2021 WHPCA will assist members to work with 12 ministries of health to offer technical assistance on the inclusion of palliative care in basic UHC packages

4.3.2 Strategic Goal 2

We will ensure that palliative care progress is tracked and monitored by policy makers using standardized, tested, and reliable national indicators

The issue of palliative care measurement has taken on increased importance due to the lack of agreed measures. What gets measured gets done. Without measures at the national level that can be monitored and rolled up at the global level palliative care is off the radar screen. We propose to expand from the one existing NCD measure that is not being used currently by any country, to at least three global measures that capture the existence and growth of palliative care, in addition to continuing our current work at 'mapping levels of palliative care development' that are published along with need for palliative care in the WHPCA/WHO Global Atlas of Palliative Care.

Strategic objectives for Goal 2:

1. From January 2019 – September 2019 WHPCA will publish the second edition of the *Global Atlas of Palliative Care* with WHO, will widely disseminate the report for members to use the findings for advocacy and to educate policy makers

2. From January 2019 - December 2019 three measures of palliative care will be identified and academically validated for members to use at the national level to measure the impact of palliative care

3. From January 2020 – June 2020 a case for support and implementation guide will be developed for members to use in implementing the three new measures with national governments

4. From June 2020 - December 2021 the 3 new palliative care measures will be implemented in 12 countries and data collected, reported, and used by members to advocate for palliative care

5. From January 2019 - December 2021 WHPCA will ensure member & direct stakeholder participation in the following global Forums to ensure palliative care is included in major policy reports

    - World Health Assembly
    - WHO Executive Board
    - World Bank Meetings
    - UN General Assembly

6. From January 2020 – December 2020 WHPCA will develop materials to promote understanding of palliative care for global and national policy makers

4.3.3 Strategic Goal 3

We will work to build a movement of direct stakeholders, carers, civil society, government, and academia to improve understanding and demand for palliative as part of Universal Health Coverage

Expansion of access to palliative care involved both demand and supply. As we increase the capacity to deliver palliative care globally we need at the same time to engage the key populations who are usually unaware that palliative care exists and that they have a right to palliative care and pain relief. Over the years we've tried many strategies to educate the public but lack of knowledge and myths about palliative care persist. The best strategy for dealing with this problem is to engage direct stakeholders to communicate about the benefits of palliative care and to explore innovative ways to do this.

Strategic objectives for Goal 3:

1. From January 2019 to December 2021 World Hospice and Palliative Care Day will be grown from 50 countries currently participating to 100 countries holding events that involve members

2. From October 2019 to October 2021 the number of WHPCD events involving direct stakeholders increases to 12 countries

3. From January 2019 to December 2021 the WHPCA Website will become a primary source for the public to learn about hospice and palliative care as measured by social media outreach and web traffic

    - Would require a complete redesign of our website, along with a dedicated marketing campaign to attract a new target audience.

4. From January 2019 to December 2021 WHPCA will continue to expand its project to recruit, engage, and collaborate with direct stakeholders in public engagement campaigns and work with regional and national members to develop new content and platforms for engagement

5. From January 2019 to December 2021 WHPCA will develop materials in collaboration with direct stakeholders to promote understanding of palliative care among identified target audiences, tying in with UN days of observance and other existing palliative care initiatives (NB other innovative initiatives such as Hats on for PPC, the 'elephant in the room', speak up projects, patient power project, and so forth)

4.3.4 Strategic Goal 4

We will work with our member organizations to increase funding and technical assistance to palliative care organisations worldwide to increase access to essential palliative care as part of Universal Health Coverage

Funding is essential to achieving improved access to hospice and palliative care globally. Palliative care is growing reasonably well in most high income countries but is lagging well behind in most low and middle income (LMI) countries where 80% of the global need for palliative care exists. It is essential that we grow the number of donors that include palliative care in their funding portfolios. Therefore, WHPCA has decided to focus its efforts at improving access to palliative care in LMI countries as part of national efforts at achieving universal health coverage that include palliative care. The six country strategy will be continued to expand funding from government development agencies and trusts and foundations to help national members to create models that are fit for purpose in LMI countries as part of UHC. As funding is available this strategy can be expanded to many more countries using the WHO public health and compassionate community models.

Strategic Objectives for Goal 4:

1. From January 2019 to June 2020 WHPCA will secure funding from donations and grants to support the inclusion of palliative care in the UHC plans for 12 LMI countries

2. From January 2019 to December 2019 WHPCA will expand from one country level funded demonstration project on culturally appropriate palliative care to three countries

3. From January 2020 to December 2020 WHPCA will expand from three country level funded demonstration projects on culturally appropriate palliative care to five countries

4. From January 2021 to December 2021 WHPCA will expand from five country level demonstration project on culturally appropriate palliative care to six countries

5. From January 2019 to December 2021 WHPCA will mobilize palliative care donors globally, recruiting new donors and motivating existing ones to invest more in palliative care as measured by donors funding palliative care and amounts distributed

4.3.5 Strategic Goal 5

We will grow as a strong regional and national member driven global association working collaboratively in meaningful partnership with others.

WHPCA is only as strong as its members and needs to rededicate to building the capacity of its regional, national, and other members to build palliative care services in each country. All palliative care is local and all global efforts to bring attention to and advocate for palliative care require that nations take actions and demand inclusion of palliative care in all global policies. WHPCA members want the organization to provide resources that can be used in country or regions to advance palliative care.

Strategic Objectives for Goal 5:

1. From January 2019 to December 2021 WHPCA will expand inclusion of members and direct stakeholders in policy development, planning, advocacy, fund development, and service development as measured by number of member consultations requested and number of responses as well as annual evaluation by its Stakeholders

2. From January 2019 to December 2021 WHPCA will expand its membership from 100 to 135 countries

3. From January 2019 to December 2021 WHPCA will work with regional, national members and partners to develop a roster of clinical and organizational palliative care experts that can serve as mentors to emerging leaders in LMIC countries.

4. From January 2019 to December 2019 WHPCA will collaboratively offer basic on-line palliative care courses for professionals

5. From January 2019 to December 2021 WHPCA will develop the member communications section of its communications strategy to ensure all members are receiving benefits from WHPCA as measured by our annual membership evaluation.

6. From January 2019 to December 2021 WHPCA will increase the involvement of members and direct stakeholders in advocacy and policy activity development and use of resources as measured by our annual evaluation. This will include membership input into all drafted policy documents

7. From January 2019 to December 2021 WHPCA will increase the involvement of Board Trustees in representing WHPCA in various fora including regional WHO meetings, regional conferences, and UN meetings.
    - This to include the production of at least three Trustee led policy position papers annually to be published in peer reviewed publications

8. WHPCA will increase the number of direct stakeholder led organizations who are members of WHPCA.

5.0 Monitoring, Evaluation, Reporting and Business Plan Development

Following final approval of this plan by the board and membership a business plan will be developed to provide clear details on actions steps for each objective including timelines, responsible persons, estimates of costs, staff time needed, and strategies for fund development. To ensure that this strategic plan is a 'live' document that informs WHPCA's work practises, a comprehensive monitoring, evaluation and reporting (MER) framework will be developed that is integrated into the business plan to guide its review. This MER framework will outline in detail how and when the plan will be monitored, evaluated and reported upon, as well as providing the tools, indicators and indicator protocols that will be used to collect the data necessary to indicate progress and achievements.