

IAHPC Annual Report 2019



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The **International Association for Hospice and Palliative Care (IAHPC)** is a **global membership organization** dedicated to the advancement and development of palliative care.

IAHPC works **with UN agencies, governments, associations, and individuals to improve access to essential medicines for palliative care, foster opportunities in palliative care education, research and training, and increase service provision around the globe.**

IAHPC works at the **international, regional, and national** levels to promote **appropriate policies and regulations** to ensure access to palliative care for those who need it.

The **Vision** of IAHPC is towards a **world free from health-related suffering.**

The **Mission** of IAHPC is to serve as a global platform to **inspire, inform and empower individuals, governments and organizations to increase access to and optimize the practice of palliative care.**

Strategic Plan 2020-2024

In 2019 the IAHPC Board completed a strategic plan for 2020-2024 that outlines where the IAHPC came from, where its heading, how it will get there, and what it means to all its stakeholders. In developing this Strategic Plan, the board examined the organization’s priorities against the current global health policy landscape and considered where the organization could have a more meaningful role. The full strategic plan is available in the IAHPC website in the [About Us](#) section.

IAHPC Thematic Areas of Work

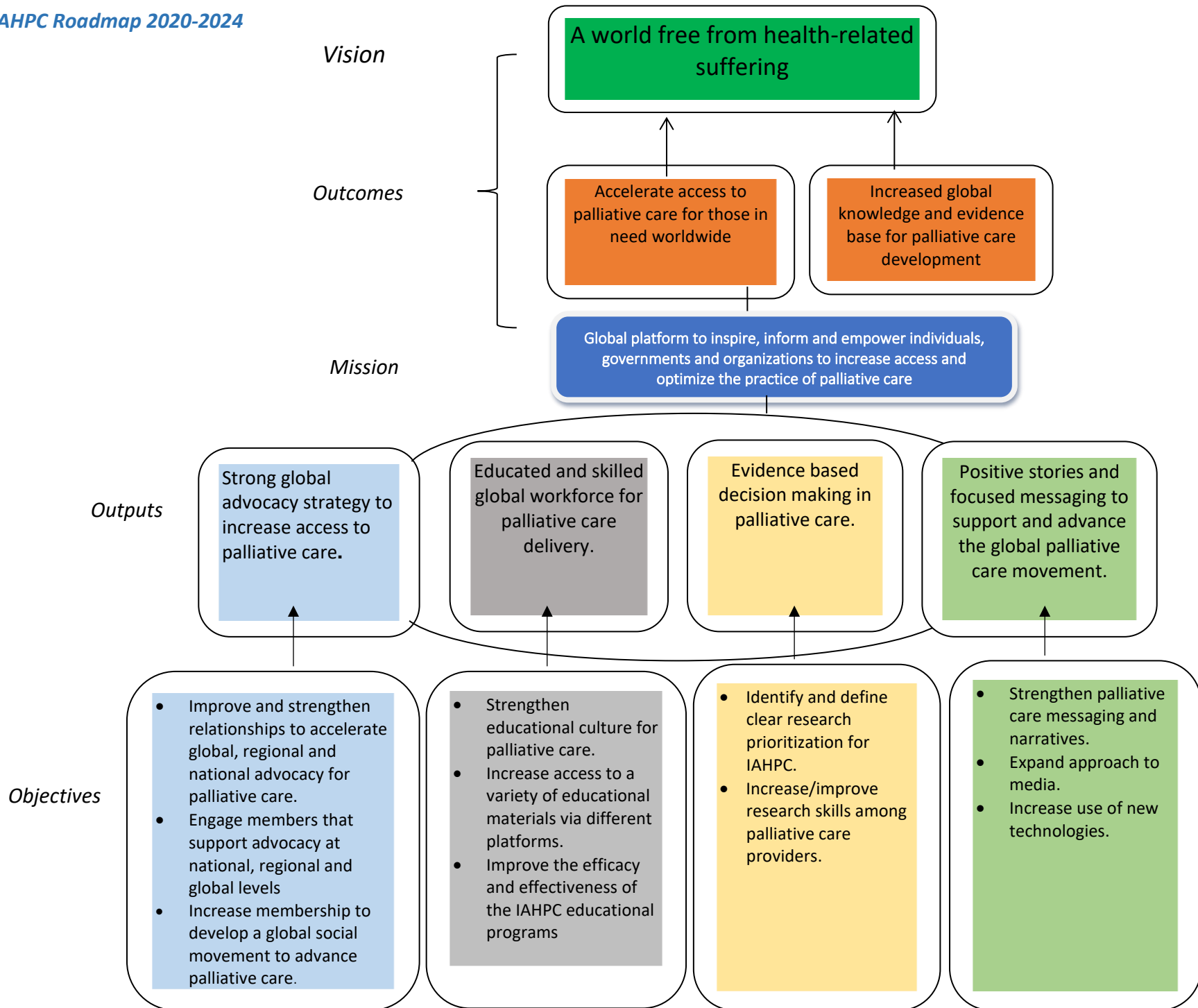
Based on the results of a survey completed by IAHPC stakeholders (members, directors, patients, caregivers, funders, volunteers) and in order to refine its strategy, the board identified the following four thematic areas of work for the next five years:

1. Advocacy
 - a. for the integration of palliative care into primary health care, within the spectrum of universal coverage, and
 - b. for improved access to essential palliative care medications.
2. Education, to increase the workforce skilled in primary health palliative care.
3. Research, to gather data and evidence to inform global development of palliative care.
4. Information dissemination to educate stakeholders and amplify impacts where change is happening, to increase demand for palliative care and inspire additional changes.

IAHPC’s Strategic Plan: Goal, Outcomes and Outputs

Based on the above and after discussion, it was agreed that the IAHPC strategy will deliver on a common goal and four main outputs as described below.

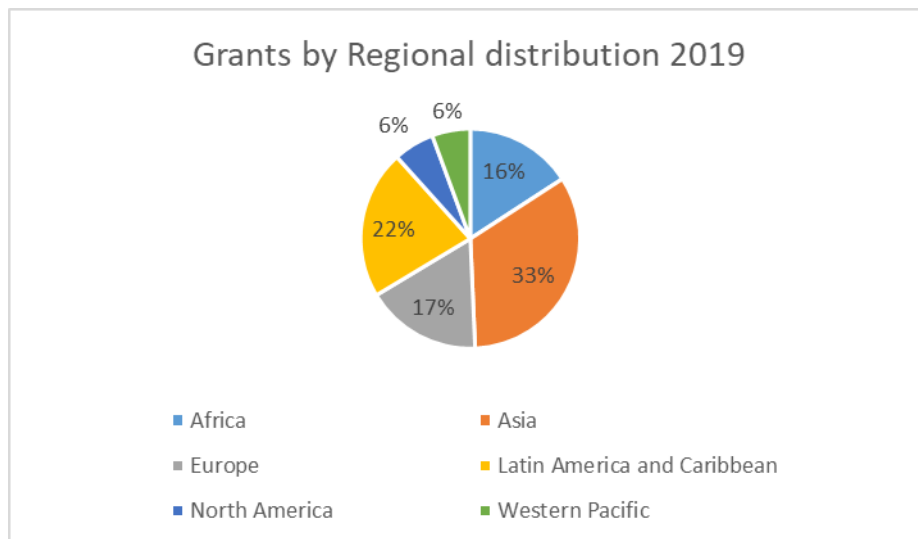
<p style="text-align: center;">Overview of IAHPC’S Strategic Plan: Goal, Outcome and Outputs</p> <p>Goal (the high-level change that IAHPC is working towards)</p> <ul style="list-style-type: none">• A world free of health-related suffering. <p>Outcomes (changes that IAHPC is contributing towards)</p> <ul style="list-style-type: none">• Accelerated access to palliative care for those in need globally.• Increased global knowledge and evidence base for palliative care development. <p>Outputs (IAHPC’s broad areas of work)</p> <ul style="list-style-type: none">• Output 1: Increased access to palliative care – Strengthening global advocacy to increase access to palliative care.• Output 2: Educated and skilled global workforce for palliative care delivery – Strengthening palliative care education and skills among providers globally• Output 3: Evidence based decision making in palliative care – Strengthening access to data, information and global knowledge around palliative care to inform programming.• Output 4: Positive stories and focused messaging to support and advance the global palliative care movement – Strengthening palliative care messaging, information and communication to inspire global change.
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IAHPC Programs

IAHPC supports individuals, hospices, organizations and institutions to advance hospice and palliative care in the world through several interconnected programs. This section describes these programs and the amounts spent in each during 2019. Annex 1 includes the full list of grantees and their objectives.

The graph below describes the percentage of grants disbursed by regions.



The following pages describe the IAHPC mission driven programs and amounts granted through each are described in the next pages. In 2019, more than a third of our programs benefited projects and members in Asia. These included supporting participation of palliative care workers in the World Congress on Palliative Care and supporting palliative care scholars in India.



T raveling Fellows Program

The purpose of the Traveling Fellows Program is to support the travel of individuals who are invited to spend time teaching palliative care in a host institution in a developing country.

Traveling Fellowships support the cost of travel to teach and train colleagues in hospices, hospitals, palliative care units and community programs.

In January 2019, the IAHPC provided a Traveling Fellowship grant in the amount of \$921 to Dr. Michael Gosey of Johnson City, Tennessee, USA.

Dr. Gosey, traveled to Saint-Marc, Haiti to help develop palliative care models, train health care providers, begin the process of establishing hospice care, and initiate a sustainable Telemedicine link.



Traveling Scholars Program

Amount awarded in 2019 through this program: **\$31,264**

*Through the **Traveling Scholars Program** IAHPC provides financial assistance to palliative care workers who apply to attend a congress, conference, seminar, internship, or in any other educational activity.*

Applicants must be current members of IAHPC at the moment of application and at the time the event takes

In 2019, IAHPC awarded 30 Traveling Scholarships. A few comments from awardees of this program show the grantees appreciation:

"...the main challenges for palliative care provision in my country Malawi include limited training of palliative care personnel at all levels of

place and must have not received grants from IAHP in the past 3 years. Preference is given to candidates who meet the following criteria:

- Have been IAHP members in good standing for three or more consecutive years.
- Whose institution is an IAHP active member.
- Are living in Lower, Lower-Middle and Upper-Middle income categories as per the World Bank income classification data.
- Are dedicated full-time to palliative care in their current work.
- Graduated less than 10 years ago from university.
- Have an accepted abstract for poster / oral presentation.
- Whose applications describe long term goals that lead to improvements in any or all of the following areas: service provision, education, availability of and access to medicines, public policy.

The [Traveling Scholars section](#) in the website includes reviews and a global map to pinpoint all the grantees.

care; lack of up-to-date palliative care policies, including opioid accessibility; and the need for funding from multiple sectors to provide palliative care..." "Dr. Joseph Wangisani Chisaka, Lecturer in Palliative Care, University of Malawi-College of Medicine.

"The Oceanic Palliative Care Conference, held in September in Australia, was quite refreshing because it highlighted to me that there is a wider community and a large interest in palliative care that I can tap into. I will use knowledge gained there to support organizations and workers as they advocate for better services and encourage them to incorporate traditional knowledge and culture. These traditional systems have helped to sustain and maintain us through time and age!" Moelagi Leilani Jackson, Program Manager, Counties Manukau Health Apia, Samoa.

"After hearing how others have overcome the challenges of lack of education and awareness on palliative care, I feel better equipped to face these obstacles. Up to now, there has been no official recognition of hospice, and we are excited to begin actively working towards developing a multidisciplinary approach to an organized program for hospice care." Diane A. Dykeman-Sabado, from Santo Domingo, Dominican Republic.

"In Sri Lanka we are trying to establish a good palliative care service and are having meetings to discuss its development. At present, we have begun palliative care education for nurses at the undergraduate level, as an elective subject. The updated knowledge and skills learned at the conference will help me change my teaching in the university. It has also motivated me to do further research in the field of palliative care." Dr. M.K.S. Lalitha Meegoda, Senior Lecturer, Department of Nursing and Midwifery, University of Sri Jayewardenepura.



High-Level Side Event on Access to Medicines at the Commission on Narcotic Drugs in Vienna

Advocacy Program

Amount invested in 2019 in this program: **\$100,606**

*IAHPC developed and implemented a global advocacy strategy to improve access to controlled medicines for pain treatment and palliative care as components of the right to health and Universal Health Coverage. The ultimate goal is to promote the international and national policy environment to expand palliative care services and the human rights of persons with palliative care needs, so they can have access to adequate care. The **IAHPC Advocacy Program** provides technical assistance to*

IAHPC will continue to strengthen palliative care advocacy at the national, regional, and international levels by empowering palliative care civil society organizations to advocate for the integration of palliative care in national policies and programs as a component of the right to health.

Five advocacy highlights of 2019 co-sponsored by IAHPC were:

The High-Level Side Event on Access to Medicines at the Commission on Narcotic Drugs in Vienna during the Ministerial Segment. Sponsored by the Permanent Missions of Belgium and Australia, featured speakers were the Minister of Health of Ecuador, Dra Verónica Espinosa Serrano and the President of the International Narcotics Control Board.

The Central America launch of the Lancet Commission Report on Pain and Palliative Care in Panama City in February, which included the participation of the Minister of Health, Dr. Miguel Mayo as well as other high-level officials.

The side event at the World Health Assembly on Palliative Care, Primary Health Care and UHC, with the participation of the Minister of Health of Malaysia, Dr.

palliative care organizations at the national and regional levels. This involves including palliative care in national policies and programs and ensuring availability and accessibility of internationally controlled essential medicines.

[Dr. Katherine Pettus](#) is the IAHPC Advocacy Officer for Palliative Care and in this capacity represents the organization in international, regional and national meetings.

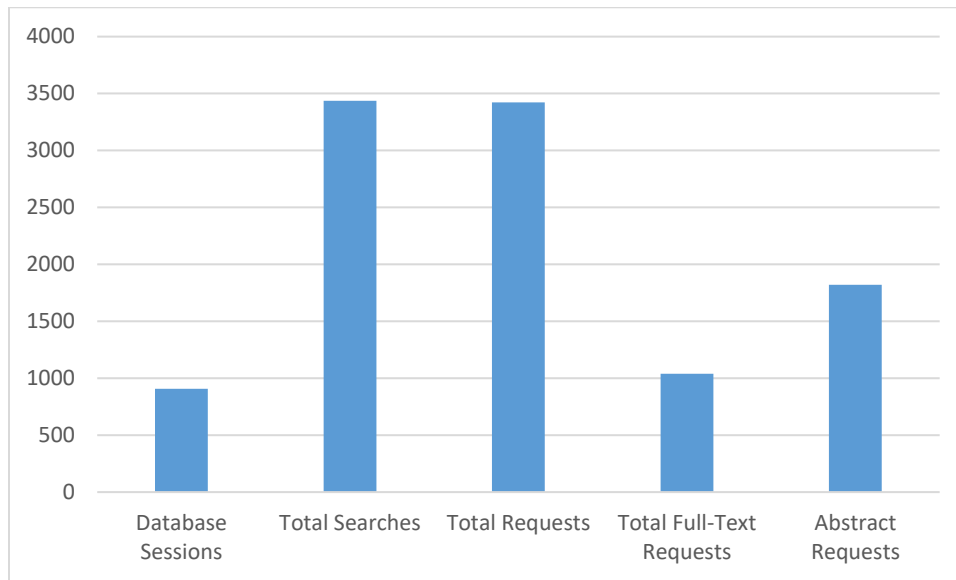
Dzulkefly Ahmad, Dr. Felicia Knaul, Chair of the Lancet Commission on Pain and Palliative Care, Dr. Stephen Watiti, patient advocate and physician from Uganda, and two WHO Assistant Director Generals. Our delegation included global health students from the University of California at Los Angeles, now a lifetime Institutional member of IAHPC.

The inclusion on the official agenda of discussions by member states on palliative care as a right for older persons at the 9th Open Ended Working Group on Ageing, as well as a side event on Palliative Care for Older Persons sponsored by the Mission of Ecuador and multiple non-governmental organizations, moderated by the Philippines Human Rights Commission and featuring panelists from the Inter-American Human Rights Commission, Dr. Sheila Payne from the University of Lancaster, and other global organizations.

Inclusion of palliative care in the High-Level Political Declaration on Universal Health Coverage, approved at the United Nations in September 2019. This resulted from a collaboration between all three global palliative care organizations, and foreshadowed the Berlin Declaration, which officially codifies their intention to synchronize advocacy work.



(L-R) Ms. Heloisa Broggiato, IAHPC delegate and Dr. Katherine Pettus, IAHPC Advocacy Officer with Ms. Sharon Thompson and Dr. Stephen Connor of the WHPCA delegation at the 144th meeting of the WHO Executive Board January 2019.



IAHPC Library Program

Amount invested in 2019 in this program: **\$38,835**

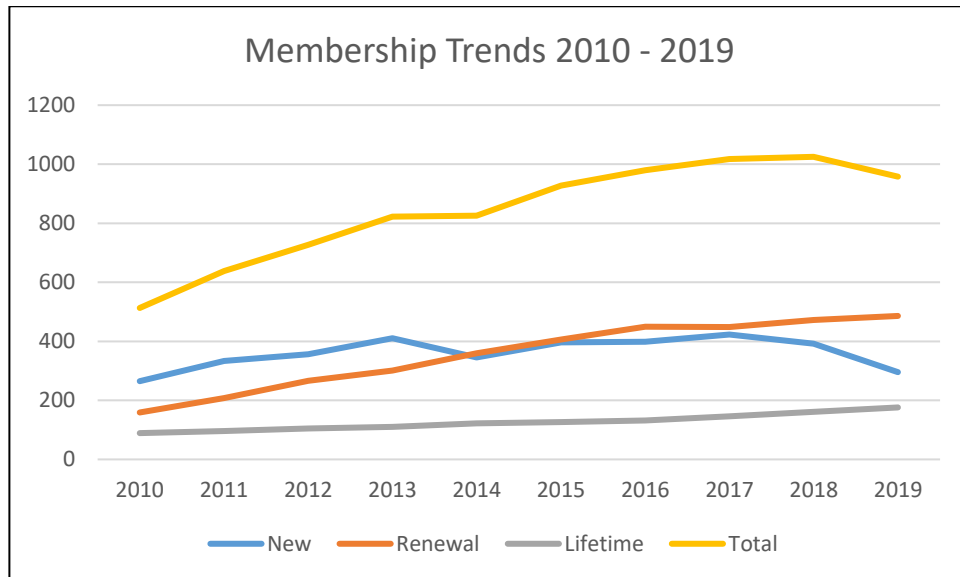
For almost 10 years, the IAHPC provided our members with access to the **CINAHL** database through EBSCO. Unfortunately, EBSCO (owner of the CINAHL database) has increased the annual charge to the IAHPC at a rate of 7% per year - which is quite onerous, especially when we are facing a decrease in funding and grants to cover our operating costs.

In 2019 we analyzed the number of users, the countries where they are located, and the number of articles downloaded over the past three years. Our findings indicated that the vast majority of downloads were from members located in two countries (both high income) and that two palliative care journals accounted for the most frequently downloaded articles. The remaining journals included in the CINAHL database were rarely accessed. Additional analysis showed that researchers are increasingly using platforms such as [ResearchGate](#), [Academia](#), [ORCID](#), and [KUDOS](#), which offer many articles free. In summary, our analysis showed that the majority of our members are not accessing journals through CINAHL and are probably using other platforms.

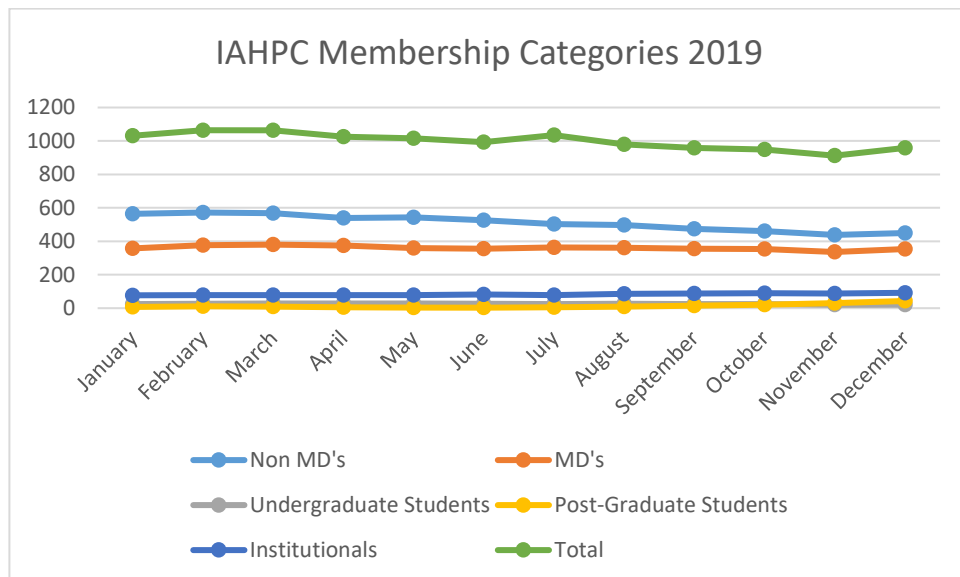
Based on the above, the IAHPC decided to discontinue offering access to the CINAHL database as a membership benefit. The savings will be used to benefit the traveling scholars and traveling fellows' programs as well as projected programs for 2020.

Membership

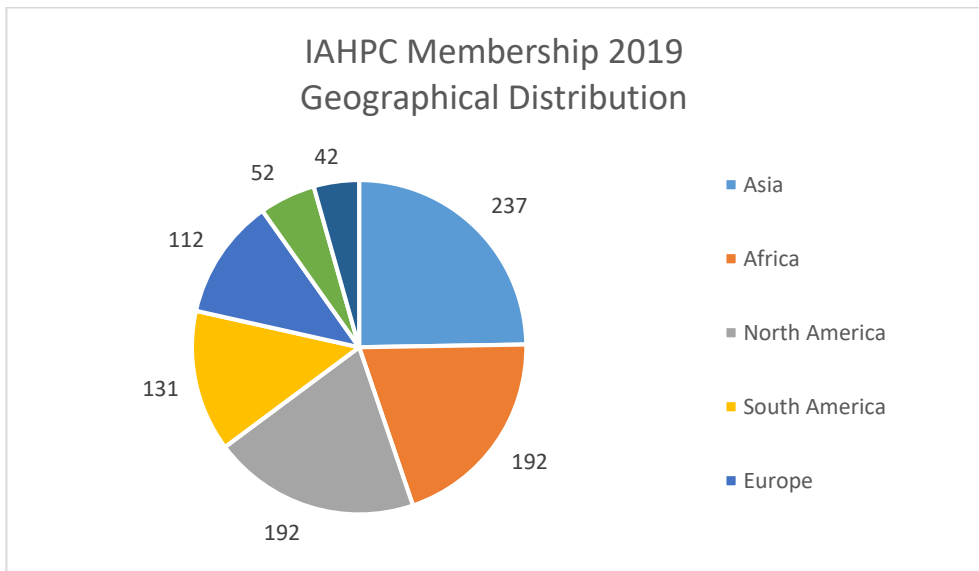
IAHPC members exemplify a continuing commitment to patient care, improved education and favorable policies, all consistent with our mission. A complete list of the individual and institutional IAHPC Members is included in the [IAHPC members' section in the Website.](#)



Thirty-seven percent of our members are physicians, 46.9% are other health care professionals, 2% are undergraduate students and 4.5% are post-graduate students. The remaining 9.6% are institutional members.



Asia has overtaken Africa as the region with the highest number of members. Africa and North America are now tied with 192 members each.



Reception for IAHPC members and grantees during the World Congress of the EAPC in Berlin, 2019. Photo by IAHPC

Members' Recognition

The IAHPC designated October as our Members' Recognition Month to build awareness and understanding of the vital role our members play in the advancement of our mission, and to formally acknowledge their support.

In 2019, prizes were awarded in four categories: Loyalty, Membership Recruitment, Institutional recognition and Lifetime recognition.

Winners received a Traveling Scholarship in the amount of US \$2,000 and a one-year IAHPC membership.



Dr. María Susana Ciruzzi, recipient of the **2019 IAHPC Loyalty Award**, has been a member since 2014. She said "I have found my place in the world. Working in palliative care has made me a better person."

Dr. Ciruzzi is currently Head of Administrative Legal Affairs and member of the Bioethics Committee, Working Group on HIV-AIDS, at the National Pediatrics Hospital in Buenos Aires, Argentina. She is a member of the working group on the care of chronic patients in the pediatric intensive unit.

Palliative care physician and clinical director of the Makerere-Mulago Palliative Care Unit at Kampala's Makerere University, **Dr. Elizabeth Kiwuuwa Namukwaya**, won the **IAHPC Increasing Membership Award** for the second year in a row. The prize for her accomplishment of recruiting 10 members was a full year's membership plus a Traveling Scholarship for \$US 2,000.

Dr. Namukwaya is responsible for the palliative care training of undergraduate and post-graduate students and integrating palliative care within the Mulago National Referral Hospital.

Dr. Namukwaya is an enthusiastic IAHPC member and avid learner. Early in her palliative care career, she received an IAHPC Traveling Scholarship to an EAPC conference in 2011 and attended the 2019 EAPC conference in Berlin thanks to last year's award.



The **Galilee Palliative Care Unit**, a non-profit, interdisciplinary provider in Greece, won **IAHPC's Institutional Member Award**. The Galilee joined IAHPC in 2012, having first opened in 2010 for adult cancer patients, expanded its services in 2016 to ALS patients. Its goal is to increase service provision —



free of charge — to other patient groups with life threatening illnesses.

The \$2,000 award of supported two educational visits to Our Lady's Hospice in Dublin. Physical therapist Emmannouil Trapalis, went in October 2019, and Fotini



Deskou, RN will go in 2020.

The **Colombian Association of Palliative Care (ACCP)** won the **2019 IAHPC Lifetime Membership Award**. The ACCP is a non-profit organization founded in 1996 that seeks to unite all specialists working in the country. The Association used the award to finance a spirituality symposium held in Medellín and Bogotá in August 2019. An academic event with theoretical and experiential components, the symposium presented spirituality as a tangible domain that permeates daily palliative work and provided assessment tools to respond to the spiritual needs of patients and families.



Faculty and participants to the spirituality symposium held by the ACCP in Colombia in 2019.

Photo by Dr. Sandra Liliana Parra. Used with permission.

Projects

During 2019, IAHPHC implemented several projects that highlighted palliative care as a component of the right to health and supported the inclusion of palliative care in national policies and programs as part of Universal Health Coverage, Target 3.8 of the 2030 Agenda for Sustainable Development. Two examples of these projects are listed below.

Consensus based Palliative Care Definition

One challenge of palliative care implementation has been a lack of consensus on what palliative care is, when it should be offered, to whom, and by whom. The terms “palliative care” and “hospice care” have been used interchangeably for many years, and interpreted differently, with definitions proliferating among palliative care organizations.

Following the recommendation of the Lancet Commission, and in its capacity as a non-state actor in official relations with the World Health Organization, the IAHPHC began in 2018 to design, develop and implement a palliative care definition project. The objective was to find consensus on a definition that focused on the relief of suffering and applied to all patients regardless of diagnosis, prognosis, geographic location, point of care or income level. This was a yearlong, three-phase process. The initial phase included a multi-disciplinary working group of 38 individuals in 22 countries with expertise in advocacy, health care administration, geriatrics, oncology, palliative care, pediatrics, pharmacy, primary care, and research. The second phase surveyed over 400 IAHPHC members, including palliative care workers, volunteers and caregivers working in 88 countries. A third and final phase focused on the drafting and approval of the final text for the definition by the core group.

The resulting definition consists of two sections and follows the structure of the WHO definition developed over two decades ago: a concise introductory statement followed by a bulleted list of components. A third section was added after participants suggested adding a set of recommendations to governments. This third section now frames the work of our Advocacy Program.

Palliative Care Definition

Palliative care is the active holistic care of individuals across all ages with serious health-related suffering due to severe illness and especially of those near the end of life. It aims to improve the quality of life of patients, their families and their caregivers.

Palliative care:

- Includes, prevention, early identification, comprehensive assessment and management of physical issues, including pain and other distressing symptoms, psychological distress, spiritual distress and social needs. Whenever possible, these interventions must be evidence based.
- Provides support to help patients live as fully as possible until death by facilitating effective communication, helping them and their families determine goals of care.
- Is applicable throughout the course of an illness, according to the patient’s needs.
- Is provided in conjunction with disease modifying therapies whenever needed.
- May positively influence the course of illness.
- Intends neither to hasten nor postpone death, affirms life, and recognizes dying as a natural process.
- Provides support to the family and the caregivers during the patient’s illness, and in their own bereavement.
- Is delivered recognizing and respecting the cultural values and beliefs of the patient and the family.

- Is applicable throughout all health care settings (place of residence and institutions) and in all levels (primary to tertiary).
- Can be provided by professionals with basic palliative care training.
- Requires specialist palliative care with a multiprofessional team for referral of complex cases.

To achieve palliative care integration, governments should:

1. Adopt adequate policies and norms that include palliative care in health laws, national health programs and national health budgets.
2. Ensure that insurance plans integrate palliative care as a component of programs
3. Ensure access to essential medicines and technologies for pain relief and palliative care, including pediatric formulations.
4. Ensure that palliative care is part of all health services (from community health-based programs to hospitals), that everyone is assessed, and that all staff can provide basic palliative care with specialist teams available for referral and consultation.
5. Ensure access to adequate palliative care for vulnerable groups, including children and older persons.
6. Engage with universities, academia and teaching hospitals to include palliative care research as well as palliative care training as an integral component of ongoing education, including basic, intermediate, specialist, and continuing education.

The consensus based palliative care definition has been translated into several languages and the English original and translations are available in the [IAHPC website](#). Over 1,000 individuals as well as representatives of organizations and academic institutions have endorsed the new consensus-based definition. A paper describing the process and the results was submitted in early 2020 to a peer-reviewed journal for publication which at the time of the preparation of this report is under review.

Pallipedia

Pallipedia is a free online palliative care dictionary produced by IAHPC. Pallipedia's goal is to facilitate access to high quality information for the global palliative care community. Dr. Roberto Wenk, Past Chair of IAHPC and editor of Pallipedia, keeps and updates the Dictionary.



The screenshot shows the homepage of Pallipedia, titled "The Free Online Palliative Care Dictionary". It features a search bar with a "Search" button and a "Browse terms by category" section with buttons for: Assessments, Communication, Conditions, Ethical and legal issues, Medication, Miscellaneous, Palliative care basics, Psychological, social and spiritual issues, Public health, Research, Signs & symptoms, Symptom management, and Treatments. At the bottom, it displays "Terms count: 1245" and "Definitions count: 1614".

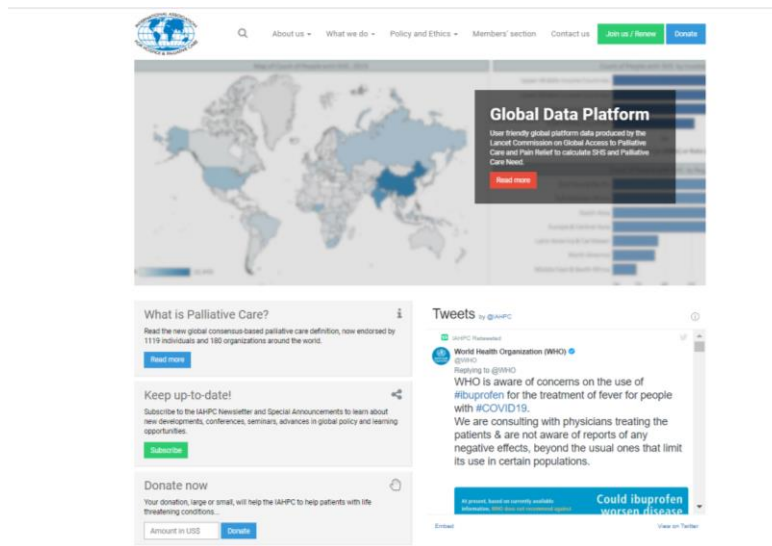
At the end of 2019, Pallipedia included 1,297 terms and over 1,600 definitions. Utilization data shows an increasing trend in the number of users and visitors to Pallipedia. The dictionary is housed in <https://pallipedia.org/>

Communication and Dissemination

IAHPC Website

The IAHPC website has four main sections:

- 1) **About us:** Includes information about our history, staff and board members; and legal and financial information
- 2) **What we do:** Includes sections on IAHPC programs, Projects, International Directories and IAHPC Publications
- 3) **Policy and Ethics:** Includes information on topics related to Human Rights and Access to Medicines and Ethical issues.
- 4) **Members' section:** Provides a gateway for the members to access resources, publications as well as forms to join/renew online.



In 2019, the IAHPC registered over 150,000 visitors and over 190,000 sessions, 88% of which were new, and representing an increase of more than 60% from 2018. A Google translate button on every page allows users to read material in more than 100 languages.

The website is maintained by IAHPC webmaster Mr. [Danilo Fritzier](#) and housed at <https://hospicecare.com/>.

International Directories and Calendar of Events

IAHPC compiles two directories that the global palliative care community (members and non-members alike) can access at no charge:

- *Global Directory of Palliative Care Institutions and Organization:* This IAHPC [directory](#) includes over 2,000 listings of hospices and institutions that provide care, support, and guidance to patients and providers. 167 listings have been added since 2018.
- *Global Directory of Educational Programs in Palliative Care:* This IAHPC [directory](#) includes over 200 listings of educational programs throughout the world. The Directory of Educational Programs includes institutions offering master's degrees, fellowships, diplomas, and PhDs in palliative care. Our staff update listings annually to ensure relevance and accuracy.
- *Calendar of Events:* During 2018, the IAHPC started a [global online calendar](#) of palliative care related seminars, congresses, conferences and events. The calendar is offered free of charge to the global palliative care community. At the end of the year we had 159 registered events in the calendar.

The Directories and the Calendar are constantly maintained and updated by [Ms. Julia Libreros](#), Coordinator of IAHPC International Directories.

Newsletter

April 2019 marked the 23rd anniversary of the IAHP Newsletter. Ms. Alison Ramsey, who serves as Senior Editor, continues to find creative ways to keep readers engaged with news from around the world. Dr. Roger Woodruff continues to do the monthly book reviews, Dr. Katherine Pettus publishes policy and advocacy reports, while the IAHP staff and members contribute to each edition.

The IAHP Newsletter is sent free of charge via email to all subscribers in the global palliative care community. At the close of 2019, the newsletter had over 7,500 subscribers. It is a useful source of information about IAHP, our programs and grant opportunities, as well as partners' initiatives, development, events, and other news from around the world.



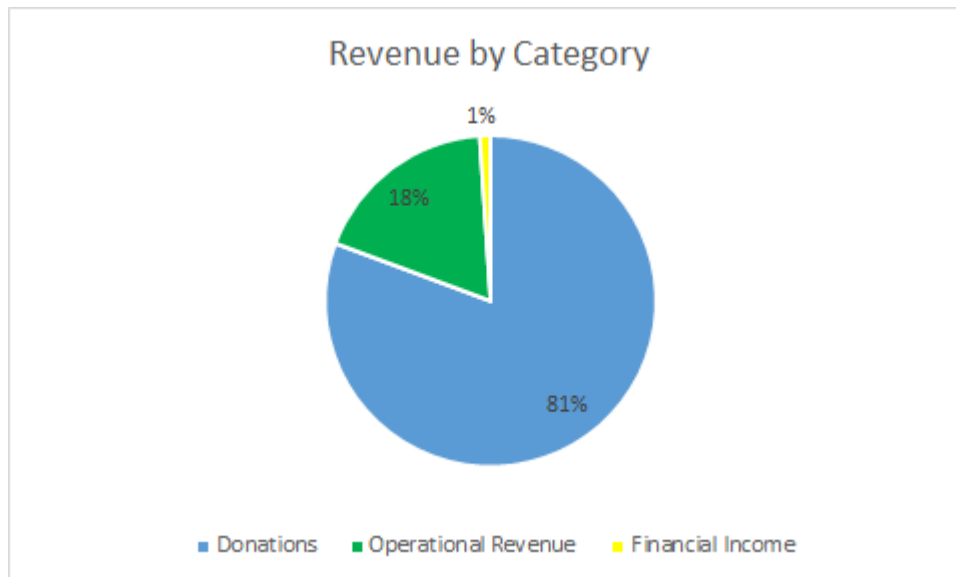
Social Media

Social media continues to be one of the most significant ways for IAHP to drive broader engagement and advocate for acceptable palliative care language, policies, and access to treatment as a component of Primary Health Care and Universal Health Coverage. IAHP engages on LinkedIn, Facebook, and Twitter, using trending hashtags to spread the palliative care message, and calling on followers to participate in a grassroots movement that can deliver results at the level of patient care. Our followers on all platforms have been continuously increasing over the years. At the end of the year, the IAHP had over 6,000 followers in Twitter.

Finances

Financial Statements

Our 2019 income was \$348,885 (6% over budget).



Income and Expense statement (I&E): Total annual income in 2019 was \$348,885 and total expenses were \$474,101. The \$125,216 deficit was covered by a core support grant from the US Cancer Pain Relief Committee received in December 2018 for use in 2019. Operational revenue, which includes income from membership and book sales, represents 19% of total revenue. IAHPHC memberships increased by 8.8% from 2018, while book sales decreased by 22%. Realized expenditures accounted for 96% of the amount budgeted.

Balance sheet: End of the year cash totaled \$65,502. Most IAHPHC assets are cash and money market funds (\$56,634) plus accounts receivable (\$8,074) and office equipment. End of the year liabilities were \$16,951 and are related to the American Express institutional card and other expenses that were registered in the books and pending payment.

Annex 2 includes the Financial Statements for 2019.

Fundraising

Grants and Donations

We could not have achieved the above and much more without the generous support of our board of directors, members, donors, foundations, and organizations. We are especially grateful to the following organizations for their support.

IAHPC received these large grants and donations during 2019

- *US Cancer Pain Relief Committee: \$150,000 for core support – this grant was received in 2018 to be applied in 2019.*
- *Open Society Foundation: \$69,000 for core support*
- *Pettus Foundation: \$35,000 to support the IAHPC Traveling Scholars Programs*
- *Enrique Ospina and Liliana De Lima: \$150,000 for core support*

The IAHPC donations reflect the support of the organization's mission and the projects and programs we have implemented to change systems so that no one is left behind. The organization's ability to continue to help others is heavily dependent on the support we receive from our donors and supporters.

Annex 3 includes the names of all the donors (foundations, institutions and individuals) who generously supported IAHPC during 2019.

Governance - Board Members 2019

Click on their names to read their bios.



[Lukas Radbruch, MD](#)

Germany
Chair



[Roberto Wenk, MD](#)

Argentina
Past Chair



[Liliana De Lima, MHA](#)

USA – Colombia
Executive Director (*ex-officio*)



[Derek Doyle, OBE, Hon. DSc](#)

Scotland
Founding member
Lifetime board member



[William Farr, MD](#)

USA
Founding member
Lifetime board member



[Roger Woodruff, MD](#)

Australia
Founding member
Lifetime board member



[Chitra Venkateswaran, MD](#)

India



[Claudia Burlá, MD](#)

Brazil



[Dingle Spence, MD](#)

Jamaica



[Ebtesam \(Sammi\) Ahmed, PharmD](#)

Egypt, USA



[Eve Namisango MD](#)

Uganda



[Ms. Gulnara Kunirova](#)

Kazakhstan



[Ms. Mary Callaway](#)

USA



[Nahla Gafer, MD](#)

Sudan



[Steven Radwany, MD](#)

USA

Team – Officers and Staff members

The IAHPC team is the backbone of the organization, and the key to achieving our mission. Each one of the staff members works together to implement the strategic plan and vision of the organization. Click on their names to read their bios.



[Liliana De Lima, MHA](#)
Executive Director



[Katherine Pettus, PhD](#)
Advocacy Officer



[Ms. Genevieve Napier](#)
Programs - Membership Officer



[Ms. Lina Rozo](#)
Finance Officer



[Ms. Julia Libreros](#)
International Directories



[Ms. Alison Ramsey](#)
Senior Editor Newsletter



[Tania Pastrana, MD](#)
Research Adviser



[Mr. Danilo Fritzer](#)
Webmaster



[Ms. Ana Restrepo](#)
Volunteer

Annex 1 – Grantees IAHPC Programs 2019

Meetings, Seminars and Workshops

Amount awarded in 2019 through this program: **\$600**

IAHPC supports, endorses, develops, and convenes meetings, seminars, and workshops aimed at improving access to palliative and hospice care at the country level, partnering with governments and palliative care organizations.

Beneficiary

Palliative Care Network (USA): The mission of PCN is to provide a free platform to empower palliative care professionals to teach, interact, exchange ideas with fellow colleagues globally and to promote collaboration and knowledge exchange. PCN holds an annual online free international palliative care congress. The IAHPC supports the best poster prizes - the winners of the 2019 best poster awards were:

- 1st Prize Poster (US \$300): Enabling Optimal Palliative Care within Australian Hospitals – Opportunity for Improvement: Preliminary Results From a Sequential Mixed Method Study. Author: Claudia Virdun from Australia.
- 2nd Prize Poster (US \$200): Bridging the Gap Quality Improvement Project – Reaching Out Into the Community to Improve Understanding and Spiritual Care. Author: Mary Johnston from the United Kingdom.
- 3rd Prize Poster (US \$100): The Role of Support Groups in Improving the Quality of Life of Families in Children's Palliative Care. Author: Aina Briede from Latvia.

Traveling Scholars

Amount awarded in 2019 through this program: **\$31,264**

The Traveling Scholarship program supports the travel costs and registration fees for conferences, seminars, internships, university programs or other educational activities of palliative care workers in Lower – and Middle- Income countries. Grantees listed below received traveling scholarships to attend the associated educational events.

Institute of Palliative Medicine: Fellowship in Primary Care Fellowship in Palliative Care:

The course orientation program took place in Calicut, India on February 11-23, 2019. The remaining six months were taught online.

Grantees: Krishna Roy, Khadija Akther Shopna and Mridul Sarkar from Bangladesh.

II Congreso Internacional De Cuidados Paliativos ASOCUPAC (II International Congress of Palliative Care ASOCUPAC)

Cali, Colombia. April 4-6, 2019

Grantee: Viviana Leon Perilla from Brazil.

16th World Congress of Palliative Care (EAPC) Congress

Berlin, Germany. May 23-25, 2019

Grantees: Sarah Akande (Nigeria), Barbara Amity N. Flores (Philippines), Sanghamitra Bora (India), Natalia Carafizi (Moldova), Sonia Patricia Carreno Moreno (Colombia), Anelise Coelho Da Fonseca (Brazil), Odontuya Davaasuren (Mongolia), Yasemin Kilic Ozturk (Turkey), Lubna Mariam (Bangladesh), Alvaro Mendez (Uruguay), Wah Wah Myint Zu (Myanmar), Mirela Myrto (Albania), Gayatri Palat (India),

Byamukama Polycarp (Uganda), Rubayat Rahman (Bangladesh), Stella Rithara (Kenya) and Neha Tripathi (India).

Ethics in Dementia Care

Leuven, Belgium. July 2-5, 2019

Grantee: Erna Rochmawati (Indonesia)

Oceanic Palliative Care Conference (OPCC)

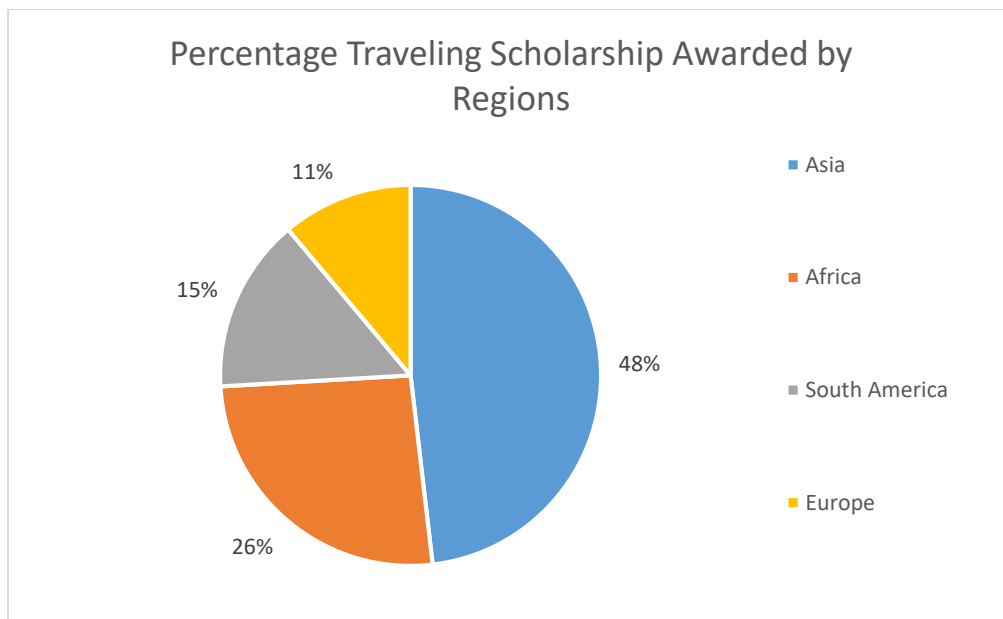
Perth, Australia. September 10-13, 2019

Grantees: B. Sunil S. De Silva (Sri Lanka), Moelagi Leilani Jackson (Samoa), Jennifer Lowe (Australia) and MKDL Meegoda (Sri Lanka).

6th International African Palliative Care Association (APCA) Conference

Kigali, Rwanda. September 17-20, 2019

Grantees: Joseph Chisaka (Malawi), Charlotte Komunda (Uganda), Frank Manase (Tanzania) and Olanrewaju Onigbogi (Nigeria).



Traveling Fellows

Amount awarded in 2019 through this program: **\$921**

Michael Gosey of Johnson City, Tennessee, USA. Dr. Gosey, traveled to Saint-Marc, Haiti to help develop palliative care models, train health care providers, begin the process of establishing hospice care, and enact an ongoing Telemedicine link.

Annex 2 – Financial Statements

IAHPC Profit and Loss January - December 2019

	Jan - Dec 2019
Income	
Unrestricted Donations	180,350.21
Unrestricted Grants	69,000.00
Restricted Grants – Donations	35,057.44
Membership dues	63,425.26
IAHPC Sales	1,051.80
Total Income	\$ 348,884.71
Gross Profit	\$ 348,884.71
Expenses	
Unrestricted Mission - Programs	44,439.25
Unrestricted Mission P&D	23,576.07
Unrestricted Salaries Expense	2,350.69
Restricted Salaries Expenses	310,412.04
Unrestricted Professional Fees	19,313.19
Unrestricted Op. Expenses	5,291.19
Unrestricted Travel & Meetings	33,405.76
Restricted Travel & Meetings	26,914.02
Unrestricted Misc. Expenses	2,713.66
Financial Expense	5,333.56
QuickBooks Payments Fees	351.60
Total Expenses	\$ 474,101.03
Net Operating Income	-\$ 125,216.32
Other Income	
Interest Income	1,348.04
Realized gain / loss	2,370.27
Total Other Income	\$ 3,718.31
Net Other Income	\$ 3,718.31
Net Income	-\$ 121,498.01

IAHPC
Balance Sheet
As of December 31, 2019

	Total
ASSETS	
Current Assets	
Cash in bank	31,919.92
Short-term investment	21,097.65
Donations in kind	3,753.84
Other	31.08
Total Bank Accounts	\$ 56,802.49
Accounts Receivable	
Unrestricted Pledges	8,073.66
Total Accounts Receivable	\$ 8,073.66
Undeposited Funds	
Undeposited Funds	805.00
Total Other Current Assets	\$ 805.00
Total Current Assets	\$ 65,681.15
Fixed Assets	
Furniture, fixtures, & equip	10,924.10
Accum. depreciation	-10,635.00
Total Fixed Assets	\$ 289.10
TOTAL ASSETS	\$ 65,970.25
LIABILITIES AND EQUITY	
Liabilities	
Accounts Payable	
Unrestricted Accounts Payable	10,939.25
Total Accounts Payable	\$ 10,939.25
Credit Cards	
Credit Cards	6,479.34
Total Credit Cards	\$ 6,479.34
Total Current Liabilities	\$ 17,418.59
Total Liabilities	\$ 17,418.59
Equity	
Excess/Deficit previous years	170,049.67
Net Income	-121,498.01
Total Equity	\$ 48,551.66
TOTAL LIABILITIES AND EQUITY	\$ 65,970.25

Annex 3 - IAHPC Donors – 2019



Stephen Grether challenges those whose loved ones lost a battle with cancer, as some of his have, to jump into a pile of snow wearing just a swimsuit and make an angel to raise money for IAHPC.

Over \$100,000

Enrique Ospina and Liliana De Lima

Between \$50,000 and \$99,999

Open Society Foundation

Between \$20,000 and \$50,000

Pettus Foundation

Between \$1,000-\$15,000

Alberto A. Pena

Carlos Calbarcas and Mrs. Maricel Marquez

Global Giving

Joseph Parrish

Maria Lenis

Between \$500 and \$999

Benevity Inc

Edward J Barry Jr.

Between \$100 and \$499

Alison Ramsey

Amazon Smile

Christos Kordas

Dailey Andrews

David Milner

Ebtesam Ahmed

Karen Bell

Lorea Chilton

Lorraine S Volpe

Mary Callaway

Michael Savoie

Network for Good

Raymundo Enriquez

Rebecca Yeager

Robin Vachon-Kraut

Simone Cernesi

Stephen Grether

Steven Radwany

Suzanne Connah

Up to \$99

Abiola Ogundele	Hugo Melo	Malfrid Bjorgaas	Mwate Joseph Chaila
Andi Khomeini	Janet Landis	Mallika Tiruvadanan	Nicky Gunn Clark
Ann Careccia	Juan Lozano	Maria Minatel	Nightingale Nursing Services
Bronwen Owen	Judith Simpson	Maria E Acanda Pozo	Nikki Schiro
Glynette Livingstone	Julia Parete	Mary T White	PIMCO
Google Foundation	June Williams	Maryann Hammons	Ron Sand
Gulnara Kunirova	Kristen Falls	Minjung Kim	Srini Chary
Hibah Osman	Linda Siegel	Morgan Wyatt	Stellah Qelani Alice
The American Online Giving Foundation	William Butterfield	Wendy J Carrel	

Contact the IAHPC

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<http://hospicecare.com/home/>

Follow IAHPC through its social media campaigns!

