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## Message from the Chair Person

It is a great pleasure to welcome you to this second *Annual Report* of the African Palliative Care Association (APCA). During the last year APCA has grown significantly in stature and credibility. Work programmes, project activities and staff numbers have all increased considerably. Education and training programmes, often established in conjunction with formal organisational partnerships, were initiated in Botswana, Kenya, Mozambique, Rwanda, Tanzania, Uganda, and Zambia. APCA has actively supported the establishment, or strengthening, of national palliative care associations to empower them to coordinate and advocate for palliative care effectively in their respective countries. This support, and the strengthening of these programmes and partnerships, will continue into the coming year. APCA's focus on promoting quality care included a survey of opioid availability in 12 countries; the development of a patient-level outcome measure for palliative care in Africa (the APCA African Palliative Care Outcome Scale), currently undergoing final validation; and the compilation of draft regional palliative care standards. Ongoing advocacy initiatives underpinned all these activities.



Kath Defilippi

I wish to express my appreciation of all our partners – local, national, regional and international – for their ongoing support, without which the achievements contained in this *Annual Report* would not have been possible. Also, and on behalf of the Board of Directors, I extend very special thanks to Dr Faith Mwangi-Powell, our Executive Director, and the entire APCA team, as well as members of the technical committees, for their hard work, dedication and amazing productivity.

APCA will continue to value and rely upon your support as it implements its work programmes in the year ahead.

**Kath Defilippi**  
Chairperson

## **Message from the Executive Director**

Welcome to our second *Annual Report*. As you will see from the following pages, we have again been very busy over the last year and have moved beyond the preparatory phase of our work.



Dr Faith Mwangi-Powell

Not only has this year been busy, it has been exciting as we achieved all what we promised to deliver and much more. Our successes to date are in no small measure attributable to our investment in a highly qualified and motivated team.

Consequently, I am now more confident than ever that the African Palliative Care Association (APCA) faces the future with vigour and determination.

As we embark on the next phase of our work, I invite you to look back with us, read about our accomplishments, and learn of our future plans.

We underpinned our organisational strap line – i.e. ‘Extending coverage, Ensuring quality’ – in many ways. For example, we launched partnerships across eleven African countries: Botswana; Kenya; Lesotho; Malawi; Mozambique; Rwanda; South Africa; Swaziland; Tanzania; Uganda; and Zambia. Beyond Africa, we have established effective partnerships with the USA-based National Hospice and Palliative Care organisation (NHPCO) / Foundation for Hospices in Sub-Saharan Africa (FHSSA), and the American International Health Alliance’s (AIHA) Twinning Centre. We view these partnerships as vital to us achieving our mission statement.

We also continued to deliver much needed palliative care training and forged forward in the development of palliative care standards

for use across Africa. In this regard, and in collaboration with the NHPCO and King’s College London, England, we developed the APCA African Palliative Care Outcome Scale (APCA African POS), which will be central to efforts to advance continuous quality improvements in palliative care services.

The highlight of the last year was, however, the launch of APCA in Uganda and the ensuing increased recognition of our organisation as a regional palliative care resource both within and beyond the African continent.

As you read through our achievements to date, you will realise the huge investment needed to secure them. As such, we remain grateful to our donors for their continued support and encouragement. These include: The Diana, Princess of Wales Memorial Fund; The Twinning Centre; the Open Society Institute; True Colours Trust; the Stephen Lewis Foundation; the President Bush Emergency Plan for AIDS Relief (PEPFAR); and the NHPCO.

During 2006-07, we will continue to explore new work frontiers, launch our programme for evidence-based palliative care standards, finalise the validation of the APCA African POS, and explore the development of a palliative care research agenda for the continent, while continuing with our current agenda and commitments. We look to you for continued support and collaboration.

**Dr. Faith Mwangi-Powell**  
Executive Director

## **Introduction, History and Aims**

The mission of APCA is to promote and support affordable and culturally appropriate palliative care throughout Africa. APCA was provisionally established in November 2002, and formally established in Arusha, Tanzania, in June 2004. Its aim is to contribute to the development of palliative care for people with life-limiting illnesses across Africa through a culturally appropriate public health approach that strives to balance quality with coverage. Its broad objectives are to:

- Promote the availability of palliative care for all in need, including orphans and vulnerable children.
- Encourage governments across Africa to support affordable and appropriate palliative care which is to be incorporated into the whole spectrum of health care services.
- Promote the availability of palliative care drugs for all in need.
- Encourage the establishment of national palliative care associations in all African countries.
- Promote palliative care training programmes suitable for African countries.
- Develop and promote quality standards in palliative care training and service provision for different levels of health professionals and care providers.

To achieve these objectives, APCA established three technical assistance committees comprised of palliative care experts from across Africa. These committees provide a technical overview to the organisation and include the Education and Training Committee, the Advocacy / Policy Influencing and Public Awareness (PIPA) Committee, and the Standards of Care Committee.

APCA employs a fourfold approach in its work that includes:

1. Working in collaboration with those organisations and individuals championing palliative care service provision in Africa to ensure governments and other international donors accept palliative care as a vital component in the care of people with life-limiting illnesses (including HIV/AIDS) and incorporate budget lines for dedicated funding that will be used to build palliative care capacity across the region.
2. Providing technical assistance to non-governmental organisations and Faith-based organisations working on HIV/AIDS to help them integrate palliative care into existing work programmes, thereby ensuring palliative care is recognised as part of the spectrum of responses for progressive life-limiting illnesses.
3. Supporting identified champions of palliative care (both individual and organisational) in positions that can influence national policy so that:



- Palliative care is included in the curricula for all medical and nurse training, thereby increasing the existing skills base so that palliative care provision in the region can be sustained;
- Palliative care is incorporated into the national health plans of African governments;
- Appropriate drugs for the alleviation of pain and to combat opportunistic infections are made available.

4. Developing a mentorship programme for new organisations with ongoing technical support to ensure initiatives are sustainable.

As implied above, APCA does not provide direct clinical care to people living with life-limiting illnesses. Rather, it plays a facilitative role, working collaboratively with existing and potential providers of palliative care services to help: (i) expand the scale of service provision by training existing and potential service providers, providing support for effective advocacy work and offering a mentorship programme to support emerging initiatives; and (ii) concurrently improve the quality of care provision by the introduction of a quality assurance and accreditation scheme through its Standards of Care Committee.

## **The Work of the Committees**

Technical direction for the work of APCA continues to be provided by the three committees, convened by members of the Board of Directors:

- Education and Training Committee – Julia Downing, Uganda
- Advocacy / Policy Influencing and Public Awareness Committee – Dr Anne Merriman, Uganda
- Standards of Care Committee – Eunice Garanganga, Zimbabwe

The committees have met several times throughout the year, with the Standards of Care committee meeting three times and the other two committees twice. Two key themes that emerged in these meetings were, firstly, the need to integrate monitoring and evaluation (M&E) into the work of APCA and, secondly, the need to ensure quality standards in every sphere of APCA's work. Consequently, the meetings were linked with other meetings held by the APCA M&E Reference Group. Integration of all of APCA's activities is critically important and, in reality, the work of the three committees overlaps. The work of the committees has been helped through the employment of the Education and Training Manager, Fatia Kiyange, and the Advocacy Manager, Dr Henry Ddungu, along with other new APCA staff members. In this way, the committees are beginning to make the transition away from operational committees to those providing technical oversight. Highlights of the work of the committees include:

### **Education and Training Committee**

- Oversight of training programmes held in Botswana, Kenya, Rwanda and Zambia.
- Oversight of the start of an APCA educational skills audit – intended to assess what palliative care training programmes exist in Africa and identifying individuals with education and training skills whom APCA can call upon to help with technical assistance.
- Oversight regarding the terms of reference of an I-TECH consultant who came to APCA for three weeks in February 2006.
- Discussion regarding the section on education and training within the APCA mentorship manual.

### **Advocacy / Policy Influencing and Public Awareness Committee**

- Oversight of advocacy initiatives within APCA.
- Visits to various countries, both within Africa and beyond, to advocate for the provision and development of palliative care, including Sierra Leone, Senegal, Mozambique and the West African Postgraduate Colleges.
- Plans to train up new advocates within Africa for palliative care, which are in progress.
- Oversight of an advocacy workshop on drug availability planned for June 2006 in Entebbe for up to ten countries.

### **Standards of Care Committee**

- Work on the development of palliative care standards for Africa. The second draft has been circulated for comments.
- Oversight of a three-year project with the Elton John Foundation for developing and implementing evidence-based standards.
- Plans to include standards regarding education and training, M&E and advocacy within the standards document.

## **APCA Partnerships**

APCA's fourth strategic goal is to encourage the establishment of vibrant national palliative care associations in all African countries. APCA supports the development of palliative care through establishing and partnering with national associations and existing institutions in Africa. We have thus established viable partnerships with existing and fledgling national palliative care associations in Africa during the year. Through continuous technical assistance to national associations, APCA is able to effectively:



Simon Busuulwa

- Strengthen the human and organisational capacity of national associations to coordinate palliative care activities effectively.
- Support national associations to advocate effectively for the development of policies and national guidelines that will enable the availability and delivery of quality palliative care services.
- Collaborate with national associations in building capacity and skills in implementing palliative care training programmes.
- Support national associations to initiate and develop standards in palliative care and monitor adherence to them as mutually agreed.

The APCA partnership programme started in October 2005, with the recruitment of a Partnership and Information Manager, Simon Busuulwa, based at the APCA secretariat in Kampala. Funding for this programme has been secured primarily through APCA's collaborating partners: the American International Health Alliance (Twinning Centre); the National Hospice and Palliative Care Organisation of USA (NHPCO / FHSSA) and the Diana, Princess of Wales, Memorial Fund.

APCA has, over the last year, been able to establish formal partnerships with national associations in Kenya, Mozambique, Rwanda, Tanzania, Uganda, and Zambia, and continues to work closely with the Hospice and Palliative Care Association of South Africa.

### **Key successes**

- Through the partnership initiative APCA has started implementing programmes in four countries.
- APCA has identified and initiated new partnerships through national associations and palliative care institutions.
- The partnership initiative provides an opportunity for APCA to use its available technical expertise to provide the much needed mentorship and technical support to African countries which need them.

### **Plans for the Future**

APCA will continue to initiate new partnerships across Africa as we work towards achieving our mission statement.

### **Simon Busuulwa**

Partnership and Information Manager

## **Education and Training**

Promoting palliative care training programmes suitable for African countries is a key strategic objective of APCA. Several training programmes were conducted through APCA during this year, including:



Fatia Kiyange

- A palliative care training of trainers programme was commenced in Botswana in conjunction with the country's Ministry of Health. The course started with a two-week intensive face-to-face programme which ran from the 27<sup>th</sup> June-8<sup>th</sup> July 2005 and was facilitated by a multi-disciplinary team of palliative care professionals from Uganda and South Africa. Twenty nurses working as co-ordinators or managers of home-based care programmes attended the course. Following the initial programme the participants were given assignments to complete on different topics which they had been taught. One follow-up visit has taken place and an end of course visit is planned once funds become available. At the end of the course the participants will receive a certificate of competence in palliative care.
- An introductory one-week training course in palliative care was held with 37 health professionals in Rwanda from 17<sup>th</sup>-21<sup>st</sup> October 2005 in conjunction with the King Faisal Hospital, Kigali, and Help the Hospices, London. The Palliative Care Association of Rwanda (PCAR) was formed as a result of this training programme and is currently being registered as a non-governmental organisation. Further training on teaching skills is also being planned for 2006.
- A follow-up workshop was conducted for trained nurses in Botswana between November 28<sup>th</sup>-December 1<sup>st</sup> 2005. At this workshop, participants shared their achievements, experiences, lessons learnt in implementing palliative care, and identified the existing challenges and barriers they had encountered and recounted how they have been, and can be, overcome. During this visit important meetings were held with the Government and Holy Cross Hospice.
- An introductory training course in palliative care was held in Lusaka, Zambia, in conjunction with the Palliative Care Association of Zambia (PCAZ) and the Catholic Relief Services (CRS), between 20<sup>th</sup>-24<sup>th</sup> February 2006. The course attracted 31 health professionals, including nurses, social workers, counsellors and clinical officers, from over 15 organisations.
- An introductory training course in palliative care was held in Litein, Kenya, in conjunction with AIC Litein Hospital and Hold Me Africa – a group of volunteers in Agape Hospice in Calgary, Canada, and Victoria Hospice. Twenty-six participants attended the programme, which took place between 6<sup>th</sup>-11<sup>th</sup> March 2006, and included nurses, doctors, social workers and counsellors. Following the training, AIC Litein Hospital is now starting a hospital-based palliative care programme which will link in with the community. One of the programme's facilitators from Canada continues to help them to establish their palliative care programme.

### **Plans for the Future**

Further programmes related to palliative care are planned for the next year, along with training in other areas, such as organisational development. There is a great need for palliative care training throughout the region and APCA is in a position to help address that need. Work has also begun on an

audit of palliative care training organisations and trainers throughout the region to build up a database of expertise within palliative care education in Africa.

**Fatia Kiyange**

Training and Standards Manager

## **Standards of Care**

An initial draft of the APCA care standards, compiled using existing standards materials from South Africa, Uganda, Zimbabwe and internationally, was circulated for initial comments. Following this round of comments, a meeting was held with the APCA M&E Reference Group to review how work on quality indicators for palliative care will link in with the development of care standards.

A review meeting was held in Cape Town, South Africa, in December 2005 to review the standards document and compile a second draft. Comments from all relevant stakeholders were incorporated into this second draft, with the core areas for standards being further reviewed and agreed upon. The Standards of Care committee members were allocated sections to review, adapt and redraft.

The review of the second draft of the standards document is currently underway, along with a review of standards for different levels of palliative care provision. The standards will take into account not only clinical palliative care but also palliative care training, research and M&E.

## **Plans for the Future**

APCA have received a grant from the Elton John AIDS Foundation, London, to develop, pilot and disseminate palliative care standards for Africa. The work that has already been accomplished with regards to care standards will be incorporated into this work programme and expanded upon. An initial project planning meeting will take place in July 2006.

## **Fatia Kiyange**

Education and Training Manager

## **Advocacy**

Advocacy for palliative care in Africa is a key role of APCA. Towards the end of this year, Dr Henry Ddungu joined the APCA team as its Advocacy Manager, charged with the implementation of the APCA advocacy strategy. Advocacy activities during the year have included:



- A visit to Sierra Leone, in conjunction with Nick Pahl from Help the Hospices. As a result of this visit, training has been established for Shepherd's Hospice, while one of the doctors from Freetown University visited Uganda to learn about palliative care with a view to introducing it into the undergraduate curricula for doctors, nurses and other health professionals.
- In November 2005 APCA participated in the drafting of the US Government's joint strategy and action plan for palliative care in Zambia.
- In November 2005 Dr Anne Merriman was invited to speak at the AORTIC conference in Senegal, and was joined by Fatia Kiyange from the APCA secretariat. In conjunction with a palliative care team from the USA, they participated in sensitising delegates from Africa, including those from Francophone countries where palliative care has not yet been established. This meeting highlighted for APCA the palliative care needs of Francophone countries and strategies are being devised for suitable interventions.
- Powdered morphine has now reached Nigeria and Cameroon.
- In January 2006 the Executive Director, Dr Faith Mwangi-Powell, and the Partnership and Information Manager, Simon Busuulwa, visited Mozambique and made initial steps for advocating for palliative care, a totally new concept to the country.

## **Plans for the Future**

APCA is organising an advocacy drug availability workshop for Eastern and Southern Africa, to be held in Entebbe, Uganda, in June 2006. The workshop is being supported by OSI, NHPCO/FHSSA, the World Health Organisation, and the Pain and Policy Studies Group at the University of Wisconsin, USA. The purpose of the workshop is to improve participants' knowledge of the policies, tools and the logistical infrastructure necessary to make opioids available for palliative care, and to support participants in evaluating their national policies through the development of action plans and national strategies. Participants will attend from Kenya, Rwanda, Ethiopia, Tanzania, Zambia and Malawi. Following the workshop, there are plans to follow-up the country advocacy teams to record their experiences.

**Dr Henry Ddungu**  
Advocacy Manager

## **Monitoring, Evaluation and Research**

APCA is engaged in the monitoring and evaluation (M&E) of existing palliative care programmes, and palliative care research. Over the preceding year, APCA was engaged in two significant collaborative projects:



Richard A. Powell

- A survey of pain-relieving drugs in 12 PEPFAR-funded African countries
- The development of the APCA African Palliative Care Outcome Scale (POS) as a M&E tool for palliative care in Africa

### **A survey of pain-relieving drugs in 12 PEPFAR-funded African countries**

Funded by the Office of the US Global AIDS Coordinator, this study was conducted in collaboration with Dr Richard Harding and the Department of Palliative Care and Policy, King's College, London, England.

### **Background**

Although palliative care is based on a multi-disciplinary family-based approach to care and support, the defining feature of palliative care that distinguishes it from supportive care is pain and symptom control. Home-based care (the prime modality of African HIV care provision) has been criticized for the often inadequate pain control clinical skills and drugs. The WHO Expert Drug Committee on essential drugs has designated morphine, codeine and other opioids as essential drugs, defined as those that satisfy the health care needs of the majority of the population, and which should therefore be available at all times in adequate amounts and appropriate dosages. Oral opioid analgesics (such as codeine, fentanyl, hydromorphone, morphine, and oxycodone) are considered to be the cornerstone of pain management. Drugs from these classes of analgesic must be made available for medical use if a comprehensive palliative care programmes is to succeed.

These drugs are, however, extremely difficult to obtain in many African countries. Although in theory many countries permit the importation and distribution of the drugs, it may be impossible in practice to obtain the necessary authority from regulating bodies to prescribe them. Indeed, in many parts of Africa, there is limited availability of even simple pain-relieving drugs. Opioids in countries like Kenya, Malawi and Zambia are only accessible or imported within very tight regulations. Since access to appropriate medication for pain relief and opportunistic infections is central to palliative care, assessing the means to increase the numbers of HIV care providers who can provide pain-relieving drugs and have the necessary palliative care skills will be a key stage in scaling-up palliative care in the region.

### **Aim**

This study aimed to identify current opioid prescribing services and regulatory bodies within 12 PEPFAR-funded countries, and to describe barriers to, and potential for expansion in, the number of opioid providers, for people with HIV/AIDS according to the World Health Organisation's three-step pain ladder.

### **Methods**

Two data collection phases investigated: 1) Current palliative care providers using a self-completion questionnaire; and 2) International Narcotic Control Board (INCB) representatives using a semi-structured telephone interview. Within-country and INCB data were integrated.

### **Results**

Phase 1: 61 providers responded (60% response rate). Models were described: hospice n=21; integrated service, including palliative care n=34; Government hospital/clinic n=5; other n=2. N=12 provided ARVs, n=42 work with ARV providers, n=6 had no access. A mean of 40.5% of adults and 25.9% of children were prescribed opioids at any time. Most commonly cited reasons for limited opioid availability/use were: legal prescribing limitations; cultural fears of opioid use; cost; doctors lack of interest in pain management for terminally ill patients; lack of palliative care education; professional ignorance of pain and its management; and availability of oral morphine. Challenges to greater opioid access included: costs related to employing and training prescribing staff; overcoming professional and governmental fears; improvements in capacity for supply, storage and distribution. Phase 2: 5/12 INCB representatives were identifiable and contactable. The data provided complex viewpoints: 4/5 felt there were adequate numbers of providers and 3/5 that current regulations worked well. However, they reported supply/use blockages: lack of available prescribed staff; overly restrictive legislation; and opioid fear among professionals. Regulations reduced demand, with inadequate resources to monitor and inspect current providers.

### **Conclusions**

Data integration provided four conclusions, highlighting the need to advocate at both governmental and local levels: a) INCB fears regarding the responsibility to inspect increasing number of providers may hamper efforts to expand provision; b) Lack of continuous supply may worsen if new providers stimulate demand without attention to supply. Suggestions to work with existing pharmacies may remedy this problem; c) Education remains a central cross-cutting need: educating on the need for adequate pain control, training more qualified prescribers, and educating existing medical staff in the assessment and treatment of pain; d) Capacity to provide opioids requires funds for purchase and facilities to meet regulations, both of which reduce current demand.

### **The development of the APCA African Palliative Care Outcome Scale (POS) as an M&E tool for palliative care in Africa**

Funded by the National Hospice and Palliative Care Organisation (NHPCO), Washington, USA, this study was conducted in collaboration with the NHPCO's Dr Stephen Connor, and Dr Richard Harding and the Department of Palliative Care and Policy, King's College, London, England.

### **Background**

The current need for effective quality palliative care across Africa has never been greater. However, measuring the palliative care offered by service providers in Africa as part of an M&E strategy orientated towards continuous quality improvement is problematic in the absence of rigorously validated instruments.

### **Aim**

This study therefore sought to develop a simple and brief multidimensional outcome measure for palliative care using patient-level indicators in order to begin to address the issue of how to monitor and evaluate palliative care provision across the continent.

### **Method**

The World Health Organisation's definition of palliative care was adopted, with five key domains of palliative care selected for measurement. An initial set of patient-level indicators was revised to a final list of ten indicators following an alpha pilot in 4 sites across 3 countries, and a beta pilot in 11 sites across 8 countries. 20 patients in each site were assessed by service staff using the patient-level indicators on 4 consecutive visits.

### **Results**

Initial results obtained from 4 sites (n=80) identified high baseline needs in most areas (e.g. pain; symptoms; patient worry; and the families' need for advice). Low baseline needs were seen in the areas of access to medicine and whether the patient felt able to share their feelings. The indicators showed sensitivity to change over time, with statistically significant improvement detected over the four visits in all areas apart from those with low baseline need levels ( $p < 0.001$  for 9 questions,  $p < 0.05$  for two questions using the Wilcoxon paired test). This is important if the patient-level indicators are to be used in an M&E / clinical audit capacity.

### **Discussion**

The development of the APCA African POS is an important step forward in Africa in the development of M&E tools for measuring palliative care that can inform the ongoing process of continuous quality service improvement. Initial evidence suggests that the use of the APCA African POS assists nurses in assessing and caring for individual patients. The tool was easy to use and highly valued in daily practice. The APCA African POS is currently undergoing final validation and is also being piloted in a non-specialist palliative care setting.

### **Plans for the future**

Current plans entail the development of a comprehensive M&E strategy for APCA and a M&E training programme and implementation strategy to be deployed in those countries APCA is operational.

### **Richard A. Powell**

M&E and Research Consultant

## **Information Technology Developments**



Dedan Kiruri

The APCA Information Technology (IT) Department became operational in March 2005. Since that time, the department has received tremendous support from our donors, enabling APCA to purchase equipment and software that eases the working environment and to develop communication systems for staff that facilitate effective linkages with our partners.

### **Our Achievements**

1. In April 2005 APCA acquired a Local Area Network (LAN). Consequently, all APCA staff have access to email and internet services with the support of our local Internet Service Provider.
2. APCA has an active website ([www.apca.co.ug](http://www.apca.co.ug)) which was launched on 7<sup>th</sup> October 2005 and which continues to be developed and upgraded.
3. APCA has seen a significant growth in its IT with the acquisition of hardware (including computers, printers and an LCD Projector) as well as software.
4. The National Hospice and Palliative Care Organisation, USA, provided APCA with audio visual equipment that will facilitate teleconferencing between the two partners.

### **Plans for the future**

AIHA and APCA are presently discussing the formation of a virtual Learning Resource Centre that aims to support the provision and dissemination of palliative care resources throughout Africa.

### **Dedan Kiruri**

IT Manager

## **APCA In-Country work**

APCA has been working in several different countries during the course of the year and has had exploratory meetings in other countries to discuss a number of potential work programmes.

### **Botswana**

APCA has been facilitating a six-month training of trainers course in palliative care in Botswana in conjunction with the country's Ministry of Health. A follow-up workshop is planned, subject to available funding. Further technical assistance in palliative care is needed in Botswana and it is hoped that APCA will have a continued role in the development of palliative care in the country.

### **Kenya**

APCA has supported the Kenya Hospice and Palliative Care Association (KHPCA) from its inception and registration. The association is now in the final stages of setting up a functional secretariat. APCA has been working with KHPCA in the areas of:

- Organisational capacity assessment and development
- Board development and leadership training
- Stakeholders meetings and establishing a clear governance structure
- Logistical and technical support establishing the secretariat

Through the Twinning Centre, APCA will support the establishment of the KHPCA secretariat along with the post of the national coordinator for three years. A work plan will soon be developed so that APCA can help support KHPCA to coordinate palliative care activities in the country.

APCA has also facilitated training in Kenya in conjunction with Hold Me Africa and AIC Litein Hospital.

### **Lesotho**

We have to-date conducted a needs assessment exercise. Work to scale-up palliative care services within the country will commence in earnest in the next financial year.

### **Mozambique**

APCA conducted a needs assessment for ANEMO, the National Association of Nurses and Midwives in Mozambique. The association has a national membership of over 1,500 members spread countrywide, with several regional branches. CDC and USAID Mozambique approached APCA to provide technical assistance to ANEMO in its effort to establish a clear organisational structure, with set policies and guidelines for the operation of the secretariat. The association has currently received funding through CDC Mozambique to conduct national home-based care training. Through the needs assessment exercise, APCA identified a need for organisational development within ANEMO; as such, APCA will be supporting ANEMO in board development and restructuring and strengthening its organisational capacity to coordinate activities effectively.

Other partnerships within Mozambique have also been explored, including that with DSF Pain Without Borders, in order to influence policy around drug availability and access to palliative care in Mozambique.

### **Rwanda**

The Palliative Care Association of Rwanda (PCAR) was formed at the end of one week's training on palliative care, facilitated through APCA. A steering committee is now in place and the association is being registered. APCA has provided technical assistance in setting up the association as well as via the training programmes. More training is planned through the Diana, Princess of Wales Memorial Fund in late 2006; APCA hopes to be able to continue to support the association in developing palliative care in Rwanda.

### **Swaziland**

We have to-date conducted a needs assessment exercise. Work to scale-up palliative care services within the country will commence in earnest in the next financial year.

### **Tanzania**

APCA has been supporting the development and growth of the Tanzanian Palliative Care Association (TPCA). The association was officially launched in Arusha in June 2004, with registration completed in February 2006. An initial Board of Directors is now in place and APCA will help conduct a baseline assessment for TPCA to determine palliative care needs in the country that will help both organisations develop a work plan to develop palliative care within Tanzania.

### **Uganda**

APCA's partnership with the Palliative Care Association of Uganda (PCAU) started with the signing of a memorandum of understanding in early 2006. Through this partnership, supported by the Twinning Centre, APCA is providing PCAU office space (located at APCA's headquarters) and will support the recently established post of national coordinator as part of the effort to ensure a functional secretariat. An organisational development workshop for PCAU was conducted by APCA in March 2006; further training is planned for 2006.

### **Zambia**

Since September 2005 APCA has been providing technical assistance to establish the Palliative Care Association of Zambia (PCAZ) as a vibrant and dynamic national organisation. Technical assistance has been delivered in three main areas:

- Organisational development and strategic planning
- A national palliative care Training of Trainers training
- Stakeholders and membership development strategy

A joint work plan for a period of three years has been developed, and key activities where APCA will provide technical support have been identified (e.g. palliative care training, development of an advocacy strategy, development of standards for palliative care and continuous support to PCAZ capacity building).

## **Conferences Attended**

In the last year, APCA staff delivered presentations at a number of conferences.

### **Palliative care in Uganda: Completing the circle of care. 2<sup>nd</sup> Biannual Scientific Conference of the Palliative Care Association of Uganda (PCAU), August 2005**

#### *Invited Speakers*

- Mwangi-Powell, Faith - Keynote Address: Palliative care in a changing environment. 8<sup>th</sup> August 2006
- Defilippi, Kath - APCA: Supporting the development of palliative care throughout Africa. 10<sup>th</sup> August 2006

Dr Faith Mwangi-Powell and Kath Defilippi attended the palliative care conference in Uganda on behalf of APCA. Other Ugandan members of APCA were also at the conference representing their organisations or the Palliative Care Association of Uganda. It was exciting to hear about the developments in palliative care in Uganda and good to be able to share in the opening of Jinja Hospice on the first day of the conference. APCA's role in supporting the development of palliative care was highlighted along with the partnership between APCA and PCAU.

### **African Organisation for Research and Training in Cancer Conference. Cancer in Africa: A call to action, November 2005**

#### *Invited Speakers*

- Kiyange, Fatia - Overview of the African Palliative Care Association and current palliative care in Africa. November 2005
- Merriman, Anne - Overview of palliative care in Africa. November 2005

Fatia Kiyange and Dr Anne Merriman attended the AORTOC conference in Senegal in November 2005 on behalf of APCA. The meeting was held in Dakar, Senegal, and was opened by His Excellency the President of the Republic of Senegal, who noted that solutions to African problems are in Africa and these should be based on African realities. The conference was a useful opportunity for further networking within Africa and an opportunity to explore how APCA can work in Senegal.

**Palliative Care – Mind, Body and Spirit, Cape Town, South Africa. The Hospice and Palliative Care Association of South Africa (HPCA), December 2005**

*Invited Speaker*

- Mwangi-Powell, Faith - Plenary speaker. Changing minds, winning hearts. 4<sup>th</sup> December 2005

*Abstracts*

- Downing, Julia; Defilippi, Kath; Cameron, Sue; Connor, Stephen; Garanganga, Eunice; Harding, Richard; Kikule, Ekiria; Powell, Richard A.; Mwangi-Powell, Faith. The African Palliative Care Association M&E Reference Group - Piloting of the African Palliative Care Association's Proposed Patient-Level Quality Indicators for Palliative Care. 3<sup>rd</sup> December 2005
- Cameron, Sue - Palliative care training programmes in Africa. 2<sup>nd</sup> December 2005

*Workshops*

- Including Defillipi Kath; Downing, Julia; Merriman, Anne - A clinical guide to supportive and palliative care for Sub-Saharan Africa – a North-South perspective. 2<sup>nd</sup> December 2005
- The APCA Team - Palliative care developments in Africa. 3<sup>rd</sup> December 2005

Many APCA members attended this conference, allowing them to exert a great input into the meeting. The conference was well attended by people from across South Africa and the region, providing a good opportunity for networking and for mutual learning. The conference covered many different areas of palliative care, including clinical care, training, monitoring and evaluation, research and care standards, and it was positive to see how far palliative care has progressed in South Africa as they lead the way in Africa.

## **World Hospice and Palliative Care Day / Launch of APCA in Uganda**

On 7<sup>th</sup> October 2005 APCA received its official launch as an international organisation headquartered in Uganda and mandated to coordinate, promote and support affordable access to culturally appropriate palliative care throughout Africa.



Some of the APCA Board members present at the launch. L-R: Dr Anne Merriman (Uganda), Eunice Garanganga (Zimbabwe), Kath Defilippi (South Africa), Julia Downing (Uganda) and Dr Faith Mwangi-Powell (Executive Director)

The launch, which took place at the Hotel Africana in the Ugandan capital, Kampala, entailed multiple presentations and also heralded the launch of the organisation's website.

The event, which was also part of the celebrations for World Hospice and Palliative Care Day, was attended by many of APCA's international partners and Board members, and received extensive local and regional media coverage, including a live TV interview with APCA's Chair person, Kath Defilippi, on South Africa's leading morning news programmes, 180 Degrees.

At the launch, the Minister of State for Health (General Duties), Mr Michael Mukula, thanked the APCA Board for choosing Uganda as the location for its headquarters. In a speech read on his behalf by Dr Fred Mujabi, Principal Medical Officer at the Ministry of Health, the Minister reiterated his Government's

commitment to supporting the development of affordable palliative care services.

Multiple international palliative care organisations were represented at the launch, each offering messages of goodwill and support to APCA and its vision. Prominent speakers from the National Hospice and Palliative Care Organisation (USA), the President Bush Emergency Plan for AIDS Relief (PEPFAR), the American International Health Alliance Twinning Centre, and The Diana, Princess of Wales Memorial Fund, declared they were proud to be identified with APCA and palliative care in Africa.

In her speech, Kath Defilippi challenged the palliative care fraternity in Africa to see APCA as an opportunity to consolidate synergies across the continent and to extend access to quality palliative care services via mentorship and support from peers. 'We have to be credible and accountable. We are committed to deliver on all our promises because our partners believe in us,' she said.

Dr Faith Mwangi-Powell, APCA's Executive Director, announced: 'There is incredible support and enthusiasm for palliative care in Africa and APCA is committed to keeping this enthusiasm alive.'



Dr Fred Mujabi, Principal Medical Officer, reads the Minister's speech

## **Awards**

### **Honorary Doctorate**

In 2005 Brigid Sirengo, Chief Executive Officer of Nairobi Hospice and a member of the APCA Education and Training Committee, was awarded an Honorary Doctorate by Oxford Brookes University in the UK. This award was in recognition of the work she has undertaken with regards to the Diploma in Palliative Care run by Nairobi Hospice and validated by Oxford Brookes University.

### **International Journal of Palliative Nursing Development Award 2006**

On the 24<sup>th</sup> March 2006 at the Savoy Hotel in London, Julia Downing (Board member and convener of the Education and Training Committee) was awarded the *International Journal of Palliative Nursing's* Development Award 2006.

The *International Journal of Palliative Nursing* awards highlight and reward excellence in evidence-based palliative care. The Development Award aims to celebrate the achievements of an individual working in an area of the world where palliative care services are relatively new. It recognises the development of palliative care approaches that have made a difference to patients and those close to them. This may have involved introducing new services, education, or nursing innovations, and is likely to have taken place using limited resources. Local skills and knowledge should also have been drawn upon. The work may have involved overcoming barriers and helping people or communities to use their own internal resources.

Julia was given the award in recognition of the work that she has been doing in Uganda over the past five years at The Mildmay Centre and also for her work with the Palliative Care Association of Uganda and the African Palliative Care Association. In her acceptance speech at the award ceremony she recognised the great need for palliative care within Africa and the need to continue to empower nurses in particular in the provision of palliative care. She said that she was delighted that the work within HIV/AIDS palliative care in Africa has been recognised.

## **Message from the Treasurer**

APCA has had a truly remarkable year in its dramatic growth in activities, services, countries served, and facilitation accomplished. This has been made possible through the very rapid growth of the financial resources available to APCA. The APCA team has performed excellently in maintaining the financial records and reporting to the multiple donors relating to APCA. The books have been properly prepared and a clean audit received. As treasurer, I approve of the financial recording and status of APCA and congratulate the management team for their good work in this regard.



**Dr Mark Jacobson**  
Treasurer

## **Report of Independent Auditors**

We (Johnson & Nyende, Certified Public Accountants) have audited the financial statements which have been prepared under the historical cost convention and in compliance with the International Financial Reporting Standards. We obtained all the information and explanations, which to the best of our knowledge and belief were necessary for our audit.

### **Respective responsibility of Directors and Auditors**

Under the provisions of the Companies Act, the Directors are responsible for the preparation of the financial statements. It is our responsibility to express an independent opinion on the financial statements based on our audit, and to report our opinion.

### **Basis of Opinion**

We conducted our audit in accordance with international standards on auditing. An audit includes an examination, on a test basis of evidence relevant to the amounts and disclosures in the financial statements. We planned and performed our audit so as to obtain a reasonable assurance that the financial statements are free from material misstatements. In forming our opinion, we have also evaluated the overall adequacy of the presentation of information in the financial statements. We believe that our audit provides a reasonable basis for our opinion.

### **Opinion**

In our opinion the financial statements give a true and fair view of the charitable company's state of affairs as at 31<sup>st</sup> March 2006 and of its incoming resources and application of resources, including its income and expenditure in the year then ended, and comply with the Companies Act (Cap.110) and International Financial Reporting Standards.

### **Johnson & Nyende**

Certified Public Accountants  
Kampala

June 2006

## Statement of Financial Position

### REPORT OF THE AUDITORS TO THE MEMBERS OF AFRICAN PALLIATIVE CARE ASSOCIATION

#### STATEMENT OF CASH FLOW FOR THE YEAR ENDED 31<sup>ST</sup> MARCH 2006

	Note	2006 UShs.	2005 UShs.
<b>Net cash flow from operating activities</b>	I	141,544,989	232,723,795
<b>Investing Activities</b>			
Purchase of Fixed Assets		(90,399,009)	(54,339,143)
<b>Financing activities</b>		-	-
Net cash flow from investing activities		-	-
<b>Net increase/Decrease in Cash and Cash equivalents</b>	II	<u><b>51,145,980</b></u>	<u><b>178,384,652</b></u>

**INCOME AND EXPENDITURE STATEMENT FOR THE YEAR ENDED 31<sup>ST</sup> MARCH 2006**

	Note	2006 UShs	2005 UShs
<b>INCOME</b>		<b><u>1,062,242,476</u></b>	<b><u>534,267,613</u></b>
Surplus for the year		137,183,545	226,154,469
Taxation	3	-	-
Surplus for the year after taxation		<b><u>137,183,545</u></b>	<b><u>226,154,469</u></b>
<b>ACCUMULATED FUND</b>			
1 April 2004 (As previously stated)		253,651,284	23,455,815
Effect of change in accounting from cash to accruals basis.		-	<b><u>4,041,000</u></b>
Opening retained earnings as restated		253,651,284	27,496,815
Surplus/Deficit for the year		<b><u>137,183,545</u></b>	<b><u>226,154,469</u></b>
31 March 2006		<b><u>390,834,829</u></b>	<b><u>253,651,284</u></b>

**BALANCE SHEET AS AT 31<sup>ST</sup> MARCH 2006**

	Notes	2006 UShs	2005 UShs
<b>NON-CURRENT ASSETS</b>	<b>4</b>	119,530,556	42,156,430
<b>CURRENT ASSETS</b>			
Bank and Cash	5	258,150,607	207,004,627
Debtors & Prepayments	6	32,406,886	21,947,089
		<u>290,557,493</u>	<u>228,951,716</u>
<b>TOTAL ASSETS</b>		<b><u>410,088,049</u></b>	<b><u>271,108,146</u></b>
<b>EQUITY &amp; LIABILITIES</b>			
<b>Capital Reserves</b>			
Capital Grants		10,946,080	
Accumulated Funds		390,834,829	253,651,284
<b>CURRENT LIABILITIES</b>			
<b>Sundry Creditors</b>	<b>7</b>	<u>8,307,140</u>	<u>17,456,862</u>
<b>TOTAL EQUITY &amp; LIABILITIES</b>		<b><u>410,088,049</u></b>	<b><u>271,108,146</u></b>

The Financial Statements were approved by the Board of Directors June 2006 were signed on its behalf by:

**KATH DEFILIPPI**

**BOARD CHAIR PERSON**

**MARK JACOBSON**

**TREASURER**

**NOTES TO THE STATEMENT OF CASH FLOW FOR THE YEAR  
ENDED 31<sup>ST</sup> MARCH 2006**

<b>Note I</b>	<b>2006 UShs.</b>	<b>2005 UShs.</b>
Surplus for the year	<u>137,183,545</u>	<u>226,154,469</u>
Adjustments for		
Depreciation	<u>23,970,963</u>	<u>16,223,713</u>
Net adjusted balance	<u>161,154,508</u>	<u>242,378,182</u>
<b>Working capital changes</b>		
Increase in debtors	(10,459,797)	(21,947,089)
Increase in creditors	<u>(9,149,721)</u>	<u>12,292,702</u>
<b>Cash (used for)/ generated from operations</b>	<u>141,544,989</u>	<u>232,723,795</u>
<b>Note II</b>		
<b>Analysis of change in cash and cash equivalents</b>		
<b>At 31 March 2006</b>		
Cash and Bank	258,150,607	207,004,627
<b>At 01 April 2005</b>		
Cash and Bank	<u>207,004,627</u>	<u>28,619,975</u>
<b>Change</b>	<u>51,145,980</u>	<u>178,384,652</u>

**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR  
ENDED 31<sup>ST</sup> MARCH 2006**

**1. Status**

African Palliative Care Association is a non-profit organisation funded through donations, membership fees, revenue from its assets, organisation of activities, etc.

**2. Accounting Convention**

The statements have been prepared under the historical cost convention and comply with International Financial Reporting Standards.

**3. Accounting Policy**

**a) Basis of Accounting**

The Balance sheet and the Income and Expenditure statement have been prepared on an accrual basis.

**b) Income Recognition**

Income is accounted for when received.

**c) Foreign Currencies**

Assets and liabilities denominated in foreign currencies are translated at rates of exchange ruling at the Balance Sheet date. Transactions in foreign currencies are converted at rates ruling at the date of transaction. The foreign exchange rate for the dollar as at 31<sup>st</sup> March 2006 is US\$ 1.

**d) Depreciation**

Depreciation has been calculated to write off the cost of fixed assets on a straight-line basis over their lives as follows:

	%
Motor Vehicle	25
Equipment	15
Furniture	15
Computers	33

**e) Taxation**

African Palliative Care Association is registered as a non-profit making company. The Uganda tax laws do not require such organisations to pay corporation tax

**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR  
ENDED 31<sup>ST</sup> MARCH 2006**

**4. Non Current Assets**

	<b>Motor Vehicle</b>	<b>Equipment</b>	<b>Computers</b>	<b>Furniture</b>	<b>Total</b>
	<b>UShs.</b>	<b>UShs.</b>	<b>UShs.</b>	<b>UShs.</b>	<b>UShs.</b>
<b>Cost/Valuation</b>					
<b>At 01/04/05</b>					
Locally funded	18,500,000	7,044,800	25,681,343	7,154,000	58,380,143
Capital Grant	-	-	-	-	-
	<b><u>18,500,000</u></b>	<b><u>7,044,800</u></b>	<b><u>25,681,343</u></b>	<b><u>7,154,000</u></b>	<b><u>58,380,143</u></b>
<b>Additions</b>					
Locally Funded	-	34,420,647	47,577,362	8,401,000	90,399,009
Capital Grant	-	10,946,080	-	-	10,946,080
	-	<b><u>45,366,727</u></b>	<b><u>47,577,362</u></b>	<b><u>8,401,000</u></b>	<b><u>101,345,089</u></b>
<b>At 31/03/06</b>					
Locally Funded	18,500,000	41,465,447	73,258,705	15,555,000	148,779,152
Capital Grant	-	10,946,080	-	-	10,946,080
	<b><u>18,500,000</u></b>	<b><u>52,411,527</u></b>	<b><u>73,258,705</u></b>	<b><u>15,555,000</u></b>	<b><u>159,725,232</u></b>
<b>Accum. Depreciation</b>					
<b>At 01/04/05</b>					
Locally Funded	4,625,000	1,056,720	9,185,993	1,356,000	16,223,713
Capital Grant	-	-	-	-	-
	<b><u>4,625,000</u></b>	<b><u>1,056,720</u></b>	<b><u>9,185,993</u></b>	<b><u>1,356,000</u></b>	<b><u>16,223,713</u></b>
<b>Charge for the year</b>					
Locally Funded	4,625,000	1,370,795	16,581,856	1,393,312	23,970,963
Capital Grant	-	-	-	-	-
	<b><u>4,625,000</u></b>	<b><u>1,370,795</u></b>	<b><u>16,581,856</u></b>	<b><u>1,393,312</u></b>	<b><u>23,970,963</u></b>
<b>At 31/03/06</b>					
Locally Funded	9,250,000	2,427,515	25,767,849	2,749,312	40,194,676
Capital Grant	-	-	-	-	-

**AFRICAN PALLIATIVE CARE ASSOCIATION  
ANNUAL REPORT 2005-06**



	<b><u>9,250,000</u></b>	<b><u>2,427,515</u></b>	<b><u>25,767,849</u></b>	<b><u>2,749,312</u></b>	<b><u>40,194,676</u></b>
Net Book Value					
At 31/03/06					
Locally Funded	9,250,000	39,037,932	47,490,856	12,805,688	108,584,476
Capital Grant	-	10,946,080	-	-	10,946,080
	<b><u>9,250,000</u></b>	<b><u>49,984,012</u></b>	<b><u>47,490,856</u></b>	<b><u>12,805,688</u></b>	<b><u>119,530,556</u></b>
At 31/03/05					
Locally Funded	13,875,000	5,988,080	16,495,350	5,798,000	42,156,430
Capital Grant	-	-	-	-	-
	<b><u>13,875,000</u></b>	<b><u>5,988,080</u></b>	<b><u>16,495,350</u></b>	<b><u>5,798,000</u></b>	<b><u>42,156,430</u></b>

**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR  
ENDED 31<sup>ST</sup> MARCH 2006**

	<b>2006 UShs.</b>	<b>2005 UShs.</b>
<b>5. Cash &amp; Bank</b>		
Standard chartered (UShs)	25,379,217	4,354,162
Standard chartered (USD)	232,438,390	202,489,765
Cash at Hand	<u>333,000</u>	<u>160,700</u>
	<b><u>258,150,607</u></b>	<b><u>207,004,627</u></b>
<b>6. Debtors &amp; Prepayments</b>		
Donors	8,905,200	-
Insurance and Licence	643,061	388,950
NHPCO	20,869,300	-
Others	1,989,325	-
Staff Debtors		19,786,806
Office Rent		1,771,333
	<b><u>32,406,886</u></b>	<b><u>21,947,089</u></b>
<b>7. Creditors</b>		
Utilities	2,905,790	629,805
U R A	-	10,671,055
NSSF		515,252
Hospice Africa Uganda		2,140,750
Audit	4,089,100	3,500,000
Others	1,312,250	
	<b><u>8,307,140</u></b>	<b><u>17,456,862</u></b>

## Staff and Board Members

APCA is comprised of the following staff and board members.

STAFF MEMBERS	
Executive Director	Dr. Faith N. Mwangi-Powell
Training and Standards Manager	Fatia Kiyange
Advocacy Manager	Dr. Henry Ddungu
Partnership and Information Manager	Simon Busuula
IT Support Manager	Dedan Muchoki - Kiruri
M&E and Research Consultant	Richard A. Powell
Accountant	Alex Kitwu Kumakech
Administrative Assistant	Denis Kidde
Secretary	Maureen Buhiire (left 31 <sup>st</sup> March 2006)
Support Staff	Lucy Ajok Fatuma Nakibuule Twaha Mohammed Jaffer Siraje Lule Afema Juma

## BOARD MEMBERS

Chair person	Kath Defilippi (South Africa)
Vice-Chair person	Dr Anne Merriman (Uganda)
Treasurer	Dr Mark Jacobson (Tanzania)
Secretary	Dr Zipporah-Merdin Ali (Kenya)
Members	Mary Opare (Ghana) Professor Alice Olaitan Soyannwo (Nigeria) Eunice Garanganga (Zimbabwe) Julia Downing (Uganda) Sambulo Mkwanzani (Zimbabwe)

## **Company Information**

### **Head Office**

African Palliative Care Association  
P.O. Box 72518  
Plot 850  
Dr Gibbons Road  
Makindye  
Kampala  
Uganda

Tel: 00 256 41 266251 or 00 256 312 273511

Email: [info@apca.co.ug](mailto:info@apca.co.ug)

### **Auditors**

Bahemuka, Johnson, Nyende & Company,  
3rd Floor, Crusader House,  
Plot 3, Portal Avenue  
P.O. Box 6164  
Kampala  
Uganda

### **Bankers**

Standard Chartered Bank Ltd  
Speke Road Branch  
P.O. Box 7111  
Kampala  
Uganda

## **Our Supporters**

APCA is grateful to the following organisations for their ongoing support and encouragement:

- AIHA (Twinning Centre) (USA)
- Help the Hospices (UK)
- Hospice Africa UK (UK)
- Hospice and Palliative Care Association of South Africa (SA)
- John Snow International (USA)
- National Hospice and Palliative Care Organisation / Foundation for Hospices in Sub-Saharan Africa (USA)
- Open Society Institute (USA)
- President Bush Emergency Plan for AIDS Relief (USA)
- Stephen Lewis Foundation (Canada)
- The Diana, Princess of Wales, Memorial Fund (UK)
- True Colours Trust (UK)