

IAHPC 2011 Annual Report



Roberto Wenk, MD

Liliana De Lima, MHA

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Governance Issues:

Changes to the Board Structure: During the 2011 board meeting, directors raised the issue the issue of indefinite re-election of board members. It was also agreed by the directors that a method to recognize those individuals who have exceptionally served as board members should be developed and adopted.

The board voted and approved two important decisions:

- Set to two the maximum number of consecutive terms that directors may serve in the board.
- Approved a recognition title of Lifetime Board Adviser to recognize those directors who had served the organization in exceptional ways.

Terms ended: The term for six board members ended in 2011: James Cleary, Stein Kaasa, MR Rajagopal, Carla Ripamonti, Pesach Schwartzman and Florian Strasser.

Elections: Eleven candidates were nominated to the position of board members. Doctors Florian Strasser and James Cleary were nominated and re-elected. New board members include: Mhoira Leng, Bernard Lapointe, Eric Krakauer and Arthur Lipman. Doctors MR Rajagopal and Carla Ripamonti were nominated and voted as Lifetime Board Advisers.

Board insurance: The organization is requesting estimates from different insurance companies for Directors and Officers insurance.

Directors' Contributions: A summary of the contributions during 2011 by each director was distributed first to each director and after their review and/or modifications, the table was distributed among the board.

Finance Committee: A new Finance committee was established to provide advice and guidance to the ED on financial issues, oversee the development of the budget and approve the financial statements before they are presented to the board. The committee members are the current Chair (Roberto Wenk), William Farr, Faith Mwangi-Powell, Yvonne Luxford and Gayatri Palat.

Financial Statements: (see Annex 1, 2 and 3)

Budget Statement:

Overall, we slightly exceeded our revenue target by \$14K or 2% and over \$3,527 or 1% our expected expenses.

A significant portion of the additional revenue was the increase income in institutional membership, donations from members (which include the donations by board members), donations from the private industry, and the returns on the investments (which are the Merrill Lynch funds in which most of our cash is invested).

Although this year we increased our operational revenue substantially (from 25K in 2010 to \$37K in 2011), we rely on Grants and Donations to support our programs. This reflects that most of our donations are conditioned to support specific programs and projects such as Traveling Scholarship program (through which the DPWMF grant is allocated), Opioid Price Watch and the Opioid Availability workshops.

Profit and Loss statement:

All the expenses are split in two categories: conditioned and unconditioned. The revenue from our operations is used to pay the unrestricted expense, while the revenue from grants is applied to the conditioned expenses.

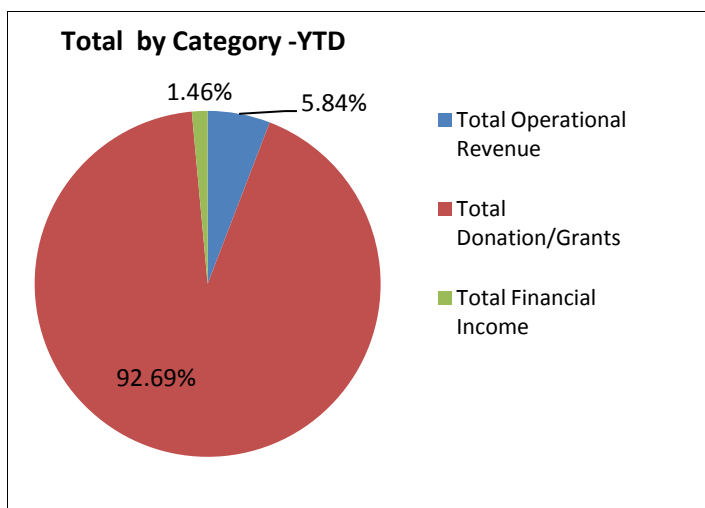
Total revenue for the year was \$759,715. Of these, \$631,183 were restricted. The > \$116K difference with the revenue which appears in the budget statement is due to the in-kind donations (most of which are from the Google Foundation). These are reflected in the P&L but not in the budget, which is cash based. Line 18 reflects the \$49K grant from the Open Society Foundation for core support.

Total expenses for the year \$719,653. Of these, \$562,964 were restricted. The restricted Traveling Scholarship (account 65510) includes the funds which have been allocated to grantees through the DPWMF-IAHPC program, plus an accrued expense which is reflected in the balance sheet as a liability (payable to still undesignated grantees).

Balance sheet:

Total assets add to \$366K. Most of our assets are cash and money market funds plus \$10K in our office equipment (computers and monitors). These depreciated in 3-4 years, depending on the model and type..

The percentage income distribution by category is represented below:



Compared to 2010, we increased our operational revenue substantially in 2011 (\$25K vs \$37K respectively), but we still rely mostly on Grants and Donations to support our programs.

Membership Program and Fundraising Strategies:

A fundraising/membership committee was formed and terms of reference were developed. The purpose of the committee is to generate strategies to improve the income of the organization, including strategies to increase the number of members. Members of the committee include Frank Ferris (Chair), Zipporah Ali, William Farr, Peter Hudson and Roberto Wenk.

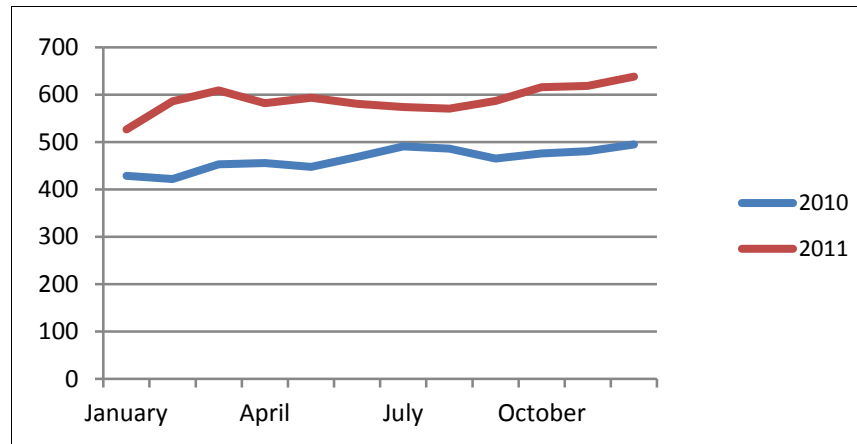
Grants and Donations:

The organization received these important grants and donations during 2011:

- The Diana Princess of Wales Memorial Fund for \$399,875 to support palliative care post-graduate education in Sub Saharan Africa
- Open Society Foundation for \$24,000 for opioid availability workshops in 6 Central American countries (Panama, El Salvador, Guatemala, Honduras, Costa Rica, Nicaragua) and Chile
- US Cancer Pain Relief Committee for \$35,000 to support the opioid availability strategy (Opioid availability workshop in Ecuador (2012) and Opioid Price Watch project).
- Unconditional donation from Enrique Ospina and LDL for \$24,000
- Open Society Foundation for \$49,950 for core support
- Unconditional donation for \$25,000 from Grunenthal GmbH (Germany).

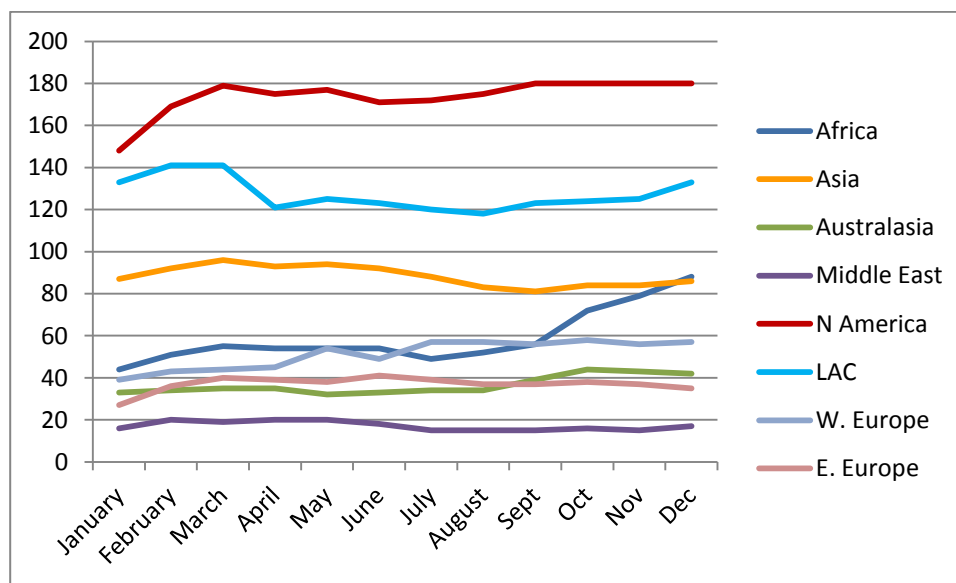
Membership Program:

Members' Profile: The full membership profile can be seen in Annex 4. A few points to highlight: By the end of 2011, there were 638 members compared to 495 for that same month in 2010 (a 28% increase), demonstrating that the strategies to increase membership were successful for 2011.



Numbers also indicate that there is an increasing trend in members from all regions, except Asia and Latin America. The increasing trend is more visible in Africa and North America. Membership from Latin America in that region is less steady and changes are reflective of the year when the Latin American Association for Palliative Care Congress takes place, when individuals tend to renew or join as new in the IAHPCC booth at the congress (see figure below).

An important and significant fact is that the same number of individuals are joining as those who are signing up as members. In previous years, more than 60% of our members did not renew. This new trend may be the result of the additional benefits we are offering of discounts and the access to journals.



In terms of percentage, Latin American is the second region with the highest proportion (21%) after North America with 28%. The third and fourth are Africa (14%) and Asia (13%). Sixty six percent of

our members are physicians, while 30% have other health care professions. The remaining 4% are institutions.

Membership Strategies:

- *50% discount from the regular membership fee* to those who join during selected congresses: This offer is given to participants in congresses where IAHPIC participates with a booth and traveling scholarships. It was implemented during the AAHPM in Vancouver and the EAPC Congress in Lisbon and was later extended to groups of individuals who join through a single lump payment. The offer will continue for other regional congresses, as well as to groups of individuals that may join IAHPIC through one of our Board members.
- *Members' Month*: October was designated as the Members' Month and two prizes were given in two categories:
 - Loyal members (randomly select a current member who has been consecutive member for at least two years), and for bringing new members. Prize was given to Dr. Sheila Faria from Brazil.
 - Members who bring the most members. Prize was given to Dr. Frank Manase from Tanzania for bringing 10 new members during October.Both winners have been notified and each received an iPad as a prize.

Traveling Scholarship and Fellowship Programs

Through the Traveling Scholarship we provide financial support to regional and local leaders from developing countries, to help them pay for their travel to an international meeting or congress. Scholars apply online through our website and a group of members from the board discusses and decides on the application and the amount granted to each grantee. In 2011, we awarded 15 Traveling Scholarships.

Through the Traveling Fellowship, we provide financial support to individuals who are invited to teach and train other health care workers in developing countries. Traveling Fellows should have a significant amount of experience in palliative care and sufficient expertise to be able to teach to students and others. In 2011, we awarded 4 Traveling Fellowships.

The reports from these traveling scholars and fellows are published in our Newsletter. Annex 5 includes the list of grantees through both programs during 2011.

Diana Princes of Wales Memorial Fund – IAHPIC Bursaries

The objective of the bursaries is to build, improve, and advance palliative care in sub-Saharan Africa. Individuals living and working in Ethiopia, Kenya, Malawi, Rwanda, South Africa, Tanzania, Uganda, Zambia and Zimbabwe are eligible to apply for these bursaries. The program was launched in September of 2011.

Bursaries are being awarded in two categories:

- Post-graduate qualification courses in palliative care. Courses need to be in institutions which are government accredited and academically affiliated and for post graduate level leading to a certified and government recognized formal degree (ie Distance Learning Diplomas, MSc/MPhil).
- Research courses on basic research and methodology, including study design, statistical tools, statistical analysis and applicability, writing grant applications for research and preparing a paper for publication in peer-reviewed journals.

In 2011 we awarded 42 grants in total of which 30 were for post-graduate qualification courses and the remaining for training in research in palliative care. Annex 6 includes a list of the grantees during 2011.

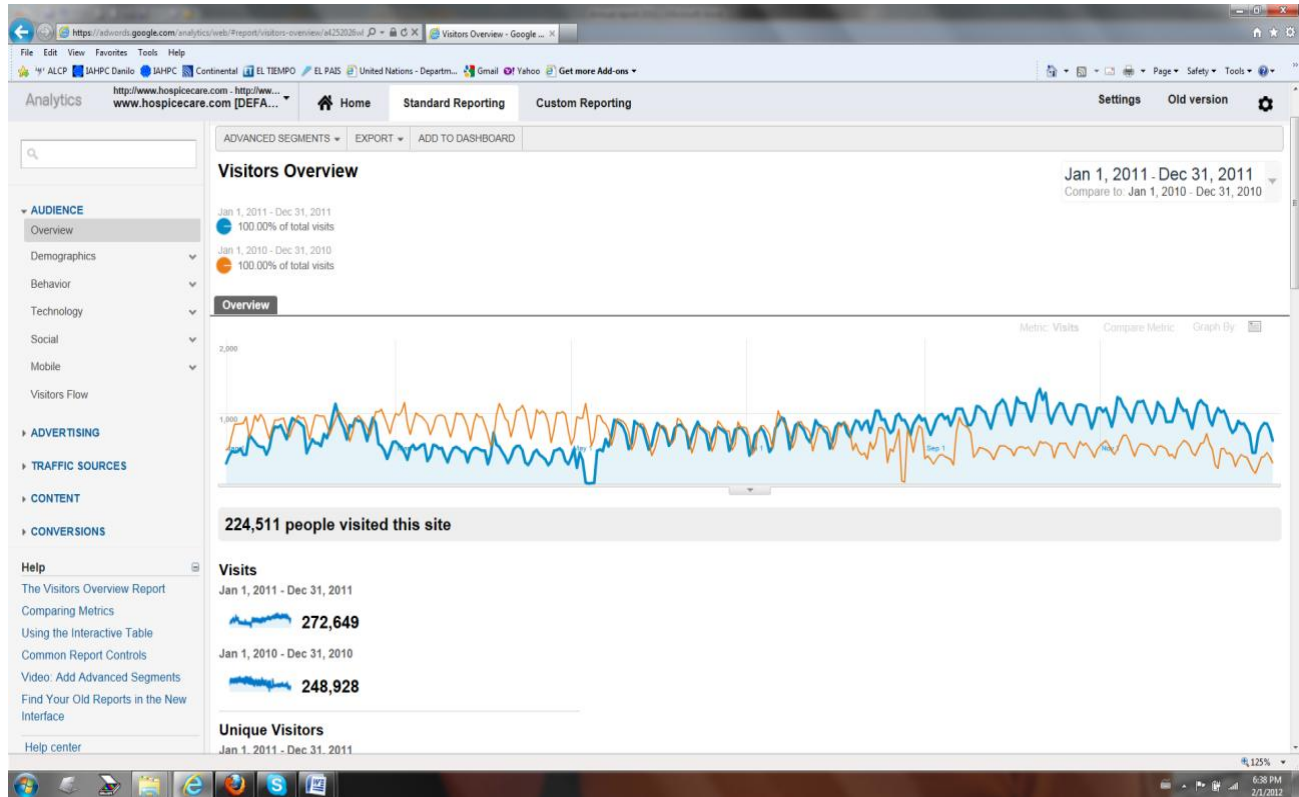
Strategic Plan update

- *IAHPC List of Essential Practices in Palliative Care*: This project is finalized. Members of the working group include the following board members: Michael Bennett, Scott Murray, Peter Hudson, Eduardo Bruera, Derek Doyle, Florian Strasser, Roberto Wenk and Liliana De Lima and two external advisers: Clara Granda-Cameron and Julia Downing. Additional advice, recommendations and comments were provided by Gian Domenico Borasio, David Currow, Faith Mwangi-Powell, and M.R Rajagopal. A three phase study was designed which included a Delphi process and a ranking survey with representatives from 25 palliative care organizations. The practices with the highest scores were selected to form the list. Forty-nine practices were selected and ranked. “Evaluation, Diagnosis and Treatment of Pain” scored the highest (352 points). After analyzing the results, the WG arranged the resulting practices in 4 categories: Physical care needs, Psychological /Emotional /Spiritual care needs, Care Planning and Coordination, and Communication. IAHPC will develop and implement a dissemination strategy to promote the List, encourage its implementation and use during 2012.
- *IAHPC Opioid Essential Prescription Package (OEP)*: The aim of this study was to determine by consensus the components of an opioid essential prescription package (OEPP) to be used when initiating a prescription for the control of moderate to severe chronic pain. Palliative care physicians (n=60) were sampled from the IAHPC membership list to represent a range of countries of varying economic levels and diverse geographical regions. Using a Delphi study method, physicians were asked to rank preferences of drug and dosing schedule for first line opioid, antiemetic and laxative for the treatment of adults with chronic pain due to cancer and other life threatening conditions. Published in Journal of Palliative Medicine Open Access. Ref: Vignaroli E, Bennett MI, Nekolaichuk C, De Lima L, Wenk R, Ripamonti CI, Bruera E. Strategic Pain Management: The Identification and Development of the IAHPC Opioid Essential Prescription Package. JPM Available in <http://cl.exct.net/?qs=6d889d03e282742055597de69b54412f42e66930d3b810dc9a5e242d6ca2cbe1>
- *Opioid Price Watch*: This project was initiated in December in partnership with the World Health Organization (WHO). The objective of the project is to increase awareness about the affordability (or lack of) of opioids around the world. It will be implemented through a flash map displaying the different retail prices of opioids in pharmacies throughout the world.
- *Opioid Workshops in Central America*: Two major workshops on opioid availability and accessibility were developed and implemented in 2011:
For Central American Countries: Panama, Guatemala, Costa Rica, Nicaragua, El Salvador and Honduras and the second one for Chile. Participants to the workshop included the national competent authorities of each country, pharmacists and pain and palliative care physicians. Participants from each country identified and developed an action plan to eliminate barriers which interfere with legitimate access to the medications. The workshops are developed in collaboration with the Pain and Policy Studies Group at the University of Wisconsin and the Access to Controlled Medicines Program at the World Health Organization in Geneva. The workshops were funded with grants from the De Lima Bohmer Foundation in Colombia and the Open Society Foundations in New York. In-kind support was received from the industry. Follow up strategies and plans to continue providing technical support to the countries are in place.

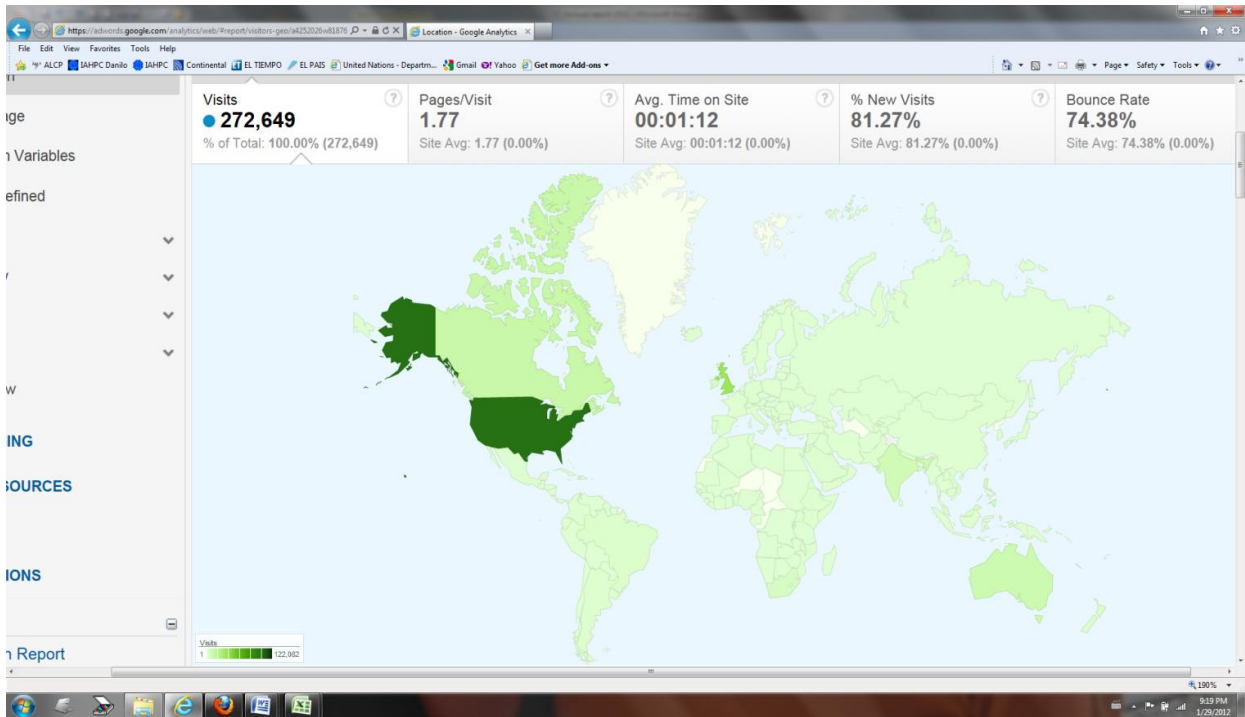
During November 2011, workshop on Palliative Care in Non Communicable Diseases for the Central American countries and the Dominican Republic was convened by the Pan American Health Organization (PAHO), the WHO Office for the Americas. The workshop took place in Tegucigalpa, Honduras. The Executive Director was invited to participate representing the IAHPC

to talk about the development of palliative care in Central America and the issues related to education, opioid availability, policies and program implementation.

- **Website:** We registered a total of 272,649 compared to 248,928 visits in 2010. Of these, 81% were new visitors. In the graph below the orange line represents the visitors in 2010, the blue for 2011.



The map below shows the utilization data of our website, from Jan1-Dec 31, 2011. The map indicates that our website is mostly accessed from the USA, UK, Canada, Australia, India, the Philippines and South Africa. However, it also indicates that we have users in almost all the countries of the world with only a few exceptions.



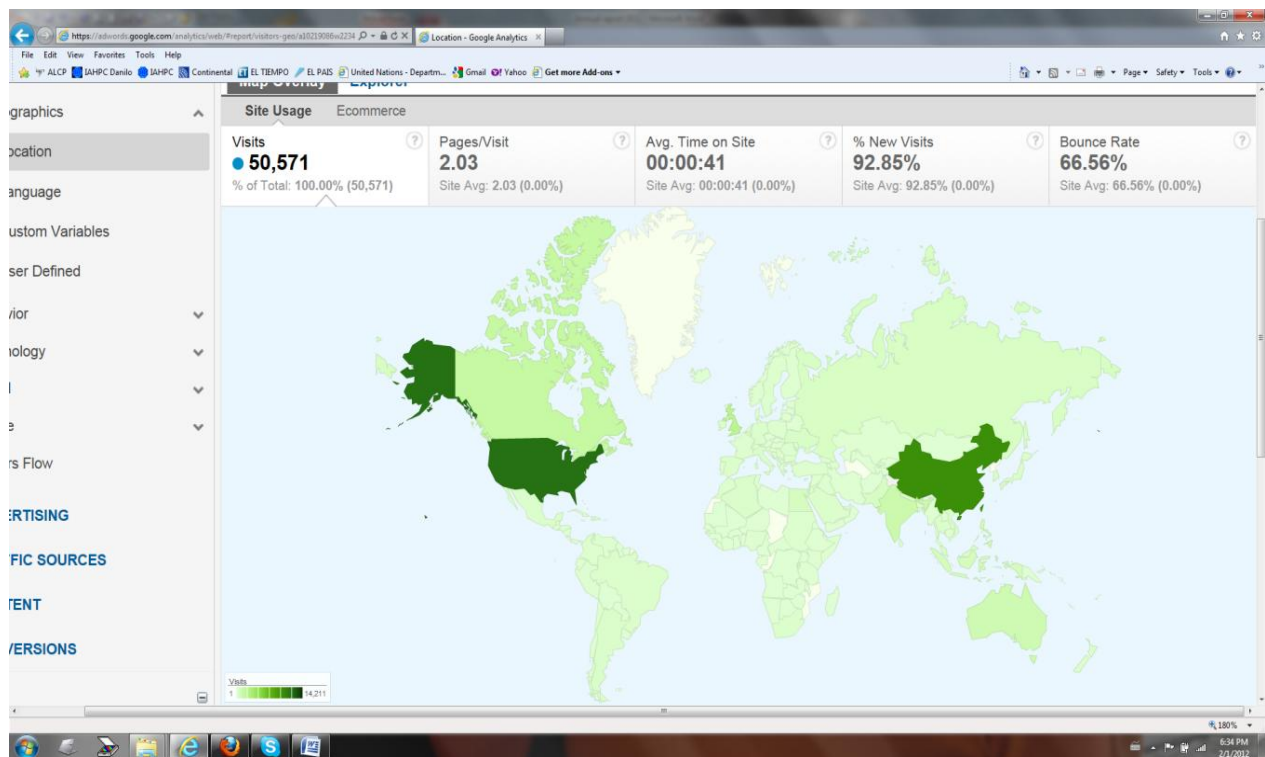
Most of our visitors are based in the USA (122,000) followed by the UK (44,220) and Canada (15,404). In total people from 201 different countries visited the IAHP website in 2011.

The new website platform is ready and the pages are now being populated and content is being developed. A working group from the board is participating in this project.

- *Pallipedia*: Free online palliative care dictionary nurtured by the international community, under the auspices of IAHP. The objective of Pallipedia is to develop and continuously grow a high quality, objective educational resource for the global Palliative Care community. The dictionary is housed in www.pallipedia.org

Pallipedia currently has 925 terms and 1,038 definitions. The team at Pallium India, under the leadership of MR Rajagopal started working in the dictionary in the second semester of 2011 by suggesting, identifying and selecting definitions and terms. Their work has greatly improved the dictionary and we will continue working with them in this project.

The map below shows the utilization data for Pallipedia: In 2011 we registered a total of 50,571 visits to the website, compared to 19,021 for 2010, most of which were from the USA (14,211), China (11,675), followed by the UK (2,708) and Canada (1,999).



By the end of 2012 we hope to have reached more than 1,000 terms.

Newsletter

The Newsletter continues to be an extraordinary source of information about IAHP, our programs and grant opportunities as well as a source of information about program development, events, and other news from the global palliative care community. 2011 marked the 15th anniversary of the NL.

The individuals responsible and contributors for the Newsletter are:

- William Farr is the editor and has been in this role for the past 15 years as a service to the organization.
- Roger Woodruff writes the palliative care book reviews
- Carla Ripamonti writes the Article of the Month
- Liliana De Lima is responsible for collecting the information and sending it to the editor.
- Board members contribute a monthly piece to the newsletter.
- Danilo Fritzler, the IAHP webmaster is responsible for layout and dissemination.

The number of subscribers by December 31st, 2011 was 6,972.

Collaboration with other Organizations

As in previous years, the IAHP has a policy of collaboration with international and regional organizations to support and advance palliative care globally. The following is a brief summary of some of the collaborative projects the organization did during 2011.

European Association for Palliative Care (EAPC): IAHP providing scholarships to the EAPC Congress in Lisbon, to ten participants from developing countries. EAPC in turn, provided a booth at no cost to the organization.

Latin American Association for Palliative Care (ALCP): Provided technical assistance to the organization in developing its management and governance structure and LDL is a member of the task force of the ALCP Atlas on Palliative Care for Latin America.

Pain and Policy Studies Group – University of Madison/WHO Collaborating Center: Collaboration and partnership in the Opioid Availability and Accessibility workshops in Latin America and the International Pain and Policy Fellowship program with the Latin American fellows.

The Institute for Palliative Medicine at San Diego Hospice: Collaboration and participation in the International Leadership Development Initiative (Cohort 1).

Worldwide Palliative Care Alliance (WPCA): Collaboration in the promotion and dissemination of the World Hospice and Palliative Care Day. LDL is a member of the WPCA advocacy group.

(NOTE: see Annexes 1-4 in separate files)

Annex 5 – Traveling Scholarships and Fellowships awarded in 2011

Traveling Scholarships

Name	Country	Name of Meeting or seminar
Sheila De Oliveira Faria	Brazil	12th EAPC congress, Lisbon Portugal
Lidija Veterovska Miljkovic	Republic of Macedonia	12th EAPC congress, Lisbon Portugal
Ioseb Abesadze	Georgia	12th EAPC congress, Lisbon Portugal
Marisela Holguin	Mexico	12th EAPC congress, Lisbon Portugal
Natalia Carafizi	Moldova	12th EAPC congress, Lisbon Portugal
Serpil Ozsezgin Ocek	Turkey	12th EAPC congress, Lisbon Portugal
Gladys Glance Torales	Argentina	12th EAPC congress, Lisbon Portugal
Mariana Sporis	Romania	12th EAPC congress, Lisbon Portugal
Mina Ranabhat	Nepal	Internship at Victoria Hospice, Victoria, Canada
Jose Mario Lopez	El Salvador	Internship in Palliative Care - Universidad de Navarra, Pamplona, Spain
Layth Mula-Hussain	Iraq	Training at San Diego Hospice, San Diego USA
Frank Manase	Tanzania	10th Anniversary of Teaching Palliative Care at University of Cape Town
Lilian Hidalgo Ramirez	Peru	Training at San Diego Hospice, San Diego USA
Israel Kolawole	Nigeria	Clinical Attachment at St Christopher's Hospice in London, UK
Marcos A. Borges	Brazil	Training at San Diego Hospice, San Diego USA

Traveling Fellowships

Name	Country	Memo/Description
Jessica Merlin	USA	Traveling Fellowship grant to support travel to Hai Phong, Vietnam. Training at Haiphong Medical University
Esther Dorothy Walker	UK	To support travel to Sudan, for training activities in SOBA University Hospital and The Radiation and Isotope Centre of Khartoum
Joan Chrastek	USA	MNJ Institute Oncology Cancer Center, India
Tamara Vesel	USA	MNJ Institute Oncology Cancer Center, India

Annex 6 – 2011 IAHPD-DPWWF Program Grantees

Education

Full Name	Country	Program	City	Country
Caroline Sebitso	South Africa	Diploma in Palliative Medicine- University of Cape Town	Cape Town	South Africa
Susan Sonhiwa	Zimbabwe	Certificate in PC Nursing- Sungardens Hospice	Pretoria	South Africa
Stellah Kandemiri	Zimbabwe	MSc Degree in PC- King's College London	London	UK
Suzanne Schneider	South Africa	Diploma in Palliative Medicine- University of Cape Town	Cape Town	South Africa
Michelle Muhanda Lango	Kenya	Diploma in Palliative Medicine- University of Cape Town	Cape Town	South Africa
Christopher Hangi	Tanzania	Diploma in Palliative Care at Makerere University	Kampala	Uganda
Patrick Lukula	Uganda	Bachelor of Science in Palliative care (BScPC) at Makerere University	Kampala	Uganda
Isanga Moses	Uganda	Bachelor of Science in Palliative care (BScPC) at Makerere University	Kampala	Uganda
Aweke Yilma Dubi	Ethiopia	Master of Science in Pain Management at College of Medicine and Veterinary Medicine, University of Edinburgh	Edinburgh	UK
Saraphina Gichohi	Kenya	Master of Palliative Care- University of Dundee	Dundee	UK
Gladys N MuKosi	Kenya	Postgraduate Diploma in Palliative Care - Cardiff University	Wales	UK
David Kioko Musyoki	Kenya	Master of Palliative Care- University of Dundee	Dundee	UK
Kondwani Baxter Banda	Malawi	Bachelor of Science in Palliative care (BScPC) at Makerere University	Kampala	Uganda
Alex Jackson Chitani	Malawi	Bachelor of Science in Palliative care (BScPC) at Makerere University	Kampala	Uganda
Nzale Nzali Ntumbanzondo Arnold	South Africa	Diploma in Palliative Medicine - University of Cape Town	Cape Town	South Africa
Simon Elias Megiroo	Tanzania	Diploma in Palliative Care at Makerere University	Kampala	Uganda
Nseizere Mutala Shem	Uganda	Bachelor of Science in Palliative care (BScPC) at Makerere University	Kampala	Uganda
Biemba Kahalu Maliti	Zambia	Master of Science in Oncology Nursing and Palliative Care University of Witswatersrand	Johannesburg	South Africa
Mashiri Busisiwe Blessing	Zimbabwe	Bachelor of Science in Palliative care (BScPC) at Makerere University	Kampala	Uganda
Loganathan Naidoo	South Africa	Diploma in Palliative Medicine - University of Cape Town	Cape Town	South Africa
Elika Issowe	Tanzania	Diploma in Palliative Medicine - University of Cape Town	Cape Town	South Africa

TM Shikwane	South Africa	Diploma in Palliative Medicine - University of Cape Town	Cape Town	South Africa
Saeed Salimi	South Africa	Diploma in Palliative Medicine - University of Cape Town	Cape Town	South Africa
Kabanga Ntwambe	South Africa	Diploma in Palliative Medicine - University of Cape Town	Cape Town	South Africa
Noluthando Gertse	South Africa	Diploma in Palliative Medicine - University of Cape Town	Cape Town	South Africa
Oladoyinbo Abidemi Olawumi	South Africa	Diploma in Palliative Medicine - University of Cape Town	Cape Town	South Africa
Marlene Vermaak	South Africa	Diploma in Palliative Medicine - University of Cape Town	Cape Town	South Africa
Frank Manase	Tanzania	Diploma in Palliative Medicine - University of Cape Town	Cape Town	South Africa
Shongo Ndjate Francois	Zimbabwe	Postgraduate Diploma in Palliative medicine-University of cape Town	Cape Town	South Africa
Yoseph Mamo Azmera	Ethiopia	Postgraduate Diploma in Palliative medicine-University of cape Town	New Delhi	India

Research

Name	Country Residence	Program	City	Country
Joe K. Kanja	Kenya	Palliative Care : Making a difference internationally	Edinburgh	UK
Tasnim.Mohamed	Kenya	Palliative Care: Making a difference internationally	Edinburgh	UK
Hellen N. Kariuki	Kenya	Palliative Care : Making a difference internationally	Edinburgh	UK
Perster Murugi Kigwa	Kenya	Palliative Care : Making a difference internationally	Edinburgh	UK
Ludoviko Zirimenya	Uganda	Palliative Care: Making a difference internationally	Edinburgh	UK
Amandua Jacinto	Uganda	Palliative Care : Making a difference internationally	Edinburgh	UK
Elizabeth Namukwaya	Uganda	Palliative Care: Making a difference internationally	Edinburgh	UK
Maya Janes Bates	Malawi	Palliative Care: Making a difference internationally	Edinburgh	UK
Kennedy Nkhoma	Malawi	Introduction to Design and Analysis of Clinical Trials- Imperial College	London	UK
Robai Gakunka	Kenya	Palliative Care: Making a difference internationally	Edinburgh	UK
Lydia Nyambura	Kenya	Palliative Care: Making a difference internationally	Edinburgh	UK
Wesley Too	Kenya	Palliative Care: Making a difference internationally	Edinburgh	UK