# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is IAHPC – Mission and Vision statements</td>
<td>2</td>
</tr>
<tr>
<td>IAHPC Programs</td>
<td>3</td>
</tr>
<tr>
<td>Program Support</td>
<td>4</td>
</tr>
<tr>
<td>Meetings, Seminars and Workshops</td>
<td>5</td>
</tr>
<tr>
<td>Traveling Fellowship</td>
<td>7</td>
</tr>
<tr>
<td>Traveling Scholarships</td>
<td>8</td>
</tr>
<tr>
<td>Advocacy</td>
<td>10</td>
</tr>
<tr>
<td>IAHPC Library Program</td>
<td>12</td>
</tr>
<tr>
<td>IAHPC Membership</td>
<td>13</td>
</tr>
<tr>
<td>Members’ Recognition</td>
<td>14</td>
</tr>
<tr>
<td>Projects and Publications</td>
<td>16</td>
</tr>
<tr>
<td>Consensus based Palliative Care Definition</td>
<td>16</td>
</tr>
<tr>
<td>Opioid Price Watch</td>
<td>17</td>
</tr>
<tr>
<td>Pallipedia</td>
<td>18</td>
</tr>
<tr>
<td>The Lancet Commission on Global Access to Palliative Care and Pain Relief Report</td>
<td>19</td>
</tr>
<tr>
<td>Pontifical Academy for Life PALLIFE</td>
<td>21</td>
</tr>
<tr>
<td>Publications</td>
<td>22</td>
</tr>
<tr>
<td>Communication and dissemination</td>
<td>23</td>
</tr>
<tr>
<td>Website</td>
<td>23</td>
</tr>
<tr>
<td>International Directories and Calendar of Events</td>
<td>23</td>
</tr>
<tr>
<td>Newsletter</td>
<td>24</td>
</tr>
<tr>
<td>Social Media</td>
<td>24</td>
</tr>
<tr>
<td>Finances</td>
<td>25</td>
</tr>
<tr>
<td>Fundraising</td>
<td>26</td>
</tr>
<tr>
<td>Governance</td>
<td>27</td>
</tr>
<tr>
<td>Team – Staff Members</td>
<td>28</td>
</tr>
<tr>
<td>Annex 1 – Grantees 2018</td>
<td>29</td>
</tr>
<tr>
<td>Annex 2 – Financial Statements 2018</td>
<td>32</td>
</tr>
<tr>
<td>Annex 3 – List of Donors 2018</td>
<td>34</td>
</tr>
</tbody>
</table>
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 increase 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.

The Vision of IAHPC is for universal access to palliative care, integrated in a continuum of care with disease prevention, control and treatment.

The Mission of IAHPC is to improve the quality of life of adults and children with life-threatening conditions and their families. We work with governments, agencies and individuals, to improve knowledge and foster opportunities in education, research and training around the globe.
IAHPC Programs

IAHPC has several programs through which the organization supports individuals, hospices, programs and institutions to advance hospice and palliative care in the world. This section describes the IAHPC programs and the amounts spent in each during 2018. Annex 1 includes the full list of grantees and the grant objective.

The graph below describes the percentage of grants disbursed by regions. The large proportion given to South America reflects the Traveling Scholarships awarded during 2018 to support the travel of palliative care providers to the IX Congreso Latinoamericano de Cuidados Paliativos de la Asociación Latinoamericana de Cuidados Paliativos (ALCP) held in Santiago, Chile on April 11-14, 2018.

The IAHPC mission driven programs and amounts granted through each are described in the next pages.
Fundacion Ammar Ayudando (Guatemala) two new rooms built in 2017

New bathroom for the two rooms built in 2017 featured in the picture above

Dr. Fadi Abu-Farsakh the PCN 1st Place Poster Prize Winner. He is a palliative care consultant working at King Hussein Cancer Center in Amman, Jordan.

Iris Crespo is the winner of the PCN 2nd Place Poster prize. She is a psychologist trained in research and specialized in the field of comprehensive care for patients with advanced disease, Barcelona, Spain.

Ryan Costantino was the winner of the PCN 3rd Place Poster prize. He is currently the Army Pharmacoeconomic/Outcomes Research Fellow in Baltimore, USA where he is concurrently completing a Masters in Patient Health Service Research and a Pain/Palliative Care Pharmacy Residency.

Program Support

Amount awarded in 2018 through this program: $22,500

During 2018 IAHPC awarded two grants through this program:

1. Fundacion Ammar Ayudando (Guatemala). The foundation provides palliative care to children and young people with limited resources who have been diagnosed with a chronic degenerative disease and facing end of life. In 2017 the IAHPC provided a grant to increase the capacity of the foundation with two additional rooms. In 2018, thanks to a donation from the Stone Family Foundation in USA, the IAHPC provided an extension to that grant for improvements needed related to the two rooms which were built: a bathroom for the new rooms, a roof so that patients can be transported between the main building and the rooms, and a ramp to facilitate the transportation of patients in wheelchairs and rolling beds.

2. Palliative Care Network - Annual online free international palliative care congress. The grant covers the funds to support the prizes for the three best posters presented during the congress. The winners of the prizes for 2018 were Dr. Fadi Abu-Farsakh (Jordan - first prize), Iris Crespo from (Spain - second prize) and Mr. Ryan Costantino (USA - third prize).
Meetings, Seminars and Workshops

Amount invested in 2018 in this program: **$22,514**

During 2018, IAHPC implemented two workshops on the availability and rational use of opioids for pain treatment and palliative care (India and Dominican Republic) and co-sponsored a workshop in Bogota, Colombia.

The objective of the workshop in Dominican Republic was to identify and evaluate the barriers that interfere with access to opioids for legitimate medical use and prepare an action plan to eliminate those barriers.

The objective of the workshop in India was to support the implementation in seven states (Assam, Andhra Pradesh, Gujarat,
Orissa, Punjab, Rajasthan, and Uttar Pradesh), of the changes to the Narcotic Drugs and Psychotropic Substances (NDPS) Act enacted in 2014.

The objective of the workshop in Colombia was to improve availability and access to opioid medications throughout the whole country and identify the particular barriers that each State (Departamento) may have in the procurement, distribution and dispensing processes that unduly restrict access for legitimate medical use. IAHPC cosponsored a workshop on the availability and rational use of opioids in Colombia. The workshop, in Bogota, was held in collaboration with the Universidad de La Sabana, Fondo Nacional de Estupefacientes (FNE) of the Ministry of Health, and the Observatorio Colombiano de Cuidados Paliativos at the Universidad del Bosque in May 2018.

Annex 1 includes the list of participants and specific information about each workshop. Participants included representatives from the national palliative care associations and from the relevant government agencies, including controlled medications, Non-Communicable Diseases and Older Persons.
Traveling Fellowship

The purpose of the Traveling Fellowship 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 are awarded to individuals to support the cost of travel to teach and train colleagues in hospices, hospitals, palliative care units and community programs.

Amount awarded in 2018 through this program: $1,500

In December 2018, the IAHPC provided Dr. Odette Spruijt from Woodend, Australia a Traveling Fellowship to conduct a 3-day workshop at 3 different sites in Patna, India. The workshop was held at 1) Indira Gandhi Institute for Medical Sciences, 2) All India Institute of Medical Sciences, and 3) Mahavir Cancer Centre. The workshop included a palliative care overview, an opioid availability workshop, and a Train the Palliative Care Trainers workshop. The workshops targeted medical and nursing students.
Traveling Scholarships

Amount awarded in 2018 through this program: $59,252

Through the Traveling Scholarship program IAHPC provides financial assistance to palliative care workers who wish to attend a congress, conference, seminar, internship, or in any other educational activity.

Applicants must be current members of IAHPC and must have not received grants from IAHPC in the past 3 years. Preference is given to candidates who meet the following criteria:

- Have been IAHPC active members for two or more consecutive years.
- Whose institution is an IAHPC active member.

In 2018, IAHPC awarded 38 Traveling Scholarships. A few comments from awardees of this program show the grantees appreciation:

“The scholarship made possible our national society be represented in an international event. I believe it’s amazing that IAHPC could help national leaderships of PC to expand our horizons- we would not be able to do so only with our funds.” Daniel Neves Forte from Sao Paulo, Brazil.

“Thank you IAHPC and donors, who have made it possible for Doctors like me, living in a small remote
• 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.
• Describe in their applications long term goals which lead to improvements in any or all of the following areas: service provision; education; availability of and access to medicines; and public policy.

place in the Northeast corner of India, who without IAHPC, would have never had all these opportunities!” Lalchhanhima Ralte from Mizoram, India.

“This bursary allowed me to participate in the ICPCN Annual Board meeting where we established the Strategic Plan of Development for the next 3 years. This information will help me in my practice. Another gain was the network with international community of professionals and establishing links which can be helpful for supporting each other with difficult cases, with advocacy and research.” Magdalena-Delia Bitar from Brasov, Romania.

“I would like to thank the IAHPC for their traveling scholarship. This enabled me to attend the 3rd International Children’s Palliative Care Network Conference in Durban, South Africa. This 4-day conference was a great opportunity for networking. Listening to and exchanging experiences with people in the same field from different parts of the world had widened my perspective on how to further develop palliative care for children within my institution and in Malaysia. The plenaries and breakout sessions have given me many ideas on pediatric palliative care research that can be carried in Malaysia. Improving research in palliative care would be my priority after the conference. Farah Khalid from Kuala Lumpur, Malaysia.
Advocacy Program

IAHPC has 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 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 medicines.

IAHPC will continue working to strengthen palliative care advocacy, by enabling and empowering existing palliative care civil society organizations at the regional and national level, for the recognition of palliative care as a component of the right to health and the inclusion of palliative care in national policies and programs.

Technical assistance in 2018 included co-chairing a webinar-based course to members in all WHO regions with staff of the Service Delivery and Safety Division of WHO on how to write an evidence-based policy brief and convene a multi-stakeholder dialogue to improve palliative care provision in Lower- and Middle-Income Countries. Participants produced excellent policy briefs, some of which have resulted in multi-stakeholder meetings.

Multi-lateral meetings in 2018 produced tangible results including an entire day of discussion at the 9th Open Ended Working Group on Aging at the UN in July, on the right to palliative care, and a side event with global and regional human rights experts; the inclusion of palliative care in the Montevideo Roadmap on NCDs, and the inclusion of palliative care language in the 2018 Declaration of Astana. For more information on all these events and deliverables, see our Advocacy page under “What We Do.” There are links to documents and campaigns.

Advocacy work at the UN in Vienna Commission on Narcotic Drugs involves clarifying how inaccurate interpretations of the international drug control conventions produce national and international drug policies that negatively affect public health outcomes by limiting patients’ access to controlled medicines.

Amount invested in 2018 in this program: $100,721.
essential medicines. Starting in 2014 Dr. Katherine Pettus joined the IAHPC as the Organization’s Advocacy Officer for Palliative Care and in this capacity represents the organization in international, regional and national meetings.

controlled medicines for the treatment of severe pain, and for the inclusion of palliative care and access to palliative care medications in universal health coverage. Through the advocacy program, IAHPC ensures that palliative care providers brief Vienna based government missions at key regular and intercessional meetings on drug policy.

The IAHPC fielded a six-person delegation at the 71st World Health Assembly in Geneva on May 2018. Our delegation consisted of Dr. Felicia Knaul, Director of University of Miami’s Institute of the Americas and chair of the Lancet Commission on Palliative Care; Dr. Natalia Arias Casais, a Colombian physician and PhD candidate working with the ATLANTES Research Project in Pamplona, Spain; Dr. Frank Manase of the Community Center for Preventive Medicine in Dar es Salaam, Tanzania, and three graduate students from the UCLA Global Health program. IAHPC focused on relevant agenda items, technical briefings, and side events that concern palliative care, including: the General Program of Work (GPW), Shortage of Medicines and Vaccines, Alma Ata at 40 (Primary Health Care), Universal Health Coverage, Women’s Children’s and Adolescent Health, Public Health Dimensions of the World Drug Problem, Health of Refugees and Migrants, and Tuberculosis.

In addition to the delegation to the WHA, the IAHPC also went to WHO and participated in the open session for the WHO 41st Expert Committee on Drug Dependence (ECDD) represented by Dr. Sammi Ebtesam, PharmD.
IAHPC Library Program

Most individuals in countries with limited resources do not have access to evidence-based data, scientific articles and updated information on definitions and concepts. The IAHPC Library provides access to this information through two important features: The CINAHL database and through Pallipedia – the online Palliative Care Dictionary. With unlimited number of articles to download and terms and definitions to consult, the IAHPC Library Program is the only such resource in the world for palliative care and hospice workers around the globe.

The IAHPC Library provides access to the CINAHL database, including the following palliative Care journals:
- Palliative Medicine
- Journal of Palliative Medicine
- Journal of Pain and Palliative Care Pharmacotherapy
- Progress in Palliative Care
- Indian Journal of Palliative Care

Journals relevant to palliative care:
- Addiction
- American Journal of Bioethics
- American Journal of Public Health
- BMC Nursing
- Bulletin of the World Health Organization
- European Journal of Public Health
- Wounds International

To see the full list of journals, click here. To visit Pallipedia, click here.

IAHPC Annual Report 2018 – 12
IAHPC 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-five percent of our members are physicians, 54.2% belong to other health care professions, 2% are undergraduate students and 1% are post-graduate students. The remaining 8% are institutional members.
The region with the highest number of members continues to be Africa, followed by Asia (mostly India) and North America.

**Members’ Recognition**

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

In October 2018, prizes were awarded in four categories: Loyalty, Membership Recruitment and Lifetime recognition, both for institutions and individuals.

The winners received an IAHPC Traveling Scholarship in the amount of US $2,000 and a one-year free IAHPC membership.

Ms. Hana Rizmadewi Agustina from Indonesia was selected as the recipient of the IAHPC Loyalty Membership Award for her continuous membership for more than three consecutive years. Ms. Agustina, who joined IAHPC in 2013, plans to use her prize to attend a world nursing conference this June in London, UK, and a palliative care conference being held in Perth, Australia, in September.

She stated “I decided to join IAHPC to expand my knowledge and networking internationally, and have found many benefits, including Traveling Scholarships to attend international events, and learning about the latest updates about the global palliative care movement.”
Dr. Elizabeth Kiwuwa Namukwaya, a palliative care physician and clinical head of the Makerere-Mulago Palliative Care Unit, an academic unit in the Department of Medicine Makerere University in Uganda won the IAHPC Increasing Membership Award. The prize for her accomplishment of recruiting 33 members is a full year’s membership plus an IAHPC Traveling Scholarship of $US 2,000.

Dr. Namukwaya commented: “As a palliative care provider, IAHPC has been instrumental in my professional development. In 2011, early in my palliative care career, I received a traveling scholarship to attend the EAPC in Lisbon, which was a great learning experience and an eye opener. Information from the conference improved my clinical care, and it motivated me to do research in palliative care that led me to complete a PhD.”

Ms. Teresa Ng Ruey Pyng, an Assistant Director of Nursing at the KK Women’s and Children’s Hospital (KKH) in Singapore, won the IAHPC Lifetime Individual Award. Ms. Ng, who joined the IAHPC in 2012, received a $2,000 USD Traveling Scholarship.

Mrs. Pyng commented that “The IAHPC, with its vast resources on evidence-based articles, has personally benefited me. It has enabled me to stay abreast with updated, evidence-based educational information; it also serves as a useful platform to stay engaged with a network of like-minded health care professionals who are passionate about palliative care.”

The winner of the IAHPC Lifetime Institutional Award in 2018 was Assisi Palliative Care (ASPAC) Berhad, a charitable organization providing free, professional palliative care services to the community. Based in Petaling Jaya, Selangor, Malaysia, ASPAC’s mission is to provide care in a home setting for those faced with life-limiting illnesses. The award prize is a US $2,000 Traveling Scholarship to a staff member. ASPAC identified Ms Satwin Kaur a staff member to receive the scholarship. Ms. Kaur will be attending the 6th World Congress on Hospice and Palliative Care in Singapore on May 13-14, 2019. ASPAC staff in front of Assisi Palliative Care Berhad premises.
Projects and Publications

During 2018, IAHPC implemented several projects in recognition of palliative care as a component of the right to health and the inclusion of palliative care in national policies and programs as part of Universal Health Coverage and in the Agenda 2030. Two examples of these projects are listed below.

Consensus based Palliative Care Definition

One of the challenges 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 palliative care organizations developing different definitions.

Following the recommendation of the Lancet Commission and as an organization in official relations with WHO, during 2018 the IAHPC designed, developed and implemented a project to revise and adopt a new palliative care definition. The objective was to find consensus on a definition that focuses on the relief of suffering; and one that is also timely and applicable to all patients regardless of diagnosis, prognosis, geographic location, point of care or income level.

For this project, the IAHPC implemented 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. In a second phase, IAHPC surveyed over 400 IAHPC 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 a similar structure to that of the WHO: a concise introductory statement and a list of components in bullet points. A third section was added after participants suggested adding a set of recommendations to governments.

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 in [https://hospicecare.com/what-we-do/projects/consensus-based-definition-of-palliative-care/definition/](https://hospicecare.com/what-we-do/projects/consensus-based-definition-of-palliative-care/definition/) Over 1,000 individuals as well as representatives of organizations and academic institutions have endorsed the new consensus-based definition. A glossary of terms is also available [click here](https://hospicecare.com/what-we-do/projects/consensus-based-definition-of-palliative-care/definition/).

**Opioid Price Watch**

The IAHPC continued to generate reports on the dispensing prices of opioids from countries across the world, which reflect political and economic decisions that threaten access and affordability to medications for pain relief, as well as the political decisions behind procurement and tendering processes of controlled medicines for pain relief in palliative care. OPW reports on the availability, prices and affordability of 5 opioids (fentanyl, hydromorphone, methadone, morphine and oxycodone) in 13 formulations.

During 2018, IAHPC completed the third report called *Opioid Medications in Expensive Formulations Are Sold at a Lower Price than Immediate-Release Morphine in Countries throughout the World: Third Phase of Opioid Price Watch Cross-Sectional Study* which was published in *Journal of Palliative Medicine*. In this study, the evidence collected confirms the findings of the first and second phases: that analgesic opioids in expensive formulations are being favored over immediate release morphine both at the dispensing level and in their inclusion in national lists of essential medicines. This highlights the need to continue efforts to improve access, availability, and affordability. The report and data are available on the [IAHPC website](https://hospicecare.com/what-we-do/projects/consensus-based-definition-of-palliative-care/definition/).
The third phase of **Opioid Price Watch (OPW)**, a project to monitor and report the dispensing price of opioids around the world, was implemented and completed during 2018. OPW is a component of the agreement of work between IAHPC and the World Health Organization, as an NGO in formal relations with the WHO.

**Pallipedia**

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

The dictionary is housed in [https://pallipedia.org/](https://pallipedia.org/) and includes over 1,200 terms and 1,600 palliative care related definitions.

In addition to its own projects, IAHPC continues to collaborate with leading academic organizations, including the University of Miami, in the implementation of the recommendations of the Lancet Commission on Global Access to Palliative Care and Pain Relief, the Pontifical Academy for Life in the PALLIFE Project and the ATLANTES Research Group, at the University of Pamplona in Spain, for the publication of the EAPC Atlas of Palliative Care in Europe.
The Lancet Commission on Global Access to Palliative Care and Pain Relief Report

On April 5 and 6, the University of Miami hosted the Global Launch Symposium of the Lancet Commission Report, ‘Alleviating the Access Abyss in Palliative Care and Pain Relief — An Imperative of Universal Health Coverage.’ At the symposium, the Lancet Commission launched its findings and recommendations. The symposium featured plenary panels of leading global health and palliative care experts from around the world. Session topics included global and regional collective action, implementing an essential package of palliative care services, prioritizing vulnerable populations, national planning and implementation, and a discussion of the situation in the United States, contrasting the opioid epidemic with the global pain crisis. The symposium was followed by a half-day of closed implementation workshops on the afternoon of April 6 specifically designed to convene national and regional representatives of palliative care organizations, with a focus on low- and middle-income countries and especially Latin America and the Caribbean.

Working together for global quality care

In the introduction and welcome message to participants at the symposium, WHO Director General Dr. Tedros Adhanom Ghebreyesus asked all of us to work together toward a dramatic expansion in access to quality care on a global scale. Led by Dr. Felicia Knaul, the Lancet Commission described how 61 million people are affected by severe health-related suffering, 80% of whom live in low- and middle-income settings; 45% of those dying annually experience severe suffering, including 2.5 million children. The Commission identified a highly cost-effective package of interventions to address this neglected burden of suffering. Commissioners called on the entire health community, indeed the whole of society, to take pain and suffering more seriously — and to take collective action to remedy the access abyss, without question the most disfiguring inequity in health care today.

During the symposium, Dr. Knaul, Director of the University of Miami Institute for Advanced Study of the Americas (which organized the symposium), presented the results of the three-year project involving 61 co-authors from 25 countries. Dr. Knaul and, later, IAHPC Board Member and Harvard University Associate Professor Dr. Eric Krakauer, described the essential package of palliative care services — including...
medicines, equipment, and staffing models — suggested for health systems worldwide and called for more balanced global policies to facilitate access to opioid analgesics to meet medical need while limiting non-medical use.

The Lancet Commission was able to:

- quantify the heavy burden of serious health-related suffering (SHS)
- identify and cost an essential package of palliative care and pain relief medicines for children as well as adults
- measure the unmet need for the use of opioids
- outline global strategies to expand access to palliative care and pain relief as an integral part of Universal Health Coverage (UHC)

Professor Lukas Radbruch, Chair of IAHPC participated in a panel with Dr. Jim Cleary of the WHO Pain and Policy Studies Group and Dr. Hansel Tookes, professor of Medicine at the University of Miami, to discuss the issues related to the opioid crisis in the USA, specific problems in Florida, and how this situation compares with countries in Western Europe, specifically Germany.

On the second day, Liliana moderated a session on the role of global and regional associations and networks. During this session, representatives of the African Palliative Care Association (APCA), Asia Pacific Hospice and Palliative Care Network (APHN), Caribbean Association for Palliative Care (CARIPALCA), European Association for Palliative Care (EAPC), International Children’s Palliative Care Network (ICPCN), and the Latin American Association for Palliative Care (ALCP) presented and discussed how advocacy efforts and collaboration between academia and civil society will catalyze change globally, and in countries in each region.

In his closing remarks, Richard Horton, editor-in-chief of The Lancet, said, ‘How did it happen that palliative care lost the dignity debate? Palliative care is a discipline dedicated to improving quality of life by preventing and alleviating suffering. There can be few higher callings in medicine. Yet those who advocate
“dignity in dying” have successfully claimed that the idea of dignity lies not in palliative care but in assisted dying for the terminally ill. The *Lancet’s commitment* will be to work with the Commission to expand its network of supporters and collaborators, and to publish regular country-by-country assessments of serious health-related suffering.

Before the end of the symposium, all participants agreed on a joint statement and call for action called the ‘Miami DeclarAction,’ which was published by *The Lancet* on May 2018 and can be accessed [here](#). The Miami DeclarAction calls on governments, academia and civil society organizations to work on 6 areas, including accelerating progress to provide universal access to a publicly financed and fully integrated essential package of palliative care health services and creating balanced global and national policies on access to medicines for pain and palliative care to enable effective public health practice and policy-making among others.

IAHPC worked with the University of Miami to coordinate the dissemination of tools, resources, including fact country sheets, policy briefs, country data sheets to support advocacy initiatives by the civil society organizations and academia. The implementation of the recommendations were made available in the UM website dedicated to the Lancet Report and can be found [here](#). The videos of the presentations are available [here](#).

*Pontifical Academy for Life PALLIFE*

In March 2017, the Pontifical Academy for Life (PAV) initiated the PALLIFE Project, establishing an international study group to promote palliative care throughout the world. Through this initiative, the academy endeavors to advance the development and diffusion of palliative care and foster a culture that accepts death as part of life.

The study group met for the first time in Rome at the PAV headquarters, from March 31 to April 1, 2017. During this meeting, the group offered a description of the distribution of palliative care services in the world, underlining the opportunities and obstacles to the diffusion and development of palliative care in different geographical and cultural contexts. The study group enumerated the project’s strategy, which includes: annual congresses, regional events to promote palliative care, a questionnaire dealing with the diffusion of palliative care in Catholic health care institutions, advocacy activities directed at competent international organizations, the creation of ad hoc study groups, and the production of a white paper for the development of palliative care. The goal of this initiative is to make the various affected persons, both within and outside of the Church, aware of the scientific effectiveness and deep moral value of palliative care and serve as a driver to unify members of all religions and faiths in this initiative. The working group developed a series of recommendations for different stakeholder groups to promote and disseminate palliative care and the essence of caring, respect, and values of palliative care.

(L-R) PALLIFE panelists
Dr. James Cleary (PPSG), Dr. Carlos Centeno (ATLANTES), Ms. Liliana De Lima (IAHPC), Marie-Charlotte Bousseau (WHO), David Clark (U Glasgow), and Christoph Fuhr (Germany). Photo credit: Dr. T. Sitte
On February 28th - March 1st, 2018, the PAV organized a congress with over 380 participants to present the findings and recommendations of the PALLIFE group. The recommendations served as the basis for a White Paper for Global Palliative Care Advocacy: Recommendations from a PALLIFE Expert Advisory Group of the Pontifical Academy for Life, Vatican City published both in English and Spanish in Open Access. Congratulations to all the members of the PALL-LIFE group as well as to Monsignor Vicenzo Paglia, Dr. Nunziatta Comoretto, and Dr. Gaetano Corlone at the PAV for their vision and efforts.

**Publications**

The IAHPC Chair, Past Chair, Executive Director and Research Adviser contributed with manuscripts published in peer reviewed journals in 2018, in which IAHPC was represented:


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 and palliative care journals as well as forms to join/renew online.

In 2018, the IAHPC website registered over 92,000 visitors and over 120,000 sessions, of which 81% were new. Google Foundation provides in-kind donation for the Adwords program resulting in better positioning when using the Google search engine. A Google translate button allows users to translate the website into more than 100 languages.

The website is brilliantly maintained by Mr. Danilo Fritzler, IAHPC webmaster.

The website is housed at [http://hospicecare.com](http://hospicecare.com)

**International Directories and Calendar of Events**

IAHPC compiles two directories that provide free information to the global palliative care community:

- **Global Directory of Palliative Care Programs and Services:** This IAHPC directory includes over 1,700 listings of hospices, institutions that provide care, support, and guidance to patients and providers.
- **Global Directory of Educational Programs in Palliative Care:** This IAHPC directory includes over 120 listings of educational programs throughout the world. The Directory of Educational Programs includes master’s degrees, fellowships, diplomas, and PhDs in palliative care. Listings are updated annually to ensure relevance, current and valid information.
- **Calendar of Events:** During 2018, the IAHPC started a global online calendar of palliative care related seminars, congresses, conferences and events. The calendar is free as a service to the
global palliative care community.
The Directories and the Calendar are constantly maintained and updated by Ms. Julia Libreros, Coordinator of IAHPC International Directories.

**Newsletter**

April 2018 marked the 22nd anniversary of the IAHPC Newsletter. Ms. Alison Ramsey serves as the Senior Editor of the IAHPC Newsletter and continues to find creative ways to keep the readers engaged with news from around the world. Dr. Roger Woodruff continues to do the monthly book reviews, Dr. Katherine Pettus publishes policy pieces, while the IAHPC staff and members contribute to the different editions.

The IAHPC Newsletter is sent via email free to all members of the global palliative care community. The Newsletter had over 7,700 subscribers by the end of 2017. The Newsletter is a useful source of information about IAHPC, the organization’s programs and grant opportunities as well as program development, events, and other news from organizations and initiatives around the world.

**Social Media**

Social media continues to be one of the most significant ways that IAHPC can drive engagement and advocate for adequate language, policies, and access to treatment and palliative care as a component of Universal Health Care. IAHPC has taken steps to guide social media from concept to completion by using trending hashtags to spread the palliative care message, facilitating our followers to engage, and by calling them to action to execute a movement that produces grassroots results at the patient care level.

**IAHPC Video Campaign**

In 2017, the IAHPC Board of Directors approved a campaign to expand the IAHPC donor base, increase awareness about palliative care and universal health coverage and disseminate the leading role of IAHPC as an advocacy organization.

IAHPC worked with Sue Collins and Mike Hill from Moonshine Agency in Australia. For the IAHPC strategy, Moonshine produced 23 videos:

- Three 3- to 4-minute videos for the website, email, YouTube, LinkedIn
- Three 1- to 2-minute (cut down from longer) institutional videos for social media
- 17 stand-alone videos with grantees, board members, staff, donors, and collaborators for the newsletter, campaigns, and other media strategies.

The videos were filmed in May 2017 during the 9th World Congress of the EAPC in Madrid with grantees to the congress, board and staff members, collaborators, and more. The videos were released throughout 2017 and will continue during 2018. The videos are available in the [IAHPC YouTube channel](#).
**Financial Statements**

Our 2018 income was $570,693 (11% over budget).

**Income and Expense statement (I&E):** Total income for the year was $570,693. Total expenses for the year were $567,731. IAHPC had an excess of income of $4,364. Operational revenue, which includes income from membership and from sales of books represents the 10% of the total revenue. IAHPC had an increase of 9% in memberships compared to 2017 and doubled the sales of books from year to year. On the other hand, IAHPC had a decrease in donations and grants of $205,076 compared to the previous year (52%). During 2018 expenditures were $565,530 which corresponds to 100% of what was budgeted.

**Balance sheet:** Total assets (cash in BOFA, investments in Merrill Lynch and other assets) were $179,579. Most of the IAHPC assets are cash and money market funds ($175,125) plus accounts receivable and over $739 in office equipment. Liabilities at the end of the year were $11,409 and are related to the American Express institutional card and other expenses which were registered in the books and pending payment.

Annex 2 includes the Financial Statements for 2018.
Fundraising

Grants and Donations

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

IAHPC received these large grants and donations during 2017:

- **Open Society Foundation**: $133,000 in core support plus another $70,000 for advocacy
- **Google Foundation**: $136,000 (in-kind). AdWords campaign to position the IAHPC website in searches using Google engine.
- **US Cancer Pain Relief Committee**: IAHPC received two different grants from the US Cancer Pain Relief Committee, each of $50,000. One grant was restricted for the Meeting, Seminars and Workshop program to develop a Workshop on Availability and Rational Use of Opioids in the Dominican Republic, and another to support the expenses of the Advocacy program.
- **Pettus Foundation**: $42,000 to support the IAHPC Programs and the advancement of hospice and palliative care in the world.
- **Enrique Ospina and Liliana De Lima**: $70,900 Unrestricted donation, to cover administrative and operational expenses.

The IAHPC donations reflect the support of the organization’s mission, the relief of suffering and the inclusion of palliative care as a component of Universal Health Coverage. The organization’s ability to continue to help others depends heavily on the support we receive from our donors and supporter. Annex 3 includes the names of all the donors (foundations, institutions and individuals) who generously supported IAHPC during 2017.
Governance - Board Members 2018

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

Sushma Bhatnagar, MD
India

Rosa Buitrago, Pharm
Panama

Ms. Mary Callaway
USA

Esther Cege-Munyoro, MD
Kenya

Prof Julia Downing, PhD
Uganda, UK

Eric Krakauer, MD
USA

Mhoira Leng, MD
Uganda - Scotland

Dang Huy Quoc Thinh, MD
Vietnam

Chitra Venkateswaran, MD
India
Team – 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 - Social Media

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 Fritzler
Webmaster

Ms. Ana Restrepo
Volunteer
Annex 1 – Grantees IAHPC Programs 2018

Meetings, Seminars and Workshops
Amount awarded in 2018 through this program: $25,514.
Through this program IAHPC supports, endorses or develops and implements meetings, seminars, and workshops aimed at improving access to palliative and hospice care at the country level, in alliance and collaboration with national governments and palliative care organizations.

**Workshop on the implementation of the NDPS Act in India.** The workshop took place in New Delhi, on February 21-22, 2018.

**Workshop on the availability and rational use of opioids in the Dominican Republic.** The workshop took place in Sant Domingo on April 2-3, 2018.
**Participants:** Albida de Leon, Areliz Cruzado, Austria Maria Javier Alvarado, Bethania Martinez, Carlos Borbon, Carlos Guzmán, Carmen Schulze, Cruvianka Pol Paulino, Daniel Jimenez, Diane Sabado, Doris Sanchez, Edmundo Felix Vicealmirante, Eduviges Cruz, Glenys Valenzuela, Gloria Altagracia Castillo Pichardo, Heidy Rojas, Hernan Rodriguez, Hilda Mercedes Cruz García, Ingeniero Antonio Lebron, Jenny Capellan, Juan Escaño De la Cruz, Julio Ferreras, María Isabel Nicodemo, Miguel Cotes, Milvia Liberato Caba, Niovi Santos, Rafael Méndez, Rosa Acosta, Rosa Javier, Ruth De la Rosa, Shakira Rodriguez, Wendy Gómez, Wendy Lopez, William Rosario, Ysaira Disla Martinez, and Zelandia Matos Cueto

**Kenya Hospices and Palliative Care Association (KEHPCA) 5th National Palliative Care 2018 Conference:** *Investing in Palliative Care for Universal Health Coverage (UHC).*
The conference took place in Nairobi, Kenya, on November 7-9, 2018.
**Grantees:** Hellen Kariuki, Claudia Bonaya and, Naseem Mohamed

Traveling Scholarships
Amount awarded in 2017 through this program: $59,252.
The Traveling Scholarship program is designed to provide support to palliative care workers living in countries with less resources to support their travel and registration to attend a meeting, conference, seminar, internship, enroll in a university program or in any other educational activity.
Traveling scholarships were awarded to the following grantees to attend the educational events listed below:

**IX Congress of the Latin American Association for Palliative Care (ALCP)**
Santiago, Chile. April 11 to 14, 2018
**Grantees:** Patricia Bonilla (Venezuela), Linda Marisol Bustamante (Guatemala), Sandra Chacon (Argentina), Carlos Alfonso Chávarro Domínguez (Colombia), Diane Allison Dykeman-Sabado (Dominican Republic), Ismariel Espin (Venezuela), Martha Lucia Franco (Colombia), Erike Hernandez Guevara (Mexico), Anne Marie Liere de Godoy (Guatemala), Bethania Martinez (Dominican Republic), Andrea Medina Méndez (Costa Rica), Daniel Neves Forte (Brazil), Elivira Livier Ortiz Coronado (Mexico), Rodolfo Oscar Verna (Argentina), Maria Luisa Rebolledo Garcia (Costa Rica), Rebeca Salandra (El Salvador), Victor Rolando Samayoa Morales (Guatemala), Juliana Suárez Cardona (Colombia), Bernardo Villa Cornejo (Mexico), and Ruth Stefany Yanes Bengoa (El Salvador).
10th World Research Congress of the European Association for Palliative Care (EAPC)
Bern, Switzerland. May 23 – 26, 2018
Grantees: Avetis Babakhanyan (Armenia), Victorina Ludovick (Tanzania), Eve Namisango (Uganda), Lalchhanhima Ralte (India), and Vilma Adriana Tripodoro (Argentina)

3rd ICPCN Conference: Inspiration, Innovation, Integration
Durban, South Africa. May 30 - June 2, 2018
Grantees: Mary Baltasary Haule (Tanzania), Chenjerai Bhodheni (Zimbabwe), Medson Boti (Malawi), Piyush Gupta (India), Martin Ignacio Mindegúa (Argentina), Farah Khalid (Malaysia), Birtar Magdalena-Delia (Romania), Esther Nafula Wekesa (Kenya), Maiara Rodrigues dos Santos (Brazil), Mamak Tahmasebi (Iran, Islamic Rep.), and Pradnya Talawadekar (India).

22nd International Congress on Palliative Care
Montreal, Canada. October 2 - 5, 2018
Grantee: Maria Isabel Cuervo Suarez, MD (Colombia)

Program Support
Amount awarded in 2018 through this program: $22,500.
This program is designed to provide financial support to organizations and institutions to improve and advance hospice and palliative care projects, programs and core support for operations.
The following organizations received Program Support grants:

Fundación Ammar Ayudando (Guatemala) foundation has been helping children for 8 years by providing palliative care in our Hospice Villa de la Esperanza (Villa of Hope). The foundation hosts, cares and serves patients diagnosed with terminal illnesses, specifically children and young people from 0-25 years of age.  The hospice provides palliative care to all children and young people with limited resources with chronic degenerative disease and/or a prognosis of less than 6 months to live.  Their patients are referred by public hospitals in Guatemala City.

In 2017, thanks to a grant from the Stone Family Foundation in the USA, the IAHPC provided a grant to build two rooms and after a site-visit in October 2017, the grant was extended into 2018 to build a bathroom for
the new rooms, a roof between the main building and the new rooms, and a ramp to facilitate the transportation of patients in wheelchairs and rolling beds.

_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 2018 best poster awards were:

- **1st Prize Poster (US $300): Predicting Survival in Patients with Advanced Cancer in Home Care Setting Using Palliative Prognostic Index.** _Author:_ Fadi N. Abu-Farsakh from Jordan.

- **2nd Prize Poster ($200): Health Related Quality of Life of Advanced Cancer Patients Who Express a Wish to Hasten Death.** _Author:_ Iris Crespo from Spain.

- **3th Prize Poster ($100): A Survey of U.S. Hospice Professionals Regarding Medical Cannabis Practices.** _Author:_ Ryan Costantino from the United States.
## Annex 2 – Financial Statements

**IAHPC**

**Profit and Loss**

January - December 2018

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Income</strong></td>
<td>$570,692.51</td>
</tr>
<tr>
<td><strong>Gross Profit</strong></td>
<td>$570,692.51</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>$565,530.21</td>
</tr>
<tr>
<td><strong>Net Operating Income</strong></td>
<td>$5,162.30</td>
</tr>
<tr>
<td><strong>Other Income</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Total Other Income</strong></td>
<td>-$795.37</td>
</tr>
<tr>
<td><strong>Other Expenses</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Total Other Expenses</strong></td>
<td>$86.58</td>
</tr>
<tr>
<td><strong>Net Other Income</strong></td>
<td>-$795.37</td>
</tr>
<tr>
<td><strong>Net Income</strong></td>
<td>$4,366.93</td>
</tr>
</tbody>
</table>
### IAHPC Balance Sheet

**As of December 31, 2018**

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
</tr>
<tr>
<td>Bank Accounts</td>
<td></td>
</tr>
<tr>
<td>1000 Bank of America</td>
<td>161,284.43</td>
</tr>
<tr>
<td>1020 Short-term investment</td>
<td>10,144.02</td>
</tr>
<tr>
<td>1030 Donations in kind</td>
<td>3,696.40</td>
</tr>
<tr>
<td>1040 Paypal</td>
<td>0.09</td>
</tr>
<tr>
<td><strong>Total Bank Accounts</strong></td>
<td>175,124.94</td>
</tr>
<tr>
<td>Accounts Receivable</td>
<td></td>
</tr>
<tr>
<td>1100 Unrestricted Pledges</td>
<td>1,910.00</td>
</tr>
<tr>
<td><strong>Total Accounts Receivable</strong></td>
<td>1,910.00</td>
</tr>
<tr>
<td>Other Current Assets</td>
<td></td>
</tr>
<tr>
<td>1200 Undeposited Funds</td>
<td>1,805.00</td>
</tr>
<tr>
<td><strong>Total Other Current Assets</strong></td>
<td>1,805.00</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>178,839.94</td>
</tr>
<tr>
<td>Fixed Assets</td>
<td></td>
</tr>
<tr>
<td>1300 Furniture, fixtures, &amp; equip</td>
<td>10,924.10</td>
</tr>
<tr>
<td>1310 Accum deprec- furn,fix,equip</td>
<td>-10,185.00</td>
</tr>
<tr>
<td><strong>Total Fixed Assets</strong></td>
<td>739.10</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>179,579.04</td>
</tr>
</tbody>
</table>

| LIABILITIES AND EQUITY                |             |
| Current Liabilities                  |             |
| Accounts Payable                     |             |
| 2000 Unrestricted Accounts Payable   | 2,935.27    |
| **Total Accounts Payable**           | 2,935.27    |
| Credit Cards                         |             |
| 2040 Credit Cards                    | 6,274.10    |
| **Total Credit Cards**               | 6,274.10    |
| **Total Current Liabilities**        | 9,209.37    |
| **Total Liabilities**                | 9,209.37    |
| Equity                                |             |
| 3000 Excess/Deficit previous years   | 166,002.74  |
| Net Income                            | 4,366.93    |
| **Total Equity**                     | 170,369.67  |
| **TOTAL LIABILITIES AND EQUITY**      | 179,579.04  |
Annex 3 - IAHPC Donors – 2018

Over $100,000
Enrique Ospina and Liliana De Lima
US Cancer Pain Relief Committee

Between $20,000 and $50,000
Pettus Foundation
The American Online Giving Foundation

Between $1,000-$15,000
Alberto A. Pena
Carlos Calbarcas and Mrs. Maricel Marquez
Alberto A. Pena
Benevity Inc
Global Giving
Google Foundation
Maria Lenis
Network for Good

Between $500 and $999
SuiLin Cheong

Between $100 and $499
Alison Ramsey
Amazon Smile
Bethany Russell
EJ Gibson
Hardy Manges
John McGrath
Joseph Scire
Kevin Bezanson
Laura Gallier
Laurence & Dayna Ramlan
Maria Lea Derio
Mary Callaway
Paul Corvino
QUALCOMM Incorporated
Richard Harmon
Warner Bros Television Production

Up to $99
Alexander Nesbitt
Carmen Casavino
Carol Melling
Charles P Kurland
Chris Chizmar
Christine Griffin
Danilo Fritzler
Debbie Porter
Eloise Peduto
Faustino Gonzalez
Genevieve -Napier
James A. Hayward
Jim Wheeler
John and Ellen Ryan
John Stiney
Judith Simpson
Just Give Org.
Kathleen Baker
Kathleen Grimm
Kent and Linda Schulte
Kerri McCool
Kimberly Thompson
Lilian Majengo
Maria Ines Von Potieruchin
Maria Van Den
Muijsenbergh
Marylene Williams
Matt Vogelsang
Matthias Brian
Mitsuru Sakitani
Molly Haley
Patricia Miller
Patricia Nelson
Rose Boette
Samuel - Guma
The Charles R. Sandkulla
Yujen E Hsia
Donors through Global Giving crowd funding campaign

Between $500 and $2000
Anonymous
Mitsuru Sakitani

Between $100 and $199
Alberto Pena
Julia Libreros
Julie Hauer
Lina Rozo
Mary Callaway

Up to $99
Janet Novack
Contact the IAHPC

IAHPC
5535 Memorial Dr. Suite F - 509
Houston TX 77007 USA
Phone +1 (346) 571-5919
Toll Free +1 (866) 374 2472
http://hospicecare.com/home/

Follow IAHPC through its social media campaigns!