



ANNUAL REPORT AND FINANCIAL STATEMENT

31 March 2025

The Worldwide Hospice Palliative Care Alliance Company Limited by Guarantee

Registered in England and Wales No 6735120

Registered Charity No 1127569

THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE

ANNUAL REPORT AND FINANCIAL STATEMENT

31 March 2025

TRUSTEES ANNUAL REPORT

1. ADMINISTRATIVE DETAILS

Registered name

The Worldwide Hospice Palliative Care Alliance
Any other working name (or abbreviation): WHPCA

Charity and Company Registration

Registered charity: 1127569
Company limited by guarantee in England and Wales: 6735120

Principal and Registered Office

Hospice House
34-44 Britannia Street
London
WC1X 9JG

Independent Examiner

Shaun Jordan
Price Bailey LLP
3rd Floor
24 Old Bond St
Mayfair
London
W1S 4AP

Banker

Coutts and Co.
440 Strand
London
WC2 0QS

THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE

ANNUAL REPORT AND FINANCIAL STATEMENT

31 March 2025

Trustees (During Fiscal Year)

Dr James Cleary	Director and Walther Senior Chair of Supportive Oncology, Indiana University Chair July 2024 to present
Dr Richard Harding	Kings College, Cicely Saunders Institute <u>Appointed:</u> October 2016 <u>Re-appointed</u> Mar 2020 Vice Chair
Dr Frank Brennen	Physician <u>Appointed:</u> October 2017 <u>Re-appointed</u> Dec 2020 <u>Appointed:</u> October 2017 <u>Re-appointed</u> Dec 2020 Treasurer
Dr Julie Ling	Chief Executive Officer, European Association for Palliative Care <u>Appointed:</u> December 2014 (Chair from June 2018 to 2024)
Dr Julia Downing	Chief Executive Officer, International Children's Palliative Care Network <u>Appointed:</u> October 2017 Unlimited Term
Dr Emmanuel Luyirika	Executive Director, African Palliative Care Association <u>Appointed:</u> November 2012 Unlimited Term
Dr Ednin Hamzah	Chair, Asia Pacific Hospice Palliative Care Network_ <u>Appointed:</u> November 2013 <u>Re-appointed:</u> August 2017 Unlimited Term <u>Resigned</u> June 2024
Mr. Toby Porter	CEO, Hospice UK <u>Appointed:</u> June 2023
Dr Agnes Csikos	Pecs-Baranya Hospice Foundation, Hungary <u>Appointed:</u> October 2017 <u>Re-appointed</u> Mar 2021
Ms. Maria Marroquin	Administrator, Latin American Palliative Care Assoc. <u>Appointed:</u> August 2020 Unlimited Term

THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE

ANNUAL REPORT AND FINANCIAL STATEMENT

31 March 2025

Ms Laurel Gillespie	Executive Director, Canadian Hospice Palliative Care Association <u>Appointed:</u> May 2022
Dr Stephen Watiti	Trustee with Lived Experience Palliative Care <u>Appointed:</u> December 2018 Reappointed November 2022
Dr Savita Butola	Secretary, Indian Association of Palliative Care <u>Appointed:</u> June 2020 Unlimited Term
Prof Yoshiyuki Kizawa	President, Japanese Society for Palliative Medicine <u>Appointed:</u> September 2020
Prof Meera Agar	Chair, Palliative Care Australia <u>Appointed:</u> September 2020
Dr Babe Gaosebale	Botswana Ministry of Health <u>Appointed:</u> May 2020
Dr Sami Alsafari	Professor, Kasr Al-Ainy School of Medicine, Cairo University. <u>Appointed:</u> May 2022
Dr Douglas Crispim	Brazilian National Academy of Palliative Care <u>Appointed:</u> December 2022
Prof Ghauri Aggarwal	Chair, Asia Pacific Hospice Palliative Care Network <u>Appointed</u> September 2024 Unlimited Term

THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE

ANNUAL REPORT AND FINANCIAL STATEMENT

31 March 2025

2. STRUCTURE, GOVERNANCE AND MANAGEMENT

Nature of Governing Document

The Worldwide Hospice Palliative Care Alliance is a charitable company limited by guarantee constituted on 28 October 2008 and governed by articles and memorandum of association which were last amended on 25 July 2017. The trustees are also directors of the charity for the purposes of the Companies Act.

How the Charity is Constituted

The charity is an international non-governmental organization with trustees from each region of the world. There are currently 500 organizational members of the WHPCA from 103 countries. WHPCA members are not currently required to pay dues. The only voting members are the trustees.

The Board of Trustees

Trustees are elected and appointed according to the byelaws, which identify the number of trustees from each world region. Qualified candidates for election to the Board are identified with our regional members and are elected by current trustees.

Most trustees retire from office after four years. Retiring trustees can be reappointed but a trustee who has served for two consecutive terms must take a break from office and may not be reappointed for one year. Trustees that represent named organizations in the byelaws can serve unlimited terms. An officer of the board can remain on the board as long as they remain seated.

The trustees delegate day-to-day management of the charity to the Executive Director, Dr Stephen Connor.

The trustees set the remuneration of key management personnel based on market rates within the sector

3. PUBLIC BENEFIT

We have referred to Charity Commission's general guidance on public benefit when reviewing our aims and objectives and in planning our future activities. In particular, the trustees consider how planned activities will contribute to the aims and objectives they have set. Our achievements and performance in section 5 show how we have met the public benefit requirements.

THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE

ANNUAL REPORT AND FINANCIAL STATEMENT

31 March 2025

The Worldwide Hospice Palliative Care Alliance (WHPCA) is an international nongovernmental organisation (INGO) focusing exclusively on hospice and palliative care development worldwide. Its members are national and regional hospice and palliative care organisations and affiliate organisations supporting hospice and palliative care and supporters of hospice and palliative care worldwide.

Our vision is “A world with universal Access to quality palliative care.”

Our mission is “To improve access to timely, quality palliative care globally and to reduce serious health related suffering through impactful collaboration with the global health community.”

Hospice and palliative care services relieves the pain and suffering of patients with life-limiting illness, supporting them and those around them physically, emotionally, and spiritually. Care for patients can be in a variety of settings including their own home, at the hospice, in a hospital or in the community and can be for days, months or years.

We are here to support national hospice and palliative care organisations in promoting and developing hospice and palliative care in their countries. In the following sections, we aim to give you a snapshot of the key activities we have undertaken this year to meet our charitable objectives. This review demonstrates how our work is carried out for public benefit and how we have supported our members and others to provide and develop palliative care.

4. OBJECTIVES AND ACTIVITIES

The goals of the charity are:

Strategic Goal 1: We will advocate for the inclusion of palliative care services under universal health coverage at all levels including primary care.

Strategic Goal 2: We will work with member organizations to facilitate building leadership, management capacity, evidence, advocacy & policy skills, technical assistance, and communications ability.

The main activities undertaken in relation to those purposes (from 1 April 2024 to 31 March 2025) are set out in section 5 below.

THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE

ANNUAL REPORT AND FINANCIAL STATEMENT

31 March 2025

5. ACHIEVEMENTS AND PERFORMANCE

- *Secretariat and Governance*

This year, there were no face-to-face board meetings. However, the board did meet by teleconference four times during the year.

The executive committee held teleconference meetings between board calls.

Our first executive director, Dr Stephen Connor, was originally appointed in January 2016, and continues to lead the organization to present.

- *Risk Management*

The trustees, together with the executive director and staff, identify risks to which the Worldwide Hospice Palliative Care Alliance is exposed and ensure that appropriate controls and systems are in place to monitor and manage those risks. A risk register is maintained and is reviewed by staff monthly, by the executive committee quarterly, and by the full board annually. Current risks include securing income, dealing with potential economic downturn, ensuring compliance with UK General Data Protections Rules, ensuring our partner organizations are compliant with all safeguarding and grant funding rules and procedures, and ensuring on-line donations and grants are accurately accounted for.

We influence policy at the highest levels

Advocacy

This year we continued to focus our advocacy around integrating palliative care as part of health system strengthening and Universal Health Coverage reforms. We continued to work together with palliative care advocates and palliative care allies worldwide to achieve our aims for palliative care for all as part of UHC, with a particular focus on enabling the voice of people with lived experience of palliative care to be heard. We continue to work with WHO, as a non-state actor in official relations, the United Nations as an NGO with Consultative Status, and to develop strong, collaborative links with other non-state actor partnerships to deliver our objectives.

THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE

ANNUAL REPORT AND FINANCIAL STATEMENT

31 March 2025

Our key activities through the year include:

We contributed to high level events ensuring the voice of palliative care, and more specifically, people with palliative care needs were heard. This included the May 2024 World Health Assembly where we organized a side event on progress since the resolution sponsored by four member states and ten civil society organizations (see flyer). WHPCA Interventions included:

- Constituency statements we are joining
 - GHC's statement on health emergencies (and NCDAs)
 - GHC's statement on NSAs in official relations
 - NCDAs statement on health workforce
- Individual statement we are giving
 - UHC intervention on global health financing
 - NCD intervention on lung health
 - Mental Health & SC
 - Global health plans supporting dementia

At the January 2025 WHO Executive Board meeting where we gave interventions on non-communicable disease, mental health and social connection, and children, adolescent, and women's health.

- We have worked to support the implementation of the WHO Palliative Care Action Plan through active engagement on the WHO palliative care working group and with partners, including:

- Bi-annual meetings with the WHO Internal Palliative Care Working Group
- Group (PCWG) Executive Director heads one of the subgroups of the PCWG

Membership in and support of:

- The WHO HIV Quality of Care Working Group
- The WHO Noncommunicable Disease and Mental Health Dept The WHO Global TB Programme
- The WHO Global Network for Long Term Care
- The WHO Cervical Cancer Elimination program
- The WHO Childhood Cancer Initiative
- The WHO Civil Society Working Group on NCD's and Pandemic Preparedness

THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE

ANNUAL REPORT AND FINANCIAL STATEMENT

31 March 2025

77th Session of the World Health Assembly

In-Person Side Event

10 Years Since the WHA Resolution on Palliative Care....



Invitation

Ten Years Since the WHA Resolution on Palliative Care: Access is Increasing Slowly in LMICs, How Can We Expedite it?

In 2014 after several years of advocacy, and with support from the WHO Executive Board, a stand-alone resolution on Palliative Care was unanimously approved by Member States at the 69th World Health Assembly. Resolution (67.19) titled: *"Strengthening of Palliative Care as a Component of Comprehensive Care Throughout the Life Course."*

2024 marks the 10th Anniversary of this historic resolution. Progress towards implementation of the resolution has been limited with disparate implementation between high income and low- and middle-income countries, particularly for access to essential medicines, palliative care integration into primary care and inclusion in Universal Health Coverage. *This side event will review progress, catalyze current movements, reignite commitments, spark new strategies and galvanize efforts for effective implementation to reduce serious health-related suffering. Please Join Us!*

 **Thursday 30 May 2024**
18:00 – 19:30 Geneva / CET

 **Union for International Cancer Control**
Avenue Giuseppe Motta 31/33,
1202 Genève, Switzerland

 **Register Online, follow this link:** <https://tinyurl.com/ye8dpmte> **OR Scan this QR Code:** 

Organized by 

Supported by Member States:







Supported by Non-State Actors:











CO-CHAIRS:

H.E. Ambassador Ghislain D'Hoop
*Acting Director General, Multilateral Affairs & Globalization
Kingdom of Belgium; EU Presidential Delegation; Former
Chair, Commission on Narcotic Drugs (CND)*

Mr. Blair Exell
*Deputy Secretary, Health Strategy, First Nations and
Sport, Australian Government Department of Health and
Aged Care*

PANELISTS:

INTRODUCTIONS from WHO:

Dr. Bente Mikkelsen, MD
Director, WHO Non-Communicable Diseases

Dr. Rudi Eggers, MD
Director, WHO Integrative Health Services

Dr. Stephen Connor, Moderator
*Worldwide Hospice Palliative
Care Alliance (WHPCA)*

Dr. Vilma Tripodoro, MD, PhD
*ATLANTES Global Observatory in
Palliative Care; WHO Collaborating
Centre in Palliative Care*

Professor Julia Downing
*International Children's Palliative
Care Network (ICPCN)*

Dr. Zipporah Ali
*Board of Directors, Kenya
Hospices & Palliative Care & APCA*

THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE

ANNUAL REPORT AND FINANCIAL STATEMENT

31 March 2025

- We continued to disseminate our report titled: *Advocacy Guide: Palliative Care and Universal Health Coverage* to help our members to better advocate for UHC in their countries
- We also were involved in published the following articles during the fiscal year:
 1. Rosa, W.E., Connor, S., Aggarwal, G., Alsirafy, S., Brennan, J., Davies, H., Downing, J., Ferrell, B. Harding, R., Knaul, F.M., Luyirika, E., Marroquín, M., Marston, J., Radbruch, L., Rajagopal, M.R., Sallnow, L., & Krakauer, E.L. (2025). Relieve the suffering: Palliative care in the next decade. *The Lancet*.
 2. Knaul F, Bhadelia A, Kwete XJ, Rosa W, Méndez-Carniado O, Enciso VV, Calderon-Anyosa R, **Connor** S, Radbruch L. The evolution of serious health-related suffering from 1990 to 2019: an update to the Lancet Commission on Global Access to Palliative Care and Pain Relief. *The Lancet Global Health*, 13: e422–36.
 3. Knaul F, Arreola-Ornelas H, Kwete XJ, Bhadelia A, Berterame S, Connor SR, De Lima L, Krakauer EL, Mendez-Carniado O, Pastrana T, Perez-Cruz P, Portenoy RK, Rosa WE, Touchton M, Enciso VV, Radbruch L. (2025). Distributed Opioids in Morphine Equivalent: A Global Measure of Availability of Palliative Care. *Journal of Pain and Symptom Management*, 69(2):204-215.
 4. Xiaoxiao J Kwete, Afsan Bhadelia, Hector Arreola-Ornelas, Oscar Mendez, William E. Rosa, Stephen **Connor**, Julia Downing, Dean Jamison, David Watkins, Renzo Calderon, Jim Cleary, Joe Friedman, Liliana De Lima, Christian Ntizimira, Tania Pastrana, Pedro E. P´erez-Cruz, Dingle Spence, M.R. Rajagopal, Valentina Vargas Enciso , Eric L. Krakauer, Lukas Radbruch , Felicia Marie Knaul , Global Assessment of Palliative Care Need: Serious Health-Related Suffering Measurement Methodology, *Journal of Pain and Symptom Management* (2024), doi: <https://doi.org/10.1016/j.jpainsymman.2024.03.027>
 5. Keiichi Fujiwara, Stephen R. Connor, Noriko Fujiwara, Raimundo Correa, Anisa Mburu, Debbie Leopold, Mary Eiken, Michael L. Pearl. The International Gynecologic Oncology consensus statement on palliative care. (2024) *J Gynecol Cancer* 2024;0:1–5. doi: <https://doi.org/10.1136/ijgc-2024-005729>
 6. Reid E, Abathun E, Zerihun M, Lorenz K, Connor S, Hauser J, Ayres N, Harding R, Gebre N. (2024) It takes a village: bringing palliative care to Ethiopia. *J Pall Care*. DOI: [10.1089/jpm.2023.0632](https://doi.org/10.1089/jpm.2023.0632)
 7. Xiaoxiao J Kwete, Afsan Bhadelia, Hector Arreola-Ornelas, Oscar Mendez, William E. Rosa, Stephen Connor,
 8. Julia Downing, Dean Jamison, David Watkins, Renzo Calderon, Jim Cleary, Joe Friedman, Liliana De Lima, Christian Ntizimira, Tania Pastrana, Pedro E. P´erez-Cruz, Dingle Spence, M.R. Rajagopal, Valentina Vargas Enciso , Eric L. Krakauer , Lukas Radbruch , Felicia Marie Knaul , Global Assessment of Palliative Care Need: Serious Health-Related Suffering Measurement Methodology, *Journal of Pain and Symptom Management* (2024), doi: <https://doi.org/10.1016/j.jpainsymman.2024.03.027>
 9. Lichtenthal W, Breen LJ, Roberts KE, **Connor** S, Aoun SA, Rosa B. Investing in Bereavement Care as a Public Health Priority A Transitional Care Model. *Lancet Public Health*. Published **Online** March 13, 2024 [https://doi.org/10.1016/S2468-2667\(24\)00030-6](https://doi.org/10.1016/S2468-2667(24)00030-6)

THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE

ANNUAL REPORT AND FINANCIAL STATEMENT

31 March 2025

Communications

WHPCA publishes on the international edition of ehospice (a separate charity) which supported WHPCA programmes and advocacy activity by reporting on WHPCA programmes and efforts to achieve Universal Health Coverage and palliative care services for those who need it as part of the WHO General Programme of Work, access to medications, rights of older persons, and advocacy at the World Health Organization Executive Board Meeting and World Health Assembly. ehospice international published 45 (April 24' – March 25') articles with stories from around the world during this fiscal year.

The International edition of ehospice reported 32,617 (2024: 40,485) sessions, 26,000 (2024: 37,065) new users and 206,004 (2024: 129,301) page views over the reporting period. The WHPCA has continued to build up its communications tools including:

- Our monthly e-newsletter which is circulated to over 526 (2024: 453) member recipients and 3,117 (2024: 3,202) newsletter subscriber recipients equal a total of 3,595 (2024: 3,599) in over 120 (2024: 120) countries with an increase from the previous year.
- We have been managing and updating our WHPCA website with regular news updates relating to hospice and palliative care worldwide. There were 39,734 (2024: 36,311) sessions and 79,777 (2024: 84,751) page views, 29,541 (2024: 24,677) users on the WHPCA website during the reporting period.
- We have increased our engagement on social media mechanisms, including Facebook, and Twitter. We currently, as of 2025 have 6,394 (2024: 6,205) followers on Facebook. WHPCA also has 7,863 (2024: 8,001) followers on Twitter/X. Our LinkedIn page has 1,116 (2024: 975) followers and our Instagram account where we have 974 (2024: 783) followers.
- World Hospice and Palliative Care Day theme for 2024 was Ten Years Since the Resolution: How are we doing? Everyone deserves the best care possible regardless of who they are or where they live in the world. Palliative care is yet to be fully integrated into the healthcare system of most countries especially the low and middle-income countries. Materials were produced and utilised around the world and 161 events were registered on the website from 56 different countries. 2023 was the most successful year based on number of countries (76) and (233) events.

WHPCA Communications continued to provide support to the Executive Director, Advocacy and, Compassionate Korail project in Bangladesh by working with the WHPCA Programmes Manager to advise on communications aspects of the project. We are building a diverse and strong movement demanding care for all

We are building a diverse and strong movement demanding care for all

Our membership of the **UK working group (UKWG) on NCDs** enables us to contribute to work being undertaken by the NCDA where appropriate and importantly keeps us up to date with projects being undertaken by the other members of the UKWG and to learn from these. Membership allows WHPCA to keep up to date with advocacy initiatives from other organisations and provides information about activities at meetings such as WHA EB and UN HLM.

THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE

ANNUAL REPORT AND FINANCIAL STATEMENT

31 March 2025

In partnership with the American Eurasia Cancer Alliance, I was invited to give a plenary presentation on palliative care at the annual meeting of the **Oncologists of Uzbekistan** 17-18 May in Bukhara. The presentation was well received and was preceded by visits to the children's hospice and the construction site for a new purpose-built hospice in Tashkent. Following the conference, I attended and presented along with Julie Ling (remotely) at a roundtable in the Ministry of Health. Uzbekistan is expanding all its oncology services with a strong inclusion of palliative care.

On 25 March WHPCA organized a **World Stroke Academy** webinar on Palliative Care for People with Stroke. We've been planning for this event for over two years and the webinar reached 728 registrations from 101 countries. The presentation is available from the WSA on YouTube at: <https://youtu.be/yl4lZxTW4ug?si=AjiTBWtE9P2nnebG>

We participated in and attended the **World Innovation Summit on Health** in Qatar in November 2024. A report was released titled: "Palliative Care: How can we respond to ten years of limited progress" that will be used to inform advocacy efforts going forward.

Our executive director is part of a new **Lancet Commission on HIV and Ageing** and is a member of the writing group on managing complexity. The report will be released in early 2026.

THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE

ANNUAL REPORT AND FINANCIAL STATEMENT

31 March 2025

Organisational Development and Programme Support

Kenya Project Update:

The overall goal of the ***Increasing Palliative Health Workforce Capacity in Kenya, through the Hi-Five approach project*** is to develop the health workforce in Kenya, aiding them to build stronger, resilient health systems for post-pandemic recovery and to make progress towards universal health coverages. The project team in Kenya has successfully concluded the project.

The project was selected and funded by THET. Beginning in February 2024, after the inception of all the initiatives funded, the project implementation started. This included undertaking a quick desk survey to agree on the specific needs in the 5 Lake region economic block counties that were selected to implement the initiative. A total of 71 mixed health care professionals, to include medical officers, clinical officers, nurses and pharmacists were selected to be the index beneficiaries of the course. 71 trainees completed the course which consisted of six online modules and practicum sessions which run for 3 at least 36 hours. The 71 health care workers were then charged with the responsibility of mentoring at least 5 other health care workers from a mixed pool of cadres at their workstations and to participate in the direct care provision of at least 5 patients and or families of people with palliative care needs. At each decision point, thought and planning was included to encourage and empower women participation. The “Hi 5” project has significantly contributed to upskilling the existing health workforce to integrate palliative care into their current settings with the support of and under the oversight of the county health representative. This model used train the trainer approach which helped in the creation of an expanded pool of palliative care resource persons. KEHPCA and WHPCA knew that for systematic impact more than training was needed, so a critical component was the action learning during the practicum and the commitment to use the knowledge gained to benefit patients. 270 healthcare workers were trained by trainees, and 1505 patients were seen by trained healthcare workers.

KEHPCA continues to support and provide technical assistance to help realization of fully integrated palliative care services and eventually scale up of palliative care to reach all the 14 lake Region Economic block counties, with an eventual vision of scaling this further to the entire Country through future partnerships and grants. KEHPCA was asked to apply for a next round of funding, a small amount of funding to cover six months of activities to expand and continue the Hi5 project. They were successful in this application. The donor has expressed interest in inviting WHPCA and KEHPCA to apply for future funding but to date no application process has opened.

Bangladesh Project Update:

The Bangladesh PC Model project has built an integrated age-attuned model of supportive care in Bangladesh over three years, with the project currently in the last quarter of the third year. The project is implemented through AYAT Education, Bangabandhu Sheikh Mujib Medical University (BSMMU) and St. Christopher’s Hospice in the UK and covers Bandar Upazila Health Complex, Narayanganj, Bangladesh. The overall goal of the project is to provide equitable, compassionate supportive and palliative care available, accessible, and acceptable in Narayanganj especially for elderly, poor, disabled and vulnerable women and men, serving as a model for other parts of Bangladesh.

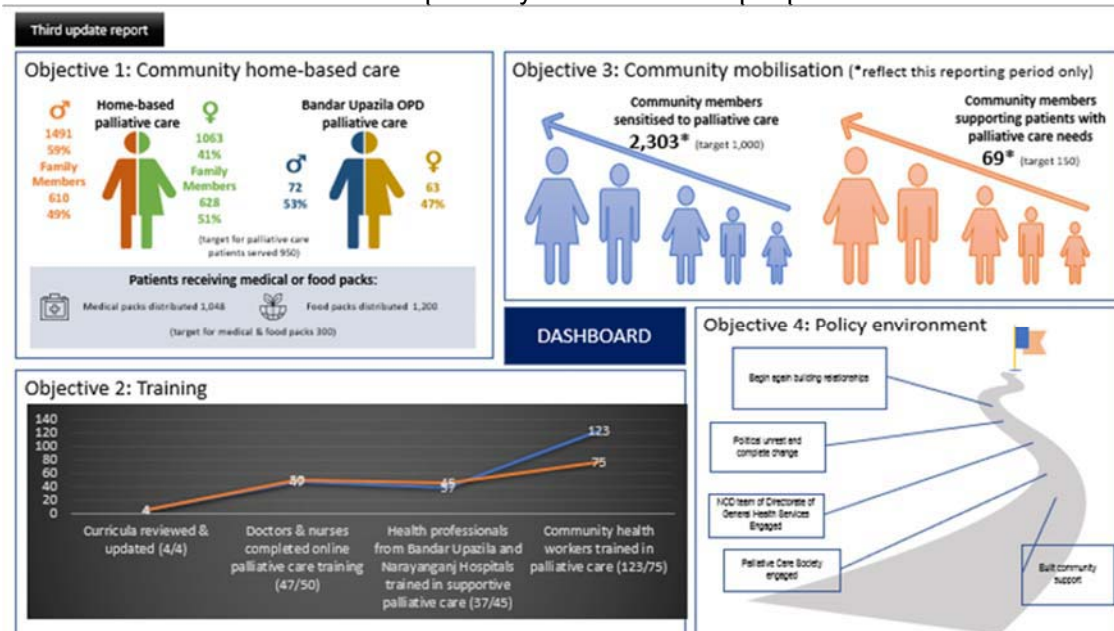
THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE

ANNUAL REPORT AND FINANCIAL STATEMENT

31 March 2025

The project has recently completed the year three report, and the most recent data is included at the end of this write up. The following focus areas are critical updates to the work in Bangladesh:

- As the project is coming to an end, AYAT has spent the funding requested and has very little funding to continue the work.
- BSMMU has approximately \$20,000 in reserve and we will be requesting a no-cost extension. BSMMU indicates they will use the funds to support community healthcare workers.
- WHPCA will work with the partners to conduct a self-evaluation of the project to be completed and submitted with the final report to the donor submitted in July 2025.
- WHPCA has been in contact with the donor. Future funding may be a possibility with the process to begin late Summer or Fall.
- WHPCA is also participating in an evaluation process with the donor to redesign the process they use to drive data collection and evaluation. This has been an intensive process but allows WHPCA to demonstrate the complexity of the project in Bangladesh and the nuances of the impact beyond numbers of people trained or cared for.



Our work with the Ministry of Health in **Greece** remains on hold until approval of their national strategy.

Our executive director is assisting WHO EURO to conduct a national needs assessment in **Uzbekistan**. This work is ongoing.

We continue to support palliative care colleagues in **Ukraine** with training. This year we did four virtual case conference trainings with volunteer US palliative care physicians from Harvard, Johns Hopkins and Fox Chase Cancer Centre. Difficult palliative care patients are discussed.

We continued to support the **International Gynaecological Cancer Society's** initiative to get their members to commit to integration of palliative care into specialist practices.

WHPCA is supporting pilot studies on palliative care in **Ethiopia** we hope will lead to funding for scale up of services in partnership with local burial societies.

THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE

ANNUAL REPORT AND FINANCIAL STATEMENT

31 March 2025

Our executive director travelled to Xaimen **China** to speak at a regional conference on palliative care on World Hospice & Palliative Care Day.

Work has begun on the next third edition of the **Global Atlas of Palliative Care** in cooperation with WHO, a major part of our official relations work plan. The Atlas continues to be downloaded thousands of times annually along with the **Palliative Care Training Manuals**.

6. FINANCIAL REVIEW

Income for the financial year was £81,313 (2024: £206,444), including grants from an Anonymous donor, the Tropical Health & Education Trust, and Global Giving Foundation. We are extremely grateful to them for their support. Expenditure for the year totalled £174,678 (2024: £201,262).

During the year WHPCA recorded a deficit of £93,365 (2023/24 surplus of £5,182) due to commitments to spend funds from the previous fiscal year. There was a large unrestricted general funds expenditure of £42,308 (2023/24: £48,428) that brings total unrestricted funds to £31,818 (2023/24: £19,606). Total funds carried forward at the end of the fiscal year were £52,451 (2023/24: £145,816).

7. RESERVES

The charity holds limited free reserves at the end of the year. The trustees aim to hold reserves of at least £50,000, based on an analysis of our expenditure commitments, charitable need and the security of our income streams. As the current free reserves are £31,818 (2024: £19,606), the trustees believe this level of reserves is inadequate, but we remain a going concern for the next twelve months.

8. PLANS FOR FUTURE PERIODS

The WHPCA will continue to work toward achieving its mission through the implementation of our new three-year strategic plan (2025-27). Currently the two strategic areas of focus are:

1. Strategic Goal 1: We will advocate for the inclusion of palliative care services under universal health coverage at all levels including primary care.
2. Strategic Goal 2: We will work with member organizations to facilitate building leadership, management capacity, evidence, advocacy & policy skills, technical assistance, and communications ability.

THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE

ANNUAL REPORT AND FINANCIAL STATEMENT

31 March 2025

STATEMENT OF TRUSTEES RESPONSIBILITIES

The trustees (who are also directors of Worldwide Hospice Palliative Care Alliance for the purposes of company law) are responsible for preparing the Report of the Trustees and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charitable company and its subsidiaries and of the incoming resources and application of resources, including the income and expenditure, of the charitable company and its subsidiaries for that period. In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and apply them consistently
- observe the methods and principles in the Charities Statement of Recommended Practice 2019 (FRS102)
- make judgements and estimates that are reasonable and prudent
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The trustees are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the charitable company and its subsidiaries and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom

governing the preparation and dissemination of financial statements may differ from legislations in other jurisdictions.

The Report of the Trustees has been prepared in accordance with the special provisions applicable to companies' subject to small companies' regime.

Independent examiner

Price Bailey LLP was re-appointed as the charity's independent examiner for this fiscal year.

Approved by the trustees on 11/12/2025 and signed on their behalf by



Dr James Cleary

Chair, WHPCA

THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE

ANNUAL REPORT AND FINANCIAL STATEMENT

31 March 2025

The Worldwide Hospice Palliative Care Alliance

Statement of Financial Activities (Incorporating an income and expenditure account)

For the year ended 31 March 2025

		Unrestricted	Restricted	2025 Total	2024 Total
	Note	£	£	£	£
Income					
Donations and legacies	2a	54,520	26,793	81,313	206,444
Total income		<u>54,520</u>	<u>26,793</u>	<u>81,313</u>	<u>206,444</u>
Expenditure					
Charitable activities	3	42,308	132,370	174,678	201,262
Total Expenditure		<u>42,308</u>	<u>132,370</u>	<u>174,678</u>	<u>201,262</u>
Net(expenditure) / income before transfers		12,212	(105,577)	(93,365)	5,182
Transfers between funds		-	-	-	-
Net (expenditure) / income after transfers		12,212	(105,577)	(93,365)	5,182
Reconciliation of funds					
Total funds brought forward		<u>19,606</u>	<u>126,210</u>	<u>145,816</u>	<u>140,634</u>
Total funds carried forward	11	<u>31,818</u>	<u>20,633</u>	<u>52,451</u>	<u>145,816</u>

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above.

THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE

ANNUAL REPORT AND FINANCIAL STATEMENT

31 March 2025

The Worldwide Hospice Palliative Care Alliance Balance sheet

As at the 31 March 2025

	Note	2025 £	2024 £
Current assets			
Cash at bank and in hand		55,075	57,926
Debtors	8	<u>126</u>	<u>126,731</u>
		55,201	184,657
Liabilities			
Creditors: amounts due within 1 year	9	<u>(2,750)</u>	<u>(38,841)</u>
Net current assets		52,451	145,816
Net assets		<u><u>52,451</u></u>	<u><u>145,816</u></u>
Funds			
Restricted funds		20,633	126,210
Unrestricted funds		31,818	19,606
Total charity funds	10	<u><u>52,451</u></u>	<u><u>145,816</u></u>

The notes on pages 19 to 28 form part of these financial statements.

For the year ending 31 March 2025, the company was entitled to exemption from audit under section 477 of the Companies Act 2006

Directors' responsibilities:

- the members have not required the company to obtain an audit of its account for the year in question in accordance with section 476;
- The directors acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and the

Approved by the trustees on 11 December 2025 and signed on their behalf



Dr James Cleary
Chair

Company number: 6735120

THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE

ANNUAL REPORT AND FINANCIAL STATEMENT

31 March 2025

Notes to the financial statements

For the year ended 31 March 2025

1. Accounting policies

a) Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice Applicable to Charities Preparing their Accounts in Accordance with the Financial Reporting Standard Applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019) - (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102), and the Companies Act 2006. The functional currency is pounds sterling.

The charity meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value, unless otherwise stated in the relevant accounting policy notes.

b) Company status

The charity is a company limited by guarantee. In the event of the charity being wound up, the liability in respect of the guarantee is limited to £1 per member (18) of the charity.

c) Fund accounting

General funds are unrestricted funds which are available for use at the discretion of the Trustees in furtherance of the general objectives of the charity and which have not been designated for other purposes.

Restricted funds are to be used for specific purposes as laid down by the donor.

d) Income

Voluntary income including donations, gifts and grants that provide core funding or are of general nature are recognised where there is entitlement, probability of receipt and the amount can be measured with sufficient reliability.

THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE

ANNUAL REPORT AND FINANCIAL STATEMENT

31 March 2025

1. Accounting policies (continued)

e) Expenditure

Expenditure is included in the statement of financial activities when incurred and includes attributable VAT which cannot be recovered.

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category. Where costs cannot be directly allocated to either charitable or governance costs, they have been apportioned based on an estimate of the time devoted to the respective areas.

f) Going Concern

The financial statements have been prepared on a going concern basis as the trustees believe that no material uncertainties exist. The trustees have considered the level of funds held and the expected level of income and expenditure for 12 months from authorising these financial statements. The budgeted income and expenditure is sufficient with the level of reserves for the charity to be able to continue as a going concern, and income received up to the date of signing these accounts suggests the budget will be met.

g) Debtors

Trade and other debtors are recognised at the settlement amount due. Prepayments are valued at the amount prepaid net of any trade discounts due. Accrued income and tax recoverable is included at the best estimate of the amounts receivable at the balance sheet date.

h) Creditors

Creditors are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors are normally recognised at their settlement amount.

i) Cash at bank and in hand

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE

ANNUAL REPORT AND FINANCIAL STATEMENT

31 March 2025

1. Accounting policies (continued)

j) Pension

The company operate a defined contribution plan for the benefit of its employees. Contributions are expensed as they become payable.

k) Financial instruments

The charity only has financial assets and liabilities that qualify as basic financial instruments, which are all measured at cost.

l) Significant estimates and judgements

No significant judgements, accounting policies or assumptions have been made by management in applying the charity's accounting policies.

THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE

ANNUAL REPORT AND FINANCIAL STATEMENT

31 March 2025

Notes to the financial statements

For the year ended 31 March 2025

2. Income

a) Donations and Legacies

			2025			2024
	Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
	£	£	£	£	£	£
Grants from foundations and trusts						
Grant from Anonymous Foundation	-	-	-	-	118,947	118,947
Grant from Global Giving Foundation	1,543	225	1,767	335	1,512	1,847
Grant from Tropical Health and Education Trust	-	7,568	7,568	-	42,432	42,432
Global Health Partnerships (formerly THET)	-	19,000	19,000	-	-	-
	<u>1,543</u>	<u>26,793</u>	<u>28,335</u>	<u>335</u>	<u>162,891</u>	<u>163,226</u>
Income from related parties	12	42,064	-	42,571	-	42,571
Interest income		761	-	-	-	-
Exchange gains/(losses)		(880)	-	(2,083)	-	(2,083)
Individual donations		311	-	2,730	-	2,730
Unrestricted trusts - Global Atlas		<u>10,721</u>	-	<u>-</u>	<u>-</u>	<u>-</u>
Total		<u>54,520</u>	<u>26,793</u>	<u>81,313</u>	<u>43,553</u>	<u>162,891</u>
					<u>162,891</u>	<u>206,444</u>

THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE

ANNUAL REPORT AND FINANCIAL STATEMENT

31 March 2025

Notes to the financial statements

For the year ended 31 March 2025

3. a) Expenditure

	2025			2024		
	Direct Costs	Support Costs	Total	Direct Costs	Support Costs	Total
	£	£	£	£	£	£
Charitable Activities						
General Capacity Building	42,308	-	42,308	48,428	-	48,428
Bangladesh Project (GDS Giving)	86,545	12,683	99,228	116,549	16,184	132,733
Ukraine	-	16	16	2,758	264	3,022
Kenya	28,868	4,053	32,920	16,413	666	17,079
Kenya Extension	-	206	206	-	-	-
Total Expenditure	157,720	16,958	174,678	184,148	17,114	201,262

THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE

ANNUAL REPORT AND FINANCIAL STATEMENT

31 March 2025

Notes to the financial statements

For the year ended 31 March 2025

3. Expenditure (continued)

b) Analysis of Support Costs

	2025	2024
	£	£
Governance		
Tax and Independent Examination	2,040	2,160
	<u>2,040</u>	<u>2,160</u>
Other Support Costs		
Accountancy and HR	4,835	3,450
Miscellaneous	8,721	8,501
Communications Costs	997	1,322
Website	365	1,681
Total Support Costs	<u>16,958</u>	<u>17,114</u>

Support costs have been allocated based on an estimate of time spent.

4. Net income/(expenditure) for the year

This is stated after charging / crediting:	2025	2024
	£	£
Net losses on foreign exchange	880	2,083
Independent Examiners fees	2,040	2,160

THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE

ANNUAL REPORT AND FINANCIAL STATEMENT

Notes to the financial statements

31 March 2025

For the year ended 31 March 2025

5. Wages and Salaries	2025	2024
	£	£
Salaries	45,808	57,034
National Insurance	-	-
Pension	1,214	1,440
	47,021	58,474

No employee earned more than £60,000 in the current or prior year.

The key management personnel for the year comprise the trustees. The charity's trustees were not paid and did not receive any benefits from employment with WHPCA in the year (2024: £nil). They were reimbursed expenses during the year as stated in note 12.

b) Staff numbers

The average monthly head count was 3 (2024: 3)

	2025	2024
	No	No
At 31 March, the head-count was as follows		
Charitable activities	3	3
Total	3	3

6. Pension

WHPCA contributes towards defined contribution pension plans for employees. Pension costs are recognised when they fall due.

The costs of the defined contribution scheme are included with the associated staff costs and allocated therefore to raising funds and charitable activities. £nil (2024 - £181) was owing to the pension scheme at the year end.

THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE

ANNUAL REPORT AND FINANCIAL STATEMENT

31 March 2025

Notes to the financial statements

For the year ended 31 March 2025

7. Taxation

WHPCA is exempt from corporation tax as all its income is applied for charitable purposes.

8. Debtors	2025	2024
	£	£
Other debtors	-	807
Amounts due from Hospice UK	126	125,924
	126	126,731

9. Creditors: Amounts falling due in less than one year	2025	2024
	£	£
Trade creditors and other creditors	-	37,841
Accruals & Deferred Income	2,750	1,000
	2,750	38,841

10. Analysis of net assets between funds	2025		
	Unrestricted	Restricted	Total
	£	£	£
Net current assets	31,818	20,633	52,451
	31,818	20,633	52,451

	2024		
	Unrestricted	Restricted	Total
	£	£	£
Net current assets	19,606	126,210	145,816
	19,606	126,210	145,816

THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE

ANNUAL REPORT AND FINANCIAL STATEMENT

31 March 2025

Notes to the financial statements

For the year ended 31 March 2025

11. Analysis of funds

An analysis of restricted funds is shown below

	1 April 2024 £	Income £	Expenditure £	Transfers £	31 March 2025 £
Restricted funds					
Ethiopia	500	-	-	-	500
Kenya	25,352	7,568	(32,920)	-	-
Ukraine	1,130	225	(16)	-	1,339
Bangladesh Project	99,228	-	(99,228)	-	-
Kenya Extension	-	19,000	(206)	-	18,794
Total restricted funds	126,210	26,793	(132,370)	-	20,633
	-				
Unrestricted funds	19,606	54,520	(42,308)	-	31,818
Total funds	145,816	81,313	(174,678)	-	52,451

	1 April 2023 £	Income £	Expenditure £	Transfers £	31 March 2024 £
Restricted funds					
Ethiopia	500	-	-	-	500
Kenya	-	42,432	(17,080)	-	25,352
Ukraine	2,640	1,512	(3,022)	-	1,130
Bangladesh Project	113,013	118,947	(132,732)	-	99,228
Total restricted funds	116,153	162,891	(152,834)	-	126,210
	-				
Unrestricted funds	24,481	43,553	(48,428)	-	19,606
Total funds	140,634	206,444	(201,262)	-	145,816

THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE

ANNUAL REPORT AND FINANCIAL STATEMENT

31 March 2025

Notes to the financial statements

For the year ended 31 March 2025

11. Analysis of funds (continued)

Global Health Partnerships (formerly THET) is funding palliative care development project in Kenya

A UK trust which wishes to remain anonymous is funding a palliative care development project in Bangladesh.

We worked with the Global Giving Foundation to support palliative care in the Ukraine

12. Related party transactions

WHPCA paid the cost of travel and expenses incurred by Trustees whilst fulfilling their duties to WHPCA. This includes the reimbursement of expenses totalling £nil (2024: £nil).

Hospice UK, a UK registered charity, is a member of WHPCA and the Chief Executive Officer of Hospice UK - Toby Porter - is a trustee of WHPCA.

Hospice UK also provided various services to WHPCA, including financial management and payroll services valued at £4,800 (2024: £3,750).

At the year end Hospice UK owed £126 to WHPCA (2024: £125,924).

During the year, Stephen Connor, the executive director, donated £420 to WHPCA (2024: £630)

During the year, the charity paid £600 in subscriptions to ehospice, a communications charity. (2024:

£600). One trustees of WHPCA, Dr Julie Downing and its executive director, Dr Stephen R Connor are also trustees of ehospice

During the year, the charity received £31,960 (2024: £30,033) from EAPC for staff recharges. The chair, Julie Ling, is chief executive of EAPC.

During the year, the charity received £9,685 (2024: £9,685) from ICPCN for staff recharges and paid it £nil (2024: £nil) in consultancy fees. A trustee, Julie Downing, is chief executive of the ICPCN

13. Ultimate controlling party

There is no overall controlling party.