



GHANA PALLIATIVE CARE ASSOCIATION IN PARTNERSHIP WITH





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DRAFT FIVE-YEAR STRATEGIC PLAN FOR PALLIATIVE CARE IN GHANA (2025 – 2030) UNDER THE UHC 2020 TO 2030 POLICY OF THE MINISTRY OF HEALTH, GHANA.

(National Consultation Report)

**Prepared for: The Ministry of Health, Ghana
Prepared by: Ghana Palliative Care Association (GPCA)
Date: 17th of October, 2024**



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ACKNOWLEDGEMENTS

We extend our sincere gratitude to all stakeholders and members- institutional and individual members of the Ghana Palliative Care Association, who contributed to the success of the three-day national webinar and seven-hour symposium.

Special thanks to the Government of Ghana and the Ministry of Health for the opportunity granted the Ghana Palliative Care Association to lead this National Assignment as the mother organization of palliative care advocacy and practice in Ghana; We also thank the Ghana Health Service for immerse support and contribution to the success of this assignment. Our heartfelt gratitude to our invited partners – United Nations, World Health Organization, World Hospice and Palliative Care Alliance (WHPCA); International Association of Hospice and Palliative Care (IAHPC), International Children's Palliative Care Network, African Palliative Care Association for making it all possible and contributing immensely to the completion of this assignment.

To our various sponsors – Sangy Global & Alisa Hotel Limited; Global Partners in Care, White Valley Care Limited, Palliumgeron Caregivers Limited, Medix Consortium; we are most grateful for your invaluable support. We never could have reached this far without your support.

Appreciation also goes to palliative care providers, private sector representatives, caregivers, and civil society organizations for their insights and dedication. We ask the blessings of God to all our past National Executive Council members whose sacrifices have pushed us this far. Also, big thanks to the pioneers of palliative care advocacy and practice in Ghana - Rev. Msgr Bobby Benson and Dr. Mary Opare.

We also thank the present National Executive Council Members: Dr. Stephen Aysi Addo (Programme Manager for NACP & President of GPCA); RN Winifred Nana Yaa Otoo, Mrs. (DCNO - GHS; Chronic & direction and focus and how far palliative care has come in Ghana.



Supportive Care – Palliative Care Expert & Executive Secretary of GPCA); Dr. (RN) Bisi Adewale (Chair of Palliative Care Faculty, GCNM & Member of NEC, GPCA); Dr. Edwina Beryl Addo Opare-Lokko (Senior Specialist Family & Palliative Physician, GHS; and an MPhil/PHD Student & NIHR GHAP Palliative Care African Research PhD Training Fellow CSI, FNMPC, King's College London & Member of NEC; Rev. Alexander Danso Ohemeng (ExCo Standing Member of Christian Council Ghana, President of Ghana Evangelical Convention and Member of NEC, GPCA); Prof. Dr. Alfred Edwin Yawson (Provost College of Health Sciences, University of Ghana; Members of NEC Steering Committee of Ghana Palliative Care Association); Prof. Dr. Mawuli Kotope Gyakobo (FGCP (Fam. Med); APPF; Int. Fellow In Pall Med; Post Doc. Fellowship; FWACP; PhD; MWACP & Chair of NEC Steering Committee of GPCA); Rev. Prof. Dr. Mathew Kyei (Dean, University of Ghana Medical School); and Mrs. Grace Barnes (Rtd. RN) – Former Chief Nursing Office, Korlebu Teaching Hospital & a member of NEC of GPCA) for their immense hard work in steering affairs of the association. Finally, we bless the Almighty God for direction and focus and how far palliative care has come in Ghana.

This report presents the consolidated outcomes of the National Webinar and Symposium on the **Five-Year Strategic Plan for Palliative Care in Ghana (2024-2029)**. The objective of this initiative was to align stakeholders on a roadmap to institutionalize palliative care services within the Ghanaian health system. Discussions during the event revolved around sustainable integration, workforce development, financing models, public engagement, and monitoring frameworks.

This strategic plan consolidates 12 key ideas identified during the sessions into 6 core objectives with actionable sub-objectives to ensure feasibility and alignment with the Universal Health Coverage (UHC) agenda.

Currently, palliative care is integrated into a few broader healthcare policies and strategic initiatives in Ghana. Although there isn't a standalone national palliative care law, several policy frameworks and announcements address it:

1. **Universal Health Coverage (UHC) Policy 2020-2030:** Palliative care is recognized as an essential health service under UHC. However, progress in this area has been limited compared to other healthcare components under UHC implementation.

2. **National Palliative Care Policy:** The Ministry of Health announced in 2019 its intent to introduce a dedicated palliative care policy. The policy aims to integrate palliative care into primary healthcare, with provisions to allow health professionals to deliver care at home, involving emergency services such as the National Ambulance Service in palliative situations.

3. **Ghana's National Strategy on Non-Communicable Diseases (NCDs):** Palliative care is acknowledged within this strategy as a necessary service for chronic and life-limiting conditions.

These frameworks highlight Ghana's recognition of palliative care within broader health policies. However, full-scale implementation and formalization into national law or regulation remain areas of ongoing development, with the Ministry of Health actively working on finalizing specific guidelines and structures for palliative care delivery.

EXECUTIVE SUMMARY



The theme for the 2024 World Hospice and Palliative Care Day (WHPCD) is **"Ten Years Since the Resolution: How are we doing?"**. This theme reflects on the progress made in the ten years since the adoption of the 2014 World Health Assembly Resolution, which emphasized the need to integrate palliative care into national healthcare systems. WHPCD 2024 will be marked on October 12, focusing on strengthening advocacy and evaluating progress toward these goals.

The GPCA in adopting this theme for its activities for 2024 focused on: **"Ten Years Since the Resolution; Five Years Down the UHC (2020 to 2030) Policy: How Is Ghana Doing?"**

Under Ghana's Universal Health Coverage (UHC) roadmap, palliative care is being prioritized as an essential part of achieving the broader goal of equitable healthcare. The UHC framework focuses on ensuring that all Ghanaians, especially vulnerable populations, have access to essential health services without financial hardship. This includes expanding coverage to services that address chronic conditions, disabilities, and the end-of-life care that palliative care offers.

The Ghana Ministry of Health has incorporated palliative care into its Essential Health Services Package (EHSP), highlighting the need for integrated services in primary healthcare. This aligns with the UHC's goal of strengthening the health system to improve service delivery at all levels, including home-based care and hospital support.

Financial sustainability has been a key challenge, with the government seeking solutions through partnerships and strategic funding mechanisms. Organizations like the World Bank, WHO, and GFF are providing technical and financial support to Ghana's health sector, including reforms that pave the way for services like palliative care to become widely accessible and sustainable over the long term.

[RBM Partnership to End Malaria](#)

[World Health Organization \(WHO\)](#)

Thus, palliative care is part of Ghana's strategic agenda to ensure that health services meet the needs of the entire population, recognizing the importance of compassionate care for those with life-limiting illnesses.

Executive Summary



Thus, palliative care is part of Ghana's strategic agenda to ensure that health services meet the needs of the entire population, recognizing the importance of compassionate care for those with life-limiting illnesses.

EXECUTIVE SUMMARY



Justification for the Ghana Palliative Care Association's Role in Developing a Five-Year Palliative Care Strategy for Ghana

Background

Palliative care is a crucial component of Universal Health Coverage (UHC), providing relief from pain and managing symptoms of life-limiting illnesses. Despite its recognition in Ghana's UHC policy (2020-2030), palliative care remains the least developed component of healthcare. The Ghana Palliative Care Association (GPCA), in partnership with the Ministry of Health (MOH) and the Ghana Health Service (GHS), organized this consultation to define a five-year strategic framework for advancing palliative care.

The Ghana Palliative Care Association (GPCA) seeks to actively contribute to drafting a comprehensive five-year strategy that will serve as the blueprint for the national rollout of palliative care services. This endeavor is not only timely but essential, considering the government's policy directions and healthcare priorities.

1. Alignment with Ghana's UHC Policy and Essential Health Service Package (EHSP)

The government's **UHC 2020-2030** roadmap emphasizes the integration of essential health services, including palliative care, to ensure access to quality healthcare for all citizens without financial hardship. The inclusion of palliative care in the EHSP highlights the recognition of its importance in managing chronic illnesses, end-of-life care, and health emergencies. However, despite this policy commitment, the palliative care sector remains underdeveloped and requires strategic leadership to implement effective services

[RBM Partnership to End Malaria](#)

[World Health Organization \(WHO\)](#)

Introduction



Responding to the National Health Sector Medium Term Development Plan (HSMTDP)
The **HSMTDP (2022-2025)** identifies key health priorities, including clinical care and patient support systems that palliative care aligns with. GPCA's involvement is crucial to ensure that the palliative care framework matches national health objectives and becomes a well-regulated, funded service integrated into the broader healthcare system

[World Health Organization \(WHO\)](#)

3. Capitalizing on the 2014 WHA Resolution on Palliative Care

In line with the **World Health Assembly (WHA) Resolution 67.19**, Ghana committed to integrating palliative care into its healthcare system. WHPCD 2024's theme, "Ten Years Since the Resolution:

How Are We Doing?" underscores the need to measure progress and accelerate implementation. GPCA's participation will ensure the development of a roadmap that addresses these global benchmarks and reflects Ghana's unique needs

[African Palliative Care Association](#)

[World Health Organization \(WHO\)](#)

4. Strengthening Home-Based and Community Care Services

The UHC policy and related health strategies stress the need for **out-of-hospital and home-based care models**. GPCA, through its partnerships with stakeholders like White Valley Care and the Ghana Health Service, is ideally positioned to guide the regulatory framework, training, and service delivery models for home-based care

[World Health Organization \(WHO\)](#)

5. Addressing Sustainable Financing Challenges

Given Ghana's limited health financing and challenges with the National Health Insurance Scheme (NHIS), palliative care services need sustainable funding models. GPCA will play a pivotal role in aligning with international donors and private sector partners to support the establishment of viable financing solutions

Introduction



The GPCA's leadership in drafting a national five-year palliative care plan is indispensable. This plan will provide a clear, actionable blueprint for achieving the government's vision under UHC, ensure compliance with international resolutions, and establish sustainable, patient-centered palliative care services across the country. The association's involvement will not only bridge current gaps but also secure Ghana's place as a regional leader in compassionate healthcare.

Introduction



OVERVIEW OF THE GHANA PALLIATIVE CARE ASSOCIATION (GPCA) AND PALLIATIVE CARE IN GHANA

1. Introduction to the Ghana Palliative Care Association (GPCA)

The **Ghana Palliative Care Association (GPCA)** is a national organization dedicated to promoting, developing, and advocating for palliative care services across Ghana. Established as a response to the growing need for comprehensive care for individuals suffering from life-limiting and chronic illnesses, GPCA works collaboratively with government agencies, healthcare providers, caregivers, and international partners.

GPCA's mission is to integrate palliative care into Ghana's healthcare system through policy development, training, public awareness, and the establishment of service delivery models across all levels of healthcare. As part of Ghana's effort to achieve Universal Health Coverage (UHC) by 2030, the GPCA plays a key role in ensuring that no one with a serious illness is left without access to quality palliative care.

2. Vision and Mission of GPCA

Vision:

To make palliative care accessible and available to all individuals living with serious illnesses in Ghana.

Mission:

To enhance the quality of life of individuals with life-limiting conditions by advocating for policy inclusion, fostering partnerships, and building a skilled palliative care workforce.

Achievements of GPCA

1. **Policy Advocacy:** GPCA has played a significant role in integrating palliative care into the Ministry of Health's UHC policy (2020-2030).
2. **Strategic Partnerships:** Successful collaborations with organizations such as Global Partners in Care, White Valley Care Limited, and Ghana Health Service.
3. **Capacity Building:** Trained healthcare providers in basic palliative care principles and conducted workshops to develop the capacity of caregivers.



4. **Public Awareness:** Conducted community outreach programs and awareness campaigns to promote the acceptance and understanding of palliative care services.

5. **Fundraising and Resource Mobilization:** Organized events to generate funding and resources to support palliative care services, including efforts toward a fundraising ball in collaboration with Alisa Hotel.

4. Current Status of Palliative Care in Ghana

Palliative care in Ghana is still in the **developmental stage** despite its recognition in the national Universal Health Coverage (UHC) policy. While some progress has been made in raising awareness and building partnerships, the availability of services remains limited to a few specialized facilities, with **most regions lacking access** to palliative care services. Several key challenges continue to hinder the expansion of palliative care in the country:



1. **Limited Policy Implementation:** Although included in the UHC framework, there is no dedicated national palliative care program or funding mechanism.
2. **Shortage of Skilled Workforce:** There is a lack of trained palliative care professionals, including doctors, nurses, and caregivers.
3. **Public Awareness:** Many Ghanaians are unfamiliar with the concept of palliative care, leading to limited demand for services.
4. **Inadequate Financing:** Palliative care is not fully covered under the National Health Insurance Scheme (NHIS), limiting access to services for patients.

Strategic Goals for the Next Five Years (2024-2029)

To address these challenges, GPCA has developed a comprehensive 5-year strategic plan with the following key objectives:

1. **Integration into all levels of healthcare- primary, secondary and tertiary:** Establish palliative care units across all district, regional, and teaching hospitals and the community.
2. **Skilled Workforce Development:** Train healthcare providers and develop standardized curricula for caregivers and professionals.
3. **Regulation of Home-Based and Out-of-Hospital Care:** Develop a licensing system for caregivers and ensure quality home-based care models.
4. **Public Awareness Campaigns:** Promote palliative care through media outreach and engagement with community leaders.
5. **Sustainable Financing Models:** Advocate for the inclusion of palliative care in NHIS and engage with private sector partners for resource mobilization.
6. **Monitoring, Evaluation, and Research:** Develop a national palliative care registry and conduct regular program evaluations to ensure continuous improvement.

6. Why Palliative Care is Critical for Ghana

Palliative care is essential in ensuring **quality of life for individuals suffering from chronic, life-limiting illnesses** such as cancer, HIV/AIDS, and cardiovascular diseases. With a growing burden of non-communicable diseases (NCDs) in Ghana, the demand for palliative care is expected to rise. Integrating palliative care into Ghana's healthcare system is critical for achieving **equitable health outcomes** and meeting the objectives of the UHC agenda by 2030.

7. Call for Partnerships and Collaboration

The Ghana Palliative Care Association (GPCA) recognizes the importance of **collaboration with national and international partners** to achieve its goals. We invite government bodies, healthcare providers, private sector partners, and international organizations to join us in implementing a robust national palliative care program. Together, we can ensure that **every individual in Ghana has access to the care they need** to manage pain, improve comfort, and maintain dignity throughout their health journey.

8. Conclusion

GPCA is committed to leading the transformation of palliative care in Ghana by building a sustainable, accessible, and inclusive care system. The association looks forward to continued collaboration with the Ministry of Health and other stakeholders to realize the vision of **quality palliative care for all Ghanaians**.

This overview provides a snapshot of GPCA's work and the current landscape of palliative care in Ghana, highlighting both achievements and the path forward. It underscores the **urgency for action** and invites partners to join hands in building a **strong and effective palliative care program** for Ghana.



Objectives

- To align stakeholders on the strategic framework for palliative care in Ghana
- To identify key priority areas and implementation strategies
- To promote collaboration between public, private, civil sectors and government agencies.

Participants

- Ministry of Health officials
- Representatives from Ghana Health Service
- International organizations United Nations; World Health Organization; International Association of Hospice and Palliative; World Hospice and Palliative Care Alliance; African Palliative Care Association.
- Sponsors: Alisa Hotel & Sangy Global; Global Partners in Care; White Valley Care Limited; Palliumgeron Caregivers Limited; and Medix Consortium.
- Healthcare Providers, Palliative Care Practitioners and Advocates, Caregivers, and Civil Society Organizations

The **consultation process** for developing the 5-Year Strategic Plan for Palliative Care in Ghana was designed to foster **broad stakeholder engagement, expert input, and collaborative discussions**. The structure was intentionally divided into a series of activities aimed at **gathering diverse perspectives**, ensuring **evidence-based recommendations**, and **building consensus** on key strategies. The consultation included virtual plenary sessions, **expert panels, and focused breakout discussions**, culminating in a **seven-hour symposium** to finalize the strategy.

1. Virtual Three-Day Webinar: Laying the Foundation

The virtual webinar was held over **three days from the 4th of October to 6th of October, 2024**; bringing together national and international experts, healthcare providers, policymakers, patient advocates, and other stakeholders. The goal of the webinar was to **explore best practices, identify key priorities**, and align ideas with the broader objectives of Ghana's **Universal Health Coverage (UHC) policy**.

The three days was carefully structured to focus on **thematic areas** related to these twelve strategic objectives outlined in the draft strategy, ensuring comprehensive discussions:

1. Integrate Palliative Care into the Healthcare System

Integrating palliative care into primary healthcare ensures that care is accessible at all levels of the healthcare system, from community-based health centers to teaching hospitals. This integration will:

- Incorporate palliative care services into the **National Health Insurance Scheme (NHIS)** to promote affordability.
- Train all healthcare providers, including community health nurses, midwives, and medical officers, pharmacists, specialist nurses and specialist doctors to provide **non-specialist palliative care**. Establish **palliative care units in district hospitals, health centers, and regional facilities** to decentralize access to services.
- Develop **national palliative care guidelines and protocols** aligned with UHC to standardize practices.
- Foster **referral systems** between primary, secondary, and tertiary levels to ensure seamless patient care.

Develop and Regulate a Skilled Palliative Care Workforce

Building a specialized workforce is crucial for delivering high-quality palliative care. This objective includes:

- Developing standardized training non-specialist palliative care curricula for integration into the formal training of all levels of healthcare professionals, as well as formal and informal caregivers.
- Creating accredited training programs with certification/licensing systems for formal and informal caregivers, specialist palliative care nurses, and specialist palliative physicians etc that forms the right team for palliative care practice.
- Offering incentives, scholarships, and continuous professional development (CPD) opportunities to all cadre healthcare workers.
- Establishing a regulatory body to oversee training standards and ensure compliance with national regulations of palliative care in Ghana.
- Partnering with universities and technical institutions to develop palliative care-focused degree, diploma and certificate programs.

3. Ensure High Standards of Palliative & Chronic Care Practices

This objective ensures that palliative care practices are consistent, safe, and aligned with evidence-based standards. Activities include:

- Developing and enforcing clinical guidelines for palliative and chronic care services.
- Conducting periodic audits and quality assessments to identify gaps and drive improvements.
- Establishing a feedback mechanism to incorporate patient and family input into care models.
- Promoting interdisciplinary care teams to deliver comprehensive medical, emotional, and social support.
- Supporting care coordination mechanisms to ensure smooth transitions between hospital and home care settings.

4. Expand Paediatric & Neonatal Palliative Care Services

Palliative care for children and newborns with life-limiting conditions is critical. This objective focuses on:



- Developing specialized pediatric palliative care units at regional and teaching hospitals.
- Training healthcare providers in pediatric and neonatal palliative care principles.
- Creating family-centered support programs to address the psychological and emotional needs of caregivers.
- Partnering with NGOs and international organizations to develop tailored interventions for children.
- Integrating pediatric palliative care into child welfare and social protection programs.

5. Strengthen Palliative Care Research and Data Collection

A robust research framework and data systems are essential for monitoring progress and driving policy. This objective includes:

- Establishing a national palliative care data registry to monitor care delivery and patient outcomes.
- Supporting research initiatives through collaboration with universities and research centers.
- Promoting the use of evidence-based practices by sharing research findings with healthcare providers.
- Conducting studies on emerging trends and patient needs to inform policy adjustments.
- Developing KPIs (Key Performance Indicators) to assess the effectiveness of care interventions.

6. Providing Dignified, Holistic Care at End-of-Life

This objective ensures that patients experience peace and dignity at the end of life. Activities include:

- Offering spiritual, psychological, and emotional support to patients and families.
- Providing access to pain management and symptom control to improve the patient's quality of life.
- Ensuring legal and ethical support for advanced directives and end-of-life decisions.
- Establishing bereavement support programs for families after the loss of a loved one.

8. Increase Public Awareness and Acceptance of Palliative Care

Raising public awareness is essential for fostering acceptance and utilization of palliative care services. This objective includes:

- Conducting nationwide media campaigns to educate the public about palliative care.



- Collaborating with community leaders, faith-based groups, and influencers to promote care services.
- Organizing public education programs through workshops, seminars, and health fairs.
- Engaging with traditional healers to integrate palliative care awareness within local communities.
- Developing informational materials for patients, caregivers, and healthcare providers.

9. Establish a Palliative Care Centre of Excellence

The creation of a center of excellence will drive innovation and capacity building. This objective includes:

- Developing a flagship palliative care center that serves as a national model for care delivery.
- Offering advanced training programs and continuous education for healthcare providers.
- Establishing research and innovation hubs within the center to advance care practices.
- Collaborating with international partners to exchange best practices and innovations.
- Providing specialized clinical services for complex palliative care cases.
- Create a National Palliative Care Data Registry
- Establish a data collection and monitoring system to track palliative care delivery and outcomes.
- Support research initiatives that generate evidence to inform policies and improve care practices.
- Develop key performance indicators (KPIs) for monitoring the success of the strategy.

10. License and Regulate Home-Based Medical Care Services & Out-Hospital/Clinic Medical Concepts

This objective ensures the delivery of safe, high-quality care beyond hospital settings. Key activities include:

- Developing policies and guidelines for home-based and out-of-hospital care models.
- Establishing a licensing and accreditation system for private care providers.
- Conducting inspections and evaluations to monitor compliance with care standards.
- Promoting the use of telemedicine and mobile health solutions to support care at home.
- Ensuring care coordination between hospitals and home-based care providers.
- License and regulate private sector models for palliative and chronic care services.
- Monitor and support out-of-hospital care hubs to ensure quality service delivery.

Ensure providers meet national care standards in non-hospital settings.



- Monitor and support out-of-hospital care hubs to ensure quality service delivery.
- Ensure providers meet national care standards in non-hospital settings.

11. Develop an Emergency Response System for Palliative Care Patients

Emergency services are crucial for palliative care patients with acute needs. This objective focuses on:

- Establishing a **24/7 emergency response network** to address patient crises.
- Training healthcare workers and ambulance services on **palliative care protocols**.
- Developing a **communication platform** to connect patients with healthcare providers during emergencies.
- Integrating emergency response into primary healthcare systems to ensure rapid intervention.
- Providing **psychosocial support** during emergency situations to both patients and caregivers.

12. Promote Complementary & Alternative Therapies in Palliative Care

Complementary therapies can enhance the patient experience and improve outcomes. This objective includes:

- Integrating **alternative therapies such as physiotherapy, aromatherapy, and music therapy** into care models.
- Promoting the use of **herbal medicine** and culturally accepted treatments alongside clinical care.
- Offering **training for healthcare providers** on the safe use of complementary therapies.
- Partnering with **traditional healers and wellness** centers to develop integrated care models.
- Conducting **research on the effectiveness of complementary therapies** in improving patient outcomes.

During the discussions, we tailored our activities to focus on the following, superposing these focus to each of the twelve objectives:

Focus 1: Policy Development and Systems Integration

- Presentations from Ministry of Health officials and UHC experts on integrating palliative care into the **primary healthcare system**.
- **Panel discussions** with hospital administrators, NHIS representatives, and healthcare providers, addressing challenges in policy implementation.



- **Open floor dialogue:** Participants shared their experiences, and gaps were identified in existing healthcare delivery frameworks.

Focus 2: Workforce Development and Regulation

- Keynote presentations on building a skilled palliative care workforce, focusing on training curricula for caregivers, healthcare professionals, and community health workers.

- **Expert panels** with international palliative care organizations shared insights into workforce certification and regulation.

- **Breakout groups** were formed to develop recommendations on training, professional development, and establishing accreditation systems.

Focus 3: Financing, Community Engagement, and Public Awareness

- **Presentations** on sustainable financing models, including NHIS inclusion, private sector partnerships, and fundraising strategies.

- Case studies from countries that successfully integrated **palliative care into national health systems**.

- **Interactive group discussions** on public awareness strategies and community-based models for palliative care delivery.

The discussion was in formal presentation sessions, Q&A sessions and breakout-informal to formal discussions.

Breakout Sessions: Fostering In-Depth Discussions

During the last day of the series of webinar, participants were assigned to **breakout groups** to enable more focused conversations. These sessions provided a platform for **in-depth exploration** of specific issues aligned with the 12 strategic objectives.



Participants in the breakout sessions presented their **findings and recommendations** during the plenary discussions, ensuring all voices were heard and considered in the final strategy.

The Purpose of these **Plenary Sessions:** Aligning Ideas and Building Consensus

The plenary sessions brought together all participants at the end of the webinar to consolidate the outcomes of the various discussions. These sessions served to:

- **Align the recommendations** emerging from all sessions with the broader objectives of the strategic plan.
- **Clarify points of divergence** and allow participants to reach consensus on key issues.
- Provide an opportunity for participants to **engage with decision-makers** and seek further clarification on specific policy matters.

The plenary sessions also ensured that all contributions were streamlined, and the strategic plan reflected a **collective vision** for palliative care in Ghana.



SEVEN-HOUR IN-PERSON SYMPOSIUM: FINALIZING THE STRATEGY

Following the three-day virtual webinar, a **seven-hour in-person symposium** was held on the 12th of October, 2024 to **finalize the strategic plan**. This symposium brought together key stakeholders from the webinar along with representatives from the Ministry of Health, Ghana Health Service, civil society organizations, and private healthcare providers.

Symposium Agenda

- **Presentation of Selected/Highlights of Draft Strategy:** The GPCA leadership presented the consolidated draft of the 5-year strategic plan.
- **Feedback and Review:** Attendees participated in open discussions after panel discussions to review the strategy on key selected sections, ensuring alignment with the UHC framework and addressing gaps identified during the webinar.
- **Panel Discussions:** Focused on operationalizing key elements of the strategy, such as regulatory frameworks, financing, and community engagement.
- **Consensus Building:** Stakeholders participated in a structured interviewing process to finalize strategic objectives and priorities into six/seven main ones with sub-objectives.
- **Commitment Statements:** Representatives from the Ministry of Health and partner organizations and sponsors expressed their commitment to implementing the national palliative care program.
- **A fundraising ball was organized after to raise funding in supporting the National Palliative Care Program.** Fundraising portals remain opened for as long as the association decides.



The entire consultation process was intentionally designed to be **interactive, inclusive, and collaborative**, ensuring the participation and input of key stakeholders from various sectors. Stakeholders included healthcare providers, policymakers, representatives from academia, civil society organizations, patients, caregivers, and international partners. The engagement process incorporated diverse tools and platforms to ensure maximum participation and transparency.

1. **Interactive Sessions and Stakeholder Participation**

- o Stakeholders actively participated through **plenary discussions, breakout groups, and expert panels**. These sessions fostered open dialogue and collaboration, allowing participants to share their insights and experiences regarding the development of the national palliative care strategy.
- o **Targeted invitations** were extended to key partners and experts, such as private healthcare institutions, NGOs, traditional healers, and advocacy groups, to ensure the representation of diverse perspectives and expertise.

2. **Online Surveys and Reflection Tools**

- o At the end of each day's session, **online surveys** were administered to selected participants to gather real-time feedback, reflections, and suggestions for improvement. These surveys provided valuable insights into stakeholders' concerns, priorities, and expectations for the strategy.
- o Responses from the surveys were systematically analyzed, identifying recurring themes and actionable recommendations that were integrated into the draft strategy. This ensured that the strategy was **responsive to stakeholder needs** and aligned with their expectations.

3. **Post-Symposium Written Feedback and Validation**

- o After the three-day webinar and the seven-hour symposium, **key partners and subject-matter experts** were invited to submit written feedback. This allowed for deeper reflection and more detailed recommendations, complementing the feedback gathered during the live sessions. The written feedback was carefully reviewed and incorporated into the final strategic plan to address any gaps or overlooked areas. This process ensured **broad ownership of the strategy** and increased stakeholder confidence in its implementation

4. Ongoing Communication and Transparency

- o The GPCA secretariat ensured continuous engagement by providing **follow-up communications and progress updates** to stakeholders throughout the process. Participants were notified about key milestones and invited to provide input during different phases of the strategy development.

Documentation and Reporting Process

The GPCA secretariat adopted a **structured approach to documentation and reporting** to capture the outcomes of the consultation process accurately. This ensured that the strategic plan was a true reflection of the collective input from all participants.

1. Rapporteurs and Meeting Summaries

- o Dedicated rapporteurs were assigned to each plenary and breakout session, responsible for capturing key discussions, recommendations, and decisions. Their reports were reviewed and consolidated into **detailed meeting** summaries that captured the essence of stakeholder contributions.
- o These summaries were shared with participants for **validation**, ensuring the accuracy and completeness of the documented outcomes. Participants were given opportunities to correct or expand on the summaries, creating a transparent and inclusive documentation process.

2. Compilation of the Final Report and Strategic Plan

- o The validated meeting summaries were used as the foundation for developing the **final report** and strategic plan. This iterative process ensured that the report reflected the input, suggestions, and consensus of all stakeholders.
- o Key performance indicators (KPIs) and **actionable recommendations** from stakeholders were integrated into the strategic plan to guide its implementation.

3. Alignment with National Policies and Frameworks

- o The documentation process also involved aligning the palliative care strategy with Ghana's

broader healthcare policies, such as the Universal Health Coverage (UHC) agenda, to enhance its relevance and sustainability.

- o A thorough review of the strategy ensured that it adhered to the requirements and guidelines of the **Ministry of Health (MOH)**, positioning it for formal endorsement and adoption.

4. Submission and Reporting to the Ministry of Health

- o The final strategic plan and supporting documents were compiled into a comprehensive report, submitted to the Ministry of Health for consideration and approval. The submission included **stakeholder feedback records, survey results, and key recommendations**, ensuring that the ministry had access to all relevant inputs when reviewing the plan.

The entire process was designed to promote **accountability, transparency, and stakeholder ownership**, laying the foundation for a robust palliative care framework in Ghana. The report now serves as a road map, guiding the implementation of the 5-year strategic plan and fostering collaboration between the government, healthcare providers, and partners in delivering palliative care.

Final Draft
Strategic
Plan for
Palliative
Care in Ghana
(2025-2030)
Under the
UHC Policy
(2020 – 2030)



Introduction

Palliative care is an essential component of healthcare that focuses on improving the quality of life for patients with life-limiting illnesses and their families. As Ghana continues to develop its healthcare system, integrating and enhancing palliative care services is critical to achieving Universal Health Coverage (UHC) and ensuring holistic, dignified care for all citizens. This strategic plan outlines a comprehensive framework for advancing palliative care in Ghana over the next five years.

Objectives and Strategies

1. Integrate Palliative Care into the Primary Healthcare System

The integration of palliative care for all groups including children, adult, differently-abled, physically challenged persons, mentally challenged persons etc. across the society with no discrimination and preferences into primary healthcare services is fundamental for ensuring accessibility and continuity of care for patients and their families.

Strategies:

1.1 Develop National Policies and Guidelines:

- o Formulate and implement national policies that support the integration of palliative care into existing healthcare frameworks at all levels of care. Within the public and private sector.
- o Create guidelines that define the roles and responsibilities (scope of work) of healthcare providers in delivering palliative care per each level and mount the indicators for referrals up to the specialist level of care.
- o Update policies into ACT to support palliative care in Ghana.

1.2 Train Healthcare Workers:

- o Design and implement training programs to equip the caregiver workforce with palliative care.
- o Design and implement training programs to equip primary, secondary and tertiary healthcare workers with essential palliative care knowledge and skills through in-service and continuing medical education programs.
- o Collaborate with all cadre professional healthcare training institutions to incorporate palliative care into their undergraduate and postgraduate training curricula.

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1.3 Establish Palliative Care Services:

- o Set up palliative care services across the healthcare systems.
- o Set up dedicated palliative care teams/units in all levels of hospitals/clinics from the specialist care centers to the CHPS zone healthcare centers.
- o Ensure these units are staffed with trained professionals to deliver comprehensive palliative care services at their level of intervention.
- o Provide telehealth capacity across the health systems so specialist palliative care teams at the teaching and regional hospitals can monitor and provide support to teams and patients at the district and community level

2. Develop and Regulate a Skilled Palliative Care Workforce

A well-trained workforce is vital for providing high-quality palliative care services.

Strategies:

2.1 Establish Accredited Training Programs:

- o Create accredited training programs focused on palliative care for doctors, nurses, and allied health professionals.
- o Create accredited training programs for the establishment of National Caregivers in Ghana (formal certificate to HND program; inculcate the training of informal caregivers for persons who would need training to help in the integrated family support system
- o Create accredited training programs for the establishment of National Caregivers Managers in Ghana that will see to persons and agencies that work in the caregiving industry.
- o Partner with local and international organizations to enhance training resources and opportunities for the palliative care workforce.

2.2 Create a Certification and Licensing System:

- o Develop a certification process for palliative care professionals to ensure competency and standardization of care.
- o Establish a licensing body responsible for regulating palliative care practitioners.
- o Create and establish a licensing body to the regulating of chronic and palliative care models and concepts

2.3 Provide Continuous Professional Development:

- o Facilitate ongoing education and training workshops to keep healthcare professionals updated on best practices in palliative care.
- o Facilitate ongoing education and training workshops with formal and informal caregivers who cater for chronic and palliative care patients.
- o Encourage participation in international conferences and workshops to foster knowledge exchange.

3. Ensure High Standards of Palliative & Chronic Care Practices

Maintaining high standards of care is essential for patient safety and satisfaction.

Strategies:

3.1 Develop Evidence-Based Guidelines:

- o Create comprehensive guidelines for palliative and chronic care practices based on the latest research and best practices.

- o Disseminate these guidelines to all healthcare facilities involved in palliative care.

3.2 Conduct Regular Audits:

- o Implement regular audits of palliative and chronic care services to assess compliance with established guidelines and standards.

- o Use audit findings to identify areas for improvement and implement corrective measures.

3.3 Implement a Feedback Mechanism:

- o Establish a feedback system that encourages patients, families, and healthcare providers to report experiences and outcomes.

Utilize feedback to inform quality improvement initiatives and enhance service delivery

4. Expand Palliative Care Services for Children and Neonates

Specialized services for pediatric and neonatal populations are crucial for addressing their unique needs.

Strategies:

4.1 Establish Specialized Programs:

- o Develop pediatric and neonatal palliative care programs in hospitals and health centers.



- o Ensure these programs are designed to address the physical, emotional, and spiritual needs of children and their families.

4.2 Train Healthcare Providers:

- o Provide specialized training for healthcare professionals in pediatric palliative care.
- o Collaborate with pediatric associations and organizations to share resources and expertise.

4.3 Collaborate with Child Health Organizations:

- o Partner with child health organizations to promote the integration of palliative care into pediatric services.
- o Engage in joint initiatives that focus on enhancing access to palliative care for children.

5. Strengthen Palliative Care Research and Data Collection

Evidence-based practice relies on robust research and accurate data collection.

Strategies:

5.1 Establish a National Palliative Care Registry:

- o Create a national registry to collect data on palliative care services, patient demographics, and treatment outcomes.
- o Use registry data to inform policy decisions and improve service delivery.

5.2 Support Research Initiatives:

- o Promote research on palliative care practices, barriers to access, and patient experiences.
- o Provide funding and resources for research projects that aim to improve palliative care services.

5.3 Facilitate Partnerships with Academic Institutions and International/Regional

Research networks:

- o Establish Palliative Care chairs and postgraduate programs at the universities.
- o Collaborate with universities and research institutions to conduct studies on palliative care.
- o Encourage the involvement of students and professionals in research initiatives.
- o Join and collaborate with Regional and International Palliative Care Networks, such as the African Palliative Care Research Network.



6. Increase Public Awareness and Acceptance of Palliative Care

Raising awareness about palliative care is vital for fostering acceptance and understanding.

Strategies:

6.1 Conduct Nationwide Awareness Campaigns:

- o Launch campaigns to educate the public about the benefits of palliative care and dispel misconceptions.
- o Utilize various media platforms, including social media, television, and print, to reach diverse audiences.

6.2 Engage Community Leaders and Organizations:

- o Partner with community leaders, faith-based organizations, and local NGOs to promote palliative care initiatives.
- o Host community events and workshops to raise awareness and foster dialogue.

6.3 Develop Educational Materials:

- o Create brochures, pamphlets, and digital content that explain palliative care concepts and services.
- o Distribute educational materials through healthcare facilities, community centers, and schools.

7. Establish a Comprehensive End-of-Life Care Framework

A structured approach to end-of-life care ensures dignity and respect for patients and their families.

Strategies:

7.1 Develop Policies and Guidelines for End-of-Life Care:

- o Create national policies that outline best practices for delivering dignified end-of-life care.
- o Ensure that guidelines are inclusive and culturally sensitive, addressing the needs of diverse populations.

7.2 Promote Complementary and Alternative Therapies:

- o Encourage the integration of complementary therapies (e.g., art therapy, music therapy) into palliative care practices.
- o Train healthcare providers on the benefits and applications of these therapies in patient care.

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7.3 Create an Emergency Response System:

- o Develop a system that addresses the urgent needs of palliative care patients, ensuring timely access to services.
- o Collaborate with emergency medical services to enhance their understanding of palliative care needs.



The successful implementation of this strategic plan hinges on a multi-faceted approach that emphasizes collaboration, coordination, and resource mobilization among a diverse array of stakeholders. Key components of the implementation framework include:

1. Stakeholder Engagement

Identifying Key Stakeholders:

A comprehensive stakeholder map will be developed to identify government agencies, healthcare providers, academic institutions, non-governmental organizations (NGOs), community organizations, and patients' advocacy groups that play crucial roles in palliative care.

Establishing Partnerships:

Collaborative partnerships will be fostered to leverage resources, expertise, and networks. Stakeholders will be encouraged to engage in joint initiatives, share best practices, and participate in collaborative training programs.

Regular Stakeholder Meetings:

Scheduled meetings and workshops will be organized to ensure ongoing dialogue among stakeholders, facilitating the sharing of ideas, challenges, and successes in the implementation of palliative care initiatives.

2. Task Force Composition

Formation of a Dedicated Task Force:

A task force will be established to oversee the execution of the strategic plan. This task force will consist of representatives from key stakeholder groups, including healthcare professionals, policymakers, researchers, and patient representatives.

Defining Roles and Responsibilities:

Clear roles and responsibilities will be outlined for task force members to ensure accountability and transparency in the implementation process. Task force members will be tasked with specific objectives aligned with the strategic plan.

Resource Allocation:

The task force will be responsible for identifying necessary resources, including funding, training

materials, and human resources, to support the implementation of each objective.

3. Capacity Building

Training Programs for Stakeholders:

Training and capacity-building initiatives will be organized to enhance the skills and knowledge of healthcare providers and stakeholders in palliative care practices. This may include workshops, webinars, and mentoring programs.

Developing Educational Materials:

The task force will develop and disseminate educational resources and materials tailored to various audiences, including healthcare professionals, patients, and the general public, to foster awareness and understanding of palliative care.

4. Policy Advocacy

Engaging Policymakers:

Continuous advocacy efforts will be directed towards policymakers to ensure the integration of palliative care into national health policies and budgets. This will involve presenting evidence-based recommendations and success stories to highlight the importance of palliative care.

Monitoring Legislative Changes:

The task force will monitor and engage in discussions related to legislative changes that could impact palliative care, ensuring that the needs and rights of patients are represented and addressed.

Regular monitoring and evaluation will be pivotal in assessing the effectiveness of the strategic plan and ensuring its alignment with evolving needs and best practices in palliative care.

Special Indicators:

1. Establishing Key Performance Indicators (KPIs)

Defining KPIs:

For each of the seven main objectives, specific, measurable, achievable, relevant, and time-bound (SMART) KPIs will be established. These indicators will help track progress and evaluate the impact of implemented strategies.

Data Collection Mechanisms:

Robust data collection mechanisms will be developed to gather quantitative and qualitative data related to each KPI. This may include surveys, focus groups, and reports from healthcare facilities.

2. Periodic Reviews

Regular Evaluation Sessions:

Scheduled evaluation sessions will be organized to review the progress of the strategic plan. These sessions will involve the task force and key stakeholders to discuss achievements, challenges, and areas for improvement.

Adaptive Management:

Based on the evaluation findings, adaptive management strategies will be implemented to refine and adjust the objectives and activities of the strategic plan. This flexibility will ensure the plan remains responsive to the needs of patients and healthcare providers.

3. Reporting and Accountability

Progress Reports:

The task force will prepare regular progress reports summarizing the achievements, challenges, and next steps in implementing the strategic plan. These reports will be shared with stakeholders, ensuring transparency and accountability.

Stakeholder Feedback:

Stakeholder feedback mechanisms will be established to gather insights and experiences



from those involved in the implementation process. This feedback will inform future activities and enhance stakeholder engagement.

INTRODUCTION

The Monitoring and Evaluation (M&E) Framework is a critical component of the strategic plan for palliative care in Ghana. It aims to ensure that the objectives of the plan are met effectively and efficiently. This framework will facilitate continuous learning, accountability, and informed decision-making by providing a systematic approach to tracking progress, evaluating outcomes, and improving practices within palliative care services.

Objectives of the Monitoring and Evaluation Framework

The primary objectives of the M&E Framework are to:

1. **Assess Progress:** Monitor the implementation of the strategic plan and assess the extent to which the objectives and activities are being achieved.
2. **Evaluate Outcomes:** Evaluate the effectiveness and impact of palliative care interventions on patients, families, and the healthcare system.
3. **Facilitate Learning:** Identify successes, challenges, and lessons learned to inform future strategies and interventions.
4. **Enhance Accountability:** Ensure transparency and accountability to stakeholders, including government agencies, healthcare providers, and the public.

Key Components of the Monitoring and Evaluation Framework

1. Key Performance Indicators (KPIs)

Key Performance Indicators will be established for each objective within the strategic plan. These indicators will help quantify progress and evaluate success. Each KPI will be specific, measurable, achievable, relevant, and time-bound (SMART).

Examples of KPIs:

Integration of Palliative Care: Percentage of primary healthcare facilities that have integrated palliative care services.



Workforce Development: Number of healthcare providers trained in palliative care principles and practices.

Quality Standards: Percentage of patients receiving palliative care who report satisfaction with services.

Public Awareness: Increase in public knowledge and understanding of palliative care, measured through surveys.

2. Data Collection Methods

A variety of data collection methods will be employed to gather quantitative and qualitative data related to the KPIs. These methods may include:

Surveys and Questionnaires: Distributed to patients, families, and healthcare providers to gather feedback on services, satisfaction, and awareness levels.

Focus Groups: Conducted with stakeholders to gain in-depth insights into experiences, challenges, and suggestions for improvement. government agencies, healthcare providers, and the public.

Interviews: One-on-one interviews with key informants, including healthcare leaders and policymakers, to understand the impact of palliative care initiatives.

Routine Health Data: Analysis of existing health records and data from healthcare facilities to track service delivery and patient outcomes.

3. Data Management and Analysis

A systematic approach to data management and analysis will be implemented to ensure data integrity and facilitate informed decision-making.

Data Storage: Collected data will be stored in a secure database to ensure confidentiality and accessibility for authorized personnel.

Data Analysis: Quantitative data will be analyzed using statistical software to identify trends and measure progress against the KPIs. Qualitative data will be thematically analyzed to capture key insights and perspectives.

4. Reporting and Dissemination

Regular reporting and dissemination of findings will be crucial to maintain transparency and accountability among stakeholders.

Progress Reports: The task force will prepare quarterly progress reports summarizing achievements, challenges, and next steps in implementing the strategic plan. These reports will be shared with stakeholders to keep them informed and engaged.

Annual Evaluation Reports: A comprehensive annual evaluation report will be developed to assess the overall impact of the strategic plan. This report will include an analysis of KPI performance, success stories, lessons learned, and recommendations for future actions.

Stakeholder Workshops: Periodic workshops will be organized to present findings and facilitate discussions among stakeholders. These workshops will provide a platform for sharing best practices and addressing challenges.

5. Adaptive Management

The M&E Framework will incorporate adaptive management principles, allowing for flexibility and responsiveness to changing needs and circumstances.

Regular Reviews: Scheduled reviews will be conducted to assess progress against the strategic plan and identify areas for adjustment. This will ensure that strategies remain relevant and effective in meeting the needs of patients and the healthcare system.

Stakeholder Feedback: Mechanisms for collecting feedback from stakeholders will be established to inform ongoing improvements and adaptations to the strategic plan.

The Monitoring and Evaluation Framework is essential for ensuring the successful implementation of the strategic plan for palliative care in Ghana. By establishing clear KPIs, employing diverse data collection methods, and fostering regular reporting and adaptive management, the framework will facilitate continuous learning and improvement. Ultimately, this comprehensive approach will enhance the quality of palliative care services, improve patient outcomes, and support the overall goal of providing compassionate and holistic care to individuals facing life-limiting illnesses.

Introduction

The Risk Management Strategy is a vital component of the strategic plan for palliative care in Ghana. It identifies potential risks that may impede the successful implementation of the plan and outlines strategies to mitigate these risks. By proactively addressing risks, the Ghana Palliative Care Association (GPCA) can enhance the resilience of its initiatives and ensure the sustainable development of palliative care services.

Objectives of the Risk Management Strategy

The primary objectives of the Risk Management Strategy are to:

1. **Identify Risks:** Systematically identify potential risks that could affect the implementation of the strategic plan.
2. **Assess Risks:** Evaluate the likelihood and impact of identified risks on the strategic objectives.
3. **Mitigate Risks:** Develop and implement strategies to minimize the impact of risks on the successful execution of the plan.
4. **Monitor Risks:** Establish mechanisms for ongoing monitoring of risks and the effectiveness of mitigation strategies.

Key Components of the Risk Management Strategy

1. Risk Identification

The first step in risk management is identifying potential risks that may arise during the implementation of the strategic plan. Risks can be categorized into various domains, including:

Operational Risks: Risks related to the day-to-day functioning of palliative care services, such as staff shortages, inadequate training, and resource limitations.

Financial Risks: Risks associated with funding and budget constraints, which may hinder the ability to implement planned activities and initiatives.

Regulatory Risks: Risks related to changes in policies or regulations that could affect the delivery of palliative care services.



Reputational Risks: Risks that may impact the GPCA's credibility and public perception, such as negative media coverage or stakeholder dissatisfaction.

Environmental Risks: Risks arising from external factors, such as political instability, economic downturns, or public health emergencies (e.g., pandemics).

2. Risk Assessment

Once risks are identified, they must be assessed to determine their likelihood and potential impact on the strategic plan. This assessment can be conducted using a risk matrix, which categorizes risks into levels of severity (e.g., low, medium, high) based on two criteria:

Likelihood: The probability of the risk occurring.

Impact: The extent of the consequences if the risk materializes.

Risk Matrix Example:

Risk	Likelihood (1-5)	Impact (1-5)	Risk Level (L, M, H)
Staff shortages	4	4	High
Inadequate funding	3	5	High
Changes in health policy	2	4	Medium
Negative media coverage	2	3	Medium
Political instability	3	5	High

3. Risk Mitigation Strategies

For each identified risk, specific mitigation strategies will be developed to reduce the likelihood of occurrence or minimize its impact. Examples of mitigation strategies include:

Operational Risks:

- o **Staff shortages:** Implement recruitment and retention strategies, such as training programs, competitive compensation packages, and professional development opportunities.
- o **Inadequate training:** Establish regular training and capacity-building programs for healthcare providers to enhance palliative care skills and knowledge.

Financial Risks:

- o **Inadequate funding:** Diversify funding sources by seeking partnerships with private sector organizations, government grants, and international funding agencies.
- o **Budget constraints:** Develop a detailed budget plan that prioritizes essential activities and allows for flexibility in reallocating resources as needed.

Regulatory Risks:

- o **Changes in health policy:** Engage in advocacy efforts to influence policymakers and ensure that palliative care remains a priority within national health agendas.
- o **Monitor policy developments:** Establish a system to track changes in relevant regulations and prepare contingency plans for potential impacts.

Reputational Risks:

- o **Negative media coverage:** Proactively communicate successes and positive outcomes related to palliative care initiatives through media channels and community outreach.
- o **Stakeholder dissatisfaction:** Establish regular channels of communication with stakeholders to gather feedback and address concerns promptly.

Environmental Risks:

- o **Political instability:** Develop crisis management plans to ensure continuity of services during periods of political upheaval.
- o **Public health emergencies:** Create flexible response plans that can be adapted to address the needs of palliative care patients during emergencies.

Risk Monitoring

Ongoing monitoring of risks is essential to ensure that mitigation strategies are effective and to identify new risks as they arise. The following mechanisms will be implemented:

Regular Risk Reviews: Conduct quarterly risk assessments to evaluate the current risk landscape and adjust mitigation strategies accordingly.

Stakeholder Feedback: Solicit feedback from stakeholders regarding potential risks and the effectiveness of current mitigation strategies through surveys and focus groups.

Risk Register: Maintain a risk register that documents identified risks, assessment results, mitigation strategies, and monitoring outcomes. This document will be reviewed and updated regularly.

The Risk Management Strategy provides a structured approach to identifying, assessing, mitigating, and monitoring risks associated with the implementation of the strategic plan for palliative care in Ghana. By proactively managing risks, the GPCA can enhance the resilience of its initiatives, safeguard the well-being of patients, and ensure the sustainability of palliative care services. Through collaboration, vigilance, and adaptability, the GPCA will navigate challenges and create a robust framework for delivering high-quality palliative care to all Ghanaians.

In conclusion, the consultation process was comprehensive and inclusive, leveraging the expertise and perspectives of a wide range of stakeholders involved in palliative care. By integrating both virtual and in-person discussions, the process facilitated broad participation and meaningful engagement from various sectors, including healthcare providers, policymakers, patients, caregivers, and advocacy groups. This multifaceted approach ensured that the resulting 5-year strategic plan for palliative care in Ghana reflects a shared vision and provides a clear roadmap for implementation.

Throughout the consultation, stakeholders were encouraged to express their views and share their experiences, fostering a collaborative environment that valued diverse opinions and insights. The inclusion of various engagement strategies, such as breakout sessions, expert panels, and online surveys, enabled participants to contribute actively, ensuring that their voices shaped the strategic direction of palliative care in Ghana.

The process not only highlighted the pressing needs and challenges facing palliative care services but also identified innovative solutions and best practices from local and international contexts. This collaborative spirit allowed for the development of objectives that are realistic, actionable, and aligned with the overarching goals of the national health policy framework. The input from various stakeholders enriched the strategy, reinforcing the importance of a multidisciplinary approach to palliative care.

Moreover, the stakeholder engagement and feedback mechanisms employed throughout the consultation process provided an essential platform for ongoing dialogue. This continuous engagement will be crucial as the strategic plan is rolled out, ensuring that all parties remain involved and committed to the shared objectives. By incorporating mechanisms for regular updates and feedback loops, the GPCA and the Ministry of Health can maintain momentum and adapt the strategy as necessary based on evolving needs and circumstances.

Ultimately, the resulting strategic plan serves not only as a roadmap for the development and enhancement of palliative care services in Ghana but also as a call to action for all stakeholders. It underscores the collective responsibility to ensure that every individual has access to high-quality palliative care, addressing the holistic needs of patients and their families. The commitment demonstrated during the consultation process is a testament to the dedication of stakeholders to advance palliative care in Ghana, fostering a healthcare environment where dignity, compassion, and support are paramount.

As we move forward, the collaborative efforts established through this consultation will be vital in achieving the strategic objectives outlined in the plan. The GPCA, in partnership with the Ministry of Health and other stakeholders, is poised to implement these objectives, ensuring that palliative care becomes an integral component of Ghana's healthcare system. By nurturing this collaborative spirit and fostering ongoing partnerships, we can make significant strides toward enhancing the quality of life for patients with life-limiting illnesses and their families across the nation.

Appendix A: List of Participants

This appendix includes a comprehensive list of participants who contributed to the consultation process for the strategic plan. Participants were drawn from a range of sectors, including healthcare professionals, policymakers, academic institutions, community organizations, and palliative care advocates. The involvement of diverse stakeholders ensured a rich exchange of ideas and perspectives.

Overview of Participants' Organizations:

- | | |
|--|--|
| 1. Ministry of Health | 16. Komfo Anokye Teaching Hospital |
| 2. Ghana Health Service | 17. Occupational Therapy Association |
| 3. Ghana Palliative Care Association | 18. Mental Health Authority |
| 4. University of Ghana | 19. Accra Medical Center |
| 5. University of Ghana Medical Center | 20. The Bank Hospital |
| 6. Ghana Medical & Dental Council | 21. Ghana Registered Nurses and Midwives Association |
| 7. Pharmacy Council | |
| 8. Nursing and midwifery Council | |
| 9. Alternative Medicine Council | |
| 10. Healthcare Facility Regulatory Authority (HeFRA) | |
| 11. National Health Authority (NHIA) | |
| 12. Private Hospitals and Maternity Homes Board | |
| 13. Ghana National Drugs Program | |
| 14. Allied Health Professionals Council | |
| 15. Korlebu Teaching Hospital | |

APPENDIX B: WEBINAR AND SYMPOSIUM AGENDA

WEBINAR AGENDA:

Day 1: Time: 3:00 PM - 6:00 PM GMT

3:00 PM - 3:10 PM:

Opening Ceremony

- o Welcome Address by the Moderator – **Ms. Sara Danquah**
- o Opening Prayer – **Dr. Abena Sarpong**
- o Brief Introduction to the Webinar Series – **Mrs. Juliet Ofori**
- o Overview of the Day's Agenda - **Moderator**

3:10 PM - 3:15 PM:

Keynote Speech

- o **Speaker: Representative from Ministry of Health – PPME Rep.** Importance of Palliative Care in National Health System)

3:15 PM – 3:25 PM:

Presentation 1:

- o **Topic:** Overview of Palliative Care in Ghana: Past, Present, and Future
- o **Presenter: President, Ghana Palliative Care Association (GPCA)**
- o **Overview of the National Strategy and Alignment with UHC policy**

3:25 PM – 3:40 PM:

Presentation 2:

- o **Topic:** Integrate Palliative Care into the Primary Healthcare System
- o **Presenter: Dr. Edwina Opare -Lokko & Dr. Rexford Quarshie**
- o Discussion on incorporating palliative care education into the primary healthcare education.

3:40 PM - 3:55 PM: Presentation 3

Presentation 3:

- o **Topic:** Develop and Regulate a Skilled Palliative Care Workforce
- o **Presenter: Dr. Edwina Opare-Lokko & Dr. Rexford Quarshie**
- o The Essence of Building a Strong Workforce

3:55 PM – 4:00 PM:

Q&A Session

- o Open floor for questions from attendees to speak.

4:00 PM - 4:15 PM:

Presentation 4:

- o **Topic:** Ensure High Standards of Palliative & Chronic Care Practices
- o **Presenter: Prof. Dr. Mawuli Kotope Gyakobo**
- o The Essence & Introduction of Medical Practice Audit Systems

4:15 PM - 4:30 PM:

Presentation 5:

- o **Topic:** Expand Pediatric & Neonatal Palliative Care Services
- o **Presenter: Dr. Barbara Sekyere**
- o Children Palliative Care Is Paramount In Our Care System

4:30 PM - 4:40 PM:

Q&A Session

- o Open floor for questions from attendees to speak.

4:40 PM - 5:00 PM:

Presentation 6:

- o **Topic:** Strengthen Palliative Care Research and Data Collection
- o **Presenter: Dr. Bisi Adewale**
- o Palliative Care Is Evidenced-Based Practice

5:00 PM - 5:15 PM:

Presentation 7:

- o **Topic:** Develop a Comprehensive End-of-Life Care Policy
- o **Presenter: Mr. Rasheed Ofosu Poku & Mrs. Mercy Sarpong**
- o Hospice Care: Dignity and Comfort

5:15 PM - 5:30 PM:

Q&A Session

- o Open floor for questions from attendees to speak.

5:30 PM - 5:45 PM:

Presentation 8:

- o **Topic:** Increase Public Awareness and Acceptance of Palliative Care
- o **Presenter: Sangy Global & Partners**
- o The Fuel Station of Successful Palliative Care Programs
- o **5:30 PM - 5:45 PM:** A Word from Partners Present
- o Moderator's wrap up for Day 1 & Announcements

Day 2: Time: 3:00 PM - 6:00 PM GMT

3:00 PM - 3:05 PM:

Opening Remarks

- o Brief introduction of the Day 2 theme and objectives - MC



3:05 PM - 3:25 PM:

Presentation 9:

- o **Topic:** Establish a Palliative Care Center of Excellence
- o **Presenter: Dr. Stephen Ayisi Addo**
- o The Bigger Picture In The Tunnel

3:25 PM - 3:50 PM:

Presentation 10:

- o **Topic:** Establish Partnerships for International Palliative Care Collaborations
- o **Presenter: Prof. Dr. Alfred Edwin Yawson**
- o Importance of Collaborating

3:50 PM – 4:00 PM:

Q&A Session

- o Open floor for questions from participants to the presenters and panelists

4:00 PM - 4:30 PM:

Presentation 10:

- o **Topic:** License and Regulate Home-Based Medical Care Services & Out-Hospital/Clinic Medical Concepts
- o **Presenter: White Valley Care Limited**
- o Importance of Resolving Problems in this concept and integrating in chronic healthcare systems.

4:30 PM - 5:00 PM:

Presentation 11:

- o **Topic:** Develop an Emergency Response System for Palliative Care Patients
- o **Presenter: Prof. Dr. Mawuli K. Gyakobo**
- o Emergency In Chronic & Palliative Care



- o Emergency In Chronic & Palliative Care

5:00 PM – 5:30 PM:

Presentation 13:

- o **Topic:** Promote Alternative Therapies in Palliative Care
- o **Presenter: Dr. Michael Owusu-Ansah**
- o Incorporating Culturally sensitive perceptions in healthcare

5:30 PM – 5:50 PM:

Q&A Session

Open floor for questions from participants to the presenters and panelists

5:50 PM - 6:00 PM:

Closing Remarks & Day 2 Summary

- o Message From Partners Present
- o Moderator concludes Day 2 and previews Day 3

Day 3: Time: 3:00 PM - 6:00 PM GMT

3:00 PM - 3:15 PM:

Opening Remarks

- o Brief overview of the theme for the final day

3:15 PM - 4:00 PM:

Q&A Session

- o Open floor for questions and comments from participants

4:00 PM - 4:30 PM:

Interactive Workshop (Break-Out Rooms):

- o Discussing Strategy's 12 Objectives.

4:30 PM - 5:30 PM:

Inputs Session From Leads of Brea-Out Groups

- o Open floor for questions and comments from participants

5:30 PM - 5:40 PM:

Conclusion & Next Steps:

- o Message From Partners
- o Summary of the key takeaways from the three-day webinar series
- o Actionable steps for stakeholders in palliative care

5:50 PM - 6:00 PM:

Closing Remarks

- o Final thoughts from the GPCA leadership team
- o Appreciation of participants and sponsors

2. Symposium Agenda

Opening Strategy/ Policy Discussions

9:00 AM – 9:30 AM:

Registration and Welcome Coffee

Opening Prayer -

9:45 AM – 10:00 AM:

Introduction to the Symposium and Objectives

Speaker: **Ghana Palliative Care Association (GPCA) Leadership – President Dr. Stephen Ayisi Addo**

Presentation? Message from World Hospice & Palliative Care Alliance (Video)

Topic: Purpose of the Symposium and Strategic Vision for Palliative Care in Ghana & The global View.

9:30 AM – 9:45 AM:

Opening Remarks and Keynote Address

Speaker: Representative from the Ministry of Health or Palliative Care Expert

Topic: The Role of Palliative Care in Achieving Universal Health Coverage (UHC)

Acknowledgement of Dignitaries

10:00 AM – 11:00 AM:

Panel Discussion 1: Policy and Regulatory Frameworks for Home-Based and Out-Hospital Care- Led By: Winifred Nana Yaa Otoo, Mrs.

Panelists: Policymakers, Health Regulators, and GPCA

Discussion: Developing a national licensing and regulation system for home-based and community palliative care

11:00 AM – 11:15 AM:

Q&A Session

11:15 AM – 11:45 AM:

Panel Discussion: Challenges in Implementing Palliative Care Regulations

Led By: Dr. Abena Foriwaa Sarpong

Speaker: Expert in Healthcare Regulation

Discussion: Barriers to regulation and how to overcome them

11:45 AM – 12:00 AM:

Q&A Session

12:00 AM – 12:30AM

Roundtable Discussion (All Engaged): Funding and Resource Mobilization for Palliative Care: Led by Juliet Ofori

Discussion: How to secure resources and partnerships for palliative care programs

Presentation By Rev. Msgr. Bobby Benson - Chairperson

12:30 PM – 1:30 PM:

Lunch Break

1:30 PM – 2:00 PM:

Focus on Workforce Development and Technology Integration: Led by Dr. Gladys Dzansi

Panelists: Telemedicine Experts, IT Specialists in Healthcare, and Health Providers

Discussion: Using telemedicine and mobile health in home-based care

2.00PM – 2:15 PM

Q&A Session

2:15 PM – 2:45 PM:

Workforce Development for Home-Based and Community Care – Led by Rev. Ohemeng - Danso

Speaker: Representative from GPCA and Partner Organizations

Discussion: Training, licensing, and certifying palliative care workers

2:45 PM – 3:00 PM:

Breakout Sessions: Innovations in Palliative Care Delivery

Group 1: Community-based palliative care models

Group 2: Telehealth regulations for palliative care

3:00 PM – 3:30 PM:

Strategic Partnerships for International Palliative Care Collaborations – Led By: Prof. Alfred

Edwin Yawson

Speaker: Global Palliative Care Expert

Discussion: How international collaborations can support national goals in palliative care

3:30 PM – 4:00 PM:

Q&A Session and;

Panel Discussion 3: Strengthening Research and Data Collection in Palliative Care Led By: Dr. Bisi

Adewale

Closing Remarks- Rev. Fr. Bobby Benson Closing Prayer

APPENDIX



Presentation By Rev. Msgr. Bobby Benson - Chairperson

12:30 PM – 1:30 PM:

Lunch Break

1:30 PM – 2:00 PM:

Focus on Workforce Development and Technology Integration: Led by Dr. Gladys Dzansi

Panelists: Telemedicine Experts, IT Specialists in Healthcare, and Health Providers

Discussion: Using telemedicine and mobile health in home-based care

2.00PM – 2:15 PM

Q&A Session

2:15 PM – 2:45 PM:

Workforce Development for Home-Based and Community Care – Led by Rev. Ohemeng - Danso

Speaker: Representative from GPCA and Partner Organizations

Discussion: Training, licensing, and certifying palliative care workers

2:45 PM – 3:00 PM:

Breakout Sessions: Innovations in Palliative Care Delivery

Group 1: Community-based palliative care models

Group 2: Telehealth regulations for palliative care

3:00 PM – 3:30 PM:

Strategic Partnerships for International Palliative Care Collaborations – Led By: Prof. Alfred Edwin Yawson

Speaker: Global Palliative Care Expert

Discussion: How international collaborations can support national goals in palliative care

3:30 PM – 4:00 PM:

Q&A Session and;

Panel Discussion 3: Strengthening Research and Data Collection in Palliative Care Led By: Dr. Bisi Adewale

Closing Remarks- Rev. Fr. Bobby Benson Closing Prayer

APPENDIX



3. Fundraising Ball Program Outline (7:00 PM - 10:00 PM)

7:00 PM – 7:30 PM: Arrival & Welcome Reception

Guests Arrive

Live soft music (e.g., string quartet, jazz band)

Cocktails and canapés served

Meet and greet with key stakeholders and dignitaries

7:30 PM – 7:40 PM: Welcome Address

MC Welcomes Guests

Brief overview of the evening's purpose and schedule

Introduction of special guests and dignitaries

7:40 PM – 8:00 PM: Keynote Speech

Keynote Speaker: Notable figure in healthcare or palliative care advocate _ **Rev Fr. Msgr.**

Bobby Benson

Topic: The Importance of Palliative Care and How Contributions Change Lives

Highlight the objectives of the fundraising initiative

8:00 PM – 8:15 PM: Presentation on GPCA & Fundraising Goal

Speaker: Representative from Ghana Palliative Care Association (GPCA)

Overview of GPCA's vision, mission, and impact

Explain the specific purpose of the fundraising, including how funds will be used (e.g., supporting palliative care strategy, training programs, mobile health units, etc.)

Set the financial goal for the evening

8:15 PM – 8:45 PM: Dinner Served

3-Course Dinner (Guests enjoy their meal)

Background music to create a relaxed ambiance

8:45 PM – 9:00 PM: Fundraising Activities (Part 1)

Silent Auction: Bid on art pieces, vacation packages, or services donated by sponsors

Pledge Contributions: Live pledging by guests to support specific initiatives, led by MC
Acknowledge contributions during the auction and pledge session

9:00 PM – 9:20 PM: Entertainment Segment

Musical Performance: A local artist or band performs

Cultural Dance Performance (optional): Traditional performance to celebrate Ghanaian culture

9:20 PM – 9:40 PM: Fundraising Activities (Part 2)

Live Auction: Auction of high-value items (e.g., exclusive experiences, major donations)

Raffle Draw: Announce winners of the raffle prizes (optional)

9:40 PM – 9:50 PM: Thank You and Closing Remarks

MC/GPCA Representative: Thanks guests for their contributions

Recognition of major donors and sponsors

Final call to support ongoing initiatives and ways to stay involved with GPCA

9:50 PM – 10:00 PM: Networking & Departure

Final musical performance or light entertainment

Guests mingle, network, and slowly depart

Photo Booth/Media Corner: A setup for guests to take photos and interact with media.

Donation Kiosks: Digital kiosks or pledge cards available for guests to contribute throughout the night.

1. GPCA – Ghana Palliative Care Association

- o A national organization focused on promoting, developing, and implementing palliative care services in Ghana.

2. MOH – Ministry of Health

- o The government ministry responsible for formulating national health policies and overseeing healthcare delivery systems in Ghana.

3. UHC – Universal Health Coverage

- o A healthcare system that ensures all individuals and communities have access to essential health services without financial hardship.

4. GHS – Ghana Health Service

- o A public agency under the Ministry of Health responsible for delivering healthcare services across the country.

5. NHIS – National Health Insurance Scheme

- o A public health insurance system that provides financial access to healthcare services for Ghanaians.

6. KPI – Key Performance Indicator

- o A measurable value that indicates how effectively objectives or strategies are being achieved.

7. WHO – World Health Organization

- o A specialized agency of the United Nations that focuses on global public health initiatives and policies.

8. UN – United Nations

- o An international organization working to maintain peace, security, and cooperation in addressing global challenges, including healthcare.

9. NCD – Non-Communicable Disease

- o A type of chronic illness that is not infectious, such as cancer, cardiovascular disease, and diabetes.

10. MDT – Multidisciplinary Team - A team of healthcare professionals from different fields working together to provide holistic care to patients.

11. ICT – Information and Communication Technology

Tools and resources used for communication, including telemedicine and digital health platforms in palliative care.

12. M&E – Monitoring and Evaluation

A process to track progress and assess the performance of programs or strategies over time.

13. NIA – National Institute on Aging

A U.S.-based research institute focused on aging-related diseases and health issues, including palliative care for older adults.

14. NCI – National Cancer Institute

A U.S. federal agency dedicated to cancer research and training, including promoting palliative care for cancer patients.

15. AHS – Alberta Health Services

Canada's largest health authority providing medical services, including hospice and palliative care.

16. IHPCA – International Association of Hospice and Palliative Care

A global organization working to improve access to hospice and palliative care worldwide.

17. MD Anderson – MD Anderson Cancer Center

A leading U.S.-based cancer treatment and research institution with a focus on patient care, research, and education.

18. WHO-QOL – World Health Organization Quality of Life

A measure developed by WHO to assess individuals' perception of their position in life in the context of health and well-being.

19. CSO – Civil Society Organization

Non-governmental organizations and community groups that advocate for various social, health, and policy issues, including palliative care.

20. PPME – Policy, Planning, Monitoring, and Evaluation

A department within the Ministry of Health focused on designing health policies and ensuring their effective implementation.

21. EMR – Electronic Medical Record

A digital version of patients' health information, crucial for tracking care and ensuring continuity in palliative care services.

22. CHPS – Community-based Health Planning and Services

A healthcare initiative in Ghana aimed at providing primary healthcare services at the community level.

23. AHA – American Hospice Association

An organization that advocates for quality hospice care and supports providers in the U.S.

24. IAPC – Indian Association of Palliative Care

An association dedicated to the promotion and development of palliative care in India, used here as a reference for best practices.

25. CSR – Corporate Social Responsibility

A business model where companies contribute to societal goals, including supporting health initiatives such as palliative care programs.

26. PHC – Primary Healthcare

Essential healthcare services provided at the most basic level, aimed at preventing, treating, and managing health conditions, including palliative care.

27. EOL – End-of-Life Care

Care provided to individuals nearing the end of their lives, focusing on comfort, dignity, and quality of life.

28. CAM – Complementary and Alternative Medicine

Non-conventional health practices such as herbal medicine, acupuncture, or spiritual healing, often integrated with palliative care.

29. HBC – Home-Based Care

Healthcare services provided at home to patients with chronic or life-limiting illnesses, as part of palliative care models.

30. COPD – Chronic Obstructive Pulmonary Disease

A chronic respiratory condition often requiring palliative care to manage symptoms and improve the quality of life.

31. SOP – Standard Operating Procedure

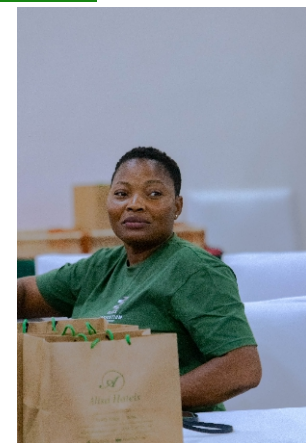
Established procedures to ensure consistent quality and delivery of services, including palliative care practices.

32. CE – Centre of Excellence



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