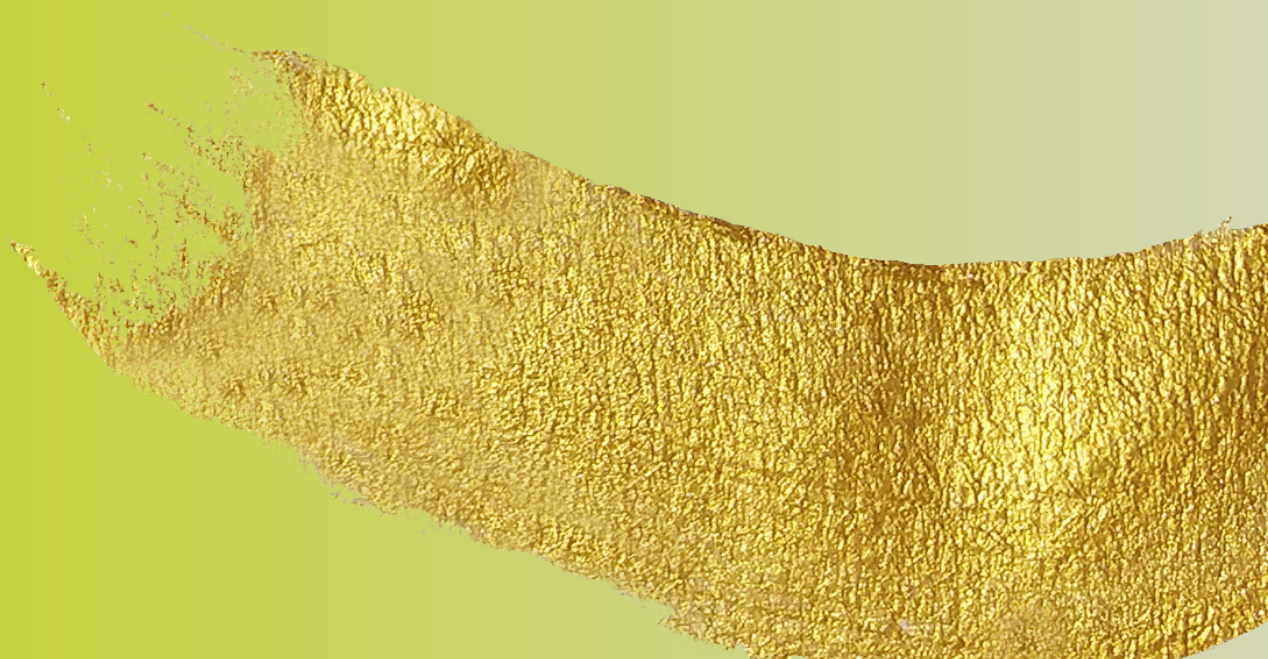




ASIA PACIFIC HOSPICE
PALLIATIVE CARE NETWORK

2020

ANNUAL REPORT





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Our Mission

To be an effective network in Asia Pacific that promotes and supports the alleviation of pain and suffering from life-limiting illnesses.

Our Vision

To promote access to quality hospice and palliative care for all in the Asia Pacific region.

Our Objectives

Reach out to more communities in need of palliative care. Build sustainable capabilities for service development, advocacy, education and research.

- To facilitate the development of hospice and palliative care programs (both service providers and umbrella bodies) and other relevant initiatives.
- To promote professional and public education in palliative care.
- To enhance communication and dissemination of information.
- To foster research and collaborative activities.
- To encourage co-operation with local, regional and international professional and public organisations.

Our Core Values

- We respect every individual, regardless of sex, age, race, intellectual or socio-economic standing.
- We value every moment of life and will not support any action that has the intention of shortening a person's life.
- We recognise that the individual and the family are entitled to make informed decisions about care.
- We respect the confidentiality of all information arising out of the provision of care. – We believe in the empowerment of the individual, the family and the community.
- We respect the faith, belief system and culture of each individual. – We respect the rule of law and will work within the law of each sector.

Overview of Charity

The Asia Pacific Hospice Palliative Care Network (APHN) was registered as a society on 1 March 2001.

APHN was registered as a charity under the Charities Act (Chapter 37) since 25 July 2003.

APHN has the Constitution as its governing instrument.

Unique Registration Number (UEN)

T01SS0003A

Registered Address

c/o Division of Supportive & Palliative Care
National Cancer Centre Singapore
11 Hospital Crescent
Singapore 169610

Bankers

Development Bank of Singapore
Standard Chartered Bank Singapore

Auditor

Bestar Assurance LLP

Message from the Chair

This past year, 2020, has been an exceptional year. Not only has the world been overtaken by the COVID-19 pandemic, it also marks the year that the APHN celebrates its 20th Anniversary. When the small group of 13 hospice volunteers met at the invitation of Dr Hinohara in Tokyo in 1997, most of us for the first time, little did we think that we would form a regional organization, and that it would be see the 20th year of its existence. From 14 Founding Sectors in 2001, we have grown to 18 Sectors with the addition of Mongolia, Bangladesh, Nepal and Sri Lanka.

Despite COVID, and against all odds, APHN has emerged stronger and in a better position to face future challenges. Thanks to your support, we held our Annual General Meeting virtually on the 8 September 2020, and succeeded in changing our Constitution to produce a much more streamlined Council of 15 instead of 20 members, 9 of whom would be elected and 6 co-opted. The terms of Council members were also extended from 2 to 3 years.

As you will see in this Report, we have been able to continue many of our activities, in particular, taking to Zoom to conduct much of the teaching of the Lien Collaborative for Palliative Care project in India. Collaborative research activities have continued, including a publication on regional preparedness to face the COVID-19 pandemic. New activities in support of our members during COVID include a series of Fireside Chats, COVID Care packages to members, and COVID resources on our website.

Plans for the Asia Pacific Hospice Palliative Care Conference 2021 had to be changed several times. The final decision was to have a virtual conference on 13-14 November 2021, which we hope many will be able to attend.

The APHN Secretariat is now a team of four, led by our Executive Director, CL Giam. Many new initiatives have been started, to improve the running of the organization and enhance our capabilities to support our Mission.

This coming year is a transition year with new leadership for the APHN. We hope members will come forward to serve on the Council and in Committees, to run the organization and the activities that you wish to see.

Looking forward to your support.



Associate Professor Cynthia Goh
Chair



Message from the Executive Director

The year 2020 has been both exciting and challenging for APHN. The APHN Secretariat team has done many firsts during this pandemic time. Firstly, we have shifted all our Lien Collaborative for Palliative Care teaching online. We have also provided COVID-19 packages, online resources and conducted Fireside chats where the experts from the various regions shared their best practices and experiences in managing the pandemic. Despite the challenges, we continued to conduct our quarterly webinars, with the topic on 'Emergencies in Palliative Care' seeing 700 participants from around the region!

This year's World Hospice Palliative Care Day (WHPCD), we had very successful events around Asia conducted by the various APHN Organization members. These include Mongolia, India, Indonesia, Hong Kong, Malaysia, Bangladesh, Singapore and many more. We are also very grateful to the many volunteers and donors for supporting our cause during the WHPCD 2020. Special thanks to the heroes who have had cycled, run, baked and painted to raise funds for us.

To end the year, APHN also started our very first Charity postal services! Three children from the Superhero Me programme have created 3 very special designs around the theme of 'Circle of Life' for us. Their designs are featured on the front of our Christmas cards.

The journey has been arduous this year but it has made us stronger and better than before. APHN shall continue our mission to promote hospice and palliative care in Asia and the Pacific. We look forward to another good year in 2021 with all your support. Thank you.

Giam Cheong Leong
Executive Director



Leadership

Governing Board: APHN's 20th Council

Name	Appointment	Sector
Assoc Prof Cynthia Goh	Chair	Singapore
Assoc Prof Ghauri Aggarwal	Vice-Chair	Australia
Dr Ednin Hamzah	Vice-Chair	Malaysia
Dr Masanori Mori	Honorary Secretary	Japan
Mr Kwan Kam Fan	Honorary Treasurer	Hong Kong
Dr Akhileswaran Ramaswamy	Assistant Honorary Secretary	Singapore
Dr Shirlynn Ho	Assistant Honorary Treasurer	Singapore
Dr Yuen Kwok Keung	Member	Hong Kong
Ms Theresa Lai	Member	Hong Kong
Dr Santosh Chaturvedi	Member	India
Dr Sushma Bhatnagar	Member	India
Dr Dradjat Suardi	Member	Indonesia
Prof Yoshiyuki Kizawa	Member	Japan
Dr Mandy Parris-Piper	Member	New Zealand
Dr Rumalie Corvera	Member	Philippines
Prof Kwon So Hi	Member	S. Korea
Dr Jho Hyun Jung	Member	S. Korea
Dr Chun-Kai Fang	Member	Taiwan
Prof Wang Ying Wei	Member	Taiwan
Dr Dang Huy Quoc Thinh	Member	Vietnam

Executive Management Team:

Giam Cheong Leong

Executive Director

Appointed to post since 6 May 2019

APHN COMMITTEES, SPECIAL INTEREST GROUPS & MEMBERS

Executive Committee

Assoc Prof Cynthia Goh - Chair
Assoc Prof Ghauri Aggarwal - Vice-Chair
Dr Ednin Hamzah - Vice-Chair
Mr Kwan Kam Fan - Honorary Treasurer
Dr Shirlynn Ho - Assistant Treasurer
Dr Masanori Mori - Honorary Secretary
Dr Akhileswaran Ramaswamy - Assistant Secretary

Advisory Committee

Prof Tetsuo Kashiwagi - Chair
Professor Young-Seon Hong - Member
Professor Enoch Lai - Member

Communications Committee

Dr Shirlynn Ho - Chair
Dr Theresa Lai - Member
Dr Santosh Chaturvedi - Member
Mr Xavier Chung - Member

► Editorial Team

Dr Caryn Khoo - Representative
Ms Djin Tay - Editor
Ms Marita Linkson - Editor

Education Committee

Dr Wang Ying Wei - Chair
Dr Rumalie Corvera - Member
Prof Patsy Yates - Member
A/Prof Amy Chow - Member
Prof Srivieng Pairouk - Member

Finance Committee

Mr Fan Kwan - Honorary Treasurer
Dr Shirlynn Ho - Assistant Treasurer

Human Resource Committee

Dr Akhileswaran Ramaswamy - Chair
Mr Kwan Kam Fan - Member
Ms Katherine Tan - Member

Membership Committee

Dr Yuen Kwok Keung - Chair
Dr Ghauri Aggarwal - Member
Dr Annie Kwok - Member
A/Prof Amy Chow - Member
A/Prof Cynthia Goh - Member
Dr Ednin Hamzah - Member

Research Committee

Prof Yoshiyuki Kizawa - Chair
Dr Masanori Mori - Member
Prof Eric Finkelstein - Member
Dr Shao-Yi Cheng - Member

► Nursing Research Sub-Committee

Prof Edward Poon Wing Hong - Lead
Prof Sayaka Takenouchi - Member
Prof Hyun Sook Kim - Member
Prof Margaret O'Connor - Member

► Psychosocial Support Sub-Committee

Prof Amy Chow - Chair

Mandarin SIG

Dr Chun Kai Fang - Chair
Dr Rico Liu - Member
Dr Annie Kwok - Member
Dr Xiao Hong Ning - Member
Dr Rebecca Yeung - Member
Dr Lam Wai Man - Member
Dr Inda Soong - Member

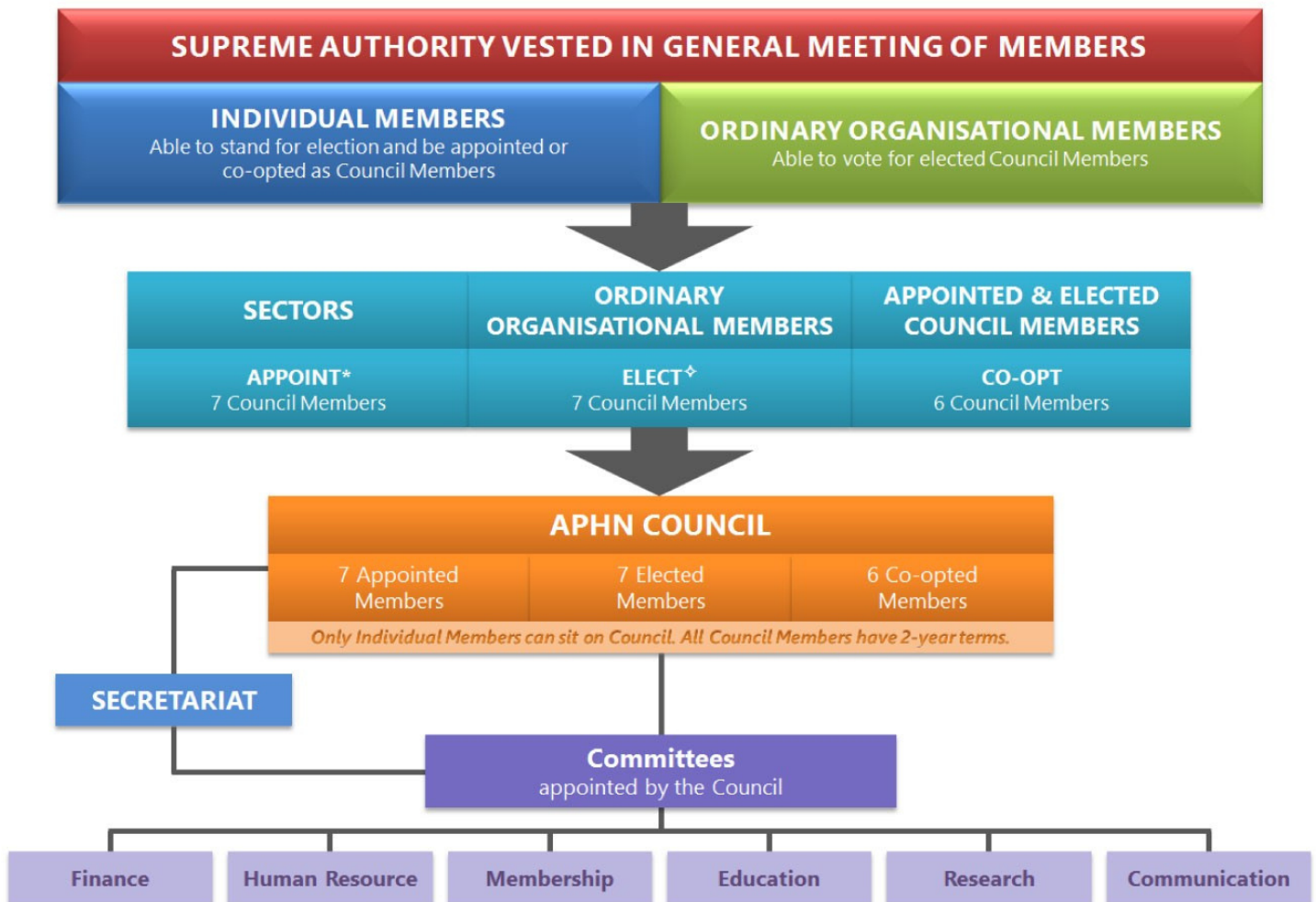
Paediatric SIG

Dr Chong Poh Heng - Chair
Dr Chong Lee Ai - Member
Dr Issarang Nuchprayoon - Member
Dr Martha Mherekumombe - Member
Dr Mary Ann Muckaden - Member
Dr Ross Drake - Member

Pacific Islands SIG

Dr Mandy Parris-Piper - Chair
Dr Sue Marsden - Member

Organisational Structure

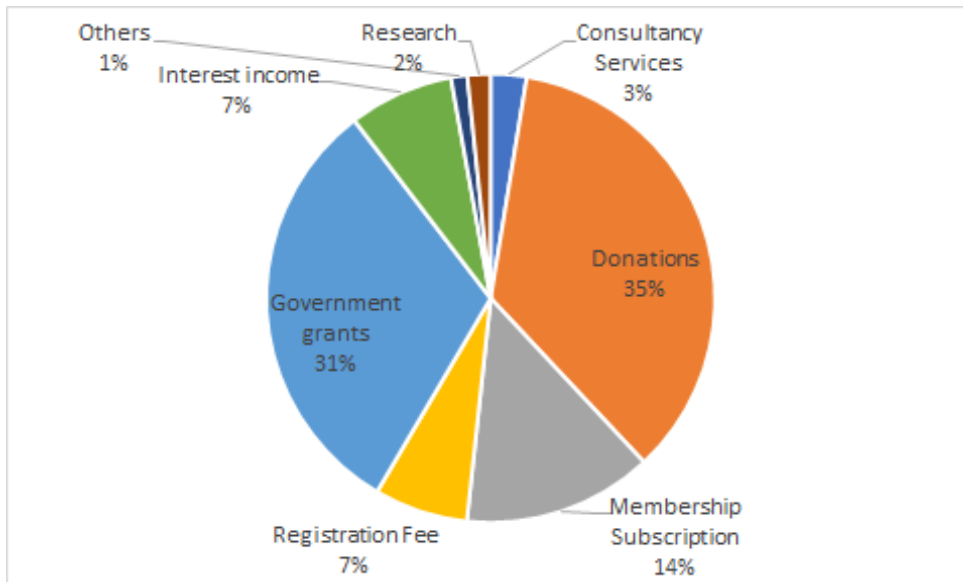


*on an alphabetical rotational basis

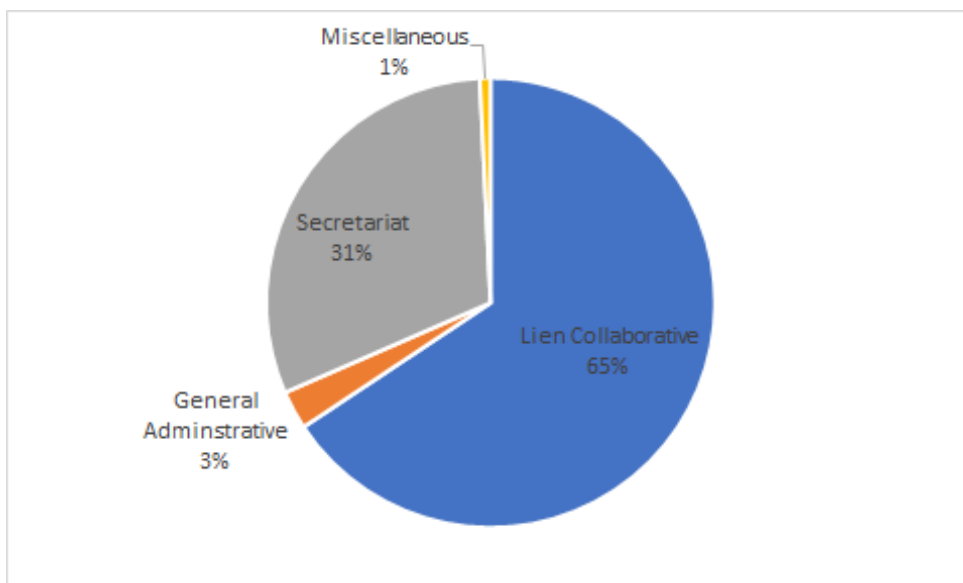
*staggered terms, 4 elected 1 year, 3 elected the next year alternately

Highlights of the Year

Summary Financial Performance



Total Income:
SGD 191,901



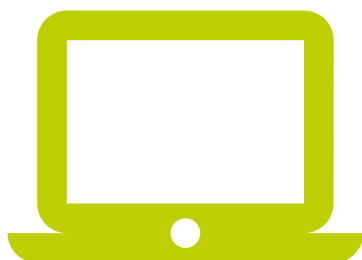
Total Expenditure:
SGD 465,189



Key Highlights



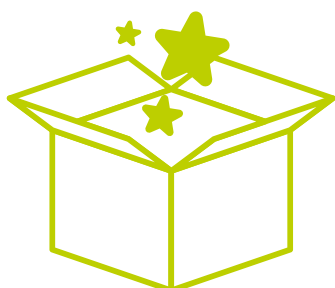
5 sectors across **31 states** with **79 institutions** and **400 medical professionals** trained under our Lien Collaborative for Palliative Care Programme



More than 1000 people attended our webinar series across the four sessions



21 Organisations across **9 sectors** celebrated WHPCD 2020 with APHN



More than 30 care packages sent to various organisations across **8 regions** in the Asia Pacific



550 participants joined in our COVID-19 Fireside Chat

Our Work: Programmes and Activities





Lien Collaborative for Palliative Care

The Cancer Treatment Centres (CTC) Palliative Care Training Program is a collaborative project of APHN; the All India Institute of Medical Sciences, New Delhi; and Manipal Academy of Higher Education, supported and funded by Lien Foundation. This program was started in 2016 with the primary aim of setting up palliative care services in CTCs in India. Three training programs have been successfully conducted in the last three years (2016-2019), that is, CTC1, CTC2 and CTC3. Out of 31 CTCs recruited into the program, 23 were successful in establishing sustainable palliative care services in 12 States and 1 Union Territories in northern India.

The deliverables of the program include:

- Establishing sustainable palliative care services at the CTC
- Ensure sustainable supply of morphine at the CTC
- Provide training in palliative care within the CTC
- Engender public awareness for palliative care in the wider community

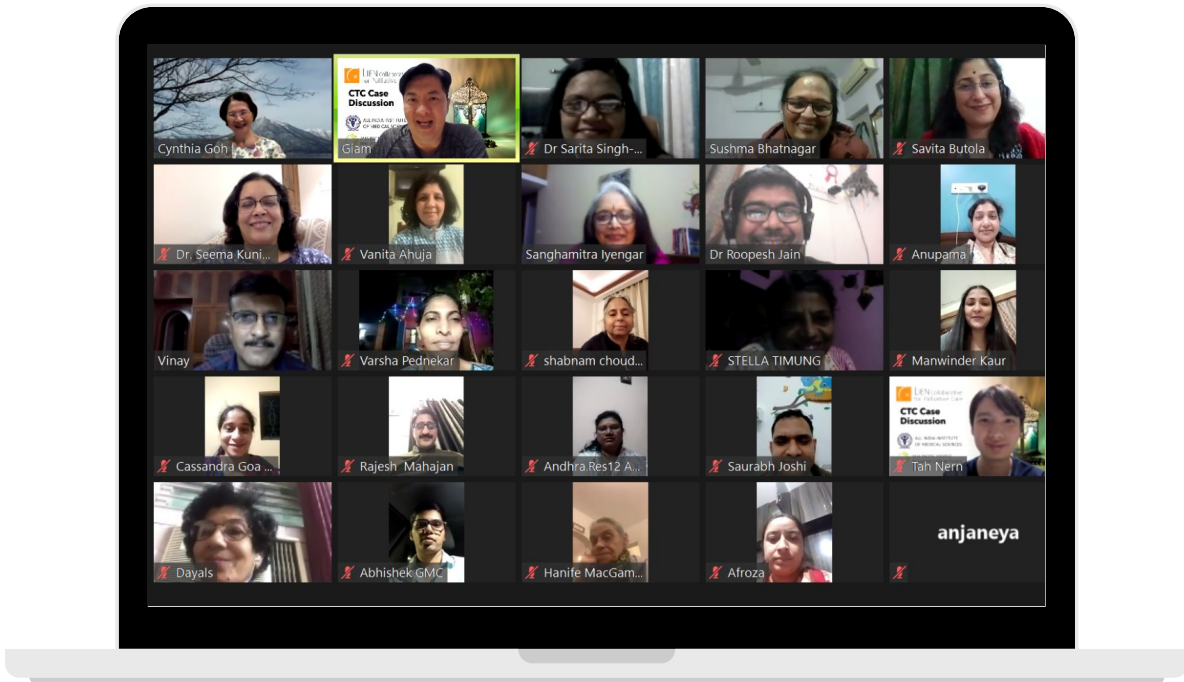
In Jan 2020, we kicked off the fourth run of the CTC project in India with the CTC4 Foundation Course. The training was taught by 15 faculty members, and was supported by program director Mr Giam Cheong Leong and India administrative staff Ms Sarita Kumari. We were able to accommodate a record **17 Institutions** from a waiting list of 21 institutions and a record of **63 participants** attended the training.

With the inclusion of the CTC4 institutions, a total of **48 CTCs covering 20 states and 2 union territories of India have received training.**

Following the 5-day CTC4 Foundation course, arrangements were made for the trainees to attend a 5-day clinical attachment either at AIIMS Delhi or, for the first time, at Manipal. Each CTC has been assigned a mentor to guide their development.

CTC Online Case Discussion

The pandemic in 2020 has challenged our ability to travel and continue our journey to deliver our Palliative Care training. Very quickly, the faculty got together and decided to shift the face to face training to online virtual classroom teachings. We complemented the teachings by setting up various support groups using social media platforms to allow exchange of information and discussion online.



We started with the Clinical Case Discussion three times a week after office hours so that the off-duty doctors and nurses could continue to attend. We were utterly impressed with the commitment from all the respected faculty and the learning attitudes of the CTC4 participants – some of them attended in their full PPE (personal protective equipment) while still in their hospital right after their COVID duties!


With the success of the CTC4 Clinical Case Discussion in India, the Lien Collaborative Faculty decided to extend the teachings to include the past batches of participants including CTC1, CTC2 and CTC3. The training has now been extended to the Bangladesh participants who had requested to join. The CTC Clinical Case Discussion was made available simultaneously through Zoom and Facebook Live.



A Thousand Cranes

APHN partnered with Sing Lit Station (a local non-profit organisation whose core mission is to grow the local literary community) to produce an anthology about life and death titled '**A Thousand Cranes**'. Our aim was to increase awareness for the concept of hospice and palliative care, and to facilitate thoughtful discourse surrounding this topic. We called for poem submissions from different sectors in the Asia Pacific region and received **over 800 submissions in 11 different languages**, of which a selected number will be published in our anthology.

In conjunction with this event, we hosted a series of four virtual poetry reading sessions called '**Zoom into Poetry**' to discuss featured poems on our website and share insights on poetry. A couple of sessions even featured the poets themselves!



The ACP Delphi Study is a collaborative research project amongst five regions (Japan, South Korea, Taiwan, Singapore, and Hong Kong). The aim was to develop a consensus definition of ACP and present recommendations for ACP that can be used by health care providers, policy makers, and research across a broad spectrum of patient populations, disease categories, and cultures in five Asian regions.

Well-known experts in ACP were invited to the taskforce with the aim of forming an international and interdisciplinary group that include experts essentially from these five regions, with clinical experience

and with research experience, in the field of oncology, palliative care, general internal medicine, family medicine, nursing, psychology, ethics, and law.

The study will follow the same design as applied in the EAPC Delphi study on ACP based on the standard for Conducting and Reporting of Delphi Studies (CREDES), and conduct approximately a five-round Delphi study to build a systematic consensus on ACP (1, 7). Rounds 1 and 5 will use a qualitative methodological approach, whereas rounds 2, 3, and 4 require quantitative assessment.

ACP Delphi Study

Quarterly Webinars

The APHN Quarterly webinars first begun as Dialogue Sessions in 2016, as an initiative in response to recognising the need for more Asia Pacific centred webinar series for e-learning and discussion. It was converted to Quarterly Webinars in 2018 with the incorporation of host sites. Institutions in the region were invited to be part of this event by being a host site. We believed that having a physical venue would help to facilitate meaningful, face-to-face discussions among the participants. In addition, it would also allow fellow palliative care colleagues to catch up with each other and spend time networking over coffee and tea amidst a busy workday.

The webinars are an hour-long and hosted via Zoom, encompassing 45 minutes of a live presentation and a 15-minute real time question and answer segment where participants could pose their questions via the chat box or through video for the speaker to answer.

To date, we have collaborated with over 38 different institutions in 11 different regions in the Asia Pacific region. Our highest webinar attendance had more than 600 participants join in the session. The webinar sessions are an APHN member only exclusive content. However, due to the COVID-19 pandemic, the sessions have been made available for anyone in the world to attend.

In 2020, we hosted four webinars on the following topics:



Education Capacity in Asia Pacific – An Overview
by
Prof Patsy Yates, Australia



Palliative Care in Humanitarian Crisis
by
Dr Joan Marston, South Africa



Communications
by
Dr Santosh K. Chaturvedi, India



Emergencies in Palliative Care
by
Dr Shirlynn Ho, Singapore

More than 1000 people attended our webinar series across the four sessions in 2020!

COVID-19 Initiatives

A) Fireside Chats

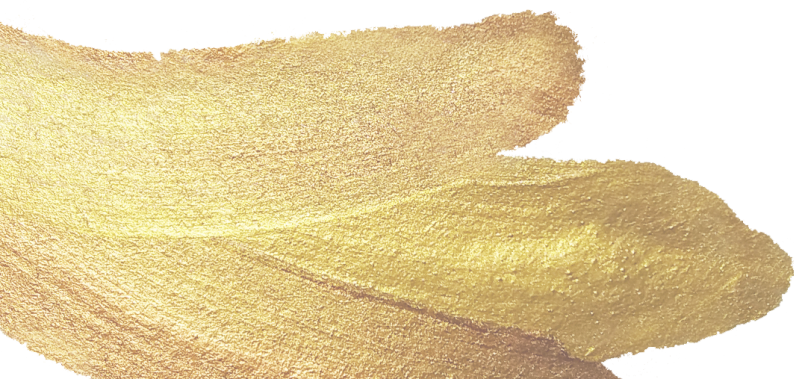
When the pandemic spread worldwide, healthcare institutions were impacted at varying degrees and there was a scramble for information on such as latest updates, infection control, etc. After a few months into the situation, APHN held a series of Fireside Chat sessions on Zoom. Hosted by our chair, A/Prof Cynthia Goh, we invited speakers from different regions came to share their pandemic experiences in a 1-hourly session.

The series of 6 sessions attracted a total of 550 participants. We hope that we were able to provide participants an alternative insight into how the Asia Pacific region was coping as we move forward together in this pandemic.

B) Self-care Workshop

With the relentless COVID-19 pandemic showing no signs of decline, healthcare professionals have been in overdrive providing care for their patients round-the-clock. While on the other hand, they themselves experience stigmatisation and higher levels of stress. Experiencing a burnout was surely but a matter of time.

Supported by APHN's Psychosocial Support volunteer's group, an avenue in the form of self-care workshops were held for small groups of close to 20 participants in June 2020. In the 2 sessions conducted, a 1 hour private and safe environment allowed the healthcare professionals to air their emotions and experience. By the end of the session, the participants would also learn how to care for themselves as they continue to provide care for their patients.



C) Care Packages

Our Covid-19 Care Packages were designed as a morale booster for palliative care workers in the Asia Pacific region working at the frontline during the pandemic. Some were battling to provide medical care, medicines and psychosocial support to very sick patients at home despite city lockdowns. Others were working in hospitals or were being transferred to the frontline to take care of Covid-19 patients with limited protective equipment and masks.

Contents of the care package consisted of different items, depending on the needs of each region (e.g. surgical masks, vitamin C, snacks etc.) with notes of encouragement to show our support for their selfless sacrifice during this period.

We put up a campaign on Giving.sg (a one-stop national giving platform to donate, volunteer and fundraise) from 1 April -31 Dec 2020 to raise funds for the care packages. APHN managed to raise SGD 5,520 from campaign alone, along with an additional independent donation from National Institute of Education (NIE) of SGD 1,509. All care packages were packed and sent out from Singapore- with the exception of India. Thanks to the generous support of everyone who donated, APHN successfully sent out more than 30 care packages to various organisations in Singapore, Malaysia, Indonesia, Philippines, Bhutan, Myanmar, India and Sri Lanka.



D) Online Resources

The global COVID-19 pandemic has affected everyone worldwide and over at the APHN, we had been trying to work out how we could support our members. Many of us had been in touch through various WhatsApp groups linking participants of APHN projects, and we had heard some of the needs of our members. We had also been keeping an eye on what international and regional palliative care organisations have put up as resources linked to the COVID-19 situation. As we did not want to duplicate those efforts provided by much better resourced organisations, we decided to provide a compilation of links to those resources on our website that was easily accessible to anyone.

But we have noticed gaps, and this was what we hope to bridge in the set of resources we have launched on the APHN website. We hope to provide a space for Asian voices: resources that will inform, encourage, and maintain the solidarity of our community.

World Hospice and Palliative Care Day 2020

World Hospice and Palliative Care Day 2020 (WHPCD 2020) was held on 10 October 2020, with its key theme 'Palliative Care: it's "My Care, My Comfort"'. WHPCD is a unified day of action to celebrate and support hospice and palliative care around the world.

Events in the Asia Pacific

APHN reached out to their organisational members to share details of the events they were hosting in conjunction with WHPCD 2020. The purpose was to compile the various events hosted in the Asia Pacific region so we could promote upcoming events or acknowledge the ones that were completed on our website. As the umbrella body for the Asia Pacific region, we believe that using our platform to promote these events would lead to increased exposure for not only the palliative care organisations but also increased exposure to the public who may be unaware of such events.



Our Campaign

In conjunction with WHPCD 2020, APHN joined in the effort to increase awareness about palliative care in the Asia Pacific region through various fundraising events.



Run for Palliative Care

Participants created their own fundraising campaign on Give Asia and set themselves a distance running target for the month of October. Friends, family or anyone can donate to their fundraiser to support them as they run for palliative care.



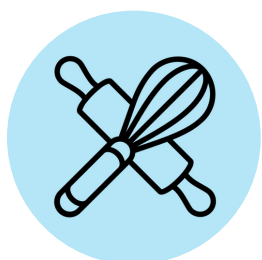
Ride for Palliative Care

Participants created their own fundraising campaign on Give Asia and set themselves a distance cycling target for the month of October. Friends, family or anyone can donate to their fundraiser to support them as they ride for palliative care.



Bid for Art for Palliative Care

Participants started their virtual artwork auction by creating their own fundraiser. They would set their own fundraising target. They were able to upload images or list down the artwork(s) they wish to 'auction' off.



Bake for Palliative Care

Participants started their own virtual bake sale by creating their own fundraiser. And setting their own fundraising target. Anyone would be able to donate and make orders for baked goods.

The Year Ahead

List of Planned Activities for 2021

Educational Programmes

- Lien Collaborative for Palliative Care Training
- Palliative Care Training in Chinese

Webinars

- Quarterly Palliative Care Webinar
- Quarterly Paediatric Palliative Care Webinar

Conferences

- Asia Pacific Hospice Palliative Care Conference 2021 (APHC 2021)
- Paediatrics Pre-conference Workshop (APHC 2021)
- Mandarin Hospice Summit

Advocacy

- World Hospice and Palliative Care Day 2021
- 'To Let The Light In' Anthology

Fundraising

- Online Art Sale
- COVID-19 Care Packages

Resources

- COVID-19 Resources Page
- Palliative Care Services Directory



Governance

Role of the Council

The Board's role is to provide strategic direction and oversight of APHN's programmes and objectives and to steer the charity towards fulfilling its vision and mission through good governance.

Board Meetings and Attendance

A total of 5 Board meetings and 1 AGM were held during the financial year. The following sets out the individual Board member's attendance at the meetings:

Names of Board Members	% of Attendances
Assoc Prof Cynthia Goh	100%
Assoc Prof Ghauri Aggarwal	100%
Dr Ednin Hamzah	100%
Dr Masanori Mori	100%
Mr Kwan Kam Fan	100%
Dr Akhileswaran Ramaswamy	83%
Dr Shirlynn Ho	100%
Dr Chun-Kai Fang	66%
Dr Dang Huy Quoc Thinh	0%
Dr Dradjat Suardi	0%
Dr Jho Hyun Jung	66%
Dr Mandy Parris-Piper	83%
Dr Rumalie Corvera	100%
Dr Santosh Chaturvedi	66%
Dr Sushma Bhatnagar	50%
Dr Yuen Kwok Keung	100%
Ms Theresa Lai	100%
Prof Kwon So Hi	66%
Prof Wang Ying Wei	100%
Prof Yoshiyuki Kizawa	100%

Disclosure of Remuneration and Benefits received by Council Members

No council members are remunerated for their services in the financial year.

Disclosure of Remuneration of three highest paid staff

Disclosure of annual remuneration of three highest paid staff who each receives more than \$100,000, in bands of \$100,000:

Remuneration Band	Number of Staff
Between \$100,000 and \$200,000	1

None of the above staff serve in the Council of the charity.

The charity has no paid staff, who are close members of the family of the Executive Head or Council members, who each receives total remuneration of more than \$50,000 during the year.

Reserves Policy

APHN has a reserve policy for long-term stability of the operations and it ensures that there are sufficient resources to support the charity in the event of unforeseen circumstances. APHN intends to maintain its reserves at a level which is at least equivalent to **2.5 years** of its operating expenses due to its primary income source coming from the bi-annual Asia Pacific Hospice Conference (APHC). This acts as a buffer to cover operating expenditures in the event one edition of the APHC suffers a loss. The reserve level is reviewed yearly by the Board to ensure that the reserves are adequate to fulfil the charity's continuing obligations.

Charity's Reserves Position:

For the period 1 Jan to 31 Dec	FY 2020	FY 2019
(A) Unrestricted Funds (Reserves)	414,081	291,854
Designated Funds	3,267	-
Restricted / Endowment Funds		
• Lien Collaborative (Asia)	1,691,326	1,996,418
• Lien Collaborative (Sri Lanka)	-	96,897
• Japan Hospice Palliative Care Foundation	6,422	3,215
• Hospital Nacional Guido Valadares of Timor-Leste	3,955	3,955
(B) Annual Operating Expenditure	149,734	113,566
Ratio of Reserves (A : B)	2.77 : 1	2.57 : 1

Purpose of Restricted / Endowment Funds

The charity has disclosed its restricted funds in the Financial Statements, Note 6, page 21. Please refer to the Financial Statements for more information.

Conflict of Interest Policy

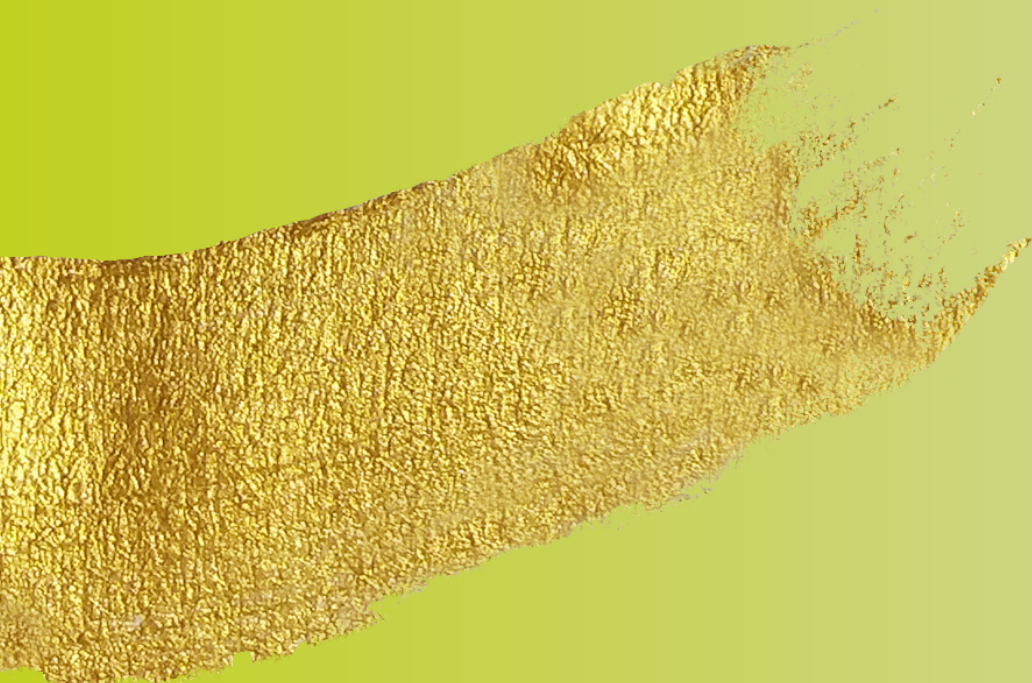
All Board members and staff are required to comply with the charity's conflict of interest policy. The Board has put in place documented procedures for Board members and staff to declare actual or potential conflicts of interests on a regular and need-to basis. Board members also abstain and do not participate in decision-making on matters where they have a conflict of interest.

Whistle-blowing Policy

Our charity has in place, a whistle-blowing policy to address concerns about possible wrongdoing or improprieties in financial or other matters within the charity.

FINANCIAL STATEMENTS

FOR THE FINANCIAL YEAR ENDED 31 DEC 2020



ASIA PACIFIC HOSPICE PALLIATIVE CARE NETWORK

(Registered in the Republic of Singapore

Under the Singapore Societies Act, Chapter 311)

Unique Entity No. T01SS0003A

FINANCIAL STATEMENTS

For the financial year ended 31 December 2020

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ASIA PACIFIC HOSPICE PALLIATIVE CARE NETWORK
(Registered in the Republic of Singapore
Under the Singapore Societies Act, Chapter 311)

STATEMENT OF ASSOCIATION'S COUNCIL

For the financial year ended 31 December 2020

The Asia Pacific Hospice Palliative Care Network (the "Association") was constituted as a society under the Singapore Societies Act, Chapter 311. The Association is registered as a Charity under the Charities Act, Chapter 37.

In our opinion,

- (a) the financial statements of the Association are drawn up so as to give a true and fair view of the financial position of the Association as at 31 December 2020 and the financial performance, changes in funds and cash flows of the Association for the financial year then ended; and
- (b) at the date of this statement, there are reasonable grounds to believe that the Association will be able to pay its debts as and when they fall due.

Council Members

Professor Yoshiyuki Kizawa
Member (Japan)

Dr Chun-Kai Fang
Member (Taiwan)

Professor Kwon So Hi
Member (Korea)

Dr Rumalie Corvera
Member (Philippines)

Dr Yuen Kwok Keung
Member (Hong Kong)

Dr Theresa Lai
Member (Hong Kong)

Dr Sushma Bhatnagar
Member (India)

Dr Santosh Chaturvedi
Member (India)

Dr Jho Hyun Jung
Member (Korea)

Dr Mandy Parris-Piper
Member (New Zealand)

Professor Wang Ying Wei
Member (Taiwan)

Dr Dradjat Suardi
Member (Indonesia)

Dr Dang Huy Quoc Thinh
Member (Vietnam)

List of Office Bearers

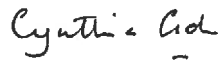
Associate Professor Cynthia Goh
Associate Professor Ghauri Aggarwal
Dr Ednin Hamzah
Dr Masanori Mori
Dr Akhileswaran Ramaswamy
Dr Kwan Kam Fan
Dr Shirlynn Ho

Chairman (Member, Singapore)
Vice-Chairman (Member, Australia)
Vice-Chairman (Member, Malaysia)
Honorary Secretary (Member, Japan)
Assistant Honorary Secretary (Member, Singapore)
Honorary Treasurer (Member, Hong Kong)
Assistant Honorary Treasurer (Member, Singapore)

ASIA PACIFIC HOSPICE PALLIATIVE CARE NETWORK
(Registered in the Republic of Singapore
Under the Singapore Societies Act, Chapter 311)

STATEMENT OF ASSOCIATION'S COUNCIL
For the financial year ended 31 December 2020

On behalf of the Association's Council,



Associate Professor Cynthia Goh
Chairman

30 MAR 2021



Dr Akhileswaran Ramaswamy
Assistant Honorary Secretary

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INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF ASIA PACIFIC HOSPICE PALLIATIVE CARE NETWORK

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Asia Pacific Hospice Palliative Care Network (the "Association"), which comprise the statement of financial position as at 31 December 2020, and the statement of income and expenditure, statement of changes in funds and statement of cash flows for the financial year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements are properly drawn up in accordance with the provisions of the Singapore Charities Act, Chapter 37 and Singapore Societies Act, Chapter 311 (the "Acts") and Financial Reporting Standards in Singapore ("FRSs") so as to present fairly, in all material respects, the state of affairs of the Association as at 31 December 2020 and the results, changes in funds and cash flows of the Association for the year ended on that date.

Basis for Opinion

We conducted our audit in accordance with Singapore Standards on Auditing ("SSAs"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Association in accordance with the Accounting and Corporate Regulatory Authority ("ACRA") Code of Professional Conduct and Ethics for Public Accountants and Accounting Entities ("ACRA Code") together with the ethical requirements that are relevant to our audit of the financial statements in Singapore, and we have fulfilled our other ethical responsibilities in accordance with these requirements and the ACRA Code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Information

Management is responsible for the other information. The other information comprises the Statement of Association's Council set out on pages 1 to 2.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Continued.....

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INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF ASIA PACIFIC HOSPICE PALLIATIVE CARE NETWORK *(continued)*

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the provisions of the Act and FRSSs, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Association's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Association or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Association's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with SSAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with SSAs, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Association's internal control.

Continued.....

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**INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF
ASIA PACIFIC HOSPICE PALLIATIVE CARE NETWORK**
(continued)

Auditor's Responsibilities for the Audit of the Financial Statements (continued)

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Association's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Association to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Report on Other Legal and Regulatory Requirements

In our opinion, the accounting and other records required by the Societies regulations enacted under the Act to be kept by the Association have been properly kept in accordance with those Regulations.

Bestar Assurance PAC

Bestar Assurance PAC
Public Accountants and
Chartered Accountants
Singapore

30 MAR 2021

ASIA PACIFIC HOSPICE PALLIATIVE CARE NETWORK
(Registered in the Republic of Singapore
Under the Singapore Societies Act, Chapter 311)

STATEMENT OF FINANCIAL POSITION

As at 31 December 2020

	Note	2020 S\$	2019 S\$
ASSETS			
Non-current assets			
Plant and equipment	4	2,229	1,926
Total non-current assets		<u>2,229</u>	<u>1,926</u>
Current assets			
Other receivables		5,118	-
Cash and bank balances	5	2,238,147	2,446,722
Total current assets		<u>2,243,265</u>	<u>2,446,722</u>
Total assets		<u>2,245,494</u>	<u>2,448,648</u>
FUNDS AND LIABILITIES			
Funds			
Unrestricted fund		414,081	291,854
Restricted funds	6	1,701,703	2,100,485
Designated funds	7	3,267	-
Total funds		<u>2,119,051</u>	<u>2,392,339</u>
Current liabilities			
Trade and other payables	8	126,443	56,309
Total current liabilities		<u>126,443</u>	<u>56,309</u>
Total funds and liabilities		<u>2,245,494</u>	<u>2,448,648</u>

ASIA PACIFIC HOSPICE PALLIATIVE CARE NETWORK
(Registered in the Republic of Singapore
Under the Singapore Societies Act, Chapter 311)

STATEMENT OF INCOME AND EXPENDITURE

For the financial year ended 31 December 2020

2020						
	<u>Unrestricted Fund</u>	<u>Designated fund</u>	<u>Lien Collaborative (Asia)</u>	<u>Japan Hospice Palliative Care Foundation</u>	<u>Hospital Nacional Guido Valadares of Timor-Leste</u>	<u>Total</u>
Note	S\$	S\$	S\$	S\$	S\$	S\$
Income						
Consultancy services	4,629	-	-	-	319	4,948
Donations	54,711	13,311	-	3,207	-	71,229
Membership subscription	26,259	-	-	-	-	26,259
Registration fee	12,962	-	-	-	-	12,962
Other income	9 76,503	-	-	-	-	76,503
Total income	175,064	13,311	-	3,207	319	191,901
Expenditure						
Personnel expenses	10 (137,009)	(6,061)	(217,863)	-	-	(360,933)
Education and training programme	(162)	-	-	-	(319)	(481)
Audit fee	(2,360)	-	-	-	-	(2,360)
Bank charges	(134)	-	-	-	-	(134)
Depreciation	(957)	-	-	-	-	(957)
Entertainment	(76)	-	-	-	-	(76)
Equipment expenses	(1,017)	-	-	-	-	(1,017)
Insurance	(480)	-	-	-	-	(480)
Paypal fee	(1,140)	(14)	-	-	-	(1,154)

Continued...

ASIA PACIFIC HOSPICE PALLIATIVE CARE NETWORK
(Registered in the Republic of Singapore
Under the Singapore Societies Act, Chapter 311)

STATEMENT OF INCOME AND EXPENDITURE

For the financial year ended 31 December 2020

2020						
	<u>Unrestricted Fund</u>	<u>Designated fund</u>	<u>Lien Collaborative (Asia)</u>	<u>Japan Hospice Palliative Care Foundation</u>	<u>Hospital Nacional Guido Valadares of Timor-Leste</u>	<u>Total</u>
Note	S\$	S\$	S\$	S\$	S\$	S\$
Postage expenses	(347)	(487)	-	-	-	(834)
Printing and stationery	(1,280)	(268)	-	-	-	(1,548)
Travel and transport expenses	(249)	(200)	(74,495)	-	-	(74,944)
Website expenses	(3,955)	-	-	-	-	(3,955)
Miscellaneous expenses	(568)	(3,014)	(12,734)	-	-	(16,316)
Total expenditure	<u>(149,734)</u>	<u>(10,044)</u>	<u>(305,092)</u>	<u>-</u>	<u>(319)</u>	<u>(465,189)</u>
Total (deficit) / surplus	25,330	3,267	(305,092)	3,207	-	(273,288)
Income tax	-	-	-	-	-	-
(Deficit) / surplus for the financial year	<u>25,330</u>	<u>3,267</u>	<u>(305,092)</u>	<u>3,207</u>	<u>-</u>	<u>(273,288)</u>

ASIA PACIFIC HOSPICE PALLIATIVE CARE NETWORK
(Registered in the Republic of Singapore
Under the Singapore Societies Act, Chapter 311)

STATEMENT OF INCOME AND EXPENDITURE

For the financial year ended 31 December 2020

2019						
		<u>Unrestricted Fund</u>	<u>Lien Collaborative (Asia)</u>	<u>Hospice Palliative Care (Korea) Society</u>	<u>Japan Hospice Palliative Care Foundation</u>	<u>Hospital Nacional Guido Valadares of Timor-Leste</u>
Note	S\$	S\$	S\$	S\$	S\$	<u>Total</u> S\$
Income						
Consultancy services		24,573	-	-	-	24,573
Donations		9,161	-	-	-	9,161
Lien Collaborative		-	2,082,627	-	-	2,082,627
Membership subscription		23,683	-	-	-	23,683
Registration fee		9,000	-	-	-	9,000
Other income	9	6,763	-	-	3,215	13,933
Total income		<u>73,180</u>	<u>2,082,627</u>	<u>-</u>	<u>3,215</u>	<u>2,162,977</u>
Expenditure						
Personnel expenses	10	(68,789)	(181,158)	-	-	(249,947)
Education and training programme		(5,344)	-	-	-	(5,344)
Audit fee		(2,960)	-	-	-	(2,960)
Bank charges		(307)	-	-	-	(307)
Bursaries		(7,222)	-	-	-	(7,222)
Entertainment		(359)	-	-	-	(359)
Equipment expenses		(641)	-	-	-	(641)
Insurance		(480)	-	-	-	(480)
Paypal fee		(1,013)	-	-	-	(1,013)
Postage expenses		(386)	-	-	-	(386)

Continued...

ASIA PACIFIC HOSPICE PALLIATIVE CARE NETWORK
(Registered in the Republic of Singapore
Under the Singapore Societies Act, Chapter 311)

STATEMENT OF INCOME AND EXPENDITURE

For the financial year ended 31 December 2020

2019						
	<u>Unrestricted Fund</u>	<u>Lien Collaborative (Asia)</u>	<u>Hospice Palliative Care (Korea) Society</u>	<u>Japan Hospice Palliative Care Foundation</u>	<u>Hospital Nacional Guido Valadares of Timor-Leste</u>	<u>Total</u>
Note	S\$	S\$	S\$	S\$	S\$	S\$
Printing and stationery	(3,302)	-	-	-	-	(3,302)
Repair and maintenance	(1,490)	-	-	-	-	(1,490)
Research	-	-	(5,028)	-	-	(5,028)
Telephone charges	(42)	-	-	-	-	(42)
Travel and transport expenses	(2,034)	(177,607)	-	-	-	(179,641)
Website expenses	(12,043)	-	-	-	-	(12,043)
Miscellaneous expenses	(7,154)	(14,565)	-	-	-	(21,719)
Total expenditure	(113,566)	(373,330)	(5,028)	-	-	(491,924)
Total (deficit) / surplus	(40,386)	1,709,297	(5,028)	3,215	3,955	1,671,053
Income tax	-	-	-	-	-	-
(Deficit) / surplus for the financial year	(40,386)	1,709,297	(5,028)	3,215	3,955	1,671,053

ASIA PACIFIC HOSPICE PALLIATIVE CARE NETWORK
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STATEMENT OF CHANGES IN FUNDS

For the financial year ended 31 December 2020

	Balance at beginning of the year	Transfer of restricted funds to unrestricted funds	Net (deficit) / surplus	Balance at end of the year
	S\$	S\$	S\$	S\$
2020				
Unrestricted fund				
Asia Pacific Hospice Palliative Care	291,854	96,897	25,330	414,081
Designated fund				
Covid-19 Care Pack	-	-	3,267	3,267
Restricted funds				
Lien Collaborative (Asia)	1,996,418	-	(305,092)	1,691,326
Lien Collaborative (Sri Lanka)	96,897	(96,897)	-	-
Japan Hospice Palliative Care Foundation	3,215	-	3,207	6,422
Hospital Nacional Guido Valadares of Timor-Leste	3,955	-	-	3,955
	2,100,485	(96,897)	(301,885)	1,701,703
Total funds	2,392,339	-	(273,288)	2,119,051
2019				
Unrestricted fund				
Asia Pacific Hospice Palliative Care	332,240	-	(40,386)	291,854
Restricted funds				
Lien Collaborative (Asia)	287,121	-	1,709,297	1,996,418
Lien Collaborative (Sri Lanka)	96,897	-	-	96,897
Hospice Palliative Care (Korea) Society	5,028	-	(5,028)	-
Japan Hospice Palliative Care Foundation	-	-	3,215	3,215
Hospital Nacional Guido Valadares of Timor-Leste	-	-	3,955	3,955
	389,046	-	1,711,439	2,100,485
Total funds	721,286	-	1,671,053	2,392,339

ASIA PACIFIC HOSPICE PALLIATIVE CARE NETWORK
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Under the Singapore Societies Act, Chapter 311)

STATEMENT OF CASH FLOWS

For the financial year ended 31 December 2020

	<u>2020</u>	<u>2019</u>
	S\$	S\$
Cash flows from operating activities		
(Deficit) / surplus before income tax	(273,288)	1,671,053
Adjustment for:		
Depreciation of plant and equipment	957	-
Interest income	<u>(14,514)</u>	<u>(4,991)</u>
Operating (deficit) / surplus before working capital changes	(286,845)	1,666,062
Changes in working capital		
Other receivables	(5,118)	2,890
Trade and other payables	<u>70,134</u>	<u>3,689</u>
Cash flows (used in) / from operations	(221,829)	1,672,641
Interest received	<u>14,514</u>	<u>4,991</u>
Net cash (used in) / from operating activities	<u>(207,315)</u>	<u>1,677,632</u>
Cash flows from investing activities		
Acquisition of plant and equipment	(1,260)	(1,926)
Fixed deposit	<u>(1,014,389)</u>	<u>(100,000)</u>
Net cash used in investing activities	<u>(1,015,649)</u>	<u>(101,926)</u>
Net (decrease) / increase in cash and cash equivalents	(1,222,964)	1,575,706
Cash and cash equivalents at the beginning of the financial year	<u>1,746,722</u>	<u>171,016</u>
Cash and cash equivalents at the end of the financial year (Note 5)	<u>523,758</u>	<u>1,746,722</u>

ASIA PACIFIC HOSPICE PALLIATIVE CARE NETWORK
(Registered in the Republic of Singapore
Under the Singapore Societies Act, Chapter 311)

NOTES TO FINANCIAL STATEMENTS

For the financial year ended 31 December 2020

These notes form an integral part of and should be read in conjunction with the accompanying financial statements.

1. General

Asia Pacific Hospice Palliative Care Network (the “Association”) was constituted as a society under the Singapore Societies Act, Chapter 311, and registered as a charity under the Charities Act, Chapter 37. Its place of business is at Division of Palliative Medicine, National Cancer Centre, 11 Hospital Drive, Singapore 169610.

The principal activities of the Association are those relating to the promotion and development of hospice palliative care in the Asia Pacific region. There have been no significant changes to the Company’s principal activities during the financial year.

The financial statements of the Association for the financial year ended 31 December 2020 were authorised for issue in accordance with a resolution of the bearers in Statement of Association’s Council.

2. Significant accounting policies

(a) Basis of preparation

The financial statements have been prepared in accordance with the Singapore Financial Reporting Standards (“FRS”).

The financial statements of the Association are presented in Singapore Dollars (“S\$”), which is the Association’s functional currency and are prepared in accordance with the historical cost convention except as disclosed in the accounting policies.

The accounting policies have been consistently applied by the Association and are consistent with those used in the previous financial year.

Interpretations and amendments to published standards effective from 1 January 2020

On 1 January 2020, the Association adopted the new or amended FRS and interpretations to FRS (“INT FRS”) that are mandatory for application from that date. Changes to the Association’s accounting policies have been made as required, in accordance with the transitional provisions in the respective FRS and INT FRS.

The adoption of the new or amended FRS and INT FRS did not result in substantial changes to the Association’s accounting policies and had no material effect on the amounts reported for the current or prior financial years.

ASIA PACIFIC HOSPICE PALLIATIVE CARE NETWORK
(Registered in the Republic of Singapore
Under the Singapore Societies Act, Chapter 311)

NOTES TO FINANCIAL STATEMENTS

For the financial year ended 31 December 2020

2. Significant accounting policies (continued)

(b) Plant and equipment

All items of plant and equipment are initially recorded at cost. Subsequent to recognition, plant and equipment are measured at cost less accumulated depreciation and any accumulated impairment losses. The cost of plant and equipment includes its purchase price and any costs directly attributable to bringing the asset to the location and condition necessary for it to be capable of operating in the manner intended by management. Dismantlement, removal or restoration costs are included as part of the cost of plant and equipment if the obligation for dismantlement, removal or restoration is incurred as a consequence of acquiring or using the plant and equipment.

Depreciation is calculated using the straight-line method to allocate depreciable amounts over their estimated useful lives. The estimated useful lives are as follows:

	<u>Useful lives</u>
Computer equipment	3 years

The useful lives, residual values and depreciation method are reviewed at the end of each financial year, and adjusted prospectively, if appropriate.

An item of plant and equipment is derecognised upon disposal or when no future economic benefits are expected from its use or disposal. Any gain or loss on de-recognition of the asset is included in profit or loss in the financial year the asset is derecognised.

(c) Impairment of non-financial assets

The Association assesses at each reporting date whether there is indication that an asset may be impaired. If any indication exists, or when an annual impairment testing for an asset is required, the Association makes an estimate of the asset's recoverable amount.

An asset's recoverable amount is the higher of an asset's or cash-generating unit's fair value less costs of disposal and its value in use and is determined for an individual asset, unless the asset does not generate cash flows that are largely independent of those from other assets or group assets. Where the carrying amount of an asset or cash-generating unit exceeds its recoverable amount, the asset is considered impaired and is written down to its recoverable amount.

Impairment losses are recognised in profit or loss.

As previously recognised impairment loss is reversed only if there has been a change in the estimates used to determine the asset's recoverable amount since the last impairment loss was recognised. If that is the case, the carrying amount of the asset is increased to its recoverable amount. That increase cannot exceed the carrying amount that would have been determined, net of depreciation, had no impairment loss been recognised previously. Such reversal is recognised in profit or loss.

NOTES TO FINANCIAL STATEMENTS

For the financial year ended 31 December 2020

2. Significant accounting policies (continued)

(d) Financial assets

(i) Initial recognition and measurement

Financial assets are recognised when, and only when the entity becomes party to the contractual provisions of the instruments.

At initial recognition, the Association measures a financial asset at its fair value plus, in the case of a financial asset not at fair value through profit or loss (“FVPL”), transaction costs that are directly attributable to the acquisition of the financial asset. Transaction costs of financial assets carried at FVPL are expensed in profit or loss.

Trade receivables are measured at the amount of consideration to which the Association expects to be entitled in exchange for transferring promised goods or services to a customer, excluding amounts collected on behalf of third party, if the trade receivables do not contain a significant financing component at initial recognition.

(ii) Subsequent measurement

Investments in debt instruments

Subsequent measurement of debt instruments depends on the Association’s business model for managing the asset and the contractual cash flow characteristics of the asset. The three measurement categories for classification of debt instruments are amortised cost, fair value through other comprehensive income (“FVOCI”) and FVPL. The Association only has debt instruments at amortised cost.

Financial assets that are held for the collection of contractual cash flows where those cash flows represent solely payments of principal and interest are measured at amortised cost. Financial assets are measured at amortised cost using the effective interest method, less impairment. Gains and losses are recognised in profit or loss when the assets are derecognised or impaired, and through the amortisation process.

(iii) De-recognition

A financial asset is derecognised where the contractual right to receive cash flows from the asset has expired. On derecognition of a financial asset in its entirety, the difference between the carrying amount and the sum of the consideration received and any cumulative gain or loss that had been recognised in other comprehensive income for debt instruments is recognised in profit or loss.

NOTES TO FINANCIAL STATEMENTS

For the financial year ended 31 December 2020

2. Significant accounting policies (continued)

(e) Impairment of financial assets

The Association recognises an allowance for expected credit losses (“ECLs”) for all debt instruments not held at FVPL. ECLs are based on the difference between the contractual cash flows due in accordance with the contract and all the cash flows that the Association expects to receive, discounted at an approximation of the original effective interest rate. The expected cash flows will include cash flows from the sale of collateral held or other credit enhancements that are integral to the contractual terms.

ECLs are recognised in two stages. For credit exposures for which there has not been a significant increase in credit risk since initial recognition, ECLs are provided for credit losses that result from default events that are possible within the next 12-months (a 12-month ECL). For those credit exposures for which there has been a significant increase in credit risk since initial recognition, a loss allowance is recognised for credit losses expected over the remaining life of the exposure, irrespective of timing of the default (a lifetime ECL).

For trade receivables, the Association applies a simplified approach in calculating ECLs. Therefore, the Association does not track changes in credit risk, but instead recognises a loss allowance based on lifetime ECLs at each reporting date. The Association has established a provision matrix that is based on its historical credit loss experience, adjusted for forward-looking factors specific to the debtors and the economic environment which could affect debtors’ ability to pay.

The Association considers a financial asset in default when contractual payments are 60 days past due. However, in certain cases, the Association may also consider a financial asset to be in default when internal or external information indicates that the Association is unlikely to receive the outstanding contractual amounts in full before taking into account any credit enhancements held by the Association. A financial asset is written off when there is no reasonable expectation of recovering the contractual cash flows.

(f) Cash and cash equivalents

Cash and cash equivalents comprise cash at bank and on hand and are subject to an insignificant risk of changes in value.

ASIA PACIFIC HOSPICE PALLIATIVE CARE NETWORK
(Registered in the Republic of Singapore
Under the Singapore Societies Act, Chapter 311)

NOTES TO FINANCIAL STATEMENTS

For the financial year ended 31 December 2020

2. Significant accounting policies (continued)

(g) Financial liabilities

(i) Initial recognition and measurement

Financial liabilities are recognised when, and only when, the Association becomes a party to the contractual provisions of the financial instrument. The Association determines the classification of its financial liabilities at initial recognition.

All financial liabilities are recognised initially at fair value plus in the case of financial liabilities not at FVPL, directly attributable transaction costs.

(ii) Subsequent measurement

After initial recognition, financial liabilities that are not carried at FVPL are subsequently measured at amortised cost using the effective interest method. Gains and losses are recognised in profit or loss when the liabilities are derecognised, and through the amortisation process.

(iii) De-recognition

A financial liability is derecognised when the obligation under the liability is discharged, cancelled or expires. When an existing financial liability is replaced by another from the same lender on substantially different terms, or the terms of an existing liability are substantially modified, such an exchange or modification is treated as a derecognition of the original liability and the recognition of a new liability, and the difference in the respective carrying amounts is recognised in profit or loss.

(h) Revenue recognition

Revenue is measured based on the consideration to which the Association expects to be entitled in exchange for transferring promised goods or services to a customer, excluding amounts collected on behalf of third parties.

Revenue is recognised when the Association satisfies a performance obligation by transferring a promised good or service to the customer, which is when the customer obtains control of the good or service. A performance obligation may be satisfied at a point in time or over time. The amount of revenue recognised is the amount allocated to the satisfied performance obligation.

Membership subscription

Revenue from membership subscription is recognised on a time apportionment basis over the period of the membership, with the unrecognised portion being recorded as membership subscription received in advance in the statement of financial position.

ASIA PACIFIC HOSPICE PALLIATIVE CARE NETWORK
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Under the Singapore Societies Act, Chapter 311)

NOTES TO FINANCIAL STATEMENTS

For the financial year ended 31 December 2020

2. Significant accounting policies (continued)

(h) Revenue recognition (continued)

Donation

Donation income is recognised in statement of income and expenditure as and when received. All other income and expenditure items are accounted for on an accrual basis.

Interest income

Interest income is recognised on a time proportion basis, by reference to the principal outstanding and at the effective interest rate applicable.

Other income

Revenue is recognised when the right to the income is established.

(i) Government grants

Government grants are recognised as a receivable when there is reasonable assurance that the grant will be received and all attached conditions will be complied with.

When the grant relates to an expense item, it is recognised as income on a systematic basis over the periods that the related costs, for which it is intended to compensate, are expensed. When the grants relates to an asset, the fair value is recognised as deferred income on the statement of financial position and is recognised as income in equal amounts over the expected useful life of the related asset.

Where loans or similar assistance are provided by governments or related institutions with an interest rate below the current applicable market rate, the effect of this favourable interest is regarded as additional government grant.

(j) Employee benefits

Defined contribution plans

The Association has a defined contribution plan, required by local regulation, which covers substantially all of its domestic employees who are Singapore citizens and Singapore permanent residents. Under the defined contribution plan, the Association made monthly contributions based on the statutory funding requirement into a Central Provident Fund.

(k) Income tax

The Association is a registered charity under the Charities Act and is exempted from income tax under the Singapore Income Tax Act, Chapter 134.

ASIA PACIFIC HOSPICE PALLIATIVE CARE NETWORK
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Under the Singapore Societies Act, Chapter 311)

NOTES TO FINANCIAL STATEMENTS

For the financial year ended 31 December 2020

2. Significant accounting policies (continued)

(1) Foreign currency transactions

Transactions in foreign currencies are measured in the functional currency of the Association and are recorded on the initial recognition in the functional currency at exchange rates approximating those ruling at the transaction dates. Monetary assets and liabilities denominated in foreign currencies are translated at the rate of exchange ruling at the financial year end date. Non-monetary items that are measured in terms of historical cost in a foreign currency are translated using the exchange rates as at the dates of the initial transactions. Non-monetary items measured at fair value in a foreign currency are translated using the exchange rates at the date when the fair value was measured.

Exchange differences arising on the settlement of monetary items or on translating monetary items at the reporting period are recognised in surplus or deficit.

3. Critical accounting judgement and key sources of estimation uncertainty

In the application of the Association's accounting policies, which are described in Note 2, the management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

(i) Critical judgements in applying the Association's accounting policies

The management is of the opinion that the key judgement which has the most significant effect on the amounts recognised in the financial statements is discussed below:

Determination of functional currency

The Association measures foreign currency transactions in the functional currency of the Association. In determining the functional currency of the Association, judgement is required to determine the currency that mainly influences services and of the country whose competitive forces and regulations mainly determines the services. The functional currency of the Association is determined based on management's assessment of the economic environment in which the Association operates its process of determining membership fees.

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3. Critical accounting judgement and key sources of estimation uncertainty (continued)

(ii) Key sources of estimation uncertainty

The key assumptions concerning the future, and other key sources of estimation uncertainty at the end of each financial year, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are discussed below.

Useful lives of plant and equipment

The useful life of an item of plant and equipment is estimated at the time the asset is acquired and is based on historical experience with similar assets and takes into account anticipated technological or other changes. If changes occur more rapidly than anticipated or the asset experiences unexpected level of wear and tear, the useful life will be adjusted accordingly. The carrying amount of the Association's plant and equipment are set out in Note 4.

4. Plant and equipment

	Computer equipment S\$
Cost	
As at 1 January 2019	-
Additions	1,926
As at 31 December 2019	1,926
Additions	1,260
As at 31 December 2020	3,186
Accumulated depreciation	
As at 1 January 2019 and 31 December 2019	-
Depreciation charge	957
As at 31 December 2020	957
Carrying amount	
At 31 December 2020	2,229
At 31 December 2019	1,926

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5. Cash and bank balances

	<u>2020</u>	<u>2019</u>
	S\$	S\$
Cash at bank	523,487	1,746,468
Cash on hand	271	254
Fixed deposits	1,714,389	700,000
	<u>2,238,147</u>	<u>2,446,722</u>

The fixed deposits bear interest at effective rate ranging from 0.85% to 1.60% (2019: 2.05%) per annum and have maturity period of 365 (2019: 365) days.

Cash and cash equivalents presented in the statement of cash flows comprise the following amounts in the statement of financial position:

	<u>2020</u>	<u>2019</u>
	S\$	S\$
Cash at bank	523,487	1,746,468
Cash on hand	271	254
Fixed deposits	1,714,389	700,000
	<u>2,238,147</u>	<u>2,446,772</u>
Less: Fixed deposits with maturity period of more than 3 months	<u>(1,714,389)</u>	<u>(700,000)</u>
	<u>523,758</u>	<u>1,746,722</u>

6. Restricted funds

Lien Collaborative (Asia) and Lien Collaborative (Sri Lanka)

Lien Collaborative for Palliative Care (Asia) project is a palliative care capacity building initiative aimed at Asian developing countries and Lien Collaborative for Palliative Care (Sri Lanka) project is a palliative care capacity to enhance capacity for Palliative Care service in Sri Lanka. Both projects are in partnership with the Asia Pacific Hospice Palliative Care Network. Both funds will provide for the manpower cost related to the administration of the project, the travel and accommodation expenses of the volunteer expert faculty teams, expenses related to clinical attachments, cost of engaging external consultancy, and expenses in support of activities related to improving governmental awareness of the need for palliative care service development as well as expenses for complementary palliative care development activities outside of the training programs.

Hospice Palliative Care (Korea) Society

During the Second Meeting of the 13th APHN Council on 13 June 2014, an approval was obtained to transfer the donation received from Korean Society for Hospice Palliative Care in 2013, from unrestricted funds to restricted funds for research purposes.

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6. Restricted funds (continued)

Hospital Nacional Guido Valadares of Timor-Leste

Hospital Nacional Guido Valadares of Timor-Leste project is to seek to prescribe the necessary matters related to providing training to Hospital Nacional Guido Valadares of Timor-Leste staff to attend specialty training in various areas such as Laparoscopic Surgery, Haemodialysis treatment, and Oncology (Histopathology, Hemato-oncology ect) as well as other types of training related to these fields.

Japan Hospice Palliative Care Foundation

Designated donations received for this fund is to be used solely for research purposes.

7. Designated funds

The Association received funds for designated purposes and the funds are called designated funds.

Covid-19 Care Pack

Designated donations received for this fund through the Giving.sg platform is to be used to distribute COVID care packages to Asia Pacific Hospice Palliative Care Network members.

8. Trade and other payables

	<u>2020</u> S\$	<u>2019</u> S\$
Trade payables		
- Third parties	91	10
Other payables		
- Accruals	73,339	18,575
- Deferred income	42,319	18,700
- Membership subscription received in advanced	10,694	19,024
	<u>126,443</u>	<u>56,309</u>

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For the financial year ended 31 December 2020

9. Other income

	<u>2020</u> S\$	<u>2019</u> S\$
Government grants – Wage Credit Scheme and other grants	59,736	1,548
Interest income	14,514	4,991
Others	2,253	7,394
	<u>76,503</u>	<u>13,933</u>

10. Personnel expenses

	<u>2020</u> S\$	<u>2019</u> S\$
<u>Unrestricted Fund</u>		
Salaries and bonus	112,935	54,025
Contributions to Central Provident Fund	23,550	14,287
Other costs	524	477
	<u>137,009</u>	<u>68,789</u>
<u>Lien Collaborative (Asia)</u>		
Salaries and bonus	130,674	144,813
Contributions to Central Provident Fund	16,192	12,985
Other costs	77,058	23,360
	<u>223,924</u>	<u>181,158</u>

11. Related party transactions

Parties are considered related if one party has the ability, directly or indirectly, to control the other party, or exercise significant influence over the other party in making financial and operating decisions. Parties are also considered to be related party if they are subject to common control or common significant influence. Related parties may be individuals or other entities.

The Association is governed by the Council, which has the final authority and is overall responsible for the policy making and determination of all activities. The members of the Council are volunteers and receive no monetary remuneration for the contribution.

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12. Financial risk management

Risk management is integral to the whole operation of the Association. The management continually monitors the Association's risk management process to ensure that an appropriate balance between risk and control is achieved. Risk management policies and systems are reviewed regularly to reflect changes in market conditions and the Association's activities. No derivatives shall be undertaken except for the use as hedging instruments where appropriate and cost-efficient. The Association does not apply hedge accounting.

The key financial risks include credit risk, interest rate risk and liquidity risk. The following provide details regarding the Association's exposure to the risks and the objectives, policies and processes for the management of these risks.

(a) Credit risk

Credit risk is the potential loss arising from any failure by the customers or debtors to fulfil their obligations as and when these obligations fall due.

As the Association does not hold collateral, the carrying amounts of the financial assets represent the Association's maximum exposure to credit risk. No other financial assets carry a significant exposure to credit risk. The Association has minimal exposure to credit risks due to the nature of its activities.

Credit risk on bank deposits is limited as these balances are placed with a financial institution which is regulated. Receivables that are neither past due nor impaired are creditworthy debtors with good collection track record with the Association. There is no other class of financial assets that is past due and/or impaired.

(b) Interest rate risk

Interest rate risk is the risk that the fair value or future cash flows of the Association's financial instruments will fluctuate because of changes in market interest rates. The Association's exposure to interest rate risk arises primarily from its fixed deposits.

The Association does not expect any significant effect on the Association's surplus or deficit arising from the effects of reasonably possible changes to interest rates on interest bearing financial instruments at the end of the financial year.

At the reporting date, if the interest rates had been 50 (2019: 50) basis points higher / lower with other variables held constant the effect on deficit of the Association would be immaterial.

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12. Financial risk management (continued)

(c) Liquidity risk

Liquidity risk is the risk the Association is unable to meet its cash flow obligations as and when they fall due.

The Association manages the liquidity risk by maintaining sufficient cash and cash equivalents to enable it to meet its normal operating commitments. Contributions from corporate sponsors ensure continuity of funding.

No analysis of financial instruments is required as they are due within 1 year.

13. Fair values of assets and liabilities not measured at fair value

The fair value of a financial instrument is the amount at which the instrument could be exchanged or settled between knowledgeable and willing parties in an arm's length transaction.

The following methods and assumptions are used to estimate the fair value of each class of financial instruments for which it is practicable to estimate that value.

Cash and cash equivalents, other receivables and other payables

The carrying amounts of these balances approximate their fair values due to the short-term nature of these balances.

14. Financial instrument by category

At the reporting date, the aggregate carrying amounts of financial assets at amortised cost and financial liabilities at amortised cost were as follows:

	<u>2020</u> S\$	<u>2019</u> S\$
Financial assets measured at amortised cost		
Other receivables	5,118	-
Cash and bank balances	2,238,147	2,446,722
	<u>2,243,265</u>	<u>2,446,722</u>
Financial liabilities measured at amortised cost		
Trade and other payables (excluding deferred income)	84,124	37,609
	<u>84,124</u>	<u>37,609</u>

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15. Event occurring after the reporting period

On 30 January 2020, the World Health Organization (“WHO”) announced a global health emergency due to of a new strain of coronavirus (the “COVID-19 outbreak”) and the risks to the international community as the virus spreads globally. In March 2020, the WHO classified the COVID-19 outbreak as a pandemic, based on the rapid increase in exposure globally.

The full impact of the COVID-19 outbreak continues to evolve as of the date of this report. As such, it is uncertain as to the full magnitude that the pandemic will have on the Association’s financial condition, liquidity, and future results of operations. Management is actively monitoring the global situation on its financial condition, liquidity, operations, suppliers, industry, and workforce. Given the daily evolution of the COVID-19 outbreak and the global responses to curb its spread, the Association is not able to estimate the effects of the COVID-19 outbreak on its results of operations, financial condition or liquidity for fiscal year 2021.

16. New or revised FRS and INT FRS issued but not yet effective

The Association has not early adopted any mandatory standards, amendments and interpretations to existing standards that have been published but are only effective for the Association’s accounting periods beginning on or after 1 January 2021. However, management anticipates that the adoption of these standards and interpretations will not have a material impact on the financial statements of the Association in the period of their initial adoption.

-----End of audited financial statements-----

ASIA PACIFIC HOSPICE PALLIATIVE CARE NETWORK

DETAILED INCOME STATEMENT

For the financial year ended 31 December 2020

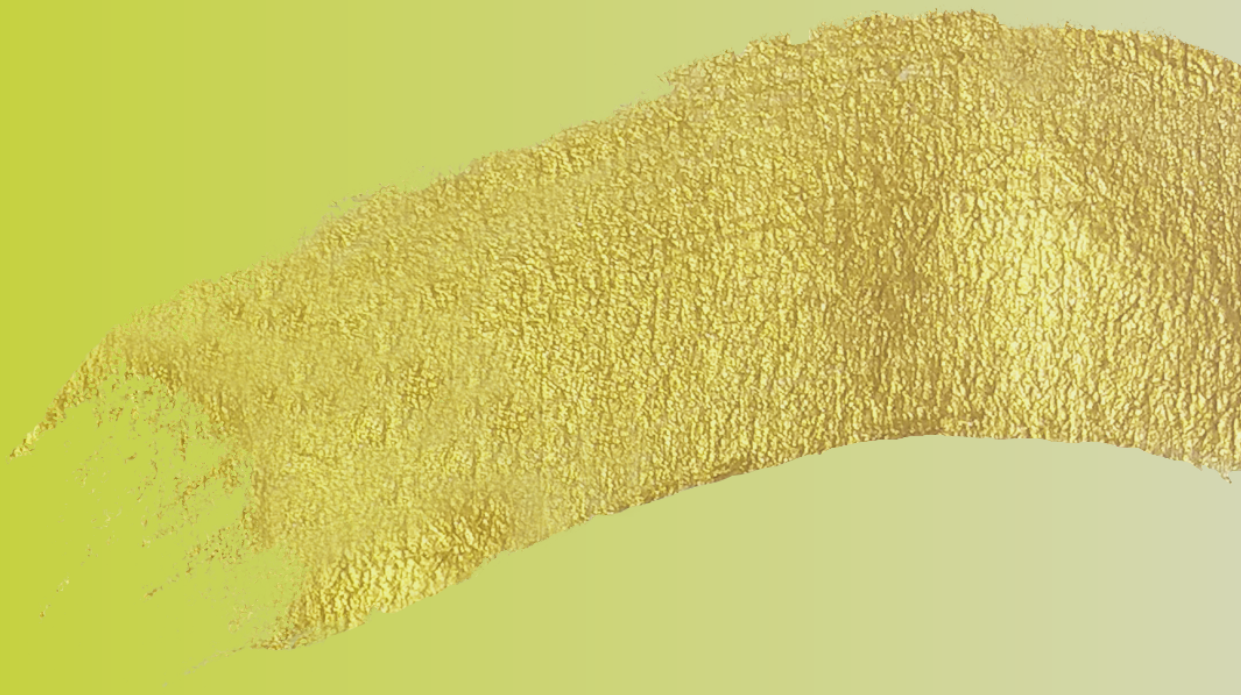
	<u>2020</u> S\$	<u>2019</u> S\$
INCOME		
Consultancy services	4,948	24,573
Donation	71,229	9,161
Lien Collaborative	-	2,082,627
Membership subscription	26,259	23,683
Registration fee	12,962	9,000
	<u>115,398</u>	<u>2,149,044</u>
OTHER INCOME		
Government grants – Wage Credit Scheme and other grants	59,736	1,548
Interest income	14,514	4,991
Others	2,253	7,394
Total income	<u>76,503</u>	<u>13,933</u>
EXPENDITURE ON PROJECT		
LCPC personnel expenses	223,924	181,158
LCPC travel cost	74,495	177,607
LCPC miscellaneous	12,734	14,565
Research	-	5,027
Education and training	481	5,344
	<u>311,634</u>	<u>383,701</u>
ADMINISTRATIVE EXPENSES		
Audit fees	2,360	2,960
Bank charges	134	307
Bursaries	-	7,222
CPF and SDL	23,550	14,287
Depreciation	957	-
Entertainment and refreshment	76	359
Equipment expenses	1,017	641
Insurance expenses	480	480
Medical fees	53	400
Miscellaneous expenses	3,582	7,154
Paypal fees	1,154	1,013
Postage expenses	834	386
Printing and stationery	1,548	3,302
Repair and maintenance	-	1,490
Staff salaries and bonus	112,935	54,025
Staff welfare	471	77
Telephone and fax	-	43
Travel and transport expenses	449	2,034
Website expenses	3,955	12,043
	<u>153,555</u>	<u>108,223</u>
Total expenses	<u>465,189</u>	<u>491,924</u>
(Deficit) /surplus for the financial year	<u>(273,288)</u>	<u>1,671,053</u>

The above statement does not form part of the audited financial statements.

Governance Evaluation Checklist for the Financial Year Ended 31 December 2020

S/No	Code Guideline	Code ID	Response
Board Governance			
1	Induction and orientation are provided to incoming governing board members upon joining the Board.	1.1.2	Complied
	Are there governing board members holding staff appointments?		No
2	The Treasurer of the charity (or any person holding an equivalent position in the charity, e.g. Finance Committee Chairman or a governing board member responsible for overseeing the finances of the charity) can only serve a maximum of 4 consecutive years. If the charity has not appointed any governing board member to oversee its finances, it will be presumed that the Chairman oversees the finances of the charity.	1.1.3	Complied
3	All governing board members must submit themselves for re-nomination and re-appointment, at least once every 3 years.	1.1.5	Complied
4	There are documented terms of reference for the Board and each of its committees.	1.1.7	Complied
5	All governing board members must submit themselves for re-nomination and re-appointment, at least once every 3 years.	1.1.8	Complied
6	There are documented terms of reference for the Board and each of its committees.	1.2.1	Complied
Conflict of Interest			
7	There are documented procedures for governing board members and staff to declare actual or potential conflicts of interest to the Board at the earliest opportunity.	2.1	Complied
8	Governing board members do not vote or participate in decision making on matters where they have a conflict of interest.	2.4	Complied
Human Resource and Volunteer Management			
9	The Board approves documented human resource policies for staff.	5.1	Complied
Financial Management and Internal Controls			
10	There is a documented policy to seek the Board's approval for any loans, donations, grants or financial assistance provided by the charity which are not part of the charity's core charitable programmes.	6.1.1	Complied
11	The Board ensures that internal controls for financial matters in key areas are in place with documented procedures.	6.1.2	Complied
12	The Board ensures that reviews on the charity's internal controls, processes, key programmes and events are regularly conducted.	6.1.3	Complied
13	The Board approves an annual budget for the charity's plans and regularly monitors the charity's expenditure.	6.2.1	Complied

	Does the charity invest its reserves (e.g. in fixed deposits)?		Yes
14	The charity has a documented investment policy approved by the Board.	6.4.3	Complied
Fundraising Practices			
	Did the charity receive cash donations (solicited or unsolicited) during the financial year?		Yes
15	All collections received (solicited or unsolicited) are properly accounted for and promptly deposited by the charity.	7.2.2	Complied
	Did the charity receive donations in kind during the financial year?		No
Disclosure and Transparency			
16	The charity discloses in its annual report — (a) the number of Board meetings in the financial year; and (b) the attendance of every governing board member at those meetings.	8.2	Complied
	Are governing board members remunerated for their services to the Board?		No
	Does the charity employ paid staff?		Yes
17	No staff is involved in setting his own remuneration.	2.2	Complied
18	The charity discloses in its annual report — (a) the total annual remuneration for each of its 3 highest paid staff who each has received remuneration (including remuneration received from the charity's subsidiaries) exceeding \$100,000 during the financial year; and (b) whether any of the 3 highest paid staff also serves as a governing board member of the charity. The information relating to the remuneration of the staff must be presented in bands of \$100,000. OR The charity discloses that none of its paid staff receives more than \$100,000 each in annual remuneration.	8.4	Complied



ASIA PACIFIC HOSPICE PALLIATIVE CARE NETWORK

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