



Asia Pacific
Hospice Palliative
Care Network



ANNUAL REPORT



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MISSION

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

VISION

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

CORE VALUES

BELIEVE

in the empowerment of the individual, the family and the community.

RECOGNISE

that the individual and the family are entitled to make informed decisions about care.

VALUE

every moment of life and will not support any action that has the intention of shortening a person's life.

RESPECT

every individual, regardless of sex, age, race, intellectual or socio-economic standing.

the confidentiality of all information arising out of the provision of care.

the faith, belief system and culture of each individual.

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 and has the Constitution as its governing instrument.

UNIQUE ENTITY NUMBER

T01SS0003A

REGISTERED ADDRESS

c/o Division of Supportive & Palliative Care
National Cancer Centre Singapore
30 Hospital Boulevard
Level 23
Singapore 168583

BANKERS

Development Bank of Singapore
Oversea-Chinese Banking Corporation Limited
Standard Chartered Bank Singapore

AUDITOR

Bestar Assurance PAC

HONORARY LEGAL ADVISOR

Mr Christopher Chong
Dentons Rodyk & Davidson LLP



REFLECTIONS FROM THE CHAIR

It is with great pride that I reflect on 2025 — my second year as Chair of the Asia Pacific Hospice Palliative Care Network. This past year has been marked by significant progress across our region in palliative care advocacy, education and training, and organisational strengthening.

A major highlight was the **16th Asia Pacific Hospice Palliative Care Conference (APHC 2025)**, held in Kuching, Sarawak, Malaysia. The event brought together more than 1,200 delegates from over 30 countries, offering inspirational plenaries and concurrent sessions — including some tackling challenging and provocative topics — and rich opportunities for networking, research exchange, and education. Above all, the conference once again demonstrated the strong human connection at the heart of our community.

Another milestone was the launch of the **APHN Atlas of Palliative Care in the Asia Pacific Region 2025**, developed in collaboration with the ATLANTES Global Observatory of Palliative Care at the University of Navarra. This resource maps key indicators across our region against the WHO framework, supporting countries to develop palliative care in a benchmarked, sustainable manner that respects the region's geographical, economic, and political diversity.

We also undertook an important **Strategic Planning process** in 2025, facilitated by an external expert. This work sharpened our focus on APHN's Vision and Purpose and strengthened governance structures across

our committees. It also laid the foundation for deeper collaboration with Council members and clarified how APHN can have even greater regional impact.

Our flagship **Lien Collaborative Programme** continued to mature, extending its reach into new countries while consolidating training in existing ones. In 2025, the program expanded significantly: modules were completed in Timor Leste, Bhutan, and India, culminating in the first national **CTC Alumni Meet** in New Delhi. Programmes commenced in the Philippines, Phase 2 began in Sri Lanka, and a scoping visit was conducted in Thailand — all supported by strengthened governance across the Lien Collaborative Programme.

APHN also maintained strong representation on the global stage, participating in the **Global Partners in Care (GPIC) Preconference Workshop** at the **African Palliative Care Association (APCA) Conference**, and the **Global Impact Workshop in Dublin**, which convened more than 40 global leaders for a transformative discussion on international collaboration.

Within the Asia-Pacific region, APHN co-organised an English Track session at the **Japan Society of Palliative Medicine (JSPM) conference**, highlighting the theme “Connecting Asia: Advancing Palliative Care through Collaboration and Learning.” I also had the privilege of delivering plenary sessions at **Oceanic Palliative Care Conference (OPCC25)** and the **Taiwan Academy of Hospice Palliative Medicine (TAHPM) Annual Conference in Taiwan**, which further strengthened regional partnerships.

The **Cynthia Goh Palliative Care Fellowship** continued to grow, with the first cohort presenting at the **EAPC Congress in Helsinki**. In 2025 we welcomed eight new doctors from across the region – future leaders dedicated to advancing palliative care through innovation, collaboration, and system-level change.

In 2025, APHN continued to broaden access to learning and professional development, awarding **48 scholarships and bursaries** to ensure inclusive participation across the region. Education remained central to our mission, with **9 webinar sessions** delivered throughout the year. These sessions reached **more than 1,800 participants**, reflecting the ongoing demand for high-quality, accessible palliative care education and the value placed on APHN’s educational offerings.

APHN continues to evolve as a dynamic, relevant, and impactful organisation. We remain steadfast in aligning our activities with our Vision and Purpose and committed to strengthening palliative care across the Asia-Pacific region through collaboration, capacity building, and compassionate leadership.



A/Prof Ghauri Aggarwal

Chair

Asia Pacific Hospice Palliative Care Network



A MESSAGE FROM THE EXECUTIVE DIRECTOR

As we reflect on 2025, I am filled with deep gratitude and quiet pride for what our APHN community has accomplished together. This year has been both demanding and transformative — a year where strategic vision met disciplined execution, and where our collective commitment translated into measurable impact across the Asia Pacific region.

APHC 2025 stood as a major milestone, bringing together our regional and global community in a powerful demonstration of solidarity, knowledge exchange, and shared purpose. Beyond the conference, our Lien Collaborative programmes continued to expand across multiple countries, strengthening capacity in low- and middle-income settings. Our Special Interest Groups grew in vibrancy and relevance. The Cynthia Goh Palliative Care Fellowship deepened its leadership formation work. Across programmes, education, research, communications, membership, and finance, the Secretariat team delivered with excellence and unity of purpose.

None of this would have been possible without the steady leadership and guidance of our Council. Over the past year, we undertook a comprehensive strategic planning cycle — not simply to craft aspirational statements, but to embed accountability, ownership, and measurable follow-through into our governance and operations. Together, we refined our strategic priorities, strengthened oversight mechanisms, realigned key

functions, and formally adopted a renewed purpose statement to ensure APHN's continued relevance and sustainability in a rapidly evolving healthcare landscape. I am deeply appreciative of the Council's wisdom, unity, and commitment to disciplined execution.

I would also like to express my heartfelt thanks to our volunteers and faculty across the region. Your generosity in teaching, mentoring, advising Ministries of Health, conducting workshops, and serving on committees reflects the true spirit of APHN — a network built not on transactions, but on shared mission. Your quiet sacrifices continue to uplift patients, families, and healthcare professionals across borders.

To our Secretariat staff — thank you for your professionalism, resilience, and unwavering commitment. I am especially grateful for your teamwork and belief in our mission. In 2025, we achieved 100% staff retention, reflecting a stable and mission-driven culture that prioritises people development and shared ownership. Your work behind the scenes ensures that APHN remains credible, responsive, and impactful.

This year, APHN's governance and financial stewardship remained strong, reflecting our unwavering commitment to accountability, transparency, and long-term sustainability. Guided by the Council and supported by robust committee structures, we continued to strengthen internal controls, clarify oversight

responsibilities, and embed disciplined monitoring mechanisms across our operations. Strategic priorities were aligned with measurable outcomes, and governance processes were reinforced to ensure that decision-making remained principled, timely, and mission-focused.

APHN Membership reached a historic high with 15% year-on-year growth, and donations and outreach increased by 84%, reflecting rising confidence in APHN's leadership and relevance. We are grateful for the trust placed in us by regulators, donors, academic institutions, and Ministries of Health across the region. Our collaborations with valued partners such as the Japan Society for Palliative Medicine (JSPM), Hospice Foundation Taiwan (HFT), ICPCN, St. Jude Children's Research Hospital, EAPC, GPICs, and many regional leaders continue to strengthen our shared ecosystem for learning and advocacy.

Above all, I wish to extend our deepest appreciation to the Lien Foundation — our long-term and steadfast partner. Their visionary support has made the Lien Collaborative programmes in low- and middle-income countries feasible and sustainable. Through this partnership, hundreds of institutions and healthcare professionals have been trained, and thousands of patients and families have benefited from strengthened palliative care services. The impact of this collaboration continues to ripple across communities, and we are profoundly grateful for their enduring trust and commitment.

As we look ahead, our mission remains clear: to advance equitable, high-quality hospice and palliative care across the Asia Pacific. The needs remain significant, particularly in underserved settings. Yet, with strong governance, disciplined stewardship,

committed partners, and a united network, I am confident that APHN will continue to grow in relevance, credibility, and impact.

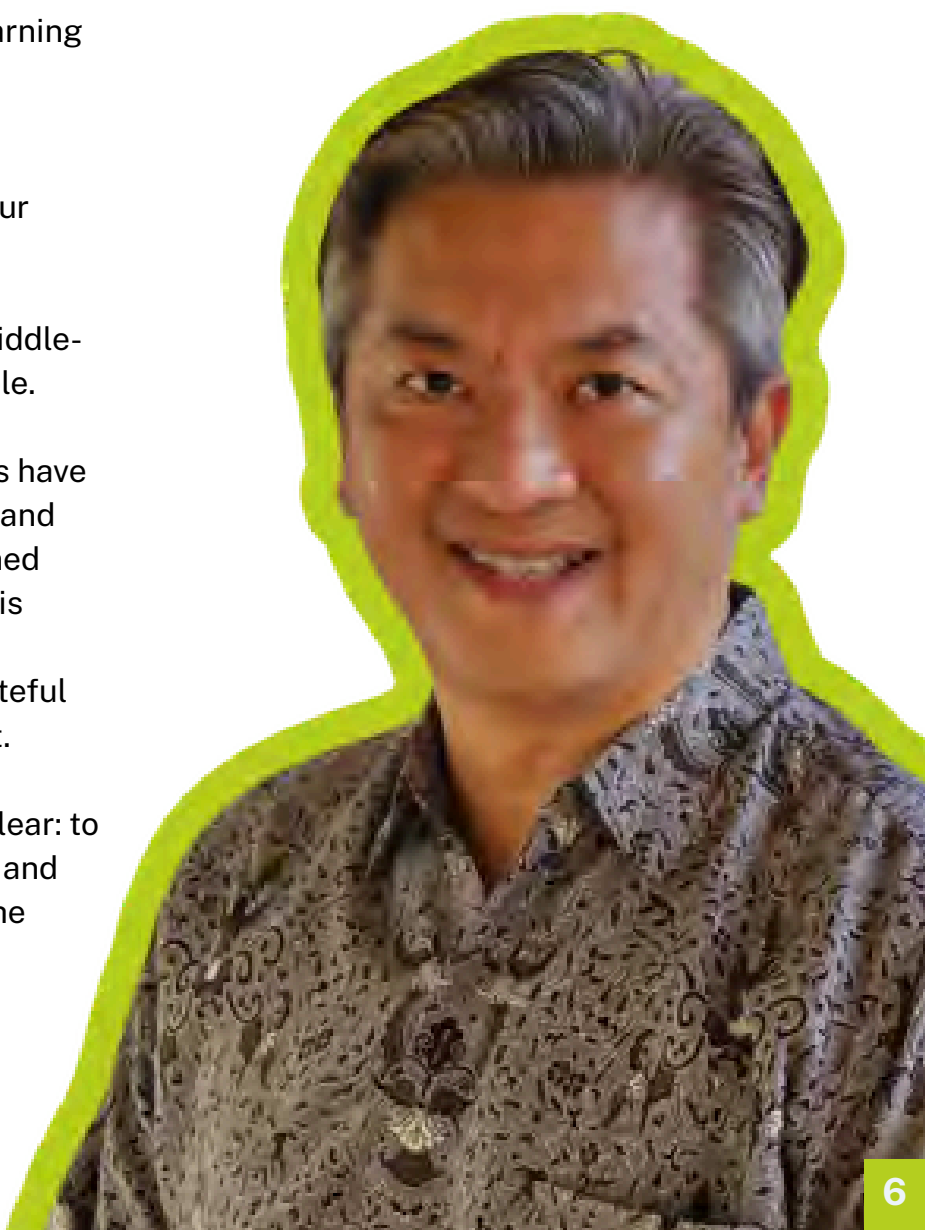
Thank you to our Council members, volunteers, Secretariat staff, partners, donors, and members for walking this journey with us. Together, we continue to uphold dignity, hope, and peace for individuals, families, and communities impacted by serious illness across the Asia Pacific.

With sincere appreciation,



Mr Giam Cheong Leong

Executive Director
Asia Pacific Hospice Palliative Care Network



ORGANISATIONAL STRUCTURE

SUPREME AUTHORITY VESTED IN GENERAL MEETING OF MEMBERS

INDIVIDUAL MEMBERS

Able to stand for election or co-opted as Council Members

ORGANISATIONAL MEMBERS

Able to vote for elected Council Members



ORDINARY ORGANISATIONAL MEMBERS

ELECTED COUNCIL MEMBERS

ELECT

9 Council Members

CO-OPT

6 Council Members



APHN COUNCIL

Only Individual Members may sit on the Council.
All Council Members have 3-year terms.



SECRETARIAT OFFICE



OUR COUNCIL



1. A/Prof Ghauri Aggarwal
Chair
Australia

2. Dr Masanori Mori
Vice-Chair
Japan

3. Dr Shirlynn Ho
Vice-Chair
Singapore

4. Mr Wayne Naylor
Honorary Secretary
New Zealand

5. Ms Tan Soh Keng
Assistant Secretary
Singapore

6. Mr Kwan Kam Fan
Honorary Treasurer
Hong Kong

7. Dr Karin Estepa Garcia
Assistant Treasurer
Philippines

8. Dr Rachel Coghlan
Member
Australia

9. Dr Yuen Kwok Keung
Member
Hong Kong

10. Dr Naveen Salins
Member
India

11. Prof Yoshiyuki Kizawa
Member
Japan

12. A/Prof Sujeong Kim
Member
Korea

13. Dr Sharon Choo
Member
Malaysia

14. Prof Shao-Yi Cheng
Member
Taiwan

15. Dr Attakorn Raksasataya
Member
Thailand

COMMITTEES

COMMUNICATIONS & MEMBERSHIP

Dr Yuen Kwok Keung (Chair)
Dr Arabelle Coleen Ofina
Dr Saiful Adni bin Abd Latif
Ms Jillian Marsh

EDUCATION

Dr Attakorn Raksasataya (Chair)
Prof Wang Ying Wei (Co-Chair)
Prof Amy Chow
Dr Dipti Mittal
Dr Gilbert Fan
Ms Kim Cho Hee
Dr Rachel Coghlan
Dr Raymond Ng
Dr Sayaka Takenouchi
A/Prof Sujeong Kim
Prof Shao-Yi Cheng

FINANCE & HUMAN CAPITAL

Mr Kwan Kam Fan (Chair)
Mr Wayne Naylor (Co-Chair)
Dr Karin Estepa Garcia
Ms Katherine Tan
Ms Tan Soh Keng

LIEN COLLABORATIVE ADVISORY

A/Prof Ghauri Aggarwal (Chair)
Dr Chong Poh Heng
Dr Rosalie Shaw
Dr Shirlynn Ho
Dr Yuen Kwok Keung
Mr Giam Cheong Leong

RESEARCH

Dr Masanori Mori (Chair)
Prof Amy Chow
Dr Anjum S. Khan Joad
Dr Cheng-Pei Lin
Ms Kehua Liao
Dr Rachel Coghlan
Dr Raphael Lee
Prof Shao Yi Cheng
A/Prof Sujeong Kim
Dr Thushari Hapuarachchi
Prof Yoshiyuki Kizawa



SPECIAL INTEREST GROUPS

COMMUNITY & PRIMARY PALLIATIVE CARE

Dr Karin Estepa-Garcia (Chair)
Dr Sylvia McCarthy (Secretary)
Dr Agnes Bausa
Dr Attakorn Raksasataya
Dr Chamath Fernando
Dr Daniel Munday
Dr Ednin Hamzah
Dr Jenifer Jeba
Dr Kinley Bhuti
Dr Maria Witjaksono
Dr Scott Murray
Dr Shrikant Atreya
Dr Teguh Kristian Perdamaian

INTENSIVE CARE PALLIATIVE CARE

Dr Naveen Salins (Chair)
Dr Shivakumar Iyer
Dr Stephanie Meddick-Dyson
Dr William Rosa
Dr Sangay Kinley
Dr Jamie Zhou
Ms Despina Anagnostou
Arun Ghoshal
Dr Rachel Coghlan
Irma Bilgrami
Tsai Shen-ju
Dr Wei-Min Chu
Sally Humphreys
Yuko Igarashi

MANDARIN

Dr Yuen Kwok-Keung (Chair)
Dr Neo Han Yee (Co-Chair)
Dr Ning Xiao Hong
Dr Lin Chia-Chin
Ms Fionna Yow
Ms Sarah Tan
Mr Ng Yong Hao

PAEDIATRIC PALLIATIVE CARE

Dr Chong Poh Heng (Co-Chair)
Dr Nobuyuki Yotani (Co-Chair)
Dr Gemma Aburn
Dr Rever Li
Dr Kim Min Sun

TEAM

EXECUTIVE MANAGEMENT

Mr Giam Cheong Leong (Executive Director)

SECRETARIAT

Ms Trudy Giam (Executive)	Ms Zhang Fan (Admin)
Mr Cheng Tah Nern (Executive)	Ms Sarita Kumari (Admin for India)
Ms Lee Siew Kheng (Executive)	Ms Archana Ganesh (India Project Executive)
Ms Cheyenne Chai (Executive)	



An illustration of a rice field. A wide, light-brown path curves through the scene. To the left of the path is a large body of water filled with many small green rice seedlings. To the right of the path is a smaller, curved body of water containing several larger green rice plants. The background is a light blue sky with faint white lines suggesting a grid or a pattern.

SEEDS OF LEARNING

Just as rice farmers prepare fields, plant seeds, and nurture growth, APHN's education and scholarship programs in 2025 created fertile ground for knowledge and opportunity across the Asia-Pacific region.

Through accessible learning platforms and strategic support, we equipped many healthcare professionals with the tools, connections, and expertise needed to transform palliative care in their communities.

CULTIVATING KNOWLEDGE

2025 Webinar Series:

- Geriatrics and Palliative Care for Older People
- Symptom Management Update: What's New in Palliative Care?
- Ethical and Legal Issues in Palliative Medicine
- Palliative Assessment Instruments
- Rehabilitation in Palliative Care

Palliative Care for Children: Learning & Fellowship Forum:

- The Magnify Tool – Supporting the use of data in paediatric palliative care for quality improvement
- Caring Beyond Cure – Paediatric Palliative Care in a Pacific Island Nation
- Ethical Principles for Decision-Making in Paediatric Palliative Care

Special Webinar:

- First Asia-Pacific Ranking of Palliative Care: 2025 World Map Insights under the WHO Framework



Our 2025 webinar programs have reached

1824

healthcare professionals throughout the world



NURTURING OPPORTUNITIES



At APHC 2025, **22 participants** received support through **1 Rosalie Shaw Travel Scholarship, 5 APHN Bursaries, 1 Cynthia Goh Award, and 15 Lien Collaborative Bursaries.**



An additional **26 Lien Collaborative Bursaries** enabled participation at the ICPCN conference, reflecting our commitment to strengthening pediatric palliative care capacity across the region.



THESE INVESTMENTS ENABLED CONNECTION, COLLABORATION, AND SKILL-BUILDING THAT WILL RIPPLE THROUGH HEALTHCARE SYSTEMS AND ULTIMATELY REACH THE PATIENTS AND FAMILIES WHO NEED COMPASSIONATE CARE MOST.

FIELDS OF COLLABORATION

Like rice farmers who share irrigation channels and exchange seeds across adjacent fields, APHN's collaborative work in 2025 thrived through sustained partnership and mutual learning. Our teams traveled to 8 regions through 10 Lien Collaborative trips, working alongside local practitioners to strengthen systems from the ground up. We carried Asia-Pacific perspectives to seven international conferences across four continents, ensuring our region's voice shaped global discourse while bringing home new insights. In these fields of collaboration, we demonstrated that the richest harvests come not from working alone, but from tending to each other's growth.







INDIA

The Cancer Treatment Centre (CTC) Training Programme marked a significant milestone with its **7th Foundation Course** and **inaugural National Alumni Meet**, bringing together healthcare professionals committed to advancing palliative care across India.

Foundation Course Highlights

Over three intensive days, **48 doctors and nurses from 13 centers participated in comprehensive training guided by 22 expert faculty and project management staff**. The curriculum addressed critical competencies in palliative care, including cancer pain management, opioid protocols, symptom control, and psychosocial support. Interactive sessions featured team-building exercises, faculty-guided role plays, and multidisciplinary case discussions covering delirium, dyspnea, pediatric palliative care, and end-of-life symptom management.



A standout component was the **"Way Forward" session**, where participating teams presented actionable 3-6 month implementation plans for enhancing palliative care services at their home institutions, demonstrating immediate practical application of learned skills.

48

DOCTORS & NURSES TRAINED

13

CENTERS REPRESENTED

22

EXPERT FACULTY AND PROJECT
MANAGEMENT STAFF

National Alumni Meet

The first-ever National CTC Alumni Meet convened **78 alumni from 41 centers across India, with over 150 total participants attending.** Under the theme *"Advancing Palliative Care Capacity in India: Building Networks for a Sustainable Future,"* the event showcased institutional success stories, innovations, and best practices from across the network.

Distinguished guests including Dr Alok Mathur (Deputy Directorate General of Health Services, Ministry of Health & Family Welfare) and hospital leadership from Indraprastha Apollo Hospital expressed strong support for expanding palliative care services nationally. A forward-looking presentation on artificial intelligence in healthcare sparked valuable discussions about technology's role in advancing patient care.

The combined events reinforced the power of collaborative learning and professional networks in building sustainable palliative care capacity throughout India, marking a pivotal moment for the CTC Training Programme's continued impact.



CTC Alumnus sharing their institutional success stories



Dr Sushma Bhatnagar (left) and A/Prof Aggarwal (right) giving a token of appreciation to the faculty team



TIMOR LESTE

APHN conducted **two intensive training modules** in Timor-Leste during 2025, marking continued progress in the nation's journey toward accessible, compassionate palliative care. Both programs were hosted at Hospital Nacional Guido Valadares (HNGV) and brought together committed healthcare professionals from across the country.

Module 4: Expanding Clinical Capacity

The **May training engaged 24 healthcare professionals — 10 doctors and 14 nurses** — from regions including **Dili, Baucau, Oecusse, Suai, Bobonaro, Ainaro, and Lautem**. Led by faculty comprising Dr Sylvia McCarthy (Malaysia), Dr Dipti Mittal (Australia), Dr Ann Toh (Singapore), and Nurse Consultants Ms Rachel Stephen (Malaysia) and Ms Joan Ryan (Australia), the program combined **hands-on clinical training, case-based discussions, and capacity-building workshops**.

Institutional support was evident through representation from Mr Carlos de Carvalho Guterres (Director of Hospital Support Services), HNGV Executive Director Dr Nuno, and Clinical Director Dr Arcanjo, who emphasised the necessity of holistic, integrated care despite resource constraints. A **significant breakthrough occurred with early WHO engagement**, opening doors for future collaboration and policy advocacy.



Seated (from L to R): Dr McCarthy, Dr Soares, Mr Guterres, Dr Arcanjo and Mr Giam

Real patient cases served as primary teaching tools, covering oral care, pain and symptom

management, breathlessness, family communication, and ethical dilemmas. The training introduced the Edmonton Symptom Assessment System (ESAS) and non-pharmacological management techniques, which participants began implementing immediately in their institutions. An active WhatsApp group facilitated ongoing consultation and peer learning across districts.

Deputy Minister of Health Dr Flavio Brandão hosted the closing dinner, reaffirming government commitment to expanding palliative care nationwide.



Beside teaching with Ms Stephen (top right)



Dr McCarthy (left) leading discussions



Group photo with Dr Flavio Brandão (4th from the left)

Module 5: Developing Leadership

The October training was conducted by the same core faculty with the addition of Hamizah Salim, in collaboration with local faculty Dr Mingota Herculano. Momentum had already been built when faculty joined the World Hospice and Palliative Care Day event on October 11 at HNGV, standing in solidarity with Timorese healthcare workers celebrating their growing program.

This module focused on **developing future palliative care leaders**. Dr McCarthy engaged with national leaders and WHO representatives, including Her Excellency Maria Fernanda Lay (President of the National Parliament), bridging policy aspirations with practice realities.



With Her Excellency Maria Fernanda Lay (2nd from the left)



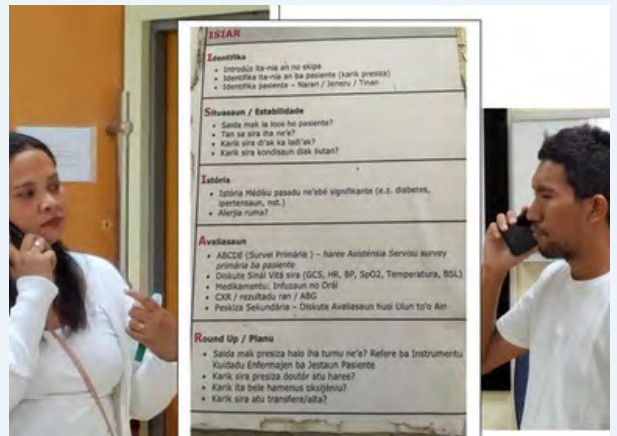
Meeting with the WHO team including Dr Vinay, Dr Suresh, Dr Leoneto, Dr Celeste

Dr Mittal addressed opioid misconceptions through fact-based dialogue, empowering clinicians to confidently manage pain. Dr Toh created culturally sensitive role-play scenarios in Tetum, covering breaking bad news and ISBAR handovers. Ms Stephen, despite initial illness, demonstrated remarkable resilience in engaging with bedside

teaching and group facilitation. Home visits by Ms Ryan and Ms Hamizah provided insights into community care challenges, with their dedication often extending late into the evening.



Dr Toh conducting bedside teaching



Participants putting ISBAR into practice during a dynamic roleplay session

The module concluded with formation of facilitator groups committed to continuing training, mentoring peers, and engaging communities. Participants were equipped to strengthen local practice through ongoing activities in pain management, ethical reflection, bedside teaching, and communication skills — fostering a sustainable network of care rooted in Timor-Leste's own context and values.

Both modules demonstrated that as a 23-year-old independent nation, Timor-Leste continues building healthcare systems responsive to its people's evolving needs, with palliative care becoming firmly embedded in national health priorities.

SRI LANKA

APHN continues its long-standing partnership with the Ministry of Health, Sri Lanka, through the **Lien Collaborative Programme Phase 2**, marking a significant milestone in the country's palliative care journey. APHN's engagement began over a decade ago with sustained master trainer development from 2014 to 2019, laying foundations for national capacity building.

Building on a Decade of Progress

Sri Lanka has demonstrated remarkable commitment to integrating palliative care within its health system. A growing cohort of trained clinicians, supported by Phase 1 national master trainers, has enabled decisive movement towards non-communicable disease (NCD) palliative care and community-based service development. Phase 2 consolidates clinical competencies, strengthens training capability, and prepares the next generation of leaders to scale services nationwide.

Module 1 Training

The training brought together **52 multidisciplinary healthcare professionals from eight provinces**, representing national and teaching hospitals, district and base hospitals, universities, professional associations, and Ministry of Health directorates. This diverse cohort reflected Sri

Lanka's commitment to strengthening palliative care capacity across all health system levels.

The program consolidated foundational clinical competencies while strengthening participants' capacity to train and mentor others using adult-learning methodologies. Key objectives included **identifying and developing future master trainers for provincial-level education, establishing a unified framework for community-based palliative care aligned with Ministry standards, and fostering a national network committed to improving equitable access.**

The five-day curriculum adopted a **blended learning approach combining classroom teaching, small-group discussions, case-based learning, skills workshops, and bedside teaching.**



Beside teaching



Module 1 was delivered successfully with high engagement, strong multidisciplinary participation, and clear evidence of growing confidence in both clinical practice and teaching skills.

Faculty Leadership

Volunteer international faculty included A/Prof Ghauri Aggarwal (Australia, Faculty Lead), Dr Jan Maree Davis (Australia), Prof Chia-Chin Lin (Hong Kong), and Ms Angela Tan Gek Lya (Singapore). Sri Lanka's Phase 1 Master Trainers provided invaluable contributions, ensuring local ownership and sustainability.

Looking Ahead

With a strong national cohort and committed partners, Sri Lanka is well positioned to advance NCD and community palliative care at scale. We will return in 2026 to continue Modules 2 and 3, deepen mentorship, and support Sri Lanka's vision for a compassionate, integrated, and sustainable palliative care system.



Ms Tan, Prof Lin and A/Prof Aggarwal demonstrating role playing to the participants



Small-group discussions



THAILAND

An APHN delegation led by A/Prof Ghauri Aggarwal, Dr Jan Maree Davis, and Mr Giam Cheong Leong, with support from Dr Srivieng Pairojkul and Dr Attakorn Raksasataya, visited Thailand to observe palliative care developments and strengthen collaborations in education, training, research, and fellowship.

Government Commitment and Integration

Thailand has firmly embedded palliative care within its Universal Health Coverage system, with the Ministry of Public Health mandating services in all hospitals alongside advance care planning under the National Health Act. **Ranked at WHO Level 4a ("Preliminary Integration")**, Thailand demonstrates strong national commitment through its National Palliative Care Strategy, though challenges remain in pediatric care and equitable rural access.

Diverse Models of Excellence

Site visits across three regions revealed Thailand's multifaceted approach to care delivery.

In **Khon Kaen**, **Namphong District Hospital** showcased community-based delivery through Village Health Volunteers, while **Khon Kaen Regional Hospital** highlighted integration of palliative care into medical and nursing education.



Namphong District Hospital



Khon Kaen Regional Hospital – Palliative Care Unit

Karunruk Hospice exemplified a distinctive model blending Buddhist spiritual traditions with family-centered care.



Karunruk Hospice

In **Udon Thani**, the **Regional Hospital** impressed with hospital-wide screening, CME training, and partnerships with Buddhist monks to extend community care.



Udon Thani Regional Hospital

Udon Thani Cancer Hospital demonstrated comprehensive pain management complemented by holistic therapies including art, music, meditation, and pet therapy.



Udon Thani Cancer Hospital

In **Bangkok, Siriraj Hospital**, Thailand's flagship teaching hospital, set benchmarks for postgraduate training, curriculum development, and bereavement services. **Sirindhorn Hospital** underscored integration of palliative care into geriatrics and chronic disease services, reflecting an aging society's needs.



Siriraj Hospital

APHN's Lasting Impact

The visit highlighted several national strengths: **strong government ownership** through the **National Palliative Care Strategy**; **well-integrated education at undergraduate and postgraduate levels** with fellowships at Siriraj, Chiang Mai, and

Khon Kaen Universities; **community empowerment** through Village Health Volunteers, temple-based care, and NGOs; **robust opioid access** at tertiary and regional hospitals; and research leadership through annual conferences and international collaborations.

Importantly, the legacy of APHN training is clearly visible, as alumni from the APHN–Flinders course (2006–2007) — including Dr Pairojkul, Chair of the Thai Palliative Care Society, and Dr Sakon Singha, Chair of the PC Unit at Songklanagarind Hospital — now hold national leadership roles, underscoring the long-term value of APHN's investment in capacity building.

Strategic Priorities

Key priorities for continued collaboration include organising specialty workshops on symptom management, policy development, and community-based care models; developing pediatric palliative care capacity; expanding the Cynthia Goh Palliative Care Fellowship and observership programs at institutions such as Siriraj Hospital and Karunruk Hospice; fostering research collaborations linking Khon Kaen Research Centre, Duke-NUS Lien Centre for Palliative Care, and APHN Research Committee on topics including opioid accessibility, pediatrics, and culturally appropriate community care; and exploring Thailand's potential to host a future Asia Pacific Hospice Palliative Care Conference.

This visit reaffirmed Thailand's emergence as a regional leader. The continuity from seeds planted nearly two decades ago through APHN training to today's national leadership demonstrates the lasting impact of investment in education and fellowship. APHN looks forward to deepening its partnership with Thailand — expanding training, strengthening research, and building a sustainable network benefiting patients and families across Asia Pacific.

SARAWAK

The APHN-Lien Collaborative for Sarawak entered Phase 2 in 2025, transitioning from external-led teaching to a locally-driven faculty model. This shift represents a key step in building sustainable palliative care capacity across Sarawak's healthcare system.

Training the Trainers Workshop (9-10 January 2025)

Ten healthcare professionals — physicians, medical assistants, and nurses — who had completed Phase 1 were selected to become the

Malay for future teaching to better serve Sarawak participants.

The observers from Sarawak General Hospital provided useful feedback, helping faculty members modify their teaching approaches. Each new faculty member was assigned teaching responsibilities for Module 1 and paired with an APHN mentor.

Module 1 (10-14 March 2025)

Module 1 brought together **47 participants from**



primary teaching faculty. The two-day workshop included **five observers** from Sarawak General Hospital and three APHN teaching faculty (Dr Ednin Hamzah, Dr Noreen Chan, and Dr Sharon Choo).

Participants prepared PowerPoint presentations and case studies, then delivered teaching sessions while receiving feedback. The workshop identified several challenges: while presentation skills were reasonable, particularly among doctors, facilitating case discussions was more difficult for allied health workers. Clinical inexperience was evident as most participants were not working full-time in palliative care. The group decided to use both English and

12 community health clinics and three hospitals, including five senior hospital consultants. The module covered core palliative care concepts, communication skills, and pain management through lectures, small group discussions, hospital patient visits, and role-plays.

The local faculty delivered their prepared lectures effectively, having worked closely with their assigned mentors. However, small group facilitation and clinical teaching required more mentor intervention, reflecting their limited clinical experience. Dr Chan added a session on palliative care assessment.

The local faculty initially relied on Dr Choo to take the lead but gradually assumed greater ownership of the programme. Faculty members also discussed the challenges of balancing their new teaching role with existing work responsibilities. Both Dr Choo and Nurse Niensi took on expanded leadership roles during this module.

Module 2 (18-22 August 2025)

Module 2 included **48 participants and introduced paediatric palliative care as a new clinical topic.**

The local faculty demonstrated continued development and took greater ownership of the programme, though the nursing faculty could have shown stronger leadership. Increased use of local languages helped contextualise the topics under discussion.

The paediatric palliative care component was well-received despite few current cases being managed in the region. During clinical training exercises, participants displayed a task-oriented approach that sometimes lacked adequate courtesy, respect, and communication awareness when interacting with patients – an area requiring further development.

Outcomes

The first year of Phase 2 achieved its dual objectives: delivering quality training to participants while developing local teaching capacity. The programme demonstrated that building sustainable palliative care capacity requires both knowledge transfer and the development of local teaching expertise.



Role play session



Participants watching the role play session



PHILIPPINES

APHN and the **Philippine Department of Health (DOH)**, together with **Hospice Philippines and key national stakeholders**, signed a **Joint Statement of Commitment** to advance national faculty development for palliative and hospice care over the next three years. This milestone strengthens the Philippines' palliative care system, building on over a decade of collaboration between APHN, the DOH, and the country's professional bodies.

A Partnership Built on Continuity

APHN's collaboration with the Philippines has evolved from early scoping assessments and leadership support for national training manuals to a structured National Faculty Development Programme. Working closely with DOH offices, Hospice Philippines, the Philippine Society of Hospice and Palliative Medicine (PSHPM), and academic institutions, the partnership **strengthens clinical competence, teaching capacity, and system integration nationwide**.

This enduring collaboration supports Universal Health Care principles and aligns with DOH Memorandum 2023-0094, which calls for

integrated, primary-care-oriented service delivery. It complements the DOH Manual of Operations for Palliative and Hospice Care and the evolving PhilHealth palliative care benefit package.

National Faculty Development Programme

At the heart of this commitment is the Palliative and Hospice Care (PHC) National Faculty Development Programme, designed to build a sustainable pool of national faculty serving as mentors and lead trainers across the Philippine health system. The programme brings together experienced clinicians, educators, and contributors to DOH training manuals to develop advanced clinical expertise and teaching leadership.

The structured curriculum spans complex pain and symptom management, end-of-life care, interdisciplinary teamwork, advance planning, and ethical decision-making, while planning, and ethical decision-making, while emphasising adult learning principles, reflective practice, and mentorship. Participants are prepared to cascade



training through Centers for Health Development, local government units, hospitals, and community-based providers, ensuring consistency and quality as palliative care scales nationwide.

Three-Year Strategic Priorities

The Joint Statement of Commitment establishes shared priorities:

- Strengthen and sustain a national faculty pool of mentors and lead trainers
- Support quality assurance and programme development in palliative and hospice care
- Expand access to high-quality palliative care across cancer and non-cancer conditions
- Prepare national faculty for advanced regional and international leadership roles

This commitment represents long-term investment in people, systems, and compassionate care, ensuring every Filipino has access to timely, dignified, and person-centered palliative care regardless of geography or diagnosis. Lead APHN faculty include A/Prof Ghauri Aggarwal (Australia) and Professor Patricia Neo (Singapore).





BHUTAN

In celebration of World Hospice and Palliative Care Day (WHPCD), Bhutan marked a historic milestone with its **Inaugural Palliative Care Symposium**, commemorating seven years of transformative progress in integrating compassionate end-of-life care into the national health system.

Royal Endorsement and National Commitment



L to R: Mr Christopher Lim, Dr Kinley Bhuti, Her Royal Highness Princess Kesang Choden T., Dr Shirlynn Ho, Mr Giam Cheong Leong

The WHPCD Symposium, held at the Namgay Heritage Hotel, was graced by Her Royal Highness Princess Kesang Choden T., Hon'ble Dasho Pemba Wangchuk (Secretary of the Ministry of Health), and representatives from the Khesar Gyalpo University of Medical Sciences of Bhutan and Jigme Dorji Wangchuck National Referral Hospital. Their presence underscored the nation's commitment to ensuring dignity and comfort for all patients facing life-limiting illnesses.

Seven Years of Transformative Growth

Since the Lien Collaborative for Palliative Care launched in Bhutan in 2018, what began as a small pilot program has evolved into a nationwide movement.



PALLIATIVE CARE SERVICES NOW REACH MORE THAN 10 DISTRICTS, WITH A DEDICATED HOME CARE TEAM OPERATING IN THIMPHU—BRINGING COMPASSIONATE CARE DIRECTLY TO PATIENTS AND FAMILIES IN THEIR OWN HOMES.



Local home care visit

A cornerstone of this success is Dr Kinley Bhuti, Bhutan's first formally trained palliative care specialist, who completed her training at National Cancer Centre Singapore through APHN sponsorship. Upon her return, Dr Bhuti has led national palliative care development with exceptional dedication, building frameworks, mentoring local teams, and embedding compassionate care as a fundamental component of Bhutan's healthcare system. She continues to receive guidance from Dr Shirlynn Ho and mentorship from Dr Jamie Zhou, Sr. Nandar Swe, and the broader faculty network.

Strengthening Local Capacity

The week leading up to the WHPCD Symposium featured the **successful completion of Module 5 of the seven-module Train-the-Trainers Programme** under the Lien Collaborative. Led by multidisciplinary faculty from Singapore, India, and Japan, this intensive program combined classroom instruction, bedside mentoring, and home care visits — enabling participants to translate theoretical knowledge into practical skills. This hands-on methodology has strengthened local trainer capacity, ensuring Bhutan's healthcare professionals can independently deliver high-quality palliative care well into the future.

A Model for the Region

The convergence of visionary royal patronage, steadfast government leadership, and the dedication of Bhutan's healthcare professionals has created a development model from which many countries in the Asia Pacific region can learn. The transformation from early advocacy efforts to nationwide service expansion demonstrates what can be achieved through sustained partnership and shared commitment.



Module 5 training cohort & faculty





LAO PDR

In October, healthcare professionals from across Lao gathered at Setthathirath Hospital for a **workshop on establishing palliative care units in hospitals**. Organised by the Department of Healthcare and Rehabilitation in collaboration with APHN and Karunruk Palliative Care Center, the two-day event marked an exciting new chapter in the country's palliative care journey, coinciding with World Hospice and Palliative Care Day 2025 and its theme "Achieving the Promise: Universal Access to Palliative Care."

Three Years of Foundation-Building

Dr Dethleuxay emphasised the need to transition from trained individuals to coordinated systems:

"NOW IS THE TIME TO ESTABLISH DEDICATED PALLIATIVE CARE UNITS IN EACH HOSPITAL TO COORDINATE PATIENT CARE IN THEIR AREAS. OUR PROVIDERS MUST DEMONSTRATE CLEAR RESULTS AND OUTCOMES TO GAIN RECOGNITION FROM HOSPITAL DIRECTORS, HEALTHCARE PROVIDERS, AND GOVERNMENT LEADERS."



Assoc Professor Srivieng Pairojkul (left) and Dr Khamsay Dethleuxay (right)

Nationwide Representation

The workshop brought together **72 healthcare professionals – 39 physicians, 27 nurses, and 6 pharmacists** – representing comprehensive multidisciplinary coverage. 28 participants came from eight facilities in Vientiane Capital, including 103 Hospital, Cancer Center, Children Hospital, Mahosot Hospital, Mittaphab Hospital, Mother and Newborn Hospital, Setthathirath Hospital, Vientiane Hospital, and academic institutions. 44 participants represented 16 provincial hospitals including Attapeu, Bokeo, Champasak, Khammouane, Loungnamtha, Loungphrabang, Oudomxay, Phongsaly, Salavan, Savannakhet, Sayabouly, Sekong, Xaysomboun, and Xiengkhouang.



Participants attending the workshop

Comprehensive Training Curriculum

Expert facilitators from Karunruk Palliative Care Center – Assoc Prof Srivien Pairojkul, Dr Attakorn Raksasataya, and Ms Natchaya Bualakorn – delivered practical training covering the scope of palliative care practice, team building and service delivery models, screening and referral processes, palliative assessment tools, individualised care planning, continuity of care, discharge planning, end-of-life care in hospitals and at home, and strategic approaches for establishing hospital-based palliative care services. Participants shared their hospital programs and learned from each other's experiences.



Dr Attakorn Raksasataya delivering a presentation

From Training to Implementation

This workshop represents a pivotal transition from capacity building to implementing sustainable palliative care services nationwide. By establishing dedicated units in hospitals across Lao, the country is creating infrastructure to coordinate comprehensive patient care, improve outcomes, demonstrate value to hospital leadership, and build government support for continued expansion – moving closer to the promise of universal access to palliative care.



TRAINED DOCTORS AND NURSES ARE NOW PRESENT IN NEARLY EVERY MAJOR HOSPITAL IN VIENTIANE AND ALL PROVINCIAL HOSPITALS

A PROFOUND PAUSE: REFLECTIONS FROM THE MANDARIN PSYCHOSOCIAL COURSE

The second round of the Mandarin Psychosocial Care Programme welcomed **27 participants comprising healthcare professionals, social workers, and volunteers**. Throughout nine months from March to November, ten dedicated trainers conducted 28 sessions every Thursday evening via Zoom — a sustained commitment that culminated in a meaningful closing ceremony in Beijing on 23 November.

Programme Enhancements

Building upon the successful inaugural round, the organising team expanded enrollment and **introduced new workshops** focusing on family conferences and family meetings. These additions enriched participant interactions and deepened understanding of psychosocial care in palliative settings. The inclusion of practicing clinicians brought renewed vigor, affirming the growing recognition of palliative care as an integral part of holistic healthcare.



Dr Gilbert Fan shares insights during the panel discussion at the family conference workshop

Transformative Learning

Over the months-long journey, participants demonstrated remarkable commitment, consistently attending classes late into Thursday nights — some logging in from workplaces after long days. Case studies served as powerful anchors for reflection, with participants describing sessions as both therapeutic and transformative, prompting them to explore the inner journeys of their patients and themselves. One pair even rearranged work schedules to present a case they had personally managed, sharing that for them, the final stages of a patient's life held deep meaning.





Participant Ke Yingrong shares a medical history during the case-sharing workshop

Discussions often revealed intricate stories of love, loss, and reconciliation, helping participants see beyond illness to the rich emotional genealogies shaping each patient's life story. As modules progressed from managing illness trajectories to confronting death anxiety and fear of mortality, many found the experience not only academically stimulating but also personally transformative.

Closing Ceremony and Lasting Connections

The highlight was a role-play workshop on family conferences and meetings featuring a complex case layered with unresolved emotions. The

exercise illustrated the moral and ethical dimensions of end-of-life care, offering invaluable lessons in communication, empathy, and ethical decision-making.



Participants reflect during a role-playing exercise

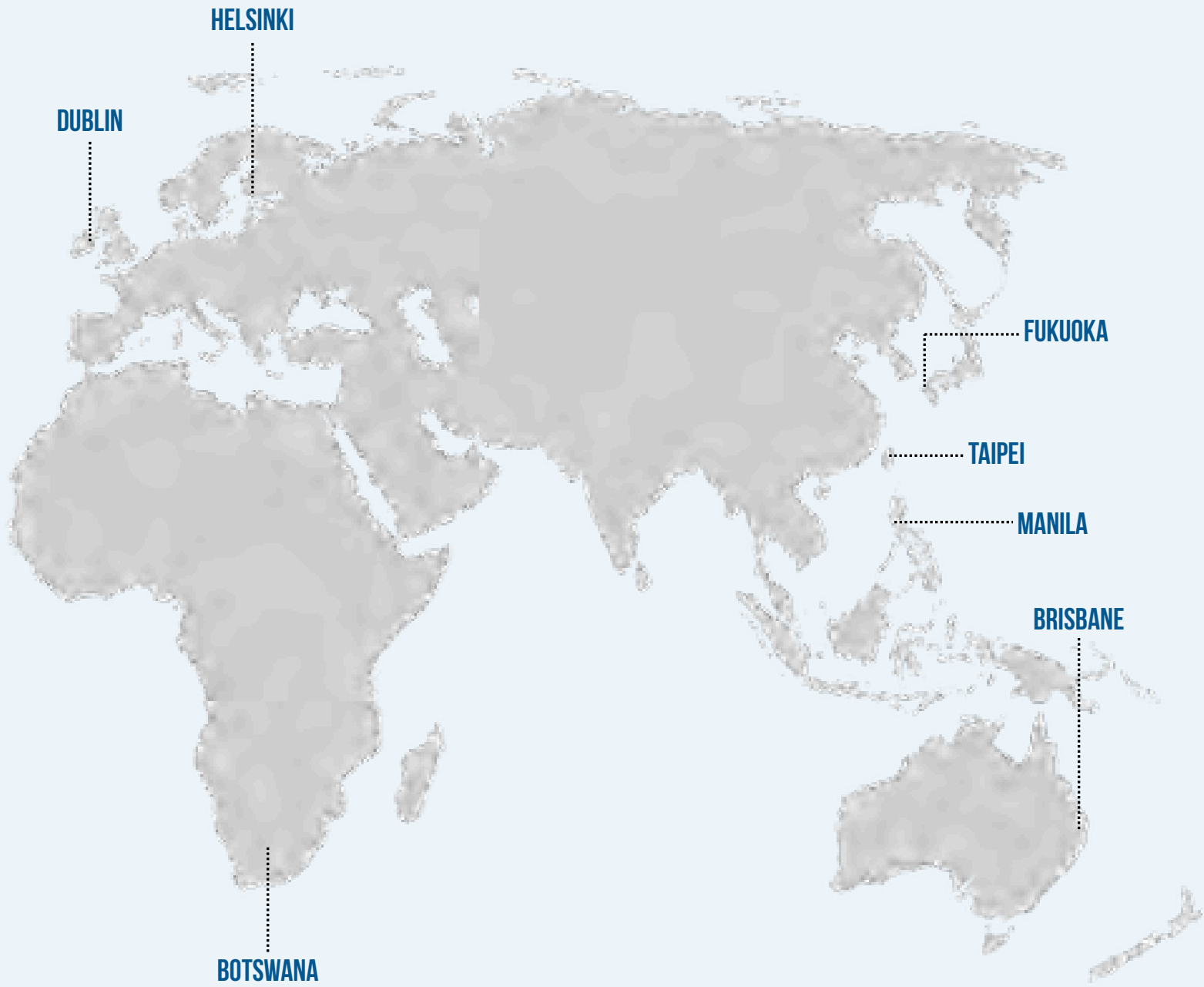
A spirit of mutual respect and camaraderie flourished throughout the program. Though the nine-month learning journey ended, bonds formed during this shared experience continued through ongoing WeChat connections — a testament to the enduring spirit of compassion defining the Psychosocial Care Programme.



CONNECTING ACROSS CONTINENTS

APHN's 2025 conference engagement strategy balanced three key objectives: **showcasing regional innovation and leadership, building strategic global partnerships, and ensuring inclusive participation through targeted support.**

Across **seven conferences spanning four continents**, APHN demonstrated that the Asia-Pacific region is not only a recipient of global knowledge but a vital contributor to shaping the future of palliative care worldwide.



HELSINKI

DUBLIN

BOTSWANA

FUKUOKA

TAIPEI

MANILA

BRISBANE

HELSINKI

APHN presented a **special session** at the **European Association for Palliative Care Congress (EAPC)**, showcasing the impact of the **Cynthia Goh Palliative Care Fellowship (CGF)** in advancing upstream integration across Asia. Executive Director Mr Giam Cheong Leong opened the session with tribute to the late Prof Cynthia Goh, emphasising the fellowship's mission to nurture not only clinicians but advocates, policy-shapers, and community builders who bring compassion earlier into the care journey.

Five CGF Fellows presented transformative initiatives demonstrating regional progress:

Bhutan – Dr Shirlynn Ho highlighted the nation's remarkable journey from zero formal palliative care services in 2018 to establishing structured training, national strategies, and regional service expansion through strong political engagement and cultural alignment.

Sarawak, Malaysia – Dr Sharon Choo outlined plans to extend services into remote communities by empowering family medicine doctors and nurses as trainers, strengthening healthcare systems in underserved regions.

Philippines – Dr Rumalie Corvera presented the integration of palliative care into national law,

scaling services through training modules, public-private partnerships, and community engagement to ensure equitable access and quality assurance.

Beijing, China – Dr Neo Han Yee described a cross-border partnership with Singapore, supported by the Lien Collaborative, targeting palliative care centres in all 17 districts by 2025/6. The initiative addresses cultural perceptions, workforce training, and policy gaps through clinical observerships, shared protocols, and mentorship.

India – Dr Naveen Salins presented a systemic reform roadmap including training oncologists, supporting families, reducing financial burdens, and ensuring service access across all health settings with culturally attuned approaches.

He also introduced the fellowship's adoption of Human-Centred Co-Design (HCD), a participatory process engaging patients, caregivers, nurses, and policymakers in solution development. Using the FRESCO framework, the team developed a prototype to guide upstream integration across diverse cultural settings. This co-designed tool, based on stakeholder feedback from five countries, helps **identify care gaps, improve early integration, and embed palliative care into mainstream healthcare systems**. The next phase includes pilot testing in local contexts.



BRISBANE

We also participated in the **Oceanic Palliative Care Conference (OPCC) 2025**, reinforcing its commitment to advancing palliative care across the Asia-Pacific region. The **APHN booth** served as an engagement hub and information point for the upcoming Asia Pacific Hospice Palliative Care Conference (APHC) 2027 in Adelaide, welcoming current and past members, encouraging new sign-ups, and reconnecting with former faculty volunteers who contributed to regional teaching and capacity-building programs.



The APHN booth at OPCC



Plenary discussion

A/Prof Ghauri Aggarwal, APHN Chair, delivered a plenary presentation highlighting APHN's work and the flagship Lien Collaborative Program. She emphasised how the initiative builds sustainable palliative care capacity through partnerships with ministries of health, local champions, and teaching hospitals across low- and middle-income countries, reinforcing the vital role of cross-border collaboration in ensuring quality palliative care access throughout the region.

A plenary discussion featured APHN and Lien Collaborative initiatives in Oceania, with contributions from Dr Dipti Mittal (APHN Pacific-Island SIG Chair), Mr Wayne Naylor (APHN Council member), Ms Evelyn Anisi (Nurse, MOH Solomon Islands), and Ms Kate Reed (Canberra Health Services).

A significant milestone was reached when OPCC and APHN jointly announced their partnership for APHC 2027. This collaboration symbolises strengthening ties between Oceania and Asia and marks the establishment of the first joint working committee tasked with aligning strategies, sharing expertise, and shaping the vision for APHC 2027. The committee's early work will ensure the conference provides an innovative and collaborative platform for clinicians, educators, researchers, and policymakers across the region.

DUBLIN



Strategic discussion on
One Palliative Care



Mr Giam with the Board members
of GPIC

Over 40 palliative care leaders from across Africa, Asia-Pacific, Europe, North America, Latin America, and the Middle East gathered at Notre Dame's O'Connell House for the **Collaborating for Global Impact Workshop, co-organised by Global Partners in Care (GPIC) and the Elea Institute.**

The three-day workshop employed **Human-Centered Design methodology** to build a shared vision for universal palliative care access. Participants conducted rigorous gap analysis, identifying challenges including underfunded mandates, fragmented strategies, and limited community voice in decision-making. Interdisciplinary teams

developed concrete strategies addressing stakeholder roles, funding mechanisms, and alignment with existing global efforts.

APHN's participation ensured Asia-Pacific's voice was amplified in global strategy conversations. Despite housing over half the world's population, many Asian countries face systemic barriers including limited awareness, regulatory constraints, insufficient training, and cultural stigma around death. The workshop laid groundwork for strengthened regional networks and collaborative action to address these urgent needs.



BOTSWANA

Building on the Dublin foundation, GPIC convened a follow-up workshop at the **8th International African Palliative Care and Allied Health Services Conference**. Original Dublin participants joined African stakeholders to test and refine **four strategic priorities***:

- **The Cicelys:** A global communications initiative using storytelling to build awareness and challenge misconceptions about palliative care
- **The BEACON Fund:** A collaborative research fund supporting early-career investigators from low- and middle-income countries through mentorship and publication pathways
- **IPC:** A centralised digital platform connecting professionals, pooling resources, and sharing innovations across borders
- **National Playbook:** Guidance for countries to build national palliative care programs through twinning partnerships and strategic roadmaps

CEO/ Executive Directors of APHN (Giam), ALCP (Maria), GPIC (Lacey), APCA (Eve), EAPC (Joanne)

These priorities represent exploratory concepts under development, evolving through stakeholder feedback to ensure cultural relevance and local adaptability.

The workshop honored the critical perspectives of Asia and Africa – regions representing the world's majority population and carrying immense palliative care needs. APHN's continued engagement ensures that global strategies are grounded in local realities and shaped by diverse voices, advancing a future of palliative care that is inclusive, responsive, and collaborative.

**Disclaimer: These four strategic priorities represent early ideas and concepts under exploration. They will continue to evolve as we process feedback and collectively decide on next steps. They are not yet funded or formally launched projects.*



FUKUOKA

The **30th Congress of the Japanese Society for Palliative Medicine (JSPM)** marked a significant milestone for both Japan's palliative care community and APHN. With **over 7,000 participants**, this landmark event brought together clinicians, researchers, educators, and policymakers in a powerful demonstration of collective commitment to advancing palliative care.

The APHN was honoured to be invited as the invitation served as a meaningful opportunity to rekindle deep-rooted sector engagement with Japan — one of APHN's founding sectors since its establishment in 2001.

Rekindle Engagement and Visibility



Mr Giam delivering an address at the opening reception

APHN's presence at the congress was anchored by an address from Executive Director Mr Giam Cheong Leong at the opening reception. Mr Giam **highlighted Japan's historical contributions to APHN and encouraged Japanese palliative care professionals and institutions to reconnect with the regional network** through membership, education, research, and leadership development initiatives.

The APHN booth, positioned alongside the JSPM membership counter, served as a hub for member engagement, showcasing the organisation's programs, scholarships, webinars, and international collaboration opportunities, attracting interest from both seasoned professionals and emerging leaders.



Presenting our tote bag to a conference participant



Making connections at the APHN booth

JSPM-APHN English Track

A co-hosted English Track session, "*Connecting Asia: Advancing Palliative Care through Collaboration and Learning*," provided a platform to demonstrate regional cooperation.

Prof Yoshiyuki Kizawa introduced APHN's mission to promote quality palliative care access across Asia Pacific. Dr Hideyuki Kashiwagi and Dr Sayaka Takenouchi shared their experiences as trainers in the Lien Collaborative program in Bhutan, illustrating how Japanese expertise is making a meaningful difference beyond borders through Master Trainer courses.



Prof Kizawa sharing about the APHN

Looking Forward

The congress reaffirmed the **importance of cross-border solidarity and academic exchange in advancing palliative care regionally**. APHN remains committed to supporting Japan's continued involvement and leadership, and looks forward to welcoming more Japanese professionals and institutions as members, fellows, trainers, and collaborators in building a more compassionate and connected future across Asia Pacific.



L to R: Dr Takaomi Kessoku, Dr Hideyuki Kashiwagi, Prof Yoshiyuki Kizawa, Dr Sayaka Takenouchi, Mr Masami Otani, Mr Giam and Miss Lee Siew Kheng

Mr Giam introduced the Cynthia Goh Palliative Care Fellowship, an APHN initiative co-developed with the Lien Foundation to cultivate emerging regional leaders, and encouraged Japanese professionals to apply and contribute their expertise to countries in need.

MANILA

The **4th International Children's Palliative Care Network (ICPCN) Conference** held in Manila, Philippines brought together healthcare professionals, advocates, and organisations from around the world under the theme "Milestones & Horizons." The event, hosted after several years since the 3rd conference in 2018, marked ICPCN's 20th anniversary and showcased the evolution of children's palliative care globally.



From L to R: Dr Rumalie Corvera, Kara and Georgie Lopez and Mike Palfreman

Conference Chair Mike Palfreman (ICPCN) and Dr Rumalie Corvera (The Ruth Foundation) opened the event with a blend of professionalism and warmth. A contemporary ballet performance by IT Tender set an emotional tone, followed by a memorable rendition of "Himala" (Miracle) by young sisters Kara and Georgie Lopez, aged 10 and 7, reminding delegates of the children at the heart of this work.

Prof Julia Downing, Chief Executive of ICPCN, delivered the opening plenary, challenging participants

**"DO NOT LIMIT YOUR CHALLENGES,
BUT CHALLENGE YOUR LIMITS"**

— a call to action that resonated throughout the conference.

Knowledge Exchange and Cultural Celebration

The three-day program featured renowned international speakers sharing **cutting-edge research, innovative care models, and field experiences**. Key sessions included workshops on co-creating a global children's palliative care research agenda using human-centered approaches, concurrent sessions on ethics and family-centered care, and panel discussions addressing gaps through education and training.



Workshop by Global Treehouse and APHN



Participants visiting the APHN booth



The **APHN booth** facilitated connections between sessions, while a **joint workshop with Global Treehouse** focused on strengthening children's palliative care services through the Magnify Tool. The evening gala dinner celebrated **Filipino culture** through traditional dances and **marked ICPCN's 20th anniversary**, demonstrating the importance of integrating culture and spiritual wellbeing into family-centered care.

Investing in Future Leaders

A highlight of APHN's participation was supporting the next generation through the **Lien Collaborative Bursary Award, which sponsored 26 applicants from various professions across 11 regions** to attend the conference. This investment in capacity building reflects APHN's commitment to strengthening children's palliative care across the Asia Pacific region and beyond.

Key Themes and Impact

The conference crystallised several themes: the power of presence in supporting children and families during difficult moments, the strength found in global collaboration, and the importance of culturally informed, family-centered care.

The connections made, knowledge shared, and inspiration generated in Manila will continue to impact children's palliative care delivery worldwide, advancing both the milestones achieved and the promising horizons ahead.

Dr. Corvera's closing words encapsulated the spirit of the gathering:

“IN PALLIATIVE CARE, COLLABORATION IS OUR STRENGTH—AND TOGETHER, WE CAN ENSURE THAT NO CHILD, NO FAMILY, AND NO COMMUNITY WALKS THIS JOURNEY ALONE.”



Banga Salidsid performance



Prof Justin Baker and a participant



Participants in the main hall

TAIPEI

The APHN participated in the **114th Membership Meeting and Annual Conference of the Taiwan Academy of Hospice Palliative Medicine (TAHPM)**, marking a significant milestone with one of APHN's founding sectors and long-standing regional partners.

Conference Participation and Key Outcomes

Taiwan, as a founding sector, has consistently demonstrated leadership and innovation in advancing hospice and palliative care across Asia Pacific. APHN participated in the Plenary Session through A/Prof Ghauri Aggarwal and Prof Yoshiyuki Kizawa alongside local experts, moderated by Prof Wang Ying Wei.

Congratulations were extended to Prof Cheng Shao-Yi, President of TAHPM and APHN Council Member, for her outstanding leadership. The conference reaffirmed Taiwan's strategic importance within APHN and identified opportunities for joint research platforms, faculty exchanges, and co-developed training modules particularly beneficial for low- and middle-income countries. Discussions explored mentorship opportunities including observerships and fellowship collaborations, with shared aspiration for sustained, structured collaboration



L to R: Prof Kizawa, A/Prof Aggarwal, Prof Cheng Shao-yi, Prof Enoch Lai, Mr Giam

Institutional Engagement Visits

APHN undertook meaningful visits to Taiwan's leading institutions, each demonstrating excellence and innovation in hospice and palliative care:



National Taiwan University Hospital (NTUH)

National Taiwan University Hospital (NTUH) – As a premier academic medical centre, NTUH exemplifies excellence through dedicated palliative care wards, integrated multidisciplinary team models, robust education and research infrastructure, and holistic patient-centered care philosophy. The professionalism and system-level integration provide a strong model for capacity-building across Asia Pacific, with prospects for academic exchange and training partnerships.



Mackay Memorial Hospital – Tamsui Branch

Mackay Memorial Hospital – Tamsui Branch – Founded on Christian mission roots dating back to 1872, Mackay Memorial Hospital reflects a deep

tradition of service and compassion. Discussions centered on hospital twinning programs between Taiwan centers and LMIC hospitals, observership placements for APHN members, and faculty sharing and mentorship exchanges – initiatives holding tremendous potential to accelerate service development through proven, evidence-based models of care.



A/Prof Aggarwal with Prof Enoch Lai

Hospice Foundation of Taiwan (HFT) – For over 20 years, HFT has been a valued organisational member and partner of APHN. The visit reaffirmed this enduring partnership, with HFT's achievements in advocacy, public engagement, and community education offering important lessons for regional adaptation. HFT plays a critical role in keeping APHN members engaged, with strong enthusiasm for further collaboration with HFT, Tzu Chi Foundation Hospital, and Kaohsiung partners in scaling compassionate community initiatives across Asia Pacific.



Tzu Chi Foundation Hospital

Kaohsiung Veterans General Hospital – Chongde Ward – The Chongde Ward visit showcased beautiful integration of multidisciplinary collaboration and artistic design in end-of-life care. Art installations and thoughtful environmental design reflect Taiwan's commitment to dignity, beauty, and compassion, demonstrating how palliative care embraces humanity, aesthetics, and holistic well-being beyond clinical excellence.



Kaohsiung Veterans General Hospital – Chongde Ward

Looking Forward

This strategic engagement visit envisions the next two decades of collaboration through structured faculty exchange and observership pipelines, research collaboration platforms linking Taiwan with LMIC institutions, expansion of hospital twinning initiatives, leadership development pathways for emerging regional champions, and joint advocacy efforts to strengthen policy integration across Asia Pacific.

With gratitude for the past 20 years and great hope for the next 20, APHN and Taiwan reaffirm their shared commitment to build capacity, strengthen leadership, and bring compassionate, quality palliative care to individuals, families, and communities across Asia Pacific.



HARVEST OF PROGRESS

Every harvest season brings both celebration and renewal — gathering what has grown while saving seeds for future planting. APHN's 2025 harvest yielded three abundant crops. Over 1,200 delegates from more than 30 countries gathered at APHC 2025 in Kuching, Sarawak, our biennial conference that serves as both celebration and marketplace for regional collaboration. Amid this gathering, we undertook strategic planning to ensure our continued growth and resilience. The season also welcomed eight outstanding clinicians as the second cohort of Cynthia Goh Palliative Care Fellows — new leaders who will carry forward innovation and impact. Like rice grains that are both food and seed, these milestones nourish our present while securing our future.

16TH ASIA PACIFIC HOSPICE PALLIATIVE CARE CONFERENCE

Under the theme "Embracing Diversity, Empowering Communities," APHC 2025 brought together **over 1,200 delegates from more than 30 countries**, marking one of the largest regional gatherings of palliative care professionals.

Pre-Conference Day

Three full-day sessions included the Asia Pacific Hospice Palliative Care Research Forum, a nurse leadership development program, and the Mandarin Hospice Summit conducted entirely in Mandarin. **Five additional half-day workshops** addressed critical topics including serious illness conversations, transitions of care, collective impact strategies for upstreaming palliative care, pediatric communication, and the ICEST model for end-of-life care continuity.



Group photo of the Empowering Palliative Care Nurse Leaders Workshop participants

Day 1

The official opening began with traditional Sarawakian dance, setting a tone of cultural celebration and professional solidarity. Dr Ngian Hie Ung (Chair, Local Organising Committee) and A/Prof Ghauri Aggarwal (Co-Chair, APHC 2025), welcomed delegates with inspiring addresses. A/Prof Aggarwal presented the **Sarawak Statement** – a declaration from the international palliative care community calling on governments

and health systems to prioritise palliative care access in humanitarian crises, conflict zones, and disaster-affected areas.

Two landmark initiatives were launched during the ceremony, officiated by Datuk Michael Tiang Ming Tee (Deputy Minister for Housing, Public Health and Local Government):

The **APHN Atlas of Palliative Care in Asia-Pacific Regions**, presented by Prof Carlos Centeno (ATLANTES Global Observatory), provides crucial data to support advocacy and strengthen regional service coverage. The **Sarawak Task Force Palliative Care Committee**, led by State Health Director Dr Veronica Lugah, was established to improve strategic coordination and expand access across urban and remote communities.



L to R: Dr Veronica Lugah, Prof Carlos Centeno, Datuk Michael Tiang Ming Tee, A/Prof Ghauri Aggarwal

The day featured three engaging plenary sessions, several concurrent sessions and concluded with a welcome reception fostering connections among the international delegation.

Day 2

The following day was anchored by the **Hinohara Memorial Lecture**, delivered by Dr Libby Sallnow with the award presented by Mr Masami Otani of the Japan Hospice Palliative Care Foundation. The

APHN Annual General Meeting convened to review organisational progress and strategic direction.



Mr Masami Otani presenting Dr Libby Sallnow a certificate

The evening's Gala Dinner, themed "Symphony of Cultures," became a vibrant celebration of diversity. Opening with the spectacular Tarian Keris performance, the evening featured poetry, cosplay, singing, and spontaneous performances from delegates worldwide.



Gala dinner participants joining in traditional Sarawakian dances

Day 3

The final day centered on recognition and forward momentum. The prestigious **Cynthia Goh Award** was presented by Prof Goh Hak Su to Ms Liese Groot-Alberts, honoring her lifelong dedication to global palliative care advancement. Two thought-provoking plenaries addressed humanitarian crises and social determinants of health, encouraging delegates to engage with systemic factors affecting patient care. Best Poster awards recognised cutting-edge research and innovation.

The Closing Ceremony featured a heartfelt

address by Mr Giam (Executive Director, APHN), followed by a video montage of the conference highlights. The symbolic conference plaque was ceremonially passed from Dr Ngian to A/Prof Aggarwal and then to Dr Peter Allcroft (Board Chair, Palliative Care Australia), who, alongside CEO Ms Camilla Rowland, warmly invited delegates to APHC 2027 in Australia.



Ms Liese Groot-Alberts receiving the Cynthia Goh Award from Prof Goh Hak Su



L to R: Dr Ngian Hie Ung, A/Prof Aggarwal, Ms Camilla Rowland, Dr Peter Allcroft, Mr Giam

> 1200

delegates from more than 30 countries

56

oral presentations

342

poster presentations



Scan for more information or to download the ATLAS



STRATEGIC PLANNING BY OUR 24TH APHN COUNCIL

The 24th Council of APHN convened for its third strategic planning meeting in Sarawak, marking a pivotal moment for the organisation. Attended by all Council members in person and online, the session aimed to critically assess past planning efforts, overcome historical implementation gaps, and establish a focused, accountable 3-year strategy enabling APHN to advance its mission in a rapidly evolving healthcare landscape.

Leadership and Facilitation

A/Prof Ghauri Aggarwal, Chair of APHN, opened the meeting emphasising the need for stronger implementation and follow-through on strategic priorities. Her remarks set a clear tone of accountability and execution-oriented planning.

The presence of Dr Rosalie Shaw, APHN's founding Executive Director, enriched the session, reminding participants of the visionary leadership upon which APHN was built.

The meeting was professionally facilitated by Mdm Theresa Goh, founder of 360 Dynamics, an organisation with extensive experience in leadership and strategic development within nonprofit sectors.

Comprehensive Strategic Process

Mdm Goh guided participants through a structured planning process that organisational analysis, identification of key opportunities and challenges, clarification of strategic priorities, and development of implementation mechanisms to ensure follow-through.

New Purpose Statement

Following thorough deliberation, the Council adopted a new purpose statement that articulates APHN's core commitment:

**"UPHOLDING DIGNITY, HOPE,
AND PEACE FOR INDIVIDUALS,
FAMILIES AND COMMUNITIES
IMPACTED BY SERIOUS ILLNESS
ACROSS THE ASIA PACIFIC."**

This statement reflects the organisation's dedication to comprehensive, person-centered care that extends beyond clinical interventions to embrace the holistic needs of those facing life-limiting conditions.

Moving Forward

This strategic planning session marked a critical milestone for APHN, moving beyond conceptual planning toward operational readiness characterised by accountability, strategic clarity, and shared vision for impact. The Council, Executive Director, and Secretariat team are now developing an operationalised, focused roadmap and the tools required to execute it, setting the stage for transformative progress over the next three to five years.



CYNTHIA GOH PALLIATIVE CARE FELLOWSHIP: BATCH 2 FELLOWS



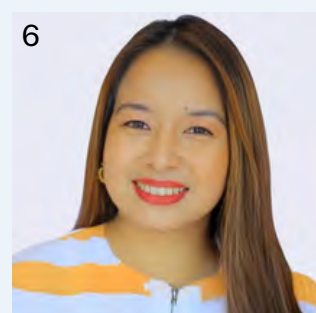
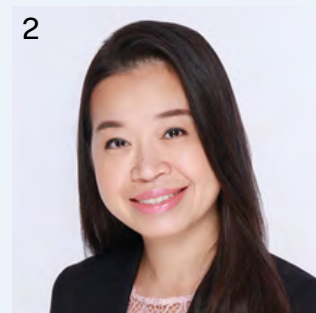
The inaugural Cynthia Goh Palliative Care Fellowship (CGF) (Doctors only) **aims to identify and develop the next generation of palliative care leaders in the Asia-Pacific region.**

Established in honour of the late Professor Cynthia Goh, a trailblazer of Singapore's palliative care service, the CGF (Doctors only) seeks to create a regional fraternity that will advance the development of palliative care in the region.

Recipients can tailor their fellowship to individual needs and aspirations. Administered by APHN with support and direction from the Lien Foundation, the CGF seeks to support 30 palliative care leaders over five years.

At the end of the fellowship, fellows will be equipped to advocate for laws acknowledging palliative care as part of healthcare systems, national strategies for implementation, national standards defining program operations, clinical guidelines for service delivery, and recognition of palliative care as a medical specialty or sub-specialty.

Eight outstanding doctors were selected for Batch 2, representing a new wave of committed leaders who will strengthen and expand palliative care across their home countries and beyond:



1. **Dr Aaron Bak Ong Wong (Australia)**
2. **Dr Ann Toh Ying Pin (Singapore)**
3. **Dr Attakorn Raksataya (Thailand)**
4. **Dr Lianda Tamara (Indonesia)**
5. **Dr Malama Tafuna'i (Samoa)**
6. **Dr Maricar Sabeniano (Philippines)**
7. **Dr. Mingota Herculano (Timor-Leste)**
8. **Dr Selvarasa Mathurahan (Sri Lanka)**

Each Fellow will embark on a tailored journey designed to enrich their leadership potential, build clinical and academic expertise, and equip them to become key drivers of palliative care development in their countries.

FUNDRAISING



Total Amount Raised: \$14,050.00

	Amount Raised (SGD)	Efficiency Ratio (%)
Double The Compassion for Palliative Care		
└─ Help Shirlynn turn compassion into impact with your gift	110.00	0.14
Empowering Palliative Care: Donate to APHN Today		
└─ Books for the Better	460.00	1.50
└─ Empowering Palliative Care: Donate to APHN Today	9,408.00	1.48
└─ Friends of Joan Ryan	1,000.00	1.50
└─ Let the Light In	998.00	0.43
└─ Sharing my New Path	1,261.00	1.23
└─ Support Caroline	300.00	1.50
General Donation		
└─ Help bring equitable access to palliative care in Asia (Project Énergique)	2.00	1.50
Project Paddy 2024		
└─ Candle for Life	461.00	1.50
└─ Help Liching raise funds for Palliative Care	50.00	1.50

	Amount Raised (SGD)	Efficiency Ratio (%)
Empowering Palliative Care: Donate to APHN Today		
Books for the Better	10.00	2.00
Empowering Palliative Care: Donate to APHN Today	1,810.00	1.96
General Donation		
Join in this worthy cause!	440.00	0.98
Donated directly to organisation	8,750.00	1.48
Theo's 11th birthday	3,466.00	-
Project Paddy 2024		
Project Paddy - Your Gift, Their Future	960.00	-



ENVIRONMENTAL, SOCIAL & GOVERNANCE (ESG)



ENVIRONMENTAL RESPONSIBILITY



Our commitments include:

Digital-first strategy

Expanding webinars, virtual trainings, and hybrid conferences to reduce travel-related carbon emissions.

Sustainable conferencing practices

Minimising printed materials at events such as the Asia Pacific Hospice Palliative Care Conference (APHC) by promoting digital programmes.

Responsible resource use

Encouraging paperless communications, e-newsletters, and electronic publications.

Mindful procurement

Working with partners and vendors who demonstrate environmentally responsible practices whenever possible.

Social responsibility is at the heart of APHN's work.

Expanding Access to Palliative Care

Across many parts of Asia Pacific, access to palliative care remains limited. Through:

- Education and capacity building
- Faculty development programmes
- Regional collaborations
- Policy advocacy

we support the development and expansion of services that improve quality of life for patients and families.

Our initiatives — including the Cynthia Goh Palliative Care Fellowship (CGF) — strengthen local leadership and clinical expertise to ensure sustainable impact.

At the APHN, our mission to advance hospice and palliative care across the Asia Pacific region is inherently rooted in compassion, equity, and responsibility. Our ESG commitments reflect how we operate — ethically, sustainably, and with long-term impact for the communities we serve.

SOCIAL IMPACT

Equity & Inclusion

APHN works across diverse cultural, economic, and healthcare contexts. We are committed to:

- Supporting low- and middle-income countries
- Promoting equitable access to essential pain medications
- Amplifying underrepresented voices in regional forums
- Encouraging multidisciplinary participation across nursing, medicine, allied health, and community sectors

Education & Knowledge Sharing

Through webinars, publications, and regional conferences, APHN facilitates the exchange of evidence-based knowledge, innovation, and best practices. Our work contributes to stronger systems of care, informed policy development, and improved patient outcomes.



GOVERNANCE & ACCOUNTABILITY

Strong governance underpins our credibility and sustainability.

Ethical Leadership

APHN is guided by a Board and committees committed to transparency, accountability, and mission alignment. Decisions are made in the best interest of:

- Patients and families
- Healthcare professionals
- Donors and partners
- Member organisations

Financial Stewardship

As a not-for-profit organisation, we ensure:

- Responsible management of funds
- Clear reporting to donors and stakeholders
- Strategic allocation of resources to maximise impact

Partnerships & Integrity

We collaborate with regional and international organisations while maintaining independence, avoiding conflicts of interest, and upholding professional standards in all educational and advocacy activities.

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

For the members of the 24th Council, there were a total of three Board meetings and one AGM that were held during the financial year. The following sets out the individual Board member's attendance at the meetings:

Name of Council Member	% of Attendance
A/Prof Ghauri AGGARWAL	100%
Dr Masanori MORI	100%
Dr Shirlynn HO	100%
Mr Wayne NAYLOR	100%
Ms TAN Soh Kheng	100%
Mr KWAN Kam Fan	75%
Dr Karin Estepa GARCIA	50%
Dr Rachel COGHLAN	100%
Dr YUEN Kwok Keung	50%
Dr Naveen SALINS	75%
Prof Yoshiyuki KIZAWA	50%
A/Prof Sujeong KIM	75%
Dr Sharon CHOO	100%
Prof Shao-Yi CHENG	75%
Dr Attakorn RAKSASATAYA	100%

Disclosure of Remuneration and Benefits received by Council Members

No Board members are remunerated for their Board 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 to \$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

The charity 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. The charity has 2.5 years of operational expenditure kept as reserves. Due to the primary source of income coming from the biennial Asia Pacific Hospice Conference (APHC), this amount of reserves act as a buffer to cover operating expenditures in the event an 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:

From the period 1 Jan to 31 Dec	FY 2025	FY 2024
(A) Unrestricted Funds (Reserves)	1,020,345	880,652
Restricted Funds: • Lien Collaborative (Asia) • Japan Hospice Palliative Care Foundation • Hospital Nacional Guido Valadares of Timor-Leste	1,231 4,610 -	- 6,422 3,955
Designated Funds	23,300	29,025
(B) Annual Operating Expenditure	214,301	183,937
Ratio of Reserves (A : B)	4.76:1	4.79:1

Purpose of Restricted and Designated Funds

The charity has disclosed its Restricted and Designated Funds in the Financial Statements at Note 7 and 8 respectively on pages 23 and 24. 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

The 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 DECEMBER 2025

ASIA PACIFIC HOSPICE PALLIATIVE CARE NETWORK

(Registered in the Republic of Singapore

Under the Singapore Societies Act 1966)

Unique Entity No. T01SS0003A

FINANCIAL STATEMENTS

For the financial year ended 31 December 2025

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ASIA PACIFIC HOSPICE PALLIATIVE CARE NETWORK
(Registered in the Republic of Singapore
Under the Singapore Societies Act 1966)

STATEMENT OF ASSOCIATION'S COUNCIL

For the financial year ended 31 December 2025

The Asia Pacific Hospice Palliative Care Network (the "Association") was constituted as a society under the Singapore Societies Act 1966. The Association is registered as a Charity under the Charities Act 1994.

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 2025 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

Dr Yuen Kwok Keung
Member (Hong Kong)

Professor Naveen Sulakshan Salins
Member (India)

Professor Yoshiyuki Kizawa
Member (Japan)

Associate Professor Sujeong Kim
Member (Korea)

Dr Sharon Choo Yoke Ling
Member (Malaysia)

Dr Attakorn Raksataya
Member (Thailand)

Dr Rachel Jane Coghlan
Member (Australia)

Professor Shao-Yi Cheng
Member (Taiwan)

List of Office Bearers

Associate Professor Ghauri Aggarwal
Dr Masanori Mori
Dr Shirlynn Ho
Mr Wayne Aynsley Naylor
Mr Kwan Kam Fan
Ms Tan Soh Keng
Dr Karin Estepa Garcia

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

ASIA PACIFIC HOSPICE PALLIATIVE CARE NETWORK
(Registered in the Republic of Singapore
Under the Singapore Societies Act 1966)

STATEMENT OF ASSOCIATION'S COUNCIL

For the financial year ended 31 December 2025

On behalf of the Association's Council,



Associate Professor Ghauri Aggarwal
Chairman



Ms Tan Soh Keng
Assistant Honorary Secretary

03 MAR 2026

23 New Industrial Road, #04-08, Solstice Business Center, Singapore 536209
Tel: +65 6299 4730
Fax: +65 6631 8594

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 2025, 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 material accounting policy information.

In our opinion, the accompanying financial statements are properly drawn up in accordance with the provisions of the Singapore Charities Act 1994 and Singapore Societies Act 1966 (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 2025 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....

23 New Industrial Road, #04-08, Solstice Business Center, Singapore 536209
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Fax: +65 6631 8594

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 FRSs, 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....

**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
Public Accountants and
Chartered Accountants
Singapore

03 MAR 2026

ASIA PACIFIC HOSPICE PALLIATIVE CARE NETWORK
(Registered in the Republic of Singapore
Under the Singapore Societies Act 1966)

STATEMENT OF FINANCIAL POSITION

As at 31 December 2025

	Note	<u>2025</u> S\$	<u>2024</u> S\$
ASSETS			
Non-current assets			
Plant and equipment	4	4,218	4,348
Total non-current assets		<u>4,218</u>	<u>4,348</u>
Current assets			
Other receivables	5	196,345	95,187
Cash and bank balances	6	3,765,557	4,595,372
Total current assets		<u>3,961,902</u>	<u>4,690,559</u>
Total assets		<u><u>3,966,120</u></u>	<u><u>4,694,907</u></u>
FUNDS AND LIABILITIES			
Funds			
Unrestricted fund		1,020,345	880,652
Restricted funds	7	5,841	10,377
Designated funds	8	23,300	29,025
Total funds		<u>1,049,486</u>	<u>920,054</u>
Current liabilities			
Other payables	9	2,916,634	3,774,853
Total current liabilities		<u>2,916,634</u>	<u>3,774,853</u>
Total funds and liabilities		<u><u>3,966,120</u></u>	<u><u>4,694,907</u></u>

ASIA PACIFIC HOSPICE PALLIATIVE CARE NETWORK
(Registered in the Republic of Singapore
Under the Singapore Societies Act 1966)

STATEMENT OF INCOME AND EXPENDITURE

For the financial year ended 31 December 2025

		<u>2025</u>				
	<u>Note</u>	<u>Unrestricted</u> <u>fund</u> S\$	<u>Designated</u> <u>funds</u> S\$	<u>Lien</u> <u>Collaborative</u> S\$	<u>Cynthia Goh</u> <u>Fellowship</u> S\$	<u>Total</u> S\$
Income						
APHC		145,897	-	-	-	145,897
Consultancy services		40,916	-	-	-	40,916
Donations		40,416	2,646	843,492	65,181	951,735
Membership subscription		41,387	-	-	-	41,387
Other income	10	85,378	-	-	-	85,378
Total income		<u>353,994</u>	<u>2,646</u>	<u>843,492</u>	<u>65,181</u>	<u>1,265,313</u>
Expenditure						
Personnel expenses	11	157,773	-	314,757	20,000	492,530
Audit fees		6,322	-	-	-	6,322
Bank charges		405	10	2,182	194	2,791
Bursaries and grants		3,612	-	53,684	-	57,296
Conference setup		2,383	4,383	81,034	4,641	92,441
Depreciation		1,467	-	642	-	2,109
Meals and Refreshment		3,673	-	36,553	2,857	43,083
Equipment expenses		1,046	-	9,715	-	10,761
Exchange difference		75	-	70	55	200
Insurance		1,977	-	5,275	-	7,252
Miscellaneous expenses		662	-	-	-	662

Continued....

The accompanying notes form an integral part of these financial statements.

ASIA PACIFIC HOSPICE PALLIATIVE CARE NETWORK
(Registered in the Republic of Singapore
Under the Singapore Societies Act 1966)

STATEMENT OF INCOME AND EXPENDITURE

For the financial year ended 31 December 2025

	<u>2025</u>				
	<u>Unrestricted</u> <u>fund</u> S\$	<u>Designated</u> <u>funds</u> S\$	<u>Lien</u> <u>Collaborative</u> S\$	<u>Cynthia Goh</u> <u>Fellowship</u> S\$	<u>Total</u> S\$
Note					
Expenditure (continued)					
Payment gateway fees	2,029	-	-	-	2,029
Postage expenses	375	-	-	-	375
Printing and stationery	3,955	65	885	85	4,990
Professional fees	15,443	2,724	8,633	12,047	38,847
Telephone and fax	101	-	598	85	784
Travel and transport expenses	10,074	5,725	329,156	25,217	370,172
Website expenses	2,929	-	308	-	3,237
Total expenditure	<u>214,301</u>	<u>12,907</u>	<u>843,492</u>	<u>65,181</u>	<u>1,135,881</u>
Total surplus / (deficit)	139,693	(10,261)	-	-	129,432
Income tax	-	-	-	-	-
Surplus / (deficit) for the financial year	<u><u>139,693</u></u>	<u><u>(10,261)</u></u>	<u><u>-</u></u>	<u><u>-</u></u>	<u><u>129,432</u></u>

The accompanying notes form an integral part of these financial statements.

ASIA PACIFIC HOSPICE PALLIATIVE CARE NETWORK
(Registered in the Republic of Singapore
Under the Singapore Societies Act 1966)

STATEMENT OF INCOME AND EXPENDITURE

For the financial year ended 31 December 2025

	Note	2024				Total S\$
		Unrestricted fund S\$	Designated funds S\$	Lien Collaborative S\$	Cynthia Goh Fellowship S\$	
Income						
Consultancy services		67,751	-	-	-	67,751
Donations		21,907	(2,533)	194,832	71,442	285,648
Membership subscription		36,137	-	-	-	36,137
Other income	10	142,627	-	-	-	142,627
Total income		<u>268,422</u>	<u>(2,533)</u>	<u>194,832</u>	<u>71,442</u>	<u>532,163</u>
Expenditure						
Personnel expenses	11	146,624	-	265,632	20,000	432,256
Audit fees		4,440	-	-	-	4,440
Bank charges		1,013	-	1,438	309	2,760
Bursaries		-	-	40,975	-	40,975
Conference setup		505	-	46,825	4,924	52,254
Depreciation		1,439	-	268	-	1,707
Meals and Refreshment		2,011	-	11,119	1,690	14,820
Equipment expenses		3,232	-	4,976	-	8,208
Insurance		1,783	-	960	-	2,743
Miscellaneous expenses		260	-	4,553	-	4,813

Continued....

ASIA PACIFIC HOSPICE PALLIATIVE CARE NETWORK
(Registered in the Republic of Singapore
Under the Singapore Societies Act 1966)

STATEMENT OF INCOME AND EXPENDITURE

For the financial year ended 31 December 2025

	2024				
	<u>Unrestricted</u>	<u>Designated</u>	<u>Lien</u>	<u>Cynthia Goh</u>	<u>Total</u>
Note	<u>fund</u>	<u>funds</u>	<u>Collaborative</u>	<u>Fellowship</u>	<u>SS</u>
	S\$	S\$	S\$	S\$	S\$
Expenditure (continued)					
Payment gateway fees	1,392	-	-	-	1,392
Postage expenses	330	-	-	-	330
Printing and stationery	1,248	-	164	-	1,412
Professional fees	7,920	-	4,564	20,154	32,638
Telephone and fax	186	-	944	70	1,200
Travel and transport expenses	10,647	-	275,136	24,295	310,078
Website expenses	907	-	108	-	1,015
Total expenditure	183,937	-	657,662	71,442	913,041
Total surplus / (deficit)	84,485	(2,533)	(462,830)	-	(380,878)
Income tax	-	-	-	-	-
Surplus / (deficit) for the financial year	84,485	(2,533)	(462,830)	-	(380,878)

ASIA PACIFIC HOSPICE PALLIATIVE CARE NETWORK
(Registered in the Republic of Singapore
Under the Singapore Societies Act 1966)

STATEMENT OF CHANGES IN FUNDS

For the financial year ended 31 December 2025

	Balance at beginning of the year	Re- classification	Net (deficit) / surplus	Balance at end of the year
	S\$	S\$	S\$	S\$
2025				
Unrestricted fund				
Asia Pacific Hospice Palliative Care	880,652	-	139,693	1,020,345
Designated funds				
Covid-19 Care Pack	-	-	-	-
Palliative Care in ICU (ICPC) SIG	29,025	-	(5,725)	23,300
	<u>29,025</u>	<u>-</u>	<u>(5,725)</u>	<u>23,300</u>
Restricted funds				
Lien Collaborative	-	1,231	-	1,231
Japan Hospice Palliative Care Foundation	6,422	-	(1,812)	4,610
Hospital Nacional Guido Valadares of Timor-Leste	3,955	(1,231)	(2,724)	-
Cynthia Goh Fellowship	-	-	-	-
	<u>10,377</u>	<u>-</u>	<u>(4,536)</u>	<u>5,841</u>
Total funds	<u><u>920,054</u></u>	<u><u>-</u></u>	<u><u>129,432</u></u>	<u><u>1,049,486</u></u>

Continued....

ASIA PACIFIC HOSPICE PALLIATIVE CARE NETWORK
(Registered in the Republic of Singapore
Under the Singapore Societies Act 1966)

STATEMENT OF CHANGES IN FUNDS

For the financial year ended 31 December 2025

	Balance at beginning of the year	Re- classification	Net (deficit) / surplus	Balance at end of the year
	S\$	S\$	S\$	S\$
2024				
Unrestricted fund				
Asia Pacific Hospice Palliative Care	796,167	-	84,485	880,652
Designated funds				
Covid-19 Care Pack	2,533	-	(2,533)	-
Palliative Care in ICU (ICPC) SIG	29,025	-	-	29,025
	31,558	-	(2,533)	29,025
Restricted funds				
Lien Collaborative	462,830	-	(462,830)	-
Japan Hospice Palliative Care Foundation	6,422	-	-	6,422
Hospital Nacional Guido Valadares of Timor-Leste	3,955	-	-	3,955
Cynthia Goh Fellowship	-	-	-	-
	473,207	-	(462,830)	10,377
Total funds	1,300,932	-	(380,878)	920,054

ASIA PACIFIC HOSPICE PALLIATIVE CARE NETWORK
(Registered in the Republic of Singapore
Under the Singapore Societies Act 1966)

STATEMENT OF CASH FLOWS

For the financial year ended 31 December 2025

	Note	<u>2025</u> S\$	<u>2024</u> S\$
Cash flows from operating activities			
Surplus / (deficit) before income tax		129,432	(380,878)
Adjustment for:			
Depreciation of plant and equipment	4	2,109	1,707
Interest income	10	<u>(78,513)</u>	<u>(133,926)</u>
Operating surplus / (deficit) before working capital changes		53,028	(513,097)
Changes in working capital			
Other receivables		(157,081)	169,433
Other payables		<u>(858,219)</u>	<u>(436,472)</u>
Net cash used in operating activities		<u>(962,272)</u>	<u>(780,136)</u>
Cash flows from investing activities			
Acquisition of plant and equipment	4	(1,979)	(3,852)
Fixed deposit		(247,000)	1,343,646
Interest income received		<u>134,436</u>	<u>171,746</u>
Net cash (used in) / generated from investing activities		<u>(114,543)</u>	<u>1,511,540</u>
Net (decrease) / increase in cash and cash equivalents		(1,076,815)	731,404
Cash and cash equivalents at the beginning of the financial year		<u>1,292,372</u>	<u>560,968</u>
Cash and cash equivalents at the end of the financial year	6	<u><u>215,557</u></u>	<u><u>1,292,372</u></u>

ASIA PACIFIC HOSPICE PALLIATIVE CARE NETWORK
(Registered in the Republic of Singapore
Under the Singapore Societies Act 1966)

NOTES TO FINANCIAL STATEMENTS

For the financial year ended 31 December 2025

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 1966, and registered as a charity under the Charities Act 1994. Its place of business is at National Cancer Centre Singapore, 30 Hospital Boulevard Level 23, Singapore 168583.

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 Association’s principal activities during the financial year.

The financial statements of the Association for the financial year ended 31 December 2025 were authorised for issue in accordance with a resolution of the bearers in Statement of Association’s Council.

2. Material accounting policy information

(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 2025

On 1 January 2025, 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.

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2. Material accounting policy information (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.

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2. Material accounting policy information *(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.

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2. Material accounting policy information *(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 banks and on hand and are subject to an insignificant risk of changes in value.

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2. Material accounting policy information (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.

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2. Material accounting policy information (continued)

(h) Revenue recognition (continued)

Donation

Donation income is recognised when the donation is received or when there is reasonable assurance that the donation will be received and the amount can be measured reliably.

The donation income is recognised only when the conditions attaching to the donation have been fulfilled. Until such conditions are satisfied, the donation is recognised as deferred income in the statement of financial position.

All other income and expenditure 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.

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2. Material accounting policy information *(continued)*

(k) Income tax

As an approved charity under the Charities Act 1994, the Association is exempted from income tax under Section 13(1)(zm) of the Income Tax Act 1947.

(l) 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.

(m) Deferred income

Deferred income represents donations received in advance. Such amounts are recognised in the income and expenditure statement when the relevant conditions have been fulfilled, including where applicable, when the related expenditures have been incurred.

Deferred income relating to the Lien Collaborative (“LC”) and Cynthia Goh Fellowship (“CYF”) funds represents unutilised balances of restricted donations received for specific purposes.

3. Significant accounting judgements and estimates

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.

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3. Significant accounting judgements and estimates (continued)

(i) Judgements made in applying 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.

(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.

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4. Plant and equipment

	Computer equipment S\$
Cost	
As at 1 January 2024	6,578
Additions	3,852
As at 31 December 2024	10,430
Additions	1,979
As at 31 December 2025	12,409
Accumulated depreciation	
As at 1 January 2024	4,375
Depreciation charge	1,707
As at 31 December 2024	6,082
Depreciation charge	2,109
As at 31 December 2025	8,191
Carrying amount	
As at 31 December 2025	4,218
As at 31 December 2024	4,348

5. Other receivables

	<u>2025</u> S\$	<u>2024</u> S\$
Prepayments	38,960	6,758
Accrued interest receivable	32,506	88,429
Other receivables	124,879	-
	<u>196,345</u>	<u>95,187</u>

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For the financial year ended 31 December 2025

6. Cash and bank balances

	<u>2025</u> S\$	<u>2024</u> S\$
Cash at banks	215,557	1,292,072
Cash on hand	-	300
Fixed deposits	<u>3,550,000</u>	<u>3,303,000</u>
	<u><u>3,765,557</u></u>	<u><u>4,595,372</u></u>

The fixed deposits bear interest ranging from 1.10% to 1.90% (2024: 2.80%) per annum and have maturity ranging from 181 to 367 days (2024: 366) days.

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

	<u>2025</u> S\$	<u>2024</u> S\$
Cash at banks	215,557	1,292,072
Cash on hand	-	300
Fixed deposits	<u>3,550,000</u>	<u>3,303,000</u>
	<u>3,765,557</u>	<u>4,595,372</u>
Less: Fixed deposits with maturity period of more than 3 months	<u>(3,550,000)</u>	<u>(3,303,000)</u>
	<u><u>215,557</u></u>	<u><u>1,292,372</u></u>

7. Restricted funds

Lien Collaborative

The Lien Collaborative for Palliative Care was co-developed by the Asia Pacific Hospice Palliative Care Network (“APHN”) and the Lien Foundation. This is a capability-building program that trains future leaders of palliative care to start and scale up services in developing countries in Asia.

The project provides 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.

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7. 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 etc) 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.

Cynthia Goh Fellowship

The Cynthia Goh Fellowship was established to identify and develop the next generation of palliative care leaders in the Asia-Pacific region. The Fellowship was set up in honour of the late Professor Cynthia Goh, a trailblazer of Singapore's palliative care service, and aims to create a regional fraternity that will advance the development of palliative care in the region. Recipients can tailor their fellowship according to their individual professional development needs and aspirations.

8. 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.

Palliative Care in ICU (ICPC) SIG

Designated donations received for this fund are to be used for the education, research, advocacy for national level policy and legislation of palliative care in ICU.

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9. Other payables

	<u>2025</u> S\$	<u>2024</u> S\$
Accruals	111,292	57,055
Deferred income	2,798,544	3,707,218
Membership subscription received in advance	6,798	10,580
	<u>2,916,634</u>	<u>3,774,853</u>

10. Other income

	<u>2025</u> S\$	<u>2024</u> S\$
Interest income	78,513	133,926
Other income	6,865	8,701
	<u>85,378</u>	<u>142,627</u>

11. Personnel expenses

	<u>2025</u> S\$	<u>2024</u> S\$
<u>Unrestricted Fund</u>		
Salaries and bonus	123,973	116,976
Contributions to Central Provident Fund	30,786	26,739
Other costs	3,014	2,909
	<u>157,773</u>	<u>146,624</u>
<u>Lien Collaborative</u>		
Salaries and bonus	282,345	240,592
Contributions to Central Provident Fund	30,412	24,031
Other costs	2,000	1,009
	<u>314,757</u>	<u>265,632</u>
<u>Cynthia Goh Fellowship</u>		
Salaries and bonus	<u>20,000</u>	<u>20,000</u>

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12. 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.

13. 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, liquidity risk and foreign currency 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.

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NOTES TO FINANCIAL STATEMENTS

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13. Financial risk management *(continued)*

(b) Interest rate risk *(continued)*

At the reporting date, if the interest rates had been 50 (2024: 50) basis points higher / lower with other variables held constant the effect on deficit of the Association would be immaterial.

(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.

(d) Foreign currency risk

The Association's foreign exchange risk results mainly from cash flows from transactions denominated in foreign currencies. At present, the Association does not have any formal policy for hedging against currency risk. The Association ensures that the net exposure is kept to an acceptable level by buying or selling foreign currencies at spot rates, where necessary, to address short term imbalances.

The Association has transactional currency exposures arising from transactions that denominated in currency other than the functional currency of the Association, primarily Indian Rupee (INR), United States Dollar (USD) and Malaysian Ringgit (MYR).

The Association's currency exposures to the INR, USD and MYR at the reporting date were as follows:

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13. Financial risk management *(continued)*

(d) Foreign currency risk *(continued)*

	2025		
	<u>INR</u> S\$	<u>USD</u> S\$	<u>MYR</u> S\$
Financial assets			
Other receivables	4,408	-	107,852
Financial liabilities			
Other payables	(609)	(25,611)	-
Currency exposure	<u>3,799</u>	<u>(25,611)</u>	<u>107,852</u>

No foreign currency denominated balance as at 31 December 2024.

A 10% strengthening of Singapore Dollar against the foreign currency denominated balances as at the reporting date would increase / (decrease) income and expenditure by the amounts shown below. This analysis assumes that all other variables remain constant.

	Surplus / (deficit)	
	<u>2025</u> S\$	<u>2024</u> S\$
Indian Rupee	380	-
United States Dollar	(2,561)	-
Malaysian Ringgit	<u>10,785</u>	<u>-</u>

A 10% weakening of Singapore Dollar against the above currency would have had equal but opposite effect on the above currencies to the amounts shown above, on the basis that all other variables remain constant.

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14. 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.

15. 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>2025</u> S\$	<u>2024</u> S\$
Financial assets measured at amortised cost		
Other receivables (excluding prepayments)	157,385	88,429
Cash and bank balances	<u>3,765,557</u>	<u>4,595,372</u>
	<u>3,922,942</u>	<u>4,683,801</u>
Financial liabilities measured at amortised cost		
Other payables (excluding deferred income and membership received in advance)	<u>111,292</u>	<u>57,055</u>

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 2026. 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.



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aphnofficial