GREETINGS!

Global Partners in Care is a non-profit organization that supports access to hospice and palliative care worldwide by establishing collaborative partnerships, supporting research and education, and raising awareness of the global need for access to essential hospice and palliative care services.

Our brand is one of the most important tools we have to promote our work. Consistency in wording and visuals amplifies our messages – it also builds trust and loyalty. This brand book is designed to enhance the creativity our stakeholders bring to our mutual work. If you have any questions about our branding, please contact info@globalpartnersincare.org.
OUR VISION

At Global Partners in Care, we envision a world where individuals and families facing serious illness, death, and grief have access to essential palliative care services that afford comfort and dignity – which are human rights.
OUR MISSION

Global Partners in Care supports compassionate care where the need is great and resources are few by enhancing access to hospice and palliative care worldwide.

OUR PASSION

An unswerving commitment to extending compassion and reducing suffering for those with life-limiting conditions and their loved ones.
OUR VALUES

Compassion, Dignity, Innovation, Integrity, Quality, Service, Stewardship

OUR PERSONALITY

Compassionate, Collaborative, Resourceful, Appreciative, Honest, Intellectually Curious, Welcoming, Creative
OUR BRAND TONE

Nowhere is clear, simple language more necessary than when communicating about difficult, complicated topics – like palliative care. The topic is serious; we balance this with wanting our brand to feel accessible and empathetic. We emphasize clarity in communication and transparency in all aspects of our work.

Additionally, many people don’t understand what palliative care is and why it is crucial everywhere, especially in lower resource settings. Our goal is that everyone who encounters Global Partners in Care comes away with a fuller understanding of our work and its meaning to those with life-limiting conditions.
LOGO
10 Our Logo
11 Components
12 Dos & Don’ts
13 Size + Space
CIRCLING THE GLOBE

Our logo expresses our intention... that caring for those with life-limiting conditions, which is the heart of palliative care, is a global concern.

We are intentional in the placement of the globe in our logo. No single continent takes center stage. Every continent is the same color, representing our commitment is enhancing access to palliative care in every corner of the globe. The burst that introduces our name ties our identity to that of our organizational umbrella entities, Center for Hospice Care (CHC) and the Hospice Foundation (HF). It incorporates CHC’s color-bar asterisk which represent the interdisciplinary team that comes together to support patients and their families. The transparency of the colors in the asterisk communicates the relationship and integration of these services and the nature of our work. The quartered background represents HF’s four mission pillars: fundraising, stewardship, education, and collaboration. Global Partners in Care integrates all aspects represented by the asterisk and quarters in its work.

The guidelines that follow provide direction on how to use our logo.
COMPONENTS

Our logo has two components – the encircled globe and our “Global Partners in Care” wordmark which is set in Avenir Heavy (Global + Partners) and Avenir Medium (In Care).

The global and wordmark can be used vertically or horizontally. The wordmark can be used in black and blue type or in white type, whichever works best with your design. One-color versions of the logo are also available in both orientations. All versions are available for download.
DETAILS MATTER

Do:
• Use our most current logo
• Use the logo that works best with your background

Don’t:
• Squish or skew our logo
• Modify the type or colors
SIZE + SPACE

Although our logo isn’t a diva and doesn’t require top billing or center stage, it does need to be large enough to be legible and have room to breathe. That means the horizontal logo should be at least 1.5” wide and the vertical logo should be at least 0.5” wide. Either logo should have at least 0.125” of clear space.
COLORS
15 Primary Colors
16 Secondary Colors
Our **Brand**

Primary Colors

Our colors are clear and welcoming, conveying an upbeat, empathetic attitude (like us).

**CMYK** 100.73.0.2
**RGB** 0.85.164
**HEX** #0055a4
**Pantone** 7688 C

**CMYK** 86.11.100.4
**RGB** 0.154.72
**HEX** #009a48
**Pantone** 347 C
Secondary colors are those used in the quartered background and the asterisk. The quartered background colors are, from upper left and continuing clockwise, orange, light blue, light green, and dark blue (this is the blue from our primary colors). The asterisk bars appear, beginning with the darkest and continuing clockwise: medium blue, light blue, orange, yellow, light green. The quartered background and asterisk do not rotate from this position when used in the logo.
Officially Speaking

Using our official fonts helps communicate our brand effectively and efficiently. Our primary font is Avenir. We use Ronsard Crystal Medium for headlines and Bodoni Oldstyle for callouts.

RONSARD CRYSTAL

Ronsard Crystal Medium
Ronsard Crystal Bold

AVENIR

Avenir Light
Avenir Light Oblique
Avenir Book
Avenir Book Oblique
Avenir Roman
Avenir Oblique
Avenir Medium
Avenir Medium Oblique
Avenir Heavy
Avenir Heavy Oblique
Avenir Black
Avenir Black Oblique

BODONI 72 OLDSTYLE

Bodoni 72 Oldstyle Book
Bodoni 72 Oldstyle Book Italic
Bodoni 72 Oldstyle Bold
Dignity and Compassion Are Our Focus

Photographs of our partners/collaborators and the important work they do help us advocate for access to palliative care. Palliative care is a serious subject, but at its heart are hope and dignity. Palliative care alleviates pain and suffering for millions around the globe. Our photographs should accurately reflect the realities of those with life-limiting conditions in a humane manner. They should motivate those who view them to feel inspired by our partners’ and collaborators’ work.

Our photos should reflect an ethical approach to advocacy. They should accurately represent the experiences of our partners, their patients, and the patients’ loved ones. They should encourage viewers to see the whole patient, not just their disease and symptoms.
Illustrating Care

Our illustrations are simple. They aid with navigating our materials and building an understanding of our work. They should always be easy to understand.
Tone Matters

We know that organizations don’t work with organizations, that people work with people. So we write in a way that helps our audiences feel comfortable with what we do and how we do it.

We know a lot about palliative care provision – but we’re not know it alls. Our tone is professional, factual, and friendly. We aren’t medical experts – but we rely on them to make sure we’re providing accurate information that is crucial to our audiences. We provide a lot of information – but never with the intent to overwhelm our audiences.
Writing Guidelines

Whether you’re creating a 280-character tweet or a writing a white paper that provides technical information about a palliative care topic:

1. **Be Accurate.**
The facts and figures we use matter. So do the words we choose. Assure that they’re all accurate. Remember, too, that figures change frequently, so check that you have the most current numbers and please reference or cite the source.

2. **Be Clear.**
Being transparent in all aspects of our work is an important part of our brand. Use simple, straight-forward language to communicate about palliative care, partnerships, collaborations and education.

3. **Be Compassionate.**
Palliative care is compassionate care. Everything we say and do should be through a lens of compassion.

4. **Be Concise.**
Our messages are more likely to be received when they are concise. Get rid of “fluff” words like “in order to,” “very,” etc.

5. **Be Friendly.**
Being friendly is how we find common ground with others. Remember, too, that palliative care is holistic care. It respects the person and meets them on their terms.

6. **Be Positive.**
Life-limiting conditions are inherently difficult to live with, to treat, to talk about. Focus on the positive aspects that palliative care provides to manage these. We can be honest about the burden without being burdensome.

7. **Emphasize Dignity.**
Palliative care supports the right of every person to live – and die – with dignity. The words we use to describe the patient, their condition and their treatment should be used to enhance this principle.

8. **You are a Who.**
One way to enhance the dignity of every person in need of palliative care is to remember that they are always a “who” rather than a “that.” For example, “only 10% of those who need palliative care have access to those services.”
A Primer for Writing about Palliative Care and Global Partners in Care

These guidelines will help you write about palliative care and Global Partners in Care. We have included information about palliative care in low-resource settings and the language and tone we use to talk about what we do. It also includes some boilerplate language you can use when talking about palliative care.

Please note: Accuracy matters and figures about the accessibility of palliative care change frequently. Please check our website www.globalpartnersincare.org or with our team before publishing figures.
About Palliative Care and Global Partners in Care

Palliative care (PC) relieves pain and symptoms associated with progressive, life-limiting conditions from non-communicable diseases – like cancer – as well as other diseases – like COVID-19. In low-resource settings, such as much of Sub-Saharan Africa, access to palliative care is frequently limited by lack of trained providers (doctors, nurses, clinical officers), lack of transportation to clinics or hospitals, finances and awareness of the benefits of palliative care. This is often complicated by legislation that limits the ability to prescribe pain medications to physicians.

Our role isn’t to provide clinical care but to support partners, collaborations and education that increases access to this service. We were founded in 1999 as the Foundation for Hospices in Sub-Saharan Africa following a professional seminar tour of hospices in Zimbabwe and South Africa by US hospice leaders. These leaders witnessed the impact the HIV/AIDS pandemic had on hospice leaders and their programs.
Most people struggle to define what “palliative care” means. In practical terms it means the type of care we would want for ourselves or our loved ones if we were to have a progressive, life-limiting condition. The Oxford English dictionary defines “palliate” as “to alleviate (disease) without curing it.” We think of it as improving the quality of living for patients and their loved ones. It’s a holistic approach that not only manages physical pain and symptoms but also provides support for emotional/mental health and social/practical issues as well as spiritual care.
Where We Work

Our 38 partners* are located throughout Sub-Saharan Africa.

Ethiopia  South Africa
Ghana    Eswatini (Swaziland)
Kenya    Tanzania
Malawi   Uganda
Nigeria  Zimbabwe

* as of March 1, 2022
Our Partners

Our focus is enhancing access to palliative care. Our partners throughout Sub-Saharan Africa provide the grassroots clinical services and advocacy needed to make palliative care available to those in need. They are supported by their US partners who provide funding and other resources.

<table>
<thead>
<tr>
<th>US Partner</th>
<th>International Partner</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>VITAS Healthcare of the Inland Empire</td>
<td>The Rocking Horse Project</td>
<td>Eswatini</td>
</tr>
<tr>
<td>Snowline Hospice</td>
<td>Hospice Ethiopia</td>
<td>Ethiopia</td>
</tr>
<tr>
<td>VITAS Healthcare of the Chicago Region</td>
<td>Matthew 25 House</td>
<td>Ghana</td>
</tr>
<tr>
<td>Caring Circle</td>
<td>Our Lady’s Hospice</td>
<td>Kenya</td>
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<tr>
<td>Missouri Hospice and Palliative Care Association</td>
<td>Kenya Hospices and Palliative Care Association</td>
<td>Kenya</td>
</tr>
<tr>
<td>VITAS Healthcare of San Antonio</td>
<td>Nairobi Hospice</td>
<td>Kenya</td>
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<tr>
<td>Hospice of Michigan</td>
<td>Palliative Care Association of Malawi</td>
<td>Malawi</td>
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<tr>
<td>Hospice of Northwest Ohio</td>
<td>St. Luke's Hospital Palliative Care</td>
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<tr>
<td>Hospice of the North Coast</td>
<td>Nkhoma Mission Hospital</td>
<td>Malawi</td>
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<td>UpliftedCare</td>
<td>Umodzi Children’s Palliative Care Unit/PCST</td>
<td>Malawi</td>
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<tr>
<td>VITAS Healthcare of Central Florida</td>
<td>Centre for Palliative Care</td>
<td>Nigeria</td>
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<td>Empath Health</td>
<td>HospiceWits</td>
<td>South Africa</td>
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<td>Haven Hospice</td>
<td>Grahamstown Hospice</td>
<td>South Africa</td>
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<tr>
<td>Hospice of the Calumet Area, Inc.</td>
<td>Hospice East Rand</td>
<td>South Africa</td>
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<tr>
<td>Hospice of The Western Reserve, Inc.</td>
<td>Helderberg Hospice</td>
<td>South Africa</td>
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<tr>
<td>Pathways Home Health and Hospice</td>
<td>Sungardens Hospice</td>
<td>South Africa</td>
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</tbody>
</table>
Our Partners

Sangre De Cristo Hospice & Palliative Care
The Community Hospice
The Community Hospice
VITAS Healthcare Corporation
VITAS Healthcare of Miami-Dade
VITAS Healthcare of Philadelphia
VITAS Healthcare of San Diego
Chautauqua Hospice and Palliative Care
Gilchrist Hospice Care
HopeWest
NWKareS
Kilimanjaro Hospice Initiative
Family Hospice
TRU Community Care
VITAS Healthcare of Connecticut
Center for Hospice Care
Hinds Hospice
Samaritan
VITAS Healthcare of Houston
Arkansas Hospice
The Community Hospice
Arebaokeng Multipurpose and Palliative Care Centre
South Coast Hospice
Tapologo HIV/AIDS Programme
Sunflower Children’s Hospice
Bethesda Medical and Relief Services
Khanya Hospice Association
Msunduzi Hospice Association
ELCT Karatu Designated District Hospital
ELCT Nkoaranga Lutheran Hospital
ELCT Illembula Lutheran Hospital
ELCT Marangu Lutheran Hospital
ELCT Machame Lutheran Hospital
Shirati Hospital Palliative Care
ELCT Bumbuli Lutheran Hospital
ELCT Gonja Lutheran Hospital
Palliative Care Association of Uganda
Hospice Africa Uganda
Kawempe Home Care
Rays of Hope Hospice Jinja
Seke Rural Home Based Care
Island Hospice and Healthcare
South Africa
South Africa
South Africa
South Africa
South Africa
South Africa
Tanzania
Tanzania
Tanzania
Tanzania
Tanzania
Tanzania
Uganda
Uganda
Uganda
Zimbabwe
Brand Terminology

Understanding what we say and how we say it helps our partners and collaborators talk about our work more effectively. Here are some terms we use regularly.

501 (c)(3)
This indicates our tax-exempt status. All donations made to Global Partners in Care are tax deductible to the extent allowed by law.

Center for Hospice Care/Hospice Foundation
These are our umbrella organizations. The Hospice Foundation is a Type II supporting foundation for Center for Hospice Care and the oversight organization for Global Partners in care. After first reference these can be abbreviated as CHC/HF, either individually or collectively.

GPIC
Pronounced “G-Pick” this abbreviation can be used after our name is spelled out in the first reference.

globalpartnersincare.org
Our URL is our name spelled out.

Global Partnership Award
Given each year to the partnership that has demonstrated the core values of a true partnership: commitment to building a strong relationship, partner collaboration, staff contribution and commitment, and community outreach and involvement. The award comes with a $500 donation to the international hospice partner.

holistic care
Palliative care provides support for all aspects of the patient and their loved ones. It is focused on relieving physical, spiritual and psychosocial pain for those with life-limiting conditions. It provides relief from suffering.

partner
A US or international organization twinned with another organization under the Global Partners in Care umbrella. These mutually beneficial relationships enhance access to palliative care in low-resource settings.

supporter
We use this term to refer to an individual or organization who financially supports an overseas palliative care organization but isn’t officially partnered with them.
Style Guide

Grammar, punctuation and spelling matter! To err is human, but close proofreading will greatly reduce the number of errors in your copy. There are a number of great online guides, like this one to help.

amounts
Use “more than” rather than “over” when referring to amounts. Also, use “fewer” to refer to things that you can count and “less” to things that can’t be numbered.

apostrophe
Used in contractions (it is = it’s) and to show possession (Amy’s bed)
For plural nouns ending in “s” only use the apostrophe
Don’t use an apostrophe for plurals of numbers –1990s

colons
Use these between an independent phrase and a list or explanation. These are outside quotation marks unless they’re part of the quote.

commas
Use to separate a list of items, among other uses. We don’t use the Oxford comma (aka “serial comma”). These go inside quotation marks.

dollar amounts
Use the $ and numbers rather than spelling them out.

names
Refer to people by their full name on the first reference. Then, unless the person’s culture prefers another type of reference, using their first name in later references is appropriate.

numbers
Spell out one through nine. Use numerals for 10 and above unless it’s at the beginning of a sentence – then it should be spelled out.
When writing full dates (January 23, 2022), don’t use ordinal numbers (23rd).

semicolons
Use these to connect closely related but independent thoughts. These are outside quotation marks unless they’re part of the quote.

titles
Use Mr./Mrs./Ms. in formal writing. Use Dr. if the person is a clinician or Ph.D. OR use their credentials after their name in academic writing.
Words to Avoid

The words we use to discuss palliative care provision are important. They should be respectful of the people in need of this care. Using appropriate terms to refer to them reflects the compassionate, respectful approach of palliative care. Here are some words/terms to avoid and those that can be used in their place.

**Developing country/countries**
Use “low- and middle-income countries” instead (abbreviated LMICs).*

**Life-threatening disease or condition**
Use the broader term “life-limiting condition” instead. Only use “life-threatening condition” when talking about specific end-of-life situations.

**Suffering**
Focus on the benefits provided by hospice and palliative care by talking about how this care manages the pain and symptoms experienced by those with life-limiting conditions.

**Third world, third-world countries**
Use “low-resource settings” instead.

**Villagers**
Use “people,” “locals” or “community.”

*The World Bank classifies country economies based on income level into low income, lower-middle income, upper-middle income and high income. This is calculated according to the gross national income (GNI) per capita (i.e., low income = $1,045 GNI or less, high income = $12,695 or more). While GNI per capita does not completely tell us the level of development or wellbeing in a country, it is a useful and easily available indicator that does closely correlate with other measures of quality of life such as healthcare and education.

Additional Resources

Writing about healthcare – especially palliative care – in low-resource settings can be tricky. It requires a certain level of expertise in medical topics and sensitivity to what is culturally appropriate for a wide variety of audiences. You may find these resources helpful:

“How to Write About Africa in 8 Steps: An Ethical Storytelling Handbook” Africa No Filter

African Palliative Care Association (APCA)

Ethical Use of Photography
If you ever have questions, just ask:
WISKOTONI@GLOBALPARTNERSINCARE.ORG