No conversation about palliative care in Africa is complete without mentioning Dr. Anne Merriman. Her life was a testament to deep compassion — dedicated to caring for others, championing dignity in death, and ensuring free access to pain relief for those who needed it most.

Dr. Merriman was born on 13 May 1935, in Liverpool, England, to Irish parents and passed away on Sunday, May 18, 2025, at her home in Kampala, Uganda, just five days after celebrating her 90th birthday.

She founded Hospice Africa Uganda (HAU), an organisation that provides care and has trained many health professionals from over 37 African countries —a transformation largely credited to her vision and advocacy.

The Person Behind Palliative Care Pioneer Across Africa

Around 1998, she spearheaded the founding of regional hospices in Hoima and Mbarara—Little Hospice Hoima and Mobile Hospice Mbarara, respectively—extending palliative care beyond the capital. As well as the Palliative Care Association of Uganda (PCAU) in 1999, and is a founding member of the African Palliative Care Association, in 2004, a pan-African organisation headquartered in Uganda to serve the African continent.

To truly understand Dr. Anne Merriman who was also a member of the Irish Missionaries of Mary, a medical doctor, graduated in 1963 at the University College Dublin, a hospice and palliative care pioneer who was awarded the Member of the Order of the British Empire (MBE) in 2003 and nominated for the Nobel Peace Prize the following year is to see her through the eyes of her families in Uganda and Ireland, and the many friends she touched around the world.

She is survived by her first cousins in the UK—Michael Merriman, Eileen Evans, and Patsy Beddoe-Stephens. Michael's son, Chris Merriman, is the chair of Hospice Africa UK. She is also survived by her nieces, Paula and Jane Logan, and second cousins in Dublin.

In Uganda, her "family" included Anne Bisaso, Margaret Kazibwe, and Alice Kabaseke (her caretakers), women who loved and cared for her with unwavering devotion in all her time in Uganda until her final years.

'Little Anne,' Bisaso as fondly known, met Merriman nearly 30 years ago while nursing her mother, who had cancer. After her mother's passing, Merriman took her in, and they shared a home in Buziga, a suburb on the outskirts of Kampala—but also an unusual Ugandan home, filled with animals, especially the dogs and cats Merriman adopted.

"She was an animal lover," says Bisaso. "She was attached to all of them, but in her last days, she was especially close to 'Pretty,' the cat who was always in her arms."

Dr. Anne pictured in her earlier years with Hospice Africa Uganda (HAU) with a HAU supporter
Photo credits: The Merriman Family

Bisaso remembers Merriman as someone with “true love, deep dedication to her cause, and an unshakable commitment. If she set out to do something, she gave it 100 percent.” Merriman also passed on to her baking skills: “I learned to bake from her—I can now bake any kind of cake.”

To 24-year-old Mary Nakaliika, a granddaughter of Dr. Anne Merriman and daughter of Anne Bisaso, her *jaaja*was a hardworking, selfless woman who never gave up on anything she set her mind to.

“She loved us and her Irish family deeply,” Nakaliika says with sadness. “She always called to check on us, and if you weren’t okay, she’d ask what she could do to help.”Nakaliika, who has completed her nursing studies and is awaiting internship, says Merriman was someone who could identify a problem and immediately begin working to solve it.

That spirit defined Merriman’s work from the time she arrived in Africa, where she witnessed patients with HIV dying in pain—alone and abandoned. She pioneered a game-changing solution to Uganda’s healthcare system: oral liquid morphine administered through a palliative care approach. Initially, the morphine was prepared using basic tools in a method dubbed “the kitchen sink method.” Despite its simplicity, it brought life-changing relief to terminally ill patients.

Photo credits: Miriam Donohoe

The Vision and Philosophy Behind Dr. Merriman's Approach

Mark Donald Mwesiga, the PCAU Executive Director says Merriman's vision was deeply human—to relieve suffering with compassion and dignity. This model has since been replicated in many African countries. To date, over 232 hospitals and health facilities across 107 districts in Uganda have been accredited to order and stock oral liquid morphine.

As well, morphine is imported into Uganda in powder form and reconstituted locally by Hospice

Africa Uganda, with a shelf life of one year. The Ugandan government funds its distribution, ensuring it is free for all citizens. The production facility now operates at a capacity of 450 liters per batch, producing up to 900 liters daily.

Merriman also established the Institute of Hospice and Palliative Care in Africa (IHPCA), training professionals from 37 African countries. In 2025, 33 professionals from seven African countries graduated in palliative care from Makerere University, 16 supported by Irish Hospice Foundation scholarships.

We're incorporating palliative care into the national health workforce structure. Previously, we trained existing staff in palliative care, but now, individuals can study it as a standalone course, from diploma to master's level. Graduates will be directly recruited into government service, said the Minister of Health, Jane Ruth Aceng. All data is input into the Ministry of Health Health Management Information System (HMIS)

Dr. Anne with Local Religious Leaders at the Launch of Her Book That's How The Light Got In at HAU Headquarters, 2023.
Photo credits: Miriam Donohoe

"What set Dr. Anne apart," Miriam Donohoe, volunteer communications consultant recalls at HAU, "was that her vision wasn't just for Uganda—it was for all of Africa." Her mission was to create a sustainable model for the continent by prioritizing the education and training of African healthcare professionals in palliative care. Most importantly, everything about Merriman was about patients. She always said "Bring it back to the patient." She also shared her experiences through her books, "Audacity to Love: The Story of Hospice Africa" (2010) and "How the Light Got In" (2023), which was released to mark the 30th anniversary of HAU and chronicled her life's journey.

Donohoe who first met Dr. Anne in 2015 at the Irish Hospice Foundation, and after a heartfelt conversation over coffee during a difficult time in her life, invited her to Uganda to help with communications—an offer I couldn't refuse "because you could not say NO to Dr. Anne" planned to stay for two weeks but ended up staying ten months, deeply moved by the need, the home visits, and the impact of palliative care. "I've returned every year since and was with her when she passed, just five days after her 90th birthday."

But there were two important milestones she had set her heart on reaching this year. One was to speak at a Harvard Medical School -Global Sciences webinar on April 28th, and the other was her birthday on May 13th. She made it to both.

Photo credits: The Merriman Family

The Last Birthday Celebration

On her birthday celebration, Merriman, who loved to talk and give long speeches said softly, "I can't talk, I'm weak," said Donohoe. That day, she spoke for just two minutes and forty seconds. "In that brief moment, she spoke about compassion, love, and God—whether one calls Him Allah or by another name. She reflected on how she believed God had designed her journey and how deeply she loved Africa."

"When she passed, she was surrounded by love," said Donohoe, who was present. "In her last week, she had a palliative care nurse—benefiting from the very system she helped build. It was lovely." Ann was ready. She slipped into a deep sleep and quietly passed.

Dr. Anne at the Institute of Hospice and Palliative Care's Master's and Bachelor's Degrees in Palliative Care Graduation Ceremony, January 2025.
Photo credits: Miriam Donohoe

It was, therefore, a shock to many Ugandans when they attended her burial to know that Merriman

had chosen a Hindu cremation. But she was one to not follow convention. “She respected all religions, believed everyone had their own God, and made space for all faiths. Though some Ugandans were uncomfortable with cremation, she was always unafraid to do things differently,” said Donohoe. “Two years ago, her friend Harry, an Englishman with pancreatic cancer, received palliative care at HAU and was cremated. Inspired by his peaceful farewell, she planned hers in detail—the readings, the cremation, everything.”

Bisaso said she had prior knowledge about it and was uncomfortable, but is now okay with it. Merriman also wanted to be buried in three places so her ashes were divided into three parts: one scattered in Uganda where a memorial garden will be created at HAU, another to be buried in the Merriman family plot in Ireland on August 30th -(she was always proud of her Irish roots), and the third in Liverpool on October 7th.

A Legacy That Will Last for Generations

HAU Executive Director, Prossy Nakyanja said “Merrian’s pioneering work will continue to impact generations to come, ensuring that palliative care remains accessible to those who need it most.”

Merriman worried about the future of Hospice. To date Uganda has not approved the national palliative care policy and strategy. “In Uganda, a lack of a functional national palliative care policy remains a sad reality. Dr. Merriman used to share her worries and frustrations about this; the prolonged delay for Uganda to have a palliative care policy. But she has done her part; the rest is ours,” says Germans Natuhwera, Program Manager, Little Hospice Hoima.

Dr. Anne at a dinner she hosted for the Francophone Initiators in Palliative Care students at her home in Munyonyo, circa 2005.

Photo credits: Hospice Africa Uganda

But for all its worth, sometimes maybe her presence may have held back some needed changes—so now, in her absence, there's room to explore new possibilities.

Nakyanja says they are planning to tweak some services to better align with current funding gaps and donor priorities. "Many donors prefer to support cures rather than care. For example, we are shifting towards model services for cancers that can be both prevented and cured—such as cervical cancer," she says.

She says they are also revisiting their income-generating strategies. While all our services remain free at HAU, clients who are able to make a contribution are asked to do so, but some do; others, though capable, choose not to.

"We now intend to introduce a private facility arm," she says if the board approves. "Although our founder was hesitant—fearing it might shift focus to the affluent—we believe a well-managed private palliative care wing can help us sustain and expand our mission to serve the underserved," says Nakyanja.