Palliative care fact sheet for media in Ethiopia
Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual (1).

Palliative care affirms life and regards dying as a normal process and intends neither to hasten nor to unduly postpone death.

Hospice Ethiopia is an organisation based in Addis Ababa, providing compassionate, accessible and culturally appropriate palliative care to those in need throughout Ethiopia.

Hospice Ethiopia was founded in 2003, as an indigenous non-governmental, non-profit making, secular, legally registered organization working in the area of comprehensive palliative care for cancer and/or people living with HIV/AIDS.
ABOUT HOSPICE ETHIOPIA

Vision
To be the centre of excellence in the provision of quality hospice/palliative care services to all people living with life-threatening illness in Ethiopia

Mission
To support compassionate, affordable, accessible and culturally appropriate palliative care to those in need throughout Addis Ababa and the rest of Ethiopia through trained health professionals.

Work with Government
Hospice Ethiopia staff have also been working with the Federal Ministry of Health in preparing palliative care national guidelines and have been involved in training physicians, nurses and pharmacists in a government-led palliative care hub and pain-free hospital initiative.
Goal and Objectives

The goal of Hospice Ethiopia is to provide compassionate, accessible and culturally appropriate hospice and care to those in need throughout Ethiopia.

The objectives of the organisation are:

• To provide relief of pain and other symptoms for patients suffering with a life-threatening illness.
• To create a model for implementing palliative/hospice care in Addis Ababa, which will then serve as the country model.
• To provide holistic palliative/hospice care- i.e. physical, psychosocial and spiritual care.
• To provide patient families with counselling, teaching, grief and bereavement support.
• To strengthen palliative care services with the support of community based, governmental and non-governmental organisations by creating links.
HOSPICE ETHIOPIA PROGRAMMES

*Home based care:* comprehensive hospice and palliative care services are delivered to bedridden patients in their home including physical, psychosocial, spiritual and bereavement support.

*Out-Patient care:* three clinics in three government hospitals in three sub-cities offer comprehensive palliative care services delivered by Hospice Ethiopia staff. Patients who are able to come to the clinics receive pain relief and symptom control, psychosocial and spiritual support.

*Day-Care Programme:* this is a weekly programme conducted at the Hospice centre to provide psycho-social and spiritual support in a group setting, sharing experience together. Lunch is provided for patients every week and discussions are held over a coffee ceremony.

*Bereavement Support:* Hospice Ethiopia provides culturally appropriate bereavement, support for families who have lost their beloved ones due to life-threatening illnesses.

*Training:* one of the major objectives of Hospice Ethiopia is to build the capacity of health professionals from various health facilities through short and long-term trainings. The training has been given in close collaboration with both international and local partner organisations.

*Awareness Creation:* to raise the level of awareness of hospice and palliative care in the community. Hospice Ethiopia has undertaken different workshops, mass media and seminars with stakeholders.
PALLIATIVE CARE AND THE GLOBAL GOALS

The Sustainable Development Goals (SDGs), otherwise known as the Global Goals, are a universal call to action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity (2).

*Low availability and accessibility of palliative care globally for people living with life-limiting illness is a prominent example of extreme inequality and injustice.*

Governments, civil society and citizens must be empowered to work towards equitable access to palliative care as part of the Global Goal for Health.

Palliative care is vital to achieve healthy lives and well-being for all at all ages and thus an essential part of Global Goal 3: Good Health and Well-being.

Palliative care is a critical component of Universal Health Coverage, a target under Global Goal 3.
Universal health coverage (UHC) means that all people have access to the health services they need (prevention, promotion, treatment, rehabilitation and palliative care) without the risk of financial hardship when paying for them (3).

Palliative care is an essential part of UHC as defined by the World Health Organization.

UHC means everyone must be able to access the health services they need, including palliative care, without being forced into financial hardship.

*People who need palliative care have some of the greatest healthcare needs. They must be included in UHC.*
Palliative care is a recognised component of the right to the highest attainable standard of health, which is protected in Article 12 of the International Covenant on Economic, Social and Cultural Rights (4), and in Article 24 of the Convention on the Rights of the Child (5).

Article 25 of the UN Convention on the Rights of Persons with Disabilities (6) – Right to Health & Healthcare states that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability, and that government should provide health services needed by persons with disabilities specifically because of their disabilities.

Access to adequate pain relief is protected under Article 7 of the International Covenant on Civil and Political Rights, which prohibits torture, inhuman or degrading treatment or punishment (7).

In 2014, the World Health Assembly passed Resolution WHA 67.19: 'Strengthening of palliative care as a component of comprehensive care throughout the life course', calling on WHO and Member States to improve access to palliative care as a core part of health systems (8).
KEY STATISTICS

Millions of people worldwide living with life-limiting illness are living and dying in avoidable pain and distress

61.5 million people live with serious health related suffering worldwide (9)

Only 10% of those who need palliative care worldwide can access it (10)

75% of the world has no access to essential medicines for pain relief (11)

The main diseases and conditions requiring palliative care in Ethiopia are:
• Communicable diseases such and HIV and Tuberculosis
• Non-Communicable Diseases: cancer and organ failure.

According to World Health Organization data, Non-Communicable Diseases (NCDs) are estimated to account for 30% of all deaths in Ethiopia (12)

In Ethiopia, the probability of dying between ages 30 and 70 years from the 4 main NCDs is 15% (12)

The prevalence of TB in Ethiopia is estimated to be 200 with incidence of 207 per 100,000 populations (13)

The adult HIV prevalence is 1.1% in 2016 (13)
Palliative care, as provided by Hospice Ethiopia, is a critical part of the response to NCDs, TB and HIV.

Hospice Ethiopia cared for 231 patients last year. 99 of these received home-based care and 132 out-patient care.

Hospice Ethiopia have been working with the Federal Ministry of Health to prepare palliative care national guidelines and have been involved in training physicians, nurses and pharmacists in a government led palliative care hub and pain free hospital initiative.

Palliative care is also applicable for neurological diseases such as Multiple Sclerosis and Motor Neurone Disease; heart failure; respiratory diseases such as emphysema; liver failure; renal failure; stroke; dementia.

Dr Tedros Adhanom Ghebreyesus, Ethiopian Director General of WHO, is a strong supporter of Universal Health Coverage, including palliative care, at the highest levels of the WHO.
MYTHS AND FACTS

**Myth:** Palliative care and hospice care is only for people with cancer.
**Fact:** People with any terminal or progressive illness can benefit from palliative care at different points of their illness.

**Myth:** Only the person who is ill can benefit from palliative care.
**Fact:** Palliative care is designed to help the family and friends of the person who is ill as well. If someone close to you has a terminal or progressive illness, it can have a big impact on you.

**Myth:** Palliative care is just about helping people relieve pain and other physical symptoms.
**Fact:** The aim of palliative care is to help people with any terminal or complex, progressive illness have the best quality of life.

**Myth:** Hospice hastens death.
**Fact:** Studies have shown that hospice care can actually increase survival for people with certain diagnosis when implemented early enough in the disease process.

**Myth:** Hospice care is just for the elderly.
**Fact:** Hospice serves anyone facing a life-limiting illness, regardless of age.
WHY COVER A HOSPICE STORY?

People directly affected by serious illness or life limiting conditions are true heroes. They are faced with an almost unbelievable amount of adversity, whether dealing with their own illness or that of a family member, friend or child. Their stories carry a high human-interest value.

With the global focus on ‘treatment and prevention’ of diseases, people with serious illness or life limiting conditions are often overlooked by the healthcare system. Enabling these people to tell their stories can increase awareness among policymakers and lead to real change.

*Lack of or inadequate access to palliative care and pain relief is a scandal of huge proportions.* Putting a human face to the story makes it personal and helps people to relate to this outrage.

Palliative care issues are relevant to all citizens. We will all at some point experience serious illness either as a patient ourselves or in relation to a family member or close friend. These stories impact all Ethiopians. People have a right to palliative care and they have a right to know what their government is doing to ensure access to palliative care for all.
KEY CONTACTS

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