



General data

POPULATION, 2023
126,527,060

PHYSICIANS/1000 INH, 2020-2022
0.11

NURSES/1000 INH, 2020-2022
0.75

LIFE EXPECTANCY, 2022
67.88

Socioeconomic data

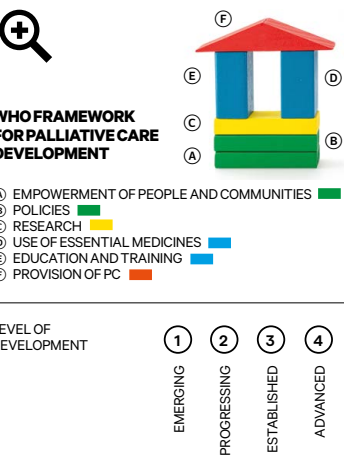
COUNTRY INCOME LEVEL, 2022
Low income

HUMAN DEVELOPMENT INDEX RANKING, 2023
181

GDP PER CAPITA (US\$), 2023
1,272.02

HEALTH EXPENDITURE, 2021
26.48

UNIVERSAL HEALTH COVERAGE, 2021
35



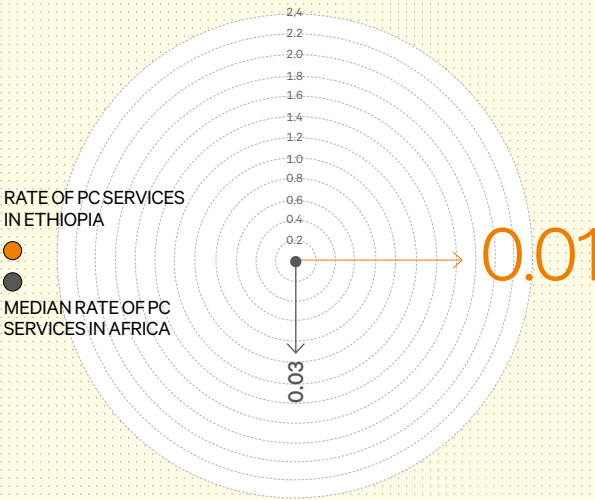
Ethiopia

F Provision of PC (Specialised Services)

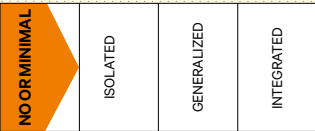
Total number of Specialised PC services
8

Rate of PC services per 100,000 inhabitants
0.01

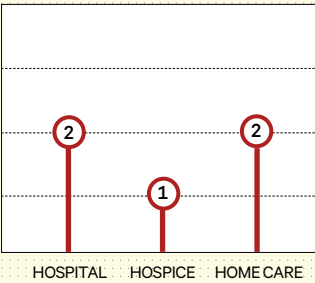
Ethiopia in the context of African continent



Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION
1

TOTAL NUMBER
0

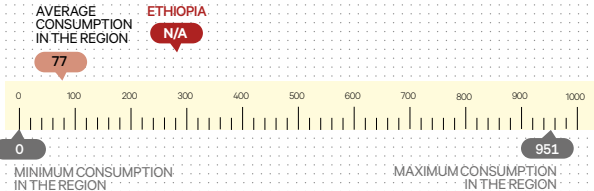


Ethiopia

D Use of essential medicines

Opiods consumption (excluding methadone)
N/A
S-DDD/MILL INHABITANTS/DAY

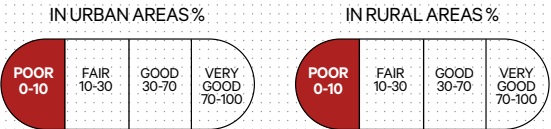
Ethiopia in the context of African continent



Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



C Research

PC-related research articles



Existence of PC congresses or scientific meetings



National Association: No.
Consultants: Atsede Aregay; Ephrem Teferi; Nuhamin Gebre.

Data collected: From December 2023 to March 2024.
Date validated by consultants: Yes
Endorsed by National PC Association: N/A
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

E Education & Training

Medical schools with mandatory PC teaching
0/23

Nursing schools with mandatory PC teaching
0/33

Recognition of PC specialty
1

B Policies

National PC plan or strategy
3

Responsible authority for PC in the Ministry of Health
3





Inclusion of PC in the basic health package at the primary care level
3

A Empowerment of people and communities





Groups promoting the rights of PC patients
2

Advanced care planning-related policies
1

AF Ethiopia

Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.	 Pioneers, champions, or advocates of palliative care can be identified, but without a formal organization constituted.	In Ethiopia, no formal associations or groups are known to represent or advocate specifically for the rights of patients and families receiving palliative care. However, several individuals and institutions have contributed to advancing awareness and services. Twenty years ago, a non-profit organisation began providing community-based palliative care with a small team. In 2015, a palliative care advisor at the Ministry of Health advocated for the inclusion of palliative care in public facilities. Hospice Ethiopia, a non-profit organisation based in Addis Ababa, currently provides home-based care. Although traditional funeral support schemes such as iddir exist, there is no dedicated palliative care association in place.
Ind2 Is there a national policy or guideline on advance directives or advance care planning?	 There is no national policy or guideline on advance care planning.	There is no national guideline on advance care planning for end-of-life care in Ethiopia. Communication about chronic diseases between health professionals and patients or family members is limited. Cultural norms may limit disclosure, as some families prefer not to inform patients of their diagnosis to avoid emotional distress.
Ind3 3.1. There is a current national PC plan, programme, policy, or strategy. 3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.	 Actualized in last 5 years, but not actively evaluated or audited.  There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.	In Ethiopia, palliative care information is incorporated into the country's National Health Sector Transformation Plan, the National Cancer Control Plan, the Ethiopian Primary Health Care Clinical Guidelines, the Ethiopia Hospital Transformation Guidelines, as well as the National Strategic Action Plan for the Prevention and Control of Non-Communicable Diseases. A strategic plan for palliative care is currently in preparation. A key informant reported that a standalone national programme for palliative care has been developed but has not yet been published. Ethiopia has also developed a national palliative care guideline and set a national target to provide palliative care in at least 50% of public health facilities by 2020. However, despite these targets, healthcare professionals were not aware of the documents, which have not been distributed across all levels of the health care system. The guideline was developed three years ago but, due to competing priorities in the country, it has not been implemented.

AF Ethiopia

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 The indicators to monitor and evaluate progress with clear targets exist but have not been yet implemented.	
Ind4 PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.	 Palliative care is included in the list of health services provided at the primary care level in the General Health Law.	The Ethiopian Health Sector Transformation Plan recognises palliative care as an essential service within Universal Health Coverage (UHC). In line with this, primary care guidelines have incorporated palliative care content into the basic services delivered in primary health centres. However, health professionals working with patients are unaware of these documents, as they are accessible only to a limited number of senior officials. In practice, palliative care is not prioritised as a core service under UHC.
Ind5 5.1. Is there a national authority for palliative care within the government or the Ministry of Health? 5.2. The national authority has concrete functions, budget and staff.	 There is a coordinating entity but has an incomplete structure (lack of scientific or technical section).  There are concrete functions and staff, but do not have a budget.	There is a national coordinating authority responsible for palliative care within the Ministry of Health. However, the scope of coordination is not well defined, and palliative care is not implemented at all levels of the health care system. The coordinating body oversees training and service delivery, as well as providing supportive supervision for public health centres across the country. An external technical advisory team supports scientific and technical matters. Additionally, there is a designated focal person in one of the regions. Although the level of engagement is influenced by the annual budget allocation, responsibilities include updating guidelines, facilitating the development of strategic plans with advisory teams, conducting training, and leading monitoring and evaluation efforts—although these have not yet been implemented nationwide.

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Ethiopia

Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC.	<div><div>1</div><div></div><div></div><div></div></div> <div>There are no national congresses or scientific meetings related to palliative care.</div>	In Ethiopia, there is no national palliative care association that organises scientific meetings or conferences related to palliative care. There is only one hospice—Hospice Ethiopia. On 12 October 2023, a webinar was held to celebrate its 20th anniversary; the only such event reported. The only national gathering related to palliative care takes place once a year to mark World Palliative Care Day. However, this event does not include significant discussion of scientific research.
Ind7 Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.	<div><div></div><div>2</div><div></div><div></div></div> <div>Reflects a limited number of articles published.</div>	A comprehensive scoping review conducted in March 2023, covering publications from 2017 onwards, identified 29 peer-reviewed articles on palliative care in Ethiopia that met the inclusion criteria for this indicator.
Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.		No Data Reported for Ethiopia.


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Ethiopia

Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.	<div><div></div><div></div><div>3</div><div></div></div> <div>Good: Between 30% to 70%</div> <div><div></div><div>2</div><div></div><div></div></div> <div>Fair: Between 10% to 30%.</div>	In Ethiopia, non-opioids and non-steroidal anti-inflammatory drugs are partially available and accessible at the primary care level. There is only one public source that distributes these medications, and pharmacists frequently report that they are not readily accessible. Although many primary health care centres stock these drugs, inconsistent supply chains mean that chronic pain is often poorly managed, particularly in rural areas where availability and access are even more limited.
Ind10 10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).	<div><div>1</div><div></div><div></div><div></div></div> <div>Poor: Between 0% to 10%.</div> <div><div>1</div><div></div><div></div><div></div></div> <div>Poor: Between 0% to 10%.</div>	In Ethiopia, morphine is included in the national list of essential medicines, but it is not available across all levels of care. Local production of morphine syrup took place between 2009 and 2012, but was discontinued due to the need for imported ingredients and the country's limited access to foreign currency. Currently, there is no local manufacture or regular importation of morphine for national use. Strong opioids, including morphine, are not available at the primary care level and can only be accessed at tertiary centres. In rural areas, the absence of physicians and regulatory restrictions preventing nurses and clinical officers from prescribing morphine further limit patient access.

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Ethiopia

<div>Ind11</div> <div><div>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)</div><div>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</div><div>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</div><div>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</div></div>	<div>0/23</div> <div>3/23</div> <div>0/33</div> <div>0/33</div>	<div></div> <div>Palliative care is not a compulsory component of medical or nursing education in Ethiopia. Although the number of medical and nursing schools is increasing, there is no official reporting on which institutions offer undergraduate-level training in this field. The undergraduate nursing curriculum includes a section on palliative care, and national strategic plans outline intentions to extend this content to medical curricula as well. The formal recognition of palliative care within the undergraduate nursing curriculum is a recent development, and there is limited information regarding the extent of its implementation across training institutions. Optional teaching in palliative care has been reported in two to three medical schools located in the capital.</div>
<div>Ind12</div> <div><div>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</div></div>	<div><div><div>1</div><div></div><div></div><div></div><div></div></div></div> <div>There is no process on specialization for palliative care physicians.</div>	<div>There is no recognised specialisation in palliative medicine for physicians in Ethiopia. While short-term palliative care training opportunities for physicians may exist, they are not formally accredited and do not lead to an official certificate or diploma. A pilot programme in palliative care and hospice training was initiated by Dr Salahadin Abdi at Ayder Specialised Hospital in Mekelle. This two-year clinical fellowship was designed as a demonstration project, although the extent of its implementation remains unclear.</div>

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Ethiopia

<div>Ind13</div> <div><div>13.1. There is a system of specialised PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.</div><div>13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.</div><div>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</div><div>13.4. HOME CARE teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.</div><div>13.5. Total number of specialised PC services or teams in the country.</div></div>	<div><div><div>1</div><div></div><div></div><div></div><div></div></div></div> <div>No or minimal provision of palliative care specialized services or teams exist in the country.</div> <div><div><div>2</div><div></div><div></div><div></div><div></div></div></div> <div>Ad hoc/ in some parts of the country.</div> <div><div><div>1</div><div></div><div></div><div></div><div></div></div></div> <div>Not at all.</div> <div><div><div>2</div><div></div><div></div><div></div><div></div></div></div> <div>Ad hoc/ in some parts of the country.</div>	<div>In Ethiopia, the density of palliative care services is estimated at 0.01 per 100,000 inhabitants. Existing services are limited and fragmented, with at least six tertiary hospitals having established palliative care teams over the past five years, supported by the Ministry of Health. These teams primarily serve patients living with HIV and often operate without specialist training. Hawassa University Hospital in southern Ethiopia has a specialised unit providing both inpatient and outpatient palliative care. In Addis Ababa, Hospice Ethiopia and Strong Hearts are the only licensed palliative care institutions, each delivering home-based services to 20–30 patients at a time. Their services include nurse home visits, pain and symptom management (including oral morphine), and psychosocial support. Palliative care is not currently available at the primary care level.</div> <div><div><div>RATE OF SPECIALISED PC SERVICES/100,000 INH</div><div><div><div>MEDIAN RATE IN THE REGION</div><div>0.03</div></div><div><div>ETHIOPIA</div><div>0.01</div></div><div><div>0</div><div>MINIMUM RATE IN THE REGION</div></div><div><div>1.68</div><div>MAXIMUM RATE IN THE REGION</div></div><div>12</div><div>5</div></div></div><div><div>8</div><div>SPECIALISED PALLIATIVE CARE SERVICES</div></div></div>
<div>Ind14</div> <div><div>14.1. There is a system of specialised PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.</div><div>14.2. Number of pediatric specialised PC services or teams in the country.</div></div>	<div><div><div>1</div><div></div><div></div><div></div><div></div></div></div> <div>No or minimal provision of palliative care specialized services or teams for children exists in country.</div> <div><div><div>0</div></div></div> <div>PPC TEAMS</div>	<div>There is no specialised team or service dedicated to children's palliative care.</div>