Challenges and Opportunities in Expanding Palliative Care Access in Ethiopia

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Palliative care in Ethiopia is constrained, especially in rural areas where the majority of the population resides.

palliative care, the factors enabling or hindering it, in Ethiopia's rural and regional healthcare contexts. For this qualitative regional case study, healthcare professionals from diverse backgrounds, including health planners and

reveal a lack of integration of palliative care into the healthcare system and limited inclusion in educational programs.

misconception that palliative care falls outside the scope of their services. Consequently, families and patients often resort to informal care options. To improve palliative care access, recommendations include better integration into national healthcare plans and academic curricula, along with the utilization of mobile technology. Policy makers are encouraged to consider a multifaceted approach, encompassing home, community, and facility-based models, for palliative care implementation in rural and regional settings.

Keywords: Palliative care; Ethiopia; Rural areas; Healthcare system; Holistic care

Introduction

Access to palliative care is recognized as a fundamental international human right [1]. International forums and frameworks emphasize the obligation of nations to provide non-discriminatory access to care, essential medications, and necessary services to uphold these rights [2]. Globally, more than 56.8 million individuals require palliative care each year, comprising 31.1 million in need of early-stage care and 25.7 million nearing the end of life [3,4]. A signi cant majority of these individuals reside in low- and middle-income countries (LMICs), with the majority originating from low-income nations. However, in Africa, less than 5% of those requiring palliative care receive the necessary services, although there has been some progress in recent years [5,6]. is limited access may be attributed to factors such as morphine shortages, a severe scarcity of healthcare professionals, and the absence of palliative care within healthcare education and systems. Alarmingly, 45% of African countries lack identi ed hospice or palliative care facilities [7,8].

Ethiopia has initiated several palliative care projects, with integration into the national healthcare plan, policies, and guidelines. Healthcare providers have received training in this regard. However, palliative care in Ethiopia remains heavily reliant on donor support and primarily concentrated in urban areas, despite more than 78% of the population residing in rural regions. In this context, rural healthcare is provided in the countryside surrounding villages, o en through health posts where health extension workers (HEW), also known as community health workers (CHW), deliver essential services. Regional healthcare, on the other hand, encompasses primary, secondary, and tertiary services within an administrative state or region of the country. Comprehensive palliative care encompasses the physical, social, psychological, cultural, and spiritual well-being of individuals. e limited availability of palliative care in Ethiopia can be attributed to the low awareness of comprehensive palliative care services among policymakers, healthcare professionals, and community members. Additionally, nancial and human resource constraints, weak collaboration among stakeholders, and the absence of a holistic approach contribute to the challenges faced by palliative care in the country [9]. As a result, millions of Ethiopians continue to experience limited or no access to essential palliative care services. In Ethiopia, there is a notable absence of comprehensive data regarding the provision of palliative care services and the corresponding needs. A handful of nonpro t non-governmental organizations, such as Hospice Ethiopia, Mary Joy Development Association (MJDA), and Beza for Generation (B4G), are actively involved in o ering home-based support. Hospice Ethiopia, for instance, directs its clients to public referral hospitals, including Black Lion Hospital (Tikur Anbesa Specialized Tertiary Hospital), St. Paul Hospital, and Yekatit Hospital in Addis Ababa, where palliative care services are available. Although these hospitals provide limited inpatient care, none of them o er home-based palliative care programs. Furthermore, access to oral morphine is restricted, and the availability of speci c palliative care education in the country is extremely limited, with only 1 to 2 trained sta members focusing on palliative care within these hospitals [10]. All of these services are centralized in the capital city, Addis Ababa, which necessitates rural patients to undertake arduous journeys, o en exceeding 500 kilometers, to access vital resources such as oncologists, pathologists, radiation therapists, or palliative medication and care. erefore, this study is designed to investigate the current state of palliative care, the factors facilitating or impeding its implementation, in Ethiopia's rural and regional healthcare settings.

Methods

Study design

To investigate the enabling factors and implementation challenges

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of palliative care in rural and regional healthcare settings, a qualitative

organizations. However, the sustainability of palliative care, even for HIV patients, was questioned due to its heavy reliance on donor funds.

Holistic palliative care: Participants observed a lack of holistic palliative care, regardless of the disease or hospital setting. While some medical professionals provided medication, measured vital signs, and o ered advice to patients, the care provided was not considered holistic palliative care. Some participants felt that palliative care was not systematically or thoroughly implemented in the healthcare system. Patients diagnosed with incurable illnesses o en received inadequate information about their care options upon discharge from the hospital. Within this theme, four sub-themes emerged as barriers to palliative care provision: awareness, leadership, and policy-related challenges; education-related challenges; costs of palliative care; and socio-cultural attitudes, norms, and other constraints.

Awareness, leadership, and policy-related challenges: Participants noted that palliative care received insu cient attention in healthcare policies and that it should be a concern for both national and regional governments. e absence of clear government leadership and direction on palliative care was highlighted, and participants emphasized the need for leadership, budget allocation, and policy support from the federal and regional health authorities. Limited awareness of national health policies and guidelines related to palliative care among educational leaders and healthcare workers at all levels was identi ed as a key challenge. Some participants were unaware of the National Palliative Care policy and felt that the documents were not well distributed. Overall, there was a lack of awareness among healthcare professionals, including nurses, doctors, and health workers.

Education-related challenges: Participants pointed out that medical education curricula did not adequately cover palliative care. While some nursing programs included palliative care in diploma and specialty programs, the teaching and assessment of palliative care depended on individual lecturers' interests. Gaps in the formal curriculum were not e ectively addressed through in-service training, leading to a lack of trained sta and high sta turnover. Furthermore, healthcare professionals faced challenges in applying theoretical knowledge to their practice due to a lack of necessary resources.

Costs of palliative care: e cost of palliative care services, particularly the expense of medications, had a signi cant impact on the provision of care. e scarcity of hard currency in the country made it challenging to provide continuous palliative care. Some patients and their families preferred for the patient to die at home, mainly due to the high costs associated with hospital care. Private for-pro t options existed but were o en una ordable for many patients.

Socio-cultural attitudes, norms, and other constraints: Socio-cultural attitudes and community preferences in uenced where and how patients received care. Families o en sought to have their loved ones die at home, even when the cost was not a concern. ese community attitudes also a ected healthcare professionals' perspectives and attitudes. In some cases, traditional and alternative healing practices were pursued by patients and their families, in addition to seeking medical care.

Discussion

is study sought to investigate the status of palliative care, the factors enabling or hindering its implementation, and the associated challenges in rural and regional healthcare settings in tls0.19an tE057 Tw T*ondttings highlig(a signi cansyxismic bacuraders ans enablin(factels)T

Community resources: Private clinics, charities, religious organizations, and volunteer caregivers can serve as valuable resources for community-based palliative care.

Technology and health insurance initiatives: Leveraging mobile phone technology, ongoing health insurance programs, and existing healthcare worker programs, such as Health Extension Workers (HEWs) and the Health Development Army, can improve palliative care access in rural and regional settings.

Palliative care for HIV patients and sustainability concerns: e study highlights the contrast between palliative care for HIV patients and other chronic illnesses. While there is some home and facility-based palliative care for HIV patients, concerns about the sustainability of these services due to donor dependence are raised.

Similarities with Previous Research: e ndings of this study align with previous research conducted in Ethiopia. For example, a study by Kaba et al. reported that the actual practice of palliative care was limited to physical care and nancial support. Additionally, Mamo et al. indicated that the existing care model primarily focused on pain management rather than holistic palliative care.

ere are several initiatives within the region and at the national