

Ethiopia

Dr Yoseph Mamo is a Palliative Care Specialist and Medical Doctor at Hospice Ethiopia

HAU. How has International Programmes supported you?

YM. “1. Training and Education. Hospice Africa Uganda to my knowledge has trained two nurses Sisters Birtukan and Tsigereda in a palliative care diploma course for 12 months and currently the latter has established a Hospice / palliative care institution that is serving as a model for the country. Sister Birtukan on the other hand has been serving in the single oncology centre in Ethiopia as a palliative care nurse and now she has moved to establish a palliative care clinic outside the capital city which I hopefully would be the second institution to practice and advocate for palliative care. I am also aware of three more staff of Hospice Ethiopia - Efreem Abathun, Mathewos and Wale - to have taken Palliative Care Initiators Course at Hospice Africa Uganda.

2. On-site experience. I - Dr Yoseph Mamo - had my first exposure of community and home based palliative medicine at Hospice Africa Uganda during my two visits there. I have acquired experience in morphine formulation and supply chain which has helped me and my colleagues (Dr Nardos, Dr Bogale, Sefanit and Solomon) to advocate in my country. Currently Ethiopia produces its own morphine since 2010. I and my colleagues trained at HAU have been able to advocate to the Ministry of Health for years to adopt a policy on palliative care and launch technical and implementation guidelines to rollout palliative care at larger scale. This has born fruits recently.

3. Fundraising, sharing of resources by the Hospice Africa Uganda has been and remains the main financial back bone for Hospice Ethiopia as local fundraising has not yet taken much roots because of lack of public awareness and support for civic society organizations

4. Advocacy. Visiting the country and advocating for palliative care to the Ministry of Health and to Ethiopian pharmaceutical companies and drug regulatory bodies in Ethiopia with Dr Anne Merriman, Dr Jagwe and other HAU colleagues has contributed to increased awareness from officials, as shows their current support to legitimize the specialty as part of the basic health package in Ethiopia. Other colleagues from Hospice Africa Uganda has also helped assisting Hospice Ethiopia to set up a good clinical practice with suggestions and sharing of ideas and experience.”

HAU. What have been its impacts on your professional practice, your work place, your national health policy framework, your government’s commitment to palliative care...etc?

- YM. “1. Have been able to develop pain management guideline in 2008.
2. Have been able to develop pain management training module in 2010.
 2. Have been able to introduce local production of liquid morphine in 2010.
 3. Training of physicians, nurses and pharmacists in palliative care since 2008.
 4. Incorporation of palliative care in the health policy as of 2015.
 - 5 Preparation of palliative care guideline and training modules.
 6. Launching of the pain free hospital initiative by the Ministry to scale up pain management services and availability and access of morphine for pain management.”

Has Hospice Africa Uganda as a whole had positive influence on your work and/or palliative care system in your country? How?

“Yes. Hospice Africa Uganda had and still continues to have a positive impact in the development of palliative care services in Ethiopia. This has been through training of Ethiopians, advocacy to professionals and policy makers and authorities in health as well as networking to raise the necessary resources and to increase the visibility of Hospice Ethiopia to the international community.”