

Wholesalers, Pharmacies, NGOs and Traditional Medicine. Market of Drugs between Public and Private in Tigray (Ethiopia)

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After the Civil War and the defeat of Derg (1991), the new government in Ethiopia has started a program of liberalization of economy. This has involved the health system too, giving rise to new health enterprises both in clinical sector and in distribution and selling of pharmaceutical drugs. As a consequence, nowadays in Ethiopia in the pharmaceutical sector there public and private facilities co-exist.

Basing on a fieldwork research carried on since 2007, in this paper the Author will explore the pharmaceutical distribution and selling in the Federal Region of Tigray.

On the public side there are wholesalers which supply drugs to public hospitals and clinics and to public pharmacies as well. Private sector is more complex. Private wholesalers supply private pharmacies, drugshops and rural drugshops, while NGOs and religious organizations supply drugs to their clinics and pharmacies. There is also an informal market focused mainly on selling of traditional drugs.

The paper will give a sketch of organization of distribution of drugs in Tigray Region through the description of the policies of public wholesalers and private ones as well. It will illustrate also the market of drugs analyzing the different kinds of drug sellers (private and public pharmacies, drugshops and rural drugshops), the NGOs sector, and the informal market of traditional medicine focusing in how people cope with this complex context in facing their health and care needs.

The Author will explore the interconnection between these sectors, both at level of distribution and selling, stressing on some relevant aspects.

In which way the growing presence of private wholesalers and pharmacies has affected the political choices of public one in privileging some kind of pharmaceuticals?

Because of financial constraints, public sector privileges the distribution of essential drugs at fixed price, while the private sector focuses on a wide range of pharmaceuticals distributed and sold at higher prices. NGOs and religious organizations try to fill the gap on some essential drugs. This has a paradoxical effect because the State doesn't invest money in drugs supplied by them. In this way those organizations cannot meet the needs of communities. Which are the practices of different social actors (wholesalers, sellers and users) in coping with this paradox?