

EDITORIAL**Medicinal Supply Has Remained as a Major Challenge for the Health Care in Ethiopia**

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Health has improved markedly in Ethiopia in the last two decades when where all of the health related Millennium Development Goals were achieved even before the timeline. Ethiopia's experience has demonstrated that low-income countries can achieve significant improvements in health and access to services if policies, programs and strategies are supported by innovations, political will and sustained commitment at all levels. To bring this remarkable improvement, the Ministry of Health constructed new facilities along with expanding the existing ones, strengthened the management capacity of health facilities, performed Health Sector Reform and engaged in production of health workforces. It also introduced One Plan, One Budget, One Report (One Monitoring and Evaluation) and Retention and Utilization of Revenue system which is exemplary to other sectors in Ethiopia and other low income countries.

To ensure community's access to safe, effective and quality essential medicines and supplies, much was tried. With the goal of improving the medicinal supply, government supported the construction of pharmaceutical companies, helped the expansion of suppliers and establishment of the government owned Pharmaceuticals Fund and Supply Agency (PFSA).

In the ongoing health sector reform, ensuring a regular and adequate supply of pharmaceuticals has been considered as one of the core issue which paves the way for the birth of PFSA. One of the main objectives of PFSA was enabling public health institutions get quality assured essential pharmaceuticals. Though it has tried its level best to meet the ever increasing medicinal and other supplies demand, health facilities and patients being served in those

facilities are still facing frequent irregularities in getting basic medicines and supplies affecting the health care delivery and the costing the lives of people. When I say this, I am not talking about tertiary care items; rather I am talking about routine and lifesaving medicines required for day-to-day care in the primary care units. To cite some of our recent encounters; for some time tetanus antitoxin (TAT) was not available in health facilities, many of the cardiac patients who were in need of cardiac support medicine like captopril were not able to receive the drug as it was not available both in the public as well private systems. As a result many of the patients were subjected to unnecessary hospitalization. At the moment many patients who were taking the anticoagulant- warfarin are at the verge of death since it is not available on market.

From what the health system is experiencing, PFSA is failing in meeting its main objective.

Trying to reason out or blaming each other do not help the health care system and above all the needy patients. It is therefore time to benchmark other countries experience and design a better way of medicinal supply system as our demand is increasing in quantity and quality from time to time.

The current issue (Vol. 26, No 6), the six and last regular issue of the year, contains one editorial focusing on current issue-medicinal supply challenge, 11 original articles on varied subjects and two case reports dealing with different topics. I invite readers to read through these articles and appreciate or utilize the contents. I also encourage readers to forward comments and suggestions.