



# The Apothecary News

AN OFFICIAL PUBLICATION OF THE PHARMACEUTICAL SOCIETY OF GHANA

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## H. E. Nana Akufo-Addo Receives the Pharmaceutical Society of Ghana at the Jubilee House



*The President together with the delegation from the Pharmaceutical Society of Ghana*

**T**he Pharmaceutical Society of Ghana (PSGH) has called on President Akufo Addo to take steps to implement the previously negotiated and signed conditions of service for the Government and Hospital Pharmacists Association (GHOSPA) and also constitute the governing board of the Ghana College of Pharmacists. These were said during a courtesy call on the president which took place on Tuesday 12th June, 2018. The society also invited the president to its 83rd Annual General Meeting where it intends to confer an Honorary Fellowship on him.

The PSGH team was led by the immediate past president, Pharm. Thomas Boateng Appiagyei and the incumbent vice president, Pharm. Yvonne Y. Esseku. Pharms. Rauf Audu (registrar of the Pharmacy Council), Dennis Sena Awitty (Executive Secretary of the PSGH), Kwabena Offei Asante, Ernest Bediako and Abankwa-Yeboah completed the delegation for the PSGH. Other government officials, including Mr. Asante Bediatuo (Executive Secretary to the President) were present at the meeting. This is the second visit of the PSGH to H. E. Nana Addo Dankwa

*continued on page 3*

**ASRPA holds a 2-day workshop in Kumasi**

**. Page 9**



**Health Minister announces a 30 percent drop in NHIS medicine price list**

**. Page 18**

**AGM 2018  
ACTIVITIES...**  
**. Page 6 - 7**



**Thinking of  
accommodation  
for the AGM?**  
**. Page 26 - 28**

# Contents

## Editorial Board

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**Page  
1 & 3**

## Jubilee House Visit

H. E. Nana Akufo-Addo Receives the Pharmaceutical Society of Ghana at the Jubilee House

**Page  
4 & 5**

## Editorial

The Continuous Professional Development (CPD) format needs to be re-engineered

**Page  
6 & 7**

## Activities Summary

PSGH AGM 2018

**Page  
8, 17, 21, 25**

## Why I will attend AGM 2018...

Views from colleague Pharmacists

**Page 9**

## ASRPA Workshop

Academic, Social and Research Pharmacists Association (ASRPA) holds a 2-day Academic Writing Workshop in Kumasi

**Page  
10, 11 & 12**

## Welcome to EweLand

**Page  
12**

## In which areas can a Pharmacist practice ?

**Page 13 &  
14, 19 & 20**

## Journal Articles

**Page  
15 & 16**

## Brief Photo Report On Strategic Plan Activities

**Page  
18**

## Price Reductions

Health Minister announces a 30 percent drop in NHIS medicine prices

**Page  
18**

## CPD credit breakdown

AGM 2018 CPD credit breakdown

**Page  
22-24**

## My Expectations

AGM 2018

**Page  
26-28**

## AGM Accommodation

View the List of accredited Hotels for AGM 2018

**Page  
29-30**

## Fun facts

Read some interesting facts about the Volta Region

# JUBILEE HOUSE VISIT

*continued from Page 1*

Akufo-Addo since he assumed office.

## **GHOSPA Issues**

Addressing the president at the Jubilee House during the courtesy call, the Vice President of the Pharmaceutical Society of Ghana, Yvonne Yirenkyiwaa Esseku, expressed appreciation for the commitment that government has shown to pharmacists over the years. She was particularly thankful to the president for his active role in ensuring a fair treatment of issues relating to the Government and Hospital Pharmacists Association (GHOSPA). She was however quick to point out that the GHOSPA conditions of service that was discussed the previous year had been signed but was yet to be implemented. She implored the president to give special attention to the already signed conditions of service in order to get it implemented.



## **Board for Ghana College of Pharmacists**

Regarding post graduate training of pharmacists, Yvonne Yirenkyiwaa Esseku observed that the non-existence of a board for the Ghana College of Pharmacists is encumbering the work of the College. She appealed the President who is the appointing authority to constitute a new board for the college. The Ghana College of Pharmacists was established by Act 833 to provide specialist healthcare training of pharmacists.

## **PSGH AGM 2018**

The PSGH took advantage of the visit to invite the president as a special guest of honour at its 83rd Annual General Meeting to be held in Ho from July 31 to August 4, 2018. The conference, which is under the theme “Building Capacity to Lead Change in Healthcare” is aimed at initiating the process of building the necessary capacities and leadership mindset of pharmacists that will enable them to better deliver quality healthcare to all Ghanaians. The PSGH further expressed its intention to confer on the president the highest award of the society for non-pharmacists (the Honorary Fellowship Award). The society intimated that it is motivated to confer the award on the president as a result of:

- fulfillment of his promise to grant VAT exemption to selected imported pharmaceuticals not locally produced. This has contributed to a reduction in the cost of medicines in Ghana. Consequently, the PSGH has also worked with the Ministry of Health to reduce prices of medicines on the NHIS due to this exemption;
- efforts of the president in sustaining the National Health Insurance Scheme (NHIS). The society reiterated its appreciation for the settling of some outstanding debts of the NHIS
- the president’s support for local pharmaceutical manufacturing. Currently, a number of local pharmaceutical manufacturing companies have received funding from the newly created Ghana Eximbank to invest and expand.

For these reasons, the PSGH strongly believes that the award of Honorary Fellow is well deserved.

## **Tramadol Abuse**

The immediate past president of the PSGH, Pharm. Thomas Boateng Appiagyei in his address said the issue of Tramadol abuse that has been in the news is a matter of concern to the society. He informed the president the through the collaborative work of the Food and Drugs Authority (FDA) and the Pharmacy Council, regulation and enforcement activities have been stepped up in curbing the menace. He assured the president that the PSGH was taking active leadership in bringing sanity to bear on the menace by educating the public on the dangers of Tramadol abuse.

## **Response by the President**

President Akufo Addo in his response assured the delegation that the two issues tabled before him concerning the formation of a board for the Ghana College of Pharmacists and the implementation of the already negotiated and signed conditions of service for GHOSPA will be addressed immediately. The president also accepted the invitation by the society to the grand opening ceremony of the 83rd Annual General Meeting (AGM) which is scheduled on 1st August, 2018 at the auditorium of the Ho Technical University (HTU).

## Editorial

# The Continuous Professional Development (CPD) format needs to be re-engineered

The Pharmacy Council (PC) is mandated by Section 79 of the Health Professions Regulatory Bodies Act 2013, Act 857 Part 4, to ensure the sustenance of high standards of pharmacy practice in Ghana. The Pharmaceutical Society of Ghana (PSGH), as part of its advocacy roles, helps to regulate the training of pharmacy students and encourages the pursuit of research activities for the development of pharmaceutical knowledge. The PC works in close collaboration with PSGH to secure the observance of high standards of professional conduct and uphold the dignity of the pharmacy profession. The council prescribes, monitors, and evaluates the standards of practice to achieve its vision and mission of ensuring that pharmaceutical service providers practice within agreed standards. The PC, therefore, accredits institutions, agencies, and firms to conduct Continuous Professional Development (CPD) programs for pharmacists.

Pharmacy is a dynamic profession that involves introduction of new pharmaceutical products, accumulation of clinical experience with existing pharmaceuticals, discovery of new knowledge regarding disease processes, and provision of appropriate medication therapy on a daily basis. As a result, it is hopelessly impractical to expect that undergraduate training in pharmacy (either B. Pharm or Pharm D), passing the Ghana Pharmacy Professional Qualifying Examination (GPPQE) together with subsequent registration and licensing of pharmacists adequately ensures acquisition of the needed knowledge and skills for effective practice. It is imperative that pharmacists strive to continuously bring themselves up to standards in order to be well equipped to meet challenges that are associated with the practice of pharmacy. Thus, it is necessary to have CPD programs for all registered pharmacists. Moreover, in doing

so, the shared vision of the PC and PSGH to guarantee the highest level of pharmaceutical care to the public is satisfied.

In recent times, many pharmacists have questioned the impact of CPD sessions on their practice, beyond the programs being a pre-requisite for annual license renewal. Furthermore, most CPD programs are organized in the two major cities in Ghana, Accra and Kumasi. However, there are pharmacists in each region of the country, raising concerns about the ease of equal accessibility for all pharmacists.

It was not uncommon last year to see some pharmacists attempting to travel all over Ghana in search of CPD credits. Moreover, the numbers admitted per session are usually overwhelming, which does not foster interaction of the topics discussed. Again, it appears that there is no uniformity in the organization of these programs as the credit points and fees charged vary. Not only do CPDs in the same category attract different credits, what's more, the amount surcharged for the same CPD may vary significantly depending on where and when it is held. Unfortunately, CPD credits have ostensibly become bait for luring members to attend Annual General Meetings (AGMs). Many a pharmacist swore earlier this year never to attend AGMs if they could only derive a paltry 2 CPD credits from attending such gatherings. As a response, and perhaps to avoid recording the perennial low attendance associated with AGMs held outside of Accra and Kumasi, the planning committee for this year's AGM is promising a credit score of up to 8 for members that will be attending the Ho confab. Whether justifiable or not, the manner in which we run our CPD sessions is fast becoming self-defeating and ought to be re-engineered

immediately.

In order to help align how CPD programs are administered, the PSGH embarked on a "Needs Assessment" in 2016 and 2017 to identify the gaps in capacity building for pharmacists which required urgent attention. The Needs Assessment Committee was tasked with the responsibility of liaising with the PC and ensuring that CPDs are well coordinated and impactful. Based on the findings of the committee, relevant topics were submitted to the PC for implementation in 2018. Surprisingly, the recommendations from the Needs Assessment Committee appear to have

**Unfortunately, CPD credits have ostensibly become bait for luring members to attend Annual General Meetings (AGMs).**

been overlooked, with several CPD topics that are not aligned with the expectations of pharmacists being accredited and offered by a myriad of institutions. Most members have not questioned why the PC has departed from the findings of the Needs Assessment Committee since their primary preoccupation lies with obtaining the required credit points for re-licensure. Sadly, this only reinforces the ineffectiveness of the CPD initiative in its current format. The PSGH must as a matter of urgency re-engage with the PC and ensure that the findings and solutions proffered by the committee are adhered to.

Lastly, it is too late in this age of technology to rely exclusively on classroom settings with didactic models of teaching as the only means of administering CPDs. Moreover, our numbers increase year on year. In this day and age, online CPD trainings are long overdue! The PSGH and PC should embrace online CPDs now!

## Your Voice

How can the PSGH and PC ensure maximum output from the Continuous Professional Development (CPD) programs? *The Apothecary News* received these opinions from colleague pharmacists:



There should be an online platform where pharmacist can partake in CPDs for various categories. These online platforms can have the same CPDs conducted quarterly so that a convenient avenue is

created all year round. In addition, just as we fill out online forms, a quick and easy test can be conducted to test the participants on the subject and a certificate generated instantly.

**Pharm Adelaide Mensah, Lecturer, UHAS**



Continous professional development is an essential part of our profession. How CPD's are currently organized needs to be improved to include all practising Pharmacists.

The future however looks promising, let's work together to realize it.

**Pharm Mrs. Shelter Klu, Korle Bu Teaching Hospital**



Continuous Professional Development is the secret to a revolving profession like Pharmacy as research brings out newer remedies that we need to be updated on to remain up-to-date. However my view is that Pharmacy Council will have to find a way of assessing the impact of the CPDs so they don't just become formalities. Secondly pharmacists who just register for these CPDs but leave in the

middle of lessons should desist from such as it defeats the purpose of these CPDs. Thirdly can we learn from Best Practices and establish online CPDs to avoid situations where Pharmacists will have to trek long distances for CPD points

**Pharm Kwadwo Amanor Mfoafo, Lecturer, UHAS**



The CPDs have been very informative and educative. It has been well organised. We will be glad if all up and coming CPDs will address pertinent issues concerning current trends of

practice. This will position us to give optimum and well informed care to patients.

**Pharm Kofi Osei, Komfo Anokye Teaching Hospital**

## AGM 2017 in pictures



# AGM 2018

## Activities Summary



The #PSGHAGM2018 is under the theme “Building Capacity to Lead Change in Healthcare”. This was inspired by the belief that the future of healthcare in general and pharmaceutical care in particular is different from what we perceive how we practice as healthcare professionals in Ghana currently.

In the next 5 to 10 years, how will healthcare look like? What will be the impact of technology on healthcare? How influential will patients

and patient groups become? What innovations/breakthroughs exist or are in the pipeline that will impact healthcare in the near future, and how differently should we be thinking? What capacities should we be developing? What areas do we need to focus on as healthcare professionals in order to lead and excel when those changes occur? We hope to find answers to questions like these and more at this year’s AGM.

The Planning Committee has repackaged the #PSGHAGM2018 to allow burning pharmaceutical issues to take center stage throughout the 5-day event. In keeping with the green revolution, the complete conference agenda has been hosted on Whova® (office PSGHAGM2018 conference app). Members are encouraged to build their own agenda, take notes and exchange business cards on the Whova® platform.

### Tuesday 31st July, 2018

Registration for the AGM begins late afternoon on Tuesday 31st July, 2018 at 2:00 pm and closes at 12 midnight. Plans are for a simple process for all who have registered in advance to obtain their conference packs ahead of the opening ceremony on Wednesday morning. Registration will take place at the forecourt of the Ho Technical University (G. M. Afeti Auditorium) and continue through Wednesday, Thursday and Friday. It is worth noting that registration will break at 8:00 am on Wednesday 1st August, 2018 to ensure maximum participation in the Wednesday morning’s business session.

On the same day, the PSGH President will lead a delegation to pay courtesy calls on principal leaders and key stakeholders in the Ho municipality including the traditional authorities, regional administration and regional security chiefs.

As friends of the human race, the PSGH will hold a health outreach at Tanyingbe, a village located 20 minutes from Ho. This will be a departure from the usual outreach as a number of adherence counseling units will be set up to counsel and educate adults, children and families in the community on key health issues from the basics such as personal hygiene/hand washing

to complex ones like drug therapy, compliance and medicines safety. The aim is to empower the community through education to take control of their personal and family health needs. The PSGH Governing Board will hold its 3rd quarterly meeting from 3pm till late evening on Tuesday.

Woezor (Ewe for “Welcome”) cocktail will be held at the residency of the regional minister to welcome all pharmacists to the #PSGHAGM2018. You cannot miss the opportunity to be a guest of the regional minister and to experience night of rich Ewe culture at this event.

### Wednesday 1st August, 2018

Registration will occur from 6:30 am till 8:00 am at the Ho Technical University. There may be routine security surveillance and checks on non-tag bearing persons so we entreat all pharmacists to wear their tags throughout the conference.

The first business session will start at 8:00 am. In response to the core legal agenda for AGMs, the session from 8:00 am to 10:30 am on Wednesday will be a pharmacists only business/reporting session. The AGM will receive brief reports from the PSGH Governing Board, Pharmacy Council, Office of the Chief Pharmacist, the Food and Drug Authority and the Joint Pharmacy Faculties. This session is aimed at affording all participants a firsthand insight into the previous year’s activities and plans of these key stakeholders in the coming year. The planning committee intends to send soft copies of all received reports to members by email at least one week before the AGM

starts. Furthermore, all reports will be available on the Whova® app. Colleagues are expected to read through and prepare for the AGM.

Colleagues who are not on the Society’s mailing list can consult the national secretariat for confirm of their email addresses. Discussions/open forum on reports will be deferred to Friday morning during the final business session. Admission into this session will be restricted to pharmacists only and participants are entreated to register early, wear their tags and make the process smooth.

The grand opening ceremony starts at 10:40 am prompt. This is a 3-hour event where the AGM will be addressed by the President of the Republic of Ghana, the regional minister, the president of the PSGH, the thematic speaker and the special guest of honour. There will also be brief fraternal messages from invited stakeholder/professional groups. Special guests and dignitaries will proceed to

open the conference exhibition and visit the stands. This will last till 5:30 pm.

Lunch will be served at 1:45 pm, soon after the Grand Opening Ceremony.

Wednesday afternoon will open with the second and equally important Business Session II of the AGM. The chairpersons of the Constitutional Review and Strategic Planning Committees of the PSGH will take turns to present their final reports to the assembly. This will be followed by a 2 hour open forum for discussions on Business Session I, practice group AGMs and related matters.

This last business session will consider motions, resolutions and decisions for adoption by the AGM. Members seeking to move specific motions may forward their proposals ahead of time to the executive secretary by 20th July 2018 to enable it to be extensively shared to all Pharmacists beforehand. Since these resolutions define our society and profession, members are entreated to

actively participate in this session as well.  
A thanksgiving service dubbed “Aseye Nite”

will follow later in the evening in the G. M. Afeti Auditorium at 6:30 pm for guests and members of the PSGH. Be sure to come with your white

handkerchiefs and dancing shoes. It will be a night of psalms, hymns and spiritual songs!

### Thursday 2nd August, 2018

Registration opens at 6:30 am at the forecourt of the Ho Technical University. There may be routine security surveillance and checks on non-tag bearing persons so we entreat all pharmacists to wear their tags throughout the conference.

There will be a plenary session on Pharmacists in Immunization before a symposium on the conference theme. Participants are encouraged to be actively involved in the discussions. After a short coffee break, the Continuous

Professional Development (CPD) topic will be treated. A critical topic that impacts on pharmacists and pharmacy practice, will be presented and discussed by colleagues. The presentation will be posted on the PSGH website after AGM to afford all members the opportunity to share in the knowledge. This is expected to attract CPD credits.

Lunch will be served between 2 and 3 pm at the Ho Technical University. Scientific papers (poster exhibition) will be mounted at the forecourt of the HTU during lunch. Members are encouraged

to engage with the various researchers to learn more about their findings.

LAPAG will hold its AGM soon after Lunch. There are unique feminine packages and attractions for this year’s LAPAG AGM and all our female colleagues are specially invited to participate and derive maximum benefits from the goodies at the session.

The Ebo Whyte Nite which has become a major attraction at our AGMs will take place on Thursday evening at the G. M. Afeti auditorium.

### Friday 3rd August, 2018

The practice groups will assume center stage on Monday morning. Each practice group will hold its mini AGM, receive and review its reports, discuss its specific strategic plan (for incorporation into the main Strategic Plan) and discuss matters of interest to its practice in relation to the theme. Participants in this session stand the chance to win special prizes/awards at the grand banquet on Friday night.

The Continuous Professional Development (CPD) sessions will NOT be incorporated in this year’s practice group meetings. Leadership of all practice groups are encouraged to liaise with the national secretariat for the completion of their unique programs ahead of time.

Lunch will follow after the last business session. Vendor CPDs will take place from 2:00 pm to 4:00 pm at the Volta Serene Hotel. This will be an opportunity for colleagues to accrue the needed CPD points and gain relevant practice

knowledge without the trouble of having to travel all around the country.

The closing banquet will start at 7:00 pm prompt at the Volta Serene Hotel on Friday. Amidst live band music, food and drinks, participants will unwind at the dinner and dance incessantly so do not forget to pack your dancing shoes. It is a black tie event where awards/special recognition to deserving individuals for their contributions towards the AGM will be given. The draft communiqué may also be read at this session.

### Saturday 4th August, 2018

At 6:30 am prompt, the Excursion Bus will leave the Ho Technical University for the excursion sites. This voluntary Excursion will be at

additional and separate cost to each tourist to cover gate fees, lunch pack and transport.

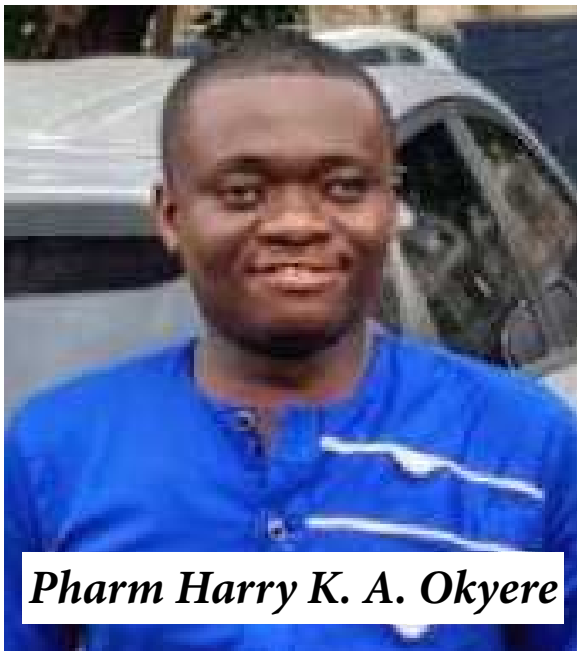
Around 5pm on Saturday, there will be a press soiree to share the communiqué and related matters that arose at the AGM with the media in

Ho. Governing Board (GB), Standing Executive Committee (SEC) and planning committee members are expected to attend as the President will lead the team to disseminate the key decisions for public consumption and answer questions from the media.

## AGM 2017 IN PICTURES *Opening Ceremony*



# WHY I WILL ATTEND AGM 2018...



**Pharm Harry K. A. Okyere**

Three days ago, an intern who had expressed interest in training at the facility where I work asked a very simple question about the impending Annual General Meeting. With a rather uncharacteristic austere look on her face, she wanted to know if I will be attending this year's AGM and why I will be doing so.

Admittedly, I initially found her inquiry quite amusing. I only came to terms with how germane her inquiry was when I attempted to answer her. When one has a genuinely busy schedule, like many Pharmacists do, it becomes quite a daunting task to place AGM on top of the ladder of productive ventures that one would love to engage in during that period. AGM offers many opportunities!

However, until we seize those opportunities, attending AGM can be both inane and costly. Will I go for AGM this year? Oh yes! And my motivations are quite loads, but I will share a few of them: A wonderful theme! A beautiful agenda. This year's conference is under the theme 'Building capacity to lead change in healthcare'. I believe this exciting theme was chosen in response to a global shift in healthcare in general and pharmacy practice in particular. I have been following with keen interest and earnest anticipation the periodic messages from the PSGH presidency.

I can see a clear, coherent theme in messages from the presidency. Consequently, I envisage a conference where pragmatic and strategic measures geared towards this inevitable paradigm shift will be disseminated. Following the Launch of PSGH 10-year strategic plan, National Pharmaceutical Sector Development Strategic Document, the Antimicrobial Resistance Policy and Action Plan, among many others, I am hoping that this conference will afford the opportunity to address the prospects and challenges that come with these policy documents. I am looking forward to learning how the PSGH hope to take advantage of the

international and national renaissance in Public Health, Complementary And Alternative therapy and technology to help address the changing needs of healthcare in the country.

CPDs & research dissemination;  
As a young and upcoming researcher, one of the most gratifying sessions of the AGM for me is when I witness senior colleagues present their research findings. I hope to enjoy many of such presentations this year and to possibly present my own research. I am also looking forward to CPD topics that are relevant, revealing and interesting.

PharmD is here...and it's here to stay!: This year, pioneers of the Doctor of pharmacy programme from KNUST successfully completed the programme. This is quite in line with global trends, as the introduction of this program has long been overdue. Even though I do strongly believe that the introduction of the PharmD programme is a laudable idea; I'm quite skeptical and absolutely uninformed about how graduates of the PharmD programme will be integrated into the current health system. I am hoping that this issue is given some importance on this year's agenda. Due to the expansive nature of their training, the scope of their practice could be expanded to include essential services such as immunization schedules, reproductive health services including the provision of long term depot contraceptives etc

A glorious opportunity to visit the Volta region,

at last; The Volta region has been one of my favoured tourism destination. I have heard many fascinating stories about the 885m high mount Afadajato, perhaps now is the time for me to record my own adventure. The rolling hills and valleys, rocky outcrops overlooking Lake Volta, and lagoons, rivers and waterfall, coupled with the simple idea of breaking off from stressful work routines, albeit momentarily, make the prospect of visiting this region very thrilling. I am not trading this for anything.

A great networking opportunity; In all honesty, chances are that I may not see some great friends from school in a very long time. Well, technology does a great job by keeping us connected to our peers who are both far and near. However, there's no substitution for meeting some lovely people in person. The AGM provides us with a very rare opportunity to mix and mingle, form new relationships, and strengthen existing ones. Over coffee, lunch, or cocktails, I may make a connection with the perfect career guide or mentor or even prospective employer. On a more personal level, and for those of us who are still not taken, I may be the "perfect" partner the gorgeous lady sitting across the dinner table has been looking for. See you in Ho!

*The writer is a leading member of the PharmaResearch Gh group. He is a community-based pharmacist and a researcher with special interest in public health especially in pharmacoepidemiology, complementary and Alternative Therapies and Drug utilization studies.*

**The AGM provides us with a very rare opportunity to mix and mingle, form new relationships, and strengthen existing ones..**

## AGM 2017 IN PICTURES *Health Screening*



# Academic, Social and Research Pharmacists Association (ASRPA) holds a 2-day Academic Writing Workshop in Kumasi

As part of its numerous professional development initiatives, the Academic, Social and Research Pharmacists Association (ASRPA) of the Pharmaceutical Society of Ghana has organized a two-day academic writing workshop at KNUST, Kumasi on May 23-24, 2018. The “WriteShop” workshop was the first of a series of capacity building initiatives the association is undertaking in collaboration with the Ghana Young Academy (GhYA).

The purpose of the workshop was to bring together young researchers in a relaxed atmosphere and through guided discussions learn the key skills necessary for putting out a winning academic paper. Fifteen participants, all of whom had science backgrounds, were selected from a pool of applications submitted by interested members of the public; the fifteen were selected to benefit from this introductory level workshop.

The workshop kick-started on an exciting note, with interactive games to ease the participants up and foster familiarity. Pharm. Dr. Priscilla Mante briefly walked the group through an overview on ‘Getting ready to write’ and context of why we write as academics. The deliberate use of open-ended questions encouraged participants to contribute to the discussion. The goal of the discussion was to help participants identify the general sections of an academic paper and the general formats adopted for scientific writing as well as identifying target journals for a paper.

Subsequently, an overview of how to compose an introduction and identifying a desirable research question followed. Pharm. Dr. Edmund Ekuadzi led this section without breaking the chain of interaction. To make it less abstract and more practical, participants were paired up and allowed to peer-review the introduction sections of papers that had been submitted by fellow participants.

Together with the facilitators, participants complimented and made suggestions on the introductions they had read. It was also an opportunity for participants to learn how to respond to reviewer comments received after submitting papers for publication.

Similar formats were employed in the discussion for explaining the various sections of an academic paper such as title, abstract, methods, results and discussion. At the end of the session, participants were required to re-write their papers, taking into consideration the corrections that had been suggested to them. It struck the participants as challenging, yet they were ready to transform their research papers into award winning articles.

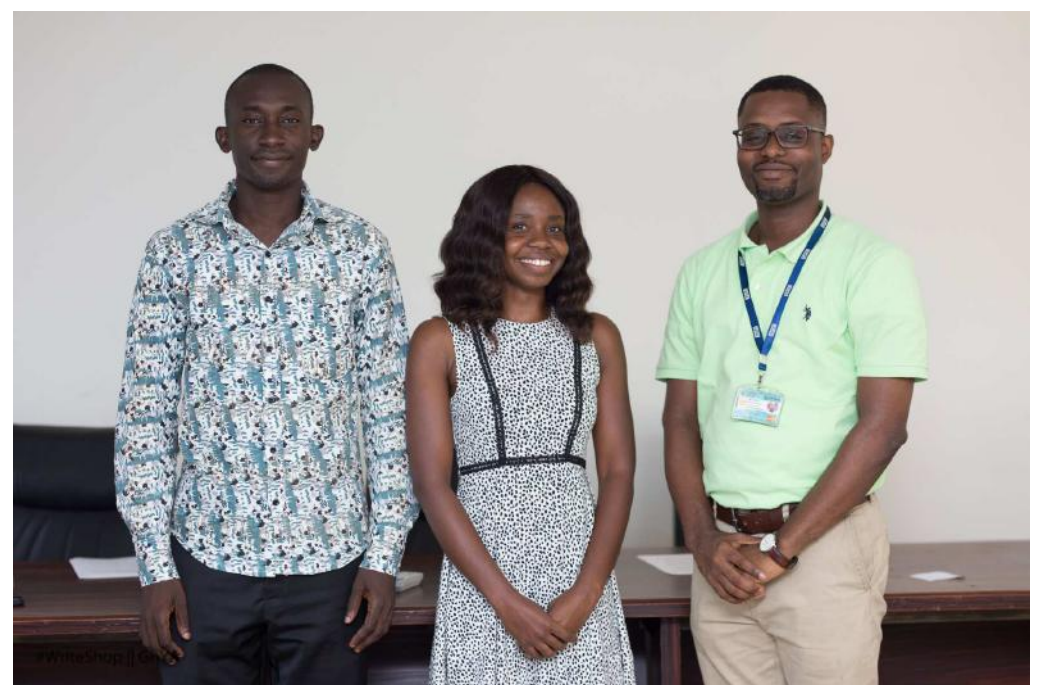
On the final day of the workshop, discussions were centered around communicating outside academia. This writing skill has become a necessity for researchers in the light of the rapidly changing digital society. Researchers may at one point or another be required to communicate their research to a lay society and having that skill will be a plus.

The participants signed off with an enthusiastic conversation concerning topics/areas that should be considered in future workshops and made submissions on their general impressions about the workshop.

The Academic, Social and Research Pharmacists’ Association (ASRPA) of the Pharmaceutical Society of Ghana is confident that sustaining this initiative will imbue Pharmacists with the requisite skills to better communicate findings in their various practice areas to the global community.



*Participants during the event*



*Facilitators at the 2-day Academic Writing workshop || from right to left: Pharm. Dr. Edmund Ekuadzi, Pharm. Dr. Priscilla Mante and Dr. Borquaye*



*Participants during the event*

# Welcome to Ewe Land !

*By Pharm. Anthony Hama*  
Managing Consultant, Hamsglobe Ltd, Accra  
hamsglobe@yahoo.com



## HISTORY AND BACKGROUND

There are many different schools of thought about the origin(s) of the Ewe tribe, with a school of thought tracing the origin as far back as an earlier settlement in Adzatomé, a suburb founded by Ham, the second son of Noa in the Bible; Noa being the progenitor of various tribes. It is here that we learnt about the Biblical Story of the building of the tower of Babel to enable the people get close to God, see Him and pray to Him, followed by God's displeasure and the resultant fall of the tower and dispersion of the people into clusters of people speaking various languages instead of the single one that first united them. This story is credited as being the source of a group speaking one language today known as the Ewe language. Where this occurred is placed in Babylon in present Iraq, and various groups left to find new settlements of their own. The ewes are believed to have migrated and settled at the following places at one point of time along their journey to their present day land:

### Settlement in Egypt

Oral tradition claims the Ewe people were led by an ancestor called "Gu" under whose leadership they settled at the delta of the river Nile, in present day Egypt. Other ethnic groups also settled in Egypt then, including the Jews forced by draught in their land of Canaan. There were cultural exchanges among the various people, with groups adopting practices of others with whom they lived in close proximity.

### Settlement in Sudan

When it became difficult living in Egypt, just as the Jews left under the leadership of Moses, the Ewes also left under a leader Mi and migrated in a south-westerly direction that brought them into the Sudan where they made settlement for a while close to present day Khartoum. The stay there was short due to drought, famine and slave raids by Arab slave traders who preferred black slaves to their own kind, due to their physique and courage. At the time, there were numerous schools in and around Khartoum and some Ewes took advantage of these schools to become great scholars, merchants and farmers.

### Settlement in Ethiopia

The Ewe people decided to leave Sudan, and going south-eastwards went into „Abyssinia“, the present day Ethiopia. However, the slave raids continued here and some members were captured and sold and were sent to as far away as India to serve in the courts of their kings and queens.

### Settlement between Niger Bend and the Middle Reaches of River Senegal:

As the people were unable to repel the superior weapons of the Arabs and Indians, they finally decided to move out of Ethiopia too. This time, they moved south-westwards into the region between the bend of river Niger and the middle reaches of the river Senegal. All these movements occurred between AD 500 and 1200. Whilst residing at the Niger Bend, they contributed to the emergence of all three Empires of Ghana, Songhai and Mali.

### Settlements in Nigeria, Dahomey and Togo

After the break-up of the last of these empires and by following the Niger River south-eastwards, the ancestors of the Ewes moved into the present day Nigeria, at the height of the Oyo Empire, settled briefly at Ile Ife in Yorubaland (Osun State of Nigeria), but moved on at the fall of the Oyo Empire, and going westward, they entered Dahomey (present-day Republic of Benin). It was in Ile-Ife that they revived and perfected the art of divination

(afa kaka), which their ancestors had abandoned in Mesopotamia. They also settled in Ketu, a Yoruba town in modern day Benin. Ketu is also called Amedzorpe or Mawupe in the accounts. The Yoruba people founded Ketu by the fourteenth century at the latest.

### Settlements in the Kingdom of Tado

At Dahomey they split into three groups. The first group settled at the bank of the Mono River and named that place Tado (Tando or A'Tando), which became a powerful kingdom and the historical capital.

### Settlements in the City State of Notsie

The second group moved on to settle between the Mono and the Haho Rivers. This settlement became Notsie, in present day Republic of Togo. The third group settled at what then was Adele country where they established the nucleus of what later became the Kingdom of Dahomey, but then called Dogbo-Nyigbo. Some members from this group moved out later to join those already settled at Notsie. All migrants were given a portion of Notsie land by their hosts to settle on. Thus, there were various settlements of the Ewe people at Notsie, and they were all semi-autonomous with their own leaders. According to some accounts, at its greatest height, the city of Notsie consisted of thirty-six neighbourhoods. There is no evidence of how long they stayed in Notsie. However, depending on what tradition one wants to follow, they either came from Ketu to Notsie or Tado to Notsie. In Notsie, they were known collectively as Dogboawo.

### Significance of Notsie to ewes

Notsie is to the Ewes as Egypt is to the Jews. In those days there was general hostility everywhere. It is in this context that two walls were built around Notsie. The first, smaller, known as Agbogbovi, was constructed during the reign of Da, perhaps in the 15th century. According to some accounts, it was built to cut off the royal enclosure from all but members of the royal clan. Like Ketu, the city of Notsie also had a second 17" x 30" wall to protect its inhabitants from external attack on all settled lands and their farmland. The entire community of Notsie lived within these encircling second walls called Agbogbo. On the advice of Agokorli III, the wall imitated two semi-circles, and facing eastward toward Tado. Notsie was divided into separate quarters inhabited by members of the different migrating groups. Each group lived in a separate area under its own head or chief. Although each of these heads was the judge in matters concerning his own people, a supreme king ruled over all of them. The early kings of Notsie ruled well and the kingdom flourished.

## THE REIGN OF KING AGOKOLI OF NOTSIE

When the Dogbos (ewes) arrived in Notsie, their host King Adelā Atogble received them well and treated them nicely. Ago Akoli became king just before the middle of the seventeenth century. According to all accounts, he was an energetic and dynamic leader, and he ended some of the proscriptions that inhibited the exercising of his function as leader. Unfortunately, things were not exactly the same during the new regime. It is an undeniable fact that during his reign conflicts arose. He sought to impose his will on the people and generally tyrannized them by setting them a number of impossible tasks to perform. He punished those who did not obey him and flaunted all traditions. Because of this, the name Agokoli is synonymous with singular violence and tyrannical cruelty. The reign of Agokoli profoundly marked the period and the deep legacy left in the collective memory of the Ewes as the primary cause of the different migrations from Notsie and their occupation of present-day Eweland.



## The Exodus from Notsie

As a tradition, the Ewes (Dogboawo) were adorned mainly because of their skills in the arts of drumming, singing and dancing. They were regularly requested to entertain the King, his visitors and other favourites. Consequentially, the Ewes were allowed to play their drums, sing and dance all through the night without any interference from the authorities. Despite all these attributes of the Ewes, the new king was still very hostile to them and ruled all the immigrants with an iron hand. For example, he ordered that all elderly people should be killed, but the Dogboawo (ewes) managed to keep one old man in hiding; his name was Tegli. As King Agokoli's rule became unbearable, various groups of the population decided to migrate. Because of the king's repressive acts, the Ewes initiated a secret plan to escape. The 17" x 30" wall that offered protection to the entire population eventually became a barrier to the Dogboawo in planning their escape. However, they finally carried out their plan through. After several consultations with the oldman, Tegli, at his hiding place, the Dogboawo came up with a plan. They instructed their women to throw water against one spot of the wall while washing their clothes and dishes. The women executed this plan without knowing the reason. One day when the elders found out that the wall was wet and soft enough, they decided to implement the final stage of their plan. The elders gathered all their people together near the wet wall and started drumming, singing and dancing. There was a lot of jubilation in the Dogbo section of the city from late afternoon throughout into the night. About midnight, while the rest of the people of Notsie went to bed and the Misego (Husago, meaning tighten your waist) drumming was at its performance peak, the Dogbo elders went and brought Tegli, the brain behind the plot, from his hiding place. He called a few of the trusted people closer to the wet wall and told them the essence of their gathering. He drew out the "Sword of Liberation" from its sheath, pointed it up, invoked the spirit of the gods and the ancestors and said a short prayer. Then he said "Oh great God, Kitikata, open the door for us so that we can walk through it and leave". With these words, Tegli thrust the "Sword of Liberation" into the wet and softened wall and bored a big hole (door pattern) into it. The men pushed and the soft wall fell before them. After scouts had gone ahead to find suitable lands for settlement, the various groups moved out of Notsie.

The women, the sick, and children were led out first, followed by the elderly, while the energetic youth and middle-aged men stayed behind to continue drumming, singing and dancing. After all the others were gone, the drummers and the few remaining singers and dancers followed them. The last part of the group walked backwards on the exact footsteps of the earlier parties for about two miles so that their footprints might not betray their whereabouts. After King Agokoli discovered that the Dogboawo had escaped, he ordered a search for them and demanded their return back to Notsie. The search party however got confused: tracing the footsteps of the Dogboawo always led them back to the dwelling place of the Dogboawo in Notsie. It was a brilliant and well-executed plan. The sword (Adekpu) used by Tegli to bore the hole is said to be preserved to this day as part of the stool regalia of Togbui Asor, leader of Dogbo groups at Ho, a town in Northern Eweland. It must be pointed out here that the history of the Asorgli of Ho mentions also a leader by name Torgbui Kaklu who led their group out of Notsie.

Upon quitting the city, all the fugitives followed the same direction without a precise destination in mind. The general outcome of the exodus is the dispersion of the Ewes as a people from the first settlement they made as a group at Tsevie, in present Togo, from where under different leaders according to lineage, the group split into three – south westwards towards the Volta, northwards toward the mountain range and south-eastwards toward the sea, to frustrate the pursuit of Agokoli and finally to settle in their present homes. The old man Torgbui Tegli was reported to have died at

Tsevie and was buried there.

Oral tradition says the Central and Northern Dogbo groups were led out of Tsevie by leaders who included Akoto, Kodzo De, Amega Lee, Asor and Bisiaku and they led the various branches to settle places like Hohoe, Matse, Peki, Asorgli, Awudome, Ve, Gbi, Kpando, Logba, Alavanyo, Kpalime, Agu, Kpedze, Wodze, and other towns. Amega Lee however left the group and went on his own with some followers/family southwards till he made a settlement close to "Ge" or Accra, which is Legon, still bearing his name. He left later to go in search of the main Dogbo group which had settled at Anloga. From the central and northern groups, some Dogboawo went and founded the settlements of Ho, Akovia, Takla, Kpenoe, Hodzo, Klevi, Sokode, Abutia, and Adaklu all in the central part of their new home. The third group made up of various sections of the Dogboawo moved together southward. The group split at Gafe and further divisions occurred within the sub-groups as the southward movement, coupled with the founding of various settlements, progressed. They include the founders of Be (Togo), Wheta, Anlo, Klikor, Ave, Fenyi, Afife, Dzodze, Mafi, Agave, Tavie, Tokoe, and Tanyigbe.

## PRESENT-DAY EWE LAND

The Ewes, like some other ethnic groups, have remained fragmented under the three different flags, just as they were divided among the three colonial powers after the Berlin Conference of 1844 that partitioned Africa. A portion of the Ewes went to Britain, another to Germany, and a small section in Benin (Dahomey) went to France. After World War I, the League of Nations gave the Germans-occupied areas to Britain and France as mandated territories. Those who were under the British are now the Ghanaian Ewes, those under the French are Togo, and Benin (Dahomey) Ewes, respectively.

*By Mark Dingemane - Capo, Hounkpati B.C. (1988)*

## THE EWE LANGUAGE

According to UNESCO grouping of languages (1985), Ewe is a community language of Africa and its homeland stretches between three West African countries, namely, the Republics of Ghana, Togo, Benin (Dahomey) and to Badagry in the Federal Republic of Nigeria. According to linguists (and also Westermann and Bryan, 1952), the Ewe language (Ewegbe) belongs to a member of the Kwa family of sudanic languages. There are several dialects (variants) of the Ewe language as spoken in Eweland. The dialectal difference, as in the case of all languages with dialects, are found in one or more of the following: speech sounds used, choice between synonyms and forms of words, pitch/tonal variations and mode of expressions.

## CULTURE AND SOCIETY

The Ewe people are a patrilineal people. Each lineage is headed by the male elder.

### 1. Music

The Ewes have developed a complex culture of music, closely integrated with their traditional religion. This includes drumming. Ewes believe that if someone is a good drummer, it is because they inherited a spirit of an ancestor who was a good drummer.

Ewe music has many genres. Lyrical songs are more prevalent in the southern region. In the north, flutes and drums generally take the place of the singer's voice.

### 2. Dance

The Ewes have an intricate collection of dances, which vary between geographical regions and other factors. Examples include the Adevu, Agbadza, Atsiagbekor, Atsia, Bɔ̀bɔ̀bɔ̀, Agahu, Gbedzimido, Gota, Tro-u, Sowu among others.

### 3. Arts - Kente weaving, Ewe kente cloth

### 4. Food

# In Which Areas Can a Pharmacist Practice?

Let's talk about pharmacy practice in Ghana. We came out of pharmacy school with so much zeal and enthusiasm; ready to conquer the world—do what Napoleon couldn't do. The blessing our noble profession gives us is the opportunity to choose from many options of practice. Therefore, the expectation is to find pharmacists exploring and venturing into all the various pharmacy practice areas and making the difference we are cut out for. But what do we find? The greater percentage of us are medical representatives and community and hospital pharmacists, with only a few wading in industry and regulatory affairs. A good proportion of us are also in academia (God bless our lecturers). Are the practice options our profession offer a bane rather than a blessing if we as practitioners cannot adequately exploit them for our enrichment? We have so much capacity to do more, to leave an indelible mark.

Let's quickly refresh our minds on the other opportunities we have.

If you have ever been passionate about a practice that is primarily based on pharmacotherapy without dispensing drugs, but rather involves seeing patients during office visits to manage chronic disease, then you are looking at Ambulatory Care Pharmacy. Another area is Consultant Pharmacy practice. Similar to the ambulatory care pharmacist, the consultant pharmacist focuses more on medication regimen review than on actual dispensing of drugs. Consultant pharmacists commonly work in nursing homes; however, they can practice in other institutions and non-institutional settings.

Let me step outside the needs of Homo sapiens and mention Veterinary Pharmacy Practice. If you are an animal lover or just interested in catering for the needs of animals, then look no further. You need to study the different strengths and varieties of medications stocked to meet the pharmaceutical needs of animals and you are good to practice as a veterinary pharmacist.

If none of the above describes your interests, but you have a desire to compound and dispense radioactive materials to meet medical needs, all hope is not lost. Nuclear Pharmacy has you covered. You will have to undergo trainings that are specific to handling radioactive materials; however, unlike in community and hospital pharmacy practices, you may not interact directly with patients. But think about it, nuclear pharmacy may

be the answer to some of the ailments in the world.

I definitely cannot leave out Military Pharmacy; it is a very reforming area to venture into. It has its pros and cons. Do you enjoy being a pharmacist but would want to “serve your country” as well? Have a talk with yourself and decide if you are up for military pharmacy practice.

If your interest is more in the combination of pharmacy practice science and applied science, then look no further than Pharmacy Informatics. You will get to work in information technology departments or for healthcare information technology vendor companies. As a practice area and specialist domain, pharmacy informatics is growing quickly to meet the needs of major national and international patient information projects and healthcare interoperability systems. In this field, you are trained to participate in medication management system development, deployment, and optimization.

Specialty Pharmacy offers you the opportunity to join the fastest growing sector of the pharmaceutical industry. It deals with the supply of high cost injectables, oral, infused, or inhaled medications that are used for managing chronic and complex diseases. This area also involves lab monitoring, adherence counselling, and assisting patients with cost-containment strategies needed to obtain their expensive specialty drugs.

Internet Pharmacy is ideal for you if you have a community pharmacy and you want to use online services to attend to your clients at their doorstep. It is a service of convenience for pharmaceutical care. You may say some of these practices are inapplicable in our country but I beg to differ.

With vision, tenacity, and endurance, these uncommon practices can be observed in our country, and it could start with you.

Therefore, think wide, dream big, and act. Pharmacy is large enough to contain us all.

**Pharm. Anita Djoletto**

**BPharm, MPSGh**

**Specialty Pharmacy offers you the opportunity to join the fastest growing sector of the pharmaceutical industry.**

## Welcome to Ewe land cont'd

### RELIGION

1. Traditional religion: The traditional Ewe religion is called Voodoo. The word is borrowed from the Fon language, and means “spirit”. The Ewe religion holds Mawu as the creator god, who created numerous lesser deities (trɔwo) that serve as the spiritual vehicles and the powers that influence a person's destiny. This mirrors the Mawu and Lisa (Goddess and God) theology of the Fon religion, and like them, these are remote from daily affairs of the Ewe people. The lesser deities are believed to have means to grant favors or inflict harm. [

The Ewes have the concept of Si, which implies a “spiritual marriage” between the deity and the faithful. It is typically referred to as a suffix to a deity. Thus a Fofie-si refers to a faithful who has pledged to deity Fofie, just like a spouse would during a marriage. Ancestral spirits are important part of the Ewe traditional religion, and shared by a clan.

2. Islam: Islam arrived in Ewe region in the 17th century, and remained

concentrated in its north among the wealthy nobles and trans-Saharan traders. Islam has remained a minority religion among the Ewe people, with continued strong presence in the north, and some regions such as Lomé in south of a significant presence.

3. Christianity: Christianity arrived among the Ewe people with the colonial merchants and missionaries. Major missions were established after 1840, by European colonies. German Lutheran missionaries arrived in 1847. Their ideas were accepted in the coastal areas, and Germans named their region Togoland, or Togo meaning ‘beyond the sea’ in Ewe language. Their works gave rise to the EP (Evangelical Presbyterian) Church. Germans lost their influence in World War I, their Christian missionaries were forced to leave the Togoland, and thereafter the French and British missionaries became more prominent among the Ewe people.

Ho – the capital of the Volta Region

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## Journal Article

# Prostate Cancer in Ghana: The role of the Pharmacist



### *Josephine Ataa Hinneh*

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*The author is a graduate of the University of Ghana School of Pharmacy. She is a qualified pharmacist and a burgeoning researcher with particular interest in prostate cancer.*

Prostate cancer is the second most common cancer in men and the fourth commonest cancer. The 2012 GLOBOCAN database contains a report by WHO on cancer incidence and mortality. The report states that there are about 1.1 million new cases of prostate cancer and this accounts for 15% of cancers diagnosed in men [1]. The annual global mortality rate resulting from prostate cancer is estimated to be 307,000, and this represents 6.6% of all cancer related-deaths in men. Although prostate cancer is common among men in the developed world, the mortality rate is high among those of African descent. There has been a global increase in the incidence of prostate cancer; however, the associated number of deaths has been decreasing [2]. The aetiology of prostate cancer is unknown; however, certain risk factors have been shown to predispose some individuals to the development of the disease. These include advanced age, family history, genetic predisposition, race, and geographical location. It is hoped that current advances in healthcare will ultimately result in improved quality of health and life expectancy of patients. However, this will most likely translate into an increase in the incidence of prostate cancer since advanced age is a risk factor.

There is limited data on prostate cancer incidence and mortality in Africans; while the incidence is high in the developed world, mortality is high in developing countries. Genome-wide studies have shown that the susceptibility of an African to prostate cancer is attributable to the expression of certain independent genetic loci. These studies have identified chromosomes 8q24 and 17q21 to be associated with a higher risk of prostate cancer development in African men. Chromosome 17q21 variation was found to be 7% higher in Ghanaian men than in men of non-African descent.

The incidence of prostate cancer across the African sub-region has been observed to be on the increase, as observed globally [3]. Hsing et al. screened 1000 Ghanaian men in Accra and found a high prevalence of screen-detected prostate cancer among them. The incidence was higher in men aged 50-59 years, forming 48% of all the men who were screened [4]. According to a global cancer database compiled in 2010, it was estimated that Ghana records number of 921 new prostate cancer cases every year, which indicates an incidence rate of 200 out of 100,000 men [11]. This depicts a 17.6% increase above the worldwide value of 170 out of 100,000

cases [10]. Out of the 1000 men diagnosed with the disease, a death rate of 80% was recorded [10]. This phenomenon has been attributed to late detection of the cancer, as most of the cases were older men. It is, therefore, anticipated that 20% of Ghanaian men may develop prostate cancer [11]. Statistics from the Komfo Anokye Teaching Hospital also show that prostate cancer is the second most diagnosed cancer in men [5]. A study conducted at the Korle-Bu Teaching Hospital revealed that prostate cancer accounts for 31% of all cancers diagnosed in men [12]. These rates are alarming and hence call for the urgent attention of all, especially healthcare professionals.

It is reported that men aged 56-85 years formed 86.6% of men who had their prostate-specific antigen (PSA) levels above the normal value in a screening exercise carried out in Kumasi [6]. In another screening study conducted among 1000 men in Accra, persons in the same age group had higher PSA levels [4].

Patients with prostate cancer are usually asymptomatic during the early stages of the disease. In an environment where people visit the hospital only when the severity of the disease is unbearable, symptoms are likely to be overlooked. Common symptoms associated with prostate cancer include the following [7]:

- Frequent urination
- New onset of erectile dysfunction
- Urge to urinate frequently at night
- The need to strain to empty bladder
- Burning sensation during urination (less common)
- Discomfort while seated
- Urine incontinence

These symptoms are not peculiar to prostate cancer; hence, it is difficult to address such issues at the initial stages. Moreover, patients may not present with all the symptoms. In the Ghanaian setting where cost is a major determinant in healthcare-seeking patterns, people like to seek first aid to remedy situations rather than visit the hospital for treatment. This is where the pharmacist comes in as the right contact person for such patients. In the community pharmacy, most pharmacists encounter patients or clients who complain of low libido, pain during urination, or any of the aforementioned symptoms. Mostly, the initial treatment options considered

involve management of sexually transmitted diseases or providing a short-term remedy for low libido. Pharmacists may not really be faulted for such treatment choices since our training, to a large extent, does not adequately equip us to go beyond managing diseases of common occurrence.

Prostate cancer is one of the few cancers that can be cured after its early detection. The 5- and 10-year survival rates for men who are diagnosed early are 99 and 95%, respectively, indicating that advocacy for early detection and prompt treatment will go a long way to assist Ghana in reducing mortality associated with prostate cancer.

The question is, “why do countries that report very high incidences of prostate cancer record very low mortality rates?” The answer is straightforward: early detection and prompt treatment. The way forward is to create the awareness for early detection with the pharmacist as a key player. So, how does the pharmacist fit into this? The pharmacist is the first port of call in the health-seeking patterns of Ghanaians; therefore, people usually present at the community pharmacy with subtle symptoms such as the ones described above. Firstly, pharmacists ought to be empowered with the requisite knowledge on prostate cancer. Odedina et al. have indicated that 95% of community pharmacists in Florida would appreciate training on prostate cancer for the benefit of their patients, [8] and this is likely to be the same in Ghana. It is imperative that pharmacists build capacity to lead change in the prostate cancer narrative for Ghanaians. Once equipped, pharmacists can adequately educate their community folks appropriately with particular focus on regular screening and early detection.

The new guidelines for prostate cancer screening in the USA indicate that men aged 55-69 years should have a PSA screen as part of their routine medical check-up [13]. Given the increasing incidence of prostate cancer in Ghana, it is worth suggesting that men who are at least 50 years old should be encouraged to screen for prostate cancer at least once a year. Pharmacists should also encourage clients who recurrently report at their facilities with some of the symptoms of prostate cancer to get screened, especially if they are above the age of 50. At the individual level, pharmacists can encourage men to develop proactive individualized action plans towards screening for prostate cancer. As part of the agenda to reiterate the role of pharmacists in the healthcare system, risk assessment forms may be provided in a questionnaire format. These will assist community pharmacists carry out risk stratification for clients and also serve as referral notes for further clinical assessment. Moreover, pharmacists in remote areas where healthcare facilities are limited can use the resource as a great tool to reach out to their communities [8].

Hospital pharmacists can also assist patients who have been diagnosed with prostate cancer and are currently receiving treatment by advising them on the side effects associated with hormone therapy and chemotherapy. Through education and constant interaction with patients, pharmacists can identify patient-specific needs, which can be recorded on care-forms for future use [9].

Pharmacists can also use media platforms to educate the public on the importance of screening for prostate cancer and the benefits of early detection.

The clarion call to all pharmacists is that, the next time that old man walks into your facility to request for the usual sexual performance pills, a little probing and chit-chat on prostate cancer screening may go a long way to save a life. Furthermore, an opportunity to speak on prostate cancer may just be an opportunity to save another life. Let us come together as a body to help reduce the mortality associated with prostate cancer in Ghana.

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# BRIEF PHOTO REPORT ON STRATEGIC PLAN ACTIVITIES

## Special Committee On Model Pharmacy Retreat At Aburi



*Model Pharmacy Team with FDA and MSH Staff in Tanzania during the study tour*

*Debriefing with the chairman and team members at the retreat*

## Review of GHOSPA Job Description (JD)



*Review of GHOSPA job description with HR team of GHS*

*GHOSPA JD review with the consultant*



*Meeting with National Development Planning Commission (NDPC) to discuss the Ghana Pharmaceutical Sector Development Strategy*

# BRIEF PHOTO REPORT ON STRATEGIC PLAN ACTIVITIES



*Meeting to finalise the discharge counselling protocol and reference material for Pharmacists*



*Stakeholder meeting to discuss the 2018 strategic plan objectives*



*Setting the Agenda for 2018 strategic plan activities*

# WHY I WILL ATTEND AGM 2018...



**Pharm Yvonne Addy**

Community is strength. A professional career, like any facet of life, is beset with many difficulties and challenges, and again like any facet of life the individual must draw strength from the wisdom and support of a community in order to forge forward. PSGH-AGM represents, to me, the gathering of like-minded intellectuals who belong to the noble profession of pharmacy in order that they may lend their strength to the solution of the problems that plague the practise of pharmacy. PSGH AGM, to me, means community; it means strength!

The PSGH AGM means to me the opportunity to strengthen my ties and connections to the community of pharmacists in Ghana. The PSGH

AGM is a means to develop social and professional connections. It is a means to reconnect with old classmates and lost friends while providing the opportunity of making new connections such as new friends and/or new business partners. PSGH AGM always brings with it many experts who present fresh ideas and insights to improve business and practise. I am particularly looking forward to seeing ideas on how to combat the menacing abuse of “tramol” and “codeine” that is on the rise in Ghana.

The PSGH AGM is an opportunity to refresh, relax and recharge your batteries.

It is quite often the case that being bogged down with the daily requirements of pharmacy practise can drain the individual. It can drain the individual of inspiration and motivation. The PSGH AGM provides the perfect solution, there is contact with other motivated individuals whose verve and drive can re-inspire drained professionals, with this comes the sharpening of focus again and this is helped even further by the experts present at the PSGH AGM that introduce new techniques of pharmacy practise and business. All these serve to reignite the childlike curiosity that led me to the field of pharmacy.

The PSGH AGM has always been a well-planned conference where key issues facing the pharmaceutical community are discussed,

dissected and solutions drawn up. This is by no means a boring conference. On the contrary, PSGH AGM is full of fun and mentally stimulating activities suitable both for its youthful and aged participants. This year, I am particularly excited for the PSGH AGM because of its venue: Ho Technical University, Volta Region. It gives me the opportunity to explore further the beauty and diversity of Ghana by providing a long-desired avenue to visit the Volta Region, which incidentally happens to represent a part of my lineage.

**The PSGH AGM is an opportunity to refresh, relax and recharge your batteries.**

The pharmacy practise is rewarding and fun and the PSGH AGM epitomises this. Let us come together to find strength to tackle the challenges that face us in our professional pursuits, let us come together to be rejuvenated and re-inspired, to reignite our childlike curiosity, to build stronger and better connection, to explore and learn new things and become better

professionals. The PSGH AGM really is the one-stop shop for all things pharmacy and this year’s promises to be better than that of previous years. I am Pharm. Naa Kyenkua Addy, and I am excited to be in attendance at this year’s PSGH AGM.

*“Amicus Humani Generis”- Friends of the Human Race.*



**Pharm Mrs. Esenam Tagboto**

For one to enjoy a lifelong career, mentoring, networking, and continuous professional development are very critical. Achieving this trifecta of career development all at once is only possible at a gathering of professionals like the Annual General Meeting. The aforementioned objective makes it even more necessary to attend this event.

The pharmacy profession relentlessly seeks to positively impact the provision of public health services by ensuring the safe and effective use of

medications. Therefore pharmacy professionals must engage in getting up-to-date education and learning the new trends. Traditionally, the pharmacist’s role is focused on the preparation and distribution of medications and counseling of patients on the appropriate use of medications.

However, this role is expanding to include a more clinical role through the provision of patient-centered healthcare, medication management, disease prevention and the overall improvement of public health, as well as contact with patients and other members of the healthcare team. My background of working directly with patients, I look forward to interacting with colleagues working in similar roles across Ghana to learn at first hand the evolving nature of clinical care within the pharmacy settings and to share my personal learning of running adherence clinic for patients in my facility. The AGM also affords me the opportunity to learn from other practice groups and possibly identify key lessons that could be implemented at my workplace.

It also affords the opportunity for networking

with other colleagues in your field of practice and other practice groups. In addition to gaining confidence and experience while making great professional contacts, you can develop deep, endearing relationships with colleagues by actively participating in the various group discussion and CPD programs that will be outlined.

The Theme for this year’s AGM:” Building capacity to lead change in healthcare” seeks to address one of the key objectives of our strategic plan. I look forward to an exciting time at Ho as the activities unfold from the medical outreach, to the thematic presentation at the opening ceremony, then the breakaway sessions with the practice groups and CDP’s and the interesting evening cocktails and dinner on Friday. I encourage many colleagues to turn-up for the business discussion session so we can contribute positively to the growth and development of Pharmacy practise in Ghana.

I look forward to meeting friends and professional colleagues !

# Health Minister announces a 30 percent drop in NHIS medicine prices



*The Health Minister, Honourable Kwaku Agyeman-Manu*

**M**r Kwaku Agyeman-Manu, the Minister of Health on Friday, 22nd June, 2018 announced that effective July 1, 2018, all medicine prices under the National Health Insurance Scheme (NHIS), would be dropped by an average of 30 per cent.

The Health Minister said the decision followed the acceptance of the committee set up by the Ministry of Health to explore the public policy of the Valued Added Tax (VAT) exemptions on all medicines listed in the Essential Medicines List 2017, in addition to pharmaceutical imputes, to reduce the burden of reimbursements on the NHIS. "I must say that some of the prices have been dropped more than 80 per cent", he said. Mr Agyeman-Manu who made the announcement at the launch of the National Medicines

Policy and five-year Implementation Plan for Ghana in Accra, expressed his gratitude to the Pharmaceutical Manufacturers Association of Ghana (PMAG), the Chamber of Pharmacy, and all the other stakeholders for their support and hard work.

"We are here because you believe in the process and that our road to Universal Health Coverage is to sustain our national health insurance scheme so that no one is left behind", he said.

The Health Minister said the prices of pharmaceuticals remained a big challenge to the country, and therefore the government in fulfilment to its manifesto promise, removed the Valued Added Tax (VAT) on all medicines listed in the Essential Medicines List 2017 in addition to pharmaceutical imputes.

Mr Agyeman-Manu said the VAT exemptions came into force on November 3, 2017, and this action, the government believed should lead to reduction in prices since VAT formed about 40 per cent of the total taxes on pharmaceuticals.

Dr Owen Laws Kaluwa, The WHO Country Representative, called for strengthened stakeholder partnership in the implementation process of the National Medicines Policy, and not to allow the document to gather dust on the selves as others had suffered. He pledged the WHO's sustained commitment to support the implementation of the Policy in order to ensure access to essential medicines, and further help Ghana to achieve the Sustainable Development Goals through Universal Health Coverage.

## AGM 2018

### CPDcredits breakdown //

The #PSGHAGM2018 will carry up to **8 CPD credits!!**  
Here's how you can gain these credits:

**1 credit** for attendance

**4 credits** for free PSGH AGM CPD (Category 3)

Up to **4 credits** for vendor CPDs. (Cost of vendor CPDs have been negotiated downward to 50 cedis per participant)

\* **These will add up to 8 if one attends all.**

\* **Attendance will be strictly enforced.**

## POEM

Prescriber

I am always on call

But not an oncologist

My phone calls and duty calls

From waiting room to consulting room

I-Pads to the prescription pad

And yes, my handwriting is bad

Patients walk-in in turns

Sometimes I'm tensed

Hence, when I write a sentence

It's hard to tell the difference

I write Se' Clear™

The pharmacist don't see clear

For him it's a daily drill

And when I write 'after meals'

It looks like 'Attah Mills'

*Koboko the Poet Laureate*

## Journal Article

# Multiple Sclerosis: The Invisible Brain War And Facts For The Drug Information Pharmacist



### *Benjamin Nii Tagoe*

*Benjamin is a Public Health Pharmacist and a Lecturer University of Ghana, School of Distance Education, Department of Pharmacology, Accra.*



### *Akosua Bema Debrah*

*Akosua is a Community Pharmacist, Interpharma Limited Koforidua*

## BACKGROUND

Every organism's immune system is designed to protect it against diseases by identifying and destroying pathogens and other foreign materials. In a pathological state however, the immune responses are directed against, and damage, the body's own tissues (autoimmunity). Common examples of autoimmune disease include type 1 diabetes, rheumatoid arthritis, psoriasis and multiple sclerosis. In this review we shall highlight some on Multiple Sclerosis (MS) and the facts that come handy for a drug information pharmacist.

Multiple Sclerosis is a chronic neurodegenerative disorder that is unpredictable and poorly understood. Neurodegenerative disorders primarily affect the human brain and are characterized by a slow progressive loss of neurons in the central nervous system (CNS). The progressive loss of neural matter leads to deficit in specific brain functions such as memory, movement, cognition, and speech, among others depending on the area of damage. Alzheimer's disease, Parkinson's disease, amyotrophic lateral sclerosis, Huntington's disease, multiple system atrophy, and MS are neurodegenerative diseases. The course of each disease usually extends over a decade with the onset of degeneration preceding clinical manifestations by over a decade. It is noteworthy that most of these neurodegenerative diseases are currently incurable and debilitating with neuronal cell death as their consequence.

MS reportedly affects 2.5 million people worldwide with about 200 people being diagnosed each week in the United States. It typically affects persons aged 20-40 years. Women are affected twice as often as men are due to occupational stress, cigarette smoking, obesity, birth control, and late childbirth. In Ghana, there is limited data on the prevalence, incidence, and mortality rate associated with MS. This is understandably so because MS is not an ailment of common occurrence in Ghana. An understanding of the intricate and unpredictable nature of MS is expedient to fueling the progress that changes the lives of MS patients and ultimately reduces the burden of the disease to the barest minimum.

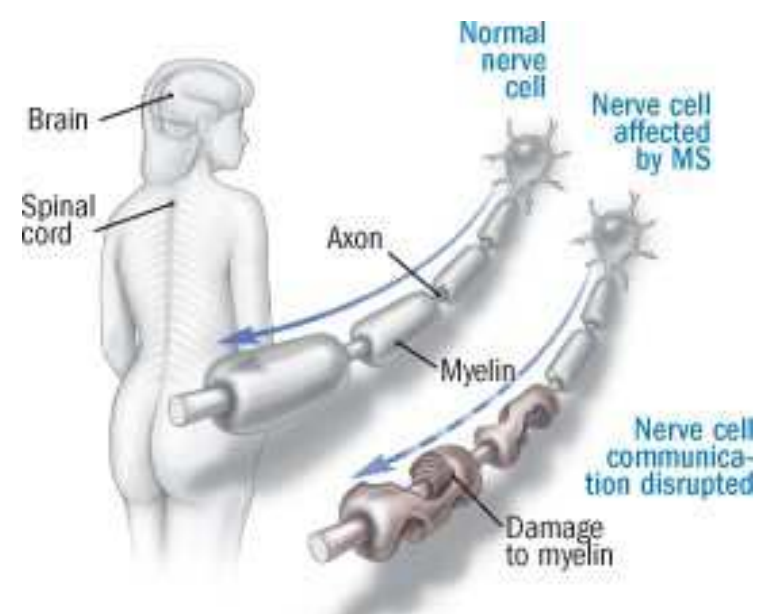
## NEUROINFLAMMATION IN MS

Traditionally, the CNS was considered to be limited in inflammatory capacity due to the existence of the blood-brain barrier, which restricts the

passage of cells and many inflammatory substances from the blood to the brain. Studies have however found that the CNS is actually immunologically specialized with an innate immune response via microglial activity. The microglia provide the first line of defense whenever injury or disease threatens in the CNS. Once activated, microglia produce a spectrum of inflammatory mediators, including eicosanoids, cytokines, chemokines, reactive free radicals, and proteases, which modulate immunologic actions but may also act on neurons to alter their function.

In MS, this inflammatory process is faulted and unregulated, such that the immune system attacks the protective myelin sheath that covers nerve fibers and destroys them. These protective myelin sheaths are important to protect neuronal axons, which aid in effective communication between nerves following an injury. However in MS, excessive inflammation causes lesions on the myelin sheath resulting in demyelination. Eventually, demyelination causes the axons to be exposed to injury and deteriorate or become permanently damaged. This damage to neuronal axons results in slowed conduction and eventually conduction block. Although myelin sheaths regenerate after an initial damage, the sustained uncontrolled inflammatory process drives disease progression.

The diagram below provides an illustration of nerves affected by MS.



*Figure 1. Multiple sclerosis damages nerve cells*

*Photo Credit: Havard Health Publishing*

Available at <https://www.health.harvard.edu/diseases-and-conditions/multiple-sclerosis>

## ETIOLOGY OF MS

The exact cause of MS is currently unknown. It is however reported to be triggered by factors such as age, gender, family history, race, geography, certain infections, autoimmune diseases, and smoking. Generally, individuals who are mostly affected by MS are between the ages of 15 and 60 years, with women being twice more likely to develop MS than men are. Scientific reports have also linked the development of MS to gene mutation. The genetic linkage suggests why individuals whose relatives have had MS are at a higher risk of developing the disease. With respect to race, dark-skinned persons are at a lower risk of developing MS; however, the course of the disease is known to be more aggressive in them.

Similarly, individuals living in tropical zones are at a comparatively lower risk of developing MS than those living in temperate zones are. Additionally, differences in the level of vitamin D, which is produced by bodies when exposed to sunlight, have been revealed to be a contributing factor to MS development; this is because vitamin D helps to lower an individual's risk of developing MS.

Furthermore, individuals with Epstein-Barr virus infections and autoimmune disorders such as thyroid disease, insulin-dependent diabetes mellitus, and inflammatory bowel disease are at a high risk of developing MS. Finally, smoking increases the severity of MS and hastens the progression of the disease.

## CLINICAL MANIFESTATIONS OF MS

About 2.3 million people across the globe are living with MS; however, no two patients present exactly the same symptoms, which makes MS very difficult to diagnose at first appearance. Patients suffer various degrees of intensity of the condition. Some may present with fatigue and impaired vision, others may lose their sense of balance and coordination, whereas others may develop a feeling of numbness in their arms and legs.

Muscle stiffness, bladder and bowel problems, difficulty walking, short-term memory loss, mood swings and, in severe cases, partial or complete paralysis have also been described as part of the manifestations. Because myelin sheaths are able to regenerate after a couple of days or weeks, MS symptoms can often disappear by themselves, only to return with a higher severity months later. Living with MS is highly unpredictable with a relapse-remitting course of the disease.

The diagnosis of MS requires a lot of expertise in neurological disorders since there are no specific tests to detect it. Instead, investigations such as blood tests (serological markers), magnetic resonance imaging, and lumbar puncture are performed to help rule out conditions such as vasculitis and spinal cord neoplasms that present with similar symptoms. Prompt treatment is critical in MS in order to prevent affected individuals from developing complications, which result in a poorer prognosis. Patients may develop untoward conditions such as depression, epilepsy, leg paralysis, muscle stiffness, impaired sexual function, impaired bowel movement, and urinary tract infections if the disease is not managed appropriately.

## MANAGEMENT OF MS BY A DRUG INFORMATION PHARMACIST

Currently there is no cure for MS. The main goal of treatment is therefore to maximize the quality of life of patients by managing presenting symptoms.

Clinicians also aim at shortening exacerbations and slowing the progression of the disease. Physiotherapy and medications that suppress the immune system also help to manage the symptoms and slow disease progression. Rehabilitation can also help prevent complications and secondary disabilities from developing.

The treatment options include:

a) Corticosteroids: These are administered to reduce neuronal inflammation and suppress immune hyperactivity. Examples include oral prednisolone and intravenous hydrocortisone.

b) Beta interferons

These are injected under the skin or into the muscle to reduce the frequency and severity of relapses.

c) Ocrelizumab

This humanized immunoglobulin antibody has been approved to treat both the relapse-remitting and primary progressive forms of MS.

d) Muscle relaxants: These are indicated for the management of painful muscle stiffness and spasms associated with MS. Examples include baclofen and tizanidine.

e) Disease modifying drugs

The use of medications in MS is very delicate and needs knowledgeable and skilled personnel led by a drug information pharmacist to ensure great pharmaceutical care to the patient. The knowledge base and capacity of a drug information pharmacist can help assess the potential for drug interactions before initiating treatment with a new medication. Moreover, since most MS patients present with comorbid conditions such as depression, it is expedient to identify the kind of medication to use so as not to exacerbate the presenting symptoms. Indeed a drug information pharmacist with specialty in neurological conditions can do a comprehensive medication review in order to harness information that will be good in obtaining positive therapeutic outcomes.

Proper administration of some of these medications can be done effectively in conjunction with a drug information pharmacist. After the right doses of medications have been administered via the appropriate routes, the pharmacist can also monitor patients to ensure that they are deriving much benefit from the therapy.

In public health, a key element of establishing the true burden of disease lies in case detection. Unfortunately the unpredictable nature of MS and the lack of a strong diagnostic method pose several challenges to medical professionals, from nurses, to doctors, to pharmacists, in case detection. Maximized case detection within a community implies that all members of that community are aware of the presentation and diagnosis of the disease, with the highest awareness required among healthcare professionals at the primary healthcare level.

In conclusion, let us all embrace the challenge of educating the public on MS with passion, provide life-changing programs, and help guarantee a supportive community for those who need it.

# WHY I WILL ATTEND AGM 2018...



**Pharm Jonathan Jato**

Annual General Meetings are yearly gatherings of professional groups or corporate organizations to share ideas, discuss issues of concern, elect leaders and upgrade professional competencies of members. The 83rd Pharmaceutical Society of Ghana's Annual General Meeting to be held in the Ho Technical University (HTU) has the theme "Building capacity to lead change in healthcare".

Change in healthcare practice is necessary, especially for pharmacists whose professional conduct has largely shifted from product-based services to patient-centred care. For this new phase of the profession, it is essential to gather the professionals in AGMs for review of their practices and adoption of best practices that will inure to the benefit of the patient.

As a member of the Academic, Social and Research Pharmacists wing of the PSGH, I reckon my participation in this year's AGM as an opportunity to get firsthand information concerning new trends in research. This will



**Pharm Bridget Korkor Ayisu**

This year's PSGH-AGM in Ho, the first of its kind in the Volta Region promises to be one of a kind, educative and exciting considering the

afford me the platform to sell out my research interests to the scientific community as well as pick up opportunities for collaboration. To be able to train pharmacists as an academic, and especially with the introduction of the PharmD curriculum, I feel the 2018 AGM is excellent timing for me to seek some clarifications from colleagues and seniors in the profession. I expect to use the opportunity to assess the expectations of members concerning the PharmD programme.

Continued learning, they say, is the backdrop of a successful professional career. The program content of the 2018 PSGH AGM is loaded with activities that will enhance my professional development as a pharmacist researcher. I hope all other branches of the profession will experience their own share of renewed professional experiences, take home practices that will result in the change in healthcare we so desire.

Interfacing with the various practice groups of the profession. The advent of pharmaceutical care and its accompanying curricula means that B.Pharm holders must upgrade their perceptions, knowledge base, and capacity to be able to:

1. accept the new paradigm in practice so as to remain relevant professionals,
2. participate in the precepting (training) of undergraduate PharmD professionals,
3. demand for decent pay for their new services to the society.

I see this year's AGM as an avenue to advertise

theme "building capacity to lead change in the healthcare".

The dynamic nature of health demands that health professionals especially pharmacists, who are the most accessible and frontiers in healthcare delivery are up-to-date in their knowledge on current trends, innovations and breakthrough in health care delivery. Being enlightened on the state of affairs of the society (PSGH) is a reason for which I will participate in this year's AGM.

Also, participating in this year's AGM I believe will grant me the opportunity to benefit from the newly introduced Vendor CPDs to become abreast with innovations and new findings in drug discovery and development. Obtaining 8 credit points for CPDs is also a side attraction

the PharmD concept, get B.Pharm holders racing for the top-up opportunity at the KNUST, and galvanize efforts for countrywide acceptance of the new phase of the profession. Pharmacists, from practice groups such as the pharmaceutical industry, academia and research, regulatory bodies, hospital and community pharmacy, will get the forum to discuss the outlook of their practices with the coming into force of PharmD.

### Thoughts sharing

AGMs provide reunion platforms for one to meet friends, colleagues and make new contacts/networks. I look forward to meeting my friends (those I only get the opportunity to meet

annually), superiors and mentors. I am hopeful that I will be given the opportunity as a participant to share my thoughts and opinions on how to lead the change in healthcare and also benefit from that of others.

As a resident of Ho, I also see the venue of the AGM as a means to advertise the region and its culture as well as the youngest School of

Pharmacy (SOP, UHAS) in Ghana to the pharmacy fraternity. This meeting will change perceptions and thence attract young pharmacists to accept postings to the region. The Volta cuisine, serene environment together with the reduced vehicular traffic in Ho is an aspect I will like all pharmacists in Ghana to experience come August 2018. I cannot wait to enjoy wokple, fetri detsi, abolo, sobolo and the aliha local drink.


and added advantage of attending this year's AGM which I can't afford to miss.

The Volta Regional Hospital and other numerous clinics which serve the region, the airport under construction, the Ho Sports Stadium and most importantly the University of Health and Allied Sciences (UHAS) are all prominent sites of attraction I look forward to visiting during this year's AGM. Other tourist sites such as Mt Afadjato, Wli Waterfalls, Tagbo Falls amongst others are also places I look forward to visit.

Finally, I look forward to fraternizing with colleague pharmacists during this annual general meeting.


**I reckon my participation in this year's AGM as an opportunity to get firsthand information concerning new trends in research.**

# “my expectations AGM2018 - Ho



I can foresee a very exciting AGM in Ho with a lot of learning opportunities, discussions on the way forward for PSGH and pharmacy, socialization, fun and sightseeing.

**Pharm. Benjamin Kwame Botwe**  
President, Pharmaceutical Society of Ghana



It is my expectation that at this AGM, we collectively agree on and commit to measures to prevent the abuse of medicines (codeine, tramadol and other PoMs) from destroying the health and lives of our youth. We must act now!

**Pharm. (Mrs.) Mimi Darko**  
CEO, Food and Drugs Authority (FDA), Ghana



My expectation is to meet old friends at the AGM, to compare notes and network with new colleagues. I would like leadership to dispassionately talk about the seeming conflict of functions between HERFA & PC and to properly define the way forward.

**Pharm. Alex Nyamesa Kesse**  
General Manager - Presbyterian Hospital, Agogo




At our AGM in Ho, It's my hope that we learn a lot, fraternize, have fun and in the end leave with the mindset of providing patient centered services, upholding High Standards of Professionalism and Ethics practice. Remember " We become what we Think and Do".

**Pharm. George Attara Boye**  
Director - Gabson Pharmacy Ltd, Koforidua



A number of legislations have been passed this year that have far reaching implications on the practice of Pharmacy in Ghana. I expect the #PSGHAGM2018 to agree on a clear roadmap for responding to these legislations

**Pharm. Rev. Dennis Sena Awitty**  
Executive Secretary - Pharmaceutical Society of Ghana



I am expecting a good opportunity for all pharmacists to meet in Ho, enjoy the fraternity, improve and build better networking than previously. Let's create wonderful memories in Ho.

**Pharm. Yaw Barima Afrani**  
CEO, Lansah Chemist, Kumasi



The CPD points for this year's AGM should definitely be much better than that of last year.

**Pharm. Akua Frema Kuffour**  
Superintendent Pharmacist, Bedita Pharmacy, Accra



1. To have feedback on our concerns raised in 2017.
2. To see a lot more ladies partake in our LAPAG AGM to dialogue, promote and actively be a heard voice in all and everything that affects Pharmacy practice.

**Pharm. Naana Aboagye Quayson**  
National Chair, Lady Pharmacists Association of Ghana (LAPAG)



I'm looking forward to interacting with the investors and board members. Having a sense of who the board members are as a people is very important. And I'm looking forward to enjoying the good food from Ho!

**Pharm. Nora Obodal**  
Community Pharmacist, Ernest Chemist Retail Division, East legon Branch



I look forward to networking with Pharmacists in Academia and Industry for Research Collaborations and also look forward to the rich culture and delicacies from the Volta Region.

**Pharm. Cynthia Amaning-Danquah, PhD**  
Senior Lecturer, Faculty of Pharmacy and Pharmaceutical Sciences - KNUST



My expectations include:


- Gaining insight and knowledge into recent developments in academia and industry.
- Socializing and networking with old and new friends.

**Pharm. Lucia Addae**  
Chairperson, PSGH Greater Accra Branch



I want relevant pressing issues to be addressed at this AGM. I expect the AGM to be fun and educative. I expect the image of Pharmacy practice to be projected more in the country during and after the AGM.

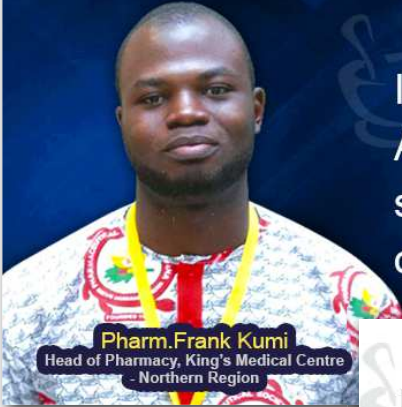
**Pharm. Josephine Mensah**  
Clinical Pharmacist - Korle Bu Teaching Hospital



I expect a lot to happen this AGM. I see a certain level of proactiveness from all the practice groups of the PSGH in advancing pharmacy practice in Ghana. It's time all these efforts are harmonized in order to consolidate the gains that have been made.

**Pharm. Anthony Kwame Adjepong**  
CEO - PHARMATRUST Ltd

# “my expectations AGM2018 - Ho



I anticipate a thrilling AGM at Ho which surpasses the previous one in all measures.

**Pharm. Frank Kumi**  
Head of Pharmacy, King's Medical Centre - Northern Region

It is my expectation that the AGM will provide the platform for pharmacists to share their professional experiences and knowledge. As well as network and socialize whiles finding proactive means or measures to positively promote/enhance the profession especially in the current era of abuse of medicines.



**Pharm. Mrs. Yvonne A. Adu Boahen**  
Board member of the Pharmacy Council  
Head of Clinical trials, FDA

It's time the pharmacist led the conversation on safe guarding the safety of patients once drugs are dispensed through advocacy for adverse event reportage.

**Ho:** It's time to shift the focus from the business to the patient.



**Pharm. Gifty Cobby Amporful**  
Novartis AG - Patient Safety Manager, Africa

Pharmacists, wherever they practice, are well placed to transform health systems and practices through conceptualisation and implementation of innovative research and inform others for active learning. It is my expectation that 2018 AGM at Ho would provide such a platform.



**Pharm. Dr. Franklin Acheampong**  
Head of Research, Korle Bu Teaching Hospital

All I want for AGM is *akpe* and *bobi tadi*.  
Ho pεεεε....



**Pharm. Dr. Edmund Ekuadzi**  
Chairman, PSGH Ashanti  
Lecturer, FPPS, KNUST

A number of legislations have been passed this year that have far reaching implications on the practice of Pharmacy in Ghana. I expect the #PSGHAGM2018 to agree on a clear roadmap for responding to these legislations



**Pharm. Patrick Fordjour Asare**  
Locum Pharmacist, Ebenezer Chemist Ltd.  
Osu - Accra

I expect the #PSGHAGM2018 to be exciting and insightful. There should be a forum for updates on the most recent therapies for common diseases/conditions.



**Pharm. Hilda Amekyeh, PhD**  
Lecturer, UHAS School of Pharmacy

The AGM should create a platform through networking, where the different practice groups can collaborate on action plans to push the profession forward.



**Pharm. Elwyn Kafui Tuani**  
Community Pharmacist  
Mawuena Pharmacy Kwashieman-Accra

I want this AGM to empower Pharmacists to rethink of innovative ways to bring pharmaceutical care to the doorstep of the patient in the rural area. I also want to relive those days in 1977, as a student of pharmacy, when i spent 3 months in Ho doing my practical training.



**Pharm. Doris Addae Afoakwa**  
CEO of Dayden Pharmacy and  
Chairperson of Pharmacy Council

“Volta AGM 2018 would be my first time in the region and I am expecting a peaceful relaxation and an exciting adventure after a hard days work. In pursuit of my business venture, I also anticipate building many social and business contacts”.



**Pharm. Stephen Adjei**  
Unit Manager - Paediatrics Pharmacy  
Tamale Teaching Hospital

I would really love it if we can have a worshipful **Thanksgiving Service** in Ho. If it is possible to move the Thanksgiving Service to the early days of the AGM, perhaps we'd see many pharmacists join in the event. Can we make that happen please?



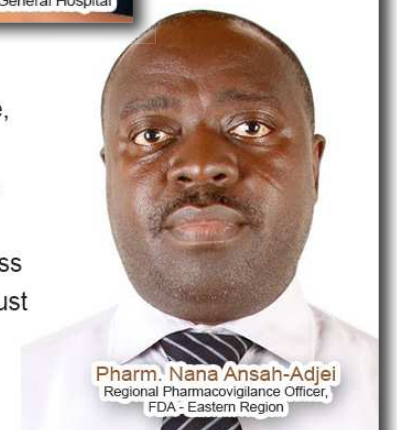
**Pharm. Janice Osei Donkor**  
Clinical Pharmacist - Tema General Hospital

Recent AGMs have been better than previous ones in terms of organisation, knowledge acquisition, fun etc. I expect AGM 2018 in Ho to follow the trend.



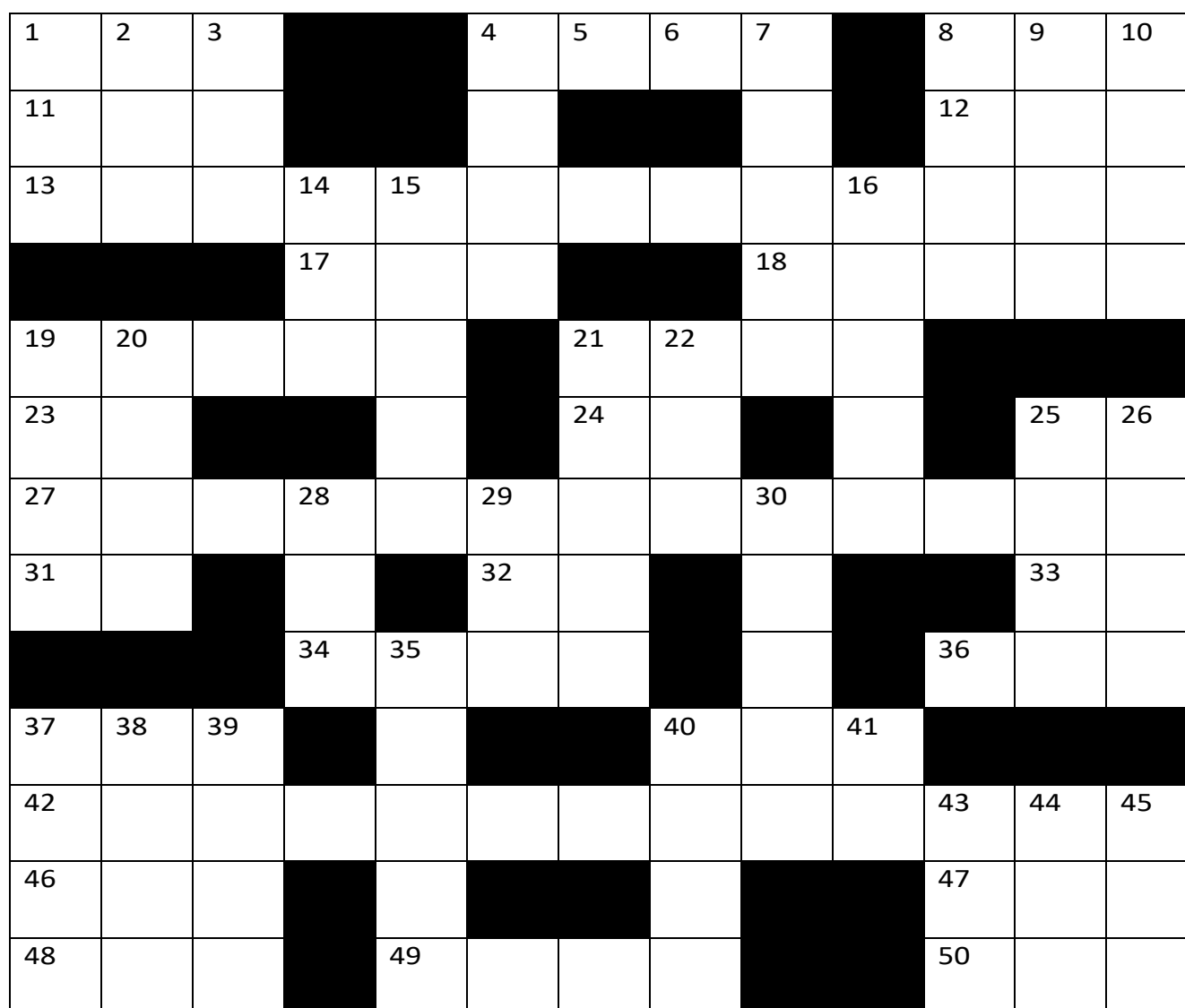
**Pharm. Ekwon Essel Hasford**  
Pharmacist - Kokofu General Hospital

I expect Volta-AGM conversations to facilitate, drive and create new healthcare leaders. Conversations should embrace the dynamics of our healthcare ecosystem. Conversations on supply chain should lead to competitiveness and finally Pharmacovigilance discussions must include ADR detection, diagnosis and demographics.



**Pharm. Nana Ansah-Adjei**  
Regional Pharmacovigilance Officer,  
FDA - Eastern Region

# CrossPuzzle



## ACROSS

1. Much \_\_\_\_ about nothing
4. Winged nocturnal fly. Closely related to the butterfly
8. A barber (Indian)
11. An atom or molecule with a net electric charge due to the loss or gain of one or more electrons
12. Aged
13. in vivo active form of Tramadaol
17. Half of two
18. Second vowel of alphabets (repeat five times)
19. Duvet
21. The most important Chess piece
23. UL
24. @
25. Alcoholics Anonymous
27. Diversifying with other things at intervals
31. Chemical symbol of atomic number 73
32. Towards a higher place or position
33. Thank you
34. Mum
36. Administer orally; \_\_\_\_ os
37. A glossy black long-tailed bird of the cuckoo family, with a large deep bill, found in Central and South America
40. I think, therefore \_\_ \_\_
42. President of the Pharmaceutical Society of Ghana (PSGH)
46. A large amount
47. Hiccup
48. Liver salt (brand)
49. A set or group of three people or things
50. A person's sense of self-esteem or self-importance

## DOWN

1. Help, typically of a practical nature
2. Female deer
3. ONS
4. Colleague
7. Traditionally taken as a mark of virginity
8. A point at which a curve intersects itself
9. Medicinal plant of the Liliaceae family
10. Inactive
14. The SI unit of amount of substance
15. Come or go into a place
16. The protection, backing, or support of a particular person or organization
19. Resign
20. Radius and \_\_\_\_
21. The tenth letter of the Greek alphabet
22. Suffix used in forming names denoting natives of a country
25. Latin for "before"
26. Culture medium
28. A tall deciduous tree which typically has rough serrated leaves
29. Total
30. Facility for treatment of drug or alcohol dependence
37. Having the capacity to do something
38. Chemical element of atomic number 10
39. Preposition expressing division
40. What you need to know
41. Molybdenum
43. Definite article
44. Worn to conceal baldness
45. Not harming the environment

Send all answers to [editor@psgh.org](mailto:editor@psgh.org). Names of winners will be published in the next issue of the Apothecary News.

## "my expectations AGM2018 - Ho



Pharm. Fareeda Serwaa Brobbey  
Unit Manager - O&G Pharmacy TTH  
Mandela Washington Fellowship, 2017 Cohort

The prevalence and menace of drug abuse (especially tramadol and codeine) in the sub region is very worrisome. During this AGM, I expect an avenue that would bring together the various stakeholders of the pharmaceutical sector to brainstorm and find a practical means of curbing this societal canker.

I expect the conference to be thought-provoking and interesting. I hope to meet friends and classmates I haven't seen in a while. I also expect our discussions to end with plans to see them being put into good use. I wish all an enjoyable conference in Ho.



Pharm. Dr. Patrick Amoateng  
Senior Lecturer, University of Ghana  
School of Pharmacy

# WHY I WILL ATTEND AGM 2018...



**Pharm (Mrs.)  
Josephine Mensah**

As I sat in my hotel room overlooking the stunningly well-lit city, I could not help but wonder why on earth I should attend this year's Pharmaceutical Society of Ghana (PSGH) Annual General Meeting (AGM) in Ho. It has been such a busy first half of the year already! Come to think of it, why bother with the time and expense of a PSGH AGM while I can use that week as an opportunity to relax and unwind?

As a matter of fact I have attended several CPDs, and I even have CPD credits to generously offer those who may have arrears by close of year! While these thoughts ran through my mind with the speed of Usain Bolt, it was obvious that I had to make my decision, after all I agree with the British philosopher Bertrand Russel that "nothing is so exhausting as indecision, and nothing is so futile!"

"But what if I go?" I counter thought. Taking a few days away from all the hustle and bustle to participate in this year's AGM certainly cannot be a waste of time. All work and no play can indisputably make Adwoa a dull girl! From all that the publicity team is propagating, it seems this year's AGM will be fun. At least they have made mention of activities and events such as the presidential address from H.E. Nana Akufo-Addo, the mouthwatering trip to Wli waterfalls and the special stage play by Uncle Ebo Whyte's crew which will make the conference quite interesting. I will never underestimate the power of a little excitement in the midst of interesting colleagues.

As I tried to convince myself further, a thought crossed my mind that I can actually use this year's AGM as an opportunity to visit the Volta region for the first time. Yes, this will bring the tally of regions in the country I have visited to eight. I am cork sure my decision will really excite Sena and Selorm, courtesy of whom I heard lots of undeniably beautiful and interesting stories about the Volta region of Ghana. When I go, I mused, I will finally see the famous and breathtaking London bridge of Ghana, the Adomi bridge. I learnt the view at night is just awesome.

Oh, I will definitely make time to see the impeccable Mount Afadja which is the highest point in Ghana. The decision to take a hike or not is, however, still in the pipeline. Notwithstanding, I was so certain that I will definitely visit the Tafi monkey village and the only spa by the riverside in Ghana, the enchanting Holy Trinity Health Farm and Spa at Sogakope. Surely, I will seize the opportunity to gather courage and have a taste of the famous akple and fetri detsi for the first time at the AGM.

Who knows, I will gather courage to overcome my dance phobia and try out a few steps of borbobor and agbadza dance. Hahaha, I know it will be amusing to watch, I thought. Nevertheless, I will definitely have the girls capture me on camera.

At that very moment I remembered my favourite akwaaba night; lots of music and good food! I had no doubt that this year's akwaaba night will be any different (I hear it has been christened Woezor Night). At this year's AGM, I will definitely look forward to eating my most-liked kyinkynga-khebab. Mmmmm, I could feel the mere thought of it had activated the cephalic phase of gastric acid secretion in my growling tummy. Oh boy! I also recalled the exhibition by pharmaceutical companies and sponsors after the opening ceremonies of PSGH AGMs. It is always fun moving from one stand to the other. My conference bag does always get full with free samples though, I shyly admitted to myself.

It dawned upon me then that it will be in my own interest to go for this year's AGM, since I will have the opportunity to meet people from all the various practice groups. I could actually meet old friends and colleagues I haven't connected

with in a while and make new ones too. It will be incredible to actually meet senior colleagues I admire in the industry, people I do not have the opportunity to encounter on a normal day. I will surely take lots of selfies with them and update my WhatsApp status by the second. I can also do a lot of networking and make connections that can lead me to finding new mentors.

Most importantly, I thought, when I do go for this year's AGM, the knowledge that will be obtained will be invaluable. I was so sure the thematic speaker from Howard University, Prof.

Anthony Wutoh will do a fantastic job at inspiring us to build capacity to lead change in healthcare in Ghana. I will definitely look forward to being motivated by him and other speakers. I agree with Stephen Covey that to be a highly effective person, one has to take a break from work to sharpen his or her skills. I know that at the conference new ideas and approaches will be learnt which will make me more effective and efficient at work.

I will definitely look forward to the educative breakout sessions of the various practice groups.

I realized that no two PSGH AGMs are the same, and I was by no means going to confuse this year's conference with others I had attended. As I began that day, I was oblivious of the reason why I had to attend this year's AGM, but at this very moment I was so sure that God-willing I will be attending because it will be an opportunity to relax from the stressful work environment and enable me know more about the Volta region of Ghana. I will also have the opportunity to network and meet people I admire in the profession. Moreover, it will provide an all important opportunity for education and continuous professional development.

So now, I will end by confidently saying "2018 PSGH AGM, here I come!! See you from 31st

**It will be incredible to actually meet senior colleagues I admire in the industry, people I do not have the opportunity to encounter on a normal day. .**

## AGM 2017 IN PICTURES *Fun Games*



# List of Accredited Accommodation for AGM 2018

No	Name of Accommodation	Location	Contacts	Distance to HTU	Rate (GH¢) and No. of Rooms	Remarks
1	Kekeli Hotel	Ho-Kpodzi	0362026670 0362026495	3 mins	50 (2), 70 (2), 80(1), 100 (8), 110(19), 25(6)	50 & 70 (Twin beds each room bathroom outside), 80 & 100 (king size bed self contained), 110(twin beds self-contained), 25(3 beds per room, bathroom outside)
2	Work and Happiness Hotel	Ho Heve	0243665758 0208163256	5 mins	40	double bed self contained
3	Work and Happiness Hotel	Ho Dome	0243665758 0241839274	7 mins	40(5), 45(6), 60(1)	40(washroom outside, fan, no AC, no TV), 60(twin beds, self contained)
4	Alinda Hotel	Ho Heve, behind Stadium Gate Mall	0506780499 0247686914	5 mins	50(8), 65(2), 120(1), 150(1)	50(self contained, double bed), 65 & 120 (king size bed self contained), 150(family suite)
5	Pleasure Gardens Hotel	Ho Heve, Opposite stadium gate mall	0264364579 0549849929	5 mins	50(2), 60(3), 80(4)	50(self contained, one and half bed), 60 & 80(self contained, double bed)
6	Dollar Guest House	Ho Bankoe, opposite ECG	0241810545	8 mins	45 (3), 50(1), 60(1)	
7	Pee-Gin Hotel	Ho, Dave road	0246475207 0202808771	8 mins	40(5), 50(4), 80(1), 100(2)	
8	Ghana Registered Nurses and Midwives Lodge	Ho, Godokpe junction	0362194732 0244493410	8 mins	100 (28), 120(2)	
9	Citadel Hotel	Ho, Mawuli Estates, Few metres Opposite Tobinco warehouse	0362196457 0203420386	6 mins	150(12), 18(4)	
10	The Triangle Hotel	Mawuli Estate, along Tobinco warehouse road	0262196450	5 mins	60 , 70 & 120 (1), 100(8)	
11	Yaaks Lodge	"Mawuli Estate, along Ho-Adaklu road"	0202958293 0246996550	3 mins	80(3), 90(1), 120(2)	
12	Summerlight Guest House	"Ho, Maryland area, off Nogora junction"	0200105211 0244042902	3 mins	50(10), 80(1)	
13	Phills Plaza	Voradep village	0505401399 0207426100	6 mins	120 (2), 150(14), 200(1), 250(2), 350(1)	
14	Lawnia Hotel	voradep village, behind Mirrage, on the UHAS road	0362025585 0243122281	6 mins	120(19), 150(2), 175(11)	
15	Ananda Lodge	Opposite, Nogora Hostel	0549227810	1 min	60	
16	Volta Vich Charles Hotel	off HTU library gate, towards SSNIT FLATS	0342290077 0504952008	2 mins	110(4), 140(11), 200(10)	
17	Stevens Hotel	Korshiorkor	0362027130 0541256844	6 mins	450(2), 375(3), 275(16), 250(6)	230GHS Flat rate if booked through AGM logistics committee
18	Rocklyne Hotel	Beside Miracle Life Hospital	0200151490 0208161306	8 mins	195(2), 250(2), 270(2), 400(1)	400(2 double beds)
19	Maxdel Hotel	off Ring road, old cold store	0362196060 0264389386	10 mins	100	double bed self contained
20	Bishop Konning Lodge	Sokode Lokoe, Catholic Secretariat	0202808817	12 mins	60(13), 80(12), 100 (4), 110(1), 200(1)	
21	Setrade Guest House	Sokode Lokoe, along the Cement road	0557506637 0271137774	15 mins	30(1), 40(4), 45, 75, 80, 90 & 100(5)	45, 75, 80, 90 & 100(5) 1 room each rate.
22	Chances Hotel	Sokode Lokoe, DVLA on the Hills	0202834444 0362028344	12 mins	200(44), 300(27), 350(22,2,4), 450(3), 750(2)	200(uphill standard), 300(brickhouse standard), 350(twin room, can be shared by 2, uphill family room, chalet), 450(brickhouse family room), 750(Executive suite)
23	Fred's Hotel	Fred's Kitchen, on the hill overlooking Chances hotel	0505961061	15 mins	200(6)	Roof top bar

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No	Name of Accommodation	Location	Contacts	Distance to HTU	Rate (GH¢) and No. of Rooms	Remarks
24	African Hill Resort	Weta Hills, overlooking Klefe township, not farm from Sky plus hotel	0208267501 0548195421	12 mins	250(9)	
25	Restel Hotel	African Hill Annex Ho- Deme, 2 mins drive from Royal Hospital	0362290051 0242304893		150(6), 200(2)	150 (deluxe), 200(Executive)
26	Sky Plus Hotel	Weta Hills, Klefe	0208113379 0362091474	12 mins		
27	Freedom Hotel	Police depot road	0209792526 0546757525	20 mins	150(36), 200(25), 220(6), 250(2)	
28	Taurus Hotel	Off fire service, towards Kabakaba hills	0201529716 0242380118	8 mins	80(5), 110(5), 150(1)	
29	Osblessed Enterprise	Akote, Kpetoe Road	0207730236	25 mins	50(3)	
30	Woezor Hotel	Pharmacy Council Road towards Residency	0201073062	10 mins	100 (24), 110(6), 120(5), 150(3)	
31	Edina Hostel	Behind Rocklyne Hotel, near Miracle life hospital	0548345008	8 mins	15(58)	58 beds, bunk beds
32	Tarso Hotel	Tarso, Opposite EP university	0362026732 0209167634	7 mins	25(2), 30(3), 35(2), 40(3),60(1), 100(1)	25(single beds, washroom outside), 35(2 beds in one room, wahsroom outside), 40(self contained rooms), 100(double bed self contained)
33	Malisel Hotel	Behind Unity Rural Bank, Tarso	0362026161 0553653076	7 mins	50(4), 70(2), 75(10), 120(3)	50(self contained. no TV, no Fridge), 70(double bed, self contained, tv, fan), 75(queen size bed, fan, tv, self contained), 120(executive, king size bed, AC, fridge)
34	Lord Hotel	CK road	0362025240	12 mins	50(8), 60(9), 75(1), 85(2)	50(double bed, self contained, tv, fan), 75(twin beds, self contained), 85(King size beds, self contained, fan, TV)
35	Victory Guest House	CK road	0543799376 0245188803	13 mins	40(14)	40(double beds, fan)
36	Decos Hotel	CK road	0362094917 0545502135	13 mins	60(4), 70(2), 80(4), 90(2)	60(double bed self contained), 80(Queen size beds, self contained)
37	Delson Guest House	Barracks Hill top	0202658474	15 mins	50(6)	single beds, self contained, no AC,no fridge
38	Margreen Guest House	Barracks Hill top	0208675236	13 mins	40(8), 50(1), 70(9)	40(single bed, no AC, self contained), 50(double bed, no AC, self contained), 70(AC, double bed, self contained)
39	Mayflower Guest House	Ola Top	0206450877	7 mins	50(4), 60(8)	50(self contained, no AC)
40	Buela Guest House	Star SHS, Ola Top	0362196337	6 mins	85(2), 100(2), 110(1)	85(Queen sized bed, AC), 100(King sized, AC, fridge, TV), 110(executive, king size bed, AC, fridge)
41	Tayco Lodge	Housing Junction	0362025556 0200172695	7 mins	50	double beds, no AC, no fridge
42	Mawumenyo Hotel	Kpetoe	0207707052 0550688390	30 mins	70(1), 80(5), 100(7)	

# List of Accredited Accommodation for AGM 2018

No	Name of Accommodation	Location	Contacts	Distance to HTU	Rate (GH¢) and No. of Rooms	Remarks
43	Connie A. Hotel	Kpetoe	0244029754 0245035940	30 mins	50(11), 60(1), 90(2), 100(2), 150(1)	self contained rooms
44	Buggie Hotel	Kpetoe	0244976082	30 mins	30(3), 50(2), 70(2), 80(3)	self contained rooms
45	Winners Luxury Hotel	Kpetoe	0302904859	30 mins	200(8), 250(4)	
46	Princefield University	Ho-Kpetoe Road 4 minutes drive from Ho airport entrance"	0243815535	22 mins	25(30)	hostel type accommodation, bunk beds
47	Golden Queen Hotel	Ho-Dave	0247129924	13 mins	35(4), 40(2), 50(4)	self-contained. Fans
48	Deladem Guest House	Ho-Akoefe	0249416166 0508961090	19 mins	80(2), 100(2), 120(2)	2
49	E.P. Church Guest House	Klefe	0209350174 0242932217	15 mins	30(8)	30 (self contained rooms, fans, no AC, no TV neat and sirene)
50	Sunset Green Lodge	Ho-Alaye, Behind Christ the King Catholic	0549474317	8 mins	180(4)	180(a four-bedroom apartment in two-storey building)
51	Fafaedmar Guest House	Sokode Gborgame	0247974177 0553911993	20 mins	40(8), 50(5), 75(6)	8(fan, no TV, no fridge, no AC), 50(fridge, TV, no AC), 75(double bed, AC, TV, fridge)
52	Gateway Guest House	Sokode Gborgame	0550873998 0543483064	20 mins	30(3), 35(4), 50(2)	30(washroom outside), 35(self contained), 50(self contained, AC, TV, )
53	Betteg Hotel	Sokode Etoe, behind Sokode Senior High Technical Sch.	0247866235 0208782170	15 mins	65(2), 75(1),100(3)	65(1.5 sized bed, self contained, fridge, tv), 75(double bed, AC, TV, fridge), 100 (Queen sized bed (1), twin bed (2))
54	Swinzy City Guest House	Ho-Dave junction	0245366604	12 mins	120(5)	DSTV, double bed, AC, self contained
55	Volta Serene Hotel	Kabakaba Hill	0362028805	9 mins	160 rooms	Price - promotional rate if booked through AGM Planning Committee. check details @ <a href="http://www.voltaserenehotel-ghana.com">www.voltaserenehotel-ghana.com</a>

## AGM 2017 IN PICTURES *Dinner*



The Adomi Bridge was constructed at a cost of \$2,411,000 between 1955 and 1956 under the leadership of Dr. Kwame Nkrumah. In physical and spatial terms, the 900-ton, 805ft Adomi Bridge is the only suspended bridge in Ghana.

*fun facts*

Of the 10 regional capitals in Ghana, Ho is the only city without a dual carriage road.

In spite of this, it is probably the most traffic-free city in the country

*fun facts*

Famous Native citizens of the Volta Region:

#	Citizen	Settlement
1	Ft. Lt. Jerry John Rawlings	Keta
2	Prof. Kofi Awonoor	Wheta
3	Peter Bossman	Ho
4	Ave Kludze	Hohoe
5	Hon. Fiifi Fiavi Kwetey	Nogokpo
6	Hon. Dzifa Ativor	Peki
7	Dr. Ephraim Amu	Peki
8	Komla Dumor	Aflao

*fun facts*

Can you count the number of traffic lights in your city? Now, can you guess the number of traffic lights in Ho?

There are four (4)! Be sure to take a photo at each of these points whenever you are in Ho.

*fun facts*

At an elevation of 885m (2904ft), Mount Afadja is one of the highest mountains in Ghana. 'Afadja' is the name of the mountain, whereas 'to' in the Ewe dialect means nountain; therefore, it is called 'Afadjato' by the indigenes.

The correct name is 'Mount Afadja', as 'Mount Afadjato' is a repetition of 'mountain'.

*fun facts*

From a height of about 80 metres, Wli Waterfalls is the highest waterfall in West Africa. It is a two-tier waterfall with a pool (about 1.5 metres deep) at each level.

It is located in a serene virgin forest (about an hour away from Ho). The water is cool and refreshing (and believed to have therapeutic properties). Come take your shower at the Wli Waterfalls.

*fun facts*

Established by an Act of Parliament (Act 828) which received presidential approval in December 2011, the University of Health and Allied Sciences (UHAS) is the youngest public university in Ghana. Additionally, it is the only health-centered university in the country.

UHAS is the pride of Ho.

*fun facts*

You don't need Uber to know your taxi fare when traveling within Ho. Short distance? Pay GHC 1.60. Long distance? Pay GHC 1.80.

That's how you ease movement in a capital city!

*fun facts*

It is market day every five (5) days in Ho.

Come prepared to shop, because if we are lucky, we might experience two separate market days at #PSGHAGM2018 in Ho.

*fun facts*

You always thought Afadjato is the highest peak in Ghana, right? Don't worry, you're not alone when it comes to that misconception.

Actually, Aduadu Peak (found on the Akuapem-Togo range) is about 20 metres higher than Afadjato is.

*fun facts*

The School of Pharmacy in the University of Health and Allied Sciences (UHAS) is the youngest school for the training of Pharmacists in Ghana.

It is only the fourth (4th) institution in the country for training undergraduates into Pharmacists.

*fun facts*

The School of Pharmacy in the University of Health and Allied Sciences (UHAS) is the youngest school for the training of Pharmacists in Ghana.

*fun facts*

# AGM fun facts.....

**E** The native and largest ethnic group of the Volta Region are the Ewe people (68.5% of the population). They consist of several sub groups such as the Anlo, Tongu, Wedome, and Avenor Ewe groups.

Other ethnicities include the Guan (9.2%), Akan (8.5%), and Gurma (6.5%) people.

*fun facts*

The most popular orthodox church in Ho is not the Catholic Church! It is rather the Evangelical Presbyterian (EP) Church!

It has the most branches and congregants. The Headquarters of the EP Church is in Ho.

*fun facts*

Atop the Klepe and Adaklu Mountains, one enjoys a panoramic view of Ho.

Indeed, the gods always smile down on Ho.

*fun facts*

If you were to travel to Ho by road, it would averagely take you

- 3 hours from Accra
- 5 hours from Kumasi
- 6 hours from Cape Coast
- 7 hours from Sunyani
- 7 hours from Takoradi
- 12 hours from Bolgatanga

*fun facts*

**Undisputed GH Food Facts:**

- The best kenkey is the one prepared by a Ga
- Waakye without a Hausa touch?! Is that one too waakye?
- The famed Ghana fufu should come from an Ashanti
- The best banku should come from a Daavi

If you are a Pharmacist, you can enjoy all of these in one location: Ho

*fun facts*

The most visited tourist sites in the Volta Region are:

- Biakpa Falls and Caves
- Mount Afadja
- Snake Village, Liate Wote
- Tafi Atome Monkey Sanctuary
- Wli Waterfalls

*fun facts*

**Famous Native citizens of the Volta Region:**

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8	Komla Dumor	Aflao

*fun facts*

Asogli Yam Festival is celebrated annually in September by the Asogli people in the Volta Region of Ghana. It is observed to celebrate yam cultivation. Legend has it that a hunter found a tuber in the forest during his hunting expedition and hid it, only to come find that it had grown even bigger.

The celebration was brought into Ghana by the Ewe people of Ghana when they migrated from Notse in the Republic of Togo, where it is still celebrated.

*fun facts*

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*fun facts*

**USEFUL EWE SENTENCES**

- How are you? - Jfca?
- You are welcome. - Woe zc.
- Do you understand? - Js jgcmj a?
- What is your name? - Nkcwo de?
- How much does it cost? - Nenie?
- I am a Pharmacist. - Atikj wcla mjnyj.
- Pineapple seller, stop. I will buy five pineapples. - Atctc tc, tc. Maplj atctc atc.

*fun facts*

Interested in seeing lions, elephants, buffaloes, antelopes and baboons? Then come to the Kalakpa Game Production Reserve located 30 km south of Ho. The bird world and hundreds of butterfly species in this Reserve are worth seeing.

Before Kalakpa became an animal reserve, it served mainly as the preferred hunting area for expatriates in Ghana.

*fun facts*

Paul Agbodza holds the record for fastest time for climbing up and down Mount Afadja.

He achieved this feat in 2008 when he run from the reception area at the Mountain site, made his way to the summit, and finally descended back to the reception area in a record time of 25minutes.

*fun facts*

# AGM fun facts.....



# Are you a friend of the Human Race?

Then join us once again in this year's AGM Health Outreach.



The Pharmaceutical Society of Ghana

Free downloads of this newsletter and past issues are available on our official website [www.psgh.org](http://www.psgh.org)

Tel: +233 0302910263, 0288244387



## Venue

Tanyingbe (village located 20 minutes from Ho)



## Date

Tuesday, 31st July, 2018  
9:00am

This will be a departure from the usual outreach as a number of Adherence Counseling Units will be set up to counsel and educate adults, children and families in the community on key health issues from basic ones like personal hygiene/hand washing to complex ones such as drug therapy, compliance and medicines safety. The aim is to empower the community through education to take control of their personal and family health needs.

## Follow us on Social Media

 PSGH Lounge

 @official\_PSGH

 [info@psgh.org](mailto:info@psgh.org)