



PHARMACEUTICAL SOCIETY OF GHANA

ANNUAL GENERAL MEETING

Theme

Optimizing the pharmaceutical workforce in a rapidly evolving world

MONDAY

SUNDAY

AUGUST 29 - SEPTEMBER 4

UDS AUDITORIUM - TAMALE

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References

1. IASP Guidelines 2015, (2. Indian J Med res 135, May 2012, pp 630-635)
2. Pella - in Medicine 2004;18(5/11):4. Clin-Neural Neurolog. 1992;94(2): 109-11

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Welcome to UDS!!!

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(Co-opted member)

PHARMACY ANTHEM

We salute You Honourable
Pharmacist of the Past,
Present and Future
Hats off,
To the founding Fathers
Who Birthed our Noble Profession
We Are Honoured to be Members of this
Prestigious Family Formulating Health
and Vitality with Mortar and

Pestle Restoring Life and Well Being
With Dosage Forms and Regimen
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That Love for Life first
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save we must the Joy of Health
To Build God Be Our Help
Our Reward And Guide



PROFILE OF

PHARM. SAMUEL KOW DONKOH

THE PRESIDENT OF THE PHARMACEUTICAL SOCIETY OF GHANA (PSGH)

Pharm. Samuel Kow Donkoh is the President of the Pharmaceutical Society of Ghana (PSGH) and the Chief Executive Officer and Chairman of Cedar Point Chemist Limited.

Pharm. Donkoh holds a Bachelor of Pharmacy Degree from KNUST and an Executive Masters in Business Administration (EMBA) from the University of Ghana Business School. He is currently pursuing a Doctor of Pharmacy (Pharm D) Degree at the University of Ghana School of Pharmacy.

He was the Country / Regional Manager at Roche Pharma from 2001 to 2011 covering English West Africa and Southern Africa with a wealth of experience in Pharmaceutical Marketing.

He was the President of Pharmaceutical Importers and Wholesalers Association (PIWA) (2016 – 2020), President of Pharmacy Business Executives Association of Ghana / Pharmacy Business Association of Ghana (2013 to 2016), and Member of the National Executive Committee of Ghana National Chamber of Pharmacy (2015 to 2020).

Pharm. Donkoh is the immediate past President of Winneba Secondary School Old Students Association (WOSA) and an active member of 1985 Year Group of St Augustine's Past Students Union (APSU '85).

He is an Ex Officio Executive Member of Pharmaceutical Importers and Wholesalers Association of Ghana and a board member of Gomoa Gyaman Senior High School in the Central Region.

He is a member of the Governing Board of the Pharmacy Council of Ghana as well as the Ghana College of Pharmacists.



PROFILE OF

H. E. NANA ADDO DANKWA AKUFO-ADDO

PRESIDENT OF THE REPUBLIC OF GHANA

His Excellency Nana Addo Dankwa Akufo-Addo, the incumbent President of the republic of Ghana was born in Accra, Ghana, to a prominent Ghanaian royal and political family as the son of Edward and Adeline Akufo-Addo. He hails from Kyebi in the Eastern Region of Ghana.

He started his primary education at the Government Boys School, Adabraka, and later at the Rowe Road School (now Kinbu), both in Accra Central. He went to England to study for his O-Level and A-Level examinations at Lancing College, Sussex, where he was nicknamed 'Billy'. He began the Philosophy, Politics and Economics course at New College, Oxford in 1962, but left soon afterwards.

He returned to Ghana in 1962 to teach at the Accra Academy, before going to read Economics at the University of Ghana, Legon, in 1964, earning a BSc (Econ) degree in 1967. He subsequently joined Inner Temple and trained as a lawyer under the apprenticeship system known as the Inns of court, where no formal law degree was required. He was called to the English Bar (Middle Temple) in July 1971. He was called to the Ghanaian bar in July 1975. Akufo-Addo worked with the Paris office of the U.S. law firm Coudert Brothers. In 1979, he co-founded the law firm Prempeh and Co.

H. E. Nana Akufo-Addo was a member of the 2nd, 3rd and 4th parliament of the 4th republic representing the Abuakwa Constituency. He has also served as Attorney General of Ghana from 2001 to 2003 and Minister of Foreign Affairs from 2003 to 2007.

He was elected as the Economic Community of West African States (ECOWAS) chairman on 7th September, 2020 at the 57th ECOWAS Summit, held in Niamey, capital of Niger to replace Nigerien President, Muhamadou Issoufour. He was re-elected for a second term on February 2, 2021

Aside his political career, President Nana Addo is a legal luminary and a businessman.

Nana Addo is married to Rebecca Akufo-Addo. He has five daughters.



PROFILE OF

HON. KWAKU AGYEMANG-MANU

MINISTER FOR HEALTH

The Hon. Kwaku Agyemang-Manu is a Member of Parliament representing the people of Dormaa Central in the Bono Region of Ghana. He has been the MP for Dormaa West & Dormaa Central for two terms and currently serving a third term.

Kwaku Agyemang-Manu is a product of the University of Ghana where he had his Bachelor of Science in Economics and Statistics and the London School of Accountancy where he chartered as a management accountant.

He is an affable and astute politician and has served in various leadership positions in Government since 2001 as Deputy Minister of Trade and Industry, Finance, Roads and Transport, Interior, Transport and Communication and acted briefly as the Chief Executive of the National Health Insurance Authority.

His leadership skills and competence made him the choice to be initially the Vice Chairman and later as the substantive chairman for Public Accounts Committee where he distinguished himself and excelled by unearthing several financial malpractices in Ghana's Public Accounts.

He is recognized in the sub-region as an executive member of the West African Association of Public Accounts Committee (WAAPAC), the Commonwealth Association of Public Accounts Committee (CAPAC) and the African Region Public Accounts Committee (AFROPAC).

Kwaku Agyemang-Manu is a very high skilled professional and politician. He is the Minister for health of the Republic of Ghana and the Board Chairman for the Joint United Nations Programme on HIV/AIDS (UNAIDS) headquartered in Geneva. He is married with six children. He has quite recently been elected as an alternate member of GAVI (Global Alliance for Vaccines and Immunisation).



PROFILE OF

HON. ALHAJI SHANI ALHASSAN SHAIBU

THE NORTHERN REGIONAL MINISTER

Alhaji Shani Alhassan Shaibu was born in 1962 and raised in Sunsong at Yendi Municipality in the Northern Region, where he lived his early life as well. Alhaji Shani Alhassan Shaibu obtained his primary to secondary education in the Northern Region. He started his schooling at the Cheriponi Primary School from 1967 to 1970 and proceeded to Karaga Primary School from 1971 to 1972 and ended his Primary education at Balogu Primary School in Yendi from 1973 to 1974. He obtained his GCE O-Levels at Northern School of Business from 1977 to 1982, and proceeded to Ghana Secondary School, where he obtained his GCE A-Levels from 1982 to 1984.

He began as Account's assistant at the Northern Regional Development Cooperation between 1984-1989. In 1990-1993, he established Bakery Division of Ridge Foods LTD Tamale, leading in the operational management of the bakery by advising and supporting staff among other things. In 1994-2002, he founded and doubled as the manager of Sunson Ventures, a company that deals in home appliances and general merchants. Again, in 2003-2020, he founded and doubled as the Managing Director of Che-Yuri Company Limited, a construction and mixed farms company. He is currently the Board Chairman of Tamale Nurses and Midwifery Training College, since 2020.

Following Alhaji Shani Alhassan Shaibu's childhood interest in leading and creating positive change in his community, he began exploring avenues that led him to serve in several capacities in the political space. He served his political party in various capacities at the local level.

Alhaji Shani Alhassan Shaibu was sworn and signed into the office of the Northern Regional Coordinating Council as the Northern Regional Minister on the 15th of March, 2021. He is currently the father and the caretaker of the Northern Region and doubles as the chairman of the Regional Security Council (REGSEC).

PROFILE OF

HIS ROYAL MAJESTY YA-NA ABUKARI II

KING AND OVERLORD OF DAGBON

His Royal Majesty was born and bred in Yendi, the capital of the Yendi Municipal district in the Northern Region of Ghana. He was once a renowned trainer for bullocks herders. He trained several people across the five northern regions, until he ascended the throne as the chief of Kpunkpano, a small town not far from Yendi. In November 2011, He was graduated to Savelugu as the paramount chief of Savelugu traditional area.

In the year 2019 he was made the KING AND OVERLORD of DAGBON kingdom. As the King and Overlord, he has spearheaded many projects in his community in the areas of agriculture, education, consolidation of peace, provision of water and other amenities.

Personally, His Royal Majesty is into agriculture and he is an ardent believer in agriculture as the wheel of progress to turn around the economy of Ghana.



PROFILE OF

MANSA NETTEY

THEMATIC SPEAKER

Appointed in March 2017, Mansa, with over 20 years' experience in the banking industry, is currently Chief Executive Officer of Standard Chartered Bank Ghana PLC. As the first female CEO of the publicly listed franchise in its 126-year history, she continues to demonstrate leadership in growth and diversity of its Management Team. She has been serving as the first female President of the Ghana Association of Banks since 2020.

Known as an innovative leader with a breadth of corporate and investment banking, sustainable corporate governance, and risk management competencies, Mansa continues to transform the culture of Standard Chartered and the financial services sector.

Mansa was educated in Ghana and the United Kingdom, graduating from Kwame Nkrumah University of Science and Technology (KNUST) with a degree in Pharmacy; and subsequently obtaining an MBA from the Manchester Business School.

Mansa's passion for making an impact, and belief that purpose is central to success, has sustained her service on Charities and Boards including the Ghana Petroleum Funds Investment Advisory Council, Zen Petroleum, and the Ghana Interbank Payment and Settlement Systems Limited. She also serves on the Diversity & Inclusion Councils of the Standard Chartered Group and Standard Chartered Africa & Middle East (AME) Region.

In her dual role as Chief Executive and President of the Association of Banks, Mansa remains integral to several policy direction and business initiatives that support the development of Ghana's financial markets, financial services, and digital economy. To advance Ghana's financial inclusion agenda, she recently oversaw the collaborative effort by Ghana's 24 Commercial banks and the national Payments Switch, to develop a banking industry electronic money transfer wallet.



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Type 2 diabetes mellitus

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- manifest atherothrombotic cardiovascular disease (history of coronary heart disease, stroke, or peripheral arterial disease) or
- type 2 diabetes mellitus with documented target organ damage



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A MESSAGE FROM THE AGM PLANNING COMMITTEE CHAIRPERSON

PHARM. YAA ADWO OSEI-OFEI



“For tomorrow belongs to those who plan for it today.” African Proverb

They say a journey of a thousand miles begins with one step and the journey to Tamale 2022 began with ‘tiny steps’ almost three years ago when the Northern Region started preparations to host the Society for the 2020 Annual General Meeting (AGM). As fate would have it, the Society was unable to meet, in person, for two consecutive years due to the COVID-19 pandemic. Unsurprisingly therefore, it was with great excitement that the region and the general membership welcomed the news of the lifting of restrictions which paved the way for the Society to meet in-person once again.

There is no gainsaying the fact that the COVID – 19 pandemic and many other global dynamics in our rapidly evolving world have altered life in so many ways. Our profession, pharmacy, is not exempt from these changes which not only offer great opportunities but also challenges which, if embraced, should advance the cause of pharmacy practice in Ghana. The ensuing changes will hopefully lead to the ultimate goal of better patient outcomes, and fulfilled, thriving practitioners delivering their best in every space into which they venture.

This year, the PSGH AGM has been redesigned into a HYBRID conference in recognition of the dynamics of life in the peri-COVID 19 era. We will enjoy the best of an in-person AGM, while maintaining an online presence on HOPIN, our novel conference platform. HOPIN will give all pharmacists, who register for online participation, the opportunity to participate in this all-important annual event regardless of their location.

The core business of the AGM is the Pharmaceutical Society of Ghana’s advancement and welfare which is the reason for the theme that has been selected this year. Colleagues, get ready to delve deep into the intricacies of *“Optimizing the Pharmaceutical Workforce in a rapidly evolving world”*; a quest which is dear to all in the profession. There are many brilliant ideas from many noble minds (yours included!) on how the valuable human resources in our sector can be

harnessed for the good of the profession and the nation. It is expected that the analysis of this topic will lead to actionable steps which the Standing Executive Committee (SEC) can translate into tangible outcomes in the years ahead.

I urge every participant to take active interest in each session of this AGM especially the opening ceremony, during which the tone will be set by the thematic speech delivered by a distinguished lady, whose early career foundations were shaped in the school of pharmacy and community practice. Our thematic speaker, Mansa Nettey, currently heads the local office of a global institution and has distinguished herself in her chosen field.

On Wednesday afternoon, we will host the maiden AGM debate on whether the rising numbers of pharmacy graduates represents an overall “landmine” (threat) or a “goldmine” (opportunity) for the profession. The ensuing daily sessions, from the practice group sessions to the Scientific and professional development series, will tie into the theme and explore it from the different areas of pharmacy practice.

Colleagues, it is worth remembering that the Annual General Meeting/Conference forms the highest decision-making body of the Society and as such it is imperative to be a part of the business sessions on Wednesday and Friday mornings. Be present and active. Let your voice and vote count on issues that affect the future of our profession.

Though the business, science and professional development aspects of the conference are central, AGM 2022 would not be complete without an experience of the culture, tastes, fun and gatherings characteristic of our professional family coming together. There is much to enjoy as the Planning committee has put together an itinerary to suit almost every taste. From the cocktails-dubbed Kawula and Amaraba cocktails, to an open-air concert with a celebrated star who hails from this region to a special drama night and more fun and games to crown the whole experience over the weekend, we will experience the unique sights & tastes of Northern regions of Ghana.

As always, the conference in its unique and interesting form has been made possible by the support and partnership of our sponsors; I salute and appreciate each one of you for choosing to support the Society through all seasons, including in economically challenging times. I also salute our guests, pharmacists, partners, stakeholders and especially our local hosts, the Northern regional branch of the PSGH. You have all, in varied ways supported us to make this journey and experience of the heart of the Northern region a fulfilling one.

On behalf of the Planning Committee, I wish to warmly welcome you to AGM 2022 and wish all a memorable and fruitful stay in this beautiful city.

Amaraba PSGH!



The advertisement features the PSGH Fund logo at the top left, with the tagline "Secure Your Envious Future With Us". The central text asks "WHAT DO YOU SEEK FROM AN INVESTMENT?". Below this, six circular icons represent investment benefits: Returns (line graph), Cost-efficiency (stack of money), Liquidity (money exchange), Manage Risk (checklist), Flexibility (diverging arrows), and Safety (safe box). On the right, a portrait of a pharmacist in a white coat is shown. At the bottom right, a red banner contains the text "PSGH FUND OFFERS YOU ALL THESE AND MORE..." followed by contact information: "0288244387 | 0550751292", "info@psgh.org", and "www.psgh.org".

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MESSAGE FROM THE LOCAL ORGANISING COMMITTEE (LOC) CHAIR

PHARM DR. AMOS ADAPALALA BUGRI



Tamale Kawula!?

Finally, my dear colleagues, the much-anticipated Annual General Meeting (AGM) of Pharmacists to be held in Tamale is here. It has been a long wait of fourteen years since we last welcomed you, our noble colleagues, to these blessed parts of the motherland. You can imagine the joy with which we received the news from our then Regional Chair, Dr. M. M. Danaah, of Tamale being given the honour of hosting this all-important event by the Governing Board of the Pharmaceutical Society of Ghana back in 2019. We have had to dine with Mother Patience as a society and joined hands with every other individual in this country whiles at it, to face a common enemy, a pandemic, as has never been seen in our lifetime.

We have fought a good fight; We have waited enough; Now we are here physically! AGM is back in Tamale!

It has been a realization that sank in a bit late as to the gravity of the responsibility placed on our shoulders as new executives, but one we have braved through. For this year's AGM is to be held as a hybrid one with colleagues being involved remotely in addition to those here physically. It additionally gives an opportunity to pharmacists who qualified over the past three years who have yet to experience any form of in-person AGM to finally do so; and we are too aware of how important first impressions are. We aim, and have worked to ensure the best of impressions, even more than the ones made in 2008, are what we all return to our various homes with.

"Optimizing the Pharmaceutical Workforce in a Rapidly Evolving World" is the theme for this AGM and one that readily resonates with the status of the pharmaceutical service in Tamale and the Northern Sectors of this country. Indeed, the demands of our time, the age of digitalization, has warranted the Pharmacist to go beyond traditional modes of service delivery to optimize pharmaceutical care in the Ghanaian Society. The capacity and skills of pharmacists are being improved yearly to match the demands needed for optimization of care for the Ghanaian patient. The strain however still exists in

large parts of the country and various institutions where the pharmaceutical workforce is highly inadequate for the kind of impact expected of us in the healthcare system. As fate would have it, we find ourselves in one of the regions with the lowest numbers of pharmacy personnel and we hope this AGM resolve some fears and reservations on practice and investment in the pharmaceutical sector in the Northern regions.

The outline for the AGM as can be observed, promises sessions that are deliberative, educative, highly informative, and yet with some good level of entertainment. There will be ideas that will be shared, decisions that will be made and lessons that will be learnt. Smocks will be worn, drinks will be consumed, the dance floor will not be left bare and meat shall...well we'll know when we get there. But the fact remains, whether in person or virtually, there's a bit of Tamale specially prepared for you.

Uncle Ebo Whyte and Roverman Productions will surely grace these grasslands as would Ofori Amponsah when we meet to dine on Friday. Not forgetting of the Post-AGM Tour

prepared for us to see and experience for ourselves the stories we've heard, the pictures and videos we have watched of the biggest Natural Reserve in the country and other tourist attractions the North have to offer. Alternatively, some quality time can be spent out on the courts and pitches of the Magnolia AstroTurf where both Indoor Games (Ludu, Oware, Cards, Monopoly, Uno, "Dammy", Chess, Scrabble, Checkers) and Outdoor Games (Volleyball, Basketball, Table Tennis, Football and Swimming) are in store for those who would opt for them.

Let us all endeavor to open our minds and ourselves to the various opportunities and possibilities this AGM would bring our way. Be with us and stay with us as we embrace all that this week, and this City has prepared for us.

On behalf of all committee members and the PSGH Northern Region, I bid you all a very warm welcome to Tamale and to AGM 2022.

Amaraaba!

Tipayaa pam pam!!!

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MESSAGE FROM INTERNATIONAL PHARMACEUTICAL FEDERATION (FIP)

DOMINIQUE JORDAN
FIP President



Dear Colleagues in Ghana,

It is an honour for the International Pharmaceutical Federation — FIP — to address you through this Pharmaceutical Society of Ghana (PSGH) 2022 Annual General Meeting brochure.

FIP is the global organisation gathering 146 national associations and representing four million pharmaceutical scientists, pharmacists and pharmacy educators around the world. Ghana's pharmacists have been part of this global pharmacy family for almost 30 years, thanks to PSGH's membership of FIP.

FIP and PSGH are united in a mission to advance our profession in order to support global health. I congratulate PSGH for the very relevant theme of this meeting: "Optimising the pharmaceutical workforce in a rapidly evolving world". Changes are constant, be they unexpected, such as the COVID-19 pandemic, or more predictable, such as digital developments. We know that we must have a workforce that is ready to serve our populations throughout all such changes. One way in which FIP is supporting the workforce transformation needed is through the FIP Development Goals: <https://developmentgoals.fip.org/>.

Over the past three years we have seen pharmacy advance at an unprecedented rate but COVID has exposed vulnerabilities in our health workforce and health systems and it has highlighted the importance of tackling misinformation and inequity of access to medicines and vaccines. We, as healthcare professionals, must raise our voices and act together to bring forth the policy development and innovations needed to achieve access to good health and well-being for all.

Perhaps the greatest lesson we have learnt from COVID is how we are all connected globally — how events and circumstances in one part of the world affect those in other parts — and how international cooperation is crucial to finding effective and sustainable solutions not only to the consequences of the COVID pandemic, but also to the many other health problems we face.

Considering all the work done by pharmacists during this long pandemic makes me very proud to be a pharmacist. I want to thank you all for your efforts. Be assured that FIP is on your side, doing its best to support you. FIP will continue to work towards its vision of a world where everyone benefits from access to safe, effective, quality and affordable medicines, health technologies, and pharmaceutical care, leaving no-one behind.

You are an important part of this vision.

It was wonderful news that PSGH would be holding its first face-to-face annual meeting since 2019, signifying that we are emerging from the COVID pandemic. As such, I trust that you will enjoy this week all the more and that this meeting will result in the optimisation of our great profession for the benefit of our communities.

Long live the Pharmaceutical Society of Ghana,

Long live FIP,

Long live Ghanaian pharmacists!

Dominique Jordan, President

International Pharmaceutical Federation
(FIP)

MESSAGE FROM COMMONWEALTH PHARMACISTS ASSOCIATION (CPA)

MR. RAYMOND ANDERSON



We, at the Commonwealth Pharmacists Association (CPA), are delighted to hear that the Pharmaceutical Society of Ghana are able to hold their AGM and conference again face to face for the first time since 2019. We are sure it will be informative, educational, interesting and enjoyable for all those able to attend either physically or virtually.

The healthcare world has changed a lot since the advent of COVID-19. The role of the pharmacist has been highlighted more than ever over the last two and a half years during which time the profession has been at the frontline providing advice and support to patients, family members and other healthcare providers on how best to manage the risk of COVID-19. Many ministry officials and policy makers, and indeed the Secretary General of the Commonwealth, Baroness Scotland, has acknowledged the work of pharmacy teams as key front line health workers and have praised the commitment and dedication in providing healthcare to those in need during the pandemic. It is this increased visibility and high-level support we need to continue to build on for the future.

In the light of the increasing needs of healthcare globally the theme of your conference, "Optimising the Pharmaceutical Workforce in a Rapidly Evolving World" is particularly relevant. We need to ensure we make best use of our skills as pharmacists and at the same time we need to ensure we keep our skills up to date and relevant to the changing needs of our healthcare systems. Pharmacy has an increasing role to play providing expert advice on the appropriate use of medicines to everyone, patients and other healthcare providers alike. It is also important that whenever or wherever medicines are being discussed we need to establish the need for a pharmacist to be part of the conversation.

We at CPA are here to support you in any way we can. Let us continue to build on the progress we have made in recent years. Thank you for your continued support with the Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS) programme, which is seeking to maximise our learning and build capacity, particularly

within the pharmacy profession, in order to control the growing threat of antimicrobial resistance. We would also encourage you all to look at the CPD platform we are developing to provide training and education for pharmacists. This platform is developed by pharmacists for pharmacists to support everyday practice.

The Pharmaceutical Society of Ghana has a long history of promoting the role of the pharmacist and working to ensure high standards of practice and is indeed a beacon of encouragement for many in Africa of the progress that is possible. May this continue for a long time to come. We wish you well and trust you will have a great conference.

Best wishes

A handwritten signature in black ink, appearing to read 'Raymond Anderson'.

Mr Raymond Anderson

Immediate Past President, on behalf of the Commonwealth Pharmacists Association

SPEAKER PROFILES



Pharm Dr. Vera Danssa Asante

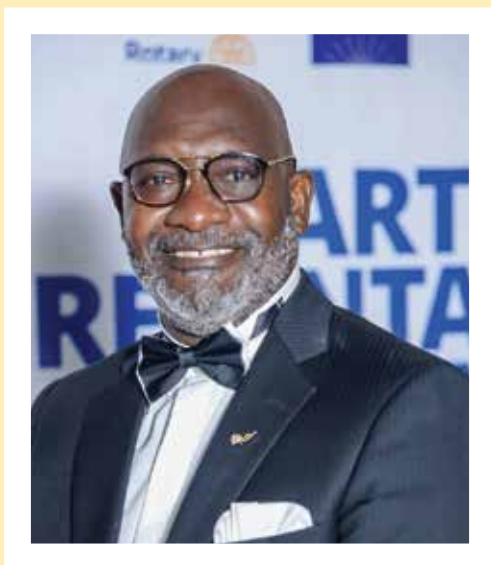
Dr. Vera Danssa Asante holds a Doctor of pharmacy degree from Virginia Commonwealth University/Medical College of Virginia. She has been in the pharmaceutical industry for about 20 years now and currently the owner and CEO of Wellcheck Wholesale and Compounding Pharmacy an independent pharmacy in Tema Community 25. Dr. Asante is an APhA (American Pharmacists Association) board certified diabetes educator and immunizer (2004), she's also registered with the Center for Disease Control (CDC) as international immunizations travel consulting specialist. Currently she is the president for Ghanaian Pharmacist Association of North America Virginia chapter (GPhA -VA), a member of the Pharmaceutical Society of Ghana (PSGH) and executive member for community practice pharmacy association CPPA. She's a member of the professional service committee for PSGH, facilitator/trainer for pharmacist vaccination for the Ghana college of pharmacists and chair for the digitalization committee of CPPA.



Pharm. Joel Anaman

Joel Anaman is a Career Coach and Pharmacist with a background in pharma sales, recruitment and software product management. His service-based business, Career Wheel, has directly supported 300+ professionals across multiple industries to make a difference in the workplace. Some of these professionals have unlocked different levels of satisfaction in their careers while others have secured up to 6-figure dollar jobs in Ghana. He's deeply passionate about leveraging innovation and a data-driven approach to designing solutions for individuals and businesses.

SPEAKER PROFILES



Pharm. William D. Ofori

William Ofori is a pharmacist with over 3 decades experience in the sector. William has served on various committees of Pharmaceutical Society of Ghana. He is a past Chair of AREPI

Over the years William had the privilege of being the Special Guest of Honour to deliver keynote address at the Ghana College of Pharmacists annual General meeting on two occasions. He's also delivered the thematic address as special guest of honour at annual General meeting for Ghana Dental Association.

William in his pharmaceutical career journey rose to become the Regional Director - West Africa for AstraZeneca and served on the senior leadership team for sub-Saharan Africa in the organisation. His impact and contributions in various areas of the Healthcare community outside pharmacy has been laudable. William holds an MBA in finance (management option).

He currently practices as a Healthcare consultant with Chiron Health Consult, working at improving Healthcare systems, processes and delivery in Sub Sahara Africa.

He's very widely travelled, loves nature, and has a wide range of hobbies ranging from soccer to Motor sport. His passion however is with the game of golf!

He is married with 2 children.



Pharm. Evelyn Ofei Biriwaa

Evelyn Biriwaa Ofei is the General Manager, Production (Liquid Plant) at Entrance Pharmaceuticals and Research centre a subsidiary of the Tobinco group of companies. She holds certificates in Bachelor of Pharmacy and Executive Masters in Business Administrationfinance option from KNUST and University of Ghana Business School respectively. She has 22 years working experience in the pharmaceutical manufacturing sector of Ghana. Currently pursuing a Doctorial program in Business Leadership at Nobel International Business School.

SPEAKER PROFILES



Pharm. Samuel Asante-Boateng

Samuel Asante-Boateng is a Ghanaian by birth and about 56 years of age. He is a professional pharmacist trained at the KNUST Ghana 30 years ago and has also done further studies in MSc Pharm. Technology at the University of Bradford in UK. He currently works with the FDA Ghana as the Head of the Drugs and Herbal medicine Registration Directorate. He has been working in regulation for the past 17 years. Before joining the FDA, Samuel Asante-Boateng worked in the pharmaceutical industry for 12 years.

In support of the West Africa Medicine Regulation Harmonization (WA-MRH) project, Samuel has been working as the chairman of the Expert Working Group for Medical Product Dossier Evaluation and Registration (EWG-MPDER) involved in the Regional joint assessment procedure in the ECOWAS region since its commencement in 2017.



Pharm. Sylvester Segbanya

Pharm. Segbanya is a pharmacist (PA1479) and public health practitioner with experience in pharmacy practice regulation (1997 – 2005), malaria program management (2005 – 2017) and more recently, in Global Health Security Agenda.

He has led the award-winning AngloGold Ashanti Malaria Control Program for over 5 years and currently works with the Johns Hopkins University Center for Communication Programs as Chief of Party for the USAID Breakthrough ACTION Project.

Sylvester is passionate about inspiring hope in the youth of Africa.

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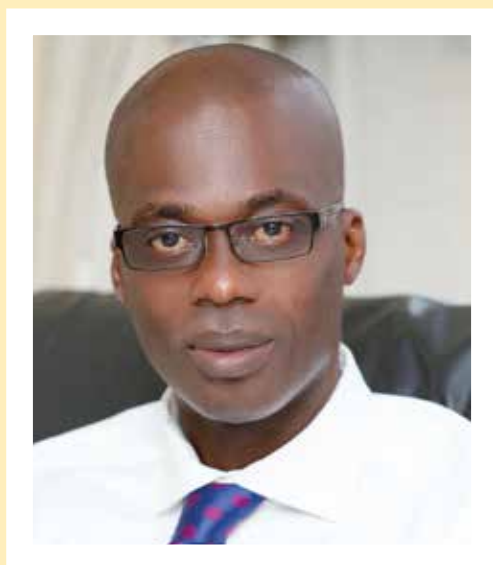
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DEBATE SPEAKERS



Pharm. Kwame Sarpong Asiedu

A pharmacist by training with over 23-years of practice ranging from lecturing in Ghana (Kwame Nkrumah University of Science and Technology) and the United Kingdom (Universities of Portsmouth and Greenwich), I have also spent time in pharmacy leadership as Head of Pharmacy Operations for Boots

U.K. in East Anglia. Between July 2003 and June 2004, I briefly worked in the United Kingdom Prisons Service as Pharmaceutical Analyst with HMP Holloway Prisons.

In the last five years, I have also focused on public interest health advocacy, focusing mainly on Ghana and the improvement of healthcare access and quality through my role as Senior Fellow for Health at the Centre for Democracy and Development (CDD) Ghana. I am a member of the Pharmaceutical Society of Ghana, the Royal Pharmaceutical Society of Great

Britain and the Institute of Pharmacy Management International.

I have engaged in public speaking events globally on issues of public health and pharmacy. I also blog as a hobby.



Pharm. Prof. Victor Wutor

Prof. Wutor holds a PhD (Biotechnology), MBA (Entrepreneurial Mgmt), Master of Science (Applied Microbiology), Bachelor of Pharmacy (Honors), and currently pursuing a Doctor of Public Health Degree.

He has been in community practice for several years, across three different countries (Ghana, Botswana and Canada). The past 8 years have been in management - Pharmacy Manager at Costco Pharmacy in Lethbridge for nearly 6 years and Pharmacy Manager at Sobeys for nearly 2 years. Before then, he was a Staff Pharmacist at Walmart Pharmacy in Lethbridge.

He is also a Certified Respiratory Educator (CRE), authorized to administer injections/vaccines and have Additional Prescribing Authorization (APA).

He is the Lead Researcher on a project entitled "Parental asthma-related knowledge and asthma control in their children in Ghana, Canada and the United States of America".

Prof. Wutor is a Clinical Academic Colleague at the Faculty of Pharmacy and Pharmaceutical Sciences, University of Alberta, and consistently been a preceptor for first year and Pharm D interns. He has written and published in top journals, and a regular speaker on asthma, pharmacy practice and other public health related topics.



DEBATE SPEAKERS



Pharm. Dr. Akua Ofori-Asumadu

E-mail: asumadu@ilo.org

Akua Ofori-Asumadu is in charge of the International Labour Organization's (ILO) Projects Office in Accra and National Project Manager for the Trade for Decent Work Project in Ghana. She was crucial in the development of over 100 sector specific HIV and Aids Policies. Her experience with Policy development spans her working life as USAID consultant to the Ministry of Education in Ghana and President of SWAA (Society of Women and AIDS in Africa).

She has published extensively in the field of public health, social policy and education management.

She holds a PhD in Public Health from the University of Ghana, a post graduate diploma in Economics and Industrial Management (University of Science and Technology, Kumasi), a BPharm (Hons) degree and completed course work for a PhD in Educational Leadership (ABD) with FAMU (Florida Agricultural and Mechanical University in Florida USA).



Pharm. Dr. Isaac Adupong

Dr. Isaac Adupong is the Managing Partner at Blazing Impact Consult Ltd. and Principal Consultant & COO at Lead-it Africa.

He has over 25 years of experience in the pharmaceutical industry, with a special interest in the Business of pharmacy & Social Pharmacy. He specializes in Organizational and People Development.

Commercially, he has worked with companies like Pfizer, Merck, Bayer, and GE., in varying roles including Head of Business, Commercial Excellence Lead, Compliance, and Regulatory agent & Salesforce Effectiveness Expert, and Learning & Development.

He has led several learning & development projects across industries and businesses, including the first ever PSGH cross-membership Development Needs Assessments in 2018.

He is currently the Chairman of the CAPACITY BUILDING & MENTORSHIP COMMITTEE of the PSGH.

He holds a B. Pharm & Pharm D, Master of Arts, in Business Psychology with a Special Interest in Organizational Development and Individual learning & development.

Dr. Adupong is inspired by every opportunity for growth, development, and progress in individuals, communities, and society.

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MODERATORS



Pharm. Dr. Thelma Ohene-Agyei

Thelma Ohene-Agyei is a Senior Lecturer at the Department of Pharmacy Practice & Clinical Pharmacy, University of Ghana, Legon. Her research interest focuses on the pharmacotherapy of infectious diseases and addressing the challenges related to antimicrobial resistance.

Socially, she is passionate about mentoring young people their life and career choices; particularly in recruiting, encouraging and sustaining girls in STEM and the representation of women at the highest ranks in STEM fields. She serves as one of the Quiz Mistresses and mentors for the National Science and Maths Quiz.



Pharm. Vincent Owusu Ansong

Mr. Ansong has over 17 years of working experience in Pharmaceutical industry of Ghana. He obtained his Bachelor of Pharmacy from KNUST. He holds a Master's Degree in Business Administration from the University of Applied Management, Germany, with specialization in International Management.

Mr. Vincent Owusu Ansong worked with Merck Sharpe & Dohme as the Country Lead for Sales and Pharmacovigilance. He also worked with Vicdoris Pharmaceuticals and Denk Pharma, Germany, as Medical Representative and Bayer Schering Plough as a territory representative for Women Health Products where he travelled the whole of Ghana to promote women health products to Clinicians.

Mr. Ansong has extensive training and knowledge in regulatory and Pharmacovigilance affairs having obtained certification from the Ghana FDA.

He is the Convener and Executive Secretary of the Pharmacy Owners Association of Ghana.

He is a public speaker and a family man with an industrious wife and four kids.

MODERATOR



Pharm. Bietrix Fredcy Awuah

Pharm. Beatrix Fredcy Awuah is a well exposed, open minded and results oriented young pharmacist with exceptional passion for sales and marketing in the pharmaceutical space.

She works as a medical representative with Sanofi to essentially provide quality and useful information to healthcare professionals impacting them well enough to ensure better practice outcomes eventually contributing to achieving the vision of Sanofi.

Bietrix grew up having keen interest in law and with an LLB from GIMPA, she intends to focus on health policy development, health compliance and medico-legal issues in pharmacy in the near future when she becomes a full-fledged lawyer.

DEBATE MODERATOR



Pharm. Dr. James Oppong-Kyekyeku

Pharm. Dr. James Oppong-Kyekyeku is a Senior Lecturer and a Pharmaceutical Chemist at the Premier Faculty of Pharmacy & Pharmaceutical Sciences, KNUST. He's been a practicing Pharmacist for over a decade, both in hospital practice and academia. He has served the society in various capacities over the years as an executive member and Vice-Chairperson at the regional level. Dr. Oppong-Kyekyeku is currently the Chairperson of the Ashanti Regional branch of the PSGH. He chaired the Scientific Committee of the AGM Planning Committee in the past four years. He was a moderator of one of the symposia during the 2021 AGM in Accra.



DAY 1: PROGRAMME OUTLINE

DATE/TIME	ACTIVITY	VENUE
MONDAY, 29-AUG.	ARRIVAL OF PLANNING COMMITTEE/SEC/PSGH SECRETARIAT	VARIOUS HOTELS & GUEST HOUSES

DAY 2: PROGRAMME OUTLINE

TUESDAY, 30-AUG. 8:00AM-12NOON	COURTESY CALLS <ul style="list-style-type: none"> • HRM YAA NAA • REGIONAL MINISTER • POLICE COMMANDER • GOC -ARMY • UNIVERSITY MANAGEMENT 	GBEWAA PALACE, YENDI RCC REGIONAL POLICE HQ NYONHINI CAMP UDS
8:00AM-1:00PM	TAMALE STORM <ul style="list-style-type: none"> • PUBLIC EDUCATION ON RESPONSIBLE USE OF MEDICINES 	TAMALE CENTRAL MARKET
2:00PM- 5:00PM	DONATIONS PRE-AGM GB MEETING	1. TAMALE PRISONS 3. SAVELUGU SCHOOL FOR THE DEAF 3. BOARD ROOM, KINGSLEY ADU HOSTEL, UDS CAMPUS
2:00PM-8:00PM	CONFERENCE SET-UPS, PICK-UP OF CONFERENCE MATERIALS BEGIN	MULTIPURPOSE AUDITORIUM, UDS CAMPUS
2:00PM-8:00PM	ON-SITE REGISTRATION BEGINS	SCHOOL OF PHARMACY, UDS
6:00PM - 8:00PM MCs: DJ CARLOS & PHARM. DAVID ATUAHENE	KAWULA COCKTAIL	FORECOURT OF UDS LIBRARY BLOCK
8:00PM -10:00PM	HAPPY HOUR- EXPERIENCING NIGHT LIFE IN TAMALE	LOCAL HANGOUTS: KING DAVID, GRAND SOPHIA, BERNARD'S GRILL, DIO RESTAURANT, OASIS

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DAY 3: PROGRAMME OUTLINE

WEDNESDAY, 31-AUG 2022

TIME	ACTIVITY	VENUE
OFFICIAL OPENING		
8:00AM-10:25AM	<p>(PART 1- BUSINESS SESSION 1)</p> <ul style="list-style-type: none"> - OPENING PRAYER - WELCOME SPEECH - AGM 2022 NATIONAL CHAIRPERSON (PHARM YAA ADWO OSEI-OFEI) <p>▪ SPONSORS' VIDEOS (3MINS EACH)</p> <ul style="list-style-type: none"> - SPONSOR 1 - SPONSOR 2 - SPONSOR 3 	UDS MULTI-PURPOSE AUDITORIUM
3 REPORTS PRESENTED FOR 10 MINUTES EACH	<p>▪ REPORTS FROM:</p> <ul style="list-style-type: none"> - FDA - MOH - PHARMACY COUNCIL <p>▪ SPONSORS' VIDEOS (3MINS EACH)</p> <ul style="list-style-type: none"> - SPONSOR 4 - SPONSOR 5 - SPONSOR 6 	
3 REPORTS PRESENTED FOR 10 MINUTES EACH	<p>▪ REPORTS FROM:</p> <ul style="list-style-type: none"> - GHANA COLLEGE OF PHARMACISTS - DEANS' FORUM <p>▪ SPONSORS' VIDEOS (3MINS EACH)</p> <ul style="list-style-type: none"> - SPONSOR 7 - SPONSOR 8 <p>▪ Q&A ON REPORTS</p> <p>▪ SPONSORS' VIDEOS (3MINS EACH)</p> <ul style="list-style-type: none"> - SPONSOR 9 - SPONSOR 10 	
MODERATOR: PHARM. ERNEST OWUSU ABOAGYE		MC: PHARM. HARRY AMOANING OKYERE

OPENING CEREMONY

PART 2

10:30AM-10:35AM	PROCESSION OF GB, FELLOWS & INVITED DIGNITARIES – WITH CULTURAL TROUPE
10:35AM -10:40AM	CULTURAL TROUPE PERFORMANCE
10:40AM-10:45AM	WELCOME ADDRESS BY PSGH NR CHAIRMAN- PHARM. DR. AMOS ADAPALALA BUGRI
10:45AM-10:55AM	SPEECH BY NORTHERN REGIONAL MINISTER, HON. ALHAJI SHANI ALHASSAN SHAIBU
10:55AM-11:00AM	INTRODUCTION OF DIGNITARIES AND INVITED GUESTS
11:00AM -11:10AM	FRATERNAL MESSAGES - GMA - GRNMA - GBA - GNCOP
11:05AM -11:15AM	ADDRESS BY THE OVERLORD OF DAGBON - HRM YA-NA ABUKARI II
11:15AM – 11:25AM	PRESENTATION ON PHARMACISTS’ CONTRIBUTION TO THE WORKFORCE
11:25AM – 11:45AM	ADDRESS BY THE PSGH PRESIDENT- PHARM. SAMUEL KOW DONKOH
11:45AM -11:50AM	OATH & ADMISSION OF NEWLY INDUCTED PHARMACISTS
11:50AM – 11:55AM	MUSICAL INTERLUDE
12:00PM-12:20PM	THEMATIC ADDRESS: OPTIMIZING THE PHARMACEUTICAL WORKFORCE IN A RAPIDLY EVOLVING WORLD - MANSA NETTEY, CHIEF EXECUTIVE, STANDARD CHARTERED BANK GHANA PLC
12:20-12:25	ACKNOWLEDGEMENT OF DIGNITARIES
12:25PM -12:40PM	ADDRESS BY MINISTER FOR HEALTH - HON. KWAKU AGYEMAN MANU
12:40PM -12:50PM	INTRODUCTION OF SPECIAL GUEST OF HONOUR BY PHARM. SAMUEL KOW DONKOH, PSGH PRESIDENT
12:50PM -1:15PM	ADDRESS BY THE SPECIAL GUEST OF HONOUR- HE NANA ADDO DANKWA AKUFO-ADDO- PRESIDENT OF THE REPUBLIC OF GHANA & OFFICIAL OPENING OF 2022 AGM
1:15PM – 1:20PM	VOTE OF THANKS- PHARM. ABRAHAM GYESIE
1:20PM – 1:25PM	ANNOUNCEMENTS & CLOSING PRAYER
1:25PM-1:30PM	PROCESSION OF DIGNITARIES FOR PHOTOGRAPHS, POSTER PRESENTATION AND OPENING OF PHARMACEUTICAL EXHIBITION WITH CULTURAL TROUPE PERFORMANCE
1:30PM	FORMAL OPENING OF POSTER PRESENTATION/PHARMACEUTICAL EXHIBITION
MCS: PHARM. NAA OKAILEY ADAMAFIO-MANTEAU & PHARM. JOHN KLU	
1:30PM – 2 :30PM	LUNCH FOOD COURT, FORECOURT OF THE MAIN LIBRARY BLOCK

WEDNESDAY, 31-AUG 2022

TIME	ACTIVITY	VENUE
2:40PM – 2:50PM	ORAL PRESENTATION BY ATLANTIC LIFE SCIENCES	MC
2:50PM – 3:00PM	INTRODUCTION OF DEBATE PANEL & MODERATOR	MC
3:00PM – 3:10PM	OPENING COMMENT & RULES OF DEBATE	MODERATOR
3:10PM – 3:15PM	PRE-DEBATE VOTE BY MODERATOR	MODERATOR: PHARM. DR. JAMES OPPONG KYEKYEKU
3:15-3:25PM	OPENING ARGUMENT BY FIRST SPEAKER FOR THE MOTION (GOLDMINE) PHARM. DR. KWAME ASIEDU SARPONG	
3:25-3:35PM	OPENING ARGUMENT BY FIRST SPEAKER AGAINST THE MOTION (LANDMINE) PHARM. DR. VICTOR C. WUTOR	
3:35-3:45PM	SUPPORTING ARGUMENT BY SECOND SPEAKER FOR THE MOTION (GOLDMINE) PHARM. DR. ISAAC ADUPONG	
3:45-3:55PM	SUPPORTING ARGUMENT BY SECOND SPEAKER AGAINST THE MOTION (LANDMINE) PHARM. DR. (MRS) AKUA OFORI-ASUMADU	
3:55PM-4:00PM	ATLANTIC LIFE SCIENCES VIDEO PRESENTATION	
4:00PM-4:03PM	REBUTTALS BY 1ST SPEAKER AGAINST THE MOTION(LANDMINE) PHARM. DR VICTOR. C WUTOR	
4:03PM-4:06PM	REBUTTALS BY 1ST SPEAKER FOR THE MOTION(GOLDMINE) PHARM. DR. KWAME ASIEDU SARPONG	
4:06PM-4:09PM	REBUTTALS BY 2ND SPEAKER AGAINST THE MOTION (LANDMINE) PHARM. DR. (MRS) AKUA OFORI-ASUMADU	
4:09PM-4:12PM	REBUTTALS BY 2ND SPEAKER FOR THE MOTION (GOLDMINE) PHARM. DR. ISAAC ADUPONG	

WEDNESDAY, 31-AUG 2022

TIME	ACTIVITY	VENUE
4:12PM-4:32PM	QUESTIONS FROM MODERATOR TO BOTH TEAMS	
4:32PM-4:42PM	POST-DEBATE VOTE	MODERATOR
4:42PM-4:47PM	PRESENTATION BY PHARMANOVA	
4:47PM-4:57PM	PRESIDENT'S CLOSING REMARKS ON PSGH STRATEGY	
4:57PM-5:00PM	ANNOUNCEMENTS & CLOSING PRAYER	
MODERATOR: PHARM. DR. JAMES OPPONG-KYEKYEKU MC: PHARM PAULINE BOACHIE-ANSAH		

WEDNESDAY, 31-AUG

TIME	ACTIVITY	VENUE
7:00PM-9:00PM	AMARABA (WELCOME) COCKTAIL	RESIDENCY/FACILITATOR
7:00PM-7:05PM	INTRODUCTIONS	MC
7:05PM-7:15PM	WELCOME SPEECH BY REGIONAL MINISTER	REGIONAL MINISTER
7:15PM-7:25PM	AGM SONG PERFORMANCE	LOIS PAPANKO
7:25PM-8:25PM	SAMINI PERFORMANCE	SAMINI
8:25PM-8:35PM	AGM THEME/HYPE SONG	EMMANUELLA ABASSAH-KONADU
8:35PM-TILL LATE	MUSIC	BAND/DJ
MCS: PHARM DOROTHY ADOMAH NYARKO & PHARM. PAPA YAW AGYEKUM ADDO		



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DAY 4: PROGRAMME OUTLINE

THURSDAY, 1-SEPT 2022		
TIME	ACTIVITY	VENUE
8:00AM - 10:00AM	YPG -AGM - REPORTS - ACCOUNTS - SPONSORS PRESENTATIONS - Q&A - OPEN FORUM - CLOSING	UDS MULTIPURPOSE AUDITORIUM
10:15AM- 1:30PM	PRACTICE GROUPS' AGMS <i>CPPA, GHOSPA, ASRPA, IPA, AREPI</i> <ul style="list-style-type: none"> ▪ REPORTS & ACCOUNTS ▪ CPD 1 ▪ SCIENTIFIC PRESENTATION ▪ OPEN FORUM ▪ AOB ▪ CLOSING 	UDS MULTI PURPOSE AUDITORIUM (CPPA) LECTURE ROOMS-MAIN LIBRARY BLOCK (GHOSPA, ASRPA, AREPI) SIDE ROOM OF MAIN AUDITORIUM (IPA)
1:30pm – 2:30pm	LUNCH	FOOD COURT, FORECOURT OF THE MAIN LIBRARY BLOCK
2:30PM-5:30PM	TRACK 1: CREATING OPPORTUNITIES IN COMMUNITY PHARMACY PRACTICE: RE-ENGINEERING THE SERVICE PARADIGM. CONSIDERING THAT MOST PEOPLE IN GHANA ARE LIKELY TO ATTEND A COMMUNITY PHARMACY BEFORE A HOSPITAL/CLINIC, THE NEED TO OPTIMIZE SERVICE DELIVERY IN PHARMACIES CANNOT BE EMPHASIZED ENOUGH. THIS WILL BE DISCUSSED IN THE CONTEXT OF FEE-FOR-SERVICE AND THE POSSIBLE FORMALIZATION OF A WORKABLE INTERFACE BETWEEN PHARMACISTS AND OTHER AUXILIARY STAFF.	FIRST FLOOR (LECTURE HALL 1) UDS LIBRARY BLOCK CHAIRPERSON: DR SEFA SARPONG BEDIAKO SPEAKERS PHARM JOEL ANAMAN PHARM. DR. VERA DANNSA ASANTE MODERATOR: PHARM BIETRIX AWUAH MC: PHARM PAUL GYAN



THURSDAY, 1-SEPT 2022

TIME	ACTIVITY	VENUE
	<p>TRACK 2: WHAT CAN BE DONE TO IMPROVE JOB OPPORTUNITIES FOR PHARMACISTS?</p> <p>WITH INCREASING NUMBERS, THE QUESTION OF WELL-PAYING JOBS OF PHARMACISTS HAS BECOME BURNING. SCANNING THE PHARMACEUTICAL INDUSTRY IN GHANA FROM COMMUNITY PRACTICE, HOSPITAL/CLINIC, INDUSTRY, MEDICAL REPRESENTATION, ACADEMIA TO REGULATION, WHERE DO THE OPPORTUNITIES LIE? IN ADDITION TO DISCUSSING AVENUES TO INCREASE PHARMACISTS' EARNINGS, OPPORTUNITIES TO CREATE MORE FULFILLING JOBS WILL BE EXPLORED. FURTHER, THE ANNUAL RATES RECOMMENDED BY THE PSGH FOR SERVICES WILL BE BROUGHT UNDER THE MICROSCOPE.</p>	<p>SECOND FLOOR, (LECTURE HALL 2) UDS LIBRARY BLOCK</p> <p>CHAIRPERSON: PHARM NAANA AFIA ABOAGYE-ASARE</p> <p>SPEAKERS PHARM WILLIAM DELALI OFORI PHARM EVELYN BIRIWAA OFEI</p> <p>MODERATOR: PHARM DR. THELMA OHENE- AGYEI</p> <p>MC: PHARM FREDERICK YIADOM DARFOUR</p>
	<p>TRACK 3: NAVIGATING REGULATION IN A RAPIDLY EVOLVING WORLD</p> <p>IT IS CLEAR HOW LOCAL AND GLOBAL CHALLENGES CAN COMPLICATE THE ALREADY COMPLEX DYNAMIC OF PHARMACY PRACTICE AND HEALTHCARE IN GENERAL. CAN REGULATION HELP US LEAPFROG PERSISTENT PRACTICE CHALLENGES AS WELL AS NEW ONES? WHAT MUST CHANGE TO FACILITATE THIS PROCESS? THIS SESSION SEEKS ANSWERS.</p>	<p>SECOND FLOOR, LECTURE HALL 3, UDS LIBRARY BLOCK</p> <p>CHAIRPERSON: PHARM. KWABENA ASANTE OFFEI, VICE PRESIDENT, PSGH</p> <p>SPEAKERS: PHARM SYLVESTER SEGBAYA PHARM SAMUEL ASANTE-BOATENG</p> <p>MODERATOR: PHARM VINCENT ANSONG</p> <p>MC: PHARM LATIFA ALHASSAN</p>

PROGRAMME OUTLINE FOR SYMPOSIUM TRACKS 1, 2, & 3

NO.	ACTIVITY	DURATION	PERSON RESPONSIBLE
1.	FOCUS OF SYMPOSIUM	5 MINUTES	MC
2.	SCIENTIFIC PRESENTATION 1 (ABSTRACT)	10 MINUTES	
3.	INTRODUCTION OF CHAIRPERSON	5 MINUTES	MC
4.	CHAIRPERSON'S OPENING REMARKS	5 MINUTES	MC
5.	PRESENTATION BY SPONSORS	25 MINUTES	SPONSORS
6.	INTRODUCTION OF SPEAKERS	5 MINUTES	MC
7.	INTRODUCTION OF MODERATOR	5 MINUTES	MC
8.	PRESENTATION BY SPEAKER 1	15 MINUTES	SPEAKER 1
9.	PRESENTATION BY SPEAKER 2	15 MINUTES	SPEAKER 2
11.	MODERATOR'S QUESTIONS	30 MINUTES	MODERATOR
12.	QUESTIONS FROM AUDIENCE (IN-PERSON AND VIRTUAL) FOR SPEAKERS	10 MINUTES	MODERATOR
13.	SCIENTIFIC PRESENTATION 2 (ABSTRACT)	10 MINUTES	MODERATOR
14.	QUESTIONS FROM AUDIENCE FOR SCIENTIFIC PRESENTERS	10 MINUTES	MODERATOR
15.	ANNOUNCEMENTS	5 MINUTES	MC

PRE-THEATRE NIGHT COCKTAIL

6:00PM – 7:00PM

PRE- THEATRE NIGHT COCKTAIL

ORE COURT UDS AUDITORIUM

THURSDAY, 1-SEPT 2022

TIME	ACTIVITY	VENUE
7:00PM-9:30PM	DRAMA NIGHT	UDS MULTI-PURPOSE AUDITORIUM
7:00PM-7:15PM	VIDEO PRESENTATION BY SPONSORS WORLDWIDE HEALTHCARE LTD ERNEST CHEMISTS LTD	MC
7:15PM-9:15PM	SECRET CODE OF WIVES- ROVERMAN PRODUCTIONS-AN UNCLE EBO WHYTE PLAY	
9:15PM-9:30PM	ANNOUNCEMENTS & CLOSING	MC
MC: PHARM. DR. EMMANUELLA ABASSAH-KONADU		



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DAY 5: PROGRAMME OUTLINE

FRIDAY, 2-SEPT 2022		
TIME	ACTIVITY	VENUE
8:30AM - 12:30NOON	BUSINESS SESSION II - GB REPORT - STRATEGIC PLAN REPORT - FINANCIAL REPORT - PSGH FUND - OPEN FORUM	UDS MULTI-PURPOSE AUDITORIUM

FACILITATOR: REV. DR. DENNIS SENA AWITTY, EXECUTIVE SECRETARY

OUTLINE OF BUSINESS SESSION II		
ACTIVITY	DURATION	PERSON RESPONSIBLE
OPENING PRAYER	5 MINUTES	MODERATOR
OPENING COMMENTS	10 MINUTES	PSGH PRESIDENT
PRESENTATION BY SPONSORS	25 MINUTES	SPONSORS
PRESENTATION OF REPORTS		
GB REPORT	10 MINUTES	EXECUTIVE SECRETARY
STRATEGIC PLAN REPORT	10 MINUTES	STRATEGIC PLANS MANAGER
MUSICAL INTERLUDE	5 MINUTES	
PRESENTATION OF REPORTS		
FINANCIAL REPORT	10 MINUTES	HON. TREASURER
PSGH FUND	10 MINUTES	CHAIRMAN, BOT
PHARMACY CENTRE PROJECT	10 MINUTES	CHAIRMAN, PHARMACY CENTRE PROJECT COMMITTEE
OPEN FORUM	60 MINUTES	MODERATOR
MOTIONS	15 MINUTES	
CLOSING COMMENTS	10 MINUTES	PSGH PRESIDENT
ANNOUNCEMENTS		
CLOSING PRAYER		



FRIDAY, 2-SEPT 2022

TIME	ACTIVITY	VENUE
2:00PM – 4:30PM	LAPAG AGM - OPENING REMARAKS - PANEL DISCUSSION: THE VERSATILE LADY PHARMACIST - LAPAG REPORT - FINANCIALS - SPONSORS' PRESENTATION - Q&A - CLOSING	UDS MULTI-PURPOSE AUDITORIUM CHAIRPERSON: PHARM LUCIA ADDAE-NTIRI PANELISTS: PHARM CLARA PINKRAH-SAM (CLATURAL) PHARM ESTHER AMOAH HAYFORD (ZEEGHURT) PHARM ABENA OWUSUAA ADU (ANYTHING EXCLUSIVE) PHARM PATIENCE TSEGAH (UNICOM CHEMISTS)

MCS: PHARM. DR PEGGY AMOAKOA APPIAH & PHARM. DR PRINCESS ENNIN

FRIDAY, 2-SEPT 2022

TIME	ACTIVITY	VENUE
7:00PM – 11:00PM	CLOSING DINNER BANQUET - RECOGNITIONS AND AWARDS - PRACTICE GROUPS AWARDS	RADACH HOTEL

MCS: PHARM.DR SOLOMON QUAYE & PHARM PRISCILLA ASAREDUAH KWOFIE



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DAY 6: PROGRAMME OUTLINE

SATURDAY, 3 - SEPT 2022		
TIME	ACTIVITY	VENUE
8:00AM – 2:00PM	EXCURSION OR GAMES (FOOTBALL, VOLLEYBALL, SWIMMING BOARD GAMES, ETC)	ROUTE 1 (PAGA CROCODILE POND, PIKWORO SLAVE CAMP, SIRIGU POTTERY & BASKETRY MARKET, ZIPLINE – WALWALE TENGZU SHRINE) ROUTE 2 (MOLE GAME RESEWRVE, LARABANGA MOSQUE & LARABANGA MYSTIC STONE) MAGNOLIA ASTRO TURF, TAMALE

DAY 7: PROGRAMME OUTLINE

SUNDAY, 4 - SEPT 2022		
TIME	ACTIVITY	VENUE
8:00AM-10:00AM	THANKSGIVING SERVICE	WIND & FIRE ASSEMBLIES OF GOD, TAMALE
8:00AM – 2.30PM	DEPARTURE	



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-

ABSTRACT FOR ORAL PRESENTATION

A004, A006, A009, A012, A016

Availability of essential medicines: A study of health facilities in the Kwabre East District

Kwabena Peprah-Donkor¹

1 University of Ghana Medical Centre, Department of Pharmacy, PMB GA-337-6980, Accra, Ghana

Background: Essential medicines are *sine qua nons* of healthcare delivery. When the right medicines are not used at the right time it can lead to mortalities, which could otherwise be avoided. Studies done globally have revealed that the availability of essential medicines for priority health needs is relatively low, especially in the poorest countries in Africa and Asia.

Aim: This study sought to assess the availability of essential medicines in health facilities in the Kwabre East District of Ghana.

Methodology: A cross-sectional descriptive study was performed, and both quantitative and qualitative approaches were used. A standardized World Health Organization and Health Action International (2008) methodology was adapted for the study. The effectiveness of medicine management and factors affecting the availability of 50 tracer medicines were determined in 10 (6 public and 4 private) health facilities in Kwabre East District using data collection forms. Data were obtained by physically inspecting medicines and assessing stock cards. Key informants from each selected facility were engaged in an in-depth interview using a semi-structured interview guide. Analysis of the data was done using STATA version 15.

Results: From the study, percentage availabilities of public and private facilities were 78.75% and 84.25% respectively for the tracer medicines. Data taken from January to September showed that health facilities were likely to have the least percentage availabilities in January. Stockout time of medicines was between 4.88 days and 14.68 days per month. Delay in reimbursement of claims by the National Health Insurance Scheme (NHIS) was cited as one of the main factors affecting the availability of essential medicines in the public facilities.

Conclusion: Urgent reimbursement of the health facilities by the NHIS will enable them to have the wherewithal to make medicines more available. Moreover, the introduction of information and communications technology in the management of medicines inventory, planning, and forecasting will greatly improve medicine availability.

Keywords: essential, medicines, availability.

Assessment of knowledge and perception of prescribers on rational prescribing in public hospitals in the Ashanti Region of Ghana

Richard Delali Agbeko Djochie^{1,2}, Rita Owusu-Donkor³, Elizabeth Modupe d'Almeida⁴, Francis Kwadwo Gyamfi Akwah⁵, Emmanuel Kyeremateng³, Samuel Opoku-Afriyie⁶, Cecilia Akosua Tabiri⁷, Francis Kyei Frimpong⁸

¹Department of Pharmacy Practice, Kwame Nkrumah University of Science and Technology, Kumasi, Ghana; ²Pharmacy Department, Bekwai Municipal Hospital, Bekwai Ashanti, Ghana; ³Ashanti Regional Health Directorate, Kumasi, Ghana; ⁴Pharmacy Department, Asonomaso Government Hospital, Asonomaso, Ghana; ⁵Atwima Nwabiagya Municipal Health Directorate, Nkawie, Ghana; ⁶Pharmacy Department, Effiduase Government Hospital, Effiduase, Ghana; ⁷Pharmacy Department, Manhyia Government Hospital, Kumasi, Ghana; ⁸Pharmacy Department, Kumasi South Hospital, Kumasi, Ghana

Background

Rational medicine prescribing is essential for minimizing the cost of treatment, antimicrobial resistance, and avoidable adverse drug reactions. By assessing prescribers' knowledge and perception, adequate educational interventions could be implemented to promote rational medicine use.

Aim

To assess the knowledge and perspectives of physicians in public hospitals in the Ashanti Region of Ghana regarding rational prescribing practices and their associated factors.

Methodology

A 36-item validated and structured questionnaire to assess knowledge and perception among prescribers towards the rational use of medicines was administered to prescribers on duty who were willing to participate in the study. Eleven items from the questionnaire were used to assess the knowledge of respondents whereas six items were used to determine their perception. Statistical association was determined at a 5% level of significance and reported at a 95% confidence level.

Results

Out of the 192 prescribers sampled, the majority (53.1%) were males and included medical officers (28.6%), physician assistants (45.5%), nurse prescribers (19%), and others (6.9%) with a mean age of 34 years. The mean knowledge and perception scores were 71.8% (95%CI: 69.4-74.1%) and 88.1% (95%CI: 85.8-90.5%) respectively. Predictors of prescriber knowledge and positive perception included training in rational prescribing ($p \leq 0.038$), being 40 years or older ($p \leq 0.023$), and having a functional drug and therapeutics committee at a facility ($p = 0.001$). The duration of practice had no association with knowledge but having worked for two years and more conferred a positive perception of rational prescribing ($p \leq 0.00001$). Gender, marital status, and type of prescriber did not affect the knowledge and perception of respondents.

Conclusion

Prescribers in the hospitals had adequate knowledge and a positive perception of the concept of rational prescribing. Training prescribers in rational prescribing and strengthening the activities of drug and therapeutics committees in the hospitals could further improve rational prescribing and ensure patient safety.

Keywords: Rational medicine prescribing; prescriber knowledge and perception; public hospital; Ashanti Region.

Developing a single unit multi-compartment dosage system for therapies requiring multiple medications

Anang Deborah^a, Brako Francis^a, Trivedi Vivek^a

^a Medway School of Pharmacy, University of Kent, Central Avenue, Chatham Maritime, Chatham, Kent ME4 4TB, UK

Background: Treatment failure of *Helicobacter pylori* (*H. pylori*) indicated gastric ulcers remains high globally. This is in part due to the limited access to required combined therapies and high cost of medications especially in low-income communities. These in addition to the associated huge pill burden leads to non-adherence to treatment by patients which feeds back into treatment failures and thereby creating a cycle of poor treatment outcomes.

Aim: This study seeks to design a less bulky, single oral multicomponent (3-in-1) dosage unit for improved access and adherence to combination therapies for *H. pylori*-indicated gastric ulcers.

Method: We utilized supercritical fluid technology, extrusion and spheronization to create less bulky but high active drug content systems of clarithromycin, omeprazole and amoxicillin which was characterised by FTIR, XRD and DSC. Temperature, pressure and polymer-drug ratios were varied to optimize the processes employed.

Results: Using appropriate polymer combinations, high drug:excipient systems were achieved, thus significantly reducing the bulk of individual systems to allow multiple combinations. The solid dispersion approach converted the predominantly crystalline active ingredients into amorphous systems, thus improving their dissolution and bioavailability prospects. Omeprazole, a crystalline drug was observed to be in a complete amorphous state showing no melting peak on the DSC. Amoxicillin showed a reduction in melting point (~156-158°C) suggesting some degree of amorphization and/or interaction between constituents of the formulation. Clarithromycin on the other hand showed two distinct sharp melting peaks (~218°C & 226°C) which XRD confirmed were two polymorphic forms of the active drug existing within the formulation.

Conclusion: This study is timely as it provides relevant insight into the effects of formulation processes on drug structure. Furthermore, it outlines formulation strategies that can be potentially useful in designing personalized multicomponent drug therapies and improve overall access to essential medications especially in developing countries.

Keywords: Solid-dispersion, Amorphous, Extrusion, Multi-compartment, Dosage systems.



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Evaluation of Resident Clinical Pharmacists' Interventions and Recommendations in an Ophthalmic Ward of a Teaching Hospital in Ghana

Charles Ofei-Palm¹, Jonathan Doku², Allewan S Amoateng³, Jatoo Dong¹, Angela Agyare¹, Freda Suubam¹, Daniel Ankrah⁴

¹ Ophthalmology Department, (Eye Pharmacy Unit), Korle-Bu Teaching Hospital, Accra, Ghana; ² Kwesimintsim Government Hospital, Takoradi, Western Region; ³ Holy Family Hospital, Nkawkaw, Eastern Region; ⁴ Pharmacy Department, Korle-Bu Teaching Hospital, Accra, Ghana

Background

The traditional role of a pharmacist predominantly involved dispensing of medications in both hospital and community settings. Consequently, the pharmacist was quite detached from other healthcare professionals with respect to patient care. The profession has since evolved to become recognized as an essential part of the clinical team. Pharmacist interventions, therefore, are pivotal in clinical pharmacy services within a hospital.

Aim

The primary aim of this study was to evaluate the number of medicine-related interventions and recommendations at the Lions International Eye Center (LIEC) of the Korle-Bu Teaching Hospital.

Methodology

The study was a prospective, single-centre, patient chart review and was carried out using clinical pharmacy residents from the Ghana College of Pharmacists. The study period was from 5/12/2018 to 15/04/19. Each type of recommendation documented was categorized and analysed for acceptance or non-acceptance by physician ophthalmologists. Additionally, each intervention was classified and quantified according to the type of medication errors identified.

Results

During the 4-month study period, the clinical pharmacy residents recommended 19 drug therapy changes and identified 70 interventions of medication errors for 13 patients taking a total of 95 drugs at the centre. The recorded acceptance rate of interventions by ophthalmologists was 7% (5/70), rejection rate was 3% (2/70), whilst the rate of interventions with an unknown acceptance/non-acceptance outcome was 90% (63/70). The most prevalent type of medication error was the identification of omissions of drug frequency (20.6%), followed by drug monitoring (17.1%).

Conclusion

Clinical interventions made were moderately significant and primarily related to medications used in the ophthalmic specialty setting. Further studies are needed to strengthen such outcomes and improve acceptance for the benefit of patients seeking eye care at the centre.

Keywords: Clinical pharmacist, interventions, medication errors, ophthalmologist, teaching hospital

Factors associated with disposal of expired and unwanted medicines among community members of Ga central municipality

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²Department of Epidemiology and Disease Control, School of Public Health, University of Ghana, Accra, Ghana

ABSTRACT

Background: Medicines form a major component of the healthcare delivery system. However, many factors in Ghana have resulted in accumulation of medicines at home with the potential of causing health hazards. Improper disposal of these medicines has consequences on health, the environment and the economy. To contribute to solving this problem, it is fundamental to understand the factors associated with the disposal of these expired or unwanted medicines.

Aim: To assess prevalence of expired/unwanted medicines in Ga Central Municipality (GCM) and associated factors.

Methodology: This study used a cross-sectional community-based survey using 423 households from the four main communities (Sowutuom, Santa-Maria, Anya, and Ablekuma) in GCM. Data on the outcome variables, (storage and disposal practices) and independent variables (socio-demographic factors, health system factors, and individual-level factors) were collected using pretested structured questionnaires. The individual level factors (Level of knowledge of disposal practice, level of awareness of a disposal program and level of attitude to disposal practice) were assessed using a number of question items. Data were analyzed using STATA Version 16 software to determine associations with the independent variables at 95% CI and a level of significance of 5%.

Results: The prevalence of expired and unwanted medicine in the GCM was 56.6%, (95% CI: 51.71-61.34). Majority of the study participants disposed their expired and unwanted medicines at home (91.8%; 95% CI: 86.34-95.54). Knowledge on disposal practice was low (14.5%; 95% CI: 11.34-18.27) as well as awareness of a disposal program (9.4%; 95% CI: 6.79-12.57). However, attitude to good disposal practice was high (67.1%; 95% CI: 62.45-71.58). Marital status (AOR=1.88; 95% CI: 1.01-3.53), presence of elderly people (> 60 years) in the household (AOR=0.50; 95% CI: 0.29-0.84); adverse drug reaction (AOR=2.03; 95% CI: 1.05-3.90); level of knowledge of disposal practice (AOR=3.10; 95% CI: 1.53-6.30) and level of awareness of disposal program (AOR= 2.91, 95% CI: 1.17-7.24) were associated with disposal of expired/unwanted medicines.

Conclusion: Prevalence of expired/unwanted medicine in GCM was high. Marital status, presence of elderly people in household, adverse drug reactions, level of knowledge and level of awareness were associated with disposal of expired/unwanted medicines in GCM.

Key Words: Expired medicine, Unwanted medicine, Home disposal, Organized disposal

Compliance to Infection Prevention and Control measures among community pharmacy staff in Ga east district, Greater Accra.

Anoa Aidoo¹ Harriet Affran Bonful¹

¹Department of Epidemiology and Disease Control, School of Public Health, University of Ghana, Accra, Ghana.
anoaaaidoo@live.com

Background

Pharmacists and their support staff interact and manage clients who may have infectious diseases. Client-based activities can potentially expose pharmacists to biological substances and biohazards. To reduce the risk of transmission to other clients and pharmacy staff, compliance to infection prevention and control measures is essential.

Aim

We set out to assess compliance with infection prevention and control measures among community pharmacists and associated factors in the Ga East District of Greater Accra.

Methodology

This study was carried out using a cross sectional study design. An online questionnaire was used to gather information from pharmacy staff in licensed retail pharmacies within the Ga East District of Accra. The main outcome variable was compliance to prevention and control measures among community pharmacy staff. The independent variables included socio-demographic factors (age and gender), individual based factors (academic qualification, position held in the pharmacy and work experience), organizational factors (availability of products, hand hygiene products, PPEs, infographics, periodic training of staff and reference material), knowledge and practice of IPC measures among the pharmacy staff. Mystery client visits to the pharmacies were used to validate responses obtained from the online survey. Data were analyzed in Stata.

Results

Out of one hundred and seventy-one (171) community pharmacy workers sampled from 78 pharmacies, 109 (63.7%) were females, 140 (81.9%) married and 94 (55.0%) within the 25-29 years' age bracket. Medicine Counter Assistants constituted 113 (66.1%).

Knowledge and compliance with IPC among pharmacy staff was 86.6% (95% CI – 80.5% - 90.9%) and 81.0% (95% CI = 74.0% - 86.3%) respectively. About 80.1% of participants complied to single-use gloves, 90.6 % used dispensing coat, 90.1% removed PPE per protocol, 91.8% observed hand hygiene, 100% observed hand hygiene after exposure to body fluid, 81.3% observed hand hygiene after touching patients, 69.0% frequently decontaminated surfaces and 62.0% frequently decontaminated equipment after use.

The odds of compliance to infection prevention and control measures was increased approximately 4 times by the ability to practice social distancing (AOR = 4.11, 95% CI = 1.51 – 10.94, p-value = 0.006) and about 7 times by wearing of PPE (AOR = 7.30, 95% CI = 1.23 – 43.22, p-value = 0.028).

Conclusion

Knowledge and compliance to infection prevention and control measures among pharmacy staff in Ga East district is high. Availability of personal protective equipment and ability to practice social distancing are associated with compliance to infection prevention and control measures. Well-designed community pharmacies that allows social distancing measures can limit the spread of infections. Pharmacy management should make available IPC resources necessary for health workers to with IPC policy guidelines.

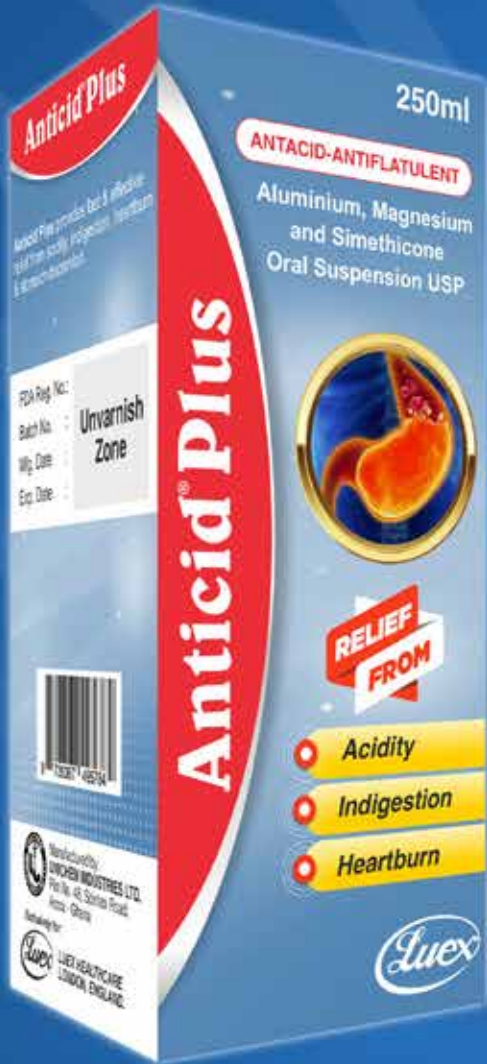
Keywords: infection prevention and control, pharmacy staff

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Survey of knowledge and understanding of date of expiration among pharmaceutical care providers in Ghana

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Background:

Scarcity of essential medicines is a major problem in medicine safety especially in developing countries. However, annually, a high percentage of medicines are destroyed due to expiry.

Aim:

This study is thus to assess the knowledge of pharmaceutical care providers in Ghana, on date of expiry and how its control can contribute to improving medicine availability and medicine security in West Africa.

Methods:

A survey using electronic questionnaire to collect information on the knowledge of pharmaceutical care providers on basic terminologies regarding expiration of drugs and among others.

Results:

Nearly a half (48.8%) of the participants responded that drugs expire when they are beyond the dates embossed on them for expiry whereas 10% responded that the date of expiry is the date on which the product is to be disposed off. 62.5% responded that expired medicines should be taken off the shelves on the date of expiry while 53.8% responded that expired medicines can be used in emergency situations when the benefit outweighs the risk. 67% of participants indicated that if a proper system is implemented to control rate of expiry of medicines, availability can be improved and medicines security enhanced. About 50% of participants would not recommend a policy where dates of expiry of selected proprietary medicines be extended.

Conclusion:

There is knowledge gap among pharmaceutical care providers on what date of expiry is. There should be training programmes (training institutions and CPDs) to improve the knowledge of pharmaceutical care providers on disposal of expiry medicines. This knowledge could be used to reduce rate of expiry thereby improving availability and enhancing medicine security in developing world.

Keywords: Expiry, Essential medicine, Medicine security, Ghana, Developing countries

Analysis of Hospital Pharmacists' Interventions in a Covid -19 Isolation Centre of a Tertiary Hospital in Ghana.

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ABSTRACT

Background

Coronavirus disease 2019 (COVID-19) is a global pandemic first identified in Wuhan, China, and subsequently declared a public health emergency of international concern by the World Health Organization (WHO). In Ghana, the Korle Bu Teaching Hospital (KBTH) is one of the designated sites for the management of Covid-19 patients, and pharmacists were part of the multidisciplinary teams.

Aim

This study aims to analyze hospital pharmacists' interventions in a COVID-19 isolation center and identify the evidence that supports the effect of such interventions.

Methodology

This was a retrospective study carried out by collecting and collating the interventions and recommendations made by the hospital pharmacists who worked at the KATH COVID-19 isolation center from May 2020 to August 2020 at the peak of the COVID-19 pandemic.

Results

A total of 145 pharmacists' interventions (PIs) were captured from the medication reviews of 53 patients resulting in an average PI rate of 3 interventions per patient. Women accounted for 58.5% in the study. The mean (SD) age was 47.1(17.9). Physicians' acceptance rate of PIs for COVID-19-positive patients was 95.2%. The most prevalent type of PIs was discharge counseling; 32.4 %, followed by untreated indication 10.3%, drug /dose omission 9%, and drug shortage/refill 9%, respectively.

Conclusions

This study highlights the clinical relevance of pharmacists' interventions in the COVID-19 era and the importance of teamwork to prevent medication errors.

Keywords: Covid-19, Fevers Unit, Ghana, Korle bu Teaching Hospital, Medication errors, Pharmacists intervention, Prescription errors.

Editors's comments: A very relevant study. Minor correction required prior to acceptance

ASSESSING THE TREND OF PRESCRIBING PATTERNS OF ANTTITUBERCULOSIS MEDICATIONS FOR CONDITIONS OTHER THAN TB IN GHANA

(A Cross Sectional Study)

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Abstract

Background: There is a growing concern Worldwide for the increasing resistance to antibiotics that are used to treat common infectious diseases. Resistance to tuberculosis (TB) medications is of concern and poses a potential threat to the WHO's aim of eliminating TB globally by 2035.

Aim: The aim of this paper was to conduct a cross sectional study to assess the trend of prescribing patterns of TB medications prescribed for conditions other than for TB and received at the Chest Clinic Pharmacy of the Korle Bu Teaching Hospital, Ghana.

Methodology: Information about all patients who presented prescriptions to the Pharmacy between 1st January 2019 to 10th June 2022 was noted in which patients sociodemographic and prescription history was retrieved using secondary data from the TB register. Descriptive statistics was used to analyze the data for conformity to the WHO and National TB Guidelines.

Results: The total patients reported at Chest clinic was 6728. 45 persons without TB disease were among a total of 6,728 TB patients. 1403 out of the total patients were treated at the chest Clinic. Their median age was 45years(range,22-83) and 71% of them were males.2% of the non-tuberculous prescriptions were received in 2019,58% in 2020,36% in 2021 and 4% in the first quarter of 2022.

Conclusion: There has been a steady decrease in TB medications being prescribed for non-tuberculous conditions over the period.

Keywords: (Antibiotics, Prescriptions, Tuberculosis, Medications, Trend)



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Impact of community disclosure on adherence to antiretrovirals among HIV clinic attendants at a tertiary facility in Ghana: a cross sectional study

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Introduction

The introduction of antiretrovirals has made HIV/AIDS, which was once a deadly disease, a chronic disease, provided adherence to antiretroviral is adequate. In the community setting, people living with HIV (PLHIV) have improved quality of life when they have social support. HIV disclosure in the community setting is the beginning of the social engagement. Disclosure may have consequences which are often not predictable. Where community stigmatization of HIV is high, disclosure may lead to discrimination and social isolation. This study intends to review the views of people living with HIV about the impact of disclosure in the diverse communities they are exposed to.

Methodology

This was a cross-sectional study at the HIV clinic at Komfo Anokye Teaching hospital in Ghana. The study included adults 18 years and above. Clients living with HIV who attended their routine medical or medicine refill visits were interviewed after obtaining consent with a structured questionnaire. Data collected included demographics, anthropometry, co-morbid conditions, ART history, viral load and community support from family, home neighbours, colleagues at work, and church family. Data was analyzed using SPSS software version 20, ($P < 0.05$ was considered as statistically significant).

Results

The study recruited 51 participants. Mean (SD) of age in years was 44 (9.9) years with a mean duration on ART of 8.7 years. Females were 84.3% (43/51). Known hypertensives were 21.6% (11/51). Those coinfecting with tuberculosis were 9.8% (5/51). Most 88% (45/51) were virologically suppressed. Those who were stigmatized after disclosing their status were 7.8% (4/51). Clients who have disclosed their status were 94.1% (48/51). Out of the 62 disclosures recorded; nuclear 51.6% (32/62), extended 33.9% (21/62), remaining groups 14.5% (9/62). There was no statistically significant relationship between disclosure of status by PLHIV to someone and the effect on adherence to ARV medication. (Significance = 0.419, correlation = 0.116)

Conclusion

People living with HIV who were interviewed did not face significant stigma in the community. The community with highest disclosure was the nuclear family. This emphasizes the fears of being stigmatized outside their most comfort zone which is the nuclear family. The situation is different for other conditions like malaria or hypertension. It is important for the general population to be more educated on HIV, its diverse modes of transmission and assurance that lifelong therapy reduces risks of transmission to help improve the overall acceptance of PLHIV in the various communities. The effect of disclosure has a neutral effect on adherence as majority are virally suppressed.

Keywords: Community, adherence, antiretrovirals, HIV, Tertiary facility

Prevalence of hypertensive disorders, antihypertensive therapy and pregnancy outcomes among pregnant women: A retrospective review of cases at Tamale Teaching Hospital, Ghana

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Background

Hypertensive disorders in pregnancy have particularly become a public health challenge in many countries as they contribute significantly to maternal mortality and morbidity.

Aim

The aim of this study was to assess the prevalence of hypertension in pregnancy as well as the antihypertensive therapy and pregnancy outcomes among pregnant women at the Tamale Teaching Hospital (TTH) in Ghana.

Method

A retrospective study was conducted using data from the folders of pregnant hypertensive patients. The study was conducted at the maternity ward of the TTH from June 2018 to May 2019. Participants were all pregnant women. The data was entered into excel spread sheet and transferred to SPSS version 22 for cleaning and analysis.

Results

In all, records of 5,396 pregnant women were reviewed out of which 673 had hypertensive disorders. The mean age of the study participants was 28.3 years (SD=5.8 years). The prevalence of hypertensive disorders in pregnancy was 12.5%. The most common antihypertensive medication prescribed was oral nifedipine which was prescribed for 548 (81.4%) participants either alone or with methyldopa. This was followed by oral methyldopa, 506 (75.2%), intravenous hydralazine, 94 (14.0%), intravenous labetalol 28 (4.2%) and diuretics, 10 (1.5%). Two hundred and five (30.5%) of the women delivered per vaginam and 10 (1.5%) through vacuum and forceps. 68.1% delivered through caesarean section (CS). Out of this number 45.1% still had elevated blood pressure (BP) after antihypertensive therapy. Thirty eight (5.7%) babies died before delivery whereas 635 (94.3%) babies were born alive. There was a statistically significant association between BP control and delivery outcomes.

Conclusions

The prevalence of hypertensive disorders among pregnant women in the current study was 12.5%. More than half of the study participants had their BP well controlled with the antihypertensive therapy. Most of the negative delivery outcomes were associated with those with uncontrolled BP.

Keywords: Hypertensive disorders in pregnancy; eclampsia; pre-eclampsia; chronic kidney disease; perinatal morbidity and mortality.

Implementation of the WHO 'treat all' policy in HIV care: a case study of a primary health facility in Ghana.

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Background

In May 2019, a simple analysis by the Korle Bu Teaching Hospital (KBTH), discovered that people diagnosed with HIV at the Korle Bu Polyclinic/ Family Medicine Department (KBPFMD); the primary care arm of KBTH; had a much lower linkage into care (25%) compared with those diagnosed at the tertiary side of the hospital (86%). These results, together with the World Health Organization (WHO) recommendation that all people living with HIV (PLWHIV) start antiretroviral treatment (ART) regardless of clinical stage or CD4 count, triggered the KBPFMD to initiate ART for PLWHIV from July 2019 after a series of intensive training sessions.

Aim

This study assessed the impact of this 'treat all' policy on the linkage rate at the KBPFMD from July 2019 to April 2022.

Methods

A retrospective study was conducted using data on PLWHIV extracted either manually from the patient folders at the public health unit of the KBPFMD or from the EXCEL sheet at the KBPFMD pharmacy from July 2019 to April 2022. The data was cleaned, validated and analyzed with STATA® (version 15.1 Copyright 1985-2017 StataCorp LLC).

Results

For the period under review, 4077 patients were tested for HIV with 600 (14.7%) testing positive giving a yield of 15%. Out of this number, 347 representing 58% were initiated with ART. This represents a 33% improvement on the 2019 linkage rate (25%) but still falls short of the 95% target set by WHO.

Conclusion

The 'treat all' policy initiated at the KBPFMD in July 2019 appears to be making a noteworthy impact in linking HIV positive patients into care. There is however the need for assessment of the reasons targets set for this project were not fully met.

Keywords: WHO, HIV, ART, linkage rate, Korle Bu Polyclinic/Family Medicine Department



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Knowledge, Perception and Attitude of people towards sickle cell disease in Ghana

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Background

Sickle cell disease (SCD) is one of the commonest mono-genic blood disorders worldwide, a disease prevalent among people of African descent. Despite its dilapidating effects, the burden of the disease has not been adequately addressed. This situation is worsened by limited and inaccessible formal social support structures, stigmatization and discrimination due to the lack of knowledge and awareness of the disease.

Aim

The study set out to determine the knowledge, attitude and perception of people towards SCD in Ghana.

Methodology

A cross sectional study was conducted in Kumasi, Ghana involving 338 participants aged 18 and above. A Non-Probability Sampling technique was used to select the participants and data was collected using a well-structured 3-part questionnaire. Data analysis was done using SPSS version 2.0

Results

A total of, 338 participants were recruited with majority (89.6%) having had tertiary education. A predominant percentage (99.4%) had heard of sickle cell, while two-thirds (60.1%) of them had checked their sickling status. Barely 20% of participants knew any SCD organization in Ghana. About 49.1% of respondents believe that patients with SCD are stigmatized. While almost all the respondents (93.2%) chose that knowing their sickling status would influence their decision to marry someone. However, most (40.5%) respondents believe SCD awareness in Ghana is poor while (40.8%) indicated that the contribution of health professionals in increasing awareness for SCD in Ghana is mediocre.

Conclusion

There is the need to heighten public education on the disease to increase knowledge, and to reduce stigmatization.

Keywords: Sickle cell disease, knowledge, perception, attitude

The Role of Pharmacy staff in the provision of emergency contraception

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Background

Emergency Contraceptive Pills (ECPs) are being used as regular contraception even though it should rather be used as a bridge to regular contraception. This could be achieved if pharmacy staff were to dispense ECPs such that clients would be informed and encouraged to access some form of regular contraception. This would also involve good history taking as part of assessment prior to ECP provision by pharmacy staff.

Objectives

The study sought to assess the dispensing practice of pharmacy staff in the provision of Emergency Contraceptive Pills in Accra.

Methods

Employing the mystery client approach, a quantitative cross-sectional approach in which a 19 item pre-coded data collection instrument was used to assess the dispensing practice of 220 randomly selected pharmacy staff in Accra as they provide ECPs on over-the-counter (OTC) basis. Data were analyzed through Chi-square testing and multivariate logistic regression using STATA version 13.

Results

The results showed that even though counseling was inadequate, pharmacists were 50% more likely to exhibit high quality dispensing practice (HQDP) as compared to the Nonprofessional group (OR=0.5, CI=0.3-0.9, p=0.016) but 70% more likely than 'Others' group of Pharmacy staff (OR=0.3, CI=0.1-0.9, p=0.011). However, after adjusting for gender, scenario, language and locality of pharmacy, the likelihood of pharmacists exhibiting HQDP as compared to the Nonprofessional group remained the same (AOR=0.5, CI=0.3-0.8, p=0.003) while the likelihood of exhibiting HQDP by pharmacists increased to 90% as compared to pharmacy staff in the Others group (AOR=0.1, CI=0.0-0.5, p=0.002).

Generally, pharmacy staff were friendly and clients were served upon arrival. Also, pharmacy staff tended to exhibit HQDP if the client was third party.

Conclusion and Recommendations

Emergency Contraceptive Pills (ECP) are not being used as a bridge for future/regular contraception in Ghana as most pharmacy clients are not being educated on the need for regular contraception post ECP use. This is due to the inadequate knowledge base of most pharmacy staff on this need.

Recommendations offered include continuing professional education for pharmacy staff especially in the dispensing of OTC drugs such as ECPs. Development of standard checklists or protocols in the dispensing of ECPs should also be looked at and considered by the relevant authorities so that all pharmacy staff would be trained in its use. Further research is also needed in this area possibly qualitative.

Keywords:

ECPs- Emergency Contraceptive Pills

OTC- Over-the-counter

HQDP- High Quality Dispensing Practice

Chi-square testing

multivariate logistic regression

Community Pharmacists' preparedness assessment to fight COVID-19: A Case study in Ashanti region, Ghana

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Background: Community Pharmacists are one of the first points of call in patient care. In a novel epidemic of a very contagious communicable diseases such as COVID-19, Community Pharmacists may find it challenging to carry out their necessary functional roles.

Aim: The study aimed at assessing the Community Pharmacists knowledge, attitude, beliefs and practices towards the COVID-19 pandemic at their practice sites; in order to ascertain their level of preparedness to fight COVID-19 and inform the safety, practice, and behavioural change measures.

Methodology: A prospective cross-sectional study was conducted from June, 2020 to August, 2020 in Ashanti region by a convenient sampling technique. A semi-structured questionnaire was disseminated through social media platforms to a total of 300 Community Pharmacists. The data were coded, stored and analyzed using SPSS Version 16.0 and thematic approach.

Results: The response rate of the study was 87.3%. Almost 56% of the respondents expressed their fear of getting infected with COVID-19 due to the high possibility of occupational exposure. The respondents were able to answer 70–90% of the knowledge-based questions of the survey. A more careful and anxious attitude were associated with overall better practice ($p = 0.02$). About 84% and 72% of the respondents were of belief that unclear external communications on case outbreaks and compromising the safety of those around them respectively; challenged their functional roles. Also, a significant number of the respondents' stated that they were dispensing Personal Protective Equipment such as face masks (92%), gloves (74%), and sanitizers (61%) in small quantities due to limited availability.

Conclusion: The overall level of preparedness of the Community Pharmacists to fight COVID-19 was very good. There were adequate level of knowledge and good practice towards the COVID-19 infection prevention among the Community Pharmacists. Their challenges were the fears of contracting the virus, compromising the safety of those around them, unclear external communication and limited supply of protective equipment.

Keywords: Attitude, belief, COVID-19, Community pharmacist, Knowledge, Practice

Supply Chain Assessment of Maternal, Newborn, and Child Health Commodities in Ghana's Private Sector Facilities, Wholesalers, and Retail Pharmacies

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Presenter: Damaris Forson

Background: The private sector in Ghana provides 50% of health services in the country yet there is limited information on the supply chain management of MNCH commodities in this sector.

Aim: To understand how MNCH commodities are managed within the private sector.

Method: A mixed methods approach was used to capture supply chain related data on a subset of MNCH commodities in the private sector. The sampling strategy included the selection of four regions (Ashanti, Greater Accra, Northern, and Upper East) in Ghana. Quantitative data on product management, availability, source, pricing and registration were collected from retail pharmacies, private health facilities and wholesalers. Additionally qualitative data on factors influencing supply decisions were collected from wholesalers.

Results: The study showed that retail pharmacies and wholesalers were less likely to manage injectable products like gentamicin, magnesium sulphate and oxytocin as compared to private health facilities. At all three facility types, amoxicillin DT, chlorhexidine gel and ORS + zinc co-pack were the least managed products. The main reason for non-

management of MNCH products was "low or no client demand". Majority of MNCH products had at least half of the most prevalent brands registered. Regarding product pricing, the results showed lower NHIS prices for certain products compared to selling prices at retail pharmacies and health facilities. Ninety percent of all three facility types met at least half of the storage requirements; with 100% of wholesalers and 96% of health facilities storing oxytocin in a working refrigerator. However, 25% of retail pharmacies did not store oxytocin within the recommended temperature range of 2-8 degrees.

Conclusion: The private sector is influenced by commercial factors, which could come at a high cost in terms of availability, accessibility, and affordability for individuals and families. There is the need to create a cost incentive that encourages the private sector to offer and improve access to critical MNCH commodities, including amoxicillin DT, ORS + zinc co-pack, chlorhexidine gel and injectable MNCH products.

Key Words: Private sector, MNCH, Supply Chain, Wholesale pharmacies, Retail pharmacies

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Digitalization will revolutionize healthcare services across Africa

Harry Amoaning Okyere, MPH

In recent times, the novel coronavirus has forced a radical, paradigm shift in the way healthcare is practiced all over the world. Many healthcare professionals have reinvented themselves to adopt innovative strategies to minimize the adverse impact of the pandemic.

Even before the peculiar challenges presented by the COVID-19 pandemic over the past few years, healthcare systems across Africa have been facing acute challenges.

Despite being home to 13% of the global population, Sub-Saharan Africa (SSA), for example, bears 24% of the world's disease burden – and despite this, only 3% of the world's health workforce are in this subregion. Additionally, the region contributes up to just 1% of global healthcare expenditure.

Despite commendable efforts to ensure universal access to healthcare services, inequalities in spatial accessibility to healthcare remains a glaring threat to achieving Sustainable Development Goals (SDGs) in many countries including Ghana. Many countries in Africa continue to face shortages of health workforce, in the face of brain drain and inefficient distribution. The health workforce is disproportionately concentrated in major cities and towns.

However, there are signs that a revolution is taking place across Africa with regards to how we approach our healthcare systems. Recent innovation efforts, particularly centred around the potential for mobile devices and the internet to facilitate healthcare delivery, have demonstrated the potential of digitalization to connect all Africans to both medications and medical advice. Sub-Saharan Africa has been aptly christened “the new breeding ground for digital health” by the Lancet in 2020.

Indeed, this wave of digitalization can, and already is, beginning to have transformative effects. It's been estimated, for instance, that e-health accounts for about a tenth of the total number funded start-ups in Africa.

Take Ghana. The government's newly launched e-pharmacy platform looks set to lead the way in terms of providing a regulated and reliable way to access medications and pharmaceutical care services remotely. Investment in the sector looks to be a smart move, with the global e-Pharmacy market currently valued at \$52bn, while poor health reduces global GDP by 15% each year.

Launched by Vice President Dr Mahamudu Bawumia in tandem with the Pharmacy Council of Ghana, the National Electronic Pharmacy Platform (NEPP)



will provide safe and secure access to prescription medications from registered pharmacies online.

In the words of Dr Bawumia, the e-pharmacy is 'creating an enabling environment that will bring the pharmacy to your doorstep'.

The introduction of this platform will not only make medications accessible but also go some way in beginning to tackle some of the consequences of under resourced healthcare systems.

For example, counterfeit medication has long been a challenge across Africa, with research from the World Health Organisation (WHO) suggesting these unofficial and often dangerous knock off medications are responsible for approximately 100,000 deaths per annum.

With Africa accounting for 42% of the world's cases involving counterfeit drugs, introducing easier and more convenient ways to access legitimate medication in the country is a utilitarian move.

Other countries, therefore, would do well to observe Ghana's initiative, as Ghana's e-pharmacy will require licensed pharmacies in the country to be registered on the digital platform, providing peace of mind to the platform's users.

Similarly, in South Africa, the Department for Health has embraced the opportunities presented by mobile technology to support pregnant women and new mothers with their online 'MomConnect' platform.

MomConnect has connected over 2 million women to essential services and information via a digital helpdesk since 2014. With over 500,000 messages received since its inception, the platform is truly changing the face of maternal care in South Africa.

But change is not only taking place in the public sector across Africa. The private sector is also embracing the digital revolution in healthcare, with huge growth taking place in the business to business (B2B) sector in the past year.

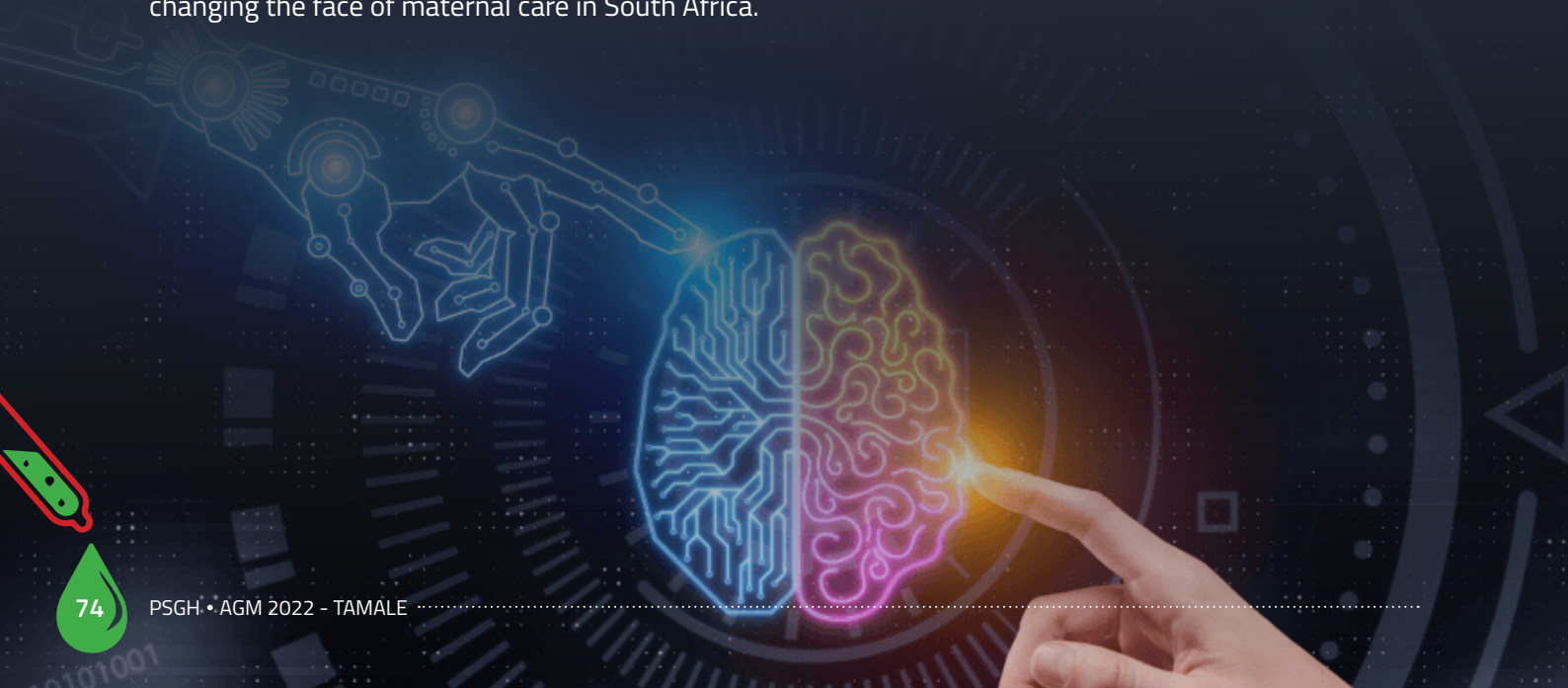
According to global health consultancy Salient Advisory, the digitisation of supply chains and distribution to healthcare providers has been most impressive in the African healthcare sector.

This kind of innovation allows for the use of tech-enabled solutions that digitalize and distribute medicine to areas that would otherwise be underserved by pharmacies, clinics and hospitals, widely improving access.

Other successful private sector digital healthcare initiatives in Africa are consumer facing – such as SASADoctor, based in Kenya. A 24-hour medical app with over 127,000 registered patients, which provides an alternative method for Kenyans to access and interact with doctors and other medical professionals via their mobile devices.

It's no surprise that those at the top of government are looking to this sector to play a role in their post-pandemic recovery.

Digitalization of healthcare is by no means the magic bullet to address all the challenges that confront our healthcare sector. In fact, electronic health solution in our region will be fraught with some challenges of their own. Yet, examples of best practice through digitalization can be looked to as inspiration for other nations and organisations hoping to make a difference in health outcomes across the continent.





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Vet Clin North Am Small Anim Pract. 1992 Mar;22(2):321-2.a

Skyrocketing drug prices - a call on pharmacists to prioritize financial risk protection

Debrah Akosua Bema (MPhil Clinical Pharmacy) • akodebscriptures@yahoo.co.uk

In a nation with inflation at an 18year high, there has been an unprecedented increase in the cost of goods and services, including medicines, to the extent that the rising cost of medicines outpace other healthcare services.

Ghana's pharmaceutical industry is the second largest in West Africa and is indispensable in achieving Universal Health Coverage (UHC) and improving health outcomes. With more than 40% of Ghanaians paying out-of-pocket for their medicines, the private sector of the pharmaceutical industry remains a major stakeholder in making medicines more accessible, available and affordable. It is also a key player in ensuring financial risk protection in meeting the targets of Universal Health Coverage by 2030.

Several health sector reforms were on the right track to this feat until COVID 19 cast a shadow on attaining the UHC goals. Drug prices have skyrocketed, becoming unaffordable and inadvertently inaccessible. Some of the prices of these medicinal goods have risen to between 10 and 30% for both generic and innovator brands. These escalations seem to make healthcare a precedence of the affluent in society - but this should not be the case.

Given the rate of surging inflation, supply chain issues, and the widespread macro-economic implications of the Russian-Ukraine conflict, the Ghanaian pharma industry should consider implementing policy recommendations that makes the pricing of medicines in the private sector capped to some extent.

Generally, private health sector procurement prices are often on the higher side compared to the public sector. Unfortunately, after adjusting for mark-ups, many private retail pharma industries pass on the burden of the high cost incurred to the consumer. The big question is, is it affordable for the ordinary Ghanaian? How can we work around it so as not to pose as though pharma industries are leveraging on the inflation to increase profits?

Corporate profits are crucial to industry success, but the core of every Ghanaian pharmacist who is a friend of the human race places a premium on making healthcare easily accessible and affordable rather than profiteering. Pharma industries understand the impact of these high-priced medicines, especially the innovator brands in healthcare. Reports indicate that patients who cannot afford their medicines either abandon treatment, do not initiate at all, or try to ration their medications, and does not augur well for health outcomes. In the United States, nearly 3 in 10 adults are reported to stop taking their prescription medicines with 4.2% of patients resorting to cheaper but unapproved alternative therapies for which the consequences may be dire.

In the light of the public outcry, pharma industries must step up to the challenge and show a human face to their mantra. The government has supported and instituted many tax relief programs to assist pharmaceutical industries. We must give back to reflect the mantra of being friends of the human race, by switching to a value-based pricing system that would improve the efficiency of healthcare spending.

Value-based pricing system advocates separate mark-up margins for innovator and generic brands with lower mark-up for the innovator brand. A point in case would be charging a 2.5% mark up on "Atacand" while charging a 3% or 3.5% on "Candersatan Teva". Such a system would reflect a clinical benefit while protecting the end user, and ensuring accessibility of medicines.

In conclusion, pharmacists must adopt the robust systems and strategies used by countries like Germany and Australia that have implemented schemes to lower drug prices and make medicines accessible and affordable for the masses. Perhaps, a value based pricing method would offer some financial risk protection.

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Ref 1. Sravanthi Diddi et al. International Package Leaflet for Voltfast, May, 2019 **Ref 2.** Marzo A, Dal Bo L, Verga F et al. Pharmacokinetics of Diclofenac after Oral Administration of its Potassium Salt in Sachet and Tablet Formulations. Arzeimittelforschung 2000 **Ref 3.** Hofele C.M, et al. Efficacy and tolerability of diclofenac potassium sachets in acute postoperative dental pain: a placebo controlled, randomised, comparative study vs. diclofenac potassium tablets. Int J Clin Pract 2006; 60 (3): 300-7 **Ref 4.** Grazzi L. et al. Acute migraine attacks; efficacy and safety of NSAIDs, diclofenac potassium in comparison with oral sumatriptans and placebo. Cephalgia 1999.

Data Analysis and the Product of Digitalized Pharmaceutical Practice

Vanesa Asante

Data analysis has been present over several decades in innovation, detecting trends and patterns, research and clinical studies. In the absence of information technology, data analysis was an empirical process in which data was gathered based on observation and measurement as directly experienced by the researcher. This was the core of great findings by scientists, explorers and academicians of the past age.

Ever since the introduction of information technology into the pharmaceutical industry, the data collection technique has become a more robust procedure which is accelerated towards the development, improving and efficacious transmogrification of pharmaceutical products based on a pool of accumulated knowledge collected over seasons.

Today, data has been accumulated over a vast interval of time and as such, it is possible to pull out volumes of data over a single study area. These volumes are referred to as BIG DATA and can sometimes be cumbersome to iron out in a short period. Making the data tell a good and reliable story is a skill that data analysis employs.

With the growing trends of smartphones and internet usage in Ghana, the pharmaceutical industry is in lieu rapidly evolving. With this being said, it is only natural that pharmacists are also well poised to stand as agents of change and friends of the human race who are able to make remarkable impact in this rapidly evolving world. As a result of high technological use, a useful byproduct being generated and accumulated in the form of BIG DATA becomes an essential learning for us pharmacists to make informed decisions and evolve in the right direction. Pharmacists therefore in addition to their noble course, are finding it more useful to become skilful in handling data to make impact.

Digitalizing the pharmaceutical practice has become possible through the introduction of technology to improve processes and provision of healthcare. The recent framework for digitally enabled healthcare delivery in pharmacy practice has made it possible as a tool to deliver quality service to a greater population due to a greater reach or coverage. In pharmaceutical supply chain, the core of the business depends solely on Demand and Supply planning. This function of supply chain relies mainly on historical data generated over the previous working years of an institution. A competent analysis will allow you cut cost on wastage and the more accurate your forecast, the more profit you make as a business. Also, leveraging on data both in dispensing, retail and even industry, makes it possible to measure performance and identify opportunities to navigate challenges and derive useful decisions to improve both patient and practice outcomes.

The growing need for pharmacists who are abreast with data handling is found in the various job demands sprouting out these days. As we gear towards evolving rapidly, we must not forget that the immediate vacuum to be filled by us pharmacists is data intelligence and knowledge acquisition through insights from trends.

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Proliferation of retail pharmacies in major cities: the good, the bad and the ugly

Pharm Frank Kumi, BPharm, Msc (Pharm. Tech), MGCP Pharm (Clinical Pharmacy)

The number of new pharmacies being established in the country has been increasing immensely. In 2011, the Pharmacy Council (PC) reported that it had registered 2,007 community pharmacies. Currently, the pharmacy practice regulator has published on its website that there are 3,860 pharmacies in its register. In the early part of this year, Honorable Kennedy Agyapong, a Member of Parliament (MP), on a tv show—a snippet of which later became viral on pharmacy platforms—complained about the number of pharmacies dotted across every corner of the capital city. On the program, the MP questioned why the increasing rate of establishing pharmacies was becoming a feature of his ruling party whilst filling station proliferation marked the era of the administration of the current opposition party. Implicitly, the honorable member was making an interesting observation, which seems to suggest that the uptick in the number of pharmacies currently being witnessed is politically motivated. The existence of this association, if any at all, is a topic for another debate.

Ordinarily, an increase in the number of pharmacies should not be considered a strange phenomenon since almost every facet of the country appears to be witnessing growth as the economy breaks new frontiers. It may be argued that the growth in the number of pharmacies should not be a cause

for concern when the number of practitioners is factored into the equation.

According to information available on the PC's website, 5,101 pharmacists are currently registered to practice in the country. According to the International Pharmaceutical Federation's (FIP) Global Pharmacy Workforce and Migration Report published almost a decade and half ago, the PC reported a figure of 2,162 as the total number of registered pharmacists in the year 2005. If these numbers are anything to go by, then it can be concluded that the country has made tremendous improvement in pharmacy workforce growth. This is against the back drop that the patient-to-pharmacist ratio has been remarkably reduced from 13,000:1 to approximately 6000:1 in just over the last decade! Indeed, the total number of practitioners (5,101) far outstrips the reported number of pharmacies (3,860). Consequently, one might be tempted into thinking that concerns over pharmacy proliferation are tempered by the disproportion in the ratio of practitioners to facilities. If the number of pharmacies is lower compared to the number of practitioners, why worry, when more pharmacies are rather required to be established to ensure a balance, is achieved?

The figures being reported by the PC must be subjected to careful scrutiny before one can come to a careful conclusion and decide which side of the argument to take. It should be highlighted that the over 5000 practitioners currently being reported by the PC have diverse practice backgrounds. Some work in hospitals, academia, regulatory bodies, etc. Although the Council fails to provide the needed insight on its webpage, by accounting for the proportion of pharmacists working in the public sector as well as those in the diaspora, the ratio of pharmacies to pharmacists is not as lopsided as one might have thought from a cursory glance. In other words, by matching the number of full-time community pharmacists to the number of pharmacies reported by the PC, it can be realized that indeed some imbalances might be existing after all and that truly dedicated full-time community pharmacists do not outnumber pharmacies.

Granting approval for the opening of new pharmacies means opening up the job market for the dizzying number of pharmacy graduates being churned out yearly from pharmacy schools. Nevertheless, questions remain concerning the processes leading to the regulatory body's approvals for establishing new pharmacies. Are approvals being granted in accordance with any established regulatory guideline, if any currently exists at all? The PC is mandated by Act 857 Part 4 section 80 (d) to "ensure the equitable and accessible distribution of pharmaceutical premises". But over the years, their guidelines and requirements guiding the siting of new pharmacies can best be described as a moving target, oscillating between the realm of what is publicly known and what is unknown. For example, at one moment the famous 400-meter rule is in enforcement, at another moment it is blithely overruled for reasons held closed to the chest of the Council's committee tasked with reviewing and granting the approvals. This is an unhealthy practice which only serves to cast clouds of suspicions over the regulator's handling of applications for new pharmacies.

Over the last 5 years, it is commonplace to find new pharmacies in the capital towns of the country springing up just a step away from one another, a phenomenon which defeats the Council's mandate of ensuring equitable distribution of pharmacies and high-quality pharmaceutical services across the country. Already, more than half of pharmacies in the country, according to the 2020 FIP Global

Pharmacy Workforce and Migration Report, are disproportionately distributed in the Greater Accra and Ashanti regions. In view of this, one would have thought that the PC would find it prudent to live up to its mandate and ensure prospective pharmacy owners are encouraged to move to underserved areas of the country. This is where a critical stakeholder such as the professional body of pharmacists, PSGH, needs to step in with its advocacy efforts otherwise things will get out of control.

For a start, transparency needs to be infused into the approval processes culminating in the establishment of new pharmacies. It is important for the PC to develop a compendious document that details the guidelines for siting a new pharmacy with the object of ensuring equitable distribution of pharmacies across the country. These standards can be a product of consensus among the pharmaceutical stakeholders and should be widely accessible to the general public, and not just the regulatory body's committee charged with adjudicating the approval process. For example, if population density or distance from an already existing pharmacy will be used as a criterion, then the specific standards that one needs to meet ought to be made known publicly. Additionally, the periods for reviewing the guideline should be publicized and efforts should be made to solicit stakeholder input so that their views could be considered for incorporation into the final document.

In conclusion, the PC is the institution charged with ensuring equitable distribution of pharmacies across Ghana. However, emerging trends clearly indicate that the regulator is renegeing on this key object, resulting in what seems like overcrowding of pharmacies in our major cities. The PC, PSGH, and pharmacy stakeholders as a matter of urgency need to institute measures to curb this development.

About the Author: Pharm. Frank Kumi is a Clinical Pharmacy Practitioner and researcher with special interest in cardiovascular health and pharmaceutical technology. He is a former editor of the Pharmaceutical Society of Ghana. He is currently the Head of Pharmacy Unit at the Kings Medical Centre in Bontanga, Northern Region.



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THE COVID-19 EFFECT – “BIG PHARMA”

By Pharm Andrew Nii Ofori Annan (MPSGH) • andrewannan7@gmail.com

The COVID-19 pandemic has devastated countries across the globe with its impact being felt by all segments of the population in one way or another. The overwhelming effect of COVID-19 has shrouded other news and masked the world with a thick fog. Health workers are putting up a valiant fight against the virus, and with such an impressive recovery rate in Ghana, we applaud our Ghanaian health workers. However, the world is not at a standstill as it seems, and life still goes on. A meningitis outbreak has claimed several lives in the northern part of the country, and as you read this first paragraph, a child just died from malaria, which kills every two minutes!

A notable effect of the pandemic is that majority of adults are reluctant to visit healthcare facilities, with up to 65% of respondents in an online survey conducted by a digital media company Morning Consult in the USA, preferring not to visit hospitals or clinics during this pandemic. Anecdotal evidence in Ghana suggests several people share the same sentiments. A number of hospitals, especially treatment or isolation centres have seen a sharp decline in out-patient department (OPD) clinic attendance. With several other major health facilities being forced to fully or partially close down their outpatient department units or adjust their operating hours at a point in time, there remains a heavy disease burden that requires attention.

The worrying global burden of chronic diseases such as hypertension and diabetes which are major causes of morbidity and mortality in Ghana exists

as well. Management of these conditions however requires constant patient review and monitoring. Since the COVID-19 pandemic has severely affected our healthcare delivery system, it is imperative that the general public is protected not only from the disease of the moment COVID-19, but also from the chronic ailments we have been battling with for centuries. Our health care resources are already limited, and to reduce the overload on the already limited hospital and clinic infrastructure, it is necessary now more than ever for the general public to patronize the services of community pharmacies and Pharmacists for key interventions in the health space.

- Another child just died from malaria -

Pharmacists are well trained in the management of several medical conditions. Considered also as the experts in medication therapy management, Pharmacists are available to make meaningful impact in the management of several chronic conditions such as diabetes and hypertension. Pharmacists are in a better position to easily identify medication related problems such as dosing, medication selection and medication use problems thereby ensuring that patient medication therapy is tailored to meet their specific needs.

In an ideal healthcare system, which we should envisage after this pandemic, Pharmacists work together with other members of the multidisciplinary healthcare team to evaluate patient medical records and achieve set health care goals for patients. With access to health facilities

being a challenge however, pharmacies in Ghana are well equipped to provide evidence-based disease management at their level of primary care. This implies that in the era of this pandemic, Pharmacists are available to manage a myriad of medical conditions in the communities. Services such as wound dressing, provision of first aid, management of ailments such as malaria, sexually transmitted diseases and other infections, coughs, colds and inflammations are being effectively provided in community pharmacies by Pharmacists, bearing in mind that Pharmacists are also trained to know when to refer patients to hospitals for more intensive monitoring or further therapy.

This pandemic has also led to some worrying statistics that community pharmacies can help plug. A press release by Marie Stopes Ghana on the 22nd of April 2020 stated that due to the COVID-19 pandemic there could result in an estimated 9,768 unintended pregnancies in the Greater Accra and Greater Kumasi metropolitan areas as well Kasoa. A further 16,740 unsafe abortions were also estimated to occur, with about 26,600 women at risk of losing access to effective contraception. Pharmacists as experts in medication therapy and sexual health can play a key role in helping to avert such a worrying trend. With various types of contraceptives available in pharmacies both over the counter and on prescription basis, safe sexual practices can be promoted by Pharmacists. It is no surprise therefore that in the French city of Nancy, pharmacies are also serving as a safe haven for people escaping from incidents of domestic and sexual violence.

Pharmacies have also played a role in ensuring availability of hand sanitizers, face masks and other essential commodities to the general public. Pharmacists have been involved in public education, sensitizing the general public to the harmful effects of COVID-19, its prevention and appropriate use of personal protective equipment. As experts on medications, Pharmacists have also been enforcing the rational use of medications such as hydroxychloroquine, a medication initially used in the management of rheumatoid arthritis which has been found useful in the management of this novel coronavirus disease. Pharmacists have averted the massive rush for such prescription medications, demanding for valid prescriptions before supplying them which has helped to curb sudden shortages in medication availability.

In our quest to ensure that we do not emerge from this pandemic with more problems than before, it is heartwarming to know that “pharma” can indeed be big in these times, reducing the impact of COVID-19 on a drained population that is un eager to visit hospitals.

Pharmacists have contributed their quota to ensure the risk of COVID-19 transmission to individuals at high risk is reduced due to the brave efforts of our community Pharmacists and other Pharmacists at COVID-19 treatment centres. “Pharma” can also come big in managing several non-communicable diseases, safeguarding sexual reproductive health and regulating the use of medications such as hydroxychloroquine, Therefore, we know that once we emerge out of this dark cave filled with “COVID bats”, we will not be excessively entangled with webs of non-communicable diseases, unintended pregnancies and avoidable fatalities from treatable medical conditions such as malaria.

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FYNN, ROBERT BENJAMIN ()	141	BARNOR, JOSEPH AGIRI (MR)	575
SENCHEREY, HENRY KWAKU ()	281	AWUAH-NIMFOURII, NANA ()	579
TEMENG-FORSON, ASIMENG ()	361	HONNY, SARAH (MRS)	580
AKOTO, DANIEL ()	373	ARKAAL, SUPI KWEKU ()	581
ABADJI, SETH TETTEH ()	376	HANSEN, ARABELLA KATE ()	583
OKYERE, ANTHONY ()	388	OSEI-TUTU, FRANCIS ()	590
ASARE, ERNEST SAMUEL ()	397	OSEI TUTU, LILY (MRS)	594
GYANE, MARGARET NYARKO ()	401	SAMPSON, JOSEPHINE OHUI ()	596
LAING, HARRY MORGUE ()	430	ARYE, SAMUEL KWAME ()	597
CRABBE, LEWIS LLOYD (MR.)	438	OBENG, JOHN KOFI ()	598
ABUTIATE, HARRISON KOFI (MR)	441	RIBEIRO, CZARINA (MRS)	599
ADOTEY, JOSEPH (DR)	451	ANIAGYEI-BEDIAKO, JUSTINA NINA (MRS)	605
DADZIE, MUSTAPHA YUSIFU ()	461	ZU, EMMANUEL KOJO ()	608
ALLOTEY, CONSTANCE ()	468	TETTEY, IVY ODEI ()	609
WIAFE, FRANCIS ()	474	ASARE, FREDERIC BENJAMIN APPIAH ()	618
VORDOAGU, RAPHAEL KWAME (MR)	475	OBENG-AGYEKUM, COMFORT ()	619
MENSAH-AGBOKPOR, GEORGE AYIKWEI ()	476	BOATENG, U K ()	620
DUA-ANTO, BEATRICE ()	482	EFFAH, EMMANUEL KOFI ()	626
OTIEKU-BOADU, ISAAC	486	APPIAH, ELIZABETH ANIMA (MRS)	627
ABAITAY, ALFRED KWABENA (PROF.)	487	ADJEI-BOAKYE, KWAKU ()	631
ANNAN, ALFRED KOFI (MR)	489	YAMOAH, EUNICE J ()	632
ABBEY, SAMUEL ANARTEY ()	494	MAINOO, EUNICE ()	633
KONNING, GEORGE HENRY (PROF)	495	ANNAN, EMMANUEL MARTEY ()	635
OPPONG, AUGUSTINE K ()	497	OWUSU-ASUBONTENG, ROCKSON ()	639
OPPONG-BAWUAH, JULIANA ()	511	AMEDZRO, ESTHER (MRS)	642
SACKITEY, DANIEL T ()	525	MANTEAW, ABED ()	643
FOKUO, YAW DWOMO (DR)	529	ARYEE, EMMANUEL AKUETTEH ()	645
ABUDULAI, IBRAHIM MUSTAPHA (SUPT.)	531	MARFO, STEPHEN OHENE ()	647
NKANSAH, KWABENA AGYEMAN ()	532	TETTEY, AMBROSE ()	648
MENSAH-BONSU, ROSE ()	535	ESSEL, EMMANUEL BARTON ()	649
NTI, KOFI ()	536	DWOMO-ABABIO, KWABENA ()	651
BRANDFORD-SACKEY, HENRY ()	539	PARKER-ALLOTEY, REBECCA ()	653
BOAKYE-YIADOM, DANIEL ()	542	LAWER, J TEKPER ()	654
AYIM, JOHN SEFA K (PROF)	545	TURKSON, JUDITH CHRISTINE ()	655
ODEI, ELIZABETH ()	554	ASSIAMAH, SAMPSON YEBOAH ()	660
OPPONG, COMFORT ()	557	ODAMTTEN, RANDOLPH CONNEY ()	661
AMOH, FRANK KWAME ()	558	ADDO-ATUAH, JOYCE (PROF.)	662
DJOLETO, HENRIETTA FLEISCHER ()	560	KOKUKOKOR, AUGUSTINE KOSI YAOKPO (ACP. RTD)	663
COBBSON, GRACE ()	561	ALOKA, P CK K ()	665
SARFO-MENSAH, REXFORD (MR)	563	DZISI, FREDERICK YAO ()	666
ASHIETEY, DANIEL K (REV)	564	JIAGGE, XOSE KWAKU ()	669
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- Painful Diabetic Neuropathies
- Trigeminal Neuralgia
- Post Herpetic Neuralgia
- Carpal Tunnel Syndrome

- Phantom Limb Syndrome

- HIV Associated Neuropathy
- Post Traumatic/Post-Operative
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FRIMPONG, FRANCIS ()	677	SARFO-KANTANKA, APPIAH ()	789
ADDO, MICHAEL AGYEKUM (DR)	678	MOORE, JOSEPH KABENLA ()	795
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EFAH, KOFI AMPONSAH ()	685	CHINBUAH, YAA KUSIWAH ()	798
AKOMEAH, ANTHONY POKU ()	687	ADOSRAKU, REIMMEL KWAME (PROF)	801
BROBBEY, MARGARET SERWAH (MRS)	692	PARTEY, BEATRICE ()	803
MENSAH, ISAAC DOVI ()	693	TAWIAH, EMMANUEL HARRY (DR)	807
KWAKYE, JOHNSON KWAKU (PROF)	695	OTI-MENSAH, FRANCIS ()	811
ENCHIL, SAMUEL ()	696	KUSI, KYEI KWAME ABEBRESE ()	818
ABBAN, CECILIA (MRS)	700	NUTAKOR, KONU ()	819
ENNISON, BEATRICE ()	701	ANSU-GYAU, WILLIAM ()	820
OKINE, NATHANIEL N A (PROF)	703	HANSON, LOUISA (MRS) CUDJOE,	827
ANTWI, ELIZABETH ()	704	ABDEL-KASIM, ISSAKA BADO ()	829
SANNIEZ, WILLIAM HK (DR)	708	CROMWELL, RICHARD PAA KWASI ()	831
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OSAFO, EBENEZER ()	710	OJUMU, MONICA MOLARA (MS)	837
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AHETO, ERIC NANI ()	714	AMPOFO, AKUA AFI (MS)	840
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ODURO, ERIC DRESDEN ()	719	BAMFO, EDDIE REDMOND ()	852
ATUOBI, CHRISTINA SERWAH (MRS)	723	DARKWA, CHARLES OWUSU (MR)	855
ASIRIFI, FRANCISCA ()	724	AGYARE, RICHARD BOATENG (MR)	856
ODAME, FELICIA (MRS)	725	AHMED, ADWOA AKYAA (MRS)	857
APPIAH, SETHSON HENRY NIMAKO (MR)	730	ESSEL, JACOB MAXWELL (MR)	858
BAFFOUR, VICTOR DERX ()	736	BONSU, KOFI (MR)	860
OWUSU-DAAKU, FRANCES THELMA KWABEA (PROF)	737	AKLAMANU, NELSON KOFI (MR)	863
ADDAE-AFOAKWA, DORIS BOAKYE ()	741	FLEISCHER, THEOPHILUS CHRISTIAN (PROF)	864
OLYMPIO, MARGARETTA LILY OKAITSO (MRS)	745	OSEI-AFRIYIE, SETH (MR)	865
OFEDIE, ROSE ABEYIE ()	746	POKU, ERIC BOAKYE ()	867
AKAINYAH, JOANA (MRS)	748	DUGAH, EDWIN SHINE (MR)	871
ADWEDAA, MICHAEL AFFUM ()	749	MENSAH, SCHOLASTICA (MRS)	872
AMOO, VICTOR EKOW DARKO ()	750	HAGE, DOROTHY PETITE (MRS)	873
ARRHIN, PETER ()	751	CHARTEY, THEOPHILUS K (MR)	874
DUNCAN, JOSEPH ()	757	OTI-MENSAH, GRACE AKYAA ()	878
DEKU, GILBERT FOGA KOFI ()	758	NEEQUAYE, BENJAMIN KOTEY (MR)	879
ADU, KWABENA ()	759	MENSAH, DWUMAH SARFO ()	880
OBENG-NKANSAH, EMMANUEL YAW ()	762	HARUNA, AHMED JAMBEDU (ALH)	883
ATTAFUA, DORIS (MRS.)	768	OBENG, MARTIN ANNOR ()	884
NORTEY, LOUIS NII NARKU (MR)	770	AHIABLE-SIKA, ELIKEM ABLA (MRS)	885
WIREKO-ADUM, JOSEPH ATTA (MR)	778	BRUCE-SMITH, GEORGE ()	887



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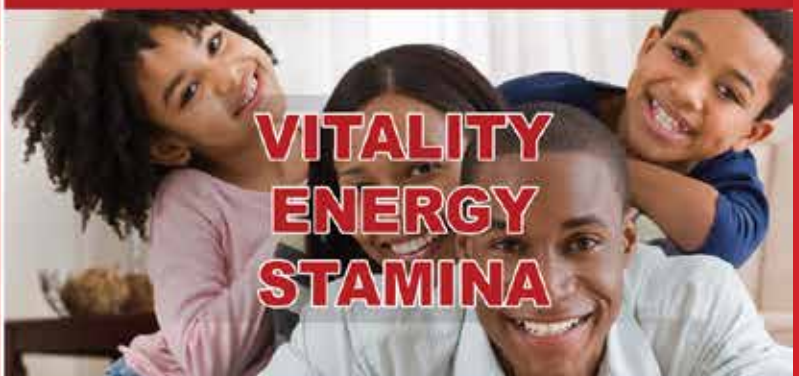
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NAME	Reg.No.	NAME	Reg.No.
BEDIAKO, ERNEST SAMPONG (MR)	889	BOATENG, BRIGHT KWABENA ()	985
GEDZAH, LEKE KWAMI ()	890	GYANSA-LUTTERODT, MARTHA ADZOA (MRS)	986
ATADJA, PETER ()	891	ADU, FRANCIS (MR)	988
ASARE-DUA, SAMUEL OPPONG (REV.)	892	GYENING, SAMUEL FREDUA KWESI ()	991
AMOA-BOATENG, ROSINA ()	895	KARIKARI, PATRICK KOFI ()	995
OTENG-MANU, KWABENA ADDO ()	896	TACKIE, REGINALD NII OSRO ()	1005
AMANKWAAH, DANIEL KOFI ()	898	LARYEA, GERTRUDE DORCAS AHINEY ()	1007
APPIAGYEI, THOMAS BOATENG ()	899	ANUM, PHILIP WILLIAM OKWEI MENSAH ()	1008
ASHLEY, GEORGINA ABRAFI (MRS)	901	ADJAVON, DANIEL KWAKU ()	1009
BEDIAKO, ANGO ()	903	ADUAMOYAW-ANI, SWITHIN ()	1016
AMPOFUL, EMILY ()	904	SARPONG, FRANCIS YAW MAINOO (DR)	1019
NKANSAH, SAMUEL KWESI ()	905	GAIZER, SAMUEL NII BORTIER (DR)	1023
AFRANI, YAW (MR)	907	BARYEH, KOFI ()	1025
OFORI-ASUMADU, AKUA (DR)	910	DOMFEH, BAFFOUR KWAME ()	1027
AMOH, PAULINA (MS)	911	KETEKU-ATIEMO, JULIUS KOFI (MR)	1028
ASOMAH, ADWOA AMOBEA ()	913	ASARE, GEORGE OFORI ()	1030
FRIMPONG, GRACE (MRS)	914	TETTEH, RAYMOND ASHALLEY ()	1032
TSEGAH, SYLVIA ESI (MRS)	917	GAVOR, EDITH ENYONAM (MS)	1035
AGBENORKU, VICTOR KWAMI ()	920	AMOAKO, EUNICE AKOSUA OFOSUA (MS)	1036
TEYE, JOSEPH ()	921	OSEI, FRANCIS ()	1037
ABANKWAH-YEBOAH, GEORGE KWABENA ()	927	ACQUAYE, MAY ADOLE ()	1041
TURKSON, JOSEPH TAWIA (MR)	929	OFORI, SUSIE EFUA (MRS)	1042
AKODAM, KARBO KOJO ()	933	OBENG, PAUL KORANTENG (MR)	1045
BANDOH, OPOKU MENSAH ()	935	VANDERPUIJE, LESLIE N O ()	1046
ASIEDU, RICHARD KWADWO ()	938	SIMPSON, TREVOR CHARLES KWARTEI ()	1047
TURKSON, NANA ADJOA ()	941	FRIMPONG, MARTIN ADU ()	1048
DANQUAH, AMMA ADUBEA ()	949	KYEREMATENG, PETER HAGGARD (MR)	1049
OTOO, ERIC EDWARD ()	950	NYATUAME, RITA ()	1051
SEREBOO, DANIEL AGYEMANG ()	951	MAHAMA, COMFORT (MRS)	1052
OWUSU-DARKO, ALFRED EMMANUEL ()	959	ASANTE, CAROLINE SARKU ()	1053
GYAMFI, ABIGAIL ASANTEWA ()	960	TAMAKLOE, STEPHEN FRANCIS YAO ()	1055
AMPONSAH-KODUA, ABOASU ()	961	BAAH, CHARLES KOFI ()	1056
KOTEI, REGINA NAA ADJELEY (MRS)	964	BOATENG, MARY ()	1057
OSSEI-AGYEMAN-YEBOAH KOFI ()	965	AMEDZRO, THOMAS ()	1058
AGYEMAN-DUAH, PETER KWASI ()	967	NKANSAH, FLORENCE AMAH (MRS)	1059
OTUO-SEREBOUR, DAVIS KOFI ()	968	DAMPTEY, DOUGLAS KWADWO (MR)	1062
OWUSU-DAPAAH, GEORGE (DR)	969	ANKOMAH, MARIA STELLA ()	1063
KUMAZA, FRANCOIS KOBLA ()	970	KARIKARI-MENSAH, RHODA ()	1065
BANNERMAN-QUIST, ANTHONIA ABA ()	972	AGYEMANG, IRENE BONEWA ()	1067
HADZI, RALPH SAFO ()	976	ASSENSO, MICHAEL ()	1069
APPIAGYEI, DANIEL KWABENA ()	979	ADJEI, MOSES AMOAH (PHARM)	1071
MOZU, JOSEPH EDUKU ()	980	OFORI-KWAKYE, KWABENA (PROF)	1072
NYAMESA, ALEXANDER KESSE ()	981	APPIAH, ALFRED AMPOMAH ()	1074
ANSAH, CHARLES (REV. PROF)	984	TSEGAH, PATIENCE (MRS)	1078



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AZEEZ, JOYCELYN NAA KORKOI (MRS)	1079	ADJEI, CHARLES KWAME (MR)	1201
BENNEH, FRITZ YAW ()	1086	DONKOH, SAMUEL KOW ()	1202
ANSAH, BENJAMIN F ()	1088	AVEGE, ANTHONY ()	1203
TACHIE-MENSON, AGNES ()	1090	OPOKU, WILLIAM ASAMOAH ()	1204
AWUKU-DARKO, JAMES GODFRIED OPPONG	1092	TOPSON, SOLOMON MARTIN ()	1206
AHENKORA, KWASI MANU ()	1094	MFODWO, ADJO AYONGO (MRS) APPIAH	1207
GYAMFI, YAW ADU-AGYEI (DR)	1095	COLEMAN-SARFO, KATE (DR.)	1209
BRENYAH, KWASI ()	1098	ADOBLANUI, GODSWAY KWADZO ()	1211
MENSAH, ABRAHAM YEBOAH (PROF)	1102	OWUSU-BOATENG, ERIC ()	1212
DATTEY, EMMANUEL OWUSU ANSAH ()	1103	ASANTE-BOATENG, SAMUEL ()	1213
MIDODZI, CHRISTOPHER FOLI ()	1105	ASANTE-BIRIKORANG, FRANKLIN ()	1215
AFARI, FRANCIS DARKO ()	1108	TWENTOH, NANA ABEKAH (MR)	1219
ADJEI, ALEXANDER ()	1111	AMALBA, ANTHONY ()	1220
FRIMPONG, KWAME OPUNI ()	1112	ADUNYAME, DA-COSTA ()	1221
BUABENG, KWAME OHENE (DR)	1115	ASAMOAH-DARKO, JAMES ()	1223
MENSAH, DANIEL EKOW (MR)	1117	ASARE-TWEREFOR, KWADWO ()	1224
AMPORFUL, EDWARD OKYERE ()	1120	BRITWUM, PATRICK KWAME (MR)	1225
ACHEAMPONG, KOJO ()	1127	ADUSA-POKU, RICHMOND DR	1227
WILLIAMS, ADWOA DUROWAA (MRS)	1129	ACHISIBA, DONATUS KWABENA ()	1228
ATTAH-ADJEPONG, BISMARCK (MR)	1130	ZANGU, SOLOMON SAMBO ()	1232
DARKO, DELESE MIMI (MRS.)	1137	BAYOR, MARCEL TUNKUMGNEN ()	1235
DOBBIN, JOHN DOMINIC ADJEI ()	1138	ANSU-EFFAH, THOMAS ()	1236
NYANTE, SAMUEL SAKYI MAJOR (RTD)	1141	ADANUVO, REGINALD YAW MENSAH ()	1238
ADDISON, JOHANNES ()	1143	LAMPTEY, WINIFRED ESSELBA ()	1242
OPARE-ADDO, MERCY NAA ADUELE (MRS.)	1144	BARNES, JOHN ()	1243
OHEMENG, KWASI ADOMAKO ()	1145	NYARKO, FRANKLYN DAVID ()	1249
DOGLOH, ANYEVE NYAKO SOWU ()	1149	QUARSHIE, EMMANUEL ANANG ()	1251
EDZII, LINDA BERNICE ()	1150	HAMMOND, EVELYN DODZI ()	1252
AMOO-GOTTFRIED, CHRISTIAN BENJAMIN ()	1152	OWUSU, KENNETH OSEI (MR)	1254
AMISSAH-BAMFO, SARAH ()	1156	AFRIFA-ADDAE, CAROLYNE ()	1255
AIDOO, JANET BRIDGET ()	1159	KORLEY, DZATSUI ADZEKWEI (MRS)	1263
DICKSON, VICTORIA AMA-ENYONAM ()	1163	DANKWA, DAVID KWESI ()	1267
ADU-WEREKOH, IKE KOFI (MR)	1170	SFARIJLANI, JACQUELINE (MS)	1270
OFORI-AMOYAW, ALEXANDER (MR)	1177	OWUSU-ASANTE, AUGUSTINE ()	1271
FRIMPONG-ASAMOAH, FRANCIS ()	1179	KUM-AMISSAH, OSCARIUS ISAIAH ()	1274
GAIZER, EVA JOSOVITS ()	1181	AKRASI, EDWARD KOJO ()	1276
KIPO, SAMUEL LUGRIE ()	1186	APPIAH, ERNEST ABROKWAH ()	1280
OSEI, SHIRLEY AMA KONADU ()	1192	MANKARTAH, GIFTY ESI ()	1283
BOATENG, KWASI POKU (MR)	1196	AWUNI, DIANA ()	1284
SAM, ELLEN ADOBEA (ACP.)	1197	FREMPONG, ALEX OTCHERE ()	1289
ADDO, WILLIAM ADUM ()	1198	OFOSU-BAADU, ERNEST DELIUS ()	1291
POKUBOATENG, DORCAS (MRS)	1199	OPOKU, ANDREWS ()	1292
TAMAKLOE ATTIONU, CHRISTINE SHARON SEDINA (MRS)	1200	AUDU, RAUF (DR)	1294



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Maximum dose 100mg per day

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ADUSE-POKU, VERA ()	1295	ADI-DAKO, OFOSUA CEASAR (MRS)	1402
MADEN, HENRY SAJA ()	1296	ETU-MANTEY, KENNETH ()	1403
MOGTARI, HUDU ()	1297	ABUKARI, SUAD ()	1405
DARTEY-BAAH, SANDRA (DR)	1298	ADASE, STEPHEN KWAME ()	1407
ANSAH, GERTRUDE (DR. MRS)	1302	HOTOR, JASPER NICO ()	1408
SALIA, AL-HASSAN ()	1303	AKUSSAH, BASILINUS KWAKU ()	1410
OPPONG-BAWUAH, FREDERICK ()	1304	AYUBA, IDDRISU ()	1412
SAFO, ERNEST YEBOAH ()	1305	BUNTUGU, NIXON ADAMWABA ()	1413
BRUCE, EGBERT KPAKPO ()	1306	OFEI, SAMPSON TERKPER ()	1414
ASIBEY, JOSEPH KWABENA ()	1307	ARKOH, ALBERT WIREDU ()	1416
ADU-AMANKWAH, MAURICE ()	1308	AKUSSAH, VIVIAN AKPENE (MRS)	1419
SARFO, KWAKU ()	1310	KORBUVI, JOHN AGBESI KOFI ()	1421
MENSAH, ANTHONY KOFI	1311	KARIKARI-BOATENG, ERIC ()	1422
AWINDOR, DAN PALWMEERA (MR)	1312	BOATENG-AGYEMANG, SAMUEL ()	1424
ABU, SUMAILA ()	1313	BOATENG, NATALIA EUGENIEVNA (MRS)	1425
APPIAH, MILLICENT (MRS)	1314	OSEI, OLENA GENADIVNA (MRS)	1426
AFOKO, LYDIA ABONONO ()	1316	OKO, CHRISTINE NAA ADOLEY (BRUCE) (MRS.)	1428
OBIRI-YEBOAH, ISAAC KWAKU OWUSU ()	1318	QUAO, CHRISTIAN TREBI ()	1429
YIRENKYI, ANASTASIA (DR.)	1324	ETU-MANTEY, ANTOINETTE EFOSA ()	1431
KLO, EMMANUEL DE-GRAFT (DR)	1325	ACHEAMPONG, RICHARD OKYERE ()	1435
KOFIE, FRANCIS (MR)	1327	DZORKPE, GIDEON KWASI ()	1437
BORBI, ERIC KOFIE (DR)	1332	BRUCE, HENRY AFFUM (DR)	1438
AFRANE-OKESE, NANA YAA (MRS)	1334	BRUCE, SULIASNAIA PATRICIA (DR. MRS.)	1439
AGYEMAN, EMMANUEL (MR)	1335	SEGBOR, PETER (MR.)	1441
AHADO, JOHN YAO ()	1336	QUARCOO, EMMANUEL ADDO ()	1447
ABEASI, EDWARD OSAE ()	1342	AMOAKO, KWAME ()	1448
ADDO-AGYEKUM, KOFI ()	1345	NYAMEKYE, NATHANIEL ALEX ODARTEY-WELLINGTON ()	1449
ASAFU-ADJAYE, BENEDICTA NANA AMA ()	1347	KPEKATA, EMEFA AMA (MS)	1452
ERBYNN, DORA (MRS)	1348	COFFIE, MICHAEL ()	1456
KUEKEY, EMMANUEL KWASI (DR)	1353	ASANTE, DAVID KWESI ()	1458
ACQUAH, REBECCA ()	1354	NSIAH-AFRIYIE, ISAAC ()	1460
OKANTEY, EMMANUEL NIBOI (MR)	1359	DUAH-GYAMFI, ABENA BARNNIEH ()	1463
DADZIE, ALFRED ()	1367	MAHONEY, PAMELA MARTEKI ()	1465
ASIAMAH, CEPHAS ASARE ()	1368	AFRAM, SAMUEL KWAKYE ()	1467
OWUSU-DONKOR, RITA ()	1378	OPPONG-ANOKYE, LAWRENCE ()	1468
ADU-AMANKWAH, SUSAN (MRS)	1383	FRAIKUE, MATILDA DA-PILMA ()	1469
KUSI, ROMANA OMABOE (MRS)	1387	OPPONG-TAWIAH, BENJAMIN ()	1470
YEBOAH, SETH BOAHENE ()	1391	APPIAH, KWASI (DR)	1471
NYARKOH-SEFA, NANA YAW ()	1392	AKWA, GRACE NANA ()	1472
APPIAH, JAMES ABEIKU ()	1393	KORANTENG, SAMUEL ASIAMAH (MR)	1475
KUDIABOR, CHRISTOPHER (MR)	1396	BAKOBIE, FIDELICIA ()	1482
ASAMOAH-NYARKOH, EBENEZER (MR)	1397	ATTAH-ADJEPONG, GRACE ()	1483
ADDY, MICHAEL NII ANTIAYE (COL DR.)	1400	OBENG, PAUL (MR)	1484



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OBENG, RAPHAEL KWEKU ()	1485	KYEI-FRAM, GEORGE KWADWO ()	1595
GYAWU, EUGENE ()	1486	POKU, OKAE KWABENA ()	1599
AMO-KODIEH, MARTHA (MRS)	1490	GYAWU, JOSEPHINE NAA ADJORKOR ()	1600
SENAYA, PURITY SIKA ()	1498	BIAKU, RUBY ANNE ()	1604
ANTWIAMOAKO, JENNIFER EDNA (MRS)	1503	OPPONG-BAWUAH, FRANK KWABENA (MR)	1610
ANANCY, SETH BORTEYE (MR)	1506	TETTEH, DOREEN (MRS)	1612
SOMUAH, ABREDU KWADWO ()	1507	OFEI, EVELYN BIRIWAA (MRS)	1614
BAAH, MICHAEL AWUAH (MR)	1511	SAM, NAOMI NUERKI (MRS)	1620
CUDJOE, FRANK ERZOA-NWIAH ()	1515	BONNAH, STEPHEN KWAKU ()	1621
HOTOR, FLORENCE OWUSUA (MRS)	1520	RUTTMERN, THEOPHILUS WILLIAM ()	1622
KING, ANTHONY KWAKU ()	1521	AMPONSAH, MARY VERONICA (REV. SIS.)	1624
CORQUAYE, STEPHEN OKOE ()	1523	LAWSON, EDNA ()	1634
COOMPSON, NATHAN KY ()	1524	KWAKWA, SAMUEL ANTWI (MR)	1637
DOGBEY, JUSTICE (DR)	1525	AYENSAH, THOMAS KOBINA ()	1638
AGBODO, OWEN DODZI ()	1528	OGOR, GIFTY MRS. (ODOOM)	1642
AGBODO, YULIYA NIKOLAEVNA (MRS)	1529	OBENG, FRANK YAW ()	1646
OKYERE, KWADWO APENTENG ()	1531	ADZOTOR, GEORGINA ()	1647
ODOR, RICHARD KWADWO ()	1534	ANIM, FREDERICK ASARE ()	1649
ASIEDU, JOHN OKYERE ()	1535	ANSAH-ADJEI, NANA (MR)	1652
MOHAMMED, SULEMANA BABA (DR)	1537	ASIEDU-GYEKYE, ISAAC JULIUS (DR)	1653
PANFORD-QUAINOO, GEORGE ()	1538	SMART EKAR HAPPY AMA MRS (AMEDZRO)	1654
BENTIL, PATRICIA CHUKWUENWAINAIWE (MRS)	1539	OSEI-KUFFOUR, ANTOINETTE YAWA (MRS)	1657
CORQUAYE, OKSANAH NIKOLAEVNA (MRS)	1541	OSEI-BONSU, DANIEL ()	1658
AFFUM, MICHAEL ()	1542	ABEYIE, ANDREWS ()	1659
AKABA, DIVINE AGBEDZINU ()	1553	DANQUAH, DANIEL AMANING (DR.)	1660
FORDJOUR, CHARLES AGYEMANG ()	1555	ADOMAKO, EMMANUEL KWAKU ()	1667
BOATENG, OLIVIA AGYEKUMWAA (MRS)	1557	GHARTEY, ANTHONY KOBINA (MR)	1672
OFORI-ATTA, AFUA AKWAAH (MRS)	1561	FREDUA, AGYEMANG ()	1676
OBIRI-YEBOAH, SAMUEL (MR)	1567	BOAHENE, KOFI AKUAMOAH ()	1677
BOAITEY, SAMUEL ()	1569	OPARE, FELIX ADU ()	1683
KANKAM, KWAKU NANTWI ()	1570	AGYARE, CHARLOTTE SENA ()	1684
OWUSU, SAMUEL K T ()	1571	DEBRAH, PHILIP (MR.)	1686
WURAH, SHEILA AMA (MRS)	1574	OSEI-DJARBENG, SAMUEL NANA ()	1688
ESSEKU, YVONNE YIRENKIYWAA (MRS.)	1575	DADZIE, DEBORAH ()	1689
ASHAGBLEY, FRANCIS ()	1578	AYENSU, ISAAC (PROF.)	1694
VAN-ESS, SARAH EFFUWAH ()	1579	SIAW, PRISCILLA ANIMA ()	1695
ADIKO, ROLAND KOFI ()	1580	AMPONSAH-KARIKARI, ABENA ()	1696
AMPONSAH, PHILIP OPOKU ()	1581	MANTEY, EMMANUEL ()	1698
OFORI-ANSAH, GIFTY OFOSUA (MRS)	1582	YEBOAH, CHRISTIAN KWABENA ()	1699
KUSI, MARTIN ()	1584	ADU-GYAMFI, BEN ()	1701
AYENSAH, OLENA IVANOVNA (MRS)	1589	ACHULO, YAAKUB IBRAHIM ()	1703
KUWORDA-BENSON, LIVINGSRING MAAWUENYA ()	1591	AGYARE, CHRISTIAN (PROF)	1706



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NAME	Reg.No.	NAME	Reg.No.
BAIDEN, YAA POKUAA (MRS)	1712	KUNTWORBE, NOBLE (DR.)	1821
TAYLOR, LESLIE EDMUND OPOKU (MR)	1713	ASAMOAH, KWADWO FREMPONG ()	1826
OBENG-MENSAH, KOFI ()	1717	KOMLAGA, GUSTAV (DR.)	1827
QUAYE, PHYLLIS GRACE (MRS)	1719	OPOKU-AHENE, LYDIA OKORE NKUMA (MRS.)	1828
OTUTEYE, SIMON TETTEH ()	1722	ATUAHENE, KWAME BOATENG ()	1830
RICHARDSON, JAMES KWEKU ()	1727	APPIAH-POKU, GESILA IDA (MRS.)	1839
TWENEBOAH, MAAME AKUA ()	1728	ALHASSAN, GEORGE IDDRISU (MR)	1842
OPOKU-TUFFOUR, KWAME ()	1733	KWOFIE, PHILIP ERNEST ()	1843
BENYI-ACQUAH, CYNTHIA ATSWEI (MRS)	1736	PARKER-MCKWEON, VIVIAN (MRS.)	1844
OSEI-MENSAH, OBED YAW NTORI ()	1738	DZAKPATA, KOFI DZIFA SEMENYO ()	1848
KIZZIE-HAYFORD, JOSEPH ARIMATHEA (MR.)	1742	AYISI, FRANK ()	1855
ATSYOR, LAWRENCE KOFI ()	1744	BOA-AMPONSEM, HESTER AWURA ADWOA ()	1857
KORANG, LYUDMYLA (MRS)	1745	ACKUN, ALBERT WRIGHT ()	1858
AYIMWAH, SABINA ()	1749	FORSON, JOHN KOJO TAWIAH ()	1860
BANNING, KOFI PEPRAH ()	1752	FRIMPONG, ASARE ()	1861
ANKRAH, THEOPHILUS OFEI ()	1755	ADJEI, CHARLES SOWAH ()	1863
AMOASI-ROCKSON, BENJAMIN ()	1760	AMOAH-KWAKYE, SIKA (MR)	1865
ANTWI-BOASIAKO, KWAME GYASI ()	1763	ADDAE, GLORIA ABENA KRAAH ()	1867
SIMMONS, KENNETH EUGENE KWEKU (MR.)	1765	STEPHENS, GEORGE ()	1870
OWUSU-ANSAH, ISAAC ()	1770	OPOKU, HENRY BOBSON, DR. ()	1871
NTI, WILLIAM KOFI (MR)	1771	ADJEI-TWUM, KWASI ADU (MR.)	1877
BOATENG, ENOCH ()	1772	OFORI, KATE ASANTEWAA ()	1882
QUAYE, ERNEST ATTUQUAYE ()	1775	KUMAH, DOUGLAS ()	1884
AGYEMANG, BADU ()	1779	KONADU, LYDIA ADWOA ()	1885
ADOKU, CARL KWAME ()	1782	OWUSU-ANTWI, RAPHAEL ()	1888
OFORI-BOATENG, SONIA SUSSIE ()	1783	BEKOE, SAMUEL OPPONG ()	1891
BAFFOE, AUGUSTINA (MRS)	1787	ARTHUR, FRANCIS ()	1892
ABADOO-MENSAH, ROSEMOND ()	1791	HEYMANN, DIANA ()	1893
NYARKO, ALICE PARKER ()	1792	OSEI, YAA GYAMFUAA ()	1894
AGBAKEY, PATRICK ()	1793	ARKHURST, BRIGHT ()	1897
BERNASKO, BERTHA ARABA ()	1796	YANZUH, BERNARD ()	1898
AWITTOR, RUBY JACKIE ARABA EWUSIWA (MRS.)	1798	BOAKYE, CHARLES ()	1899
AWITTY DENNIS SENA (REV. DR.)	1799	DARFOUR YIADOM, FREDERICK (MR.)	1900
ANSONG, SAMSON OHENE ()	1800	QUARSHIE, KWEKU (FRANCIS)	1901
AFFRAN-BONFUL, HARRIET (DR. MRS.)	1805	ADDO, JOSEPH YAW ()	1902
SARFO-NYAME, MARCIA ELIZABETH ()	1806	BADDOO, REGINALD LAUD TETTEH ()	1905
WILSON, GIFTY (MRS)	1807	OSEI, BENJAMIN KWADWO (MR)	1907
APPIAH, KWASI BAFFOUR ()	1810	ODOOM, STEPHEN KINGSLEY ()	1908
YEBOAH, ISAAC AKWASI ()	1811	ANSAH, MAAME EWURABENA (ANAMUAH-MENSAH), (MRS)	1909
AHINKORA-MARFO, BERNADETTE (MRS.)	1812	AFARI, MICHAEL MINTAH ()	1911
OPPONG, PAUL (MR)	1814	ASMAH, KODWO BONDZIE (MR)	1913
ABROKWA, CHARLES ()	1816	SAM-NYARKO, PHILIPPINE EDEM AKU ()	1914
AGYEMANG, EVELYN SERWAA ()	1818	ADJETEY, WILFRED ADJEI ()	1916



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MEMBERS IN GOOD STANDING AS AT 30/06/2022

NAME	Reg.No.	NAME	Reg.No.
SAGOE, ISAIAH ()	1919	EKUMAH, FRANCIS GEORGE ()	2022
AMOFAH, LORD BOADI ()	1920	ADANSI-PIPIM, FRANK KOFI ()	2028
OBENG-HINNEH, EMMANUEL ()	1922	APPIAH, NANA KOFI ASIEDU ()	2030
NORMAN, JOSHUA GYEDU ()	1924	POKU, JULIET ()	2032
MPIANI-BROBBE, ADWOA POKUAA ()	1925	ANTWI, ADOLF ()	2034
GALLEY, THERESA MAAME EKUA (MRS.)	1926	ADARKWA, FRIMPONG KWAME ()	2037
AKINIM, CHARLES AMARTEY (MR)	1927	ABBAN, CECIL JONES ()	2039
SAM-PENNIE, EKUA (MRS)	1929	SANJOCK, SAMUEL DE-GRAFT ()	2041
KUDEBONG, MICHAEL ()	1930	AGBLOM, WILFRED KWAO (MR)	2042
AMEKPLENU, THOMAS KOFI ()	1933	OWUSU-DANSO, PATRICK ()	2044
BOAMPONG, JOHNSON NYARKO ()	1936	OMANE-ADJEKUM, WILLIAM ()	2045
SAFFOH, SAMUEL AMOATENG ()	1938	EFFAH, PATRICK KWAME (MR)	2050
FRIMPONG, JEPHTHAH (MR)	1940	AFIRIM, EDWARD ()	2058
LARYEA, JENNIFER GERTRUDE ()	1945	TSEVI, BERTHA ()	2064
SAKYI, SARAH OBENIWA ()	1950	ASARE, AFIA FRIMPOMAA ()	2065
ARMAH, CATHERINE ()	1953	OPPONG AMPONSAH, ALEXANDRA (MRS)	2066
ADJABUI, WLLIAM ANUEKATOA ()	1956	MANU, PETER ()	2068
OCCLOO, DAVID DELALI ()	1961	YEBOAH-MINTAH, CYNTHIA (MRS)	2070
BAFFOE, OFOSUHENE ()	1962	SAM, RITA NANA EDUFUAH ()	2071
BEKOE, RICHARD ()	1963	IDUN-ACQUAH, JOEL JEFFREY (MR)	2073
BAGAMSAH, BILLAH ()	1966	DJANIE, MARTHA OSEKUA ()	2074
DERY, YELNYINE LAZARUS ()	1967	AGYEI-MENSAH, JOCELYN ()	2075
ESSILFIE, URIAH SCOTT ()	1969	ANNAN, AUGUSTINE ()	2078
ADDO, ABENA OTSUWAA ()	1971	AHIABLE, ROGER KWAME ()	2081
BOATENG, NANA FREMA (MRS)	1976	EKWAM, DANIEL KWESI ()	2084
ANDOH, EVELYN ()	1978	ADDAE, COLLINS ()	2085
ADU, ISAAC KWAME ()	1982	SACKEYFIO, WINSLOW NII SACKEY ()	2090
SACKEY, MARIAN NAA ADUABAH ()	1983	AGOZIE, EMMANUEL YAO (MR.)	2092
ANSAH, ALEX ATTA (REV. DR.)	1984	TWUM-BOATENG, MAXWELL ()	2094
ONYAH, BASOH ()	1987	ODURO-ABOAGYE, RICHARD ()	2098
KODUAH, DANQUAH, AUGUSTINA DR. (APPIAH)	1991	OPON, BRENDA (MRS)	2100
WOODE, ANTHONY JEFFREY ()	1995	ANIM, KWAKYE (MR)	2102
GRANT, GRACE ()	1996	ASANTE-YEBOAH, ANGELA (MS)	2105
NELSON, FREMPOMAA (MRS)	1998	OSEI-GYAMFI, YAW ()	2107
KRETCHY, IRENE AKWO (DR. MRS)	1999	HENNEH, DANIEL ()	2108
AGYENIM, AKUA BOATENG ()	2002	APPIAH, CHARLES DONKOR (MR)	2109
ABOAGYE, GRACE OWUSU ASIEDUA (DR. MRS)	2003	ABOAGYE-QUAYSON, NAANA AFIA (MRS)	2110
AGYEI, AUGUSTINA ADOMAA (MRS)	2006	SAGOE, RICHARD ()	2113
OBIRI, SOLOMON ()	2007	GYAWU, JOSEPH ()	2116
JOHNSON, RAPHAEL ()	2009	OSEI-ASARE, RICHARD (MR)	2117
DARKWAH, THOMAS OPOKU (DSP)	2017	OWUSU, KWADWO KODUAH ()	2119
OMONIALA, KENNEDY FRANCIS ()	2019	OWUSU-ADDO, CLEMENT ()	2121

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References: 1. GINA. Pocket guide for asthma management and prevention. Updated 2020. Available from https://ginasthma.org/gina-reports/main-pocket-guide_2020_04_03-final-wms/. 2. Kuna P, Peters MJ, Manjra AI, et al. Effect of budesonide/formoterol maintenance and reliever therapy on asthma exacerbations. *Int J Clin Pract* 2007;61(5):725-736. 3. Seberová E, Andersson A. Oxis® (formoterol given by Turbuhaler™) shows as rapid an onset of action as salbutamol given by pMDI. *Respiratory Medicine* 2000;94:607-611. 4. Symbicort™ Turbuhaler™ 80/4.5 standard export leaflet. February 2017. 5. Symbicort™ Turbuhaler™ 160/4.5 standard export leaflet. February 2017. 6. Symbicort™ Turbuhaler™ 320/9 Inhaler standard export leaflet. November 2008.

Symbicort™ Turbuhaler™ 80/4.5 µg/dose (Inhalation powder). Each delivered dose (the dose that leaves the mouthpiece) contains: budesonide 80 micrograms/inhalation and formoterol fumarate dihydrate 4.5 micrograms/inhalation. Symbicort™ Turbuhaler™ 80/4.5 micrograms/inhalation delivers the same amount of budesonide and formoterol as the corresponding Turbuhaler™ monoproducts, i.e. budesonide 100 micrograms/inhalation (metered dose) and formoterol 6 micrograms/inhalation (metered dose) alternatively labelled as 4.5 micrograms/inhalation (delivered dose). Excipient: Lactose monohydrate 810 micrograms per dose. **PHARMACEUTICAL FORM:** Inhalation powder. **THERAPEUTIC INDICATION:** Symbicort™ Turbuhaler™ is indicated in adults, adolescents, and children aged 6 years and older for the regular treatment of asthma where use of a combination (inhaled corticosteroid and long-acting beta₂-agonist) is appropriate; patients not adequately controlled with inhaled corticosteroids and "as needed" inhaled short-acting beta₂-agonists, or patients already adequately controlled on both inhaled corticosteroids and long acting beta₂-agonists. Note: Symbicort™ Turbuhaler™ 80/4.5 micrograms/inhalation is not appropriate in patients with severe asthma. **Symbicort™ Turbuhaler™ 160/4.5 µg/dose (Inhalation powder).** Each delivered dose (the dose that leaves the mouthpiece) contains: budesonide 160 micrograms/inhalation and formoterol fumarate dihydrate 4.5 micrograms/inhalation. Symbicort™ Turbuhaler™ 160/4.5 micrograms/inhalation delivers the same amount of budesonide and formoterol as the corresponding Turbuhaler™ monoproducts, i.e. budesonide 200 micrograms/inhalation (metered dose) and formoterol 6 micrograms/inhalation (metered dose) alternatively labelled as 4.5 micrograms/inhalation (delivered dose). Excipient: Lactose monohydrate 730 micrograms per dose. **PHARMACEUTICAL FORM:** Inhalation powder. **THERAPEUTIC INDICATIONS:** Asthma. Symbicort™ Turbuhaler™ is indicated in adults and adolescents (12 years and older) for the regular treatment of asthma where use of a combination (inhaled corticosteroid and long-acting beta₂-agonist) is appropriate; patients not adequately controlled with inhaled corticosteroids and "as needed" inhaled short-acting beta₂-agonists or patients already adequately controlled on both inhaled corticosteroids and long-acting beta₂-agonists. COPD. Symbicort™ Turbuhaler™ is indicated in adults, and 18 years and older, for the symptomatic treatment of patients with COPD with forced expiratory volume in 1 second (FEV₁) < 70 % predicted normal, (post bronchodilator) and an exacerbation history despite regular bronchodilator therapy. **Symbicort™ Turbuhaler™ 320/9 µg/dose (inhalation powder).** Each delivered dose (the dose that leaves the mouthpiece) contains: budesonide 320 micrograms/inhalation and formoterol fumarate dihydrate 9 micrograms/inhalation. Symbicort™ Turbuhaler™ 320/9 micrograms/inhalation delivers the same amount of budesonide and formoterol as the corresponding Turbuhaler™ monoproducts, i.e. budesonide 400 micrograms/inhalation (metered dose) and formoterol 12 micrograms/inhalation (metered dose) alternatively labelled as 9 micrograms/inhalation (delivered dose). **PHARMACEUTICAL FORM:** Inhalation powder. **THERAPEUTIC INDICATION:** Asthma. Symbicort™ Turbuhaler™ is indicated in the regular treatment of asthma where use of a combination (inhaled corticosteroid and long-acting beta₂-agonist) is appropriate; patients not adequately controlled with inhaled corticosteroids and "as needed" inhaled short-acting beta₂-agonists or patients already adequately controlled on both inhaled corticosteroids and long-acting beta₂-agonists. COPD. Symptomatic treatment of patients with severe COPD (FEV₁ < 50 % predicted normal) and a history of repeated exacerbations, who have significant symptoms despite regular therapy with long-acting bronchodilators. For full prescribing information refer to the Standard Export Leaflet approved by the medicines regulatory authority. Symbicort™ and Turbuhaler™ are trademarks of the AstraZeneca group of companies.

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ASANTE, NANA KWADWO ()	2122	OPOKU, PHILIP ()	2207
BAFFOE, BERNICE NAA KWAAMA ()	2126	DASI, ABRAHAM KWABLA (MR)	2208
DANKU, COURAGE MAWUFEMOR Y ()	2128	EKPALE, PRISCILLA MAWULI AWO (MRS)	2210
ANUGHAR, FRANCIS KODJO ()	2129	ASHIA, NANA AFRAKOMA ()	2211
TIAH, SALIFU ALHASSAN ()	2130	WILSON, DIANA ()	2212
APPAH, EMMANUEL ()	2132	HODOGBE, SAMUEL ELIKEM ()	2213
TETTEY, ABRAHAM ()	2133	ABBOAH-OFFEI, SAMSON ()	2216
GYANE, MARGARET YAA KORANTEMMAA ()	2134	AMPONSAH, EDWARD KYERE ()	2223
BANGS, PROSPER SAMSON ()	2139	SENEADZA, ANGELA ADZO (MRS)	2224
AMEYAW, MICHAEL ANIM (MR)	2140	MORRISON, ELLEN BEDUA ()	2225
GYASI, BRIAN KWADWO SARKODIE ()	2142	EWUDZIE, FREDERICK ABBAN ()	2227
AINOOSON, GEORGE KWAW ()	2143	OWUSU-ANSAH, DANIELLA ()	2229
DOKU, JONATHAN BRIGHT SENANU ()	2145	ACHEREKOH, ESTHER ASANTEWAA (MRS)	2231
LAWSON, OLUFEMI EYITAYO ()	2146	SAKYI, PRISCILLA POKUA ()	2233
FIAGBE, ANGELA ()	2148	AMOAKO, VIVIAN HAMMOND ()	2234
OPOKU-ASIAMA, EILEEN AFUA BOADU ()	2150	OKYERE, GERALDINE ADWOA (MRS)	2235
AMISSAH, WILHELMINA YACOBA ()	2151	BORKOR, BENJAMIN NARH ()	2236
MENSAH, KOFI BOAMAH ()	2152	MENSAH-ADOMAKO, RICHARD ()	2237
GYASI-DUKU, KWAKU TIEKU (MR)	2153	AKUFFO-GYANG, MARJORIE ()	2238
ABERIMAH, DAVID APAMBILA ()	2155	CAIQUO, ANDREW ()	2241
HANSON, SHADRACH OFOE (MR)	2156	ANGSOMWINE, BARBARA ANASENG (MRS.) (KABUGA)	2245
MAMBILLA, TII ()	2162	KWAKYE, BRAFO (MR)	2246
AWUNI, OLGA, PAKHULSKA (MRS)	2163	AMOAKO, CHARLES ()	2247
AGGOR, AFUA ASIWOME (MS)	2166	BUABENG, BERNARD ()	2248
AKAKPO, ADEDE ADAH ()	2167	ADUBOAHEN, YVONNE AYONGO (MRS)	2250
BADDOO, THEOPHILUS (MR)	2169	TACKIE, KATE NAA DEEDEE ()	2253
YAKUBU, INUSAH ()	2170	LAMBON, PAUL SALO (MR.)	2254
ESSILFIE-ESSEL, GABRIEL KWESI NIMO (MR)	2171	ESSUMAN, ANITA YAA ()	2255
AMOAH, ESTHER NAA DEDEI ()	2177	ATUAHENE, KWARTENG ()	2256
ASANTE, FOSTER ()	2180	EDMUNDSON, IRENEUS KOW (MR)	2257
ACHEAMPONG, FRANCIS ()	2181	ASAMOA-AMOAKOHENE, ABENA ()	2259
YEBOAH, CYNTHIA ()	2182	OPPONG, GEORGE KWABI ()	2260
OWUSU-DANSO, HENRIETTA	2183	AMOO-FYNBAHMENSAH, MARY MAGDALENE ()	2262
KWAPONG, AWO AFI ()	2184	AFFUL, GEORGE YANKYERA ()	2263
DONKOH, FRANKLYN ()	2185	YEBOAH, MARY AMPONSAH (MRS)	2266
AMANKWA, MARK HARRISON ()	2187	AMOAKO-ANDOH, ALLA IVANOVNA (MRS)	2267
ATAKORA, ABENA GYAMFUAA ()	2188	BOATENG, ALFRED FORSON ()	2268
OSEI-OWUSU, ISAAC BEDIAKO ()	2190	OSEI, DANIEL (MR)	2269
WATEY, FRANCIS (MR)	2192	MENSAH, NII OBODAI ()	2270
AMEYAW, JANET ADWOA OFOSUA ()	2195	ADJEI-TAWIAH, PRINCE ()	2272
OTENG, RICHARD ()	2196	OPOKU-AFRIYIE, SAMUEL ()	2273
OGYIRI, EBENEZER KWAFO ()	2197	OSARFO, JOSEPHINE TWENEBOA ()	2274
LARBI-SIAW, WINIFRED SERWAH (MRS)	2200	DJOCHIE, RICHARD DELALI AGBEKO (MR)	2276
ASIMENU, KWAKU FORSON ()	2206	ADJEI, MICHAEL KWAME (MR.)	2278



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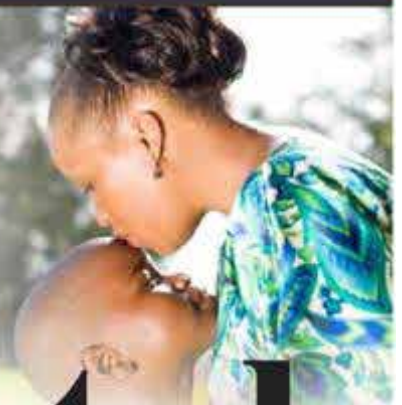
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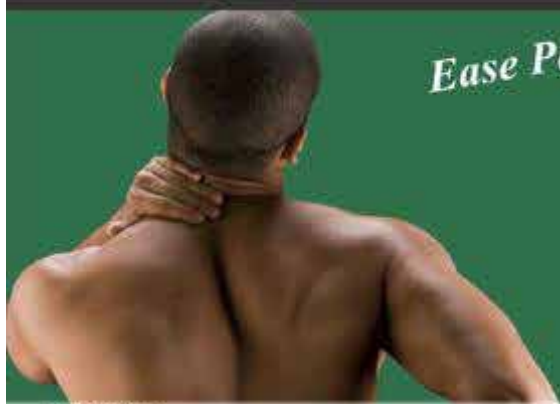
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NAME	Reg.No.	NAME	Reg.No.
KYEREMEH, GORDON KWASI A ()	2279	ADISI, REINER ()	2363
FORDJOUR, FRANCIS ()	2280	ANDOH, FRANK ()	2365
DUAH, PETER ()	2281	ANANE, KOFI BUSIA ()	2368
NYANTAKYI, DORIS ADOM ()	2282	KYEREMATENG, EMMANUEL (MR)	2369
ABBAN, RITA ()	2284	OWUSU-SEKYERE, MICHAEL ()	2370
ZAAZIE, MAURICE ZOROMWIN ()	2286	COBBINA, ENOCH ()	2371
SELBY, JULIANA MRS (OFORI-MANTE)	2288	RICHARDS, ELIZABETH MODUPE ()	2372
OWUSU, HELENA ()	2289	AMPONSAH, ISAAC KINGSLEY ()	2377
BENTSI, OPHELIA SAM (MRS)	2291	ASARE-ADJABENG, LINDA ()	2378
LUTHER, VICTORIA ANIMA (MRS)	2292	AMPADU, NANA SARPONWAA ()	2379
KWARAH, JASMIN (MRS)	2295	ABRAHAM, BERTHA EKUA ()	2381
ADJEPONG, ANTHONY KWAME ()	2302	CARBOO, ANDREWS TETTEH ()	2382
MENSAH, CHRISTOPHER GYEDU ()	2304	OSEI, KWAME OWUSU-ANSAH ()	2384
ADJEI, PRISCILLA KAI ()	2307	AMOATENG, PATRICK (DR)	2387
OSENDA, DESMOND NII ADJETEY ()	2308	ADZAKU, WISDOM DELALI YAO ()	2389
DJOKOTO, MEEK ESINAM ()	2310	AYIVIE, WILLIAM SEMENYA A ()	2390
AMOAH, CYNTHIA ()	2311	ECKLU, ISAAC KAFUI (MR)	2392
YEBOAH, AKUA NYAMEKYE ()	2312	AGBENOWU, SENYO KOJO ()	2394
TUUREH, STEPHEN (MR.)	2313	AKYEA-MENSAH, FRANK OFOSU (MR)	2395
BAAH-FREMPONG, STELLA ADWOA ()	2314	TAGBOTO, PHILIP SELASIE ()	2396
TABARIYENG, JUSTICE NAA ()	2316	DICKSON, RICHMOND KOFI ()	2397
BOATENG, YAW MANU (MR.)	2317	ANSAH, NELSON OWUSU ()	2398
KRAIKUE-QUAICOE, SAMSON ()	2318	MANTEAU, DELALI ()	2399
SEIDU, MOHAMMED BADAWI ()	2319	NKANSAH, NANCY A. (ARTHUR-HAYWARD)	2400
ESIA-DONKOH, ABENA EKUFUA (MS)	2321	ABAKAH, GEORGE ()	2401
ASAMANI, ELIZABETH ()	2322	ABADJI, AUDREY ABAIKI ()	2404
ASHIE, ADELA ()	2324	ACKOM, THEOPHILUS KOJO ()	2405
COFIE, KAREN ()	2325	ADDO, MAXWELL ()	2406
AFRIYIE, AKUA AWO ()	2326	ASARE, PEARL NANA AMA ()	2408
ASOANDEK, SAMUEL YAW ABIL ()	2328	KWEKU-DUAH, HUMPHREY NARTEY (MR)	2410
KUTSOATI, ABRAHAM DELLA ()	2329	ASANTE, RICHARD ()	2413
ASSAN, BAABA NOONOOWA ()	2334	BADONG, ALEXANDER AZAKANDERE (MR)	2414
ASAMOAH, ROBERT ABOSI ()	2335	OSEI-BONSU, FREDERICK ()	2417
KISSEIH, EMELIA ()	2337	ODOM, PAUL RALPH ()	2418
KEMETSE, LAUD (DR.)	2338	OSEI, ADJOA AMPONSAH ()	2419
BOAKYE-GYASI, ERIC (DR)	2339	ADU, PRINCE BEKOE ()	2420
EGYIR, MARTINA ()	2340	SALOU, YUSSIF ()	2427
GYASI-NIMAKO, SHEILA NAA ATWEI (BOTCHWAY)	2345	DREWRY, ANNABELLE JACQUELINE ()	2429
AMPRATWUM, FRANCISCA (MRS)	2352	OGUAAH, URIAH KWAME ()	2431
ASANTE, ISAAC ()	2353	ALOLGA, RAPHAEL NAMMAHIME ()	2432
KWAKYE, AKOSUA KRAA ()	2358	DUKU, EMMANUEL SEYRAM KODZO ()	2433
NKANSAH-MENSAH, ABENA ()	2359	SAMMAN, PRISCILLA (MRS)	2437
AYIN, CHRISTIAN TEYE-MUNO ()	2362	LOKKO, EMMANUEL KOFI ()	2439



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NAME	Reg.No.	NAME	Reg.No.
KONNING, GEORGE ()	2440	ADAMAFIO, NAA OKAILEY ()	2522
KUMI, PATRICK OPPONG (MR)	2442	BIMPONG, BENEDICTA AFUA DWUM ()	2523
TWINTOH, THELMA AMMA ()	2446	OSEI-BONSU, WILLIAM ()	2524
OWUSU, RITA ATAA (MS)	2448	OWUSU DONKOR, PAUL (DR.)	2525
KWAO, PHILIP TETTEH ()	2449	OPPONG, JAMES KYEKYEKU ()	2527
DANKWA, AMEDEONU ()	2452	APPIAH, GEORGE (MR)	2530
NYARKO, MORRIS TWUM ()	2454	BIRAGO-AFRANIE, YAA ()	2532
DARKO, ALFRED YAW ()	2455	ARTHUR, NORA ANGELA BIRIWA (MRS)	2534
ANSONG, VINCENT OWUSU ()	2456	AMOFAH, LETICIA YEBOAH ()	2535
BOATENG, IRENE AKYAA ()	2458	BAAFI-BOATENG, EMMANUEL ()	2536
NORTEY, ABLADE NII ()	2459	OTENG-YEBOAH, KWESI ()	2537
OCCLOO, EHORNAM ABLA ()	2463	OPOKU, ENOCH KOFI ()	2538
BAIDOO, DORIS ()	2466	OSEI, KOFI ()	2539
OTI-BOATENG, YAW ()	2469	OSEI, YAA ASANTEWAA ()	2540
LARMIE, NII ARMAH ()	2472	AMOATENG, NICHOLAS AMANIAMPONG ()	2541
NIKOI, JOHN ARISTOTLE KOTEI ()	2477	BOATENG, YAW AKOTO ()	2542
SEKYI, BERNICE ()	2479	MAINOO, NANA KWAKU ()	2543
ASANTE, JONAH ENOCH ()	2480	OBENG, SAMUEL JNR ()	2545
AWUAH, DANIEL OSEI ()	2481	OPOKU, MICHAEL MIREKU ()	2547
KARTEY, BRIDGET SELASSIE ()	2484	MANFO, JENNIFER ()	2548
BADU, BERNARD BEDIAKO ()	2485	BOATENG-MARFO, YAA ()	2549
OWU, ISAAC ()	2487	TABIRI, CECILIA AKOSUA ()	2550
BROWN, ROSSLYN BELINDA (MRS)	2489	WIREDU, GABRIEL MILLS ()	2551
ADOM, ATTA KWASI NKANSAH ()	2492	KYEI-FRIMPONG, FRANCIS ()	2552
OWUSU, BARBARA ()	2493	BOAMAH, MOUD EUNICE ()	2556
QUAO, ANDREW PAANII ()	2494	BOAKYE, PRINCE BOATENG ()	2558
AJUNWON, FOLAKEMI BOLA (MRS)	2497	ADJEI, GODFRIED ()	2565
ADETI, EVANS KWAKU ()	2498	OSEI, MARIAN AMOASI ()	2567
APEATU, ALFRED KWADWO ()	2499	TANOE, DAVID BLAY (MR)	2569
SEFAH, ISRAEL ABEBRESE (MR)	2500	DAMOAH-AFERI, ISHMAEL ()	2570
AGYEMANG-DUAH, RICHARD ()	2501	ESSUMAN, JOSEPH ENOCH (MR)	2571
TUFFOUR, ERIC ()	2503	ASSABIL, MICHAEL ()	2572
OKYERE-ANOKYE, PATRICK (MR.)	2504	DUAH, WILHELMINA TIWAAH ()	2573
OSEI-BONSU, CATHERINE ()	2505	KUUPOLE, SANDRINE KUUBEGYIIRE ()	2575
ALI, MOHAMMED IDRISU ()	2506	BOAKYE-AGYEMAN, CHARLES ()	2576
ABOTSI, WONDER KOFI MENSAH (DR)	2509	BOAMAH, DAVID ANIAGYEI (MR)	2582
FYNN, YAA GYAA ()	2510	DARFOUR, ANITA TAKYIWA ()	2591
OSEI, JANICE DONKOR ()	2511	KUSI, BEATRICE MRS. (BOAMAH)	2594
AGYEKUM, SILAS KWABENA ()	2515	AKUMANUE, CYNTHIA (MS)	2595
OPOKU-AGYEMAN, KWAME (MR)	2517	TSONYAKE, STELLA DEDE (ABEBRESER)	2596
OFORI, ERIC MENSAH ()	2518	APPIAH-PIPPIM, JEMIMA ()	2597
BONSU, LYDIA ADOMA ()	2519	EDJAMEH, EUGENIA MAWUTOR ()	2599
ENIMIL, RODNEY (MR)	2520	AGYEMANG-DUAH, EMMANUEL BOACHIE ()	2603
APPIAH, AKUA AFRIYIE ()	2521	AKUTTEH, DINAH AGBEKIE (MS.)	2604

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COBBINA, GIFTY ()	2612	MBABILA, DICK BABA (MR)	2681
HUTCHFUL, ANGELA ()	2613	AGGREY, PHILIP (MR)	2683
ANTWI, EMMANUEL MENSAH ASANTE ()	2614	DOMA-HER, DAVID TIERENYE (MR)	2685
SARKODIE, EMMANUEL ()	2616	EKUADZI, EDMUND (MR)	2687
ARYEE, PRINCE KWAME ()	2619	GYAN, PAUL (MR)	2688
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AMOATENG, ALLEYAMMA MAAME SERWAA ()	2626	QUARSHIE, ELSIE (MISS)	2690
MENSAH, KWESI BOADU ()	2630	BOTAH, BAAFI ADOMAKO (MR)	2693
OPPONG-GYAN, KWABENA ()	2632	GYASI, PETER DARKWA (MR)	2695
AMPONSAH, ASANTEWAA ()	2633	BOAKYE, CEDAR HARRIET ()	2697
ANNAN, JUSTICE PHILIP ()	2634	KORSAH, YAW ODUWAH (MR)	2698
BOACHIE-YIADOM, MARY ()	2635	ANKRAH, NANA ACHIAA (MRS)	2700
TWUM, SETH OWARE (MR)	2637	ADJETEY-MENSAH, FELICIA NAA ADJELEY (MISS)	2702
ADU, MAURA NANA AMA AMANKWAH ()	2640	AGYEMAN, AKUA AFRIYIE (MISS)	2705
EDUKU, THOMAS TERBAH ()	2641	BADE, SAMUEL (MR)	2708
COLEMAN, FREDERICK ROBERT ()	2642	ODAME, MARGRETTA ANTWI (MISS)	2709
PREMPEH, ERIC ADJEI (MR)	2644	ADJEI, VICTORIA OLUWAKEMI AKAI (MISS)	2711
GYIMAH, STEPHEN KWAKU (MR)	2645	KENNEDY, KWAMI EDEM KUKUIA, (DR)	2713
OSEI, ERIC (MR)	2646	QUAYE, ERNESTO (MR)	2714
OSEI-POKU, EMMANUEL NKANSAH (MR)	2647	ADZADOGO, AGNES ENYONAM (MRS)	2715
ADJEI, AKOSUA BOAHEMAA (MISS)	2648	BOAITEY, MARY (MISS)	2718
MENSAH, FREDERICK (MR)	2651	ANGMOR, GIFTY DEDE MATEKO (MISS)	2719
KARIKARI, YAA ACHIA (MISS)	2652	ATTAH, ABIGAIL (MISS)	2721
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KONADU, MARY NANA ADWOA (MISS)	2655	AMEGAVLIE, EMMANUEL KWAME (MR)	2725
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BANDOH, STEPHEN CLARK (MR)	2662	WOEDI, MARGARET MARY NANAE (REV.SR.)	2740
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QUARSHIE, GEORGE ENOCH (MR)	2666	SENTI, MARY SERWAA (MISS)	2745
DSANE, ANDY SOWAH (MR)	2667	ASANTE, ELLEN AMO (MISS)	2746
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DARKWAH, AKUA FRIMPOMAA (MISS)	2669	TWUM, GABRIEL KOFI (MR)	2749
BOATEY, LESLEY (MRS)	2670	AGYEI, SAMUEL ESINAM KWEEKU (MR)	2750
YAMOAH, BONIFACE (MR)	2671	MOZU, RAYMOND EDUKU (MR)	2752
AGYEI-WIREDU, LATEEF (MR)	2676	OFORI, CHRISTABEL KORKOR (MISS)	2753
BUGRI, AMOS ADAPALALA (MR)	2677	MILLS, SHEILA (MISS)	2754
NKWANTABISA, ELIZABETH AMANOR (MISS)	2678	NTI-ADU, FREDERICK (MR)	2755
TEYE, FELIX (MR)	2679	ANKOR, OBED (MR)	2756



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DOI, BENJAMIN (MR)	2759	BANYI, FRANCIS (MR)	2829
NUAKO, ENOCH TAWIAH (MR)	2760	AMOATIN, DOREEN EFUA (ADU-GYAMFI)	2830
ADU-MINTAAH, DIANA (MISS)	2761	BLIGNAM, JONATHAN (MR)	2831
MOORE, WENDY EDWE (MISS)	2762	AMPONSAH-EFAH, KWABENA DARKO (MR)	2833
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ASARE-BEDIAKO, AKWASI (MR)	2766	SAGOE, RITA (MISS)	2835
ADDO, BENSON JNR (MR)	2767	INTERKUDZI, KAREN (MISS)	2838
KWANING, WILLIAM KWAME (MR)	2768	AGYEMANG, EVELYN ATTAH (MISS)	2842
FREMPONG, BENJAMIN KWARTENG (MR)	2770	ASIAMAH, WILLIAM KOJO (MR)	2843
APAWU, DANIEL KWAKU (MR)	2771	AMOAH-MENSAH, ELVIS (MR)	2849
OSEI-OWUSU, SAMUEL (MR)	2773	AKOLGO, MARILYN (MISS)	2852
SAI-ESSEL, ANTOINETTE (MISS)	2775	ANKOMAH, DIANA (MRS)	2855
BONSU, AKOSUA SARPONG (MISS)	2776	GYAU-BOAKYE, ANITHA (MISS)	2859
OPOKU-BENEWAA, ANGELINA (MISS)	2778	OSEBRE, MARK KWAME (MR)	2862
KUMI, FRANK (MR)	2779	OCRAN, DANIEL KOBINA (MR)	2864
ADDO, SALOMEY SAKYIBEA (MISS)	2780	AFRIFA, GODFRED (MR)	2867
WORAE, YAW (MR)	2782	YEBOAH, YAW (MR)	2870
BANNERMAN-HYDE, LINA (MISS)	2783	MILLS-DAVIES, CAROLINE WILHELMINA (MISS)	2871
BERFI, NANA ACHIAA (MISS)	2784	ADU-MANUH, JOE (PHARM.)	2873
OBESE, ERNEST (MR)	2785	FRIMPONG, SALOMEY (MISS)	2874
ABRUQUAH, AKUA AFRIYIE (MRS)	2786	BOAKYE, APPEAKORANG (MR)	2875
BAAH, FRANCIS YEBOAH (MR)	2787	KYEI, BARBARA KOBI (MISS)	2878
ANIN-MENSAH, ROSELYN ()	2788	OWUSU-MENSAH, ESTHER (MRS)	2879
OSEI, SAMSON KWAKU (MR)	2789	DADZIE, NORA (MISS)	2880
GYEKYE, ERNESTINA (MISS)	2790	ASEM, GERSHON KWAME (MR)	2881
YEBOAH, FLORENCE MANSAH (MISS)	2791	OSEI-BONSU, AMA DUFIE (MISS)	2882
OSEI-ASIBE, GLORIA BEMA (MISS)	2793	TAGOE, JUANITA (MISS)	2883
DJANSI-DUOSE, ANGELA GENEVIEVE (MISS)	2795	PREKO, KWAME (MR)	2886
OWUSU, PATIENCE (MISS)	2796	YEBOAH, ASARE (MR)	2887
OFOFU-AMPADU, MICHAEL (MR)	2797	DWAMENA, KELVIN BAMFO (MR)	2888
ASSIMENG, MICHAEL BAFFOE (MR)	2798	OWUSU, VICENTIAL (MISS)	2889
WRIGHT, JUDITH ABA (MISS)	2801	ADJIMAH, JANE TAWIAH (MISS)	2891
BREW, SARAH (MISS)	2802	ANSAH-ETSIPPE, BERTHA (MISS)	2892
ATSUNYO, BELINDA AKU (MISS)	2805	BAIDOO, CYRUS AMPONSAH (MR)	2893
ANSONG, LILIAN OWUSU AFRIYIE (MISS)	2808	GLAH, DAVID EVANS (MR)	2898
ASHONG, LOVIA AFI MAWUENA (MISS)	2809	KOTOH-MORTTY, RAPHAEL (MR)	2904
TWUM, SETH (MR)	2810	AGYEI-BOATENG, RHODA (MISS)	2906
AMPOMAH, AGNETA (MISS)	2811	MARFO, KWAKU (MR)	2907
QUANSAH, MICHAEL JNR (MR)	2813	TURKSON, SOLOMON (MR)	2913
APPENTENG, JUSTICE KWESI (MR)	2815	AGYEMANG, SMILES MANASEH (MR)	2914
ASAMOAH, ADWOA ABOAGYEWAA (MISS)	2819	YEBOAH, ERIC AKWASI (MR)	2918
AGYAKWA, WINIFRED ESTHER (MISS)	2820	AMPADU, FELIX AGYEI (MR)	2919
AGYEMANG, AFUA OFORIWAA (MISS)	2825	DODOO, CORNELIUS CECIL (MR)	2922

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Elizabeth Ducottet

CEO



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AMPOMAH, BENJAMIN (MR)	2928	PRAH, JOSEPHINE (MISS)	2999
OWUSU-FORDWOUH, VERA (MISS)	2929	ODAME-KANI, AFUA (MISS)	3003
DARKO, JOHN (MR)	2931	EGHAN, EMMANUEL NYARKO (MR)	3005
OFORI-YEBOAH, GEORGINA (MISS)	2932	MISSAH, BEATRICE (MISS)	3006
ABOAGYE, CHRISTIAN (MR)	2933	MFOAFO, KWADWO AMANOR (MR)	3008
BOAKYE, KWAME ATTA KWARTENG (MR)	2934	BONTI, PHYLLIS NYARKOAH (MISS)	3009
ATTOBRAH, DESMOND (MR)	2935	DZOMEKU, BRIGHT K (MR)	3010
ADORKOR, ISAAC (MR)	2938	MENSAH, LESLIE NII-DJAN (MR)	3013
ADUGYAMFI, FELICIA SENA (MISS)	2941	TAYLOR, RUTH (MISS)	3015
BOAMAH, OPPONG RICHARD (MR)	2942	ABOAGYE, VICTORIA S. (MIREKU)	3016
SAMPANY-KESSIE, JAMES (MR)	2944	ADDAE, LUCIA (MISS)	3018
AHENKAN, EBENEZER (MR)	2946	MORRISON, MANDIAYA (MRS) (IDRISU)	3019
OHENE-POKU, ANGELA (MISS)	2947	ACHEAMPON, MIRIAM (MISS)	3022
BOAKYE, YAW DUAH (MR)	2948	AGBEKO, ESTHER AFUA (MISS)	3023
SOBOTIE, GRACE AMA ODUMA (MISS)	2950	BOYE, GEORGE ATTARA (MR)	3024
MENSAH, EMMANUEL ARHIN (MR)	2951	OSEI, JOHN (MR)	3026
OSEI, MAVIS (MRS)	2952	OPARE, FRANK (MR)	3027
ACHEAMPONG, NANA KWAME (MR)	2953	TAGOE, FLORENCE EMMA (MISS)	3028
AMANKWAH, PATRICK (MR)	2954	AKOTO, DELVIN OSEI (MR)	3031
ABUSARPONG, MARIETTE (MISS)	2957	OPUNI, KATE TIWAA (MISS)	3032
ACHAMPONG, JOHN BUADI (MR)	2960	DAVIS, ANNIE-BERSANT OSAFO (MISS)	3034
AFUN, PATRICK (MR)	2963	STEPHENS, IGNATIA EFFIE (MISS)	3037
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BAFFOUR-AWUAH, AGYAPONG (MR)	2969	KWOFIE, MARY (MISS)	3041
SALIFU, YANDAOG KOMBAT (MR)	2972	BOAKYE, ANSONG EDWARD ()	3042
WUMBEIDOW, CYNTHIA NEENA (MISS)	2974	KETOR, COURAGE EDEM (MR)	3045
INKOOM, JACOB (MR)	2975	FOLITSE, ISAAC (MR)	3046
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ASIEDU, SAMUEL (MR)	2977	JOHNSON, EFUA NKETSIABA (MISS)	3049
ADZAH, SAMUEL (MR)	2978	SARPONG, KWAKU ANANE (MR)	3050
OWUSU-ARHIN, KWAME SARPONG (MR)	2979	NYAMEAYE, SYLVESTER (MR)	3051
TEKPOR, MARY YAYRA (MISS)	2980	AGYEKUM, DANIEL KISSI (MR)	3052
ADU, JEFFREY AGYIRI (MR)	2981	ASAMOAH-ADDO, AKOSUA FOSUAH (MISS)	3054
MICAH-AMUAH, LAWRENCE (MR)	2982	OPOKU, GRACE OSEI (MISS)	3055
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TUANI, ELWYN KAFUI (MISS)	2990	ADZIMAH-ADALAN, SELORM CLEMENCE (MR)	3065
BIMPONG, VICTOR (MR)	2991	YEBOAH, ERIC KWAME (MR)	3067
OPOKU-ANSAH, NANA YAA (MISS)	2992	ANNOH, KWAME DAPAAH (DR)	3068
SABENG, GIDEON AGYAPONG (MR)	2993	KESSIE-MENSAH, PERPETUA (MISS)	3069
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AFFUL, EMMANUEL KOFI (MR)	3074	HARLEY, BENJAMIN KINGSLEY (MR)	3143
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ABAYATEYE, DANIELLA OGERKWOR (MISS)	3080	OTOO, LYDIA FRANCISCA (MISS)	3151
YANDANBIL, JOHNSON JACKMORE (MR)	3083	AKUAMOAH, YAW BOATENG (MR)	3152
BOAMAH, ISAIAH (MR)	3084	ENNIN, FRANCIS KWABENA (MR)	3153
BOATENG, FREDERICK KOFI (MR)	3086	DARKO, FRED (MISS)	3155
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TIEKU NSIAH, LINDA LOVE (MRS)	3118	MENSAH, ALEXANDER KOW (MR)	3184
ANTWI, CHARLES RONALD (MR)	3119	AMANKWAH, ELLIOT (MR)	3185
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KYEI, NAOMI (MISS)	3204	UMEJI, CYNTHIA ONYINYE (MISS)	3265
SENYAH, GYAAMAH AMA (MISS)	3205	NORMESHIE, GEORGE (MR)	3266
NUAMAH, JOSEPH MENSAH (MR)	3206	DAGADU, MICHEAL KOBLA (MR)	3267
ADJEI, DERRICK YAW (MR)	3207	BENNEH, CHARLES KWAKU (MR)	3271
DOGBATSEY, PEACE AFI (MISS)	3209	NYANTAKYI, ALFRED ADOMAKO ()	3272
MARFO, GEORGE (MR)	3210	AMEYAW, BENJAMIN OPOKU (MR)	3273
ACHEAMFOUR, AHMED OWUSU-ANSAH (MR)	3211	ACHEAMPONG, PRINCE KWAME (MR)	3275
GABRIEL, DAPAAH (MR)	3213	NYARKO, WILLIAMS ()	3276
ASARE, YAW (MR)	3214	BOAMAH, SOLOMON BEMPAH (MR)	3277
KWOFIE, EBENEZER BOSCO (MR)	3216	BELIG, EMMANUEL (MR)	3278
MAMANI, UMAR-FAROUK WUMBEI (MR)	3217	AGGAH, DAVID MAWULI (MR.)	3281
ADDAE, AUGUSTINA (MISS)	3218	DENYU, MAWULORM (MS.)	3282
NTI, KINGSLEY AMPONSAH (MR)	3219	BONSU, MARTINA ADUENIMAA (MS.)	3284
MENSAH, GEORGINA (MISS)	3220	JATO, JONATHAN (PHARM.)	3285
HARUNA, UBEDATA KUNNIN (MISS)	3221	DOUGAN, KOFI (MR.)	3286
NKETIAH, SAMUEL KOFI (MR)	3222	ASUMADU-SAKYI, ABENA AFRIYIE (MS.)	3287
HENNEH, ISAAC TABIRI (MR)	3223	ADUSEI, ELIZABETH FRIMPOMAA (MS)	3288
AGYEMANG, GLADYS (MISS)	3224	DONKOR, YAW BOAKYE (MR.)	3290
KOGGO, HILARY (MR)	3225	KESSE, PRISCILLA OKOREWAA (MS.)	3291
BOATENG, OLIVIA OBENG (MISS)	3226	TORNYI, MICHAEL (MR.)	3293
ANTWI, KWASI OWUSU (MR)	3227	KISSI, CECILIA OFOSUA (MS.)	3295
OWUSU BOADI, EVANS (MR)	3228	ASANTE, VERA DANNSA (DR.)	3296
SAKYI, ERNEST OWUSU (MR)	3231	WEMEGAH, JOSEPH ATSU (MR.)	3297
OSEI, JOHNSON YAW (MR)	3234	DWOBENG, ANITA SERWAAH (MRS.)	3298
AMEKUDZIE, ELINAM GABRIELLA AKU-VI (MISS)	3235	BOAKYE-POKU, KWAME (MR.)	3299
AKORSU, PETER KWAME (MR)	3236	DENNIS, JOYCE ELIZABETH (MS.)	3302
ASANTE, KWABENA NKANSAH (MR)	3239	KAKAH, GERSHION KOJO (MR.)	3303
YAHAYA, KABIRU (MR)	3240	ASIRIFI-YOUNG, GEORGINA (MS.)	3304
ACHEAMPONG, FRANCIS (MR)	3241	ABDUL-RAHIM, MALIK (MR.)	3305
ATIEMO, EMMANUEL MAWULI (MR)	3242	ABDUL-RAHIM, HAYAT NINCHE (MS)	3306
OBODAI, NORA KAI (MISS)	3244	WUOBAR, JONAH ZIEM (MR.)	3307
AGYAPONG, EMMANUEL (MR)	3245	NARTEY, AGBENYEGA TETTEH (MR.)	3308
NYANOR, EUGENE KWAKU (MR)	3246	ALLORNU, RICHARD (MR.)	3309
ADDO, ROSELINE NANA DEDE (MISS)	3247	YEBOAH, ERIC KWADWO OFORI (MR.)	3310
ABBEW, NANA GYAKYEBA (MISS)	3250	ISSAH, ABUKARI (MR.)	3311
OBUOBI, RUTH (MISS)	3251	ESSAH, KENNETH BOWIN (MR.)	3312
ADDISON, EVELYN ADJEI (MISS)	3252	NKANSAH, GIFTY (MS.)	3313
ANLIMAH, ARNOLD ()	3253	HOEGAH, GIFTY-NANCY AKU (MS.)	3315
DAKURAH, PASCHAL ()	3255	KOKU-ANU, JUSTICE DERY (MR.)	3316
BOATENG, JUDE BOAKYE (MR)	3256	FREMPAH, BENJAMIN (MR.)	3318
NKRUMAH, ISAACH KWABENA (MR)	3257	AMPONSAH, EUNICE (MS.)	3319
OWOO, GODWIN KWARTEY (MR)	3259	HINNEH, JOSEPHINE ATAA (MS.)	3320
BRAY, EDWARD EDMOND (MR)	3261	ADDY, YVONNE NAA KYENKUA (MS.)	3322
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AGOBA, ESTHER EYRAM (MS.)	3325	ADU-POKU, YAW (MR)	3397
MENSAH, ADELAIDE (MS.)	3326	NYARKO, ISAAC KWASI JNR (MR)	3398
AMOAKO-AGYEI, KOFI (MR.)	3327	AKOMAH-DONKOR, AMANDA (MISS)	3399
NIBOI, NAA ADORKOR (MS.)	3328	AMOASAH, JEFFREY ANYIMADU (MR)	3401
GAGBLEZU-ALOMATU, DZIEDZOM (MR.)	3329	ANSONG, MARTHA (MISS)	3402
QUARTEY, KWATETSO (MS.)	3330	NARTEY, NATHANIEL TETTEH (MR)	3403
IHINMIKALU, MOSUNMADE OLUBUNMI (MS.)	3336	AZAGLO, DIVINE KWESI (MR)	3404
AGBENYO, LETICIA MAKU (MS.)	3338	BOADI, MARY DUFIE (MISS)	3405
DEBRAH, AKOSUA BEMA (MS.)	3339	OTU-DANQUAH, AMMA ADAMPO (MISS)	3410
COMMEY, MERCY ANITA (MS.)	3341	OMENAKO, KWAKU ANIM (MR)	3411
OPPONG, EMELIA GYAMFI (MS.)	3342	OSSEI-SARPONG, ERIC (MR)	3412
WUAKU, CARL (MR.)	3343	OWUSU, FRANK (MR)	3413
ANNAN, PARS DANIEL TETTEH (MR.)	3345	AMPOMAH, SONIA (MISS)	3414
SAM, ABISHAG ANOWA (MRS.)	3347	REJOICE, SARPONG TUFFOUR (MISS)	3415
IRELAND, EMMANUEL KWAKU (MR.)	3350	OTENG-BOAHEN, KWABENA (MR)	3416
AGYEN, ADIYIAH KWABENA (MR.)	3351	AKUFFO, SAMUEL KWADWO (MR)	3417
AGYEKUM, ADOBEA AKOSUA (MS.)	3355	TWUMASI-ANKRAH, BEATRICE (MISS)	3418
OWUSU-ANSAH, KWADWO (MR.)	3356	QUAYNOR, GEORGE TETTEH ()	3419
AGYEMANG-GYAU, GIFTY (MS.)	3362	FIADZORGBE, EMMANUEL (MR)	3420
ASARE, ERIC BAFFOUR (MR.)	3363	BLAY, CLEMENT CLINTON (MR)	3421
ODURO, SAMUEL ANNOR (MR.)	3366	CONNEL, BARBARA ADJOA (MISS)	3422
MANU, HENRIETTA OPOKU (MRS)	3367	EFFUEN, DOMINIC (MR)	3424
NARTEY, EDWIN NARTEH-KOBLAH (MR.)	3368	OKAE-ASARE, DANIEL (MR)	3425
DANSO, ROBERTA ATAA ()	3369	ODURO, DOMINIC (MR.)	3426
OSEI-ADJEI, MARFOAAH (MS.)	3370	ARNANSI, FRANCIS KOJO ADDAI (MR)	3427
NSIAH, SAMUEL (MR.)	3371	SAANI, HASSAN DANAA (MR)	3428
AMPORFUL, GEORGINA (MS.)	3373	ACHAMPONG, ANGELA NYARKO (MISS)	3430
JOHN, ABEEKU AIDOO GRAHAM-BANNERMAN (MR.)	3377	OTENG, ANDREWS JUNIOR (MR)	3432
DAGBOVIE, ANTOINETTE SEDINA (MS.)	3379	ASANTE, MIREKU OWUSU (MR)	3435
GEORGE, OSAFO, FELIX (MR.)	3381	ADUSEI, ISAAC DWAMENA (MR)	3436
AGYEMAN, EDWARD OSEI (DR)	3382	BOUR, WISDOM KWAKU (MR)	3437
THEOPHILIA, ASABERE VERONICA (MRS)	3383	BLEMANO, FELIX TAWIAH (MR)	3438
ABOSOA, ANNAN NAOMI ESI (MISS)	3384	AMEGAVIE, FRANK TEDDY TETTEH (MR)	3439
BADOO, VERONICA AGATHA KWAKYEWAA (MISS)	3385	AFENYO, AKORFA (MISS)	3441
ANSONG, JOANA (MISS)	3387	YALLEY, NNDA ASEFUABA (MISS)	3442
AMOFA, MICHAEL (MR)	3388	KUSE, FRANCIS SELASE (MR)	3443
OTCHEREH, FELIX (MR)	3389	ACKAH, ESTHER SERWAA (MISS)	3444
MENSAH, DOMINIC OLCHEY (MR)	3390	SALIFU, MARIAMA (MISS)	3446
YEBOAH, FRANCIS TABIRI (MR)	3391	ADU, ABENA OWUSUWAA (MISS)	3447
OPOKU-MENSAH, EMMANUEL (MR)	3392	GOKU, PHOEBE (MISS)	3448
OPOKU, MICHAEL (MR)	3393	AMEDIOR, SELORM BRIGHT (MR)	3449
AMOAKO, EMMANUEL (MR)	3394	TANDOH, AUGUSTINE (MR)	3450
KWARTENG, DORIS OWUSU (MISS)	3395	DUEVE, EVANS (MR)	3451
BANNOR, BENSUS (MR)	3396	ACHEAMPONG, CLEMENT OKOH (MR)	3452



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TWUMHENE, WISDOM (MR)	3454	BEGYINAH, RICHARD KOFI (MR)	3518
ENYAN, ERNEST (MR)	3455	EFFAH, SAMUEL NYAMEKYE (MR)	3521
TAGOE, SHIELA NAA AMELEY (MS)	3458	AMANOR-AKROFI, YVETTE (MISS)	3523
WIREDU, VANESSA SIAWA (MS)	3460	FIADZOMOR, INDIRA SEFAKOR (MISS)	3524
DONKOR, AKUA KYEREBA (MS)	3461	NINSON, EVELYN (MISS)	3525
BOAKYE, FREDERICK BURNS (MR3)	3465	EKWAM, CHRISTIAN KWESI (MR)	3527
WAANA-ANG, EMMANUEL (MR)	3466	AMPONSAH, ZAPHENATH AMANKWAH (MR)	3528
DEI-ANANE, STEFANIE NANA AKOSUA YEBOAH (MS)	3467	WILSON, ELVIS ATO (MR)	3529
OCRAN, SELINA (MS)	3468	NYABU, ANDREWS TETTEH (MR)	3530
BOAMAH, AKOSUA FRIMPOMAA (MS)	3470	QUANSAH, BERNARD (MR)	3531
AMOAKO, DAVID (MR)	3471	SACKEY, ERNESTINA ()	3532
KONADU, KENNEDY (MR)	3473	APPIAH-AGYEKUM, FRIMPOMAA ADWOA (MS)	3533
TENKORANG, MAVIS AKOSUA ()	3474	ARMAH, EMMANUEL (MR)	3534
BUADOOH, AFUA ADOMAAH (MISS)	3476	IBN SAANA SHEIKH, IBRAHIM ()	3536
NTIAMOAH, YAW (MR)	3480	NYAAMAH, JOSEPH (MR)	3537
TAGOE, BENJAMIN NII ARYEE (MR)	3481	AFRIFAH, ISHMAEL KWAKU (MR)	3538
SALIA, ABDALLA (MR)	3482	ENIMAH, GIDEON KWAKU (MR)	3539
DOWUONA, CHRISTABEL (MS)	3483	GLOKPOR, NOBLE NUTAKOR (MR)	3541
KYERE, IVY YAA (MS)	3484	OWUSU, YAW (MR)	3542
ADJEI, RICHARDSON KWADWO (MR)	3485	ADJEI YEBOAH, ERIC (MR)	3543
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DUSHIE, DAVID ()	3489	ADU, MATILDA (MISS)	3545
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APPIAH-KUBI, EVANS (MR)	3491	OPOKU FREMPONG, SAMUEL (MR)	3547
NUAMAH, HAMEEDA ISHAAK (MISS)	3492	TSOGBE, NICODEMUS (MR)	3548
KYERE-DAVIES, GERTRUDE (MISS)	3495	AIMANN, DAWOOD (MR)	3549
LAMPTEY, RICHARD NII LANTE (MR)	3496	AGYEKUM, DEBORAH (MISS)	3550
ODOI, HAYFORD ()	3497	AYISU, BRIDGET KORKOR (MISS)	3551
FETSE, JOHN PETER (MR)	3498	SEVOR, FRANK KWAME (MR.)	3552
OHEMENG, RICHMOND AFRANIE (MR)	3499	AGBENORKU, DOROTHY DOGBEDA ABLA (MS.)	3553
OWUSU, WINIFRED SARFOA (MISS)	3500	BADOE, AMA MAYINTANOE (MS.)	3557
AGLUBI, RUDOLPH NANA KWESI (MR)	3501	LAMPTEY, DINAH NAA LAMILEY (MS.)	3559
KORSAH, KAREN ADWOA (MISS)	3502	BAWA, THOMPSON ()	3563
ADANE, LETICIA (MISS)	3503	INKOOM, KOBINA BAFFOE (MR.)	3564
NYARKOA, MARIAN ABEBRESE (MISS)	3505	YEBOAH, OPHELIA (MS.)	3566
MAHAMA, RAFIK (MR)	3507	SEIDU, MARIAM (MS.)	3567
HAZEL, NAADU JOAN (MRS) PESSEY	3508	ONSO-NYAMEYEH, GODFRED	3568
BOAKYE, ARHIN (MR)	3509	BAFINNE, RUDOLPH (MR.)	3569
ADDIPAH, RUBY OFORIWAH (MISS)	3510	BROWN-POBEE, RICHARD FIIFI (MR.)	3570
KINTOH, ISAAC (MR)	3512	AMOAFO-HENE, KWAKU BEDIAKO (MR.)	3575
OWUSU-ANSAH, ANGELA (MISS)	3514	ANDOH, URIEL NAA SHORMEH	3577
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OSEI BANAHENE, PRINCE	3584	DOKU, DAVID	3652
NYAGLORDZRO, MAKAFUI	3585	ADUHENE, PAULUS	3653
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UGWU, EBUBECHUKWU VERONICA	3591	OKINE, JACQUELINE NAA ODE	3656
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OFORI-ANTWI, VICTOR	3598	COLLY, STEPHEN DZIWORKU	3661
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BOADI, JOBSON KWADWO	3606	ARTHUR, RICHARD LAWRENCE	3666
ZIEKAH, EMMANUEL MAASODOH	3608	TERLABI, JOY PADIKI	3667
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ANDOH, FESTUS JOHN	3610	AGYEMANG, NANA APPIADU	3669
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SETSOAFIA, PEARL SENA	3625	AYEH EDMUND MANTEAW	3680
THOMPSON JNR, NII ADAMA	3627	DARKO, YVONNE	3681
TEPE-MENSAH, FESTUS WORLANYO	3629	ODURO, SANDRA SERWAA	3683
AGYEMAN-NKANSAH, EUNICE NANA YAA	3630	GYAABIN, KEITH OSAM	3684
AMUAH EBENEZER KWEKU	3632	APPIAH BANKA CEPHAS	3685
AMENORVI, CORNELIUS RICHMOND	3633	MENSAH, ABENA AKOTO	3686
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OBUOBI, ANDREW MANTEY	3636	BOAKYE-YIADOM, BERNADETTE	3688
PEPRAH, MERCY	3637	ATTA-SARFO, ERIC	3690
LARYEA LORETTA ASTWEI	3638	SENYA, KOFI	3691
AMISSAH-ARTHUR, ROSE ABA AGYIRBA	3639	ABOAGYE, SOLOMON	3693
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AMISSAH, GLADYS AMA	3705	OFOSU, ANN TETTEH	3779
OWUSU AFRAM, DERRICK KOJO	3707	OWUSU,ADWOA AMANKWAA	3780
KPABITEY, SAMUEL KONOR	3711	AMOAKO, ROCKSON	3781
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NYAKU, ELVIS SELASE	3753	YAHAYA, ABDUL-RAHMAN	3812
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OWUSU AFRIYIE, JOSEPH	3760	AGYEKUM-ACHEAMPONG, ELSIE	3815
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ANSONG, MICHAEL DANKYI	3765	ADEGOKE GAFAR AYODELE	3818
BARIMAH, YAA GYAMFUH	3766	OSSEI-LITTLE, JOSEPH MAXWELL	3819
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ASURU ABUBAKAR, ASURUDIMAH	3768	AMPADU, BENJAMIN	3823
BASOAH, ABENA KONADU	3769	OFORI, SYLVIA KESEWA	3825
Danquah, Jennifer	3770	OPOKU BEATRICE NANA BONSU	3826
NORTEY, RADOLF ANSBERT	3772	OWUSU-ACHEAMPONG, ANTHONY	3827
ESSEL, AMANDA NANA ADWOA	3775	KUFFOUR, MICHAEL AGYEMANG	3828
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ARTHUR, STELLA AMAABA	4124	OBENE, SARAH DASOPELETE	4187
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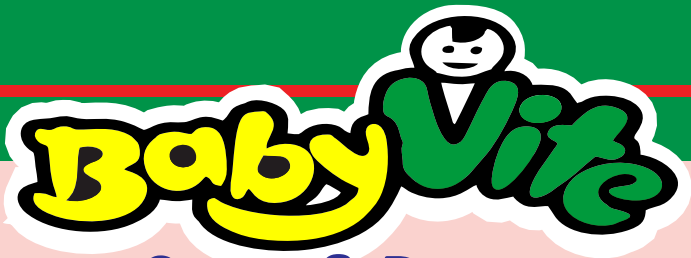
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Totality of evidence for Forxiga™ strengthens the importance of early use in patients with T2DM¹



T2D could be damaging her heart and kidneys now.²

DECLARE, Forxiga™ demonstrated vs. placebo:



27% RRR

In hospitalisation for heart failure^{3*}

(0.8% ARR; HR 0.73; 95% CI, 0.61, 0.88)

The single component of heart failure was a nominally significant exploratory endpoint in the DECLARE trial.

It also showed:



47% RRR

in progression to nephropathy^{3,4}

(1.3% ARR; HR 0.53; 95% CI, 0.43, 0.66)

Nominal p-value, prespecified exploratory outcome.

Prescribe Forxiga™ today for your everyday patient. Your treatment choice today can change your patients outcomes tomorrow.

Simple dosing and administration



START WITH MORE



Once-Daily Dosing

CONTROL WITH MORE

For uncontrolled T2D patients

Convenient, once-daily dosing  10mg tablet



One tablet, taken any time of day, with or without food¹



No titration or dose adjustment required^{1*}



GFR ≥60 mL/min at initiation; with GFR <45 mL/min monitor and discontinue^{1,3**}



HbA_{1c} Reduction¹



Weight Reduction^{1†}



Blood Pressure Reduction^{1†}



Reduce Cardiorenal Events¹

*Forxiga is not indicated to reduce the risk of hospitalisation for heart failure or to reduce the risk of renal events.

†Forxiga is not indicated for the management of weight loss or high blood pressure. Weight change was a secondary endpoint in clinical trials. Blood pressure change was primarily assessed as a safety or exploratory endpoint. ARR=Absolute Risk Reduction; CI=Confidence Interval; DECLARE=Dapagliflozin Effect on Cardiovascular Events; HbA_{1c}=Hemoglobin A1C; HR=Hazard Ratio; MET=Metformin; mg= milligram; RRR=Relative Risk Reduction; T2D=Type 2 Diabetes; %=Percentage.

References: 1. FORXIGA™ 5 mg, 10 mg Film-coated Tablets. Prescribing Information. 2. Faden G et al. Diabetes Res Clin Pract. 2013;101(3):309–316. 3. Wiviott SD et al. N Engl J Med. 2019;380(4):347–357. 4. Mosenzon O et al. Lancet Diabetes Endocrinol. 2019;7(8):606-617.

Abbreviated Prescribing Information:

FORXIGA™ 5 mg, 10 mg Film-coated Tablets. Each 5 mg and 10 mg tablet contains dapagliflozin propanediol monohydrate equivalent to 5 mg and 10 mg dapagliflozin respectively. Excipient with known effect: Each 5 mg and 10 mg tablet contains 25 mg and 50 mg of lactose anhydrous respectively. PHARMACEUTICAL FORM: Film-coated tablet. THERAPEUTIC INDICATIONS: FORXIGA™ is indicated in adults for the treatment of insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise, as monotherapy or add-on combination therapy.

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HILTON BLANKSON, LESLIE NII ODARTEY	5017	OHEMENG, ALICE ADWOA	5076
BOFFAH, JESSIE NHYIRA	5019	MATTHEW, RHODA EBERE	5077
ENYAN, DEBORAH	5020	GBENYO, ALBERT DOE	5079
ASANTE-KUMI, JOSEPHINE	5021	NTIAMOAH, LINFORD	5080
AGYEI, NANA AKUA FREMPOMAA	5022	IMBEAH, DORCAS	5081
DONKOR, AMA ASIEDUA	5024	GYASI, FELIX AMOFA	5082
AMARTEY, SALOME NAA AMERLEY	5025	ABANKWAH-YEBOAH, ELIZABETH NANA YAA ANIMWAA	5084
ASIEDU-DANSO, MICHELLE	5027	MANKATTAH, SHEILA	5085
OFORI, THEOPHILUS ATUA	5028	THOMPSON, ADJOA OFORIWAA	5087
ODURO-KWARTENG, ADWOA AGYAKOMA	5030	ADAMTEY, EUGENE TEYE	5089

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NAME	Reg.No.	NAME	Reg.No.
OWUSU, DANIEL	5090	DWUMFOUR, VINCENT (DR)	5156
AMOA, MAAME ESI	5092	OPOKU ACHEAMPONG, EUGENE NANA (DR)	5158
OBENG ANSONG, LAUREEN	5094	ALHASSAN, MOHAMMED SANI (DR)	5159
GYAMPOH, SANDRA	5095	HAMMOND, JOHN WIAFE (DR)	5160
NEEQUAYE, NAA DEI	5096	BOATENG BOAKYE, EVANS (DR)	5161
ACQUAH, CHRISTABEL EWURAMA (DR)	5099	OTCHERE, SOLOMON KWESI (DR)	5163
OBIRI-YEBOAH, NANA YAA NTIAMOAH	5100	ADIYIAH, ABIGAIL (DR)	5165
ANAMAN, CHARLES	5102	AFRIYIE, THERESA OWUSU (DR)	5166
MENSAH, AARON KOJO	5103	DWAMENA, AFRAKOMA YAA	5168
LAMPTEY, JOSEPH NII LANTE	5104	ESHUN, PAAPA EKWOW ESOUN	5169
AMIHERE, URSULA NYAMEKEH-EBELLAH (DR)	5105	AMPONSAH, CYNTHIA A.	5170
ADDY, SAMUEL NII LANTEY	5106	BUDU, SAMUEL OWUSU EFFAH (DR)	5172
OGINNI, OLUWASEUN RACHAEL (DR)	5108	GYAMFI, NABIL KWADWO ASAMOAH (DR)	5173
TWUM, FRANKLINA (DR)	5113	ASAMU, YUSUFF ADETEJU (DR)	5176
AMARTEY, DANIELLA AKUA ABOKOMA (DR)	5114	ONYEKA, JANEFRANCES CHUKWUGOZILIM (DR)	5177
ANKAMAH, NELSON AWUAH (DR)	5115	OKONKWO, LINDA CHINAZA (DR)	5178
EBEN, PATRICIA AGBOR (DR)	5116	SARPONG-AGYAPONG, JOSEPH (DR)	5179
DERIZIE, ALEXANDER MWINTERU (DR)	5117	ASIEDU, MARSHAL OWUSU (DR)	5180
SELBY, ATO KWAMINA BAIDOO (DR)	5118	OBOUR, EMMANUEL KOFI KUTTIN (DR)	5181
DAKE, FRANK KWAME (DR)	5119	DADZIE, FELIX ARMOH (DR)	5183
MEGBENU, PRISCILLA ADZO (DR)	5120	ADJEI, REGINALD NYARKO (DR)	5185
MENSAH, ISAAC KWASHIE (DR)	5122	BOAMPONSEM, VICTOR (DR)	5186
OSEI, ERIC MENSAH (DR)	5123	VULOR, HENRIETTA EYRAM AKUWA (DR)	5187
BOAKYE, FREDERICK YIADOM (DR)	5125	BOATENG, IBRAHIM (DR)	5189
TSISE-FIANU, MAUD ADWOA DZIEDZORM (DR)	5126	ESHUN, OBED KANE (DR)	5190
AHIADEKEY, DESTINY (DR)	5127	OPARE YEBOAH, AFIA KORKOR (DR)	5193
OWUSU ANSAH, CHARLES (DR)	5128	QUAGRAINE, ELIZABETH (DR)	5196
ADANE, HUBERT (DR)	5129	OFORI-ATTA, PRINCE (DR)	5197
AFFUM, JEFFREY BAAH (DR)	5130	ENGMANN, GABRIEL LOMOTEY (DR)	5198
APPIAH, DANIEL KOFI (DR)	5131	SIKINYA, RICHMOND (DR)	5199
GYASI, TRUDY OSEI (DR)	5133	BAFFOUR AWUAH, HARRY (DR)	5200
OWUSU-AGYEI, ASANTEWAA (DR)	5134	DARKWA, MICHAEL (DR)	5201
TANOR, ABIGAIL (DR)	5135	ATTA-FRIMPONG, RICHARD (DR)	5202
TWUMASI, AGNES (DR)	5138	Michael odoi Tettey	5203
KONTOR, VICTORIA SAAMAHAH (DR)	5140	BONDZIIIE-ASMAH, NANA OGYEFO (DR)	5204
ARTHUR, DYLAN FIIFI (DR)	5143	ENTSUA-MENSAH, PEARL (DR)	5205
MENSAH, KWAKU FORKUO (DR)	5144	ISSAKA, SANDRA SEIDU (DR)	5206
TAWIAH, NANCY AFOTEY (DR)	5145	COLEMAN, JOE FENNY (DR)	5207
ASHUN, FRANCISCA DORA	5146	MENSAH, LAWRENCE (DR)	5208
NEWTON, GRACE (DR)	5147	AMPOFO, HANNAH (DR)	5209
ANTWI, ASANTEWAA AMA (DR)	5150	YENDAW, RICHARD (DR)	5211
YEBOAH, JOSHUA SAFO (DR)	5152	KOI-LARBI, OFOSUAH (DR)	5213
AHENE, YAA AKYEAMAHAH (DR)	5153	OSEI, CHARLES MENSAH (DR)	5214
AGYEMANG, MAXWELL KWADWO (DR)	5154	ASAMOAH, JEFFERY (DR)	5215

About PHARMACCESS FOUNDATION

PharmAccess is a Dutch not-for-profit organization known as a pioneer in development cooperation and has launched several ground-breaking initiatives involving public-private partnerships and innovative health financing mechanisms. PharmAccess was founded in 2001 and is dedicated to improving access to health care in Africa. PharmAccess mobilizes public and private resources for the benefit of health providers and patients through insurance, and loans to providers (Medical Credit Fund: <http://www.medicalcreditfund.org/>), clinical standards (SafeCare; <http://www.safe-care.org/>) and impact research (AIGHD; <http://aighd.org/>). It has built an extensive network working with governments, both in Africa and with international donors and development organizations as well as private companies and investors.

Improving public health insurance delivery in Ghana with NHIA

PharmAccess is collaborating with the National Health Insurance Authority (NHIA) to improve public health insurance delivery in Ghana. Together, we are digitizing and analyzing health data with the aim of improving the quality and efficiency of healthcare in Ghana. This will enable the government through NHIA to allocate resources more efficiently to promote a healthy Ghanaian population. Health data analytics has the potential to improve the efficiency of health financing mechanisms while targeting spending to achieve better health outcomes. Our actions are fueled by the belief that a healthy population translates into a healthy economy.

Med4All

Med4All is a joint initiative by the Christian Health Association of Ghana (CHAG) and PharmAccess and it aims to make quality medicines accessible and affordable to everyone in Ghana. It is a digitally supported medicines procurement platform that brings demand and supply together to address affordability and



availability constraints. These constraints are caused by a combination of fragmented supply chains that adversely affect quality control measures by regulators, inefficient procurement and inventory management systems and low liquidity of healthcare facilities.

The Med4all platform tackles these challenges in an integrated way. First, it helps healthcare facilities to efficiently manage their inventory and forecast demand. Second, it digitally pools medicines forecast data to negotiate better price and payment terms with suppliers. Third, there is in place an innovative, transparent quality control mechanism to ensure only quality drugs are procured through the platform. Fourth, there are financial mechanisms in place which facilities can access to pay for medicines procured on time.

The Medical Credit Fund

The Medical Credit Fund (MCF) is a fund dedicated to financing small and medium-sized healthcare facilities in Africa. Established in 2009 as part of the PharmAccess Group, MCF is the only not-for-profit fund exclusively dedicated to financing health SMEs in Africa. MCF is a blended fund that works with a wide network of African partners to provide SMEs with loans and technical assistance so they can expand their businesses and invest in quality improvement. The fund also provides technical support to facilities and guides them to identify the best areas for investment and helps in developing a growth strategy with healthcare providers. MCF II has been set up to respond to the challenges that health providers face in accessing capital in West Africa. The funding round was anchored by the Dutch Ministry of Foreign Affairs. Also participating in this funding round are

international organizations such as CDC Group, FMO, SwedFund and Philips. Through blended finance, MCF uses catalytic capital from both public and private sources and is targeting to grow to EUR 80 million in the next few years and will support EUR 400 million in loans to health SMEs with innovative digital finance solutions in the next decade.

SafeCare

SafeCare is a healthcare quality standard developed by PharmAccess in a formal collaboration with the Joint Commission International (JCI), and the Council for Health Service Accreditation of Southern Africa (COHSASA). The SafeCare Standards and Methodology are accredited by the International Society for Quality in Health Care External Evaluation Association (IEEA), the global organization responsible for accrediting healthcare standards. The Standards are designed to ensure objective measurement of healthcare quality for health facilities in emerging markets.

In Ghana SafeCare has stepped in to fill the gaps in quality standards, serving as an institution for rating, improving, and incentivizing quality care using innovation. Through strong collaborations with healthcare provider networks such as the Christian Health Association of Ghana (CHAG), Africa Health Holdings (the Rabito Clinics), and the Sanford World Clinics, SafeCare is ensuring the progress of these healthcare facilities by helping them measure, monitor, improve and benchmark their services using innovative solutions. More than 700 facilities have been assessed and rated and over 500 are currently being supported in an active quality improvement journey.

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NAME	Reg.No.	NAME	Reg.No.
TURKSON, ISAAC JNR (DR)	5216	OWUSU-SARFO, JOSEPH (DR)	5270
DOKU, ISABELLA YEMOTIOKOR (DR)	5217	MOHAMMED, IBRAHIM	5271
BASSAW, EMMANUEL KOJO PRAH (DR)	5220	AYINE, DOMINIC AYAMGA A. (DR)	5272
AMOA, JOSEPH EKOW (DR)	5221	BIBIEBOME, DOMINIC (DR)	5273
OFOSUHENE, FREDERICK KORAMAH (DR)	5222	ASIEDU-YEBOAH, EMMANUEL KWAME (DR)	5274
DRAFOR, GIDEON (DR)	5223	ATTA NYARKO, ROBERT SNR (DR)	5275
BRENYA PRINCE (DR)	5224	AMPONSAH, GIDEON OWUSU (DR)	5276
GYAMFI, DAVID (DR)	5225	OWUSU, BENJAMIN (DR)	5277
APPIAH, KEN GYASI (DR)	5226	AMPONSAH, ISAAC (DR)	5278
ANTWI, CHRISTIANA (DR)	5227	KUSI, BRIGHT (DR)	5279
ADOK, HELLEN MIIBIL (DR)	5228	BINEY, EBENEZER KWESI (DR)	5280
DENKYIRA, SALOMEY ASAAH (DR)	5229	ARHIN, EDWARD (DR)	5281
HAYFORD, FREDERICK OPPONG (DR)	5231	TORGBENU, THEOPHILUS (DR)	5284
KYEM, PETER NUAKOH (DR)	5232	YEBOAH, FRANK (DR)	5285
WAKI, ISHMAEL MBONGNA (DR)	5234	BABU, AARON BAYOR (DR)	5286
YIRENKYI, KWAKU (DR)	5235	BARTELS, JOEL	5287
TENKORANG, EMMANUEL AKWASI (DR)	5236	ANUMBA, CYNTHIA CHINAZONDU	5288
DORDOR, NUTIFABA YAO (DR)	5237	DANSON, DONALD AMANFO	5289
YEBOAH, MABEL AMPOFOA (DR)	5239	BAIDOO, EMMANUEL	5290
OPPONG NKETIAH, EMMANUEL (DR)	5240	KEGYINAH, EMMANUELLA WELL-GYINAH	5293
FREMPONG-MENSAH, MABEL	5241	AHEDOR, COLLINS KODZO	5294
AGYENIM-BOATENG, EDMUND (DR)	5242	TSEGAH, SEFAKOR AWO	5296
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DUAH, EMMANUEL (DR)	5244	AIDOO, OKYEREWAA AMA (DR)	5300
AGBEEHIA, JOSEPH (DR)	5245	AGYAPONG, MICHAEL TWUMASI (DR)	5301
NELEYUN, RICHMOND (DR)	5246	OBIRI, DANIEL ACHEAMPONG (DR)	5302
SAFO, KING KWADWO (DR)	5248	BUADI, ERNEST ELIKEM	5305
DAUDA, ABUBAKARI (DR)	5249	BLEBU, HANNAH	5306
ARMAH, ANDREW (DR)	5250	NORTEY, ISAAC	5311
DUAH, ESTHER AGYAPOMAAH (DR)	5251	BERFI, NANA KONADU	5312
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MONNEY, ERNEST (DR)	5253	OPOKU-FREMPONG, EUNICE KESEWAA	5316
DARKO, ALICE ACHEAMAH (DR)	5255	ARTHUR-AKPABLI, ELOLO	5318
AGYEI-ACHEAMPONG, CHRISTIAN ALBERT (DR)	5258	OWUSU ACHIAW, FRANK	5319
EHONEAH, OBED (DR)	5259	OWUSU, LINDA BOATENG	5320
DORWU, EMMANUEL (DR)	5260	YEBOAH, PERSIS NADINE	5321
ADDO, LYDIA (DR)	5261	OPPONG, RACHEAL DANSOWAA	5322
APPIAH, KOFI OPOKU (DR)	5262	ADU, SAMUEL	5323
DARKO, OBED ODURO (DR)	5263	AGBENORKU, PRISCILLA MAWUNYO	5326
ANTWI, ADWOA ABRAFI (DR)	5264	ADAE, KAREN KAFUI	5330
ASOMANING, GEORGE ADU (DR)	5266	ANTWI, DANIEL KUSI	5331
DORYUMU, ALBERT (DR)	5267	BOAKYE, DANIEL GYABAHAH	5332
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YIN, JONATHAN BAYAMINA	5339	OKPATTAH, ANDREW AMENYO	5405
OMANE-ADDO, BAFFOUR AFRIFA	5340	ANTWI BOASIAKO, PHILIP	5407
ASOMANI, CLEMENT	5341	PLANGE, CYNTHIA	5408
SARPONG, BERNICE NYAMEKYE	5344	OYORTEY, REGINALD	5409
LARTEY, EVELYN (MRS)	5346	ASARE, FRANK OSAFO	5411
OBENG, BRIGHT	5347	LARBIE, ENOCH MENSAH	5413
AMPONSAH, HENRY GYAMERAH	5348	ANAIFI, DERRICK	5415
ALATU, YVONNE OCHESINDA	5349	ARTHUR, PRINCE AHENKORAH	5417
TOMETY, DOGBEDA AGBEMAVOLI AMA	5350	ADDO, EMMANUEL ADJEI BAAH	5419
ABUBEKR, DAVID KOFI BOAKYE	5351	TWUM, ELIZABETH	5420
PAPPOE, MARIAM ADOLEY	5352	ARTHUR, FREDERICK	5421
OWUSU AFRIYIE, EUGENE	5353	SEYAB, KATE NAAGWEN-NOMO	5423
ASIEDU, ESTHER ATIAPA	5357	ADU-GYAMFI, DERRICK	5425
CHAUCER-HAMMOND, MELVIN NII ARMAH	5359	ADAM, BASHARAT	5427
NYANTAKYI, EUNICE ADUMATTA	5361	TWUMASI-ANKRAH, JESSICA SARPONGMAA	5429
ADOLI, LOUIS KIZITO	5363	AGYEI, GLADYS AMPONSAH	5433
DARTEY, AKWASI	5364	AGYEKUM, BRENDA GYANKOMSH	5434
TETTEH, DANIEL NII COMMETEY	5369	QUASHIE, WILLIAM JORDAN KOKU	5435
KORLETEY, TYSON	5370	AMEDOME, GRACE AKOSUA	5437
DARKWAH, EMMANUEL	5371	HAYFORD, ROBERT	5440
ZAIDU, RAHAMAT	5372	AFRAM, JEREMIAH	5442
SULEMAN, ABDUL FATAWU	5373	KYEI, BERNICE BENEWAH	5444
DARKO, KWAKU DUAH	5374	DAMPTEY, THEOPHILUS	5445
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GARSHONG, NIGEL	5376	OKYERE, AKOSUA SERWAA	5447
MOFFAT, GRACE TRACEY	5377	BUABENG-MUNKOH, EUNICE	5451
EWUSI ARTHUR, GRACE	5378	QUAYE, HAROLD DERRICK	5452
WIREDU, SARAH ABENA	5379	TETTEH, ABIGAIL NAA AYIKAI	5453
AKUMIA, KRISTINA	5381	ETUAH, JUSTICE	5454
OSEI, REBECCA KYEREWAA	5383	SERWAA, AKOSUA	5455
OSEI, GIFTY SARPONG	5385	BRENYA, MARY SIAW	5459
APPIAH, DICKSON AKLEY	5386	ARTHUR, ROSEMOND BECKY	5460
BOATENG, MARY OWUSUA	5387	ANSONG TWUM, GEORGE	5461
ANKOH, VANESSA RUTH ESSIAA	5388	QUARSHIE, EZEKIEL KOFI KWAKYE	5463
TETTEY-AMLALO, RALPH NII OKAI (DR)	5389	OTCHERE, BRIGHT DUKE OPONG	5464
DEEKU, KELVIN NANA	5392	KWOFIE, NANA ADJOA	5466
PEPRAH, ADWOA KONADU	5394	NYARKO MANUELA, BIANCA	5469
KUUPUOLO, ELIJAH TIMOTHY	5396	KORANTENG, JEFFREY OSEI	5470
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AKUAMOAH, AMA AMOAKOAH A.	5399	KUWORNU, ADJOA KAKRA	5472
NUTSA, ANITA DZIDEDI	5400	TSEGAH, NADIA NANA ADJOA	5473
AYIM-BOATENG, MARTINA	5401	FRIMPONG, MAAME KESEWAA	5475
BENTIL, MERCY	5402	ABDULLAHI TAYLOR, FIRDAUS	5478
MENSAH, JOHN MAWULI YAW	5403	DOE, JESSE KWAKU	5479

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DEDE, EUGENIA NARKI	5480	OSAE, IVY ADADEWAH	5551
DARKE, RITA SEYRAM (MRS)	5481	AKAKPO, ALEX DZEFE	5552
ARTHUR, NATHANIEL BOB	5484	ARYEETEY, CHUCK	5554
PARTEY, ANDY KELVIN	5485	FERGUSON, MIRA ESHUN	5555
FREMPONG, MICHAEL	5487	AKO, ERNEST OPARE	5556
LARTEY, YASMEEN NAA LARLEY	5489	APPIAH, GLOVER ASIEDU	5557
ATTA, PAUL NSIAH	5492	ANNOR, LAWRENCE	5559
ADJEPONG, AMA DANSOA	5493	APPIAH, MICHAEL AMANING	5560
COBINNAH, JEMIMA	5495	AKPATSU KUSI, ISAAC KWAO	5562
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LAMBER, WILHEMINA WILLS	5498	AKRUGU, JOHN ANABILLA	5565
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GORKEH, HILDA	5500	ARYEE, ANGELA NAA DEDEI	5567
OFORI, OSCAR	5501	WEREKO-BOUR, FRANCIS	5568
APEDOE, DANIEL KWAME AHUMA	5502	AKYEA, VILMA KUUKUA ADADZEWA	5569
BREFO, SAMUEL OPPONG KOFI	5505	ADUFUL, OBED	5571
DANKWA, MAAME OWUSUA (DR)	5506	KYEI-BAFFOUR, ADWOA SERWAH	5572
DUODU, CLEMENT KWAME	5508	SARPONG, BENJAMIN RICHARD OTOO	5574
ASARE-NKANSAH, EMMANUEL	5509	APPIAH, SOPHIA OGBOO	5575
YANKEY, ISAAC	5510	AMANOR, RICHARD TETTEH	5576
HUKPORTIE, MARTIN KOFI	5511	BOADI, JESSICA ANIM	5577
KWAO, EASTWOOD TETTEY	5518	BLANKSON, THEODORA SARAH	5578
AGYEMANG-DUAH, EMMANUELLA	5519	OPPONG, BRIDGET GYAMAA	5579
GORDOR, DZIFA THYWILL	5520	TAMAKLOE, EMMANUEL DOE	5580
MAIGA, MEMUNA ALIMIN	5521	ADAMS, MICHAEL	5581
FATAW, AZONABA AGUDAGO	5523	NYOAGBE, ALVIN KOFI SELORM MENSAH (DR)	5582
TWUM, DANIEL	5524	OYELANA, ABIGAIL (DR)	5583
SAM, HUMPHREY KWAME	5525	AHMED, MANSURAH WUNI	5584
OSEI-AKOTO, ELSIE	5526	SIAW, BRIAN	5585
OKYERE, PRISCILLA ALICE YEBOAH	5527	PEPRAH, MAAME ADJOA SERWAH	5586
TETTEH, DAVID	5528	ABOAGYE, SAMUEL KOBINA	5587
MAMPHEY, DANIELLA AWO AMPOMAA	5532	ANSONG, EMMANUELLA AGYAREWAA	5588
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ANTWI, BERNARD	5538	OSAFO-KISSI, ABENA ADOBEA	5590
BOATENG, OBED NANA KWAKU	5539	ANUWA-AMARH, NAA AMORKOR	5591
ABBEY, KELVIN VICTOR ANNERTEY	5540	OTUROKU, DORCAS ASABEA	5592
SAPPOR, HENRY SELASI	5542	ASHONG, EVELYN TAWIAH	5593
BAFFOUR-AWUAH, KWAME APPIAGYEI	5543	MENSAH, ISAAC	5594
DANKWAAH, EILLEN OPOKU (DR)	5545	TWUMASI, VANESSA FOSUA (DR)	5595
OFOSU, STEPHANIE DARKOA	5546	BOAFO, EUGENE AFREKU	5596
TUMI, PETER	5547	GYAMFI, NANA KWADWO	5597
OBOUR, BEATRICE	5548	ARTHUR, KELVIN EKOW (DR)	5598
AHENKORA, ALEXANDER EKOW	5550	BOATENG, JOHN BRIGHT YAW (DR)	5599

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NAME	Reg.No.	NAME	Reg.No.
OWUSU, DAVIS ACHEAMPONG OWOAHENE (DR)	5601	OSEI, GABRIEL ANOKYE (DR)	5660
YIRENKYI, PRISCILLA NUELLA OHENEBA	5602	OWUSU-ANSAH, ERICA (DR)	5662
ASAMOAH, KEZIAH DEDAA (DR)	5604	DARKO, SAMUEL (DR)	5664
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ADDO, CORDELIA AFUA FREMPOMAA (DR)	5607	AMOFAH, AKOSUA DUFIE (DR)	5667
AMEEVOR, SELORM (DR)	5608	OFFEI, ETHEL ENAM (DR)	5668
BOADU, JOSEPH ANIN	5610	ANNAN, DANIEL KOFI	5669
ASAMOAH, JACQUILINE TIWAA (DR)	5611	OWUSU-ANSAH, KWADWO BONSU (DR)	5670
MENSAH, ISAAC	5612	BOATENG, GABRIEL AKUAMOAH (DR)	5671
YEBOAH, DERRICK ADOMAKO	5613	NKRUMAH-BOATENG, MICHAEL (DR)	5672
SIAW, EMMANUEL	5614	BUKU, DERRICK KOFI (DR)	5674
ANIWAA-BOAKYE, AKOSUA	5616	APPIAH, BENJAMIN (DR)	5676
BIGSON, EDEM ELSIE	5618	EYI-MENSAH, DAVID (DR)	5677
BROWN, DENNIS	5619	ADDAE, LINDSAY (DR)	5678
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BOAKYE, ADWOA AGYEMAN (DR)	5622	AMENUKE, EDEM MAKAFUI (DR)	5685
FOSU, PATRICK (DR)	5623	AGYAPONG, ANNA YAA AFRA (DR)	5686
AGYEI, ABIGAIL SAKYI (DR)	5624	AMARTEYFIO, RAYMOND TETTEH	5687
DUAH, HERTY	5626	ASANTE, VANESSA (DR)	5688
QUARTEY, QUEENLY ABIGAIL NAA OYOO (DR)	5627	ADOM, THERESAH POKUAA (DR)	5689
AGYENIM-BOATENG, EMMANUELLA	5628	ASANTE, ABIGAIL AKONOBEEA (DR)	5691
BONSU, JOSEPHINE AMA (DR)	5630	ASARE-YEBOAH, EUNICE ADWUBI (DR)	5692
KYEREBOAH, ADJOA	5631	DONKOR, GRACE (DR)	5693
OBENG BOATENG, MICHAEL (DR)	5632	BOAKYE, BERNARD YIADOM	5694
ANDOH, ESTHER AKOSUA (DR)	5633	ADU-POKU, EMMANUEL (DR)	5695
ANTWI, PAULINA (DR)	5634	ANNAN, AMA KWANSEMA	5696
ADDAE-KYEREME, NANA YAA KAKRA (DR)	5635	AKOTO, KATE ACHEAMPOMAA (DR)	5697
ASAASEASA, KWAME TIEKU (DR)	5636	ADJEI, JEREMIAH KWAKU (DR)	5698
ODAMTTEN, GIFTY	5638	KUUNDAARI, EPHRAIM (DR)	5700
SARPONG, PETERCIA (DR)	5641	VUVOR, MAWUNYO (DR)	5701
ARHIN, EMMANUEL (DR)	5642	DARKO, DAVID (DR)	5702
BOAKYE, EMMANUEL ODEI	5643	AMOAH, PRECIOUS SARPONG (DR)	5703
ATAKORA, PANYIN KORAMOA (DR)	5645	AKROFI-MANTEY, VANESSA OTOMOH	5704
ARNOLDUS-ADIYIAH, JOANA AFUA (DR)	5648	LAARI, ELLENA YOBE	5705
AMOAKO-BAAH, KWADWO BOAKYE (DR)	5650	APRAKU, ANING KWADWO (DR)	5707
BUNNA, EXCELLA BOAFO (DR)	5653	AMOAKO, MICHELLE AKUA	5708
AKANWARIWIAK, NISSI AWENATE (DR)	5655	BROBBEY, PRECIOUS POKU (DR)	5709
BLASU, BELINDA (DR)	5656	ACHEAMPONG, NANA GYAMFUA (DR)	5711
PARTEY, ALEXANDRA ELEANOR DOE (DR)	5657	OPPONG, BERNICE (DR)	5712
MAC-KOFIE, RICHARD	5658	OWUSU-ANSAH, KWAKU AMOABENG (DR)	5713
AMOAKO-NIMAKO, MICHELLE AMMA	5659	EDEM, PAUL KWAKU (DR)	5716
YEBOAH (DR)			

MEMBERS IN GOOD STANDING AS AT 30/06/2022

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ACQUAH, PRINCE GEORGE JNR (DR)	5717	BOATENG, SANDRA NANA AKUA (DR)	5781
ASARE, PETER KENNETH (DR)	5719	TUSAH, VICTORIA SEFAKOR ABLA (DR)	5782
SOKPOR, ENYONAM ABLA (DR)	5720	OPARE, CHRISTABELLE AWURAKUA (DR)	5783
AGBETTOR, OHUI NYADUBEA (DR)	5723	ODURO-ASARE, NANA ABENA (DR)	5788
ATOBRA, RODNEY (DR)	5724	MENSAH, DORCAS AKUA-ABORA	5789
CRENTSIL. HELEN ABA (DR)	5725	ANNAN-AFFUL, SAMUEL (DR)	5790
YEVU, EDWIN GREGORY KWEKU MENSAH (DR)	5726	KARBO, CEPHAS AA-BENYIA (DR)	5791
KUMORDZIE, SPENCER THEOPHILUS KOFI (DR)	5727	ADUAMA, OLGA KAREN	5792
AGBETI, JESSICA MAWUSI	5729	GYESI, DORCAS (DR)	5794
KOOMSON, PHOEBE PHILIPA (DR)	5730	YELARGE, KWASI (DR)	5796
BANNERMAN-WILLIAMS, TRUDY (DR)	5733	APAM, GREGORY APIIGI (DR)	5800
TSITSIWU, ERIC (DR)	5734	OWUSU ABEBRESE, PRINCE (DR)	5801
KWARTENG, YAW OBENG (DR)	5735	KWOFIE, BEATRICE DWAMENAA (DR)	5802
AGANGMIKIRE, SANDRA	5736	OPOKU, VERONICA (DR)	5803
OFFEH, BERNARD ASANTE (DR)	5738	ASAMOAH, KWAME (DR)	5804
YAWSON, GEORGETTE MAAME GYAABA (DR)	5739	APPIAH, WILLIAMS (DR)	5805
HERMAN-KPORHA, MICHAEL KOFI TETTEY (DR)	5740	NIKOI, DEBORAH KUUKUA (DR)	5806
BOAKYE, SAMUEL DANQUAH (DR)	5741	AZUMAH, JONATHAN AWINBUGRE (DR)	5808
OSEI-SARFOH, DEBORAH (DR)	5742	APPIAH, REBECCA	5809
AMUAH, YAHAN ARABA (DR)	5748	ESSIEN, BISHOP ESSUAH (DR)	5810
AIDOO, EWURESI ESIRIFI (DR)	5749	MARKIN, ANTHONY KWEKU TAKYI (DR)	5812
NKANSI-KYEREMATENG, MANUELLA (DR)	5750	ASIEDU, CLEMENT	5813
NARTEY, THEODORA MAAFIO (DR)	5751	AMOAH, VALERIE MMALEBNA (DR)	5814
OBENG, AMA KUSIWAH (DR)	5752	ADJEI, ABENA ASABEA (DR)	5815
ABUBAKARI, SALMA MALTITI	5754	ADUBOFOUR, FREMA ABENA (DR)	5817
KWAKYE, NANA AFUA AKYAA (DR)	5756	ARYEH, DEDE YOMOR (DR)	5818
AMEDIOR, JONATHAN KOMLA	5757	KUSI, FRANCIS KWASI	5821
OSEI-WUSU, SABRINA (DR)	5758	FAMIYEH, FRANKLINA PRABA (DR)	5824
MENSAH, ADWOA NKRUMAH (DR)	5759	LAGUDAH, ROSEMARY DELALI	5825
MENSAH, HELLEN ABEKOA (DR)	5760	BUABENMAAH, ESI ARMAH (DR)	5827
KESSON, KEZIA SARFOA (DR)	5761	BOATENG, KINGSLEY ASUMANG	5828
DEI, SILVIO OWUSU (DR)	5764	ARDEN, NII MARTEY	5829
DANSO, NATHANAEL (DR)	5766	SEFA, ELLOM HUBERT (DR)	5830
BOATENG, SEBASTIAN (DR)	5767	ABRAHAM, MAAME EFUA GYASIWAA	5832
QUANSAH, PAULINA NAA AFADUA (DR)	5768	ADIAMAH, KARYN KOLEKI	5833
OPOKU, PRISCILLA (DR)	5770	BEKOE, PASCAL KWAME	5834
OKYERE, ANTHONY ASABERE (DR)	5771	AMOAH, ADELAIDE OWUSUA	5835
SARPONG, KOFI (DR)	5772	AWUAH, STEPHEN KARIKARI	5836
OWUSU, RICHY DARLING (DR)	5773	OTI-MENSAH, IRVINE (DR)	5837
AINOO, PRINCE EDMUND (DR)	5774	ISS-HAQ, AHMED (DR)	5841
TWUM-AMPOFO, JESSICA (DR)	5775	KUSI, KOFI OSAFO-MENSAH	5842
KORANTENG-YORKE, NAANA ADUMEA (DR)	5776	KOTOKU, JULIET SEYRAM (DR)	5843
ISSAKA, SAMIRA	5777	BAIDOO, THEOPHILUS ANTWI (DR)	5844
OMARI, SOLOMON KWADWO (DR)	5778	ARTHUR, STEPHANIE	5845

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NAME	Reg.No.	NAME	Reg.No.
ANTWI, ANITA (DR)	5846	ADU, SYLVESTER OFOE	5904
KUM-AMISSAH, OSCARIUS	5847	EGWELE, JOSEPH IKECHUKWU (DR)	5906
OBESE, KOJO ANYANE	5848	TIDAKABI, EMMANUEL	5907
CUDJOE, ALFRED	5851	CLEMENT, ISAAC KWESI APPIAH	5909
ADJEI, SHARON YEBOAH	5852	MIZERO, HOPE FLORENCE (DR)	5911
DARKWAH, GRACE	5853	OBENG-NYAME, BELINDA	5912
ADOKO, BERNICE DICKSON	5854	ADJEI-BOAMPONG, NAPHTALI	5919
BOAKYE, JAMES OWUSU	5856	MUTWAKILU, MARIYANA	5920
OKOI-MENSAH, JOAN	5857	QUAYSON, EMMANUEL	5921
OWUSU-KYEI, FRIMPONG	5858	BOSROTSI, EYRAM YAA	5922
ESSOUN, ERNEST TAWIAH (DR)	5859	OSMAN, ABDUL SHAKUR ASHALLEY	5924
OSEI, JOANA	5860	ADETOMIWA, DIVINE ADEKUNLE	5926
AMOO-GOTTFRIED, ALAN BENJAMIN (DR)	5861	COLLISON, KORTEYE	5928
BENIN, AGNES RITA	5862	AZABU, PEACE GAMMI	5929
ESSEL, MAXWELL PADMORE	5863	ANTWI, EBENEZER	5934
MENSAH, CHRISTINE DANSO (DR)	5864	OHEMAA ABOAGYE, LOIS (DR)	5935
QUAYNOR, DAVID (DR)	5865	TETTEH, SARAH NATALIE YAA	5936
TETTEH AGBEKO, CHRISTIANA	5866	KOLAWOLE, OLUWAFERANMI MARK	5938
PARKER, JENNIFER	5867	LARBIE, MICHAEL NII DODOO	5939
AKAMBASE, EMMANUEL	5870	ASAMOAH-BOAGYAAH, BENJAMIN	5940
ASOJO, VICTORY OMOBOLANLE	5871	BEDU, ENOCH	5944
PARKU, PRINCE (DR)	5873	OKAIJAH, MANUELA	5945
KASUKOSE, MICHAEL ANNAN	5874	MANU, JOSEPHINE POKUA	5948
BISMARCK, MARK EKOW N.B.E.	5875	ASAMOAH, DAVID	5953
DARKO, SYLVESTER	5877	YEBOAH, HARRIET (DR)	5955
OKYERE, KWABENA (DR)	5879	OPARE, BOATENG	5956
NYARKO, DOROTHY ADOMAH	5880	ABDUL-RAHMAN, THOYBATU NASIGRI	5958
MOULD, DONNA MARIAN	5881	NYARKO, JOYCE AKOMEA (DR)	5960
HEVI, MAWULI	5882	OWUSU ANANE, RICHMOND	5961
KONADU, EMMANUELLA	5884	OBIORA CHUKWUEMEKA PRINCE	5962
O DEI, RUTH ASANTEWAA	5885	BOATENG AGYENIM, GIFTY (DR)	5968
ADEDIRAN, OLUWATOYIN OLUWAFUNMILOLA (DR)	5887	ANABA, HELENA ABANE	5969
ILEKA, EKENEDILICHUKWU EMMANUEL (DR)	5889	ADDO, ISABELLA AFUA KAFUI	5970
ZAKARIA, MUMTAZ ALHASSAN	5890	TETTEY, KENNETH	5971
AFRIFAH-YAMOAH, NANA DARKOAH	5892	ZOTTOR, LOUIS	5972
MAITY, PINTU	5895	GYAASE, BRIGHT YEBOAH	5973
YEBBEY, DIANA EYRAM	5896	APPIAH, SAFOWAA EKUA	5974
AJAYI, PEACE OLUWABUSAYO	5897	AWUAH, ELISHA KWABENA	5976
DZANSI, DZIEDZORM KWAKU	5898	OHENE AGYEKUM, KOFI (DR)	5979
KINGSFORD-ADABOH, KWABENA	5899	ORLEANS-BONSU, FRANCINE	5980
SEIDU, HAMDIA	5900	BOSU, GRACE BOAKYE	5982
LARNYOH, GLADYS AKU	5901	DANKWA, YAW AFUM	5988
KWARTENG, ROSE APPIAH (DR)	5902	OSEI-OFEI YAA ADWO	2099
DIBAARITU, HENRY BALKU (DR)	5903		

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SUPPLEMENTARY LIST 1

NAME	Reg.No.	NAME	Reg.No.
GYESIE, ABRAHAM (MR)	415	MARFO, CHRISTOPHER ()	1493
FIAGBE, NICHOLAS ISAIAH YAO (DR.)	443	OWUSU-ANSAH, THEOPHILUS ()	1559
POBEE, JOSEPH NANA ABIW ()	464	ADUPONG, ISAAC (MR)	1566
BERNASKO, TIMOTHY TED LAING ()	467	NASIRIDEEN, SARIATA ()	1568
ADJEI, PETER CEPHAS ()	604	EVANS-CHINERY, JENNIFER NAA SACKILEY (MRS)	1573
MENSAH, MERLIN LINCOLN KWAO (PROF)	624	RAO, GOPALAKRISHNA ()	1590
DONTOH, CHARLES ()	658	WUTOR, VICTOR COLLINS (DR)	1597
EYISON, RICHARD KWAME ASUA ()	664	YEBOAH, FREDERICK YAW ()	1648
ATSU, BRIGITTA DOROTHY (MRS)	682	BANSON, GIDEON AFFUL (MR.)	1661
BRUCE, OSCAR AUGUSTINE COFIE ()	683	NTIM, ALBERT KWAKU ()	1758
BOATENG, YAW ACHEAMPONG ()	717	DUMOGA, HENRY KOKU ()	1781
NKYEKYE, BEATRICE ESI (MRS)	735	MENSAH, VIDA ()	1795
ALLOTEY, MERCY ()	775	HAMA, ANTHONY YAO (MR)	1801
ASARE-NYADU, JULIUS KOFI ()	779	SABBLAH, GEORGE TSEY ()	1802
KORRI, MARIGOLD ()	828	BONNAH, JENNIFER (MRS.)	1822
SEKYERE, DANIEL MARFO ()	832	GYASI-FOSU, URIEL ()	1850
ODAMETEY, REUBEN AGYIRI (MR)	849	INCOOM, ROBERT ()	1886
BOTWE, BENJAMIN KWAME (MR)	923	DUAH, VALENCE ()	1917
AMOAH-BUAHIN, SUSANNA ()	943	ABOAGYE, ERNEST OWUSU ()	1939
MARTEY, JONATHAN YAW ()	945	KYEII, ERIC KWAKU ()	1941
FRIMPONG, JAMES (MR)	1014	NYANWURA, EDMUND MOHAMMED NELLIC (MR.)	1968
KUSI ABABIO, ERNEST ()	1018	NYADZI, RICHARD DELALI ()	2021
OTUO, MENU (MR)	1077	NETTEY, ALBERT ()	2024
SARFO, STEPHEN YEBOAH ()	1091	ARBENSER, STEPHEN OBODAI ()	2051
HAMMOND, HENRY JOHN (MR)	1122	OWUSU-NYAMEKYE, AGATHA DEI ()	2072
TSIASE, JOSEPH ADJEI ()	1124	MENSAH, SANDRA ARABA ()	2083
ANIM-YEBOAH, SAMUEL SYLVESTER (MR)	1155	ARMOOH, NAA NHYIRABEA (MRS)	2089
ADRI, ERIC MAWULI (MR)	1161	OSEI-OFEI, YAA ADWO ()	2099
ANTO, PANIN BERKO (DR)	1165	OSEI-ASARE, CHRISTINA (MRS)	2174
BEDIAKO, ANDREW ASARE (MR)	1169	APPIAGYEI OPOKU, ESTHER (MRS)	2178
OFORI, WILLIAM DELALI ()	1174	APPIAH, DANIEL (MR)	2230
OSEI OWUSU, GEORGE ()	1185	PALM, FREDRECA FATIMA ()	2240
VANDERPUIJE, LINDA ALEEMA ()	1216	AGYEI-JANTUAH, KUKUA (EYESON-GHANSAH)	2271
SAAN, MARY DIEDONG ()	1237	ADJEI, EDMOND BOADU ()	2277
BRUCE-TAGOE, PATRICIA (MRS)	1285	NANDARA, ESTHER SIENMA ()	2297
AGYEI-HENAKU, YAW (MR)	1287	MUMUNI, SIAFU MOHAMMED ()	2301
ADAGBE, MAWUSI ()	1293	DOKYI OPOKU, AMA (ADU-GYAMFI)	2306
SAID, INTISAR MOHAMMED ()	1320	MENSAH, RUBY AILEEN ()	2323
MANTEY, COMFORT ASAA (MRS)	1352	BOADU-APPIAH, STEPHEN JNR ()	2331
YAKANU, PETERKIN (PHARM.)	1445	NORTEY, AZARIAH NII NARH ()	2347
TWUMASI-MENSAH, TIMOTHY ()	1474	OKOTAH, ARCHIBALD NII-BOYE (MR)	2364

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NAME	Reg.No.	NAME	Reg.No.
SMITH, ALBERT JNR ()	2366	KLEVOR, MAKAFUI (MR.)	3317
OPPONG, KWAKU GYAMFI ()	2383	HAMIDU, SAFIANU (MR.)	3321
AMPONSAA-OWUSU, RITA ()	2445	BEMAH-MENSAH, ANNA (MS.)	3324
BUABENG, DANIEL (MR)	2464	TOFFEY, DANIEL (DR.)	3340
WUSSAH, SOLOMON ()	2468	BOATENG, COLLINS (MR.)	3348
OWARE, ERNESTINA (MS)	2557	YEBOAH, DENNIS (MR.)	3357
OWIAFE, EMMANUEL OWUSU (MR)	2560	NUAMAH, BIRAGO NANA AFIA (MS.)	3361
OPPONG, COLLINS (MR)	2561	BANDOH, ROSELYN FOSUA ()	3400
OWUSU, ELIZABETH ADUSEI ()	2601	ANITEYE, HAROLD ADI (MR)	3409
KAKA, AGNES ABENA (MISS)	2675	KANKAM-BOATENG, SARA (MISS)	3445
ADANU, FELICIA ASRAMESI (MISS)	2691	SACKEY, JEFFREY NII BAAH (MR)	3456
GOKAH, MAVIS SEFAKOR (MISS)	2726	TWENEBOAH, PRISCILLA (MISS)	3511
AFFEDZIE, AMOS OFFEI JNR (MR)	2741	MORMOR, SYLVIA DEILA (MISS)	3516
ANOKYE, ANNE BOAKYEWAA (MISS)	2764	BOATENG, EDITH BRAGO (MISS)	3526
ADAMALEY, YOWOME CATHERINE AMI (MISS)	2803	DANAAH MALICK, MARTIN MUMUNI (MR.)	3535
OKOE, CALEB (MR)	2806	ESSEL, LESLIE BRIAN (MR)	3572
ANANG, ANITA NAA ADUA (MISS)	2817	WADHAWANI ELSIE ADIKIE MRS, (ANITEYE)	3596
NYARKOH, VICTORIA (MISS)	2822	QUARSHIE, CECILIA	3603
KWANING, JUSTICE ARHIN (MR)	2828	AGYEI KWASI ASENSO	3616
BENSON, DERICK OPPONG (MR)	2840	AKUOKO, KING-DAVID GYAMFI	3634
BOAKYE, CARL KWAME (MR)	2851	SAMPAH, GEORGE AMARTEY	3641
EYISON, RICHARD (MR)	2857	MAHAMA, FATI	3663
MENSAH, JUDITH (MISS)	2865	ANNOH, JOSEPH JUNIOR	3679
AMANKWAH, EDMUND ADU (MR)	2876	ATITSO, VERONICA DOE	3692
AMICHIA, PAULINE MANZA (MISS)	2895	AMPADU-SIAW, ENOCH PAA	3695
SEIDU, ISSIFU ALJUMAH (MR)	2908	BORTEY, EMMANUEL	3718
ADJEI, LUTHER KWASI (MR)	2927	YAMSON, PATIENCE	3749
AIDOO, MATTHEW (MR)	2937	ANSAH, SONIA AFADUA	3757
KWAKYE, ADWOA OFORIWAA (MISS)	2940	ASARE, GLORIA KWAKYEWAA	3773
ADJEI, PRISCILLA ADJORKOR (MRS)	2964	OWUSU, DAVID OSAFO	3796
ANNING, PRINCE (MR)	2986	NTI, EUNICE ANINKORAH	3822
AFOAKWA, ABIGAIL ANTWIWAA (MRS)	3001	ANSAH, HELENA OWUSU	3844
AFERI-QUAYE, JEFFREY YOOKU (MR)	3044	AFUN, PASCAL	3865
FREMPONG, IRENE KORAMAH (MISS)	3048	SAFO, NANA YAW	3870
QUARTEY, KWASI (MR)	3053	FIANYOH, PHILIPPINE ASIWOME	3877
RIBEIRO, NAA LAMLEY ABLA (MISS)	3057	KUMAH, JENNIFER NARTEKIE DEDE	3892
ADUKO, FRANCIS (MR)	3085	DODOO DOROTHY EFFIE	3897
YAWSON, ABENA AHWIANFOA (MISS)	3094	BAGHR DESMOND	3900
ANTWI, GIDEON KUMI (MR)	3111	NETTEY, GIFTY A. K.	3908
BOATENG, HANNAH AGYEIWAA (MISS)	3112	OKOTO, DANIEL ADDO	3920
SEGBEFIA, EUGENE (MR)	3195	ARTHUR, ISAIAH QUANSAH	3931
AKROFI, PATIENCE DARKOWAA (MISS)	3208	BART-PLANGE, ESME	3949
COBBINAH-ABRAHAM, VALERIE (MISS)	3258	SAMPSON, MAXWELL MWINZUMAH	3975
ADU, EMMANUEL (MR.)	3289	ADI-BLAY, TANYA PANIN	3999

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BOATENG, HEIDI AKOSUA AGYEIWAA	4055	IBRAHIM, ALIMATU SADIA	4717
OPOKU, KWAME AMPOMAH	4062	ANTWI, DANIEL AYIM	4723
FRIMPONG, NANA KWAME	4063	KONADU-DAPAAH, AKUA	4727
AGYEI, AKUA AFRA	4082	AYESU-DJAN, EMMANUELLE NANA AYESUA	4741
YAKUBU, SAMIRATU	4129	TINDANA, NAWUNBE JUDE	4745
OTENG, PATIENCE	4145	HASFORD, CARL APEA-KUBI	4750
OSEI-PREMPEH, PAUL	4161	KONADU, ROSEMOND (DR.)	4758
WILBERFORCE, EWURABA MFINSEMA	4175	WIAFE, EBENEZER. (DR)	4766
AMOO, MARK AWEREH	4188	GYAN, KWAME GYAMFI	4784
FORSON, SAMUEL ODEI	4202	ASAMOAH-ANSAH, ADWOAH AFRAKOMAH (DR.)	4809
FOUAD, SALIM	4206	WANDAM, PHILIP. (DR)	4822
SAAH, KWEKU BAAH	4245	MADANI, MUDUWEY (DR)	4835
HANSON, DAVID KWAME	4246	AGYEI, KOFI ADU (DR.)	4868
ARYEH-AMEYAW, SAMUEL	4249	SEPHORA IARISSA, FONDOP MEDJOWE (DR)	4874
ANOKYEWAA GLADYS	4281	ADDO, CLAVENDA	4927
ATADZA, FATHIA ENYONAM	4308	ARDAY, EDWIDGE NAA ADOMA	4929
ODOI, EMMA NAA ODOKAI	4324	IDAN, SEGUA NYAMEYIE (DR)	4945
Kwao Clara Tetteh	4331	ESSILFIE-CONDUAH, JENNIFER	4953
ABDUL-JALIU, ISSAHAKU	4333	AMOAKO-ATTA, BEATRICE	4958
Ruth Adjete	4351	TSIASE, LORETTA EBELLA	4972
DR. ENGMANN, BASILIA SABINA	4363	OWUSU, LAWRENCE AGYEI	4979
DR. DANSO, BELINDA	4368	NYIDIKU, EDEM	4984
DR. KUMI, DERRICK	4380	TAMAKLOE, GLORIA ESIAWONAM (MRS)	5015
DR. KWAW, ANTHONY	4385	KAITOO, FLORENCE NANA ADAZEWA (REV. SISTER)	5018
DR. KYEI, JOY ADESIWAA	4387	GYIMAH GYAMFI, HARRY	5039
DR. OSEI-DONKOR, BENEDICTA	4418	SEKYI-BROWN, REGINALD	5049
DR. ENNIN, PRINCESS MAAME BAFFOWAAH	4426	ADU, YVONNE AKOSUA AGYEIWAA	5101
DR. OTENG, MERCY ADOMAH	4483	LOMO-TETTEY, GLORIA DZAGBLEY	5110
BOADU, AKOSUA BOATEMAA (MRS)	4498	KPEKPENA, PETRA MAWUNYO AMA (DR)	5121
ASANTE, ADWOA ASANTEWAA	4512	AKUAMOAH, EMMANUEL OFORI (DR)	5124
YALLEY KOFI JUSTICE	4522	GBADAGO, DORCAS DZIFA (DR)	5132
SARPONG, STEPHEN	4529	OFFEI, SETH KWEKU JUNIOR (DR)	5149
OSEI-AKOTO, GEORGE FIIFI	4565	OSEI-GYAMERA, PRINCE (DR)	5155
HAGAN, CHRISTABEL GRACE	4573	FORSTER, MANSA (DR)	5171
ADU DANSO, EMMANUEL	4576	OPPONG, IBRAHIM KWAKU (DR)	5175
ANDOH, ERNESTINA	4578	YANKSON, RUTH (DR)	5247
ADDO, EUNICE	4583	AMOAH, BISMARCK OFOSU (DR)	5254
OSEI-KUFFOUR, AFIA NKYAA	4597	EWUR, NANCY EFUA (DR)	5257
OWUSU, SEYRAM	4634	MOHAMMED, AMINA ABDUL-MUNIM	5282
WIAFE ABOAKU, GEORGE	4637	ODAME, DANIEL ANIM	5283
OBENG, PRINCE AMANKWAH	4654	AGYEMAN-BADU, WILLIAM	5304
MAHAMA ABIDATU	4660	FRIMPONG, COLLINS	5308
TEYETAY, BRIGHT KWABLAH	4668	LARTEY, PENIEL APAI	5310
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The Pharmaceutical Society of Ghana wishes to express appreciation to the following partners and companies for their generous support

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Reference

1. ASP Guidelines 2015. [3. Indian J Med res 135, May 2012, pp 630-635]
2. Palla. *in* Medicine 2004; 18(5):11. 4. Clin Neuropharmacol. 1992;15(2):105-11

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