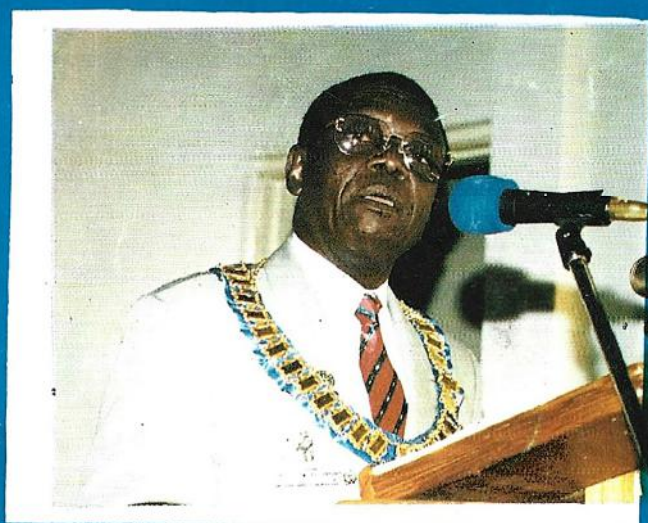


# Ghana Pharmaceutical Journal



Volume 19 Number 1

January-March 1997  
(Incorporating Vol. 18 Nos 2-4)



- Improving Drug Prescribing in Ghana
- Report on the 56th Pharm. Congress of FIP
- Pharmacists, Doctors in First Dialogue
- SmithKline Beecham's Assistance to Pharm. Faculty

Official Organ of the Pharmaceutical Society of Ghana





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# The Ghana Pharmaceutical Journal

National Headquarters of the Pharmaceutical Society of Ghana

Social Advance Institute Building

P.O. Box 2133, Accra

Tel: 228341

Vol. 19 No. 1(Incorporating Vol. 18 Nos 2-4)

January-March, 1997

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# Suldox

(Sulphadoxine + Pyrimethamine)



## Antimalarial By

### Prescription Information

#### Composition (Solid Dosage form)

A tablet contains 500mg Sulphadoxine and 25mg pyrimethamine.

#### Properties/Effect

**Suldox** is an Antimalarial agent which mode of action is based on the reciprocal potentiation of its two components achieved by a sequential blockage of two enzymes involved in the biosynthesis of folic acid within the invasive parasite.

When used individually, the components of **Suldox** would have to be administered in higher doses, yet the effect produced would still be inferior to that obtained with the combination. Furthermore, all forms or strains of the malaria parasite known to be resistant to Antimalarial drugs such as chloroquine and other 4-aminoquinoline derivatives are, however, destroyed with a single dose of **Suldox** administered orally. Hence, with **Suldox**, the risk of the emergence of resistance is minimal.

Effective concentrations are rapidly attained with a single dose which has a very long duration of action to eliminate completely the trophozoites and schizonts from the blood. The pre-erythrocytic stages as well as the gametocytes are usually rendered non-effective for the vector. It also offers a protective effect for about four weeks.

#### Indications

**Suldox** is used in the treatment of all forms of malaria due to *Plasmodium falciparum*, *P. vivax*, *P. malariae*.

It is also indicated for prophylaxis or suppressive management using a spaced dosage schedule in areas where resistance of chloroquine is known to exist.

#### Dosage and Administration

##### (a) Curative treatment of malaria

Adults (according to body weights).....2-3 tabs

Children under 4 yrs..... ½ tab

" 4-8 yrs..... 1 tab

" 9-14 yrs..... 2 tabs

##### (b) Prophylaxis Management

		Semi-immune subjects Once every 2 weeks	Non-immune subjects Once every 2 weeks
Adults		2-3 tabs	2 tabs
Children	(under 4 yrs)	½ tab	½ tab
"	4-8 yrs	1 tab	1 tab
"	9-14 yrs	2 tabs	1½ tab

#### Side Effect

**Suldox** is well tolerated. However, side effects in the form of gastrointestinal disturbances or skin reactions may occasionally occur.

#### Contra-Indications

**Suldox** must be administered with caution to pregnant women. Usually, possible risks should be balanced against the expected therapeutic effect. The drug is also contraindicated in patients with known hyper-sensitivity to sulphonamides. It should not be administered to the newly born or premature babies.

**Pack Size:** Strip Pack 6 x 10 Tablets.

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## Still Open for Business

Pharmacy as a science and profession is in a state of flux as knowledge in the sciences and technology in particular grows. Change comes not only through the accumulation of new facts but also in the mode and methodology of application of the facts. In our part of the world, change comes inevitably though slowly. One such area of change which we must welcome is the management of Pharmacy as a business.

Since the inception of Pharmacy as a profession, it has functioned as a service arm of the healthcare system with little or no concern for the financial outcome to the pharmacist. This reflected in the exploitative conditions of service to personnel in all sectors of the profession.

Many factors including the energy shortage have coalesced to cause an increase in the cost of living in our country and this has made all businesses very expensive including pharmacy which is capital intensive. However, the emergence of aggressive looking pharmacists pandering to the dictates of the general class of young business executives "wanting the moon" just after leaving the university is rather alarming.

It is true a lot more is required of the pharmacist in knowledge and responsibilities but it remains true also that as service providers we cannot only be preoccupied with the quick returns on our investments. Our goals remain the provision of quality accessible pharmaceutical care, and this we should fulfil by the grace of God.

As the cost of healthcare escalates in the midst of a harsh economic climate, we must mobilise all our professional acumen to provide the needed pharmaceutical care and yet still remain open for business in this period for implementing the National Health Insurance Scheme.

Let the dynamism of our young entrepreneurs show in skilful business management practices in concert with the experience of our older members and together we shall all win.□



## 1996 AGM Takes Place in Kumasi

The Pharmaceutical Society of Ghana has held its 1996 Annual General Meeting (AGM) in Kumasi from September 11 to 14 under the theme "Pharmacy Practice: the Professional and Commercial Dimensions".

The Opening Ceremony took place at the GNAT Hall, the venue for the AGM. The President, Mr. David Anim-Addo in a short speech, welcomed the audience to the ceremony.

In another Speech the Ashanti Regional Minister, Mr. Daniel Ohene Agyekum told pharmacists to strike a balance between their professional responsibilities and commercial interests if they were to make a positive impact on the society.

The Keynote Address was presented by Mr. Kwasi Abeasi, the Director-General of the Private Enterprise Foundation. He praised the profession of pharmacy for the way it had evolved systematically adding that pharmacy practice in Ghana was properly organised both professionally and commercially.

He said pharmacists needed to be encouraged to develop discipline, honesty and commitment if they were to further improve upon their credibility and contribute towards the economic advancement of the nation.

The full text of Mr. Abeasi's speech is reproduced elsewhere in this edition.

Presentation of papers on the various sub-themes took place on Thursday, September 12. The business session was held on Saturday morning whilst the afternoon of the same day was devoted to the usual open forum.

The Hon. Gen. Secretary's report as



*Mr. Kwasi Abeasi*

well as that of the Hon. Treasurer are also reproduced in this edition.

The communiqué issued at the end of the AGM is as follows:

We members of the Pharmaceutical Society of Ghana assembled at the Ghana National Association Teachers (GNAT) Hall, Kumasi on the occasion of our Annual General Meeting held from the 11th-14th September, 1996 to deliberate on the theme "Pharmacy Practice: The Professional and Commercial Dimensions".

While Observing:

- i. That government affirms the need for health for all as embodied in World Health Organisation declarations, maximise the health of Ghanaians as a priority concern in the medium term as enshrined in the Ghana Vision 2020 document.
- ii. That the cost of providing health is escalating beyond the ability of government alone to finance.

- iii. That pharmacists have a major role to play in providing quality health care through the application of pharmaceutical care concept.

And applaud government's action in formulating policies on the National Health Services Bill and in supporting the pharmaceutical sector through the provision of logistics and training opportunities for pharmacists.

And hereby resolve:

- i. To subscribe to good pharmacy practice leading to quality pharmaceutical care;
- ii. To re-affirm our support for the Faculty of Pharmacy as the centre for education and training and encourage the sustenance of continuing education for members;
- iii. To instil discipline in pharmacists, encourage integrity and to demonstrate our commitments to these afore-mentioned virtues;
- iv. To help reduce cost of drug and inputs by promoting rational drug use; and
- v. To encourage research documentation and standardisation of basic quality assurance protocols for provision of safe and cost effective herbal medicines for public use.

Meanwhile, Messrs David Anim-Addo and Oscar Bruce, President and Hon. Gen. Secretary respectively of the Society on October 4 paid a working visit to the Ashanti Regional Branch, hosts of the AGM, to thank and congratulate its members in general.

Cash gifts were given to members of the local Planning Committee, the first time in the history of the Society in appreciation of the good work they did.

## From the Secretary's Desk

The 1996 AGM, it is believed, was generally a successful one. I would therefore like to seize this opportunity to congratulate the local planning committee in particular and all members of the Ashanti Regional Branch in general for the good show they put up.

The secretariat has already sent out copies of the major decisions taken at the AGM and I am sure most, if not all of you, must have by now received your copies.

One item among the various decisions taken that I would like to further

comment on concerns the increase in retention fee.

Those of you present at the open forum would recollect that even though Council proposed a minimum retention fee of c60,000 for 1997, majority of members present voted to fix it at



¢40,000. What this means is that the Standing Executive Committee (SEC) will have to work under financial stress to run the affairs of the Society in 1997.

It is against this background that I wish to appeal to all members not to make things even harder for us by holding back their fees for too long but rather make it a point to pay up promptly together with the ¢8,000 being 20% of the current retention fee value, meant for the welfare fund.

I would also like to comment on one observation I made at Kumasi, which is the absence of election of Fellows. I feel the reason for this is because members do not take the whole exercise seriously enough. The essence of the award is to honour members of our Society who have contributed significantly toward the development of pharmacy and the enhancement of the image of the profession in Ghana and thereby encourage others to follow in their footsteps.

In my opinion, a couple of individuals in the Society deserve to have been nominated and I suggest that the next time round we all take active part in the award process. It is the case that those who really qualify for an award usually

do not push for it themselves.

We must not forget that if we wish that others appreciate our achievements then we must first appreciate the achievements of others.

At this point in time when the WHO is encouraging the use in all countries particularly the developing ones of herbal preparations whose efficacy and safety have been established and is actually urging pharmacists to help in their development, should we not honour those members amongst us who have produced herbals that are being prescribed by doctors and being stocked in pharmacies?

If we did that, we are sure to encourage some of our members to venture into the now lucrative world of herbals and satisfy the needs of the majority of our population who are economically compromised.

I wish to conclude by restating here, the criteria for the award of Fellowship of the Society:

- a. Any member who has been a regular member of the Society with an unblemished character, and who has made an outstanding and significant contribution to the advancement of Pharmacy and the

Pharmaceutical Society of Ghana in particular;

- b. Any person who is a member of the Society can be awarded a Fellowship of the Pharmaceutical Society, if he/she presents a paper which is adjudged by a panel appointed by the Pharmaceutical Society as an original and significant contribution to the knowledge and practice of the Pharmaceutical Sciences and Science in general and has demonstrated active involvement in, and contributed to the activities of the Pharmaceutical Society of Ghana;
- c. Any other contribution by any member of the Society which is considered exemplary and reflects credit on the Pharmaceutical Society of Ghana; and
- d. Any Past President of the Pharmaceutical Society of Ghana, Dean of the Faculty of Pharmacy, UST, Registrar of the Pharmacy Council, Director of Pharmaceutical Services, Ministry of Health who served his office without blemish shall be elected a Fellow of the Society.

## SmithKline Beecham Assists Pharm. Faculty with Computers

Pharmacy education in Ghana was given a big boost with the donation of 6 computers and accessories worth £15,000 (¢40.5m) by SmithKline Beecham (SB) to the Faculty of Pharmacy, UST, Kumasi. The presentation was made at an impressive ceremony held on November 6, 1996 on the grounds of the Faculty.

Presenting the items on behalf of the Directors of SB, Mr. Daniel Amankwaah, the country representative highlighted some achievements of his company in R & D and philanthropy. These included the discovery of the penicillin nucleus (6-APA), cimetidine etc., and support for conferences of doctors and pharmacists and their student associates.

Mr. Amankwaah also briefly recounted the history of the donation



*A student of the Faculty tries her hand on the computers in the presence of some personalities who were present at the presentation ceremony. Third from left (front row) is Mr. Amankwaah of SB. With back to the camera is Prof. J.S.K. Ayim, Dean of the Faculty.*



which emanated from a request to the parent company in the U.K. by Mr. David Anim-Addo, President of the Pharmaceutical Society of Ghana for support to equip a Pharmacy Practice Laboratory at the Faculty.

Prof. Dr. G.W. Brobby, Dean of the School of Medical Sciences who deputised for the Vice-chancellor to receive the donation praised SB for the kind gesture and also took the opportu-

nity to invite other potential donors to come to the aid of the Faculty by supplementing Governments efforts at providing qualified health personnel being trained at the only school of Pharmacy in the country.

Earlier in a welcome address, the Dean of the Faculty of Pharmacy, Prof. J.S.K. Ayim traced the history of the donation from the roles played by Prof. A.T. Florence of London School of

Pharmacy, University of London and Ghana-Anglo Society led by Rev. Ben. Tettey.

The ceremony was attended by some heads of department of the University or their representatives, staff and alumni as well as students of the Faculty. Incidentally, this was the third donation of a computer to the Faculty by a Pharmaceutical concern.

## Pharmacists and Doctors Meet at First Medico-Pharma Dialogue

Pharmacists and doctors from mainly the Greater Accra Region have attended, on November 5, the first Medical-Pharmaceutical dialogue organized by Pharma Info Consult, a health information management company, in Accra.

The meeting discussed the topic "Our Therapeutic Decisions and Dispensing Habits".

Chaired by Col. (Rtd) Dr. Yaw Anoff, a consultant Paediatrician at 37 Military Hospital in Accra, members of the panel included the following: Prof. H.H. Phillips (Phillips Clinic, Accra); Prof. David Ofori-Adjei (Centre for Tropical Clinical Pharmacology and Therapeutics, UGMS), Dr. Francis Ofei (UGMS), Dr. Robert Mensah (ENT Dept., Korle Bu), Mr. Harry Abutiate (Paracelsus Pharmacy, Accra), Mr. John Amenyah, (Pharmacy Dept., Korle Bu) and Mrs. Joyce Addo-Atuah, (Police Hospital, Accra).

Noting that a lot of prescriptions were poorly written, the meeting restated the catalogue of information a good prescription, apart from being legibly written, should contain. It should contain, among other things, the name, age and sex of the patient in addition to the name, qualification, ad-

dress and telephone number of the prescriber.

The meeting opined that in prescription writing, consideration ought to be given to drug interaction, drug allergies, pregnancy and even to the purchasing power of the patient considering that many of these (patients) are financially compromised. It called for the elimination of polypharmacy, "corridor" prescribing and patient-dictated prescribing while pharmacists were urged to desist from practising medicine, doctors on the other hand were advised not to dispense.

Again, pharmacists were called upon to be always present in their pharmacies so that they could offer medication counselling to their clients.

Whilst agreeing that generic substitution could be practiced, especially where prescribers and dispensers oper-



*A group picture of the panelists that participated in the dialogue*

ated in the same hospital or clinic, the meeting held that therapeutic substitution ought to be done only when prescriber and dispenser have discussed the matter and agreed to do so.

The meeting emphasised the importance of pharmaceutical care and hence the need to improve upon clinical pharmacy practice in Ghana.

The lack of unbiased sources of drug information in the country was lamented and the Ministry of Health was asked to abide by policies it had formulated and, in particular, avoid pushing drugs outside the Essential Drug List (EDL) on practitioners.

**Support your Alma Mater,  
Contribute to the Faculty of Pharmacy  
Endowment Fund**

# Central/Western Regional Branch of LAPAG Inaugurated at Cape Coast

The Lady Pharmacists Association of Ghana (LAPAG) has inaugurated its joint Central and Western Regional Branch in Cape Coast on November 15, 1996.

The inauguration ceremony was held together with an "Open Space" event led by Mrs. Joyce Addo-Atuah, Secretary of LAPAG and Hon. Treasurer of the Pharmaceutical Society of Ghana for Second Cycle Schools in the Central Region. The theme for the occasion was "Focusing on the Youth's Reproductive Health for a Better Tomorrow".

In her welcome address, the chairperson of LAPAG, Mrs. Eniton R. Gavu narrated the history of LAPAG including its objectives and achievements. She seized the opportunity to thank the Patrons and Partners, particularly the Ghana Social Marketing Foundation (GSMF), for the assistance they had given to LAPAG over the years.

During the ceremony, the substantive executive of the Branch led by



*Some members of the joint Regional Branch in a group picture with invited guests taken after the inauguration. Third from right (front row) is Mrs. E.R. Gavu, National Chairperson of LAPAG. The Branch Co-ordinator, Mrs. Georgina Ashley is seen standing on the right (front row)*

Mrs. Georgina Ashley was introduced to the audience.

Dr. Mansa Pruthi, a senior lecturer of the university of Cape Coast was the

Chairperson for the occasion whilst the Deputy Regional Minister for the Central Region, Mr. Jehu-Appiah was the Guest of Honour.

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**and Increase your Knowledge.**



## AGM '96 REPORTS

# The Hon. General Secretary's Report

It is with pleasure that I render account to you, of the activities of the Society covering the period September 1995 to September 1996.

### Membership

The total membership of the Society as it stands today is 1186.

Distribution of members by region is as follows:

Greater Accra	— 639
Easter Region	— 36
Volta Region	— 14
Western Region	— 34
Central Region	— 22
Ashanti Region	— 405
Brong Ahafo Region	— 28
Northern/ UW/UE Regions	— 8

The number of members who are paid-up (from January 1996 to date) is 610.

### Meetings

#### Meetings Of Council

Four Council meetings were held during the year under review as follows: December 2, 1995; March 8, 1996; June 22, 1996; and September 11, 1996.

#### Meetings Of Standing Executive Committee

Standing Executive Committee meetings were held on the following days: December 19, 1995; January 18, 1996; February 15, 1996; April 18, 1996; May 16, 1996; June 20, 1996; July 18, 1996; and September 9, 1996.

#### Other Meetings

There was a meeting each of the Editorial and Disciplinary Committees and after a number of meetings, the Welfare Committee and an ad hoc Constitution review committee came up with a new welfare package and a reviewed constitution respectively. Other meetings to discuss the National Health Insurance Scheme and the National Health Service also took place during the year under review.

### The National Secretariat

The Secretariat now has a "fuller" compliment of

staff following the employment of an Administrative Officer and a Despatch Clerk in addition to the Secretary, Ms Matilda Kwao, who has been with us for some years now.

The new Administrative officer is in the person of Mr. Anthony Aggrey who was selected by an interview panel from amongst 140 candidates. Mr. Aggrey holds a Diploma in Public Administration and has served as Administrative Officer for a number of institutions including the Post and Telecommunications Corporation and the National Vocational Training Institute. He was Assistant Administrative Manager at his last place of work, that is, Masai Developers Ltd. before joining us. He is computer literate. He started work on April 1 of this year and will perform administrative duties in addition to what accounting work there is to do at the Secretariat.

The new despatch clerk is Mr. Charles Owusu. He started work only a month ago. Actually he took over from one we employed earlier on but who behaved in a dishonest manner having been with us for only 5 months and was therefore dismissed. Mr. Charles Owusu holds GCE Ordinary Level Certificate.

A new computer (a Pentium) has been purchased to replace the old one (a 286) which is at the moment out of order.

The new one would, among other things, offer us the opportunity to keep better records of our members - something that is seriously lacking at the Secretariat at present and which has embarrassed the Society on a number of occasions. For instance, the Society did not have adequate information on the late Mr. Sagoe, a former Chief Pharmacist, to allow for the writing of a meaningful tribute to him when he died. And so also was the case with Mr. Victor Aidoo, a Past President and many others.

The present office of the Society is becoming too small to accommodate the staff and equipment. Until we build our own offices the Society needs to rent a bigger place. We secondly must consider employing a full-time Executive Secretary if we are to march up with the ever increasing professional demand on the Society from within and without the country. If we are to implement these and many other vital requirements needed to make the Society move confidently into the 21st Century, then we must all be willing to contribute more, through retention fees, to the Society.

As I have hinted earlier, new welfare benefits have been packaged for members of the Society. This is intended to make each and everyone of us experience the feeling of belonging to not just any group, but to the great fraternity of pharmacists. This will be discussed and hopefully adopted by all of us during the open forum.

Council has also reviewed the Society's constitution and bye-laws in view of the passing of the New Pharmacy Council Law (Act 489). Again, these will be discussed and adopted if they are found acceptable.

The Journal has so far made two appearances since we came into office last September. The last edition for the year will be out sometime before X'mas. As from next year it will be published quarterly, that is 4 times per year, as it should. We shall continue to package it in a way that befits professionals like us and only those in good standing financially will receive copies. I wish to appeal to members to contribute articles towards its production and to companies to advertise more in the journal.

The establishment of a Pharmacy Practice Unit and model pharmacy at the Faculty of Pharmacy which was initiated by the last Executive is almost complete and members may see the project for themselves when they visit the Faculty.

The Faculty of Pharmacy Fund has yielded an amount of c1,600,000 from members so far whilst the building fund has hit the c1,555,000.00 mark being the donation from eighteen (18) members.

### **Relationship with Ministry of Health**

The relationship between the Society and the Ministry of Health has been one of cordiality. The Ministry has involved the Society in many decision making processes on issues that affect pharmacists. We have made useful contributions with regard to recent transformations going on within the health sector. For example, the Society expressed its positions relating to the proposed Health Insurance Scheme as well as the Health Service Bill when it was called upon to do so.

On the issue of the Health Service Bill, in particular, we were in fact invited by the Parliamentary Subcommittee on Health to present and discuss our views on the subject. This we did on July 4 and the skill with which the President, Prof. Sarpong, Mr. Corquaye and Mr. Fofie did the presentation deserve commendation.

### **Relationship with the Pharmacy Council**

The Pharmacy Council made up of 7 Pharmacists and a Lawyer and with Mr. K.A. Ohene-Manu as its Chairman was inaugurated by the then Minister of

Health, Commodore(Rtd) Steve Ohimpeh, on October 27. Since then it has taken a number of steps aimed at streamlining some aspects of pharmacy practice. Having three representatives of the Society on it, co-operation between the two has been very good.

### **Relationship with the Association of Recognised Professional Bodies**

The Society is in good standing with the Association of Recognised Professional Bodies (ARPB) having met all its financial obligations to it. The plan to build a single structure to house the various professional bodies is still on course.

### **Relationship with International Associations**

#### ***The West African Pharmaceutical Federation (WAPF)***

The 10th Scientific Congress of the Federation and the Postgraduate College of Pharmacists was held in Banjul, the Gambia from March 17-21, 1996 under the theme "Child Survival: Challenges for Pharmacy".

The Congress was opened by the Hon. Minister of Works and Communications, Mr. E. Ceesay on behalf of the Head of State of the Gambia, Capt. Yahya Jammeh.

Mr. M. Sessay, President of the Commonwealth Pharmaceutical Association delivered the Keynote address. The President, Mr. D. Anim-Addo, represented the Society at the Federation's Council Meeting.

#### ***The Commonwealth Pharmaceutical Association (CPA)***

The Society has paid its 1996 subscription of Three Hundred Pounds (£300.00) to the CPA. It has received from CPA additional copies of the British National Formulary which we continue to sell at a give-away price to members and students. Some institutions like the Pharmacy Department of the Korle-Bu Teaching Hospital have received complimentary copies from the Society.

#### ***The International Pharmaceutical Federation (FIP)***

The Pharmaceutical Society of Ghana remains an ordinary member of FIP and will continue to do so. Financially, it is in good standing with FIP and this year I had the opportunity to represent the Society in Jerusalem, Israel, thanks to Ernest Chemists Ltd., Gokals Pharmacy Ltd., M & G Pharmaceuticals Ltd., Universal Chemists Ltd., Citadel Pharmacy Ltd., Bendoz Pharmacy Ltd. and Bel-Team Publications Ltd., publishers of the *Health Courier* Magazine. These companies co-sponsored my trip to the Congress which took place from September 1 to September 6, and under



the theme "Preparing for the Challenges of Tomorrow". The Society is indeed grateful to them. Summary of each of the many interesting topics treated at the Congress is available at the Secretariat for the perusal of members.

### Reports from Regional Branches and Wings

#### Western Region

The Executive Members are:

Mr E.K. Baiden	— Chairman
Mr. S.T. Asamoah	— Vice Chairman
Mr. B.K. Domfeh	— Secretary
Mr. Moses Adjei	— Treasurer

#### Activities

The Branch had seven (7) meetings. Four of these were general meetings whilst the rest were devoted to Continuing Education.

The Branch also embarked on a couple of outreach programmes involving a talk to:

1. the Sekondi-Takoradi Chemical Sellers Association on "The Importance of Proper Storage Conditions for Drugs", and
2. some selected churches on "Drug Abuse and Patient Compliance".

The region requires the services of more pharmacists both in the public and private sectors. Whilst appealing to members of GHOSPA to accept postings to the region, others are being invited to open pharmacies in the region.

#### Volta Region

The Executive Members are:

Mr F.B. Asare	— Chairman
Mr. Divine Azameti	— Vice Chairman
Mr. Xose Jiagge	— Secretary
Mr. E.M. Adri	— Treasurer
Mr. F.K. Dzebu	— Executive Member

#### Activities

The Branch for most part of the period under review remained inactive because the Chairman, his vice and the Treasurer were transferred from the region. The new executive officers were elected into office only in April this year.

The branch, nevertheless, managed to organise two lectures on the following topics:

- a. Analgesics and Hematinics, and
- b. Management of Anaemia in Pregnancy.

#### Eastern Region

The Executive Members are:

Mr.. K. Boakye-Antwi	— Chairman
Mr. A. Appiah Pobee	— Vice Chairman
Mr. Eric Owusu-Boateng	— Secretary
Mr. G. Adoblanui	— Assist. Secretary
Mrs. A. Obeng-Manu	— Treasurer

#### Activities

The branch had three (3) ordinary meetings - one (1) emergency meeting and two (2) executive meetings. Five continuing education sessions were organised during the year under review. Two of these were laced with product launches. The region was visited by a team from the Pharmacy Council.

#### Central Region

The Executive Members are:

Mr J.K. Obeng	— Chairman
Mr. Asiamah Dankyi	— Vice Chairman
Mr. Osei Owusu	— Secretary
Mrs. Sarah Honny	— Treasurer
Mrs. Georgina Ashley	— Asst. Treasurer

#### Activities

During the year, six (6) general meetings and three (3) emergency meetings were held. Discussions were centered on the welfare of members and on the improvement of the practice and image of pharmacy.

Members were introduced to new and old products by Medical Representatives of various pharmaceutical companies. Joint meetings with members of the medical association at which ethical products were introduced to members, were also held.

The Registrar of the Pharmacy Council and a Senior Drug Control Officer from the Pharmacy Council paid a one day visit to the region. Discussions were on the set-up of the Pharmacy Council and the new Pharmacy Council Act.

The Registrar offered very useful advice to members on the organisation and functions of the regional branch of which he is a founding member.

Mr. S.T. Dankyi, the Deputy Director of Pharmaceutical Services of the region has retired from the Ministry of Health.

#### Brong Ahafo Region

The Executive Members are:

Mr. E.O.A. Dattey	— Chairman
Mr. Thomas Amedzro	— Vice Chairman

Mr. Peter Adu-Peprah	— Secretary
Mr. R. Duah Mensah	— Asst. Secretary
Mr. S.Y. Sarfo	— Treasurer
Mr. Alex Otchere-Frimpong	— Organising Secretary

#### Activities

During the year under review, five (5) general meetings were held. A dinner/dance was held in honour of the Immediate Past Regional Chairman, now Rev. Samuel Oppong Asare-Duah, who is currently a Minister with the Church of Pentecost in the Northern Region of Ghana. Members were privileged to attend a series of scientific sessions sponsored by various medical representatives.

I regret, however, to say that the region has a problem of general apathy and laxity towards programmes.

#### Greater Accra Region

The Executive Members are:

Mr J.K. Arthur	— Chairman
Mr. John Amenyah	— Vice Chairman
Mr. Francis Aboagye-Nyame	— Secretary
Mrs. D. Addae-Afoakwa	— Treasurer
Mr. G. Abankwa-Yeboah	— Member

#### Activities

Over the period under review, a seminar, cocktail, thanksgiving service and general meeting each have been held. In addition, five (5) discussion meetings have been organised. Average attendance at meetings has been about 80. Some topics discussed during these meetings include:

- Improving the image of the Pharmacist
- National Health Insurance
- Skin Moisturisation
- Constitution of the PSGH.
- Pain Management
- Cholesterol Management

#### General Practice Pharmacists Association (GPPA)

The year under review was quite a busy one and consisted of the following:

- a) Five continuing educational programmes on various topics and a well-attended symposium on the topic "The Image and Practice of Community Pharmacy". Out of the points raised at the symposium, a memorandum of proposals was forwarded to the Secretariat of the Society and also to the Editor of the Ghana Pharmaceutical Journal.
- b) A business meeting with the Chief Executive of the Accra Metropolitan Authority (AMA), Mr. N.

Nunoo-Amarteifio, on new rates to be paid by Pharmacies (i.e. Business Premises Fee) for the year 1995.

- c) The Biennial General meeting of the association was held at the La Beach Hotel on August 22, 1996. This was attended by over 200 members from all the regions. The Deputy Minister for Health was the Guest of Honour and Mr. T.C. Corquaye Chaired the function. Mr. Abraham Gyesie delivered the keynote address. The business session comprised of the delivery of papers, the most interesting being the one delivered by Mr. Ted. Bernasko on "Dealing with Pilfering in the Pharmacy".

#### The Ghana Co-Operative Pharmaceuticals Ltd. (GCPL)

The Ghana Co-operative Pharmaceuticals Ltd. is at present made up of 163 members.

#### Activities

**Continuing Education:** The Society in collaboration with M.D.P.I. organised a 4-day Financial Management Course for members in November, 1995.

**Health Insurance:** 40 Members to date have been enlisted as pharmaceutical service providers in the Nation-wide Medical Insurance Co. Ltd., a private health insurance scheme. The scheme began operation with the incorporation of members as pharmaceutical service providers in April, 1996.

**Extension of Pharmaceutical Service to the Rural Areas:** All is set for work to commence at Ho on a 3-storey offices/stores complex to house a proposed pharmacy. Construction would be in phases starting with the structure for the pharmacy premises. Efforts are also underway to open a pharmacy at Tarkwa. She has earmarked ₵1.5 million for the procurement of library books for the Faculty of Pharmacy Library under the Pacegrove/Ghana Co-op Pharm Annual Award. The GCPL also donated ₵350,000 to the General Practice Pharmacists Association to help them finance the biennial conference cocktail. Similarly, she contributed ₵1,000,000 to PSGH. towards the sponsorship of the 1996 AGM cocktails.

During their AGM held on 30th August, 1996, GCPL presented ₵1,000,000 cash donation to the Ghana National Trust Fund and awarded the Prof. Dwuma Badu Prize for the best student in Pharmaceutical Chemistry for 1993/94 with a cash price of ₵100,000.00 and a certificate.



### **Industrial Pharmacists Association (IPA)**

Members ignored invitations to the monthly general meetings. The executives however, met regularly to discuss matters affecting the associations, notably improvement of the conditions of service of members with a view to attracting young pharmacists to that area of pharmacy practice.

The IPA executive met with the Standing Executive Committee of the Society on July 18, 1996 to further discuss the above-mentioned issue. IPA is grateful to the Standing Executive for their contributions at the said meeting.

### **Lady Pharmacists Association Of Ghana (LAPAG)**

As part of the 60th anniversary and 43rd conference of the Pharmaceutical Society of Ghana, LAPAG undertook a one-day health education of market women at the 31st December Market on topics ranging from bleaching to menopause.

LAPAG celebrated her 2nd Anniversary with a one-week (November 4-12, 1995) programme of activities on the theme "The Woman's Health, the Key to National Growth and Development". The activities included educational visits to various women's groups and a public seminar held at the ATTC Auditorium in Accra. The anniversary was opened at Golden Tulip Hotel on November 10, on behalf of the First Lady and President of the 31st December Women's Movement by the late Mrs. Susan Alhassan, then a Member of the Council of State. Three LAPAG members, namely: Ms Eunice Amoako, Mrs. Eva Gaizer and Ms. Edith Gavor were each given an award for hard work and dedication to the objectives of LAPAG.

LAPAG has generally over the year educated women's groups on various gender-related health issues and drug abuse, among others.

It has also educated Junior and Senior Secondary School students in the Accra-Tema metropolis, particularly, during this year's Drug Abuse Day.

LAPAG is currently undertaking an impact assess-

ment of all the groups she visited last year in connection with the family planning counselling contract it entered into previously with the Ghana Social Marketing Foundation (GSMF).

LAPAG has inaugurated its Ashanti Regional Branch on August 12 at UST, Kumasi.

Regarding relationship with other organisations, LAPAG is now registered with the National Council on Women and Development (NCWD). LAPAG made donations to "Kayayoos" in November last year as a social responsibility.

LAPAG is also actively involved with the National Association of NGO's in Anti-Drug Abuse Activities (NANDA), the Associations in Development (ASSID) and FIDA-Ghana, among others.

Finally, LAPAG has in the past year made monetary donations to the Dzorwulu Special School, the IPSF, the Pharmaceutical Society of Ghana and Dr. Mary Okine's Fund.

### **Deaths**

In the year under review, the Society lost some members through death. They include the following:

Name	Reg. No.	Region
1. Mr. R.C.A. Nettey	—	Gt. Accra
2. Mr. R.K. Quartey-Papafio	261	Western
3. Mr. B. Adofo-Nyako	707	Gt. Accra
4. Mr. G.K.S. Acheampong	506	Gt. Accra
5. Mr. Victor K. Aidoo	30	Gt. Accra
6. Mr. J.Y. Mensah	316	Ashanti
7. Mr. Samuel Ampofo	526	Central
8. Mr. J.K.A. Mensah	334	Gt. Accra
9. Mr. E.B. Osei	243	Central
10. Mr. R.E.C. Sagoe	273	Gt. Accra
11. Mr. E.T. Mensah	—	Gt. Accra
12. Mr. Michael Ofori	—	Gt. Accra
13. Mr. Amo-Darko	—	Gt. Accra

*Mr. Oscar Bruce is the Hon. General Secretary of the Pharmaceutical Society of Ghana.*

Plan to attend the  
**57th International Congress of FIP**  
in Vancouver, Canada from  
August 31 to September 5, 1997

Look out for Conference Programme  
in the next edition of the Pharmaceutical Journal

# The Hon. Treasurer's Report

It is my honour and great pleasure to present to you our audited financial report for the year ending December 31, 1995. A general breakdown of our income and expenditure from January to August this year has also been added for comparison.

## Report of the Auditors to the Members of the Pharmaceutical Society of Ghana

We have audited the Financial statements in accordance with Auditing Standards and have obtained all the information and explanations we required. These financial statements have been prepared under the historical cost convention.

In our opinion, proper books have been kept and the financial statements which are in agreement therewith, show under the accounting convention stated above, a true and fair view of the state of the Society's affairs as at December 31, 1995, and of its deficit for the year then ended.

## Notes to the Accounts for the Year Ended 31 December, 1995

### 1. Accounting Policies

The following are the principal accounting policies adopted by the Society and used in preparing these accounts.

- Depreciation is provided on straight line basis at rates estimated to reduce the asset to their residual value at the end of their useful lives.

The rates generally in use are:

Furniture and Fittings	— 10% per annum
Motor Vehicles	— 20% per annum
Computer- Word Processor	— 20% per annum

- Members' retention fees are accounted for on accrual basis.
- Conference fees are accounted for on cash basis
- Provision is made for all retentions due at 31st December, of the previous year and unpaid at the end of the current financial year.

## Accumulated Fund For The Year Ended 31st December 1995

Balance 1-1-1995	7,512,121	12,205,307
Prior Years Adjustment	(2,042,500)	(2,349,938)
Excess (Deficit) of Income over expenditure	(3,143,167)	(2,343,248)
Balance: 31:12:95	<u>2,326,454</u>	<u>7,512,121</u>

Table 1

No.	Income	1995 c	1994 c
1.	Retention Fees	24,050,000	11,837,500
2.	Advertising	618,000	1,540,800
3.	Conference, Meetings, and Seminars	3,954,600	1,475,980
4.	Registration Fees	1,610,000	860,600
5.	Interest Received	1,320,000	422,088
6.	Others	19,000	327,091
7.	Exchange Gain	—	685,225
8.	BNF and Contribution	421,000	550,600
9.	Photocopy	15,550	353,350
10.	Souvenir Deposits	—	720,530
11.	Training	280,000	675,000
12.	Educational Materials	210,000	—
		<b>32,498,150</b>	<b>19,451,764</b>

Table 2

No.	Expenditure	1995 c	1994 c
1.	Salaries & Related Costs	1,983,400	1,845,400
2.	Journal	3,550,000	2,439,000
3.	General Administration	13,162,232	6,874,630
4.	Council Meeting Exp.	1,746,000	1,238,440
5.	Provision for Retention Fees in Arrears	475,500	3,240,050
6.	Subscription and Dues	6,180,396	1,788,523
7.	Induction Expenses	2,520,800	813,980
8.	Misappropriation	4,706,000	2,461,000
9.	Loss on Disposal	265,000	—
10.	Depreciation	1,051,989	1,093,989
	<b>Total</b>	<b>35,641,317</b>	<b>21,795,012</b>
	<b>Excess/Deficit of Income over Expenditure</b>	<b>(3,143,167)</b>	<b>(2,343,248)</b>

Table 3

No.	General Expenditure	1995 c	1994 c
1.	Educational Materials	250,000	—
2.	Insurance	40,500	51,300
3.	Medical Expenses	221,000	110,700
4.	Travelling & Subsistence	1,943,600	383,000
5.	Printing and Stationery	1,684,158	1,409,960
6.	Postage and Telephone	669,975	634,845
7.	Advertising	303,400	613,720
8.	Donations	2,476,000	618,000
9.	Maintenance and Repairs	940,500	775,250
10.	Bank Charges	106,389	128,253
11.	Audit Fees	1,000,000	400,000
12.	Rent and Electricity	502,375	383,500
13.	Office and Sundry	508,420	418,802
14.	Motor Running	215,915	267,300
15.	Training	300,000	680,000
16.	Public Relations	2,000,000	—
	<b>Total</b>	<b>13,162,232</b>	<b>6,874,630</b>



**Conference/Annual General Meeting**

Income	1995	1994
Conference Fees	35,104,890	7,516,800
Dinner Fees	2,610,000	—
Exhibition Fees	1,600,000	300,000
	39,314,890	7,816,800
Less Expenditure	<u>35,360,290</u>	<u>6,337,820</u>
	<u>3,954,600</u>	<u>1,478,980</u>

**Income And Expenditure Account**  
**January-August 1996**
**Table IV**

Income	¢
Retention Fees	17,464,000
Registration Fees	300,000
Conference Fees in Arrears	11,685,000
1996 AGM — Prepayments Donations Exhibition	6,750,000
Donations (FIP Congress)	1,550,000
Adverts (Journal)	1,232,000
Educational Materials	429,000
BNF and Constitution	1,173,000
Car Stickers	54,000
Society Building Fund	1,710,000
Faculty of Pharmacy Fund	1,000,000
<b>Total</b>	<b>43,347,000</b>

**Table V**

Expenditure	¢
Salaries and Related Costs	2,063,885
Journal/Brochure	2,830,000
Investment (Treasury Bills)	10,000,000
General Administration	12,687,153
AGM 1996 (Advance)	8,500,000
Office Equipment & Furniture	4,250,000
Council Meetings	1,210,000
Educational Materials (Video cassettes)	336,000
Annual Subscriptions FIP (2889 DFI) CPA (£300)	2,826,525 597,000
<b>Total</b>	<b>45,300,563</b>
Apparent Excess/Deficit of Income over Expenditure for 1996	43,347,000 45,300,563
	<b>1,953,563</b>

**Income**

There was a 59.9% increase of the 1995 income over that of 1994. However there is no room for complacency as an overview of our expenditure combined with the general infla-

tionary trends in the country would effectively erode any expected gains.

Again the bulk of our income comes from membership retention fees, arrears of which stood at ¢7,733,250 by the end of December 1995. Added to this we encountered a rather high incidence of cheques issued in respect of retention fees at the beginning of this year being dishonoured by the bank. This forced us to adopt measures such as the signing of an undertaking by members paying by cheque to make good such payments plus any associated bank charges, should their cheques be returned unpaid. We take this opportunity to sincerely apologise to anyone who felt offended by this requirement by the Secretariat, but I am sure you will be happy to learn that this has apparently brought the problem under control.

**Expenditure**

There was a 61.2% increase in expenditure in 1995 above that of 1994. It is expected to remain high given the general state of our economy.

Mention has to be made here unfortunately of the painful misappropriation of the society's funds to the tune of ¢7,167,000 by the former administrative assistant of the Society. The case has duly been reported to the police who is doing everything possible to bring him to book. It is needless to say that, the Society's accounts would have broken even at least, if those amounts as shown under the 1994 and 1995 expenditure had not been misappropriated. We would want to assure you however, that we have taken the necessary steps to block all loopholes that could have allowed this incident to be repeated. All our books and accounting documents are in place as recommended by the auditors and our accounts are now up to date at any given time.

**Assets**

The Society's fixed assets have a net book value of ¢1,469,859 as at 31/12/95. We also have an investment of ¢2 million in Pharmagold Ltd. shares. Our net assets as at December 1995 stood at ¢11,073,954. This, however, includes ¢4,072,500 in Building Fund (Society and ARPB) and ¢1,050,000 as Faculty Endowment fund. The auditors recommend the opening of separate accounts for these funds and their possible investment to yield dividends. We have invested ¢10 million cedis this year in treasury bills with a provision for re-investment at maturity dates.

**Conclusion**

The Hon. Treasurer, on behalf of National Council wishes to thank most sincerely all our members who have been faithfully fulfilling their financial obligations to the society. You have really kept us going. I pray for those who have not been able to do so for one reason or the other, that the Good Lord will Himself provide for them all.

Let us all therefore strive to contribute our quota to build a strong, respectable and efficient professional association for the benefit of our entire membership and the society at large.

*Mrs. Joyce Addo-Atuah is the Hon. Treasurer of the Pharmaceutical Society of Ghana.*

# The Chief Pharmacist's Report

Drugs generally constitute a very important element in the healthcare delivery system. A credible healthcare delivery system depends to a large extent on the availability and proper management of drugs. The Ministry of Health, as from the beginning of 1997, will be operating under a five year Medium Term Strategies Framework (MTSF) within the overall Vision 2020 of the government of Ghana. Preparations towards this are far advanced. The broad aims of the Ministry under the MTSF are:

1. To provide universal access to basic health,
2. To promote efficient use of scarce resources and reduce waste,
3. Improve quality of health services from the technical and consumer perspective,
4. Strengthen intersectoral action to reduce population growth, poverty and increase female education and access to water and sanitation.

The objective of the Pharmacy Unit within the Medium Term Strategic Framework is to improve quality of healthcare (with particular emphasis on pharmaceutical care) from the consumer's perspective by providing good quality essential drugs at affordable cost at our public health facilities and ensure that these drugs are rationally used. A number of strategies are being adopted to achieve the above objectives. These include:

1. Development of a National Drug Policy to give direction to all the activities on Drug Management and Administration.
2. Promotion of Rational Drug Use through the use of
  - a. Essential Drug List and National Formulary and
  - b. Standard Treatment Guidelines
3. Provision of Equipment and Raw Materials (galenicals)
4. Review of the implementation of the Cash and Carry System.
5. Human resource/Staff Development.

## 1. Development of National Drug Policy

Even though the basic elements of the National Drugs Policy existed in the past, these were in fragments in various documents. The National Drugs Committee (N.D.C) which is established at the MOH Headquarters has prepared a draft National Drugs Policy which covers all aspects of drugs management and administration in both public and private sectors. The document will be submitted to an open forum for discussions, comments and approval. Hopefully, the document will be ready early next year.

### 1.1 Promotion Of Rational Drug Use

Essential Drugs concept was adopted in 1987 with the first edition of the Essential Drug List and National Formulary coming out in 1988. The second edition (1993) has also been revised. The revised document which is the third edition is now in print. Drug selection, estimation, procurement and use at public health institutions are strictly going to be based on the Essential Drug List.

Another document necessary for the promotion of rational drug use is the Standard Treatment guidelines (STG). The Ministry has recently come out with a Standard Treatment Guideline for Middle Level Health Providers at health centres and health posts which are the focal points for the Ministry's health care delivery systems. The guidelines for prescribers at the district and regional hospital will also be developed.

### 1.2 Provision of Equipment and Raw Materials

The Pharmacy Division took delivery of some Silverson mixers and weighing scales which are being distributed to the regions for use at some health facilities. A committee has been appointed to come out with the pharmacy equipment requirements to be forwarded to the appropriate quarters within the Ministry for consideration and procurement.

About five hundred thousand dollars (\$500,000.00) worth of galenicals have been ordered for extemporaneous preparations in our hospitals. This will not only increase the revolving drug fund but also provide job satisfaction for the staff.

### 1.3 Cash And Carry

There has been a lot of talk about cash and carry system these days. This has caused so much concern to the Ministry leading to a review of the whole system. What stands out clearly is the lack of education about the concept on the part of the general public and some health personnel. There is also lack of commitment on the part of some health workers.

Other problems identified are to do with emergency and staff treatment. These are being addressed. For the first time, some amount of money has been given out to hospitals to cater for paupers. Notwithstanding the problems being encountered, there has been remarkable improvements in the availability of drugs at public health facilities

### 1.4 Human Resource And Development

The division continues to encourage Pharmacists to undertake post-graduate courses to build up capacity required for good quality pharmaceutical services.

- i. Eighteen (18) pharmacists are presently enrolled on a distance learning course on Drug Supply Management being organised by the Commonwealth Pharmaceutical Association (CPA). They are expected to complete the modules by December 1996.
- ii. Miss Priscilla Ahafia who is undergoing a post-graduate course in clinical pharmacy in Britain has



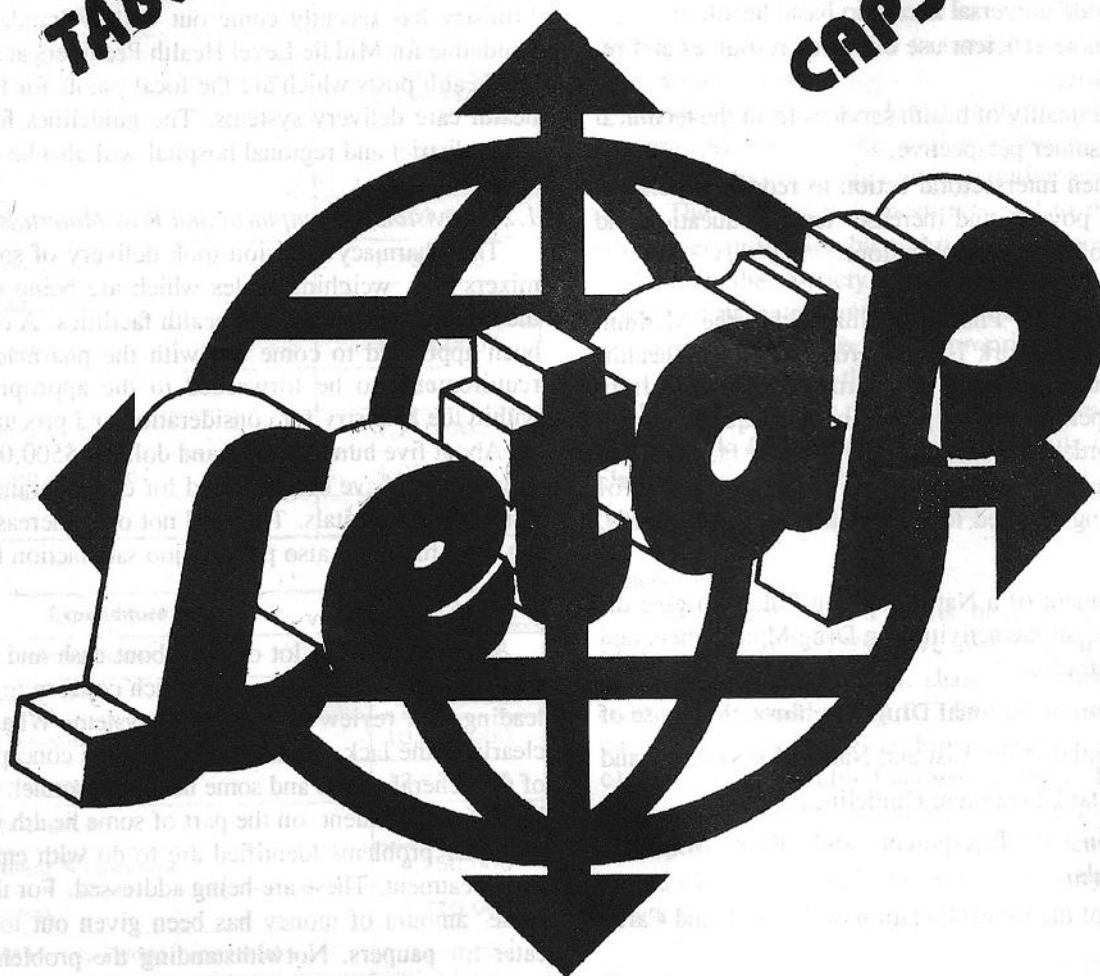
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**TABLETS**

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had her course extended for her excellent performance to do a doctorate degree course in clinical pharmacy.

iii. Mr. Felix Yellu, Mr. W.O. Anum and Mr. Peter Kyeremateng who left last year to do Masters Degree courses in pharmaceutical services and medicines control, clinical pharmacy and Biopharmacy respectively have completed their courses and are expected back any moment from now.

iv. The principal pharmacists have been nominated by this division to attend the Senior Health Managers Course at GIMPA.

I would like to take the opportunity to appeal to the Dean of the Faculty of Pharmacy to kindly hasten the preparation towards the mounting of the clinical pharmacy course at the post-graduate level to enable more pharmacists receive training in this area.

### Manpower Status of the Pharmacy Unit in the Public Sector/Promotions

The total number of pharmacists and dispensing technicians in the public sector are one hundred and ninety three (193) and two hundred (200) respectively.

a. The distribution of Pharmacists by grade is as follows:

Chief Pharmacist	— 1
Dep. Dir. of Pharmaceutical Services	— 8
Principal Pharmacists	— 20
Senior Pharmacists	— 17
Pharmacists	— 26
Assistant Pharmacists	— 127
Total	— 193

The Ministry of Finance has given approval for employment of 45 new pharmacists. The appointment letters are being processed presently.

#### b. Promotions

It was observed that most of the Pharmacy staff have been on the job for several years without promotion. This has led to frustration, lowering of morale and very low output. Much attention has therefore been focused on interviews for promotions this year. The following categories have been interviewed by the Public Services Commission for promotion to their next higher grades:

- i. Four (4) senior pharmacists to principal pharmacists
- ii. Twenty-six (26) pharmacists to Senior pharmacists
- iii. Seventy-five (75) assistant pharmacist to pharmacists
- iv. Sixty-one (61) dispensing technicians to senior dispensing technicians.

A memorandum has also been submitted to the Hon. Minister of Health for the scraping of the Assistant pharmacist grade. This is being pursued.

### 3. News from the Headquarters

- i. The Ghana Health Services Bill is presently in Parliament going through the processes for it to be passed. Submissions have been made by the Council of the Pharmaceutical society on behalf of all interested groups in the profession including GHOSPA.
- ii. The Food and Drugs Board will soon be established. Nominations for members and the Chief Executive of the Board have been presented to parliament by the Hon. Minister of Health for approval.
- iii. The discussions on the National Health Insurance Scheme are going on. The Eastern Region has been selected as a pilot region for the implementation of the scheme.
- iv. The Pharmacy Unit is to benefit from the National Drug Programme covering a period of five(5) years starting early next year within the medium term plan. All agreements have been completed and signed. The programme is to be funded by the Dutch Government and it will cover all aspects of Drug Management and administration. The document outlining activities to be carried out has been issued out. It is hoped that the programme will greatly improve the Pharmaceutical Sector of the Ministry.
- v. Ten (10) vehicles expected to help Deputy Directors of Pharmaceutical Services in the monitoring of the drug supply system in their regions have just arrived at the port and shall soon be distributed to regions as soon as they are cleared and registered.

### 4. Conclusion

The outlook for Pharmaceutical Services in the public sector has improved dramatically over the last few years. The morale of pharmacists was greatly boosted by the deregulation of uncommitted licenses by the Pharmacy Council. Every effort will be made to sustain this morale and improvements. We have enjoyed the co-operation of all of you in pursuing our activities and we are grateful for this support. However, the efforts of the President of the Pharmaceutical Society, the Chairman and Registrar of the Pharmacy Council and the Dean of the Faculty of Pharmacy deserve special commendation. We are looking forward, with a sense of anticipation, to 1997 and the years beyond. We are confident that as Pharmacists in the Public Sector we shall make every effort to deliver an improved service to our patients and the society at large. □

*The Chief Pharmacist is Mr. Emmanuel Fofie.*



# Report by the Registrar of the Pharmacy Council

It is with great pleasure that I present to you a report on some of the activities of the Pharmacy Council since its inauguration on October 21, 1996, by the then Honourable Minister of Health, Commodore(Rtd) Steve Obimpeh.

The activities of the Council are not very different from those of the erstwhile Pharmacy Board. These include:

1. Registration of premises for the storage and distribution of drugs either by retail or wholesale or both.
2. Routine inspection of registered premises to ensure proper practice and compliance with regulations.
3. Organising of Professional Qualifying Examinations.
4. Registration of Pharmacists.
5. Inspection and Monitoring.

The Council also organises lectures and symposia to targeted groups within the drug supply system.

The Honourable Minister in his inaugural speech directed that the Pharmacy Council assumes temporary responsibilities relating to drug control and regulatory activities, until the establishment of the Food and Drugs Board. In this regard, the Council has since been performing that role which include analysis of drug samples from MOH Central Medical Stores, inspectorate of the Council, Pharmaceutical Industries and complaints from the general public. Other activities include Pharmaceutical Industry inspections, vetting of drug import permits and advertisements, and drug registration.

## Legislation

The Pharmacy Council was set up as a result of the enactment of the Pharmacy Act 1994 (Act 489), on 30th December, 1994. It must be mentioned that an earlier Law, the Food and Drugs Law 1992, (PNDC L 305B) was passed on 30th December, 1992. A Food and Drug Board that will operate the law is yet to be established. Following the passing of these two laws, the Pharmacy and Drugs Act 1961, Act 64 has been repealed.

## Pharmacy Practice

The Pharmacy Council since its establishment has designed procedures for the registration of the three types of Pharmacy Businesses; retail, wholesale and the retail/wholesale on the same premises. Some high lights of the procedures are as follows:

1. The minimum floor space for a Retail, Wholesale and Retail/Wholesale Pharmacy are 24 sq.m, and 48 sq.m respectively.
2. Application for Pharmacy shall be made by either a Pharmacist or body corporate.

3. All applications shall be made by the superintendent pharmacist. In other words, the Council does not permit a situation where an application is submitted when a superintendent pharmacist has not been appointed by the company.

4. If an application is made by a body corporate, it should have attached Registrar-General's documents showing ownership, shareholding or partnership and also an indication that its activities among other include dealings in pharmaceuticals.

5. For a proposed retail shop; the premises should not be less than 400m radius from any existing facilities.

Please be reminded that Council shall not be under any obligation to approve an application because of financial commitment in respect of the store room, pharmacist or for any other reason.

Council has decided that any pharmacist who wishes to operate a pharmacy shall be allowed to do so provided he complies with the law at anytime the pharmacy is opened to the public. This decision has made it possible for a lot of pharmacists with the Ministry of Health and other institutions to register either their own pharmacies or businesses owned by body corporates.

## Committees Of Council

To ensure that Council's work goes on smoothly the following committees have been appointed:

Registration Committee

Finance Committee

Education Committee

General Purpose Committee

Disciplinary Committee

Drug Committee - temporary, until the setting up of the Food and Drugs Board.

## Registration of Pharmacy Premises

A total of 270 Pharmacy applications were received out of which 93 have been approved. Of the number approved, 64 are pharmacist - owned shops. This brings to 653 the total number of registered pharmacies in Ghana

The breakdown of Pharmacy distribution in Ghana is as below:

1. Greater Accra Region	432
2. Ashanti Region	149
3. Eastern Region	20
4. Western Region	20
5. Brong Ahafo Region	10
6. Central Region	9
7. Volta Region	6

8. Northern Region	5
9. Upper East Region	1
10. Upper West region	1

From the chart one can see that Pharmacy business is still skewed towards the Greater Accra and Ashanti Regions.

I wish to state that before Pharmacy Council took over from the erstwhile Pharmacy Board, there were a number of outstanding/pending applications which the Board had partially considered. Council then re-considered those applications and all those that had satisfied their conditions and were ready to commence business were given approval while others were rejected. A number of shops which did not satisfy the legal requirements but were illegally operating were also closed down. However, quite a number of pharmacy businesses which had been closed down have re-applied and obtained approvals after meeting the necessary regulatory requirements of Council.

### Registration of Pharmacists

At the time of compiling this information, the Pharmacy Board/Council has registered a total number of 1392 pharmacists since 1961.

204	are Deceased
1188	are alive
232	in Hospital
665	Community Practice
51	in Industry
44	Regulation/Administration
40	Research/Academic
45	Medical Representation
22	UNICEF/GSMF/CEPS and other areas
89	Outside the country (Ghana)

During the past-year, a total of 72 pharmacists were registered.

### Pre-Registration Training of Pharmacists

Council has embarked on an exercise to assess what facilities are available in Ministry of Health institutions and some community pharmacies with a view to using only those that are found to be suitable for the pre-registration training of graduate pharmacists.

The assessment includes looking at the facility available and the personnel at the institutions. Where there is a need to upgrade these institutions, appropriate recommendations will be made. Where there is a need to train trainers to give the right kind of training, this will be done.

The Council is also looking at the three year post registration training for pharmacists after internship.

### Observations

#### Non Renewal of Licence

It was observed that as at July, 1996, a large number of pharmacies were operating without having their licences re-

newed. I would plead with colleague pharmacists to desist from this practice of renewing pharmacy licences in the middle or last quarter of the year.

### Absenteeism

Most of the pharmacy shops visited on inspections did not have any pharmacists on the premises. Here again I would like to re-iterate the fact that the importance of a pharmacy is the presence of the pharmacist to give professional advice to clients. It is also important that as health-care providers we keep and maintain very clean environments in and around our pharmacies.

### Storage

Storage facilities in some pharmacies whether wholesale or retail, have not been up to standard. Adequate air circulation and possibly air-conditioning must be provided to assure the quality of drugs stored. Improper storage facilities may lead to deterioration of drugs as exemplified by the gelatinisation of some capsule contents which were timely detected and necessary action taken to forestall the occurrence.

### Projections

#### New Offices

The Council hopes to open offices in Kumasi, Takoradi, Koforidua and Tamale. Preparations to secure office premises in these regional capitals are underway. This decentralisation is envisaged to ensure efficient monitoring and to minimise the numerous unacceptable practices that hardly come to the notice of Council.

#### Vehicles

The Council has acquired some more vehicles six(6) to help in the smooth running of its work.

#### Fees

Members would agree with me that fees hitherto charged by the former Pharmacy Board for all the services provided were rather low. All fees charged by Council have accordingly been revised taking into account inflationary trends and the high cost of running the office.

#### Training of Staff

Mr Chairman, you will agree with me that we cannot enter the 21st century without appropriately trained manpower. The Council recognises the need for training and specialisation in various aspects of its staff.

For the short term, courses, conferences and symposia both international and local, on various aspects of pharmacy practice have been attended by a number of officers. For the medium term, we have not been very successful in carrying our programmes through, due to finance and sponsorship.

However, one officer attended a three(3) month course on Total Quality Assurance in Pharmaceutical Industries in Rotterdam. One other officer did a nine(9) weeks course on Effective Drug Management and Rational Drug Use in Aberdeen.



One officer has also gained admission to undertake an MSc course in Pharmaceutical Services and Medicines Control in the UK.

I would want to end on this note that, the onus of proper pharmaceutical care and practice lies with all of us. It is my hope that during our deliberations here, we shall all look at the practice of Pharmacy as our contribution to the concept

of health for all and strive toward its achievement by ensuring that we do our best to apply ourselves to the optimum in Pharmacy Practice. □

*The Registrar of the Pharmacy Council is Mr. T.C. Corquaye*

## **Publication of the *Pharmaceutical Journal* — Annual Reward for Contributors**

**\*\*\*\*\***

**Council has decided to reward annually,  
persons who contribute articles to the**

***Pharmaceutical Journal***

**Members of the Society and non-members alike  
are urged to take advantage of this  
unique opportunity and write articles for  
publication in the Journal.**

**Read the  
Ghana Pharmaceutical Journal  
and be informed on local as well as  
foreign Pharmaceutical matters.**

## Pharmacy Practice: The Professional and Commercial Dimensions

By Mr. Kwasi Abeasi

### Introduction

It is indeed an honour and a privilege for me to be invited to your Annual General Meeting to deliver the keynote address. I consider it a great honour because I have always considered the Pharmaceutical Society of Ghana as one of the best organised professional bodies in the country if not the best and perhaps the only reason I can think of for this honour (apart from my current involvement in private sector development) is my interest, by association, in the development of the society over the years.

The theme for the Annual General Meeting "Pharmacy Practice: The Professional and Commercial Dimensions" is very appropriate because there is always the tendency to concentrate on one or the other dimension at any point in time but it is important that the other is also "kept in view" as the civil servants will say. Over the years, varying levels of attention have been paid to the professional side of pharmacy practice as opposed to the commercial side in the course of developing the practice. I recall the period of development of your society when ordinary entrepreneurs or businessmen could set up chemist, or pharmacy shops and then employ pharmacists to run the shops with conditions of services so exploitative but similar to those of the other professions. This was the period during which most of the pharmacists were just Medical Reps. satisfied just with the lure of small basic cars like VW Beetle, Simca, Mazda 323, etc. Then came the period when the Pharmaceutical Society of Ghana fought and managed to make it impossible for any non-pharmacist to set up a chemist or pharmacy shop without going into partnership with a registered pharmacist.

To the present where one definitely needs to be a pharmacist to set up such a facility. Of course these developments though, providing safer pharmacy practice, have come with some side effects to the extent that now the older pharmacist/owners or owner/pharmacist are having to deal with young aggressive looking pharmacists who want to be partners straight from leaving the university with varying levels of demands ranging from the moon to just below the atmosphere/stratosphere.

Then of course there has been the commercial aspect which also at some point in the development or evolution of the practice, has been highlighted perhaps too much to the extent that now instead of the age old tradition and discipline whereby

pharmacy or chemist shops were located in accessible places but with reasonable distances in between, in the urban areas, now you can in certain places use the number of chemist or pharmacy shops to determine how many meters there are in a kilometer.

I once went on the Bantama road and counted as many as 20 pharmacy/chemist shops between the Okomfo Anokye round about and the old Shackelford's bakery (some facing each other, others next door to each other). In the meantime, in the rural areas and districts, but for a few people like my classmate, Mr. Kyere, no one would bother. So you see, in the development of the pharmacy practice over the years both the professional and the commercial dimensions have only received some consideration and attention.

It is therefore appropriate that you examine these dimensions further with a view to improving their effectiveness. In spite of these problem areas, I should say that the Pharmaceutical Society of Ghana has done extremely well in guiding and developing both aspects, of the pharmacy practice. But perhaps for me I would wish to take this opportunity to link the professional and commercial aspects of pharmacy practice with our new crusade for private sector leadership in a partnership with government as the only credible development strategy that we need to adopt if we are to move into the era of rapid and sustainable development.

There is a new development paradigm which entails governments working with the private sector as partners and allowing the private sector to play the lead role. In the past, governments in most countries especially those of developing countries upon attaining independence, faced with the imperatives of advancing the economic and social conditions of their people, sought to confront the development challenge almost single-handedly. This zeal could be understandable given the tension between the limited human and financial resources at their disposal and the legitimate demands of their citizens for rapid and measurable change in their livelihoods.

In adopting this attitude however, our governments vastly underestimated the potential of the private sector as an agent of economic change. We thus started our industrialisation drive in the 1960's with an import-substitution-led strategy with government establishing medium to large scale industries with large scale employment generation and skills utilisation as our priority end products.

After several years of operation in this fashion, we have over the past decade or more been trying as a people, to transform our economy from a state controlled, command economy to a free market-oriented one. Quite remarkable progress has been made under the Economic Recovery and the Structural

*Mr. Kwasi Abeasi is the Director-General of the Private Enterprise Foundation (PEF) and this paper is the keynote address he delivered during the Opening of the 1996 AGM held in Kumasi.*



Adjustment Programmes which have also brought about a vigorous policy of privatisation, thus highlighting the new role of the private sector in the economic development of the nation.

The record of the past thirty years or more however now teaches us that, in spite of the modest progress made, public sector led development is not the best of strategies for development and that it had a most damaging consequence of forestalling the possible emergence of private capitalism as a vital agent of growth and development. So today there is realisation and consensus by all parties in the development process (including even the World Bank which had in the past been the champion of public-sector-led development) that even the most carefully articulated and finely tuned policies and programmes of the public sector cannot guarantee the creation of new wealth, if private entrepreneurship, innovation and change are not richly nourished.

In most of Africa today therefore, there is a new partnership between government and the private sector and a greater recognition of the complementarities between private entrepreneurship and state entrepreneurship. This is what has led to the new strategy of making the private sector the engine of economic growth. Does this mean that government will have no meaningful role to play or that it should leave the burden solely to the private sector to see if they can succeed better where the public sector only made modest progress? The answer is obviously, no. Government has a lot to do in support of and also in partnership with the private sector if this new approach which has worked for several others is to work for us. Government needs to provide, among other things, stable monetary and fiscal policies to engender growth.

The creation of the so-called enabling environment is also the responsibility of government but that alone is not enough. This should be supported by specific programmes and activities that will enable the productive sectors (like agriculture and industry in our case) to grow at a desirable rate. This includes the deliberate nurturing of an indigenous "Investor class" whom we can show case in dealing with probable foreign investors. The oft repeated calls on government to support indigenous industrialists should be given some serious attention.

A lot has been said and written about what government should be doing and indeed it is our job to keep hammering at these obligations of government and to keep it on its toes but for today, it is not the role of government that I intend to dwell on. It is rather the new role of the private sector and the responses expected of the sector that I wish to draw attention to since it falls in line with what is expected of you in your practice as pharmacists taking care to address both the professional as well as the commercial dimensions of the practice.

Most of you are in the private sector and of the pharmacy profession, except for the few who by the grace of the "Cash and Carry System" the Ministry of Health has been able to keep in the public health sector.

If therefore, we are able to get you to generate the right responses to this new developmental strategy both professionally and commercially, we could use that as a basis in spreading the experience to other sectors bearing in mind the fact

that these others are not as properly organised and have not evolved as systematically as your group.

### Professionalism in the Practice of Pharmacy

The pharmacist owes the society the duty of ensuring that drugs and other pharmaceutical services are delivered and administered to the patient in the safest possible and most convenient manner. Recently in London, in July to be precise, there was a lot of media attention on the case of a woman who died unnecessarily because a medical doctor misread the handwriting of another doctor and administered 30mg of diamorphine instead of 3mg of the said drug thus killing the brain of the said patient. Confusion then arose as to whether or not disciplinary action should be taken against the doctor and what form it should take. This is because in London it is still not quite clear who is responsible for the safe administration of medication. Over here in Ghana again thanks to the efforts of the PSGH the responsibility of seeing to the proper administration of medication is clearly seen as the responsibility of the pharmacist even though some doctors at times would want the patient to believe that it is the responsibility of the doctor or even sometimes the nurse.

To be satisfactorily professional in the practice of pharmacy, I find that the pharmacist like any other private sector operator needs to be encouraged to develop three important attributes which incidentally we at the Private Enterprise Foundation are concerned about promoting in our people if we are to make the necessary advance in our economic development. These are:

- Discipline
- Honesty/ Integrity and
- Commitment

### Discipline

In all our travels recently in the hope of attracting Foreign Direct Investment to the country one lesson has been brought down forcibly to us. This is the fact that in all the countries with well performing economies the important contributory factor has been the discipline of their people.

The fast performing economies of the South East Asian countries, notably Singapore, Malaysia, Thailand, South Korea, etc., have all been largely attributable, among other things, to the discipline of the people.

The discipline of Singaporeans has become legendary with the caning of the American student who spread graffiti on some one's Mercedes Benz car late last year. While most of us did not understand the full implication of that incident, to Singaporeans the issues were quite clear.

That is if you decide to go to Singapore then you must be prepared to adopt their level of discipline. Indeed, if you know the processes one has to go through in Singapore to be able to own a car (steps: auction of permit, high cost and hence reverence given to cars - next to the wife) then one can understand the reason for the no-nonsense attitude adopted in meting out punishment for this misdemeanor.

In Ghana, the picture is completely different. Discipline has virtually broken down in our society in all aspects of our

life. People do whatever they like in our society these days and get away with it and this includes sometimes even professional malpractices. Let me give you a few examples:

- traffic and jumping the queue
- sale of unprescribed drugs and keeping records
- observation of rules in the opening of pharmacy shops, etc.

I am sure that we could go on with several examples of the indiscipline in our society especially as regards the professional pharmacy practice. We need to get some sense of discipline inculcated in our people and I would want to see the PSGH take a lead in this direction.

### Honesty and Integrity

The other attributes we need to help promote in the private sector are honesty and integrity. Again, in most advanced countries, systems that have been put in place work purely because of the honesty and integrity exhibited by the people. If we really want to appreciate the importance of the effect of and level of dishonesty in our society, just think of the Customs, Excise and Preventive services and the level of revenue and hence relief which we could bring about if we could just improve the level of honesty and integrity of the staff of this organisation.

Dishonesty has become such a deep rooted habit in our various lives that we need to make a conscious and determined effort to change the situation positively especially in the area of intellectual and professional dishonesty. Still on the question of professionalism in the practice of our professions, there is a need for us to develop a sense of commitment in our people. A commitment to ensure that this new experiment in private sector/government partnership as a strategy for rapid and sustainable development is vigorously nurtured by all parties. With the change in the consensus on development shifting the burden of leadership to the private sector, we must show commitment to this new approach even as we keep reminding the government side especially the leadership, to show concrete evidence of its commitment.

Finally, on the professional aspect of your practice the most important aspect which I intentionally left for the end is education and training. Again your association has been doing well in the part it has played in the education and training of members of your profession. I note with admiration your efforts particularly in the area of continuing education but you must also join in the debate on education and training in general in Ghana which has been on the decline.

Indeed the Governing Council of the Private Enterprise Foundation has only just yesterday held a meeting with the Vice-Chancellors of our Universities to express the private sector's concern on the recent crisis in the tertiary education sector with particular reference to the admissions dilemma (in which the Universities are using aggregate 6 or better for the minimum entry requirements into certain courses) and the funding of tertiary education. We believe that if something is not done now, the supply of the requisite type and number of skilled manpower available to industry and the private sector further down the road will be adversely affected.

The need to take a look again at the education reforms with

a view to improving the delivery and redesign of programmes to effectively cater for the manpower and labour requirements of the private and public sectors is even more critical now and I would also expect you to devote some time on this especially the financing of tertiary education including the training of pharmacists.

While on the question of rendering professional services, the question of providing such services to the public in the rural areas has not yet been exhaustively tackled. The need to also train more chemical sellers to serve this purpose should also be further examined to create the conditions which will ensure better representation in more rural areas.

### Commercial Dimensions To Pharmacy Practice

The commercial dimension of your profession is one that needs not be over emphasised. For, as businessmen or women the "raison d'être" of your existence is to maximise your profits and minimise losses; at least for some of you.

In a continent where economic potential is so great and yet the common people are yet to enjoy the benefits of development that our counterparts in the East Asian region take for granted, we should examine carefully the competitive environment we are in today. Despite the achievements of the past few years of the ERP and SAP, we still face problems which prevent us from achieving higher economic growth.

To achieve our long term goal of becoming a middle income country by the year 2020, we need to expand our production by at least 8% per annum compared to the present average of 4-5 percent. Our economic performance in the last few years, unfortunately has not been encouraging when viewed in the context of our vision 2020. This is because the private sector in which most of you operate, being the main engine of growth has been constrained by many obstacles.

The major ones being a general unstable macro-economic environment featuring high inflation, high interest rates and a fast depreciating cedi and other economic and institutional problems. The unstable macro-economic environment creates uncertainty which in turn raises the risk of investment. This is because at high rates of inflation and interest rates, investment, particularly in productive activities, becomes more difficult and its return less predictable. As a result of this, the private sector is unable to invest adequately to increase the growth of the economy. Entrepreneurs are not able to re-tool their factories and therefore, continue to use obsolete machinery, making their products uncompetitive in the market-place.

In addition to the problem of high inflation, high interest rates and fast depreciating cedi the private sector is saddled with other serious constraints like:

- inadequate access to financial markets;
- lack of cheap and low risk sources of long term funds/finance;
- limited domestic and export markets which constrain the realisation of economies of scale in production.
- low capacity utilization;
- lack of coherent private sector development strategy; and
- government's attitude hitherto towards the private sector and of course the effects of the trade liberalisa-



tion policy has also further created competition (sometimes unfair) from cheap and subsidized imports.

In an attempt to tackle the problems of inflation and the high bank interest rates two significant fora were held in the second quarter of the year on "Management of Inflation" and "Forum on the state of the economy" through which several conclusions and recommendations have been reached on the way forward.

It is my hope that the report of these two fora will be implemented expeditiously. We at PEF are working at systematically removing some of the constraints and putting up a coherent private sector development strategy. The combined effects of these constraints have made it impossible for the private sector to respond positively to the new initiatives and the whole nation has been turned into a nation of shop-keepers and traders with very little manufacturing or industrial activity and that I am afraid includes you.

There is very little manufacturing in the pharmaceutical industry today; most of you have joined the buy and sell trade. The only difference between most of you and the other shop keepers is the fact the you don't sell second hand items. In reviewing the commercial dimension of your profession you should examine the possibility of increasing the manufacturing activity in your sector. There are several areas which could lend themselves to micro or small scale manufacturing or processing which should be of interest to you.

Business Assistance Fund (BAF) Applications (Pharmacy Manufacturing vrs Herbalist's) — the privatisation and divestiture programme has caused some pharmaceutical set-ups to be put on the divestiture list, notable among which is the GIHOC Pharmaceutical Company.

Several attempts have been made to sell this off with interesting responses but somehow it appears there are too many hidden interested parties. The essence of privatisation sometimes is to get the relevant organisation away from becoming a burden on the government treasury. It seems prudent to me that if you as a body responsible for regulating the practice of pharmacy and delivery of pharmaceutical products have rightly been able to ensure that no non-pharmacists owns any chemist or pharmacy shop then you should also be interested in ensuring that no non-pharmacists own any pharmaceutical products manufacturing concern especially one which has initially been put up with the tax payers money.

I challenge you therefore, as a group to get involved in the divestiture of the GIHOC Pharmaceutical Company jointly and severally. You should not wait until it has been divested unsatisfactorily before you complain.

In the context of the Ghana Vision 2020, the Trade and Investment Gateway (GHATIH) has been designed as a strategic thrust to mobilise foreign and domestic private sector investment. The programme is to promote Ghana as Trade Investment Gateway to the West-Africa Region using Export Processing Zones (EPZ), industrial parks, free ports and liberalized skies policies. The programme focuses on the processing of local and imported raw materials and goods for ex-

port and re-export; creation of service industries and the like.

The Free Zones (Act 504) has already been passed by Parliament and signed unto law by the President. The stage is therefore, set for this programme to take off. You should therefore, examine this development and take advantage of it. It should be possible under this programme, for some of you to team up with your suppliers or principals to set up micro or small manufacturing or even repackaging plants for some of your less sophisticated or complex formulations or even simple warehousing and distribution facilities. By this you would be improving the commercial viability of your operations.

Finally, another area of concern which I will urge you to consider seriously in your deliberations is the attention we are giving to Research and Development (R & D). In Ghana we seem to have developed some peculiar trait of being impatient for results. We are not prepared to bide our time and wait for results. We therefore, do not see the need to invest in R & D since by its usual nature R & D takes time to provide results. It is a fact however, that no development or innovation can come without a high investment in R & D over a period of time. The Oil Palm research experience in Singapore should be an example to us on what R & D can do if designed and programmed properly.

### Stable Political Environment

Before I end this short presentation, I wish to stress that all our effort at building a sustainable middle income economy will not have the desired impact if there is no stable political environment. In such an environment, compromises and consensus building would generate the appropriate economic policies that should create an enabling economic environment for private business to thrive. Let me share this concern I have on a subject I usually shy away from but which I believe we need to take interest in now even if indirectly.

This is an election year and as is to be expected, there is a lot of political activity going on. Most of us professionals are staying out of active participation, I am staying far away too even though by the nature of my work I sometimes have to get near the centre of action and be seen with some of the active players. In one such unpleasant assignment, I found myself in Liberia a week before the last hostilities broke out. So I have had the privilege of seeing first hand what war and ethnic conflict has done to Liberia.

I have also only recently interacted with some of our forces who have served in Somalia and Bosnia. All these have convinced me completely that we need to keep peace in our country at all cost. The way politics is being played in our country now by those who have decided to openly do politics gives me much cause for alarm. I would encourage you all, especially any of you who are close to any of the people who matter in any of the political parties to help get them to recognize the fact that we should all strive to maintain the relative peace we have and not do anything to the contrary for if they allow any violence to erupt, they should realize that violence has no eyes to discriminate.

*Are you a paid up member? Pay your retention fees to support the Society.*

*Continued from page 26*  
Good Communication, i.e.:

The Source: The Prescribers' Name and Contact Address, including Telephone number.

Clear Information: Date, Legible writing; name, strength, dose and total quantity of drug(s).

For whom: Name, sex, and age of patient.

Authenticity: Signature.

When such minimum requirements are met, then the Pharmacist is better placed to also play the role expected of him.

### The Role of the Pharmacy Profession

The pharmacist is not an External Auditor, he is not an External Examiner and he is not a Police Officer, he is not a Trouble Shooter and he is neither a storekeeper, today. Rather he is more of a cog in the machine.

Like one of the players in the team, he can assist to improve prescribing by demonstrating GPP or PHARMACEUTICAL CARE. He has been educated and trained for his professional duty in the team and provided that the Prescriber will only allow him and encourage him, he will always act in a certain way with regularity.

Good Pharmacy Practice implies Pharmacists' Intervention, and it requires that:

1. The prescription should be assessed and checked;
  - a. for its therapeutic objective
  - b. to ascertain the appropriateness for the individual
  - c. for its social, legal and economic aspects
  - d. for feed back dialogue with the prescriber
2. The patient should be counselled;
  - b. For compliance to enable the patient achieve full benefit of the indication - do's and don'ts

in relation to food and other medicines already being taken.

- c. for referral to the prescriber when necessary.
- d. for report on any adverse effects.

3. Competence of the Pharmacist through proper education and training should be maintained by regular review of undergraduate training syllabus and post-qualification Continuing Education.

The Pharmacist has the requisite training to deal with most of the things that were said in the morning. He knows all about Polypharmacy, Misuse of Antibiotics and Overuse of injections. He will intervene if the Prescriber will allow him.

But the Prescriber continues to hold on to power which no longer has any basis, anyway. In the end he continues to remain Bad Captain of the Team to the ultimate disadvantage of the Patient.

### Concluding Recommendation

1. President Clinton said yesterday morning at 5.20am live on BBC that:

**"WHEN WE ARE DIVIDED WE DEFEAT OURSELVES"**

2. Health Authorities should therefore take responsibility for breaking down the psychological barriers and stressing the importance of collaboration between all health professionals who are involved in patient care and the safe and effective administration of medicines.

I thank you for your attention.

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# Improving Drug Prescribing in Ghana: The Role of the Pharmacy Profession

By Mr. David Anim-Addo

I would begin my presentation which will be in the form of an exhortation by making the following five broad statements:

1. The current international message to anyone who accepts the need for ATTITUDINAL CHANGE is "THINK GLOBALLY, ACT LOCALLY".
2. Good Prescribing means Rational Prescribing.
3. Rational Prescribing is part of the indicators for monitoring a National Drug Policy (N.D.P.). Under the Action Programme on Essential Drugs, the WHO has developed several strategies to assist weaker countries like Ghana in the study of Rational Drug Use.
4. If Rational Prescribing is part of a NDP, then we should know what the main Global objectives of NDPs are:
  - i. To make effective, safe, low-cost medicines available and affordable to meet the needs of the entire population (via the EDL); and
  - ii. To ensure that medicines are of good quality and used rationally.

DO WE HAVE A KNOWN, PUBLISHED NATIONAL DRUG POLICY IN USE AS A WORKING DOCUMENT, IN GHANA, AS OF NOW?

HOW MANY OF US IN THE RELEVANT HEALTH PROFESSIONS ARE IN POSSESSION OF THE CURRENT EDL AND NATIONAL FORMULARY OF GHANA WITH THERAPEUTIC GUIDELINES. AND HOW MANY OF US DO CARE TO REFER TO IT?

5. Improving Drug Prescribing also means working towards Good Prescribing (GP).

Good Prescribing (GP) goes hand in hand with Good Pharmacy Practice (GPP). That is the global order of the day so that we can achieve the required outcome, which is to promote health and prevent disease through rational use of medicines.

THIS POSITION CALLS FOR A COLLABORATIVE EFFORT BY THE DOCTOR AND THE PHARMACIST.

*Mr. David Anim-Addo is the President of the Pharmaceutical Society of Ghana and this paper is one he presented at the Annual General Meeting of the Ghana Medical Association held in Accra in November, 1996.*

## Definition of Prescription

The dictionary continues to define a "Prescription" as a doctor's written order or instruction for the composition and use of a medicine. The word ORDER means a COMMAND given by someone in authority to someone who is subservient to him. And so the definition of prescription stems from the undisputed historical beginnings of MEDICINE 3000BC.

Beginning from the USA since 30 years ago the Prescription has ceased to be an order because of the significant increase in the level of education and training of members of other groups in health care. For instance, Pharmacy has long ago, shifted from Drug-Oriented study to Patient-Oriented study.

The Global trend therefore is that we are all involved in PATIENT CARE which is accepted as a SHARED RESPONSIBILITY. It is a situation in which the physician no longer claims sole responsibility for the management of the patient.

## The Football Game Analogy

In that sense, PATIENT CARE has been likened to the game of FOOTBALL which greatly depends on team work.

TEAM CONCEPT in Football recognises, first, the need for hard regular training by each player to concentrate on, and develop their particular skills. Success, you will all admit, is not achieved by the sole effort of the captain but by sharing the responsibility to win through the CO-ORDINATED EFFORT of all the eleven players. Thus, the physician-prescriber becomes the Team Captain with the other health professionals, including the Pharmacist, together with him IN THE TEAM, and all of them focusing on the one the same target - THE PATIENT.

And so simply put, a Prescription is a COMMUNICATION MEDIUM carrying a MESSAGE not a command, and requesting the pharmacist to act in accordance with the agreed rules of team work. For the message to be meaningful the message-giver should care to know the outcome. In other words, he should be receptive to a FEEDBACK from the receiver.

If the argument is accepted, then we should also agree that the prescriber should comply with the minimum features of



Mr. David Anim-Addo

*Continued from page 25*

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according to Dr Carl Spengler  
Homeopathic Medicine - fluid to be rubbed in.**



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1 ml contains: antigens D9 from mycobacterium tuberculosis typus bovinus and typus brevis, streptococcus pyogenes, antitoxins D9 created from the above-named strains.

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## **Dosage and Methods of Uses:**

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# The 56th Pharmacy Congress of the International Pharmaceutical Federation (FIP)

By Mr. Oscar Bruce

The 56th International Congress of the International Pharmaceutical Federation (FIP) took place in Jerusalem, Israel, from September 1 to 6, 1996 under the theme "Preparing for the Challenges of Tomorrow".

The Congress was attended by about 1500 participants coming from some 58 countries.

Having made my triumphant entry into Jerusalem at around noon of August 31, 1996, I was on hand to represent the Pharmaceutical Society of Ghana at the Council Meeting of FIP the following morning. The Council comprises of a representative of each of the Ordinary Members (countries) of FIP, a representative each of the FIP sections (10 in all), a representative each of the Boards of Pharmaceutical Sciences and Pharmaceutical Practice, members of the FIP Bureau and FIP's Honorary Presidents. Also invited to attend and participate in the Council meeting are representatives of other international organisations such as the West African Pharmaceutical Federation and the World Health Organisation. This year, and for the first time, a limited number of places were made available for individual members to attend the Council meeting as observers.

## Statements of Principle

Two Statements of Principle previously circulated to Council Members for study were presented for discussion and adoption.

The first on "Self-care and self-medication: the Professional role of the Pharmacist" was adopted after some few amendments.

Recognising the growing interest in self-care, the statement sets out how pharmacists' education and training equip them with the knowledge to provide professional and impartial advice on self-care including the following:

- sound advice on maintaining a healthy lifestyle.
- appropriate response to symptoms (including when it is necessary to seek medical advice rather than self-medicate).
- choice of self-treatment, where it is appropriate to do so.
- safe and effective use of self-treatment.
- safe storage and disposal of medicines.

The responsibilities of pharmacists advising on self-medication include:

- respect for patient confidentiality.

- professional assessment of the customer's needs, including when medical advice is necessary.
- closer working relationships with medical professionals on aspects of referral where medical advice is needed.
- premises that inspire confidence in the professional services on offer.
- recognition of the special status of medicines as commodities that need to be taken with care.

The adopted document will be circulated to member associations where it is hoped, the principles will be accepted and the details adopted for use in local settings.

The second statement on "Therapeutic and Generic Substitution" could not be adopted because of lack of time to thoroughly discuss it.

Two countries, Mexico and Malaysia, were accepted as new Ordinary Members of FIP. The total number of member organisations making up FIP is now 82 from 70 countries.

Following a decision that regional organisations can now become Associate Members of FIP, three such organisations which applied for membership were admitted. They include the European Federation for Pharmaceutical Sciences (EUFEPS), Federacion Farmaceutica Sudamericana (FEFAS) and the Pharmaceutical Group of the European Union.

Council re-affirmed FIP's commitment to support regional conferences by providing resources, be it human or financial.

## New Membership Fees

It was agreed that each country under category C (the category Ghana belongs) will from 1997 pay a membership fee of 500 Dutch Guilders flat. This decision was taken to encourage more members under Category C to pay up as a lot of them were defaulting because of the relatively higher fees they had to pay previously. For example, Ghana, recorded to have a membership of 600, would have been billed about 2,700 Dutch Guilders in 1997.

Ghana was, however, not included on the list of countries in arrears of membership dues which was circulated to members at Council meeting meaning she is a paid-up member to date.

In order to encourage more individuals to join FIP, Council is considering coming up with the following facilities for members:

- a. an international insurance scheme (accident, etc.);
- b. a computer programme for patient record keeping and
- c. an international Credit Card.

Members from developing countries, in particular, will be assisted to establish international links.

*Mr. Oscar Bruce is the Hon. General Secretary of the Pharmaceutical Society of Ghana and this article is a report on the Congress held in Jerusalem, Israel from September 1-6, 1996.*

### Election of Officers

Mr Mike Rouse of Zimbabwe was elected Vice President to replace Mr D. Sharpe of Britain who is retiring. He was nominated by the Board of Pharmaceutical Practice and is actually representing Africa on the Bureau. Nominated by the Board of Pharmaceutical Sciences, Prof. Leslie Benet from the US, was elected Chairman of that Board to replace Prof. K. Midha of Canada.

Vice Presidents Dr Francis Schubert of Canada and Dr Zoltan Vince of Hungary were re-elected for another four-year terms.

### Council Dinner

At about 7.00pm on the same day, Members of Council were driven to an Indian restaurant in Tel-Aviv overlooking the old port of Jafa. There, they were treated to a sumptuous meal after which followed dancing to traditional tunes from each country represented on Council and sung by the representatives themselves with the support of a live band.

### Opening Ceremony

The Opening Ceremony took place the next day, Monday, September 2, 1996 at the Jerusalem International Convention Centre, the venue for the congress.

In a speech, the Israeli Minister of Health, Mr T. Hanegbi touched on the tremendous change that the field of medicine is undergoing which is fuelled by technological advances and wondered whether society, in the face of limited resources, could afford what technology could solve. "More and more, we have to become aware of cost and include it as part of our practices" he said.

The Minister noted that "among the most important roles of the pharmacist are the provision of knowledge and being an important agent of health education and promotion".

In his opinion "pharmacists, in the health system must be integrated in all its facets, starting from industry through tertiary, secondary and primary care facilities and share the responsibility for better health for all".

The Minister's speech was preceded by the welcome address of Mr Howard Rice, President of the Pharmacists' Association of Israel and Chairman of the Israeli Hospitality Committee who said "much has happened to the world in general and to pharmacy in particular in the last millennia. But with pharmacy being such a dynamic profession, it is certain that in the next three years we will see changes as never before to our profession, be it pharmaceutical care, home care or managed care - this will guide us through the woods and prove to everyone that the pharmacist is one of the most vital members of the health team, and an unsubstitutable health professional".

"We must pick up the gauntlet, raise our heads high and motivate our hearts to prepare for the challenges of tomorrow" he added.

Dr. Dieter Steinbach, FIP President, said pharmacists needed partners inside and outside the healthcare team in the medical profession and in the public especially with our patients because it was clear that our professional future lay in partnership with all the other groups surrounding us.

He therefore found it difficult, in this context, to understand "the somewhat critical attitude in the medical profession against the fact that pharmacists take over a greater responsibility in self-medication since self-medication, by definition, represents a medical treatment without the intervention of a doctor".

He maintained that with regard to self-medication, the pharmacist was especially important in minimising the risk of a patient obtaining the wrong self-medication after having made a wrong self-diagnosis and in referring the patient to a physician when circumstances make it appropriate.

In this respect, he added, the pharmacy had the function of a safe-net for the public in the self-medication process.

Dr Steinbach said the FIP in addition to intensifying its medical partnership, would also strengthen the dialogue with the organisations representing pharmaceutical manufacturers with the aim of guaranteeing optimal drug treatment for the public.

He urged pharmacists to implement the concept of "Good Pharmacy Practice" and "Pharmaceutical Care".

### Awards

A number of awards were presented to deserving pharmacists during the Opening Ceremony and these included the following:

- The Andre Bedat Award for an outstanding contribution to international pharmacy. This went to Mrs Margaret S. Bickle, an Australian. She has served the FIP through many committees and was from 1991-1995, the President of the Community Pharmacists' Section.
- The FIP Pharmaceutical Practitioner of the Year Award was presented to the Europharm Forum.
- FIP Lifetime Achievement in the Practice of Pharmacy award went to Gloria N. Francke of the USA.
- FIP Pharmaceutical Scientist of the Year Award was received by Prof Patrick Convreur of France.
- The FIP Lifetime Achievement in the Pharmaceutical Sciences Award went to Prof. Toshio Nambara of Japan.
- The FIP 1996 Fellowship to do research in "Separation of Enantiomers by HPLC and CE" was awarded to Mrs S.A. Kustrin of Yugoslavia.
- FIP International Travel Scholarships to attend various symposia/conferences, were awarded to Dr. W.N.E. van Dijk-Wolthuis, (Netherlands), Dr M. Hussein (Bangladesh), Mr Peep Veski (Estonia) and Mr Koppenhagen (Netherlands).
- FIP Development Grant for Developing Countries went to Mr O.O. Babalola of Nigeria.

Mr Kohlberg, a 90 year old Israeli, was conferred with an Honorary Membership of FIP.

### Symposia and Group Meetings

Over 150 symposia took place during the congress - summaries of all the papers presented have been deposited at the



Secretariat for members to study and make copies thereof if they so wish.

Other fora and events that took place include one on "Managing Care of Angina", a working group meeting on AIDS and Drug Addictions, a Public Relations Forum, WHO Regions meetings, a forum on "Consultancy in the Pharmacy" and a seminar on Good Pharmacy Practice.

### Meeting of WHO with African Delegation

Ms Agathe Wehrli of the WHO's Drug Management and Policy Unit and Dr Theophile Sodogandji of WHO's Drug Action Programme met with the delegation from Africa on Friday, September 6.

They informed the delegation of WHO's recent policy of wanting to work more closely with professional associations like Pharmaceutical Society of Ghana, the Universities and private manufacturing companies since they are more stable as against Ministries of Health whose orientations change with changes of government.

The WHO, they said, was willing to assist these organisations to establish drug information centres and national quality control laboratories. They could also help to streamline drug registration procedures and assist in the improvement of local drug manufacturing.

The assistance, they emphasised, would be in the form of guidelines provision and linkage to funding bodies.

### Joint WHO/FIP/WAPF Mobile Workshop

Ms Agathe Wehrli (WHO), Prof Ogunlana (PSN), Prof Obiorah (WAPF) and myself met to discuss, a joint WHO/FIP/WAPF mobile workshop on Good Manufacturing Practices (GMP) to take place sometime in the middle of 1997 in Lagos and Accra. The Accra version will cater for participants from the Gambia, Sierra Leone and hopefully Liberia.

The 1997 workshop will be the first in a series of workshops to span over a period of 5 years and is generally intended to raise awareness in GMP.

The target group for the workshop will include pharmacists as well as non-pharmacists in drug manufacturing, quality control, academia, analysis and those working with Regulatory bodies.

A proposal on the workshop which was ready before the Congress ended was submitted to Agathe who is expected to get back to us.

### Social Programmes

A number of social programmes formed part of the entire congress.

A welcome reception was held in the evening of Monday, September 2 at the Israel Museum. It was very well attended and there was a lot to eat and drink. Before dinner was served, participants had the opportunity to visit the museum which contained, among other things, the historic dead sea scrolls.

On Tuesday, September 3, participants were shuttled to an open-air amphitheatre at Mount Scopus to witness an exciting cultural event comprising of Israeli music, singing and dancing performances.

The closing dinner took place inside the International Convention Centre on Thursday evening. After doing justice to their dishes, participants settled to a long session of dancing to ever-green tunes provided by a live band whose performance was simply impressive. In the course of dancing, a participant charged towards the flags stand and by chance, I guess, picked up the Ghana flag and led a long soul-train with it. The train was boarded by more and more people as it meandered around dinner tables set in the hall.

### Tours

Tours to several places of interest were made by many participants. Notable places visited were Massada and the Dead Sea, Nazareth (Galilee), Bethlehem, where one finds the church of Nativity, and the ancient walls of the Old City of Jerusalem, among others.

### FIP' 97 in Vancouver, Canada

Council Members were invited exclusively to receptions organised by the American and Canadian delegations. The later group seized the opportunity to invite members to the 57th Congress of Pharmacy to take place in Vancouver from August 31 to September 5, 1997.

### Departure

I left Jerusalem on Friday, September 6 to Tel-Aviv where I stayed for two nights before leaving Israel finally on Sunday, September 8 for Accra.

### Acknowledgement

This report would not be complete if I fail to mention and thank, on behalf of the Pharmaceutical Society of Ghana, the following companies that got together to purchase an air-ticket for my journey to Israel and back. They are: Ernest Chemists Ltd., M & G Pharmaceuticals Ltd., Gokals Pharmacy Ltd., Universal Chemists Ltd., Bendoz Pharmacy Ltd., Citadel Chemists Ltd., and Bel-team Publications Ltd.

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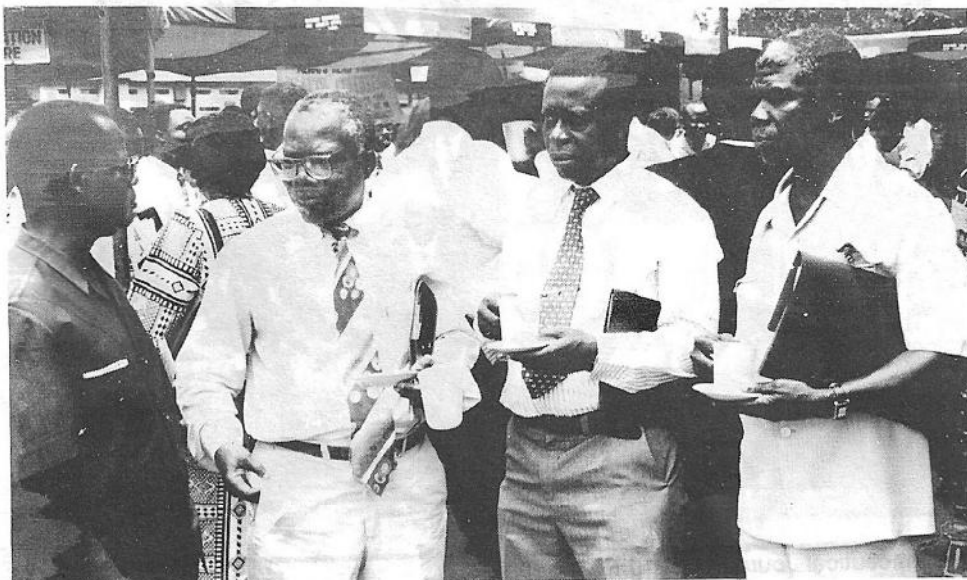
# ALBUM



A cross-section of participants at the AGM held in Kumasi applauding a presentation by one of the speakers.



The President of the Ghana Medical Association (GMA) Prof. Dr. G.W. Brobby was present for the opening ceremony. He is seen here with Mr. Mike Addo, Managing Director of Kama Health Services Ltd.



A Fellow of the Society, Mr. Aboagye (left) in a discussion with some members. They include (l to r) Mr. J.S. Aggrey, Deputy Director of Pharmaceutical Services, Central Region, Mr. J.K. Obeng, Central Regional Branch Chairman, and Mr. S.T. Dankyi, former Deputy Director of Pharmaceutical Services, Central Region.





As usual, an exhibition of pharmaceutical products by drug companies formed part of the AGM and here a representative of one the companies appears to be explaining a point to a participant.



A line-up of those who worked very hard to make the 1996 AGM a success. They include (l to r) Mr. Otuo Manu, Mr. Kofi Abu, Mr. K. Sarfo and Mr. R.K. Mensah who are Vice-chairman, Secretary, Treasurer and Chairman respectively of the Ashanti Regional Branch. Ms. Mercy Hammond (not in the picture) also contributed immensely to the success of the AGM.



A group picture of participants at the AGM. Seated in the middle and wearing the chain of office is Mr. David Anim-Addo, President of PSGH.





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