

**PHARMACY AT DOORSTEP: TOUCHING LIVES AND BRIDGING GAPS.**  
**A SPEECH DELIVERED AT THE LAUNCH OF THE 90TH ANNIVERSARY OF**  
**THE PHARMACEUTICAL SOCIETY OF GHANA**  
**PRESBYTERIAN CHURCH AUDITORIUM, AKROPONG-AKUAPEM, EASTERN**  
**REGION**

**May Day, 2025**

**Delivered by the Registrar of the Pharmacy Council of Ghana**

Mr. Chairman,

Her Royal Highness Nana Afua Nketia Obuo II, Paramount Queen mother of A kuapim

Nananom of the Akwapim Traditional Area,

President of the Pharmaceutical Society of Ghana,

Representatives of the Ministry of Health

Reverend Ministers and Presbyters of the Presbyterian Church of Ghana,

Distinguished Past Presidents and Fellows of the Pharmaceutical Society of Ghana,

Fellow Pharmacists and Pharmaceutical Technologists,

Students of Pharmacy, Members of the Media,

Distinguished Guests, Ladies and Gentlemen.

Good morning.

I deem it a profound honour to address you at the launch  
of the 90th Anniversary of the Pharmaceutical Society of Ghana.

Ninety years is not merely a passage of time.

We are here to launch the celebration of

90 years of institutional endurance.

90 years of accumulated struggle.

And 90 years of sustained relevance.

As we gather here today, we are not merely marking an anniversary. We are standing within a  
legacy.

A legacy built through science. Sustained through service.

And tested through history.

This moment, therefore, is not only one of celebration,

It is one of reflection and responsibility.

Mr Chairman, Nananom, Distinguished President and Executives of the Pharmaceutical Society of Ghana,

Ninety years!. That is a lifespan long enough to witness the birth of a nation,

The dawn of independence, and the transformation of healthcare

from the era of missionary dispensaries to the age of genomics and biologics.

For nine solid decades,

the Pharmaceutical Society of Ghana has stood as the sentinel of our nation's medicines, the advocate for our profession, and the conscience of pharmaceutical care

We are therefore gathered today not merely to celebrate longevity. Because

Longevity without impact is simply growing old.

We are gathered to ask questions- questions that should haunt and inspire us in equal measure.

The questions are embedded in our Theme-

**PHARMACY AT DOORSTEP: TOUCHING LIVES AND BRIDGING GAPS**

After 90 years, do we have a pharmacy at the doorstep of every Ghanaian?

After 90 years, are we touching the lives of Ghanaians?

After 90 years, what are the gaps to bridge on our way to the doorsteps of Ghanaians?

**PHARMACY AT DOORSTEP: TOUCHING LIVES AND BRIDGING GAPS.**

For me, I frame it not as a statement of accomplishment, but as a mirror held up to our collective face.

But before we look into that mirror, we must first understand why we are gathered here, on this particular ground, on this particular day.

Because the location, the date, and the legacy all speak.

Why the forecourt of the Christ Presbyterian church in Akropong-Akuapim?

When I was told that we chose Akropong-Akuapim for this launch,

I asked myself:

what at all is the historical connection between this ancient town and our Society?

The historical record shows that the Pharmaceutical Society of Ghana was founded in Accra  
Not in Akropong.

Akropong does not appear in our founding documents.

But this morning,

we are not gathered in just any venue in Akropong.

We are seated in the forecourt of the Christ Presbyterian Church, Akropong-Akuapem.

And that singular fact changes everything.

It transforms this launch from a convenient location choice

into a profound spiritual and historical homecoming. (And I will explain why)

The Presbyterian Church of Ghana traces its roots directly to the Basel Mission,  
which arrived on these Akuapim hills in the 1830s.

The missionaries did not come only with the Bible.

They came with a medicine chest.

They came with a commitment to heal the body as well as the soul.

So even before the Pharmacy Council of Ghana existed,

before the Pharmaceutical Society was dreamed of,

before the word "pharmacist" was commonly used on this soil,

the Basel missionaries in Akropong were training dispensers.

They established clinics. They prepared and dispensed medicines.

They understood that the gospel of Christ and the gift of healing walk hand in hand.

This very forecourt on which we launch our 90th anniversary

is part of that legacy. We are, in a very real sense,

on ancestral pharmaceutical ground.

The first dispensers who served in this area—

the spiritual forerunners of today's pharmacists—may well have worshipped in the church  
that stands near this forecourt.

They may have reported to missionary doctors

in buildings not far from where we gather this morning.

To launch our 90th anniversary here therefore is not an accident. It is an act of pilgrimage. We have returned to one of the taproots of pharmaceutical care in Ghana.

### **The Founding Fathers: A Debt We Must Never Forget**

Now, let me turn to the architects of our profession.

The PSGH was born out of the merger of two earlier associations—

The Gold Coast Pharmacists and Druggists Union, and the Chemists Defense Association.

At its founding on December 19, 1935, the Society had just 26 members.

The man who led this historic merger was William Ayiah Hansen.

Hansen operated from Hansdrug College of Pharmacy at Hansdrug Hall in Accra— an institution that trained early dispensers and pharmacists for the Gold Coast.

He received crucial support from Dr. D. Duff, the then Director of Medical Services, who understood that a professional body for pharmacists would elevate the standards of medicine supply across the colony.

William Ayiah Hansen is the father of organized pharmacy in Ghana.

His name must never be forgotten.

From the missionary dispensaries of the 1830s to Hansen's Hansdrug Hall in 1935, the thread of our profession runs unbroken.

When we gather as a Society, we stand on the foundation he laid.

When we advocate for the profession, we carry forward the vision he articulated.

When we touch lives at the doorstep of Ghanaians, we fulfill the purpose he served.

On the 19th of October 1957— 7 months after Ghana's independence—

the Pharmaceutical Society of the Gold Coast became the Pharmaceutical Society of Ghana.

The name change was not cosmetic; it was a declaration that our profession belonged to a free and sovereign nation.

As the decades passed, other dedicated pharmacists led this Society through challenges and triumphs. Let us honour them.

We have some of them right here in our midst today- To them, we say Ayekoo

To their families present here, to their descendants,  
we say: your fathers and mothers did not labour in vain.  
We carry forward their torch.

### **The Thread That Connects: The Struggle for Recognition**

Distinguished colleagues,  
as we reflect on this 90-year journey- from dispenser to Doctor of Pharmacy,  
a single thread runs through every era: the struggle for recognition.  
In the 1880s, dispensers struggled to be seen as more than doctors' assistants.  
In the 1940s, pupil pharmacists struggled for wage parity and professional status.  
In 1961, BPharm graduates struggled against a regulatory framework that had not kept pace  
with their training.

Today, PharmD graduates struggle for legislative recognition of their clinical competencies  
and for employment opportunities with salaries that commensurate with their training.

The Pharmaceutical Society of Ghana has been the institutional anchor  
of this struggle for ninety years.

And we—the present custodians of this legacy—  
are called to do even more-for the next ninety years.

This is not just a responsibility. It is a calling.

For those who came before us did not labour in comfort.

They laboured in sacrifice. They endured hardship.

They built, not for themselves alone, but for generations they would never meet.

And today, we are the beneficiaries of that sacrifice.

So we must ask ourselves—what shall we do with what has been entrusted to us?

Any attempt to divide this front, any effort to weaken this unity,  
is not merely an institutional betrayal. It is a moral one.

For a house divided against itself cannot stand.

If our forebears saw the need to bring us together,

if they bound this profession with a spirit of unity,

and if that unity has sustained us for almost a century,

then we must tread carefully. If we have nothing to build, nothing to strengthen, then at the very least, we must not destroy. We owe them that much.

We owe them respect. We owe them honour. We owe them gratitude for the sweat and the toil that gave us this platform.

Yes—the law may permit many things. The current dispensation may make certain paths legally possible. But we must remember this truth:

“All things are lawful, but not all things are expedient.”

We may have the right to do everything. But not everything is right.

Not everything is edifying. Not everything is pleasing in the sight of God.

So let us not be guided by legality alone. Let us be guided

by conscience. By wisdom. By the fear of God.

Let us act in a manner worthy of those who came before us.

Let us preserve what they built. Let us strengthen what they handed down.

Let us protect this unity as a sacred trust.

Because what we do today

will speak to those who come after us.

And when the next generation rises, may they say of us— that we did not scatter, we did not divide, we did not diminish the inheritance— but we stood together, we held the line, and we carried the vision forward.

For the next ninety years will not be built by chance.

They will be built by what we choose to do today.

Every legislative victory, every curriculum reform, every recognition of pharmaceutical value has been fought for—not granted.

In 1892, the colonial government enacted an ordinance to regulate "druggists."

In 1935, a group of pharmacists declared that they would regulate themselves.

In 1961, an independent Ghana passed its first Pharmacy Act.

In 1994, the Pharmacy Council was established.

In 2012, we began training Doctor of Pharmacy.

Each of these milestones was achieved because pharmacists refused to accept the limitations imposed upon them.

Each generation fought for the next generation to have more recognition, more responsibility, and more impact.

Today, as we stand at 90 years, we are the beneficiaries of that struggle.

But we are also its current custodians. The struggle is not over.

But I am confident—because I know the history of this Society—that we will prevail.

Not because it is easy, but because it is necessary.

Not because recognition is given, but because recognition is earned.

For 90 years, the Pharmaceutical Society of Ghana has earned that recognition—one struggle at a time.

Let the next 90 years be defined not by what we are denied, but by what we achieve.

### **The Significance of May Day to our Celebration**

Distinguished guests, Today is May Day-Workers' Day they call it let us mark the meaning of this date.

It is a public holiday dedicated to the dignity of labour.

The pharmacist is a worker. So is the pharmaceutical technologist on the factory floor at Kinapharma or Ernest Chemists.

The young pharmacist doing her Housemanship at Tetteh Quarshie Hospital is a worker.

The community pharmacist who opens his pharmacy at 6 a.m. and closes at 10 p.m. is a worker.

Our profession serves workers.

The farmer who strains his back in the fields-the teacher who stands for hours in the classroom, the driver who navigates our busy roads—when they fall sick, they come to us.

By launching our 90th anniversary on May Day,

we are declaring our solidarity with every Ghanaian worker.

Pharmacy at the doorstep means that the worker who labours for this nation will not lack medicines when their body breaks down.

As we launch this anniversary

From the forecourt of the Christ Presbyterian Church in Akropong,

We do so standing at the confluence of many rivers.

The river of faith, brought by the Basel missionaries who first dispensed medicines on these hills.

The river of professionalism, founded by William Ayiah Hansen at Hansdrug Hall in 1935.

The river of education, which has taken us from apprentice dispensers to Doctors of Pharmacy.

The river of leadership, carried by the many Presidents who have guided this Society.

The river of labour, honoured on this May Day.

We are the heirs of a great legacy.

From the missionary medicine chest-to the modern pharmaceutical factory,

from the humble dispensary-to the Doctor of Pharmacy consulting room,

the story of pharmacy in Ghana is a story of God's faithfulness and human dedication.

Now, let us turn from our past to our present purpose.

### PART THREE: THE VISION AFTER NINETY YEARS

We return to the question:

What is "Pharmacy at the Doorstep"?

Let us be precise,

because slogans are cheap and clarity is costly.

Pharmacy at the doorstep is not a poster of a smiling pharmacist.

It is not a single drone delivering medicines to one community

While another lacks a basic health post.

It means pharmacies equitably distributed across this country—

not clustered in urban centres where profit is assured-

But present in the deprived,

the rural, and the underserved communities where the need is greatest.

It means a pharmacy that, when you walk through its doors,

is manned by a competent, motivated, and present pharmacist—  
not an unqualified attendant left to dispense  
because the pharmacist has left that very door  
to pursue another business far away.

It means a pharmacy stocked optimally,  
not with what the sales representative pushed this month,  
but with what the disease burden of that catchment area demands—  
quality, efficacious, safe medicines  
that treat malaria, hypertension, diabetes, and the neglected conditions that steal life quietly.

Pharmacy at the door step means a pharmacy that is integrated  
into the primary healthcare system, where a patient can walk in  
and have their minor ailments managed,  
their chronic medications reviewed,  
and their health promoted—freeing our overburdened hospitals  
to do what only hospitals can do.

That is the vision.

And so, my dear brothers and sisters, the question stands: Have we touched lives?

#### TOUCHING LIVES — THE EVIDENCE OF OUR IMPACT

What does it even mean, to touch a life?

In our profession, touching a life is not an abstract sentiment.

It is a measurable, concrete, and sacred act.

It happens at the dispensing counter-Yes.

But it also happens on the factory floor.

To touch a life means a mother in Tamale who brings her asthmatic child to a pharmacy  
and leaves not just with an inhaler, but with the knowledge of how to use it,  
a spacer device she was shown how to clean,  
and an asthma action plan written in a language she understands.

That child sleeps through the night for the first time in a week.

That is a life touched.

To touch a life means an elderly man on five different medications walking into a pharmacy confused,

and walking out with a clear medication review chart,  
his dangerous duplicate therapy identified and stopped,  
his bleeding risk caught before it became an emergency.

That is a life touched.

To touch a life means a factory technician in Tema or Koforidua,  
working under the supervision of a Ghanaian pharmacist,  
calibrating a machine that produces thousands of units of intravenous fluids.

Days later, in a surgical theatre in Sunyani,  
a patient undergoing an emergency caesarean section  
receives that very bag of normal saline,  
manufactured to international standards,  
produced on our soil, by our own.

The mother survives. The baby survives.

Neither will ever know the pharmacist who oversaw that production line.

But a life was touched. Many lives were touched.

So, when asked, "Have we touched lives in the past 90 years?",  
the answer is an emphatic, evidence-based yes.

#### THE OTHER SIDE OF TOUCH — WHEN OUR HANDS HAVE HARMED

But distinguished guests and colleagues,

A mature profession does not only curate its successes.

It interrogates its failures. If we claim to touch lives,

we must accept a solemn and uncomfortable truth:

not every touch has been a healing one.

By our conduct, by our actions and by our inactions—

we have, at times, touched lives negatively.

To deny this would be to forfeit the right to lead the next 90 years.

Let us, with courage and humility, name these failures publicly.

Not to shame ourselves, but to challenge ourselves.

When we stock our pharmacies

not because the patient needs the medicine, but because the marketing representative came around with a target, a gift, or a promise of a conference sponsorship,

we have touched a life negatively.

The patient who buys a medicine they do not need,

or a more expensive brand when a quality generic would have sufficed,

has been financially exploited.

The trust placed in our white coats has been breached,

not by a criminal, but by a commercial decision we allowed to override our clinical judgment.

When we leave our pharmacies unmanned by a qualified pharmacist—when the pharmacist is absent, leaving a dispensing assistant to do work that only a pharmacist should do—

we have touched a life negatively.

The patient who receives the wrong medication,

the wrong dose, or no counselling at all—has been endangered by our absence.

The phenomenon of the "pharmacist-in-absentia"

is a stain on our collective professional garment.

When we dispense antibiotics for a common cold because the patient demands it

and we do not want to lose their patronage to the next shop,

we have touched a life negatively.

We have fed the monster of antimicrobial resistance. That patient may recover from their cold, but somewhere down the line,

when they or their child develops a life-threatening infection that no antibiotic can treat,

it will be because pharmacists like you and I, traded clinical integrity for customer satisfaction.

When we are physically present in our pharmacies

but mentally absent—

when we dispense without counselling,

without checking for drug interactions,

without asking about allergies,

without confirming the patient understands their therapy—

we have touched a life negatively.

The patient who takes metronidazole and then drinks alcohol

because no one told them not to.

The patient who mistakes a suppository for an oral tablet

because the pharmacist was too busy to explain.

These are not hypothetical scenarios.

These are documented causes of preventable harm.

When we fail to report adverse drug reactions—because the paperwork seems tedious

or we fear it might implicate our practice, we have touched a life negatively.

The signal that could have protected thousands of patients goes undetected,

because we chose convenience over vigilance.

When pharmaceutical companies, even those led by our own,

cut corners in quality control to reduce costs,

we have touched a life negatively.

A poorly formulated tablet that does not dissolve properly,

a contaminated batch that should have been rejected,

a product released without full testing because the deadline was tight—

these decisions are made by pharmacists in boardrooms and on factory floors.

The patient who consumes that product is the final recipient of a compromise they never consented to.

When the PSGH sees these things happening among our members

and remains silent, and in some situations attempt to justify them or explain them away—

And when the Pharmacy Council receives complaints and investigations move at the pace of inertia.

when we protect our colleagues instead of protecting the public—

we, as a collective, touch lives negatively.

My dear Pharmacists,

I do not list these failures to humiliate us.

I list them because a profession that cannot confess cannot reform.

The same hands that have healed have also, at times, caused harm.

After all, the elders say ko nsuo na bo ahina.

The doorstep we seek to reach must be a doorstep of integrity.

A pharmacy at the doorstep, even in the bedroom, without a pharmacist is not a pharmacy at the doorstep; it is a danger at the doorstep.

### **THE GAPS**

If we are to be honest,

the evidence of lives touched—and lives harmed—

reveals structural gaps that we must confront. To confront the gaps means we must first identify them

**Gap One:** The Urban-Rural Chasm.

The pharmacist who saved a hypertensive patient in Accra cannot save the hypertensive farmer in Sissala East, because there is no pharmacy there,

let alone a pharmacist.

Our evidence of impact is geographically clustered.

We have touched lives, yes

but we have touched them disproportionately where the lights are already bright.

**Gap Two:** The Evidence of the lives we have touched

Much of our evidence remains in academic journals,  
presented at conferences like this and then forgotten.

We have not systematically collected, curated, and  
communicated a national dataset of pharmacists' impact.

We know we touched that one patient in that one study,

but do we know our aggregate national contribution to health outcomes?

We do not.

We lack a national pharmacy impact monitoring framework.

**Gap Three:** Import Dependence Undermining Our Manufacturing Legacy.

We celebrate our local manufacturers, yet 70 percent of our medicines are still imported.

We do not yet manufacture a single human vaccine.

The active pharmaceutical ingredients that go into the products made by our pharmacist-led companies are largely imported.

We have not completed the journey from medicine sovereignty to medicine independence.

**Gap Four: The Public Health Blindspot.**

We have touched individuals, but have we touched communities at a scale?

Mass immunization, community health screenings, health promotion in markets and churches— while individual pharmacists may have done this,

it is not yet the expected, documented, and reimbursed role of every community pharmacy.

**Gap Five: The Economic Barrier.**

The life that is touched too often is the life that can afford to be touched.

Optimal, quality-assured medicines, dispensed with full pharmaceutical care, remain priced beyond the reach of many.

The National Health Insurance Scheme's payment model and limited formulary cover mean the poorest Ghanaian may never experience the "pharmacy at the doorstep" we celebrate today.

**Gap Six: The Regulatory Enforcement Gap.**

We have standards, but enforcement is weak.

Even when we have enforced them, we do not consistently enforce them.

The phenomenon of the absentee pharmacist is known to us all.

Substandard products occasionally find their way onto shelves.

Pharmacy premises operate without meeting minimum requirements.

The Pharmacy Council needs resources, the support of PSGH and political will to enforce, not just to register.

**CHARTING THE PATH FOR THE NEXT 90 YEARS-FILLING THE GAPS**

Fellow pharmacists, the gaps are our marching orders.

I propose six concrete pathways for the next chapter.

1. **Institutionalize Community Pharmacy as Primary Care, under the “Pharmacy First” policy.**

We must move from pilots to national policy. Every community pharmacy must be formally recognized as a primary healthcare access point.

Not informally. Not incidentally. But by deliberate national policy.

And that policy direction already exists. The National Policy Framework for Free Primary Health Care makes it clear— that pharmacies are not peripheral actors, but integral components of the primary healthcare system.

Under the policy, community pharmacies are positioned as part of the Primary Care Network— the spoke level of care delivery,

Their role is defined-Not imagined. They are to provide:

Health education. Screening services in blood pressure, glucose, malaria. Early detection of disease. Chronic disease monitoring.

And structured referrals into the health system.

This is not theory. This is national policy. The policy goes further— it explicitly calls for the expansion of the role of pharmacies in preventive, promotive, and curative primary care services.

So the question is no longer whether pharmacists belong in primary care.

That question has been answered. The real question is this—

Have we institutionalized it? Pharmacy First means this:

When a Ghanaian has a minor ailment, the first point of care should not be a crowded hospital. It should be the community pharmacy.

Pharmacy First means: Managing minor ailments at the pharmacy level.

Providing family planning services. Monitoring hypertension and diabetes routinely.

Supporting adherence and continuity of care. And critically—

this must be done under a nationally standardized framework, supported by the National Health Insurance Scheme,

with clear protocols, clear reimbursement systems, and clear accountability.

Because without structure, there is no system.

And without a system, there is no impact.

So this is our call— Let us move from scattered practice

To structured national policy.

Let us move from recognition in documents To implementation on the ground.

Let us make every community pharmacy a true doorstep into Ghana’s primary healthcare system.

The PSGH must lead advocacy, and the government must provide regulatory and financial pathway.

## **2. Protect and Expand Our Manufacturing Base.**

Our local manufacturers are national assets.

The government must Grant tax incentives for local production,

Fashion out a deliberate national procurement policy that prioritizes locally made medicines.

We must invest in the next frontier:

active pharmaceutical ingredient production and vaccine manufacturing.

The national vaccine institute must be pharmacist-led and pharmacist-driven.

We will not be truly sovereign until we control the full manufacturing value chain.

## **3. Deploy the Unemployed Pharmacists to Underserved Ghana.**

Mr Chair, Ladies and Gentlemen,

A considerable number of pharmacists remain unemployed while many facilities—especially in deprived areas—lack pharmaceutical services. The Pharmaceutical Society of Ghana should advocate, using evidence, for targeted deployment to these gaps.

Pharmacists should be **seamlessly absorbed after housemanship**, prioritizing underserved areas. A “**National Service Plus**” model can temporarily post willing house officers to deprived districts post-housemanship, on house officer pay until clearance is granted, with **priority for recruitment** afterward.

The goal: match available pharmacists to areas of greatest need to ensure equitable access to care.

## **4. Build the National Pharmacy Impact Database.**

We cannot claim what we do not count.

The PSGH, with all stakeholders, must establish a national framework

for routinely collecting, analysing, and publishing data on pharmacist interventions and health outcomes across all practice settings—

clinical, industrial, regulatory, academia and community.

Every locally manufactured IV fluid administered,  
Every blood pressure controlled,  
Every medication error caught- must feed a national evidence base  
that proves our worth to policymakers and taxpayers.

#### **5. Embed Pharmacy in Public Health.**

We must move from the dispensary and the factory floor  
to the community.

Every pharmacy and every pharmaceutical company  
should be a touchpoint for health screening, vaccination, and health literacy.

Let us set a target: by our centenary anniversary, 80 percent of community pharmacies will be  
certified health screening and vaccination sites.

We will measure our impact not just in prescriptions filled or units produced, but in  
hypertension cases detected, cervical cancers prevented, and vaccine-preventable deaths  
averted.

#### **6. Strengthen Professional Accountability.**

The PSGH and the Pharmacy Council must jointly establish a robust peer review and  
disciplinary mechanism that protects the public.

A profession that cannot discipline its own

is a profession that will be disciplined by public scandal or government fiat.

Let us resolve that by our 95th anniversary, the phenomenon of the pharmacist-in-absentia  
will be a historical memory, not a tolerated reality.

#### **CONCLUSION — THE DOORSTEP AWAITS**

Distinguished guests, Nananom, Fellow Pharmacists,

As we celebrate 90 years, we must also look ahead.

The Society's 90th anniversary theme,

Pharmacy at Your Doorstep: Touching Lives, Bridging Gaps,

is not merely a slogan— it is a strategic vision.

We have touched lives. The evidence is real,

and we should hold our heads high.

From the factory lines of Ernest Chemists, Kinapharma,  
Danadams, Tobinco, and Intravenous Infusions,  
to the dispensing counters across this nation,  
to the consulting rooms in our teaching hospitals,  
Ghanaian pharmacists have been healing, protecting, and serving.  
But we have also, at times, touched lives with neglect,  
with greed, and with silence.

The evidence of our success also reveals the evidence of our inequity.  
The quality of care we provide is not yet the standard of care  
every Ghanaian receives.

The same hands that produce life-saving infusions in Koforidua could produce even more  
if we supported local industry with the seriousness it deserves.

Our ancestors in this profession gave us 90 years of foundation  
From the Basel missionary dispensaries on these very hills,  
to William Ayiah Hansen's Hansdrug Hall in 1935,  
to the successive Presidents who led us through colonial era, independence, during military  
rule and democracy,  
to the educators who transformed us from apprentices to doctors—  
we are the heirs of a great legacy.

The next 90 must be 90 years of equitable penetration.  
We must move from touching the lives we can reach,  
to reaching every life that needs to be touched.

The doorstep is not just a location. It is a promise.  
A promise that when a mother's child has a fever at midnight in Zebilla,  
she is not alone.

A promise that the quality of your medicine does not depend on the wealth of your postal  
code.

A promise that the pharmacist you meet is present, competent, and ethical.

A promise that the medicines you take were made with integrity,  
whether in Accra or Koforidua,

by hands that understand the sacred trust placed in them.

This is the gap we must bridge.

This is the life we must touch.

As we rise from this forecourt of Christ Presbyterian Church in the ancient hills of Akropong, on this Workers' Day, let us walk from this celebration to the doorstep of every Ghanaian who is waiting.

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Mr Chairman,

before I say thank you, and resume my seat  
I can sense that I am in the spirit. Therefore, permit me  
to conclude my address with a short prayer.

This is not the closing prayer,  
but a prayer to close my address.

After all, I am a Catholic. And we Catholics have prayers for everything.

We have special prayers before we sleep.

We even have special prayers when we wake in the middle of the night.

And we have special prayers when we rise in the morning.

It is in line with this tradition that I offer this prayer.

Almighty God, we thank You for the lives of our founding fathers and mothers,  
and all successive leaders who built this profession with sacrifice and vision.

Grant them O Lord eternal rest, and let their legacy continue to guide us.

As we carry this responsibility forward, give us wisdom to lead,  
integrity to serve, and unity to stand together.

May our hands heal, may our decisions protect life,  
and may our profession remain worthy  
of the trust placed in us.

Lord, we ask for Your forgiveness for the times we have deserted our pharmacies  
over these past ninety years.

Forgive us for accepting responsibilities as Superintendent Pharmacists,  
when we knew we would not be present to discharge them faithfully.

Forgive us—as regulators—for the times we have not been consistent

in our decisions, and for the times we have not been transparent  
in our actions.

Lord, have mercy on us. As we look to the next ninety years,  
we make this solemn commitment—to do that which is right.  
Grant us the wisdom and the strength to fully incorporate  
primary health care into our training, into our curriculum, and into our daily practice.  
Help us never again to abandon our pharmacies,  
or leave them in the hands of the unqualified.  
Strengthen us o Lord to be present,  
to be accountable, and to be worthy of the trust  
placed in us. In the next five years, when we meet again,  
may the issue of the absentee pharmacist  
be a thing of the past.

And in our centenary year,  
when we gather once more, may we lift our voices and say—  
Ebenezer, thus far the Lord has brought us.

Amen.

Happy 90th anniversary to the Pharmaceutical Society of Ghana.

Happy May Day to all Ghanaian workers

May God bless our profession,

And may God bless our homeland Ghana

THANK YOU