

PHARMACY COUNCIL
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news





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"Promoting Good Pharmacy Practice to Save Lives"

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FROM THE CHIEF EDITOR

As the Council enters its second year of publication, there is a lot to look forward to this year; we planned to make the newsletter more exciting and useful to our readers and stakeholders as we take all measures in fighting the spread of the Pandemic disease Corona virus (Covid - 19). Indeed, the year 2020 has not been as we most expected but this cannot be the reason not to transcribe.

On behalf of the Council Editorial Board, I would like to offer a word of thanks to our esteemed readers and anonymous reviewer, our stakeholders, our authors, and our editorial board for their tremendous support in ensuring the Newsletter comprises highest quality news.

Launching a newsletter is no small feat, and we achieved a good measure of success with the first four issues last year and consistently high-quality content from outstanding writers from Council and few from our stakeholders. We hope that the first volume with four issues was well relished by you.

I sincerely urge you all to share your views, constructive comments so that we nourish the contents of our newsletter as we strive to keep you informed with Councils news and from other stakeholders.

Thank you and enjoy the reading!



Elizabeth Shekalaghe
Chief Editor



Cover Page Story: Hon. Umy Mwalimu, Minister of Health, Community Development, Gender, Elderly and Children addressing the pharmacy professionals during the opening ceremony of PST Annual Scientific Conference in March, 2020.

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Pharmacy Council: P.O. Box 1277, Dodoma, Tanzania ■ Email: pcnewsletter@pc.go.tz

RESTRUCTURING OF THE DIRECTORATE OF PHARMACY IN THE PIPELINE



The Directorate of Pharmaceutical Services in the Ministry of Health, will soon be restructured with the formation of four departments. This was said by Hon. Umyy Mwalimu, Minister for Health, Community development, Gender, Elderly and Children when responding to the PST President's speech during the opening ceremony of the PST Annual Scientific Conference held on 16th March 2020 at the LAPF Millennium Towers, Dar es Salaam.

The proposed departments are, Logistics and Supply Chain Management; Hospital and Community Pharmacy; Domestic Pharmaceuticals and Medical devices production; Pharmacy Coordination.

The Minister said medicines and medical devices are critically important in the provision of health services in the country, she applauded the staging of the scientific conference and mostly its theme, "Tanzanian Pharmacists to spearhead the growth of Pharmaceutical Industries in Tanzania" which is in line with the current Government policy of Industrialization. She urged those who are constructing manufacturing facilities to speed up and would be happy to have at least one factory officially opened by June 2020.

Hon. Minister further revealed that the requirements for medicines and medical devices are very huge within the country and even for neighbouring countries. She pointed out, that pharmacists are a very important stakeholder group in the production of pharmaceuticals in the country. She called on the regulatory authorities, TMDA, TBS, Government Chemist and TIC not to be stumbling blocks to investors and entrepreneurs.

Hon. Umyy Mwalimu, Minister of Health, Community Development, Gender, Elderly and Children addressing the pharmacy professionals during the opening ceremony of PST scientific conference.

Hon. Umyy Mwalimu specifically directed the TMDA management to review the guidelines for small scale local production of pharmaceuticals to facilitate safe and efficacious medicines at a small scale. She underscored the fact that, there are challenges to production of medicines, she however assured the meeting that, the government will take deliberate efforts to support and facilitate those who wish to develop production facilities in the country.

Hon. Umyy called upon pharmacists to work diligently and to observe their professional ethics, so as to earn the respect and credibility that society has on them. She revealed that some pharmacists were tarnishing the image of the profession as they were involving themselves in pilferage of government medicines. She warned that, that will not be tolerated, those caught will be punished heavily. She went on to caution those who dispense prescription and controlled medicines without a prescription, "This practice must end and those caught will be erased from the register" she underscored.

"We understand that pharmaceuticals and medicines are businesses but it is not like business of clothes or peanuts, it is a special type of business as such it is not a business for everybody" remarked Hon. Umyy Mwalimu, specifically mentioning the ADDO shops and calling for their close supervision.

Pharmacy Council Enforces Adherence towards Prevention of Corona Virus (Covid – 19) In Pharmaceutical Premises

By Arafa Nshau



Registrar, Pharmacist Elizabeth Shekalaghe and other (pharmacists from Pharmacy Council) providing supportive supervision to a number of pharmaceutical premises in the fight against spread of Corona Virus (Covid 19) infection.

While playing its role in the fight against Corona Virus, in March 2020, Pharmacy Council inspectors conducted inspection of 66 pharmaceutical premises in Dar-Es-Salaam to assess their adherence to public health guidelines in preventing spread of Covid – 19 to the community.

The inspection revealed that 56 premises were using running water and soap and 10 premises were using hand sanitizers, ascertaining to a great extent that pharmaceutical outlets were following the prescribed guidelines.

The Registrar of the Pharmacy Council, Pharmacist Elizabeth Shekalaghe who personally led the team by inspecting MSD Community Pharmacy located at Muhimbili Hospital, commended MSD Management for ensuring the community outlet follows the guidelines for prevention of Corona virus by placing chlorinated running water and sanitizers both for their customers and staff.

The Registrar has instructed the management of all pharmaceutical premises in the country to

adhere to the public guidelines for prevention of Covid -19 Virus by placing running water and soap for the community to wash their hands before securing the service, she also urged all pharmacy professionals to be ambassadors in educating the society on various preventive measures on Corona virus.

Coronavirus disease (COVID-19) is an infectious disease caused by a new virus, the disease causes respiratory illness (like the flu) with symptoms such as coughing, fever, and in more severe cases, difficulty breathing. Corona virus disease spreads primarily through contact with an infected person when they cough or sneeze. It also spreads when a person touches a surface or objects that has the virus on it, then touches their eyes, nose, or mouth.

Protect yourself by washing your hands frequently, avoid touching your face, and avoid close contact (1m to 2m) with people who are unwell.

Pharmacy Council Strengthens Management Systems

By Alex Mkude

Pharmacy Council in strengthening its operational systems and keeping up with technological changes, has developed a Pharmacy Council Management Information System (PCMIS) that puts and stores various databases.

This system is already being used in issuing pharmacy permits. In this system, information of ADDO owners and ADDO dispensers has already been kept, and has begun issuing ADDO dispensers and owners certificate, Accreditation Certificate and ADDO permits.

The new certificates have new security marks, QR Code (shows information of a particular individual/premises) and Bar code (shows printing source). The sample of new ADDO certificates as shown will enable inspectors and the general public to easily identify the authenticity of the certificate.



Eighty one (81) ADDO dispensers found with forged certificates in Kigoma region

By Wilbard Semvua

The Pharmacy Council has uncovered eighty one ADDO personnel possessing fake dispensing certificates. The incidence happened following verification exercise conducted in Kigoma region recently by the Council.

Speaking during the debriefing session, the Registrar said “ we verified a total of 633 certificates in the region. Apart from 81 fake certificates, 224 (35.4%) deserved to be certified immediately, 282 (44.5%) were put pending for further verification as there was made a temporary committee for resolving out their cases”. The exercise was conducted in Kigoma with the aim of verifying all ADDO Dispensers in the region. Along with this exercise the Council also aimed at advocating the compliance to new ADDO Regulations, 2019 after revoking the older one and performing a mass sensitization on Rational Use of Medicines

To attain the objective, the Pharmacy Council arranged eight (8) teams and each team dealt with one District council of the region. Prior to this exercise was an announcement made to the general public that, dispensers of all drug outlets were to gather at the Office of DMO for each District Council. Each team met the dispensers and verified each ones' certificate.

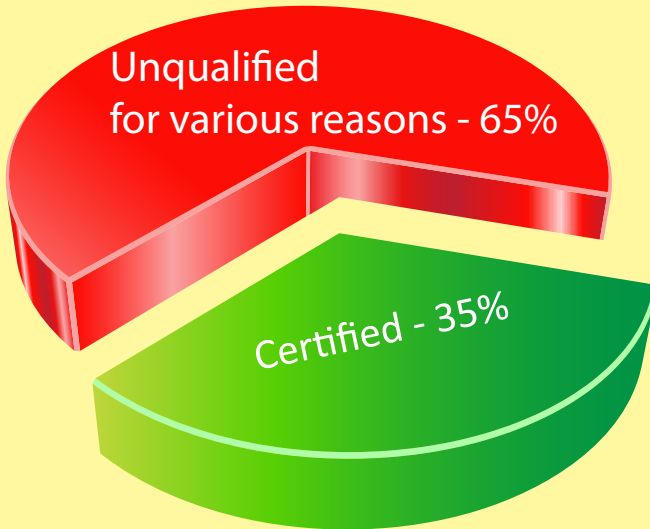
The activity involved receiving and keeping from use all old ADDO Dispensers Certificates and issuance of new certificates for those who met all the criteria thereof. The Council designed the new certificates such that they are of much more security marks including barcodes hence unique and almost impossible for forgery.

►► Cont. Pg. 4

◀ From. Pg. 3

The Council Chose Kigoma region for one basic reason, that the previously conducted investigations showed that the region had a predictably high number of forged certificates of dispensers. This is also implies that the health of the general public is put at risk as can be halted by those fake, falsifying and untrained dispensers.

A glance at the verification results



Upon completion of the verification exercise, the Pharmacy Council and Registrar submitted the findings to the regional administration of Kigoma Region where she also highlighted the future plans in the line of verification of dispensers.

Along with the verification of ADDO Dispensers the Council’s Officials disseminated the knowledge on Regulatory changes in ADDO Program specifically for ADDO Dispensers and the dispensing practices.

The new regulations called The Pharmacy (Accredited Drug Dispensing Outlets) (Standards and Ethics for dispensation of Medicines) Regulations, 2019 states that each ADDO Dispenser should be registered by the Council at the cost of 20,000/= and annually retain the name in the ADDO Register for 10,000/=. It states that all ADDOs should be re accredited every three years.

All the above changes were communicated to the dispensers so that they get ready for soon to come orders demanding them to pay fees as per such regulations.



Supportive supervision conducted by Council’s Inspectors in one of the ADDOs in Kigoma Region

ONE HUNDRED REGISTRATION CERTIFICATES ISSUED TO NEW PHARMACISTS

By Annette Ezekiel



Newly registered pharmacists in a group photo with the former Permanent Secretary of Health, Ms. Zainabu Chaula, Chief Pharmacist Mr. Daudi Msasi, Pharmacy Council Chairman Pharmacist Ramadhani L. Muhangwa and the Registrar, pharmacist Elizabeth Shekalaghe during the 7th Admission and Registration Ceremony held in January, 2020.

One hundred fresh pharmacy graduates were issued with their Registration Certificates on 31st January 2020, by the Permanent Secretary in the Ministry of Health, Community Development, Gender, Elderly and Children, Dr. Zainab Chaula, during a colourful ceremony held in the capital city, Dodoma.

In her speech, Dr. Chaula emphasised the issue of professionalism among pharmacists. The Permanent Secretary appealed to pharmacists to adhere to their professional ethics when undertaking their duties, arguing that embracing professionalism and ethics was crucial in delivering services to the public.

“I call upon you to be humble while carrying out your duties and stick to basics and ethics of your profession,” said the Permanent Secretary while delivering her opening speech during the event.

Dr. Chaula further said, “Pharmacy is a vital profession in the healthcare chain because patients expect to get proper medicines

from pharmacists”, she urged pharmacists to cooperate with doctors, nurses and other healthcare workers in order to provide credible services.

The Registrar of the Council, Pharmacist Elizabeth Shekalaghe, explained that the Council works with health colleges in an initiative to encourage more students to choose pharmacy course to address shortage of pharmacists in the country.

On another note, The Director of Health, Social Welfare and Nutrition Services in the President’s Office for Regional Administration and Local Government, Dr. Ntuli Kapologwe, urged pharmacists to stop choosing working stations, saying that, “there has been a tendency of some pharmacists not to report at their work stations in rural areas”, he further emphasised that, “Pharmacists should support the government which has put up a good number of health facilities in rural areas to help the people.”

MORE THAN 800 PHARMACEUTICAL PERSONNEL EXAMINED FOR REGISTRATION

By Emily Mwakibolwa

Pharmacy Council conducted pre- registration and professional examinations for 858 candidates across the country as part of pre-registration requirement. Among the candidates were 146 pharmacists, 669 pharmaceutical technicians, 34 pharmaceutical assistants and 9 pharmaceutical dispensers.

The exam that was conducted for two days in February this year at five centres of Dar es Salaam, Mwanza, Mbeya, Moshi and Dodoma.

“These examinations are conducted prior to registration whereby only successful candidates will be qualified to be registered after launching their application and pay prescribed fee. “Interesting out of the 858 candidates, more than 161 were female and remaining were male” Said Elizabeth Shekalaghe, the Registrar of the Council.



Candidates who sat for pre-registration and professional examinations at Dar es Salaam centre

Mass Sensitization on Rational Use of Medicines (RUM)

By Willbard Semvua

More than four thousands reached with rational use of medicines messages.

The Pharmacy Council reached more than 4000 people in Kigoma regions. Speaking to this newsletter, the head of Pharmacy Practice Department, Mr. Nelson Faustine said that the Council conducted face-to-face meeting in 76 wards out of 152 in the region. The meeting were conducted at market place, health centers, ward and village government offices and catchment areas of selected pharmaceutical outlets.

“We have decided to conduct this sensitization meetings in Kigoma region due to proximity to neighbouring countries, danger of infiltration of unregistered medicines, and increases cases irrational use of medicines in the country” said Mr. Nelson.

The Council is confident that the number of those receiving the message will grow to ultimately cover the entire region because banners and fliers were placed on various public places such as outside hospitals, markets and government buildings.

“We never bothered if it is our right to ask our dispensers the details of the medicines that we usually buy from their shops, again we never knew if it is their obligation to give us medicine information at that moment of buying. We are thankful for your visit” said one of the villagers in Buzebazeba ward who participated the sensitization on RUM.



Community around Buzebazeba ward, Kigoma Municipal gathered for a group photo with flyers on hands after being sensitized on Rational use of medicines.



Council Officer stamping on wall outside health centre to display a flier for “patients’ rights” and pharmacists responsibilities.



Council Women celebrate with the Needy

By Annette Ezekiel



Pharmacy Council women pose in a group photo during the International Women's Day (IWD) on 08th March 2020 in Dar es Salaam.

In commemorating the International women's day, the Pharmacy Council Women on Friday, 6th March 2020, celebrated with children being raised by two orphanage centres in Dar-Es-Salaam. Malaika Kids Tanzania with 70 children and Maunga Centre with 48 children.

On behalf of the Pharmacy Council Registrar, Pharmacist Anna Temu said that, "In celebrating Women's Day on the 8th March we thought of giving back to the community and visiting orphans was the best thing to do for most of the Council Women. As we all know, children are like angels, they are also the future generation so they need to be loved and cared physically and emotionally. Therefore, as mothers and sisters we had to visit these children and offer them few basic needs.

Expressing her gratitude, Mama Najma, founder of Malaika Kids Tanzania, a network of Charities run by volunteers rescuing orphans and the most vulnerable children from the streets of Dar-Es-Salaam said, "The acts of love and generosity displayed by women from the Pharmacy Council to our orphanage have brought so much joy and happiness to our children, we will always live to remember and cherish this loving gesture",

The Maunga Orphanage Centre with 48 kids is operated by Zainabu Bakari Maunga. Mama Maunga was so happy seeing Pharmacy Council women visiting the centre, and remarked, "Tunawashukuru sana kwa ujio wenu na moyo wa

kuwasaidia wahitaji. Mwenyezi Mungu akazidishe pale mlipopunguza na kuwajilia heri siku zote".

International Women's Day (IWD) is celebrated on the 8th of March every year all around the world. It is a focal point in the movement for women's rights. This year's IWD 2020 themed "I am Generation Equality: Realizing Women's Rights", with the Campaign Hashtag #EachforEqual#. It is a day that celebrates womanhood.

Tanzania joined other countries in the world in celebrating International Women's Day. Women from various sectors including Pharmacy Council gathered together and displayed different messages and activities. In Dar-Es-Salaam, the celebrations took place at Leaders Grounds with the theme "Komesha Ukatili wa Kijinsia Sehemu za Kazi".

The Registrar of Pharmacy Council, Pharmacist Elizabeth Shekalaghe made her remarks during commemoration of International women's Day. She said, "the Council will continue to stand by all women in striving to meet their every needs and give equal opportunities for the benefit of all, "Therefore, Pharmacy Council emphasised this year's general theme on the women rights in protecting public health with the theme "Mwanamke ana Haki na Wajibu Kulinda Afya ya Jamii".

The Council is taking important steps in addressing gender inequities especially to female pharmacists on their role as healthcare professionals.

An Encounter with **Brenda Msangi, UK Pharmacy Graduate**, at the Helm of Comprehensive Community Based Rehabilitation in Tanzania - **CCBRT**



Comprehensive Community Based Rehabilitation in Tanzania (CCBRT) is a Tanzanian health care organization which works to prevent disability, provide affordable medical and rehabilitative services, and aid empowerment of people with disabilities and their families. It also seeks to prevent disability through early identification by strengthening the maternal and newborn health system throughout the Country.

Brenda Msangi, a UK pharmacy graduate, joined CCBRT in 2009 as Deputy Director of Community Programs. In 2010, as the Director of Community Programs, she oversaw a key transition in the organization's approach to health systems strengthening across the country; from direct service delivery, to building the capacity of other providers in order to more sustainably deliver high-quality, accessible care across Tanzania. Brenda has held multiple Senior Management roles, including Chief Operating Officer (COO). As COO, Brenda developed streamlined processes and improved systems across diverse sections of the organization.

In December 2018, Ms. Brenda Msangi became the Chief Executive Officer of CCBRT. This position marks Ms. Brenda as the first female, first Tanzanian CEO in a giant medical institution in Tanzania.

Following is an excerpt of the one to one exclusive interview between Brenda Msangi (BM) and PC Newsletter Senior Editor, Henry Tandau (HT).

HT: It is our understanding that before your current position as CEO of CCBRT you were here as Chief Operating Officer, we would like to congratulate you for the elevation to the top position, as that is an indication that your performance is top - notch. Having been on the CEO position for over a year now, what challenges have you encountered in your new position and how have you solved them.

BM: First of all am very grateful and humbled by this visit. I remember I met Elizabeth Shekalaghe (Registrar) sometime last year in Dodoma and we spoke about having an article in the Newsletter for people to know that yes being a pharmacist we can do other things than just being a practicing pharmacist, so am very humbled and thank you very much for coming.

My appointment was a very interesting one, not only for Tanzania but also for CCBRT. I am the first female CEO, I am the first Tanzanian CEO and of course a pharmacist. There were quite a number of firsts that came with that appointment, I was considered to be youngish when I was appointed. The first challenge was for me to be able to address all those firsts.

The other challenge was the fact that am a woman wearing so many other hats (a wife, a mother, sister, daughter and so on and so forth) other than being a CEO. How was I now going to juggle all that and again how was I going to build relationships and create networks because am a new leader coming on board. How can I create now a new network, new development partners and other stakeholders that will believe in me and the fact that am leading this organization.

HT: The role of CEO of a large healthcare institution has many duties and responsibilities, and as such, one needs to strike a good balance between managing the many departments and programs as well as the daily operations and definitely to follow the board's initiatives and the organization Strategic plans. For you as a wife, mother of three girls and CEO of such an important and demanding institution, can you briefly tell us how you cope with the demands of all these important stakeholders?

BM: That's a very interesting question, I can say three things; One, I had to develop a support system because clearly I cannot do it all by myself. So, I have a very solid support system first at a family level, I have a very supportive husband who by the way is also a pharmacist and I have a supportive family who also step in when I need them. I have so many hats that I am wearing that requires decisions but at this particular moment as I am having this interview, I am wearing my CEO hat so every other hat has to wait. So, at any given point of time I have to prioritise the hat I am wearing and be OK with it.

The other thing is i have to create a solid management system. CCBRT has a leader but it also has people, so how can i ensure that my team has a solid system that will create a certain culture that we want for the organization. The third is building those networks and sponsors/partners and ensure they all have the same impression.

HT: We understand that CCBRT has a five year strategic plan, 2018 – 2022 and that the plan has five strategic priorities, since you were here as COO before your promotion to the position of CEO in December 2018, it is our assumption that you were part of the team that formulated the plan. Can you briefly tell us how well the implementation of the plan is? What challenges are you encountering and how are you solving them? Is the plan still relevant today or do you think there is a need to look at it again?

BM: We have five strategic objectives and actually this is our middle year so we are soon going to do a midterm review of our five year strategic plan. The first strategic priority is Valued and Engaged Staff; for us people play a very important role at CCBRT. The Second and Third strategic objectives focus on our clients, that is, Excellent Client Outcome and Excellent Client Experience. The Fourth one is learning and Innovation and the fifth is Financial Sustainability.

If I start with the first strategic priority, Valued and Engaged Staff; and there is a reason why it is top on our list! Without our staff we will not be able to achieve our objectives. We created a system that provides platforms where staff can come forward whether they have ideas or issues as some of these

structures can really suffocate staff in ways that they don't feel empowered to do so. As you know, Culture plays a huge role in our DNA, we as Tanzanians have that culture of 'the boss is always right', so we had to undo that culture of 'how dare you challenge the boss'! That comes to, 'how can we empower and value our teams?' We therefore facilitate technical skills development as well as general skills training for our staff.

Let's go to the two strategic objectives, Excellent Client Outcome and Excellent Client Experience; there is no point somebody comes to CCBRT having the best eye surgery and now can see after cataract removal but had a horrible experience or they cannot have an excellent experience but the outcome of the surgery is bad. We want when our clients leave our doors to acknowledge they were served excellently. These two objectives are still valid and we won't change them.

The Fourth Strategic objective is Learning and Innovation; how can innovation help us to solve our day to day problems and address the healthcare problems that we have. We decided to use mobile technology to bring Obstetric Fistula and Cleft lip/palate Patients to the hospital. The World Health Organization (WHO) talks about 2500 – 3000 new Fistula cases every year in developing countries like Tanzania. This year we want to do our own current study in Tanzania to see if those numbers are still valid.



When we started doing fistula treatment back in 2003, we were doing about 40 surgeries a year and we wondered where the rest of these patients are with regard to the WHO data, we came to realize that there were barriers for them not coming.

So we said we are going to break the barriers for these women to come through use of innovation. Awareness of the condition, cost of treatment, transport, food etc. were among the barriers. We then decided to use mobile phone technology to send money through ambassadors (local people in the community across Tanzania who have been given basic training on Obstetric Fistula) who have found fistula patients to coordinate transportation of these patients

Pharmacist Anna Temu, Head of Public Relations and Communication at Pharmacy Council handing over copies of Pharmacy Council Newsletters to CCBRT CEO, Brenda Msangi after the interview with her on March, 2020.

to CCBRT. We are also using innovation in making prosthetics. We have a workshop which is a Center of Excellence and now we are using 3D printing in making the prosthetics because it's more efficient and we want it to become cheap so that our clients can be able to afford them.

The Fifth objective which I will link to the challenge is financial sustainability. The mission of CCBRT is not to serve the rich; it's actually to serve the most vulnerable and the public. We are a specialized hospital; the clientele that we serve are not necessarily the ones who can afford to pay for these specialized services. For CCBRT to ensure that we are still providing these services to those in need without compromising quality, we thought of serving patients who can afford to pay with premium so that it can offset the purely free and subsidized services.

So we started private services at a small clinic with maximum capacity of serving 5000 patients. We have now opened a private facility; it's one of state of the art facilities in Tanzania. At full capacity we can serve 12,000 – 15,000 patients per year. We are very proud of this as we have more wide services like dialysis, the usual ophthalmology and orthopedics, we have other specialty clinics like gynaecology, pediatrics, dermatology, dentistry and we provide physical rehabilitation. So if you talk about financial sustainability, we will never be self-sustainable because of the clientele that we are serving but the whole idea of financial sustainability is how we can significantly reduce dependency by offering private services.

HT: In most cases the position of CEOs for Healthcare institutions and Hospitals has been the domain of physicians and most of all, men. Can you tell us, with you having a pharmacy background and a woman, how did you manage to convince the Board to accept you for the position? And how have the other hospital staff received your appointment?

BM: I think you will have better answer from them but I can give my own impression. I remember when I was the Director of the Disability Hospital, a person came wanting to meet the director of the disability hospital, the secretary called me to alert me of the visit. So I went to the door to let him come in. He saw me and said 'am here to see the director' as he thought it could have not be me and I said "ooh karibu, it's me!!" At that point, two things could have happened; I could have taken it so personal and become emotional of the visitor's reaction or just say yes you are speaking to the director come in have a seat! Am sharing this story because that's the reality and what matters most is how sometimes we react to certain situations. Any situation is really dependent on how you react to it. So I can either continue dwelling on the fact that I am a female CEO or I can say am the CEO of CCBRT.

Henry, I did not convince the board. This appointment was not because am female but they believed that throughout my performance I could lead this organization. It's not about being female; it's about being fit for the job. And also for me, how does my team perceive it I think you can freely ask them but I think respect is earned.

HT: The Pharmacy Council has on several instances posted Intern Pharmacists to your institution, obviously they are placed under the immediate supervision of the Hospital Chief Pharmacist, however it is our assumption that you get feedback on their performance. What is your impression of the intern pharmacists' performance when they are here? Would you be ready to take more intern pharmacists?

BM: If am not mistaken we started with the first intake towards the end of 2018 and so far we have 26. Out of 26, 11 have been female and 15 male. So again am encouraging my females to come up, we need to close that gender gap. We have been staying with them for six months. I usually do gamble walks. As a matter of fact, I don't have an office, I just have a small wooden desk and chair just to sit and do my emails.

I spend most of the time on the ground. So during one of my Gemba walks I noticed a certain behavior with some of them on how they were presenting themselves and immediately had to call their manager. We are responsible for these young boys and girls not only on the technical side of things but also emotional side for professionalism. We want, when they leave CCBRT they become really

solid as professionals that they go get employed anywhere and still fit in as professionals. I always tell people when you leave CCBRT you become an ambassador, how you behave when you go out there is a reflection of us. Am so glad that I had that conversation because that set a different tone and they changed.

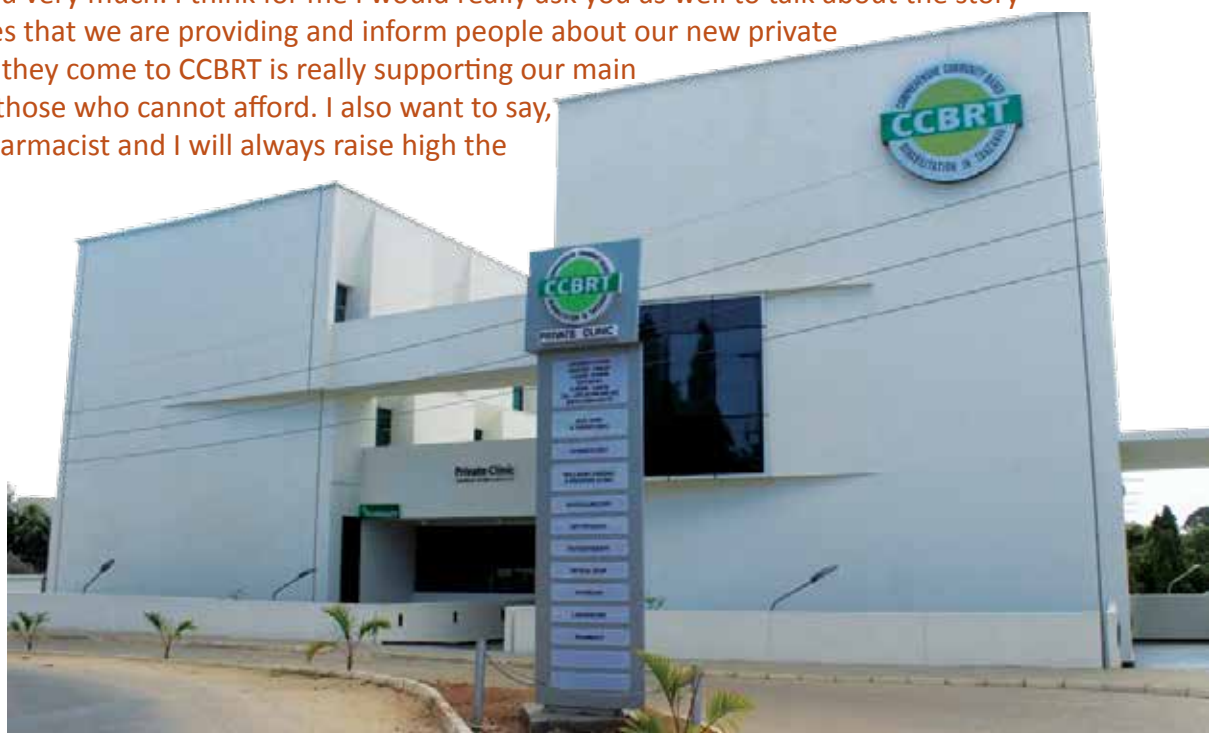
The interns play an important role at CCBRT because they are also additional resources (human). We have three areas, a warehouse, OPD (Private and Subsidised) and Theatre. We usually rotate them so that they can experience various pharmacist roles and challenges encountered as well as learn how to interact with patients and fellow staff at different levels. I am very thankful for this partnership and I hope it continues.

HT: CCBRT is part of the world community and as we are all aware of the Corona Virus Pandemic, measures have to be taken to protect the community around us. What measures is CCBRT taking to protect its staff, the patients and the community at large?

BM: This is a very good question. I tasked our Chief Medical Officer to come up with a COVID - 19 response team. We came up with a preparedness plan to guide our logic in decision making; panic is the worst thing you can have. We have a protocol with different levels; each level has a different gear. The first level is level Zero where we do not have any case in Tanzania so it was more of prevention and what should be done. This changed after receiving news on first case confirmed in Arusha. So immediately we went to level one. Level one includes keeping people calm, emphasis on prevention (all around CCBRT you will see sanitizers and all the screens play videos specifically on prevention). When we go to level two, it brings in a different level of us behaving in terms of wearing protective masks (clinicians and all staff), patients being screened at the gate by guards and measures to take for those with symptoms. We have designated areas just in case and we are working very closely with RMO because this is a pandemic it's not something for us alone. To care for our staff and their families, we created a helpline specific to them where they could access support 24 hours from a clinical team and a designated treatment area for them in case it was needed. The highest level is the level whereby we might have to stop doing certain activities including outreaches and clinical services. The main thing was to be flexible with the developments of the pandemic and act accordingly.

HT: If there is anything you would want us to hear or so from your side that we might not have covered

BM: Again, thank you very much. I think for me I would really ask you as well to talk about the story of CCBRT, the services that we are providing and inform people about our new private clinic and that when they come to CCBRT is really supporting our main mission which is for those who cannot afford. I also want to say, I am a very proud pharmacist and I will always raise high the pharmacist flag.



Practice of Pharmacists: Lesson from Muhimbili National Hospital (MNH)

By: Dr. Deus Buma – Head of Pharmacy Department (MNH)



Dr. Deus Buma, Head of Pharmacy Department at MNH sharing pharmacists best practices during PST Annual Scientific Conference

Medicines and medical devices contribute more than 55% of ministerial budget in Tanzania. Such amount of money is placed under the custody of pharmacists for close monitoring to avoid irrational uses. While pharmacists are ensuring rational uses of medicines and medical devices; pilferage, wastage and patients poor adherence to prescribed medications have remained as spiking challenges, hence burdening the health sector. After learning the challenges, Pharmacists at MNH, with support of MNH Executive Director Prof. Lawrence M. Museru, worked differently.

Since December 13th 2017, MNH pharmacists have established pharmacy practices in all operating theaters. These practices have resulted in a huge saving of hospital expenditure in theaters, as well as nurturing relationship between pharmacists and other health professionals, additionally, pharmacists have cultivated a new area of practice. While procedures are undertaken, pharmacists remain in the operating rooms to ensure proper documentation of the used medicines and medical devices. In very rare events, especially

when new medical devices are required amid procedure, pharmacists serve as runners between pharmacy and operating rooms, thus enhancing the philosophy of *“all pharmaceuticals are for pharmacists”*. Placing pharmacists in the theaters is a *new and first* practice in the world, the world should learn from Tanzania.

On May 24th 2018, MNH pharmacists started working with doctors in the intensive care units (ICUs) providing 24 hours pharmacy services, ensuring medicines and other medical consumables are available to patients. The presence of pharmacists in the ICUs helped other medical practitioners to be confident in serving patients. This practice curbed down unintentional out of stocks, ultimately saving more lives than if such services were not there. Furthermore, pharmacists are available 24 hours in all wards in the hospital.

To prevent high bills to patients, MNH Pharmacists established unit dose dispensing under the program called **“One-Time-Taking (OTT) Program”** on January 1st, 2019. The OTT program has

become a strong cornerstone in ensuring rational use of medicines and medical supplies at MNH. Enhancement of medication adherence to hospitalized patients, alleviation of medicines wastage in wards has come true. Under the OTT program, Pharmacists work 24 hours in ensuring medicines are available when needed. The OTT program has resulted in patients' bills to be substantially reduced and payable. This is because prior to the OTT program, unconsumed medicines or unused consumables always reflected in the patients' bills. The reason for unused medicines are change of prescriptions on medical grounds, death before completion of the regimens, etc. Therefore, the stopped medicines and newly prescribed medicines need to be paid by patients. With OTT program, no medicines are dispensed more than required at the particular time, that is to say, ***no evening medicines will be available in the wards during afternoon drug administrations.*** OTT program has enabled pharmacists to improve identification and reporting of drug related adverse effects (ADRs), the hospital has managed

to report more ADRs since the inception of the program (Fig.1). From our preliminary analysis, OTT program is cost effective regardless of large number of persons to be engaged compared to the traditional practice.

The aforementioned activities were new to pharmacists, therefore needed to be assimilated and get acquainted to them. The feeling that pharmacists have taken their roles were the voices of doctors and nurses, some even dared to ask "*where were you?*" this implied that other health workers are waiting pharmacy services.

My emphasis to the Ministry responsible for health is to recruit more pharmacists at the referral and tertiary levels in order to lower costs in pharmaceutical sector. Employing more pharmacists at the ratio of four pharmacists for every ward of 50 patients who will practice OTT program, the country is more likely to bring down the expenditure to less than 60% of the budget. Pharmacists as trusted professionals, have to show such trust offered by the people and government.

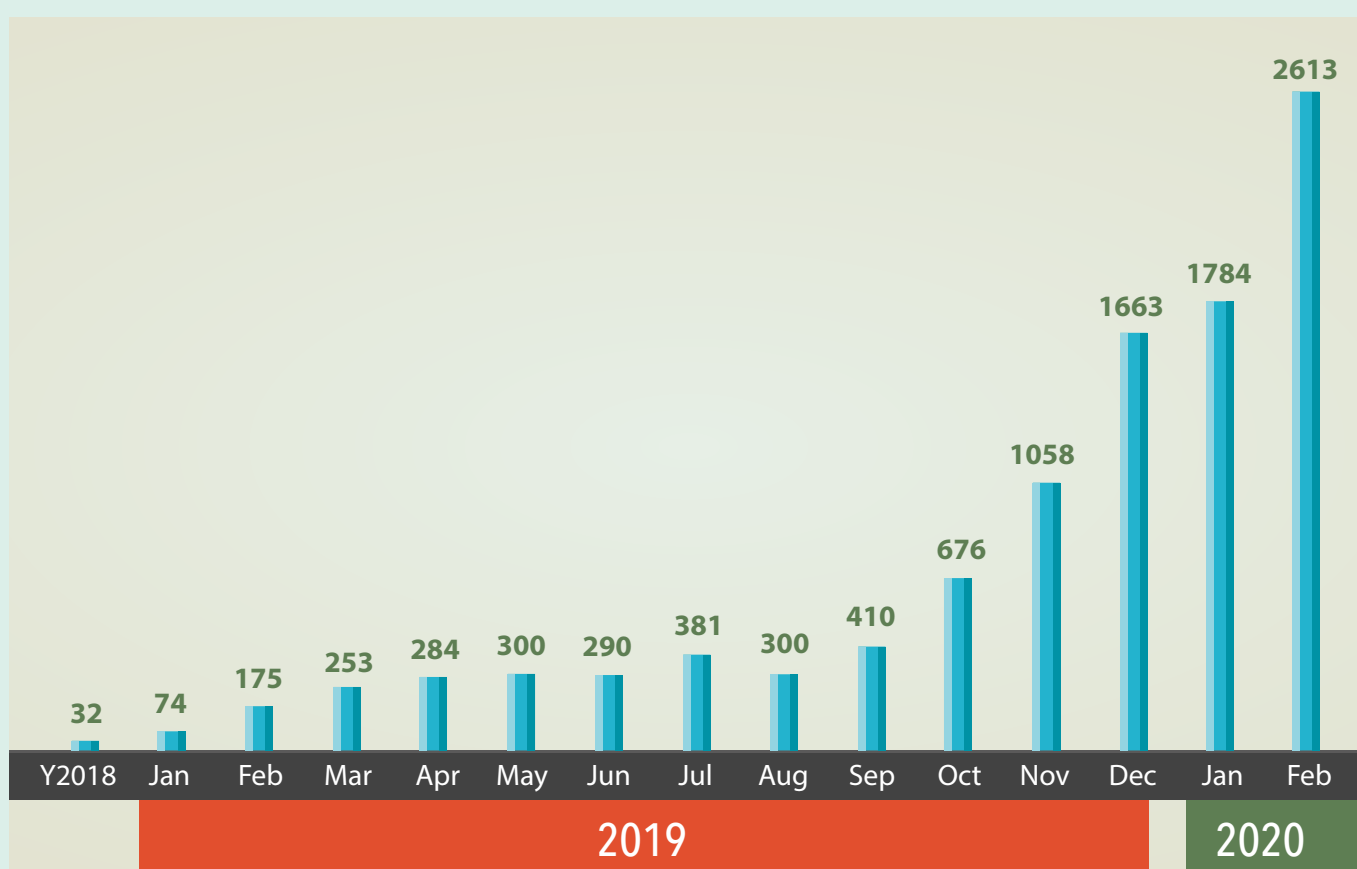


Fig. 1: Number of ADRs from 2018 to February 2020 under OTT program

PRODUCTION OF PHARMACEUTICALS - INVEST IN TANZANIA – TMDA

By: Anna Temu

“Existing pharmaceutical manufacturing facilities in the country are not adequate to meet the national market demands”, this was revealed by Mr. Akida M. Khea, Acting Director for Medicines and Medical Devices of TMDA in his presentation during the Pharmaceutical Society of Tanzania Scientific Conference held at LAPF Millennium Tower conference hall on 16 March, 2020.

In his presentation titled “Current Status and Measures to Support Domestic Manufacturing Facilities to attain GMP Standards” Mr. Khea further revealed that the domestic facilities could only meet MSD demand for Paracetamol tabs and Quinine tablets and that most of the facilities manufacture a narrow range of products- mainly general generic formulations.

There is still a high demand of finished pharmaceutical products by MSD and private sector, the gap is currently bridged by more than seventy percent imports, and hence need for further investment as encouraged by the 5th phase Government.

Mr. Khea informed the participants that following the 5th phase Government call encouraging investors to establish pharmaceutical manufacturing facilities in Tanzania, already TMDA has received sixteen applications from pharmaceutical and medical devices manufacturing facilities, they are currently at different stages of construction.

The envisaged new facilities include manufacturing of sterile small volume parenterals (SVP), and large volume parenterals (LVP), veterinary vaccines, sterile ophthalmic preparations, topical

preparations, surgical dressings, oral liquids and herbal medicines.

Mr. Khea pledged TMDA’s support as there will be no GMP inspection fees, no importation fees for raw materials, machines and packaging materials. Registration fees have also been drastically reduced, as well as the time for registration has been accelerated from six months to four months.

Mr. Khea underscored reasons for investing in Tanzania as the potential for export to the eight neighbouring countries and the SADC region, assured Government market through MSD and to SADC through MSD Bulk procurement, and several other benefits and advantages.

Mr. Khea concluded his presentation by assuring the Government and the General public that TMDA will work around the clock to facilitate and provide guidance, technical support and prioritize all applications from domestic manufacturers so as to contribute to the Government target of making Tanzania a middle-class economy through industrialization by 2025.



TMDA Acting Director of Medicine, Medical Devices and diagnostics, Mr. Akida Khea, presenting to other pharmacists (not in the picture) during pharmaceutical Society Tanzania(PST) Scientific Conference and Annual General Meeting mid - March, 2020

NEWS IN



Pharmacy Council Emphasises Wearing of mask by all visitors and staff to prevent the spread of Corona virus (Covid-19) as seen in the picture.

Pharmacy Council Secretariat in attentive mood during the training on Covid-19 preventive measures organised by the Council to all staff in March, 2020.



Council's inspectors providing supportive supervision in line with verification of ADDO dispensers' certificates.

PICTURES



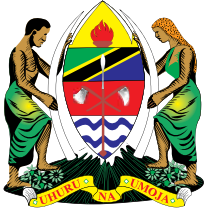
Chief Pharmacist Daudi Msasi addressing fellow professionals during the annual PST Annual Scientific Conference



A community pharmacy adhering to distance between client and provider in the fight against Corona Virus Pandemic.



Pharmacy Council Women together with children being raised by two orphanage centres in Dar-Es-Salaam during the commemoration of the International women's day.



WIZARA YA AFYA MAENDELEO YA JAMII, JINSIA WAZEE NA WATOTO



BARAZA LA FAMASI

MWONGOZO KWA WATAALAMU WA DAWA NA WAMILIKI WA MADUKA YA DAWA KATIKA KUPAMBANA NA KUDHIBITI MAAMBUKIZI YA VIRUSI VYA CORONA (COVID – 19)

Kufuatia taarifa iliyotolewa tarehe 16 Machi, 2020 na Wizara ya Afya, Maendeleo ya Jamii, Jinsia, Wazee na Watoto juu ya uwepo wa maambukizi ya virusi vya CORONA (COVID 19) nchini, Baraza la Famasi linatoa mwongozo ufuatao kwa wataalamu wote wa dawa nchini pamoja na wamiliki wa maduka ya dawa ambao wana jukumu la kulinda afya zao kama watoa huduma na kulinda afya ya jamii wanayoihudumia. Wakati wa kutoa huduma hizo katika maduka ya dawa mambo yafuatayo ni vema yakazingatiwa na kupewa umuhimu;-

1. Wataalamu wote wa dawa wanaelekezwa kuwa mabalozi katika kuelimisha jamii juu ya njia sahihi zinazoweza kutumika ili kujikinga na maambukizi ya virusi vya CORONA ikiwemo na kuwapatia vipeperushi vilivyoidhinishwa;
2. Wataalamu wanaelekezwa kupata taarifa kutoka kwenye mamlaka husika kama vile WIZARA YA AFYA - TANZANIA, na sio mitandao isiyo rasmi na zitumike kuelimisha wananchi juu ya kujikinga na maambukizi;
3. Maduka yote ya dawa yanapaswa kuwa na maji tiririka na sabuni au kitakasa mikono (Sanitizer) milangoni kuruhusu wateja kunawa kabla ya kuingia na kuendelea kusisitiza kwa wateja kunawa mara kwa mara kwa jinsi itakavyowezekana;
4. Kutumia kwa usahihi vifaa vya kujikinga wakati wote unapohudumia mgonjwa ambaye ana dalili za maambukizi kila inapobidi;
5. Mpatie barakoa mteja anayeonyesha dalili za maambukizi na umpatie elimu ya kuwalinda wengine ikiwa ni pamoja na kumuelekeza utaratibu wa kufuata;
6. Kuepuka misongamano ya wateja ndani ya famasi au duka na pale inapodi weka sehemu ya wateja kusubiri ili waweze kuhudumiwa kwa nafasi;
7. Safisha sehemu zote mara kwa mara kabla na baada ya kumhudumia mteja hususan kwenye kaunta za mbele ambapo kuna uwezekano wa kuegemewa mara kwa mara ;
8. Zingatia umbali angalau wa mita 1 au 1.5 na mtu mwenye dalili za kikohozi au mafua. Hii inaweza kufanikishwa kwa kuweka sehemu elekezi ya mgonjwa au mteja kusubiri;
9. Kuwaelimisha wateja umuhimu wa kufanya malipo kwa kutumia simu zaidi badala ya kutoa pesa taslimu;
10. Kuhakikisha katika eneo la kazi kuna mwongozo wa kufuata endapo mtoa huduma anapata maambukizi au kuwa na viashiria vya maambukizi ya virusi vya Corona;
11. Wamiliki wa maduka ya dawa nchini wanaelekezwa kuhakikisha bidhaa zikiwemo barakoa (masks) na vitakasa mikono (Sanitizers) vinapatikana kwa bei nafuu ili kuweza kusaidia wananchi wahitaji katika kujiepusha na kudhibiti maambukizi ya virusi hivi;
12. Kutumia Miongozo inayotolewa na Serikali kupitia Wizara ya Afya inazingatiwa na kutekelezwa kwa kiwango cha juu;
13. Kuwaelimisha wateja na wananchi kwa ujumla kutoa taarifa ya uwepo wa mtu mwenye dalili zinazohisiwa kuwa za ugonjwa huu kwa kupiga namba bila malipo; **199**.

Imetolewa Na:

Elizabeth Shekalaghe
MSAJILI
BARAZA LA FAMASI
25 Machi, 2020