

PHARMACY COUNCIL  
TANZANIA

news



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July - September 2022

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beyond Filling  
Prescription”

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## EDITORIAL BOARD (2018 - 2022)

Ms. Elizabeth Shekalaghe, Mr. Ngemera Mwemezi,  
Mr. Henry B. Tandau, Mr. Timotheo Samweli,  
Ms. Anna Temu, Ms. Annette Ezekiel



# The 10<sup>th</sup>

## African Pharmaceutical Symposium

By Annette Ezekiel

Tanzania Pharmaceutical Students Association (TAPSA) in partnership with Pharmaceutical society of Tanzania (PST) and Pharmacy Council of Tanzania hosted Pharmacy students from all around Africa in the 10th African Pharmaceutical Symposium (AFPS) and Regional Meeting which took place in July 2022 at Julius Nyerere International Convention Center (JNICC), Dar es Salaam. This marks the second time for the students association in the country to host this symposium and therefore enters in the record of international pharmaceutical students' federation as the only IPSF member organization to

host the symposium twice in African region.

On behalf of the Ministry of Health, the Registrar the Registrar of Pharmacy Council, Pharmacist Elizabeth Shekalaghe who is also the Matron of TAPSA officiated the symposium that had representatives from more than 13 countries and with more than 200 international and local delegates. The theme was **“Revolutionizing pharmaceutical industry in the era of technological advancement; current and the future”**.

Major areas of discussion based on Artificial Intelligence and the role it can play in pharmaceutical sector, emergence of

pharmacogenomics and its application, increased use of natural medicines and how technology can be used to improve its application and finally quality assurance and quality control of medicines and medical devices reflecting the harmonized curriculum for training institution.

On her remarks, the registrar encouraged the young yet vibrant pharmacy students who are emerging in this noble profession to not give up as they are expected to be resourceful and bring tangible changes, innovations and creativity in this profession. She urged the participants to follow keenly the discussions that would be shared as they involve a lot of issues that are not in school curriculums.



Registrar of Pharmacy Council, Pharmacist Elizabeth Shekalaghe addressing pharmacy students during the 10<sup>th</sup> IPSF African Pharmaceutical Symposium (IPSF – AFPS) in Dar es Salaam, Tanzania 2022.

Tanzania Pharmaceutical Students Association was recognized during the award night by the International Pharmaceutical Students Federation (IPSF) as the best Country association for the year 2022. This is the result of remarkable work done by TAPSA members and leaders in conducting various national and international campaigns, participation in international volunteering works and having best reporting system that demonstrates the activities done in the country.



Pharmacy students who participated in the IPSF conference.



## Council invited in **Graduation Ceremony** for International Students

By Wilbard Semvua

On 21st August 2022 The Global Education Link Limited (GEL) conducted Graduation ceremony where all students who graduated overseas joined with their parents at Mlimani City hall.

The Global Education Link Limited (GEL) is a registered agent of overseas universities for recruitment of eligible students from the United Republic of Tanzania since 2007. However, since established, it has only recently started to conduct joint graduation events which officially started in August 2019.



Hon. Omary Juma Kipanga (Mp), Deputy Minister of Education, Science and Technology accompanied by Deputy Minister of Health Hon. Dr. Godwin Mollel receiving information from Pharmacist Emily Mwakibolwa when visited the Pharmacy Council pavilion during the 3<sup>rd</sup> International graduation ceremony for Tanzanian students who studied abroad.

“Above the knowledge you have acquired, there should be a high regard of professional values; Integrity, Honesty, Confidentiality, abreast of knowledge, proper attire and skillful communication”, She said. Ms Shekalaghe made them aware that they won’t directly start practicing as pharmacists until they are fully registered and that must come after a year of internship as prescribed by the law. Registrar kept insisting that throughout the period of internship there shall be observance such professional values as guided by the Code of Ethics and professional conduct.

Meanwhile, other Council staff from Education and Training Department had a booth where they exhibited various services that are provided by the Council in its daily functioning.

This time on August 2022, GEL graduation event was attended by various high ranked government officials including The Deputy Minister for Education and Technology, Deputy Minister of Ministry of Health and Registrar of Pharmacy Council among others.

Registrar, Pharmacist Elizabeth Shekalaghe used this opportunity to remind overseas students on the expectations of the Council on pharmacy professionals;



Various leaders including the Deputy Minister of Health, Dr. Godwin Mollel (Mp), Deputy Minister of Education, Science and technology, Hon. Omary Juma Kipanga (Mp) and other guest attentively listening to Pharmacy Council Registrar, Pharmacist Elizabeth Shekalaghe speaking to students, parents and guardians during the 3<sup>rd</sup> International Graduation Ceremony for students who studied abroad including pharmacists.

# Pre-Registration Examination Results

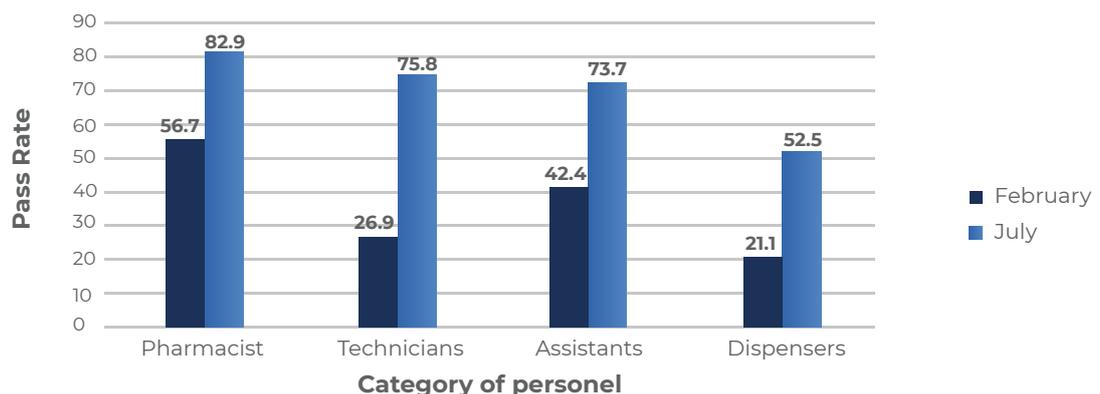
By Wilbard Semvua

On 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> of July 2022, The Council conducted examination for pharmaceutical personnel as part of their process to be registered by the Council. These exams appear as three papers (paper 01, paper 02 and paper 03 which code for Compounding, Hospital/community pharmacy practice and Law/ethics respectively). Exam centers were Dar es Salaam, Arusha, Mwanza, Dodoma and Mbeya and the results are as summarized here under:

- (i). **76** Intern Pharmacists; had a pass rate of **82.9%** where as **17.1%** had supplementary.
- (ii). **1779** Pharmaceutical Technicians; had a pass rate of **75.8%** where as **22.8%** had supplementary and 1.4% failed all the three subjects.
- (iii). **114** Pharmaceutical Assistants; had a pass rate of **73.7%** where as **24.6%** had supplementary and 1.8% failed all the three subjects.
- (iv). **40** Pharmaceutical Dispensers; had a pass rate of **52.5%** where as **35%** had supplementary and **12.5%** failed all the three subjects.

**Comparison with the previous sitting: It was observed that there was a significant raise in performance rates in July 2022 exams as compared to February 2022 sitting.**

- ◆ Among intern pharmacists there is an increase in pass rate from **56.7%** in February to **82.9%** in July 2022.
- ◆ Among pharmaceutical technicians there is a huge leap from pass rate of **26.9%** to **75.8%** for relatively same number of candidates (**1836** in February and **1779** in July 2022)
- ◆ Among Pharmaceutical Assistants; there is an increase in pass rate from **42.4%** in February to **73.7%** in July 2022.
- ◆ Among Pharmaceutical Dispensers; there is an increase in pass rate from **21.1%** in February to **52.5%** in July 2022.



# CASE REPORT



## Anesthesia complications as the cause of maternal deaths and the possibility for accidental/inadvertent intrathecal administration of Tranexamic acid.

**Nkungu D.J<sup>1\*</sup>, Chrisopher<sup>2</sup>, Subilaga<sup>3</sup>, Makala A. J<sup>4</sup>, Prof Roosmalen<sup>5</sup>**

1. Medical specialist, Department of Obstetrics and gynecology, Morogoro Regional Referral Hospital, 2. Medical officer, Kingolwira Health Center, 3. Medical officer, Sabasaba Health Center. 4. General Surgeon, Department of General Surgery, Morogoro Regional Referral Hospital, 5. Department of Obstetrics and Gynecology, Leiden University Medical Center, Leiden, Netherlands

### Introduction

Maternal deaths are an issue of global concern and earns top attention in the field of reproductive, maternal, neonatal, child and adolescent health (RMNCAH), United Nation's Sustainable Development Goal (SDG) target 3.1, indicator 3.1.1 by 2030, maternal mortality ratio should be less than 70 deaths per 100000 live births (<https://sdgs.un.org/goals/goal3>), however over 90% of these maternal deaths come from lower income countries (LIC) and lower middle income countries (LMIC) (<https://www.macrotrends.net/countries/ranking/maternal-mortality-rate>). Maternal mortality rate in Tanzania is above 500 deaths per 100000 live births, about six fold from that 2030 SDG target (<https://sdgs.un.org/goals/goal3>).

In efforts to reduce maternal deaths by increasing number of health care delivery sites that can conduct uncomplicated deliveries referred to as basic emergency obstetric and neonatal care (BEmONC) sites, as well as increasing number of sites that can conduct caesarean delivery as well as manage obstetrics complications, including ability to give blood transfusions and blood products. Tanzania is experiencing a slight decrease in maternal mortality rate in recent years from 854 in 2000 to 524 in 2017 per 100000 live births

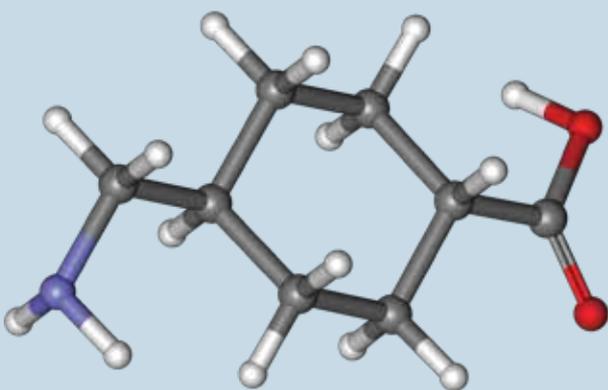
([https://data.unicef.org/resources/data\\_explorer/unicef\\_f/?ag=UNICEF&df=GLOBAL\\_DATAF\\_LOW&ver=1.0&dq=TZA.MNCH\\_MMR.&startPeriod=1970&endPeriod=2022](https://data.unicef.org/resources/data_explorer/unicef_f/?ag=UNICEF&df=GLOBAL_DATAF_LOW&ver=1.0&dq=TZA.MNCH_MMR.&startPeriod=1970&endPeriod=2022)). This observed decrease may be attributed by collective efforts such as infrastructural development and establishment to improve access to healthcare, BEmONC and CEmONC training as well as training on management of obstetric complications by auditing each maternal and neonatal death through MPDSR.

Despite the commonest cause of maternal deaths in LIC and LMIC being post partum hemorrhage and hypertensive disorders of pregnancy especially severe preeclampsia and eclampsia, anesthesia complications are another cause of maternal death that is seen, especially in benign patients, going for elective caesarean deliveries. In efforts to reduce maternal deaths due to anesthesia complications, a step up improvement in the duration and curriculum of anesthetists training from previously six months to at least one year in a tertiary level hospital/settings in Tanzania has been established.

## Case Report

A 22 years old primigravida with a gestation age of 12 weeks by dates, diagnosed by ultrasound on two different sites to have molar pregnancy presenting with per vaginal bleeding for over 2 weeks and a fundus higher than dates, with a negative history of chronic illness, all systems were essentially normal, vital signs were stable, no risk identified. She was planned for emergency evacuation in the operating room. A quick pre anesthetic visit was done and the patient seemingly to be normal, no complication was expected. A saddle block was the anesthesia method of choice after consent from the patient. Spinal anesthesia was administered to the patient in sitting position at the L3-L4 interspace, using a 27G spinal needle. Patient placed in sitting position for about 1 minute and then was placed in lithotomy position.

Patient started to complain of back pain associated with lower limb myoclonus, 10mg of intravenous diazepam and 500mg of intravenous hydrocortisone was administered, however, the patient developed altered consciousness and generalized tonic clonic seizures, tachycardia (Ventricular fibrillations) of over 198bpm and hypertension over 181/114mmHg and falling SPO2 from 98% to 85% in room air. Intractable seizures associated with rolling of eyes and mouth deviation as well as difficulty in breathing progressed, 600mg of Phenyntoin infusion in 100ml of normal saline was administered to run for 30minutes and the patient was intubated and 10liters per minute of oxygen given, she was placed on the ventilator. RBG was checked to be 2.2mmol/L and a bolus (50ml) of 10% dextrose was administered. This catastrophic event lasted for 2hours. Patient entered into cardiac arrest and efforts to resuscitate the patient were futile after 30minutes of all multidisciplinary team giving all their best, all signs of life were lost and had signs of brain death. Hence death was certified and the cause of death was anesthesia complications leading to cardiac arrest.



## Discussion

Discussion question is “what anesthesia complication might have caused such a catastrophic event?” L3-L4 interspace is the usual level of anesthesia and heavy bupivacaine in usual dose, would gravitate to the cauda equina in sitting the patient for over one minute post administration, to achieve saddle block. Furthermore, complications due to bupivacaine are more of paralysis, hypotension and tachycardia and not myoclonus, status epilepticus is not a known complication of bupivacaine, tachycardia can be seen especially due to high spinal anesthesia as a compensatory mechanism due to hypotension; however this client had ventricular fibrillation and high blood pressure.

Tranexamic acid (TXA) is an antifibrinolytic drug that is in common use in Obstetrics and gynecology. It is in the protocol for management of post partum hemorrhage in obstetrics and when bleeding is expected, especially after surgery. It is readily available in operating theaters and is one of the drugs available in the anesthetist's list or tray of drugs that can be administered during or after surgery. Furthermore, TXA ampoule has similar appearance with bupivacaine ampoule in outlook, size and volume of drug. It is the drug that is widely used in the LIC and LMIC.

In this case the most probable culprit is accidental administration of tranexamic acid due to its refractory epileptogenic and cardiovascular effects once applied to the nervous system. This has been observed in animal studies, topical application of TXA in cerebral cortex of experimental animals produced seizures. (Yamaura A.).

Accidental intrathecal administration of TXA was first documented in 1988 by Wong et al sharing similar clinical presentation with the presented case, both had generalized myoclonus seizures. Other cases that had an accidental administration of intrathecal TXA were reported by (Gourav Goyal et al and De Leede-van der Maarl et al). Literature has shown that application of tranexamic acid on the nervous system can induce myoclonic seizures, hypertension and ventricular fibrillations by a gamma-aminobutyric acid receptor antagonist effect (Furtmu ¨ller R, Schlag et al).

Management of such myoclonic seizures includes, induction of coma by administration of anticonvulsants and agents of general anesthesia such as Thiopentone. 5-15mg/kg/hr of Phenyntoin infusion has shown effectiveness to control seizures and intensive hemodynamic monitoring is necessary, cerebrospinal fluid lavage may be used as well (Gourav Goyal et al and Tsui BC et al).

However if practitioners are not enlightened to the potential danger that lurks in the operation rooms, and a possibility of inadvertent intrathecal administration of TXA, these dangers may still happen and their effects are potentially fatal.

## Conclusion

Together with other anesthesia complications as causes of maternal deaths, accidental intrathecal administration of TXA stands a very high chance as a cause of maternal deaths referred to as anesthesia complication. Availability of TXA in the operating room, on anesthesia tray, poor safe anesthesia and surgery practices, and lack of meticulous adherence to Pre anesthesia checklist as well as similarity in appearance of TXA and bupivacaine ampoules adds to the possibility of this catastrophic accident. However in normal therapeutic doses, bupivacaine does not cause convulsions.

Such a catastrophic complication can be avoided by meticulous adherence to safe anesthesia and safe surgery protocols and checklists as well as bringing to light, painful experiences that are a direct consequence of negligence to protocols and checklist.

Though not isolated in the LIC and LMIC, this might be the first documented case of a high possibility of accidental administration of intrathecal TXA instead of hypobaric bupivacaine with fatal consequences. It is highly imperative to bring this story in the light because many maternal deaths audits/reviews that ends up with anesthesia complication as the cause of death, reveals similar stories. It will add to current understanding of complications that can happen in the operating rooms and ways to avoid them.

## Conflict of Interest

We declare no any conflict of interest

## Acknowledgement

We acknowledge Dr. Lembrice Samwel for his willingness to advice and hinted on the possibility of accidental intrathecal TXA administration.

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Resemblance in size and appearance of tranexamic acid and Bupivacaine vials can be a contribution to inadvertent intrathecal injection of TXA

# World Patient Safety Day

17 September, 2022



By Pharm Rabia Dhalla

The Aga Khan Health Services Tanzania (AKHST) in collaboration with Pharmaceutical Society of Tanzania (PST) celebrated World Patient Safety Day 2022 with the theme of “Medication Safety- Medication without harm” held at the hospital premises. A series of departmental activities were displayed and presented on how all departments work holistically to contribute towards patient safety as far as medications are concerned.

World Patient Safety Day aims at raising global awareness and calls for solidarity and united action by all countries and international partners to reducing medication related patient harm. It is one of 11 official global public health campaigns marked by the World Health Organization (WHO) celebrated on 17th September each year.

The Chief Guest for the program was the Regional Medical Officer (RMO), Dar es Salaam, Dr Rashid Mfaume, who in his opening speech emphasized on the risk of self-medication which is a common practice among Tanzanians. The practice of self-medication especially the use of antibiotics has resulted into drug resistance which is one of the major threats in our health care system delivery and pharmaceutical sector. “If medicines are not used properly, they become poisonous so people should stop such practice and instead they should consult medical personnel”, Dr Mfaume said.



Pharmacist Nikhil Jadawji explaining the procurement process to WHO representative, Dr. Safila Telatela

World Health Organization (WHO) Country Representative, Dr Safila Telatela said “World Patient Safety Day is one of 11 official global public health campaigns by the World Health Organization (WHO), established in 2019 under World Health Assembly resolution WHA 72.6 calling for “Global action on patient safety,” she said according to her, global estimates show that medication errors contribute to over 3 million deaths every year, a situation which has been exacerbated by overwhelmed health systems during the Covid-19 pandemic. “About one in every four cases of preventable medication harm is clinically severe, or life-threatening.”

The Department of Pharmacy at the Aga Khan hospital came up with the idea of presenting the medication management system to patients in a layman language so that they are made aware of how they can play a major role in reducing medication harm. The journey began with introducing planning and selection by the Pharmacy and Therapeutic Committee. Chief Pharmacist of AKHST, Mujahidhussein Valji actively encapsulated the duties of the committee upon receiving a new drug request from a doctor and how the procurement team is alerted to search for the drug queried. They ensure all aspects of medication safety are followed including appropriate storage temperatures for cold chain items maintained.

Dr Kimberly Craven, a physician from Aghakhan, showcased how prescribers first perform a comprehensive medicine reconciliation as shown electronically in the system and ask of allergies to ensure medication safety. A small activity was also involved for doctors to calculate pediatric doses for medications such as antibiotics.



*Dr. Kimberly Craven displaying the prescribing system to the WHO representative, Dr. Safila Telatela*

The pharmacy team upon receiving an electronic prescription then dispense the right drug to the right patient through a 3-check system that is processing, packing and dispensing performed by independent staffs. Apart from these showcased activities the pharmacy department also has admixture units for chemotherapeutics and antibiotics, prepared in an aseptic environment for administration.

Upon receiving a drug from the pharmacy, nurses displayed how they administer to patients in a safe way. This was done using a dummy with an IV line and the different positions of administering subcutaneous medications.

The last booth was Quality and patient safety department who are responsible to monitor and evaluate the performance and outcome of all the departments. They explained policies and procedures used to prevent, identify and respond to medication related harms.

These activities were extended to Aga Khan Outreach center in Dar es salaam and Mwanza where teams of volunteers were raising awareness on the call-to-action statement from WHO which is KNOW, CHECK & ASK.

Through this event AKHST and PST successful disseminated patient safety related information and messages in both Swahili and English language which empower patients and their family members to be proactive whenever they receive medication. More than 200 people were reached through these events, 90 people being patients and family members in the main hospital and 110 through outreach program.

Fellow staffs from neighboring hospitals also mentioned the need for guidance on the system management and policies so as they can tackle problems mostly being illegible hand-written prescriptions leading to increasing medication errors, thus having an online system with effective communication between pharmacists and doctors would prevent dispensing errors.



*TAPSA volunteer, Naomi Mbaya, explaining the flyer to a patient at the Out reach Health Centre of Aga Khan, Tabata.*



*Chief guest, Dr. Rashid Mfaume, addressing the Public at the Aga Khan Hospital.*



# Elimu kwa Umma

## Je, wajua?



### Matumizi sahihi ya Dawa

#### Yanajumuisha:

Mgonjwa kufanyiwa uchunguzi wa kina na mtaalam, kuandikiwa na kupewa dawa inayostahili kulingana na hali ya ugonjwa alionao, kutumia kiasi sahihi, kwa njia sahihi na kwa muda muafaka kama alivyoelekezwa na mtaalam wa afya.

### Zingatia

Ushauri wa wataalam na matumizi sahihi ya dawa kwa matokeo mazuri ya tiba.

### Muhimu

Kufanyiwa uchunguzi na kupata ushauri wa mtaalam wa afya ili dawa husika itumike kwa ugonjwa sahihi.

### Dawa ni SUMU

Na huleta madhara iwapo hazitatumika ipasavyo.

### TAHADHARI

Epuka kununua dawa kwenye maduka ambayo hayajasajiliwa na Baraza la Famasi kwani ubora wake ni wa mashaka na maelezo juu ya matumizi ya dawa hizo yanaweza kuleta athari



# Clinical Pharmacy Services

By Mary Kísima (B-Pharm)

Clinical Pharmacy Services **(CPS)** is patient-centered care developed to promote the rational use of medicines so as, to maximize therapeutic benefits, minimize risk, and reduce cost. It requires the role of pharmacists to expand from the traditional role of ordering medicines and dispensing to: conducting direct patient-oriented activities such as attending ward-rounds with other health professionals, conducting pharmacists' only ward-rounds attending clinics, patients' follow-up and counselling.

From 11<sup>th</sup> to 22<sup>nd</sup> July, 2022 CPS course was conducted in Dodoma whereby 26 Pharmacists from Dodoma RRH, Benjamin Mkapa Hospital, Mirembe Hospital, Singida RRH, MOI, KCMC, Mount Meru RRH, Bugando Medical Centre and Bochi

Hospital attended. The course was sponsored by Christian Social Services Commission (CSSC) and coordinated by facilitators from MUHAS, BMC and Dodoma RRH.

The overall aim of CPS is to optimize patient care and treatment in a multidisciplinary team approach, thus ensuring that the medicines provided for each individual are safe, clinically effective, economical, rational, and, as much as possible, evidence based.

Patient care, Professionalism, Communication skills, Pharmacotherapy, Maintaining Good Practice, Systems based approach are the competences that a CPS trainee get after completing the course.

In the provision of CPS, pharmacists integrate with other health professionals in ward rounds, attending clinics (for example, diabetic, hypertensive clinics etc.), and contribute to the clinical decision in a multidisciplinary team.

The outpatient CPS activities include Evaluation of prescriptions, Reconciliation of medication for chronic patients, Adjustment of medication doses as necessary in coordination with the prescriber, Monitor patients according to monitoring parameter, Assess, support, and ensure patient adherence, Double-check the prescription and the product before dispensing, Educate and counsel patients/ caregiver about the medication therapy and Report adverse drug events.

In the last day of the training, Registrar of Pharmacy Council, Pharmacist Elizabeth Shekalaghe who was the guest of honor congratulated all participants of the course. In her speech, registrar urged all pharmacists to be proactive in implementing CPS and be ambassadors to all pharmacy professionals that clinical pharmacy is the pillar of pharmacy profession despite the fact that some of us are majoring other disciplines like industrial, but clinical should be our number one goal as it is the one that shows what a pharmacist can do to help the patient as far as patient centered care is concerned.



## RESEARCH GAPS

# The Obstacle towards Pharmacy Growth

By: Josephat A. Wangwe



“Data are available in various settings covering pharmaceutical field, marking from hospital to community pharmacies, in academic grounds moving all the way up to regulatory authorities and government at large. “The pharmaceutical field is rich and full of data but the challenge is, most of the data available are unprocessed yet they have little to no impact in the community” says Mr. Kauke Bakari Zimbwe, Haemato-Onco-Clinical Pharmacist based in Benjamin Mkapa Hospital while stressing on the need for more researches to be done in pharmaceutical field within the country.

“Pharmacists are not coping up with the actual demand of data” says Mr. Zimbwe and the health field is in constant motion subjected to the cloud of new information. Some of these information require more researches from different angles so that they can completely add up, but not only research but also publication since this is the main stream through which these information can reach the community as well as

policy makers and eventually be useful in making constructive changes in the community, he says. they can completely add up, but not only research but also publication since this is the main stream through which these information can reach the community as well as policy makers and eventually be useful in making constructive changes in the community, he says.

More researches and publications are needed, nonetheless, most researches done and published are those executed by pharmacists who mainly are in the academic fields since this is where an emphasis on researches is highly placed. “Incentives like promotions, grants and acknowledgements offered to academicians are mostly linked to research publications done by these Academicians” Mr Zimbwe highlighted.

Unfortunately, the gap remain to be filled in other areas where there are plenty

of raw data, these includes hospital and community pharmacies where most pharmacists work but have no much focus in researches and publications whereas the main attention is mainly on inventory management, dispensing, meetings and business as usual yet accumulate plenty of data which if properly processed under researches could create enormous impact in the modes of services in these areas.

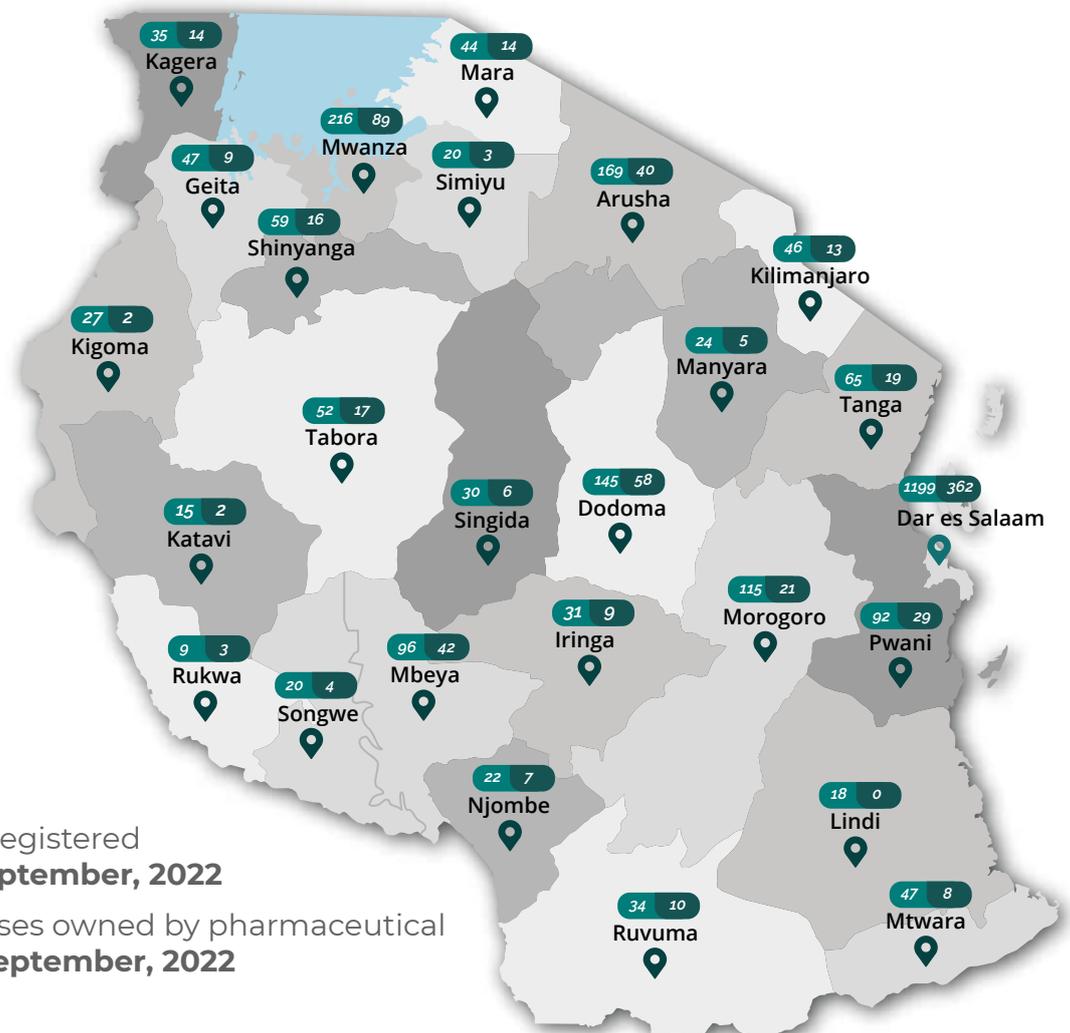
According to Mr. Zimbwe, research and research publication in pharmacy should be given special consideration since it is the unseen stepping stone towards tremendous growth of this profession. Various efforts can be employed to ensure that research is treated as valuable object towards solving most of our existing challenges by the use of evidence brought about by our very own research findings. “To attain the goal of having lots of research published by our own Pharmacists responding to local challenges as well as global ones, we need to

initiate these arrangements from early stages and mentor pharmacy students to be researchers, thinkers and carriers of new ideas.

Establishment of means to link Senior to Junior researchers is yet another means to cover the existing gap of research, those in academic field are covered by the system but on the other hand there could be a means where Mentorship could be easily accessed beyond the borders of academic field such as formation of a portal where seniors could connect with junior researchers.

Pharmacists should improve their level of confidence by sharing the knowledge they possess, be it in local or international summits, publications, meetings and other events which give room to a pharmacist to connect and exchange experiences with other health professionals.

# PHARMACY COUNCIL REGISTRATION DASHBOARD



## KEY

- Total Number of registered premises as of **September, 2022**
- Registered premises owned by pharmaceutical personnel as of **September, 2022**

Elimu kwa Umma

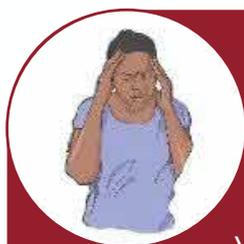
# Fahamu kuhusu Ugonjwa wa EBOLA

By Annette Ezekiel

## Ebola ni Nini?

Ni ugonjwa wa hatari unaosababishwa na Virusi vya Ebola. Ugonjwa huu ni miongoni mwa magonjwa ya milipuko yajulikanayo kama Homa za Virusi zinazoweza kuambatana na kutokwa damu mwilini.

## Dalili za Ugonjwa wa Ebola



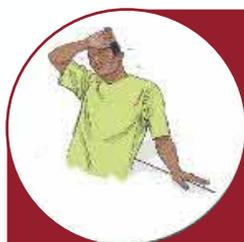
Homa  
ya ghafla



Kulegea  
kwa mwili



Maumivu  
ya misuli



Kuumwa  
kichwa na  
vidonda kooni



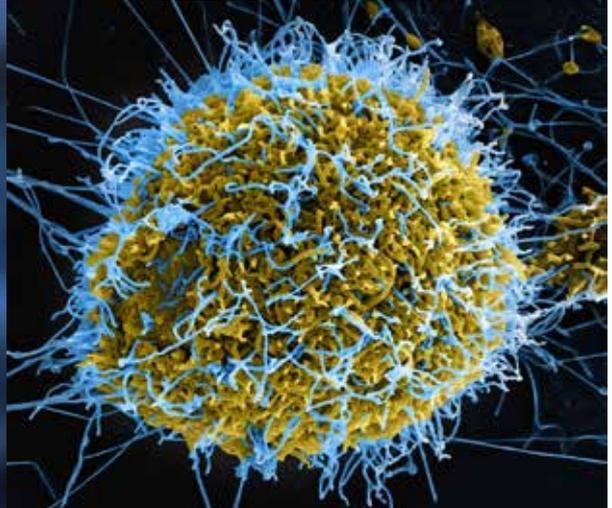
Mara nyingi dalili  
hizo hufuatiwa na  
kutapika, kuharisha  
na vipete vya ngozi



Baadhi ya  
wagonjwa  
hutokwa na damu  
sehemu za wazi za mwili  
kama vile kwenye macho,  
pua, masikio, midomo na  
njia za haja ndogo na  
kubwa

## Jinsi ya Kujikinga na Ugonjwa wa Ebola

- **Epuka** kugusa damu, matapishi, kamasi, mate, machozi, mkojo, kinyesi na majimaji mengine yanayotoka mwilini mwa mtu mwenye dalili za Ebola
- **Epuka** kutumia nguo, matandiko, kitanda na vyombo vilivyotumika na mtu mwenye dalili za Ebola
- **Epuka** kugusa au kula nyama za wanyama pori kama vile popo, nyani, sokwe, tumbili na swala au mizoga ya wanyama
- **Zingatia** ushauri na maelekezo yanayotolewa na wataalamu wa afya na viongozi wa serikali
- Kwa mtu aliyesafiri kwenda au kupita kwenye nchi yenye maambukizi ya ugonjwa wa Ebola na akahisi kuwa na dalili za Ebola, toa taarifa kwa kutuma mtu kwenda kutoa taarifa kwenye kituo cha kutolea huduma za afya au piga simu 199 bure



## JAMHURI YA MUUNGANO WA TANZANIA



## WIZARA YA AFYA

**TARIFA KWA UMMA KUHUSU MAADHIMISHO YA SIKU YA MFAMASIA  
DUNIANI TAREHE 25 SEPTEMBER, 2022**

**Dodoma, 25 Septemba, 2022**

Siku ya Mfamasia Duniani huadhimishwa kila mwaka Tarehe 25 Septemba. Siku hii ilianza kuadhimishwa mwaka 2009 na *International Pharmaceutical Federation Council* (FIP) kwa dhumuni la kusaidia kujitolea kupanga shughuli ambazo zitakazokuza na kuunga mkono jukumu la mfamasia katika kuboresha afya duniani kote.

Kaulimbiu ya maadhimisho ya Siku ya Mfamasia Duniani kwa mwaka huu ni **"Pharmacy united for healthier world"**- kwa tafsiri ya **"Mshikamano katika huduma za famasi kwa dunia yenye ustawi wa afya"**.

Ujumbe huu unaeleza kwamba wataalamu wa kada ya famasi wakiwemo wanasayansi wa dawa na wengine ambao ni sehemu ya fani hii ambapo takribani watu milioni nne wanajihusisha na taaluma hii duniani kuwa mshikamano katika utendaji wa taaluma (pharmacy practice).

Wote tunatambua kuwa Wataalamu wa kada ya Famasi (Wafamasia) ni sehemu muhimu katika timu ya huduma za afya zinazo saidia kuwafanya watanzania kuwa salama na wenye afya njema pamoja na kuongeza tija na ufanisi wa utoaji wa huduma bora kwenye vituo vya kutolea huduma za afya.

Aidha, tunafarijika kuona wafamasia wenye utayari kila siku katika kusaidia jamii ya watanzania dhidi ya changamoto mbalimbali zinazowakabili na hasa zile za afya na dawa.

Nchini Tanzania, hadi sasa kuna zaidi ya wafamasia 3,000 na fundi dawa sanifu 6,000 nchini, wanaofanya kazi katika famasi zaidi ya 2,000 na katika vituo vya kutoa huduma za afya. Wataalamu hawa wanafikika kwa urahisi, vilevile ni chanzo cha kuaminika cha taarifa na ushauri wa afya kwa watanzania na wamekuwa wakifanya kazi kwa ukaribu na wataalamu wengine wa afya nchini katika kuwapa wagonjwa taarifa wanazohitaji ikiwa ni pamoja na kuhimiza matumizi sahihi na salama ya dawa.

Famasi na maduka ya dawa muhimu yaliyopo kote nchini chini ya usimamizi wa wataalamu wa kada ya Famasi yamekuwa yakifanya jukumu kubwa na yanaendelea

kufanya hivyo katika kutoa elimu ya Afya na dawa, kutoa ushauri na kurahisisha upatikanaji wa bidhaa za afya kwa wahitaji.

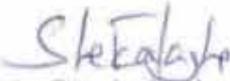
Napenda kuwakumbusha wafamasia wote nchini, wanapoadhimisha siku ya Mfamasia Duniani, kwamba usimamizi wa bidhaa za afya ikiwemo dawa ni suala la usalama wa Taifa. Zaidi ya asilimia 50 ya matumizi ya sekta ya afya nchini yanaenda katika eneo hili. Hivyo ni wajibu wa wafamasia kuwa mstari wa mbele kusimamia upatikanaji, usambazaji, uhifadhi na matumizi sahihi ya bidhaa hizi ili kuleta tija ya uwekezaji mkubwa wa Serikali katika eneo hili.

Hata hivyo tunafahamu kwamba, wafamasia wenye weledi ni muhimu sana katika sekta ya afya, na kwa sasa kuna ongezeko kubwa la wahitimu wa taaluma hii ya Famasia nchini, hivyo niwatake watoa huduma za afya kote nchini kuhakikisha maeneo yote yanayohusu dawa yanasimamiwa na wataalamu wa kada ya Famasia ili kulinda usalama wa afya za wataanzania hasa kwa kuzingatia kaulimbiu ya siku ya usalama wa mgonjwa Duniani 17 Septemba 2022, iliyosema **"Usalama wa matumizi ya dawa-Dawa bila madhara"**

Wafamasia mnakumbushwa kuzingatia maelekezo mnayopewa mara kwa mara na Wizara ya afya ikiwemo kuzingatia mwongozo wa Matibabu na Orodha ya Taifa ya dawa muhimu (STG/NEMLIT) ili kuhakikisha huduma bora kwa wananchi zinatolewa kwa kuzingatia miongozo iliyopo na kuendelea kutoa elimu ya matumizi sahihi ya dawa ili kuleta matokeo yaliyokusudiwa na kupunguza usugu wa vimelea dhidi ya dawa (antimicrobial resistance) na kupunguza gharama za matibabu.

Napenda kuchukua fursa hii kuwashukuru wataalamu wote wa kada ya famasi kwa kujitoa kwao kuhakikisha ustawi wa afya za wataanzania. Niwaombe wataanzania wote kuungana nami kuadhimisha na kusherehekea pamoja na wafamasia siku hii muhimu na namna zote ambazo wanataaluma wa famasi wanaendelea kujitokeza na kuwahudumia wataanzania wa makundi yote.

Limetolewa na:

  
Dkt. Seif A. Shekalaghe  
KAIMU KATIBU MKUU

# News in Picture



**Hon. Umy Mwalimu**, Minister of Health speaking to the executive committee of the Pharmaceutical Society of Tanzania (PST) on various issues concerning the health sector and professional associations in the country.



Group photo of Pharmacy Council Secretariat



Pharmacy Council Staff meeting conducted in Dodoma on August, 2022



## VISION

To become an efficient and effective regulator and controller of pharmacy profession, practice and business in the Region.



## MISSION

To regulate and control pharmacy profession, practice and business in the region by using the appropriate techniques, technology and guaranteed law enforcement.

## Head Office

### DODOMA

Registrar, Pharmacy Council  
NHIF Building 1st Floor;  
P.O.BOX 1277; Dodoma  
Jakaya Kikwete Road; Dodoma  
Tel: +255 – 22 – 2451007;  
Toll Free 0800110015;  
Website: [www.pc.go.tz](http://www.pc.go.tz)  
Email: [registrar@pc.go.tz](mailto:registrar@pc.go.tz)



## Zonal Offices

### DAR ES SALAAM

Registrar, Pharmacy Council  
EPI, Mabibo – External  
Off Mandela Road  
P.O.Box 31818, Dar es Salaam  
Email: [info@pc.go.tz](mailto:info@pc.go.tz)  
Website: [www.pc.go.tz](http://www.pc.go.tz)



### ARUSHA

Registrar, Pharmacy Council  
Round About Kaloleni, NSSF Kaloleni  
Plaza,  
3rd Floor; Block 21, Kaloleni,  
P.O.Box 1162 Arusha,  
Email: [info@pc.go.tz](mailto:info@pc.go.tz)  
Website: [www.pc.go.tz](http://www.pc.go.tz)



### MWANZA

Registrar, Pharmacy Council  
TMDA Building, 6 th Floor, Room No. 166  
Nyakato, Mtaa wa Buzuruga, Ilemela  
P. O. Box 93 Mwanza, Tanzania  
Email: [info@pc.go.tz](mailto:info@pc.go.tz)  
Website: [www.pc.go.tz](http://www.pc.go.tz)

