

# Interview with Pharm. Kwabena Ohene-Manu

## 1. Who would you say Pharm. Kwabena Ohene-Manu is?

I am a 78-year-old pharmacist who was born in Kwahu Tafo. I graduated from the Faculty of Pharmacy at the Kwame Nkrumah University of Science and Technology (KNUST) with a Bachelor of Pharmacy Degree in 1967. I am married with a daughter and now live in retirement at Westlands, Accra. I first worked as a medical representative for Pfizer for four years and then went on to work at Glaxo as General Manager for West Africa, overseeing affairs in Ghana, Gambia, Sierra Leone and Liberia. I left Glaxo in 1980 to start my own pharmacy, Oyster Chemists, which unfortunately closed after my retirement.



*Pharm. Kwabena Ohene-Manu*

## 2. What would you say has been your contribution to the development of pharmacy in Ghana?

With regard to my general involvement in pharmacy, without being immodest, I don't think the contemporary history of pharmacy in Ghana, from around 1966 till now, can be written without the mention of Ohene-Manu. I got involved in activities of the profession when I was a student at KNUST and became the president of the Ghana Pharmaceutical Students Association (GPSA). In that capacity, we had a series of conversations with the leadership of the Pharmaceutical Society of Ghana (PSGH). We saw the problems that there were. Unfortunately, most of the pharmacists in practice at the time were either working for government or for themselves as retail pharmacists. Those in the Ministry of Health were not typically pharmacists. Most of them were nurses who had been trained in dispensing somewhere along the line and had become dispensers until the law in 1961 changed the term "dispensers" to "pharmacists". So, their vision for the profession was rather short-sighted. At that time, I realised that if there was going to be a change in the practice of pharmacy in the country, it would need to come from the products of

KNUST. The University at that time was producing about 30 pharmacists a year so it was going to take many years for us to get the numbers. The old people who were in the system, the dispensers turned pharmacists, were also dying out and they didn't seem to be interested in any change. And that was when I thought that we needed a bit of young blood to come in and push.

We had problems because pharmacists were recognised by law, Act 64, 1961, but when it came to remuneration of pharmacists in the public sector, they were considered as technicians. There was a general scale of salaries for the public service and pharmacists were grouped with technicians. At that time, the salary per annum was £475 for the technician, where pharmacists in the public sector had been placed, whereas the other professional groups like the engineers, the architects and so on were on £680 per annum. That was why I felt the need for us to fight to change the situation, even though I was not working in the public sector.

By 1971, I had fought my way through and become the honorary general secretary of PSGH. Since then, I have tried to do what is right for pharmacy. I had the opportunity, as general secretary of the Society, to visit most of the health institutions to find out how the pharmacists were being treated and how they responded to the treatment. We found out that in every situation the pharmacists from KNUST and those who trained abroad made a better impact and had more confidence in themselves than the dispensers turned pharmacists. Since the latter had been nurses prior to their training, they still felt that they worked under the doctors and had to listen to them. We had to solve that problem.

The late Mr. Anim-Addo, Prof. Kwame Sarpong and I put our heads together, first, to prove to the Public Services Commission that pharmacy *is* a profession and the pharmacist is a professional and not a technician. It took us about four years. We had to call

on the Royal Pharmaceutical Society of Great Britain and the pharmaceutical associations of Canada and America. These had very strong professional bodies so we could contact them by mail. Gradually, we were able to put together material that proved to them that pharmacy is a profession. We wanted to establish that so that the pharmacist could get the required recognition and commensurate salary.

However, other challenges emerged afterwards. One was the school of thought that proposed the Ministry of Health did not need graduate pharmacists for which reason the Bachelor of pharmacy degree programme should be stopped and the diploma program run instead. We eventually came to a compromise: the University will stop running the diploma course, the diploma course will be transferred to the Kumasi Polytechnic and the Bachelor of Pharmacy Programme will be *run* in the University. The next challenge was a number of petitions sent to Ministry of Health which claimed that the Bachelor of Pharmacy Programme being run at the University took three years whereas all the other professional groups did four-year programmes so the pharmacist could not receive the same salary as the other professional groups. However, we overcame this challenge by petitioning the University to extend the Bachelor of Pharmacy Programme from three years to four years. This was a major victory for pharmacy and the country as a whole. It is just like now, having moved from B. Pharm to Pharm. D. The Society started talking about the need to change. It took some time for the government to accept it because the University had to accept it in the first instance. And the University says that it doesn't have the resources to run the Pharm. D programme and then the Ministry of Health says we do not need Pharm. D graduates. So, it has taken about 10 years for the Ministry and the government to accept that it was inevitable that the Pharm. D programme had to run. Pharmacy has moved through all these stages but to a large extent it was through the work of PSGH. I became president of the PSGH from 1983 to 1987. The Pharmacy Board, as we had it at the time, was made up of about nine members, five of whom were doctors. Listen carefully. Pharmacy Board, a board set up to control the practice of pharmacy in the country and so on, had five out of the nine

members being doctors and we tried to stop this. To make matters worse, apart from the five doctors, the chairman was automatically the chief pharmacist of the Ministry of Health. So, he comes there as an employee of the Minister of Health. That meant that if the Minister of Health gave him instructions, he could not change it. He could only do it at the expense of his job and he was not prepared to do so. So we realised that, first, we had to get a new Act into being; pharmacists should be governed by pharmacists, not by doctors and employees of the Minister. Gradually, they accepted the principle, but the Ghana Medical Association (GMA) raised an issue that that Board was not only controlling the practice of pharmacy in the country, but it was also involved in the control of the distribution of medicines in the country and it is not only pharmacists who handle medicines so they should also have a hearing. On paper, it looked like a valid argument but we felt that that will not provide the independence that we wanted so we had to work it out. The compromise was that the Pharmacy Board should be divided into two parts. The purely professional pharmacy practice including the registration of pharmacists should be under one body. Then we should have a separate body that will handle medicines, cosmetics, foods and so on, where the specific use of doctors, nurses and food scientists would come in. That is why we have now the Pharmacy Council, which deals with professional activities of pharmacists and the Food and Drugs Authority (FDA), initially known as the Food and Drugs Board (FDB), which has the overall responsibility for the control of medicines, food and cosmetics. So, on that one, there are doctors, pharmacists as well as other health professionals represented. I became the first chairman of the Pharmacy Council. The original building for Pharmacy Board was then taken over by Pharmacy Council so it meant that we needed to find a place for the FDB but the Ministry said there was no money for us to start. So, I looked at the balance sheet of the then Pharmacy Board. We split the money available, used one portion to start FDB and the other portion went to the Pharmacy Council. So, in effect, FDB was not initially funded through government budgetary allocation.

### **3. Tell us about your involvement with the Ghana College of Pharmacists.**

The Ghana College of Physicians and Surgeons (GCPS) had been operating in the country for quite a long time, training specialists. Some go abroad and others stay in Ghana. However, there was no college of pharmacists. Even though we thought there was a need to train specialist pharmacists, the Ministry of Health again didn't want to buy the idea. So, together with Nigeria, Liberia, Sierra Leone and The Gambia, we formed the West African Postgraduate College of Pharmacists to offer the training which we should have had through the Ghana College of Pharmacists. That had run for about ten to fifteen years and quite a number of pharmacists had gone for the programme and become Fellows of the College. Then we had the opportunity during President Kufuor's administration, when they decided to review the Act involving the Ghana College of Physicians and Surgeons. We were able to get them to agree that pharmacy also requires specialist training. With a bit of petitions and lobbying, we got parliament at the time to accept that the College of Physicians and Surgeons, the Ghana College of Nurses and Midwives, and the Ghana College of Pharmacists should be established by one law, so that all of them could be seen to be on equal footing. And this was done after a lot of trouble. But the Act could not be fully implemented, because unlike the Ghana College of Physicians and Surgeons which already had a building, the other colleges did not have office space to function. So, we had a series of meetings and eventually we were able to get the permission to look for our own funding and start the college. So, the Minister of Health says "okay, Mr. Ohene-Manu, you were one of those who brought this thing up. And you had a way of solving the same problem when FDB was being established, so become the first chairperson of the College." So that is how I got to be the first chair of the College.

### **4. Tell us about your experience as the first Chairman of GCP?**

Since we did not have any free structure sitting somewhere we could use as offices of the College, we decided that we would have to rent one. We found a place at Zoti, near Korle-Bu. The rent wasn't too

much, about 4000 cedis a month but there was no money. So again, Professor Sarpong, who was elected the president of the College, myself and Mr. Joseph Nyoagbe, the then registrar of Pharmacy Council, had to start with cap in hand, begging for money. We got quite a number of pharmaceutical companies to give us support, notably Kinapharma Ltd, Ernest Chemists Ltd, M&G Pharmaceuticals Ltd and the PSGH itself and Pharmacy Council. So, within about six months after starting, we had the office open. But we had no staff. Why? Because the government had told us that there was no money. The budget did not make any provision for the Ghana College of Pharmacists. After a lot of negotiation, the Minister of Health said that the only thing they could do for us was that if we found somebody, within the Ministry of Health, who was prepared to work for the College, they would let that person come and work on secondment so that they will continue paying the person so we would not have to go and look for money to pay them. That was a compromise they gave. They sent us Josephine, Dorcas, Martina and the first rector, Dr. Philip Anum. We had, at least, a semblance of a college working. And more and more people realised that they should assist us. And then more and more pharmacists realised that it was useful for them to take the college's programmes because it would give them opportunities to move ahead in their practice. So the first couple of years were tough but by the end of the second year, Parliament allocated money to the College. After a few other hurdles had been overcome the College was allocated a property near the Ridge Church through the mediation of the Ministry of Works and Housing. We were very happy! We then needed to look for money to renovate the place. We spoke to a number of people. The PSGH gave us support. I had then finished my four-year term as the founding chair but because the problems were quite many, I kept in touch with Mr. Ben Botwe, the Rector at the time, to see how we could lend more support.

### **5. What are some of your best memories as first Chair?**

The best memory, I think, was an opportunity the first president of the College, Prof. Sarpong and I had to attend an FIP congress. The main objective was to have the opportunity to meet with countries such as

Canada, Australia, UK and Kenya that are running specialist colleges. We were able to interact and share ideas with them and that was very useful.

#### **6. How do you see the role of pharmacists in this pandemic?**

Elsewhere, they've been talking about pharmacists getting involved in vaccination and people think we should do same. I would say maybe not for now because we never have enough vaccines at a time. What we need to do now is health information; advising and convincing people to abide by the protocols and continue to protect themselves. When the situation changes and there are enough vaccines in the country, and they want us to help with their distribution and administration, that will not be difficult. We can put together a group of pharmacists in a region for a day; let them know what to do when there is a complication – that is the most important thing. We should, perhaps, gear ourselves to do this by preparing in a way for the day pharmacists can vaccinate.

#### **7. In your opinion how beneficial is obtaining specialization at the Ghana College of Pharmacists?**

When the Ministry of Health, for example, is advertising for positions, Fellowship with the Ghana College of Pharmacists is a qualification. If you don't have it, you cannot be Regional Director. It is a useful qualification. Not only does it improve your mind and capacity to practice pharmacy, but it also helps in your future development.

#### **8. What do you envision the future of the profession in the country to be?**

I think within the next couple of years, we are going to have too many pharmacists in the country than we

would really need and there will be unemployed pharmacists. We have to start thinking about that. I think the Pharmacy Council should, perhaps, be looking at giving quotas to the institutions that are training pharmacists. I'm told in about 2025, we will be producing close to a thousand pharmacists a year. If that happens, where are they going to work? So, I think there should be some restrictions, not to stop people from doing pharmacy but to make sure that once you go through the program, there will be some work for you to do. The Pharm D Programme is fantastic. It is going to help them to do their work effectively, especially those who are interested in clinical pharmacy. But we should make sure we also put in some restrictions - unless the particular institution has the full complement of equipment and relationship with a hospital, they should not be allowed to offer the programme. And of course, I expect that out of those numbers more and more will go through the College's programmes and become Members or Fellows, Specialists and Consultants.

#### **9. What message do you have for the younger ones?**

For pharmacists in Ghana, strive and go for what is yours because if you don't, nobody will do it for you. So far, some of the things that have happened in this country to bring pharmacy back have been done by pharmacists against themselves. So let us look forward and realize that the profession can be made or unmade by ourselves, not by other people. If other people are doing it, you can fight them. But when your own people are doing it, it becomes difficult to fight. So fight, fight, fight for your right!