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THE PHARMACIST

PRESCRIBING PHARMACIST | CORRUPTION IN HEALTH SECTOR | PHARMACISTS' CODE OF ETHICS

DR. HARSHVADAN V. MAROO

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Official Publication of the Pharmaceutical Society of Kenya

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3. www.who.int
4. www.essentialdrugs.org
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We welcome your comments/views on our articles. Kindly give us your feedback on the magazine to enable us to improve. Also, feel free to share your happy moments with our PSK family. We will publish them in the next issue. Please contact us via e-mail at pskjournal@gmail.com.

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Chairman's Communique

It is a great honour to present to you the fourth issue of 'The Pharmacist', a magazine of the Pharmaceutical Society of Kenya that was recently inaugurated to complement the scientific publication, the Pharmaceutical Journal of Kenya (PJK).

The National Council celebrates with all PSK members the achievements it has made during the last 2 & ½ years, in building our noble Pharmacy profession and taking measures to protect and enhance it.

After joining PSK in the capacity of Chairman, it quickly became evident the need to overhaul CAP 244. I have managed through the National Council to lobby for the repeal of Cap 244 and strengthening the regulatory laws. The two bills to repeal the Act are already in Parliament and we are currently working to fast-track them. A new constitution will be in place very soon.

We have made tremendous progress in the creation of the Green Cross Accreditation project which will be of great benefit to PSK members. The Green Cross team will launch a marketing campaign sensitizing the public on the importance of seeking pharmaceutical care from accredited Pharmacies. We intend to begin the Green Cross branding in the first few months of the second half of the year. This will change the practise of Pharmacy in Kenya. This will benefit the public and those Pharmacists owning Pharmacies. This has been made possible through our donors, MSH and DIFPARK whom I take this opportunity to thank for being instrumental and offering PSK the support it required.

I am glad to inform our members that PSOK holdings was registered and initiated two landmark projects that have successfully kicked off. The first project was the purchase of 100 acres of land in Kiambu, the Tatu project, which is coming to completion. PSOK is working on other business ventures to ensure dividends are brought in for PSK and individual members who have bought shares in PSK. The second project was invoking the incineration of expired drugs as a disposal mechanism. This project has begun to move forward nicely. The above projects have helped the Society achieve a level of self sustenance due to revenue creation. Indeed, in the next few years this company is expected to become much bigger in value; thus, we encourage our members to participate by purchasing shares in the company.

I would like to thank the National Council and the Public Relations committee for their assistance in organizing and ensuring the Annual Conference is run and managed smoothly. I sincerely thank the PJK editorial team for working tirelessly in all their undertakings to ensure the release of the Journal in a timely manner. My sincere gratitude goes to the PSK secretariat for ensuring our office was run well, with dissemination of information to our members, partaking and facilitating the successful execution of projects the Society has ventured in.

Lastly, I would like to thank our sponsors who made the PSK 2014 annual scientific conference a reality. I am humbled by the recognition and value our partners see in funding or sponsoring our various activities. You have never let us down, and I take this opportunity to thank you for your continuing support and partnership with our Society.

I wish to appreciate and recognize the working committees formed under PSK for their enthusiasm in the numerous tasks they have undertaken this year. Indeed, you have made PSK realize most of its plans for the year.

Dr. Paul Mwaniki
PSK National Chairman

GREEN CROSS ACCREDITATION

Dr. Nadia Butt

The Green Cross Charter is a program developed in order to ensure that patients are provided with high quality pharmaceutical care country-wide. Their will now be a benchmark set for pharmaceutical care. These standards will be set by the Pharmaceutical Society of Kenya (PSK) and followed strictly. The primary focus will be the well-being of our patients/clients.

Our Services will aim at creating and sustaining relationships between the Pharmacist and the patient through one-on-one interactions. Each patient will now interact with a qualified registered Pharmacist at the premise at least 75% of the time, and will be able to contact the Pharmacist by phone at all other times. This will ensure that all people receive their consultations from someone who is qualified and knowledgeable in our field of practice. Patients will receive credible guidance, advice, and assistance at all times. Any questions, comments, or concerns will be dealt with immediately and in a confidential manner.

Each patient will now interact with a qualified registered Pharmacist at the premise at least 75% of the time, and will be able to contact the Pharmacist by phone at all other times

The requirements for accreditation will be strict so as to safeguard the healthcare of patients. When applying for accreditation along with a fee, PSK will ensure that the Pharmacy has the following requirements fulfilled such as: required documentation and certificates, proper premise condition, minimum required equipment, lock and key storage facilities for expired/restricted drugs, soft and hard copy records, a semi-private client counseling area, and a library with access to appropriate reference books. In addition, inspectors from PSK will verify whether Pharmacy practice is being carried out professionally.

Inspectors will be dispatched after the application is lodged to inspect the facility and give accreditation. During the year, inspections will also be carried out to make sure that the practice is being carried on a professional manner. Any complaints lodged by colleagues will be taken seriously and followed up immediately. If one fails to abide by the requirements set out by PSK for the Green Cross Accreditation, the Pharmacy will be forced to remove the Green Cross Logo from the premise immediately.

The Green Cross program will launch a campaign sensitizing the public on the importance of buying drugs from a quality ensured Pharmacy i.e., a Green Cross Accredited facility. The Green Cross will represent quality of care.

The conditions set out by the Green Cross Accreditation are meant to strengthen our professional credibility in Pharmacy, in addition to promoting safe and effective pharmaceutical care. Patients/ Clients will rest assured that they are not dealing with unqualified individuals anymore. The Green Cross logo will identify Pharmacies where qualified registered individual practice. The importance of the role of a Pharmacist will soon be realized. The Green Cross will promote Pharmacists.

The Green Cross Logo

PROFILE

DR. HARSHVADAN V. MAROO

By Sam Njoroge

Dr. Harshvadan Maroo is bid farewell by senior colleagues Dennis Chambers and Ahmet Esen in Johannesburg 1999.

His friendly demeanour, commitment to patients getting the best care, furtherance of the pharmacy profession, focus on tasks he undertakes, support to needy causes, and when needed - attention to detail - is what stands out when you interact with Dr. Harshvadan V. Maroo. He is proud of his courageous grandfather who ventured penniless to Kenya in 1913, and whose hard work, life values and blessings have brought him and his family to where they are today. Harsh Maroo brought up and educated in Kenya and UK, is fourth born in a family of six, and is one of the most reputable Pharmacists in Kenya.

The sagacious Pharmacist began his schooling in Nairobi where he attended Government Road (now Moi Avenue) Primary School, Desai Road Primary School and later Highridge Primary School. Dr. Maroo then completed his 'O' and 'A' levels at the prestigious Duke of Gloucester School (previously called Government Indian Secondary School in the 1930's/40's and now known as Jamhuri High School) in Nairobi, which his father and brothers also attended. Dr Maroo's father was set on his children's studies. "My father valued education and became even more determined as he did not go to university himself due to family circumstances. All of my sisters and brothers are professionals – here and abroad."

Harsh led an active life during his youthful years. Besides academics, he took active interest in extra-curricular activities and sports at school. He played many games at high school and participated in club and community tournaments and league matches. Cricket was once his favourite sport, though he later developed into a formidable racket sportsman playing badminton, tennis, squash and table tennis. He clinched his high school's table tennis titles for three years in a row and also was part of the victorious inter-school tennis team. "I believe life is not about winning or losing - it is about behaving well. Sports has been a good coach and training pitch for me."

Harsh Maroo's grades earned him a slot at the recognised Chelsea School of Pharmacy, University of London in the United Kingdom. This institution, headed by Professor Arnold Beckett, was then the leading research centre in drug metabolism and drug testing (which later was applied in the sports, endurance and Olympics arenas). He graduated with a Bachelor of Pharmacy (Honours) degree, and added a Masters degree in Biopharmaceutics thereafter. Simultaneously, he completed his pre-registration year and worked for a year as a Pharmacist at the Royal Free Hospital London. His better half, Rekha Maroo, also a Chelsea qualified Pharmacist, practised community pharmacy in Kisumu and Nairobi.

Harsh Maroo's major career experience began in 1970 upon joining Pfizer Laboratories in Nairobi's industrial area. Little did he know then that he would end up spending 35years with what is now the No.1 Pharmaceutical Company in the world. He describes Pfizer as an engaging company, which has overcome many challenges over the years. It was a company with a great pool and diversity of talented people who received good training and career opportunities. He further acknowledged that the range of research-based products was phenomenal and which added more knowledge and insights to disease areas and treatment modalities. As an example, he recounted a time when new molecules including antibiotics, anthelmintics, anti-protozoal and schistosomicidal agents underwent clinical trials in various African countries testing for local drug efficacy and optimal effective dosages. Mergers and acquisitions by Pfizer added baskets of molecules and different therapeutic areas to contend with. "Learning never stops and should not," says Dr Maroo.

Ironically, though trained as a Hospital Pharmacist, he had joined Pfizer in its Animal Health facility in Nairobi, responsible for manufacturing of various acaricides (insecticidal cattle dips and sprays for East Coast Fever), livestock mineral supplements and vitamin premixes. It was an unlikely career stepping stone for someone who was also the company Pharmacist. For the next many years, he began to open up and hold positions of increasing responsibilities within Pfiz-

er - as Product Manager, Marketing Manager, and Divisional Manager for pharmaceuticals in Eastern Africa, then as Marketing Director Central Africa Region (both Pharmaceutical and Animal Health divisions) and later on becoming Regional Manager for East and Central Africa. “It was a dynamically challenging task since Nairobi was a regional hub for 18 countries which included Kenya, Uganda, Tanzania, Ethiopia, Somalia, Zambia, Malawi, Mozambique, Angola, Zimbabwe, Rwanda , Burundi, Mauritius, Madagascar, Reunion Island, Comores, Djibouti (TFAI) and Seychelles. We always made sure that we had the best trained and motivated team to deliver results. Though products and profitability dictated business models, the best learnings lay in the exciting and evolving structural and human development and deployment plans across the region.”

In January 1990, Dr Maroo was promoted to Country Manager for Pfizer Zimbabwe (with a manufacturing plant in Harare for Pharmaceuticals, Animal Health and Consumer products) and General Manager for East & Central Africa countries. He recalls Mr Nelson Mandela’s release and the special ‘Thank you Zimbabwe for support during the South African struggle’ speech in February 1990 in Harare, as an inspiring moment. Dr Maroo is proud that having lived and worked in Kenya’s multicultural business and social environment, helped him understand different people and their backgrounds. For example, the Zimbabwe staff interacted and learnt from him but he also learnt a lot from them. Things began to move reasonably well in the otherwise foreign exchange constrained country. This prepared more firm footings for him when, in a chain of six international transfers within the company, Harsh Maroo was to be relocated to Pfizer South Africa.

When he inquired ‘why a move for me to South Africa when there is much work to be done in Zimbabwe?,’ he was told, “You will see - you are the right person to go”. Harsh Maroo does concede that in terms of timing, sheer coincidence took him to late Nelson Mandela’s land - South Africa - where a century earlier, a young lawyer from India, Mohandas K Gandhi, had ended up living twenty three years. Indeed, in October 1992, Mr. Mandela when inaugurating the Gandhi Hall in Lenasia (an apartheid designated Indian residential area in Johannesburg), had emphatically stated that ‘Mahatma Gandhi was also South African’. It was an uplifting reminder to all present and contextually, well put. From his own perspective, Dr Maroo proudly reminisces that within Pfizer South Africa, he played his part in modifying mindsets and in offering jobs and career development opportunities, not just to the disadvantaged communities but to all within the company.That was the call for change in that country. The change could not have been possible but for the fortunate development of acceptance, mutual respect and support amongst various superiors and reportees at the workplace. For Dr Harsh Maroo, this happened from 1992 to 1997, when he served as Pfizer’s Pharmaceutical Division Manager Southern Africa, and doubled up as Managing Director for 2 years. Whilst still being based in Johannesburg, Dr. Maroo was appointed as Viagra Area Development Team Leader for Pfizer Africa Middle East, Turkey, India and Pakistan. The major campaign took him to Dubai in 1999 as Area Team Leader for Viagra and Pfizer’s newer antibiotics. His career took him across many developing countries - “I was able to see far and probably achieved whatever I did, because I was lucky to stand on the shoulders of giants,” admits the Pharmacist, who recognized the efforts of others.

South Africa offered iconic moments in his career, Dr Maroo says. For one, 1993 was MK Gandhi’s remembrance year marking 100 years of Gandhi’s first arrival, with celebrations all over South Africa. He recalls being with his wife Rekha on 7th June 1993 day, when Mahatma Gandhi’s bronze statue had just been unveiled in a ‘pedestrians only street’ in Pietermaritzburg (where Pfizer’s manufacturing plant was located) to reverse the insult that Gandhi had received exactly 100 years earlier. History tells us that MK Gandhi had been forcibly removed at Pietermaritzburg railway station from the Pretoria bound train, on racial grounds. This incident was shocking for Gandhi who now had to make a choice : to call it a day and return to India, or to proceed to Pretoria for his legal work assignment. He chose the latter. And so began, Gandhi’s ‘peaceful and non-violent’ stance against injustice and oppression of any type. This ‘truth weapon’ was refined and effectively deployed much later against anti-colonial rule in the Indian sub-continent, Africa and elsewhere. The rest is history! Dr Harsh added that perhaps destiny had him witness South Africa’s first democratic elections in April 1994, as also in India and in Kenya when their independence days came!

Below: Dr. Maroo aknowlegdes the former VP Dr. Moody Awori during a OYL Wheechair Jaipur Foot Donation in 2004

PROFILE

From Dubai, Dr Maroo was transferred to Kenya as Pfizer General Manager for East, Central and Anglophone West Africa (including Nigeria and Ghana). One area director has stated "Harsh has contributed significantly to the growth of the Pfizer business in virtually all parts of Africa Middle East (AFME) and to the evolution of our marketing capabilities. He has helped in the development of people and the organization by sustaining close ties with everyone he has worked with." In recent times, he has been Managing Director at Phillips Pharmaceuticals Limited in Nairobi, and closely involved with pharmaceutical companies, the PSK, and various professionals and stakeholders in healthcare matters.

Dr Harsh has four pillars to share with his pharmacist colleagues. "Firstly - accept that the patient should be king. Secondly - do no harm to your clients. Thirdly - constantly upgrade yourself. Fourthly - be ethical, professional and where possible, selfless. In my line of work, I often had the added advantage of being a manager with a Pharmacist's background. The patient is first for me and this concept was often missing amongst many non-Pharmacist managers in the meeting rooms. And so, I have been able to represent the otherwise 'absent patient' in business or professional meetings, with good win-win outcomes for all."

Harsh Maroo has been an active member of the Pharmaceutical Society of Kenya. He served as its Hon. Secretary in 1971/1972 and as a Council member in 1973/1974 and one other term .He was active in various PSK committees including CAP 244 amendment efforts, matters relating to dispensing doctors, pricing, mark-ups and dispensing tariffs. The PSK gave him an appreciation award for his active role in its 50th year Golden anniversary celebrations in 2007. Over the years, he has made valuable contributions to the Pharmaceutical Journal of Kenya, PSK's Pharmacy Awareness Month activities, CPD articles/inputs, and to various joint stakeholders meetings of PSK /PPB and the pharmaceutical industry on new regulations. Lately, Dr.Maroo has been actively involved in the Green Cross concept in many ways – including the Logo/ Motto concept design, the Accreditation requirements and Green Cross 'Best Patient Care Practice' (BPCP) Charter. He remains a member of the Royal Pharmaceutical Society in Great Britain - and has renewable registration status for a Pharmacist in South Africa.

Asked on his interests in life, Dr Maroo clearly states that his beacons have been family, school, mentors, sports and faith. He is studying tenets of the Jain religion as it has wide applicability in modern living. "Be kinder than is necessary because everyone you meet is fighting some kind of a battle. And, never look down on anybody unless you are helping him/ her up." He tells me of a touching story in which he and the late Dr. Pravin Shah helped a young orphaned Kilifi girl called Rukiya Mramba by raising money for her surgery and chemotherapy for a rare form of Hodgkin's lymphoma around the right eye. "We presented Rukiya's case to PSK members at the PSK's 2010 Conference and we raised Kshs 157,000/- . Rukiya underwent the treatment and even got a place to live at Cheryl's Children's Home on the exact inauguration date of the new August 2010 Constitution. We supported her schooling at Cheryl's School. Rukiya's face was beaming with hope. She had begun to smile and make friends. Sadly she succumbed to the disease in January 2012."

Rukiya Mramba at Cheryl's Children's Home with the late Dr. Pravin K Shah, Dr. Harsh Maroo and Elizabeth Wangari (Rukiya's care giver)

He reminisces,, "After the very successful 2007 PSK medical camp at Gichugu constituency, the late Dr Pravin K Shah, Dr Edward Kamamia and myself visited the Kerugoya School for the Deaf . We noticed that most children living in the dormitories had no mosquito nets. Since children with hearing problems cannot hear mosquitoes at night, the students were exposed and suffered regularly from bouts of malaria. The chance observation turned into action. PSK agreed and donated 150 mosquito nets to the Kerugoya School and thus added this as another laudable project to its 50th year celebrations". I marvelled at this story and more so when Dr Maroo added that when dealing with people, use the heart, but for ones own self, the head.

Personally I am aware that Dr Harsh was actively involved helping victims at the Westgate Mall saga, and donated a basic life support kit to the Kenya Red Cross. He actively participates in different social and community projects. One such is an educational initiative - the Oshwal Pharmacists Group (OPG) fund raised from voluntary donations by Pharmacists from the Oshwal Community in Kenya and UK. Through the OPG Fund, deserving bright students with financial constraints can get scholarships every year for a pharmacy degree course at a Kenyan university. A few pharmacy students are already benefitting from the scholarships, and many more students will in the coming years. "Our only request to these students would be for them to stand out as ethically upright Pharmacists", Dr Maroo remarks.

I wound up the interview denoted with an insightful remark from our senior Pharmacist. "People will forget what you said, people will forget what you did but people will never forget how you made them feel."

PHARMARCISTS' CODE OF ETHICS

By Dr. P. Ongwae

Introduction

Colleagues, now is the right moment for us to reflect and refresh on our Code of Ethics as a profession. This comes on a backdrop of rapid advances in Pharmacy practice, the expanding roles of Pharmacists and a change in social attitudes, which in turn impact on practice attitudes and normative ethics of the profession.

The code applies to all Pharmacists regardless of their place of employment. This reflects the importance of ethical responsibilities in any Pharmacy related workplace including community pharmacies, hospitals, industry and research. The code, although not as legally binding as legislation, articulates the values of the profession and expected standards of behaviour.

Emphasis

The code emphasises the following issues: -

- The practice of Pharmacy should be consumer centred
- The reputation of the profession and public trust in the Pharmacist must be maintained.
- Active engagement of Pharmacist in the profession is a necessary aspect of being a Professional Pharmacist.
- The Profession of Pharmacy often involves a "duality of interest" in the responsible provision of healthcare and viability of the business. However, viability of the business should not override the best interest of the consumer.
- Pharmacists have an active role in health promotion in the community at large.
- The reporting of impairment of a colleague is a responsibility Pharmacists hold towards the profession, and to the safety of the public.
- The need to enhance the ethical Literacy of the profession in the form of continuing education.

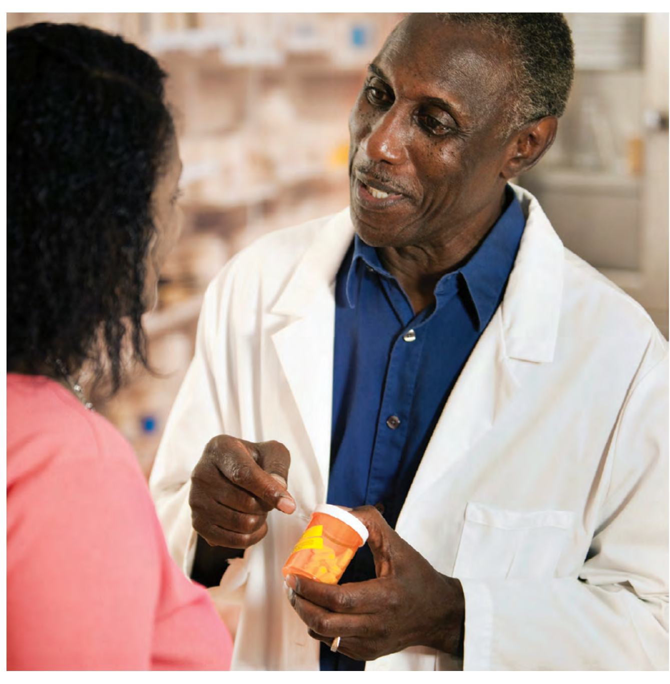
Areas of Focus

The Code's format has five areas of focus: -

1. The Consumer
2. The Community
3. The Profession
4. Business Practice
5. Other healthcare Professionals

The Client/Patient

For purposes of the code, consumer is regarded as a more inclusive term as compared to the term 'patient'. The term 'consumer' can be used to describe the different types of clientele of a health care provider. Not only is a consumer's health and well being portrayed as the most important core value in the practice of Pharmacy, but is further confirmed by giving it priority over all else. This is clearly stating the reason for existence of the profession. Compassion, care and respect for the individual are essential mannerisms which the Pharmacist is expected to uphold.



Consumers as they seek services in healthcare systems have rights.The seven rights as mirrored in the consumer services charter are as follows: -

i. The right to access healthcare.

ii. The right to safe and high quality care.

iii. The right to be shown respect, dignity and consideration.

iv. The right to be informed about service treatment options and costs in a transparent manner.

v. The right to participate in decisions and choices made about their healthcare.

vi. The right to privacy and confidentiality with respect to their personal information.

vii. The right to have their concerns addressed.

These rights should be envisaged by the Pharmacist during service delivery.

The category on consumer is of prime importance over and beyond other considerations, reflecting contemporary emphasis on respect for patient autonomy and acting in the 'best interest' of the Consumer. The old adage "avoid harm" is also accentuated here.

The Community

The Code clearly emphasises the importance of upholding the reputation and role of our profession in the community. Pharmacists are regarded as role models and must live up to this reputation.

Care must be taken in procuring, storing, manufacturing, handling, supply and disposal of medicines.

Information provided to consumers must be truthful and independent of marketing influences. Any perception of inappropriate marketing influences has the potential to damage the reputation of the profession in the eyes of the community.

The Profession

All members of a respected and privileged profession have a role in the development, advancement and evolution of the profession. The code emphasises the importance of continuing education, fitness to practice and responsibility to report impairment. It promotes the pharmacist as "seven star Pharmacists" hence their role as preceptor, educator, manager, teacher, researcher, lifelong learner etc.

This code is dedicated to Professional autonomy. The Pharmacists is responsible for professional decisions and contributions he or she makes in professional practice. This is all about the Independence and reliability of the Pharmacist's judgement. The onus is on each and every Pharmacist to create a responsible, well-functioning practice setting with good resources, up to date clinical knowledge, team work and professional indemnity in place.

The business

A Pharmacist must conduct the business of Pharmacy in an ethical and professional manner. The business of Pharmacy is to be conducted primarily in the best interest of the consumer. It is recognised that Pharmacy excises a "duality of interests" which means a legitimate balance of profit to sustain viability of the business of Pharmacy and provide care that is in the best interest of the consumer. These two "dualities" can and must co – exist in harmony.

The healthcare team

A pharmacist works collaboratively with other healthcare professionals to optimise the health outcomes of consumers. There should be mutual respect for other healthcare professionals' expertise and judgement. The Pharmacist is to avoid defamation and excessive commendations of consumers, colleagues and other healthcare providers. Inter-professional interactions must ensure no conflict of interest encroaches on the relationship with any other healthcare providers e.g. sharing of financial gain from a referral or sale of a product or medicine.

Conclusion

Code of ethics for Pharmacist is not just a list of principles to skim over lightly, but a compilation of profound values and expected standards of behaviour of the profession of pharmacy. Every principle has been carefully constructed and designed to portray what Pharmacists believe underpin their competent health care professionals.

Further reading

Beauchamp, T.L. and Childless, J.F. (2011). Principles of biomedical ethics. Oxford University Press; New York.

Pellegrino, E.D. and Thomasma, D.C. (1981). A philosophical basis of medical practice towards a philosophy and ethic of healing profession. Oxford press; Oxford.

Queddeny, K., Chaar, B. and William, K. (2011). Emergency contraception in Australian community pharmacies; a simulated patient study contraception. Australian Pharmacist Journal 83 (2): 176-82.

Fellowship Award

Dr. Jennifer Orwa displays her Fellowship award flanked by the other two nominees, Dr. Rogers Atebe and Dr. Wilberforce Wanyanga. She received the award during the PSK Dinner Dance of 23rd Nov 2013, for her outstanding contribution to the advancement of pharmacy knowledge.

PSK North Rift Branch Activities

With the clear devolution of governance in our country, it has dawned to the practice of pharmacy that we must move in tandem in order to optimize service delivery, and work with the county governments within the respective branches across the country.

At the North Rift branch we have made efforts to collaborate with our respective county governments in relation to the various county finance bills, which hitherto were to affect the practice of pharmacy in more fundamental ways, through imposition of high single business permits on top of levies being remitted to national government. In this regard a compromise has been reached through county executives on health, and an agreeable figure was reached.

After consultations with national PSK council and deliberative branch meetings, plans are underway to form one more branch to accommodate uniqueness of county of operations. And headways are being made to incorporate PSK branch office in county public health matters as a serious stakeholder.

In the area of CPDs, as a branch we have identified activities to earn CPD points including attendance at monthly meetings sponsored by drug companies, with a session of continuous medical education (CME) presentation. We are also partnering with regional Kenya Medical Association (KMA) to participate in relevant world public health days.

DR. CHWEYA LABAN
CHAIRMAN PSK, NORTH RIFT BRANCH

Eastern South Branch Report

The eastern south branch being the youngest branch managed to hold monthly meetings throughout the year. This is a great improvement from past years where some monthly meetings were skipped for one reason or the other. In addition, several executive meetings were held unlike in previous years. This provided a forum where specific issues were ironed out before a general meeting.

Minutes from general meetings held in Nairobi have almost been brought regularly to our branch meetings. This has kept branch members updated on what is happening at national level. It has been the wish of our branch to have a representative in every meeting in Nairobi, though this has proved to be a little bit of a challenge as the two meetings usually fall on the same date. During this year's national PSK AGM, the branch was represented by its Chairman and Secretary.

We managed to host some officials from PSK secretariat (Head office) during our March general meeting where members were informed about PSOK investment and Linda jamii partnership. This meeting was particularly an eye opener for branch members who had been previously been in darkness over operations of these two entities, as not much information had been received previously.

Our branch managed to organize a pharmacy awareness activity during the month of August. This involved a visit to Machakos GK prisons where there was interaction with prisons authorities. In addition, we donated some health care products for prisoners.

At least one CME was conducted in the month of October, an improvement from the previous year where none was conducted. In order to reach more members within the region, the branch has planned to decentralize its general meetings to other towns within the region. In line with this vision, our November meeting was held successfully at Parkside Villa Hotel in Kitui town.

Future plans of the branch involve development of a pharmacy multipurpose centre hosting a drug rehabilitation unit, pharmacy management training college and a pharmaceutical manufacturing plant. To realize this dream, the branch has been engaged in proposal writing for land allocation as has been promised by Machakos County governor's office.

We look forward for a fruitful year, 2014.

Regards,

DR. WILSON KYALO
BRANCH SECRETARY

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Corruption In Health Sector

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Introduction

The issue of corruption is not new to most of us, nevertheless is important to note that this issue is not isolate when it comes to health care industry and more specific pharmaceutical industry. The outcome of this vice can have varied impacts that are retrogressive and harmful to the economy, value of health care provision and generally professionalism.

"Corruption in the health sector is a concern in all countries, but it is an especially critical problem in developing and transitional economies where public resources are already scarce" (Vian 2002).

Corruption reduces the resources effectively available for health, lowers the quality, equity andeffectiveness of health care services, decreases the volume and increases the cost of provided services.

On a macroeconomic level, corruption limits economic growth, since private firms see corruption as a sort of "tax" that can be avoided by investing in less corrupt countries. In turn, the lower economic growth results in less government revenue available for investment, including investment in the health sector.

Corruption in the health sector also has a direct negative effect on access and quality of patient care. As resources are drained from health budgets through embezzlement and procurement fraud, less funding is available to pay salaries and fund operations and maintenance, leading to de-motivated staff, lower quality of care, and reduced service availability and use (Lindelow and Sernells, 2006).

Studies have shown that corruption has a significant, negative effect on health indicators such as infant and child mortality, even after adjusting for income, female education, health spending, and level of urbanization (Gupta et al 2002). There is evidence that reducing corruption can improve health outcomes by increasing the effectiveness of public expenditures (Azfar, 2005).

Unregulated medicines which are of sub-therapeutic value can contribute to the development of drug resistant organisms, increase the threat of pandemic disease spread, and severely damage patients' health as counterfeit drugs might have the wrong ingredients or include no active ingredients at all and undermine public trust in important medicines according to WHO IMPACT (2006).

In addition to fake and sub-therapeutic drugs on the market, corruption can lead to shortages of drugs available in government facilities, due to theft and diversion to private pharmacies. This in turn leads to reduced utilisation of public facilities. Procurement corruption can lead to inferior public infrastructure as well as increased prices paid for inputs, resulting in less money available for service provision.

Unethical drug promotion and conflict of interest among physicians can have negative effects on health outcomes as well.

Studies have shown that these interactions can lead to non-rational prescribing (Wazana, 2000), and increased costs with little or no additional health benefit. Patients' health can be endangered as some doctors enrol unqualified patients in trials or prescribe unnecessary or potentially harmful treatments, in order to maximise profit (Kassirer, 2005)

Pharmaceutical corruption and health

In developing countries, pharmaceutical expenditures and drug procurements account for 20-50% of public health budgets (Vian 2002). Of public procurement costs, an estimated 10-25% is lost to corruption (WHO 2008).

Current estimates from the WHO indicate that approximately 2 billion people lack regular access to medicines and the WHO believe that improving access to drugs could potentially save the lives of 10 million people every year (WHO 2004).

Making essential drugs available for everyone at affordable prices is a key condition for improving national health indicators. Inadequate provision of drug and medical supplies has a direct bearing on the performance of the health system. Corruption in procurement and distribution of pharmaceutical and medical supplies reduces access to essential medicines, particularly for the most vulnerable groups. Current estimates from the WHO indicate that approximately 2 billion people lack regular access to medicines and the WHO believe that improving access to drugs could potentially save the lives of 10 million people every year (WHO 2004).

Registration of medicines and pharmacies

Market approval and registration of pharmaceutical products is usually granted on the basis of efficacy, safety, and quality. It is a regulatory decision that allows a medicine to be marketed in a given country. Compliance with regulations affecting drug licensing, accreditation, and approvals can be costly for pharmaceutical companies wanting to

market their products. Some of them may try to bribe or influence the regulator to get their product registered or simply to speed up the approval process.

One form of influence is to offer lucrative industry jobs or consulting assignments to regulatory officials, rewarding them for decisions that are favourable to the industry. Such conflict of interest can also affect the setting of user fees for drug registration, which are often set well below true cost. Thus, the government is effectively subsidizing costs of private industry for little public benefit (Kaplan and Laing 2003).

The concept of conflict of interest is not always well understood.

Pharmacies and drug stores also require approvals to operate. The process of licensing pharmacies for operation can be corrupted by bribes, leading to unfair decisions (favouring kin or political contacts of government agents), geographic inequities, and facilities that do not adhere to government regulations.

As with the registration process, conflict of interest is also a concern if national experts receive compensation from pharmaceutical companies that could influence their judgment.

Drug selection

Once a pharmaceutical product has received market approval, most public procurement systems and insurance schemes have mechanisms to limit procurement or reimbursement of medicines, based on comparison between various medicines and on considerations of value for money. This step leads to a "national list of essential medicines" (WHO 2002).

The selection of essential medicines in a given country needs to use defined criteria and consultative and transparent process. The inclusion of any pharmaceutical on this list will lead to increased market share and if the process is not transparent, special interest groups may offer bribes to the selection committee members to get their product on the list (Baghdadi 2004). Interested parties may also bribe the committee responsible for deciding which products are reimbursed through government social insurance programs.

Procurements

Providing health facilities with drug and medical supplies is a very complex process that involves a large variety of actors from both the private and public sectors. Government health ministry'soften lack the management skills required to write technical specifications, supervise competitive bidding, and monitor and evaluate the contract performance. Corruption can occur at any stage of the process and influence decisions on the model of procurement (direct rather than competitive), on the type and volume of procured supplies, and on specifications and selection criteria ultimately compromising access to essential quality medicines.

Common corrupt practices in the procurement process include collusion among bidders resulting in higher prices for purchased medicine, kickbacks from suppliers and contractors to reduce competition and influence the selection process, and bribes to public officials monitoring the winning contractor's performance. All of these practices lead to cost overruns and low quality. Other forms of abuse, fraud, and mismanagement can occur due to insufficient management and monitoring capacity.

In some cases, supplies do not meet the expected standards, or they are only partially delivered or not delivered at all. In a context where quality controls are difficult to exercise, an increasing lack of funds results in opportunities to sell low quality, expired, counterfeit and harmful drugs at cheaper prices. Corrupt procurement officers can also purchase sub-standard drugs in place of quality medicines and pocket the difference.

Distribution and misappropriation

Due to under-financed and badly managed systems, poor record-keeping and ineffective monitoring and accounting mechanisms, large quantities of drugs and medical supplies are stolen from central stores and individual facilities, and diverted for resale for personal gain in private practices or on the black market (Ferinho, Omar, Fernandes, Blaise, Bugalho and Lerberghe, 2004).

This involves a variety of practices such as record falsification, dispensing drugs to "ghost patients", or simply pocketing the patient's payment. Patients are directly affected in this process as they are forced to supply their own medications or, in the case of hospital inpatient stays, linens and food. This results in considerable leakage of public resources. Distributing medical supplies to the healthcare facilities also involves managing an effective transportation system and preventing misappropriation of fuel and vehicles for private or non-health related uses.

Promotion

Aggressive marketing strategies can also lead to the unethical promotion of medicines or to conflicts of interest that influence a physician's judgement. A range of practices are commonly used by pharmaceutical companies as incentives to encourage the use of their product such as distributing free samples, gifts, sponsored trips or training courses. Although it is sometimes delicate to draw the line between marketing and corruption, such practices are likely to generate conflict of interest whereby a decision on treatment is no longer made in the patient's best interest.

Interactions between physicians and the pharmaceutical industry can lead to non-rational prescribing and increased spending on medicines with little or no additional health benefit (Wazana, 2000).

Counterfeit drugs

According to the WHO IMPACT, "counterfeit medicines are deliberately and fraudulently mislabeled with respect to identity and source: their quality is unpredictable as they may contain the wrong amount of active ingredients or no active ingredients" (2006).

Counterfeit drugs are a problem in both developed and developing countries. In the US, up to 15% of all drugs sold are

fake, while in some African countries the figure can amount to 50%. Globally, the US Food and Drug Administration (FDA) believe approximately 10% of all drugs to be fake (Cockburn et al, 2005).

Due to low reporting of discoveries of counterfeit drugs, it is difficult to provide accurate calculations of the health consequences of fake drugs.

The consequence of counterfeit medicine can be severe for those affected - increased morbidity from malaria, HIV, and other diseases when drugs are containing too little, no active ingredients or even harmful ingredients. One example would be the use of counterfeit anti-malaria drugs which may under long term use cause malaria parasite resistance to the drugs - hampering worldwide efforts to curb and prevent the spread of malaria.

SOLUTIONS

Registration of medicines

Regulatory policies, procedures and criteria for decision-making need to be published and made easily accessible. A formal committee responsible for registration of medicines needs to be established, with clear terms of reference, and whose members will be selected based on clear and technical criteria. Regulatory officials need also to be trained how on to manage conflict of interest (WHO 2003a).

Drug selection

A set of practical measures can be implemented to limit opportunities for corrupt behaviour. The first important step consists in adopting lists of essential medicines that are based on standard evidence-based treatment guidelines at national and sub-national levels. 156 countries have already adopted an Essential Medicines List (WHO 2003a) of generically named products based on WHO principles, with a view to limiting the selection of products to a smaller number of appropriate drugs.

From 2007 a separate list also exists for children (WHO 2007). Here also, government officials need to ensure that the selection of these essential medicines is based on clear criteria and a transparent process, with an expert committee responsible for this exercise that will operate according to published terms of reference, whose members will be selected based on technical expertise, and whose decisions will be based on the latest scientific evidence. Training in managing conflict of interest is also valuable.

> Measures to reduce illegal practices at the distribution stage of medical supplies include establishing efficient inventory control systems, improving record keeping and control procedures, fortifying security against robbery in central warehouses, etc

Procurement

The prerequisite for curbing corruption in the procurement process consists in defining clear and transparent procurement rules and guidelines that reduce discretionary powers where they are likely to be abused and to increase the probability for corrupt practices to be detected and sanctioned. The WHO Operational Principles for Good Pharmaceutical Procurement (WHO 1999) can assist governments in developing procedures that increase transparency and efficiency of procurement processes. Promoting transparency in the procurement process can be achieved by publishing the lists of supplies offered in tenders, offering clear documentation and public access to bidding results, if possible using an electronic bidding system as was tried in Chile (Cohen 2001), involving civil society at all stages of the process. Establishing lists of reliable and well-performing suppliers as well as making price information widely available, using a tool similar to as the WHO's drug price information service (WHO 2003b), or the MSH/WHO International Price Guide (MSH/WHO 2007) can help reduce prices and opportunities for corruption.

Establishing price reporting systems can allow comparisons for basic medical goods and services and result in a decrease in input prices as demonstrated in an anti-corruption crackdown in Argentina (Tella and Schardgrodsky, 2002).

Technical assistance and training for procurement officers can also improve the capacity of governments to manage competitive bidding.

Distribution

Measures to reduce illegal practices at the distribution stage of medical supplies include establishing efficient inventory control systems, improving record keeping and control procedures, fortifying security against robbery in central warehouses, etc.

Promotion

Other possible measures include banning practices of gift and sponsorship, following WHO ethical guidelines on medicines promotion (WHO 1998), and promoting codes of ethics in marketing through trade and professional organisations. Training physicians and students on how to critically read and analyse promotional materials from the pharmaceutical industry and raising their awareness on conflict of interest can also be effective. Better delivery of the "powerful medicine of information" on the benefits, risks, and cost-effectiveness of specific drugs is critical to influencing how drugs are used and protecting patient interests (Avorn, 2004). The practice of "academic detailing" or user-friendly educational outreach programs sponsored from a medical school base can help provide non-commercial sources of drug information and has been proven effective at influencing prescribing patterns in a way that benefits public health objectives (O'Brien et al 2003).

Fighting counterfeit drugs, what can be done?

In 2006 the WHO launched the International Medical Prod-

ucts Anti-Counterfeiting Taskforce (IMPACT), to promote cooperation between the pharmaceutical industry, governments, NGOs and the WHO to combat counterfeit drugs. According to this initiative the following priority actions should be undertaken by governments:

1. Strengthen legislation on counterfeit drugs
2. Strengthen regulatory initiatives
3. Improve collaboration among government entities
4. Develop a communication strategy

Cockburn et al(2006) argue that in addition the industry should be required or at least encouraged to report knowledge about counterfeit drugs.

A possibly important tool in the fight against counterfeit drugs are technological devices such as radio frequency identification (RFID) - which will allow for a check on the authenticity of the product.

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PRESCRIBING PHARMACIST

By Dr. P. Ongwae
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Introduction

Pharmacists are key participants in the management of health care, through our contribution to the quality, Informed and appropriate use of medications.

The focus of Pharmacy must be on provision of services that improve the quality use of medicines. We have an opportunity to build on this to benefit the health care system and our profession as awhole.

What is Prescribing

The term prescribe means to give direction either verbal or written to allow the preparation and administration of a remedy to be used in the treatment of a disease. To prescribe requires making an informed decision about the diagnosis. Diagnosis is the process whereby one must identify or determine the nature and cause of disease or injury, by evaluation of the patients' history, patients' examination and review of laboratory test data.

Prescribing and diagnosis are not the same thing but interrelated. You can prescribe if provided with a diagnosis, or undertake both activities sequentially.

How is the Pharmacist suited to prescribe?

Prescribing medicines is not a simple process, it requires more than knowledge on just drugs and indications. It is essential to have knowledge on:-

- Adverse effects
- Doses
- Optimal routes
- Drug – drug – interaction
- Drug – food interactions
- Pharmacodynamics
- Pharmacokinetics
- Monitoring of effects

Application of this knowledge requires significant expertise, expertise that Pharmacist possess.

Pharmacists are suited because they have extensive training in:-

- Pharmacology
- Therapeutics
- Disease state management
- Communication skills
- Pharmacokinetics

Better use of Pharmacists' skill in this extended role can potentially improve concordance and disease state management.

Involvement of Pharmacists

Prescribing has the potential to optimise medicine management, improve continuity of patient care, and improve patient access to medication. Furthermore, Pharmacists are one of the most accessible health care professionals with the skills required to participate in various prescribing models.

Currently, medical practitioners, dentists, physiotherapists, optometrists, podiatrists and nurses are involved in prescribing at different levels. Overseas, in a number of countries including the UK, USA, Canada and NZ, Pharmacists are allowed legally to be involved in prescribing a range of medicines (which were previously only prescribed by medical practitioners).

International Pharmacy literature by Emmerton et al reveals eight Pharmacist prescribing models:

Description of international prescribing models

Independent	Prescribing practitioner is solely responsible for patient assessment, diagnosis and clinical management.
Supplementary	A voluntary partnership between an independent prescriber (e.g. physician) and a supplementary prescriber (e.g. pharmacist) to implement an agreed patient – specific clinical management plan with the patient's agreement. Independent prescriber undertakes initial assessment/ diagnosis and the supplementary prescriber can write the prescription, change medication, or dose within the agreed boundaries.
Protocol	Most common form of dependent prescribing and is a delegation of authority from an independent prescriber (e.g. Physician) involving a formal agreement and written guideline - an explicit, detailed document that describes the activities the pharmacist must perform.
Formulary	Local formularies are agreed between participating medical practices and community pharmacies. It is a limited list of medicines with attached cri-teria, for examples length of treatment, when to refer less explicit than protocol prescribing.

Patient group direction (PGD)	Written directions (or protocol) signed by doctor and pharmacist relating only to supply and administration of a specific prescription medication or group. Numerous restrictions are applied on quantity, dose etc, but PGD not related to individual patients but includes all those meeting the individual PGD criteria. Requires extra training by pharmacists to be able to use PGD. Examples combined Oral Contraceptive, Emergency Hormonal Contraceptive.
Referral to Pharmacist	Referral by patients, practice staff or other community pharmacists to a pharmacist for management of a specific drug therapy or to achieve a specific therapeutic outcome. Usually accompanied by formulary guided prescribing from a limited list of drug therapies. Mostly for minor ailments.
Repeat	Pharmacist providing medication refill services in clinics associated with medical centres, for patients who have exhausted their prescribed drugs before their next physician's appointment. The pharmacist assesses the patient and either consults the physician where problems are visible, writes a refill prescription for dispensing at another pharmacy or refills the medications with sufficient to last the patient till the next available appointment.
Collaborative Prescribing	Requires a cooperative practice relationship between a pharmacist and a physician or practice group. The physician diagnosis and makes the initial treatment decisions and the pharmacist selects, initiates, monitors, modifies and continues/discontinues medications as appropriate to achieve the agreed patients outcomes. This model is less explicit than protocol prescribing yet the physician and the pharmacist share the risk and responsibility for the patient outcomes.

There are numerous issues and considerations affecting the implementation of all of the models including remuneration, work force, training, documentation and legalities.

Issue	**Considerations**	
Workforce	Who should undertake these new roles?	• All pharmacists? • Accredited pharmacists? • What credentials would be required? • What courses would provide credentialing?
	What effect will the new role have?	• Staff shortages? • Pharmacists moving from one area of practice to another? • More partnerships with other health professionals? • Different partnerships with other health professionals? • Improved job satisfaction? • Career progression and advancement opportunities? • Improved ability to attract and retain staff?
Legal	Indemnity – are we covered?	• Will it become like medicine – expensive and variable depending on the model?
	Who is responsible?	• Are we willing and able to accept responsibility for decisions?
	State laws	How difficult will it be to align all states to changes required in the legislation to allow pharmacist prescribing?
Cost	Remuneration	Will it be based on service provision? How much would it be?
	How would it be funded and by who?	Medical Ins. Covers, NHIF Fees for service – patient pays Not linked to dispensing or providing a product?
Documentation	Audit trail	Will we have an identifiable, auditable paper trail? How will pharmacists handle the documentation issue given that we are traditionally not very good at doing it?
	IT consideration	Will we utilise electronic documentation processes? Will the documentation process interface with the current dispensing software? How will we protect patient confidentiality and privacy?

Separation Prescribing and dispensing	Process	How will we manage to keep both separate? Do we need to have this? What will happen in sole pharmacist communities?

Conclusion

Pharmacist involvement in prescribing is up to the pharmacy profession. The challenge for Pharmacists will be to determine their own futures, recognise the value that we can add to the health care system, and achieve this by working towards these goals. Pharmacists adopting an appropriate prescribing model depending on their area of practice will increase their contact with their clients, therefore improving pharmacist focus on client. Pharmacists will be more client centric compared to the traditional setup where a Pharmacist was item or dispensary centric.

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Tribute to Dr Pravin K Shah (P.K.): The Tree Pharmacist

By Parita S. Shah, Department of Geography & Environmental Studies, University of Nairobi

It is said that "every cloud has a silver lining, but it is proved that every tree, if well nurtured, blossoms into aesthetic beauty and forms part of the ecological cycle."

Dr. Pravin K Shah,was indeed a man who was determined to bring back the lost glory of the Planet Earth through his vision and mission of 'greening' the Earth. My first encounter with Dr. Shah was in February 2007 when pharmacist Dr. Harshvadan Maroo enlightened me about Dr. Shah's passion for the environment. At the time, I wanted to do my Masters degree in environment and had no available funds. I met Dr PK Shah, the Kenyan Asian 'Tree Pharmacist' and in less than a month he raised 40,000KSh for my studies. Since then, whenever he organized a tree planting day, he extended me an invitation which I happily accepted.

Dr. Shah was full of praises for those who guided others to take the path of environmental conservation. He appreciated those individuals who studied environment. He saw hope and supported people who had great dreams like the late Hon. John Michuki, whom had a vision of changing the Nairobi River's outlook as well as the physical environment.

Through Dr. Shah, I met the enchanting lady, Alice Macaire, the wife of the former British High Commissioner to Kenya, and Mr. David Kimani, 'Tree Guru of Kenya.' Both individuals were geared towards the greening of Kenya, and always worked closely with local communities in regards to tree planting and nurturing and how to derive direct and indirect benefits from them.

The late Dr. Pravin K. Shah

Dr. Shah always made the Convention of Biological Diversity (CBD)'s obligation of conserving, sustainably using and equitable sharing of biodiversity (Article 1 of the CBD) especially the flora, his own objective. To add to this obligation, he always encouraged and praised community innovation, integration of indigenous knowledge and involvement of local communities (Article 8j of the CBD). He believed that a country cannot achieve the implementation of conventions while leaving things to be attended to by the government alone without individual efforts.

Besides tree planting, he used to give talks on the importance of planting and sustaining trees incommunities. Many communities have adopted tree planting like in Embu County, Kitui County, Mombasa County, Kiambu County, and thus have been able to generate income from the trees they have planted. They have carried out income generating activities like selling tree saplings, bee farming, butterfly farming and fruit farming. Dr. Shah had arranged for the provision of water supply in some communities, so that trees could be well taken care of, in addition to people living in the area. He also taught many people the art of nurturing trees without watering them everyday – by loving trees, talking to them and

by carrying out dripping irrigation – a water bottle attached to a sapling would provide water for 2 months!

In terms of research and innovation, he was always ready for challenges. I recall a time he told me that he challenged a scientist on alternatives to artificial fertilizers for growing maize. This compelled the scientist try many innovative methods which he adopted in planting of maize with napier grass and other nitrogen fixing crops. The innovation turned out to be economical as no fertilizers were needed. Even more importantly, this saved the environment in terms of soil, land and rivers from getting polluted. Such a method safeguards the health of humans / animals as there is no longer any exposure to chemicals. If we all adopt Mr. Shah's strategies with the same enthusiasm and determination, we can assist in carrying on the legacy left behind by Kenya's noble laureate Prof. Wangari Maathai and Maxwell Kinyanjui – the "Father of Trees." Mr Kinyanjui knew each tree he planted, and with the love each planted sapling received in the process of planting, a successful tree grew to serve the local communities for many generations.

Kenyans need to have a passion for the environment and follow the footsteps of Dr. Shah, so that the land seen from space will be green not brown and barren, which is what scientists are describing today as a result of deforestation and degradation.

Spare a thought for your own 'Tree Pharmacist.' May he rest well.

Rest in peace Dr. Pravin K. Shah

By Harshvadan Maroo, MPSK

On 17th November of 2013, one of our most senior pharmacist colleagues, Dr. Pravin K Shah, passed away in Nairobi after a very short period of hospitalization at age 73. Pravin Shah went to school in Kisumu. Later, he obtained a B.Pharm degree at Leicester under the University of London in UK, and proceeded to do his PhD in Pharmacy and lecture thereafter. Indeed as far as I know he was probably the first Kenyan or amongst the first to obtain a PhD in pharmacy in the late 1960's.

Dr Pravin Shah was a member of the Pharmaceutical Society of UK until 2008. From the early 1970's, he was an active member of the Pharmaceutical Society of Kenya (PSK) and was in the PSK's Council for some time. He served on many committees including the amendments for Cap 244 and pricing issues. He actively participated in Pharmacy Awareness Month activities and especially with the 50th anniversary of the PSK in 2007.

He ran a community pharmacy where it was evident that he was very close to his patients. Being of a sociable disposition, he built a rapport with the patients and gained their confidence. Being a proud pharmacist, he was often the port of first call for those needing simple remedies or advice. He was proud to have the earlier Green Cross Pharmacy neon signage of the mid1990's in his pharmacy window display. His centrally located pharmacy helped him to come to know people from all walks of life.

Visiting Dr. PK at his pharmacy was a pleasure. Sometimes you came out with an idea or two you could not ignore because there was appeal, passion and support, all this whilst the till was making musical sounds and patients being attended to. Visits were short-lived but productive. Often when the basic purpose of the visit was served, one left quickly for fear of getting another 'assignment' or 'good idea' which would require more effort. At your next visit, PSK meeting or some get-together, the progress of the ideas were reviewed. My conclusion was that the better job you did, the more support you got, and often more work. Sounds familiar? But he was not a taskmaster - just passionate about everything he did including new thoughts and possible new ways of doing things Dr. PK .You are getting my idea about the Phree Pharmacist I hope.

He was passionate about things he loved to do, and thus he could drum up support from those around him for the same cause (including financial support). Keen on education himself, he supported educating disadvantaged individuals. In return, he only asked of them to do well and become good citizens.

Being a free thinker, he indeed had many ideas to offer as his style was 'out-of-the-box' thinking which is why I have taken the liberty to call him the 'Phree (Free) Pharmacist'. Some of his ideas became very successful.

One of his passions was tree-planting as a way of revering the de-forestation trends in Kenya.

He was friendly to all, an inquiring mind, not worried about failure and generous in every way. In his last twenty years, he began to engage in several activities beyond community pharmacy. In this, he was motivated and supported by his late wife Usha, who was very active in community and humanitarian work. I remember that many meetingsof PSK took place at their home, which once served as a PSK luncheon venue. Their sons Nihal and Dr. Shaheen and families will take pride in this tribute about their parents' association with PSK and the community at large.

I want to note down some of the activities Dr. PK was involved with. He acted as a mentor for students and pre-registration pharmacists at his pharmacy and also outside. When Kilifi resident 12 year old orphaned Rukia Mramba came to Nairobi, she was diagnosed with a rare form of Hodgkin's lymphoma. I worked alongside Dr. PK, PSK members and community members, and collected 157,000 Ksh towards her chemotherapy. Later, PK and I took it upon ourselves to educate Rukia. She was acceptedat the Cheryl's Children Home where she would reside and study at the school on site, on the same day as the inauguration of the second Constitution of our country. Rukia smiled with hope. Sadly it lasted only two years.

On another occasion, we as PSK members visited Machogu

for the PSK 50th year celebrations medical camp. On returning home, we decided to visit the Kerugoya School for the Deaf. Whilst being shown the dormitories, we learnt that not all students had mosquito nets. That night we realized something very important; the students could not hear the marauding mosquitoes due to their hearing handicap. PSK ended up donating 150 nets to all the students at the school.

Later Dr. PK was involved in the donation of wheelchairs to St Peter's School. He also participated in many feeding programs for the elderly.

Dr. PK together with other Pharmacists from the Oshwal community were involved in setting up the private OPG (Oshwal Pharmacist Group) Fund to facilitate annual scholarships for budding wananchi pharmacists. This project remains ongoing.

PK will be much missed by all. This tribute is to record some of his work as a passionate Kenyan. He did ask me to visit Ndakaini Dam some day and see the environmental beauty. Sadly I did not manage when he was around, but we want him to know that we did the special trip in his memory - two weeks after he moved on.

Spare a thought for our own 'Phree (Free) Pharmacist.' May he rest in peace.

Tribute to Dr. James Evans Njogu, FPSK

By Dr. Rogers Atebe,

In the morning of Friday May 30, 2014 Dr. James Evans Njogu gently walked into the Makutano Auditorium at the Whitesands Beach Hotel to join his colleague pharmacists in attending and participating in the first day of the 2014 Pharmaceutical Society of Kenya (PSK) annual scientific conference.

As soon as I noticed his towering stature at the door, I sought opportunity to halt proceedings that I was moderating, promptly announcing the entry of our senior and highly respected colleague and Fellow of the PSK, Dr. James Njogu. I invited the nearly four hundred pharmacists already seated to give a round of applause to Mzee Njogu, recognizing his dutiful effort of attending the annual scientific conference every successive year without fail, for as far back as I could remember. Little did I know that indeed, I was setting the stage for what would become the farewell applause by colleague pharmacists to Dr. Njogu; eleven days later I received the sad news of his sudden death the previous night.

Such was the discipline and dedication of Fellow Dr Njogu to his profession, that despite his advanced years, he personally attended events and activities that called for his presence. He neither missed the monthly PSK general meetings nor met a distraction strong enough to give him a worthy excuse for arriving at the meeting venue after the appointed starting time of 6:30pm.

He was equally dedicated when he served as a member of the Pharmacy and Poisons Board in the early 1990's. An adherent to law and order he demonstrated the same in his personal professional conduct. He was a long serving Chairman of the Retail Chemists Association and had been the National Chairman of the PSK in the mid 1970's. He owned and ran Chemitex Limited, a community pharmacy established in 1951.

So outstanding was his exemplary contribution that I felt honoured to sign his nomination papers for the highest recognition in the profession, Fellow of the Pharmaceutical Society of Kenya, a proposal that the then National Council considered favourably and awarded him at the 2007 annual scientific conference.

Fellow Dr. Njogu mentored many of his younger colleagues. His polite mannerism made him an irresistible resource for those who needed to develop their career and sharpen their leadership acumen. I became one of those who benefitted immensely from his wise counsel, particularly when I assumed my first term as PSK National Chairman in 1996. He was always accessible to my Council for advice.

The late Dr. James Evans Njogu

His personal dictum: "No drug, no pharmacist" greatly shaped my personal leadership philosophy as I also upheld the "analogue position" that the drug was the pharmacist's professional tool.

He, together with other senior colleagues, inevitably became part of my informal Elders' Consultative forum that helped buoy the pharmacy profession at a time when it faced the greatest turbulence in the practice history, occasioned by the ill-understood World Bank and IMF fronted economic Structural Adjustment Programs (SAPs) slapped on Kenya in 1993. He was always present in the many consultative meetings we held with the Ministry of Health top officials, giving invaluable contributions based on his rich wealth of experience in pharmacy practice spanning more than half a century.

Words are too pale to pay a befitting tribute to, and to give an effective description of Fellow Dr. Njogu's contribution to the pharmaceutical sector.

We will honour him more fitly by living the example he set before us. His humility, gentleness, resourcefulness, and discipline will forever be etched in the history of pharmacy in Kenya.

Though physically gone, his noble legacy lives on amongst us. We will dearly miss our compatriot, senior colleague and Fellow.

May God bless his family and bless his profession. God bless you all. Thank you.

Above: The actual location of the PSK real estate deveopment.

PSK Dinner Dance 2013

1 Dr. Jennifer Orwa is presented with the fellowship award by PSK National Chairman Dr. Mwaniki during PSK Dinner Dance held on 23rd Nov 2013. Looking on are Fellowship award nominees, Dr. Rogers Atebe and Dr. Wilberforce Wanyanga. 2. Dr. Orwa delivers a speech during the event and 5. Members take to the dance floor for that crucial jig.

ON A LIGHTER NOTE

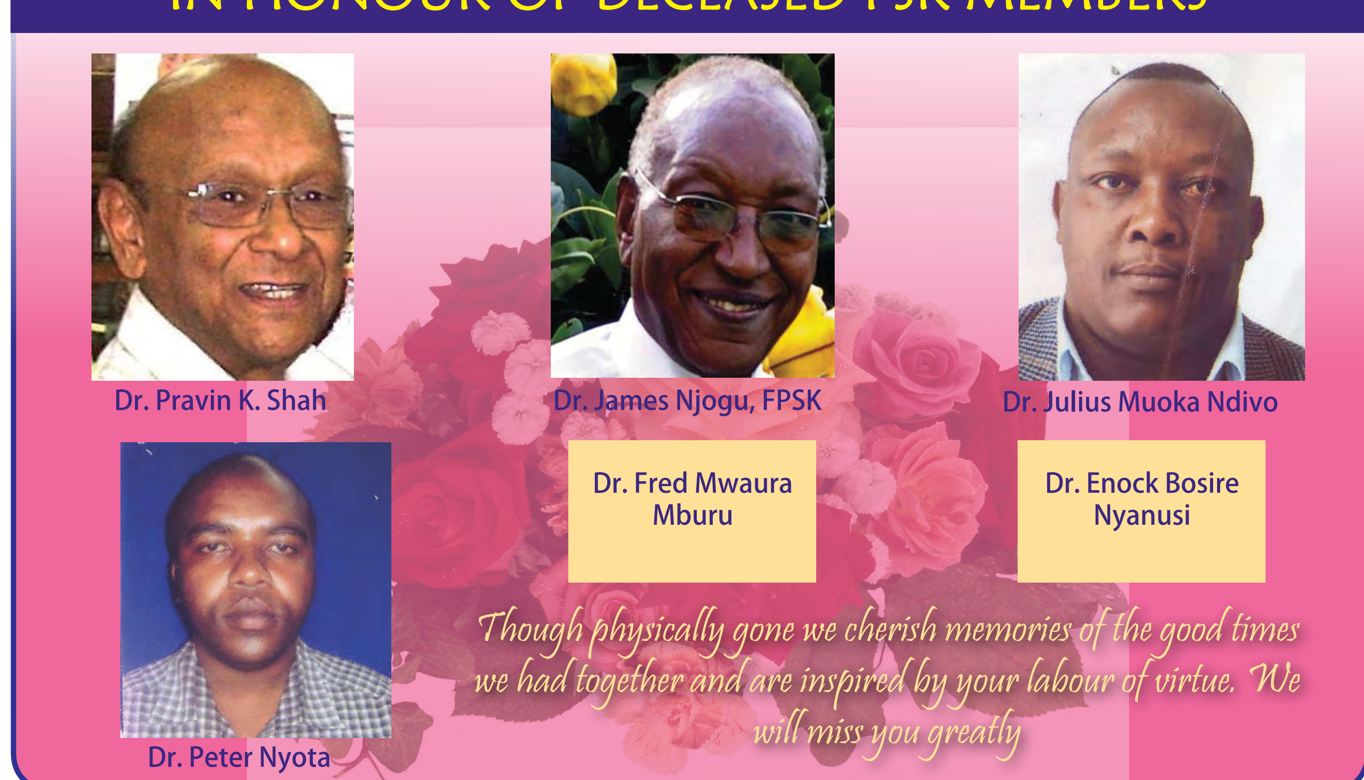
"This prescription won't make you feel better but it will stop your whining and make everyone else feel better."

GET A LIFE! by Tim Lachowski

"I forgot the name of the product, but the TV jingle went: dum ditti dum da da da."

©Tim Lachowski 2011

IN MEMORIUM



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NATURES BENEFITS

Quail: The myths and the facts

By Esther Ndambiri

Quails are part of the order Galliformes. Old World quails are found in the family Phasianidae, and New World quails are found in the family Odontophoridae

Quails have the ability to fly well over a short distance and they nest on the ground. They are so good at flying that some varieties are even migratory. Amazing.

Quails often sit on large numbers of eggs. The female lays around 6 - 12 eggs then sits on them. If she cannot cover all the eggs, the male will join her on the nest. The chicks are precocial (able to walk and feed themselves almost immediately after hatching). There are over 100 different wild quail breeds mostly found in Asia and North America.

Closer to home, it's without doubt that there was a lot of limelight on benefits of quail on television as well as social media.

Business men both legitimate and shrewd were out to make a quick coin with the growing public interest with this now trendy bird. The supply of quail soared and consequently prices dropped leading to disappointing returns by those who ventured into rearing them earlier on. Quail eggs were reported to prevent or cure almost all diseases, including a more frivolous claim that it was a countermeasure to the infamous alcoblow.

A study conducted in Taiwan on the nutritional benefits of quail (Coturnix Coturnix Japonica) eggs showed that Whole quail eggs weigh approximately 10g and have a calorific energy of 156.50 kcal 100g-1. The contents of ash, carbohydrate, fat, protein and moisture were 1.06, 4.01, 9.89, 12.7, and 72.25 g 100g-1 respectively. The fat and carbohydrate content is lower than in chicken eggs which contains 1.12g and 10.6g respectively. They contain both essential and non-essential amino acids. Significant examples of the former are leucine, valine and lysine. Leucine plays an important role in protein structure and blood sugar regulation; this therefore explains its proposal use as a pharmaconutrient in prevention of diabetes type 2. Valine is important in regulating energy levels, blood sugar, muscle metabolism, growth and repair of tissues and maintaining nitrogen balance in the body. Lysine on the other hand is required for growth and bone development, aid in calcium absorption, production of antibodies, hormones, enzymes and collagen formation. Non-essential amino acids such as aspartic and alanine significant in glucose regulation and toxin elimination respectively were shown to be present in the egg white.

Quail eggs are high in unsaturated fats and low in trans-fat content. Amongst the fatty acids present are linoleic, docosahexanoic acid arachidonic acid, palmitic acid and oleic acid. Deficiency in linoleic acid was found to cause skin scalding and hair loss in rats. Docosahexanoic acid is essential for functional development of the brain in infants while arachidonic acid (an omega-6 fatty acid) is crucial in brain function.

The egg yolk is rich in fat soluble vitamins E and in smaller quantities A and D. Minerals present in the white and yolk are traces of iron and zinc. Iron is important in maintaining a healthy immune system, oxygen transportation while zinc serves numerous functions in the body. It's important in the growth of teeth, nails, skin and hair and its enrichment is of benefit in the reduction of diarrhea and pneumonia in infant mortality as well as construction and maintaining DNA, growth and repair of tissues

Sex hormone progesterone was found in significant amounts while testosterone in lower quantities at 318 ng g-1 and 4.3 ng g-1 respectively. Sex steroids are pleiotropic hormones that act on multiple targets including the central nervous system, bone, reproductive organs, and the immune system among others.

Undisputedly, there are many nutritional benefits of quail eggs as is the case in many other food products. However, the lingering question is the unavailability of scientific data supporting the fact that it is medicinal. Apparently the Chinese have been using them for medicinal purposes.

For those who are believers, quail is mentioned in the Bible! Exodus 16 talks of God giving the Israelites quail the night before He rained down Manna for the first time. The second time was when after a long period of eating Manna, they got tired and started complaining again, in Numbers 11.4-6, 31-34.

Quail has been a source of food to the early civilizations too. Egypt for instance, fed the pyramid workers quail as a source of protein. In Western and Nyanza area here in Kenya, Aluru is nothing new; they must have wondered what the hullaballoo was all about!

Ref: 1. Tanasorn Tunsaringkarn, Wanna Tungjaroenchai, Wattasit Siriwong - Nutrient Benefit of Quail (Coturnix Coturnix Japonica) Eggs - Published at "International Journal of Scientific and research Publications (IJSRP), Vol. 3 Issue 5, May 2013 Edition

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