FDA NEWSLETTER

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EDITORIAL

The Food and Drugs Authority (FDA) has gone through a major metamorphosis since the last time this Newsletter was published some eight (8) years ago, when the organization was a Board.

Indeed, many significant and notable landmark achievements have been chalked by the organization; chief amongst them being the passing of the Public Health Act (Act 851) in 2012 which led to the elevation and expansion of the then Board into an AUTHORITY; with its consequential organizational re-structuring and re-equipment, as well as the hiring of more human resources which literally doubled its staff strength. It also completed the opening of regional offices in all the nine (9) regions. In addition, the then FDB completed the building of its own Head Office Complex in Accra, and moved into it. Finally, it also completed the opening of Regional Offices in all the nine regions in Ghana, thus making its presence to be felt nationwide. These are clearly no mean achievements.

All said and done, the most significant among all these achievements is the passing of the Public Health Act (Act 851), in which the Food and Drugs Law is enshrined. This is what metamorphosed the then 'BOARD' into an 'AUTHORITY'; and its name was thus changed to the Food and Drugs Authority (FDA). Within this same Law (Act 851) can also be found the Tobacco Control Law.

Briefly put, the Tobacco Control Law was enacted mainly to protect non-smokers from the involuntary inhalation of cigarette fumes from active smokers; something which has been proven to be damaging to the health of non-smokers, maybe even more than it does to the health of the active smokers themselves.

Secondly, the Tobacco Control Law makes it a criminal offence for a Manufacturer to produce not only cigarettes but all other tobacco products, without a WARNING on their packaging, advising the user of the potential dangers of smoking.

Thirdly, and even more importantly, Ghanaian children have also been protected under the Tobacco Control Law: it is now against the Law for a child under the age of eighteen (18) years to be sent to buy a cigarette or any Tobacco product.

Internally within the Organization, the re-structuring, expansion and elevation of the 'BOARD' into an 'AUTHORITY' led to the creation of five (5) new Divisions; this sought to re-define its structure and re-align its existing duties and functions with the new, additional duties and functions she is expected to perform. Going forward, it is instructive to note that the latest and current approved structure for the FDA is the creation of eight Directorates replacing the five Divisions.

Consequently, strong emphasis is currently being put on Public Education and Enforcement, in order to educate both stakeholders and the general Ghanaian public about the Do's and Don'ts so far as all Foods and Drugs in Ghana are concerned.

With the foregoing as the backdrop, and the new focus of strongly emphasizing its Public Education and Enforcement activities strategy, the FDA's Administration decided to re-launch its Newsletter as one of the many weapons available in its arsenal for deployment in pursuit of the attainment of its goals and objectives, through interaction with its staff and stakeholders. The FDA is thus now better-equipped and better-positioned to tackle the assigned work and tasks she is expected to handle under its given mandate.

To this end, it is the intention of the FDA's Administration and the Editorial Board to publish this Newsletter at least once every three (3) months to facilitate an effective discharge of its assigned duties under the Public Health Act (Act 851).

All stakeholders are thus being encouraged to start writing down their articles from their individual, Unit, Departmental and/or Divisional perspectives, with respect to the various activities, functions, programmes and projects that are undertaken; and submit them to the Editorial Board. This will go a long way to ensure that, at any given point-in-time, the Editorial Board will have more than enough materials on which to fall to produce the said Newsletter as soon as it is due.

THANK YOU! We sincerely hope you will enjoy reading this very first issue of the revived Newsletter, after FDB became FDA.

IN THIS ISSUE

PROFILE OF HUDU MOGTARI

Mr. Hudu Mogtari holds an Executive Master of Business Administration (EMBA) degree from the Ghana Institute of Public Administration (GIMPA) and a Bachelor of Science in Pharmacy (BSc Pharm) from the University of Hacettepe in Ankara, Turkey.

He has working experience spanning over 20 years at different times as a National Service Teacher, Pharmacist, Medical Sales Representative, Country Manager and an Entrepreneur. He has worked in both the public and private sectors of the Ghanaian economy.

In the health sector, he worked as a Pharmacist at the Komfo Anokye Teaching Hospital in Kumasi. He also worked as a Locum Pharmacist and then as a Superintendent Pharmacist at Western Pharmacy in Kumasi and Muba Pharmacy in Accra. In pharmaceutical sales and marketing, he started as a medical sales representative and rose through the ranks to become a country manager as well as the representative for Eli Lilly, a contract sales organization which was one of the world's top ten multinational pharmaceutical companies. As Manager, he also worked as a sales force manager and the regulatory liaison between the national regulatory bodies and the regulatory unit of Eli Lilly. He undertook yearly courses in ethics and compliance to keep him abreast with the changes in the regulatory environment of the pharmaceutical industry. This gave him insights into the workings of both the regulator and the regulated.

In addition to his education and knowledge in pharmacy and management, Hudu has also undertaken post-graduate certificate courses and intensive on-the-job training in disease areas like diabetes, erectile dysfunction and mental health which has given him great insights into the management of these health conditions.

As an entrepreneur, and in conjunction with other partners, he set up and run companies like Isis Global Company Limited and Muba Pharmacy Limited. His work in setting up and managing a mineral water bottling company, Tremendous Services Company Limited, has exposed him to managerial and regulatory issues in both the private and the public sectors of the food industry.

In most of his working life, he handled key managerial roles and thus acquired practical managerial skills on the job and further sharpened his managerial skills by enrolling in the Executive MBA programme at GIMPA in 2009.

He has played leadership roles wherever he found himself and was recognized by being selected to participate in the International Visitor Leadership Programme (IVLP) organized by the International Institute of Education (IIE) and the State Department in the United States of America in 2009. In 2010, he was also selected to participate in the global leadership programme (GLP) organized by Tindakan Strategi Limited and the SOAR Consult in Kuala Lumpur, Malaysia.

Hudu is very widely travelled, public-spirited and engages in a lot of community-based voluntary work.

Hudu Mogtari is currently the Chief Executive Officer of the Food and Drugs Authority (FDA).

MESSAGE FROM THE CEO

Dear Reader,

I am excited that we have published this maiden edition of the revived FDA Newsletter. It is a need that is long overdue. The hardworking and dedicated staff of the FDA generate news everyday. There are new lessons learnt and new frontiers broken everyday and it is important for us to share these with both our internal and external stakeholders. Even though we have publications that are tailored to specific subject areas, there is still need for one that has a much broader scope that covers all the activities of the FDA. This Newsletter, which will be published once every quarter is intended to cover events within the preceding quarter and any announcements and plans for the future.

I would like to appreciate the Editorial Board and all those who contributed to make this edition possible. I also urge all staff to give feedback and to contribute to make subsequent editions always a delight to read. I am very confident this will serve as a valuable source of information to all employees and other stakeholders of the FDA.

We are going through several structural and institutional changes in order to strengthen and position the FDA as an enviable regulatory centre of excellence in Africa. I know it is not going to be easy but I believe together, with determination we can do it. I therefore take this opportunity to appeal to all and sundry to put our shoulders to the wheel and make it happen.

Thank you and enjoy reading the FDA Newsletter.

Best Regards

RESTRUCTURING OF FDA
GOVERNING BOARD AND STRATEGIC MANAGEMENT RETREAT

The Governing Board and Management of the Food and Drugs Authority (FDA) have approved a new organogram, 2017-2020 strategic plan document, a scheme of service, and a condition of service for the FDA.

The approval was given during a three-day retreat from the 10th -12th February 2016, which was held in Takoradi in the Western Region for the members of the Governing Board and Strategic Management of FDA.

The FDA is undergoing a restructuring exercise for which a committee was set up to produce a new organisational structure, a condition of service and scheme of service and which is expected to be in line with the Public Services Regulations. Also to be produced by the committee is a 2017-2020 Strategic Plan document.

Announcing this to staff of FDA via a communiqué, the Chief Executive Officer of the FDA, Mr. Hudu Mogtari said "it is with great pride to announce that the authority has now approved an organogram, scheme of service and a strategic plan .

It is expected that the approved documents would help strategically move the FDA forward in achieving its vision of becoming a centre of excellence in food and drug regulatory affairs on the African Continent and being a centre of excellence for regulatory affairs in Africa.

Members of the Board and Strategic Management

It is further expected that the condition of service and scheme of service would provide a comfortable atmosphere for staff of FDA to operate, to ensure efficiency and ultimately help achieve the mandate of the FDA.

All staff were entreated to contribute their independent and collective quota to ensure an enviable regulatory institution, the FDA.

HURRAY! HURRAY!! HURRAY!!!
DRUG ENFORCEMENT DEPARTMENT IS ISO 9001:2008 CERTIFIED

Seth Seaneke
Drug Registration and Inspectorate Division

The Drug Enforcement Department which is under the Drug Registration and Inspectorate Division of the Food and Drugs Authority (FDA) was certified to the United Kingdom Accreditation Service (UKAS) ISO 9001:2008 Quality Management System by SGS Ghana Ltd in July, 2015.

The Certification covers all activities of the Department with respect to administration and regulatory activities of Inspections and Market Surveillance to protect public health and safety.

The primary driving force leading to the implementation of the internationally recognized and accepted ISO 9001:2008 Quality Management System was to enhance operational effectiveness and efficiency in the use of resources; to provide competitive advantage and increase participation and motivation of the human resource of the Department.

Within the short period of the implementation, both internal and external customers of the Drug Enforcement Department are beginning to see improvement in timeliness and efficient delivery of the Department's services.

Our sincere and deep gratitude goes to the Chief Executive Officer, Mr. Hudu Mogtari for his encouragement and zeal in the implementation of the Quality Management System at the Drug Enforcement Department; and also colleagues at the FDA's Laboratory Services Department, that had earlier received accreditation to IS0: 17025.

We also wish to thank the United States Pharmacopoea Conventions' Centre for Pharmaceutical Advancement and Training (CePAT) for providing training along the journey towards the certification.

It is hoped that the certification of the Drug Enforcement Department to ISO 9001:2008, will contribute positively to the implementation of the ISO 9001:2008 Quality Management System of the entire FDA in the near future.

YOU AND MEDICAL DEVICES

Joseph Y. B. Bennie
Medical Devices Department

Have you ever been to any emergency room (ER) in any hospital? Or have you been to any operating room/theatre (OR)? They are really not pleasant places to be. In the ER, time is very essential and the most critical thing to do is diagnosis. At this crucial moment a CT scan might be an invaluable aid for a good diagnosis to save a life and indeed it could be the difference between life and death.

In the OR, confronted with stenosis, a procedure to insert a 'simple balloon' can bring the needed relief to take away the ever present pain, and the looming danger of death.

In these two instances of diagnosis and treatment, the solution has been the deployment of medical devices. In this age of technology and its deployment in the field of healthcare delivery, medical devices are indispensable in the effective diagnosis, treatment, management and prevention of any health condition.

In screening for disease, medical devices play a major role. CT colonography, for example, can be performed for people with a high risk of colon cancer, or full-motion heart scans for people with high risk of heart disease.

Medical devices range from the simple to the complicated. Monitoring of patients' vital health statistics is crucial. Outside the hospital, and with patients taking on greater roles in managing their health, patients are able to monitor their health conditions and report same to their doctors: blood pressure, blood sugar levels, cholesterol levels, etc. are constantly being monitored at home and fed to the doctors for decision-making.

Errors committed in the hospital setting in data capturing and recording of same when there are more than one patient in the ward, is becoming a thing of the past with the use of medical devices that take readings of body temperature, heart beat (pulse rate), blood pressure, and blood sugar and immediately store these in electronic folders, eliminating any transposition errors.

In the light of the above, it would be an understatement to say that the effective regulation of medical devices underpins the effective delivery of healthcare. Regulation of medical devices is aimed at delivering safe, effective and good performing medical devices to the healthcare team, and ensuring that the latest technology is available for healthcare delivery.

Let me walk you through two recent occurrences in our health institutions. At the ward, an experienced nurse realized that the giving set delivering medicines to the patient was not functioning properly. A prompt intervention averted the loss of a limb or even the life of the patient. In the second scenario, clients to a diagnostic centre had positive results in relation to their HIV status! Confirmatory tests at a tertiary institution proved negative. You can imagine the stress, trauma and difficulties, including suicidal considerations, these clients would have gone through in-between the two tests.

Assuming you walk into a health facility with a health condition. After the diagnosis, you are expected to take an injection as part of the treatment. Imagine you get a swelling at the site of the injection which later develops into a sore. You get to know that this is all because of a bad quality needle.

Now let's come home. You have decided that you would only be pregnant after you finish with your course. So he used condom the last time you had sex. Three weeks thereafter, all the signs and symptoms show that you are pregnant! You are confused, and on top of that he says you are unfaithful and need to come clean. Wahala!!! A low quality condom is the cause of your woes!

But just wait. Could it be a case of delayed menstruation? You still need a medical device – a pregnancy test kit. Make sure it is a quality and good performing one. Then the result proves negative! You now have the grounds to look straight into his face and tell him 'I'm really disappointed in you; you better advice yourself.'

It has been estimated that the lifecycle of a medical device in this era is between 18 to 24 months. In effect new versions of medical devices can be on the market between 18 – 24 months.

Regulation must be abreast with the pace at which the industry moves. There is the need, therefore, to constantly improve on the experience and expertise of the regulator to ensure the health and safety of the public.

The regulator needs you. Patronize only registered products. Procure only registered products for your facility. Desist from dealing in substandard medical devices. Endeavour to report those who deal in poor quality unregistered medical devices. You would not have the pleasure of checking the quality of the device at the time it would be used on you. Help rid the market of these unregistered medical devices whilst you have the opportunity.

FDA APPLIES INTELLIGENCE TO STOP CIRCULATION OF FAKE COARTEM IN AND OUTSIDE GHANA

Seth Seaneke
Drug Registration and Inspectorate Division

In August 2015, a complaint from the Novartis Pharma AG Ghana Office was made to the Food and Drugs Authority (FDA) to the effect that there was a fake Coartem 20/120, LOT: No. X1001; , with unusual manufacturing and expiry dates on the market.

Officers of the Drug Enforcement Department armed with knowledge in investigations and forensic psychology were deployed to the market to ensure that the products were quickly removed from the supply chain and bring the perpetrators of the crime to book. This was after screening of the said batch using Raman Spectroscopy showed that the product was indeed fake. Indeed the spectra generated showed that corn starch had been substituted for the active ingredients which are Artemether and Lumefantrine.

The hard work of the staff led to the withdrawal of 425 packs of the fake Coartem from the Ghanaian market. Fortunately, the investigations revealed that the product had not been widely distributed; nevertheless all the Regional Officers were put on the alert.

The investigations by the officers with the constant encouragement of the Chief Executive Officer of the FDA, prevented many patients suffering from malaria from being treated with the fake medicinal product that might have resulted in complications and possibly untimely and premature death.

In the course of the investigations, it was discovered that the supplier of the fake coartem is a Togolese National based in China. With the use of Covet Human Intelligence Source (CHIS), the FDA investigators and the Ghanaian counterparts of Interpol contacted the Togolese Police to make purchase from the main supplier in Lome, Togo.

The operation in Togo led to the seizure of 711 packs of the fake coartem at the residence of the main supplier in Togo. Again the hard work of the FDA staff resulted in stopping many Togolese citizens from using the fake coartem to treat malaria.

The investigations have now reached international dimensions with Interpol tracking the main suspect who has since been hiding in China.

The investigations revealed that although distribution of pharmaceutical products are controlled by detailed laws such as the Pharmacy Act (Act 489), there are still unauthorized dealers who move from place to place offering medicinal products for sale.

Unauthorized dealers become a conduit for spurious, substandard, falsely labeled, falsified and counterfeit medicinal products. The investigation underscores the importance of intersectoral collaboration with the security agencies for optimum outcomes in the quest to protect public health and safety.

DRUG REGISTRATION DEPARTMENT RCORE STATUS TESTED

Seth Seaneke
Drug Registration and Inspectorate Division

The Food and Drugs Authority was designated as the Regional Centre of Regulatory Excellence (RCORE) in Medicine Registration, Pharmacovigilance and Clinical Trial oversight by the African Union's (AU); New Partnership for Africa's Development (NEPAD) agency about two years ago.

By this designation, the FDA is expected to play a leading role in the training of Medicine Regulators to improve upon the Medicine Regulatory Environment on the Africa Continent.

The RCORE Status of the Drug Registration Department was tested when Regulators from the ECOWAS region namely Senegal, Guinea Bissau, Togo, Cote d'Ivoire, Nigeria, Burkina Faso, The Gambia, Niger, and Guinea, came over to Ghana for a month long training programme under a West African Health Organization/World Bank Medicine Registration Harmonization Twinning Programme in November, 2015.

In all, there were eleven (11) regulators who spent between two to four weeks at the FDA. The regulators were taken through the FDA's Allopathic Medicine Registration Process. They were also given an overview of what goes on in the Herbal Medicine, Tobacco and Substance of Abuse, Industrial Support, Drug Enforcement and Laboratory Services Departments.

At an exit meeting, the regulators expressed profound gratitude to the FDA for opening the doors of 'their kitchen' unreservedly and providing deep insight into current medicine registration processes.

Indeed, one of the regulators was of the view that the FDA must review its vision statement which is to create and sustain a center of excellence in food, drugs, medical devices, cosmetics, tobacco and household, chemical substances regulation on the African Continent. In her opinion, FDA has already attained the Vision.

Unanimously, all the participants lauded the teamwork and professionalism displayed by the staff of the Authority.

Our thanks goes to the Chief Executive Officer whose vision is to transform the FDA to a real Centre of Regulatory Excellence and all the Staff of the various Departments who went an extra mile to imprint a positive image of an excellent FDA in the minds of the visitors.

Ayekoo to you all.

FDA IN PICTURES

Board Chair Mr. Kofi Totobi Qwakyi Commissions new staff bus

WA staff in the new FDA cloth

Cross - section of staff at staff durbar

Brong Ahafo Regional Head, Matthew Gyan Nkum addressing a training session

CEO of FDA addressing staff durbar

CEO, FDA staff and WHO team after a training programme

ILLEGAL ADVERTISING
IS FDA BARKING OR BITING?

James Lartey
Communication and Public Education Unit

The FDA, in the fulfillment of its mandate to ensure the quality, safety and efficacy of regulated products in the interest of public health and safety, also regulates advertisement on such products. This is with the view to ensure that the information given out on a product should be scientifically accurate and that the user will not have any injury in using the product as being advertised.

Section 114 (1) of the Public Health Act 2012, Act 851, which mandates the FDA to regulate such advertisements, states that 'A person shall not advertise a drug, herbal medicinal product, cosmetic, medical device or household chemical to the general public as a treatment, preventive or cure for a disease, disorder or abnormal physical state, unless the advertisement has been approved by the Authority' and (2) 'Despite subsection (1), a person shall not advertise a drug, a herbal medicinal product, medical device or cosmetic for the treatment or cure for disease specified in the Fifth Schedule'.

Diseases specified in the Fifth Schedule include, but not limited to, the following: Sexually Transmitted Diseases, other forms of genito-urinary diseases, AIDS, diseases connected with the human reproductive functions. The rest include Cancers, Diabetes, Epilepsy, Goitre, Heart Diseases, Hernia, Leprosy, Pneumonia, Tetanus, Tuberculosis, Smallpox and others'.

The Problem

The airing of unapproved and prohibited advertisements, especially herbal medicines and alcoholic beverages, has been an issue that the FDA has been battling with for a period of time now.

The approval process includes the submission of an application. The script is vetted and when approved, the contents are put on the appropriate medium, for example a CD. The applicant is then permitted to air the approved advert on radio or TV for one year after which the advert can be renewed. However, this process has notoriously been violated by media stations, especially the Radio and TV stations.

A major excuse given by the media is the fact that advertisement is their main source of income and, incidentally, most of the products they advertise are FDA regulated products (food, medicines, cosmetics, medical devices and household chemicals). Though the FDA appreciates this fact, it is important for the media to appreciate the public health and legal implications in airing unapproved advertisements.

The FDA has made a number of interventions to address this menace. These include:

1. Meetings with the National Media Commission (NMC), the Ghana Independent Broadcasters Association (GIBA); the Advertisers Association of Ghana (AAG); and the Ghana Journalists Association (GJA)
2. Workshop for representatives of Media Stations in all the Regions to sensitize them on the provisions of the law on advertisements
3. Meeting with some of the security agencies, especially the Police CID and the Bureau of National Investigation (BNI) to assist the FDA to enforce the law.
4. Issuing of a number of Press Releases and advertiser's announcement on the subject followed with media interviews on several media stations nationwide.
5. Writing of caution letters to offenders and the imposition of administrative charges.

What is the Solution?

This is actually a worrying situation considering the negative implications on the health of consumers who might be misinformed and misled. The questions: Has the FDA lost it? Can the FDA handle it? Is there a solution or should the FDA give up and hope for a miracle?

The writer can recall a programme at Unique FM recently where he and a representative from AAG were the guests on the show. A member of GIBA called into the programme and reiterated an earlier submission by the guest – prosecution! To quote him, "the only language our people understand is to use the whip. Let's set an example and see if the situation would not cease...."

The FDA has been described by sections of the public as an institution which always barks but do not bite. Is it the situation that the law is not deterrent enough or the FDA is just refusing to exercise its authority as an Authority? Is FDA behaving like Moses, having the rod of solution and not knowing its worth?

It may be recalled that about 8 years ago there was some transient sanity in the advertising space involving FDA-regulated products on the airwaves after a popular radio presenter was arrested and detained at the Police CID Headquarters for airing an unapproved advertisement (LPM). The media woke up to the realization of what FDA can do.

It is obvious that much can be achieved not only through a sustained education, but a relentless and visible prosecution of offenders if the protection of the health and safety of the public is to be assured. Thus, FDA, through the assistance of the security agencies, should prove that it doesn't just bark but can also bite!

TECHNICAL ADVISORY COMMITTEE ON MEDICAL DEVICES INAUGURATED

J Y B Bennie
Medical Devices Department

As part of the Food and Drug Authority's (FDA) mandate to regulate medical devices with a basic goal of protecting public health and safety by ensuring that only safe devices are available on the Ghanaian market, it is imperative to bring on board experts who have a broad base of technical expertise on the wide range of medical devices. This has led to the formation and inauguration of the Technical Advisory Committee on Medical Devices (TAC-MD). The Committee was inaugurated by the CEO, Mr. Hudu Mogtari on December 23, 2015.

CEO of FDA administring oath of office to TAC-MD members

The Head of the Medical Devices, Cosmetics and Household Chemical Substances Division, Mrs Akua Amartey, in her welcome

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PILOT FOODBORNE DISEASE SURVEILLANCE IN THE ADENTAN MUNICIPALITY

Benjamin Osei Tutu
Food Safety Management Department

The Food and Drugs Authority in collaboration with the Ghana Health Service (GHS) implemented a pilot foodborne disease surveillance system in the Adentan municipality. The system, which is syndromic based, involved seven health facilities (both private and public) in the municipality. The focus was on five foodborne diseases; Cholera, Typhoid fever, dysentery, Hepatitis A and E. The facilities involved were HealthGate Clinic, Nii Ashaley Botwe Clinic, Basel Clinic, Amanfrom Clinic, Adjiringanor RCH, Universal Bethesda Clinic and Amrahia Clinic.

The system, which commenced in February 2015, was piloted for one (1) year to provide data for strategic public health intervention along the food chain.

Distribution of Reported Foodborne Diseases

Data on one hundred and sixty-three (163) cases of foodborne diseases was received during the period of the pilot system (February to December 2015), with a mean reporting per epi week of 3 (range of 1 – 9). Out of the one hundred and sixty-three (163) people who reported with foodborne disease, 92 (56.44 %) were females and 71 (43.56 %) were males. The highest frequency of people who reported the cases fell within the age group of 25-34 years.

The pilot system was also used to develop an Integrated National Foodborne Disease Surveillance in Ghana.

In view of the above, the FDA, with support from WHO, organized a training of trainers' workshop for its regional officers and officers from the Regional Disease Surveillance Departments of the MOH in January, 2016. The two day training forms part of series of activities drawn in preparation for the roll out of the surveillance system nationwide. The aim of the workshop was to equip officers with the requisite skills needed to collect foodborne disease data for the building of a credible national database.

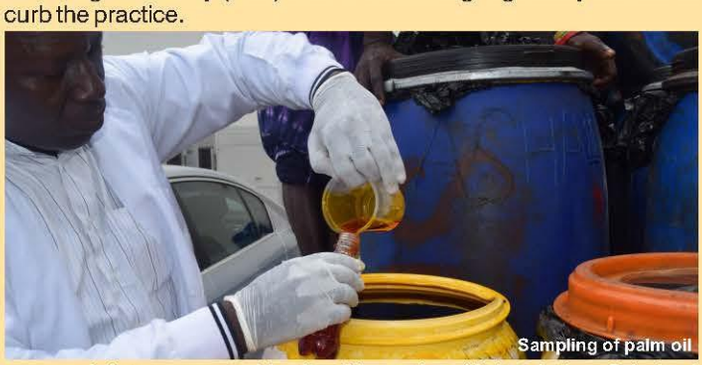
The FDA is also engaged in stakeholders' consultations with the GHS to have foodborne disease surveillance activities incorporated into the routine activities of at least 50% of the districts nationwide by end of the year 2016.

Dep. CEO John Odame Dakwah with trainees & Resource Persons

ADULTERATION OF PALM OIL WITH SUDAN VI DYE AND REGULATION

By Jacob Amoako-Mensah
Food Safety Management Department

Sudan IV dye, a category 3 carcinogen used as an industrial dye for the manufacture of plastics and textiles to impact colour was detected in palm oil originating from Ghana in 2004 by the European Union Authorities. To ascertain the current status of Sudan IV adulteration of palm oil consumed in the Greater Accra Metropolis, samples of palm oil were obtained from ten (10) major markets and analyzed. Ninety six (96%) percent of the samples tested positive for Sudan IV dye. Investigations revealed that the dye was used to enhance the colour of palm oil due to the use of poor quality palm fruits, poor production practices and the use of rudimentary equipment which results in a loss of the characteristic bright orange red colour. The Ghana Standard for Animal and Vegetable Fats and Oils Specifications for Edible Palm Oil (GS 223:2001) does not permit the use of colourants, thus the use of sudan dye is considered as adulteration. In view of the health implications reportedly associated with Sudan IV dye, the Food and Drugs Authority (FDA) took the following regulatory actions to curb the practice.



Sampling of palm oil

- Joint swoop with the Narcotics Unit of the Criminal Investigations Department (CID) of the Ghana Police Service. This led to the confiscation and destruction of volumes of palm oil which had tested positive for Sudan IV dye.

- Palm oil was sampled from the remaining nine regions of Ghana for analysis after which a recall process was initiated. The vendors voluntarily surrendered all products containing the Sudan IV dye. The recalled palm oil products included that of the Ghana School Feeding Programme and Second Cycle Institutions.

- A Joint market to market education was conducted with Women in Agriculture Department (WIAD) of the Ministry of Food and Agriculture (MoFA). The FDA had over fifty media engagements to educate the public on the dangers of consuming adulterated palm oil.

After these interventions by the FDA, which lasted for two months, the FDA sampled and analysed more samples. Results of the analysis indicated that 90% of the samples did not contain sudan dye. The remaining 10% which failed was traced to poor cleaning of the containers in which the oil is stored. The FDA has resolved to deepen its regulatory activities to totally curtail the adulteration menace by:

1. Conducting unannounced road checks for trucks transporting palm oil to the markets for Sudan IV dye test.
2. Intensifying public education to inform the general public about the dangers of consuming palm oil adulterated with Sudan IV dye.
3. Continuous engagement with palm oil processors, distributors and vendors to abstain from the use of Sudan IV dye
4. Continuous sampling and analysis of palm oil for Sudan IV Dyes from the markets.

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TECHNICAL ADVISORY COMMITTEE ON MEDICAL DEVICES INAUGURATED

address, reiterated the WHO's priority for the regulation of medical devices including diagnostics for the past two years.

The CEO noted, in his inaugural speech, the desire of the Government of Ghana to have an efficient, quality and cost-effective health care delivery system for the benefit of the people of Ghana. He stated the importance of medical devices in the health care delivery system and hence the need for their effective regulation by the FDA.

The CEO also stated that 'the technology and the knowledge base that underpin the development, manufacture and deployment of medical devices are changing fast' and hence the need for the establishment of a broad base of technical expertise that the FDA can rely on for effective regulation of medical devices.

The mandate of the TAC-MD includes the following:

I. Advise the FDA regarding recommended classification or reclassification of medical devices into one of four risk-based classes
II. Advise on any possible risks to health associated with the use of medical devices
III. Respond to requests from the FDA to review and make recommendations on specific issues or problems concerning the safety and effectiveness of medical devices.

The TAC is made up of professionals drawn from both academia and practice. They include Biomedical Engineers, Pharmaceutical Chemist, Clinical Engineer/ Healthcare Management Expert, Surgeon, Medical Officer, and a nuclear Scientist.

CATERING OPERATIONS IN THE HOSPITALITY INDUSTRY IN THE WESTERN REGION

Naa Adei Kotey
Western Regional Office

Catering is a business. It provides food service at a remote site such as hotel, public houses or a restaurant. It provides income to people in diverse ways. Over the years, catering has evolved to become an artisanal affair. Places such as hotels, restaurants and bars are constantly under public scrutiny and risk losing customers if they fail to pass regular checks from the public and relevant authorities. A lot of people are now moving into the catering and hospitality industry because it is lucrative. After all, who doesn't eat?

Initially, catering services were operating and serving the general public without licenses from the Food and Drugs Authority. In this case the hygienic conditions of places where these foods are prepared were under the discretion of those managing these places. Customers of such places thus had their health at the mercy of the operators. However, this is not the case anymore. For public health and safety reasons, Food and Drugs Authority conducts inspections in the various kitchen of both hotels and restaurants where food is prepared.

The inspections are carried out in the catering industries to ensure that they adhere to basic hygienic practices in the preparation of food. These inspections are carried out nationwide and the Western Region is no exception. Upon constant awareness creation and visits to the various hotels and restaurants, standards have and continue to improve.

So far a total number of 154 catering facilities have been identified in the Western Region. Over 30% of these have been given hygiene permits following a rigorous and meticulous inspection of these facilities. The remaining are at various stages of implementing recommendations given to them by FDA. These recommendations are not food safety related therefore their continuous operation do not pose any public health risk. The licensing of catering facilities is picking up in the region due to the continuous public education programmes of the FDA and the engagement of operators of these facilities.

Generally the catering operation in the Region is satisfactory. However, the FDA will continue to monitor operations of the catering facilities in the region in view of the significant role the industry play in the region.

Project Funded by The European Union

ENHANCING FDA CAPACITY TO TAKE RISK-BASED DECISIONS

Culled from FDA website

The Food and Drugs Authority (FDA) Ghana is one of the government institutions that has a major role in the national quality infrastructure with respect to regulation and control over the manufacturing, importation, exportation, distribution of products in the fields of food, drugs, cosmetics, medical devices, and household chemicals. The FDA is both a regulatory authority and a market surveillance authority that guards the safety, quality, and efficacy of the products under its responsibility, and supports the manufacturing, processing, and service industries in complying with national and international technical regulations and product standards. The FDA has offices throughout all the ten (10) regions of Ghana.

The overall objective of the FDA project was to contribute to the development of export led growth, which is the central objective of the whole TRAQUE programme. Manufacturers and traders that are aware of the technical requirements for products and can handle the required safety inspection and/or quality management processes on the domestic market would be better positioned to deal also with the technical requirements of export markets.

The specific objective is to improve the capabilities of the Food and Drugs Authority in monitoring markets for non-compliant food products, drugs, medical devices, cosmetics, and household chemicals, and in inspecting and authorising production facilities. The expected results to be achieved in the project are:

1. FDA officers trained on risk analysis and risk management related methods
2. FDA officers trained on advanced and specific inspection methods
3. Increased effectiveness in market surveillance operations

The title of the action, Enhancing FDA Capacity to Take Risk Based Decisions was executed as follows:

I. Strengthening market surveillance activities by acquiring and use of tablets in conjunction with a web based application known as the Data Glass to facilitate the determination of the registration status of FDA regulated products. For the period under review the procurement process was initiated,

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proposals received and evaluated and contract awarded for supply of fifty (50) units Samsung Galaxy Tab Lite. The tablets have been received and distributed to all user Departments and Regional offices within the FDA with responsibility for market surveillance.

ii. Enhancing knowledge of FDA staff for regulation of Food and Drugs by organising thirteen (13) training workshops. The primary beneficiaries for these training workshops were the staff of the FDA. Three hundred and seventy-five (375) participants were nominated to participate in the thirteen (13) courses. The courses offered were; Risk Analysis, Consumer Complaint and Investigation, International Food Safety Systems, Food Borne Disease Surveillance and Investigation, Honey Processing and Regulation, Meat and Meat Processing and Regulation, Food Manufacturing Inspections: Food Preservation, Drug Manufacturing Inspections: Water Systems for Pharmaceutical Use, Advanced HACCP, HACCP: Industrial Experience, HACCP: Training of Trainers, Drug Safety Monitoring, and Feed Safety and Regulation.

Pests: A major source of contamination in food establishments

Edward Archer
Food Safety Management Department

Flies, cockroaches, rats and mice are common pests. Pests are capable of carrying over 100 pathogens including those that cause typhoid, cholera, salmonellosis, bacillary dysentery, anthrax and parasitic worms. Flies eat only liquid or semi liquid food. Solid food is liquefied by the fly's saliva or vomit. Since their food intake is so high, they also defecate constantly. Virtually any time a fly lands on a surface, it is either regurgitating or defecating, which is why they are treated as a serious sanitation issue.

Rodents (rats and mice) in addition to eating our food also constantly urinate and defecate. Mouse dander (minute scales from hair and skin) also trigger asthma attacks in sensitive individuals. In addition, both rats and mice directly transmit such diseases as hantavirus, tularemia, plague, leptospirosis and salmonellosis, as well as indirectly spreading rickettsia pox and typhus.

Cockroaches are some of the most difficult insects to control and reportedly spread at least 33 kinds of bacteria, 6 kinds of parasitic worms and 7 other human pathogens.

There are pests that arrive in stored products, like weevil or beetles. Other pests include birds, ants, pets and silver fish.

Pest control involves preventing pest access to your food premises. This is to avoid the contamination of food stuffs both directly (access to food) and indirectly (access to food preparation areas). Pests include rats, mice, cockroaches, ants, seagulls and flies.

It is not a legal requirement to have a pest control contract but it is a legal requirement to take all reasonable steps to prevent pests gaining entry into your food business. It is enough for you to carry out your own routine checks to determine whether any works are necessary, for example if your back door is ill-fitting and there is a gap to the bottom you may need to affix a brush strip.

When assessing your premises for pest entry points a good rule of thumb is that if you can push a pen through a hole then it is highly likely that a mouse will be able to enter the premises at this point.

Good tips to minimise the risk of pests are:

- Keep all outdoor bin areas clean and free from food debris
- Routinely check your premises for pest entry points
- Do not leave food out
- Keep open packets of food in sealed containers
- Ensure that your premises are always clean
- Keep lids on your used oil
- Make sure that outdoor drainage areas are kept clean
- Consider the use of fly screens on windows and doors
- Change the bulb on electric insect killers frequently

Health Tips

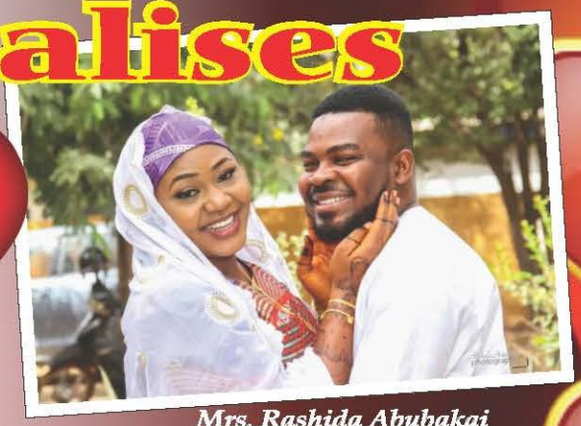
Tips for Healthy Living

1. Avoid skin bleaching/lightening. It is dangerous to your health.
2. Check the expiry date of all medications obtained from the pharmacy, hospital, herbal shop, OTC-Medicine Sellers before use.
3. HIV/AIDS is real: use only registered and quality condoms.
4. Medical devices save lives. Ensure that the packing integrity of sterile products are not damaged before use.
5. Medicines can cure. Medicines can kill. Seek professional advice before taking any medication.
6. HIV/AIDS is real: Health workers must use gloves always before handling blood and body fluids.

FDA Socialises

Wedding Bells

Mr. Suleman Haruna
& Marian Ibrahim
on 6th March 2016



Mrs. Rashida Abubakai
& Adams Zeba
on 24th January 2016

POEM

FDB Metamorphosis to FDA

Kofi Emmanuel Ansu
Brong Ahafo Regional Office

My name is Food and Drugs Authority formerly Food and Drugs Board
I was born in August 1997 to protect mother Ghana and its citizenry
My powers were bequeathed at birth
Nobody in the Republic can stop me
I had no teeth to bite from birth but now I chew bones and sometimes rocks
When I vent my anger on you, you cannot withstand, I am not a caitiff
Where ever am found, there is quality, safety, confidence and good health

When I was a toddler, you could only hear or see me in Accra
Today, I am found in all the ten regions of the country.
At first I was a stranger in the Regions and people were threatened by my arrival
Naivety makes people hardly see or locate my office
People barely come to me because they see me as rancorous
It was tedious getting people to partner with
But today, I am known by all and sundry

I am a necessary evil to every body
I make so many friends but I lose them easily
My work do not know the vulnerable, tall, short, poor, rich and even my own biological children
My righteous children always run to me and call me sweet mother
But those who flout my laws and nark me run away whenever they see or hear my name
My children who are wise always make me proud and reward me not only in Ghana
But my prodigal children always cause upheaval to me
Sometimes I whack the pestilential with imprisonment, fine or both

Mother Ghana, I, FDA, will make you stand tall and proud amongst your colleagues
I will protect all your citizenry and your colleagues who run to you for help
A solemn promise I made to you during my conception
When you sleep, sleep soundly
Your children will not be cajoled with phony items
I am always awake and will forever honour the pledge I made to you

FASHION TIPS

For Ladies

1. Simplicity Is Best
Staying simple is usually the best way to go. This goes for both makeup and wardrobe items. When in doubt, keep the accessories to a minimum and use timeless, classic fashion styles. When wearing makeup, ladies should use only enough to highlight the best features of their face: cheekbones, lips, or eyes, for example.

2. Accessories Make the Outfit
Shoes and other accessories can make or break an outfit. A perfect belt or piece of jewelry can really tie an outfit together and make a statement. Another important tip: Do not overdo the accessories. As stated above, ladies should keep their outfits simple. This goes double for makeup, as too much looks gaudy and draws too much attention away from the entire ensemble.

3. Never Be Afraid to Mix Prints
Whoever said you couldn't wear stripes with polka dots had no idea just how cool they would look together. Fashion girls never play by rules like that, mixing up splashy prints with ease. If you're new to the print game, look for patterns that have a similar color scheme to start, then work your way up to bolder, brighter combinations.

For Men

1. Wrong casual tie – If you're wearing a tie as part of your casual outfit, go for a slimmer tie instead of the wider ones. Keep the wider ones for the office. You'll look much more fashionable this way.

2. Being too "buttoned" up – If a jacket has two buttons, only fasten the top button. If it has three buttons, you can close the top button only, the middle button only, or both the middle and top button, especially when sitting. The key is to always leave the bottom button undone. This is a tradition that has been used for decades, and will keep your style looking smart.

3. Clothes that don't fit – Overly baggy clothes will make you look you're wearing sloppy hand-me-downs. If your body type makes it hard to find well-fitting clothes off the rack make your tailor your best friend.

THE NEW FACE OF THE WA REGIONAL OFFICE

Gorden Akurugu
Wa Regional office

The Bolgatanga (Upper East Region) Office used to cater for the three Regions in the North. However, as part of its decentralization programme, the FDA opened the Wa (Upper West Region) office on 11th August, 2011, headed by Mr. Zakaria Brimah as the Regional Officer. In October, 2012 Mr Gorden Akurugu took over as the Regional Head.

The Regional Coordinating Council (RCC), when approached could not assist the FDA with an office accommodation at that time. However, three rooms within the facility belonging to the Controller and Accountant General's Department (CAGD) was available for renting. This was rented for the Wa Office. These rooms accommodated the Regional officer, Reception, and the Regulatory office.

.The location of the office presented peculiar challenges. Whilst two of the rooms were separated by offices that belonged to other institutions including the CAGD, the third room was on a different floor, posing challenges to both the staff and clients.

The FDA had to share facilities, including wash rooms and electricity pre-paid meter, with the other institutions. In addition, the limited space could not comfortably accommodate all the staff. Significantly, there was no space for the mini-lab to be installed.

Monitoring and supervision of the staff was a challenge to the Regional Head, who continued to search for a better accommodation to house the Regional Office.

Consequently, when the Lands Commission, which used to occupy the whole of the first floor of the building, had to move to its new office building, the Regional Head applied to the RCC for relocation. This was granted and the FDA was allocated eight rooms on that floor. These were appropriately renovated. Thanks to Management, the Wa Office now has a befitting Office.

Watch out for the New FDA Office in Tema

For further enquiries & information, please contact:

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SHORT CODE: 4015 (All networks except Glo)

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PO. Box CT 2783 Cantonments, Accra – Ghana
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Kumasi
P. O. Box ST 402, Kumasi
Location: Regional Coordinating Council (RCC)
Tel: 03220 36070
Fax: 03220 36027

Sunyani
PMB, Sunyani
Location Opp. Regional Hospital (behind Heathway Diagnostic Services)
Tel: 03520 28791
Fax: 03520 28790

Koforidua
P. O. Box KF 2431 Koforidua
Location: Hospital Road, Opposite Assemblies of God Church , Koforidua
Fax:03420205802

Cape Coast
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Bolgatanga
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Ho
PMB Ho
Location: Opp. GWCL (same building with Cool FM) Ho
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Fax: 0362028411

Takoradi
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