



# Saint Luke Foundation

( A Trust of the Evangelical Lutheran Church in Tanzania)

PO BOX 481 Moshi – Tanzania  
Tel: +255 (0) 27 – 2752303  
Fax: +255 (0) 27 – 2752303  
E- mail: [infusion@kilinet.co.tz](mailto:infusion@kilinet.co.tz)  
[koehler@kilinet.co.tz](mailto:koehler@kilinet.co.tz)

- X Directorial  
Dr. Bernhard Koehler  
Executive Director  
Date:
- .. Administration/Finance
- .. Kilimanjaro School of Pharmacy
- .. Quality Assurance
- .. Technical
- .. Pharmaceutical Services

Dear Friends and Relatives

Many cordial greetings from Moshi.  
After the letter written by Päivi I will send this letter separate as the e-mail might not accept too many data. I write in English as this letter will also been sent to our friends in Zimbabwe.

Waiting for a child long time and having a difficult delivery, you are even more happy about it.....



Installation: Dr. Hans Schales, Dr. Kulkane (Provincial Medical Officer) and John Chilunda

In January we had been with our pharmacist John Chilunda and technician Ibrahim Lawrence in St. Luke´s Hospital near Bulawayo to perform the installation of the first Infusion Unit in Zimbabwe. This unit was planned by Dr. Hans Schales and his administrator Gordon Hlatywayo since more than two years. After an official visit by the provincial Medical Officer Dr. Mhlanga with Dr. Schales in our centre in Moshi and his positive response, three staff members

were sent for training. The building and production rooms were prepared, later the equipment and materials sent from Germany and Moshi with the support of Anne Schales and the “Förderverein Afrikaprojekt Dr. Schales e.V”.



Ms. Nyati, Ms Sibanda and Mr. Ibrahim

The installation went perfect, well prepared rooms, functioning equipment, highly motivated and well trained staff. But two essential items were missing to start the production that time: rubber stoppers and alu caps.

A quick replacement was organized, our pharmacist Sr. Zita rushed with a suitcase full of the missing items to fly in, but was sent back from Johannesburg not getting a visa as she is from Nigeria. In Moshi she was told not to need one. What a frustration that time, like a stone in the stomach, thinking all the time, how such a mistake could have happened.

In addition it turned out, that the planned hospital based production in Zimbabwe needs an official permission from the Medicine Control Authority (MCAZ),

a process which took now again months to succeed with a visit of the inspection team after submitting the needed papers like a production master file.

So this small non commercial unit is controlled like any commercial pharmaceutical production, as e.g. in Tanzania those units are running under the responsibility and control of the Dr. i/c of the hospital.

Finally, Dr. Schales called last week and informed, that the inspection will be 17.06.06 at 8 a.m., Ibrahim and myself were sitting 1 day later in the plane arriving via Nairobi and Harare in Bulawayo and St. Luke's the next day.



The first supervised production was performed by Ms.Nyati and Ms.Sibanda 16.06.06.



The inspection by two professionals from MCAZ, Mr. Kuwana and Mr. Rukwata followed the next day in respect to GMP and WHO standards.



Ms.Nyati explaining the production work book to Mr.Kuwana and Mr. Rukwata, MCAZ

“Where is the document, that shows, that the cleaning of the bottles was validated, by whom and when, to prove that the bottles after cleaning are really clean?”



Four hours questions and explanations, physical inspection round, then it was clear: the permission will be given, after a report and some additional papers needed.

The child was born, the unit is now running and producing, at present to build up a stock, which will be used after the final approval.

It was such a joy to see the happiness, the motivation and work performance of Ms.Nyati and Ms.Sibanda, the face of Dr. Schales and Gordon: feeling of ownership and responsibility, self production and -reliance, to take something in your own hands and initiative, this awareness and feeling changed the faces even of many staff members in St. Luke's, who came to see and asked: are we really producing infusions now in our own hospital? We will have infusions now not depending on supplies, always available?

Discussing the need and sense of such small scale production units, the first and main point considered are normally the costs: is it cheaper to buy or to produce locally? Of course, that is one of the main questions. If it is cheaper to buy, why to invest and do it yourself. But are you sure, that the supply will be always in time, and the quality good?

In Tanzania several hospitals out of the 50 existing units, who had stopped the production, have been starting again: poor quality of supplied infusions in plastic bottles, laying for long time in overheated containers, no possibility to check the quality and the experience of big fluctuations of supplies brought them back to self controlled and performed production, flexible reacting to their needs.

The employment of own staff and raising their knowledge by additional training influence positively the work performance of an institution. Having a sterile production unit in place is leading also to the chance to start even other bulky products in the own pharmacy, like eye-drops, ultrasound jelly, ointments or mixtures.

“Capacity building” within our African countries needs initiative for self-production based on well organized and performed training programmes.

Feeling a kind of depression visiting Zimbabwe these days, this positive approach and influence could be felt in St. Luke´s Hospital, going up and not down. The excellent unit in St. Luke´s is fit to be a new centre in Zimbabwe even to support other hospitals for better care of their patients in need.

It was also good to prove during the process of inspection that our appropriate way of technology and work process could fulfil the expectations of Good Manufacturing Practice.

The network and transfer of knowledge between African countries will be continued with a first unit in Uganda, the

planned unit in Liberia and the planned reestablishment of the ten units in Congo after the civil war. For that we have been asked by EED to perform a consultation starting from Beni to 4 other still existing units. We are planning for that consultation after the elections in Congo.

The team in St. Luke´s Hospital, Hans, Julie, Holger and Angela are doing fine and an excellent work together with their staff members from Zimbabwe in a situation, which really is not easy. It was a surprise and joy, when suddenly unexpected Andreas Fabricius went into the production unit, and even next day arrived Dr. Solleder.

Activities (laboratory service and course, consolidation of HIV-treatment) planned while the visit of Mr. Hein-Rothenbücher this year, are performed now by them, and it was a special warm feeling to be in a MI-team again. Andreas could also help for the needed training for the quality control of i.v. fluids.

Our work in SLF is going on very well. Our staff members and their positive, active “spirit” is the constructive base for the consolidation of the ongoing programmes and the development and performance of new activities. In the board meeting beginning of Mai I have been asked to take over the position of the director from Georg Kamm. I am very thankful for his support and ongoing advice, the work together is a daily joy based on friendship and respect.



The students who just passed examinations

Just the students of our Kilimanjaro School of Pharmacy (KSP) did their examinations, and the external examiners from the University of Daressalaam were impressed by the excellent performance. They all passed, the positive results just were announced and outside my office I hear singing, dancing and happiness.

They all will go back to their Hospitals in the rural areas helping to raise the standard and work done there.

We are planning to add to the existing certificate course a third year for diploma and also develop a postgraduate course.

The planned Industrial Teaching and Production Unit (IPTU) is fitting perfect into the programme and will be in line with plans from the University and the Government.

At present we are in the detailed planning process, and very thankful for the technical advice and support by Mr. Koerblein, who was visiting us beginning of this year and will come again in August.

The close cooperation with “our” supporting institutions, the Medical Mission Institute in Würzburg, the Evangelical Lutheran Church in Bavaria and Difäm in Tübingen will be needed, and I/we hope also to get in further cooperation with EED and the German Government Institutions like GTZ.

We are just preparing the strategic plan for SLF which will be the needed base for any further application.

To keep the professional staff members within an institution with limited possibilities of salaries is becoming more and more difficult. Big organisations with their 3-5 years programmes are very active giving offers with salaries 5-10 times as paid locally, and it needs a special commitment to resist the offered solutions to solve all financial private problems or expectations. This internal brain drain we observe and feel very much also in Tanzania.

The second container this year with urgent needed supplies for the production units in the hospitals has just arrived in Daressalaam, the third will follow soon. We had to change the type of rubber stoppers and alu caps from reusable to one way, with the need of replacement of the type of infusion bottles as well. This exercise involves big volumes of supplies and the needed pre financing before the hospitals will pay back the invested money.

With the support of Mr. Sieberts and his team of Begeka and the back up of MI this process is now on the way enabling the units to continue their service for better care of our main target group, the patients in need.

Never the less, the financial situation is very difficult. Most of the hospitals we support are in the rural areas. The people are poor; often they fail to pay the bills in the hospitals. No money, no treatment? That is not in our all spirit. But it is causing a very difficult situation for the hospitals to continue their services. And we in our institution feel it, as those hospitals often are failing to pay their bills in time or at all. No payment, no service, no repair, no supply? The consequence would be, patients without life saving medicines like infusions. But without income we are not able to order again, what is needed.

So we planning for additional income generating activities to bridge the gap, like additional training courses within the new IPTU ( Industrial Production Training Unit), where we expect income through the courses and the production done while teaching. But there is still some way to go, it turned out that the needed investments are much higher then expected. So it will take some time still, to place the applications needed and, hopefully, to finish this unit.

Another plan is to get an extraction plant for artemisinin, but also this project will take time before being able to support our programmes and to cover deficits from

patient care activities. So there is a valley to pass by at present, and we will have to look for additional support.

On Sunday we will welcome Prof. Wilms on his way to Bugando. I/we are very happy about the ongoing activities and cooperation as the seed put some years ago was not falling on dry ground.

The planned short letter got longer and longer, so its time for today to close.

We wish you all the best and hope to see you soon again.

Bernd and Päivi

Support for our projects/ programmes could be send via:

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Liga Bank Würzburg, Bank Code (BLZ) 750 903 00,  
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