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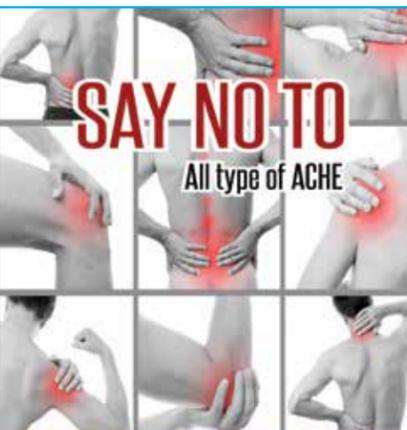
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NAFDAC at 25: It is not yet uhuru, says Ohuabunwa

- As agency celebrates silver jubilee in style

By Temitope Obayendo

For the National Agency for Food and Drug Administration and Control (NAFDAC) to fulfil its mandate as an agency of national development, there is still so much to be

done in building capacity and internal competencies towards meeting the required standard in effective regulation of food, pharmaceutical, chemical, and bottled water industries, the President, Pharmaceutical

Society of Nigeria (PSN) Pharm. (Mazi) Sam Ohuabunwa has said.

Ohuabunwa, who was the guest speaker at the NAFDAC's Silver Jubilee celebration, held

continued on page 18

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Pharm. Munir Elelu, the chief operating officer of Yusra Consults Limited, is currently the deputy president, Pharmaceutical Society of Nigeria (PSN) North, and consultant on various health policies and projects to local and international organisations. Born in Ilorin, Kwara State, on 31 October, 1957, he graduated with a B.Pharm from Ahmadu Bello University, Zaria, in 1980.

After graduation and upon completion of internship and national youth service in the old Bendel State, Elelu joined UpJohn Nig. Ltd, as a medical sales representative in 1984 and rose to become its district sales manager (North), before deciding to venture into community pharmacy, as the managing director of Nassarawa Pharmacy, Kano.

In 1996, Elelu was employed by the Ministry of Federal Capital Territory, Abuja. He rose to the position of director, Pharmaceutical Services, Hospitals Management Board, Federal Capital Territory Administration. He retired on 31 October, 2017, and has since been into healthcare consultancy services.

Elelu holds a Master of Public Health degree from University of Ilorin and is a member of the Chartered Institute of Purchasing and supply, as well as the International Association of Public Health Logisticians. This is coupled with various local and international training, including Supply Chain Management, Procurement (Crown Agents of London), Monitoring and Evaluation (MEND) Leadership and Management (Crown Agents of London), Effective Service Delivery (ASCON) Advanced Management (ASCON), Change Management (KBS), Sales and Marketing, Healthcare Commodities Supply and Logistics, as well as in Pharmaceutical Service Delivery.

His hospital and administrative work experience include the headship of many hospital pharmacies. He was pioneer project manager, FCT Health Services Insurance Scheme. He was also head, Abuja office of Pharmacists Council of Nigeria (PCN), where he supervised the construction of the PCN Head office.

He piloted the production of the first-ever FCT Essential Medicines List and hospital-based production of simple preparations, such as branded hand sanitisers and other medicaments. He established the FCTA pharmaceutical care data research unit. He was also specially commended by the Health & Human Services Secretariat as the head of Abuja Central Medical Stores, for ensuring a smooth supply chain & logistics of drugs and medical consumables to all FCTA health care facilities for years.

Elelu, who has been a resource person at numerous health workshops, has been honoured with a Distinguished Service Award by Association of Hospital and Administrative Pharmacists and by three sets of FCTA intern pharmacists for leadership and mentorship of some 120 young pharmacists. He is a 2003 Fellow of the PSN.

He has served PSN in various committees and also in executive capacity as vice chairman, PSN, Abuja branch; chairman, PSN, Abuja branch; national vice chairman, NAHAP; assistant secretary, PSN Board of Fellows; pioneer patron, FCT AHAP, and unofficial member, PSN Board of Fellows.



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Stakeholders under the RBM Partnership to End Malaria will be gathered in Paris, the French capital, on 25 April to mark the 2019 World Malaria Day, just as there will be activities in Nigeria and other countries of the world to mark the day. However, when the dust settles on the celebration, the grim realities of Nigeria's battle with malaria, which is still endemic and killing thousands annually, will continue to stare us in the face.

It is indeed quite bewildering that despite years of malaria eradication campaigns in the country, the nation still records an estimated 100 million malaria cases - with about 300,000 deaths - annually. These figures from the Nigeria Malaria Fact Sheet and the World Health Organisation (WHO) show that malaria, a preventable and treatable condition, is still the number one killer disease in Nigeria.

The devastating effect of this killer-disease becomes even more disheartening when juxtaposed with the fact that many other countries with fewer resources have successfully eliminated malaria, while many others are making giant strides towards eliminating the disease.

Unfortunately, Nigeria's efforts to reduce malaria deaths and eliminate the condition have been consistently hampered by a myriad of problems, ranging from poor environmental hygiene -

Ending malaria and its avoidable deaths

which provides conducive atmosphere for mosquitoes carrying the malarial parasite to breed, proliferation of fake and ineffective antimalarials in the country and, perhaps most importantly, poor funding of malaria eradication initiatives.

While there has been some progress in the past years, especially with reports showing that the prevalence rate of malaria declined from 42 percent in 2010 to 27 percent in 2015, deaths from malaria have continued to increase and Nigeria still ranks as the country with the shighest malaria deaths, according to WHO. It is equally mortifying that Nigeria still accounts for 25 percent of malaria cases globally.

Tackling the malaria challenge therefore requires more pragmatic and decisive steps, knowing full well that

defeating the disease will significantly reduce the number of deaths recorded in Nigeria yearly. This is even more important considering that the highest percentage of Nigerians dying from malaria are children under the age of five. This, again, explains why Nigeria still ranks very high on the ignoble list of nations with high infant and child mortality.

The WHO has clearly stated that after more than a decade of steady advances in fighting malaria, progress has levelled off. This is a true reflection of the Nigerian situation and there is therefore an urgent need to get the malaria eradication drive back on track.

It is heartwarming to note that the Department for International Development (DFID) has pledged to invest 50 billion pounds, which equals

23,376 billion naira, to support malaria elimination in six states in Nigeria. The states, which include Jigawa, Kaduna, Kano, Katsina, Lagos and Yobe, will benefit from the fund under the National Malaria Programme-phase (SunMaP 2) running from December 2018 to September 2024.

While this initiative must be commended and supported, it must be emphasised that eradicating malaria will require much more than handouts from foreign partners; the Nigerian government and indeed all Nigerians must own and drive the process that will rid this nation of the endemic disease.

As the theme of the 2019 World Malaria Day rightly says, "Zero Malaria Starts with Me". All Nigerians must make it a personal commitment to fight and eradicate malaria. This is not only by holding government accountable to the eradication programmes but by ensuring that more efforts are devoted to curbing this condition through improved environmental sanitation to prevent mosquitoes from breeding.

This must be a personal task for all Nigerians. Other preventive measures, such as the use of insecticide-treated bed nets, as well as ensuring that people who have malaria, especially children, are promptly and properly treated, are also of maximum importance. The time to start is now.

Tackling the malaria challenge therefore requires more pragmatic and decisive steps, knowing full well that defeating the disease will significantly reduce the number of deaths recorded in Nigeria yearly. This is even more important considering that the highest percentage of Nigerians dying from malaria are children under the age of five. This, again, explains why Nigeria still ranks very high on the ignoble list of nations with high infant and child mortality.

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Growing in your strength

By Sir Ifeanyi Atueyi

One of the secrets of success is concentrating on your strength areas and working on them to achieve excellence. People who invest time and energy on their areas of weakness can improve, but improving on their weakness cannot make them to excel in that area. You can be a genius only in your area of strength.

Don't be frightened by the word genius, thinking that it's only people like Thomas Edison that are geniuses. There are different levels or classes of geniuses. Since every person has been created with an area of strength, everyone can be a genius.

Everyone also has been created with an area of weakness. This divine design is for a purpose.

When you work in your area of weakness, you spend your valuable resources that could have been deployed in your strength areas. Of course, you will improve and become better when you seriously work

on weak areas; but you will still remain average. You cannot be outstanding or extraordinary. I have watched monkeys demonstrate acrobatics on trees, jumping and hanging on little twigs and hopping from tree to tree, up and down. They can do so because they are naturally wired to do so. They are geniuses on trees.

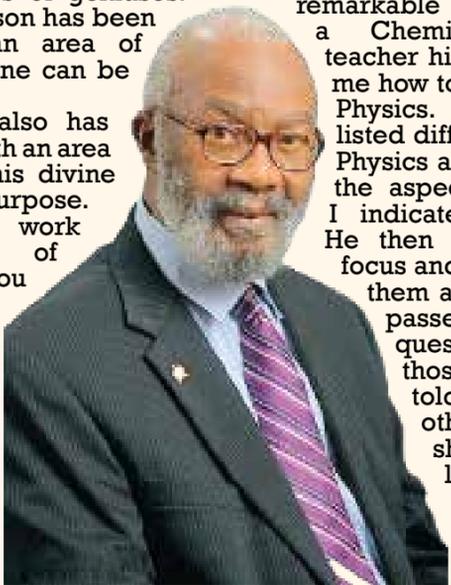
However, I have also watched some fish swim. Those of us who learnt swimming when we were young admired how even little and young fishes swim effortlessly. Fishes are also geniuses in their own environment of water.

If you put that acrobatic monkey inside water, it is as good as dead. In the same way, take the fish out of water and leave it on the branch of a tree, it is finished. You can only be a genius in your strength area and environment. Some parents mistakenly encourage their children to focus on their weaknesses while in school. They feel that it is better to spend more time and energy on the subjects in which they are not doing well. Of course, the children do not enjoy those subjects and find it tedious studying them. The result is that such children do not focus on their strengths but on their weaknesses. Even the teachers of those tedious subjects tend to be disliked by students.

When I was in the secondary school, Dennis Memorial Grammar School, Onitsha, I did not like Physics but my uncle, Dan Erinne, insisted that I study and pass it for my future professional course. I spent a lot of my time and energy working on it. In fact, during the two-year Higher School Certificate course, I had to be close to my classmates who were good at Physics to be coaching me. My student teachers were Sam Ugochukwu and Emma Mgbenu.

But my uncle did something remarkable for me. Being a Chemistry graduate teacher himself, he taught me how to study and pass Physics. Together, we listed different aspects of Physics and he asked me the aspects that I liked. I indicated those ones. He then advised me to focus and concentrate on them and ensure that I passed very well any questions set from those sections. He told me that for the other sections, I should give them less time. That was the strategy I adopted to ensure good passes in Physics, Chemistry and Zoology in December 1960.

I have adopted working and concentrating on my strength areas as a good principle in my business and life generally. We are uniquely created with inherent strengths and weaknesses to serve special purposes. You need to depend on others in your areas of weakness, as others depend on you in your strength areas. The Creator makes up for our natural weaknesses. 1 Corinthians 1:27 says, "But God chose the foolish things of the world to shame the wise; God chose the weak things of the world to shame the strong." God understands our needs and makes adequate provisions for us. We must realise that our strengths and weaknesses are given by God for a purpose. 2 Corinthians 12:9 says, "... My grace is sufficient for thee, for my strength is made perfect in weakness..." No one is created to be hundred per cent strong or hundred per cent weak. That is why our strengths and weaknesses should be used for God's glory. Do not despise people or take advantage of them because of their weakness. Do not be despondent because of your own weakness. Instead, continuously identify your strengths and work on them to fulfil God's purpose for your life.



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Setting right priorities

What rules your schedule - the urgent or the important? The two are often not the same. The urgent clamours for your attention, demands your time, insists on your presence, calls loudly for your energy ... yet may not hold a vital place in the true scheme of things. The important, on the other hand, genuinely requires your attention, time, presence, and energy, even though it may not scream for any of them.

Consider a silly example from home life. What kind of urgent things might demand your attention, even though they can't claim supreme importance? Maybe a shaggy lawn, a noisy washing machine, a stained carpet, a new deck. Every one of them might yell for your time. But is any of them vitally important, on par with your kids, spouse, parents or God?

While the noisy voices in your life may well deserve a place on your schedule, they don't necessarily belong at the top of the list, no matter how loudly they shriek. To find true satisfaction in life, we must learn not only how to distinguish the urgent from the important, but to choose the latter over the former.

And how do we determine the identity of the "important things"? Those determinations usually come easier for a Christian than for many others because Christians have the guidance of the Word of God and the indwelling Holy Spirit. In my opinion, everything a Christian does should be geared toward fulfilling the Great Commission (Matthew 28:18-20).

When your primary goal is to introduce men and women to Jesus Christ, you bring an eternal dimension to your life. You engage in activities that will stand the test of eternity. Material things can be fun and should be enjoyed as gifts of God, but they shall pass.

If you're a Christian, everything you do - whether you're a lawyer, a doctor, a teacher, a factory worker, a stay-at-home mom, a secretary, an administrative assistant, a sales clerk - everything takes on meaning if your chief goal is to help fulfill the Great Commission. Then everything that happens makes sense; everything has purpose and meaning. You have lots of money? Good. Not enough money? No problem. Success in politics? Fabulous. You're a well-known lawyer? Great! Use your leverage to extend the Kingdom.

If extending the Kingdom of God is your goal, everything makes sense, everything has purpose, and you don't have to despair. Life becomes tremendously exciting. As I look back now in old age, I think my mom and dad exemplified this kind of purposeful living. My dad's real goal was to plant churches and introduce people

to Jesus Christ. His construction business served as a means to an end.

God has called us, not only to go to heaven when we die, not only to enjoy life, but also to partner with him in a tremendous worldwide reclamation project. Together, as a global team, we reach out to all nations of the world, proclaiming the good news of Jesus Christ. Such a massive endeavor gives purpose and meaning to life. It gives financial success a new significance. It gives education a purpose. It gives personal connections tremendous meaning. Our friends, our abilities, our finances - all of them work together toward accomplishing one massive project: reaching, if possible, every person on the

face of the earth, generation after generation, until the return of Jesus Christ.

My son's father-in-law, Robert Levy, is a great example of a guy who's busy and phenomenally successful, but whose life revolves around Jesus Christ and the Great Commission. I've been with him in his home, in his office, on the road, and at our campaigns. He lives the gospel message. Truth be told, he reminds me of my dad; perhaps that's why I have such a special affection for him.

Robert is utterly unashamed of Jesus Christ. He doesn't make an effort to be godly and faithful to Christ; he just is without even realising it. He talks about Jesus Christ as quickly as he talks about chickens (his business) or computers or banking. I

don't think he even considers if someone might not like the topic; he doesn't appear to think in those terms. He's so in love with the Lord, so sold on Jesus Christ, that it doesn't even occur to him to feel cautious.

Yet Robert has developed friends in the highest places all over the world. He's on a first-name basis with leading authorities in business, politics, and international finance. He personally introduces men and women to Jesus Christ and frequently leads Bible studies. He asks for my schedule and prays for me every morning. I'll bet if I were to pick up the phone right now, he'd know where I'm going to be next Thursday. He's a tremendous example to me of someone who has chosen the important over the urgent - and God has blessed him for it.

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Maintaining a balance

By George O. Emetuche

I've learnt that you can't have everything and do everything at the same time. – Oprah Winfrey

One true definition of failure is succeeding in one thing and failing in other vital areas. Maintaining a balance is the ability of the individual to balance his official responsibilities, social necessities, with personal commitments and family obligations. The ability of the individual to fuse all these necessities together and still maintain equilibrium that none of the aspects suffers makes such individual a successful person.

Real success is measured by your ability to find a balance in all you do. I see Intelligence as the knack to know a little bit of everything. You can't be a genius in one area of your life only and expect to be seen as a success. You need to know a little bit of other relevant things. You can't make a first class grade at the university by passing only one course. You must have excellent grades in all the subjects you enrolled in. Your cumulative score is considered before awarding you a first class position.

This is the way most other areas of our lives are appraised. You are expected to display excellent performance in other relevant spheres of your life.

Philosophy teaches that if we believe we exist, we should believe others exist too. Our

spiritual life, good health, families, friends and other aspects of our lives exist also. Other areas of our lives matter and the ability to consider this as we live our everyday life will make us better individuals.

Man has many facets

We are required to function well in all aspects of our lives in order to become better individuals. We need to be in constant touch with our Creator, who is our source of inspiration. We are expected to be good family people, and at the same time maintain cordial relationships with our friends.

It is also our duty to ensure good health habits and body fitness, even as we strive to maintain prominence in our career and life. This is how to maintain a balance.

Man is a connector, a communicator and a communal being. He cannot live alone in his environment and be happy; he needs others to be a better person. You will naturally feel happy and perform better when you are able to attend to other departments of your life without any area being unattended to.

Explore the God factor

The way we go out as sales professionals to follow up prospects or customers, make

sales or re-sale is also the way we are expected to allot time for our spiritual growth. It is when we begin to do this that we will have great success.

It is not enough to run around like a busy bee without recognising the need to make out time to develop your spiritual wellbeing, which is your source of inspiration. It is ideal way to show gratitude especially to the One Who gives. When we make out time to thank and recognise our Creator, then we are positioning ourselves to do greater things.

I have been in the sales world for over two decades. I have also had a lot of challenges and experiences within this period, and I know that those tough situations were surmounted each time I communed with God.

I have been able to overcome many life challenges because of my faith. This is why I am sharing it in this write-up. I want you to connect with God, Who blesses the works of our hands. He blesses all aspects of your life when you are in tune with Him.

The productive sales professional maintains a balance

As you move around daily in your sales activities, take a decision today to do things differently. Try to win in every aspects of your life. Set targets for yourself in all aspects of your life and do your best to achieve them. You should set targets in

your spiritual life, family life, professional life, social life, your health, your finances and vital areas in your life. Don't be driven by sales target alone. Work hard to win in other vital areas too.

Living a life of balance is possible if you decide to achieve it. It takes self-discipline, and a sense of mission. It requires that you define your vision from the beginning and determine the ways to achieve it. The good news is that everything is possible. Choose the right path. Do the right things. Maintain a balance today.

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Adebayo Alonge: Inventor of world's first Advanced Drug Authenticator

By Solomon Ojigbo



Adebayo Alonge

For many decades, the challenge of counterfeit and substandard medicines has been a major public health concern in Africa. Reports from the World Health Organisation show that over 10 per cent of drugs sold on the continent are either fake or substandard. In Nigeria, data from the National Agency for Food and Drug Administration and Control reveals that the agency destroyed counterfeit drugs worth over \$13 million in 2018 alone. The good news however is that this longstanding problem may soon become history, with the invention of the world's first drug authenticator by Adebayo Alonge, CEO and co-founder of RxAll Inc. - a Canadian based deepTech Start-up firm.

Alonge is a multi-award winning entrepreneur and renowned global pioneer of in-situ drug authentication system - RxAll™. This revolutionary drug authenticator uses a mobile app connected to a cloud base Artificial Intelligence (AI) algorithm, linked with a database containing spectral signatures of medicines and a handheld nanoscanner (RxScanner) to test the quality of drugs in less than a minute. This enables regulators, narcotics control agencies, pharma manufacturers and hospitals to track and ensure that all drugs sold are of the highest quality.

This groundbreaking

Competing and excelling among top science innovators from all over the world would come as a surprise to many, especially for someone like Alonge, who had most of his science education in Nigeria, a developing country battling with an ailing educational system. However, Alonge's success and achievements show that local talents in Nigeria and indeed Africa, can match their counterparts from the developed world when supported with the right resources and opportunities.

innovation has received global attention and Alonge is at the centre of it all. He recently emerged winner of the 2019 BNP Paribas Group deepTech Awards, also known as "Hello Tomorrow Global Challenge", where he beat 4,500 contenders from 119 countries around the world and walked away with the Grand Prize of €100,000.

Quite remarkably, prior to his unprecedented feat, Adebayo had led RxAll Inc. to achieve a multi-million dollar valuation in two years and ramped up seven-figure sales orders in its first year. He also led its market entry into East Africa (Kenya and Uganda), West Africa (Nigeria and Ghana), South-east Asia (Myanmar, Malaysia and

Singapore), and the Americas (Canada, USA and Columbia). He also led RxAll to win the 2018 Katapult FutureFest's Global start-up award in Oslo, Norway, and the 2018 CIO Review Most Promising PharmaTech Vendor Award.

Education and career

Alonge had his secondary school education at Kings College, Lagos, from 1996 - 2002. He gained admission to the University of Ibadan, in

2002 to study Pharmacy, where he graduated with distinction in 2008. Adebayo began his career in November 2009 as a medical representative at Sanofi Aventis, where he worked till September 2010. During this period, he also worked as a contract pharmacist for the Global HIV/AIDS Initiative. He then moved on to work for Roche (Now Swiss Pharma Nigeria) as a medical sales representative from 2010 to 2012.

Alonge's passion and drive for business innovation led him to enrol for the MBA degree (with focus on Strategy and Finance) at the Lagos Business School (LBS) in October 2012. He graduated in July 2014 with distinction. While studying at LBS, he worked at BASF as a market development intern (Pharma Ingredients) and later returned to BASF after the completion of his MBA programme in August 2014 to take up the position of market developer (West Africa and the Democratic Republic of Congo). He was there till August 2015, about which time he gained admission to Yale School of Management, Yale University, USA, for his Master of Advanced Management degree programme.

While at Yale, Alonge worked as a consultant for Boston Consulting Group (BCG) (2015-2017) where he pioneered the first BCG office in Sub-Sahara Africa in Lagos, Nigeria. At the completion of his programme, Alonge proceeded to Hitotsubashi Graduate School of International Corporate Strategy for a course in Advanced Management and International Business.

Alonge is currently undertaking a Master of Public Administration (deepTech in Public Policy Concentration) from the Harvard Kennedy School of Government, Harvard University, USA.

Entrepreneurship journey
In 2016, Adebayo co-

founded RxAll Inc., with the aim of providing a means for patients in the developing world to authenticate their medicines. His career in pharma is driven by a passion to eliminate fake drugs as he almost died as a child from a counterfeit medicine.

Henry Wadsworth Longfellow was right when he said, "The heights that great men reached and kept were not attained by sudden flight but they while their mates were asleep were upwards toiling into the night". Indeed, Alonge's path to prominence wasn't quite rosy all the way. His firm RxAll, like many start-ups, also experienced its own early challenges when it ran out of cash in the first quarter of 2017, leading more than 75 per cent of the early team members to resign. This almost ended RxAll start-up journey very early in Nigeria.

However, Alonge's training and experience working for top multinational firms in Nigeria, together with the resilience of the remaining members of his team, enabled him to raise about \$400,000 in grants and bootstrapped funds from the Nigerian government, the Yale start-up ecosystem, Merck, Villgro and other support networks.

In September 2017, Alonge enrolled for the G-Startup Worldwide programme in Indonesia where he was among the Top 15 most innovative start-ups worldwide and ultimately emerging a finalist of the 2017 G-Startup Worldwide competition.

Competing and excelling among top science innovators from all over the world would come as a surprise to many, especially for someone like Alonge, who had most of his science education in Nigeria, a developing country battling with an ailing educational system. However, Alonge's success and achievements show that local talents in Nigeria and indeed Africa, can match their counterparts from the developed world when supported with the right resources and opportunities.

Awards and recognitions

Alonge has received many awards and recognitions. He is a recipient of the prestigious Global Social Venture Award (2016) from InnovateHealth, Yale; Young Innovator - YouWin; 2018 China Award for Best DeepTech Platform in World; Regional finalist, Hult Prize Global Case Competition; and recipient of Adekunle Ajasin Award for Academic Excellence in 2008.

In addition, he is a recipient of the Mandela Washington Fellowship from the US State Department for outstanding contributions to business and entrepreneurship in Africa in 2014. He has also received awards in person from Barack Obama (ex-US president) and Justin Trudeau (prime minister of Canada).

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Top causes of infertility in men and women

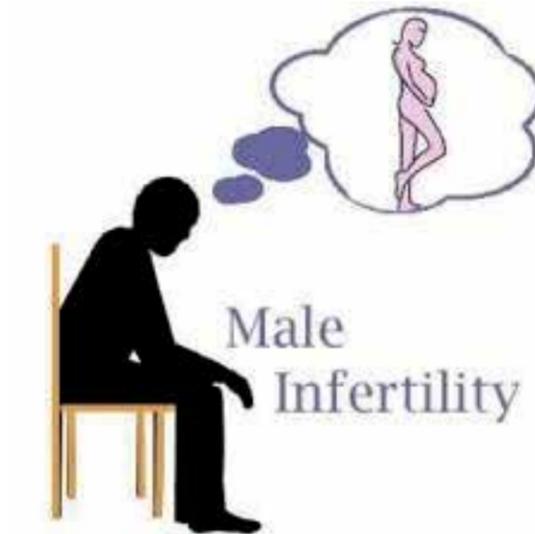
By James Madhok

There are some couples who try and try and just cannot seem to get pregnant, no matter what they do. The sad truth is that infertility is an issue that can affect anyone, no matter what age or gender they may be. There are a number of things that can go wrong in the female and male reproductive systems to cause infertility. Some of these things are permanent and there is nothing that can be done about them; but then some do have treatment options that could help.

The first thing any couple who has been trying to conceive for a period of one year with no success should do is to seek the professional opinion of a fertility doctor to find out which of the two is having the issue and if there is a way to correct it. There are also a lot of other options that are available to help couples who cannot have a baby on their own. The following are some of the most prominent causes of infertility in men and women.

Male infertility issues

Men can become infertile for a number of reasons. There are even some cases where



men have become infertile due to childhood illness or injury and are not made aware of it until they become older and try to start a family. However, the most common causes of infertility are as follows:

Low sperm count: Most men who are infertile are this way because their sperm count is too low. Low sperm count simply means that there are fewer than 20,000,000 sperm in each ml of semen. There are a lot of things that could

cause a man to have a low sperm count and sometimes it is very hard for doctors to find a definitive cause. This can be very hard on a man and it can cause him to have feelings of frustration and inadequacy. One common reason that men have low sperm counts is as a result of a condition called varicocele, which simply means there are varicose veins present in the testicles. This type of swelling

in the vein often causes the man's temperature to rise and as a result the sperm mobility and production is significantly decreased.

Low quality of sperm:

Another common cause of male infertility is the presence of abnormally shaped or slow moving sperm. This is considered low sperm quality and it can make conception very difficult as the sperm will not reach the woman's egg in time for fertilisation.

Most of the time this happens as a result of poor lifestyle changes or because of certain medications a man may be taking. There is also a lot of research to suggest that some of the following substances can lead to a lower quality of sperm as well as a low sperm count and should be avoided when trying to conceive a baby.

Marijuana
Nicotine
Pesticides
Certain prescription medications

Female fertility issues
Women have much more complex reproductive systems than men and so it stands to reason that there are a number of complications that could occur, causing a woman to become infertile. There are also many different treatments and alternatives available to women that are not always available to men. Female infertility seems to be a lot easier to treat and correct.

Some of the following reasons seem to be the most

continued on page 25

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Vitabiotics pledges support for health education, healthcare professionals in Nigeria

- As company holds two-day international conference in Lagos

By Yusuff Moshood

Vitabiotics, an innovative healthcare products manufacturer and research based company has restated its commitment to supporting health education for healthcare professionals in Nigeria to further improve healthcare delivery in the country.

Speaking with Pharmanews in an exclusive interview during an international conference organised by the company, held at Pistis Hub, Maryland, Lagos, recently, and graced by many pharmacists, doctors and other healthcare professionals, Mr Micheal Pausler, business development manager, Vitabiotics said that the company will continue to support and sustain its good relationship with all healthcare practitioners in Nigeria.

He noted that while one of the reasons the company organised the conference was to strengthen its good long-standing relationship with healthcare professionals, the conference is also in tandem with the global practice of Vitabiotics, stating that the company has been organising international conferences all over the world for years.

Vitabiotics, he said, is a science based company and has operated in Nigeria for about 30 years, adding that the company is committed to ensuring that Nigerians continue to have access to its high quality scientifically formulated products. Vitabiotics products, he said, comes with guarantees of safety and efficacy because they are unique products of science and research.

The Vitabiotics business development manager disclosed that the company will in future ensure that the conference is held in Nigeria on a more regular basis as the interaction with the healthcare professionals during the question and answer session showed that participants found the conference quite valuable. He however assured that the company will ensure there is a better logistic base for the conference to ensure participants have great experience.

Dr Nitin Patanker, one of the speakers at the conference while making a presentation on nutrition noted that nutritional rickets in most Nigerian children results from inadequate dietary calcium supplementation, adding that children with inadequate calcium intake may have greater vitamin D requirements.

Vitamin D, Dr Patanker stated, facilitates more rapid healing of rickets in children with calcium deficiency rickets.

He said that rickets was the main cause leading to an increased childhood mortality from the 19th until the 20th century, the period during which vitamin D was discovered, adding that rickets was frequently associated with another disease: tuberculosis.



L-R: Mr Tunji Doherty, managing director, Medheights Pharmacy; Mr Ramesh Adler, director, Meyer Nigeria; Mr Rohit Shelatker, director, Vitabiotics, United Kingdom (UK); Dr Nitin Pantankar from Mumbai, India; Mr Micheal Pausler, business development manager, Vitabiotics, Nigeria and Mr Puneet Singh, export manager, Vitabiotics, UK, during the event.



A cross-section of dignitaries and participants at the conference.

He explained that ancient treatment of tuberculosis with natural sunlight improved at least both rickets and tuberculosis

He stated further that both vitamin D and vitamin A are important for the mucosal barrier and the immune system in the respiratory tract, noting that this might explain why a consequent supply of raw cod liver oil, which is rich in vitamin D and vitamin A to children in Scandinavia reduces the number of severity of respiratory tract infections.

He said that there is indeed good evidence from clinical studies that raw cod liver oil

reduces incidence of upper tract infections in children, adding that many children unfortunately are not getting the recommended 5 portions of fruit and vegetables a day and so may not be getting all of the vital nutrients their bodies need for long term health and development.

He disclosed that a United Kingdom survey indicated that many infants are not getting enough of certain nutrients such as iron, zinc, vitamin A and vitamin D, noting that it might be necessary to give children certain supplement to take

care of the inadequacy.

Another speaker at the event, Mr Rohit Shelatker, a director for Vitabiotics said that the company has over the years demonstrated that it is committed to help human meet the demands of modern life by coming out with unique products for infants, children women and men.

Vitabiotics, Shelatker said, is always at the forefront of scientific research to enhance healthy living by providing innovative products for nutritional healthcare.

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Achieving zero prevalence of malaria in Nigeria

continued from page 11

seasonal changes. The disease has been associated with major negative economic effects on regions where it is widespread. During the late 19th and early 20th centuries, it was a major factor in the slow economic development of the American southern states.

Globally, the World Health Organisation estimates that in 2013, 198 million clinical cases of malaria occurred, and 500,000 people died of malaria, most of them children in Africa. Because malaria causes so much illness and death, the disease is a great drain on many national economies. Since many countries with malaria are already among the poorer nations, the disease maintains a vicious cycle of disease and poverty.

There are four species of the Plasmodium parasite that can cause malaria in humans: *P. falciparum*, *P. vivax*, *P. ovale*, and *P. malariae*. The first two types are the most common. Plasmodium falciparum is the most dangerous of these parasites because the infection can kill rapidly (within several days), whereas the other species cause illness but not death. Falciparum malaria is particularly frequent in sub-Saharan Africa and Oceania.

Causes of malaria

You can only get malaria if you're bitten by an infected mosquito, or if you receive infected blood from someone during a blood transfusion. Malaria can also be transmitted from mother to child during pregnancy.

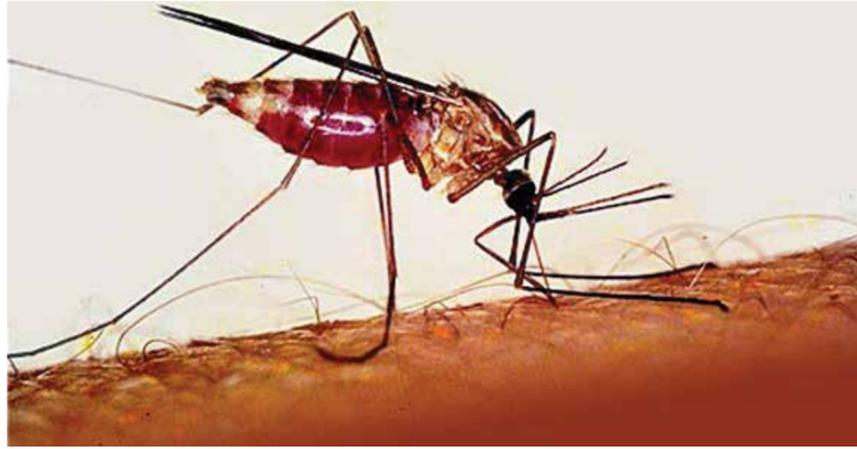
The mosquitoes that carry Plasmodium parasite get it from biting a person or animal that's already been infected. The parasite then goes through various changes that enable it to infect the next creature the mosquito bites. Once it's in you, it multiplies in the liver and changes again, getting ready to infect the next mosquito that bites you. It then enters the bloodstream and invades red blood cells. Eventually, the infected red blood cells burst. This sends the parasites throughout the body and causes symptoms of malaria.

Malaria has been with us long enough to have changed our genes. The reason many people of African descent suffer from the blood disease, sickle cell anaemia, is because the gene that causes it also confers some immunity to malaria. In Africa, people with a sickle cell gene are more likely to survive and have children. The same is true of thalassemia, a hereditary disease found in people of Mediterranean, Asian, or African-American descent.

Symptoms and complications of malaria

Symptoms usually appear about 12 to 14 days after infection. People with malaria have the following symptoms:

- abdominal pain
- chills and sweats



- diarrhoea, nausea, and vomiting (these symptoms only appear sometimes)

- headache
- high fevers
- low blood pressure causing dizziness if moving from a lying or sitting position to a standing position (also called orthostatic hypotension)

- muscle aches
- poor appetite
- In people infected with *P. falciparum*, the following symptoms may also occur:

- anaemia caused by the destruction of infected red blood cells

- extreme tiredness, delirium, unconsciousness, convulsions, and coma

- kidney failure
- pulmonary oedema (a serious condition where fluid builds up in the lungs, which can lead to severe breathing problems)

P. vivax and *P. ovale* can lie inactive in the liver for up to a year before causing symptoms. They can then remain dormant in the liver again and cause later relapses. *P. vivax* is the most common type in North America.

In recent years, some human cases of malaria have also occurred with Plasmodium knowlesi – a species that causes malaria among monkeys and occurs in certain forested areas of South-East Asia.

Transmission of malaria

Malaria is transmitted exclusively through the bites of Anopheles mosquitoes. The intensity of transmission depends on factors related to the parasite, the vector, the human host, and the environment.

About 20 different Anopheles species are locally important around the world. All of the important vector species bite at night. Anopheles mosquitoes

breed in water and each species has its own breeding preference; for example, some prefer shallow collections of fresh water, such as puddles, rice fields, and hoof prints. Transmission is more intense in places where the mosquito lifespan is longer (so that the parasite has time to complete its development inside the mosquito) and where it prefers to bite humans rather than other animals. For example, the long lifespan and strong human-biting habit of the African vector species is the main reason about 90 per cent of the world's malaria deaths are in Africa.

Transmission also depends on climatic conditions that may affect the number and survival of mosquitoes, such as rainfall patterns, temperature and humidity. In many places, transmission is seasonal, with the peak during and just after the rainy season. Malaria epidemics can occur when climate and other conditions suddenly favour transmission in areas where people have little or no immunity to malaria. They can also occur when people with low immunity move into areas with intense malaria transmission, for instance to find work, or as refugees.

Human immunity is another important factor, especially among adults in areas of moderate or intense transmission conditions. Partial immunity is developed over years of exposure, and while it never provides complete protection, it does reduce the risk that malaria infection will cause severe disease. For this reason, most malaria deaths in Africa occur in young children, whereas in areas with less transmission and low immunity, all age groups are at risk.

When a mosquito bites an infected person, a small amount

of blood is taken in, which contains microscopic malaria parasites. About a week later, when the mosquito takes its next blood meal, these parasites mix with the mosquito's saliva and are injected into the person being bitten.

Because the malaria parasite is found in red blood cells of an infected person, malaria can also be transmitted through blood transfusion, organ transplant, or the shared use of needles or syringes contaminated with blood. Malaria may also be transmitted from a mother to her unborn infant before or during delivery ("congenital" malaria).

Anyone can get malaria. Most cases occur in people who live in countries with malaria transmission. People from countries with no malaria can become infected when they travel to countries with malaria or through a blood transfusion (although this is very rare). Also, an infected mother can transmit malaria to her infant before or during delivery.

Malaria diagnosis

Malaria is diagnosed by seeing the parasite under the microscope. Blood taken from the patient is smeared on a slide for examination. Special stains are used to help highlight the parasite. Sometimes, it is possible to identify the species of Plasmodium by the shape of the parasite, especially if gametocytes are seen. Whenever possible, smears should be reviewed by someone with expertise in the diagnosis of malaria. If the smears are negative, they can be repeated every 12 hours. Smears that are repeatedly negative suggest another diagnosis should be considered.

Two types of other tests are available for diagnosis of malaria. Rapid tests can detect proteins called antigens that are present in Plasmodium. These tests take less than 30 minutes to perform. However, the reliability of rapid tests varies significantly from product to product. Thus, it is recommended that rapid tests be used in conjunction with microscopy. A second type of test is the polymerase chain reaction (PCR), which detects malaria DNA. Because this test is not widely available, it is important not to delay treatment while waiting for results.

Antimalarial drug resistance

Resistance to antimalarial medicines is a recurring problem. Resistance of *P. falciparum* to previous generations of medicines, such as chloroquine and sulfadoxine-pyrimethamine (SP), became widespread in the 1970s and 1980s, undermining malaria control efforts and reversing gains in child survival.

In recent years, there has been a massive reduction in malaria-related morbidity and mortality in regions of high endemicity in the last decade, which was in part due to the effectiveness of the ACT regimen.

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Achieving zero prevalence of malaria in Nigeria

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However, these successes are threatened by the emergence of artemisinin-resistant strains of *Plasmodium falciparum* from the Thai-Cambodian border and Thai-Myanmar border.

Indeed, artemisinin resistance is a major threat to global health, particularly in low- and middle-income countries (LMICs), in which the disease burden is highest. Substandard or counterfeit ACT compounds are widely available, and systems for the monitoring and containment of resistance are inadequate. There is little existing knowledge regarding ACT-resistant malaria in many SSA countries, including Nigeria, and the most recent reports of ACT treatment failures were in travellers who had recently visited African countries.

Additionally, there have been no reports of delayed parasite clearance in routine therapeutic efficacy studies conducted in Africa. Thus, arguments for the presence of artemisinin resistance in Africa have been based solely on in vitro and/or molecular analyses of parasites collected from autochthonous patients or returning travellers. However, standard in vitro tests are not reliable tools for monitoring artemisinin resistance. In addition, none of the putative molecular markers for



antimalarial drug resistance has been correlated with delayed clearance after treatment with artemisinin.

Prevention

Vector control is the main way to reduce malaria transmission at the community level. It is the only intervention that can reduce malaria transmission from very high levels to close to zero. For individuals, personal protection against mosquito bites represents the first line of defence for malaria prevention.

Two forms of vector control are effective in a wide range of circumstances:

- **Insecticide-treated mosquito nets (ITNs)**
Long-lasting insecticidal nets (LLINs) are the preferred

form of ITNs for public health distribution programmes. WHO recommends coverage for all at-risk persons, and in most settings. The most cost-effective way to achieve this is through provision of free LLINs, so that everyone sleeps under a LLIN every night.

- **Indoor spraying with residual insecticides**

Indoor residual spraying (IRS) with insecticides is a powerful way to rapidly reduce malaria transmission. Its full potential is realised when at least 80 per cent of houses in targeted areas are sprayed. Indoor spraying is effective for 3–6 months, depending on the insecticide used and the type of surface on which it is sprayed. DDT can be effective

for 9–12 months in some cases. Longer-lasting forms of existing IRS insecticides, as well as new classes of insecticides for use in IRS programmes, are under development.

Antimalarial medicines can also be used to prevent malaria. For travellers, malaria can be prevented through chemoprophylaxis, which suppresses the blood stage of malaria infections, thereby preventing malaria disease. In addition, WHO recommends intermittent preventive treatment with sulfadoxine-pyrimethamine for pregnant women living in high transmission areas, at each scheduled antenatal visit after the first trimester. Similarly, for infants living in high-transmission areas of Africa, three doses of intermittent preventive treatment with sulfadoxine-pyrimethamine is recommended delivered alongside routine vaccinations.

Surveillance

Tracking progress is a major challenge in malaria control. In 2012, malaria surveillance systems detected only around 14 per cent of the estimated global number of cases. Stronger malaria surveillance systems are urgently needed to enable

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Achieving zero prevalence of malaria in Nigeria

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a timely and effective malaria response in endemic regions, to prevent outbreaks and resurgences, to track progress, and to hold governments and the global malaria community accountable.

Elimination

Malaria elimination is defined as interrupting local mosquito-borne malaria transmission in a defined geographical area, i.e. zero incidences of locally contracted cases. Malaria eradication is defined as the permanent reduction to zero of the worldwide incidence of malaria infection caused by a specific agent; i.e. applies to a particular malaria parasite species.

On the basis of reported cases for 2013, 55 countries are on track to reduce their malaria case incidence rates by 75 per cent, in line with World Health Assembly targets for 2015. Large-scale use of WHO-recommended strategies, currently available tools, strong national commitments, and coordinated efforts with partners, will enable more countries – particularly those where malaria transmission is low and unstable – to reduce their disease burden and progress towards elimination.

In recent years, four countries have been certified by the WHO Director-General as having eliminated malaria: United Arab Emirates (2007),



Morocco (2010), Turkmenistan (2010), and Armenia (2011).

Vaccines against malaria

There are currently no licensed vaccines against malaria or any other human parasite. One research vaccine against *P. falciparum*, known as RTS, S/AS01, is the most advanced. This vaccine has been evaluated in a large clinical trial in seven countries in Africa and has been submitted to the European Medicines Agency under art. 58 for regulatory review. A WHO recommendation for use will depend on the final results from the large clinical trial and a positive regulatory review. The recommendation as to whether or not this vaccine should be added to existing

malaria control tools is expected in late 2015.

Treatment

The choice of drug depends on the species of *Plasmodium* and the risk of drug resistance in the area where the malaria was acquired. In sub-Saharan Africa, for example, older drugs like chloroquine are largely ineffective.

Most medications are available only as tablets or pills. Intravenous treatment with quinidine may be needed in severe malaria or when the patient cannot take oral medications. Malaria during pregnancy requires treatment by someone who is an expert in this area. Miscarriage and

maternal death may occur, even in the best of hands.

Patients with *P. vivax* or *P. ovale* may not be completely cured by the above medications, even though the symptoms resolve. This is because the parasites can hide in the liver. A medication called primaquine is used to eradicate the liver form, but this drug cannot be given to people who are deficient in an enzyme called G6PD.

Treatment usually lasts for three to seven days, depending on the medication type. To get rid of the parasite, it's important to take the medication for the full length of time prescribed – don't stop taking the medication even if you feel better. If you experience any side effects, your doctor can recommend ways to manage them or may choose to give you a different medication.

If you're travelling to a malarial region, you should take a course of preventive treatment. Medications similar to those used to cure malaria can prevent it if taken before, during, and after your trip. It's vital to take your medication as prescribed, even after you return home. Before travelling, check with your doctor or travel clinic about the region's malaria status.

Reports compiled by Temitope Obayendo with additional information from: The World Health Organisation (WHO); Association for Reproductive and Family Health (ARFH); Medical News Today and malariaworld.org



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NAFDAC at 25: It is not yet uhuru, says Ohuabunwa

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at the Lagos City Hall, Catholic Mission Street, Lagos, on 28 March 2019, acknowledged the significant role the agency had played in the past 25 years in reducing fake and substandard drugs in the country, adding however that the road yet untraveled was long for the agency.

His words: "There is still so much to do to get NAFDAC become a spectacular example of how effective regulation can be used as a veritable tool for national development. And listening to the current DG's speech at this anniversary, it is reassuring that NAFDAC knows that the road yet untraveled is long. Hence her effort to build up capacity and internal competencies is on the mark."

The PSN helmsman further urged the agency to improve on its responsiveness to customer mails, requests and complaints, adding that, as an agency that preaches standards, it must itself have standards when dealing with its stakeholders.

"There must be enforceable timelines and waiting period for registration of products or receiving other approvals. It must continue to simplify regulations," Ohuabunwa said.

He also urged NAFDAC to continue to resist the temptation of turning the agency into a fund-raising scheme.

"It is common knowledge that the cost of doing business is so high in Nigeria, making our products globally uncompetitive. NAFDAC must be conscious of this when it fixes its fees. The concession in fees given to small businesses is a good gesture," he said.

Speaking on the reason for the celebration, Director General of NAFDAC, Prof. Moji Adeyeye, said the agency had a lot to rejoice about, especially now that it is SOP-driven and customer-focused, adding that having attained level two in SOP, level four is its next focus.

Adeyeye noted that, under her leadership, the agency had been able to offset a N3 billion naira debt, while also blocking several internal financial leakages.

She further revealed that before her assumption of office, NAFDAC's reputation had nosedived, prompting the World Health Organisation (WHO) to consider it a shame of Africa.

She added however that the situation had improved considerably, as she had been able to put a lot of corrective structures in place.

The NAFDAC director general also mentioned improvement of staff welfare as one of the achievements of her one year in office, noting that no organisation can attain enviable heights without good staff welfare package.

While announcing zero



L-R: President, Pharmaceutical Society of Nigeria (PSN) Pharm. (Mazi) Sam Ohuabunwa; Director General of NAFDAC, Prof. Moji Adeyeye; and Immediate Past President of PSN, Pharm. Ahmed Yakasai, at the occasion.



Dignitaries at the occasion unveiling the agency's new book, along with the NAFDAC DG, Prof. Moji Adeyeye, at the event.

tolerance for extortion and corruption in the agency under her watch, Adeyeye flayed some members of the country's National Assembly for seeking gratifications from agencies of the federal government, adding that she would not be threatened by such gestures.

On his part, the Chairman, Governing Council, NAFDAC, Esq. Inuwa Abdul-Kabir, appreciated all guests for finding time to felicitate with the agency.

He also commended the founding directors of the agency, who; he said, contributed

immensely to its present level of success.

Abdul-Kabir mentioned names of NAFDAC DGs from inception, including Prof. Gabriel Osuide, the pioneer DG; as well as the late Prof. Dora Akunyili, for bringing the agency to limelight.

Other dignitaries who graced the occasion included: Alhaji Aliko Dangote, chairman, Dangote Group of Companies; Pharm. Ahmed Yakasai; immediate past president of PSN; Dr Obi Adigwe, Director General, National Institute for Pharmaceutical

Research and Development (NIPRD); Managing Directors/Chief Executive Officers of Pharmaceutical Companies like - Sir Nnamdi Obi, MD, Embassy Pharmaceuticals; Sir Ike Onyechi, Alpha Pharmacy; Dr Okey Akpa; MD SKG Pharma; Pharm. Nnamdi Okafor, MD, May & Baker; Mr Ebuka Okafor, chairman, Vixa Pharmaceuticals; Dr Ifeanyi Okoye, CEO, Juhel Nigeria Ltd.; Pharm. Olakunle Ekundayo, MD/CEO, Drugfield Pharma; Sir Ifeanyi Atueyi, Managing Director, Pharmanews Ltd, and other stakeholders at the event.

Celebrating 40 Years of Uninterrupted Monthly Publication (1979-2019)

12 proven strategies for reducing workplace stress

By John Townsend

Stress management is not just a personal responsibility it is also a corporate responsibility. Corporate stress management is expressed in the development and promotion of a culture that consists of, but is not limited to, these 12 strategies:

1. Staff know what is expected of them and have clear directions and goals.

2. Employees are provided with good technologies, equipment and tools that enable them to work productively and efficiently.

3. The talents of employees are fully utilised. Employees who feel their talents or skills are wasted will seek work elsewhere. Employers should regularly survey their staff to confirm that talents are being used.

4. Employees receive timely praise and appropriate recognition for good work. This needs to be done regularly and appropriately.

5. Staff feel that someone cares about them at a personal level. This strategy is expressed in practical ways when landmarks are reached and celebrated (birthdays, new child, wedding etc.) and also



by making sure that employees are not injuring themselves physically or psychologically in the workplace. Caring at a personal level requires the establishment of good policies and procedures that promote duty of care.

6. The culture of the organisation promotes personal development. Personal development training should be part of a broader agenda for leadership development.

7. Employees feel that their ideas and opinions count and they are encouraged to be innovative, creative and

experimental in the pursuit of new ideas. Google Inc. is a world leader in promoting innovation and people who work there are encouraged to experiment, innovate and take risks in the development of products that are aligned to the vision of the organisation.

8. The organisation has a clearly defined vision which is reflected in corporate branding, culture and attitudes. Work objectives are aligned to the vision, and staff have a clear understanding of where they are going and what is required of them.

9. The culture encourages good quality work. This is the opposite to an anything-goes culture, which does the minimum required to meet the work goals.

10. Employee friendships are encouraged and facilitated by regular social events that celebrate achievements and targets. Having a friend at work can often reduce work stress.

11. The progress of and personal development of staff is regularly assessed. Coaching sessions are arranged to correct shortfalls and a mentoring programme exists to promote excellence and leadership development.

12. The organisation encourages learning. Peter Senge defined the learning organisation in this way: "... organisations where people continually expand their capacity to create the results they truly desire, where new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning to see the whole together."

Source: www.ealthguidance.org



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Celebrating 40 Years of Uninterrupted Monthly Publication (1979-2019)

Drugfield fetes, rewards distributors

- Restates commitment to provision of quality medicines at 2019 distributors' forum

By Yusuff Moshood

Drugfield Pharmaceuticals Limited has restated its commitment to provision of top quality, affordable medicines to Nigerians to help improve healthcare delivery service in the country.

Pharm. Olakunle Ekundayo, group managing director/chief executive officer (GMD/CEO) of the company, made the pledge while speaking at Drugfield's 2019 Distributors' Forum, held in Sango-Otta, Ogun State, recently, noting that the company had demonstrated its desire over the years to help meet the growing healthcare needs of people within and outside its domain.

Speaking further at the event, graced by the company's distributors from all over the country, the Drugfield helmsman thanked the distributors for their contributions to the growth of the company over the years and noted that the company could not have grown to its present level without their support.

The story of Drugfield, Pharm. Ekundayo explained, is typical of a small beginning that has grown into significance because many people made contributions to nurture the seed sowed several years ago when the company started.

He stated further that the distributors are key partners of Drugfield because without their contributions, which ensure the products are available all over the county to end users, the company could not have risen to the level it is in the nation's pharmaceutical industry.

He assured the distributors that the company will continue to ensure its business relationship with them is mutually beneficial and rewarding in appreciation of their continued support and for ensuring that Nigerians have access to Drugfield's top quality

products through them.

Drugfield, he added, would always strive for greater excellence in standards in line with current Good Manufacturing Practice (cGMP) and best business practices.

Also speaking at the event, Pharm. Sola Akande, executive director, marketing, thanked the distributors for coming to the occasion, noting that even though many of them had been relating with the company for years, they

probably did not know where the company was located nor paid a visit due to one reason or the other.

While urging the distributors to continue to give their support to the company, Pharm. Akande assured that Drugfield would continue to strive to meet their needs by ensuring there is no stock out at any point in time, adding that the company has grown over the years to become

a multinational as products from the company are now sold and used in countries outside Nigeria.

Highlights of the event included the interactive session, during which distributors were able to discuss with the Drugfield's management; a facility tour of the Drugfield factory; and the presentation of awards to outstanding distributors.



L-R: Pharm. Olakunle Ekundayo, group managing director/chief executive officer (GMD/CEO), Drugfield Pharmaceuticals; Pharm. Patrick Adenika, executive director, technical operations, Drugfield and Mr Kayode Afolayan, executive director, human resources/personnel management, Drugfield Pharmaceuticals.



Distributors at the event.

Ezeiru, new Oculus MD, pledges to take company to next level

As company holds retirement party for Nzimako

By Yusuff Moshood

Pharm. (Sir) Valentine Ezeiru, the new managing director and chief executive officer (MD/CEO) of Oculus PharmaCare Limited, has said that he is focused on taking the company to the next level by significantly growing its turnover and profit in the next three years.

Ezeiru made the pledge, while speaking with *Pharmanews* in an exclusive interview at a retirement party organised by the company for Sir Clifford Nzimako, the immediate past MD/CEO of Oculus, held at Sheraton Hotel, Ikeja.

The new Oculus MD stated that he is aware of expectations from the Board of the company and the customers, adding that he also has great expectations and personal targets for Oculus and that he is determined to work hard to ensure these expectations are met.

Ezeiru stated further that he will continue to implement the vision the company had when it started in year 2000, which had sustained it to date. He noted that he still believes the vision can take the company forward and to a higher level.

The Oculus helmsman also disclosed that the company intends to introduce more products, stating that some new products were already undergoing registration with relevant regulatory authorities and would be available in the markets this year, while others would be registered to be available in the market next year.

Ezeiru stated that Oculus had, over the years, become a trusted and respected healthcare company with patient care, wellbeing and safety at the heart of all its business transactions.

While noting that Oculus is striving every day to provide quality healthcare products and first-class services to its partners, as well as helping millions of people to be well and stay well, Ezeiru reiterated that the company will continue to be passionate about doing what is right for customers, shareholders and communities.

Pharm. Ezeiru is a holder of a Bachelor of Pharmacy degree (2nd Class Upper Division) from University of Nigeria (UNN). After his internship and NYSC, he joined the Bendel State Government service as a hospital pharmacist and was the pharmacist in charge of Agbor General Hospital from 1981 to 1982.

In 1983, he joined Ciba-Geigy as a medical representative and rose through the ranks from area manager to national sales manager in 1999.

In January 2000, he and two of his former colleagues in Ciba-Geigy founded Oculus PharmaCare Limited and he became executive director (sales and regulatory affairs) of the company. He held this position till March 2019 when he became the MD/CEO of the company.

Also speaking at the colourful retirement party chaired by Pharm. (Alhaji) Yaro Budah,



R-L: Pharm. (Sir) Valentine Ezeiru, MD/CEO, Oculus PharmaCare Limited; Mr Chidi Nzimako; Lady Chinwe Nzimako; Sir Clifford Nzimako, retired MD/CEO, Oculus PharmaCare and Lady Chinyere Ezeiru, cutting the retirement cake during the event.



L-R: Pharm. (Alh.) Mohammed Yaro Budah, former president, PSN and vice chairman Oculus PharmaCare Board of Directors; Alh. Abdulatif Muse, chairman of the Board and Sir Clifford Nzimako.

former president of PSN, Sir Clifford Nzimako, who retired as the managing director/ chief executive officer of Oculus said that the company from day one had a clear idea on what it wanted to achieve and how to achieve it, noting that this was what informed how the company was managed from inception.

Speaking further at the event graced by friends and family of the outgoing and new

MD/CEO, as well as business partners/associates of Oculus, Sir Nzimako who became the MD/CEO of Oculus from the inception of the company in year 2000 and helped grow it to an enviable position in the pharmaceutical industry reiterated that the company was run like a quoted company from inception to ensure things were done properly.

He thanked the board of

directors of the company, members of staff and his wife for all the support given to him which helped to grow the company to its present level.

He urged the company's stakeholders to support his successor, Sir Ezeiru to enable him take the company to the next level, adding that his hope for the future is that Oculus should become a quoted company on the Nigerian Stock Exchange (NSE).

Celebrating 40 Years of Uninterrupted Monthly Publication (1979-2019)

PSN inaugurates three new committees

By Yusuff Moshood

The leadership of the Pharmaceutical Society of Nigeria (PSN) has inaugurated three new committees.

The committees are: Inter/Intra-professional Committee; Disciplinary Committee; and Publicity, Enlightenment and Publications Committee.

Speaking during the inauguration ceremony held at the PSN office in Anthony Village, Lagos, Pharm. (Mazi) Sam Oluwabunwa, president of PSN, thanked members of the committees for accepting the call to serve and urged them to do their best to deliver on the tasks assigned to them.

He further charged the committee members to not only make recommendations but also be ready to implement some of the ideas they recommend, noting that a lot of hard work is needed to take the Society and the profession to the next level.

The Inter/Intra Professional Committee, to be chaired by Pharm. Dan Orumwense, has Prof Mbang Femi-Oyewo as vice chairman and Prof. Ike Uzochukwu as secretary. Members of the committee are: Pharm. (Chief) J.B. Adagadzu; Pharm. Osy Idemili; Pharm. Oluwatoyin Ibadapo Ojo; Pharm. Okeke Anthony Ifeanyi; Pharm. Bisi Bright; Pharm. Joel Olili; Pharm. (Dr) Ken Ezealisi; Pharm Margaret Obono; Pharm Obiageri Ikwu and Pharm. H. Oduntan. Advisers to the



L-R: Pharm. Munir Elelu, deputy president, PSN, North; Pharm. (Mazi) Sam Oluwabunwa, president, PSN, and Pharm. Emeka Duru, national secretary, PSN, during the inauguration of the new PSN committees.

committee are Pharm. (Sir) Ifeanyi Atueyi, Prof. Fola Tayo.

The Disciplinary Committee, chaired by Pharm. (Elder) E.A. Adeleke, has Pharm. Nwaka Onwudike as vice chairman and Pharm. (Dr) Duda Dangiwa as secretary. Other members of the committee are: Pharm. Ada Obiliki; Pharm. Ekpeyong Effiong; Pharm. G.M.T. Chuwukwunda; Pharm

Ajoke Oluwasanmi; Pharm Regina Ezenwa; Pharm. M.A. Usman; Pharm. Victor Chukwu; Pharm Mansur Suleiman; Pharm Ifeanyichukwu Ibekwe; Pharm. (Dr) Emma Udeh Akpeh Pharm. (Brig.Gen.) Yusuf and Pharm. Phil Inga.

The Publicity, Enlightenment and Publications Committee is chaired by Pharm. Ijeoma Ewurum and has Pharm. (Dr) Tosin

Oluwatosin as secretary. Other members are: Pharm. Albert Udoh Pharm. Livy Emereonye; Pharm. Ben Ajepe, Pharm Sam Lena Ugwumba; Pharm. Farida Ibrahim, Pharm. Anthony Ugwu; Pharm Bot Kim Jerry; Pharm Val Chibuzor Okaa and Pharm Lotanna Nwadiorah. The advsers of the committee are Pharm. Nda Isaiah and Pharm. (Dr) Okey Akpa.

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Ohuabunwa, other PSN executives visit WWCV's ultra-modern facility

By Adebayo Folorunsho-Francis

A delegation of the national executives of the Pharmaceutical Society of Nigeria (PSN), led by the President, Mazi Sam Ohuabunwa, recently paid a courtesy visit to the head office of World Wide Commercial Ventures (WWCV) in Matori area of Lagos.

Welcoming the team, Pharm. Lucky Ubokor, superintendent pharmacist of WWCV expressed delight at the massive turnout of the delegation members.

"I want to specially thank Mazi Sam Ohuabunwa and his entourage for this visit because we understand that the highest honour a community can get is to have its chief coming to visit them in person.

"My prayer has always been for God to strengthen you to carry this cross because I know the stress that comes with occupying the office of PSN presidency," he stated.

Shortly before they were taken on a tour of the company's ultra-modern facility, Santosh Kumar, managing director of the company, briefed the delegation on the operation of WWCV since inception.

"WWCV has a business history of 150 years. Presently, we cover about 4,500 pharmacies, 800 hospitals, 200 clinics directly, and another 1,000 indirectly. In our fold, we have 1,100 staff (which had grown from the 250 that we started with in 2008) across 10 branches and 30 agencies nationwide.

"Currently, WWCV has 30 per cent share of the total market and are in partnership with 39 local and multinational companies. As you can see, we have indeed come a long way and remain Africa's leading route-to-market solution," he noted.

Kumar also showcased some of the recent awards presented to the company, including the Compliance Award, by National Agency for Food Drugs Administration and Control (NAFDAC); and the prestigious "Companies to inspire Africa - 2019" award by London Stock Exchange Group.

Apparently impressed with what he had seen, an excited Ohuabunwa, applauded the efforts of WWCV management team, saying they were an ideal example of how a modern logistics and distribution company should run.

"Until today, I didn't even know WWCV had spanned 17 years in this country. I want to appreciate the quality of service you are rendering to the pharma industry. You are indeed a pacesetter.

"I know that with your exploits, many will be encouraged to also come and set up in Nigeria. From experience, I know that distribution is a specialised function, distinct from other features," he stressed.

Reminiscing, the PSN boss



Pharm. Lucky Ubokor, superintendent pharmacist, World Wide Commercial Ventures (WWCV) leading the PSN delegation on a tour of WWCV's facility.



L-R: Ignatius Anukwu, chairman, Association of Industrial Pharmacists of Nigeria (NAIP); Pharm. (Dr) Ejio Foyibo, deputy president (South); Santosh Kumar, managing director, WWCV; Mazi Sam Ohuabunwa, president, Pharmaceutical Society of Nigeria (PSN); Pharm. Emeka Duru, national secretary, PSN and Mrs Adefolake Adeniyi, national treasurer, PSN.

remarked that there was some misunderstanding about the activities of WWCV in the past.

"In the past, some marketers were aggrieved about your perceived roles in the industry. Today, I am happy that roles are being defined. We have since cleared the air that no work is being hijacked from anybody.

"There is no other way to expand and improve other than to continue to collaborate with organisations like WWCV. This is one major means to checkmate distribution of illegal and unregistered drugs in the country. There will always be records to trace such transactions," he reassured.

In attendance were Pharm. Emeka Duru, national secretary; Mrs Adefolake Adeniyi, national treasurer; Ignatius

Anukwu, chairman, Association of Industrial Pharmacists of Nigeria (NAIP); Pharm. Oluwatosin Adeyemi, editor-in-chief, Nigerian Journal of Pharmacy; Pharm. Okeme Okah-Ayae, medicine information manager; Victor Afolabi, CPC vice chairman; Pharm. (Dr) Ejio Foyibo, deputy president, PSN (South); and Chimezie Ukpai, personal assistant to the PSN president.

Other WWCV officials in attendance included Pharm. Yemi Olalere, pharmaceutical director; Pharm. N. V. Madhusudan, manager; Pharm. Udey Patil, key account officer; Pharm. Victor Adekanye, key account officer and Pharm. Daniel Uwandu, zonal manager. World Wide Commercial Ventures Limited (WWCVL)

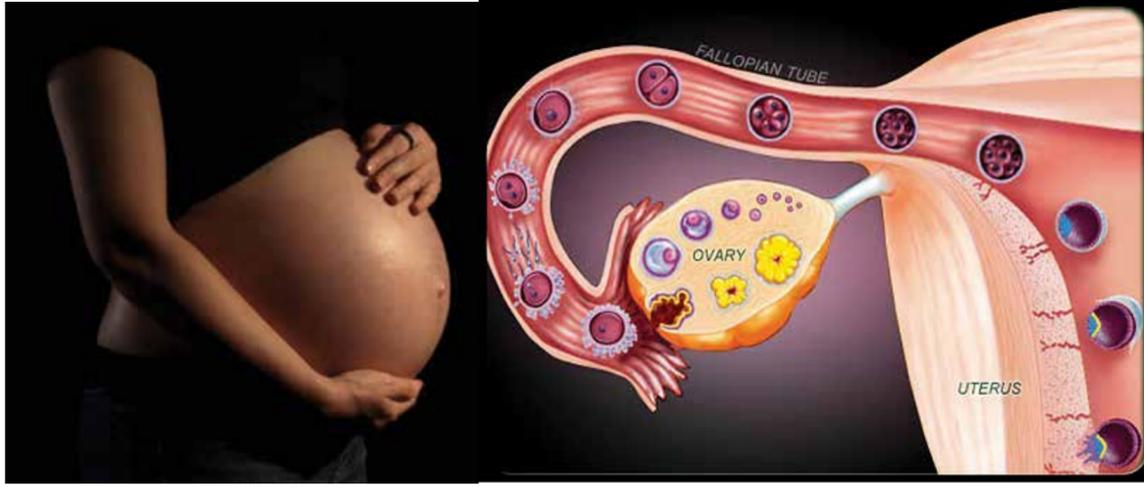
is part of South Africa-based leading logistics and distribution company, Imperial Logistics, and is a licensed vendor to all major healthcare providers in Nigeria. It has also been described as a one-stop solution for warehousing, pharma marketing, supply chain, Sales & Marketing regulatory, port clearance, transportation logistics and inventory management.

WWCVL houses many great companies such as GSK Pharma, Pfizer, GSK Consumer, AstraZeneca, Novartis, Johnson & Johnson, Danone, Sanofi, Merck, Neimeth, Drugfield, Gemini, Novo Nordisk, Boehringer Ingelheim, Janssen, Sandoz, Strides and Roche. Getz, Shalina Healthcare, Pharma-Deko and Daily-Need Industries are the latest addition to the family.

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Top causes of infertility in men and women

continued from page 9



common when it comes to a woman being unable to become pregnant.

Hormone imbalances: One of the major reasons that a woman will find herself unable to conceive is that she has some kind of a hormonal imbalance, which is hindering ovulation. In fact, some hormonal imbalances could be so severe that a woman may stop ovulating altogether. The good news is that there are a number of different synthetic hormones which can be given to women in order to even out their hormone levels and help things to go back to normal within their bodies. Some

of these hormone therapies take a little while before they work and some of them are effective almost immediately. It depends a lot on the severity of the hormone imbalance and how badly it has affected the woman's body.

Medical conditions: There are some conditions such as PID (Pelvic Inflammatory Disease) and endometriosis that can cause a woman to build up scar tissue within her fallopian tubes. There is also some evidence to suggest that having abortions, even just one abortion, can also result in scar tissue which will have the same effect. When a woman's

fallopian tubes develop a blockage it becomes very hard or even impossible for sperm to pass through. Fortunately, this can also be corrected with a surgical procedure in most cases. In cases where there has been severe damage IVF may become necessary. Ovarian cysts are another leading cause of female infertility.

Age and lifestyle: There are also a number of poor lifestyle choices that can contribute to infertility, such as excessive drug or alcohol use, smoking, stress and overall poor health habits. Smoking cigarettes has been associated with an increase in the chances for

an ectopic (tubal) pregnancy, stillbirth, miscarriage and even cervical cancer. It is also a fact that women, as the age, begin to slowly lose their ability to become pregnant. This is because the amount of healthy eggs they release each month decreases significantly with each year that passes after about the age of 35.

Infertility is a broad term that is used to describe a condition in which a man or woman is unable to reproduce. Usually after a period of 12 months of trying, using no protection during sex and no pregnancy results, infertility is suspected in either the man or the woman. If you have been struggling to become pregnant and have found that you have not had success after this period of time passes, the best thing to do is seek a professional opinion by someone who specializes in infertility issues. There are many tests which can be performed on both men and women to help get to the bottom of whatever the problem is and why they are unable to conceive.

Source: www.healthguidance.org

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Why Daily-Need agreed to partner WWCV - Jolayemi

By Adebayo Folorunsho-Francis

Oluwatosin Jolayemi, managing director, Daily-Need Industries, has shed more light on why the company entered into a Memorandum of Understanding (MoU) with the management of World Wide Commercial Ventures (WWCV).

Speaking at the official partnership signing ceremony, which held recently at WWCV head office in Matori, Lagos, the Daily-Need boss explained that the foremost pharmaceutical company felt the need to further create an avenue for smooth distribution of their products.

He disclosed that Daily-Need had taken a position that the best way to achieve this presently was to go into partnership with a distribution outfit that could give the company visibility, reach and a good market share.

"That is why we felt that with our capacity and the new facility, we needed somebody to help do a bigger spread of our products. It didn't really take us long to decide on the choice of WWCV. They are apparently the biggest in the market when it comes to distribution of pharmaceutical products.

"I mean the credential says a lot about them as they are known to distribute for most of the multinationals in the country," he stressed.

In the same vein, Santosh Kumar, managing director, WWCV explained that the partnership combines the strength of quality products offered by Daily-Need and the experience in sales and distribution offered by WWCV.

"Worldwide as a company is committed to take quality medicines across Nigeria to serve patient needs and Daily-Need is a reputable indigenous company with quality products. It is a long term partnership and we are happy to be associated with them," he said.

When further asked to comment on the rise of local pharma companies under the same umbrella alongside their foreign counterparts in the last three years, Kumar noted that it is one of the core values of WWCV in terms of thinking and planning for long-term.

"We are mindful of the Drug Distribution Policy of the Federal Government of Nigeria and the best way we can contribute to the attainment of this national goal and industry development is to collaborate with local pharma companies



L-R: Pharm. Sola Akinloye, national sales manager, Daily-Need Industries; managing director, Mr Oluwatosin Jolayemi; Mr Santosh Kumar, managing director, World Wide Commercial Ventures (WWCV) and Naveen Pala, head, business service unit, WWCV at the official signing of Memorandum of Understanding (MoU) between both companies.



Management officials from both companies at the event.

to help distribute their quality products to deserving patients in Nigeria," he remarked

Also in attendance were Pharm Lucky Ubokor, superintendent pharmacist, WWCV; Kartik Sunder, head, business development & trade channel marketing; Naveen Pala, head, business service unit, WWCV and Pharm. Sola Akinloye, national

sales manager, Daily-Need Industries.

World Wide Commercial Ventures Limited is a licensed vendor to all major healthcare providers in Nigeria. It has also been described as a one-stop solution for warehousing, pharma marketing, supply chain, Sales & Marketing regulatory, port clearance, transportation logistics and

inventory management.

WWCV houses many great companies such as GSK, AstraZeneca, Bayer, Novartis, Johnson & Johnson, Danone, Sanofi, Pfizer, MSD, Novo Nordisk, Boehringer Ingelheim, Janssen, Allergan, Roche, Drugfield and Shalina Healthcare. Daily Need is the latest addition to the family.

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Why pharmacy schools' calendar should run like that of medical schools – President, PANS-UNILORIN

By Adebayo Oladejo



Omotolani O. Ogundare

Omotolani Odunayo Ogundare is president of the Pharmaceutical Association of Nigeria Students (PANS) University of Ilorin (UNILORIN) chapter. In this exclusive interview with *Pharmanews*, Ogundare shares his views on pertinent issues surrounding pharmacy education and pharmacy practice in Nigeria. Excerpts:

You could have chosen any other course but opted for Pharmacy. What prompted this decision?

As a matter of fact, I had been offered an admission to study Pharmacy, which I rejected, because I never wanted anything apart from Medicine. Along the line, I got more exposed to what studying Pharmacy had to offer me, and based on the fact that both are health-related, I later settled for Pharmacy.

However, I later realised that the decision to opt for Pharmacy was a perfect one for me, as I have never had any reason whatsoever to regret it. Although, sometimes, the stress associated with the course could be discouraging, I have resolved to give it my best.

What were your motivations for contesting for the post of PANS president?

Not everyone is born a leader, but you can make a leader out of yourself. Growing up as the last child of my mother was not as rosy as I had

expected, but I was always being motivated by my mother. In fact, she compelled me and my siblings to read books by great authors like Ben Carson and Zig Ziglar. We usually derived motivation reading those books.

Moreover, in envisioning a great future for PANS, UNILORIN, I had to be in a leadership position, which was why I started to gain requisite experience. I

One of the biggest problems I have with the way pharmacy education is being run is the concurrent running of pharmacy curriculum with the regular school calendar. I believe it is high time the profession run its own calendar like medical schools. Also, the Pharm. D programme should be accepted by all pharmacy schools.

contested for the post of president to realise this vision, and I thank God the dream has become a reality.

How have you been juggling your studies with PANS activities?

As a matter of fact, it has been tough, considering the responsibility that comes with the position of PANS president and the sacrifices that come with studying Pharmacy. But all these were envisaged before I contested, so I have been able to manage them. Also, I have developed the habit of time management; this, combined with the assistance of colleagues in the executive, has greatly helped.

Could you tell us some of your achievements and challenges, so far?

Our administration has achieved quite a number of things. The first is being able to lead a record number of our students to the 43rd Annual PANS convention, which was held at Olabisi Onabanjo University, Sagamu Campus, Ogun State.

We were able to organise the first oratory contest for our newly admitted students during their annual orientation

programme and the winner of that contest got a medal, cash prize and was also made the president of PANS for 24 hours, a gesture which I hope will be continued as a tradition.

Also, we have been able to work with the faculty administrative to get the broken gadgets needed by students fixed; and we have been able to take care of our members' welfare.

Lastly, the association has got the proper recognition it deserves in the university community and we hope that this will yield more fruits, as it has already yielded in solving our transportation issue which had been on for a while.

There have been lots of challenges due to a rigid curriculum and academic calendar, which gives little or no time to carry out events or participate in them.

Another challenge is that majority of our members don't participate actively in the programmes of the association, possibly due to academic stress and time constraints.

The Faculty of Pharmacy, UNILORIN, graduated the first set of pharmacy students in 2017, which was less than three years ago. Compared to other schools of pharmacy that started earlier, how would you assess pharmacy education here?

Having related with students from various universities across the country, I can say we are doing fine and that pharmacy education in the University of Ilorin is one of the best, if not the very best, in this country. Our success brought about the accreditation of the Pharm. D programme, two years ago, and I am proud to be a student here.

There has been an uproar in the media regarding the school management's imposition of a dress code on students. To what extent would you say this has affected pharmacy students?

About the issue of dress code, there has really been no effect on pharmacy students. It is no news that Pharmacy is a professional course and with this comes a lot of responsibility as regards appearance. The faculty has always had its own dress code, which is for all students to appear corporate at all times, which is also common to all pharmacy schools across the country. So, we have not been affected in any way.

What do you think is wrong with the way pharmacy education is being run in Nigeria?

One of the biggest problems I have with the way pharmacy education is being run is the concurrent running of pharmacy curriculum with the regular school calendar. I believe it is high time the profession run its own calendar like medical schools. Also, the Pharm. D programme should be accepted by all pharmacy schools.

In addition, there is lack of practical exposure for pharmacy students, while they are being stuffed with theoretical knowledge. Then there is need for the simplification of the curriculum, to avoid unnecessary and irrelevant repetition. Moreover, our educational system at large in this country is crippled and a mess.

If you have the privilege of changing some things about pharmacy education in UNILORIN, what would they be?

Just as I mentioned earlier, I would make sure we run a separate calendar from that of the university. I would also make sure the curriculum is simplified, avoiding unnecessary and irrelevant repetitions. Finally, I would make sure students participate in extra-curricular activities more, as it aids development.

Lick your way to health with *liki liki*

Pharm. Ngozika Okoye
MPH, MSc, FPCPharm
(Nigeria Natural Medicine Development Agency)

African velvet tamarind is a tropical tree found mostly in Africa. It is scientifically called *Dialium indum* (Fam. Leguminosae). *Liki liki* (as it is popularly called) is also known as *awin*, by the Yorubas; *icheku*, by the igbos; and *tsamiyar kurm*, by Hausas, in Nigeria. The tree can also be found in Ghana (where it is known as *yoyi*), Sierra Leone, Senegal, Thailand and Malaysia.

Constituents

The black velvet fruit is a rich source of non-starch polysaccharides (NSP) or dietary-fibre, such as gums, hemicelluloses, mucilage, pectin and tannins. It is rich in tartaric acid and many volatile phytochemicals, such as limonene, geraniol, safrole, cinnamic acid, methyl salicylate, pyrazine and alkyl-thiazoles. This fruit is a good source of minerals like copper, potassium, calcium, iron, selenium, zinc and magnesium. It is also rich in many vital vitamins, including thiamin, vitamin-A, folic acid, riboflavin, niacin, and vitamin-C.

Pharmacological actions and uses

The dietary fibre in African tamarind increases its bulk and augments bowel movements, thereby helping to prevent constipation. The fibre also



Dialium indum

binds to toxins in the food, thereby helping to protect the colon mucus membrane from cancer-causing chemicals. A review of several studies has revealed that chewing the fruit pulp increase secretion of milk as well as check infections. The fruit pulp has high ascorbic acid content which is an anti-scurvy vitamin hence used as food supplement.

According to research, the leaf extract inhibits the growth of plasmodium falciparum, which causes malaria. Therefore, taking a decoction can cure malaria. It can be a remedy for gastric ulcer since it has the ability to increase gastric mucus secretion. The leaves are highly diuretic - promoting the production of urine, and making it easier for the heart to pump blood; hence reducing the risk

of hypertension.

A study performed on ethanolic leaves extract of velvet tamarind showed it to be beneficial for pile treatment. The tender leaves of velvet tamarind, when squeezed and applied on wounds, stimulate the growth of healthy skin and protect wounds from germs and moisture. A decoction of velvet tamarind leaves is used in preparing medicinal solution for curing jaundice. It also lowers blood sugar and increases insulin sensitivity; hence, can be used to treat diabetes.

The stem, used as chewing stick (indigenous toothbrush), contains saponin, which adds to the cleaning effect of the teeth and at the same time removes plaques and caries on the teeth of users. The stem bark has the ability to reduce inflammation in

bronchial tubes that arises due to bronchitis. It has significant analgesic property and thus can be used to reduce menstrual pain.

Preparations

The orange pulp under the black velvet shell can be freshly consumed (licked or chewed), dried, or soaked into water to be drunk afterwards. The stem of velvet tamarind may be chewed directly (indigenous toothbrush). The juice from the leaves may be squeezed out. The leaves and stems may be used as decoctions.

Adverse effects

Black velvet tamarind may interfere with efforts to regulate/control blood sugar before, during and after surgery. It may increase ulcer pain for those with gastric ulcers. It may also increase risk of bleeding, hypoglycaemia, allergic reactions, damage to tooth enamel, gall stone formation, acid reflux, vasoconstriction, drug interaction, laxative effect and weaver's cough.

Economic values and potentials

Black velvet tamarind is a great source of nutrients for human food and animal feeds. Tamarind may cost as much as ₦1,800.00 per 200gms; 500gm cost ₦3,000.00. The velvet tamarind is cultivated not totally for its fruits but as a source of timber and fuel.

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Events in Pictures



L-R: Mr Sunday Awogbayila, finance and accounts director, Drugfield Pharmaceuticals and Pharm. Sola Akande, marketing director, Drugfield, presenting a plaque to one of Drugfield's distributors during the Distributors' Forum organised by the company and held in Sango Ota, Ogun State, recently.



Members of the Publicity, Enlightenment and Publication Committee with the PSN leadership after their inauguration, at the PSN office in Lagos, recently.



Members of the PSN Intra and Inter-Professional Committee with the PSN leadership after their inauguration.



Members of the PSN Disciplinary Committee with the PSN leadership after their inauguration.

Coming Events

22nd NAIP national Confab berths in Anambra

The 2019 edition of the annual national conference of the Association of Industrial Pharmacists of Nigeria (NAIP) holds at Golden Tulip Hotel, Agulu, Anambra State from 1 to 4 May.

Themed "Disruptive Innovations: Unleashing Nigeria's Pharmaceutical Industry," the gathering is billed to feature eminent personalities such as Dr Willie Obiano, Anambra State governor; Mazi Sam Oluwabunwa, president, Pharmaceutical Society of Nigeria (PSN) and Dr Chimezie Anyakora, keynote speaker.

Nominations for 2019 Nigeria Healthcare Excellence Awards (NHEA) commence

Nominations for the 6th edition of the Nigerian Healthcare Excellence Awards (NHEA) 2019 have begun and will end on 24 May, 2019. The award presentation will take place at Eko Hotel & Suites, Victoria Island, Lagos, on June 21, 2019.

About 23 awards and recognitions are up for grabs at the ceremony. These recognitions are divided into four main categories, namely, Special Awards, Healthcare Delivery Services, Biomedical Technology and Pharmaceuticals.

IAPN Organises 13th Annual Scientific Conference in Abuja

The International Association for Psychiatric Nurses (IAPN) is billed to hold its 13th Annual Scientific Conference, at the Hotel De Bently, 892, Ngozi Okonjo Iweala Road, Utako, Abuja, Nigeria.

The conference, themed: "Mental Health, Nation's Wealth", is scheduled for 24 - 28 June 2019, and the keynote speaker is Dr Emmanuel Ejembi Anyebe, senior lecturer at the National Open University (NOUN) Abuja, Nigeria.

While registration fee is N50,000, early bird registration before 31 March is pegged at N40,000, and students early registration is N30,000.

Kano to host 2019 ACPN national conference

The ancient city of Kano has been chosen as venue of the 38th annual national conference of the Association of Community Pharmacists of Nigeria (ACPN).

Tagged "TUMBIN GIWA 2019," the 2019 conference which is scheduled to hold at Affluent Events Centre, Nassarawa GRA, Kano City, from 30 June to 6 July, will focus on tackling the menace of drug abuse in Nigeria.

This particular conference has also been designed as a unified conference for pharmacists in the entire north-central, north-east and north-west states.

NAPharm AGM / induction ceremony holds at Sheraton Hotel

The annual general meeting (AGM) of Nigeria Academy of Pharmacy (NAPharm) will hold at Sheraton Hotel, Ikeja, Lagos on 5 September, 2019.

The AGM which will also feature an induction ceremony for new Fellows is slated have in attendance several dignitaries from the pharmaceutical industry and other socio-economic sectors.

Atlanta USA to host 2019 NAPPSSA conference

The 2019 Annual Conference of the Nigerian Association of Pharmacists and Pharmaceutical Scientists in the Americas (NAPPSSA) is slated to hold 12-15 September, 2019 at Sheraton Atlanta Hotel, Georgia, US. Participants are expected to be exposed to current advances in pharmacy practice and pharmaceutical education, as well as drug discovery, development, regulatory and safe utilisation.

In addition to distinctive networking opportunity with colleagues and friends, the NAPPSSA Conference is designed to provide pharmacists and pharmaceutical scientists with timely information and resources to enrich their career and practice. A continuing pharmaceutical education programme of over 22 pharmacy credit hours, covering different areas of the pharmaceutical profession, including pharmaceutical care, funding for pharmaceutical projects, mentoring sessions, and Deans Workshop will be offered.

Abu Dhabi hosts 79th FIP Congress

The 79th FIP World Congress of Pharmacy and Pharmaceutical Sciences has been scheduled to hold in Abu Dhabi, United Arab Emirates from 22 to 26 September 2019.

Themed "New Horizons For Pharmacy - Navigating Winds Of Change", the event is billed to focus on topics such as "New Trends In Science, Practice And Education"; "New Roles, Opportunities, And Responsibilities"; "Responding To The Challenges Of Today" and "Targeting Special Interest".

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Obideyi tasks Sanwo-Olu on level playing ground in health sector

- Says Lagos ACPN open to dialogue on health insurance

By Adebayo Oladejo



Pharm. Olabanji B. Obideyi

Amidst the uproar that greeted the recently launched Lagos State Health Service Insurance Scheme, which allegedly denied pharmacists in Lagos State from participating as providers, *Pharmanews* recently reached out to the Chairman, Association of Community Pharmacists of Nigeria (ACPN), Lagos State Chapter, Pharm. Olabanji Benedict Obideyi, for his views on this and other important pharmacy-related issues in the state. Below are the excerpts of the interview.

Congratulations on the recently held Annual General Meeting of the ACPN, Lagos State, the first since you took over as chairman. How did you feel about it?

Indeed it was a great reunion, especially for some of our members who had not being regular at our bi-monthly meetings. The bye-laws of the association were presented and ratified, while some motions raised were supported and invariably became resolutions that are now binding on members. Some issues affecting our practice were raised and addressed reasonably well. All executive committee members were re-elected for another term of 12 months.

You had some goals set for yourself at the inception of this administration, it's now one year since you came into office, how many of these goals have you achieved so far?

Yes, it is normal for every incoming administration to have goals and objectives and ours was no exception. We planned to renovate our secretariat and train the staff to make them more productive. To a large extent, we have done this; though work is still in progress.

Zonal visitation is another

programme we had decided to do and, to the glory of God, we have been able to visit five zones. We used the visit to inform members of what is being done at the state level and encouraged them to fulfill their obligations to the association. We have however mapped out strategies to ensure that all the remaining zones are visited before the end of this year.

At the inception of this administration, codeine-containing cough syrups saga pervaded the whole place, but we rose to the occasion, and called a press conference to present our position. The police harassments that followed the pronouncement of restriction on dispensing of codeine-containing cough syrups were repelled by petitioning the Lagos State Police Command on the illegal operation of the then F-SARS, who took it upon themselves to be raiding pharmacies.

The aftermath of the codeine matter led us into conceptualising and implementing a project called **PROJECT Rx**. This project is basically about campaign against drug misuse and abuse. It is a seven-step project and we have been able to do the first three steps successfully. We are looking for organisations to partner with to sponsor other steps.

Emblem acquisition is another area we have worked on to make it seamless. Members who apply for the emblem can get it approved within two weeks, provided all the necessary documents are attached.

Integrate E-programme is another partnership, building the capacity of our members in areas of initiation of injectable contraceptives. To date, close to 230 members from different zones have been trained and are offering injectable family planning services in their premises.

There are some other achievements which time would not permit me to mention. However, computerisation of our operations and establishment of e-secretariat are other things we had in our plan but have not been achieved due other pressing matters we had to attend to last year. However, we are going to see to the implementation of these and other things we plan to do this year.

There has been uproar concerning the recently launched Lagos State Health Service Insurance Scheme, which allegedly denied your members from participating as providers. Can you please shed more light on this?

The concept is very good because what is being canvassed for globally is universal health coverage, and this is one way of achieving it. It is aimed at making healthcare services affordable to all and sundry.

ACPN made presentations during the public hearing on laws being put together for this insurance, but most of our recommendations were never adopted. I remember we suggested that, at least, three

members from HCPAN to be on board of the agency to drive this insurance so that other professionals, in addition to doctors, could be adequately represented; but only one slot was given. We also raised the issue of accreditation of pharmacists and pharmacies to be done by Pharmacists Council of Nigeria, being that drugs matters are under "exclusive" list; again this was not adopted. Rather the laws make provision for Health Facility Monitoring and Accreditation Agency (HEFAMA), an agency of the state government to be the only agency to accredit providers under this scheme.

The main issue started with the planned lopsided implementation of the scheme, fashioned after the National Health Insurance Scheme, which has been labelled as fraud. It is a pity that we don't learn from our mistakes in this country. Pharmacists under this scheme are secondary providers. Prescriptions are supposed to be written by doctors and sent to the community pharmacy for filling, especially considering that most of the hospitals, including the private ones and Primary Health Centres, do not have a registered pharmacy department superintended by a registered pharmacist.

Lagos State Ministry of Health, under the leadership of the commissioner of Health, Dr Jide Idris, lumped up drug fees with consultation fees and warehoused it in the hands of doctors who are primary providers. The expectation is that if and when it pleases the doctor to send prescriptions to community pharmacists, he will then be the one to pay them. We raised objections to this but it fell on deaf ears.

What ACPN is clamouring for, is a health insurance scheme where every professional is allowed to do his job and remunerated directly from the agency, not through another provider. I don't know of any country where this is done. If we are going to be innovative, I think it should be positive and not negative.

All the matters chronicled above culminated in Punch newspaper advertorial we did last year October to educate people of Lagos State ahead of the launch of the scheme. Yes, the scheme has been launched, but we are still very much open to dialogue if the government is ready, but for now the resolution at our AGM provides that no member shall participate as a provider until all the issues around these scheme are resolved.

There was an order that none of your members should apply as a provider under the

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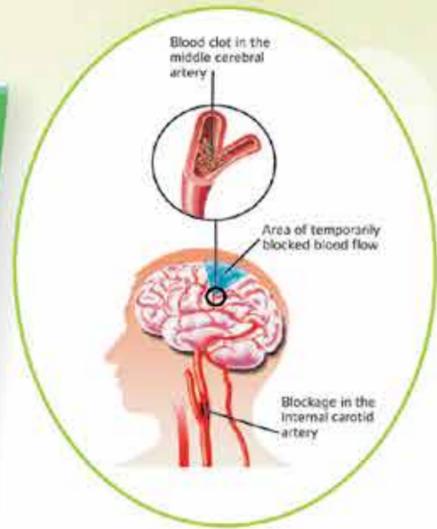
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Lagos AHAPN members enlighten, screen Shomolu residents for kidney disease

By Omolola Famodun

Poised to reduce the prevalence of kidney diseases in the country, members of the Association of Hospital and Administrative Pharmacists of Nigeria (AHAPN), Lagos State branch, were at the Shomolu Local Government Area, on Thursday 14 March 2019, to create awareness about kidney diseases and to conduct free medical screening for the residents.

The free medical screening and awareness campaign, organised to commemorate this year's World Kidney Day, celebrated annually on 14 March, witnessed a mass turnout of residents, many of whom said they had been seeking such an opportunity to get expert enlightenment and care options for their kidneys.

Addressing participants at the screening centre, the Chairman, Lagos AHAPN, Pharm. (Mrs) Titilayo Onedo, disclosed factors that predispose one to kidney diseases, including untreated hypertension and diabetes, drug misuse, lack of balanced diet, consumption of alcoholic substances and lack of exercise.

She further advised against the habit of consuming beef and carbohydrates, while neglecting fruits and vegetables, which she says are very beneficial to the human system, adding that heavy consumption of red meat does more harm to the body than good.

Speaking on the theme of the event, "Kidney Health for Everyone, Everywhere", Onedo explained that some medicines may predispose people to kidney diseases, while also noting that long-standing diabetes and hypertension have been implicated in kidney diseases.

She added that most people are not aware they have these diseases until they attend such free screening programmes or visit the hospitals for some other reasons.

"For some persons, even when they are aware they have the conditions, they are poorly controlled and poor control or lack of control eventually leads to kidney disease", she said.

One of the pharmacists who spoke with *Pharmanews* at the programme, Pharm. (Mrs) Ayo Olaniyi, revealed that research had shown that millions of people across the globe suffer from kidney problems but often do not know until it leads to other sicknesses, mostly diabetes and hypertension.

She stated further that if these sicknesses are not controlled, they could lead to a chronic kidney disease.

While mentioning that there are two major types of kidney diseases, acute and chronic, Olaniyi noted that the acute type could be as a result of an infection or as a result of the kind of drugs the person had used.

She averred that while acute



One of the Association of Hospital and Administrative Pharmacists of Nigeria (AHAPN) members speaking to residents on kidney disease during the event.

kidney disease can be managed for some time, it often leads to kidney failure, once it exceeds three months.

According to Olaniyi: "The reason why this programme was put in place is to educate people, because information is power, and once a group of people get enlightened, you can rest assured that they will spread the good news to other people around them.

"Again the kidney is a very delicate organ of the body, and once it is bad, the only remedy is to keep managing it or go for a transplant. In the case of acute kidney problem, it could still be treated to normalcy, but if it gets to the chronic stage, the sure way out is to manage or have a transplant.

Olaniyi therefore urged the participants to always be careful with drugs, especially taking medications without prescription, as this could lead to more serious conditions.

According to the programme's Planning Committee chairman, Pharm. (Mrs) Yewande Olorunshola, kidney diseases could also be developed due to genetic disorder in some persons, and could be detected through a urinalysis.

A urinalysis is a test conducted on urine to diagnose any disease. It is used to detect and manage a wide range of disorders, such as urinary tract infections, kidney disease and diabetes.

"A urinalysis involves checking the appearance, concentration and content of urine. It is what tells anyone if you have kidney problem or not, the Urinalysis shows the ketone in the body and the presence of protein, and also the blood in the urine", Olorunshola stated.

One of the beneficiaries

of the medical screening, Mr Afolabi Salau, who spoke with *Pharmanews* at the programme, expressed his gratitude to the executives and members of the Lagos AHAPN for the event.

According to Salau, prior to being screened, he had been unaware of his blood pressure level, until he was diagnosed

of high blood pressure at the centre.

Salau, who said he was determined to followup on the diagnosis, to ensure proper treatment, said he was advised by the pharmacists to visit his healthcare giver regularly, until his blood pressure would be normalised.

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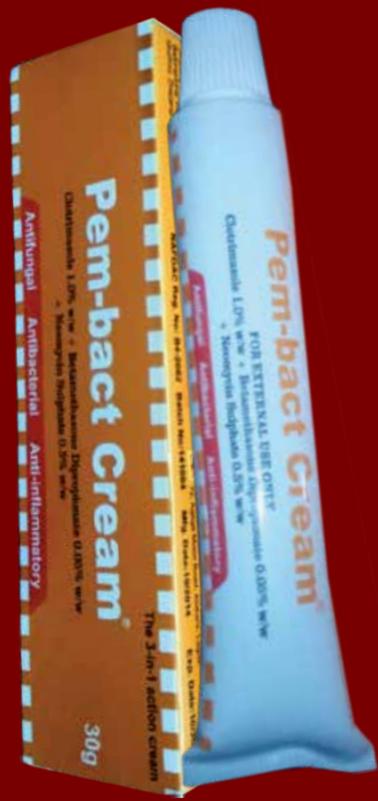
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A name synonymous with quality

Obideyi tasks Sanwo-Olu on level playing ground in health sector

continued from page 34

scheme, as doing so will be a mere formality. How long will this order last, and what are you doing presently to ensure the state government listens to your request?

I think I have answered this question in the course of this interview. We are not against Lagos State Government; rather I will want them to see us as partners in progress. What we are after is to give people in Lagos State opportunity of having full compliment of health professionals rendering services under the scheme to them. As I have said earlier, we are still open to discussion.

Nigeria, according to the WHO, is ranked among the worst nations when it comes to healthcare provision for the citizens. What can we do as a nation to exit this ignoble rank and get our health sector back to shape?

The problem with us is multi-faceted. The first thing that comes to mind is the inadequate budget provision for the health sector. Most of government-owned health facilities cannot boast of recent modern equipment for diagnosis. Even the older ones that we have are never available because they are not functioning optimally.

Inadequate numbers of healthcare professionals is another factor contributing to this problem, as some of them have travelled out of the country to seek greener pastures. The solution to this is for government to ensure adequate funding of the health sector.

Closely related to this is the low quality of professionals being churned out of our universities these days. This is not unexpected, considering that universities too are underfunded. The facilities available for training are inadequate for the number of candidates being admitted to the universities.

This is one area I need to commend the Pharmacists Council of Nigeria for taking the bold step of conducting pre-registration examination for pharmacists to further ascertain that the minimum standards required for the practice of Pharmacy are met by the newly graduated pharmacists. Other regulators in the health sector should equally do this.

Healthcare provision is a team job, meaning that, each healthcare professional has crucial roles to play, and their roles are complementary. However in a situation where one group feels too superior to others and threatening government with strikes if they increase the salaries of other professionals after they have had theirs reviewed, and they are being supported by the minister through his actions or inactions, what do you expect? The trend globally is collaboration among the professionals in the health sector and not unnecessary



Pharm. Olabanji B. Obideyi

rivalry.

Corruption is another factor that is causing retrogression in our health sector. We all listened to the interview granted by the Director General of NAFDAC, Prof. Moji Adeyeye, few days ago, on how the committee on health of House of Representatives were alleged to have demanded money from her, which was turned down. I salute the courage of Professor Adeyeye for blowing this into the open. I know there are so many of such instances where compromises have been made to the detriment of the good people of Nigeria.

Dissolution of governing council of Pharmacists Council of Nigeria and other regulators in health sector is another issue responsible for our failing healthcare delivery system in the country. For close to four years now, the governing council of PCN has not been reconstituted, making certain decisions necessary for regulation difficult to take for PCN.

I want to suggest to our politicians to, at least, spare regulators in the health sector this ritual of governing council dissolution that usually follows the coming in of a new administration.

What are your thoughts on the long delay in the implementation of the NDDG, and how will this policy help tackle the challenge of chaotic drug distribution?

Government doesn't seem to have the political

will to successfully implement this policy. Various excuses have been adduced for shifting its implementation, such as not having facilities on ground for its uptake or because general elections would hold early in the year, and so on.

One thing the federal government should realise is that the longer this implementation is postponed, the more the Nigerians are exposed to all sorts of dangers, such as use of substandard

or falsified medicines, as well as indiscriminate access to controlled drugs, thereby promoting drug misuse and abuse.

When the NDDG policy is implemented, all the open drug markets nationwide will be closed and brought under the Coordinated Wholesale Centres that will be easily regulated by the PCN and NAFDAC. On the whole, it is a good policy and I know that our PSN president, during the electioneering period, made campaign promises in this regard and I believe he will work on timely implementation of this policy.

You are one of the stakeholders calling on the presidency to sign the new Pharmacy Council of Nigeria Bill into law. Tell us how this bill will benefit pharmacy practice and healthcare sector as a whole when it is signed.

This is one thing that should be uppermost in the mind of every pharmacist and even the citizens. PCN has not been able to perform optimally because most sections of her law are already outdated and not in tune with the realities of 21st century.

There are lots of lacunas in the present laws that fake drugs merchants, through their lawyers, are exploiting to get off the hook of PCN enforcement; but all these have been taken care of in the new bill. Signing it into law will, no doubt, help the PCN to be able to bite, and bite so hard. A lot of efforts have gone into making this bill to be passed and our president would do well by as a matter of urgency assenting to it to give life to proper regulation pharmacy practice in Nigeria.

There are frequent reports of community pharmacies closing down or being put up for sale by owners. What could be causing this, and how can community pharmacy business be made more profitable and sustainable in the country?

The problem is not peculiar to community pharmacies alone; it cuts across all industries. The harsh business environment in Nigeria is not helping matters.

Most community pharmacies do not even fall under SME when you look at the staff strength and the capital base, and yet we are exposed to the same economic challenges.

Take power, for example, you will need to make provision for generating your power at least close to 70 to 80 per cent of times you are open, depending on where your location; yet PHCN would still bring humongous bill for power you never consumed.

Lack of access to necessary funds to procure medicines and IT infrastructures at a single digit interest rate is another factor. Some of community pharmacies couldn't stock optimally, recording greater incidences of stock out, and this has far-reaching implications on sustainability of the practice.

Over-taxation by the agencies of government is another inimical factor to the survival of community pharmacies. I heard a former finance minister said it is tax that countries like Ireland, Germany, UK and so on depend on for funding their economies. But the infrastructures available in those countries are non-existent in Nigeria. They don't have to worry about power, security, funding and other important infrastructures for business.

Poor regulation and indiscriminate registration of wholesale pharmacy is also not helping matter. Pharmacies engage in unnecessary competition. Because we are spreading out, everybody wants to be in Ikeja, Obalende, Ikotun and so on; whereas places like Agbara and Badagary are begging for members to come and establish pharmacies. Wholesalers on their own also engage in retailing, thereby killing the retailers around them.

What are your thoughts on the campaign against drug misuse and abuse and how can community pharmacists help to tackle the menace?

Community pharmacists have greater roles to play in the campaign against drug misuse and abuse. It starts with how you relate with your clients when they request for certain drugs they don't really need or you have cause to believe are being or would be abused. Proper counseling of such clients is very key and would go a long way.

At ACPN Lagos State, we have a programme called Project Rx that I talked about earlier. It is aimed at letting people know the extent and implications of this problem. This is to help people get involved to change their ways of life.

Our public enlightenment programmes last year were centered on this menace. We did awareness campaigns and role-plays to educate the people on the painful outcomes of engaging in drug abuse and misuse. This is our contribution so far in reducing the problem of drug abuse and misuse in Lagos in particular and Nigeria in general.

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IWD 2019: Afonchies takes health campaign to Eti-Osa

- As UNIC, SOW&G call for gender equality, female empowerment

By Adebayo Oladejo

Afonchies Pharmaceuticals Limited, in partnership with the Save Our Women and Girls (SOW&G) organisation, recently conducted a health campaign with free medical screening at the Secretariat of the All Progressives Congress (APC), Eti-Osa Local Government Area, Lagos State.

Speaking with Pharmanews at the event, which was part of activities organised to commemorate this year's International Women's Day (IWD), Dr Oyunovo Angela Evbodi, superintendent pharmacist, Afonchies Pharmacy, Ajah branch, explained that the comprehensive health campaign was one of the company's contributions to improving public healthcare.

Speaking further, Evbodi, who spoke on behalf of Afonchies' managing director, Pharm. Adebayo Afon, noted that regular health screening and awareness can help detect health problems before they become complicated and sometimes untreatable, adding that by getting the right health services, screenings, and treatments, people are taking steps that would help their chances to live longer and a healthier life.

She added that people need to consider their health first in everything they do, adding that looking healthy is not always an indication that one is free from diseases.

"We have discovered that many people do not know where to go to when they want to access drugs; therefore, it is necessary for us to be here to showcase our presence to the people of this community and to tell them that there are lots of things that they are missing by not regularly patronising registered pharmacists", she said.

Speaking on the responses of people towards the free health screening, as well as the motive behind it, the manager, Afonchies Pharmacy, Ajah, who was also the coordinator of the screening exercise, Mr Kingsley Ugwu, said he was overwhelmed by the way people embraced the screening exercise, saying the turn-out was impressive as about 500 women had already been screened, while more people were eager to know their status as well as what to do to live a healthy lifestyle.

According to him, regular health screening is essential, as it incorporates several tests, including preventative screenings and physical examinations to check patients' current health and risks, adding that if any problem is found in the process, the healthcare provider will provide information on treatment plans and ways that similar health issues can be prevented in the future.

In related development, another co-organiser of the IWD programme, the United Nations Information Centre (UNIC), together with SOW&G



A cross-section of participants at the event.



A cross-section of pharmacists from Afonchies Pharmacy Limited at the event.

have urged Nigerian parents to advance gender equality by shunning stereotypes that discriminate against girls and women and training their children to embrace gender equality.

Speaking at the programme, which had in attendance numerous people from all walks of life, Mrs Bolanle Olumekor, Knowledge Management Assistant, UNIC, Nigeria, noted that the International Women's Day is a time to reflect, call for change and celebrate acts of courage and determination by ordinary women who have played extraordinary roles in the history of their countries and communities.

Olumekor added that the 2019 IWD theme, "Think equal, build smart, innovate for change", focuses on innovative ways in which the nation can advance gender equality and the empowerment of women,

particularly in the areas of social protection systems, access to public services and sustainable infrastructure.

Continuing, she urged the women who besieged the venue to believe in their capabilities, pursue their dreams and ensure the opportunities they deserved come by merit.

"Women should always be ready to mentor younger women, guide them and give back to the girls in secondary schools, in the university and be an inspirational story to them", she advised.

Addressing the women earlier, the founder, SOW&G, Ambassador Unyime-Ivy King, said the foundation was established out of the need to serve as a structural support for the work she had been doing informally for many years, adding that as a not-for-profit organisation, incorporated in

2016, its focus is on creating social developmental awareness on issues that concern women and girls.

Speaking on the 2019 IWD theme, King called on parents, especially women to encourage their daughters to pursue a career in politics in order to bridge the growing gender gap in which women are under-represented in government, especially national politics, saying politics is not exclusive to men.

Ambassador Unyime-Ivy King, who was represented by Ms Bunmi Bello, SOW&G's social media manager, also urged women to always have their health checked periodically, in order to avert diseases, adding that aside from celebrating this year's IWD, the programme was organised to positively affect the total wellbeing women in the society.

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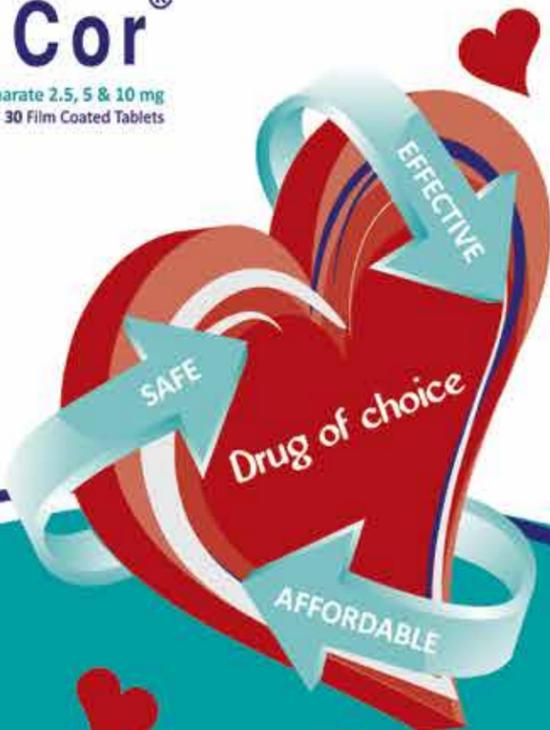
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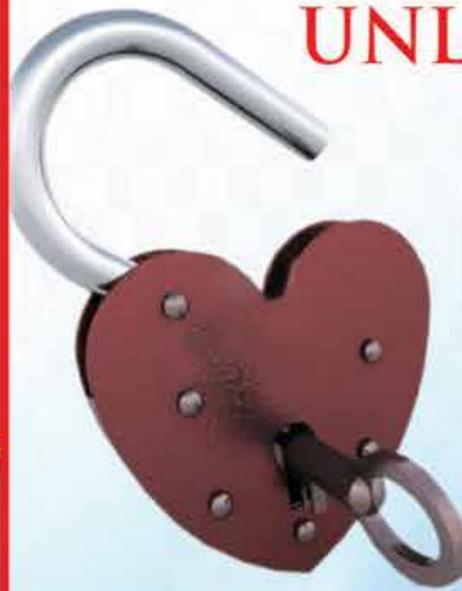


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20 million Nigerians at risk of fungal infections, mycologists warn

- Task govt on provision of mycology laboratories

By Omolola Famodun

Rising from a recent three-day international conference, medical experts from within and outside Nigeria have decried the prevalence of fungal infections globally, saying an estimated 300 million people are affected, with 20 million Nigerians at risk of the disease.

The scientists, who converged at the Cancer Research Centre, of the Nigerian Institute of Medical Research (NIMR) for the first Annual International Conference of the Medical Mycology Society of Nigeria (MMSN) particularly frowned at the lack of a single mycology laboratory in the country for the diagnosis of fungal infections.

Speakers and participants at the conference were medical experts with experience from various fields of Medicine, including Mycology, Parasitology, Haematology, Microbiology, Pulmonology, Dermatology, Pathology, Neurosurgery, and Otorhinolaryngology.

Speaking on the topic: "Challenges in management of invasive fungal infections in developing countries", the President, International Society for Human and Animal Mycology, Professor Arunloke Chakrabarti, noted that although fungi are part of human lives, as they are eaten as foods, as well as play major roles in drug development procedures, the organisms are becoming a huge pain for humans.

Citing findings from the Nature journal, Chakrabarti said, "1.6 million people die from fungal diseases, which are comparable with tuberculosis and malaria. We are bothered by the disease called tuberculosis and malaria but we are paying less attention to fungal infections. Recently, fungi are getting so used to our body system, and in fact, there are seven fungi that behave like bacteria in our body.

Continuing, he said: "In the world today, there is a big challenge with a fungus called *Candida auris*. It has spread to about 32 countries and is very resistant to antifungal drugs and very easily transmitted. But, somehow in Africa, due to lack of mycology laboratories, practitioners are not able to diagnose it. It is only in South Africa and Kenya that this fungus has been diagnosed, and I'm sure it is present in some African countries too, but since more than 50 percent of general and commercial systems of identification cannot pick this kind of fungus, then we need reference laboratory. And Nigeria doesn't have a reference laboratory for mycology. We are saying the government should



L-R: (sitting) Prof. Ahmed Hassan Fahal, Dr J. Claire Hoving, Prof. Akanmu Alani Sulaimon, Prof. Arunloke Chakrabarti, Richard Kwizera, Prof Folashade Tolulope Ogunsola, and Alex Jordan.

do sometime urgently about this condition, and also partner with pharmaceutical companies for the availability and accessibility of antifungal drugs."

Also speaking, Dr Rita Oladele, a microbiologist at the Lagos University Teaching Hospital (LUTH), further bemoaned the absence of a reference laboratory for fungal infections, saying it is not a good one for the country and its citizens.

"The most depressing for me in Nigeria is that in the whole country, there is no single reference laboratory; whereas in the laboratory, a lot can be done, such as training, surveillance, monitoring of disease outbreak, and collection of data. But all these are elusive in the absence of a reference laboratory", she stated.

Oladele further noted that this lack could be because there is no sufficient enlightenment for those in authority on the importance of a reference laboratory in the country.

On his own part, Professor of Haematology and Transfusion at the College of Medicine, Lagos University Teaching Hospital (LUTH), Akanmu Alani Sulaimon, expressed concern with the effect of the fungal infections in the setting of HIV immunosuppression, saying it is a big issue, as other members



Dr Mark Okolo lecturing on paediatric invasive fungal infections.

of the population can become infected with fungal diseases.

The haematologist, who treats chronic HIV patients, said fungal infections constitute a major burden for terminal diseases patients like those having cancer, diabetes or HIV, stating that fungal infections are opportunistic diseases to these kinds of patients. He thus called on the government to come to the aid of the practitioners.

Speakers at the conference included: Prof. Jean-Pierre Gangneux; from the Rennes Teaching Hospital and Rennes 1 University, France; Dr J Claire Hoving, Wellcome Trust Intermediate Fellow in Public Health and Tropical Medicine, South Africa; Dr Bright Ocansey, a medical laboratory scientist at New Hope Specialist Hospital Aflao, Ghana; Prof. Folashade Tolulope Ogunsola, deputy vice-chancellor Development Science at the University of

Lagos; Richard Kwizera, a medical mycologist, College of Health Sciences, Makerere University, Uganda.

Other speakers are : Prof. Ahmed Hassan Fahal, University of Khartoum; Dr Mark Okolo, medical microbiologist from the University of Jos; Dr Obianuju Ozoh, a pulmonologist at LUTH; Alex Jordan, from the Mycotic Disease branch of the United states; Dr Iriagbonse Iyabo Osaigbovo, medical microbiologist at the University of Benin; Dr Nicholas Iurhe, radiologist from the College of Medicine, University of Lagos; Dr Olusola Olabisi Ayanlowo, dermatologist at the Department of Medicine, University of Lagos; Dr Olufunmilola Makanjuola, medical microbiologist and parasitologist, University of Ibadan; and Dr Sani Aliyu, medical officer at State House Clinic, Imperial College, London.

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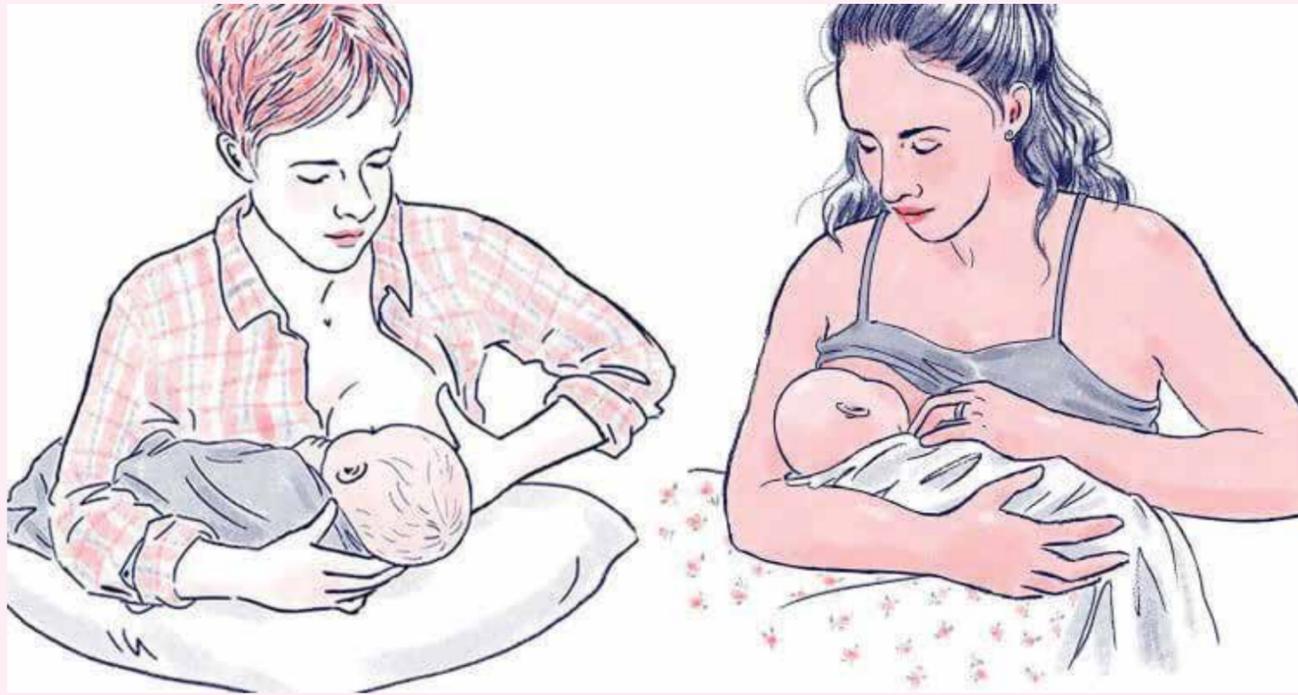


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The best breastfeeding positions

By Susan Knowlton



Breastfeeding offers a steady stream of much-needed nutrition for infants and can significantly boost the immune system. Not only that, this intimate activity nurtures a healthy bond between the mother and the infant. Breastfeeding is not only healthier than baby formula; it also saves time and is cheaper. There are many breastfeeding positions available and because each case is unique, a mother may need different breastfeeding position; for example some babies may require more coaxing while others accept breastfeeding much more easily.

These are four common breastfeeding positions:

Cradle position

When using this position, you should put the baby comfortably on your lap and position the baby's mouth within reach of the nipple. Comfort for both the mother and the infant should be the first priority. If the baby's mouth is not level with nipple then a small pillow is needed. If you feed the baby with the right breast, you should use the left hand to massage the right breast gently to stimulate the flow of the milk. Place the thumb above the areola and four or three other fingers underneath the breast. Massage gently to improve the milk secretion. A smooth, continuous flow of milk can keep your baby interested. After a few minutes of breastfeeding, some babies tend to open their mouth wide and move away from the nipple. If this happens, you shouldn't forcefully reposition your baby, as babies can be put off by sudden movements.

Cross cradle hold position

This is similar to cradle position, but cross cradle hold position is best used for premature or very small babies. For example, if you breastfeed the baby on the right side, use the opposite arm (the left arm) to support your baby. You can use the unused hand to support the baby or massage the breast.

Rugby position

Your baby may prefer to feed only from one side and if this happens you should use the rugby position which is also called the football position. For example, your baby may prefer to feed only on your right side and rarely feed on the left side. Place a small pillow under your right arm, place your baby comfortably on it, and see whether the mouth is level with the nipple adding more pillows if necessary. The rugby position is quite similar to the cradle hold position; the difference is that the baby is flipped and you use the opposite hand to support your baby's head and body instead of using it for massaging your breast. Use the unused hand to support your baby's buttock and legs. With the rugby position, babies will feel that they're feeding on different breasts.

Lying down position

Here is a comfortable breastfeeding position for both the mother and the baby and best used if you want to put your baby to sleep. Lie down on your side and make sure the baby's mouth is level with the nipple.

Use some pillows if necessary and you can also use your arm as support for fine adjustment if the pillows provide inadequate support. You should stay awake during the process and never fall asleep because some cases of SIDS have occurred when the mother was asleep while breastfeeding using the lying down position.

Before you start the breastfeeding session, make sure the nipple is moist and wet to prevent irritation.

Best breastfeeding position for twins

If you have twins, often both of them demand to be nursed at the same time; consequently, you need to use the tandem breastfeeding position. You can choose to use cradle or football position to comfortably breastfeed both babies simultaneously. It is also possible to combine cradle position for one baby and football position for another. When breastfeeding, you can choose either sitting or semi-reclining position.

Tandem position can also

be used for children of different ages, to prevent jealousy between your children. When older children are allowed to breastfeed together with the smaller sibling, they can progressively develop a bond with both the mother and the sibling. Tandem breastfeeding also saves time and gives the mother more time for rest. Because you nurse two babies, you need to have a nutritious diet to allow your children to get enough nutrients and to boost their immune



system. Healthy foods for breastfeeding mothers are dairy products, whole grain, lean meats, vegetables and fruits. Make sure you choose foods that contain plenty of calcium, zinc, iron, protein and folic acid. Obviously, you need to stay away from risky foods, alcohol and drugs to avoid giving your children dangerous substances.

Best breastfeeding position for colicky babies

If you have a colicky baby, finding the best breastfeeding position is important. A comfortable position is essential for mothers because the difficult, long breastfeeding session can cause sore nipples and pain around the neck, back, shoulder, wrist and elbow. Try all the positions mentioned above to find an ergonomically correct breastfeeding position. Unlike normal babies, you shouldn't put a colicky or reflux baby flat using breastfeeding pillow. This position can make it more difficult for the baby to swallow, thus increasing gas production and causing reflux symptoms.

Colicky babies can be disturbed by frequent handling, as they already have some pain and discomfort. Often, it's easy to get overwhelmed, and nursing colicky babies can make you miserable. Unfortunately you can't give formula to colicky babies, because it can cause gastrointestinal issues and make the situation get worse. If you fail to get a comfortable position, you may need to use a special tool such as "nursing positioner". This is a foam pillow that has wedge shape.

Using breastfeeding pillows

When looking for a comfortable breastfeeding position, often breastfeeding pillows are necessary. It can be a hard work to breastfeed your baby without an adequate support and you should make sure that the baby is comfortable. When used properly, they can help mothers achieve comfort as they nurse their babies. A baby's position can be adjusted using a latch-on and mothers will be less likely to have sore nipples and discomfort. It takes proper positioning, patience and time to get your baby to latch on properly, but once you get into the habit, it will be easy to do.

A breastfeeding pillow may not be appropriate for very small or premature babies. Ask health your care provider or a lactation consultant to help you use the pillow safely and comfortably. Eventually the baby will be big enough and the breastfeeding pillow is unnecessary. When that happens you can use the pillow to prop the baby up for breastfeeding in a sitting position. However, this could cause a suffocation hazard (a likely cause of SIDS), so you shouldn't fall asleep while doing this.

Source: www.healthguidance.org

Lung cancer disease – Symptoms and treatment options

By Mack LeMouse

Lung cancer develops when the normal division of cells in the lungs goes wrong, and leads to an uncontrollable division of cells which cumulate into a tumour. These tumours can be either benign, meaning that they can be removed and remain in the lungs; or malignant, meaning that they can invade other areas of the body using the blood stream for example, and as a result are much harder to remove.

Lung cancer is often seen as a hard cancer to treat as it typically develops and spreads through the body quicker than other cancers. Therefore, spotting and treating early symptoms is hugely important.

Roughly a quarter of those with lung cancer often do not have any symptoms and are unaware that they have the disease. However, common early symptoms experienced with lung cancer include coughing, wheezing, coughing blood, a pain in the chest, a hoarseness in the voice, difficulty swallowing, pneumonia, and shoulder pains.

With the body's immune system busy fighting the cancer it is also common to experience colds more often than usual. Symptoms often resemble those of a cold, meaning that sufferers are unlikely to report their symptoms. However it is important to be aware if symptoms are continuing more than they usually would, especially if you are at a higher risk of developing lung cancer, as treating lung cancer in the early stages can make you 50 per cent more likely to beat the disease.

As the cancer enters later stages and spreads through the body, symptoms can include blurred vision, migraines, seizures, weight loss, depression, fatigue, strokes, swelling in the face or neck, and pain under the right rib. These symptoms follow the cancer as it spreads into other areas of the body. At this point in the disease, it becomes harder to treat the cancer; thus reporting any early symptom is important.

Once going to your doctor with symptoms, lung cancer can be diagnosed in a variety of ways. These include X-rays, CT scans, MRI scans, a visual examination of the lungs through threadlike cameras, blood tests, and at times surgical removal of the tumour to determine whether it is cancerous or not. Your doctor will discuss these options with you and advise you over their preferred course of action. The treatment offered to you will often take into account how developed the cancer is. Treatment will also be either be designed to remove the cancer (curative) or not remove the cancer but decrease the pain the cancer causes (palliative).

A common treatment for lung cancer is to surgically remove the tumour. This is commonly used in the early stages of cancer before it spreads,

although it may not offer a cure as the cancer may have already started to spread to other areas of the body. Surgery also depends on where the tumour is, in relation to delicate areas of the lungs which may make it harder to operate. Surgery can range from removing a small portion of the lung to removing the entire lung, depending on the extent of the cancer. Surgery comes with the risk of post-operation complications such as infections.

Chemotherapy is another common method used to treat lung cancer. This involves taking drugs to kill the cells in the tumour, or stopping them from dividing again. Chemotherapy is often the preferred treatment of lung cancer as it helps to combat

cancerous cells elsewhere in the body instead of focusing purely on the lungs. Chemotherapy does of course come with side-effects, due to the drugs also killing off other harmless cells dividing in the body. Side-effects can include hair-loss, vomiting, diarrhoea, weight loss, fatigue, and mouth sores.

Radiation is a treatment which kills the dividing cancer cells by using X-rays or other forms of radiation. Radiation often shrinks the size of the tumour which, while not eradicating it completely, often helps other forms of treatment, such as surgery. Similar to chemotherapy, radiation comes with side effects, such as reduced

energy, fatigue, vomiting, irritated skin in the area of the tumour, and also a lowering in white blood cells which makes the patient more vulnerable to infection.

Other treatments available to fight lung cancer can include specific drugs used to attack the tumour, and other experimental procedures your doctor may be able to offer you. The treatment on offer for you will be the treatment doctors believe would be the most effective for you, but it should be possible to discuss your treatment and come up with a plan you are most comfortable with.

Source: www.healthguidance.org



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Natural remedies for infant colds

By Holly Brewer

The definition of “desperate” is the parent of an infant with a cold. Every parent will tell you that from the time you hear that first snuffle you know you are doomed to weeks of screaming, aspirating, temperature checking, nose wiping, and absolutely no sleeping. Cold medications are not suitable for infants and have even been found to have fatal side-effects. Because of this, parents are given a sympathetic look and told to just do the best they can. Doctors then make a beeline for the door as they inform parents that infant colds are known to last from two to three weeks.

As a parent, nothing is worse than having your runny-nosed, tear-stained, chubby-cheeked little one looking at you to make things better and not being able to do anything. While there is no magic spell or drug that can make your baby instantly better, there are a few natural remedies that are definitely worth a try.

Humidifiers and vaporisers

Living in an especially dry climate can aggravate stuffy noses and make congestion much worse. Heaters and furnaces in homes also contribute by making the air incredibly dry. You can counteract this and help baby breathe easier by investing in a good humidifier or vaporiser.



While you do not have to buy the most expensive unit you can find, it is definitely a good idea to buy a quality one, since the fact that babies get up to eight colds a year will have you using it quite frequently.

During winter months and for severe colds, a warm mist humidifier is often recommended. These not only add much needed moisture to the air that baby breathes, but the warmth has a soothing effect that often helps babies to sleep better. Some models even have vapour pads that can be inserted and release a calming

and decongesting aroma into the air. Keep in mind that adding liquids such as Vicks to a baby's humidifier is not recommended. Also be sure to keep the humidifier well out of baby's reach since warm mist humidifiers pose a burn risk.

Cool mist humidifiers and vaporisers are essentially the same thing. They add moisture to the air, but the water is vaporised rather than heated and then emitted. These pose little burn risk, are considered to release fewer bacteria, and are easier to keep clean. Cool mist humidifiers and vaporisers are a great option for summer months when the last thing you want in the room is more heat. They also work well when paired with a waterless vaporiser that releases a decongesting menthol aroma.

Always follow manufacturers' directions when using a humidifier and vaporiser, keep them out of the reach of children, and clean them on a regular basis. When used correctly, these can do wonders for stuffy little noses.

Saline and aspiration

While it's about the worst job in the world and your baby may hate you for it, aspirating their noses is one of the best things you can do. Since you can't offer baby a decongestant, saline and sucking are the next best options.

If your baby's nose is really dry, use saline drops or a spray to soften everything up. Your baby will start to fuss and cry (because who really likes anything sprayed up their nose?), then his nose will start to run. Once that happens, have the aspirator at the ready so that you can suck the mucous out and clear his nasal passages. This is especially important for avoiding any worsening symptoms. If mucous is not cleared out, it will often begin draining down the throat which can then cause a sore throat and cough.

Keeping your baby slightly propped up, especially when sleeping will also help with congestion. Use crib safe wedges or an inclined baby sleeper to keep your baby from lying completely flat.

Fluids

We've all heard our own mothers say that we need rest and plenty of fluids when we are

sick. The same still stands true for your little one. While you definitely do not want to fill your baby up on water or juice, the added fluids are definitely a good idea.

While you should always contact your paediatrician before giving your baby juice, the general consensus is that an ounce of juice mixed with an ounce or two of water is perfectly fine for babies over four months. Juice also has antioxidants and vitamin C that will help baby's tiny immune system to fight the cold and start feeling better. If you are not comfortable offering juice, or if your doctor has advised against it, keep trying to give your baby an ounce or two of water between feedings.

Essential oils

This is another thing that you would want to speak with your paediatrician about, but many people believe in the healing abilities of essential oils. Keep in mind that essential oils are not recommended for babies under three months. These oils are collected from natural sources and are extremely potent, so be sure to do your research before using them, since some are not safe at all for babies.

Only 100 per cent pure essential oils should be used, and diffusing them is usually best for infants. If you choose to use them directly on the skin, they should be diluted in a carrier oil, such as coconut oil. This means that you would add a drop of two of the oil to at least a teaspoon of the carrier oil. Baby's skin is so sensitive that direct contact may have adverse effects.

Here are some of the most common oils for babies and their uses:

Peppermint: Peppermint oil is incredible at decreasing a fever. A drop on the bottom of baby's feet will bring down a fever within minutes. Why the bottom of the feet? That area allows the oils to get into the bloodstream faster than any other area.

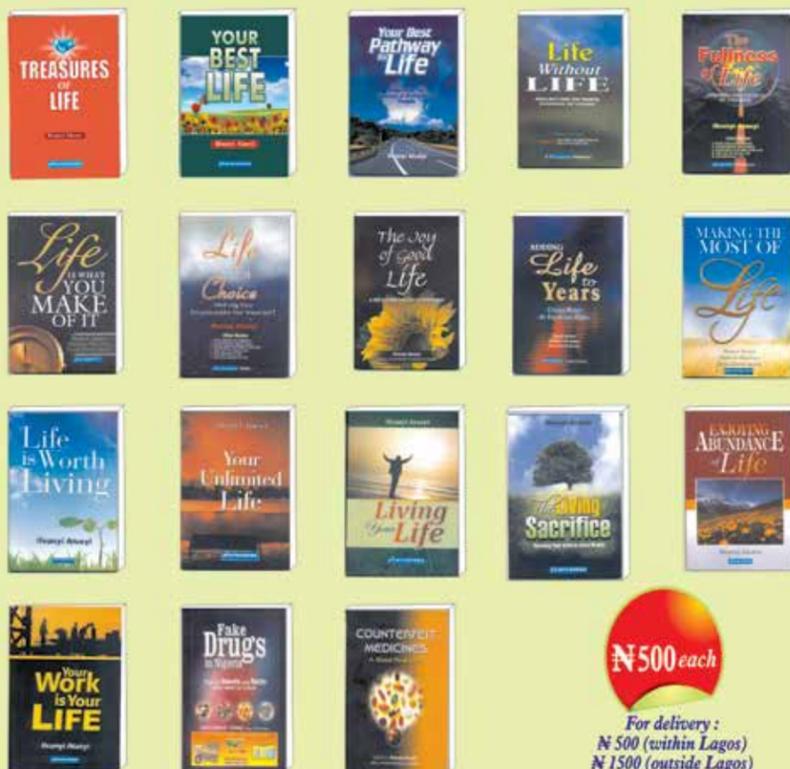
Lavender: Lavender oil is calming and is known as nature's sedative. Diluting a few drops in distilled water and spraying on your baby's bed will help him sleep better. You can also put the oil on the bottom of your baby's feet.

Melaleuca: Also known as “tea tree,” this oil, mixed with a carrier oil and rubbed on your baby's chest and back will help with colds by working as a decongestant. Diffusing this into the air along with your humidifier or vaporizer (it is not recommended to put oils directly into the units because they can cause damage) also has significant effects and may even work better than Vicks or other menthol products.

Source: www.healthguidance.org

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PSN, ACPN, AHAPN applaud Shalina Young Talents Award

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of what you have achieved today. I must commend the lecturers for moulding these young brains in preparation for their future career. Kudos must also go to Shalina Healthcare for putting up this innovative programme," he said.

Speaking with *Pharmanews*, Dr Kingsley Amibor, national chairman, Association of Hospital and Administrative Pharmacists of Nigeria (AHAPN) applauded the initiative organised by Shalina Healthcare and urged other pharmaceutical companies in Nigeria to borrow a leaf from the company.

"It is a talent hunt. The idea is to challenge our students to become sound and to realise that there is reward for the hard work they put into their studies. The event is also quite versatile in terms of knowledge base.

"It is not only restricted to one arm of pharmacy practice. It encompasses all aspects of pharmaceutical care and outside the scope of Pharmacy. I think it is a worthwhile programme. From what I have seen today, the students were challenged and I have no doubt that they will be encouraged to take their studies more seriously from now," he noted.

According to him, the contest also serves as a career guide for the students adding that many now know more about the various aspects of Pharmacy that they can venture into after graduation.

Pharm. Samuel Adekola, ACPN national chairman, also congratulated Shalina Healthcare for coming up with such laudable initiative.

"I have witnessed something like this in the past too. I was in my final year then. A company held a similar event but it wasn't as detailed and robust as the one we have here today.

"Competition like this will always stimulate interest. Through this initiative, these young pharmacists will have a level of motivation and confidence that will impart a sense of excellence in them. Invariably, this will contribute significantly to the quality of graduating pharmacy students," he said.

The grand finale of the competition took place at Ibis Hotel, Ikeja, Lagos on 8 April, 2018 after three keenly contested regional rounds at University of Ibadan (UI), Obafemi Awolowo University (OAU) and University of Lagos (UNILAG).

The contest saw young Salako edging out two other contestants from Faculty of Pharmacy, University of Ibadan (UI) - Temiwunmi Akinmuleya, and Adeboye Bamgboye, who came second and third respectively.

It was more of a horse race seeing nine Pharmacy students aiming to outsmart and outwit one another in a bid to win the coveted prize money at stake.

Indeed, SYTA proved to be a hard nut as the academic gladiators metaphorically went for one another's jugular to



L-R: Pharm. Samuel Adekola, National Chairman, Association of Community Practice of Nigeria (ACPN); Dr Gbola Olayiwola, senior lecturer, Department of Clinical Pharmacy, OAU; Folashade Salako, winner, Shalina Young Talents Award (SYTA); Somnath Malakar, Managing Director, Shalina Healthcare Nigeria Ltd; Dr Rahul Mandlik, head, Medical Marketing, Shalina Healthcare, Dubai and Pharm. Folorunsho Alaran, Marketing Manager (West Africa), Shalina Healthcare.

garner maximum points through their arguments. Debates, case studies, open presentations, clinical and pharmacological quiz, mode of dressing and comportment formed parts of the criteria that decided the eventual winner.

At the end, the judges - Pharm. Samuel Adekola, national chairman, Association of Community Practice of Nigeria (ACPN); Prof. Oluwatoyin Odeku, Dean, Faculty of Pharmacy, University of Ibadan (UI); Dr Gbola Olayiwola, senior lecturer, Department of Clinical Pharmacy, OAU; Dr Kingsley Amibor, National Chairman, Association of Hospital and Administrative Pharmacists of Nigeria (AHAPN); Prof. Bolajoko Aina, Dean, Faculty of Pharmacy, University of Lagos (UNILAG) and Dr Rahul Mandlik, head, medical marketing, Shalina Healthcare, Dubai - expressed satisfaction and commended all contestants before announcing the three winners.

In a related development, Somnath Malakar, Managing Director, Shalina Healthcare, has explained that the company is working assiduously on a number of universities to engage for next year's edition of the programme.

He disclosed that at the regional level, Shalina connected directly with close to 365 contestants, out of which nine finalists emerged for the grand finale.

"It will be a sustained project and we will keep investing in people who matter the most. This is one of the ways our company is reaching out to the community.

"I agree that most companies start and back out of projects but that will depend on their perspectives too. We have seen a lot of benefits in this and it would make more sense to keep

this project in place for the future," he said.

Other contestants at the premier SYTA edition were Joedicta Ekeh, University of Lagos (UNILAG); Samson Akinola, University of Ibadan (UI); Olusanya Akanmu, OAU; Azeez Akande, UNILAG; Ibrahim Hassan, OAU; Fatoye Oluwatimilehin, UNILAG and Zainab Bamidele, UNILAG.

Dignitaries at the event included Dr Arinola Joda, senior

lecturer, Faculty of Pharmacy, UNILAG; Dr Chukwuemeka Azubuike, Sub Dean, Faculty of Pharmacy, UNILAG; Dr Modupe Ologunagba, representing Pharm. Victoria Ukwu, national chairman, Association of Lady Pharmacists (ALPs); Pharm. Babayemi Oyekunle, secretary, Lagos PSN; Prince. Ismail Adebayo, former ACPN national chairman; and Pharm. Folorunsho Alaran, Marketing Manager (West Africa), Shalina Healthcare.



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NIMR partners international scientists to achieve UNAIDS 90-90-90 target

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said, although recent reports indicate that HIV prevalence has drastically dropped in the country, the rate of testing is still very low among young persons.

He stated further that the UNAIDS 90-90-90 target aims to get 90 per cent of people living with HIV diagnosed by 2020, 90 percent of diagnosed people on antiretroviral treatment by 2020, and 90 percent of people in treatment having fully suppressed viral load by 2020.

"If actually we want to achieve the UNAIDS 90-90-90 target for reducing HIV, this means that 90 percent of people having HIV must show up in clinics, and the entry point for that is testing and counselling, which young people having not been complying with because of stigmatisation.

"What we are doing today is to bring up a competition among selected young persons between the ages of 14-24, to tell us the best strategies to adopt in getting their peers come for HIV self-testing, which can be done within the confines of their homes", he explained.

Speaking further on the study being conducted by the scientists, Dr Iwelunmor revealed that their goal is to work with Nigerian youths to expand HIV oral self-testing in the country.

"The data basically says one in five youths has never got tested for HIV, and our goal is to say that everyone should know their status, and one-way they can easily do this is through HIV self-testing," Iwelunmor said.

She added that the unique feature of the research is that the researchers do not want to tell youths to go for a test, but for them to come up with ideas they think are innovative, low-cost, and appealing to their fellow youths, to make them go self-testing.

She explained that the team opened entry for the competition in January 2019, calling for youths to submit their ideas on expanding HIV testing.

She added that at the end of the submission period, a total of 127 candidates were assessed before 13 were selected for the competition.

"After this competition, they will move to the next level of the programme, which is entrepreneurship, where we will work with them for almost a month, and thereafter, they will essentially become youths entrepreneurs for HIV self-testing in Nigeria", she stated.

Dr Tucker, who is an infectious diseases physician, said the team was building a movement with the competition, because ultimately, it would not matter who won or lost.

"But we want all the young people to walk away with the notion that their ideas matter, and small groups will be



L-R: Dr Oladipupo Fisher, head, Project, Lagos State AIDS Control Agency; Dr Juliet Iwelunmor, from the University of North Carolina at Chapel Hill; and the moderator of the programme, at Digital Training Centre, Oshodi, Lagos.



One of the groups for the competition, being addressed by a youth ambassador at the programme.

chosen to get apprenticeship and build capacity for their ideas to be implemented.

"Other groups might volunteer or otherwise help connect at the NIMR's HIV clinic, which runs every second Saturday of every month. So this is another way of getting young people engage, not just during the Designathon, but after the Designathon", He quipped.

Speaking in an exclusive interview, Dr Funke Oki, deputy

director, National Agency for the Control of AIDS (NACA) Community Prevention and Care Services, stated that although the news on the reduced prevalence of HIV is a good one, the affected people could be still be estimated at 2 million.

"About 1.1 million of these affected people are already on drugs, but we are still looking for the remaining nine hundred persons.

"Young people are co-opted into this self-testing expansion programme because they can think for themselves, and they know what will work among their peers. So it is always better to involve young lives. This is the major thing. You have to be tested, because when you are tested, you know your status and treatment can commence immediately," she said.

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PSN, ACPN, AHAPN applaud Shalina Young Talents Award

- As Salako, OAU pharmacy student, emerges winner of inaugural edition

By Adebayo Folorunsho-Francis

Encomiums have continued to trail the successful hosting of the maiden edition of Shalina Young Talents Award (SYTA) in which Folashade Salako, a final year student of the Faculty of Pharmacy, Obafemi Awolowo University (OAU) was declared winner.

Reacting to what has arguably turned out to be the biggest hunt for the best young pharmacy brain in Nigeria, Mazi Sam Oluwabunwa, president of the Pharmaceutical Society of Nigeria (PSN) commended all the nine final-year students for a good representation.

In his address, delivered by Pharm. Okame Okah-Arae, the PSN boss declared that it is the dream of every parent to see their children excel in everything they do, especially in education.

"I know if your parents were to be here, they would be proud

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L-R: Sir Clifford Nzimako, immediate past managing director/chief executive officer (MD/CEO), Oculus PharmaCare Limited; Lady Chinwe Nzimako, his wife and Pharm. (Sir) Valentine Ezeiru, MD/CEO, Oculus PharmaCare, during a retirement party organised by Oculus for Sir Nzimako, at Sheraton Hotel, Ikeja, Lagos, recently.

NIMR partners international scientists to achieve UNAIDS 90-90-90 target

By Temitope Obayendo

Poised to achieve the Joint United Nations Programme on HIV/AIDS (UNAIDS) 90-90-90 target by 2020, a team of local and international scientists have embarked on a research to determine the best approaches for curbing the spread of HIV among Nigerian youths.

Titled, "Innovative tools to expand HIV self-testing", the research seeks to identify barriers to youths getting tested for HIV.

As part of the research efforts, the scientists engaged a group of youths in a competition to develop innovative means of getting their peers interested in HIV self-testing, with the aim of expanding the scope of self-testing in the country.

Tagged "4 Youth by Youth: Designathon 2019", the digital competition was developed by the scientists, made up

of principal investigators including Dr Oliver Ezechi, from the Nigerian Institute of Medical Research (NIMR); Dr Juliet Iwelunmor, from the University of North Carolina at Chapel Hill; and Dr Joseph Tucker, from Saint Louis University, when they observed that there was a gap in youths showing up for HIV testing at clinics

The three-day contest, which held from Friday, 29 March 2019 to Sunday, 1 April 2019, at the Digital Training Centre, FIRO Road, Oshodi, Lagos, got selected youths involved in the creation of innovative products, services, and technologies for the expansion of HIV self-testing in Nigeria.

Speaking on the objectives of the programme, Dr Ezechi

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