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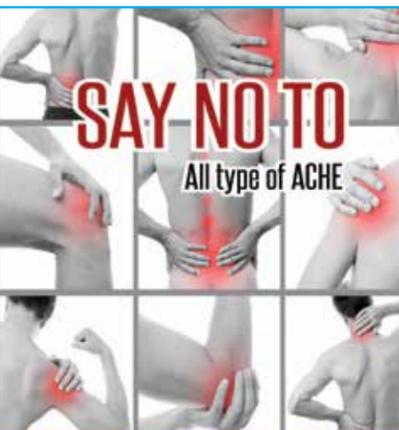
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L-R : Dr Joe Odumodu, former director general, Standard Organisation of Nigeria (SON); Pharm. Ignatius Anukwu, national chairman, Association of Industrial Pharmacists of Nigeria (NAIP); Pharm. (Mazi) Sam Ohuabunwa, president, Pharmaceutical Society of Nigeria (PSN) and Dr Joe Akabuike, commissioner for health, Anambra State, during the opening ceremony of the 22nd Annual National Conference of the NAIP, held at the Banquet Hall of Golden Tulip Hotel, Agulu, Anambra State, recently.

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## How I got money to start Pharmanews 40 years ago – Atueyi

By Yusuff Moshood

The publication of **Pharmanews** which started 40 years ago can be traced to a seed money received for advertisement from Merck in 1979, Pharm. (Sir) Ifeanyi Atueyi, founder and managing director, Pharmanews Limited has said.

Speaking with **Pharmanews** in an exclusive interview on how the journal started, Sir Atueyi recalled that the seed money he received from Merck, a company he had no prior contact or relationship with, helped in surmounting the big challenge of

publishing the first edition of **Pharmanews** in May 1979.

He disclosed that even though he got support from colleagues in the pharmaceutical industry, none was ready to make financial commitment until the

*continued on page 21*

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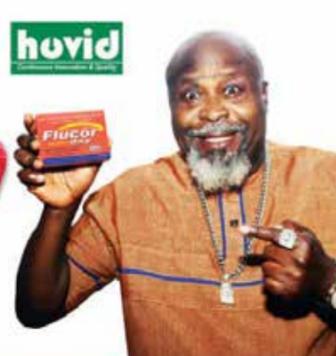
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**D**r Chinedum Chijioke is the managing director of Sproxil, a mobile technology solutions company. The firm helps brand-owners to engage with trade partners, influencers and consumers to earn brand loyalty, while protecting the brand from fraud and counterfeiting.

Chijioke holds a first degree in microbiology from University of Port Harcourt, Rivers State, and an International MBA from IE Business School, Madrid, Spain. He is also an alumnus of the New York Institute of Finance and a member of the Institute of Directors, Nigeria.

Chijioke manages Sproxil's operations in Africa (comprising Nigeria, Ghana, Mali, Kenya and Tanzania) and has built the company to become a clear leader in brand protection, while delivering value to all stakeholders.

Before joining Sproxil, he had served as the chief executive officer (CEO) of CFS West Africa Limited, a customer service advisory firm in Victoria Island, Lagos.

Chijioke has valuable experience in strategy development and restructuring for financial services companies and conglomerates. He also has great experience in e-payment, tax advisory, business incubation and consulting.

Prior to his appointment at CFS, he was deputy head, business advisory at Nextzon Business Services Limited, a management consulting firm based in Lagos and focusing on strategy development, business restructuring and incubation.

It is worthy of note that Chijioke started his career at Arthur Anderson, now KPMG Nigeria, where he worked on tax advisory and compliance projects for different companies.

He is a chartered global management accountant (CGMA) and an associate chartered accountant (ACMA).



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"Accept yourself, love yourself, and keep moving forward. If you want to fly, you have to give up what weighs you down." — **Roy T. Bennett**

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"Stop thinking of the past, and stop worrying about the future. Just win the day. Achieve the goals you set for every single day, and you'll rebuild your life in a few short years." — **Kevin J. Donaldson**

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

The number one question on the lips of pharmacists across the country right now is, where is the Pharmacy Council Bill and why has it not been signed into law by President Muhammadu Buhari? Indeed, if recent reports suggesting that the bill is missing have any kernel of truth in them, it would portend very grave implications for the health sector and the nation as a whole.

While there has been no official pronouncement as to the veracity or falsity of these reports, it is necessary to stress that the protracted delay in getting presidential assent for this very important bill is, in itself, not only a justifiable source of frustration for professionals and stakeholders in the pharmaceutical and health sector, but also an understandable cause of concern.

The reasons for these negative feelings should be glaring enough, considering the critically essential objectives that the bill seeks to achieve. Most stakeholders had harboured great expectations that the bill, passed by the National Assembly towards the end of 2017, would be expeditiously attended to and signed into law by the president to accelerate the process of

## Where is the Pharmacy Council Bill?

transforming the health sector and further safeguarding the well-being of the citizens.

The new bill, when signed into law, is expected to strengthen the Pharmacists Council of Nigeria (PCN) and empower the Council to better deliver on its regulatory mandate. The bill also has adequate regulatory framework for pharmacists and other cadres in the pharmaceutical workforce in the country. Added to this is that the bill appropriately addresses the concept of satellite pharmacy, which seeks to enhance the provision of pharmaceutical care services to all Nigerians across the country, especially those in the rural areas.

Most importantly, the new

bill seeks to ensure that there are adequate penalties for various drug offences, as the existing measures have persistently failed to serve as deterrents to people who violate the provisions of pharmacy laws.

It should therefore be a source of bewilderment that this bill, which presents unprecedented prospects to help the nation tackle not just the challenges in the pharmaceutical sector but also other social, health and economic problems like drug abuse and proliferation of fake drugs, is being delayed and turned to a seedbed of rumours.

While we acknowledge that it is the prerogative of the president to properly vet and, if necessary, ask for amendments

of bills sent to him for assent, it must be emphasised that health-related issues are such that cannot be left unaddressed for too long, as the repercussions can be very costly and sometimes irreversible. Indeed, the root of the myriad of problems bedeviling the nation can be traced to foot dragging on important issues that require prompt action.

We again affirm our belief and hope that the reports of the bill missing are mere offshoots of the widespread frustrations over the delay in signing it. We do not wish to accept the possibility that such an important document could explicable vanish from the custody of the government. That possibility would not only jeopardise the hope of putting an end to the hazards that Nigerians face daily from the activities of drug charlatans but would further engender rift in the health sector. Worst of all, it would deal a severe blow to the image of the present government.

We therefore call on President Buhari, once again, to put an end to the simmering tension and agitations over the Pharmacy Bill, by promptly looking into it and taking necessary actions. Mr President, please, make this happen quick.

**It should therefore be a source of bewilderment that this bill, which presents unprecedented prospects to help the nation tackle not just the challenges in the pharmaceutical sector but also other social, health and economic problems like drug abuse and proliferation of fake drugs, is being delayed and turned to a seedbed of rumours.**

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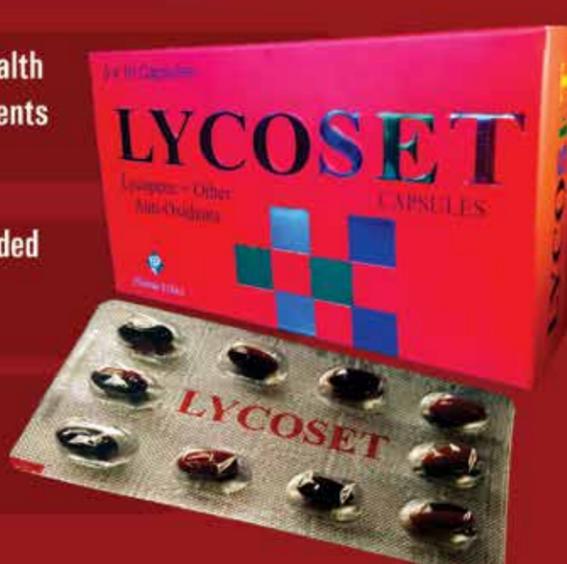
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## Purpose of your life

By Sir Ifeanyi Atueyi

Anyone who has closely observed things created by God is bound to readily agree that there must be a reason or purpose for anything created. For example, the air, the plants, the water, the animals, the minerals, the chemicals in the soil and so on all serve various purposes.

Consider the way manufacturers work. No manufacturer embarks on producing anything without first having in mind what it will be used for. The purpose for that product is the first and most important question the manufacturer must settle before production. Other questions, such as how, where, and when it will be used, are secondary and sometimes subjective.

If a manufacturer has no purpose for a product, it is doubtful if he would invest time and other resources to produce it. This analogy makes it clear that God has a purpose for creating us.

Humans are the highest and most sophisticated creation of God. We are created in the image of God and have spirit,

soul and body. The spirit and soul are immortal but the body is perishable. This makes man a wonderful and special creation. In Psalm 139: 13-14 (NKJV), David said, **“For You formed my inward parts; You covered me in my mother’s womb. I will praise You, for I am fearfully and wonderfully made; Marvelous are Your works. And that my soul knows very well.”**

It has been estimated that an average human takes 72,000 breaths and 360,000 litres of air in 24 hours. The nerves in a human body, if stretched, can cover a distance of 45 miles. The average human skull has 28 bones, while the scalp has 600,000 hairs. The number of hairs on the body is about 2,500,000 and speech is controlled by 72 muscles. The human body is, indeed, fearfully and wonderfully made. It is more complicated than any man-made device.

The human body is designed by God and each individual is endowed with various potentials. Contrary to Darwin’s theory of evolution, man did not evolve over a period of billions of years. Man is not an accident; he was designed for a purpose.

God has personal and intimate knowledge of everyone. Jeremiah 1:5 says, **“Before I formed thee in the belly I knew thee...”** He is personally involved in our lives from conception to death. He

knows even the seemingly minor and irrelevant aspects of our lives. Nothing is too big or too small for Him to care for. Matthew 10:30 says, **“But the very hairs of your head are all numbered.”**

God knows our thoughts. Therefore, nothing can be hidden from Him. Ephesians 2:10 says, **“For we are his workmanship, created in Christ Jesus unto good works, which God hath before ordained that we should walk in them.”**

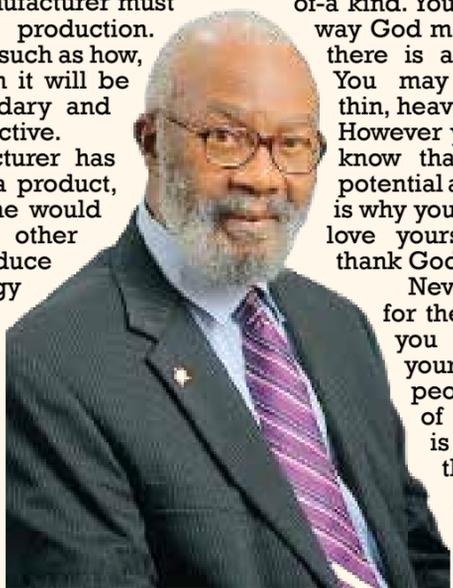
You are special, unique, one-of-a-kind. You must accept the way God made you because there is a purpose for it. You may be short, tall, thin, heavy, black or white. However you find yourself, know that it is for your potential and purpose. That is why you must accept and love yourself and always thank God for your life.

Never be unhappy for the way God made you or compare yourself with other people. The purpose of your creation is different from that of any other person. Don’t question God on why you were born by your parents or in your town or at that particular time of the year. There is a purpose for that.

The most important question to ask God is the purpose of your creation. Until you have the answer, you may not do what you are expected to do or become the person you are expected to be. This basically means that you cannot fulfill God’s purpose for your life. When that purpose is not discovered, you can misuse or misapply your potentials.

Misuse is common among people. When a medicine is prescribed for pains and you take it for relieving cough, you have misused this medicine because it was not prepared for that purpose. I was somewhere in a village for a traditional ceremony. When kola nuts and garden eggs were served, I noticed that the container was a plastic toilet seat cover. The family found it useful as a tray. But since the manufacturer did not design the toilet seat cover to be used as a tray, it was a misuse or misapplication. Likewise, everyone is designed for a purpose but can deviate from that purpose.

Purpose can be misdirected or completely lost through distractions, unhealthy relationships, limiting beliefs, societal pressure, and so on. Satan takes interest in causing people to miss their life purpose. He enjoys seeing God’s people miss their destiny. May you not miss yours!



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MARCH	Skin Infections
APRIL	Malaria
MAY	Asthma
JUNE	Hypertension
JULY	Heartburn & GERD
AUGUST	Pain/Rheumatism/Arthritis
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OCTOBER	GIT /ULCER
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Celebrating 40 Years of Uninterrupted Monthly Publication (1979-2019)

## A sense of destiny

It has to rank as one of the saddest shows I've ever seen. Two men had developed an unusual friendship. One had climbed the corporate ladder to become an extraordinarily wealthy and powerful executive. The other had never accomplished much of anything, despite a sharp intellect and strong sense of self. He wound up a vagrant. Yet the two could talk about sensitive issues and confront each other with hard truths like no one else. They maintained their odd bond even while screaming their lungs out at each other.

One day, doctors told the executive he didn't have long to live; his diseased heart could fail at any time. The man urgently needed a heart transplant, but wasn't eligible for one. When the vagrant learnt the terrible news, he quickly offered to donate his own heart to his friend - effectively sentencing himself to death. A horrified state refused to allow the procedure, so the vagrant filed a lawsuit to force officials to allow the operation. His own lawyer tried to convince him to drop the case, but he would not be dissuaded.

"I don't want to get to the end of my life and not have accomplished anything," he angrily explained. "I've done nothing of value! Now I have the opportunity to really accomplish something with my life. So what if I live forty more years and still do nothing? But if I give my heart to this man, I will not have lived in vain."

By the end of the show the vagrant had lost his case, leaving the audience with a feeling of deep sadness, both for the dying man and for the living man who wanted to die.

Do you identify even a little with the man who wanted to give up his heart? Do you feel as if your life is unfolding in vain? If so, take heart. You can take steps to correct the problem.

### Do I count?

All of us need to feel that our lives count for something, that we exist for some purpose, that our lives have meaning. We all want to enjoy a sense of destiny. And we need to feel significant. That is why so many of us ask ourselves the crucial questions:

Who am I?  
Why am I here?  
Where am I going?  
Why have I enjoyed privileges denied to others?  
Who put me on earth and what does he want from me?  
What's the purpose for my life?

I firmly believe there does exist a purpose for your life. There is a divine plan. And you can find the answers to your most significant questions when you meet Jesus Christ.

"But don't all religions give those answers?" some ask.

No, not at all. And anybody who makes such a claim just hasn't been paying attention. I have often been in India among Hindus, in China among Buddhists, in Japan among Shintoists. None of them pretends

to tell you who you are, where you came from, or your purpose in life. No world religion, other than Christianity, tries to tell you what happens when you die or claims to give you the assurance of eternal life.

When well-meaning individuals tell me, "All religions lead to God," I usually point out that some faiths, like Buddhism, don't even believe in one God. When people say, "All roads lead to God," they are being sincere and kind and nice - but they haven't been talking to actual Buddhists or Shintoists or Hindus.

Jesus Christ alone claims to tell you who you really are, why you're here, and where you're going. Each of us wants more than just a nice life, a good family, sound finances, secure retirement, and robust health. Deep inside we all seek spiritual

purpose. Because God has "set eternity in the hearts of men" (Ecclesiastes 3:11), we will all wrestle with dissatisfaction and an unsettled spirit until we find and act on our God-given purpose.

### Activity or significance?

Despite all the current hype about spiritual issues, however, our age doesn't seem particularly good at divining purpose or meaning. It seems much better at activity - and the more furious and nonstop, the better.

While all of us need to know that we matter, sometimes we settle for a flurry of busyness. We tell ourselves that if we're always busy, that must mean we're in demand and that we count for something. While inwardly we crave a sense of purpose and destiny, we settle for mere productivity and busyness.

Of course, I see nothing wrong with keeping a full schedule. The apostle Paul told the Corinthians, "We work

hard with our own hands" (1 Corinthians 4:12), and he encouraged them in turn to "always give yourselves fully to the work of the Lord, because you know that your labor in the Lord is not in vain" (1 Corinthians 15:58).

God himself commends fruitful activity, so long as it serves a worthwhile purpose (Exodus 20:9). When the apostle Paul learned that some of his friends were not busy, but instead took to idleness, he commanded them to pick up the pace and earn the bread they ate (2 Thessalonians 3:11).

The problem lies not in activity, but in mistaking it for significance. Just because we're busy doesn't mean that we're fulfilling some grand purpose. The trick is to get busy about the right things.

Culled from **HIGH DEFINITION LIFE** by **LUIS PALAU**

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# The place of learning and personal development

By George O. Emetuche

**"If you want to do more, you must know more.  
Your knowing ability determines your doing ability."  
- George O. Emetuche, bestselling author."**

Some people discover great skills early in life, while others grow to learn how to develop the skills they need to move on in their career paths. Developing skills does not happen overnight. It requires interest, consistency and perseverance from the person who desires to learn. Learning is imperative. Knowledge is essential. The things you know determine the height you will get to in your sales career or any other life's endeavour. There's no alternative to this truth.

In selling, knowledge is vital

It is almost impossible to sell what you don't know of! It is commonsense in sales that before you sell, you must know your company. You must know the marketplace. You must know your industry. You must know your competitor. You must know your customers and prospects. And, of course, you must know your products and services. The more you know, the more you conquer!

John C. Maxwell writes, "If you want to lead, you must learn. If you want to continue to lead, you must continue to learn." If you want to maintain a leading position in your career, you must continue to develop your skills and knowledge.

Sales job is a career path that requires a lot of skills and information. Most great salesmen we know today started by learning. Brian Tracy once told a story of how he learnt from a top salesman and his colleague - who was trained by a Fortune 500 Company. Training is as important as the job itself. You must find ways to enhance competence in your area of interest and beyond.

**Information is priceless**

Information is vital in development. The world is seen as a *global village* today because of availability of information. Personal development and Information are synonymous; they are interwoven. Information develops knowledge while knowledge improves skills. Seek knowledge. Get better and take yourself to the top easier and faster.

Jean Francois Lyotard, French Philosopher and a distinguished professor at University of California, Irvine, said, "Knowledge in form of an informational ... will continue to be a major perhaps the major - stake in the worldwide competition of power. It is conceivable that nation-states will one day fight for control of information, just as they battle

in the past for control over territory..."

This is already happening. Look around you and see that the richest companies in the world today are the ones playing in the data economy industry. Things are advancing and changing daily. It is expected that organisations and individuals should continue to improve in order to compete in today's demanding marketplace. The importance of training and personal development cannot be overemphasized.

**When you learn and apply, you lead**

The more you apply what you know, the more you excel. It is the skills you have garnered through training that will lead you through your career paths - whether you are in sales or any other career. An individual who performs poorly will likely improve on the job if he embraces training and personal development. What you earn or receive as remuneration, bonuses or incentives is directly related to your input and your effort is not detached from your skills, knowledge and the information you have. The more you improve your skills, the more you earn.

Learning is a continuous thing. The more you learn and improve yourself, the more you will want to learn. Learning is an attitude. Charles Jones, public speaker and businessman says,

"You will be the same person in five years that you are today except for the people you meet and the books you read"; and Zig Ziglar adds, "Not all readers are leaders; but all leaders are readers."

The man who makes the sales will continue to develop if he starts to explore his environment with a view to learning necessary skills and acquiring required knowledge. Build capacity today!

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**Venue: Dover Hotels, 14 Aromire St, off Allen Junction, near Adeniyi Jones Street, Ikeja, Lagos**

**Morning Session- 8:30am: for Managers, Sales & Marketing Professionals and Businesspeople Evening Session- 4pm designed for MDs, CEOs and Top Executives For payment and other details please visit: [www.hesellingchampionconsulting.com](http://www.hesellingchampionconsulting.com), or call, 08186083133.**



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# Babatunde Osotimehin: Consummate advocate of women's rights and reproductive health

By Solomon Ojigbo



**Babatunde Osotimehin**

**In Dr. Babatunde we had a male feminist who walked the talk, and who deepened the discourse on the role of men and boys in the fights for gender equality and women's empowerment. He was a true #HeforShe champion and a brother in our fight for gender equality and women's empowerment...**

— Phumzile Mlambo-Ngcuka,  
UN Women Executive Director

The need for women to have access to quality reproductive health services, such as medical care, planned family, safe pregnancy, delivery care, as well as treatment and prevention of sexually transmitted infections, is increasingly gaining recognition in Nigeria and indeed Africa at large. In applauding this development, it is fitting that due credit be given to the relentless efforts and contributions of public health administrators like Prof. Babatunde Osotimehin of blessed memory, who had drawn international attention and interventions to the ugly realities affecting women and girls in our society.

Babatunde Osotimehin was a renowned physician and public health administrator, who served as Nigeria's minister of health from 2008 to 2010. In 2011, he became the executive director of the United Nations Population Fund (UNFPA), holding the rank of under-secretary-general of the United Nations. He was reappointed in August 2014 and held the position until his death in 2017.

Osotimehin's interests were primarily in youth and women development, and he advocated for

**Babatunde Osotimehin was a renowned physician and public health administrator, who served as Nigeria's minister of health from 2008 to 2010. In 2011, he became the executive director of the United Nations Population Fund (UNFPA), holding the rank of under-secretary-general of the United Nations. He was reappointed in August 2014 and held the position until his death in 2017.**

women's reproductive health and reproductive rights, particularly within the context of the HIV epidemic. One of the hallmarks of his leadership and advocacy was his reliance on data and evidence as the bedrock of his public health policies and programmes while serving as minister of health and as pioneer director general of Nigerian National Agency for the Control of AIDS (NACA), an agency which coordinates all HIV and AIDS work in Nigeria.

At a time when many government officials were indifferent to the fact that homosexuality was a major factor promoting the spread of AIDS in Nigeria, Osotimehin contested using available data to prove that homosexuality and the transmission of HIV were indeed very much interrelated in Africa. Also, during his tenure as minister, Nigeria had the largest malaria disease burden in Africa. His ardent advocacy however secured

\$1 billion from different sources to combat the disease. From these funds, he ensured free medication was provided to pregnant women suffering from malaria. He also united all 36 states in Nigeria to build a robust national health plan focused on primary health care.

Moreover, when he became executive director of UNFPA, he actively advocated three major goals: zero preventable maternal deaths, zero unmet demand for family planning and the elimination of harmful practices against women and girls. Under his leadership, UNFPA placed special emphasis on adolescent girls. He boldly tackled sensitive issues like female genital mutilation and sexual and reproductive health; as well as canvassing for education and decision-making power for women and girls. As a policymaker, he was committed to the notion that quality healthcare is an integral part of women's rights.

Due to his various contributions to the health sector (including contributing to 90 per cent of the progress made to eradicate polio worldwide in 2009), Osotimehin received one of Nigeria's highest honors: Officer of the Order of the Niger (OON).

## Background and career path

Babatunde Osotimehin was born in February 1949 in Ogun State. He had his secondary education at Igbobi College, Lagos, between 1966 and 1971. He gained admission in 1972 to study Medicine at University of Ibadan, where he graduated in 1977. In 1979, he moved to the UK for a doctorate at the University of Birmingham; and from 1979 to 1980 was a fellow in endocrinology at Cornell University Graduate School of Medicine, New York, United States.

In 1980, Osotimehin returned to Nigeria and became professor of Clinical Pathology, College of Medicine, University of Ibadan. He climbed the academic ladder and from 1990 to 1994 was provost of the College of Medicine, University of Ibadan. From 1996 to 1997 Osotimehin was a Visiting Fellow, at

Harvard Centre for Population and Development Studies, Cambridge, Massachusetts, United States.

Osotimehin's career transition from an academic scholar to that of a public health administrator and policymaker came naturally due to his passion and interest in improving the lives of vulnerable and disadvantaged people. From July 2002 to 2007 he chaired the National Action Committee on AIDS in Nigeria, laying the foundation of what later became NACA and becoming the agency's first director general from March 2007 to December 2008. He also served as project manager for the World-Bank assisted HIV/AIDS Programme Development Project from 2002 to 2008. He was also chairman of the Governing Board, Joint Regional HIV/AIDS Project in the Abidjan-Lagos Transport Corridor from 2003 to 2008.

In 2005, Osotimehin was elected vice-president at the 14th International Conference on AIDS and STIs in Africa (ICASA). He also served as chairman, Committee of Presidential Advisers of AIDS Watch Africa.

On 17 December 2008, he was appointed minister of health under the administration of Dr Musa Yaradua. During his tenure he was the African spokesperson of the Partnership for Maternal, Newborn and Child Health. He also advocated for increased government spending on healthcare.

In a September 2009 press conference, Osotimehin said that Nigeria had yet to comply with the Abuja Declaration that recommended 15 per cent of the budget of each African country to be devoted to healthcare. Nigeria as a whole was only spending between 8 per cent and 9 per cent, at that time. In December 2009 he reaffirmed the government's commitment to eliminate poliomyelitis and other childhood killer diseases.

## Greater heights

Osotimehin left office as Nigeria's minister of health in March 2010 and was appointed as the executive director of the United Nations Population Fund (UNFPA) in November, 2010. He assumed the position on 1 January 2011 and became the organisation's fourth executive director.

Following his appointment, Osotimehin spearheaded efforts by the international community to advance the milestone consensus of the International Conference on Population and Development, held in Cairo in 1994. He was also key to ensuring the adoption of the Motevideo Consensus on Population and Development in 2013: a wide-ranging agreement that, among other goals, aimed to increase access to sexual and reproductive rights, achieve gender equality, empower youth; and to recognise the correlation between population issues and development.

Prof. Babatunde Osotimehin died in Harrison, New York, on 4 June, 2017, aged 68. He was survived by his wife Olufunke Osotimehin, children and grandchildren.

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# University don warns pregnant women against untreated infection, douching

– Says Seagreen's Klovinol best for vaginal infection treatment

By Oladejo Adebayo

**A**dewale Sule-Odu, a professor of obstetrics and gynaecology at Olabisi Onabanjo University Teaching Hospital (OOUTH), Ogun State, has warned pregnant women against untreated infections and douching, saying when women are pregnant and have infection, it depletes the lactobacillus in the vaginal environment and thus putting the foetus at risk of contracting the infection.

Sule-Odu, who was a former deputy vice-chancellor of OOU, spoke with journalists at a presentation of research findings with the theme "Vaginal Microflora in Pregnant Women Attending Olabisi Onabanjo University Teaching Hospital and the Implication on Foetal Outcomes", explained that the prevalence of bacterial vaginosis is high in pregnant women in Nigeria and thus should not be assumed to be non-existent.

Speaking further, he said that the vagina is not a sterile organ, as it has its own normal flora, adding that the presence of these bacteria does not indicate infection, as they only serve to protect the organ from harmful pathogens.

He added that contrary to what many people think, douching or the use of soap to wash the vagina does not make it clean, saying it rather destroys the normal flora of the vagina and thereby doing more harm than good.

He added further that every woman has normal vaginal discharge, which is expected to be clear, scanty, odourless and not associated with itching, saying using soap, and all forms of solutions to clean the vagina, is not necessary, even after having sexual intercourse, as the vagina is a self-cleansing organ.



L-R, Pharm. Aje Akinyele, brand manager, Seagreen Pharmaceuticals; Prof. Adewale Sule-Odu, professor of obstetrics and gynaecology, Olabisi Onabanjo University Teaching Hospital (OOUTH), Ogun State; Prof. Egun Oduwole, deputy vice-chancellor, Administration, OOU, and Pharm. Ikenna Enwelunta, general manager, Seagreen Pharmaceuticals Limited.

The distinguished scholar also noted that aside from douching, women generally, and pregnant women in particular must desist from other similarly unhealthy habits, such as dipping the fingers into the vagina, as bacterial infection could be transmitted from the fingers into the vagina, thereby depleting the level of lactobacillus in the vagina microenvironment.

According to the scholar, the purpose of the event was to present findings on a study conducted on pregnant women during their antenatal period and early labour on the effect of lactobacillus and bacterial vaginosis, saying lactobacillus generally is a normal flora of the vaginal environment saddled with

the main function of preventing the proliferation of pathogenic microbes, thereby protecting the environment and keeping it safe.

Presenting the findings, Sule-Odu, who was the principal investigator in the research, disclosed that pregnant women are encouraged to visit the hospital once they suspect vaginal infection, for proper diagnosis that will ensure they receive the right treatment, adding that an untreated vaginal infection could portend dangers for the foetus.

Recommending Klovinol, a product by Seagreen Pharmaceuticals, which was used in the course of the research, as a trusted pessary in the treatment of vaginal infections, Sule-Odu said the pessary contains Clotrimazole,

Metronidazole and Lactobacillus spores, which are indicated for the treatment of vaginitis – both fungal and bacterial, such as vulvovaginal candidiasis, bacterial vaginosis and trichomoniasis.

The university don, who added that Klovinol is a drug of choice for vaginitis, said it restores a healthy vaginal flora, adding that the drug was the only antibiotic that met their requirements when they were in dire need of a product to use in the course of the study.

"Klovinol has three constituents – Lactobacillus spores, Clotrimazole and Metronidazole, hence it gives symptomatic relief to affected patients while also re-establishing the normal healthy flora in the vaginal microenvironment. Klovinol is actually the only product of its kind that has all these unique attributes in one," he said.

According to the VC, who was represented by the deputy vice-chancellor, Administration, Prof. Egun Oduwole, the study was one of the 19 research proposals approved out of the 22 submitted to the Tertiary Education Trust Fund (TETFUND), adding that it was a giant stride for the university as it had showcased its transparency and accountability when it comes to grants.

Also speaking at the event, Brand Manager of Seagreen Pharmaceuticals Limited, Pharm. Aje Akinyele, noted that Klovinol is a brand of polyactive pessaries which has a spectrum of antimicrobial activity that covers the three most prevalent forms of vaginitis, which are bacterial vaginosis, vaginal candidiasis, and trichomoniasis, making it suitable for empirical or syndromic management of vaginitis including mixed infections.

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# Management of hypertension

**H**ypertension, otherwise known as high blood pressure, is a condition that has been known to increase the risk of heart disease, stroke and death if unchecked. Blood pressure is the force exerted by the blood against the walls of the blood vessels. The pressure depends on the work being done by the heart and the resistance of the blood vessels.

Hypertension and heart disease are global health concerns. The World Health Organization (WHO) suggests that the growth of the processed food industry has raised the amount of salt in diets worldwide, adding that this plays a role in triggering hypertension.

**Key facts about hypertension**

Normal blood pressure is 120 over 80 mm of mercury (mmHg), but hypertension is higher than 130 over 80 mmHg.

Acute causes of high blood pressure include stress, but it can happen on its own, or it can result from an underlying condition, such as kidney disease.

Unmanaged hypertension can lead to a heart attack, stroke, and other problems.

Lifestyle factors are the best way to address high blood pressure.



Regular health checks are the best way to monitor your blood pressure.

**Types**

High blood pressure that is not caused by another condition or disease is called primary or essential hypertension. If it occurs as a result of another condition, it is called secondary hypertension.

Primary hypertension can result from multiple factors, including blood plasma volume and activity of the hormones that regulate of blood volume and pressure. It is also influenced by environmental factors, such as stress and lack of exercise.

Secondary hypertension has specific causes and is a

complication of another problem. It can result from:

- diabetes, due to both kidney problems and nerve damage
- kidney disease
- pheochromocytoma, a rare cancer of an adrenal gland
- Cushing syndrome, which can be caused by corticosteroid drugs
- congenital adrenal hyperplasia, a disorder of the cortisol-secreting adrenal glands
- hyperthyroidism, or an overactive thyroid gland
- hyperparathyroidism, which affects calcium and phosphorous levels
- pregnancy
- sleep apnoea
- obesity

**Causes**

The cause of hypertension is often not known.

Around one in every 20 cases of hypertension is the effect of an underlying condition or medication. Chronic kidney disease (CKD) is a common cause of high blood pressure because the kidneys do not filter out fluid. This fluid excess leads to hypertension.

**Risk factors**

A number of risk factors increase the chances of having hypertension. These include:

**Age:** Hypertension is more common in people aged over 60 years. With age, blood pressure can increase steadily as the arteries become stiffer and narrower due to plaque build-up.

**Ethnicity:** Some ethnic groups are more prone to hypertension.

**Size and weight:** Being overweight or obese is a key risk factor.

**Alcohol and tobacco use:** Consuming large amounts of alcohol regularly can increase a person's blood pressure, as can smoking tobacco.

**Gender:** The lifetime risk is the same for males and females, but men are more prone to hypertension at a younger age. The prevalence tends to be higher in older women.

*continued on page 13*

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# Management of hypertension

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**Existing health conditions:** Cardiovascular disease, diabetes, chronic kidney disease, and high cholesterol levels can lead to hypertension, especially as people get older.

Other contributing factors include:

physical inactivity

a salt-rich diet associated with processed and fatty foods

low potassium in the diet

alcohol and tobacco use

certain diseases and medications

A family history of high blood pressure and poorly managed stress can also contribute

## Signs

Blood pressure can be measured by a sphygmomanometer, or blood pressure monitor.

Having high blood pressure for a short time can be a normal response to many situations. Acute stress and intense exercise, for example, can briefly elevate blood pressure in a healthy person. For this reason, a diagnosis of hypertension normally requires several readings that show high blood pressure over time.

The systolic reading of 130 mmHg refers to the pressure as the heart pumps blood around the body. The diastolic reading of 80 mmHg refers to the pressure as the heart relaxes and refills with blood.

## Symptoms

A person with hypertension may not notice any symptoms, and it is often called the "silent killer." While undetected, it can cause damage to the cardiovascular system and internal organs, such as the kidneys. Regularly checking your blood pressure is vital, as there will usually be no symptoms to make you aware of the condition.

It is maintained that high blood pressure causes sweating, anxiety, sleeping problems, and blushing. However, in most cases, there will be no symptoms at all. If blood pressure reaches the level of a hypertensive crisis, a person may experience headaches and nosebleeds.

## Complications

Long-term hypertension can cause complications through atherosclerosis, where the formation of plaque results in the narrowing of blood vessels. This makes hypertension worse, as the heart must pump harder to deliver blood to the body.

High blood pressure raises the risk of a number of health problems, including a heart attack.

Hypertension-related atherosclerosis can lead to:

- \* heart failure and heart attacks
- \* an aneurysm, or an abnormal bulge in the wall of an artery that can burst, causing severe bleeding and, in some cases, death
- \* kidney failure
- \* stroke
- \* amputation



reaches the stage of hypertension, there is a range of treatment options. Lifestyle adjustment is the standard first-line treatment for hypertension. Change in lifestyle could come in the following ways:

## Regular physical exercise

Current guidelines recommend that, each week, people with hypertension engage in at least 150 minutes of moderate aerobic intensity exercise or 75 minutes a week of vigorous intensity exercise.

People should exercise on at least five days of the week. Examples of activities include walking, jogging, cycling, or swimming.

## Stress reduction

Avoiding stress, or developing strategies for managing

hypertensive retinopathies more severe complications.

in the eye, which can lead to blindness

## Treatment

Regular blood pressure testing can help people avoid the

While blood pressure is best regulated through diet before it

continued on page 15



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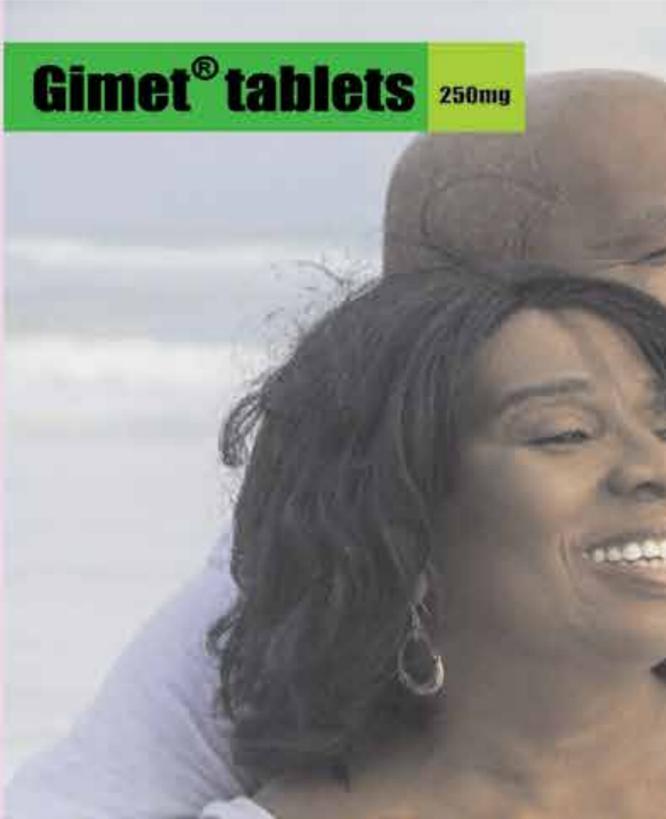
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# Management of hypertension

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unavoidable stress, can help with blood pressure control. Using alcohol, drugs, smoking, and unhealthy eating to cope with stress will add to hypertensive problems. These should be avoided.

Smoking can raise blood pressure. Giving up smoking reduces the risk of hypertension, heart conditions, and other health issues.

## Medications

People with blood pressure higher than 130/80 may use medication to treat hypertension. Drugs are usually started one at a time at a low dose. Side-effects associated with antihypertensive drugs are usually minor. Eventually, a combination of at least two antihypertensive drugs is usually required.

A range of drug types are available to help lower blood pressure, including:

- \* diuretics, including thiazides, chlorthalidone, and indapamide
- \* beta-blockers and alpha-blockers
- \* calcium-channel blockers
- \* central agonists
- \* peripheral adrenergic inhibitor
- \* vasodilators
- \* angiotensin-converting enzyme



(ACE) inhibitors

\* angiotensin receptor blockers

The choice of drug depends on the individual and any other conditions they may have. Anyone taking antihypertensive medications should be sure to carefully read labels, especially before taking any over-the-counter (OTC) medications, such as decongestants. These may interact with medications used to lower blood pressure.

## Diet

Some types of hypertension can be managed through lifestyle and dietary choices, such as engaging in physical activity, reducing alcohol and tobacco use, and avoiding a high-sodium diet.

**Reducing the amount of salt**  
Average salt intake is between

9 grams (g) and 12 g per day in most countries around the world.

The WHO recommends reducing intake to under 5 gram a day, to help decrease the risk of hypertension and related health problems. This can benefit people both with and without hypertension, but those with high blood pressure will benefit the most.

**Moderating alcohol consumption**

Moderate to excessive alcohol consumption is linked to raised blood pressure and an increased risk of stroke. The American Heart Association (AHA) recommend a maximum of two drinks a day for men, and one for women.

The following would count as one drink:

12 ounce (oz.) bottle of beer  
4 oz. of wine

1.5 oz. of 80-proof spirits  
1 oz. of 100-proof spirits

A healthcare provider can help people who find it difficult to cut back.

**Eating more fruit and vegetables and less fat**

People who have or who are at risk of high blood pressure are advised to eat as little saturated and total fat as possible.

Recommended instead are:

- \* whole-grain, high-fiber foods
- \* a variety of fruit and vegetables
- \* beans, pulses, and nuts
- \* omega-3-rich fish twice a week
- \* non-tropical vegetable oils, for example, olive oil
- \* skinless poultry and fish
- \* low-fat dairy products

It is important to avoid trans-fats, hydrogenated vegetable oils, and animal fats, and to eat portions of moderate size.

## Managing body weight

Hypertension is closely related to excess body weight, and weight reduction is normally followed by a fall in blood pressure. A healthy, balanced diet with a calorie intake that matches the individual's size, sex, and activity level will help.

**Compiled by Adebayo Folorunsho-Francis with additional report from Pan African Medical Journal, Medical News Today and United State National Library of Medicine.**

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# NAFDAC canvasses local drug manufacturing to curb counterfeiting

By Temitope Obayendo

To reduce the circulation of fake and substandard drugs in the country, the Director General, National Agency for Food and Drug Administration and Control (NAFDAC) Professor Moji Adeyeye, has stressed the need for more local manufacturing pharmaceutical companies.

The NAFDAC boss made the call at a recent press conference organised by the agency to refute a report which stated that 70 percent of drugs in Nigeria were fake.

Adeyeye, who described the dearth of local pharmaceutical companies in the country as a big challenge, highlighted the benefits of locally manufactured drugs to the nation a citizens to include, drug safety, enjoyment opportunities, enhanced Gross Domestic Product, as well as accessibility to medicines.

She said: "If we do not have local manufacturers of drugs in the country, then we all are in trouble. Although there are rumours that 70 percent of drugs in Nigeria are fake, which is a blanket and untrue statement, I am for local manufacturing. NAFDAC is supporting our local manufacturers, so that we can depend less on importation and have our own local manufacturing companies."

"For drug security, we need local manufacturers. Many Africans died when HIV/AIDS newly came because there was lack of drugs. It also helps with unemployment, as Africa is the largest market base in the world and if we don't have our own local manufacturing companies, we won't be able to sell to other countries. Other countries will be bringing everything



L-R: Director, Registration and Regulatory (R & R) NAFDAC, Dr Monica Eimunjeze; DG, NAFDAC, Professor Moji Adeyeye; and immediate past president, Pharmaceutical Society of Nigeria (PSN) Pharm. Ahmed I. Yakasai, at the press briefing.

to us and the pharmaceutical manufacturing industry will be weak."

Reacting to the report that 70 per cent of drugs in Nigeria were fake, Adeyeye described the source of the news as irresponsible, saying the latest survey conducted in the country showed 17 per cent fake drugs, not 70 percent, but the mischievous source, had indicated 70 percent.

"It is irresponsible for someone who isn't qualified and doesn't have a data to be saying that the drugs in circulation in Nigeria are 70 per cent fake. The latest

study that we have indicates 17 per cent and 7 per cent of the drugs in Nigeria are substandard, but we are now going to do newer studies. While essential medicines like anti-malarial used to be like 13 per cent or 14 per cent and then we have all sorts of devices to ensure that our local products are produced.

"Whatever has been said is fake news and is irresponsible and unfortunate. We want to do local manufacturing, we want to improve our children's lives and all of a sudden we heard 70 per cent fake drugs from somebody that has nothing to do with NAFDAC.

NAFDAC'S staff were not present at this meeting. They used our logo falsely to invite people to this meeting so that they can put all the wrongs together.

"NAFDAC is doing all the best that can be done in terms of protecting and safeguarding the health of our people and our people are not abstract. Where that news came from, it should go back there, because it is fake and untrue and is not needed in this country", she asserted.

Explaining the source of the agency's data, she said the survey was conducted in 2012 by the United States Pharmacopeia (USP) in conjunction with NAFDAC, through the use of a handheld device, called TruScan, which can easily detect whether a drug is fake or not and backs it up with remarks.

Prof. Adeyeye further disclosed the activities of the agency in curbing the circulation of fake drugs in the country, saying NAFDAC is presently working on a

partnership with international agencies to conduct a new survey on fake drugs in the country, which will commence later in the year.

She further mentioned that the agency will need about 80 TruScan, as one goes for \$150,000, and the agency is in possession of only two of the device presently.

"We will start before the end of this year because we cannot just start with one instrument; we need about 80 TruScan to begin. Even if we have to do a small scale study and then scale it up later, if we do not have enough instruments, it may not pan out well", she stated.

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

# I will fulfil my promises, Sanwo-Olu assures pharmacists

## - As Lagos PSN holds 2019 Annual Luncheon

Governor-elect of Lagos State, Mr Olusola Babajide Sanwo-Olu, has reassured members of the Pharmaceutical Society of Nigeria (PSN), Lagos State branch, of the fulfilment of the campaign promises he made to them, at their secretariat, saying he was mindful to execute the projects one after the other, to enhance access to better healthcare by Lagosians.

Sanwo-Olu was the special guest of honour at the Society's 2019 Annual Luncheon and Welcome Reception for newly inducted fellows of PSN, from the state branch, held on 5 May, 2019, at the Sheraton Hotels and Towers, Ikeja.

He noted that among the projects he promised to execute is the establishment of a pharmacy department in Lagos State University (LASU), stressing that he considers it unthinkable that after more than three decades of existence, the university has no pharmacy department.

He also mentioned the pledge he made to pharmacists on construction of the road leading to the Lagos State PSN Secretariat, at Ogudu, assuring them of the execution of the pledge, to the letter.

Sanwo-Olu, who was represented at the luncheon by Mr Olusola Adu, former head of sales at GlaxoSmithKline Nigeria, urged the pharmacists to support the Lagos State Health Insurance Scheme, adding that if there are areas of the scheme they are not in support of, they can easily be



L-R: Pharm. Olumide Akintayo, former PSN president; Dr Fidelis A. Ayebae, managing director, Fidson Healthcare Plc; Pharm. (Mrs) Bolanle Adeniran, chairperson, Lagos State PSN; and Mr Olusola Adu, former head of sales at GlaxoSmithKline Nigeria, who represented Lagos State Governor-elect, Mr Babajide Sanwo-Olu, at the programme.

discussed and resolved, for the advancement healthcare delivery services in the state.

"I appeal to pharmacists that good quality drugs are available in all government hospitals, at all times, as we are working out modalities to fight the production and circulation of fake and substandard drugs in the state to a standstill.

"And to the newly inducted Fellows of PSN, I congratulate all of you and also urge you to be good examples to the younger ones. As new Fellows, it is expected of you to mentor younger pharmacists. Work with multinational and local

pharmaceutical companies, to come up with more cures for the diseases in the country", he said.

Chairman of the occasion, Dr Fidelis Ayebae, managing director, Fidson Healthcare Plc, lamented the state of pharmaceutical manufacturing in the country, stating that as the chairman of the Pharmaceutical Manufacturing Group of the Manufacturers Association of Nigeria (PMGMAN), he would be doing them a great disservice, if he failed to tell them that local manufacturing companies are dying in Nigeria.

His words: "Imagine that there were no local manufacturers in the country, where would

the young graduates practice? But the economy is not helping local manufacturers, because factories in Nigeria are the most horrible places to visit; thus every pharmacist must rise to play his or her role in changing the narrative."

Ayebae further charged the pharmacists to be ready to challenge any foreign business that is seeking to dominate the market against the interest of the indigenous pharmaceutical companies.

"I urge all right-thinking Nigerians to think towards made-in-Nigeria products. Whatever little thing you can do for this country, in your own little corner, for the sake of our children, please do and posterity will not forget you", he charged them.

The Chairperson, PSN-Lagos, Pharm. (Mrs) Bolanle Adeniran, gave a summary of the previous year's luncheon, the amount realised, and the project executed with the fund raised, while noting that the Society was aiming at raising N50 million from this year's luncheon, to purchase a 120 KVA brand new generator for the secretariat.

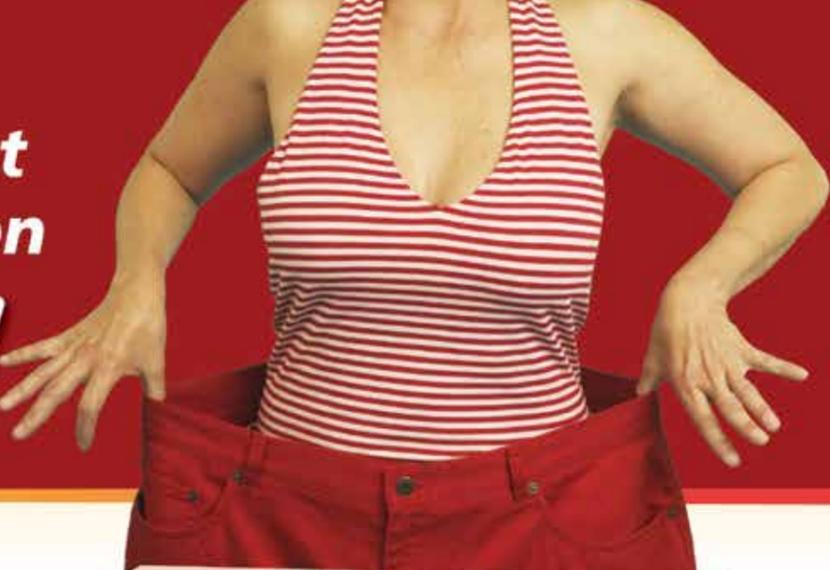
Among the projects executed in the previous year, according to her, were the purchase of a Toyota Hiace bus, valued at N26 million; completion of the twin building complex for the secretariat; as well as establishment of a Welfare Scheme for members.

She concluded by calling on President Muhammadu Buhari to give assent to the Pharmacy Bill, which she said had been pending for well over 18 months, considering the numerous consequences that the delay in endorsing the bill portends for the nation.



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

# How I got money to start Pharmanews 40 years ago – Atueyi

*continued from front page*

first edition was published, except an unknown German who was then the managing director at Merck and whom he has never met or related with until he went to his office to market **Pharmanews**.

He also spoke on circumstances that led him to resign his paid employment to start Pharmanews, the challenges he had to surmount to publish the first edition as well as the support he received from colleagues.

*Below is the full interview:*

## What prompted your decision to go into publishing?

Thanks for this question. If I look back, I have a reason to say that there was divine guidance upon my life, regarding what God wanted me to do and He determined the timing. Starting **Pharmanews** came on its own because I never thought about it as such.

However, to prepare me for this assignment, God gave me the opportunity to serve as the editor-in-chief of the Pharmaceutical Society of Nigeria (PSN) from 1974 to 1978 and I served to the best of my ability. I increased the frequency of the PSN journal. Before I came in as editor-in-chief, it was published quarterly but I was able to increase the frequency to once in two months. I also changed the title to put Nigeria in the name. Before I came in as editor-in-chief, it was called Journal of Pharmacy but I changed it to Nigerian Journal of Pharmacy.

I equally did a lot to get adverts because the journal was a major source of income for the PSN at that time. Now we have exhibitions, adverts and other promotions during our conferences for which companies pay heavily. The PSN income then was restricted to dues from members and income from the journal. The journal getting more income from adverts was therefore a great help. When I felt I had done enough I gave up the position in 1978.

When I submitted my letter of resignation, the then PSN president, Chief Ayo Fasanmi and his deputy, Pharm. Lawrence Anyafulu, pleaded passionately that I should continue but I refused. However, the point is that, even when I stopped, it looked like something was missing in my life. Working on the journal had become part of me as I was actually enjoying the challenge.

Coincidentally, towards the middle of that year, I had a problem with my employers. I had a programme I wanted to attend in the United States (US). It was a six-week international marketing course. I applied and received grants for my tuition and boarding from the International Marketing Institute (IMI) in Cambridge, Massachusetts. The purpose of the training was to improve my marketing knowledge to help the company. Unfortunately the company was not ready to support me financially. So I bought my air ticket, thereby funding the whole course 100 percent but the company still insisted that I would not be allowed to go. I applied for my annual leave intending to use the period to travel but my boss then refused to grant the leave.

It was when my boss saw my desperation that he reluctantly allowed me to go. Anyway, I travelled for the programme and when I returned, my boss wasn't happy with me and you know when your boss isn't happy with you, your chances of progress are limited. It was then that I knew that my future in the company was bleak.

I asked myself, where do I go? Which company should I go to now? I was racking my brain thinking

for weeks but had no idea. However, I received a vision from God to start a pharmaceutical newspaper. On 21st December 1978, I got a notebook and wrote the ideas that came to me about **Pharmanews**. The notebook is still available today.

I wrote the business plans for Pharmanews and I told myself that this is what I will do to make a great contribution to the profession of pharmacy in Nigeria. I saw the idea as something that will make me known and help me give my best to the pharmacy profession.

That was how the decision came to me and I think that was perhaps why God sent me to the U.S to sharpen my marketing knowledge. I was thinking of how to improve the business of my employer and now I had to use the whole idea for my own business and it was a wonderful experience. I was equipped with marketing knowledge and also had experience from the pharmacy journal.

By January 1979, I submitted my letter of resignation and made up my mind to start **Pharmanews**. I was ready to face the consequences.

## What eventually happened between January, 1979 when you resigned and May when the first edition was published?

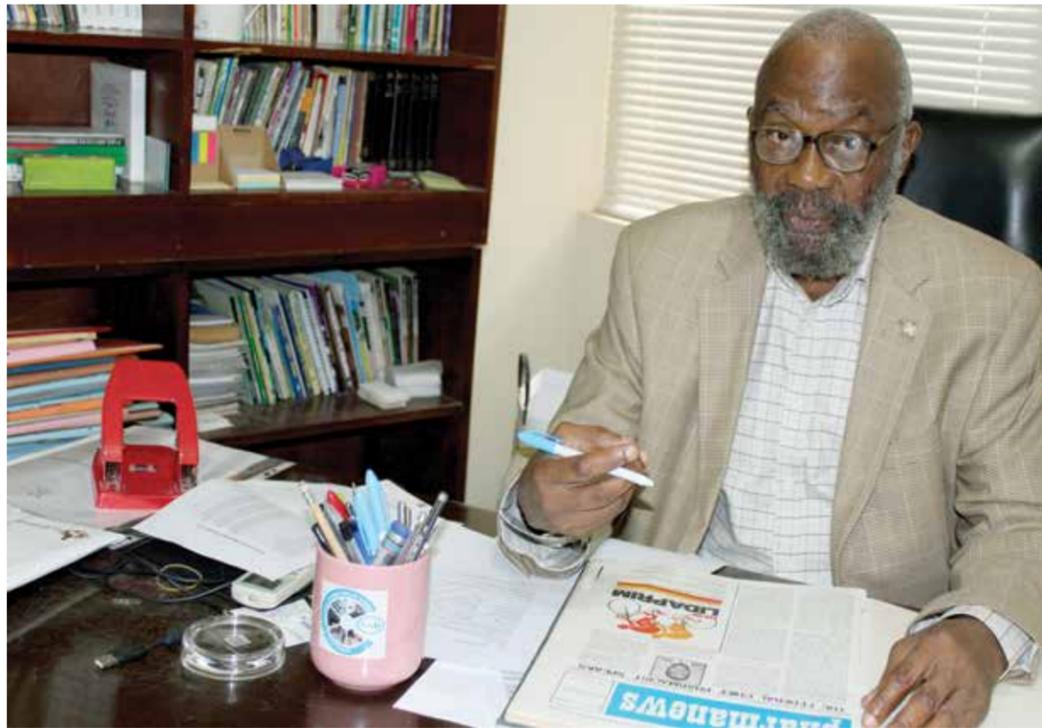
At that time, the employment agreement I had with my employer was that there should be three months' notice to resign. So, my plan was that I would put in my resignation in January, then work for January, February and March to be free to tackle my business. My plan was to work on **Pharmanews** in April, May and June and I believed that by July I should be able to produce the first edition.

However, my relationship with my boss had broken down completely. I was going to work but not very much was achieved. So, one day, my boss told me that I could stop coming to work and not wait for the notice to expire. I was happy and stopped immediately.

I then accelerated my plans. Instead of waiting till July, I began to target May, and that was what happened. I had enough time to run around to get stories and visit pharmaceutical companies to get materials. I leveraged my contacts with colleagues in the industry to get advert support.

However, let me state that in terms of individual support, the person I first confided in was Prince Julius Adelus-Adeluyi. After I had written down the Pharmanews business plan, I went to him at his pharmacy on Kodesoh Street, Ikeja. I told him about my plans to start **Pharmanews**. I had to tell him because he had been a good friend. In fact, it was the same Juli that encouraged me to serve as the editor-in-chief of PSN journal in 1974 during the PSN conference in Kano. He encouraged and urged me to accept the position as editor-in-chief at that time because nobody was ready to take up that position. So, he had been a mentor and very good friend.

Therefore, when I wanted to start **Pharmanews** he was about the only person I went to. I told him my



**Pharm. (Sir) Ifeanyi Atueyi**

plans and he was very delighted. He gave me some wonderful ideas, which helped in shaping the identity of **Pharmanews** as everyone knows it today.

## How did you raise the money to start?

Let me state first that when I was making the plan I didn't even think seriously about the initial capital. In fact, I forgot that money was a major factor. I was carried away by my burning desire and enthusiasm. But God provided the money.

As I said, I contacted some companies and a few of them were willing to support me and they actually gave me adverts to help with the first edition. Companies like Ciba took the front page and a quarter page. Drug Houses, owned by O. T. Ososami, took quarter page and Boots, Merck, Glaxo and Wellcome also took spaces. These were the places I had colleagues and I ran to them but none of them paid me in advance. They all said they wanted to wait till after the publication before making payments.

Then, God led my steps to one company. I had seen the signboard of the company but I did not know anybody there. They were then at Town Planning Way in Ilupeju. The name of the company was Merck. I told myself that I needed to go and check who was there. I went there and told the receptionist that I wanted to see the boss. The boss was in and he was a tall German. When I met him, I explained what I was working on, and he was excited. I told him I brought a dummy of **Pharmanews** and I showed him how the paper would look. I told him that the paper would be published every month and distributed to pharmacists and doctors all over the country. He asked me how I would send the copies. And I said I would cut brown papers for wrapping the papers and then take them to the post office. But he said I should not use brown paper but rather use very good white paper. He promised to advertise his products on that white paper wrapper. That idea came from him. He also took the dummy and booked the page 2 bottom strip space. He said he would advertise on the wrapper and on page 2 bottom strip from the month of May which was the first edition till December and would pay in advance. He also said that the spaces should be reserved for him from January 1980 and that he would always pay at the

beginning of each year in advance and continue using the spaces until he said he didn't want anymore.

We discussed the rate with his discount for payment in advance and he accepted. So he asked me to send him the invoice. Soon after, we sorted out a few other issues and he wrote a cheque to cover from May to December for the adverts in the paper and the wrapper. That seed money I received is what God has blessed up till today, as I have never gone to the bank to borrow money, neither have I gone to anyone to ask for loan. It was the money I received from Merck in 1979 that has been sustaining us till today and it is by the grace of God. And that was how the business started.

With the money now in our account at Afribank, I went across to Maryland Estate where I saw a signboard of King and George Press and it was a company that was into football pools and they had a printing press. I walked in there and I told them I wanted to print **Pharmanews** and they agreed to do it for me. One of the staff also helped me with the page planning and I was able to print the first edition. It was in black and white but the adverts were in colour because then it was the one-color printing machine that was available. That first edition, published in May 1979, was 12 pages. For that edition, I interviewed Dr Philip Emafo who was the then federal chief pharmacist. That was the first interview published on the front page of **Pharmanews**. I also got contributions from Pharm. Bruno Nwankwo, Ibikunle Ogundipe and Eugene Okonkwo.

## How many staff did you have at that time?

At that time, there was no one as a paid staff for the first few editions but I got someone to come and help me to type, using my Olympia typewriter. I had to go for adverts alone and collect the news for the first few editions.

However, my wife and children and others around me helped me to fold and label the copies of **Pharmanews**. Once they were labelled, I packed them in a sack and drove to the post office in Lagos. That was how God helped us with the early editions and we have not looked back since then. Since that first edition published 40 years ago, **Pharmanews** has been published consistently without interruption every month.

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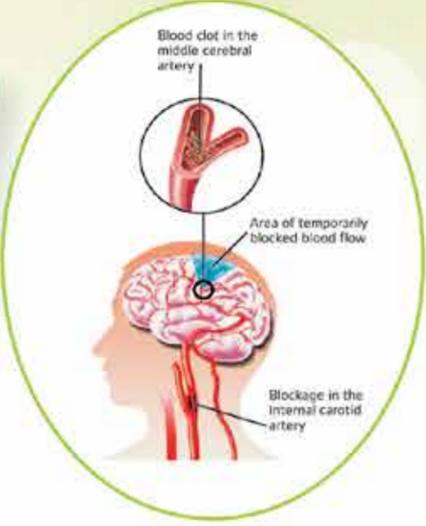
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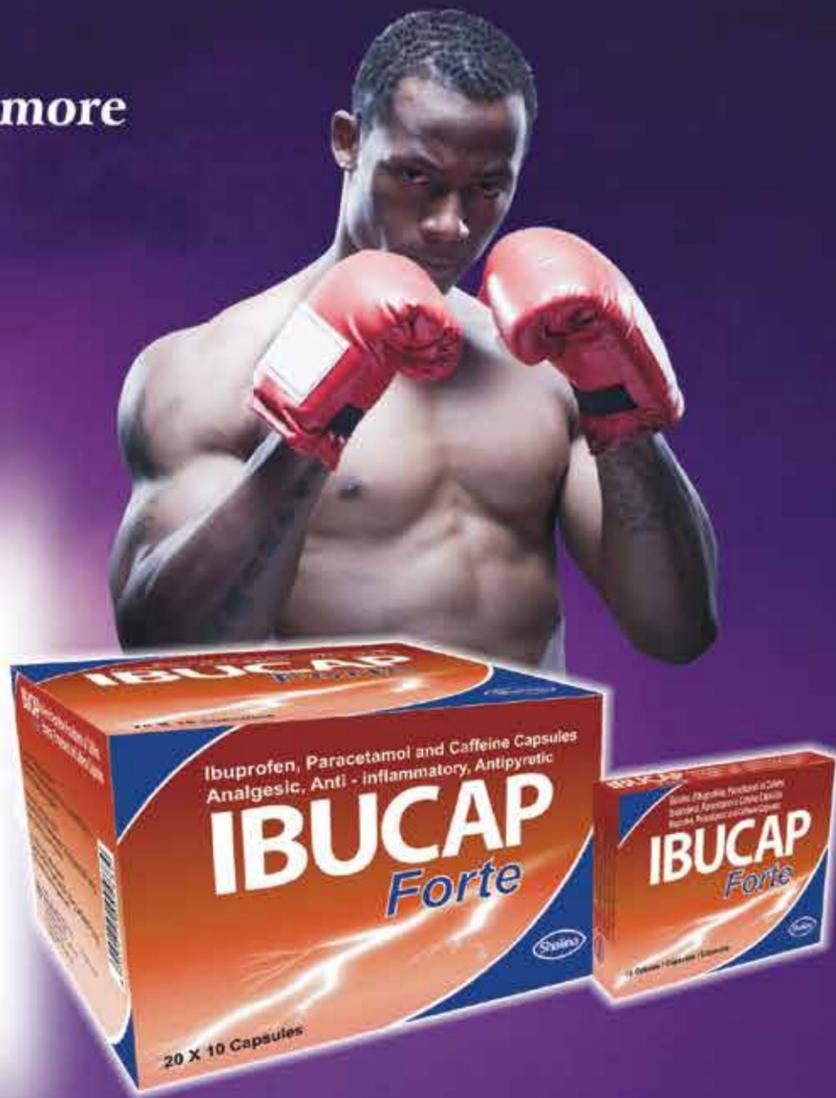
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**Celebrating 40 Years of Uninterrupted Monthly Publication (1979-2019)**

# Pharmacists, Ojokoro LCDA partner to end malaria - As ACPN-AMEN offers free malaria screening

By Adebayo Oladejo

In continuation of its fight against the malaria scourge, the Association of Community Pharmacists of Nigeria (ACPN), Ikotun Zone, recently joined forces with the Ojokoro Local Council Development Area (LCDA), Lagos State, to intensify action on elimination of malaria in Nigeria by holding an event which featured community engagement, awareness campaign, and free screening.

The programme, which was part of activities to mark this year's World Malaria Day, tagged, "Zero Malaria Starts with Me," was held at the Ojokoro LCDA Secretariat, Ijaiye, Lagos.

Expressing concern over the prevalence of malaria in the country, the Executive Chairman, Ojokoro LCDA, Hon. Hammed Idowu Tijani, who was represented by the Honourable Supervisor for Health, Hon. Busari Yisa Nosiru, noted that according to the United Nations (UN) declaration, more than 40 per cent of the world's population lives in areas where there is a risk of contracting malaria, adding that his administration had recorded appreciable success in taking the lead role towards encouraging healthy living among people in the area.

"This has been demonstrated with the reconstruction of Isokan Primary Health Centre, equipped with sophisticated medical equipment and qualified personnel to attend to the medical needs of the people, particularly children and expectant mothers.

"Moreover, our administration has been committed to providing basic drugs with 24 hours efficient and effective service delivery at our various health centres, as well as regular immunisation and breast cancer screening just to mention a few", he said.

Also speaking at the occasion, the Chief Medical Officer (CMD), Ojokoro



A cross-section of community pharmacists, AMEN Zone, at the event.

LCDA, Dr (Mrs) R. A. Ogunyemi noted that the incumbent administration in the LCDA had renewed its commitment to tackling malaria, using public awareness programmes and consultations.

"As you are all aware, malaria is endemic in Lagos State and it poses a major challenge to the state as it impedes human development. It is both a cause and consequence of underdevelopment and remains one of the leading causes of morbidity in the state," Ogunyemi said.

Speaking further, the Ojokoro CMD stated that World Malaria Day is an important event as it ensures that everybody is on the same page in the fight against malaria.

She advised members of the public to not just take malaria drugs because they feel feverish but to actually get tested before taking drugs, as not every case of fever is malaria.

Speaking with *Pharmanews*, the Chairman, Association of Community Pharmacists of Nigeria (ACPN), AMEN Zone, Pharm. Taiwo Adewole, explained that the free medical screening and awareness were organised to have an impact on the communities where members of the association were practising, adding that community pharmacists were at the programme to showcase their presence to the people of the community as well as to partner with the LCDA in celebrating the World

Malaria Day.

Beaming with excitement, he added: "The good news is that people are more enlightened about the precautions to take in order to avoid malaria and I am happy to tell you that all the participants cooperated with the speakers. This year's theme "Zero Malaria Starts with Me", is apt as it is an indication that people need to start working towards malaria prevention, rather than looking for treatment."

Adewole further stated that the collaboration with the LCDA was born out of the need to reach the people by both the association and the leadership of the LCDA.

"Last year, we wrote to the chairman of the LCDA, requesting permission to use their multi-purpose hall for this event and after reading the letter, he decided that instead of just allowing us to use the hall, we should collaborate", he explained.

In her lecture, titled "Zero Malaria Starts with Me", Dr Omotayo Giwa of Clinton Health Access Initiative noted that the cosmopolitan nature of the state, people's carefree attitude, as well as the abundant distribution of coastal areas, encourage the availability of stagnant water for the breeding of Anopheles mosquitoes, adding that this is responsible for the stable pattern and continuous transmission of malaria all year round.

Others in attendance at the event were Chief Olabejo Akinloye, Babaloja General of Ojokoro; Chief. M A Akintade, secretary, Community Development Committee; Alhaji M A. Kazeem, general secretary, CDC; Alhaji A A Amusat, chairman, CDC; Engr. S K Onipede, secretary, Ijokoro LCDA; Chief (Mrs) Basirat Ojugbele, supervisor for women affairs and poverty alleviation, LCDA, among others'

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# Troop Pharmaceuticals unveils new ultra-modern outlet in Ikeja

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**T**roop Pharmaceuticals Limited, a fast growing pharmaceutical and healthcare firm at Ago Palace Way, Okota, Lagos, has commissioned a new outlet in Ikeja, the state capital

The colourful unveiling ceremony, attended by family and friends of the Managing Director of the company, Pharm. (Mrs) Chizomam Emeje, pharmacists, customers, representatives of pharmaceutical companies, staff of New Heights Pharma Limited and Viewpoint Eye Specialists Hospital, as well as residents of Ikeja, was also used to educate people in the area on how to better manage their health.

Speaking with *Pharmanews* in an exclusive interview at the event, Emeje stated that opening a second branch had always been part of the company's aspirations, as well as being a long-term strategic plan, adding that she was grateful to God for making it a reality.

Speaking on the challenges that the company had encountered in the last 22 years, the Troop boss said: "Our challenges are quite enormous and the challenges are not applicable to Troop Pharmacy alone, it's a general problem facing all pharmacy businesses being managed everywhere in the country.

"The greatest challenge has to do with drug faking and quackery. If you go to anywhere in Nigeria, you will see people selling all forms of rubbish in the name of pharmacy business, and you will discover that there is no regulation at all.

"We had issue with those that do Register and Go (R&G) too, and despite several efforts, the challenge is still there till today. It is a major challenge to us as practitioners."

She also decried the low level of awareness of people in the community about pharmacy practice, adding that an aggressive public enlightenment campaign is required to educate the public about what pharmacists do.

"Many people do not know the difference between a registered pharmacy and a chemist shop; therefore, it is necessary that people are enlightened on the reasons they should regularly patronise registered pharmacies and pharmacists," she said.

Emeje also assured the residents of consistent delivery of quality and efficient services, adding that she would deploy her experience in the pharma industry which spans over 30 years, as well as her professional and experienced staff to ensure people in the area get the very best of healthcare services.

Also speaking with *Pharmanews* at the event, Prof. Samuel Emeje, husband of the MD of the company, described the unveiling as part of the company's expansion plan,



**L-R: Prof. Samuel Emeje, director, Troops Pharmaceuticals Ltd; Pharm. (Mrs) Anderline Dukor, consultant clinical and regulatory pharmacist/keynote speaker at the event, Pharm. (Mrs) Chizomam Emeje, managing director, Troops Pharmaceuticals Ltd and Mr Godson Hez Uzoma, chairman of the occasion.**



**Pharm. Chizomam Emeje (Left) and Pharm. Belinda Okoh of Troops Pharmaceuticals Ltd, with Mr Frank Atirene, a participant at the event.**

adding that the new branch is also committed to efficient and innovative delivery of quality products and services to the general public.

When asked how he had been coping married to a community pharmacist, Prof. Emeje remarked that while running the business of a community pharmacy may pose some challenges to activities at the home front, he had had no problem because he had accepted and embraced the passion of his wife for the business, noting that he had had no reason to be worried since they got married.

In his words, "The truth is that I am someone who loves professionalism, being a professional myself. So, I have to live with the fact that Pharmacy is her own profession, and I have to live with it, support her joyfully and assist her when there is need for it. I have

conditioned my heart to love her with her profession and it makes me happy that she is fulfilled practising as a pharmacist."

Delivering the keynote address at the event, Pharm. (Mrs) Anderline Dukor, superintendent pharmacist/director of pharmaceutical operations, McCure Industries Limited, stated that the unveiling of the new Troop outlet had opened a new page in the history of retail pharmacy in the area.

Dukor, who spoke on the theme of the event, "Benefitting from Your Community Pharmacist Optimally", urged residents of the area to patronise only registered pharmacies whenever they have to access drugs, adding that they should look out for the green cross neon sign emblem of registered community pharmacy outlets, which is the only way to know a genuine and registered

pharmacy.

She also bemoaned the alarming rate of drug abuse and misuse in the country, noting that a lot must be done to save the nation from the challenge. She told the residents to refrain from self-medication and drug misuse, adding that a situation where people take herbs and drug at the same time or where friends and neighbors prescribe drugs or herbs for one another, based on how they fared when they took a drug or herb, is very wrong and dangerous.

He asked them to always patronise pharmacists, noting that it is their (pharmacists') responsibility to help people avoid medication errors and promote self-care.

"We are also your partner in health and sickness because we offer products for both curative and preventive care," she said.



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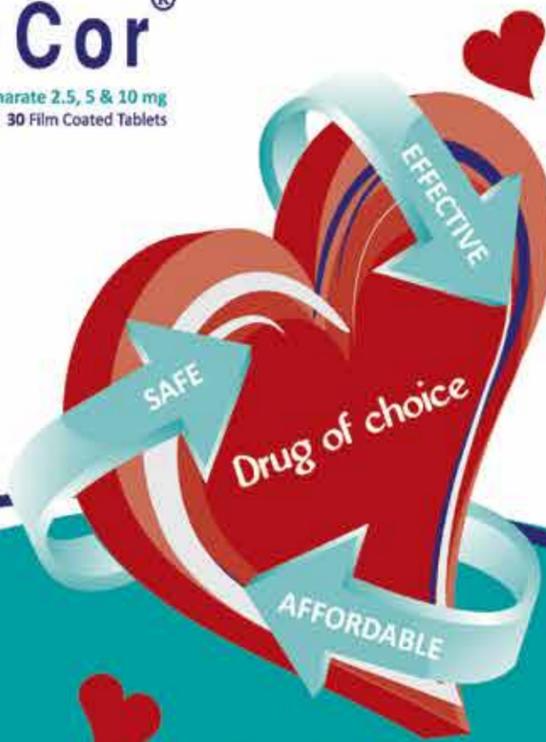
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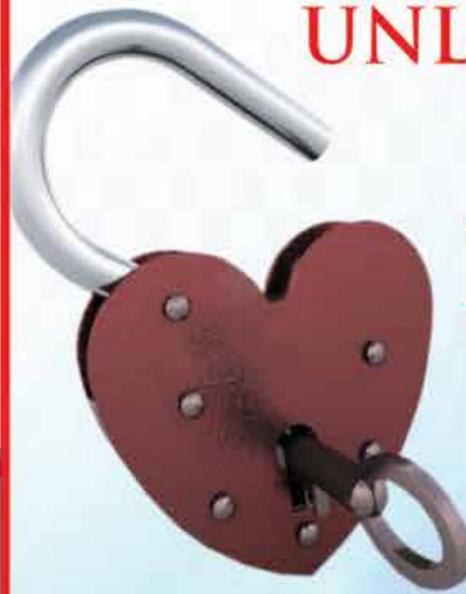
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## Health and economic benefits of carrot

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

Carrots are one of the most popular, versatile vegetables in the world. Botanically known as *Daucus carota* (Fam: Apeaceae), it is called *karaz* in Hausa, *kaooti* in Yoruba and *karot* in Igbo. There are white, yellow, orange, purple and red varieties of carrot, although the orange carrots are the ones commonly seen in this clime.

### Constituents

Carrots are rich in vitamins, minerals, and fibre. The vitamins include B1, B2, B6, K and C, niacin, folic acid, pantothenic acid, iron, copper, phosphorus, manganese and potassium. Some important antioxidants in carrots include carotenoids, such as alpha- and beta-carotene and lutein, cyanidins, poly-acetylenes like falcarinol and falcarindiol, lycopene, coumaric acid and caffeic acid, to mention a few. The carotene accounts for the bright orange colour of orange carrots.

### Preparations

The taproot of this vegetable is the part we are more familiar with and eat most of the time because of its crunchy texture and delicious taste. However, the green leaves of carrots are also beneficial - for instance, in making salads. **Carrots may be eaten raw, cooked or juiced.** Carrots are widely consumed all over the world in a wide range of dishes and cultural cuisines. Interestingly, research has shown that the



benefits of these nutrients can be maximised when carrots are steamed. Carrot juice or pulp may be applied directly to the face. It serves as a fat substitute when used as a thickener in soups, sauces, casseroles and quick breads.

### Pharmacological actions and medicinal uses

The health benefits of carrot can be largely due to its rich beta carotene and fibre content. Recent studies have revealed that carrots may play an important role in reducing the incidence of cancers of the prostate,

breast, lungs and colon. This anti-cancer effect is largely attributable to phytonutrients found in carrots such as beta carotene, falcarinol and falcarindiol which possess excellent antioxidant properties and help to mop up free radicals.

Beta carotene consumed through carrots is first converted to vitamin A in the liver. Subsequently, vitamin A is then converted to rhodopsin, an important pigment for night vision. More still, beta carotene has also been shown to offer protection against senile cataracts and macular degeneration which are

important causes of blindness. The potassium and coumarin contents of carrot are responsible for its cardioprotective and blood pressure lowering effect.

The carotenoids which are found in carrots tend to prevent insulin resistance. In diabetic individuals, carrots enhance insulin function and glucose metabolism which helps to stabilise blood glucose. The high fibre content of carrots adds bulk to the diet, thus stimulating peristalsis and enhancing onward propulsion of food in the intestine. This helps to prevent constipation and protects the gut from toxic

substances that may lead to colon cancer.

Regular intake of carrots slows down the rate at which you age. The several antioxidants loaded in carrots help to shield the body cells from oxidative injury by mopping up harmful free radicals. They also help to protect the skin from sun damage.

### Adverse effects

Excessive consumption of carrots can cause the skin to temporarily turn yellowish-orange in colour. According to one study, carrots can cause pollen-related allergic reactions in up to 25% of food-allergic individuals

### Economic potentials

Carrots may serve as raw material in food, pharmaceutical and cosmetic industry. Carrots may be cut to pieces, canned or bagged in sealed nylon bags and sold to large supermarkets where consumers come and pick up as desired. Generally, 100ml of carrot oil sells between ₦1,000 and ₦3,000. Estimate of potential industry earnings for frozen carrots across more than 190 countries runs into millions of U.S. dollars annually,

Though northern Nigeria is the major player in carrot farming in Nigeria, with Plateau state being the highest producers, Vanguard newspapers recently reported that carrot, along with cucumber and garden eggs, are now cultivated in large quantities in Enugu and Ebonyi States in southeast Nigeria. There are opportunities in the cultivation, sales (wholesale and retail), pharmaceutical and cosmetic industries for carrots.

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## Events in Pictures



The NAIP team in Omor community, Anambra State, for a health outreach programme in a group photograph with Igwe Oranu Chris Chidume, Eze Ana-Ukwu Eze, Igulube of Omor when they visited him in his palace during the 22nd NAIP national conference.



L-R: Dr Lolu Ojo, former national chairman NAIP and Dr Kingsley Amibor, national chairman, AHAPN, during NAIP's 22nd national conference in Agulu, Anambra State, recently.



Pharm. (Mazi) Sam Ohuabunwa, president, PSN and Pharm. (Sir) Ike Onyechi, managing director, Alpha Pharmacy & Stores Ltd./ chairman of the occasion, during the opening ceremony of the 22nd national conference of NAIP in Agulu, Anambra State.



L-R: Chief Varkey Verghese, chairman, Jawa International; Mr Abhay Thakur, commissioner of India to Nigeria; Professor Mojisola Adeyeye, director general, NAFDAC and Pharm. (Sir) Nnamdi Obi, MD/CEO, Embassy Pharma & Chemicals Ltd., during IPHEX Africa, held at Federal Palace Hotel, Lagos, recently.

## Coming Events

### 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 13<sup>th</sup> 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 NAPPSA conference

The 2019 Annual Conference of the Nigerian Association of Pharmacists and Pharmaceutical Scientists in the Americas (NAPPSA) 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 NAPPSA 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".

### 92nd PSN Conference holds in Kaduna

The 92nd Annual Conference of the Pharmaceutical Society of Nigeria will hold at Kaduna Trade Fair Centre, Zaria Road, Kaduna State from Monday, 4 November to Saturday, 9 November 2019.

Themed "Navigating the Winds of Change in Professional Practice in a Volatile Economy,"

the opening ceremony is scheduled to feature dignitaries like Mr Boss Mustapha, secretary to the federal government and chief guest of honour; Sen. (Mrs.) Uche Ekwunife, special guest of honour; and His Excellency, Malam Nasir Ahmad El-Rufai, executive governor of Kaduna State and chief host.

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The event is captured in pictures below.



L-R. Mr. H.S Arora, MD, Ranbaxy Nig. Ltd. Mr. Onyebuchi Achebe, MD, Softland Pharmacy Ltd. Onitsha; and Alhaji Muhammed Adam Ahmed, MD, Kuka Medical Ltd; Kano.



Mr. H.S Arora, MD, Ranbaxy Nigeria Ltd.



Mr. Onyebuchi Achebe, MD, Softland Pharmacy Ltd; Onitsha, Dr. Ifeanyi Ofor, Senior Product Manager Ranbaxy Nig. Ltd and the MD.



Alhaji Muhammed Adam Ahmed, MD, Kuka Medical Ltd, receiving award from Mr. Arora.



Alhaji Auwalu Ibrahim Sani, MD, Pharmaplus Nig. Ltd, Kano, receiving award plaque from Mr Arora.



Mrs. Victor Emanalor, MD, Warmerk Pharmacy and MD, Mr Arora



Mrs. Obiakor Agustina MD, Canez Healthcare Ltd; and Mr Gunakesk Kumar, Finance Controller, Ranbaxy Nig. Ltd.



Mr. Dimudu Matthew, MD, Dimatts Pharmacy Ltd, receiving award from Mr. Gunakesk Kumar



Mr. Anthony Ogbuagu, MD, Ogbuagu Pharmaceutical Co. Ltd; and Mr H.S Arora.



Mrs. Okey Dike MD, Skob Global Pharmacy Ltd; and Mr Gunakesk Kumar

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Photonews continued



Mrs. Chidinma Catherine Emejuru, MD, Karina Pharmacy Ltd; receiving award from Mr Gunakesk Kumar.



Mr. Ogochukwu Okolie, MD, Bicon Pharmacy Ltd, Lagos; receiving award from Mr Onyeaboh Ekwe, OTC Head, Ranbaxy.



Mr. E.I.K Nwobodo, MD, Steam Pharmacy; and Pharm. Samuel Upama, BDM-Ethical, Ranbaxy.



Mrs. Arinze, MD, Arinzeson Pharm. Co. Ltd; and Mr. Sameep Kapoor, BDM- Ethical North.



Pharm. Falana John Kayode, MD, La-med Pharmacy Ltd, Jos; receiving award from Mrs. Bukola Apata, HRM, Ranbaxy.



Pharm. Cyril Nwagbu, MD, Kamel Pharmacy, Calabar and Mr Matthew Phillip, Plant Head, Ranbaxy Nig. Ltd.



Usman Samuel, MD, Zagbyi Pharm Ltd, Kaduna; and Pharm. Rosana Iwuala, Supt. Pharmacist, Ranbaxy.



Mr. Ebiri James, Jay-Ebisco Pharamceutical, and Mr Prince Nebragho, Supply Chain Manager, Ranbaxy.



Dr. Winifred Ugwu, MD Okoma Pharmacy Ltd; and Rajeer Agarwal, Group Product Manager, Ranbaxy.



Mr Gunakesk Kumar, Pharm. Samuel Upama, Mr. H.S Arora, Mr Onyeaboh Ekwe, and Mr Matthew Phillip.

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# Nigerians must work together to defeat malaria – Ohuabunwa

By Yusuff Moshood

To achieve the goal of zero malaria burden in the country, all Nigerians must proactively get involved in the fight against the disease by cleaning their environment and getting rid of stagnant water where mosquitoes breed, President of the Pharmaceutical Society of Nigeria (PSN), Pharm. (Mazi) Sam Ohuabunwa, has said.

Speaking with newsmen during a press conference organised by the PSN in collaboration with the PSN-Young Pharmacy Group (YPG) to commemorate the 2019 World Malaria Day, held at the PSN office in Anthony, Lagos, recently, Ohuabunwa said that all Nigerians must take environmental cleanliness seriously for the nation to eradicate malaria.

The PSN helmsman stated further that there must be concerted efforts to cover up drainages in residential areas and ensure there are no grown weeds in the community, noting that the nation can potentially stop the transmission of the malaria parasite if it finds ways to interrupt the four stages of a mosquito's life cycle.

"A concerted effort is required to achieve this, so we call on local government authorities to coordinate and implement an environmental policy to achieve this," Ohuabunwa said.

He also called on health professionals to ensure quick and effective response to saving lives, especially in at-risk populations which include children under five years and pregnant women, stressing that a combination of disruptive breeding, elimination of parasite from the body and provision of effective treatment has proven to lead to zero malaria.

The PSN president also urged policymakers, including the Federal Ministry of Health, to strengthen national malaria surveillance by incorporating reports from pharmacists operating in community settings, adding that evidence has shown that most patients visit their community pharmacist first when they suspect malaria.

Ohuabunwa stated further that the World Malaria Day was an opportunity for Nigeria to evaluate its elimination programme, noting that, based on the WHO 2018 report on malaria, 80 percent of deaths from the disease were concentrated in the African region, with India and Nigeria accounting for 19 per cent of the deaths.

He also stressed that children under the age of five years are the most affected group, accounting for 61 percent of all malaria deaths worldwide in 2017.

Pharmacists, Ohuabunwa said, play three major roles in the quest for zero malaria, which include malaria prevention, malaria case management and policy advocacy to tackle the disease.

On malaria prevention, the PSN helmsman stated that pharmacists are well-equipped to advise Nigerians on the use of the long-lasting insecticide treated mosquito nets and the use of topical

mosquito repellants.

In the management of malaria cases, the PSN president said that pharmacists provide appropriate pharmacotherapy, using Artemisinin Combination Therapy as first line in all cases, as well as being actively involved in every aspect of the value chain, including discovery, synthesis, regulations, manufacturing, logistics and policymaking related to antimalarial medicines.



Pharm. (Mazi) Sam Ohuabunwa  
PSN president.

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# India becomes first country to launch pharma tracking device

- As 3rd IPHEX Africa expo attracts NAFDAC DG, other notable pharmacists

By Adebayo Folorunsho-Francis

In what has been considered a major breakthrough in its war against drug cloning, India has emerged as the first country to introduce a tracking device to authenticate the quality and quantity of pharmaceuticals leaving its shores.

This much was disclosed by Mr Udaya Bhaskar, director general, Pharmaceuticals Export Promotion Council of India (Pharmexcil) at the opening ceremony of the third International Exhibition for Pharma & Healthcare (IPHEX Africa), held recently at Federal Palace Hotel, Victoria Island, Lagos.

When asked if India is also experiencing the hydra-headed problem of drug counterfeiting and cloning, Bhaska declared that drug faking is not exclusive to Nigeria.

"In all fairness, I must admit that faking is a global issue. It does not apply only to the pharmaceutical industry alone, it affects every other sector too. I guess that was why India came up with this innovative tracking device to monitor every product leaving the country.

"With its launch, India has since been identified as the first country to deploy such novel tracking device to monitor all her exports," he announced.

Regarding the third IPHEX Africa expo, the Pharmexcil boss remarked that he was happy with the level of support it had received so far from the Nigerian government, National Agency for Food Drug and Administration Control (NAFDAC), Pharmaceutical Manufacturing Group of the Manufacturing Association of Nigeria (PMGMAN) as well as various pharma associations since the inception of the annual programme.

"It has not only improved the relationship between both countries but has also enabled a lot of pharmaceutical and other healthcare companies to grow and have direct access to government-recognised pharma companies from India," he said.

Organised under the aegis of Pharmaceuticals Export Promotion Council of India (Pharmexcil) in conjunction with the Indian High Commission, Indian Pharma Manufacturers Importers of Nigeria (IPMIN) and Association of Pharmaceutical Importers of Nigeria (APIN), the 2019 edition of the annual IPHEX Africa programme had 53 Indian pharmaceutical companies and some notable healthcare professionals turning up for the eventful expo.

Among the numerous products on display were drugs, nutraceuticals, pharmaceutical formulations, APIs, veterinary drugs, healthcare products, as well as some over-the-counter (OTC) and prescription-based



Jaiprakash Pande, director of operations, Africure Pharmaceuticals Limited (middle) flanked by other Indians in one of the exhibition booths.

medicines.

In a related development, Prof. Mojisola Adeyeye, director general, NAFDAC, has applauded the organisation of the event, saying that it was quite impressive

When quizzed by journalists on what NAFDAC was doing to curb continual influx of counterfeit drugs from foreign countries like India, she explained that the solution lies in further strengthening of bilateral arrangements between Nigerian and Indian pharma regulatory bodies.

"This is the bulk of what we discussed today. You know they have their own regulatory bodies that also track and identify people with inclination to commit such felony, just as we equally do in Nigeria. This is the more reason we need to work together," she said.

On complaints that manufacturers and other pharma entrepreneurs are increasingly finding NAFDAC registration process frustrating due to delay and negligence on the part of the officials, Adeyeye debunked the claim saying that people still have the old picture of the regulatory body in mind.

"NAFDAC has changed now. It is not what many used to think. Today, no paper or file is delayed anymore. Processing of those papers you mentioned should not take more than 120 days at the most," she reassured.

Among notable health professionals who graced the events were Pharm. Lolu Ojo, former chairman, Association of Industrial Pharmacists of Nigeria (NAIP); Pharm. Ade Popoola, managing director, Reals Pharma; Pharm. Samuel Adekola, chairman, Association of Community Pharmacists of

Nigeria (ACPN); Pharm. Ernest Okafor, managing director, Nemitt Pharma; Peter Esele, managing director, Pemason Pharma; Aakash Kotari, managing director, Sagar

Vitaceuticals; Jaiprakash Pande, director of operations, Africure Pharmaceuticals Limited and Maheesh Vaswani, SK Medicines Limited.

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# Pharmacists query FMOH over Nigeria's absence on malaria vaccine list

## - As AHAPN celebrates World Malaria Day in Lagos

By Temitope Obayendo

Members of the Association of Hospital and Administrative Pharmacists of Nigeria (AHAPN) have asked the Federal Ministry of Health (FMOH) to explain why Nigeria is missing on the first list of African countries to participate in the pilot programme of world's malaria vaccine.

The healthcare practitioners who expressed concerns on the burden of malaria in Nigeria at the recent World Malaria Day programme, organised by AHAPN national, in conjunction with the Lagos State branch, noted that Nigeria, having the highest burden of malaria in sub-Saharan Africa, ought to be part of the first set of countries to benefit from the pilot vaccine programme.

Speaking with journalists at the event, the National Chairman, AHAPN, Pharm. Kingsley Amibor, expressed surprise and disappointment at the development.

"I guess the Federal Ministry of Health should give us some explanations on that," he said. "With the highest burden of malaria in Nigeria, Nigeria should be among the first countries to run the pilot vaccine test", he said.

Amibor further added that government should, in the meantime, set up preventive measures to combat malaria.

"There is need for vector control, while the government must ensure the provision of insecticide-treated nets to all at an affordable cost because the parasite operates more at night; thus if we can prevent mosquito bites, we can actually prevent malaria," he said.

The AHAPN chairman also called on individuals to embrace personal preventive measures, such as regular environmental cleaning, prevention of stagnant water, cutting of weeds and clearing of drainages.

Speaking on the theme of the programme: "Zero malaria starts with me", the keynote speaker, Dr Moyosore Adejumo, director of pharmaceutical services (DPS), Lagos State Ministry of Health, said it was apt as it calls for the collective efforts of all stakeholders, including government at all levels, professional bodies, healthcare workers, civil society organisations, communities, corporate organisations and even individuals to reduce the scourge of malaria in the country.

While acknowledging the successful implementation of previous malaria intervention programmes, which produced significant reduction in malaria prevalence and mortality in the country, Adejumo called for increased investment and partnership in the prevention of the disease. This, she said, would help to sustain the gains of such programmes.

Citing the Federal Ministry of Health's recent report on malaria, the Lagos DPS asserted that 97 per cent of Nigerians, approximately 178 million people, are at risk of malaria infection. She further stated that there were 219 million cases of malaria globally in 2017, with 435,000 deaths.

She added that while 93 per cent of all malaria deaths occurred in sub-Saharan Africa, children of under 5 years accounted for 61 per cent of all deaths.

Concerning the burden of malaria in Lagos State, Adejumo stated that the condition is responsible for more than 70 per cent of outpatients' attendance in public health facilities, while over 400,000 cases are reported



L-R: National Chairman of AHAPN, Pharm. Kingsley Amibor; Director of Pharmaceutical Services, Lagos State Ministry of Health, Dr Moyosore Adejumo; and Pharm. Anthony Oyawole, at the World Malaria Day programme.

annually.

Highlighting the continued commitment of the state government towards controlling malaria, she mentioned the launch of the Eko Free Malaria Programme in 1999, and the inauguration of the Lagos State Malaria Research Technical and Advisory Committee (LASMARTAC) in 2008, adding however that there was still room for more innovative interventions.

The DPS listed the goals of malaria elimination interventions implemented in the state to include promotion of utilisation of long-lasting insecticide-treated nets (LLINs); prevention of malaria in pregnancy; using intermittent preventive treatment with sulphadoxine pyrimethamine; prompt diagnosis with malaria RDTs and microscopy; effective case management with Artemisinin-based combination therapy drugs (ACTS), among others.

Chairman of the occasion, Pharm. Olumide Akintayo, lamented that 65 per cent of Nigerians, numbering almost 120 million people, expend about N120 million daily to treat malaria, adding that the figure could be running into billions, if the cost of supplementary drugs such as analgesics, multivitamins and others are considered.

Akintayo, who was represented by Pharm. Anthony Oyawole, remarked that to successfully eliminate malaria in the country, hospital pharmacists must align with other stakeholders to re-engineer the approach to malaria treatment in order to achieve zero prevalence of the disease.

AHAPN Lagos State Chairperson, Pharm. (Mrs) Titilayo Onedo, stressed the need for more of such awareness programmes in the country, saying if the populace is well enlightened on the causes of a disease, measures could be easily taken to prevent it.

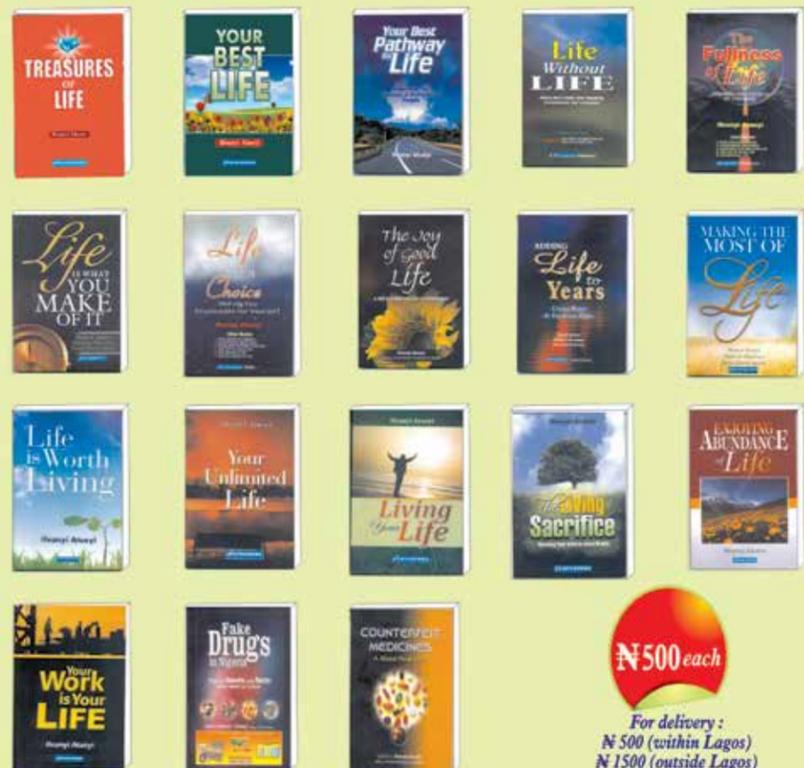
"It is important we came out today because we want to enlighten the people on how to prevent malaria, and what to do, if they have malaria, as it is endemic in Africa. For instance, if they sleep

under insecticide-treated nets, with clean surroundings, their chances of having malaria will be low.

"If all of us decide to prevent

malaria, with each household regularly engaging in antimalarial activities, if we can do the right thing, in no time, malaria will be a thing of the past", she stated.

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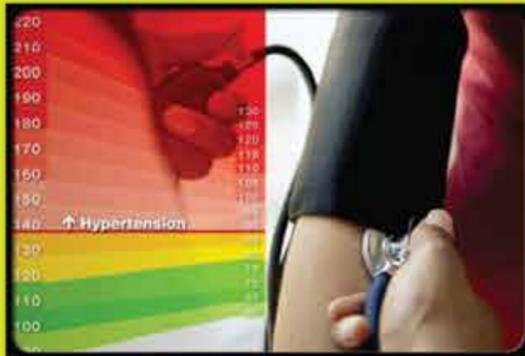
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# Pharmacy beyond "Take one, three times daily" mantra, says Prof. Aina

## - As dean holds inaugural lecture in UNILAG

By Adebayo Folorunsho-Francis

Contrary to the age-long perception that pharmacists are mere drug dispensers, Prof. (Mrs) Bolajoko Aina, dean, Faculty of Pharmacy, University of Lagos (UNILAG), has declared that today's pharmacy practice has gone beyond just sitting in cubicles to dish out products and information.

Addressing a huge audience at her inaugural lecture held at the UNILAG auditorium on 13 March, 2019, the dean declared that pharmacists are grossly underutilised in today's society.

"Take one three times daily' is, perhaps, the mantra of pharmacy practice, but it oversimplifies the roles of a pharmacist and an indication that the pharmacists are often underutilised.

"Lay people and even some healthcare professionals often wonder, 'What is it about pharmacy practice? Is it not just to give out medicinal products and say, 'take one three times daily? or something similar?'" she noted.

According to her, such statements arise from misconceptions.

Explaining further, Aina said, "To get pharmacotherapy right, there is the need to combine the right pharmaceutical product with adequate and usable information. Appropriate pharmaceutical product plus appropriate drug information equals appropriate pharmacotherapy.

"One component without the other often results in the irrational use of medicine and a failure of the product to deliver its therapeutic promise. The gaps in the medicine use and information brings to fore the need for Operational research (OR) in pharmacy," she said.

In her summation, OR in Pharmacy provides background data and experimental evidence from which policy makers or healthcare providers can make informed decisions.

To the erudite professor's credit, the presentation attracted the crème de la crème in science and academia, such as Prof. Oluwatoyin Ogundipe, vice chancellor, UNILAG; Prof. B. O. Familoni, deputy vice chancellor (academic & research); Prof. Ben Oghojato, deputy vice chancellor (management service); Prof. Folasade Ogunsola, deputy vice chancellor (development service); Mr Azeez Oladejo, registrar; Mr Olalekan Lawal, bursar; Dr (Mrs) O. A. Fadehan, librarian; Prof. Afolabi Lesi, provost and Mrs A. O. Ukaiwe, director (academic affairs).

Also in attendance were former Deans of Faculty of Pharmacy such as Prof. H.A.B Coker, Prof. Oluwakemi Odukoya, Prof. Boladale Silva, Prof U. E. Mendie.

Other participants were Dr Arinola Joda, former editor-in-chief of PSN journal; Pharm. Modupe Ologunagba, former chairman, Association of Lady Pharmacists (ALPS), Lagos; Pharm. Ismail Adebayo, former chairman, Association of Community Pharmacists of Nigeria (ACPN) Lagos chapter; Pharm. Folorunsho Alaran, marketing manager (West Africa), Shalina Healthcare, as well as Mr Ayodeji Aina and Mrs Mary Idowu Sokale, husband and mother



L-R: Prof. (Mrs) Bolajoko Aina, dean, Faculty of Pharmacy, University of Lagos (UNILAG) being presented with an award plaque by Dr Dele Ashiru, chairman, Academic Staff Union of Universities (ASUU), while Prof. Oluwatoyin Ogundipe, vice chancellor, UNILAG, looks on.

of Prof. Aina respectively.

Earlier in her opening address, Aina appreciated the vice chancellor for granting her the rare privilege of delivering the lecture, adding that her dream of remaining in academia started way back in 1982.

"As an undergraduate in University of Ife (now Obafemi Awolowo University), I opted to do my internship at the same faculty after my resolve to remain in academia to harness the opportunity to start my masters in Pharmaceutics (1982/83).

"Back then, Clinical Pharmacy was not yet available. My interest

in academia was roused by a number of factors, namely: the serene academic environment, the simplicity of academics, and the peaceful and orderly lifestyle of lecturers on Ife campus (which was quite different from the hustle and bustle of Lagos where I was born and bred)," she said.

According to the dean, the lifestyle being demonstrated by those campus lecturers excited and impressed her as it perfectly suited her personality as an introvert.

While asking the audience to give Aina a resounding applause, the UNILAG vice chancellor announced that She fulfilled her

part by paying off her professional debt to the institution.

"She is hereby discharged and acquitted. I officially welcome her into our prestigious class of professors at the University of Preferred Choice - UNILAG" he declared.

Interestingly, Prof. Bolajoko Aina's inaugural lecture is the 328<sup>th</sup> series in UNILAG, first for the 2018/2019 Session, sixth at the Faculty of Pharmacy, UNILAG; fifth in Clinical Pharmacy nationwide and first in the department of Clinical Pharmacy and Biopharmacy, University of Lagos.

## PSN president, Ohuabunwa visits Plateau PSN

The President of Pharmaceutical Society of Nigeria (PSN), Pharm. (Mazi) Sam Ohuabunwa was in Plateau State recently on a working visit.

During the visit, the state chapter of PSN held a grand reception to welcome the president in Jos. The reception was graced by members of the Society in the state, led by the Chairman, Pharm. (Dr) Dauda Dangiwa.

The PSN president, during the trip, also paid a courtesy visit to the Governor of Plateau State, Samson Lalong. He equally visited the home of the oldest pharmacist in the state, Chief Bouyen Longmiap Lawrence, a fellow of the PSN, as well as the factory of Grand Cereals Limited, makers of Grand oil.

A grand dinner, graced by many pharmacists, friends of Pharmacy and member of the Old Boys Association of Owerri Government Secondary School (OGGS), was organised to round

off the PSN president's visit. Ohuabunwa who is an alumnus of OGGS, was also conferred with the chieftaincy of "Miskoom of Plateau" at the event.

Among the personalities that accompanied the PSN president

from Lagos to Plateau State was Pharm. Bankole Aminu Ezebuilo, MD, Kayhelt Pharma/ chairman, Conference Planning Committee (CPC), Crocodile 2019.



PSN president, Pharm. (Mazi) Sam Ohuabunwa (3rd from right) and other pharmacists in a group photograph with the Governor of Plateau State, Samson Lalong (4th from left), during Ohuabunwa's visit to the governor.

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# Shalina to build ultra-modern manufacturing facility in Lagos, says Virji

## - As company rewards 35 pharma distributors

By Adebayo Folorunsho-Francis

To further bring quality and affordable medicines closer to Nigerians, Shalina Healthcare has concluded arrangements to build a multi-billion naira, state-of-the-art manufacturing facility along Lagos-Ibadan Expressway.

This was revealed at the company's Partners Conference, held at Ibis Hotel, Ikeja, Lagos on 6 April, 2018.

Speaking with *Pharmanews*, an excited Abbas Virji, chief executive officer, Shalina Group, disclosed that the facility, the company's first in Africa, would conform to the National Agency for Food and Drug Administration and Control (NAFDAC) and World Health Organisation (WHO)'s current Good Manufacturing Practice (cGMP) standards.

He added that, aside from creating employment opportunities and boosting the company's growing image, the new plant would offer more options in the areas of antimalarial and antibiotics in the Nigerian pharmaceutical sector.

Reminiscing on Shalina's beginnings, Virji remarked that the company, which started in the Democratic Republic of Congo (DRC), was named after his sister, Shalina, adding that her birth had coincided with the time of the company's incorporation and the older Virji had been convinced beyond doubt that the young Shalina would bring him luck.

"When my father started the business, he identified a clear gap in the market because he discovered that there was no affordable medicine available to the people.

"It was the era of colonialism and Africa was still under the control of Britain, France, Portugal, Belgium and the rest. Those colonial powers had their products made available by trading companies on the continent. That was what happened in the 1950s and 1960s," he said.

According to the Shalina boss, the challenge back then was that those trading companies thought they could sell those products at the same price they were selling in European markets, which, fundamentally, was not a viable proposition for the people.

"Therefore it was either those products were unavailable or too expensive. The vision my father had, which I think was ahead of his time, was that he identified potentially that India had got the capability to manufacture medicines on a large scale for export.

"His vision was proven correct because Time magazine once dedicated a cover story to it. And when you look globally at North America, Asia, Europe, South America and Africa and around other continent in the last 10 years, India has got enough capacity to supply to the whole globe," he declared.

To further buttress his point with statistics, the seasoned entrepreneur noted that India currently owns more than 9,000 pharmaceutical manufacturing factories, while Africa has 450.

"As you can see, there is a huge gap. You must have heard our managing director (Somnath Malakar) mention earlier that some



L-R: Somnath Malakar, managing director, Shalina Healthcare; Tochukwu Agu, one of the winners of Shalina's Top 10 Best Partners Awards and Abbas Virji, CEO, Shalina Group.

pharma companies have closed down operation in the troubled area of Maiduguri.

"We, on the other hand, are steadily increasing capacity in same area. When people are running away," he said.

On why Shalina did not pull out of Maiduguri, Virji explained that he was advised that there was a big market out there.

"I assessed the report and it made sense to me. Secondly, risk is relative. What you think is risky may not be to me. It is just a perception! Fundamentally, the opportunities are there.

"With proper risk management control, we could make it a success. In any way, I think the initial results are looking impressive. Lastly, I believe that the people of Maiduguri deserve the right to access quality and affordable medicine," he said.

With Shalina growing at a steady rate of 30 per cent in the last couple of years (making it arguably one of the fastest growing pharmaceutical companies in the country), the management has pledged December 2020 for completion of the manufacturing facility.

Sharing in his chief executive officer's optimism, Somnath Malakar, managing director, Shalina Healthcare, opined that the local pharmaceutical industry in Nigeria has a huge potential, adding that every company operating in the country has a role to play.

"There is a huge potential in this industry and I think we are just at the tip of that juncture where it is going to take off very shortly for the better. We hope the Nigerian government can help to sustain the momentum.

"We at Shalina don't want to remain small in the pharma industry. We want to be that (Biblical) David who aimed and accurately hit Goliath at the right spot," he enthused.

On some notable lessons the Nigerian pharmaceutical sector can learn from India, Malakar pointed out two – harnessing local talents and embracing technology.

He explained that no matter how globally any company operates, the need to groom local talents to the needs of the region is key to its success.

"Secondly, people must embrace technology. Failure to achieve this could lead to disaster. For instance, a year after we establish the plant, the experts brought in are expected to leave and allow Nigerians take control of operation. That is technology transfer," he said.

In a related development, Pharm. Folorunsho Alaran, regional marketing manager (West Africa), Shalina Healthcare told journalists that the challenges of the pharma industry are multifaceted.

"It also depends on which side of the divide you are looking at it though. One of the reasons we are having this Partners Conference is for our partners to know that, moving forward, Shalina is working at having made-in-Nigeria products for the populace," he said.

Midway through the programme, 10 of the 35 distributors in attendance were given special recognition and rewarded for their loyalty and commitment over the years.

They included Joe Bliz Limited (Lagos), Atidam Pharmaceutical (Lagos), Global Paulken Pharmacy (Lagos), Godfather Pharmacy (Kano), Ifeanyi Health Pharma (Sokoto), Pennywise Projects Limited (Onitsha), Ibrophy Pharmacy (Ibadan), Nobiz Global (Onitsha), Mykena Pharma & Healthcare (Lagos) and Ubanuel Pharmacy (Lagos).

While praising the efforts of the partners for ensuring Nigerians across all the geo-political zones access quality and affordable drugs,

Debajeet Mukherjee, business head (West Africa), disclosed that the journey had been quite eventful for Shalina as a company.

"I remember that we started with four distributors from Idumota and Trade Fair. Over the years, the number increased to 189, 272, and 310 partners to where we are today.

"Shalina has continued to grow stronger to date. I must commend Somnath (Malakar) for hosting a successful Partners Conference. I did not have the courage to do it when I was in charge as managing director some years ago," he confessed.

Noted for its diverse range of therapeutic products, including analgesics, dermatology, anti-malarials, antibiotics, anti-inflammatory gastrointestinal, anti-infectives and nutraceuticals, Shalina Healthcare has been operating in Africa in the last 30 years.

With an end-to-end supply chain, it is presently in nine countries on the continent including Angola, Democratic Republic of Congo, Central African Republic, Nigeria, and Ghana.

Among dignitaries and officials in attendance at the event were Amit Shukla, Chief operating officer, Shalina Healthcare; Rohit Khatri, general manager; Jeyaraman Perumal, business development manager; Nitin Mishra, field force effectiveness manager (Abuja); Chris Eyo, national sales manager; Pharm. Ayo Akinsola, zonal sales manager; Santosh Karne, project manager; Cornelius Okafor, brand manager, (Ibucap); Goke Adedamola, brand manager (gastro & anti-infectives); Pharm. Kenneth Mordi, brand manager (antimalarial, respiratory & nutraceuticals); Tolu Uwhubetine, brand manager (Epiderm & Betasol) and Uzumma Pascal-Uma, regional manager (Lagos Island).

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# Shalina Healthcare Nig.Ltd

**Shalina Healthcare Nigeria Ltd**, one of the leading pharmaceutical company in the country specialises in manufacturing top quality drugs. Snippets from their recently held 1st Annual Partner Conference celebrating partnership and last fiscal performance are captured below.



L to R: Mr. Debajet Mukherjee (VP- West Africa), Mr. Amit Shukla (COO - Shalina), Mr. Abbas Virji (CEO - Shalina)



Shalina Nigeria Team (L to R) Mr. Folorunso Alaran (Marketing Head), Mr. Chris Eyo (NSM), Mr. Cornelius Olufofor (Brand Manager)



Partner participation at Conference (L to R): M/s Chin-Jika, M/s Addam Pharm Ltd, M/s Warmek Pharmacy



L to R: Shalina Nigeria MD, M/s Ubacel Pharmacy (Lagos), Shalina CEO Abbas Virji



L to R: Shalina Nigeria MD, M/s Mykenia (Lagos), Shalina CEO Abbas Virji



Partner participation @ Conference (L to R): M/s Peter King Int Ltd, M/s Rebebo Investment Co Ltd, M/s Godfather Pharmacy



L to R: Shalina Nigeria MD, Chief Peter King (Onitsha), Shalina CEO Abbas Virji



L to R: Shalina Nigeria MD, M/s Joe Bilo (Lagos), Shalina CEO Abbas Virji



L to R: Shalina Nigeria MD, M/s Pennywise (Onitsha), Shalina CEO Abbas Virji



L to R: Shalina Nigeria MD, M/s Godfather Pharmacy (Kano), Shalina CEO Abbas Virji



L to R: Shalina Nigeria MD, M/s Manas Pharmacy (Enugu), Shalina CEO Abbas Virji



L to R: Mr. Abbas Virji (CEO - Shalina), M/s Pedro Nig. Ltd, Shalina Nigeria MD



L to R: Shalina Nigeria MD, M/s Bebebo Investment Co Ltd (Uyo), Shalina CEO Abbas Virji



L to R: Shalina Nigeria MD, M/s Addam Pharmaceutical Ltd (Lagos), Shalina CEO Abbas Virji



L to R: Mr. Abbas Virji (CEO - Shalina), M/s Chin-Jika, Shalina Nigeria MD



L to R: Shalina Nigeria MD, M/s Global Pullen (Lagos), Shalina CEO Abbas Virji



L to R: M/s God's Time Pharmacy (Benin) with Shalina Nigeria Managing Director



L to R: M/s Usman Investment, Mr. Debajet Mukherjee (VP - West Africa), Mr. Abbas Virji (CEO - Shalina)

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# NAIP boss, experts canvass paradigm shift to reposition Nigerian pharma sector

*continued from back page*

Speaking at the opening ceremony of the conference, Pharm. Anukwu advocated for the establishment of pharmaceutical industrial parks in Nigeria, noting that having such will help reposition the country's pharmaceutical sector.

The NAIP boss asked the government of Anambra State to provide a portion of the space at its proposed industrial park for the pharmaceutical sector, adding that with a pharmaceutical production park where power and water treatment plants are provided and shared by a number of pharmaceutical manufacturing companies, Nigerian companies will be able to produce products that are relatively competitive in the international market and penetrate other African and Western markets with locally manufactured medicines.

He also asked the government to provide arable land for the cultivation of medicinal plants, stressing that many extracts of the nation's indigenous plants are being used for the production of nutraceuticals all over the world.

The Commissioner for Health, Anambra State, Dr Joe Akabuikwe, who was at the opening ceremony of the conference and also led a government delegation that held a parley with the leadership of NAIP on the proposed pharmaceutical industrial park, assured the industrial pharmacists of support from the Anambra State government. He noted that the two parties would work on the idea that had been discussed to ensure that the pharmaceutical industrial park is established in the not too distant future.

Delivering the conference' keynote address at the opening ceremony, Dr Anyakora, while lamenting that 70 per cent of finished pharmaceutical products used in Nigeria are imported, said there is lack of capacity-building in every sphere of the pharmaceutical ecosystem in Nigeria.

He stressed that a paradigm shift is required to unleash the Nigerian pharmaceutical workforce, adding that access to pharmaceuticals must be prioritised in health and industrial policies.

He charged stakeholders in the pharmaceutical sector to develop strategic plans and funding to advance pharmaceutical access, stating that it is also imperative to make significant investment in pharmaceutical workforce development.

Anyakora further asked stakeholders to develop a pharmaceutical development



**L-R: Pharm. Ignatius Anukwu, national chairman, NAIP; Pharm. Chinedu Nwulia, 2nd national vice Chairman, NAIP; Pharm. (Sir) Ike Onyechi, managing director, Alpha Pharmacy & Stores Ltd.; Dr Joe Akabuikwe, commissioner for health, Anambra State; and Pharm. Anthony Osadolor, welfare officer, NAIP, during the closing dinner of the 22nd Annual National Conference of NAIP at Golden Tulip Hotel, Agulu, Anambra State.**



**L-R: Pharm. Ahmed Gana, 1st vice national chairman, NAIP; Pharm. Ignatius Anukwu, national chairman, NAIP; Igwe Oranu Chris Chidime Eze Ana-Ukwu-Igulube of Omor; Pharm. Emeka Adimoha, treasurer, NAIP and Pharm. Richard Ladapo, financial secretary, during a visit to the traditional ruler by the NAIP leadership in Omor, Anambra State, recently.**

and bio-economic roadmap, as well as packaging incentives to spur local manufacturing.

While also presenting a paper at the conference on the topic: "Making Nigeria Africa's Pharmaceutical Hub Through Private Sector Initiatives", Prof. Emeje said that Nigeria must rise to accelerate the pace of drug discovery through convergence of technology, noting that African government and the pharma industries must express their willingness and commitment to

support the partnership for the enhancement of pharmaceutical and health sectors in Africa.

The professor of drug delivery and nanomedicine from the National Institute for Pharmaceutical Research and development (NIPRD), Abuja, stressed that all stakeholders should work together to build capacity for health and pharmaceutical sectors which should entail technology transfers, as well as human and infrastructural development of

manufacturing companies.

Dignitaries at the conference included. (Mazi) Sam Oluabunwa, president, PSN; Dr Joe Odumodu, former director general, Standard Organisation of Nigeria (SON); Pharm. (Sir) Ike Onyechi, MD/CEO, Alpha Pharmacy & Stores Limited; Dr Lolu Ojo, former national chairman, NAIP; Dr Kingsley Amibo, national chairman, AHAPN and Pharm. Onyeka Onyeibor, managing director, Miral Pharm. Limited.

# Medical experts chart path to eradicating malaria in Nigeria

continued from back page

development of new strategies to combat the parasite.

Idris, who was represented by Dr Abimbola Osinowo, director, Lagos State Malaria Elimination Control Programme, at the workshop, also mentioned over-diagnosis of malaria, as one of the challenges besetting efforts to eradicate the disease.

According to her, "Diagnosis, prior to treatment of malaria, improves the overall management of patients with fever and helps to reduce the emergence and spread of drug resistance by reserving antimalarials for those who have the disease. It is equally important that all malaria cases diagnosed are recorded in the appropriate data tool to ensure that all malaria cases in the State are duly reported."

The President, Malaria Society of Nigeria (MSN), Dr John Puddicombe, stressed the need to take malaria campaign to the nooks and crannies of the rural areas, noting that the theme of this year's World Malaria Day, "Zero Malaria Starts with Me", cannot be said to be true in Nigeria, if the rural dwellers are still ignorant of the prevention strategies for the disease.

"We need to take our awareness campaign to the grassroots because it is until we take this theme of 'zero malaria starts with me' round the rural communities that we can reduce the burden of malaria to a great extent", he said.

Puddicombe also faulted the materials currently being used for the production of insecticide-treated nets, saying they are often not usable without electricity, as it has been observed that they generate heat beyond bearable limits for users in the absence of power supply.

Dr Bangboye Afolabi, chief medical research Fellow, NIMR, was particularly concerned about the quality of antimalarial products in the country, saying many of them are fake and substandard.

While highlighting the economic burden of malaria for individuals and government, Afolabi stressed that the quality of pharmaceutical commodities in the management of malaria is a key factor that must be considered.

He further tasked pharmaceutical companies on the production of high quality antimalarials for effective treatment of the disease, noting that this will accelerate the eradication target.

Speaking earlier, the Director General, NIMR, Prof. Babatunde Salako, identified gaps in access to and uptake of lifesaving antimalarial commodities and interventions, saying these gaps must be filled, if malaria is to be defeated for good.

The NIMR DG, represented by Dr Sola Smith, a research

fellow of the Molecular Biology & Biotechnology Department of the institute, also mentioned that Nigeria, Madagascar and the Democratic Republic of Congo are leading in malaria burden, according to the 2018 World Malaria Report. This, he said, is an indication that more concerted steps must be taken to eliminate the disease in the country.



L-R: Dr Sola Smith; Dr Abimbola Osinowo, director, Lagos State Malaria Elimination Control Programme; and Dr Bamgboye M. Afolabi, at the event.

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**SIDE EFFECTS**  
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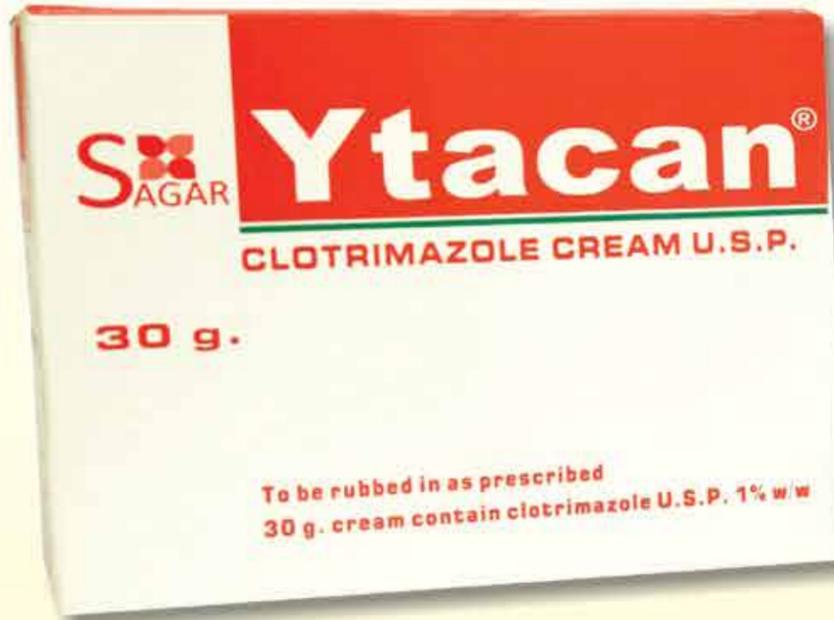
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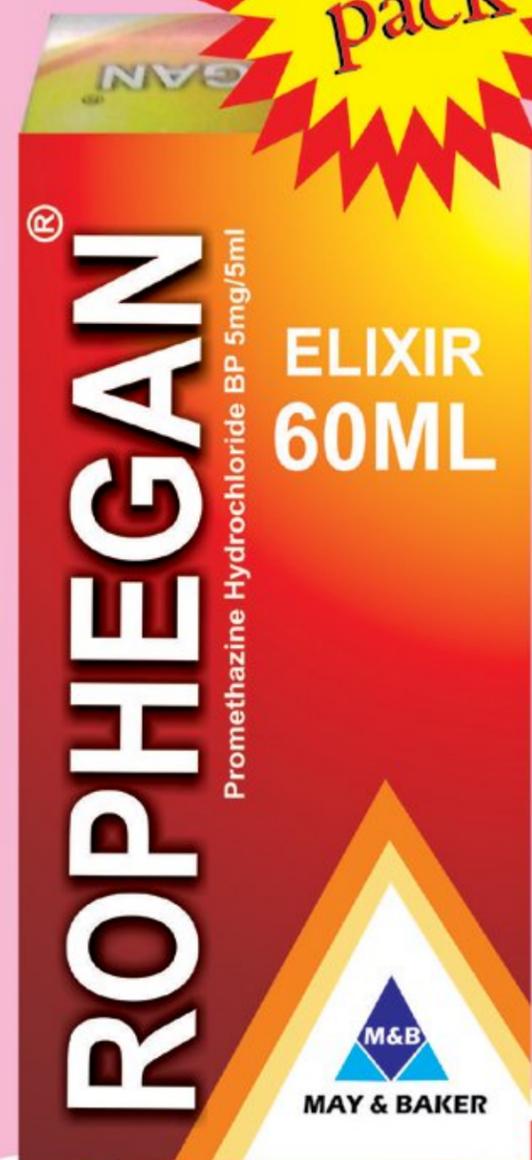
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# NAIP boss, experts canvass paradigm shift to reposition Nigerian pharma sector

- As NAIP holds 22<sup>nd</sup> Annual National Conference in Anambra

By Yusuff Moshood

To transform the Nigerian pharmaceutical industry and reposition the sector for maximum growth, stakeholders must embrace a paradigm shift, characterised by strategic innovations, Pharm. Ignatius Anukwu, national chairman, Association of Industrial Pharmacists of Nigeria (NAIP); Dr Chimezie Anyakora, chief of party, PQM, United States Pharmacopeia (USP); and Professor Martins Emeje, national chairman of Nigeria Association of Pharmacists in Academia (NAPA), have said.

They spoke during the 22<sup>nd</sup> Annual National Conference of NAIP, themed, "Disruptive Innovations: Unleashing the Nigerian Pharmaceutical Industry", held at the Banquet Hall of Golden Tulip Hotel, Agulu, Anambra State, in the first week of May.

continued on page 47



L-R: Pharm. Ignatius Anukwu, national chairman, NAIP; Pharm. (Mazi) Sam Oluabunwa, president, PSN; Igwe Oranu Chris Chidume, Eze Ana-Ukwu Eze-Igulube of Omor and Pharm. Onyeka Onyeibor, managing director, Miral Pharma Ltd., when the PSN president visited the Igwe in his palace in Omor, Anambra state, recently.

## Medical experts chart path to eradicating malaria in Nigeria

By Temitope Obayendo

Practitioners from the various fields of Medicine have highlighted the necessary strategies for attaining zero malaria burden in Nigeria, stating that both the government and the citizenry have crucial roles to play to achieve the goal.

The experts, who unanimously made the submission at the workshop organised by the Nigeria Institute of Medical Research (NIMR), in collaboration with the Society for Mosquito Control in Nigeria and the Malaria Society of Nigeria, emphasised effective environmental management as the best prevention strategy for the disease.

In his address at the gathering, the Lagos State Commissioner for Health, Dr Jide Idris, listed environmental management practices to be adopted by Nigerians to include:

Effective refuse management, dredging of canals and channels; integrated vector control; as well as operational research for evidence-based programming and decision making.

Idris further explained that recent studies had shown that malaria-causing mosquitoes, which hitherto used to breed only in dirty and polluted water, now breed in clean stagnant water, adding that the studies equally found the parasites to be highly endophilic (residing indoors) and thus requiring Indoor Residual Spraying for effective control.

The health commissioner, citing additional researches, noted that mosquitoes have been found to be resistant to the conventional insecticides, pyrethroids – which, according to him, is an indication for the

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