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COVID-19: PMG-MAN lauds CBN's N1.1 trillion intervention fund

- Says gesture will boost self-sufficiency in drug production

By Moses Dike

As the world battles to curb the deadly COVID-19, chairman of the Pharmaceutical Manufacturers Group of the Manufacturers Association of Nigeria (PMG-MAN), and managing director of Fidson Healthcare Plc, Dr Fidelis Ayebae, has praised the Central Bank of Nigeria (CBN) for the release of N1.1 trillion naira health sector intervention fund,

explaining that such an intervention would further empower major stakeholders in the health sector to work more towards ameliorating the challenges posed to the citizenry by the virus.

Ayebae, who recently spoke in an exclusive interview with *Pharmanews* in his Lagos office, said although the intervention fund was meant for the entire healthcare

sector, a large chunk of it would go to the local pharmaceutical manufacturers to enable them scale up their capacity to meet up with local drugs need of the country, especially as it relates to the COVID-19 pandemic.

The PMG-MAN boss, who regretted that the capacity of local pharmaceutical manufacturers had been hampered over the



Pharm. (Sir) Nnamdi Obi, MD, Embassy Pharma Limited, undergoing the PSN Tower ground-breaking ceremony with Pharm. (Mazi) Sam Ohuabunwa, PSN president; while eminent pharmacists like Pharm. (Dr) John Nwaiwu, chairman, Project Committee (left); Pharm. (Mrs) Ejiro Foyibo, deputy PSN president, South; (third from left); Pharm. Ade Popoola, MD, Reals Pharmaceuticals (second from right); Pharm. (Dr) Ukamaka Okafor, PCN representative (right) and others look in admiration.

years by issues such as lack of patronage by government and citizens, said the day of reckoning seems to have come with the emergence of the COVID-19 pandemic, which has not only crippled drug importation but has shown the need for nations to strive to be self-sufficient in local drugs production to, at least, cater for their people.

Sufficiency in local drugs manufacturing, he maintained, is a national security issue that must be taken very seriously, especially in view of emergencies such as the rampaging coronavirus.

Below is the complete interview:

continued on page 19

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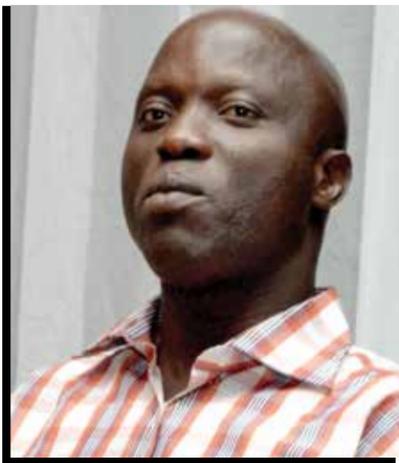
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Pharm. (Engr) Olatunji Koolchap AAA, is an astute pharmacist with over 40 years' experience in the different fields of pharmacy practice. He is a graduate of Kharkov State Pharmacy Institute, formerly known as Ukrainian Academy of Pharmacy and now National University of Pharmacy, Kharkov, Ukraine. He also obtained his Master of Science (with bias in clinical and industrial pharmacy) from the same institution.



Koolchap had his internship at Lagos University Teaching Hospital, Idi-Araba, Surulere, Lagos and National Youth Service at St. Luke's Hospital, Anua, Uyo, Akwa Ibom State and General Hospital, Kofan Gayan, Zaria, Kaduna State.

An independent pharmaceutical consultant, certified system engineer and professional counsellor, he is currently pharmacist director, Biomedical Limited, Ilorin, Kwara State, Nigeria; chief consultant, Abbey 3X Consulting and Fort Moses Pharma Limited, Lagos; regulating affairs manager, Chidos Pharmacy Limited; pharmacy director, Eddy Murphey Pharma Limited; chief consultant pharmacist, Pharmslat Pharma Limited, Lagos; and health consultant, Sustainable Development Goals (formerly Nigerian MDGs).

Koolchap is a prolific writer, editor, author and publisher, with over 60 publications covering Pharmacy, management and leadership, information and communication technology, counselling and psychology, aviation etc., to his credit. Some of his publications include: The Essentials in Pharmaceutical Practice, History of Pharmacy Development in Nigeria, Aviation Career and Information and Communication Technology, among others.

He has served the pharmacy profession in various capacities, including being national secretary, Association of Community Pharmacists of Nigeria (ACPN); editor-in-chief, Pharmaceutical Society of Nigeria (PSN), Lagos State Branch; financial secretary, PSN, Lagos State; chairman, Editorial Board, PSN, Lagos State; pioneer editor-in-chief, ACPN national newsletter; pioneer secretary and publicity secretary, ACPN, Obalende, VI, Ikoyi Zone; as well as being a member of several committees.

Koolchap has received scholarship awards four times, two from the Federal Government of Nigeria, one from the UNESCO, and one from karROX Nigeria IT Gold Scholarship (CSE). Other awards and recognitions he has received include: Chief E.A. Osadolor Merit Award (2014) – University of Benin, Faculty of Pharmacy; Service Excellence Award – ACPN; The Inspiration Excellent Leadership Award (2014) – Inspiration International Inc. USA; Merit Award (2012) – PSN Lagos State; Professional Service Award – ACPN; Fellow, The Economics Institute, among others.

Olatunji Koolchap is also a member of NIM, FIP, Society for Monitoring and Evaluation Nigeria, Chartered Institute of Loan and Risk Management of Nigeria and Canadian Christian Clinical Counsellors Association and many others.

Inspiration

Aim for success, not perfection. Never give up your right to be wrong, because then you will lose the ability to learn new things and move forward with your life." – **David M. Burns**

"Nothing in the world can take the place of perseverance. Talent will not; nothing is more common than unsuccessful people with talent. Genius will not; unrewarded genius is almost legendary. Education will not; the world is full of educated derelicts. Perseverance and determination alone are omnipotent." – **Calvin Coolidge**

"Be prepared before you begin. You save yourself from delay if you are fully prepared. Preparation sets you for excellence." – **Israelmore Ayivor**

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Excellence: They are not something you get for knowing the path; they are something you experience by walking it." – **Steve Maraboli**

"The whole secret of a successful life is to find out what is one's destiny to do, and then do it." – **Henry Ford**

"The starting point of all achievement is desire." – **Napoleon Hill**

"All our dreams can come true if we have the courage to pursue them." – **Walt Disney**

"Be yourself! Don't try to fabricate your personality in the guise of impressing others." – **Ashish Patela**

Go confidently in the direction of your dreams. Live the life you have imagined. – **Henry David Thoreau**

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5. PN is available online as mobile App and PDF.
6. PN has about 4 million monthly website hits.
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8. PN is the Winner, 2017, 2018 and 2019 Nigerian Healthcare Media Excellence Award.

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Chinese medical personnel: Government goofed

Despite widespread concerns and criticisms from Nigerian healthcare professionals and other stakeholders within and outside the nation's health sector, the federal government, on 8 April, welcomed a 15-man team of Chinese medical personnel, ostensibly to bolster the fight against the scourge of COVID-19 in the country. The Chinese contingent, whose coming had only been announced five days earlier at a media briefing organised by the Presidential Task Force on COVID-19, also came with an estimated \$1.3 million worth of medical equipment and consumables. The team is said to be made up of specialist doctors, nurses and laboratory technicians.

Apparently, for reasons having to do with the ambiguity surrounding the mission of the foreign medics and the unilaterality with which government took the decision, healthcare practitioners in the country had vehemently kicked against the move. The Nigerian Medical Association (NMA), through its President, Dr Francis Faduyile, in a statement, said: "It is a thing of embarrassment to the membership of the association and other health workers who are giving their best in the fight against COVID-19 pandemic under deplorable working conditions, and a fragile health system to be subjected to the ignominy of not being carried along in arriving at such a decision." Similar sentiments were expressed by other associations within the health sector, with the National Association of Resident Doctors

(NARD) going further to point out the illegality of inviting doctors to work in the country without being licensed by the Medical and Dental Council of Nigeria.

Sadly, rather than seizing the opportunity of the insights provided by these long-suffering professionals to rethink its decision or temporarily suspend it until the various concerns raised were properly addressed, the federal government insisted that it would go ahead with its plan, and it eventually did. To justify this obduracy, a flurry of confusing and conflicting statements were released by the government and its Chinese partners, each of which only ended up making the decision even more questionable and unacceptable.

It must be quickly stated that this decision of government to disdained the views of the country's health professionals before taking such a crucial healthcare-related decision is not new. Indeed, anyone seeking to understand why the nation's healthcare system has been in shambles for so long and why the citizens are constantly exposed to disease outbreaks and avoidable mortalities from various health conditions, only needs to consider the many instances of government shunning the calls and concerns of key stakeholders in the health sector, until there are dire

consequences.

Issues, such as the consistently appalling budgetary allocation to the healthcare sector, the excessive dependence on drug importation, the need to overhaul the nation's health system and the inadequacy of government's support to local pharmaceutical manufacturers, have been repeatedly raised at different fora but no one seems to pay attention, until there is a health crisis or a disease outbreak. Indeed, before the very first confirmed COVID-19 patient in Nigeria came in from Italy, stakeholders in the health sector had warned on the health hazards of leaving the borders of the country open. Typically, their views were rebuffed until the situation had begun to escalate.

It is high time the Nigerian government understood that people in government do not and cannot know it all. No nation can establish a strong healthcare system or provide qualitative healthcare to its citizens, while the government continues to act like it knows better than the professionals in the field or keeps disregarding their opinions on fundamental healthcare issues. Moreover, the fact that the government could go ahead with its controversial decision shows that policymakers in the nation's health sector are yet to have a grip of how quality healthcare delivery works.

Best patient outcomes are only achieved when different health professionals work together in an atmosphere devoid of rancour and mistrust. How does the government presently hope to achieve this when it is forcing one team of health workers on another – the minority upon the majority for that matter?

It must also be emphasised that neither the excuse that the visiting Chinese health workers are being sponsored by selected Chinese companies in the country nor that they will mainly provide advisory functions is tenable. In the first place, the question is not whether the foreign personnel are being presented as a gift or not; the question is, must the government accept it, given the present concerns and suspicions of Nigerians in general? And for the so-called advisory role, it is basic common sense that these foreign personnel can never be successful in advising those who do not want them here in the first place.

It is our view that this period in which the Chinese delegation are observing the compulsory 14-day quarantine, offers a good opportunity for the government to drop its toga of bravado and do some damage control to its public relations tactic on this issue. Both the health ministry and the Presidential Task Force must initiate strategic communication channels to allay the fears of Nigerian healthcare professionals and the general citizenry about these foreigners. This will help to prevent the current battle against COVID-19 in the country from being jeopardised.

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Identify your priorities

By Sir Ifeanyi Atueyi

It can be said that generally everyone has priorities. Businesspeople, in particular, always talk of their priorities. Some have actually gone through the process of identifying and writing them down. They discuss how important the priorities are and how they intend to execute them. But, unfortunately, they don't walk the talk. They merely pay lip service to those priorities. People often hear them talking about those priorities but they do not spend their time implementing them. It is what you actually do that identifies what your priorities are. Such priorities that you talk about but do not implement are only imagined priorities. On the other hand, the real priorities are the things you spend your time doing. They may not be discussed or written down but you always find time for them. These real priorities are what you consider important and make commitment to them.

The truth is that you only give time to your real priorities. You may even give money for imagined priorities but you do not give them your precious time. Many a time you receive invitation cards for various events. When such invitations clash, it is obvious that you cannot be in two places at the same time. Of course, some people try to move from one function to the other. But there is a limit to that. What is done in such situations is to consider all the invitations and then decide the ones you can be represented by someone else and the ones you can just send some money and the ones a simple message of apology is sufficient. Then you focus on the event that demands your time and presence. Of course, that becomes your priority. There is always time for you tackle your priority. When someone says he has no time to do a certain thing, it actually means that he does not consider that thing a priority. Time is always available for priorities.

Therefore, if you want to know your real priorities, check how you spend your time. It is these real priorities that determine your success or failure. They determine your values. It is therefore important that you deliberately keep accurate record of what activities occupy your 24 hours in a day. Those things that engage your time and your subconscious mind are what

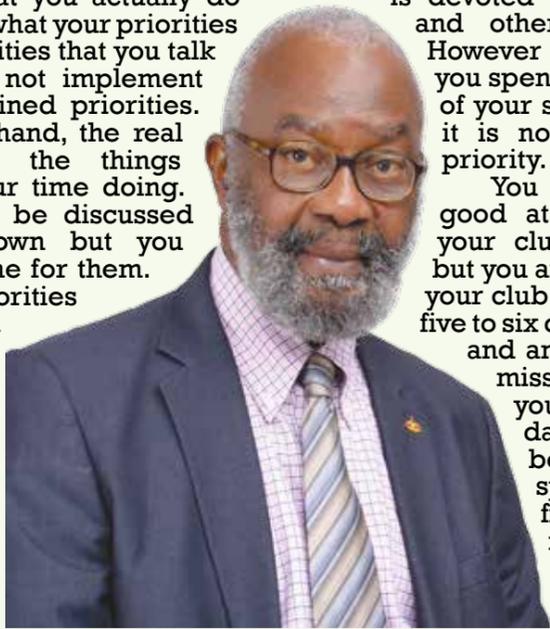
control your life. If you don't like the direction you are going in life, change your thinking, your self-concept and your priorities.

However much you talk of your Christian or spiritual life, if you don't spend quality time in prayer, study of the Word of God, in fellowships and church service, your spiritual life is only an imagined priority. You may attend church service on Sundays for about 3 hours and give your offerings and then wait till the next Sunday. Monday to Saturday is devoted to business and other activities. However much time you spend on talking of your spiritual life, it is not your real priority.

You may not be good at discussing your club activities but you are usually in your club in the night five to six days a week, and any night you miss the club, you feel the day has not been well spent. My friend, club is your real priority whether you discuss

it with people or not. Check the number of hours you dedicate to club activities and compare it with the number of hours you spend with your family, which you may claim is your priority. A lot of men who attend night clubs return home when their children might have gone to bed. In some cases, they have to wake their wives from sleep to open the door.

A professional colleague who read my autobiography launched during my eightieth birthday on 1st October last year, phoned me to confirm if I actually have attended the annual national conferences of the Pharmaceutical Society of Nigeria (PSN) consistently for 46 years, as reported in the book. Of course, I confirmed that it was a true statement. He then wondered how I was able to achieve that. I explained that after attending the conference in 1973 in Lagos, I purposed in my heart that I would attend subsequent conferences. I made sure that any other activity that clashed with the November annual conference would not engage my time. I was committed to the conference and no distracting circumstances prevailed against me. Expectedly, God provided all the resources needed for the conferences to ensure fulfilment of my heart's desire.



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AUGUST	Pain/Rheumatism/Arthritis
SEPTEMBER	Erectile Dysfunction/Infertility
OCTOBER	GIT Ulcer
NOVEMBER	Diabetes
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AHAPN editorial team visits NAFDAC DG

By Omolola Famodun

In their quest to be better informed about the roles and achievements of the Director General, National Agency for Food and Drug Administration and Control (NAFDAC), Professor Moji Adeyeye, members of the editorial team of the Association of Hospital and Administrative Pharmacists of Nigeria (AHAPN) Lagos State Chapter, recently paid a courtesy visit to the agency's office at Oshodi, Lagos.

Led by the editor, Pharm. Kingsley Ekwunife and Pharm. Oyinlade Kehinde, the AHAPN delegates who met with the NAFDAC DG also included Pharm. Tope Akinboro, Pharm Zainab Alabi and Pharm. Olanike Shittu.

Some of the questions asked by the team were centred on the DG's experience in office, challenges encountered so far, NAFDAC's position on drug insecurity in the country, funding of research in herbal medicine, improvement of local drug manufacturing in the country, compliance level of pharmaceutical companies in the post-codeine era, drug abuse, and others.

Responding to these questions, Adeyeye narrated her journey since assumption of office, particularly noting how she painstakingly strove to resolve the huge backlog of debts and other challenges which she had inherited from the previous administration.

Her words: "It has been fulfilling and challenging, as I have seen NAFDAC being changed from an agency that was in debt and with poor management of funds and people, to an organisation that is now fiscally prudent.

"The management is now focused on ensuring that the staff are motivated and disciplined, with a customer-focused and agency-minded culture".

Speaking on her achievements, she explained that the 3.1 billion naira debt she inherited on assumption of office in 2017 had been paid in full, adding that the agency's system of operation had become more transparent and efficient, driven by a team of more disciplined and better motivated staff.

She also listed some of the challenges of the agency to include staff strength inadequacy, shortage of operational vehicles, irregular site inspection of foreign manufacturers, noting that there is also work in progress on the procurement, finance and accounting system.

Adeyeye however noted that, while the challenges facing the agency were many, there were also measures, such as continuous quality monitoring and improvement, to tackle them all.

On the current coronavirus pandemic, Adeyeye said the development had further helped to amplify the agency's position on drug security, stressing that the pandemic is an eye-opener for the nation on the need to look inward and come up with a blueprint on increased local production of the majority of the needed essential medicines.

"We are working assiduously to overturn the current ratio of 70 to 30 per cent of imported drugs to local products, respectively," she said. "Global collaboration with other nationals and world health regulatory bodies like WHO to address any drug security issue that may arise is a welcome development. Also, encouragement of clinical trials of local new drug entities as drug candidates for the treatment of coronavirus, is ongoing."

Adeyeye further spoke on the Pharmacy Bill, describing it as a welcome development, which, according to her, will help to improve pharmacy education,

training and practice in Nigeria.

She added that giving presidential assent to the bill will give the pharmacy profession and indeed the healthcare at large, the much needed progress in the country.

She also spoke on the efforts of NAFDAC to curb drug abuse in the country, saying that the agency was in collaboration with local health-based organisations and regulatory bodies, such as the PCN, the NDLEA, the CPC, as well as other stakeholders like PMG-MAN, APIN, NIROPHARM and AHAPN in order to sanitise the drug distribution network.

The NAFDAC boss stated that raising the agency's status to that of a globally-acclaimed regulator is one thing she would love to be remembered for, adding that she had led NAFDAC to at least level 3 ranking in the world, which had enabled manufacturing of vaccines in the country.



L-R: Pharm. Tope Akinboro; Pharm. Zainab Alabi; Pharm. Kingsley Ekwunife; NAFDAC DG, Prof. Moji Adeyeye; Pharm. (Mrs) Oyinlade Kehinde; and Pharm. Olanike Shittu, during the visit.

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Choose faith over fear - Take charge!

You are not what you think, but what you THINK, you ARE. - Brian Tracy

By George O. Emetuche

The mind is the powerhouse of the body; it is the warehouse that stores all the thoughts. Just like a computer, it stores everything and anything you input in it. If you give the mind positive thoughts, it will process positive thoughts and give you positive thoughts in return. On the other hand, if you input fear and negative thoughts, it will process fear and negative thoughts and give out feedbacks that will subdue positive atmosphere.

You must be careful about what you think, what you watch, what you see, what you hear and what you believe. In fact, you must be careful about your circle. Where and who you spend your time with matter a lot. This is where you get 80 per cent of what you think, believe and act on.

Coronavirus challenge

There's no doubt that the world is currently passing through a difficult time because of the coronavirus disease. Experts are in their labs trying to come up with a solution. Countries are battling the health and economic implications of the disease.

As optimists and positive-minded people, we must think and believe that the efforts by the experts will lead the world out of this challenge. This is our prayer.

We believe also that stakeholders in the health sector in Nigeria should think up workable solutions to lead the country out of this quagmire. Government should, as a matter of urgency, equip the health sector to be effective and efficient. Coronavirus disease has exposed appalling inadequacy in the health sector. There should be urgent actions to address this.

However, you and I should take charge of what happens within us. Taking charge is a choice. We can

choose to be afraid at a time like this and continue to be in panic mode; and we can also choose to be courageous.

I know that panic mode creates a very strong atmosphere of anxiety that makes one to act without thinking. I also know that courage will make you triumph through a tough situation. You must choose faith over fear. You must choose courage over anxiety.

Right mindset

As we go through this challenging times, I encourage everyone to develop the right mindset. I watched the brilliant presentation by the World Health Organisation Director-General, Dr Tedros Adhanom Ghebreyesus, where he encouraged people to be hopeful and courageous while looking after their mental and physical health.

Ghebreyesus advised everyone to be mindful of what they watch or listen to during this pandemic. He believes that some news may weaken the minds of some sets of people. He however advised that we should listen to news from reliable sources once or twice in a day at this period that the world is battling COVID-19. He encouraged everyone to use this period to bond with their families, and reach out to neighbours and their communities. He also listed health tips to adhere to.

I totally agree with him. We need to be alive to defeat coronavirus disease. We need to take charge within - in order to conquer our environment.

W.H.O enumerated safety measures that will help contain the spread of the disease. These include:

1. Constant cleaning of hands with alcohol-based rub, or with soap and water. Use of hand sanitizer is advised where soap and water aren't available.
2. Avoid touching our faces.
3. Social distancing: keep safe

distance of six feet when you are with people.

4. Observe respiratory hygiene. Cover your mouth and nose when you cough or sneeze.

5. Stay at home if you can.

6. Seek medical attention immediately, if you feel sick.

These tips are not rocket science. The federal government and various state governments have also introduced several measures that will help contain the spread of the disease. Stakeholders are also looking for ways to find solutions to the economic aspect of it. Government, Organisations and several captains of industry have donated funds to ameliorate the effect of the disease on the economy. This is the way to go.

My aim of writing today is to assuage our fears. A lot of folks are not helping matters at a time like this. As stated earlier, these sets of people promote news that weaken the mind. They even spread unverified scaring news in their quests to intensify fear in the already frightened environment! This is wrong.

Communicating professionally is ideal at this time and all the times. When we communicate, we should send out the right information without necessarily amplifying fear. This is the communication style of the W.H.O Director. We should emulate the method. The right communication method should educate, inform, inspire and encourage.

You are unique. You are special in this space. Don't allow situations determine how you think and act. You must be in charge at all times.

The power to take charge of your environment is within you. Win from within!

Your duty is to observe the safety measures. You must do these religiously. Once this is done, live your life; move on with the right mindset.

Fearmongers want to make



you believe that when you look at, or talk to someone, you contract coronavirus! They want you to believe that coronavirus is airborne, even when W.H.O says it is not. They just want you to be afraid. Say a big NO to fearmongering! Just follow the safety measures and all will be fine.

The world is working tirelessly to discover a cure for this disease. The solution is near, I am hopeful, I believe you are too. Let's go through this with the right mindset, while we allow experts to do their jobs.

In the final analysis, Faith and Courage will conquer fear.

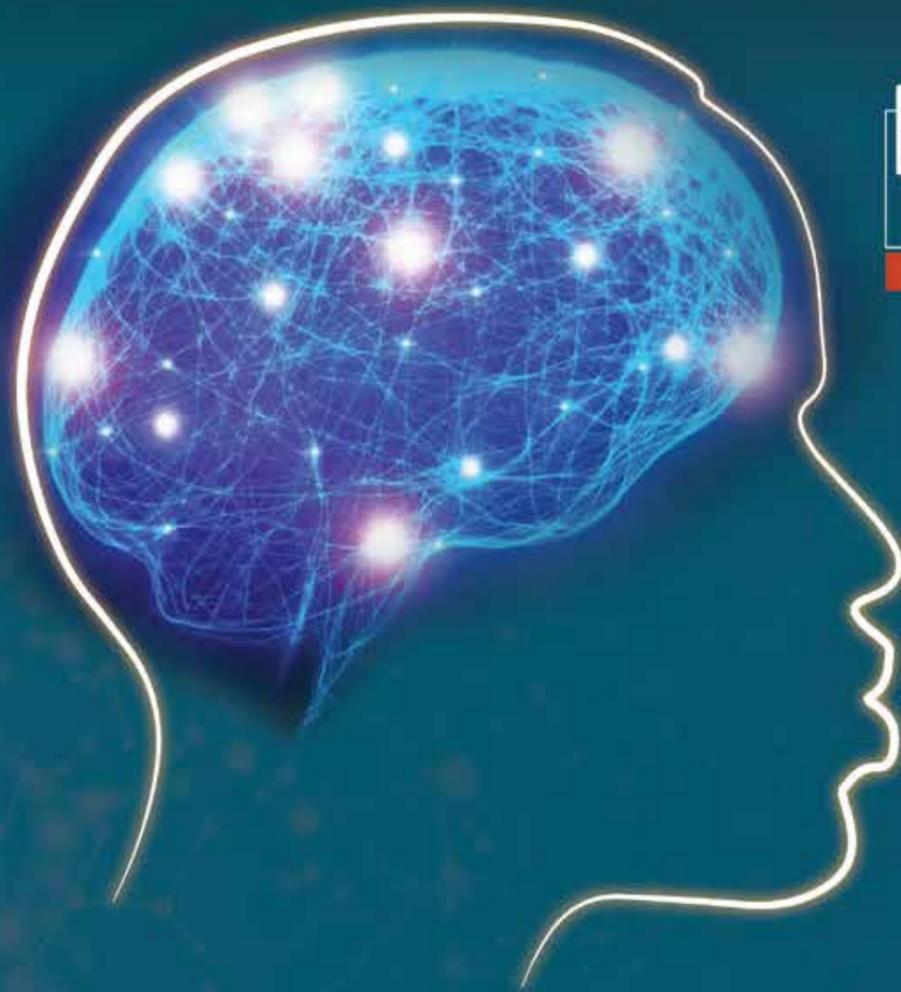
Don't allow the atmosphere of fear to determine your actions. Nothing great happens in a fearful mood. Being careful and wise doesn't mean being fearful. Fearfulness is not a virtue. Coronavirus disease has put the world in a battle mood and we must be courageous and wise to win the fight. You must be courageous and wise at battle times. To win this battle, we must be Courageous, Wise and Faithful.

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Pharmacy wasn't as rosy as I imagined – PANS-UNIZIK president

By Adebayo Oladejo

In this exclusive interview, Akachukwu Leslie Nnonyelu, president of the Pharmaceutical Association of Nigeria Students (PANS), Nnamdi Azikiwe University (UNIZIK), Awka, Anambra State, speaks on the strides of his administration, as well as issues facing pharmacy education in Nigeria generally, including the challenges posed by the current Covid-19 pandemic. Excerpts:

Tell us about your experience as a pharmacy student in the last four years?

Pharmacy school experience has not been a very wonderful one. I actually thought it was going to be a bed of roses, until I had a little hitch in my first year and since then I woke up. To God be the glory, it has been a smooth sail amidst the shaky moments.

Well, four years in this school is a whole lot of experience, from the student-to-student interplays, to the student-to-lecturers interplay, down to the students' association politics and the place of the faculty administration at that. I mean, it's a whole lot of package, but they all got me to where and whom I am today.

Knowing all these and getting involved where necessary has taught me a lot of lessons and improved my ability to contain myself under the pressures of balancing my academic goals with my ambitions as a person. It has actually turned me into a person who understands the place of the society in an individual's life. And with that, I can say that I am doing my part, through the education and experiences of these four years, and in turn, giving my best to my immediate society. Thanks to God who had it all planned out.

Why did you contest for the post of president, PANS-UNIZIK, and what challenges did you face at the initial stage?

First of all, I am somebody who is always moved with the desire to effect a change. I didn't just wake up to contest. I was a member of the PANS House of Representatives in my second year where I served as the correspondent. In my third year also, the students unanimously elected me as the deputy speaker of the House, where I served to the best of my ability.

I have always been groomed in the legislative part of student governance and I wanted to try my capabilities in the executive sector. So, before deciding to run for the presidency of PANS-UNIZIK I was already leading in my own capacity.

One of the reasons I contested was because I discovered that the association was becoming unpopular amongst the students and the faculty and I wanted to bring it back to its feet. I noticed that the PANS that won the national cup at UNN in 2015 and successfully hosted the national convention in 2016 was almost a shadow of itself. I ran for the presidency, using the slogan "Historic Revival".

So, my mission was born out of the need to make a change and anytime I look back at where we met the association to where it is now, I am happy because PANS is now the toast of all other student organisations on campus.

Talking about the initial challenges, first of all, I had issues combining my duties with my studies, as the job comes with a tremendous amount of pressure, and it only takes wisdom from God to balance this pressure. I also had issues with finance, because the purse wasn't looking good, but I never allowed it to become an obstacle in delivering on my promises; and most importantly I had issues with the management, as they felt I was trying to do something odd, though historic.

Amidst all these, I am absolutely



Akachukwu Leslie Nnonyelu

glad I found a middle point and made tremendous progress on God.

You must have set some goals for yourself at the inception of this administration. How far have you gone in achieving them?

The goals were all about consolidating my blueprint for PANS-UNIZIK. My first priority was to have a positive impact on the lives of my fellow students. Let me also note that our Pharmaceutical Science faculty campus is located at Agulu, the hometown of the late Prof. Dora Akunyili, former Minister of Information and DG of NAFDAC. The faculty is the only one located in that place, therefore, most of the infrastructure in it was built from scratch and I happened to be 10th president of PANS-UNIZIK.

So, some of the set goals I had included fostering unity among students, in the name of the Aluta struggle; enhancing the sporting infrastructure, by building the faculty's first volleyball court; providing the faculty's first table tennis board, as well as working in tandem with the faculty management to provide a very conducive academic environment for all pharmacy students.

We are glad as well that, under my administration, we recorded the best sessional results in the history of the faculty. Therefore, I am glad and give glory to God that I could achieve all these within this short tenure of mine.

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

Let me start from our dear country's health budget allocation. Even though the World Health Organisation (WHO) has recommended that countries should spend at least five percent of their budgets on the health

sector, but I feel our dear country should spend at least 15 percent of its budget on the health sector given, our current epidemiological profile, relative to our health status, considering the effectiveness of health inputs that would be purchased at existing prices, and taking account of the relative value and cost of other demands of social resources that will achieve our desired health outcomes as a nation.

Aside from that, the leaders of the country have the paramount responsibility of providing standard and quality healthcare services and make it very accessible to the average Nigerian. This can be done through implementation of resourceful health insurance schemes that can accommodate all classes of Nigerians, in order to reduce the cumbersome burden of out-of-pocket payments, which characterises over 60 per cent of healthcare delivery payments and all other necessary policies.

COVID-19 is presently ravaging the whole world, including Nigeria. Would you say the Nigerian government did enough to prevent the outbreak in the country?

The answer to this question is obvious. In fact, the question should have focused on whether the government did anything at all to. Asking if they did enough makes it look like anything was done at all.

The country was actually not prepared for what came to us. The pandemic first broke out in Wuhan, China, on 31 December 2019, and began to spread rapidly to the entire nations of the world since the beginning of 2020. The preliminary measure other countries took to curb the spread of the virus was to order an instant lockdown and closure of all borders through which people gained access to their countries but it took our dear country, Nigeria, over two months to start getting serious about it and, at that time, the number of cases were already increasing exponentially. And, by today, the number of cases is already out of hand.

What a prepared government

should have done was to timely order a lockdown and cessation of all movement across the nation, since the virus can be spread from human to human; educate its citizens on the need to observe the WHO guidelines, including social distancing and keeping good hygiene; equip the hospitals with personal protective equipment's (PPEs) and ventilators; build more isolation centres across the nation, in order to curb the spread; and while the total lockdown is in place, provide coordinated stimulus packages for the daily income earners, so they won't starve to death. So, with that being said, it is right to say that the government didn't do "enough" to prevent the outbreak.

UNIZIK's faculty of pharmacy was inception about 10 years ago. Compared to other schools of pharmacy that started earlier, how would you assess pharmacy education in UNIZIK?

Pharmacy education in UNIZIK in the last ten years has experienced drastic growth, with each year bringing forth developments geared towards the best for the students. Some may seem extreme, but we live through them, take the blows and come out in a better shape. Thanks to all the distinguished men and women who are putting in all the efforts.

Graduates of UNIZIK always have this special outlook that makes them very outstanding in practice. So, I can say that the school is moving in the right direction and is seriously aiming at becoming the best school in West Africa.

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

The current challenge I feel pharmacy education is facing in the entire nation, including UNIZIK, is the issue of pharmacy curriculum. Some pharmacy schools are already running the updated PharmD programme, which centres on patient-oriented pharmacy care; while some other pharmacy schools haven't been accredited to run such a programme yet. Therefore, they are still running the old B.Pharm. programme.

UNIZIK pharmacy programme has been accredited and will commence the PharmD programme for the 2020/2021 set. Therefore, if I had the opportunity, I would unify and update the pharmacy curriculum in UNIZIK to meet international best standards as soon as possible, because the course is an absolutely noble one and so shall it remain.

Where do you see PANS-UNIZIK by the time you will be leaving office as president?

PANS-UNIZIK has made major moves under my administration because of the resilient and ever dedicated people that were part of this one-year administration. I made tremendous effort to get the association to where it is today, with my fellow executive members. We have brought the association to limelight in the school as a whole. So, this is where we are now. Next is the national stage and I believe strongly that if a capable successor replaces me, nothing will stop us.

My advice to my potential successor is to consolidate on the gains and the foundation I have set in place, for PANS-UNIZIK is heading into a new decade of endless possibilities, where the sky is nothing but our stepping stone to greatness. It is also on the verge of bringing a much-expected effect to student governance and that of the society at large. That is exactly where I see PANS-UNIZIK when I will be leaving office. All these can always be done through God, for He remains the greatest.

Godwin Maduka – World renowned doctor of critical care and pain management

By Solomon Ojigbo

Regarded as one of the most successful doctors from Nigeria, Godwin Maduka a pharmacist cum physician has had a notable career and indeed an inspiring one. About 38 years ago, he was just a schoolboy from a humble background in the remote and impoverished community of Nkerehi (now Umuchukwu), in Orumba South Local Government Area of Anambra State, with no means of paying his school fees to attend medical school in the University of Port Harcourt.

Today, Maduka has risen to become the MD and CEO of one of the biggest pain and medical institutes in America, the Las Vegas Pain Institute and Medical Centre, in Nevada. He is indeed acclaimed as a renowned expert in pain management, critical care and anaesthesiology. He is a clinical faculty supervisor and adjunct professor of pain management and anaesthesiology at Touro University, Nevada. He is also a clinical assistant professor of surgery at University of Nevada, Las Vegas (UNLV) School of Medicine.

Quite interestingly, Maduka is also a very successful businessman, who is well known for his philanthropism, as he has uplifted thousands of lives in Nigerian communities. His success has also changed the fortunes of Umuchukwu, his native community, which has been predominantly transformed by his initiatives into a very popular community in Anambra State.

Maduka has invested over \$20 million in various community development projects in Umuchukwu. Through his foundation, which he established over 17 years ago, he built houses for the poor, churches, a modern market, schools, a community town hall centre, a police station, a police academy and college, a post office, barracks for civil defence staff, a magistrate court and a high court for the Anambra State government. He also built a 17-floor multiplex medical research centre in Umuchukwu. It was due to his transformative efforts that the Nkerehi Community was renamed Umuchukwu by the state government.



Dr Godwin Maduka

Background and Education

Godwin Maduka was born in 1959, in Nkerehi (now Umuchukwu) community of Anambra state. His mother was a petty trader and farmer, while his father was a traditional herbalist. As a child living in a community that thrives on agriculture, his parents had to struggle to cater for him and his siblings. At some point he had to engage in some agricultural activities to assist his parents in paying his school fees and that of his siblings. He had his secondary education at Nawfia Comprehensive Secondary School and All Saints Grammar school, Umunze, before getting admission to study Medicine at the University of Port Harcourt. He however couldn't join his peers due to lack of funds.

Maduka, against all odds, overcame all the challenges on his journey to success. He got an opportunity through a friend to study at Rust College, Mississippi, on a scholarship that covered half of his tuition. He

also got some monetary support from his younger brother and uncle and moved to the United States in 1982.

In 1984, Maduka graduated summa cum laude in Chemistry from Rust College and later got another scholarship to study Pharmacy at Mercer University, Georgia, where he graduated in 1988 as a doctor of pharmacy (PharmD). After graduation, he worked as a pharmacy technician, before getting a full scholarship to study Medicine at University of Tennessee, where he completed an internship and graduated in 1993.

Having fulfilled his childhood dream of becoming a medical doctor, Maduka opted to specialise in anaesthesiology and pain management as he has exceptional knowledge in Chemistry, Pharmacy and Medicine. He gained admission for his postgraduate medical training in Harvard University School of Medicine, Boston, Massachusetts, USA, where he graduated in 1997 as an anaesthesiologist. He also

completed his residency in anaesthesiology, critical care and pain management at Beth Israel Deaconess Medical Centre in 1997.

In 1997, after his education, Maduka moved to Las Vegas and got a job, in which he was paid \$8,000 as advance payment. This windfall marked the turning point for his career which enabled him to save and prepare as an entrepreneur. Maduka worked as an anaesthesiologist at Desert Spring United Methodist Church, Nevada and other hospitals, before starting his own practice at Red Rock Medical Group, Nevada.

In 1999, he founded Las Vegas Pain Institute and Medical Centre, before expanding it to other six locations in Southern Nevada. Today, Las Vegas Pain Institute has one of the biggest medical facilities in USA. He has invested over \$4 million on building expansion of the institute, which has over 80 employees.

Awards and recognitions

In 2015, Life and Times magazine featured Maduka on the cover of its Winter 2015 Edition. In 2017, he received Africa's Most Inspirational Developmental Entrepreneur and Philanthropist Award at the 2017 Pan Africa Business Leadership Summit & Merit Awards.

In 2019, he was honoured with a chieftaincy title as *Okeosisi Orumba* by Orumba South in Umunze, alongside his wife, Stella, who was honoured as *Ugo ka ibe ya mma*. He also received the Man of the Year award at the 2019 Igbere TV Leadership Excellence Award. In December 2019, he was honoured at the 2019 Nigeria Entrepreneurs Award. In January 2020, Attention magazine placed him on its cover, featuring him atop its "2020 Impression" edition.

Maduka is happily married to Stella Maduka and they are blessed with five children.

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TO STOP
THE SPREAD

Stay safe, stay sane

Dipo MacJob (DrWrite)

When you hear the word CAMP, it suggests some kind of temporary shelter or isolation at a place often far away from the regular place of abode. However, in this context, it is actually an acronym coined as a mitigation against potential mental health challenge, which the current global pandemic portends.

It is no longer news that the COVID-19 pandemic, as at the time of this writing, has reached the one million mark, going by the number of reported cases from around the world. In Nigeria, there have been spirited efforts of the government and other pertinent bodies to contain the spread of this virus, currently, the total number of cases reported is about 200, even though about 20 of those initially isolated have been discharged, with two reported deaths. Going by the deplorable state of the health facilities in our country, one can only hope that this virus doesn't get out of control.

It is a no brainer that the ripple effects of this pandemic will inevitably deal a serious blow to the global economy, not just the national. In view of this, there have been myriads of responses from countries on the best or preferred ways to curtail and contain the spread. As a matter of fact, many probably hadn't been fully aware of the meaning of the word "social distancing" hitherto.

Apart from stressing the need

for all to wash hands thoroughly and use hand sanitizers when necessary this period, another measure put in place is that should there be a need for anyone to cough, it should be done between the elbows, as against directly in the palms. Of course, the traditional handshake for exchanging pleasantries or for sealing commercial transactions is not advised at the moment, to let you know how quickly this virus spreads once anyone has contact with the droplets in which it is present.

The most stringent and perhaps also most inconveniencing but expedient measure put in place by the government of some states in the country is the lockdown order expected to last for two weeks. The implication is that, apart from those in businesses considered by the present administration as "essential", everyone is expected to stay at home compulsorily.

No religious gatherings at this time; no clubbing or partying, nothing. However, as much as this strategy obviously would help a great deal in containing the spread of the virus in communities, the palliative measures in place have to be very solid and well deployed to the citizenry, especially those at risk; otherwise, there could be more casualties resulting from depression and possible death by suicide than by coronavirus.

It is simple. When life is

threatened and the options for a human being are limited, crime becomes rather attractive. That is because the reptilian brain in humans, primarily responsible for survival, is what kicks in. Such a person is not thinking of any kind of investment than to survive, to have access to food and water, to say the least. Of course, many would be vulnerable at such a time also, negotiating precious and valuable possessions in exchange for what would keep them alive till the whole episode is over.

The most basic need of everyone at this time - whether rich or poor is food - just to stay sane; otherwise panic sets in. Regardless of how much anyone has in his bank account right now, if groceries are not available to buy, then the money has no value.

The reason for my extrapolation is because, technically, many of those sitting compulsorily at home right now are in some kind of isolation and extensive isolation itself can trigger depression, except it is well-managed. Unfortunately, the percentage of those considered to be emotionally intelligent or at least, self-aware in this nation is still low, even among the elite - to know what steps to take exactly in avoiding triggers of such negative emotions.

So, it is not unlikely for you to find irritations, aggression, desperation, frustrations, altercations, and several other negative emotional responses to be triggered by something as common as power outage. Yes, the power holding company suddenly doing their thing while you are busy watching a



very exciting soap opera. That can make the persons affected to make negative remarks in very high tones that reveal rage against the government of the day, and everyone in close proximity might not be spared as well. This is definitely not the best way to respond to such.

It is therefore a collective responsibility for us all to ensure that we do not only stay safe but also stay sane at this period because, whether we like it or not, COVID-19 will pass but if we do not manage the crisis properly and assist others to approach it from the right perspective, there would be casualties from other factors such as mental health challenges etc, besides the virus.



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Combating malaria in Nigeria

Malaria is a mosquito-borne disease that affects humans and other animals. It is caused by single-celled microorganisms of the Plasmodium group. The disease is most commonly spread by an infected female Anopheles mosquito. The mosquito bite introduces the parasites from the mosquito's saliva into a person's blood. The parasites travel to the liver where they mature and reproduce.

Five species of Plasmodium can infect and be spread by humans. Most deaths are caused by *P. falciparum* because *P. vivax*, *P. ovale*, and *P. malariae* generally cause a milder form of malaria. The species *P. knowlesi* rarely causes disease in humans.

Malaria is widespread in the tropical and subtropical regions that exist in a broad band around the equator. These include much of Sub-Saharan Africa, Asia, and Latin America. In 2018, there were 228 million cases of malaria worldwide, resulting in an estimated 405,000 deaths. Approximately 93 per cent of the cases and 94 per cent of deaths occurred in Africa.

Rates of malaria infection decreased from 2010 to 2014, but increased from 2015 to 2017, during which there were 231 million cases. Malaria is commonly associated with poverty and has a major negative effect on economic development. In Africa, it is



estimated to result in losses of US\$12 billion a year, due to increased healthcare costs, lost ability to work, and negative effects on tourism.

Signs and symptoms

The signs and symptoms of malaria typically begin within eight to 25 days following infection, but may occur later in those who have taken antimalarial medications as prevention. Initial manifestations of the disease—common to all malaria species—are similar to flu-like symptoms, and can resemble other conditions such as sepsis, gastroenteritis, and viral diseases. The presentation may include headache, fever, shivering, joint pain, vomiting, haemolytic anaemia, jaundice,

haemoglobin in the urine, retinal damage, and convulsions.

The classic symptom of malaria is paroxysm—a cyclical occurrence of sudden coldness followed by shivering and then fever and sweating, occurring every two days (tertian fever) in *P. vivax* and *P. ovale* infections, and every three days (quartan fever) for *P. malariae*. *P. falciparum* infection can cause recurrent fever every 36–48 hours, or a less pronounced and almost continuous fever.

Severe malaria is usually caused by *P. falciparum* (often referred to as falciparum malaria). Symptoms of falciparum malaria arise 9–30 days after infection. Individuals with cerebral malaria frequently exhibit neurological symptoms,

including abnormal posturing, nystagmus, conjugate gaze palsy (failure of the eyes to turn together in the same direction), opisthotonus, seizures, or coma.

Complications

Malaria has several serious complications. Among these is the development of respiratory distress, which occurs in up to 25 per cent of adults and 40 per cent of children with severe *P. falciparum* malaria. Possible causes include respiratory compensation of metabolic acidosis, noncardiogenic pulmonary oedema, concomitant pneumonia, and severe anaemia. Although rare in young children with severe malaria, acute respiratory distress syndrome occurs in 5–25 per cent of adults and up to 29 per cent of pregnant women. Coinfection of HIV with malaria increases mortality. Kidney failure is a feature of blackwater fever, where haemoglobin from lysed red blood cells leaks into the urine.

Infection with *P. falciparum* may result in cerebral malaria, a form of severe malaria that involves encephalopathy. It is associated with retinal whitening, which may be a useful clinical sign in distinguishing malaria from other causes of fever. Enlarged spleen, enlarged liver or both

continued on page 13



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1. Hanosh M, Dery KJ, Garza C, et al. Nutrition during lactation. Institute of Medicine, Washington, DC: National Academy Press; 1991.



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Combating malaria in Nigeria

continued from page 11

of these, severe headache, low blood sugar, and haemoglobin in the urine with kidney failure may occur. Complications may include spontaneous bleeding, coagulopathy, and shock.

Malaria in pregnant women is an important cause of stillbirths, infant mortality, abortion and low birth weight, particularly in *P. falciparum* infection, but also with *P. vivax*.

Who is at risk of Malaria?

In 2018, nearly half of the world's population was at risk of malaria. Most malaria cases and deaths occur in sub-Saharan Africa. However, the WHO regions of South-East Asia, Eastern Mediterranean, Western Pacific, and the Americas are also at risk.

Some population groups are at considerably higher risk of contracting malaria, and developing severe disease, than others. These include infants, children under five years of age, pregnant women and patients with HIV/AIDS, as well as non-immune migrants, mobile populations and travellers. National malaria control programmes need to take special measures to protect these population groups from malaria infection, taking into consideration their specific circumstances.

Disease burden

According to the latest world malaria report, released in December 2019, there were 228 million cases of malaria in 2018, compared to 231 million cases in 2017. The estimated number of malaria deaths stood at 405 000 in 2018, compared to 416 000 deaths in 2017.

The WHO African Region continues to carry a disproportionately high share of the global malaria burden. In 2018, the region was home to 93 per cent of malaria cases and 94 per cent of malaria deaths.

In 2018, six countries accounted for more than half of all malaria cases worldwide: Nigeria (25 per cent), the Democratic Republic of the Congo (12 per cent), Uganda (five per cent), and Côte d'Ivoire, Mozambique and Niger (four per cent each).

Children under five years of age are the most vulnerable group affected by malaria; in 2018, they accounted for 67 percent (272,000) of all malaria deaths worldwide, according to World Malaria Report 2019.

Transmission

In most cases, malaria is transmitted through the bites of female *Anopheles* mosquitoes. There are more than 400 different species of *Anopheles* mosquito; around 30 are malaria vectors of major importance. All of the important vector species bite between dusk and dawn. The intensity of transmission depends on factors related to the parasite, the vector, the human host, and the environment.

Anopheles mosquitoes lay their eggs in water, which hatch into larvae, eventually emerging as adult mosquitoes. The female mosquitoes seek a blood meal to



its development inside the mosquito) and where it prefers to bite humans rather than other animals. The long lifespan and strong human-biting habit of the African vector species is the main reason why approximately 90 per cent of

nurture their eggs. Each species of *Anopheles* mosquito has its own preferred aquatic habitat; for example, some prefer small, shallow collections of fresh water, such as puddles and hoof prints, which are abundant during the rainy season in tropical countries.

Transmission is more intense in places where the mosquito lifespan is longer (so that the parasite has time to complete

the world's malaria cases are in Africa.

Transmission also depends on climatic conditions that may affect the number and survival of mosquitoes, such as rainfall patterns, temperature and humidity. In many places, transmission is seasonal, with the peak during and just after the rainy season. Malaria epidemics can occur when climate and

other conditions suddenly favour transmission in areas where people have little or no immunity to malaria. They can also occur when people with low immunity move into areas with intense malaria transmission, for instance to find work, or as refugees.

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

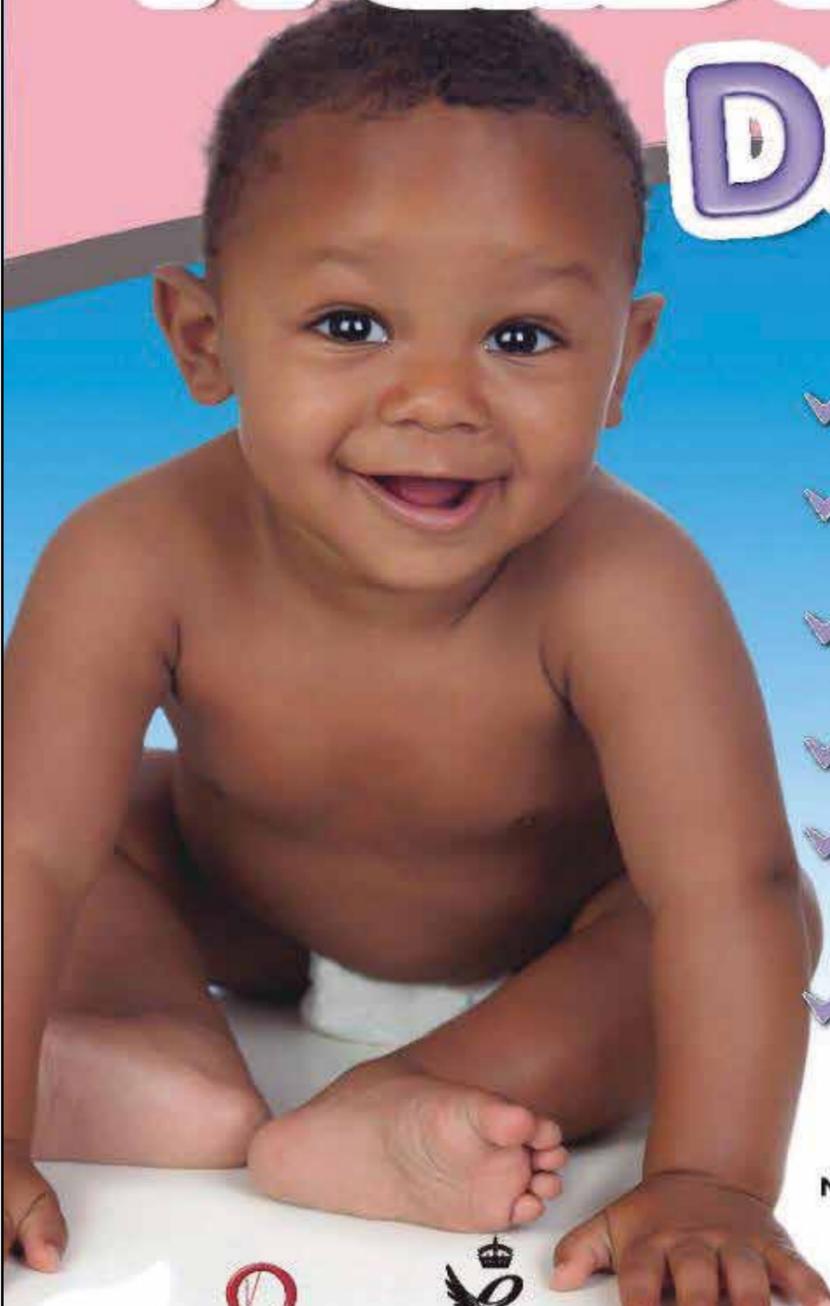
Prevention

Vector control is the main way

continued on page 15

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Combatting malaria in Nigeria

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to prevent and reduce malaria transmission. If coverage of vector control interventions within a specific area is high enough, then a measure of protection will be conferred across the community.

WHO recommends protection for all people at risk of malaria with effective malaria vector control. Two forms of vector control – insecticide-treated mosquito nets and indoor residual spraying – are effective in a wide range of circumstances.

Insecticide-treated mosquito nets

Sleeping under an insecticide-treated net (ITN) can reduce contact between mosquitoes and humans by providing both a physical barrier and an insecticidal effect. Population-wide protection can result from the killing of mosquitoes on a large scale where there is high access and usage of such nets within a community.

In 2018, about half of all people at risk of malaria in Africa were protected by an insecticide-treated net, compared to 29 per cent in 2010. However, ITN coverage has been at a standstill since 2016.

Indoor spraying with residual insecticides

Indoor residual spraying



(IRS) with insecticides is another powerful way to rapidly reduce malaria transmission. It involves spraying the inside of housing structures with an insecticide, typically once or twice per year. To confer significant community protection, IRS should be implemented at a high level of coverage.

Globally, IRS protection declined from a peak of five per cent in 2010 to two per cent in 2018, with decreases seen across all WHO regions, apart from the WHO Eastern Mediterranean Region. The declines in IRS coverage are occurring as countries switch from pyrethroid insecticides to more expensive alternatives to mitigate mosquito resistance to pyrethroids.

Antimalarial drugs
Antimalarial medicines

can also be used to prevent malaria. For travellers, malaria can be prevented through chemoprophylaxis, which suppresses the blood stage of malaria infections, thereby preventing malaria disease. For pregnant women living in moderate-to-high transmission areas, WHO recommends intermittent preventive treatment with sulfadoxine-pyrimethamine, at each scheduled antenatal visit after the first trimester.

Similarly, for infants living in high-transmission areas of Africa, three doses of intermittent preventive treatment with sulfadoxine-pyrimethamine are recommended, delivered alongside routine vaccinations.

Since 2012, WHO has recommended seasonal malaria chemoprevention

as an additional malaria prevention strategy for areas of the Sahel sub-region of Africa. The strategy involves the administration of monthly courses of amodiaquine plus sulfadoxine-pyrimethamine to all children under five years of age during the high transmission season.

Diagnosis and treatment

Early diagnosis and treatment of malaria reduces disease and prevents deaths. It also contributes to reducing malaria transmission. The best available treatment, particularly for *P. falciparum* malaria, is artemisinin-based combination therapy (ACT).

WHO recommends that all cases of suspected malaria be confirmed using parasite-based diagnostic testing (either microscopy or rapid diagnostic test) before administering treatment. Results of parasitological confirmation can be available in 30 minutes or less. Treatment, solely on the basis of symptoms, should only be considered when a parasitological diagnosis is not possible. More detailed recommendations are available in the third edition of the "WHO Guidelines for the treatment of malaria", published in April 2015.

Antimalarial drug resistance

Resistance to antimalarial medicines is a recurring

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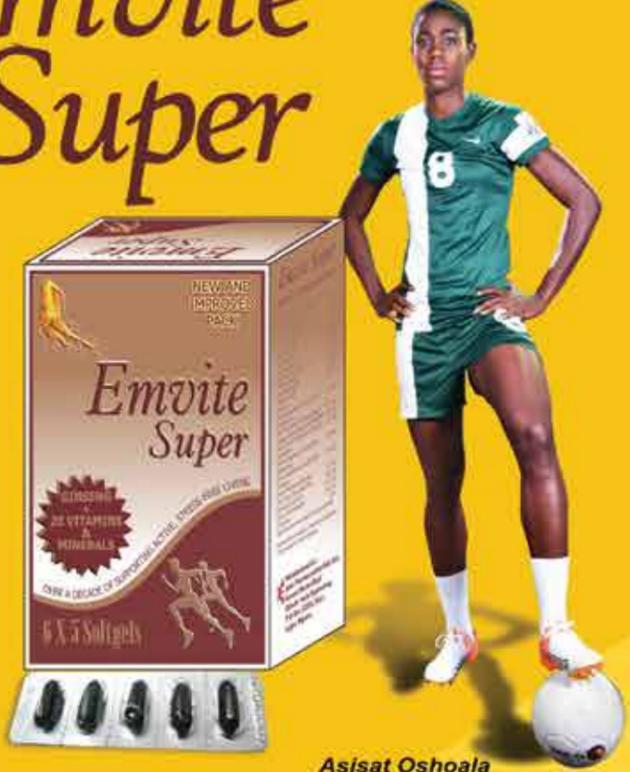
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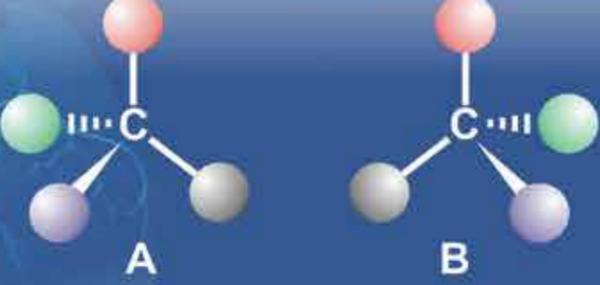


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Combatting malaria in Nigeria

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problem. Resistance of *P. falciparum* malaria parasites to previous generations of medicines, such as chloroquine and sulfadoxine-pyrimethamine (SP), became widespread in the 1950s and 1960s, undermining malaria control efforts and reversing gains in child survival.

Protecting the efficacy of antimalarial medicines is critical to malaria control and elimination. Regular monitoring of drug efficacy is needed to inform treatment policies in malaria-endemic countries, and to ensure early detection of, and response to, drug resistance.

In 2013, WHO launched the Emergency response to artemisinin resistance (ERAR) in the Greater Mekong sub region (GMS), a high-level plan of attack to contain the spread of drug-resistant parasites and to provide life-saving tools for all populations at risk of malaria. But even as this work was under way, additional pockets of resistance emerged independently in new geographic areas of the sub region. In parallel, there were reports of increased resistance to ACT partner drugs in some settings. A new approach was needed to keep pace with the changing malaria landscape.

At the World Health Assembly in May 2015, WHO launched the Strategy for malaria elimination in the Greater Mekong sub region (2015–2030), which was endorsed by all the countries in the sub region. Urging immediate action, the strategy calls for the elimination of all species of human malaria across the region by 2030, with priority action targeted to areas where multidrug resistant malaria has taken root.

With technical guidance from WHO, all countries in the region have developed national malaria elimination plans. Together with partners, WHO is providing ongoing support for country elimination efforts through the Mekong Malaria Elimination programme, an initiative that evolved from the ERAR.

Surveillance

Surveillance entails tracking of the disease and programmatic responses, and taking action based on the data received. Currently, many countries with a high burden of malaria have weak surveillance systems and are not in a position to assess disease distribution and trends, making it difficult to optimize responses and respond to outbreaks.

Effective surveillance is required at all points on the path to malaria elimination. Stronger malaria surveillance systems are urgently needed to enable a timely and effective malaria response in endemic regions, to prevent outbreaks and resurgences, to track progress, and to hold governments and the global malaria community accountable.

In March 2018, WHO released a reference manual on malaria surveillance, monitoring and evaluation. The manual provides information on global



surveillance standards and guides countries in their efforts to strengthen surveillance systems.

Elimination

Malaria elimination is defined as the interruption of local transmission of a specified malaria parasite species in a defined geographical area as a result of deliberate activities. Continued measures are required to prevent re-establishment of transmission. Malaria eradication is defined as the permanent reduction to zero of the worldwide incidence of malaria infection caused by human malaria parasites as a result of deliberate activities. Interventions are no longer required once eradication has been achieved.

Globally, the elimination net is widening, with more countries moving towards the goal of zero malaria. In 2018, 27 countries reported fewer than 100 indigenous cases of the disease, up from 17 countries in 2010.

Countries that have achieved at least three consecutive years of zero indigenous cases of malaria are eligible to apply for the WHO certification of malaria elimination. Over the last decade, 10 countries have been certified by the WHO Director-General as malaria-free: Morocco (2010), Turkmenistan (2010), Armenia (2011), Maldives (2015), Sri Lanka (2016), Kyrgyzstan (2016), Paraguay (2018), Uzbekistan (2018), Algeria (2019) and Argentina (2018). The WHO Framework for Malaria Elimination (2017) provides a detailed set of tools and strategies for achieving and maintaining elimination.



Vaccines against malaria

RTS,S/AS01 (RTS,S) is the first and, to date, the only vaccine to show that it can significantly reduce malaria, and life-threatening severe malaria, in young African children. It acts against *P. falciparum*, the most deadly malaria parasite globally and the most prevalent in Africa. Among children who received four doses in large-scale clinical trials, the vaccine prevented approximately four in 10 cases of malaria over a four-year period.

In view of its public health potential, WHO's top advisory bodies for malaria and immunization have jointly recommended phased introduction of the vaccine in selected areas of sub-Saharan Africa. Three countries – Ghana, Kenya and Malawi – began introducing the vaccine in selected areas of moderate and high malaria transmission in 2019. Vaccinations are being provided through each country's routine immunization programme.

Current challenges in the management of malaria

Malaria causes approximately 881,000 deaths every year, with nine out of ten deaths occurring in sub-Saharan Africa. In addition to the human burden of malaria, the economic burden is vast. It is thought to cost African countries more than US\$12 billion every year in direct losses.

However, great progress in malaria control has been made in some highly endemic countries. Vector control is assuming a new importance with the significant reductions in malaria burden achieved

using combined malaria control interventions in countries such as Zanzibar, Zambia and Rwanda. The proportion of patients treated for malaria who have a confirmed diagnosis is low in Africa compared with other regions of the world, with the result that anti-malaria could be used to treat patients without malaria, especially in areas where progress has been made in reducing the malaria burden and malaria epidemiology is changing. Inappropriate administration of anti-malaria could contribute to the spread of resistance and incurs unnecessary costs.

Burden of malaria in Nigeria

In Nigeria, the burden of malaria is well-documented and has been shown to be a big contributor to the economic burden of disease in communities where it is endemic and is responsible for annual economic loss of 132 billion naira, as it is estimated that 300,000 deaths occurring each year, 60 percent of outpatient visits and 30 percent hospitalisations are all attributable to malaria. In addition, at least 50 percent of the population has at least one episode of malaria annually resulting in high productivity losses while children that are aged less than five years have two to four attacks annually.

Malaria treatment strategies (Nigeria)

Several initiatives have been put in place over the years to improve access to proper malaria treatment, including training of community health workers and role model mothers (RMM) in treatment of febrile children with ACT. These community-based agents are trained to assist in administering drugs for fever as the availability of effective anti-malarial drugs at home is one way to ensure prompt access to treatment. Studies have also shown the feasibility of this method. Some states in Nigeria have also abolished user fees for children under five and for pregnant women in public health facilities, in an effort to improve access to effective treatment. However, the policy also does not make any provision for the different socio-economic groups as there are many people outside of the target groups of pregnant women and children under five years at risk of incurring catastrophic costs due to malaria.

Also, with the newly introduced high cost ACT, and the new WHO treatment guidelines, a policy option to improve diagnosis and prescribing pattern in private sectors will be to train PMDs in the appropriate use of RDTs and ACTs. It is likely to decrease inappropriate treatment and delay the emergence of resistance to ACT while enhancing the delivery of ACT for malaria treatment.

Report compiled by Adebayo Oladejo, with additional contributions from medicinenet.com, Nigeria Centre for Disease Control (NSDC), Bloomberg, Wikipedia, NCB, World Malaria Report 2020, Cleveland Clinic, Mayo Clinic, WHO



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COVID-19: PMG-MAN lauds CBN's N1.1 trillion intervention fund

continued from front page

The Pharmaceutical Manufacturers Group of the Manufacturers Association of Nigeria (PMG-MAN) was established primarily to protect the interests of local pharmaceutical manufacturers and to advance the cause of local pharmaceutical manufacturing. Looking at the group over the years, how much of its objectives do you think have been achieved and what are some of the landmarks that signpost these achievements?

As somebody who has been in this industry for 25 years, I want to doff my hat for the vision of the founding fathers of PMG-MAN. People like Mazi Ohuabunwa. I want to thank all the past chairmen for keeping faith with the founding goals of the PMG-MAN.

PMG-MAN has kept faith with the aims and objectives for which it was set up, like you rightly articulated, to cater to advocacy issues that concern local manufacturers in general because everybody cannot go and advocate for themselves in the advocacy space - be it NAFDAC, PCN, government, National Assembly or others. We have kept faith with this and score very high marks. Each and every past chairman did well to advance this cause and I hope by the time I bow out, I would have contributed my quota.

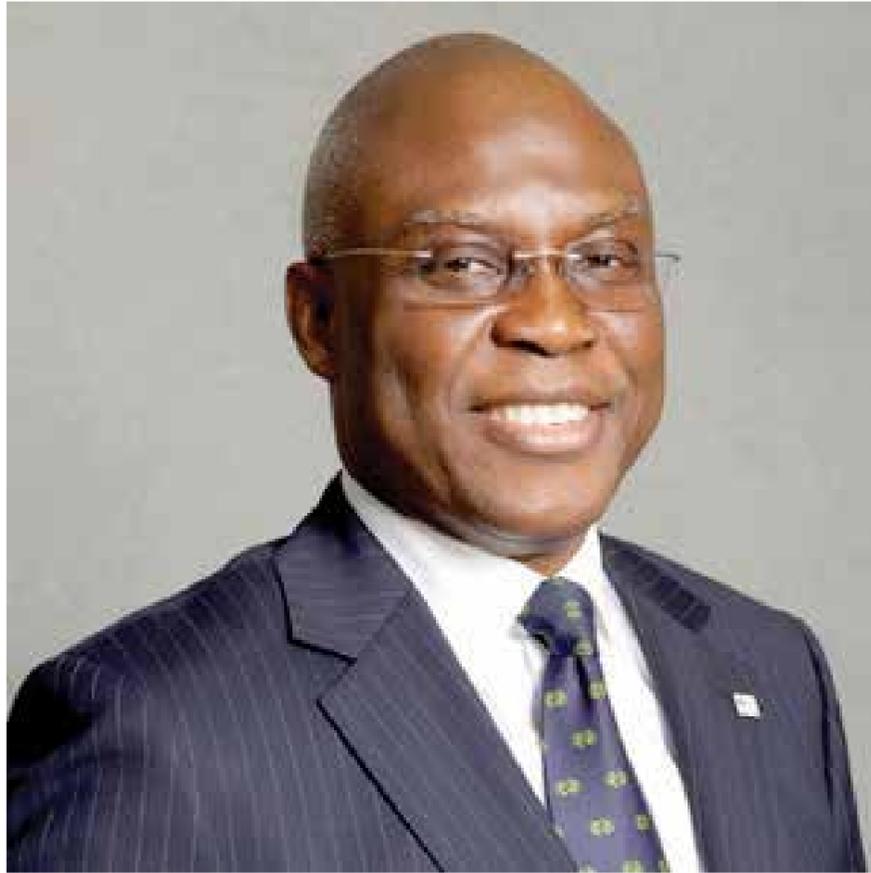
As for the landmarks, it is easy to say so many big things but it is more significant to note that for an industry to be sustained for as long as we have, we are doing the little things that matter. Whether it is in setting the standards that everybody should abide with, and cascading it from the regulator to the rest of the industry players; whether it is ensuring that patronage is lifted from a very low level to something encouraging.

Talking about patronage, first of all, it started with a high percentage of using locally made drugs many years ago and then the influx of imported drugs reduced the percentage utilisation of locally made drugs vis-a-vis imported drugs to about 80:20 at some point - 80 per cent for imported drugs, 20 per cent for locally made drugs. But, today, it is slowly inching up to the extent that empirical evidence shows that we are now 40:60 - 40 per cent local and 60 per cent imported.

The fact that we are going up shows the work of PMG-MAN in consistently pushing made-in-Nigeria products and consistently pushing government to declare drugs as a national security item. We also managed to put on import exclusion list about 17 products that can be produced locally several years ago.

Also, PMG-MAN singlehandedly, during the Petroleum Trust Fund (PTF) era, supplied the need of this country. It delivered every single thing that was ordered by PTF. It means that we have been there consistently, pushing for long. We have done so many things. And, as I said, what is important is that we have done those little things that have sustained the industry.

In the last 10 years, there have not been more than five of our members that have gone extinct. We also have pushed for WHO-GMP certification and we scored four. In Africa, we are the only country that at some point had four. No other country in Africa has achieved that feat.



**Dr Fidelis Ayebae,
Chairman, PMG-MAN**

Why has it been difficult achieving drug sufficiency in Nigeria? What are the limitations to our capacity to achieve this?

Capacity, simply interpreted, is a business grown from a mustard seed to become an oak tree. Several factors are responsible. We are at a point of watershed, where we produce not less than 40 per cent of the drugs we consume and about 60 per cent being imported and we will flip that picture in the next two years, given what is going on.

Some reasons I can quickly tell you include patronage. According to our extant laws, in every tender for government purchases, 70 per cent of the content must be locally produced products. That has never happened. They have never kept faith with it. Even when they were buying anti-retroviral drugs with Nigerian money and not donor funds, they were insisting on WHO pre-qualified products, until PMG-MAN fought and they accepted. But the amount of patronage has reduced substantially such that, today, government, which should be buying products for teaching hospitals and others have relented because of the paucity of fund.

If you check the percentage allocation for healthcare in Nigeria, compared to other countries, you will come to the realisation that the government has not prioritised the health needs of the citizenry. And the modernisation of the vehicles that are within the value chain, they have not prioritised them to be able to deliver value to the country. Therefore, the amount they are budgeting is very small; so there is so much that they cannot buy from us.

But the most pitiable one is that Nigerians unfortunately still behave like colonial stooges. We prefer foreign products to Nigerian products. Why should anybody in Nigeria today prefer to buy imported paracetamol, when you have a lot of locally made brands that meet international standards? We have Emzor Paracetamol, M&B Paracetamol, Fidson Paracetamol and others. Why would anybody bring in a derivative of paracetamol through the back door? It is because they know that our people prefer to buy imported products? Yet,

we know that we all manufacture from the same pharmacopoeia. It's either from the U.S pharmacopoeia, Indian pharmacopoeia or the British pharmacopoeia.

Why are Nigerians not patriotic enough to develop their home-grown industries by patronising products coming from here? Until the mindset of Nigerians changes to know that, with pharmaceutical products, nobody can cut corners. When you are a manufacturer you manufacture according to the standard prescribed for that product. We can only continue to expand when there is patronage and this also means that there is a payback for investment and so you can reinvest to expand - which some of us are now doing.

Again, critically speaking, we have reached a point also in regulation where we can safely say that NAFDAC is highly respected all over the world now and has reached a stringent regulator status out there. So, Nigerians have no fear whatsoever as to the quality of locally made products.

Finally on this matter, local manufacturing is the only panacea or recipe to address fake and substandard drugs. You can't fake, within the confines of a local manufacturer's compound, any drug. The only way fake products can be removed from Nigeria, is when most of our products are locally made. That is why I urge those of us in local manufacturing to continue to struggle and not give up. We can see that the day of reckoning has come with COVID-19 and everybody is looking up to local pharmaceutical manufacturers for help.

I also encourage our friends that are importing to wear the Nigerian cap, the patriotism cap. This is how the Indians and the Chinese got to their current level of self-sufficiency in almost everything. Nigeria should become less of a rent dependent economy and become a manufacturing hub for Nigeria and West Africa.

Can you please tell us more about the fund that was recently released by CBN to stakeholders in the health sector and what it is meant for?

Let me use this medium to

thank the CBN profusely for taking the initiative to establish this intervention for the health sector and to single out pharmaceutical manufacturers for a large chunk of the amount that will end up being disbursed. The white paper is out. We know that it is not only for pharmaceuticals; we know that other sectors of the healthcare are also accessing. But a large chunk certainly will go to local pharmaceutical manufacturers.

The fund is established for two major reasons. One is for immediate response towards ameliorating the suffering of the citizens caused by this pandemic. That is, for local manufacturers to respond as quickly as possible in providing those materials that will be needed.

As at now, in anticipation of this coming fund, we have gone to borrow money to invest in some of these things. For example, a week ago, ordinary hand sanitizers were very expensive but today, the price has crashed because local manufacturers have taken initiative. Even before President Donald Trump of USA made the pronouncement on chloroquine as one of their treatment protocols, most local manufacturers that had APIs for chloroquine had already started manufacturing. So, today, chloroquine is there and we can meet national needs, just as we can meet national needs for the 17 products that were banned from importation.

The second reason, which is immediate, is for us to be able to upgrade our facilities and upscale our capacities. But the longer or medium term drive is for us to be able to scale up our capacities to the extent that we are able to meet the drug needs of Nigeria, such that if there is ever a closure of the world by a pandemic like this again, Nigeria will, to a large extent, be self-sufficient in the drugs that we need, in the API and in the intermediates that we need. Government also expects us to collaborate among ourselves and see how we can begin to manufacture some APIs.

Talking about Active Pharmaceutical Ingredients (APIs), some have said that even if we have the capacity to produce some of these drugs, the local industry does not have the required API industry to provide the much needed support. What things do you think we need to put in place to have a viable API industry providing support for the pharma industry?

The question is not whether we are backward in that area or not. You see, unless there is an incentive to invest in something, people won't just invest in it. Like I said before, Nigeria is a rent-taking, lotto-playing entity. People do quick deals and make money. Those are the things that we thrive at and nation-building is abandoned to government. Government alone cannot build a nation.

What does API require? It is not much - the intermediates and others are things that you can get from petrochemical plants. If Dangote has not reached a level where we can get those intermediates, we can import them until it becomes viable for a Dangote plant to produce them. Nigeria is slowly but surely getting industrialised. API is not a problem. I assure you that in the next few years, the first API would have been established

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Insecurity, high running cost, bane of community pharmacy in Rivers State - Esom-Ibe

By Adebayo Oladejo

Chairman of the Association of Community Pharmacists of Nigeria (ACPN), Rivers State, Pharm. (Mrs) Agbomma Emmanuella Esom-Ibe, has identified security challenges, such as frequent armed robbery and kidnapping, as well as excruciating operating cost as some of the biggest challenges facing community pharmacy practice in the state. Speaking with *Pharmanews* in an exclusive interview, Esom-Ibe, who had her B. Pharm from the University of Nigeria, Nsukka and an MSc in Pharmacology from the University of Port Harcourt, equally speaks about the challenge of COVID-19, which is presently ravaging the world, as well as the role pharmacists are meant to play in the fight against the scourge. Excerpts:

Tell us about your pharmacy and the challenges you faced at the beginning.

The name of the pharmacy is AB Pharmacy Limited, situated at 48, Elioparanwo Road, Port Harcourt, Rivers State. It was established in 2006. The challenges at the beginning were not really different from what most community pharmacists go through, which include, but not restricted to, human resources, security, adequate funding, power supply, and many others. But to the glory of God, we are not doing badly.

What prompted your active involvement in organised pharmacy activities, especially those of ACPN? When did this relationship with the association start?

My involvement in ACPN and pharmacy activities didn't start suddenly. In my time at the University of Nigeria, Nsukka, Enugu State, I was the vice president of the Pharmaceutical Association of Nigeria Students (PANS) and since then, it has been an onward growth.

Pharmacy is the only profession I trained for and I am practising. So I have to get involved in how the profession is run. I am also the national secretary of the Association of Lady Pharmacists of Nigeria.

You are currently the chairman of ACPN, Rivers State. Why did you decide for this great task, despite your many responsibilities as a woman? And what are your goals for community pharmacy practice in the state?

In Pharmacy, there is neither male nor female. Remember our slogan: "As men of honour, we join hands (for Pharmacy)". My goal as the state chairman is to make impact; to serve my profession diligently and build on the great strides the leaders before me have made, and possibly add innovations to them.

I would also like to attract the projects and innovations in other states, with as many development partners as possible, to ACPN, Rivers State.

What have you identified as the biggest challenge facing community pharmacists in Nigeria, and Rivers State, in particular, and how can they be surmounted?

There are so many challenges community pharmacists are facing in Nigeria and these include difficulty in accessing single digit loans from the banks to grow their businesses, human resources, business training to run the pharmacy as a business and a profession, power supply and especially security. We have lost pharmacists in Rivers State here to robberies and kidnappings, to mention but a few.

Community pharmacy practice has evolved over the years and practitioners are now involved in doing more for public



Pharm. (Mrs) Agbomma Emmanuella Esom-Ibe

health issues. Considering how far the practice has come, where do you hope to see community pharmacy in the next 10 years?

Community Pharmacy practice is basically public health. Remember, community pharmacists are the most accessible healthcare practitioners in the communities where they are practising. We also mark and observe practically all the World Health Organisation days in our various states, educating the public about disease conditions and proffering preventive measures.

I believe strongly that, in the next 10 years, with support from the government, donor agencies and the banks, community pharmacy will close a huge gap in the health sector, as drug experts.

How lucrative is community pharmacy practice in Rivers State?

I may not talk about how lucrative community pharmacy practice is in Rivers State, because it is fraught with challenges, some of which I have mentioned earlier. When you provide power, light and security for your business and pay huge money to rent your premises, the overhead cost overwhelms whatever profit you make. Take away the challenges, it is fulfilling as a practice because you make impact on human life and invariably the society.

Drug abuse and misuse has been on the increase in recent times, especially in the part of the country where you practise. Tell us your experience on this, and how it can be curtailed.

Drug abuse and misuse is becoming a hydra-headed menace and it keeps evolving in the wrong direction and at an alarming rate. A great percentage of Nigerians are engaged in the misuse of drugs, like using antibiotics for prevention of diseases, wrong dosage and frequency of drug use, using a neighbour's medication

for similar symptoms, taking antibiotics for common cold, using triple action medicated creams for skin toning, etc. I could go on and on.

Drug abuse is destroying the lives of our youths, who are supposed to be the leaders of tomorrow. Psychoactive drugs, which are also drugs of addiction, are used for sexual enhancement, to feel good and for criminal and cult activities. The drugs used range from opiod analgesics, Tramadol to cough suppressants, glues, etc.

These drugs of addiction reconfigure the brain and even mess up the chemical composition of the brain, destroying lives and families. In Rivers

State, the PSN has a committee called DSARC, Drug and Substance Reduction Committee, that is into a lot of public education and enlightenment. Many ACPN members, including myself, are members of that committee. It is a really bad and sad situation.

COVID-19 is presently ravaging the whole world, including Nigeria. What can you say about government's effort towards curtailing it, and what role do you think pharmacists can play to assist the government?

COVID-19 is a pandemic that is dealing the world a serious blow. I think the government is trying within the limits of the "fire brigade" approach they deployed. They were not prepared. We do not have enough test kits and no good isolation centres. The outbreak started in 2019 and knowing that the world has become a global village, I didn't see our government preparing in time to fight it.

Furthermore, what you see are sudden closures of borders and markets, without alternative provisions for the citizens on lockdown or enough time to prepare and get provisions. Some state governments didn't even pay salaries before closing the markets and sending their staff home. I pray nobody dies of "HUNVID-20" - hunger virus. (Laughs). What happens to the low-income earners that depend on their daily sales to feed their families?

As pharmacists, we are playing our roles to the best of our ability - ranging from providing all pharmaceutical essentials like sanitizers at reasonable prices, disposables like masks and gloves, to providing adequate services and good hours of operations.

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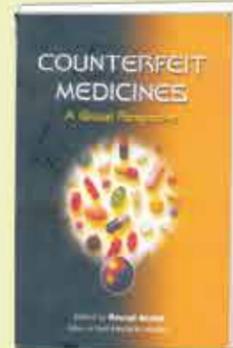
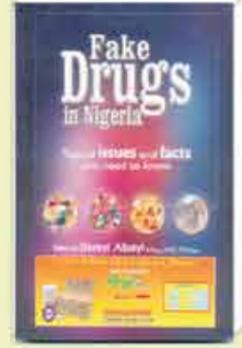
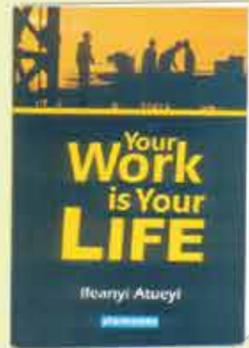
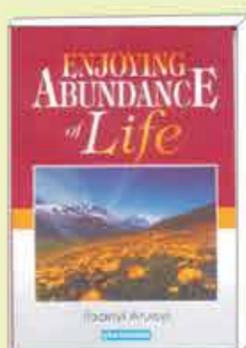
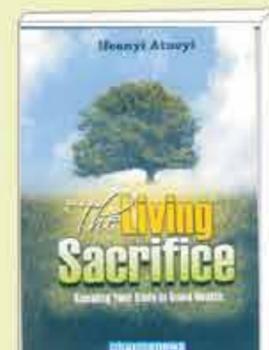
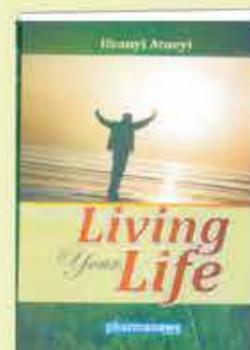
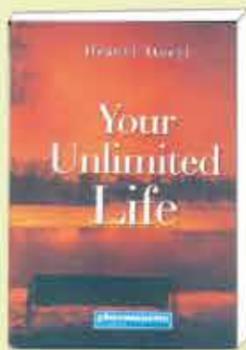
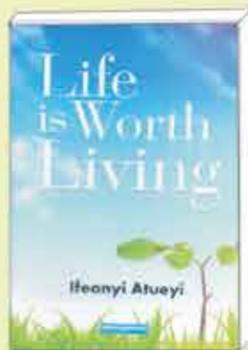
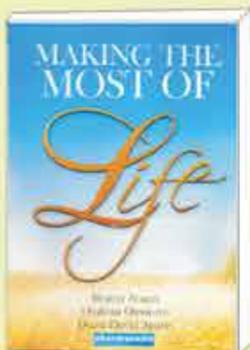
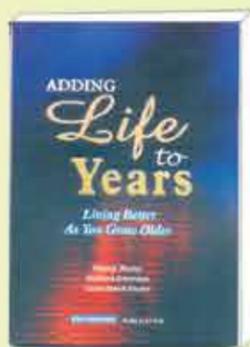
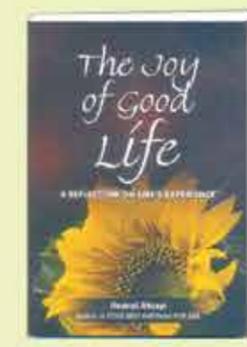
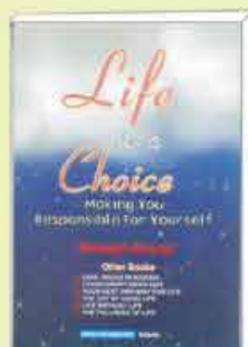
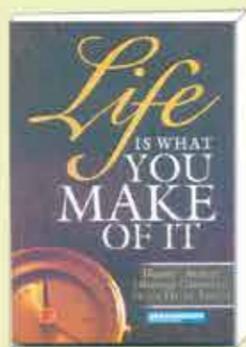
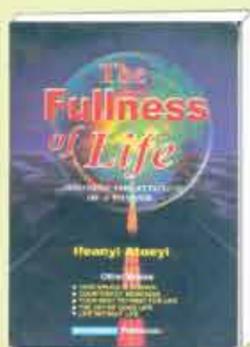
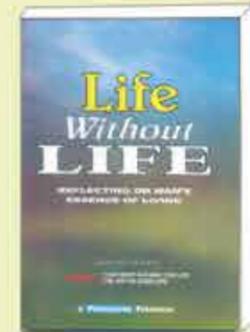
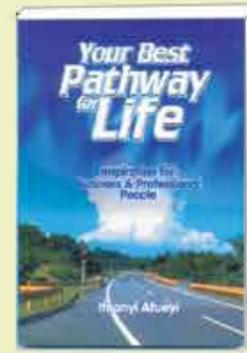
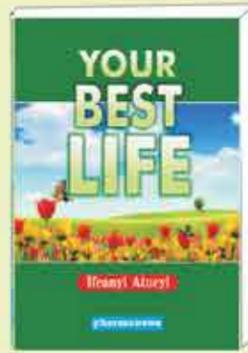
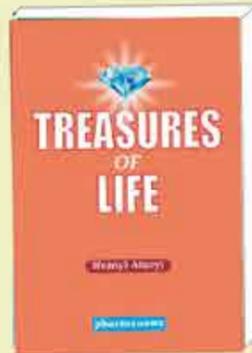
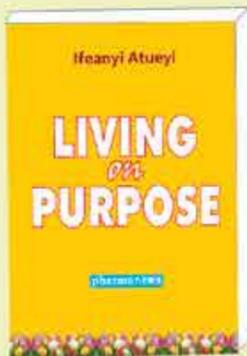
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Seven habits of highly successful sales professionals (2)

By Pharm. Sesan Kareem

Highly successful sales people have developed success habits that have helped them achieve great feat as sales professionals. In the last edition, we discussed that highly successful sales people set SMART sales goals and are success-driven and highly emotional intelligent. Let us look at the four other habits of highly successful sales professionals.

Relationship

Incredibly successful sales professionals have excellent interpersonal skills. They have mastered great social skills. They build a solid relationship with their customers. They show empathy, care and understanding towards their customers. Highly successful sales executives have learnt how to identify their customers' behavioural traits and adjust themselves to adapt as required. They have a listening ear and go the extra mile to show their customers that they have their best interest at heart.

Selling is people's business and having a satisfying relationship with your customers significantly affects sales performance. Therefore, real sales professionals develop a good relationship with their customers. They are customer-focused and service oriented. They believe in customer's satisfaction and experience. In this light, customers trust them, believe them and they are always willing to do business with them.

Be kind, nice and humble, it pays. Build a satisfying relationship with your customers. Show genuine

care and understanding towards your clients. Always be interested in their progress. Share ideas that will help them or their business to thrive. Focus on identifying their needs and meeting these needs faster, better and cheaper. Let them see you as a confidant, friend and advisor. Let them know you as a partner in progress.

Prospecting

Remarkably successful sales professionals have developed and mastered the ability to identify customers who are qualified for their solutions. They can easily identify their ideal customers who have a need, who are interested in a solution, who have the ability to make purchasing decision and also the financial strength to buy the solution. They keep looking out for new prospects on a regular basis. They invest time and energy on the right customers. They work smart, focus on productivity over activity and achievement over movement. They are very strategic with their sales approach. They have taken their time to study and understand their ideal customers and their needs.

Develop your prospecting skills. Learn how to quickly differentiate between a suspect and a prospect. Seek new prospects on a weekly basis. Focus on productivity and results. Be strategic with your sales approach. Work smart. Know your ideal customers.

Communication

Successful sales professionals

are great communicators. They know how to effectively communicate their products' benefits, features and comparative advantages to their customers, with clarity, conviction and calmness. They have developed their presentation skills to be world class. They are good interviewers. They have mastered interviewing skills. They ask their clients the right questions that help them to discover their real needs so that they can proffer the right solutions. They also write a lot. They take their customers serious by jotting down some important points during their one-on-one discussions. They also listen closely to their customers.

Improve on your presentation skills by practising your sales pitch consistently. Work on your interviewing skills. Jot down some information during your one on presentation and go through your jottings later. Be a good listener. Develop your communication skills.

Closing

Until sale is closed, every other thing is just by the way. Highly successful sales managers and professionals are not afraid to ask for a buying decision. They have mastered various ways to ask their customers to take action during their presentation. They quickly notice their customers' concerns and fear of making buying decisions. They know how to negotiate terms and conditions effectively. They follow up on their customers closely. They have also developed effective closing strategies.

Hone your closing skills. Ask for buying decisions in various ways during your presentation. Discuss



For questions or comments, mail or text sesankareem2@gmail.com/08072983163

any fear of buying or concerns with your customers. Let them know how the benefits outweigh the price.

Out of these seven habits of highly successful sales professionals, which ones have you mastered? Which ones do you need to seriously work on and develop? Your ability to achieve great success in sales is unlimited. You can become a respected sales professional if you develop and master these habits. You can double your annual profit and accelerate your business growth if you focus on sales success. Remember, there is no business success without sales success.

ACTION PLAN: Build excellent relationship with your customers by showing them that you care about their success. Develop your prospecting skills. Communicate with your customers with clarity, conviction and calmness. Hone your closing skill.

AFFIRMATION: I am a successful sales professional. I am blessed and highly favoured.

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CONTRAINDICATIONS: Hypersensitivity to paracetamol or any of the other ingredients/components of the product. Severe and active hepatic impairment.

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How hospital experience made me drop History for Pharmacy – Prof. Ogunlana

In this exciting and exclusive interview with **Pharmanews'** MOSES DIKE and SOLOMON OJIGBO, eminent Professor of Pharmacy and former President of the Pharmaceutical Society of Nigeria (PSN), Professor Ebenezer Olanrewaju Ogunlana, goes down memorial lane to recount the events that led him to study Pharmacy and his not-so-smooth journey to becoming a professor at OAU Ile-Ife. Ogunlana, who is the first professor of Pharmacy at the Obafemi Awolowo University (OAU), Ile-Ife, also speaks about his undying passion for music having worked as choirmaster in the Methodist Mission for so many years. Excerpts:

Can you tell us briefly about yourself? Who is Professor Ebenezer Olanrewaju Ogunlana?

I was born in Lagos and I had my early education there. My father died two years and two months after I was born. So, I grew up without knowing my father. Being a school teacher, my mother took care of us. We were four children in the family but one of us died during the Second World War. Then three of us were left and I was the youngest.

I did my post-secondary education in the United Kingdom. I was in Birmingham, where I did my A Levels. After that, I spent some time working and then went to the university. I was at the University of Nottingham from 1960 to 1963.

While I was in England, I had the privilege of meeting many people. Even at Birmingham, I met a lot of Nigerians doing many things. I became friendly with them. Otherwise, I lived a very quiet life but not too quiet. I was introduced to the societal system in the UK through the Methodist Mission. The Methodist Mission gave me support while I was in London briefly. I stayed at the Methodist International house before I moved to Birmingham under the guidance of two professors of Chemistry from the University of Birmingham and they more or less looked after me.

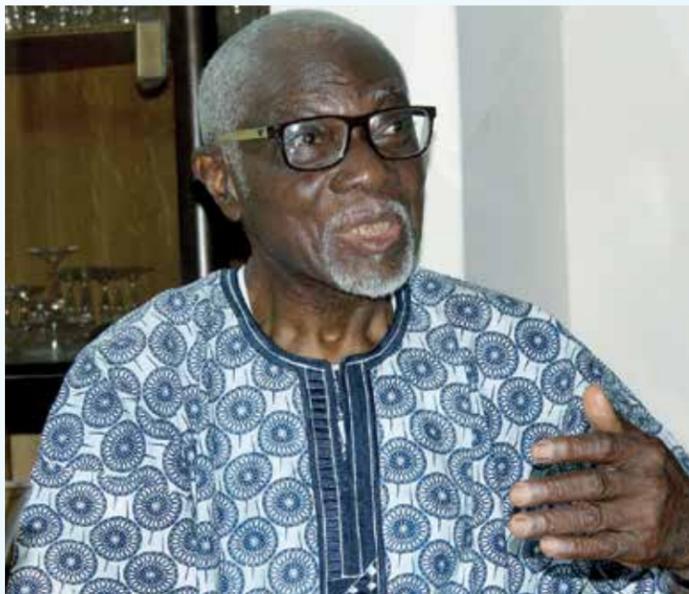
At that time, I did not abandon my passion for music, which I had developed here in Nigeria. I used to be a member of the choir when I was in Lagos. I maintained the same over there. I was a member of the City Road Methodist Church Choir in Birmingham. And when I was in Nottingham, I was a member of the university choir.

What was your experience growing up and what were the factors that helped shape your decision to study Pharmacy?

Well, it was a very strange situation and I believe God had something to do with it. In 1955, I became ill. I was working in the accountant-general's office - a six-storey building in Lagos. There, I became ill and, usually, they allowed us go on break in the afternoon. So, in the afternoon, I went to the general hospital on the same street - Broad Street, as it is known today. When Prof. Olikoye Ransome Kuti, who was working at the hospital then, examined me, he said I wasn't going to go home. At that time, he was working with Professor Odeku, who was the neurosurgeon at the hospital then. The two of them insisted that I had to be admitted briefly and looked after.

So, they took me to a ward. The hospital was very busy but they put me in ward E2, which was less busy and had fewer patients. I was given a bed. Interestingly, nobody in my house knew I was admitted because I went straight to the hospital from work. The doctors diagnosed that I had suspected infectious hepatitis, which called for careful handling. So I had to stay in bed.

While there, I watched everybody move around. I took my medications. There were not many drugs for me to take, except vitamins and similar medications to balance my system. Eventually I got rid of the signs and symptoms.



Professor Ebenezer Olanrewaju Ogunlana

However, when I was there, a man was ill and was admitted for fever but he became restless during the night and was going all over the place disturbing. The nurse on duty was a woman, so nobody could control the man. Then Dr Odeku, a tall, strongly built man, came and tried to stop him. He wrote a prescription and took it to the pharmacy downstairs which was on for 24 hours. He was however told that the drug was out of stock. I was in bed, watching. I was only 19 years old at this time.

Three days after that, I was discharged. As we were going home, I told my mother about the out-of-stock experience. I was bitter about it, wondering how someone could go to the hospital and not find drugs to take care of his health condition. I told her I had to consider a career in Pharmacy.

Now, to go back to study Pharmacy was a bit hard because, during my last years in secondary school, I studied mostly arts subjects because I was going to study History. So, I wasn't qualified because, in the school certificate, I only did Chemistry and Biology; I didn't have Physics at all. My mother advised that I should go to the British Council office at Ajasa Street on Lagos Island to find out how I could do remedial courses.

When I got there, the Lady I met said there was no point doing remedial courses for a short time because she feared I might not pass. She said I should find a way of getting a school overseas to give me admission. When I got home, I told my mother and the committee of Ogunlana family, consisting of my elder brothers and my mother. They met and decided that I should be given the opportunity to study abroad.

So we started writing to schools abroad and eventually I got a place in Birmingham and Birmingham was a place I found peace. I was very grateful because all the people I met were very supportive. I did A Levels at Birmingham College of Technology and I managed to pass (laughs). Having secured my A Levels, I felt good but was not satisfied with the results. So I spoke to a professor, who was one of my mentors, and he said "If you like, you can repeat it January so you can get higher marks."

Then I asked myself, what would I be doing from June to

January? That arose because my mother financed my schooling. So in order to assist her, I applied for a job as pharmacy assistant in Warrington, near Manchester. When January came again, I was able to write the examinations and I scored higher marks to be able to gain admission. At that time, Nottingham was admitting only 42 students. So you had to work

hard to be admitted.

I worked very hard in Warrington to the extent that the Mayor in Warrington decided he wanted to see me. What happened is that the wife of the mayor had come in as a patient to the hospital, and as an assistant pharmacist, I could dispense her drugs. So when she got her prescription - it was a gynaecological prescription - and she was not comfortable giving it to a black face to dispense and wanted to leave. We went back to Mr Millington, the gynaecologist and told him about it and he called her back. So she came back and was willing to allow us to dispense the drugs this time around.

When it was time for the city day, which held once a year, there was a ball and at that ball, I was invited by my boss to come. At the ball, the mayor and his wife were there. So, the mayor's wife asked me for a dance and we danced. She was amazed at my skill and asked me where I learnt to dance. I said I learnt to dance at home in Lagos. And that was another recommendation which came from the mayor to Nottingham. There were concerns at that time because people from the West Indies had just arrived and there were blacks everywhere. So the mayor wrote to attest that I could be admitted and that was how I got into Nottingham.

At a point in your career, you rose to become the dean of Faculty of Pharmacy and deputy vice-chancellor. In all of these, what would you consider the highest point in your career?

In order to become a dean, you have to become a professor. To become a professor was a big challenge to me because when I applied for the post of a professor, I was not promoted. There was a bit of interest and it was not possible to overcome the interest groups because I had nobody. The situation was such that, over the waiting period, there was a little bit of activities which were very strange, as some powerful interest groups felt I was not aligning with them politically. I was not the only one who had that difficulty but the fact is that they were so strong and determined to make people align with them but I was not prepared to align with them because my mother did not teach me to be subjective.

I had three interviews. The

first one I went from the Ibadan campus to Ile-Ife. I was dressed for the interview but when I got to the venue of the interview, Prof. Fafunwa - the deputy vice-chancellor - told me to take my jacket off, that I was going to be in the interview panel. Instead of me to be interviewed, I was interviewing people for the same post. It was so strange.

They advertised the position again because they didn't get any candidate. Again, I applied. This time, I went through the exercise and after that, I asked a member of the panel how I performed and he said I did well. When the result came out, they said I was not suitable. I became worried and said to myself that if they advertised it again, I would not apply.

They advertised it again and I did not apply. But a few days after Easter, the vice-chancellor himself, Prof. Oluwasanmi, wrote and offered me the position of a senior lecturer in Pharmacy. Apparently, there was a powerful political office holder at that time who was opposed to my appointment because he had his candidate but Professor Oluwasanmi was determined to do the right thing, so he offered me the appointment on the 1st of September 1973.

In 1974, there was advertisement for professorship and I applied. I was shortlisted. I was called for interview in December and on January 27th 1976, I became a professor. I wanted you to see the procedure I went through. So, I became the first one - the first professor of pharmacy in Ife.

How would you describe life in retirement? How has it been?

I have retired a long time ago. I retired in 1988. In 1989, I set up Lanpharm Laboratory and Scientific Services at Lapal House, which was opened by Prof. Ransome Kuti and he was very pleased. When I opened that lab, it became obvious that whenever I signed a certificate, people recognised it. As I got older, however, it became difficult to continue with the laboratory on my own, signing the certificates but I got a feeling people were not ready to take that, so I had to give up.

Are any of your children into pharmacy or medical practice?

No, I did not advise them to. For instance, my daughter who became a judge, wanted to do Pharmacy. I told her she was good at subjects like English, Government and all the likes, that she was not a material for Pharmacy. So when she wanted to write JAMB, I told the principal of International School, Ibadan which she attended, that she should not be allowed to do Pharmacy. For the boys, one is a scientist, the other is an economist. The scientist is an I.T (information technology) man now.

How would describe you days as PSN President?

I was PSN president from 1994 to 1997. Before I became PSN president, I functioned in many ways at the West African Pharmaceutical Federation. In that case, I had no difficulty getting ready for the job of PSN presidency. It was an opportunity to serve and I served sincerely. I set up a four-paged journal, titled "From the President Desk", which was used to circulate information within the Society and it helped a great deal.

2020 year of nurses and midwives: Making universal health coverage a reality

(Contd from last edition)

According to the World Health Organisation (WHO), nurses are capable of providing the majority of the care included in the basic package of clinical and public health services with a broad and fundamental role to play, given the knowledge, skills and impact of nursing and midwifery work on the quality, efficiency, and effectiveness of universal healthcare, through the provision of 24 hours service a day and 365 days a year.

Nurses and midwives account for nearly 60 per cent of the global highly-skilled health workforce. Hence, for all countries to achieve SDG number 3 on health and well-being (ensure healthy lives and promote wellbeing for all at all ages) nurses and midwives are the single reliable forces to attain this.

The triple impact of nursing report by the All-Party Parliamentary Group on Global Health (APPG), emphasised that successfully providing universal health coverage requires a strong global nursing presence. A viable nursing profession will yield a "triple impact of improving health, promoting gender equality and supporting economic growth."

The WHO estimates that the world needs an additional nine million (9,000,000) nurses and midwives by the year 2030. In Nigeria, there is a shortage in supply of nurses and midwives while the ones that are available are either not motivated, or not distributed equitably to enhance proper service delivery.

The shortage in the number of nurses and midwives is largely responsible for the economic and nationwide development challenges. With adequate support, motivation, empowerment and repositioning of Nigerian nurses and midwives, they are prepared to contribute to efficient delivery of UHC and work relentlessly towards attainment of qualitative, safe, accessible, and affordable healthcare services.

It is therefore our resolution that following the global trend, there is the need for collaboration and cooperation within all the arms of government, the worthy professional association, regulatory agencies, and the various MDAs involved in the healthcare delivery system.

Reasons to reposition nursing and midwifery in Nigeria

Globally, repositioning nursing and midwifery has led to improved health care status, where there is freedom of practice at complementing and contributing to healthcare efficiencies. This is achieved through extended roles of nurses and midwives as is the case globally, but being neglected in Nigeria, while our products are performing wonders all over the globe.

However, the government and key stakeholders are invited to note that some challenges need to be given priority attention towards repositioning nursing and midwifery services and personnel to enhance the attainment of UHC goals as a member of the global community.

The Nigerian health profile is a reference point that deserves attention. The Nigerian population

is largely disproportionate to the number of nurses and midwives in the country. Primary healthcare services are particularly suffering because of the grossly inadequate number of the professionals.

Nigerians are deprived of the vital services of nurses and midwives in our rural areas and instead of repositioning nursing and midwifery services, less qualified professionals who were only trained to assist nurses and midwives are now being substituted to work in positions of nurses and midwives.

As a group of professionals, we are fully prepared to scale up and review the skill mix of our members to include first-level care providers as being proposed by the Nursing and Midwifery Council of Nigeria (NMCN) to ensure adequate presence of nurses and midwives in all the required underserved areas in Nigeria.

Towards achieving this feat, government policies, collaboration,

recognition, basic infrastructures and equipment are required to make this a reality. Nurses and midwives are prepared to mobilise available resources to deliver the best for the Nigerian populace. For about 200 million Nigerians, Nigeria has trained and registered above 300,000 nurses and brain drain is vastly diminishing our nursing and midwifery workforce. Only about one-third of nurses registered by NMCN stay within the country and even these are not totally absorbed in, therefore remaining under-employed and thereby contributing abysmally low input to the Nigeria health services.

The remaining two thirds of nurses trained in Nigeria leave the country for greener pastures after training. For instance, out of 10,000 personnel registered by NMCN, 2,005, 2,536, 3,561 left in 2016, 2017 and 2018 respectively. If the Nigerian environment is conducive, especially with



adequate infrastructure, equipment and remuneration, these well-trained nurses would have fewer reasons to exit their

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2020 year of nurses and midwives: Making universal health coverage a reality

continued from page 27

fatherland. This development is more disheartening, considering the fact that Nigeria expends huge scarce resources in training nurses for the consumption of the western world who are more economically buoyant.

Recommendations for investment in nursing and midwifery

To address the above challenges, we recommend the following:

- An urgent review of the laws and regulations of nursing and midwifery education and practice in Nigeria.

- Empowerment of the West African College of Nursing, as well as establishment of a National Postgraduate Nursing College.

- An improved commitment to research into nursing, as well as increased role of nurses and midwives in primary level of healthcare delivery.

- Complete absorption of all nurses and midwives trained into employment at all levels

of healthcare system in the country.

- Proper placement of nurse interns and graduate nurses to make them to be at par with their contemporaries in the health sector.

- Formulation of policies to increase the roles of nurses and midwives in primary healthcare and abolition of policies that prevent midwives from doing the work they are trained and licensed to do in most of our secondary and tertiary health institutions.

- Provision of modern facilities/equipment and continuous training/capacity-building of staff on new innovations.

- Increased and improved dissemination of effective and innovative practice in nursing with ICT driving the process.

- Involvement of nurses and midwives in policy-formulation and decision-making in the health sector. This will ensure that the impacts of nurses and midwives are felt, and this will help to eradicate certain lapses in the health sector. It is worthy of mention that, at the

Federal Ministry of Health, despite having the highest number of skilled manpower in the sector, there is no separate department for nursing services. This lapse creates a healthcare system obstacle.

- Proper reintegration of nurses and midwives in the primary health care programme, with public health nurses being empowered to lead as managers of PHC in Nigeria.

Expected actions from state and federal governments

We particularly request that federal and state authorities consider and graciously grant the full implementation of the Orasanye and Yayale Ahmed committees' reports on harmony in health sector that recommended the following solutions and implementation strategies:

- a. A full-fledged department of nursing at the Federal Ministry of Health.

- b. More nurses in position of political appointment.

- c. Representation of nurses at top management levels in the health sector.

It is therefore time for the Nigerian government to step up and take decisive actions to invest in their nursing and midwifery workforce. This requires increase in allocation to health budgets, not only increasing numbers but ensuring that nurses and midwives are resourced and supported to meet the world's healthcare needs.

The WHO has provided a unique opportunity for countries to both demonstrate how much they appreciate their nurses and midwives and to showcase what more nurses and midwives can achieve if given the support to do so.

Florence Nightingale, in the 1870s, wrote that "it would take 100 to 150 years for the world to see the kind of nursing I envision..." It is therefore not a coincidence that 150 years later, the world has declared 2020 the international year of the nurse and midwife and has shifted attention to these profession.

As the NANNM President, our appeal is that now that the entire world is focusing on nursing and midwifery, we should not allow the world to leave us behind, so that our healthcare system can tap from the benefits inherent in investing in nurses and midwives.

COVID-19: PMG-MAN lauds CBN's N3.5 trillion intervention fund

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in Nigeria by members of PMG-MAN in Nigeria.

Aside from the release of this intervention fund, what other steps do you think government can take to improve local manufacturing? Some people have advocated for tax holiday and other measures. What are your views?

I don't want to dwell on things like that and the reasons is because Nigeria as it is now is broke. Oil is now selling for about \$24 a barrel. Where are they going to get the money to do some of these things before we get into bankruptcy?

However, I will suggest a few things and we will be fine. What must we do to consistently invest in our future as a people? One, we have taken a bold step to provide the five per cent emergency intervention fund. Can this fund remain perpetual industrial intervention fund that people can access when they have serious projects?

Two, one of the greatest disservices that government has done to this country is that, for about 50 years, we have only two functional seaports in a country where the sea traverses about one-third of our border line. From Lagos all the way to Calabar, the sea traverses this area. Why would we have only two seaports catering for the import needs of this country from the 1980s till now?

Before Tincan Island Port was built, only Apapa Port was catering for the needs of the country. After Tincan Island, I think we built about two other ports - Onne Port and Calabar Port - to take off the pressure but guess what? Somebody forgot to dredge the sea so that large ships could use those ports. It's all very crazy and it's all due to lack of planning. The reason products are expensive is that both finished goods and raw materials land in the ports and there is so much bottleneck in clearing, such that the goods stay at the port longer that it took for the goods to sail from the country where they are imported to this place.

Because all the containers

that Nigeria is using are coming from these ports, the entire Apapa axis is so congested that vehicles cannot move. In fact, the cost of transporting a container from Apapa to Ikeja is higher than that of delivering something from Lagos to Sokoto and Maiduguri. At a point, when there was a heavy logjam, it cost about N800,000 to N900,000 to bring a container to Ikeja. Today, it costs about N500,000. It doesn't have to be like this and there are also too many demands by

too many agents.

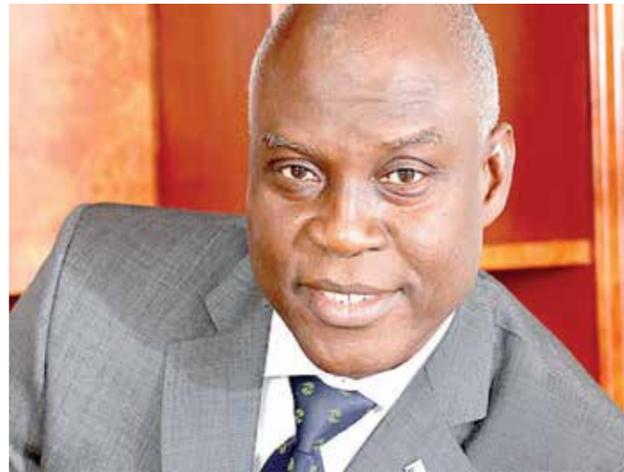
So, we must sit down and ask, why must we be hurting ourselves? We need to create a task force to decongest the port completely and make it possible for people to do business. We, as manufacturers, are sick and tired of what is going on.

We should also focus on dredging and opening up all the other seaports so that only containers heading for the south-west and part of the north are cleared from Lagos; while those meant for the east and part of the North are cleared from the south-south ports. Once we do this, business will become a lot easier.

We must not become businesspeople that have become a burden to government. We cannot be asking for all sorts of rebates and incentives because, today, government doesn't have money. So, let us still continue to pay our taxes. I am not a great fan or advocate of removal of all sorts of taxes because, ultimately, statistics have shown that Nigeria is one of the countries that pay the least taxes in the world.

What do you think the government can do to encourage contract manufacturing as a way of discouraging importation?

Government, through NAFDAC, is trying to encourage people who want to import and trade until they can establish their own factory to do two things - firstly manufacture where they can find but in a short while bring it to local manufacturing,



**Dr Fidelis Ayebae,
Chairman, PMG-MAN**

where they can collaborate with existing local manufacturers for contract manufacturing.

Contract manufacturing is the place to begin but, unfortunately, that wasn't the tradition before now; but it is now becoming the tradition. As you know, GSK and Sanofi have signed up with May & Baker and Fidson to contract manufacture their products to be sold in Nigeria and the rest of West Africa. With time, if they find out we are keeping faith with quality and prompt delivery, they will open the space to buy more from us. It is a good prospect.

Other importers are also beginning to reach out to local manufacturers. This happens where you have created an investment opportunity; where people will have confidence to invest more in the industry. As I speak, we, at Fidson, are investing, in the next one year, a billion naira, beginning from November last year, in expanding our capacity and expanding our infrastructure to cater to those contract manufacturing that we have signed, either for local players or multinationals.

In fact, NAFDAC, as a government agency, is encouraging that and they are coming up with a protocol for that to happen as often as possible because that does two things: First, it expands our capacity and ability to compete, in terms of our economy of scale, with the foreign manufacturers to an extent.

NAFDAC is a very friendly organisation. They feel and wear the

shoes of local manufacturers. They know where the shoe is pinching us. If not for NAFDAC, all local manufacturers would have died. If you remember, it was Prof. Akunyili that came and sanitised the sector to ensure that we were not overtaken by fake and substandard drugs. So, business became interesting for local manufacturers again. The current Director General, Prof. (Mrs) Mojisola Adeyeye, is also doing her best to sustain and improve the momentum.

So, NAFDAC is not our problem. It is Nigerians that should buy made-in-Nigeria products and CBN should try

to bring down the interest rate and make forex more available for local manufacturers because our input materials are imported, ranging from machineries to raw materials.

How do you think all stakeholders can better manage the COVID-19 pandemic?

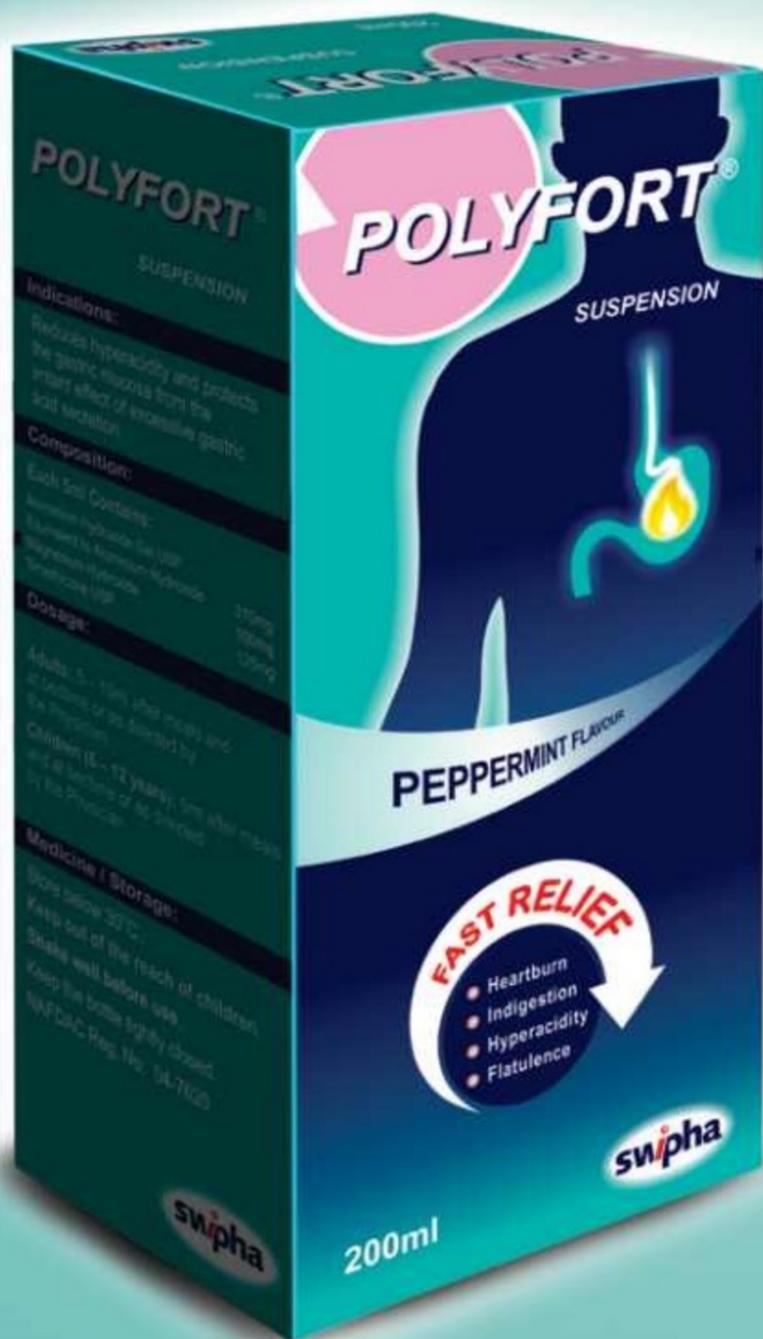
My advice is simple: Government should ensure that information is coming from only one source. Information is coming from too many sources and this is confusing the people.

Let Nigerians be wise. Follow the protocols established by the officials because the protocols are to save our own lives. If you do not have an essential thing, don't go out. If you don't have sanitizer, no problem, make use of ordinary soap and water. It is good. It breaks down the virus. If you get home, wash your hands, your face and your body properly before you start showing love by hugging your children or spouses.

If you travel, try to isolate yourself for the prescribed period before mixing up. If we observe this simple protocols, the problem will be gone within a short time.

People should know where to go and get tested if they are feeling sick. Efforts are being concentrated so much on the cities, forgetting that the rural areas are also heavily populated. But the government is trying because this is a terrain that nobody living today has passed through before, except during the Ebola scourge.

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COVID-19: Is staying at home the best option for Nigerians?

As countries around the world frantically battle to curb the spread of the rampaging coronavirus, different drastic measures are being adopted by governments to safeguard their citizens. One of such is the lockdown of most economic and commercial activities, so that people can stay in their homes and thereby avoid spreading or contracting the highly contagious disease.

The Nigerian government too has not been left out, as the federal government recently gave the "stay-at-home" order to residents of Lagos and Ogun States, as well as the Federal Capital Territory. Other state governments have equally adopted similar measures in their domains. There have however been concerns that, given the peculiar situation in Nigeria, where majority of the citizens are low-income earners who have to depend on daily work to feed themselves and their families, staying at home may not be a very realistic or considerate measure. In view of this, our reporter, **Omolola Famodun**, sought the opinions of Nigerians on the current lockdown. Here's what they had to say:

It's the lesser of two evils - Theresa Ejieka



Although there has not been a known cure for COVID-19, there are safety measures listed out globally as efforts to curb the spread of the virus. And one of such is staying at home, which is an advanced form of social distancing; something that is practically novel to human existence. And, of course, it's stinging to the social character of humans and their "freedom of movement".

Amazingly, apart from infringing on the basic right to move and socialise, most Nigerians' daily activities and businesses are fundamental to their sustenance – their daily bread. Nigerians are caught in-between the strange virus and their daily bread. Unfortunately, a choice has to be

made - to either stay at home or move to sustain their lives. Both of which are sincere attempts to press for life.

The best option is to follow the path of the lesser evil and threat. Yes, the stay-at-home policy could be tagged "an evil" to life but surely a lesser one in comparison to moving about in the face of death threats from COVID-19. In as much as Nigerians hope for external help for sustenance from the government in other to equip the stay at home policy, still there's need for a choice - a right one!

It's a matter of mindset - Taiwo Olayade

The truth is that many people, especially those married and having children, find it difficult to concentrate fully on work when at home, due to the need to attend to family needs; but there are some people who work better in such an atmosphere. The average responsible Nigerian is used to waking up early in the morning and leaving home to go to work. This has been the norm of our daily living for generations and this I think has been working for us.



However, this current pandemic has revealed that staying and working from home actually brings out the best in some people. This, I will attribute to the fact that some people love to work without supervision. This is how they can give in their best.

So, I would say that staying at home, or rather working from home, can either bring out the best in one, or take the best from one. It depends totally on the mindset of the individual.

Obviously the best and only option - Adeshina Musa

Shutting down all activities (apart from the essential ones) in Nigeria is the best option to stop the spread of the virus – especially having known that the virus itself does not move but humans move it around and that it is easily transmittable. This move has led to the reduction of confirmed cases and casualties in China (Wuhan specifically). So, total social distancing is the way forward to curb the spread of the virus because Nigeria does not have the health facilities and capacity to curb the virus if the outbreaks goes out of hand.

However, the question is, how can our government make the essential necessities get to the people - especially those that their daily meal is on the street? If this is done with selflessness, openness, and integrity, I believe we shall overcome with ease.



Best option but difficult to implement - Opeyemi Ayangoke

We can contain the spread of this deadly virus, but the problem we have as a nation is that we don't have a system that works and we definitely have a nonchalant government that is incapable of encouraging citizens to stay at home. By now every state should be adhering to the "stay home, stay safe" policy some people are still moving around and thus allowing the spread in other states.

We have a government that doesn't think about the basics and putting essential survival commodities in place, before giving a lockdown order and I believe such government isn't one for the masses or average Nigerians. Leaders are put in power to direct the affairs of a nation out of challenges and give assurances to their citizens when we as a nation face this sort of deadly epidemic that requires the nation to go on a total lockdown.

Leaders around the world that made their citizens to stay at home know that staying at home without basic needs is another death sentence on its own; hence they thought about the welfare of their citizens first and through different logical reasoning they make sure their citizens are comfortable in their various homes during these trying times. Unfortunately, my country is a comedy stage with so many underperforming comedians as leaders.



Businesses are suffering - Tobiloba Elusope



The issue of this pandemic is quite complicated, such that some outrageous advantages are taken out of it. What is the best way to curb this health menace? It is said that staying at home is the "safest" and taking all other precautions. Really, staying indoors hasn't been favourable or stopped the spread. Besides, staying at home has placed so many activities on hold. Core economic activities especially, as well as social and the likes.

Businesses are suffering, People are not left out. Only those on essential services are allowed to work. Other people that are into trades, especially daily trades, find it difficult to make sales due to everyone deciding to stay

indoors. Government may not be able to provide for every citizen. In developed countries, several measures have been adopted to ensure that while everyone stays indoors, their welfare is being catered for.

It would be relieving if every state in Nigeria had a substantial allocation for providing for every citizen, strict measures deployed to ensure safety. Staying at home has so many demands and it is not like it has solved anything.

Staying at home comes with its consequences - Pelumi Tuanse



The COVID-19 pandemic for now has no cure and I think the best way to be safe and prevent further spread is through social distancing I won't be surprised if this stay at home measure designed to curb the spread of the disease in Nigeria is not be effective because there are no measures put in place to address the resultant effects – one of which is hunger.

For this adopted measure to be effective in Nigeria, I suggest the government should have a well-planned programme for relief materials and how everyone can be a partaker. I believe it will aid proper compliance by the people.

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1. Gbola olayiwola et al. Department of Clinical Pharmacy and Pharmacy Administration, Faculty of Pharmacy, Obafemi Awolowo University, Ile-Ife, Nigeria.
2. Narendranathan et al Indian J Gastroenterol, Vol 3, No 3, July 1984.
3. Rang and Dale's Pharmacology, 6th ed, Page 388.

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The many benefits of onions

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

Common onion, botanically called *Allium cepa* (Fam. Amaryllidaceae), is a vegetable that is cultivated and consumed across the world. It is called *albasa* in Hausa, *yabasi* in Igbo and *alubosa* in Yoruba. Though it is a temperate crop, it can be grown under a wide range of climatic conditions (temperate, tropical, and subtropical).

Constituents

Onions are nutrient-dense, meaning that they low in calories but high in vitamins and minerals. This vegetable contains vitamin C, the B vitamins, including folate and pyridoxine, and potassium. Onions contain flavonoids like quercetin, anthocyanins, fisetin and onionin; carbohydrate, protein and fibre.

Preparations

Onions can be enjoyed either raw or cooked. It may be added to food while cooking, boiled, fried or dried. It may also be taken as a juice or applied topically as a paste.

Pharmacological actions and medicinal uses

Research shows that eating onions may reduce heart risk factors, such as high blood pressure, elevated triglyceride levels and inflammation. Studies show that onion consumption is associated with improved bone



Allium cepa

density. Onions have been shown to inhibit the growth of potentially harmful bacteria like *E. coli*, *H. pylori* and *S. aureus*.

Onions are rich sources of prebiotics, which help boost digestive health, improve bacterial balance in the gut and benefit the immune system. Chewing raw onions improves oral health. They help eliminate bacteria that can lead to tooth decay and gum issues.

Onions, when combined with garlic, are known to be effective antidepressants, painkillers,

anticoagulants, and anti-inflammatory. The anti-inflammatory properties of onions can also help soothe respiratory ailments like asthma. A mixture of onion juice and honey is said to be effective as a cure for fever, coughs, common cold, catarrh and allergies. A small piece of onion, kept under the nostrils and inhaled, helps to stop or slow down a nose bleed.

Substituting onions for high-calorie foods may contribute to weight loss indirectly. As a result of some elements and phytochemicals, onions have been shown to reduce blood sugar, decrease tumour development and slow the spread of ovarian and lung cancer in test-tube studies. Onions contains compounds that are said to reduce the risk of glaucoma, macular degeneration and cataracts. They are also effective in the management of conjunctivitis.

Onions are one of the herbal

medicines used for managing sexual impotence and erectile dysfunction; taking onion juice with honey is known to increase fertility in men. As a result of its antimicrobial and anti-inflammatory qualities of onion is said to be used in the treatment of acne and pimples, to soothe stings and bug bites, to get rid of moles, treat hair dandruff and enhance hair growth.

Adverse effects

Although onion is used in treating several gastrointestinal disorders, excess consumption may cause gastric irritation, vomiting, nausea, and burning. Uncontrolled intake of onion can lead to heartburn, especially in pregnant and nursing mothers. Onion often leaves a bad breath after its consumption due to its strong aroma.

Economic potentials

An estimated 105 billion pounds of onions are grown across the world every year. According to the Food and Agricultural Organisation (FAO), Nigeria cultivated 996,519 metric tons of dry onions and 248,072 of green onions in 2017. A 50kg bag of onions, which was sold at an average of N14,000 in September, 2019 sold for N38,000 in November, 2019 - indicating a 171 per cent rise in price. With proper care against diseases, proper storage and good road network, onions can enrich individuals, communities and Nigeria through its cultivation, sales and processing.

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COVID-19: Why chloroquine is not approved for treatment yet - NIMR, NAFDAC

Against the widespread abuse of the former antimalarial, chloroquine, as a self-medication and preventive drug by some suspected patients of the novel coronavirus, which almost claimed their lives, relevant authorities have revealed the reasons why the drug has not been approved for treating the condition.

The Director General, Nigerian Institute of Medical Research, NIMR, Prof. Babatunde Salako, in an exclusive chat with *Pharmanews* stated that findings on chloroquine's efficacy and tolerability on COVID-19 cases are yet to be established in the country, and thus, it should not be used as a treatment option yet.

"NIMR is currently planning an efficacy and tolerability study of chloroquine among COVID-19 infected persons. Also, a prevention study among contacts of infected persons using chloroquine as trial drug is being planned", he asserted.

He also revealed that researchers from the Institute are brainstorming on the possibility of using the antimalarial as a trial drug for the reduction of health workers' risk to the infection, while they are in the line of duty.

"We are putting together another study on health workers, which will reduce their risk of infection", he stated.

Salako further hinted on other activities of the institute in curbing the spread of the viral infection, noting that as an institution that played a vital role



**Prof. Babatunde Salako,
Director General, NIMR**

in the diagnosis of the index case of the COVID-19 in the country, NIMR has been designated as a testing centre for the condition, adding however that visit to the facility must be by invitation.

His words: "We are already designated as a testing centre for COVID-19 by NCDC, but we could do better if we have adequate supply of diagnostic kits. More centres can and should easily be put in place in each state capital by governors with the support of NCDC.

"We have provided a link on our website where to fill a form and get appointment. We do not want people without appointment to come to the testing centre."

On the duration of getting the

results ready, he said it currently takes about 24 hours, adding that efforts are being made to improve the timing.

The NIMR DG also hinted on plans to bring private laboratories on board in testing for the viral infection, but he remarked that the cost of diagnosing will be borne by individuals at private facilities, while NIMR and government are responsible for cost at the institution.

Similarly, the Director General, National Agency for Food and Drug Administration and Control (NAFDAC) Prof. Moji Adeyeye, has stated that chloroquine should not be used for self-medication in treating COVID-19, as it is yet

to be empirically proven in the country.

She explained that the agency only approved the drug for clinical trial, as published in China and USA recently.

According to her, "Clinical trials done in China and Minnesota have shown that chloroquine is safe and superior in the control of the associated pneumonia, but it must be used on prescription by a medical doctor."

The NAFDAC boss, who spoke with *Pharmanews* in an exclusive interview, urged Nigerian scientists and researchers to expedite action on their studies on chloroquine's safety and efficacy for the treatment of COVID-19.



**Prof. Moji Adeyeye,
Director General, NAFDAC**

Why stroke is commonest cause of death among Africans – Prof. Danesi

By Moses Dike

A professor of medicine and consultant neurologist at the Lagos University Teaching Hospital (LUTH), Prof. Mustapha Danesi, has said that stroke remains the commonest cause of death among Africans because of certain nutritional, lifestyle and certain genetic factors, which predispose people of African descent to high blood pressure and stroke, and the attendant high mortality rate.

Danesi made this disclosure while speaking with *Pharmanews* in an exclusive interview at the 42nd annual national conference of the Association of General and Private Medical Practitioners of Nigeria (AGPMPN) held recently in Lagos.

He explained that Africans takes a lot of salt, despite the fact that there are genetic factors in their kidney which prevent proper absorption of salt, thereby predisposing them to high blood pressure which is a major cause of stroke and untimely death.

Danesi advised that, in addition to paying attention to

their nutritional habit, especially their salt intake, Africans need to exercise more regularly and reduce their consumption of red meat, as precautionary measures to reduce their risk of high blood pressure.

"Take less meat and take exercise seriously. Those who do a lot of exercise have lesser tendency to have high blood pressure. But the generation of Africans in the middle age who stay a lot in the office, have chauffeur-driven cars and go home to watch television are not doing well for themselves because this type of lifestyle nurtures high blood pressure and stroke," he said.

Explaining further why there are recorded cases of high blood pressure and stroke even among young African adults, the eminent neurologist remarked: "From our genetic setting as black people, we can start having hypertension from the age of 25 years but young people may not have the patience to start checking their blood pressure regularly. Yet, the truth remains that, by the

age of 25, some people would have already started having hypertension and before they are 30 years or thereabout, they may have stroke, especially if they didn't know and so did not treat the blood pressure."

While disclosing that the current prevalence rate of high blood pressure among Africans is about 30 per cent, which is very high, Danesi said cases of the diseases before now had been grossly underreported.

He emphasised that regular blood pressure check should be encouraged to help mitigate the scourge of the disease, adding that doctors and healthcare providers must educate their patients on the need for better lifestyle choices.

Speaking on the use of tocotrienol as a preventive medication, Danesi said, "Tocotrienol will prevent white matter diseases from occurring. It will prevent silent stroke, dementia and all other strokes from occurring when you take it. But it's not a treatment for stroke. It's a preventive medication.



Prof. Mustapha Danesi

"So if you have high blood pressure, diabetes and others, apart from managing these which I have mentioned, you should also try to take tocotrienol prophylactically in order to prevent silent stroke you may not be aware of. Sometimes, it's only until people start having dementia that they know there has been silent stroke all along."

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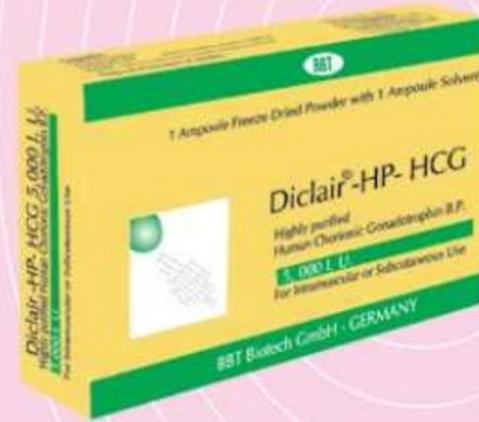
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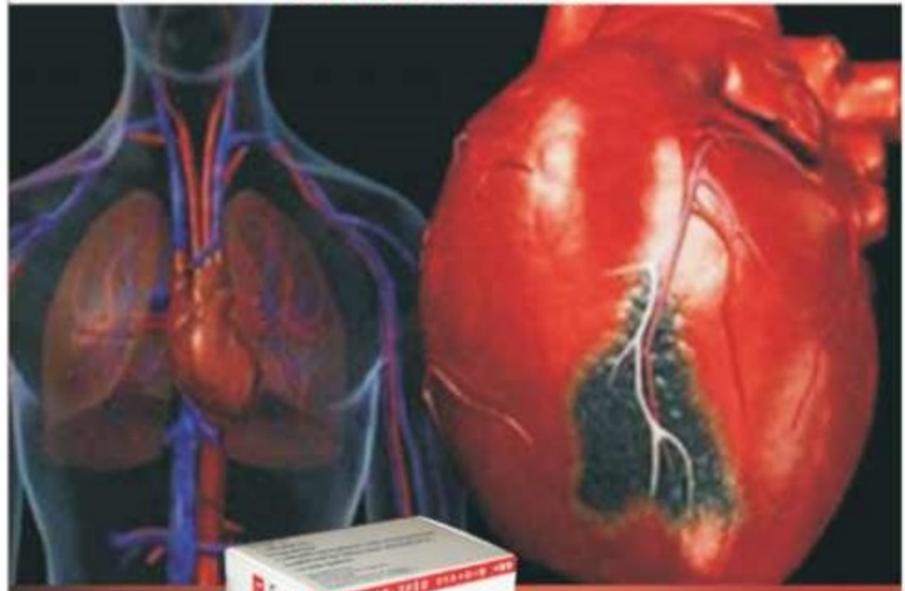


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Coronavirus outbreak, another wake-up call for drug security – Lolu Ojo

(Contd from last edition)

Pharm. (Dr) Obalolu Ojo is the managing director/CEO, Merit Healthcare Limited. In this exclusive interview with **Pharmanews** in his office in Lagos, Ojo, a former national chairman of Association of Industrial Pharmacists of Nigeria (NAIP) and incumbent chairman of the PSN Committee on Research, Documentation and Industrial Liaison, examines the impacts of the outbreak of coronavirus on the pharmaceutical industry and the lessons the Nigerian nation should learn from it. He also reveals what his committee has been doing since its inauguration, as well as his thoughts on other contentious pharmacy issues. Excerpts:

Two important pharmacy issues that have been hanging for some years now because they require government approval before they are implemented are the National Drug Distribution Guidelines (NDDGs) and the new Pharmacy Bill which is now back at the National Assembly. How really crucial are these issues and what more can be done to fast track their approval and implementation?

To answer your question on whether they are crucial, I will say they are highly crucial. This is because distribution problem is a major reason the pharmaceutical sector is prostrate in this country. We were talking about how much the government owes the industry, but I can also tell you that a lot is equally owed in the trading of this product. It is crazy. The trouble is distribution and I believe that if we can address distribution, we can change the entire profile of the pharmaceutical industry.

One thing I can say with confidence as regards the NDDG is that there are improvements. There are organisations that are coming up in this area. The fact is that NDDG, when implemented, will enable us to do audit trail of everything in the system.

The NDDG idea does not mean that the entire business operation must be run by pharmacists. A lot of people misunderstood the idea. As pharmacists, we understand the professional and mercantile nature of our profession, the two of them must be well taken care of. What we are saying is that anybody that wants to be in this business must be under regulatory control. That is all.

I was the chairman of the PSN NDDG committee and when we started, all the players responded. Including all the ones in Idumota and Onitsha. And we explained to them that we are not out to close anybody's business but want them to come together and be under regulation and they understood.

That is what we were trying to achieve and majority of them understand it. However, not everyone agrees so we are not all pushing in the same direction. That is why it is still in limbo.

On what we are doing to fast track the implementation of NDDG, I'm aware the president has set up another committee and they are working on it. However, I must say that the PSN is just a professional body. It doesn't have statutory power to say this thing must happen tomorrow. The best it can do is to let government know the benefit of it through advocacy. So,



Pharm. (Dr) Obalolu Ojo

the PSN is doing all it can do.

This NDDG is not for the benefit of the PSN but for the benefit of the man who is sick and is in trouble because he is sick and needs a remedy. And instead of giving him a remedy of a quality medication that will help him, you give him a fake or substandard product. It is a double jeopardy. The message is as clear as that, and all stakeholders in this country must realise that and support the implementation of the NDDG because it will help us to guarantee the quality of the medicines in our system.

On the Pharmacy Bill, first, I honestly don't know why the president did not sign it into law the last time it was passed. It must have been due to some opposition from other quarters. Nigeria is usually about who you know and vested interest.

Perhaps some people do not like the pharmacy profession. For instance, the name of the bills says "Pharmacy Council" instead of Pharmacists Council of Nigeria. This means that everything about pharmacy falls under the laws. Certainly some people may not like that.

But there are many provisions in that bill that is good for the society. For instance, the bills seeks to see how we can serve the underserved in the society in terms of medicine supply. There are areas in this country where there are no registered pharmacies, yet people in the area are using medicines. How are they getting their drugs? Who is supplying them the drugs? Are we sure such a person is not giving them products that will kill their kidneys? The bills seeks to see how we can help those people. We will continue to push for this bill and I hope that, one day, we will get there.

It is my hope that, one day, we shall get a leader who understands all we are pushing for. It doesn't have to be the president. That leader may be the minister or even a special adviser. We just need somebody who realises that there are important things to be done. There are many leaders and many office holders who do not even know why they are holding the office. When you hold office as a minister, there are questions you should ask yourself. What

is on ground? What can I do to improve it? Which level can I take it to? It is only when you have such clear goals that you can measure what you have achieved.

That is a major reason nothing is changing. We have been saying the same thing for years. **Pharmanews** has been publishing for over 40 years and I know you guys have been writing about the same thing for several years because we still don't have such leaders.

Y o u r involvement in Ultra

Logistics Company (ULCO) as the managing director some years back became a subject of a probe panel committee set up by the PSN last year. I learnt the committee has concluded its investigations and submitted its report. Can you tell us the reason ULCO was founded as the foundation MD and also your thoughts concerning the findings and recommendations of the PSN probe committee on ULCO?

The Ultra Logistics Company Limited (ULCL) was formed between 2014 and 2015 as a special purpose vehicle to address the problem of drug distribution in Nigeria. It was my idea and what prompted it was because I know that what individuals cannot do, groups can do it. Why is Dangote not in pharmaceutical business? Why are the big players in our economy not in this industry?

There was a time I spoke with Oba Otudeko when we invited him for a programme. I asked him why he was not in pharmaceutical business and his response was that there was little or no return on investment. However, I know this is our industry, we can't run away from it. I know that our major problem is drug distribution and I know that we need to address it. That is one part of the problem ULCO was to help us solve.

The second part is that the NDDG made provision for Mega Drug Distribution Centres (MDDCs) and these MDDCs are the ones that will be buying directly from manufacturers and importers. No other person can set up MDDCs apart from government agencies and state distribution centres. So we were of the opinion that if we were not careful, we might be substituting the current, disorganised and chaotic system for a monopoly or oligopoly, where some people would just seize the entire process by the jugular. So we knew that we needed a buffer. We needed an organisation that would serve the interest of Pharmacy first and, by that, serve the interest of the public because Pharmacy is a service profession.

So we knew that we needed to protect that and ensure we protected professionalism. We also knew that it would help us to protect the interest of pharmacists too. This is because by pulling resources together under ULCO, we can serve the interest of

the society and protect pharmacy and pharmacists. That was the well thought out idea. We wanted everybody in the value chain to be involved - the manufacturers, the importers, the distributors and the retailers - so everyone will see it as their own.

The ULCO engagement cost me four years from 2013 to 2016 and even my business partners were complaining that I was giving too much attention to the activities of the Society. They are still complaining till now but I have not stopped because this is my ministry, and I derive satisfaction in being of help to this profession.

We started very well and succeeded. For the first time in the history of the PSN, we were able to mobilise about 123 million naira from pharmacists. This was without any threat of your license not being renewed. It's all about the power of persuasion and setting of a dream that people could relate with. But that figure was still below what was needed to set up the kind of company that we needed and we were looking for alternatives to get to where we needed to be and thankfully we got some ideas on how to do that.

However, as it is the case in this Society, some of my colleagues felt otherwise on the idea we were pursuing. They did not see the vision as we saw it. They did not understand what was behind the passion I had and they thought there were other things driving the passion. They started bringing all sorts of issues. I tried to convince them otherwise but they still refused to understand and did everything possible to frustrate it.

So, at a point, to make sure that the idea didn't get thrown out, I realised I had to step aside and that was what I did. I was given the option to be the chairman of the company but I said no. My view was that if they wanted to really see what was not clear to them, they should go in there and manage the company. I was the founder, initiator and the pioneer MD of the company and I ensured that our finances were very transparent.

While waiting for the business to take off, we engaged the money in some venture partnership and in 10 months we made a profit of about 30 million naira. Even in the pharmaceutical business that we are running, we don't make such profit. This happened in 2016 at a time the country was on its knees due to economic recession. At a time, we had a negative GDP growth and I think this perhaps further confused them.

I think the issue was further compounded by the political atmosphere in the Society because I was interested in the presidency of the PSN. So some people felt they could use it to taint me. They began to spread the story that Lolu Ojo stole or mismanaged money of ULCO. What I did at that time was to write an article to explain everything concerning the company. I titled it "Ultra Logistics - My Story". I wrote and explained that history would vindicate the just and explain all the details of what we did. There were people that responded positively to my explanation but there were those who still carried on with the lies.

Nevertheless, the current PSN president set up an investigative probe panel and I went there to explain. The panelists asked me questions and I answered. I went there with all the documents, so I was happy that I was exonerated of all charges. Not one allegation was proved against me.



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Field force performance management and control

Performance management is the design, development, implementation, management and monitoring of systems and processes that are aimed at maximising human contribution and impact in the workplace. There are related issues here: (i) Ensuring that expectations and outcomes from the sales force are met; and (ii) assessing and communicating the levels of performance in a transparent manner and on a regular basis for various purposes.

The performance appraisal process should answer the two questions that every member of an organisation has:

What do you expect of me?

How am I doing at meeting your expectations?

Reasons for performance management

Overall, regular assessments and appraisals are essential, if individuals are to continually expand their "skills set" and to deliver four key benefits for an organisation (and to some extent the staff):

A clear benchmark for salespeople and sales managers, so that they know what is expected of them

A clear career path for progression (which typically seems to motivate salespeople)

Evidence of the return on investment made in developing people so organisations are encouraged to sustain ongoing development

Continuous and continual improvement in corporate results, effectiveness and efficiency

Determinants of field force performance

Changing dynamics of the market have increased the pressure on sales force. Many studies were conducted to know the factors that influence sales force performance. They are found to be both internal and external factors.

Internal factors include motivation (the drive within an individual, propelling them to excel and do well); skill level (consisting of knowledge, capacity and cognate experience); job satisfaction (how much joy and happiness comes from performance of sales and demand-generation); role perception (personal paradigm of what is expected of them); ego drive (personal concern for success, being ahead, and fear of failure); and empathy (concern for pains of others - team members/team leader).

External factors (outside the control of the salesperson) include but not limited to those from the environment (general economic situation, industrial practices - including compensation, level of industrialisation, technology,

etc.) and those traceable to the organisation they work for (communication, work flow, management style and attitude, corporate culture, size/age of the firm, level of professionalisation of management, reports/reporting and compensation system - perks, tools, expense system and available discretion), etc. For instance, capped running expenses, also known as "float" differ from company to company and is an important metric for reps in choosing where to work.

Another set of factors affecting sales performance level arise from **sales management functions** which can be considered as external. These include sales force planning process, forecasting (and acceptable variance), workload, territory size and expected results, field force performance metrics and control system. I have seen a rep who couldn't work in a company deploying GPS-based reporting and movement tracking system!

Performance evaluation

As earlier noted, performance management is generally an integrated set of techniques designed to improve employees' performance through

Setting clear objectives for individual employees that link to strategic goals

Formal monitoring and review of progress toward these objectives

Reinforcing desired behaviour through rewards

Identifying training & development needs

Performance evaluation is the second plank above. Remember that whatever you want done well must be measurable and trackable. It is important that the major objective of regular evaluation is to assure success for each and every member of the field force by communicating status of performance and agreeing on remedial action(s) before it is too late; as well as preventing unnecessary waste of time, energy and resources. It is not meant to be a post mortem that never brings anyone back to life! Reasons for evaluation include:

Providing feedback of individual performance and motivate salespeople.

Remember that whatever you want done well must be measurable and trackable. It is important that the major objective of regular evaluation is to assure success for each and every member of the field force by communicating status of performance and agreeing on remedial action(s) before it is too late; as well as preventing unnecessary waste of time, energy and resources. It is not meant to be a post mortem that never brings anyone back to life!

To clarify work expectations, assure acceptable level of productivity and opportunity for remedial actions

Planning for future promotions, successions and separations.

Assessing counselling, training and development needs.

Providing basis and information for salary planning and other rewards.

To contribute to corporate career planning.

To link compensation and rewards to performance.

To help salespeople set career goals.

Key elements of performance management

These include:

Measurement - assessing performance against agreed targets and objectives.

Feedback - providing information to the individual on their performance and progress.

Positive reinforcement - emphasising what has been done well and making only constructive criticism about what might be improved.

Exchange of views - a frank exchange of views about what has happened, how appraisees can improve their performance, the support they need from their managers to achieve this and their aspirations for their future career.

Agreement - jointly coming to an understanding by all parties about what needs to be done to improve performance generally and overcome any issues raised in the course of the discussion.

Performance evaluation systems

The following is a list out what practising sales managers can measure and track for the purpose of performance management and performance evaluation. Of course, this is not exhaustive, as specific needs differ from firm to firm and from time to time. The evaluation systems are grouped into two thus:

Activities/inputs (efforts and actions needed to get the desired results)

Daily call rates: Minimum number of sales/customer call per day, better specified in average quantities per customer

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type (doctors, pharmacists, nurses, specialists, wholesalers, distributors, institutions, retailers, etc).

Group meetings: Also called CMEs, RTDs, clinical meetings, presentations, etc. Minimum (and maximum) target per month/quarter per territory, Rep should be specified

Retail presence: This is expressed as the percentage of surveyed retailers that has a given number of company products/SKUs. It is an important metric to drive access for patients and healthcare professionals

Coverage: Acceptable number and level of presence/activities per geographic or customer or product territory. It can be stated by towns/cities, districts, economic units, states, professional group, set of institutions, or trade/channel members.

New Businesses. Required as the number of new customers/business on board per period per territory versus current numbers. This is important to drive growth, coverage and access

Output/results

Sales Volume: Sales, in naira terms, for all products, specific products/SKUs with a territory in a given period. It is often compared with the standards, i.e. set target

Market Share: How much of the company's sale for a product, brand or SKU versus total industry within a territory.

Gross Profit: Sales less COGS within a territory in a given period. Often compared with company/industry standard

Batting Average: Number of total effort/trials versus number of positive outputs. Say, total number of distributors seeing/pushed for sales versus number that gave effective order, or number of doctors detailed versus the number that actually wrote scripts

Others include: product range / mix (sales concentration) new business (product and customer)

redistribution to sales ratio customer)

customer range / mix (sales concentration)

average order value

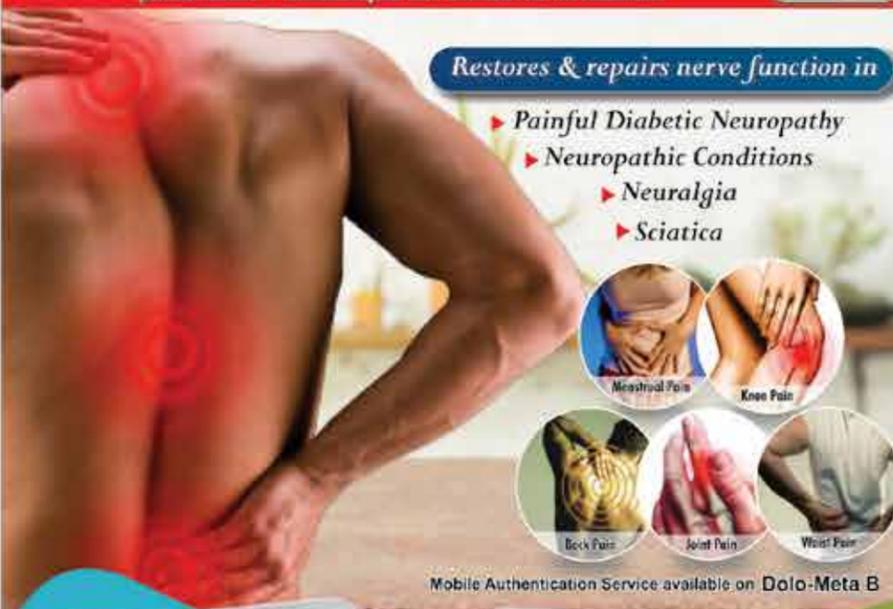
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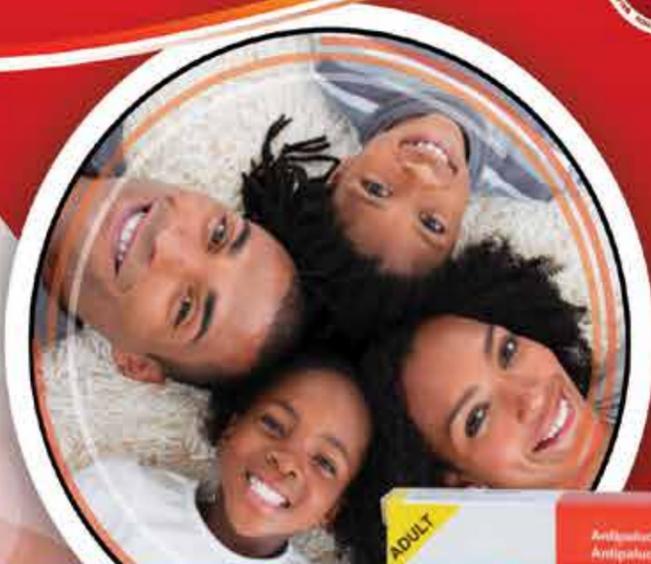


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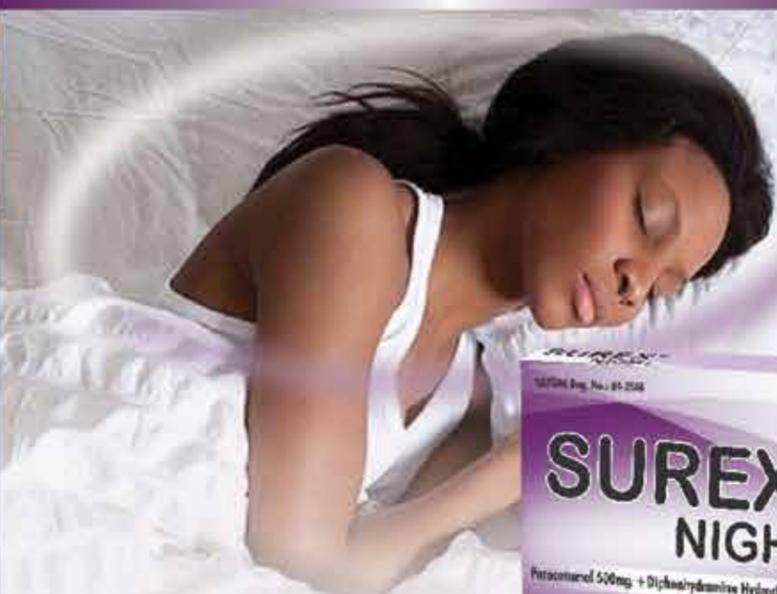
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How we fortified NAPPSA's foundation in communication, education, alliances - Egbujiobi

By Temitope Obayendo

Dr Leo Egbujiobi is the immediate past president of the Nigerian Association of Pharmacists and Pharmaceutical Scientists in the Americas (NAPPSA). In this exclusive interview with *Pharmanews*, he highlights the notable achievements, legacies and challenges of his tenure. Excerpts:

Congratulations on your successful tenure as president of NAPPSA. You previously listed some objectives you intended to focus on during your administration. What would you consider as your major achievements?

First, let me congratulate *Pharmanews* - the publisher and the staff - for the excellent service you have rendered to pharmaceutical science and the pharmaceutical industry in the past 41 years. It is overwhelming and humbling to see the significant number of awards that the organisation has garnered.

I am very proud that Sir Ifeanyi Atueyi and his staff members have done a great job. It is indeed a remarkable achievement for the management of *Pharmanews* to have attained this height. Thank you for the excellent job that you have done and continue to do.

Coming to NAPPSA, I don't want to see what was done while I was president as my achievements. As the president of NAPPSA, I only helped to build the second layer of the foundation. My executives and I charted a course to fortify the foundation in the area of communication, pharmacy education and alliances. Our discussions also covered making Pharmacy in Nigeria a respected profession. What we have done was to usher NAPPSA to the third layer of its existence.

It was really interesting that the NAPPSA forum, which is now a widely used platform of communication, came out of frustration when our last convention was frustrated by cancellations due to crisis in the hotel where we were supposed to hold the conference in Atlanta. Several phone calls were made but we had difficulties communicating about the event. Then, Mrs Emelia Orubele, who was my chief coordinator for the Atlanta convention, advised that we open an online platform. That was how people came across the NAPPSA forum, which is now a big WhatsApp group.

I really had problems communicating with the members, because a lot of people don't read their emails or even visit the NAPPSA website; but they go to the NAPPSA forum to join conversations. The forum has really bridged the communication gap among members. It is a good network opportunity for members to know what is going on and to discuss issues.

Prior to the creation of that platform, communication was not easy among NAPPSA members. You could write letters to 200 persons but only 10 would respond. It is different now with the forum. And, obviously, the current leadership of Dr Tony Ikeme is taking it to a higher level.

Looking at our achievements in terms of the groups and organisations we were affiliated with, I think our greatest impact was in communicating with the Nigerian Medical Association (NMA), and jointly with the Pharmaceutical Society of Nigeria (PSN) and the Pharmacists Council of Nigeria (PCN), along with the Medical and Dental Council of Nigeria (MDCN). All these organisations have a similar goal, which is patient-centered approach and they also



Dr Leo Egbujiobi

have a lot of joint conferences. Right now, I know that the PSN, PCN, and NMA are in constant communication to define the role of a pharmacist, a medical doctor, and a nurse, while the NMCN gets involved in taking care of the patient.

We all know that when these three entities work together, the patient outcome is improved. So I would like to say that this is a significant measure that will yield fruit down the road. It is not about what we have done today. It is about what we have left behind that will continue to grow, because a society does better when their old folks plant trees, which they themselves may not benefit from. It is not what I benefit from; it is what will benefit the organisation in the future.

You also mentioned in a previous interview that you were going to find a way of making it easier for Nigerian pharmacists in diaspora that were interested in coming home to practise to do the necessary qualifying examinations and get the certification they needed with the PCN. How much of this was achieved?

It was huge, and it came to fruition. My biggest thanks to the PCN registrar, Pharmacist Elijah Mohammed; and his assistant, Dr Anthony Idoko. We actually had the first group of NAPPSA members in Nigeria for three weeks for certification. They did three weeks online and in Lagos they had their first inaugural training. I came in for one day for the opening ceremony.

From what you've observed about the batch of pharmacists that came for the PCN certification last year, how impactful would you say the certification has been on their practice?

The certification serves two purposes. One, they can go home and practise. And two, it allows them to have dual practice; they can practise in Nigeria and also in America. The Association of Community Pharmacists of Nigeria (ACPN) which is the section for retail pharmacists now relate with

the counterparts of NAPPSA, and we believe that, with that synergy, there will be exchange of skills and transfer of technology.

Definitely, leading an association like NAPPSA comes with some challenges. Looking back at your tenure, what could you identify as your toughest challenge?

The main challenge was communication, because you can have big dreams, but without communication, you can't get anywhere. Also, the rapidity with which we wanted to change things was there, but people were slow at adapting to changes; so, the intersection of rapid change and time caused a lot of difficulties.

As a physician, my job is almost 24/7. I wake at six in the morning and I go to bed at 2.00am; so every hour is accounted for. But that is not how everybody else works. So, whenever I was ready to talk to NAPPSA members then, they would have already gone to sleep. That break in the communication channel led to a lot of challenges.

Again, the formation of an NGO in Nigeria to help NAPPSA was a great idea. It went fast but we were held back by the "Nigerian factor". The joint exercise of Association of Nigerian Physicians in Americas (ANPA) was another thing that moved very fast, but the major challenge was communication.

Having joined the respectable league of past NAPPSA presidents, what is your advice to the new NAPPSA leadership?

It is actually simple because I am the immediate past president; so I am still part of the leadership. The greatest way to advise is to work with and behind the president. Advice made in the open can be seen to be selfish. The current president of NAPPSA is a very meticulous person, with excellent communication skills.

As a pharmacist and cardiologist, would you say your knowledge of Pharmacy has improved or impacted your practice as a cardiologist?

The wonderful thing about being trained as a medical doctor,

especially in the US, is the ability to be allowed to have diverse training and experience. For instance, only about 30 per cent of patients I see need drugs, and I see about 3000 patients a year. I spend hours going through psychological and psychosocial counselling with about 10 per cent.

Now, the pharmaceutical knowledge makes me more effective and appreciative. It makes me appreciate the role of pharmacists in the care of my patients. I have a better understanding than an average physician. I see my two years as the president of NAPPSA as very helpful because when I discuss with doctors about Pharmacy, they wonder where I got the knowledge.

You are a cardiologist, and I know you are aware of this wave of heart-related issues in Nigeria. What should we be doing as a nation to help improve heart health?

The whole thing starts from parents. You see, if your parents had heart problem or high blood pressure, you are going to have it, unless you make some lifestyle changes. The truth is that heart disease is a combination of slowly and accumulating factors that could have been interrupted if primary care and attention were given.

The nurse, pharmacist, and the doctor are obligated to discuss the role of hypertension, diabetes, smoking, excess cholesterol, obesity and lack of exercise in sudden death, stroke, heart attack, and kidney failure.

There are four major causes of sudden death - though 60 per cent of it is due to immediate blockage of the artery in the heart. The four of them are stroke, blockage of the lungs, irregular heart structure due to child birth deformity, and disease in the muscle of the heart due to cancer. It still goes back to identifying these factors and dealing with them.

In spite of that, people still die suddenly, even in the United States. But from the time I qualified as a cardiologist till now, the number of people dying suddenly has gone down by 60 per cent, because we are now able to identify them; and even though we know they may die suddenly, we put a device in them and monitor their lives.

For those whose cases we cannot predict, we create an environment where there is increased chance of resuscitation. It goes back to constant power and management of high blood pressure, diabetes, smoking and cholesterol.

If we are able to provide clean water and 80 per cent of electricity to the average Nigerian, disease process and death will go down by 30 per cent; people will live longer by five years. Clean water and constant power are major challenges in Nigeria, because we have not given appropriate attention that they deserve. It is because we, as a nation, have not realised the importance. We still see them as a luxury.

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Events in Pictures



L-R: Pharm.(Dr) Ukamaka Okafor, PCN official; Chief (Mrs) Yetunde Morohundiya, former national chairperson, ALPs; Pharm. (Sir) Nnamdi Obi, managing director, Embassy Pharma Limited; Dr Stella Okoli, chairman, Emzor Group; Pharm. (Mazi) Sam Oluabunwa, PSN president; Pharm. (Dr) John Nwaiwu, chairman, Project Committee and Pharm. Azubike Okwor, former president, PSN at the PSN's Pharmacy Tower ground-breaking and debenture ceremony.



A cross-section of dignitaries at the PSN ground-breaking and debenture programme held recently in Lagos.



L-R: Mrs Ngozi Onuorah, director, Chemical Evaluation and Research, NAFDAC; Pharm. Anthony Akhimien, former president, PSN, and Pharm. Samuel Adekola, national chairman, ACPN at the PSN ground-breaking and debenture programme held recently in Lagos.



L-R: Pharm. Kingsley Ekwunife, editor, Lagos AHAPN Editorial Team; Prof. Moji Adeyeye, NAFDAC DG; and Pharm.(Mrs) Oyinlade Kehinde, during the visit of the team to the NAFDAC DG, recently.

Coming Events

37th Global Nursing Care and Patient Safety Conference holds in Canada

The 37th Global Nursing Care and Patient Safety Conference is billed to hold in Toronto, Canada, from 8 to 9 May 2020. Themed: "Exploring Latest Advancement in Nursing Education and Digital Health", the conference aims to discover advances in nursing care, management and education in relation to health disparities, in addition to other current issues. Expected participants at the conference are healthcare professionals in different fields of nursing. It is a forum to explore issues of mutual concern as well as exchange knowledge, share evidence, ideas, and generate solutions.

International Conference on Medical and Health Science holds in Lagos

The International Conference on Medical and Health Science comes up in Lagos, from 14 to 15 July, at Blowfish Hotel, Lagos, Nigeria. The conference, with the theme, "Leading Forum for the Presentation of New Advances and Research Results in the Fields of Medical & Health Science", will provide an excellent international forum for sharing knowledge and results in medical and health science.

The conference aims to provide a platform for researchers and practitioners from both academia and the industry to meet and share ideas on innovative developments in the field. The primary goal of the conference is to promote research and developmental activities in medical and health science. It also seeks to promote scientific information, interchange between students, doctors, researchers and academicians working around the world.

2020 FIP Conference holds in Seville, Spain

The 80th edition of the International Pharmaceutical Federation (FIP) is scheduled to hold in Seville, Spain from 13 to 17 September, 2020.

The conference, tagged "The Technological Revolution-Impact on Pharmacy and Healthcare", will also offer a wide range of topics on pharmaceutical practice, science and education.

Papers will be presented on topics such as: "Passion for pharmacy innovation", "From children's health to healthy ageing - impact of technologies on quality of life" as well as "Enabling change - Is your country ready?"

Expected at the conference are pharmacists and pharmaceutical scientists from all over the world.

2020 NAPPSA Conference & Exposition holds in Tysons, Virginia

The 2020 Annual Conference of the Nigerian Association of Pharmacists and Pharmaceutical Scientists in the Americas (NAPPSA) is scheduled to hold from 24 to 27 September 2020, at the Sheraton Tysons Corner.

The NAPPSA conference will feature current advances in pharmacy practice, pharmaceutical education, drug discovery and development, regulatory and safe utilisation.

In addition to a distinctive networking opportunity with colleagues and friends, the 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 pharmaceutical profession, including pharmaceutical care, funding for pharmaceutical projects, mentoring sessions, and Deans Workshop will be offered.

2020 PSN national conference holds in Osogbo

The Annual National Conference of the Pharmaceutical Society of Nigeria (PSN) is slated to hold in Osogbo, Osun State, from 2 to 7 November, 2020.

Themed, "Technological Revolution: Adaptation in Pharmaceutical Manufacturing, Pharmacy Practice & Regulation", the conference will be held at the De Distinguished Event Centre Osogbo, Osun State.

The plenary sessions will feature sub-themes like Block chain based system technology in medicines supply chain and regulation; Mainstreaming technology in pharmaceutical care; and Policy options for driving national self-sufficiency and global competitiveness in the pharmaceutical industry.

HSC tasks Ikorodu General Hospital on improved healthcare delivery

By Temitope Obayendo

To ensure better patient outcomes and a healthy community, the Lagos State Health Service Commission (HSC) has charged the leadership of General Hospital, Ikorodu, on the need to provide better healthcare delivery services to the people of the area.

The charge was given by the Permanent Secretary, HSC, Dr Benjamin Eniaiyewun, during a stakeholders' meeting organised by the leadership of the hospital at the Ikorodu Town Hall, recently.

Eniaiyewun noted that such repositioning by the health institution will enhance easy access to healthcare delivery for the people in the community, while negative reactions from any quarters will be reduced to the barest minimum.

He further stressed the need for healthcare workers and other staff members of the hospital to be passionate and flexible in their relationship with patients, stating that this will boost patients' satisfaction and hasten their recovery process.

"They must have empathy and be ready to go the extra mile to satisfy their patients and also improve on their healthcare delivery services", Eniaiyewun quipped.

Also speaking at the meeting, the Permanent Secretary, Lagos State Ministry of Health and Director of Service Delivery, who was represented by Mrs Joan Oluymi, urged members of the public to exercise patience while the government ensures facilities and services at the hospital are upgraded to meet the healthcare needs of the community.

While welcoming participants at the meeting, the Medical Director, General Hospital, Ikorodu, Dr (Mrs) Olufunmilayo Bankole, appreciated members of the community for honouring the invitation as she equally sought their contributions on how the hospital could serve them better.

Assuring participants of the continuous efforts of the hospital management to give them the best services, she said a conducive environment had been provided for patients in the facility, while constant infrastructural development, human resource development, and disease control were constantly being made.

Bankole highlighted some of the new infrastructural development implemented in the hospital to include renovation of two Alogba buildings, commissioning of General Hospital, Ikorodu Virology Laboratory, renovation of the MOPD and Eye clinic, creation of voluntary blood donation-Phlebotomy, PPP Donolosh Laboratory services, radiological services, and others.

She also mentioned the leadership training underwent by all members of staff, as organised by the hospital management committee in collaboration with Phillips & MDOC, as well as the customer service training for all staff, and the infection prevention control training for all domestic staff.

The medical director also revealed the challenges faced by the hospital management in view of the volume of patients seen daily.

"There is shortage of staff as well as security issue, as staff are being constantly assaulted, while discharging their duties," she said.

Appreciating the staff of Ikeja Electricity for donating the neonatal machine at the paediatric ward, Bankole solicited for more support in connecting the hospital to a 33KVA to ease electricity problems.

On his own part, the Chairman, HSC, Mr Adebayo Aderiye, informed the participants of the commitment of the Lagos State government to healthcare delivery in the state, noting that the government was willing to employ more staff to meet the healthcare demands of the people.



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Pharmacy Tower: Join us to make history, Ohuabunwa, others urge pharmacists

continued from back page

to have their names written in the book of history must assist in building the proposed eight-storey edifice, which is estimated to cost N1.980 billion.

Speaking at the memorable flag-off and debenture ceremony organised by the PSN towards raising funds for the project, Mazi Sam Ohuabunwa, said the occasion was a historic one because the dream of the forefathers of pharmacy in the country was being kept alive with the momentous ceremony, adding that the land was purchased in 1979, by the then president, Pharm. (Sir) Sam Agboifo, whose last wish before his death was that the building would become a reality.

He added that even though there had been several efforts by the past administrations before him to keep the dream alive, it had been difficult because the resources needed to build such a monumental edifice is more than the money realized from the members capitation fees and annual dues, saying at some points, the society ran into the hands of fraudsters.

"As we all can see, this is a prime place and it was well sought after, especially in a highly competitive area of Lagos like this, so it took the enormous efforts of the former president, Alh. Ahmed Yakasai, with the support of his predecessor, Pharm. Olumide Akintayo, and other notable personalities, with the support of the Oba of Lagos, Oba Ridwan Akiolu, to retrieve the land back to us," he said.

Speaking glowingly about the choice area where the land is located which is along the popular Church Gate Street, in the heart of Victoria Island, Lagos, Ohuabunwa described the proposed Pharmacy Towers as a symbol of renewed glory for the PSN, saying the Towers will house a National Drug and Poison Information Centre, and Emergency Response and Research Centre, which would serve as centre for the fight against drug abuse and misuse, as well as resource centre for the pharmaceutical industry.

"The Pharmacy Tower project seeks to raise a Seven Years 20 percent per annum fixed rate debenture worth N1.98 billion through cooperative fund raising. Debentures are exempted from all forms of taxation in Nigeria in accordance with the Companies Income Tax Order 2011, the Value Added Tax Order 2011, and the Personal Income Tax Act 2011, as amended. This implies that return made to holders of the debenture are clear of Income and Capital Gains Taxes at the Federal and State level," he said.

He however assured that at the completion of the building, it shall be managed professionally outside the influence of PSN bureaucracy.

The PSN boss also noted that its proposed Pharmacy Tower, including an emergency response centre, will address the perennial issue of drug abuse and misuse ravaging the country, saying aside from creating jobs for both health professionals and lay personnel, the pharmacy tower will be pivotal in the fight against abuse and misuse of drugs and other harmful substances.

In his address at the event, an elated Pharm. (Dr) John Nwaiwu, chairman, Project Committee appreciated God who made the day a reality, adding that the verse of the country's national anthem, 'the labour of our heroes past shall not be in vain', has manifested with the epic landmark the pharmacy profession is attaining with the ground breaking of the eight-



L-R, Pharm. (Sir) Nnamdi Obi, managing director, Embassy Pharmaceuticals Limited, Mazi Sam Ohuabunwa, president, PSN, and Dr. (Mrs) Stella Okoli, chief executive director, Emzor Group, at the event.

storey building edifice which will house the secretariat of PSN, as well as Drug and Poison Information, Emergency Response and Research Centre.

Speaking further, Nwaiwu tasked all pharmacists in the country and beyond to commit a reasonable amount of their resources to fund the project by way of subscribing to the debenture scheme, adding that all investors, corporate and individual will have their names engraved in corresponding plaques which shall be displayed for posterity in the hall of honour of the Pharmacy Tower.

Nwaiwu noted that the construction of the building was estimated to take no more than 24-month from inception, adding that the tower project seeks to raise a seven-year 20 per cent annual fixed rate debenture worth N1.98bn through cooperative fundraising.

Also speaking, Pharm. (Sir) Nnamdi Obi, managing director, Embassy Pharmaceuticals Limited, and the Project Mobiliser for Pharmacy Tower, said the project was long overdue having acquired the land over forty years ago.

According to him, all pharmacists nationwide should identify with the project as pharmacy project because when completed, it would bring honour and glory to the profession, and as well make the practitioners proud.

Obi, who donated handsomely towards the Debenture, however described the effort to have the Pharmacy Tower as a step in the right direction, saying all stakeholders in the profession and other well-meaning Nigerians who wished to have their names written in the book of history should endeavor to support the PSN by investing in the Debenture towards raising the amount needed for the completion of the building, saying no amount is too small.

Also speaking, the duo of Dr. (Mrs) Stella Okoli, chief executive director, Emzor Group and Prof. (Mrs) Mbang Femi-Oyewo, chairman, Board of Fellows, said the project couldn't have come at a better time, having acquired the land for about forty-one years ago.

Mrs. Okoli who also donated handsomely towards the Debenture, however tasked all well-meaning

personalities and stakeholders in the profession to come together in unity and ensure the project becomes a reality within the project timeline, adding that Emzor will continue to support the project until it is finally completed.

Also present at the programme who also partnered with the PSN, where the National Secretary, PSN, Pharm. Emeka Duru; Pharm. (Mrs) Rosemary Nikoro, secretary, Board of Fellows; Pharm. (Mrs) Bukky George, chief executive officer, Healthplus Pharmacy; Pharm. (Mrs) Talatu Eburne, former chairman, ACPN, Kaduna State; Sir. Ike Onyechi, chief executive officer, Alpha Pharmacy Nigeria Limited; Pharm. (Mrs) Yetunde Morohundiya, former national chairperson, ALPs; Pharm. Ade Popoola, managing director, Real

Pharma Limited; Pharm. Samuel Adekola, national chairman, ACPN; Pharm. Tijani Yahaya, chairman, PSN, Niger State; Pharm. Chima Agnelius Ogbu, chairman, PSN, Rivers State; Pharm. (Mrs) Abiola Paul-Ozieh, immediate past chairman, ACPN, Lagos State; Mr. Santosh Kumar, managing director, WWCVL; Pharm. Tony Akhimien, former president, PSN; Pharm. Azubuike Okwor, former president, PSN; Pharm. Nike Adenuga; Pharm. Tope Bakare, chief executive officer, Medplus Pharmacy; Prof. (Mrs) Cecilia Igwilo; Pharm. Chris Ehimen, chairman, Nett Pharmacy; Dr. Ejiro Foyibo, first vice-president, PSN, South; Pharm. Ignatius Anukwu, national chairman, NAIP; Pharm. Isah Mohammed, YPG; Pharm. (Mrs) Ukamaka Okafor, among numerous others

Airtel partners mPharma to boost access to quality medicines

By Temitope Obayendo

To bridge the gap in access to quality and affordable medicines in the country, popular telecommunication company, Airtel, is collaborating with mPharma to offer its millions of subscribers across Nigeria access to "mutti" for free.

mPharma recently launched its loyalty rewards programme, "mutti", designed to help people access quality medicines and healthcare services, with a focus on affordability, accessibility and availability.

Speaking on the partnership, Managing Director/Chief Executive Officer of Airtel Nigeria, Segun Ogunsanya, said subscribers will receive a notification message and will be able to sign up to join "mutti" and start enjoying all the exciting benefits.

According to Gregory Rockson, co-founder and CEO of mPharma, "There is no better time than now for all stakeholders to come together to fight for affordable cost of medicines and increasing access to quality medicines for all. In these uncertain times, we restate our commitment to our clients whose ability to access quality and



Gregory Rockson

affordable medicines will remain our priority".

He further explained other benefits of the programme to subscribers, saying mutti subscribers would have access to quality medicines at affordable prices, discounts on all purchases, flexible payment plans, free health checks/consultations and a flat N500 delivery fee in Lagos, Port Harcourt, Abuja and Warri.

To enrol and enjoy the offers, prospective subscribers are advised to visit <http://bit.ly/mymutting> or call 09022439644 & 017006112.



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Plans underway for local production of APIs, non-active ingredients - NAFDAC DG

continued from back page

collaborating with manufacturers on the proposed local production, which, according to her, has the potential of boosting the nation's Gross Domestic Product. Below is the full text of the interview:

Considering the restriction on drug exportation from India, is there any collaboration between NAFDAC and the Federal Ministry of Health to boost local drug manufacturing in Nigeria?

Local manufacturing, whether it is Active Pharmaceutical Ingredients (APIs) or the finished products, cannot happen overnight because of the resources involved. But there are plans on ground to make it happen, especially with what we are experiencing during this COVID-19 pandemic.

I have said it so many times, since I became NAFDAC DG, that drug insecurity is one of our critical issues in Nigeria and nobody was paying attention. Recently, I was at the CBN event to discuss next steps for Nigeria, in light of the coronavirus outbreak, the sharp drop in crude oil price, approximately 25 dollars per barrel now, and its effects on products manufacturing, the healthcare sector and others.

People perish without a vision, is a common saying. If the vision is not there, there can't be any output. The coronavirus crisis that is hitting the world now may be a wakeup call and that was the subject of my discussion at the CBN event. The meeting had the "who is who" in the manufacturing and healthcare sector in Nigeria, with about 200 to 300 persons in attendance, including the ministers of finance, works, transport and others.

My major concern is the availability of drugs in Nigeria. Talking of Universal Health Coverage, without the availability of drugs, Universal Health Coverage is dead on arrival. Presently, Nigeria imports 70 per cent of its drugs and unfinished products, including raw materials, and the packaging. So it is a crisis, and the collaboration suggested by the PSN president is a great one. It shows that we have caught the vision that we are in a crisis.

If it comes to a time that the medicine you are supposed to buy for 2000 naira is being bought for 10000 and above, that is, five times higher than the actual price, then there is a problem. I am not sure whether that has really hit us hard enough, but it probably has, with the remarks of the CBN Governor, Godwin Emefiele. He mentioned the fact that we cannot make a single API in Nigeria, as we have to import everything, even sanitizers.

Although he said we shouldn't import sanitizers again, I don't know whether he will put that into policy. What of the raw materials we are going to use in making the sanitizers? We cannot make them and that is the problem we have. We import all materials, except water, for pharmaceuticals.

What is the way forward in resolving these challenges?



**Prof. Moji Adeyeye
Director General, NAFDAC**

Emefiele gave us a little of hope that the government may be ready to collaborate with investors to make non-active ingredients, like starch, lactose and magnesium stearate. It will be a great development if we can make non-active ingredients in Nigeria. Even if it is 10 per cent of the actives we can make, those items are the ones we will not need to import, and definitely, that will be a boost to our GDP. We can also export to other African countries to boost our economy, because we are the biggest.

Emefiele's statement made me to know that we are possibly catching the vision. Before the coronavirus crisis, we had the problem of drug insecurity, and if China is ill, NAFDAC is dead, because if India imports 70 per cent of their actives from China, and India puts an embargo on this, they won't be able to share all these things with anyone. Although I do not blame them; they have to think of their citizens first, while we are left to think of our citizens too.

There will be a series of meetings very soon with Emefiele and a few of us. It doesn't have to be manufacturers of finished products who are also doing APIs. It is not everyone that is interested or that has knowledge of science that can manufacture APIs or non-manufacturing actives. No thanks to our university system, our students are not well prepared. Thus, we have to think of bringing experts from outside the country to train a group of people that are interested in manufacturing of APIs because it is medicinal chemistry.

It could be called a refresher course, as I had intended earlier before the coronavirus outbreak. My colleague at a university in China was going to come and have two weeks of lectures and start preparing whoever was interested in the science. What do you do when you want to manufacture acetaminophen? What are the things that you know from the science perspective and from the safety perspective? Because, in manufacturing of APIs, you have to think of the environment. How do you handle the wastes?

These are the types of things I have in mind for APIs, but it is

not going to happen overnight - which means we are in a strait, so to say, for the next two years. I pray coronavirus will not persist. If it does, the next two years will be hard, very hard. That is even if we have already put a strategy on ground that, at the end of two years, we will start manufacturing one or two things. But, right now, there is nothing on the horizon.

Integrated medicine is already taking place in other parts of the world but it appears less imbibed in Nigeria, despite being abundantly blessed with different medicinal plants. Why is Nigeria not really embracing it?

We have started something already. In March last year, we formed a herbal medicine committee. It is a national committee, made up of NAFDAC, Ministry of Health and researchers from different parts of the world.

NAFDAC has a long list of herbal medicines that have been in existence. The reason for bringing the herbalists and researchers together in terms of doing more work is to quickly identify and characterise the herbal products; so we formed that committee.

We also found that there is mistrust between the herbalists and the academic researchers because there had been issues. The herbalists were not willing to release their intellectual properties because of copyright. To resolve this, we created focus groups to look into different topics. We told each group to write a report on its topic. We found that there are more herbalists than researchers that came, and they conveyed that they wanted NAFDAC to be the manager, because they know that if NAFDAC is involved, it can be monitoring and safeguarding the interest of all parties.

I really don't want NAFDAC to be involved because it is between herbalists and researchers; we were only trying to foster a smooth relationship. We don't mind if it is just two or three products that can be developed from the collaboration. The main goal of all this is to have, at least, five to 10 natural products or herbal medicines that can go into hospitals and be used.

I researched into the sickle cell medicine and found that in vivo study refers to experimentation using a whole living organism as opposed to a partial or dead organism. But ex vivo refers to taking blood samples from sicklers and looking at the blood cells before administering medicine into the tube in the lab. We saw a reversal of the sickle cell. Sicklers are prone to infections, especially at the early stage. It is not just that the product is anti-sickling, it is also antibacterial.

The herbalists and the researchers have to come to an agreement, in which they will need to formalise a research and look for fund, because to do clinical trial, one needs a lot of money. For the university researchers, they can go to TETFund (Tertiary Education Trust Fund) to get

money. I am sure they will help, especially when NAFDAC is the midwife of the different groups.

Still on herbal medicine, herbal concoctions have been found to be one of the causes of kidney problems in the country. What is the agency's plan to control the circulation?

The plan is enforcement. In Jos, we went after hawkers to seize their wares. Prosecution was minimal, and we keep sanctioning them. We even seized their vehicles that they used in propaganda too. It is a continuous process, but we also need a lot of resources, as we can't go after them with *okadas*. We have to go with police and also with a vehicle to get them. The government supports us for salaries and not to pay high vehicles. We intend to increase our staff strength. We intend to add more staff and tackle so many things.

The display and sales of sachet alcoholic drinks is still a major problem at the bus stops. How do we tackle them?

We have done a lot and we are scaling it up. The ministry of health and NAFDAC met with brewery companies and manufacturers about a year and a half ago. We told them they had to take it off the market. They asked what to be done to those that had been employed and the machineries they had bought for the process.

We then agreed that, first, they had to reduce the alcohol levels and they would do corporate social responsibility adverts, boldly telling the public that their products cannot be used by children.

Currently, there are buses that have "no underage drinking of alcohol" as billboards patrolling major cities in the country. I saw two in Abuja some days ago and, of course, they are also on different radio stations. They have invested over N100 million to commence the campaign, because I told them they needed to scale it up, as corporate social responsibility demands.

So we agreed that, by 2023, there won't be sachet alcohol production, because we also want to clear everything; and it takes a while to be sure that we fade it out.

What can be done to curtail drug abuse in it?

Part of the problem was the fact that we were not at the ports for seven years. It didn't just start with marijuana; it started with narcotics. In terms of enforcement, controlling and distribution, the manufacturers took advantage of our absence at the ports and drugs were coming in, aside from what was manufactured here, even codeine.

As part of our own commitment, we started Youth Against Drug Abuse (YADA) using the Young Pharmacists Group (YPG) to go to different secondary schools. We intend to set up and increase our enlightenment programmes on TV and radio, using local languages and pidgin.

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Plans underway for local production of APIs, non-active ingredients - NAFDAC DG

By **Temitope Obayendo**

In continuation of the drive towards ensuring national drug security, the Director General, National Agency for Food and Drug Administration and Control (NAFDAC), Prof. Mojisola Adeyeye, has disclosed that there are ongoing plans to ensure the country is no longer solely dependent on other countries for all its drug needs.

Adeyeye, who gave the assurance in an exclusive interview with **Pharmanews**, stated that the agency is already in discussions with international experts to provide training for interested investors and manufacturers on the production of both Active Pharmaceutical Ingredients (APIs) and non-active ingredients to boost local drug manufacturing in the country.

She explained that such an initiative is what the country needs, especially at this time of global health crisis, adding that government is interested in



Director General, NAFDAC, Prof. Moji Adeyeye (second from right) with some directors of the agency, during a press conference, held at the NAFDAC office complex, Oshodi, Lagos recently.

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Pharmacy Tower: Join us to make history, Ohuabunwa, others urge pharmacists

- Say project will help address drug abuse and misuse, others

By **Adebayo Oladejo**

Key pharmacy leaders in the country, including the president, Pharmaceutical Society of Nigeria (PSN), Mazi Sam Ohuabunwa; Pharm. (Sir) Nnamdi Obi, managing director, Embassy Pharmaceuticals Limited; and Dr (Mrs) Stella Okoli, chief executive director, Emzor Group have tasked

pharmacists in the country and beyond to invest in the construction of PSN's much publicised ultra-modern Pharmacy Towers.

According to the eminent pharmacists, stakeholders in the pharmacy profession and other well-meaning Nigerians who wish

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