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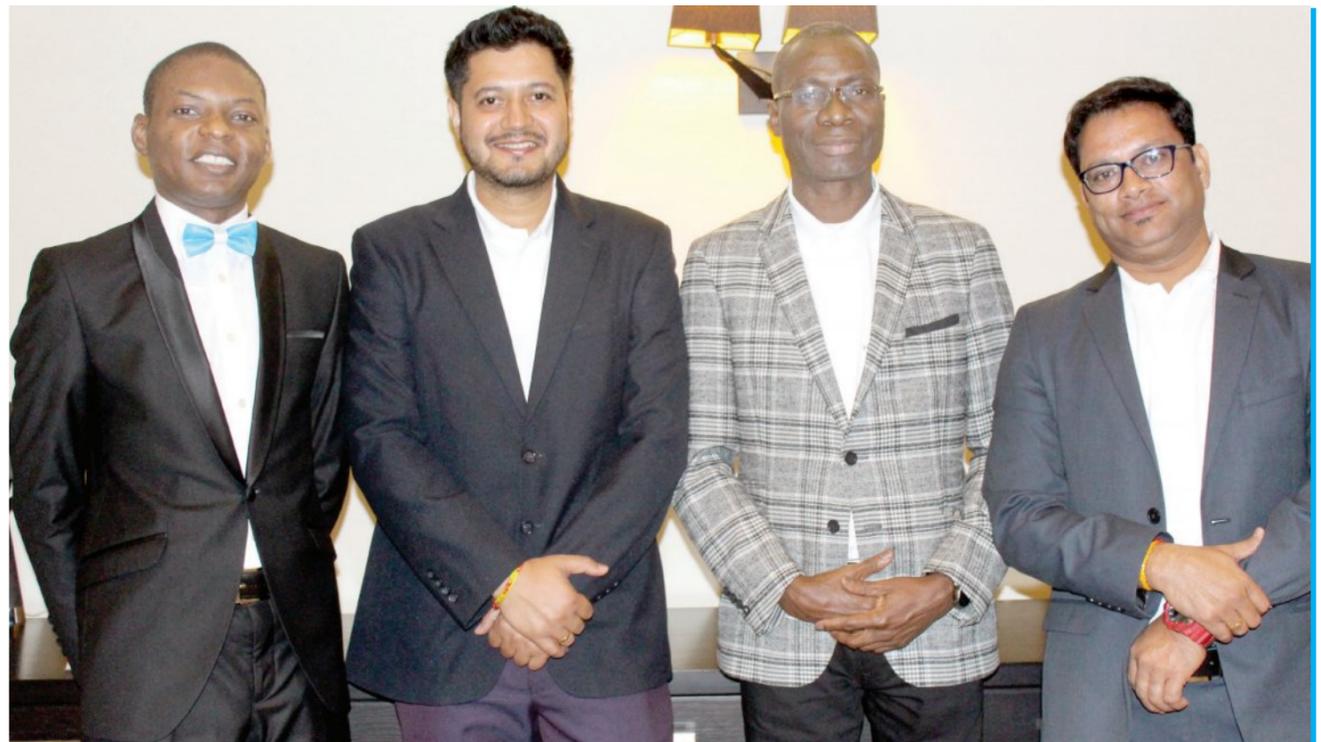
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L-R: Mr Adekola Wojuola, managing director, Honeyvent Pharma Nigeria Limited; Mr Sandeep Dhyani, senior manager, International Marketing, Biological E Limited; Pharm. Johnson Olusotire, managing director/CEO, Olpharm Nigeria Limited; and Mr Dulam Pramodh, General Manager, International Marketing, Biological E Limited, at the launch of a range of vaccines in Nigeria by Olpharm Nigeria Limited.

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Nigeria must prepare for challenges of ageing population – Sinclair

By Yusuff Moshood

The Nigerian nation must begin to make adequate preparations for an imminent rise in its ageing population, notwithstanding the fact that the country presently has a relatively larger young population, says David Sinclair, director, International Longevity

Centre, United Kingdom (ILC, UK).

Speaking with *Pharmanews* in an exclusive interview, Sinclair who has spent over 15 years doing research on ageing and demographic change, as well as making presentations on his findings at different forums

across the world, said that developing countries like Nigeria should begin to focus on how to deliver on longevity dividends, economically and socially.

He averred that there is increasing ageing across the

continued on page 18

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Personality of the Month

Pharm. Tolulope Olugbadebo Ajayi is the Chief Executive Officer of Shekinah Specialties Limited, a retail chain pharmacy business and one of the fastest growing pharmacies, with branches in Lagos and Ogun States of Nigeria.

The 1996 graduate of Obafemi Awolowo University Pharmacy School is a self-driven, resourceful and result-oriented management executive, experienced in high volume, multi-unit business operations. He is adept at change management, cost optimisation and systems development, amongst others.

He is a Fellow of the Institute of Brand Management of Nigeria (FIBM) and the Institute of Management Consultants of Nigeria (FIMC).

He started his career with locum pharmacy experience at Bernados Pharmacy and was at Nigerian-German Chemicals Plc in 1998 for internship training, which spanned the various aspects of industrial pharmacy practice. He later served under the Hospitals Management Board in Kano State, before being employed as a medical rep at Zoomota Nigeria Limited, representing Novo Nordisk AG Denmark.

Ajayi's further interests - marketing, management and leadership development - led him to the banking industry with appointment as relationship manager at Standard Trust Bank Plc, which later merged with United Bank for Africa Plc. He grew into branch management positions at the bank, pioneering and stabilising two branches before returning to the pharmacy profession by establishing Shekinah Specialties Limited in 2010.

His passion for coaching and talent management made him secure internship accreditation for Shekinah Specialties Limited. He has successfully mentored about 20 interns to date. Shekinah also partners with Industrial Training Fund for SIWES training of pharmacy students and other science undergraduates.

Ajayi has attended several leadership and management courses and trainings in Customer Service, Relationship Management, Financial Analysis and Control, Lending Ethics, Advanced Credit Structuring, Change Management, Turn Around Strategies, Sales and Marketing with global outfits like Franklin Covey Inc. USA, Leadership and Vision Limited, and many others. He is currently finalising his Fellowship programme at the West African Postgraduate College of Pharmacists.

He currently serves as vice chairman of ACPN, King Zone Lagos, and has been instrumental to successful anchoring of public health campaigns, both at the zonal and state ACPN levels. He was also chairman, Planning Committee, for the fully self-funded ACPN Lagos 2019 World Pharmacists Day, held in partnership with NGOs, donor agencies and pharmaceutical companies. The programme impacted over 700 members of the public through health promotion lectures, free health screening, free product samples etc. Unsurprisingly, he is an award winner with ACPN Lagos.

Pharm. Tolulope Ajayi is an alumnus of Abadina College, University of Ibadan, where he serves as chairman, Health and Wealth Committee. He was the pioneer president of the 1988 set that donated 24 units of toilet facility to the college in 2018.

At leisure, he loves solving puzzles, reading and playing indoor games. He is happily married with children.



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On 11 February, the World Health Organisation (WHO) formally christened coronavirus as COVID-19. The name for the viral condition, now a global threat, was influenced by the fact that the deadly condition was first reported in Wuhan, China on 31 December, 2019. So far, the pandemic is reported to have claimed over 1500 lives. This number is bound to escalate in the coming days, with the disease spreading like an inferno across the world and already contracted by more than 40,000 people. Indeed, the WHO has minced no words in declaring that the diseases has now become a global health emergency.

COVID-19 has no preventive vaccine and managing the condition, even for nations with strong health systems and immense resources, has been very difficult. While a number of researches are going on, especially in China, in a bid to invent a vaccine for this viral condition, there is yet to be a breakthrough for science in this direction. This, among other reasons, is why stakeholders in the Nigerian health sector must take urgent, proactive steps to prevent the outbreak of this deadly condition on our shores. Failure to do so, we must warn, may result in unimaginable catastrophe for our health system, as well as causing massive socio-economic disruptions.

Nigeria is currently battling the recurring outbreak of Lassa fever, with over 1708 cases reported in many states of the federation and over 103 deaths. The nation, in this beleaguered state, can certainly

Averting COVID-19 outbreak in Nigeria

not afford to add COVID-19 to its burden. To contend with such a double jeopardy would be unbearable for the nation's wobbly health system. Yet, there are reasons to be worried, as the WHO has listed Nigeria among 13 African countries considered high-risk for the spread of COVID-19. A statement from the global health body said the identified African countries have direct links or a high volume of travel to China.

We must reiterate that it is important for Nigeria to learn from the experience it had a few years back when it had to battle the Ebola outbreak which resulted in the death of a number of Nigerians, including some health workers. The only reason the nation had to battle Ebola was because it failed to prevent the infection from coming to the country. Even though the nation successfully conquered the outbreak, the fact remains that,

COVID-19 has no preventive vaccine and managing the condition, even for nations with strong health systems and immense resources, has been very difficult. While a number of researches are going on, especially in China, in a bid to invent a vaccine for this viral condition, there is yet to be a breakthrough for science in this direction. This, among other reasons, is why stakeholders in the Nigerian health sector must take urgent, proactive steps to prevent the outbreak of this deadly condition on our shores.

had the right steps been taken, the general panic, as well as loss of lives and resources, could have been avoided.

It is quite encouraging and commendable that the federal government recently announced, through the Nigerian Centre for Disease Control (NCDC), the launch of a Coronavirus Preparedness Group to swiftly combat the disease in the country, in case of an outbreak. According to the Chief Executive Officer, NCDC, Dr Chikwe Ihekweazu, the preparedness group has representatives from Federal Ministry Of Health (FMOH), Office of the National Security Adviser (ONSA), World Health Organisation (WHO), US Centres for Disease Control (US-CDC), Pro-Health International (PHI), Public Health England (PHE) and others working with the NCDC in assessing and managing the risk of importation

of the disease to Nigeria, as well as making preparations for early detection and response."

However, we must emphasise that beyond words, the Nigerian government must set in motion a standard protocol that will enable officials at the land borders, seaports as well as airports, to detect those with the dreaded disease and appropriately quarantine them before they come into the country and start spreading the virus. It may, in fact, be necessary to consider temporary suspension of flights and be extra careful with imports from China, as some European nations have done, considering that China currently has the highest burden of this condition and most of those infected outside the country were people who had had contacts with infected people in China.

More fundamentally, the Nigerian nation must begin to intensify enlightenment campaign to educate Nigerians on measures they should take to prevent this deadly viral infection. Interestingly, all of the basic hygiene rules that Nigerians imbibed during the outbreak of Ebola virus are also relevant in preventing COVID-19. Therefore, Nigerians must once again embrace regular hand-washing and other hygiene measures

As with all diseases, but particularly the COVID-19, prevention is by far better than cure. This must therefore be a cardinal programme of the government, as there is presently no cure for this highly contagious viral disease.

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CONTRAINDICATIONS: Ranferon[®]-12 is contraindicated in patients known to be hypersensitive to any of the ingredients, anaemias not caused by iron deficiency.

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Setting right priorities

By Sir Ifeanyi Atueyi

Ability to set priorities among your goals and activities is key to personal effectiveness. The natural tendency is to spend valuable time on minor activities that may even not be necessarily done. People tend to work along the line of least resistance. But you need to focus on those things that can make a real difference in your life.

In order to set your priorities right, you must first establish your values. Determine those things which are really important to you and then select the most important ones. Be clear about your values before setting your priorities. Let your activities and values match. What you do must align with what you believe. It is not possible to give the impression that you are preparing for an important examination while at the same busy with social media. It means you value the social media more than your study. In determining your values, what you say is not as important as what you do.

Look at your actions to determine your values.

You always act in a manner consistent with what is most important to you. Look at the way you spend your time. This reflects your true values and priorities. Warren Buffet said, "Price is what you pay. Value is what you get."

Lack of alignment between your values and your activities leads to stress and unhappiness. Doing something that is not consistent with your values and beliefs affects effectiveness and productivity. Sometimes people get a job in a good company but do not last there. The reason may be that the actual work they do there is not aligned with their unique values, talents and beliefs. This is a case of having a square peg in a round hole.

People who work at jobs they do not enjoy feel frustrated and dissatisfied. But you are blessed if you find yourself in a job you enjoy. Ecclesiastes 3:22 says, "Wherefore, I perceive that there is nothing better than that a man should rejoice in his own works; for that is his portion..." God wants His children to enjoy what they do because that is how they can be fruitful and multiply. "...Mine elect shall long enjoy the work of their hands" (Isaiah 65:22b).

It is good to examine what aspects of your life and work that give you the greatest satisfaction.

You will find that they are the areas in line with your values and convictions. They are the areas contributing to your success in life.

Watch the choices you make. You always choose the value that is more important to you. I like to give people my books as gifts. Those who value knowledge and information are excited to receive the gift. Some actually read it and give me a feedback from the contents. However, one particular person I gave a book visited next time and requested me to give him some medicines instead of book as I gave him previously. He obviously values medicines more than my books.

Businessmen often have important choices to make between career, family and health. When I was a young man, I had a friend who was fond of saying that he must be a millionaire, even if it meant dying at 50. He valued money and fame more than his life. I also had a colleague who was

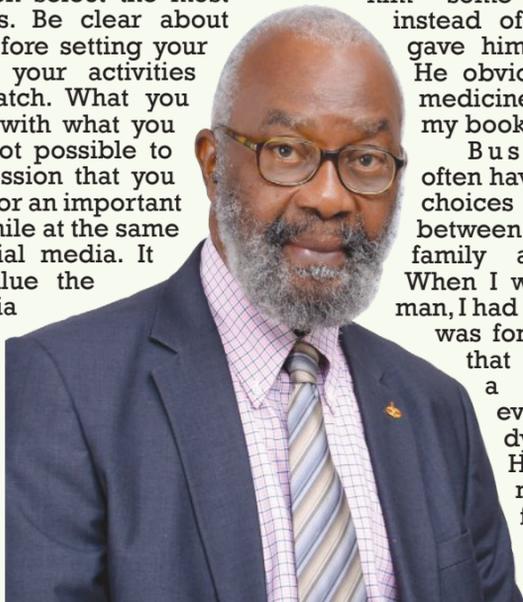
smoking and drinking alcohol excessively. When I advised him to cut down on those vices, he maintained that man must die of something one day. Of course, one day, he died of something - cirrhosis of the liver.

How much of your time do you allocate to your family, work, social activities, games, reading, and relaxation? Of course, the amount of time you spend on these activities varies with stages in life but it gives an indication of your values and priorities.

Many of us like to establish goals - personal and business goals. I am not referring to those new year resolutions that fizzle out before the end of March. I mean real goals that are SMART (Specific, Measurable, Achievable, Realistic and Time-bound). Prioritise your activities to achieve such goals.

In setting priorities, remember to separate the urgent from the important. Most urgent activities are not important. That ringing of telephone or interruption from a colleague requires immediate attention but is often not important in terms of long-term value.

When you examine yourself on the basis of your values and what is really important to you, you will start making the necessary changes that lead to health, happiness and fulfilment in your life and work.



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SEPTEMBER	Erectile Dysfunction/Infertility
OCTOBER	GIT Ulcer
NOVEMBER	Diabetes
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Celebrating 41 Years of Uninterrupted Monthly Publication (1979-2020)

The Roses Ministry visits Pharmanews, felicitates with Atueyi at 80

By Temitope Obayendo

As a way of celebrating an icon of Pharmacy at 80, The Roses Ministry team, led by the founder, Pharm. (Mrs) Regina Ezenwa, visited Pharmanews Limited's corporate head office, in Mende, Maryland, Lagos, recently, to rejoice with the managing director, Sir Ifeanyi Atueyi, who celebrated his 80th birthday last October.

While appreciating God for the success of the *Pharmanews* journal over the last 40 years, and the preservation of the life of the publisher, Ezenwa said it was obviously God that had kept Atueyi and the business for such a long period of time.

"The life of Sir Atueyi is an example of a life of dedication to God and humanity, because the publication of *Pharmanews* for 40 years shows clearly that God has a central place in it, and He has been strengthening the publisher, even at 80 to still write things that are edifying to people, and exhort readers.

"Together we have come to rejoice with you, about *Pharmanews*, the foremost pharmaceutical journal, not just in Nigeria, but in West Africa. And praise God that it is now a global health journal, with the website accessible for the global audience to read the monthly editions, with loads of other daily stories. Thank you very much and we rejoice with you over these successes", she stated.

Acknowledging the huge level of work that had gone into the publication for it to have attained and sustained its leading position in the healthcare industry today, the Roses Ministry's boss recalled how she read in Atueyi's autobiography about the challenges and breakthroughs that characterised the early days of the business.

She further expressed the profound gratitude of her organisation to Pharmanews, for the media coverages of her ministry's events, which, she said had enhanced support from pharmaceutical companies to the ministry.

"So we have come to say thank you for the support you give to us in covering our two major events in the year. We work, of course, from January to December. We've already had a spiritual retreat, then February, we start having fellowships, where we minister about general lifestyle and change in character to the participants. It runs all through to the end of the year, with healthcare programmes and vocational trainings. Our aim is not just giving them fish but teaching them how to catch fish.

"We at the Roses Ministry have also come to say thank you, because we started 11 years ago, and right from the year we started reaching out, our vision was to show God's love to the hurting and vulnerable in practical ways. We started reaching out to the youths, trying to raise a righteous generation of youths, and vulnerable women as well. But with time, we focused more on widows because we saw more vulnerability among widows", she further explained.

"One of the principal things I must say that *Pharmanews* is doing for us is that the publication has made pharmaceutical companies aware of what we are doing, which usually motivates a lot of them to come around and support us, in



L-R: Mrs Alice Odoemenam, of Roses Ministry; Mrs Tee Obianwu; Pharm. (Sir) Ifeanyi Atueyi, presenting a gift to Pharm. (Mrs) Regina Ezenwa, founder, Roses Ministry and Mrs Bisi Sodipe also of Roses Ministry, when the team visited Pharmanews, recently.

terms of medications and financial support." Ezenwa attested.

She however stated that the number of the widows under the ministry's care had continued to increase in the last few years.

In his response, the Pharmanews boss thanked the Roses Ministry's

delegation for coming to felicitate with him and Pharmanews team on the anniversary.

Eulogising Ezenwa, Atueyi particularly commended her intelligence and dedication to charitable deeds, noting that if she had wanted to be in the academia, she would have been a professor by now.

"She is where God has directed her to be. What you are doing is a great humanitarian service, because God honours services rendered to the needy and poor," Atueyi said.

He promised that Pharmanews would continue to support the ministry, adding on lighter note that he became familiar with the founder, "not because she is a pharmacist, brilliant and beautiful, but because she is blessed to have married an old boy of DMGS Onitsha. When you marry an old boy of DMGS, you have no problem."

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Mass failure of pharmacy students saddening – PANS president

By Adebayo Oladejo

Amidst recent reports of mass failure of pharmacy students, especially at Obafemi Awolowo University (OAU), the National President, Pharmaceutical Association of Nigeria Students (PANS), Mr Daniel Ataije Nkaroijo, has expressed sadness over the development. In this interview with *Pharmanews*, the 500-level pharmacy student of the University of Port Harcourt bares his mind on the issue and other issues surrounding pharmacy education in the country. Excerpts:

Tell us about your decision to study Pharmacy and your experience as a pharmacy student in the last five years.

Initially, I wanted to study Medicine, but after writing my first Joint Admission and Matriculation Board exams, and I didn't get admitted, I had a rethink. So, I did some research and I weighed options based on the things I liked and all fingers pointed to Pharmacy. The nobility and respect the profession commands played a key role too.

My experience in the last five years in pharmacy school has been hectic, challenging and I have learnt a lot of life's lessons.

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

Right from my 100 level days, I found myself so in love with politics. Above all, the desire to serve and to get people's voices heard was my motivation to contest for the position, and to the glory of God, I

emerged winner.

What aspects of your responsibilities do you consider particularly challenging?

The part of my responsibilities I find challenging so far is travelling to different schools of pharmacy for courtesy visits and meetings, while school is in session. It is highly challenging and time-consuming. But it is a sacrifice worth making as part of the demands of the office.

Amidst a tight academic session, you are expected to lead PANS national for one year. How do you intend to do this?

I must say at this point that I am not necessarily a "bookworm" but I know how to read my books to get the grades. In the midst of the tight academic schedule, I intend to lead PANS national by having a well-planned out schedule for the year in such a way that it hardly interferes with my academic schedule, and when it does interfere, it will be minimal.

There have been complaints concerning the pharmacy curriculum, with many describing it as cumbersome. Can you please shed more light on this?

The pharmacy curriculum is truly cumbersome (laughs). Pharmacy students are made to learn so much within a short period of time. For example, a pharmacy student is made to take 13 courses at the same time a Biochemistry student takes five to seven courses. The pharmacy student is expected to have a minimum of a C grade to pass, with most schools operating a resit and

repeat system, in which a student can repeat a whole year for failing a course.

In most pharmacy schools, students learn from morning to evening, and still end up with manuals to fill and assignments to get done, with little or no time for themselves or social activities.

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

Firstly, I'd make the pharmacy curriculum unified. This will ensure that all pharmacy schools learn the same thing and operate the same system. For example, as it stands, some schools operate the resit system while some others operate the carryover system. This is something I'd definitely look into if I could.

Furthermore, I believe that the pharmacy curriculum needs to be reviewed to match current global standards. Too many things perceived as not necessary are currently in the pharmacy curriculum in Nigeria.

Lastly, I believe Nigeria is ripe for the PharmD programme. I would make it compulsory for all pharmacy schools.

There have been mixed reactions about the recent mass failure in the faculty of pharmacy, Obafemi Awolowo University, Ile-Ife. As the number one pharmacy student in the country, how would you react to the issue?

Personally, I must say that I'm saddened by the development. It is painful to see students struggle



Mr Daniel Ataije Nkaroijo

to get this degree and end up not getting it after toiling day and night for years. Imagine students being asked to leave the faculty after four years in the university. It means four years without anything to show for it.

This doesn't just happen in OAU; some other pharmacy schools like the University of Port Harcourt here and numerous others also operate this system of repeating and withdrawal. As a student, it is painful; but for the parents, it's worse.

Where do you see PANS, National, by the time you will be leaving office as the President?

At the expiration of my tenure, I see PANS as an association where the voices of the students are pushed through. PANS is not a pressure group but an advocacy group; so we can only push through our message through articulate advocacy. I see PANS as a force.

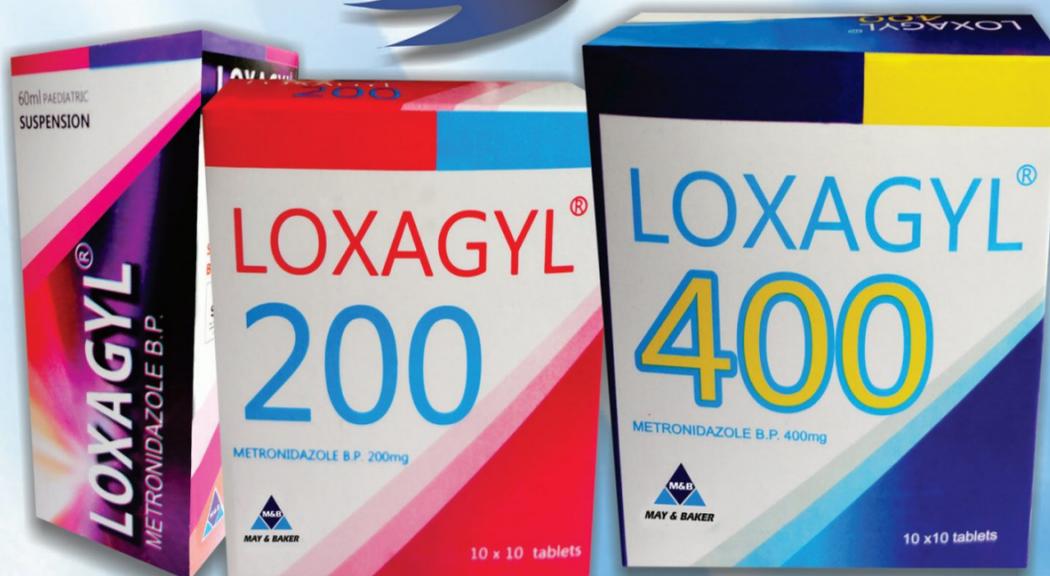
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Nursing continuing education for the 21st century

By Sara Ellis

One need only scan a newspaper or read a weekly magazine to be astounded by the number of stories about new medical breakthroughs, disease processes, emerging threats of disease, or innovations in medical and health care technology. The World Health Organization warns us to prepare for a potential worldwide Bird Flu epidemic, terrorists threaten us with chemical, biological and nuclear weapons, and new protocols for ACLS are released. How is a working nurse to keep up?

Nursing education provides the basic building blocks of medical, scientific, and nursing knowledge, but competence in the nursing profession requires an ongoing process of continuing education. Continuing education for nurses is necessary for the nurse to remain up to date with the latest practice issues and it is necessary for patients safety as well. Some states have made continuing education for nurses mandatory and require a certain number of course credit hours be attained before license renewal, or require certain mandatory course subjects, while other states leave it to the nursing professional themselves to accept a personal responsibility for their own continued learning. Regardless of whether nursing continuing education, or Nursing CEUS as such programs are commonly referred to, are mandatory in ones state or not, all nurses who describe themselves as professionals need to be willing and ready to implement change in their own practice by realizing that competence in any profession requires periodic updating.

Methods of obtaining nursing continuing education hours and the pros and cons of each:

1. Professional Journals: Most professional nursing journals offer an article for continuing education credit. Some offer a partial credit hour or one credit hour to readers who fill out a post test after reading the article and mail it in. While some journals offer the credit for free, others charge 10 or more and in addition to the inconvenience of needing to tear out a post test form and mail it in the nurse has no official record of having taken and passed the course. Obtaining continuing education hours through professional journals is costly and inefficient in that the cost of the journal itself must be taken into consideration along with the cost of the course if there is one, and the time and expense of mailing in addition to the lack of official record of completion and lack of central maintenance of all credits accumulated by the nurse. Additionally, nurses who rely on professional journals for their CEU hours are typically only exposed to courses related to their own specialty rather



than a broader range of topics that they actually need to be exposed to in today's ever evolving health care climate.

2. Seminars: Professional development programs and seminars that offer accredited continuing education hours for nurses are frequently offered at various locations in every state, in some foreign countries, and even on cruises. Employers frequently pay the registration fees for nurses to attend local seminars of short duration such as one day, but nurses still have to sacrifice their precious day off to attend them or lose time from work to do so. In addition nurses who attend seminars away from home have to pay their own travel expenses, hotel bills, and costs of meals. Needless to say cruises and foreign travel are an appealing avenue, but obtaining one's continuing education by that method is not something every working nurse can afford to do.

3. Online Nursing CEUS: The internet provides nurses access to extremely affordable and high quality accredited continuing education courses covering a plethora of professional nursing topics. Online nursing ceu courses are the gateway to nursing continuing education for the 21st century! Nurses who take advantage of online ceu courses are not restricted by geographical barriers, financial hardships, or the inconvenience of taking time from work or family in order to attend courses. Online nursing continuing education courses are readily available for both mandatory state required subjects, courses in one's own nursing specialty, and courses that all nurses regardless of practice specialty need to be familiarised with so nurses have access to a much broader choice of subject matters than they ever had before when restricted primarily to journals or seminars. In addition to those benefits, substantial as they are, online nursing ceu courses are inexpensive, up to date with changing trends, can be taken from the comfort of ones own home, generally allow

nurses who take them to keep an official record of courses completed and credit hours earned online with the course provider, and allow nurses who complete a course to print the course certificate immediately upon completion.

In order to stay professional and to safeguard the wellbeing of the public nurses need to continue their education over the course of their career through a variety of means including taking continuing education courses. The most convenient and most cost effective method

of nursing continuing education is by taking online Nursing CE courses. Online nursing continuing education courses are readily available, flexible, offer online tracking, and provide nurses with the broad scope of subjects they need to familiarize themselves with in order to keep up to date in today's ever changing health care climate. Online nursing continuing education is indeed the face of nursing continuing education for the 21st century!

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Olutayo Arikawe – Community pharmacist with a difference

By Solomon Ojigbo

Community pharmacists play a fundamental role in improving public health. They are the most accessible and approachable healthcare experts. In many cases, they are the first port of call in a health crisis, making them indispensable lifesavers.

With the recent revolutionary shift of pharmacy practice to patient-centred care, some pharmacists have distinguished themselves in community practice by taking their roles beyond dispensing drugs. One of such is Dr Olutayo Arikawe. She is a multi-award-winning pharmacist who has been repeatedly recognised for her passion for Pharmacy, as well as dedication to improving the quality of lives of her patients and entire community.

Arikawe, who runs a community pharmacy in Dudley, United Kingdom, is a highly motivated woman with real passion for management and the ability to develop and grow businesses. She possesses a good team spirit and excellent leadership qualities. Her qualities and achievements in her community has led to both local and international recognitions for her efforts.

Background and education

Arikawe was born in July 1976. She grew up in Ogun state south-west Nigeria and had her secondary education at Comprehensive High School, Ayetoro, Ogun State. She proceeded for her tertiary education at the University of Ibadan in 1993 and obtained her Bachelor of Pharmacy Degree (B.Pharm) in 2000. She received the University of Ibadan College of Medicine Provost's Award at graduation.

Arikawe had her internship at Nigerian Army Reference Hospital, Yaba, Lagos, from 2000-2001, before proceeding to Jigawa State for the mandatory National Youth Service in 2001, serving at General hospital Babura. She received the Jigawa State honour award at the end of her service.

Arikawe started her professional career as a community pharmacist at Precious pharmacy in Ogun state in 2002. After her brief stint in community pharmacy, she worked as a hospital pharmacist at the General Hospital Ota, in Ogun State, Nigeria from 2002 to 2003. From there, she moved to Olabisi Onabanjo University Teaching Hospital, where she worked as hospital pharmacist from 2003 to



Dr Olutayo Arikawe

2006.

Later in the same 2006, she relocated to the United Kingdom and had her OSPAP (Overseas Pharmacists' Assessment Programme) conversion course at the Aston University in Birmingham to enable her practise as a pharmacist in the UK. She soon obtained her postgraduate diploma in Pharmacy at the Aston University, Birmingham, UK and thereafter a postgraduate diploma in Public Health at the University of London from 2007 to 2008. She went on to obtain a master's degree in Public Health at the University of London in 2009.

Arikawe had her internship working as a pre-registered pharmacist at Lloyds' Pharmacy, UK, from 2006 to 2007 and became a cluster lead/pharmacist manager. This saw her managing a chain of 13 pharmacies from 2007 to 2010. From there she moved to Murrays Healthcare where she worked from 2010 to 2012.

Uncommon passion

Arikawe is passionate about people and her community. She is the managing director at IT Coaching and Consulting Ltd, an independent consulting firm, where she coaches women to optimise their potentials and achieve their dreams. She has helped many women to start their own businesses and achieve success in their chosen careers. She has particularly been an inspiration to women of colour to break barriers in their chosen fields.

Arikawe has also worked as pharmacist manager at Priory Community Pharmacy (from 2012 to present) and was appointed as the director/superintendent pharmacist of YPG Project Limited, a hospital and healthcare company affiliated to the Priory Community Pharmacy, where she manages, coaches and trains staff to attain optimum performance. She also works as a visiting lecturer at the University of Wolverhampton, UK where she gives career advice and offers work placements for

students.

Arikawe and her team at the YPG Project go the extra mile to promote better health and reduce health inequality in their community. They carry out health promotions on topics like cardiovascular risks (diabetes, blood pressure, cholesterol etc.), reduction of teenage pregnancy, smoking cessation and alcohol awareness (creating awareness on how much people are drinking and how they can conform to the national recommended unit).

In the quest to better equip herself to offer better health services to her community, Arikawe has undertaken several professional certificate programmes on leadership, business management and counselling. These include: Practice Certificate in Pharmacy Management, Medway School of Pharmacy, Kent (2008); Practice Certificate in Independent/Supplementary Prescribing (Sexual Health), Keele University, Keele, UK (2010); CPD+ Substance Misuse/ Postgraduate Cert in Prescribing Studies, Keele University (2011); Diploma in Professional Development (Leadership & Management) Coventry University, (2012) and Diploma in Coaching, NLP and DISC, The Coaching Academy UK (2013 & 2014).

Awards and recognitions

In 2014, Arikawe won the Pharmacy Business Award. Two years later in 2016, she won the award for the Best Community Pharmacist and Pharmacy Manager in the United Kingdom (Chemist and Druggist Awards). In the same 2016, was the recipient of the Public Health Pharmacist of the Year award. She also won the "I Love My Pharmacist" national award by the Royal Pharmaceutical Society (RPS).

The "I Love My Pharmacist" Award" was created by RPS, the professional body for pharmacists in Great Britain, to showcase and celebrate the great work that pharmacists do for their patients across the country. It actually celebrates Britain's best pharmacists.

In 2017, Arikawe was crowned the "Best of the Best pharmacist" (Chemist and Druggist Awards) and in 2018, she won the Pharmacist of the Year award at the Zenith Global Award. She has won many other awards both local and international in the course of her career.

Arikawe is happily married with children.

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Celebrating 41 Years of Uninterrupted Monthly Publication (1979-2020)



Can anyone ever get used to Lagos traffic?

POLEMIC with **Yusuff Moshood**

yusuffng@yahoo.com/08055212962

When on Saturday, 1 February, the Lagos State Government commenced the enforcement of the ban on commercial motorcycles (*okada*) and commercial tricycles (*keke NAPEP*) on some major roads and highways in the state, the perennial traffic on Lagos roads escalated beyond imagination. The gridlock was everywhere - from the island to the mainland, the traffic was hellish. Also, as a result of the absence of the motorbikes and tricycles on many of the routes, hundreds of commuters were stranded at bus stops and many resorted to trekking long distances to get to their destinations.

Even though the situation has improved a little as commuters and transporters begin to adjust to the ban, the fact is that commuting in Lagos is as tough as ever. Most times, you just have to gird your loins and get on with it. Some people have said that the traffic situation has been compounded by the many ongoing road construction works being undertaken by

the state government and that the situation will improve when these constructions are completed. However, time will tell if that is correct. One thing that is clear however is that Lagos and traffic have more or less been conjoined twins for years.

A more interesting aspect is that Lagos traffic can humble anybody. It is one phenomenon that brings virtually all inhabitants of the city to the same level, as both the rich in their big cars and the regular citizens in all sorts of vehicles regularly endure the same traffic gridlock for hours. It doesn't matter how many years you have spent in the city of Lagos, the regular gridlocks within the metropolis still takes a lot out of you, no matter how much you think you have become used to it. The long hours in traffic undoubtedly constitute a major source of mental and physical stress for many people in the city.

I have a friend and colleague living in Isawo town in Ikorodu. For several years now, he has been leaving his house about

4:30 am every day in order to avoid traffic jam and get to the office in Maryland early. I have spoken to him a few times about the inherent danger in leaving home at that ungodly hour and his explanation is same every time: he just wants to escape the stress of traffic and the tough challenge of struggling for vehicles. Yet, despite his effort to escape the traffic problem, he still occasionally ends up being caught in it.

It has become more apparent that while the Lagos State government continues to find ways to transform the transportation system in the state to suit the vision of the mega city the government says it is trying to build, people and, particularly, commuters in the city, must begin to find ways to cope with the traffic challenge because it is clear that it is not going to be resolved anytime soon.

The first step that should be considered to escape traffic is for commuters to always plan their movement and leave early for their appointments, preferably before the rush hour

when a lot more people will be on the road. The downside of this is having to leave home at ungodly hours like my friend, but it is a sacrifice that has to be considered and weighed against its demerits.

Another way of dealing with this is to make use of Google maps, as well as some transport apps and social media handles giving transport information on the fastest routes to follow to avoid traffic jam. I regularly make use of these, as they can be quite invaluable when used properly. They have saved me from being trapped in traffic on a number of occasions.

Cultivating the habit of listening to and enjoying music when in traffic is another way to deal with traffic stress. You can listen to music in your car if you are driving or listen with an earpiece connected to your phone if you are in commercial vehicles. With the music of your choice at a decent volume, you can take your mind off the gridlock until you get to your destination.

Nevertheless, there is always the option of trekking to your destination if it is not far. Brisk walking is always a great way to exercise and it costs you nothing - well, except sometimes the discomforts that come with an aching joint. Whatever the option you settle for to cope, just know that being agitated, angry or frustrated is of no help when you are in Lagos traffic. You get nothing from that aside from increasing your stress level.

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Effective management of prostate cancer

According to the Union for International Cancer Control (UICC), cancer is one of the world's leading killers. This year alone, nearly 9.6 million people have been projected to die of cancer, and if left unchecked, the number of deaths will increase to 13.2 million per year by 2030.

Therefore, the World Cancer Day (4 February) has been set aside globally to raise awareness of cancer and to encourage its prevention, detection, and treatment. The primary goal of the annual commemoration is to significantly reduce illness and death caused by cancer, while also serving as an opportunity to rally the international community to end the injustice of preventable suffering from cancer. The day is observed by the United Nations.

Essentially, World Cancer Day targets misinformation, raises awareness, and reduces stigma. Multiple initiatives are run on this day to show support to those affected by cancer. This year, "I am and I will" was the theme and it acknowledged that everyone has the capacity to act in the face of cancer.

What is cancer?

Cancer is the name given to a collection of related diseases. In all types of cancer, some of the body's cells begin to divide without stopping and spread into surrounding tissues. Cancer can start almost anywhere in the human body, which is made up of trillions of cells.

Normally, human cells grow



and divide to form new cells as the body needs them. When cells grow old or become damaged, they die, and new cells take their place. When cancer develops, however, this orderly process breaks down. As cells become more and more abnormal, old or damaged cells survive when they should die, and new cells form when they are not needed. These extra cells can divide without stopping and may form growths called tumours.

Many cancers form solid tumours, which are masses of tissue. Cancers of the blood, such as leukaemias, generally do not form solid tumours. Cancerous tumours are malignant, which means they can spread into, or invade, nearby tissues. In addition, as these tumours grow, some cancer cells can break off and

travel to distant places in the body through the blood or the lymph system and form new tumours far from the original tumour.

Unlike malignant tumours, benign tumours do not spread into, or invade, nearby tissues. Benign tumours can sometimes be quite large, however. When removed, they usually don't grow back, whereas malignant tumours sometimes do. Unlike most benign tumours elsewhere in the body, benign brain tumours can be life threatening.

Types of cancer

The three most common cancers in men, women, and children are as follows:

Men: Prostate, lung, and colorectal

Women: Breast, lung, and colorectal

Children: Leukaemia, brain tumours, and lymphoma

The incidence of cancer and cancer types are influenced by many factors such as age, gender, race, local environmental factors, diet, and genetics. Consequently, the incidence of cancer and cancer types vary, depending on these variable factors. For example, the World Health Organisation (WHO) provides the following general information about cancer worldwide:

Cancer is a leading cause of death worldwide. It accounted for 8.2 million deaths, around 22 per cent of all deaths not related to communicable diseases; most recent data from the World Health Organisation, WHO.

Lung, stomach, liver, colon, and breast cancer cause the most cancer deaths each year.

Deaths from cancer worldwide are projected to continue rising, with an estimated 13.1 million deaths in 2030 (about a 70 per cent increase).

What is prostate cancer?

As said earlier, cancer starts when cells in the body begin to grow out of control. Cells in nearly any part of the body can become cancer cells, and can then spread to other areas of the body. Prostate cancer begins when cells in the prostate gland start to grow out of control. The prostate is a gland found only in males. It makes some

continued on page 13

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Celebrating 41 Years of Uninterrupted Monthly Publication (1979-2020)

Effective management of prostate cancer

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of the fluid that is part of semen.

The prostate is below the bladder, the hollow organ where urine is stored and in front of the rectum, the last part of the intestines. Just behind the prostate are glands called **seminal vesicles** that make most of the fluid for semen. The **urethra**, which is the tube that carries urine and semen out of the body through the penis, goes through the centre of the prostate.

The size of the prostate can change as a man ages. In younger men, it is about the size of a walnut, but it can be much larger in older men.

Types of prostate cancer

Almost all prostate cancers are **adenocarcinomas**. These cancers develop from the gland cells (the cells that make the prostate fluid that is added to the semen). Other types of cancer that can start in the prostate include:

- Small cell carcinomas
- Neuroendocrine tumours (other than small cell carcinomas)
- Transitional cell carcinomas
- Sarcomas

These other types of prostate cancer are rare. If you are told you have prostate cancer, it is almost certain to be an adenocarcinoma.

Some prostate cancers grow and spread quickly, but most grow slowly. In fact, autopsy studies show that many older men, and even some younger men who died of other causes also had prostate cancer that never affected them during their lives. In many cases, neither they nor their doctors even knew they had it.

Possible pre-cancerous conditions of the prostate

Some research suggests that prostate cancer starts out as a pre-cancerous condition, although this is not yet known for sure. These conditions are sometimes found when a man has a prostate biopsy (removal of small pieces of the prostate to look for cancer).

Prostatic intraepithelial neoplasia (PIN)

In PIN, there are changes in how the prostate gland cells look when seen with a microscope, but the abnormal cells don't look like they are growing into other parts of the prostate, like cancer cells would. Based on how abnormal the patterns of cells look, they are classified as:

Low-grade PIN: The patterns of prostate cells appear almost normal.

High-grade PIN: The patterns of cells look more abnormal.

Low-grade PIN is not thought to be related to a man's risk of prostate cancer. On the other hand, high-grade PIN is thought to be a possible precursor to prostate cancer. If you have a prostate biopsy and high-grade PIN is found, there is a greater chance that you might develop prostate cancer over time.

PIN begins to appear in the prostates of some men as early as in their 20s. But many men with PIN will never develop prostate cancer.

Proliferative inflammatory atrophy (PIA)

In PIA, the prostate cells look smaller than normal, and there are signs of inflammation in the area. PIA is not cancer, but researchers believe that PIA may sometimes lead to high-grade PIN, or perhaps directly to prostate cancer.

Prostate cancer is the most common cancer found only in men. More than 30,000 men die from the disease each year. The death rate is twice as high for African American men than any other group.



FREQUENTLY
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PROSTATE
CANCER

Who is at risk for prostate cancer?

The following are some of the risk factors for prostate cancer:

Age. The greatest risk factor for prostate cancer is age. More than 75 per cent of all prostate cancers are diagnosed in men older than 65.

Family history. Men whose relatives have had prostate cancer are considered to be at high risk. Having a father or brother with the

disease doubles your risk for prostate cancer, according to the American Cancer Society. Therefore, screening for prostate cancer should be started at age 40 in men with a family history of the disease. To date, two genes have been identified that can lead to prostate cancer.

Experts estimate that the hereditary form of prostate cancer accounts for just 9 percent of all cases.

Race. African-Americans have the highest incidence of prostate cancer. They are 30 to 50 percent more likely to develop prostate cancer than other races in the U.S. Japanese and African men living in their native countries have a low incidence of prostate cancer. Rates for these groups increase sharply when they immigrate to the U.S.

African-American men, therefore, are another group for whom prostate cancer screening should begin at age 40. The higher rate of prostate cancer in African-American men suggests that the environment may play a role, including: high-fat diets, not enough exposure to the sun, exposure to heavy metals such as cadmium, infectious agents, or smoking.

Diet. Research also suggests that a high-fat diet may lead to prostate cancer. The disease is much more common in countries in which meat and dairy products are commonly eaten, compared with countries in which the basic diet consists of rice, soybean products, and vegetables.

Male hormones. High levels of male hormones called androgens may increase the risk of prostate cancer for some men, according to the American Cancer Society.

Inactive lifestyle. You may be able to reduce your risk for prostate cancer by getting regular exercise and maintaining your ideal weight.

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Effective management of prostate cancer

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Prostate cancer symptoms

In early stages, prostate cancer may not produce symptoms. However, the disease may be discovered early with regular digital rectal exams or prostate specific antigen tests. Warning signs of prostate cancer include:

Prostate cancer that's more advanced may cause signs and symptoms such as:

Difficulty urinating, frequent urinations, incontinence, burning during urination or blood in the urine

Erectile dysfunction, blood in the semen or painful ejaculation

Trouble urinating

Decreased force in the stream of urine

Blood in semen

Discomfort in the pelvic area

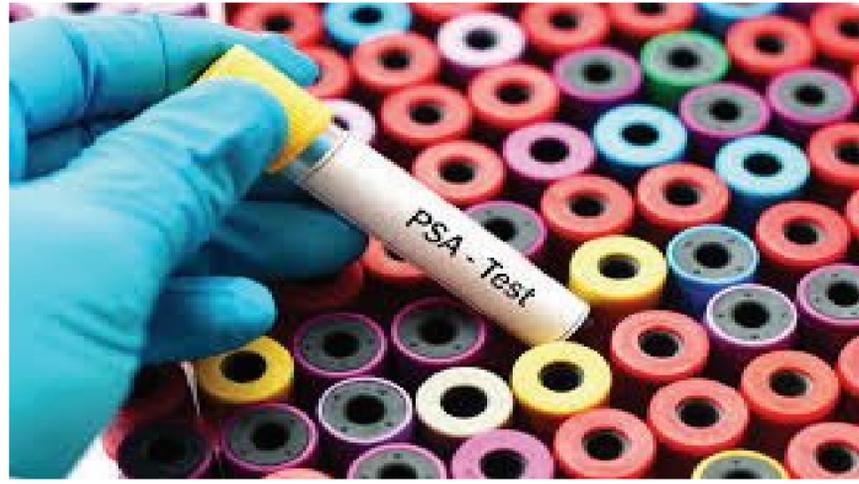
Bone pain

How is prostate cancer detected?

The most effective means of detecting prostate cancer early is through a screening, which involves a digital rectal exam and measuring the amount of prostate-specific antigen (PSA) in the blood. In a digital rectal exam, the doctor inserts a gloved, lubricated finger into the anus in order to feel the shape and size of the prostate.

The PSA test is believed to find most prostate cancers. PSA is a protein that the prostate secretes into the bloodstream. If a man has higher levels of this antigen, it may mean he has prostate cancer.

If cancer is suspected, the doctor will perform a prostate biopsy, removal of tiny pieces of prostate tissue. By removing a tissue sample



from the tumour and examining it, doctors can confirm or rule out a diagnosis of cancer and determine whether the disease has spread to other organs.

What if prostate cancer is diagnosed?

Fortunately, most prostate cancers have not spread at the time they are diagnosed, and the cancer is most often limited to the prostate gland.

To help predict how aggressive the prostate cancer is, your physician will look at your PSA levels before the biopsy, and will also calculate the "Gleason Score." The Gleason Score is a sum of the grades of the two most common prostate tumours.

After looking at tiny sections of the prostate tissue biopsy through a microscope, the pathologist assigns a grade from 1 to 5 to the tumours, based on their appearance (with 1 being closest to normal appearance and 5 being

least normal). The Gleason Score can range from 6 to 10, with 6 being the least aggressive form of cancer (confined to the gland) and 10 the most aggressive form (highest risk of spreading outside the gland).

From the PSA levels and the Gleason Score, a treatment plan is created. For men with a low risk of the cancer spreading outside the gland, staging studies such as bone scans and computed tomography scans are not needed. Men who have cancer with a higher likelihood of spreading may need these staging studies to learn where the cancer may have spread.

Prostate cancer screening and diagnosis

Prostate cancer is typically treatable if caught early. Routine screening has improved the diagnosis of prostate cancer in recent years. More than 90 percent of prostate cancers are found when the disease is in an early stage, confined to the prostate and nearby

organs. Men, especially middle-aged men, men of African descent and those with a family history of prostate cancer should talk to their doctor about an appropriate screening regimen.

Cost of screening and diagnosis (Nigeria)

According to Mr Runcie Chidebe, executive director, Project Pink Blue, a non-profit organisation in Nigeria, "Prostate cancer treatment remains a huge burden to Nigerian men who were diagnosed with the ailment." He noted that diagnosis of prostate cancer could cost between N147,000 and N152,000 while surgery could cost between N350,000 and N950,000. He added that the patient will still need from 25 sessions to 30 sessions of chemotherapy, which could cost between N150,000 and N360,000, saying in total, such patient needs between N1.3 million and N3.3 million to treat prostate cancer in Nigeria

He noted that it is important for cancer patients to be given adequate support as it is not easy for them to pay out of pocket to get quality treatment.

According to a study carried out by Project PinkBlue in collaboration with ACT Foundation, most men in Nigeria do not have knowledge of prostate cancer and have not been screened for the disease.

Speaking on the study, Chidebe lamented that most men in Nigeria die from prostate cancer because of the low awareness about the disease, saying this can be averted if the government makes prostate screening mandatory for every man above 40.

He added that, in Nigeria,

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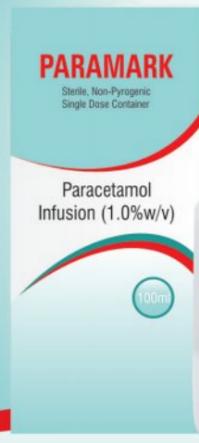
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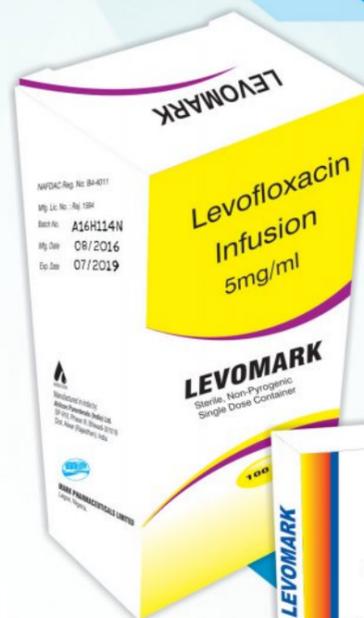
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Effective management of prostate cancer

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there is no organised screening or a national screening programme. "What is currently available is sporadic screenings, driven by non-profit and non-governmental organisations hosting medical missions in diverse communities," He said

Speaking further, he said: "About 82.1 per cent of Nigerian men who participated in the study said they had never been screened for prostate cancer and most of them are 40 years and above, while only 13.8 per cent reported having been screened for prostate cancer; so the low level of screening explains the late detection of prostate cancer in Nigeria and the increasing cancer death."

Corroborating this view an urologist, Mr Ajibola Hafees, said the burden of prostate cancer is high in Nigeria because many people present their ailment to the hospital late, adding that this can be averted if more people have the awareness of the disease and the screening test that can help with early detection.

While recommending regular Prostate Specific Antigen test for men, Mr Hafees said though the cost of screening is a bit high, it is not as high as the cost of diagnosis and treatment.

"Having a PSA test costs about N6,000 to N10,000 or more, depending on where the test is being done. This is by far cheaper than the cost of treating prostate cancer. Also, the cost of treating prostate cancer is low relatively or comparatively to breast cancer, as about 1.3 million to 3.3 million treat prostate cancer yearly in Nigeria," he said.

What are the treatment options for prostate cancer?

Physicians design prostate cancer treatment plans to meet their patient's needs, based on the type of cancer, the age of the person, how far the cancer has spread, and the general health of the patient.

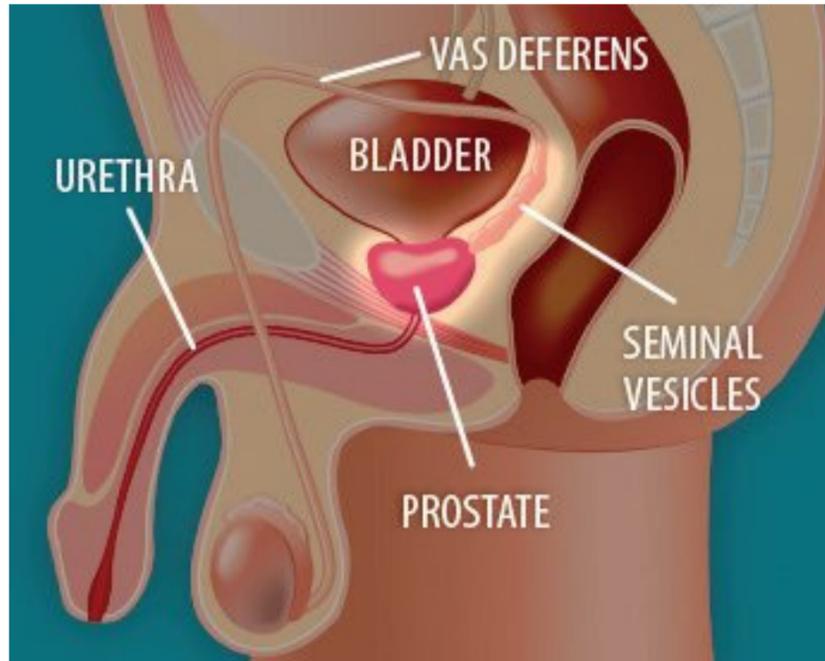
Observation or surveillance. For men with low-risk cancer, observation (watching) may be the first strategy.

Laparoscopic radical prostatectomy. A minimally invasive procedure, a laparoscopic radical prostatectomy removes the prostate gland. Unlike conventional surgery, a laparoscopic prostatectomy requires only five small (button-hole) incisions (cuts into the skin). Through these incisions, a surgeon uses a laparoscope—a tiny camera—and surgical instruments to perform the operation and remove the prostate.

Robotic radical prostatectomy. During this procedure, surgeons use a robot to guide the laparoscope through small incisions to remove the cancerous prostate and any other tissue that might be affected. Various robotic systems are available, which may consist of a 3-armed robot connected to a remote console. The surgeon operates the system while seated at the console. Foot pedals are used for control, and three-dimensional displays give the surgeon sharp, detailed views of the surgical field.

Open radical prostatectomy. Open radical prostatectomy removes the entire prostate with an incision in the lower abdomen. Because the prostate wraps around the urethra, the surgeon must reconnect the bladder with the urethra after removing the prostate.

Radiation therapy. Radiation therapy uses high-energy X-rays to kill cancer cells and shrink tumours. Radiation can be produced in two



ways: external radiation, which comes from a machine outside the body; or internal radiation, in which materials that produce radiation (radioisotopes) are placed through thin plastic tubes into the area in which the cancer cells are found.

Interstitial brachytherapy (seed implantation). Interstitial brachytherapy is a form of radiation therapy. A radiation oncologist and urologist place radioactive pellets or "seeds" into the prostate, and the pellets release radiation into the prostate and nearby tissue over time.

Intensity-modulated radiotherapy. This is an advanced form of radiation therapy that can shorten the length of prostate cancer treatment by several weeks. High doses of radiation (guided by a computer) are delivered directly to the tumour, which reduces the risk to normal tissue.

Cryotherapy. Small needle-shaped probes are inserted into the prostate to freeze it and kill the prostate cancer. This procedure, which is minimally invasive and does not require an incision, is performed either on an outpatient basis (the patient goes home the day of surgery) or with a one-night hospital admission. Patients recover in a matter of days and usually have very few after effects.

Hormone therapy. Hormone therapy changes the body's hormone balance to prevent certain cancers from growing. Hormone therapy may be done using drugs that change the way hormones work, or with surgery that removes hormone-producing organs such as the testes.

Chemotherapy. Chemotherapy uses drugs to kill cancer cells. Chemotherapy may be taken orally (by mouth) or injected into a vein. Chemotherapy is usually a systemic treatment, which means that the drugs enter the bloodstream, travel through the body, and can kill cancer cells anywhere in the body, including

the prostate.

It's important to note that PSA levels decrease after the prostate has been removed. If the prostate gland was totally removed to treat prostate cancer, a new rise in the PSA level may mean that the tumour has come back. Additional tests would then be needed to learn why the PSA level has increased.

Which prostate cancer treatment should I choose?

The type of treatment is mostly a matter of patient choice. You'll want to consider the pros and cons of each option for your own situation, and how aggressive and advanced your cancer is. As you begin your decision-making process, here are some issues to think about.

Ask your doctor about the stage and grade of your cancer. This will give you information on how aggressive your cancer is. With this information, you and your doctor can discuss the risk that your cancer poses to your well-being and longevity, how well each treatment option might work in your situation, and what the treatment side effects might be.

Consider your age and health. Younger patients in their 40s and 50s with decades of life ahead may choose to treat the cancer aggressively. Cancer discovered in men in their 70s is likely to be slow-growing and may not have time to affect their life before they would die of other causes. Poor health adds to the complexity and makes treatment more risky.

Think about your quality of life after treatment. Radiation can cause impotence and other urinary and rectal symptoms. Surgery can cause impotence and incontinence. So there are some difficult trade-offs to make in the face of uncertainty. Some men fear their sex lives may change, others are more fearful of dying or the anxiety of untreated cancer and prefer treatment despite the potential side effects.

Make sure you are getting



balanced and impartial information. If your doctor is a surgeon, you may want to talk with a radiation therapist, and vice versa. Make sure you feel comfortable discussing all of your options with all of your doctors and that they have taken the time to answer all of your questions. You should also do your own research and not just rely on your doctor's opinion. Consult with your doctors armed with your questions. It is important to ask about your doctor's personal expertise and experience in treating cancers like yours, as this can help determine a successful outcome.

Ask yourself how well you tolerate uncertainty and repeated doctor's visits to deal with your cancer. If you are considering "active surveillance," can you deal with knowing that you have an untreated cancer inside your body? Will you follow through with office visits to your doctor for repeat testing? Would more aggressive treatment fit your personality and anxiety level?

Treating stubborn prostate cancer

If your prostate-specific antigen (PSA) blood level shows that your prostate cancer has not been cured or has come back (recurred) after the initial treatment, further treatment can often still be helpful. Follow-up treatment will depend on where the cancer is thought to be and what treatment(s) you've already had. Imaging tests such as CT, MRI, or bone scans may be done to get a better idea about where the cancer is.

Cancer that is thought to still be in or around the prostate

If the cancer is still thought to be just in the area of the prostate, a second attempt to cure it might be possible.

After surgery: If you have had a radical prostatectomy, radiation therapy might be an option, sometimes along with hormone therapy.

After radiation therapy: If your first treatment was radiation, treatment options might include cryotherapy or radical prostatectomy, but when these treatments are done after radiation, they carry a higher risk for side effects such as incontinence. Having radiation therapy again is usually not an option because of the increased potential for serious side effects, although in some cases brachytherapy may be an option as a second treatment after external radiation.

Sometimes it might not be clear exactly where the remaining cancer is in the body. If the only sign of cancer recurrence is a rising PSA level (as opposed to the cancer being seen on imaging tests), another option for some men might be active surveillance instead of active treatment. Prostate cancer often grows slowly, so even if it does come back, it might not cause problems for many years, at which time further treatment could then be considered.

Factors such as how quickly the PSA is going up and the original Gleason score of the cancer can help predict how soon the cancer might show up in distant parts of the body and cause problems. If the PSA is going up very quickly, some doctors might recommend that you start treatment even before the cancer can be seen on tests or causes symptoms.

Observation might be a more appealing option to certain groups of men, such as those who are older and in whom the PSA level is rising slowly. Still, not all men might be comfortable with this approach.

If the PSA is rising quickly

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Nigeria must prepare for challenges of ageing population – Sinclair

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world, the pace of which varies from one country to another. More and more people, he said are able to live till old age, adding that a number of countries in western Europe like France and UK that failed to plan for this eventuality are already facing some economic and social challenges as a result of their mistake.

Nigeria, Sinclair said, must learn from these cases and act early in order to be better placed to address the challenges of ageing, stressing that dealing with the challenges of a huge ageing population by Nigeria may look like something improbable now but will come sooner than most people think.

"The life expectancy in Brazil before was 57 years, but now it is 75. That happened over a period of 30 to 40 years. This will happen in Nigeria and the nation has to prepare for that period. We have to prepare for when the life expectancy will improve and we also have to work for it by making investment in healthcare, in vaccination, in clean water and by reducing mortality in children.

"But I can assure you that the change will come and governments have to start thinking about how the economy needs to adapt when this change comes and how the economy will support more

elderly people. We need to think about what sorts of job are being created, what is the population and what is the percentage of the population that is able to do that job," Sinclair said.

He noted that having the right mix of population and jobs available is already a problem in parts of Europe. Citing the example of UK, he said: "There are jobs created in services, in social care and some in agricultural sector and there are no people to do those jobs.

"It is a problem when an economy is creating jobs and there are no people to do it. So, a country like Nigeria has to make the necessary investment to create jobs that the population can do and also prepare for a future when jobs are available for the old population who are ready to work."

Sinclair noted that many more people across the world are living till old age, but added that many of them are unfortunately spending more of the years in poor health.

He stated further that the campaign to encourage young people to embrace good diet patterns and healthy living should be extended to the adults and the elderly too.

"All countries of the world should be thinking about ageing in the context of the younger people in the population. It should not be only about today;

we should be thinking about starting young and also getting the younger population to think about preparing very well for when they will be old", he said.

The ILC director noted that the elderly in countries like Nigeria play a very vital role in caring for children and even grandchildren and thus need to be properly taken care of, adding that Nigeria should invest in old age as the elderly are important to the social and economic life of the country.

He said that the commitment of ILC UK to helping to prevent ill health in ageing

population was what informed his message to participants at the last FIP congress in Abu Dhabi that it was never too late to prevent ill health. He had, on that occasion, stated, "We need to prevent ill health when we are young and also continue to do so in old age."

While noting that it is high time to look beyond the traditional healthcare services for delivering messages on preventive healthcare, Sinclair urged pharmacists to play greater roles on healthcare campaign and offering

of services on preventive healthcare.

The ILC UK director disclosed that while analysis of a recent research revealed that hypertension, diabetes, stroke and dementia are still the leading diseases of the elderly across the world, diseases that used to be more common among the younger population are now being seen in the elderly.

"Our analysis shows that even HIV that used to be seen more in the young population is now also been seen more among old people as well", he said.



David Sinclair



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Effective management of prostate cancer

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enough to warrant treatment, but localized treatments (such as surgery, radiation therapy, or cryotherapy) aren't likely to be helpful, hormone therapy is often the next option. If one type of hormone therapy isn't helpful, another can be tried (see castrate-resistant prostate cancer, below).

Cancer that clearly has spread

If the cancer has spread outside the prostate, it will most likely go to nearby lymph nodes first, and then to bones. Much less often the cancer will spread to the liver or other organs.

When prostate cancer has spread to other parts of the body (including the bones), hormone therapy is probably the most effective treatment. But it isn't likely to cure the cancer, and at some point it might stop working. Usually the first treatment is a luteinizing hormone-releasing hormone (LHRH) agonist, LHRH antagonist, or orchiectomy, sometimes along with an anti-androgen drug or abiraterone. Another option might be to get chemotherapy along with the hormone therapy. Other treatments aimed at bone metastases might be used as well.

Castrate-resistant and hormone-refractory prostate cancer

Hormone therapy is often very effective at shrinking or slowing the growth of prostate cancer that has spread, but it usually becomes less effective over time. Doctors use different terms to describe cancers that are no longer responding to hormones.

Castrate-resistant prostate cancer (CRPC) is cancer that is still growing despite the fact that hormone therapy (an orchiectomy or an LHRH agonist or antagonist) is keeping the testosterone level in the body as low as what would be expected if the testicles were removed (called *castrate levels*). The cancer might still respond to other forms of hormone therapy, though.

Hormone-refractory prostate cancer (HRPC) is cancer that is no longer helped by any form of hormone therapy.

Men whose prostate cancer is still growing despite initial hormone therapy now have many more treatment options than they had even a few years ago.

If an anti-androgen drug was not part of the initial hormone therapy, it is often added at this time. If a man is already getting an anti-androgen but the cancer is still growing, stopping the anti-androgen (while continuing other hormone treatments) seems to help sometimes.

Other forms of hormone therapy may also be helpful for a while, especially if the cancer is causing few or no symptoms. These include abiraterone (Zytiga), enzalutamide (Xtandi), apalutamide (Erleada), darolutamide (Nubeqa), ketoconazole, estrogens (female hormones), and corticosteroids.

The prostate cancer vaccine sipuleucel-T (Provenge) is another option for men whose cancer is causing few or no symptoms. This might not lower PSA levels, but it can often help men live longer.

For cancers that are no longer responding to initial hormone therapy and are causing symptoms, several options might be available. Chemotherapy with the drug docetaxel (Taxotere) is often the first choice because it



has been shown to help men live longer, as well as to reduce pain. If docetaxel doesn't work or stops working, other chemo drugs, such as cabazitaxel (Jevtana), may help. Immunotherapy with pembrolizumab may also be an option after chemotherapy if the cancer is MSI-H or dMMR.

Another choice may be a different type of hormone therapy, such as abiraterone, enzalutamide, or apalutamide (if they haven't been tried yet).

Bisphosphonates or denosumab can often help if the cancer has spread to the bones. These drugs can reduce pain

and even slow cancer growth in many men. Other medicines and methods can also help keep pain and other symptoms under control. External radiation therapy can help treat bone pain if it's only in a few spots. Radiopharmaceutical drugs can often reduce pain if it's more widespread, and may also slow the growth of the cancer.

If you are having pain from prostate cancer, make sure your doctor and health care team know about it.

Several promising new medicines are now being tested against prostate cancer, including vaccines, monoclonal antibodies, and other new types of drugs. Because the ability to treat hormone-refractory prostate cancer is still not good enough, men are encouraged to explore new options by taking part in clinical trials.

Article compiled by Adebayo Oladejo, with additional contributions from medicinenet.com, American Cancer Society, Cleveland Clinic, Cancer.Net, Mayo Clinic, www.cancer.org

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Community pharmacists should get paid for services, not just drugs – Okotie

By Adebayo Oladejo

In this exclusive interview with **Pharmanews**, Pharm. Jonah Okotie, a 1998 pharmacy graduate of the University of Benin, Edo State, expresses concern over the state of healthcare delivery in the country, while urging pharmacists generally to live up to the standard expected of them as healthcare givers, rather than being excessively concerned about financial gain.

Okotie, who is the secretary, Association of Community Pharmacists of Nigeria (ACPN), Lagos State Branch, as well as being managing director, Engraced Pharmacy, Alimosho, Lagos, also speaks on the recent reports of mass failure in pharmacy schools and how the situation can be brought under control. Excerpts:

Tell us about your activities and responsibilities as the secretary, ACPN, Lagos State Branch.

Beyond the day-to-day responsibility of overseeing the secretariat, attending to correspondence and engagements in and out with concerned parties - ranging from members to government officials and other stakeholders that affect our practice – I know that working with my very proactive chairman, Pharm Olabanji Obideyi, I have no choice but to be ready for any responsibility that will guarantee members' well-being, wherever



Pharm. Jonah Okotie

and whenever.

What are the challenges that come with being the scribe of such an important association like the ACPN, especially in a state like Lagos, and what

strategies have you been deploying to surmount them?

At the beginning of this administration, the chairman and I sat together to look at the challenges. We asked ourselves what needed to be done and how we were going to do it. The chairman himself was once a secretary of the association. In addition, it has been teamwork all the way, together with other members of the executive and the secretariat staff. It's a team, not me alone.

Tell us about your pharmacy. How old is it today and how was it at the beginning?

The name of my pharmacy is Engraced Pharmacy and it's going to be nine years this month. The beginning was truly very humbling.

Besides, the fact that I had no pension or payoffs to start with made it tougher. So my first rent was a loan from my friend and big aunty, Sister Lara Fasoranti. My wife, Jimbia Okotie, also gave her all to see to it that it did not only become a reality but that it thrive.

What would you say informed the choice of location for your pharmacy?

I won't say I made the choice. It was an opportunity I saw to own a pharmacy - although located a bit inside - which I took. And that brought the opportunity to be located by the bus stop, which was very good for the practice, until the place was sold and we were given only two months to relocate. By God's grace we got where we are today. It could have been much worse, but we thank God that despite the odds we are here.

Tell us about your relationship with the people of this community and the most common health conditions that bring them to your pharmacy.

My relationship with my people is most cordial, including the medical practitioners and other health personnel around. Truth is I can't say this ailment is the most common because every day we intervene - from malaria to high blood pressure, to children with referrals to hospitals, public and private.

Nigeria is not favourably ranked by the World Health Organisation (WHO) when it comes to adequate healthcare provision for the citizenry.

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Why you should eat more beans

By Laurel Avery

Beans are one of those foods that are easy to pass over at the grocery store. Sure, they're cheap, but with big cuts of meat just an aisle over they're quite easy to pass up. But take a closer look – those bags of dried beans and legumes hold a nutritional powerhouse that can transform your diet, your body, and your health. Read on for some of the biggest reasons why you should eat more beans.

They're a Great Source of Vitamins and Minerals: It's easy to associate a luscious piece of fruit or a colorful vegetable with the essential nutrients our bodies need, but the humble bean can pack in just as much nutrition as fruits and veggies. In fact, a cup of beans can count towards the recommended five servings of fruits and veggies a day. Beans (and their cousin lentils) are a great source of folate, potassium, iron, and magnesium.

They Keep You Regular: Yes, it might not be the most palatable of reasons to eat beans, but it's one of the most important. Beans and legumes are chock full of fiber, which is the roughage your body needs to make sure your digestive tract keeps moving. A cup of lentils, black beans, or split peas all offer at least 15 grams of fiber a serving – that's more than half of the fiber you need in a day! As such, regular consumption of beans can help eliminate digestive problems like constipation and can greatly



improve the health of your colon.

They're Full of Protein: Vegetarians have always loved beans for their high protein content, but even meat lovers can benefit from what they have to offer. A cup of black beans has over 15 grams of protein per cup. This is not as much protein as you'd get out of a big, juicy steak. However, by forgoing meat and opting for beans you'll also forgo the saturated fat and cholesterol that come with many cuts of meat. As a result you'll lessen your risk of heart disease.

They Can Help You Lose Weight: If weight loss is your goal, there's no better sidekick than a

serving of beans. As we've stated before, beans are full of protein, fiber, and vitamins. What hasn't been said, though, is that beans are low in calories and virtually fat free. An average cup of beans has between 200 and 230 calories. Yes, that's more calories than an apple, but the protein and fiber that you'll get in return will keep you full for a long time. If you're looking to use calories efficiently, beans are tough to beat.

They Help Lower the Risk of Certain Diseases: A diet that's high in bean consumption can lead to a reduced risk for many common (and sometimes deadly) diseases. A standout benefit is

their ability to reduce cholesterol due to their high fiber content. People who suffer from diabetes will also benefit from the blood sugar regulating effect the fiber in beans can have after a meal. In 1991 and 1995, the Nurse's Health Study II found that women who regularly ate beans and legumes had a lower occurrence of breast cancer than their non-bean eating counterparts. Finally, bowel problems like constipation can become a thing of the past when beans are eaten regularly.

They Taste Great: If all the above was not enough to convince you that beans are a worthy addition to your diet, then take a look at all the delicious ways they can be prepared! Chick peas can be puréed into humus for a delicious and quick dip. Black beans and kidney beans can be added to soups, stews, and chilies for an extra punch of texture and protein. Legumes can be added to ground beef to give it more bulk and make it go further. You can even get your hands on some bean flour to make breads, muffins, and pasta. There's no end to the delicious ways to add beans to your diet.

While the humble bean may remain the butt of many jokes, there's no reason to skip over it while grocery shopping. They're an affordable, nutritious and completely delicious way to enhance your diet. There's no reason to leave them sitting on the shelf – take some home today.

www.healthguidance.org

Why you should eat more tomatoes

By Laurel Avery

Tomatoes are practically the national fruit (they are indeed a fruit and not a vegetable) of Mediterranean countries such as Spain and Italy. They are used in a wide range of dishes common to the Mediterranean diet, and may be part of what contributes to the diet's well-deserved reputation for being healthy. Full of vitamins and antioxidants such as lycopene, eating tomatoes regularly is a healthy choice.

Part of the nightshade family of plants (which includes eggplant, bell peppers and potatoes), the first tomatoes were brought to Europe from Spanish explorers in Mexico in the early 16th century. The English and early American colonists considered it unfit for eating until the late 18th century, and the tomato's health benefits were relatively unknown until the 20th century.

Lycopene's health benefits

A carotenoid called lycopene is the substance responsible for giving the color to deep red fruits and vegetables. Just as other carotenoids, lycopene is an antioxidant that acts to destroy the free radicals that damage the body's cells, however, it is superior to other carotenoids in maintaining the structure of our body's cell membranes, making them more effective in letting nutrients into the cells, removing waste from the cells and preventing the invasion of pathogens, effectively reducing the likelihood of disease. Tomatoes are the premier source of lycopene of all the red fruits and vegetables, especially after they have been processed.



Different benefits to health from lycopene are being discovered all the time by researchers. It is a substance that has been understood for a long time to protect against cancer and heart disease, cancer of the prostate in particular. A Harvard study of 47,400 men found that those who ate foods that contained some amount of cooked tomatoes (such as tomato sauce) twice a week or more had a risk of developing prostate cancer that was 20 percent less than their non-tomato-eating peers.

In addition, during a recent conference sponsored by the Center for Food and Nutrition Policy that took place at Virginia Technical Institute, scientists reported that lycopene can help to protect against damaging UV rays from the sun that can lead to the development

of skin cancer. Researchers explain that whereas sunscreens go to work on the outside of the body to protect skin from being damaged, lycopene works to protect skin from the inside. Only a single cup of tomatoes each day is needed to enjoy lycopene's protective effects and reduce sun damage by as much as 35%.

After years of research, scientists believe they have finally discovered the mechanism by which lycopene interferes with cancer development: it keeps cancer cells from being able to connect to a blood supply. Lycopene appears to prevent cancer cells from linking to the endothelial cells necessary for the creation of the blood vessels it needs to be able to feed itself.

Lycopene's usefulness in aiding in the prevention of osteoporosis

is also impressive. Although our bones are in a constant process of being broken down and re-formed, with the assistance of lycopene, the rate at which bone is formed exceeds the rate of bone loss, reducing the risk of a fracture and osteoporosis.

How to get the most from tomatoes

To be sure you receive the greatest benefit from the lycopene contained in tomatoes, be sure to eat them in a form where they have been cooked or processed: for instance, in sauce, canned, frozen, or as juice. Cooking helps to break down the tomato's cell walls, which releases more lycopene than would be available if the tomato were eaten raw. Tomato products should also be eaten with some healthy fat, such as olive oil, as lycopene is a fat-soluble nutrient, so absorption improves in the presence of a little fat.

Tomatoes are high in another potent antioxidant, vitamin C, and contain niacin, folate and vitamin B6, all of which contribute to lowering the risk of heart disease. Drinking a glass of tomato juice every day can also reduce levels of a substance called TNF-alpha by as much as 34 percent. TNF-alpha is an inflammation-causing cytokine that has been linked to a number of chronic diseases such as heart disease, cancer and osteoporosis.

Watermelon and pink grapefruit also contain some levels of lycopene, however, the amount in tomatoes exceeds these by more than ten times. So put more tomatoes on your plate and enjoy better health!

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Experts harp on vaccination, as Olpharm, Biological E, launch range of vaccines

By Adebayo Oladejo

In its quest to further promote vaccination as an efficient tool to prevent infections from undermining public health, Olpharm Nigeria Limited, a foremost pharmaceutical company, in partnership with Biological E Limited, the first Indian private company to enter into the Nigerian vaccine field, has unveiled a range of vaccines into the Nigerian pharma market.

The unveiled products included ComBE Five, Liquid (DTwP - rHepB - Hib); BEtt, Adsorbed Tetanus Vaccine BP; BEVAC Hepatitis B Vaccine (rDNA) BP, for adult; BE Td, Diphtheria and Tetanus Vaccine (Adsorbed) for adult and adolescents, and BEVAC Hepatitis B Vaccine (rDNA) BP for children.

The colourful ceremony, which took place at The Providence Hotel, Ikeja GRA, Lagos, on 7 February, 2020, had eminent pharmacists, nurses, doctors and other dignitaries in attendance.

In his welcome remark at the event, Pharm. Johnson Olusetire, managing director/CEO, Olpharm Nigeria Limited, explained that vaccination against preventable diseases has been identified as one of the most cost-effective interventions in saving lives, adding that vaccination remains the best form of defence against diseases.

Olusetire disclosed that the company was glad and proud to partner with Biological E, which he said was one of the companies with the World Health Organisation (WHO), prequalified vaccines in the world, as well as being a reputable company that is globally



A cross section of participants at the unveiling of range of vaccines into the Nigeria pharma market by Olpharm Nigeria Limited

acclaimed for quality vaccines.

The Olpharm also stated that the company's decision to partner with Biological E in launching the new products, was born out of the need to go into preventive medicines, as against the former focus on curative care, adding that it had been discovered that there was a wide gap between curative medicines and vaccination in Nigeria, and that the company had come to fill that gap.

"We want everybody, both adults and children, to imbibe the culture of vaccination because vaccines save lives ahead of danger. This is one of the advantages the developed countries have over the underdeveloped countries. We aim to get the vaccines to the

individuals, families, communities and the society at large," he said.

Also speaking at the event, the General Manager, International Marketing, Biological E Limited, Dulam Pramodh, said the company is committed to supplying vaccines that meet the highest International standards to fight all vaccine-preventable diseases afflicting mankind, adding that the company's vast product range encompasses the whole spectrum of pharmaceuticals, from preventive to therapeutic, with a reputation for quality, safety and efficacy.

Speaking further, Pramodh, who is a pharmacist, noted that Olpharm and Biological E have similar ideologies and are both concerned about the wide gap between vaccination and medication in

Nigeria; hence the need for the partnership and the launch of the first batch of the vaccines.

While expressing optimism about the partnership, Pramodh said he was delighted to be working with Olpharm, an established and reputable company in the Nigerian pharmaceutical market. He stressed that the partnership was fully aligned with Biological E's vision of providing high quality vaccines to the private and public sector, adding that by leveraging Olpharm's strengths in Nigeria market, the partnership is bound to succeed.

While also speaking at the event, Dr Emuobor Odeghe, a consultant physician and gastroenterologist, Lagos University Teaching Hospital (LUTH), noted that vaccines had greatly reduced the prevalence of diseases everywhere in the world, saying the world can make more progress against early death and disease with the help of vaccines.

Other notable guests at the event included, Sandeep Dhyani, senior manager, International Marketing, Biological E Limited; Dr Anifowoshe Aderinsola, Community Health dep, LASUTH; Mrs. Fadeke Adeyemi, Vacipharm Limited; Dr Uchenna Owowo, paediatric, Lifeline Clinic; Dr Elizabeth Onifade, managing director, Lifeline Clinic; Pharm. Ojo Oluseyi, Victory Drugs; Dr Sonoiki Olushola, community health, LASUTH; Pharm. Rotimi Oyewusi, Pharmaton; Dr C U Nwoku, gastroenterologist, LUTH; Mrs Lois Mosebolatan, Nursing, LASUTH and Mr Adekola Woyuola, and managing director, Honeyvent Pharma Nigeria Limited.



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Community pharmacists should get paid for services, not just drugs – Okotie

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What can we do as a nation to exit this ignoble rank and get our health sector back to shape?

First and foremost, the heads of government must understand and encourage healthcare as teamwork. A situation where one person wants to be everything is surely not in the best interest of the citizens of the country. Secondly, the attitude of our people to health services must change. They want services but are not ready to pay. Unfortunately, the health insurance that should have been a way to guarantee funding and encourage professionalism is run as a system set up only for medical doctors. Pharmacists are bystanders, according to the NHIS and the Lagos State Health Insurance Scheme. I guess the government of the day like it that way.

The outbreak of coronavirus is currently a major health challenge in the world. What do you think Nigeria should do to prevent an outbreak in the country?

Increased health education and putting in place measures to guarantee preventive health practices. Nigeria is gradually becoming a "sleeping giant"; so it is high time we rose to not just our health needs, but that of the world. I don't see the

reason why we can't position our petrochemical and cotton industries to begin to produce not only face masks but other needed pharmaceuticals to save lives and prevent diseases.

Compare to your days as a pharmacy student, what do you think is responsible for the challenge of "mass failure" among pharmacy students nowadays?

There is mediocrity at all levels. Until we go back to the old practice, where we appreciated and rewarded excellence, what we are seeing is a tip of the iceberg. Lecturers too must be supervised to see that they are doing what they were paid to do. Facilities that are in line with modern day realities such as equipment and tools with not only audio-visual capabilities, also artificial intelligence, should be the order of the day.

Another challenge is our maintenance culture. Our technological capabilities are far behind. Even the light situation is nothing to write home about. It is time we wake up, as we can't afford to continue to be docile. We have survived this far because we have been improvising at all levels. We can't continue this way.

As an established community pharmacist, how lucrative is community pharmacy practice in Nigeria?

I was just talking about it

earlier today with a colleague. Pharmacy practice is about professionalism. And payment ought to be made for services. Unfortunately, the community pharmacist's services and activities are seen most times from the prism of merchandising, forgetting that we are dealing with medicines which, in most cases are poisonous, when misused, hence must be treated with care and given only when needed.

Oftentimes, people leave the community pharmacist without a medication, just counselling and guidance, which is not paid for because it is believed the pharmacist has done nothing, forgetting that the ability to know when to and when not to use medications, is one of the things that characterises the community pharmacist. So, by the Nigerian standard, community pharmacy is not lucrative. It only guarantees you a certain minimum, if you are



Pharm. Jonah Okotie

well positioned.

Community pharmacy practice globally is being transformed in line with global trends, requiring practitioners to entrench professionalism and services above monetary gain, in order to achieve excellence in healthcare delivery.



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Juggle your passion and profession, fashionista pharmacist advises

By Temitope Obayendo



Pharm. Chukwunonso Ezekwueche

Chukwunonso Ezekwueche is a Nigerian born and trained pharmacist, based in Toronto, Canada. In this exclusive chat with **Pharmanews**, he sheds light on pharmacy practice in Toronto, as well as his foray into the world of fashion. Taking cues from his achievement thus far, he is encouraging young pharmacists to pursue their career and passion simultaneously. Excerpts:

Please tell us about your background

I am from Anambra state, Nigeria. I was born in the late 80s as the last child of a middle-class family. I had both my primary and secondary education in Anambra state and obtained my pharmacy degree from the University of Benin, Edo state, Nigeria. I did my one-year internship at NAFDAC, Lagos, and the one-year compulsory NYSC at Ministry of Health, Asaba, Delta state, Nigeria.

How was your experience growing up in Nigeria? Did you ever nurture the ambition of living outside the country from childhood?

I had a pretty normal experience growing up. We were comfortable and I lacked nothing. My mother instilled in us the virtue of always being content with what we had. I had always wanted to live abroad as a child and I always fantasised about the idea of in a country where almost everything works, a country where there is security of lives and properties; a country where taxpayer's monies are put to good use. A country that advocates and stands for equal human rights.

What informed your decision to study Pharmacy?

I just loved the idea of providing solutions to people's healthcare needs. I wanted to help people get well and improve medication adherence. Pharmacists are in such high demand, especially in the developed countries and we enjoy a wide variety of career opportunities, such as working in the hospitals, nursing homes, the pharmaceutical industry, community practice, colleges and schools. There's so much you can do as a pharmacist and the opportunities are limitless. Also being a pharmacist comes with a lot of dignity and respect.

Having studied Pharmacy, you later veered into fashion and writing. Why this detour from your profession?

Fashion has always been a passion of mine even before I became a pharmacist. Pharmacy is my career but fashion and showing men how to look good even on a tight budget is a passion of mine. I am pursuing the two fields simultaneously. Who says you can't juggle more than one

thing at a time?

How easy has it been combining fashion blogging with pharmacy practice, or have you jettisoned one for the other?

Like I said, fashion blogging is something I enjoy doing and I do not see it as a chore at all. When you love something, you create time for it. I have mastered the art of time management and prioritisation. This helps me create a balance and make judicious use of my time so everything is taken care of.

Which aspect of Pharmacy is your area of specialisation?

I am in the community practice. I worked for a few years in Lagos after my NYSC as a superintendent pharmacist in a community pharmacy. I believe that is where my calling lies, being able to render pharmaceutical advice to my patients. I find it very fulfilling and rewarding.

How would you compare pharmacy practice in Canada to your Nigerian experience?

Pharmacy practice is basically the same everywhere but every country has its own pharmacy laws that govern the profession and make sure that no one acts out of turn. There is also a lot of regulation of drug usage in Canada, compared to Nigeria. Some drugs you can easily get over the counter in Nigeria would require the patient to have a doctor's prescription in Canada. For example, you cannot buy most antibiotics over the counter in Canada.

In what ways do you think the PSN and PCN can upgrade the practice to better standards?

A good way would be putting more stringent regulations on how drugs are dispensed. This would correct self-medication, drug abuse and drug misuse.

The fashion field is filled with fluctuating trends. Please tell us how you usually meet up with these trends?

I don't chase trends to be honest because trends come and go. Those who chase trends instead of pursuing their own truth disqualify themselves from greatness. I just know my style and stick to it and also advise everyone to discover their personal style. Style is not necessarily about trends; it's

about what comes from within you.

As a pharmacist cum fashion blogger, what is your advice to upcoming younger pharmacists?

Congrats on your achievements so far. There is absolutely nothing wrong in having a career and a passion and pursuing them simultaneously and there is nothing stopping you from becoming whatever you want to be. You are only restricted by the limits you place on yourself. There is no limit to what you can achieve. Feel free to follow your passion sometimes that is what could make way for you. It may not be fashion, it could be singing, painting, etc. Put yourself out there. The world is waiting for you.



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Managing your time and life (2)

By Pharm. Sesan Kareem



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

Time is life. Life is time. Time is fair. Life might not be fair, but time is. Time should be invested, not abused because we have limited time to spend on this journey of life, these were facts we established in part one of this topic. In my last article, we also established time wasters like social media, distractions and procrastination that are eating deep into our productivity and performance. One major strategy I revealed in becoming more effective and efficient is to avoid time-wasters and focus on our focus every moment of the day.

There are three fundamentals you must have at the back of your mind to become an effective time-manager. These are:

Self-awareness

Self-awareness leads to self-actualisation. What you can't define, you can never find. Who are you? What shapes you? What makes you tick? Why do you do what you do? What are your strengths and weaknesses? What activities do you engage in that make time fly? Have you discovered your passion, gift, calling or purpose? When is your premium time? The first step towards becoming an effective and creative human being, who is a high performer and game-changer, is to be fully aware of your personality, passion and purpose. There is a worthy price for discovery. Know thyself fully.

Self-motivation

Self-motivation is the building block of confidence and resilience. These two ingredients are essential for success in the recipe of life. What keeps you going? How hungry are you to achieve your goals and vision in life? How often do you pick yourself up after making a mistake or recording temporary failure? How committed are you to raising your standard? Have you burnt your boat? A man whose source of motivation is from within has no limitation and there is no barrier whatsoever that can stop him from winning in the race of life.

Stress management

In our world where almost every adult is complaining of stress despite the advancement in science and technology, those who have mastered themselves and are effective time-managers will always feel relaxed, calm and collected. Are you busy or productive? How well are you balancing life and work? How easy do you complain, blame or get frustrated? Are you in charge of your life or not? When you are in charge of your time, you are in charge of your life. When you are in charge of your life, you can never be overwhelmed.

To become an effective human being, excellent time-manager and enjoy a good life with all its benefits, you must know who you are, become self-motivated and manage stress.

Time management techniques

There are a few things you can do right now that will immediately enhance your time-management skill. These are

Set goals

Goals give us direction on what to do, when to do it and how to do it. By setting daily, weekly, monthly or yearly goals, you automatically focus your attention and time on your deliverables. When you set crystal clear goals that you are highly motivated to achieve, you have no time for distractions. You begin to have a fast tempo for action and a bias for results. Setting goals also helps you to review your performance and measure your results. What is measured is what can be improved.

Set priorities

You must major the major and minor the minor. Always make the main thing the main thing. You must focus your energy on what is important that will guarantee you best results. Out of your daily goals, tasks or activities which ones will grant you the best return on your effort? Prioritise those activities, tasks or goals. Put first thing first. Eat the fat frog first thing in the morning. Be smart.

Schedule your activities

It is what is scheduled that is being done. Plan the next day, next week, next month and next year ahead. Do not procrastinate. Set a date and time for your action plans. Be ahead of the game. Create a

milestone. Budget your expenses ahead. Commit to follow your schedule. Do not settle for less. Be disciplined.

Studies have shown that highly successful people set goals, prioritise their activities and schedule their time effectively. You can fast-track your success, if you also apply these three techniques. The good news is that you can start applying them right now.

ACTION PLAN: Develop your self-awareness. Learn how to be self-motivated. Always strive for calmness, tranquillity and serenity. Set daily goals that will guide your action. Do first thing first. Schedule your activities ahead.

AFFIRMATION: I am an excellent time manager. I am blessed and highly favoured.

Sesan Kareem, a management consultant helps organisations and their workforce to build a culture of excellence, performance, productivity and profitability.

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If symptoms persist after three days, consult your physician

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SIDE EFFECTS.

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SIDE EFFECTS:
Nausea, Rashes, leukopenia are rare.

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

SPECIAL WARNING:
This preparation contains paracetamol. Do not take any other paracetamol - containing medicines at the same time.

USE IN PREGNANCY/ LACTATION:
Considered to be the analgesic of choice in pregnant patients. Although it crosses placenta, Acetaminophen is considered to be safe in normal therapeutic doses for short-term use as a minor analgesic/antipyretic in pregnancy.

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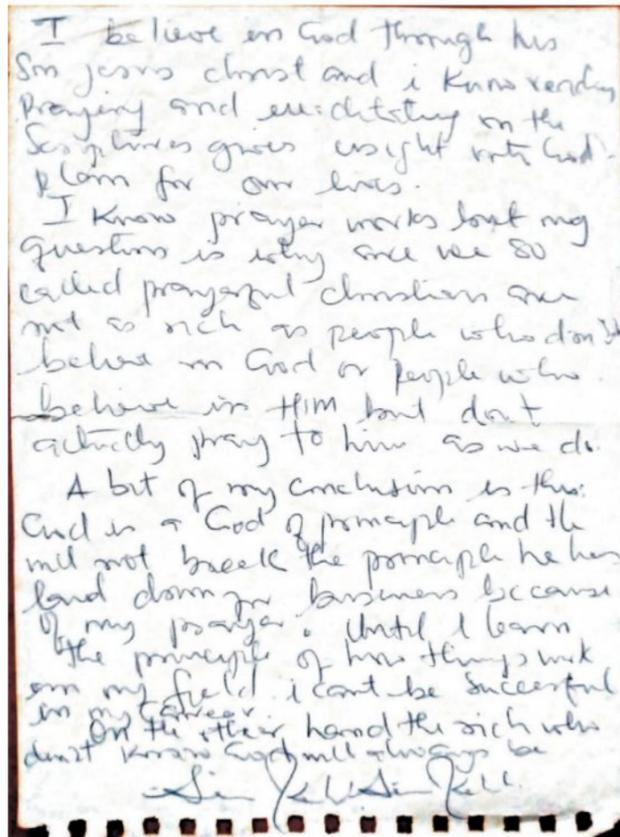
Companies, organisations and, in this context, pharmaceutical ones, typically appraise or review the immediate year past to find out what worked and what didn't. The whys, the hows, the whats - so many questions asked. All is centered on adopting a new or maintaining the old strategy to ensure that by the last quarter of the new year, expectations are met or, better still, exceeded.

However, one area many organisations still get it wrong is in the area of personnel deployment. If you have round pegs in square holes, forget about meeting up with the numbers for that year.

Nothing could be more satisfying than having a medical representative that has the right attitude to work even if he or she doesn't score 100 per cent in the aptitude test. Unfortunately, many Human Resource Managers in pharma companies rely more on verbal than non-verbal cues in conducting personality assessment test on the prospective intakes. It is believed that once the potential candidate scores very high in the aptitude test, he or she will be a good

medical representative. This is where the gap is and if there is an area that your organisation needs to look into, it is in your recruitment processes.

New era, new approach
Let me say emphatically



here, it's a new decade and you need to step up to its demands. If you are yet to adopt handwriting analysis as part of your recruitment process, then its either your HR manager is not up-to-date with global

best practices or you are simply comfortable with mediocrity. The reason someone is not changing it is because he or she is choosing it.

For those who have been following this column for some time now, we have stated clearly how powerful the handwriting is in revealing so much more about the personality of an individual more than the mouth can say. If the handwriting had no uniqueness, then everybody would write exactly the same



Dipo MacJob
(Dr Write)

way. Yet, it is a fact that no two handwritings are the same - the basis for which handwriting analysis serves as a reliable tool in personality assessment without the individual uttering a word.



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Events in Pictures



Pharm. (Sir) Ifeanyi Atueyi, managing director, Pharmanews Limited (5th from right) flanked by some young pharmacists during the 97th PSN conference in Kaduna.



Pharm. Sesan Kareem, convener, Achievers Business Forum 5.0; and Pharm. Abimbola Adebakin, CEO, Advantage Health Africa, during the event held at Sheraton Hotel, Ikeja, Lagos, recently.



Representatives of Alpha Pharmacy at Achievers Business Forum 5.0 with their MD Sir Ike Onyechi.



L-R: Bolade Ewalefoh, Sesan Kareem, Sir Ike Onyechi, Hafsa Agbabiaka, Omaruaye Ogheneochuko, Yomi Opakunle, L-R(back roll); Oyero Sulaimon, Cornelius Umanze, Wale Jagun, Cynthia Maduneme, Taiwo Adesina, Taoheed Aremu, Franklin Ewelike, Chidi Chukwuemeka, Adekunle Kasali; at the Achievers Business Forum 5.0.

Coming Events

Int'l conference on nursing, medical ethics holds in Dubai

The International Conference on Nursing Ethics and Medical Ethics is slated to hold in Dubai, United Arab Emirates, from 2 to 3 March, 2020. Organised by Sciencefora, the conference seeks to answer questions and fill knowledge gaps being created by current global challenges in nursing and medical practice.

The conference is expected to shed light on the academic research and development across the globe.

AGPMPN scientific conference holds in March

The 42nd Annual General Meeting (AGM) & International Scientific Conference of the Association of General and Private Medical Practitioners of Nigeria (AGPMPN) is billed to hold from 18 to 22 March, 2020.

The event, themed "Primary Healthcare: Gateway to a Prosperous Nation" is to hold at Golden Tulip Hotel, Festac, Lagos. Other sub themes of the conference are: "Universal Healthcare: The Role and Challenges of the Family Doctors"; "Emergency Medicine: How Prepared are We?"; "Your Doctor Today, Your Enemy Tomorrow, The Medical Defence"; and "Rising Scourge of Substance and Suicidal Attempts and Dental Health in Private Practice".



Dr Tunji Akintade
Chairman, AGPMPN

Expected at the conference are AGPMPN members from all over the country as well as other stakeholders in the health sector.

WAPCP 32nd AGM/Scientific Symposium holds in Accra

The West African Postgraduate College of Pharmacists (WAPCP) in collaboration with the Pharmaceutical Society of Ghana is billed to hold its 32nd Annual General Meeting (AGM) and scientific symposium from 23 to 27 March, 2020.

The event, themed: "Universal Health Coverage: The role of digital and collaborative services", will be held at Ghana Academy of Arts and Sciences Conference Centre, Accra, Ghana.

Other sub-themes for the symposium include: "E-Presentation & Dispensing and Quality" and "Safety of Herbal Medicines in Universal Health Converge."

Expected at the event are pharmacists from countries in the West African sub-region.

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.

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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.

Babalola bags AU award for scientific excellence

By Temitope Obayendo

In recognition of her outstanding scientific achievements and contributions through empirical research for the socio-economic development of Africa, Professor (Mrs) Chinedum Babalola, vice-chancellor, Chrisland University, Abeokuta, has been conferred with the prestigious African Union Kwame Nkrumah Regional Awards for Scientific Excellence.

The presentation ceremony, which held at the African Union Summit of Heads of State and Government, in Addis Ababa, Ethiopia, on 10 February, had other award recipients and dignitaries in attendance.

Announcing her emergence as one of the winners of the scientific excellence awards, the African Union, through a release from Addis Ababa, Ethiopia, stated that Babalola's application scaled through a rigorous selection process, adding that she would be presented with a winning prize of USD20,000.

The document announcing the erudite professor's selection read in part: "The African Union Commission convened a jury meeting in Addis Ababa, Ethiopia from 9 to 13 December 2019, for the adjudication of the African Union Kwame Nkrumah Continental and Regional Awards for Scientific Excellence Programme 2019 Edition. I am pleased to inform you that after a rigorous evaluation process, your application has been successful and you have been nominated as one of the recipients of this prestigious award. Congratulations to you!"

It continued, "In this regard, the African Union Commission is organising an award ceremony to honour you for your outstanding scientific achievement and contribution through scientific research for the socio-economic development of Africa. The ceremony will be held during the African Union Summit of Heads of State and Government, which will take place from the 9 to 10 of February 2020, in Addis Ababa, Ethiopia."



L-R: Dr Akinwumi Adesina, president of African Development Bank (AfDB); Ven. Collins Olufemi Babalola; Prof. Chinedum Babalola, winner of the AU Scientific Award; and Mr Geoffrey Onyema, minister of foreign Affairs at the awards ceremony in Addis Ababa, Ethiopia.

Following the presentation of the award, pharmacists have taken to the social media to felicitate with the Chrisland VC on her historic achievement. Among the early well-wishers was the President of the Pharmaceutical Society of Nigeria (PSN), Pharm. (Mazi) Sam Oluabunwa, who congratulated her through his Twitter handle @SOluabuwa_OFR on behalf of all pharmacists in Nigeria.

"From the entire PSN family, congratulations to Prof. Chinedum. We are really proud of your achievements. Thank you for showcasing Pharmacy to the world. God Bless. - MSO," he said.

Pharm. (Sir) Ifeanyi Atueyi, managing director, Pharmanews Limited, also congratulated the professor, through the

Pharmanews official twitter handle, @PharmanewsNG, for adding another achievement to her numerous feats in scientific research.

"Hearty congratulations to Prof. Chinedum Peace Babalola as she accomplishes another milestone feat for Pharmacy in Nigeria," Atueyi said.

Also, Pharm. Seun Omobo, programme manager, Nigerian Economic Diplomacy Initiative (NEDI) at the Ministry of Foreign Affairs, joined in applauding audience of Babalola, describing her as one of the exceptional professionals in Pharmacy who inspire her.

Omobo wrote on her Facebook handle: "Cheers to the women who work hard. There are a few exceptional professionals in Pharmacy in Nigeria, who inspire me. Here is one of them... Congratulations to a mother, mentor and friend: Professor (Mrs) Chinedum Babalola, vice-chancellor, Chrisland University, Abeokuta, Ogun State, as

African leaders stood still to honour her in Addis Ababa, Ethiopia as a recipient of the African Union Kwame Nkrumah Regional Awards for Scientific Excellence".

Characteristically known as "the woman of the firsts", Babalola has, by her latest achievement, proven that she is not resting on her oars. Her unparalleled record of firsts among lady pharmacists in includes being the first female professor of Pharmacy at the University of Ibadan; first female dean of the Faculty of Pharmacy, University of Ibadan; and first female pharmacist inducted as Fellow, Nigerian Academy of Science - the highest scientific award in Nigeria.

Babalola was also the first female Nigerian inducted as Fellow, African Academy of Sciences, and the first female pharmacist to become a vice-chancellor of a university in Nigeria.

World Cancer Day 2020: Anambra AHAPN educates community women on cervical cancer

By Temitope Obayendo

To mark this year's World Cancer Day, the Association of Hospital and Administrative Pharmacists of Nigeria (AHAPN), Anambra State Chapter, recently held an awareness seminar on cervical cancer, to enlighten the women of Oji River Community, on preventive measures against the deadly disease.

The seminar, which was well attended by the participants, also featured a question-and-answer session, referral for free screening, as well as distribution of educative materials, amongst others.

The Chairman of the state chapter of AHAPN, Dr (Mrs) Amara Loveth Nwaka emphasised the importance of taking preventive measures to guard against cervical cancer, adding that such measures include a healthy lifestyle, cervical screening and vaccination.

She further noted that since all women are at risk of the disease, regular cervical screening for every woman from 21 years and above is essential.

One of the participants, who is a survivor of cervical cancer narrated her story to the audience during the interactive session, noting that after her mother died of the condition, she was advised to go for screening and was tested positive.

She explained however that



Some of the participants at the seminar

she commenced treatment and was eventually declared free of the disease three years ago.

The AHAPN executives urged her to continue with annual screening, until she attains the age of 70, with up to three recent, consecutive negative tests and no abnormal

tests in the prior 10 years.

In her own contribution, Pharm. (Mrs) Adaobi Okafor explained that vaccination is targeted at young girls before they start having sexual intercourse, while highlighting four major healthy lifestyle practices to embrace as eating healthily, avoidance of smoking, barrier contraception

and avoidance of multiple sexual partners.

The woman leader of the Oji River Community, Mrs Chikodili Nnebedum thanked the executives of the Anambra AHAPN for the awareness campaign, describing it as a timely and life-saving gesture for the women of the community.

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NUC approves Nursing Science, MedLab Science, others for Trinity University

By Ola Aboderin

In further recognition of its determination to take university education in Nigeria to new heights, the National Universities Commission (NUC) has approved four additional courses to be offered at degree level by Trinity University (TU), Yaba, Lagos. The new courses are Nursing Science, Medical Laboratory Science, International Relations and Diplomacy, as well as Physics with Electronics.

According to a statement signed by the Vice Chancellor, TU, Professor Charles Korede Ayo, the approval followed a thorough inspection of the institution's facilities by the NUC, leading to the conclusion that it

was adequately equipped to foster exceptional teaching and learning in the approved



Professor Charles Korede Ayo
Vice Chancellor

courses.

The communique added that the institution had consequently

begun to admit students to the newly approved programmes for the current 2019/2020 academic session, stressing that the move is designed to be a huge relief and opportunity for students who have not been able to gain admission to study the highly competitive courses in other universities.

The four new courses have further swelled the number of courses approved for TU by the NUC. Courses earlier approved for the institution include Computer Science, Information Technology, Industrial Chemistry, Microbiology, Biotechnology, Biology, Business Administration, Accounting, Marketing, Tourism and Hospitality Management, Economics, Political Science, Mass Communication, and

English and Literary Studies.

Expressing delight at this latest achievement by TU, Professor Ayo, who was the immediate past vice-chancellor of Covenant University, described it as a vital contribution to the advancement of tertiary education in Nigeria.

Assuring existing and prospective students of a "stimulating, dynamic and fulfilling environment" for learning, Ayo added that "it will also be good news to parents/guardians and potential students that the fees are moderate."

Duly accredited by the Federal Government of Nigeria, Trinity University was established by Trinity Education and Development Foundation (TEDF), the promoters of Trinity International College, Ofada, Ogun State, which has been acclaimed as a world class secondary school with 25 years of quality education.

Natural Medicine

The healing powers of locust beans

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

Parkia biglobosa, popularly called the African locust bean, is known in Yoruba as *iru*, in Igbo as *ogiri* and in Hausa as *dawa-dawa*. It belongs to the plant family Mimosaceae, of the order Leguminisae

Constituents

Rich in lipids, protein, fat, crude fibre, ash and carbohydrate, locust beans also contain carotenoids, ascorbic acid (Vitamin C), saponins, tannins, phenols and hydrocyanic acid (HCN).

Preparations

The yellow pulp, which contains the seeds, is eaten raw as sweet meat, mixed with water and made into a refreshing drink, used as a sweetener in different foods and fermented into alcoholic beverage.

It may also be processed into a valuable carbohydrate food known as *sikomu* and *daddawa* among the Yoruba and the Hausa people, respectively. The seed is first cooked to remove the seed coat and then fermented to produce the desired result. When it is fermented, the Yorubas may either get it mashed or leave it loose/free. They are used for different types of soups, but for the same purpose.

Preparations of *Parkia*



Parkia biglobosa

biglobosa which are used to manage health conditions include macerations, vapour, tincture, decoction, lotion and dried powder.

Pharmacological actions and medicinal uses

Locust beans has shown promise in boosting cellular immunity in immune-compromised persons, as well as in management of diarrhoea, diabetes, stroke, hypertension and heart attack. It could also serve as antidote to snake bites. The bark is used as a mouthwash, vapour inhalant for toothache, or for ear complaints.

It is macerated in baths for leprosy and used for bronchitis, pneumonia, skin infections, sores, ulcers, washes for fever, malaria and sterility. The roots are used in a lotion for sore eyes.

Observations from a study showed that *Parkia biglobosa* helps to prevent complications of diabetes. Hence it could be recommended as part of the diet for diabetics. In another study, researchers showed that it helped to reduce arterial blood pressure in rats.

Adverse effects

Exposure to both the acute

and sub-lethal concentrations resulted in a number of physiological dysfunction of the test fish. Observation of the fish under the tests revealed unbalanced swimming patterns, loss of reflex, rapid opercular movements and gasping for air. Most studies show no adverse effect to human. However, few studies report possibility of drowsiness, dizziness, hypotension or a headache as side-effects when using Locust Bean medicine.

Economic potentials

The African locust bean tree, together with its by-products, is associated with herbal and food benefits. It is a good source of income for rural-dwellers in Africa, as everything within the African locust bean tree is of great importance.

The locust seed is a major item of commerce across West Africa. Overall, it is estimated that 200,000 tons of locust seeds are collected annually just in northern Nigeria. As far back as 1964, the seeds from a single locust were reportedly valued at \$20 per year.

The locust bean tree provides wood for fuel, shade for shelter, land improvement (fertile with high nitrogen content), living abode (bee forage; twig is chewing-stick for cleaning teeth because of tannin), food for all, medicine for various health conditions, plaster for loam houses, etc.

Year of the Nurse and Midwife: NANNM targets reduction in maternal mortality

By Temitope Obayendo

Following the declaration of year 2020 as the “Year of the Nurse and Midwife” by the World Health Organisation (WHO) and the World Health Assembly, in honour of the 200th birth anniversary of Florence Nightingale, the National Association of Nigerian Nurses and Midwives (NANNM) Lagos State Chapter, has set the goal of reducing maternal and infant mortality rate in the state by making healthcare delivery access to all citizens.

Speaking on this renewed vision of NANNM, the Director of Nursing Services (DNS) Lagos State Ministry of Health, Mrs Dorcas Shonibare, lamented that Nigeria currently has the second highest maternal mortality rate in the world.

“After India, Nigeria is next, and that should not be, because we have several opportunities in our neighbourhood that can prevent these women from dying through childbirth,” Shonibare said.

Shonibare, who was represented by the Assistant Director of Nursing Services in the state, Mrs Sola Aketi, made the remarks at the flagging off ceremony of 2020 the “Year of the Nurse & Midwife” campaign in Lagos.

The event, which was marked with an awareness walk that commenced from the NANNM House, Agidingbi, Ikeja, to the Lagos State Secretariat, was targeted at sensitising the public about the roles of nurses in healthcare delivery and particularly in achieving Universal Health Coverage.

The DNS, who identified lack of cooperation among healthcare professionals as one of the causes of high maternal mortality in the state, said findings from nursing studies had revealed that midwives were usually prevented from giving their services to patients when doctors were not immediately available.

“When we did our own nursing studies, we found that a midwife that would have made herself available to deliver a baby successfully is usually being denied the opportunity, because of doctors’ absence. Yes the doctor needs to be there, but it is the midwife that will deliver the baby before the doctor comes,” she stressed.

Shonibare consequently urged other members of the healthcare team to give midwives their right of place in delivering timely skilful interventions to pregnant women, in order to achieve the goal of reducing maternal mortality in the country.



Lagos NANNM Chairperson, Com. Blessing Israel, addressing the nurses, with other executives during the flag off of 2020 “Year of the Nurse and Midwife” in Lagos.



The nurses displaying the campaign banner during the walk.

Declaring the “Year of the Nurse and Midwife” campaign opened in Lagos State, the DNS called on nurses in the state to put up their best in caring for patients towards achieving their roles in the Universal Health Coverage target, which is to ensure that quality healthcare is given to all patients, irrespective of their financial status.

“Quality healthcare is that care that is safe, empathic, timely, effective, patient-centred, and equal for all,” she

said.

Speaking with pressmen during the walk, the NANNM State Chairperson, Com. Blessing Israel, explained the essence of the campaign, saying 2020 is a very notable year for nurses globally, as it is a time to recognise their wonderful jobs to patients in the nooks and crannies of the world.

“For us, 2020 and the decade are for nurses in Nigeria. We want to ensure that patients in Lagos State access affordable and quality healthcare services. We

are going to align with global health events, as commencing from 4 February, which is World Cancer Day, we are going to create awareness all over Lagos on the preventive measures for cancer.

“We will also ensure that everyone in Lagos will come to understand the role of nurses in Universal Health Coverage, as we make ourselves available for the maximum health of all citizens.

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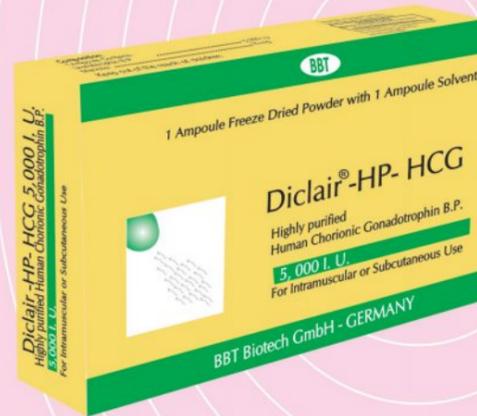
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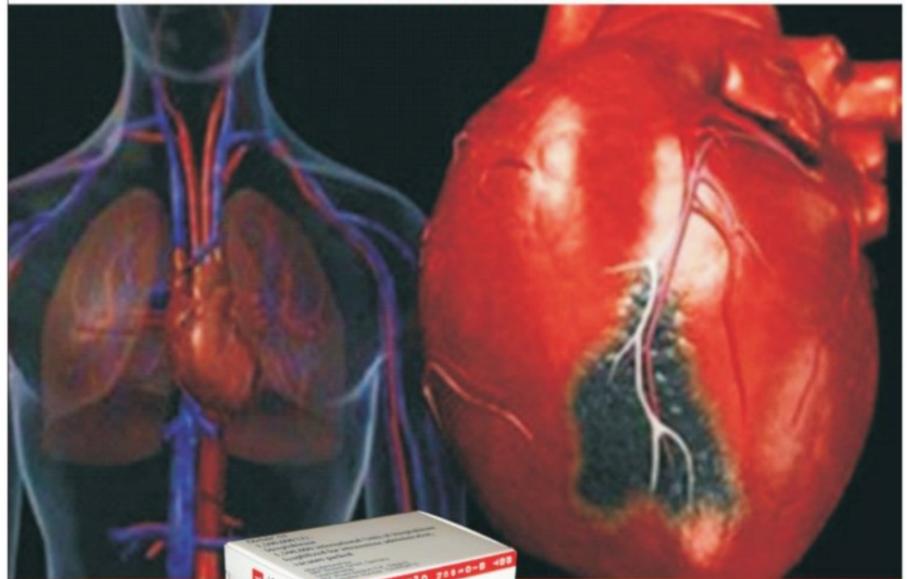


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Six essential skills of a successful sales manager

Of all the business functions, it is only the sales function that brings in money into the coffers of the firm. It is clear then that for any organisation to achieve its objectives, be it accelerated growth, survival, diversification, increased profitability/market share, the salesmen must be performing well on a consistent basis.

The overarching responsibility of a sales manager is to achieve and exceed sales objectives by ensuring that every member of the team achieves or surpasses his or her respective objectives. Of course, there have been major strides in helping sales people become stronger with sales enablement programmes, training and automation. Yet, the fact remains that selling is about people. Having great sales managers is still the foundational piece to making your sales department perform. I would rather have a great sales manager and seven mediocre sales reps than a mediocre sales manager and seven-star sales people.

If you are a sales manager and want to be a STAR or you are the CSO and want to build a STAR sales department, here are the six essential skills required for your success and the success of the entire sales team.

Committed people-developer

The most important truth a sales manager must realise and accept is that he depends on others - his reps - for his results and performance. Consistent performance and growth can only come from consistent growth and development aggregate of his team members. He needs to make them continuously better by reviewing each of their performances, identifying key areas for improvement, coaching, counselling, improving knowledge / skill level, training personality improvement, etc.

Coaching is the number one sales management activity that drives sales performance. The goal of coaching is to help each sales rep to improve their performance and reach their true potential. It's about developing your "A" sales people to become "A+" and developing your "B" sales people to become "As". A sales manager with great coaching skills will not only see improved sales performance, but will have better sales rep engagement, reduced turnover and improved job satisfaction.

Leadership

The major components of

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the leadership gene are drive and passion, a strong desire to lead, high integrity index, self-confidence, intelligence and possession of relevant knowledge. Sales managers need to be strong leaders. The key to developing a strong sales team is for sales managers to be able to create and share a vision with their sales team. Strong sales leaders have the skill and the will to help their team adopt the vision and keep them focused on working towards achieving it. Sales leaders require the ability to communicate, innovate, inspire and set the tone for the sales team.

Productivity and performance management

There are many definitions of performance management. I don't see performance management as conducting quarterly business reviews, managing non-performing sales reps and managing your boss. Rather, at the heart of this for a sales manager is that the rep delivers daily on what is expected of them, in terms of daily call rates, market development, relationship building, market intelligence, etc. A manager must not make any assumptions about it. Of course, this is measured by financial and non-financial outcomes.

It is EXTREMELY DANGEROUS for performance issues to go unchecked, as sales and team morale can be negatively affected. Many sales managers shy away from confronting salespeople who are not performing. It is up to the sales manager to have planned and unplanned checkpoints to address performance issues and develop a plan of action to correct the problem.

The star sales manager continually raises the bar on performance. As a manager, you must not forget that (i) whatever you want done must be measured; (i) if you want it done well, it must be supervised; (iii) tracking performance is the insurance and assurance against complete failure (don't wait till your people have completely failed - it doesn't benefit you in any way).

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Business acumen

Business acumen is defined as the critical business thinking required to achieve your sales objectives. Simply put, business is about best orchestration of resources to get the maximum profit and longevity for the business entity. The business environment demands that both sales reps and managers have strong business skills. Sales managers need to be able to understand complex business issues and help their sales reps view their business strategically.

Managers need to realise that every of their actions and decisions either brings in money/profit or loss. Sales managers need to teach their salespeople how to make wiser decisions, plan better, and effectively allocate their resources based on customer needs and potential for growth.

Interpersonal and relationship skills

This is necessary to relate with their team-members, customers, stakeholders, bosses, peers, and other. A strong ability to build relationship and bridges is a sure instrument for outstanding success for a sales manager. In fact, once you are made a manager, over 80 per cent of your success will come from your interpersonal skills. Excellent communication skills, emotional intelligence, focusing on long-term benefits, paying attention to others, being aware of your environment/organisational culture and understanding the big-picture are some of the building blocks for developing and maintaining relationships.

Conclusion

Sales managers who master these six essential sales management skill sets will always be on the podium and have the top performing team.

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Expcharlab has range of products to satisfy health needs of Nigerians – Ilozor

By Yusuff Moshood



Pharm. Emmanuel Ilozor

Pharm. Emmanuel Ilozor is the managing director of Expcharlab Limited Nigeria, a reputable multinational pharmaceutical company, with a strong base in the country. Ilozor, a Fellow of the Pharmaceutical Society of Nigeria (FPSN) and 1977 graduate of Pharmacy from University of Nigeria has had a long history as a top player in the corporate pharmaceutical corridors of Nigeria, having worked with May & Baker Nigeria Plc, Nigeria Army Small Scale Manufacturing Unit (NASDMU), Ulticare-Lyka Pharmaceuticals Limited, Orange Drugs and Maxim Drugs. In this interview with **Pharmanews**, he speaks about Expcharlab philosophy, what prompted the decision of the company to venture into the nation's pharmaceutical sector and how the company's products will help improve healthcare delivery to Nigerians. Excerpts:

Tell us about Expcharlab. When was the company established and what was the philosophy behind it?

ExpcharLab Limited was incorporated in Nigeria in 2014 as a pharmaceutical distribution company. It is a subsidiary of EXPHAR s.a. of Belgium which has presence in several other African countries, including Cameroon, Rwanda, Ivory Coast, Kenya and Gabon.

What prompted the decision of Expcharlab to come into the Nigerian market?

With a population of about 190 million, Nigeria without a doubt is an attractive market for any serious business concern with desire for growth. Expchar has a very wide range

of products needed to satisfy the health needs of the people. The company's manufacturing sites have been inspected and certified by NAFDAC and are also WHO compliant. Our products get their final release at our head office in Brussels and are given European certification before they are shipped to user countries, including Nigeria.

With a population of about 190 million, Nigeria without a doubt is an attractive market for any serious business concern with desire for growth. Expchar has a very wide range of products needed to satisfy the health needs of the people. The company's manufacturing sites have been inspected and certified by NAFDAC and are also WHO compliant.

What has been the experience of Expcharlab as it relates to the Nigerian pharmaceutical sector since it commenced business operation in Nigeria?

Some years back, Nigeria was notorious for fake and substandard products because of the poor healthcare policy of the government and the uncontrolled pharmaceutical distribution policy. At that time, good quality drugs were scarce and even when they were available they were very expensive.

Expchar s.a. is known for high quality products at very affordable prices. There

is a very high incidence of eye problems in Nigeria, particularly in the Northern parts of the country. Expcharlab has a good range of eye preparations; so we have decided to introduce some of them at affordable prices to cater for the common eye problems.

We also discovered that there is very high rate of road traffic accidents in Nigeria and so we have introduced our leading product for managing mild to severe pain, which doctors have found to be very useful for orthopaedic cases. And as already mentioned, the prices are very affordable.

What informed the choice of the products Expcharlab has brought into Nigeria and how have they helped the health system?

Nigeria's pharmaceutical market has been speculated to hit \$4 billion by year 2026, just six years from now (*Tania Holt, Laura Millroy and Mathews*

Mmopi). The plan of Expcharlab is to ensure it is not left behind as a player in this big market; hence our decision to tap into the market and get a good share from it as key player.

What are the medium and long term plans of Expcharlab?

Our medium to long term plan will be to remain focused and continue to support our favourite brands with the mind to achieve continuous growth. We are focusing on ailments with persistent symptoms and trying to identify the products that will take care of such ailments with a view to increasing our product range for them.

What are the challenges facing the pharmaceutical sector in Nigeria and how can they be surmounted?

Pharmaceutical business in Nigeria is facing a lot of challenges, ranging from insecurity, bad roads, multiple taxations, poor electricity supply to inconsistency in government policies as it relates to the pharmaceutical sector.

The bad roads, coupled with the problem of Fulani herdsmen and other terrorist activities have made it difficult for our field men to access certain parts of the country where our products are needed.

Also, some of our products are required to be kept under controlled temperature but with epileptic power supply in Nigeria, a lot of money which should have been part of our profit is being spent on providing alternative supply. These are some of the issues the government should address to help the entrepreneurs involved in pharmaceutical business in Nigeria.

What are the thoughts of Expcharlab on corporate social responsibility (CSR)?

My company is not unmindful of our social responsibility to contribute to the society and improve the lives of the people. We have in the past organised healthcare outreach in a number of places, including schools and places of worship where we carried out deworming exercise for children and even adults. We are also open to sponsoring healthcare professionals to scientific conferences.

Expcharlab Limited is a party to European Community Anti-Corruption Treaty and by that we are bound to exhibit a high degree of professionalism and ethics in our business. We have consistently done that.

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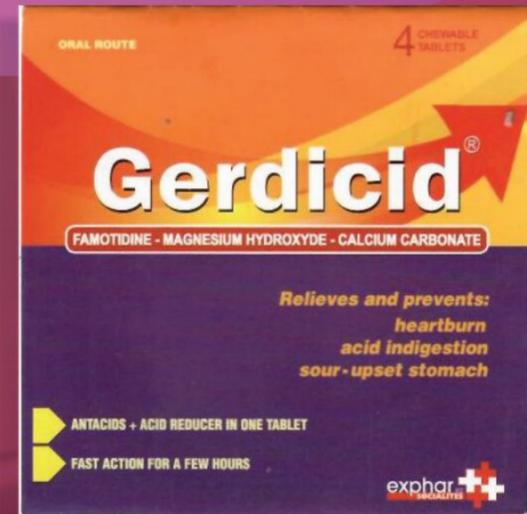
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Tade emerges board chairman of Gorah

Pharm. (Deacon) Adebowale Robert Tade, chairman, Mastoofy Supermarket & Electronics Ltd, has been appointed first non-executive chairman of the Board of Gorah Healthcare Ltd.

Tade, who disclosed his new position to *Pharmanews* in a telephone conversation, expressed gratitude to God for granting him such an opportunity, among several seasoned medical doctors and accountants, who had applied for the same position.

He said: "I was appointed Chairman of the Board of Directors of Gorah Healthcare Ltd, an Health Management Organisation (HMO) outfit, last November. Amongst prospects for this position were seasoned medical doctors and accountants, but I'm so glad and humbled that it's me, a seasoned pharmacist, that eventually became



Pharm. (Deacon) Adebowale Robert Tade

the chosen one, as the maiden non-executive chairman of the board of Gorah Healthcare Ltd... up, up Pharmacy".

Born on 16 February, Tade, a former chairman/managing director, Pfizer Anglophone

West Africa, hails from Ijagbo Community in Kwara State. He attended Baptist Boys' High School, Abeokuta, before proceeding to the School of Pharmacy, Ahmadu Bello University (ABU), Zaria, where he graduated in 1970.

Prior to this appointment, Tade had served as deputy managing director for Pfizer; Chairman, Livestock Feeds Plc; and Chairman, Mastoofy Supermarket & Electronics Ltd.

Tade has journeyed across the globe for several general and senior management courses in financial management/accounting studies and strategic planning skills. He had his internship in one of the busiest children hospitals in Africa, Massey Street Hospital, Lagos.

Gorah Healthcare limited is a new Nigerian HMO in the South West Zone, with immediate focus on Lagos, Oyo, Ogun, Osun, Ekiti and Ondo states.

Lotus set to boost pharma engineering projects in Nigeria

- announces plans to create Nigerian office

By Moses Dike

Lotus technical PVT India has announced plans to boost the level of local pharmaceutical production in Nigeria by assisting local manufacturers set up pharmaceutical engineering

turnkey projects from conception to finish.

Speaking in an exclusive interview with *Pharmanews* recently, the head of international business, Lotus Technical PVT India, Mr Huzaifa Shaikh, announced that the company had concluded plans to set up an operational office in Nigeria with a view to helping local pharmaceutical manufacturers set up their manufacturing facilities or increase the capacity of their existing structures.

Shaikh, who disclosed that Lotus had been working in Africa for the past ten years in countries like Cameroun, Ghana, Kenya, Ethiopia, added that the pharmaceutical engineering company had been in touch with its Nigerian clients and would guide them through the stages of technology transfer till project handover.

"It's a one-step solution. We work out turnkey model by breaking prices of the components to micro level. We don't buy complete units from one vendor; we design and engineer systems as per projects requirements which gives us an edge over our competitors and gives us flexibility to pass on price benefit to our clients - and at the same time maintain quality by our engineering team," he said.

Continuing, he said: "our core expertise is pharmaceutical engineering turnkey projects - from conception to validation - and that is our motto. We can deliver projects for tablets, capsules, sterile, large volume parenteral, ointments, liquid, API to name a few."

Shaikh advised the Nigerian government to explore the country's huge petrochemicals resources to establish industries in Active Pharmaceutical Ingredients (APIs), so as to reduce the current over-dependence on drug imports.

He assured that Lotus has a team of API experts who would help local industries to set up modern facilities in this regard.

"We challenge ourselves to be competitive for the defined quality parameters in each project and give the best cost effective solutions to our clients. This is a win-win situation for our customers. All our projects are tailor made and we need to discuss, understand, and find the best cost effective workable and practical solutions," he said.

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Coronavirus: Beyond the name change

By Adebayo Oladejo & Omolola Famodun

In many cultures and communities around the world, names given to people often have unique stories behind them. Whether it is the day or time a child is born or, more commonly, the circumstances surrounding the birth, several factors influence the names parents choose for their children. In western Nigeria, for example, it is not uncommon for the parents, grandparents and other members of a child's immediate and extended families contribute at least one name to be given to the child. Consequently, the child ends up with several names - each telling its own special story.

The point here is that names often have significant connotations. In the case of the coronavirus, until recently, the deadly and rampaging disease had been known as the 2019-nCoV. That was the temporary name given to it, while the World Health Organisation (WHO) strategised on giving it an official name and battling it as should be the case. However, during his daily briefing recently, the WHO Director-General Tedros Adhanom Ghebreyesus announced the official name as COVID-19.

Explaining the reasons behind the decision and the new name, he said: "We had to find a name that did not refer to a geographical location, an animal, an individual or group of people, and which is also pronounceable and related to the disease. Having a name matters to prevent the use of other names that can be inaccurate or stigmatising. It also gives us a standard format to use for any future coronavirus outbreaks."

The coronavirus, now COVID-19, has killed more than 1,000 people with the majority of infections in mainland China. It broke out in the city of Wuhan in the Hubei province, the city was subsequently put on lockdown.

Should we panic?

Now, beyond the changed name, the spread of the virus outside China is worrying but not an unexpected development as the WHO had initially declared the outbreak to be a public health emergency of international concern. It added cheerfully however that there is a "window of opportunity" to halt the spread of the disease.

The key issues here are how transmissible is this new killer disease among people and what proportion of infected people become severely ill and end up in hospital. It should be noted though that, in most cases, viruses that spread easily tend to have a milder impact.

According to the WHO, healthcare workers could be at risk if they unexpectedly come across someone with respiratory symptoms who had travelled to an affected region. Generally, the coronavirus appears to be hitting older people hardest, with few cases in children.

What are the symptoms?

The COVID-19 virus causes pneumonia. Those who have fallen ill are reported to suffer coughs, fever and breathing difficulties. In severe cases, there can be organ failure. As this is viral pneumonia, antibiotics are of no use. The antiviral drugs we have against flu will not work. If people are admitted to hospital, they may get support for their lungs and other organs as well as fluids. Recovery will depend on the strength of their immune system. Many of those who have died were already in poor health.

Can it be transmitted?



China's national health commission has confirmed human-to-human transmission, adding that there have been such transmissions elsewhere. According to the commission, as of 12 February, 2020, there were 45,182 confirmed cases and 1,115 deaths. There are cases in 28 other countries outside China, with deaths recorded in one case in Hong Kong, and one case in Philippines. The number of people to have contracted the virus overall could be far higher, as people with mild symptoms may not have been detected.

A report from the UK stated: "The number of confirmed cases of coronavirus in the UK has doubled from four to eight after four more people in Brighton were diagnosed with the infection over the weekend. One of the other four confirmed cases is being treated at the HCID unit at the Royal Free hospital in north London, and the two Chinese nationals who tested positive for Coronavirus in New York are being treated at the HCID centre in Newcastle."

Should Nigeria be worried?

There are definitely reasons to be concerned, because presently, the mortality rate of coronavirus is around 2 per cent. However, this is likely to be an underestimate since many more people are likely to have been infected by the virus but not suffered severe enough symptoms to attend hospital, and so have not been counted. For comparison, seasonal flu typically has a mortality rate below 1 per cent and is thought to cause about 400,000 deaths each year globally. SARS had a death rate of more than 10 per cent.

As reported in the dailies, the members of the Senate Committee on Health recently raised an alarm over alleged poor control and surveillance of the deadly disease at the country's two busiest entry ports - Murtala Muhammad International Airport (MMIA) and Apapa Port, both in Lagos. The lawmakers, following an inspection of the two facilities, were not pleased with the measures put in place to prevent coronavirus from entering Nigeria.

Most shocking to the lawmakers was that the foreign airlines were not complying with the regulators' provisions on screening and self-declaration by passengers before arrival in Nigeria.

The Chairman, Senate Committee on Health, Dr Ibrahim Oloriegbe and Chairman, Senate Committee on Primary Healthcare and Communicable Diseases, Chukwuka Utazi, along with the team from the Nigeria Health Watch who went on an oversight visit to MMIA and the seaport, expressed displeasure at compliance rate and

the screening exercise and how it was being handled with laxity.

Other issues discovered and condemned by the senate committee include: inadequate human resources, funding to purchase medical reagents and protective materials, unhygienic toilets, inferior face masks for the staff and hand sanitisers, noncompliance of airlines on security policies by the Federal Ministry of Health, poor state of the airport facilities, unavailability of vehicles for mobility of affected person to be examined and treated, among others.

Oloriegbe said from what had been observed from the activities of the port health services, the country was not prepared to contain disease outbreak.

He questioned why the port health services were not strict with ensuring airlines complied with the health policy of making passengers fill the mandatory "passengers self-reporting form" while onboard for screening, lamenting that this act could jeopardise the whole nation. He went ahead to interview some foreign nationals that flew into Nigeria if they underwent all the screening measures and they confirmed that they were not checked on board, nor did they fill the health forms.

Oloriegbe, who gave an assessment of their findings, said: "From what we have seen both at the airport and seaport, we have a lot of gaps that need to be filled, for us to be assured and say we are prepared for any eventuality. The gaps include, starting from the human resources. At the airport and seaport we don't have enough medical officers, or other health workers that need to be on ground."

However, the country's Minister of Health, Dr Osagie Ehanire, has assured Nigerians of safety, revealing that efforts were being made to ensure sustainability of their good health.

Speaking at a stakeholders' forum in Abuja, Ehanire said Africa's most populous nation had the capacity to detect, assess and respond in case the virus finds its way into the country.

"While the risk of importation exists, we can assure Nigerians of the nation's capacity to detect, assess and respond to this and any other public health threats at the point of entry," he said.

He also said the federal government had voted funds to increase services of the ministry's Port Health Services Unit. He disclosed that government was in touch with 16 Nigerians in Wuhan, the epicentre of the epidemic in China's Hubei province.

According to Ehanire, "There have been no confirmed cases

in Africa but the potential has been clearly demonstrated. So far Kenya, Ethiopia and Ivory Coast have reported negative outcomes for suspected cases. Botswana is probing one such case."

On his part, the Information Minister, Alhaji Lai Mohammed, said the government only had travel advisories to issue but cannot ban travels. "Right now, we are working together at an inter-ministerial level to be able to contain the epidemic."

"What we will do is to give travel advisories that if it is not essential to travel to southeast China, do not make such trips. But you know it is very difficult to ban people from travelling," he added.

While speaking in an interview with pressmen, Pharm. Jonah Okotie, secretary, Association of Community Pharmacists of Nigeria (ACPN), said increased health education and putting in place measures to guarantee preventive health practices are some of the measures to checkmate coronavirus from entering the country.

"Nigeria is gradually becoming a 'sleeping giant'; it is high time we rose to not just our health needs, but that of the world. I don't see the reason why we can't position our petrochemical and cotton industries to begin to produce not only face masks but other needed pharmaceuticals to save lives and prevent diseases," he said.

Also, according to Pharm. Patrick Ugwumba, managing director, Farmkash Limited, guarding against the spread of coronavirus, in case of an outbreak, requires strict adherence to respiratory hygiene, cough etiquette and hand hygiene.

"It's not yet very certain if one can get infected with the virus by touching a surface that has the virus on it and then using that same hand to touch the mouth or nostrils. It's therefore advisable to keep your hand away from your mouth, nose and eyes, for now", he said.

Safety measures

Recently, the Chinese province which is the centre of the coronavirus outbreak recorded a record high in deaths, bringing the total number to more than 1,300 people globally, and confirmed cases of infection in their thousands, as experts warned the epidemic could "create havoc" in less prepared countries, the world faces a formidable public health crisis in a recent outbreak of a virus infection called COVID-19.

Although it originated in China, where most of the casualties have been reported, the disease has spread across the globe with reported cases in places as far flung as the United States, South Korea, Thailand, Japan, Vietnam, Australia, Singapore, Taiwan, France and Germany.

As a member of the global community, Nigeria also has a responsibility to ensure that her citizens are not caught unawares. With the country already burdened by poverty and many deadly diseases, including the Lassa fever, which is currently spreading across the states like a wildfire, Nigeria cannot afford to start contending with an additional burden of the coronavirus, a disease about which very little is known for now.

It is quite encouraging that the Nigerian authorities have started taking steps to control a possible importation of the disease into the country. Although no case of actual infection has been recorded in the country, there has to be heightened surveillance and preparation to handle a possible outbreak.

Nigerian Army ready to enhance local capacity in drug manufacturing – Buba

By Adebayo Oladejo & Moses Dike



Colonel Laban Daniel Buba

In this exclusive interview with *Pharmanews*, Managing Director, Nigerian Army Drug Manufacturing Company (NADMACO), Colonel Laban Daniel Buba, expresses the readiness of the Nigerian Army to enhance the local capacity of the country to produce in large scale, drug for the Nigerian army and sister services, as well as the general public. Buba, a pharmacist and fellow of the West African Postgraduate College of Pharmacists (WAPCP), ventilates the yearnings of indigenous pharmaceutical manufacturers in the country, calling on the government to improve on the patronage of local products and the formulation of friendly policies. Excerpts:

Tell us about the operations of NADMACO

The Nigerian Army Drug Manufacturing Company (NADMACO) Limited is a limited liability company incorporated in 1994 and started commercial production in September 1998.

NADMACO drugs are known for their quality, safety and efficacy. NADMACO manufactures antimalarials, antibiotics, analgesics/antipyretics, non-steroidal anti-inflammatory drugs, anti-hypertensives, cardio-protective drugs, supplements and first aid kits.

At the inception of the company, we started with four product lines, namely, Nabco, Naramin, Nacemol, and Navic. Over the years, the capacity of the company was improved upon and our product lines systematically kept on increasing. Today, we are having a product range of over 20 products and still look forward to expanding.

What informed the decision of the Nigerian army to establish NADMACO?

First and foremost, drugs are the pivot of the medical healthcare delivery system; so the importance it plays was one of the reasons for the

establishment of NADMACO. Also, the menace of faking and adulteration in the West African sub-region and even beyond has become a burden on the healthcare sector, and the Nigerian Army wanted to be very sure that our drug supplies were from well-organised and qualitative source. This is why the company was established, primarily to produce drugs for the Nigerian Army and sister services - that is members of the Nigerian armed forces.

Today, we have gone beyond supplying the Nigerian army and sister services and we have started getting our drugs even to the general public. We started as a small scale drug manufacturing company, as it was then known as NASDMU (Nigerian Army Small Scale Drugs Manufacturing Company). After achieving some level of growth, our production capacity increased. This informed the decision to seek a change of name from NASDMU to NADMACO. This was initiated in 2017 and we got the approval in February 2018.

Can you break down your product lines into ranges?

Our product lines cover antimalarials, antibiotics, supplements, analgesics and anti-inflammatory. We also

produce first aid kit. Our flagship products are Nartel, which is our Artemeter and Lumefantrim combination for malaria; and Nacemol, which is our brand of paracetamol.

Talking about drug faking, what are you doing to ensure that your products are not faked?

As regards protecting the quality of our products, we take our packaging very seriously and we engrave our names on the products. Of course, we are careful about the distributors we are dealing with. We have done this and many more to safeguard our products from being faked.

Are your distribution confined only to members of the armed forces?

When we started, primarily, our products were for the consumption of the Nigerian army and sister services, but over the years, as we kept expanding our capacity, we started selling to the paramilitary, the Customs, DSS, Nigeria Immigration Services and so on.

We have even gone beyond that. Now even the general public patronise us, although on a small level because of capacity; we are planning to do more. The Chief of Army Staff, Lieutenant General T.Y. Buratai, has been very supportive and is providing the necessary backing for us to achieve that. His leadership has been unprecedented in helping us to achieve our goals. His professional and focused leadership encourages the business ventures of the Nigerian Army to be growing. We are hoping to achieve this expansion very soon.

Is NADMACO a member of the PMG-MAN and what do you think the government should do to enhance local pharmaceutical manufacturing?

NADMACO has been fully registered with all the drug regulatory agencies, including the National Agency for Food and Drug Administration and Control (NAFDAC), Pharmacist's Council of Nigeria (PCN) and the Pharmaceutical Manufacturers Group of Manufacturers Association of Nigeria (PMG-MAN). The company's products have also been recognised as having met the highest standard achievable.

Talking about what the government should do, we need the government to encourage more local manufacturers by protecting the country from indiscriminate importation of drugs. If you want the local manufacturing industries to grow, there should be strict control on imported finished products through appropriate taxing procedures and other series of control that will make only the necessary products that are not locally produced come in.

We can't produce all our drug needs locally but if what we produce locally is being replicated overseas, because of cheaper labour, facilities, and power over there, then we can't be in competition. So those control measures should be directed at ensuring that only the needed products that are not being produced by local manufacturers are allowed to be imported from overseas.

If you don't encourage local manufacturers, we will lose foreign exchange and be a consuming nation. That is not the way to grow the economy.

Is NADMACO into partnership with any local or foreign organisation?

Talking about partnership, we can't be an island unto ourselves. We are into partnership with some institutions. Even recently, an offer came in and we are looking at the factors and trying to make cost-benefits analysis of it to see what the potentials are.

In what way do you think government can curb the menace of drug counterfeiting?

Government can do a lot. Apart from the fact that we have a lot of enabling legal provisions and laws that provide sanctions for such unacceptable practices, the laws themselves need to be strong to serve as a proper deterrent to offenders involved in faking and adulteration. Some of the laws have been there for long, and so sanctions attached to them are not quite tight. There is need to review some of those laws to strengthen the sanction that comes with such offences because fake drugs are killer drugs. We should proffer sanctions that reflect the seriousness of what faking is all about. Some of the laws need to be strengthened.

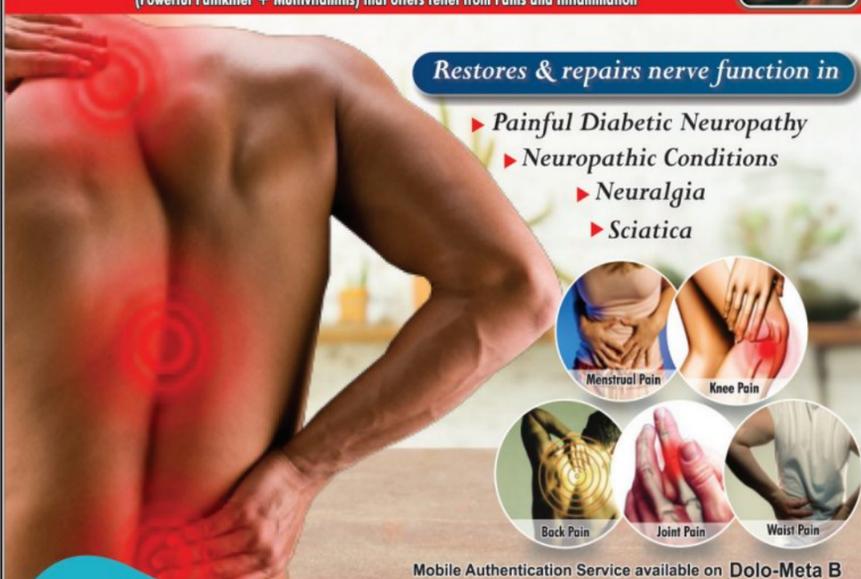
Where would you like to see NADMACO in the next few years?

We hope to see NADMACO maintain a steady growth in terms of production capacity and by implication increase our sales and profit margin. We are even looking at expanding towards liquid preparations. As at now, the kind of liquid preparations that we have is powder for reconstitution. Serious consideration has gone into that. We have done cost estimate; we have done a lot of feasibility studies including designs of the new structure to be built. We have done all the drawings and bills of quantities are already sorted out.

Meanwhile, it is funding sources that we are looking at; so we expect more patronage from the general public. The quality of our products are not in doubt and the motto of our company is "quality is our command." Safety and efficacy are the hallmarks of our products, and of course, quality is not negotiable at NADMACO.

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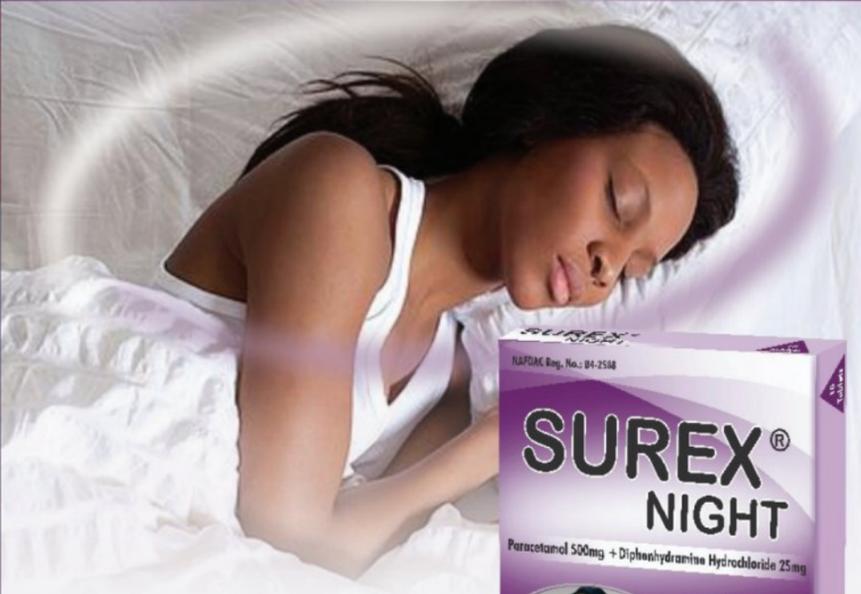
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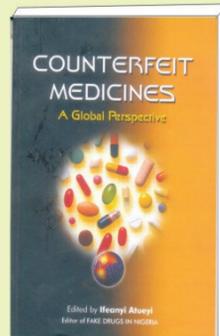
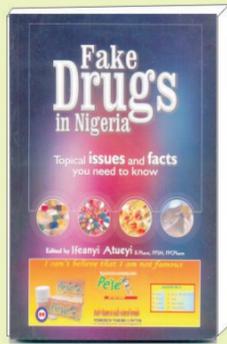
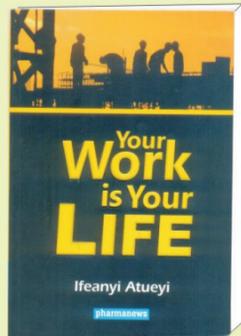
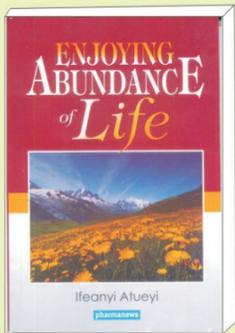
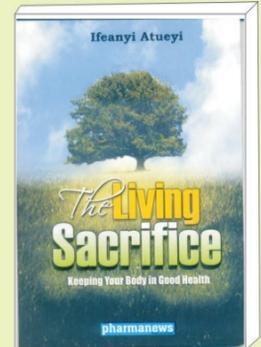
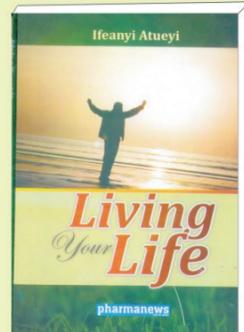
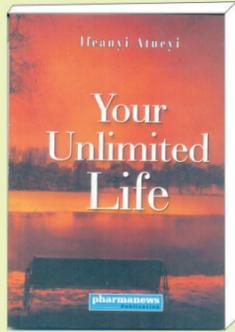
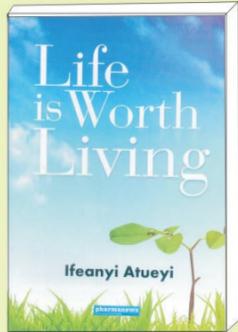
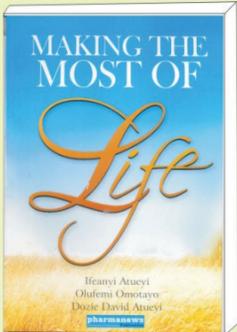
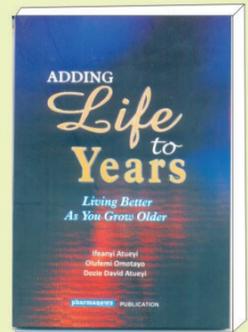
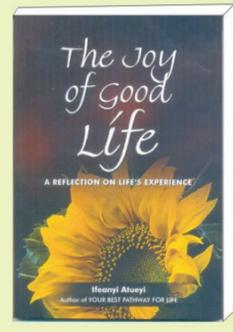
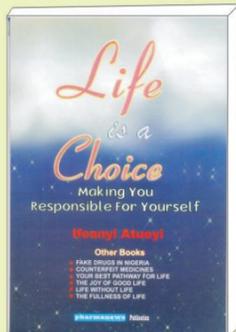
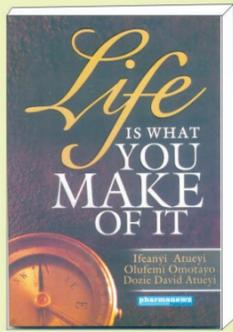
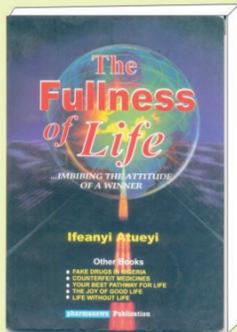
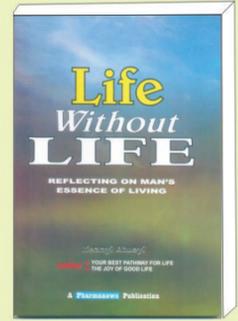
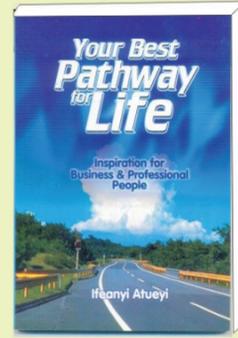
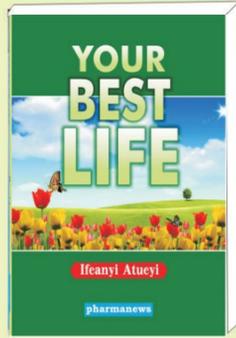
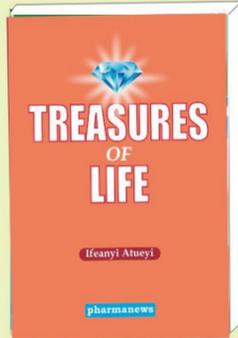
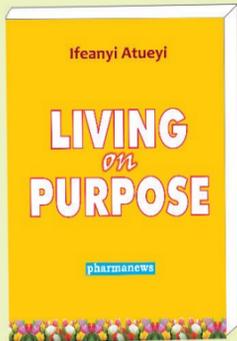


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Involvement of non-pharmacists in drug distribution a big problem – Kanyika

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distribution, counselling and dispensing should always be exclusively undertaken and supervised by pharmacists who are the only experts in drugs.

“In terms of drug distribution, anyone who is not a pharmacist should not be in charge. We need to step-up our game in Africa because drug distribution is a major challenge in many countries in the continent. It is a peculiar challenge to us, compared to what is happening in Europe. We need to face this problem and resolve it because it is an African problem”, Kanyika stated.

He further noted that the challenge of drug distribution in Zambia and other parts of Africa exists because there are no clear laws, as well as because there is no will to enforce the few existing legislations concerning drugs and Pharmacy.

While disclosing that the Pharmaceutical Society Of Zambia (PSZ) is already



Jerome Kanyika, president, Pharmaceutical Society of Zambia and Mr Dominique Jordan, president, FIP, during the 2019 FIP World Congress in Abu Dhabi, UAE.

pushing for a bill in the Zambian parliament, as the PSN is doing in Nigeria, to regularise the practice of Pharmacy and how drugs are distributed, Kanyika explained that the intent of the new bill is to ensure that pharmacists are in charge of

Pharmacy and drug issues from point A to Z.

While lamenting that pharmacy practice is still under the regulation of Health Profession Council of Zambia, the PSZ helmsman said that pharmacists in his country are

pushing for a separate regulator through the parliament because they are convinced that only a pharmacy body can properly regulate pharmacists and Pharmacy.

He disclosed that the leadership of the Society was also working hard to reduce the dependence of Zambia on pharmaceutical imports from India, noting that a situation whereby Zambians depend on India for 86 per cent of their drug needs was unacceptable.

Kanyika stated further that the PSZ was also working hard to ensure there is a pharmacy department in the Ministry Of Health, adding that considering that 45 per cent of the budget of the ministry is for the pharmaceutical sector it is unacceptable that there is no pharmacy department in the ministry.

“We need to have this department and I believe we shall have it. We might be moving slowly but we are making progress and we shall get there”, he said.

NIMR DG identifies causes of chronic kidney diseases in Nigeria

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trending on the global health scene, what can you say about our state of preparedness in Nigeria?

First and foremost, I need to say that there is a lot of panic and hype about coronavirus. Yes, the WHO has declared it a disease that the world should pay attention to. But coronavirus' fatality is not as bad as Ebola; probably half the fatality rate of Lassa fever. So there is a need to let the world know that there is a disease called coronavirus killing people but it's not as bad as Ebola in terms of mortality, so that people won't panic unduly. Otherwise all sorts of treatments and suggestions will be flying all around in the social media and that may even be very injurious.

Having said that, it's a disease that people need to look out for because it has a public health implication, especially considering our population in Nigeria. Many of our big cities are choked already. We cannot afford to have that kind of infection here. I believe the nation is making preparations prevent any outbreak or spread. The Federal Ministry of Health is working through the Nigerian Center for Disease Control (CDC), Lagos State Ministry of Health and NIMR.

We have the capacity to screen and diagnose the virus. So, making diagnosis is not a problem. What we require is a coordinated approach in case we have a case. We need an isolation centre and

we need all the preparation gadgets required to manage such situation, which I believe the CDC already has. They are battle ready.

Why do we have a resurgence of Lassa fever in Nigeria?

I think the only thing that can answer that question is research, which we are trying to do but are limited by funds. The CDC is ready and using public enlightenment approach to curb the spread, provide diagnostics, capacity and treatment.

Research needs to answer the question on why we have the current outbreak. Outbreak of Lassa fever has been shown to come up usually around the dry season and a few human behaviours have been noted though not seriously studied to confirm. For example the part where people spread cassava or yam powder on the roads near the bush where vectors, such as rats that are known to cause Lassa can easily approach and have contact with the food and they go back and pack these contaminated substances as foods. That process is known to be more prevalent in dry season.

The other activity is bush burning. During dry season, people just put fire into bushes. This can push rodents out to start having contacts with people who live around such suburb and this aids the transmission of Lassa fever. These are two reasons I believe we need to study.

We also need to study the attitude, beliefs and practices

of the communities about the disease. Perhaps, we may come up with a common practice that may relate to the spread of Lassa. We also need to look at the vectors. Is it just the rats alone or are there other means? We have carried out our research in Ondo State and we found out that there are human carriers of Lassa. So human-to-human transmission of Lassa occurs as a result of that but maybe not as frequent as we see. We need to determine the role of these in the transmission and outbreak of Lassa fever.

It's important for government to put in place a dedicated Lassa research fund if we have to clear recurrent outbreak of the disease. That has to happen, otherwise we are going to be doing this “fire brigade” or reactionary approach. Why is it seasonal? Is not something we can break? What do we need? Of course, we need funds to go to the field. This is my view. I believe that if we have funds today and you put a call to all the universities and call for a proposal that will specifically address the outbreaks and how to eradicate or reduce the incidences - there are people in our universities with bright ideas - I am sure within the next two to three years, we may be able to come up with what we need to do to eradicate or reduce the incidences of Lassa fever.

What message do you have for healthcare practitioners in a resource limited country like Nigeria, given your years of experience within the

Nigerian healthcare space?

We, I think it's simple. We, who practise in the system, must learn to believe in the system and patronise the system. We must also make judicious use of those little resources we have in the system. If we have equipment and the people's attitude is wrong, it will be like we don't have the equipment. So let us maximize the use of our resources in terms of equipment or manpower.

Let's stop saying we don't have this, we don't have that. What about the ones we have? Have we put them into judicious use? Have we ensured that human attitude does not serve as deterrent from accessing the services we can render?

I also would like us to have sustained harmony within the healthcare system. When we take turns to go on strike action, like a relay race, it won't help the situation. Today, the doctors go on strike, tomorrow, the nurses; and so on. It affects the people. But I think the rate of strike seems to have gone down a little and all stakeholders need to work hard to maintain industrial peace, so that we can have improved access to healthcare for the population.

If we don't have harmony and the right attitude, not much will be achieved. Even if we have all the money to buy all the equipment, if we don't have the right attitude not much would be achieved.

Let's make judicious use of what we have, while making peaceful efforts to get more.



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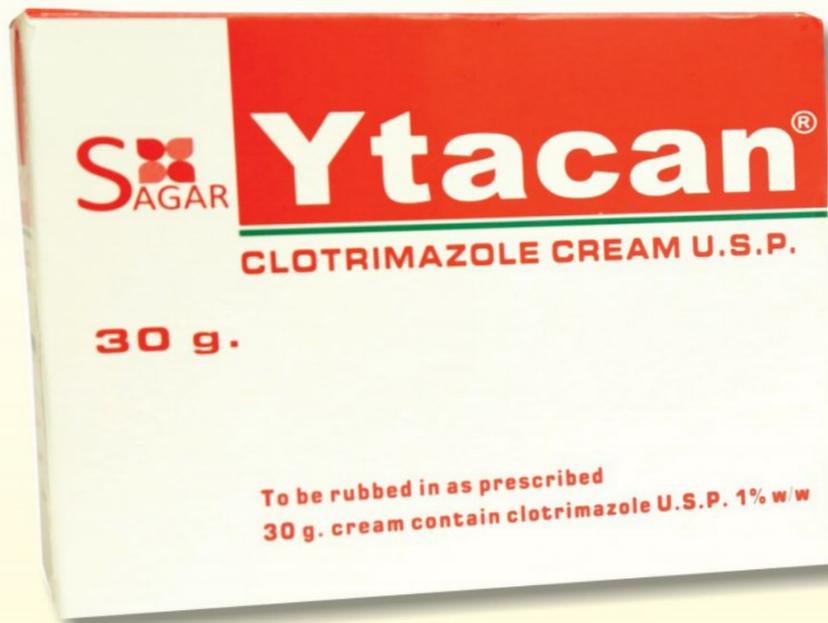


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NIMR DG identifies causes of chronic kidney diseases in Nigeria

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chronic kidney disease were quite common among young Nigerian adults, leading to the untimely death of many breadwinners.

While disclosing that NIMR was involved with a consortium looking at the relationship between human genomics and chronic kidney disease, Salako also mentioned the discovery of a gene in black people which appear to predispose them more to chronic kidney disease than their caucasian counterparts.

“What we are looking at is a gene that has been discovered to predispose African-Americans to chronic kidney diseases and appear to spare, in a way, their Caucasian counterparts. So we are looking at the frequency of that gene among Nigerians in different tribes and the environmental supporters of the gene that predispose the individuals to the disease.

“We hope that we might be able to design a better preventive approach for the disease or even come up with the possibility of new treatments after we have completed the research,” he said.

The eminent researcher and former vice chairman of Oyo State branch of the Nigerian Medical Association (NMA), also listed other causes of chronic kidney diseases to include: obstruction in urinary tract, obstruction caused by prostate in men, ovarian cyst in women and stones in kidney.

He also cautioned against the use of bleaching or skin toning creams and cosmetic products containing mercury compounds, as a prolonged use of these could expose individuals to the risk of kidney diseases.

The NIMR DG also called on pharmaceutical companies to invest more on researches in the field of kidney disease management, while advising that greater interest be shown in the area of traditional or alternative medicine for home-grown solutions to the scourge.

Salako also aired his views on the current global outbreak of corona virus and the resurgence of lassa fever in Nigeria.

Below is the full text of the interview:

Tell us briefly about the current policy of NIMR to focus more on communicable diseases and what informed the policy.

NIMR, over the years, has developed capacity and expertise in infectious diseases which really are the diseases ravaging our population, especially our children, and causing significant morbidity and mortality among them. This is also responsible for our poor health indices, especially in the areas of infant and maternal mortality. The institution has not been doing much of what we call



Prof. Babatunde Salako

non-communicable diseases' research.

The institution is supposed, under its mandate, to conduct research on diseases of public health importance - meaning, again, diseases that are causing significant morbidity or mortality among the Nigerian population and NCDs (Non-communicable diseases) are a group of such conditions. For example, hypertension, cancer, diabetes, sickle cell and kidney disease are all diseases that can be categorised under NCDs and they also cause a lot of havoc and we are supposed to have an institute of medical research.

So it stands to common reason that we should also be involved in conducting research on NCDs. More so, it's been shown that NCDs are likely to cause more deaths than infectious diseases in the next few years, maybe in the next ten years. So we need to begin to look at the Nigerian situation in terms of NCDs. What are our peculiarities? So that they don't just bring research findings from elsewhere and extend it to us. This may not be as effective as Nigerian reports that can inform our own policies and strategies against those diseases.

Talking about these non-communicable diseases, are there specific ones that NIMR is currently working on?

We are currently working on chronic kidney disease. Again it's a disease that is quite common among young adults. And it kills a lot of family breadwinners. So we are involved with a consortium called Human Heredity in health consortium. We are looking at the causes of chronic kidney diseases in relation to human genomics in Nigeria.

NIMR is one of the several centres in Nigeria that are looking at this. What we are looking at is a gene that has been discovered to predispose African-Americans in America to chronic kidney diseases and appear to spare, in a way, their

Caucasian counterparts. So, we are looking at the frequency of that gene among Nigerians in different tribes and the environmental supporters of the gene that predispose the individual to the disease.

We hope that we might be able to design a better preventive approach for the disease or even come up with the possibility of new treatments after we have completed the research.

We are also looking at human papilloma virus, which is an agent that causes cervical cancer. We are looking at its prevalence among our women, its strains in the general genotype of patients that present with such ailments and the role of immunisation against the disease.

What is the prevalence rate of chronic kidney disease in Nigeria and are there specific lifestyle habits that predispose people to it?

Kidney diseases, especially chronic kidney diseases, are caused mainly by hypertension and diabetes. But there are other causes like sickle cell disease, drug abuse, like the use of some compounds in our creams, such as mercury-containing compounds in creams for people who wish to tone or bleach. This people run the risk of developing chronic kidney diseases in future after a prolonged use of the products.

Some other common causes like obstruction in the urinary tract, stones in the kidney, obstruction caused by the prostate in men, as well as ovarian cyst in women. We also have the third one, which is the direct infection of the disease called glomerularities. These are the common causes of kidney diseases in our environment.

In term of prevalence, we don't have a national figure but we have pockets of studies that have been done by different researchers all over the country and the prevalence could be at between 20 or 30 per cent, depending on the area.

February 4 was World Cancer Day. In this part of the world, do you think we are doing well in terms of treatment and do you think our pharmaceutical companies are doing fine in terms of research and development of drugs in this area?

Well, in the past, pharmaceutical companies used to sponsor meetings and research in this area. I think there has been a lull in that regards and this might be related to their own marketing experience. I think they should support more of drug development, especially in relation to our traditional medicine.

Quite a number of claims here and there. I think the pharmaceutical companies need to venture into some of those claims; perhaps we might be lucky to verify and turn one or two of them into something useful that can be turned into orthodox medicine. We need to develop our traditional medicine because it is more related to Pharmacy.

Interms of treatment available for cancer, pharmaceuticals companies are involved in ensuring that drugs for cancer treatment are available. It's just that affordability is a challenge. The drugs are available but they are expensive and the patients may need to take them over a long period of time. Sometimes the people involved may not even be able to afford first phase surgery, not to talk of second phase surgery.

Perhaps, the one that ordinary people have in mind is radiation therapy. There are not many radiation therapy centres in Nigeria and those that we have are not functioning optimally.

I'm aware that government is building radiation therapy centres in most of our hospitals to ensure that we have at least one centre in each of the geo-political zones. In some of them, they are changing the radiotherapy machines. They are also buying some other forms of radiotherapy treatment. It may not be enough. Government should support more of public-private partnership.

Government should encourage private people to go into the establishment of radiotherapy centres - in conjunction with the hospitals or on their own as a hospital. Government cannot do everything but they can create an enabling environment for those who wish to create such centres. This will also help to create job for people, while creating accessibility to radiotherapy and prolonging people's lives.

So I think there is need for a liberalisation of some sort about the establishment of radiotherapy outfits.

Concerning the coronavirus currently

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NIMR DG identifies causes of chronic kidney diseases in Nigeria

- Calls for Lassa fever research fund

By Moses Dike

Amidst growing concern over the rising cases of chronic kidney diseases especially among young adults in Nigeria, renowned nephrologist and director general of the Nigerian Institute of Medical Research (NIMR), Prof. Babatunde Salako has identified hypertension, diabetes, drug abuse, sickle cell disease and issues relating to human genomics as some of the major factors responsible for the rise of chronic kidney disease in Nigeria.

Salako, who made this disclosure in an exclusive interview with *Pharmanews* recently in Lagos, also revealed that non-communicable diseases may kill more people in the near future than infectious diseases if the right steps are not taken to tackle them.

He disclosed that cases of

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Pharm. (Mrs) Regina Ezenwa (second from left) presenting a gift to Pharm. (Sir) Ifeanyi Atueyi (middle) while members of her team Mrs Bisi Sadipe (left); Mrs Alice Odoemenam (2nd from right) and Mrs Tee Obianwu look in admiration.

Involvement of non-pharmacists in drug distribution a big problem – Kanyika

By Yusuff Moshood

The involvement of non-pharmacists in drug distribution is a major reason there is chaotic drug distribution in many African nations and, unless this anomaly is addressed, the continent will continue to grapple with drug distribution problem, Pharm. Jerome Kanyika, president,

Pharmaceutical Society of Zambia (PSZ) has said.

Speaking with *Pharmanews* in an exclusive interview, Kanyika said that pharmacists by training are supposed to be in charge of drugs from the moment they are produced to when they are consumed by patients, adding that drug production, storage,

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