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PSN, APIN presidents bemoan COVID-19 impact on pharma industry

- Task government on strategic development of pharma sector

By Yusuff Moshood

The recent outbreak of coronavirus (COVID-19) is dealing a severe blow to the nation's pharmaceutical industry, and except the scourge is quickly curtailed, Nigeria and Nigerians are in for a very tough time in terms of getting medicines for the treatment and management

of various health conditions, President, Pharmaceutical Society of Nigeria (PSN), Pharm. (Mazi) Sam Oluwabunwa; and President, Association of Pharmaceutical Importers of Nigeria (APIN), Pharm. (Sir) Nnamdi Obi, have said.

Speaking with *Pharmanews* in separate exclusive interviews, the two pharma leaders explained that the nation's pharmaceutical manufacturing industries, providing between 20 to 30 per cent of medicines used locally, depend heavily on China for

continued on page 20

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Executive Editor
 07038576107

Yusuff Moshood

Editor
 08055212962

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 07033179360

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 08028396755

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CORRESPONDENCE:

All correspondence on editorial matters should be directed to: The Editor-08055212962

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Pharmanews Limited
 8 Akinwunmi Street, Mende,
 Maryland, Lagos
 P.O.Box 2213, Ikeja
 Tel: 08057235128, 08055212962.

E-mail: pharmanews@yahoo.com,
info@pharmanewsonline.com
 Website: www.pharmanewsonline.com

Pharm, Michael Heavens, is the managing director /chief executive officer of CHAN Medi-Pharm Ltd/Gte. Born in Lokoja, Kogi State, Heavens is a native of Edo State. He had his elementary and secondary education in different parts of the country.

He graduated from the University of Jos, where he bagged his Bachelor of Pharmacy (B.Pharm) degree, before proceeding to Lagos State University, for his Master of Business Administration (MBA) programme.

Heavens had a brief stint as a medical representative with Evans Medical Plc, from 2004 to 2008. Between 2008 and January 2010, he worked with Pharmabase Nigeria Limited as the regional sales manager, covering Lagos and Ogun States.

As a reward for his valued contribution to the growth of Pharmabase, he was promoted to the post of product manager, a post he occupied from January 2010 to January 2011. From January 2011 to May 2012, he was the organisation's business development manager.

In July 2012, Heavens joined Neimeth International Pharmaceuticals Plc, as head of sales/national demand manager. Two years later, in December 2014, he became the national sales manager of Elbe Pharma Nigeria Limited.

Following his track record of excellent performance over the years, Heavens was appointed chief operating officer (COO) of CHAN Medi-Pharm Ltd/Gte in February 2017. As the COO, he effectively coordinated all the four major arms of CHAN Medi-Pharm (Essential Medicines, NGO/programmes, Warehousing/Supply Chain Management and PATH2 Businesses) and made sure they delivered their numbers.

He also complimented the efforts of the marketing and national sales managers in promoting the company's brands for better sales. As the COO, he served as a member of the Finance and Medicare & General Purpose Committees of the Board of CHAN Medi-Pharm Ltd/Gte.

In April 2018, he was elevated to the position of managing director/chief executive officer (CEO) of CHAN Medi-Pharm Ltd/Gte. Since assuming this position, he has provided leadership and strategic direction to CHAN Medi-Pharm Ltd/Gte and other members of the executive management team, especially in ensuring that the company meets its strategic objectives and goals in line with its vision and mission.

Heavens is a member of the Pharmaceutical Society of Nigeria (PSN). He was a former assistant secretary, National Association of Industrial Pharmacists (NAIP), as well as being chairman, Conference Planning Committee, National Association of Industrial Pharmacists.

Heavens believes in giving back to society. This passion has birthed some thriving initiatives such as the scholarship awards given annually to financially challenged students to aid them from primary to tertiary institutions and the giving of financial and technical support to small business owners. He is happily married to Mrs Oluwakemi Grace Heavens, and their marriage is blessed with three children.



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501, 503, 505, 507, 509, 511, 513, 515, 517, 519, 521, 523, 525, 527, 529, 531, 533, 535, 537, 539, 541, 543, 545, 547, 549, 551, 553, 555, 557, 559, 561, 563, 565, 567, 569, 571, 573, 575, 577, 579, 581, 583, 585, 587, 589, 591, 593, 595, 597, 599, 601, 603, 605, 607, 609, 611, 613, 615, 617, 619, 621, 623, 625, 627, 629, 631, 633, 635, 637, 639, 641, 643, 645, 647, 649, 651, 653, 655, 657, 659, 661, 663, 665, 667, 669, 671, 673, 675, 677, 679, 681, 683, 685, 687, 689, 691, 693, 695, 697, 699, 701, 703, 705, 707, 709, 711, 713, 715, 717, 719, 721, 723, 725, 727, 729, 731, 733, 735, 737, 739, 741, 743, 745, 747, 749, 751, 753, 755, 757, 759, 761, 763, 765, 767, 769, 771, 773, 775, 777, 779, 781, 783, 785, 787, 789, 791, 793, 795, 797, 799, 801, 803, 805, 807, 809, 811, 813, 815, 817, 819, 821, 823, 825, 827, 829, 831, 833, 835, 837, 839, 841, 843, 845, 847, 849, 851, 853, 855, 857, 859, 861, 863, 865, 867, 869, 871, 873, 875, 877, 879, 881, 883, 885, 887, 889, 891, 893, 895, 897, 899, 901, 903, 905, 907, 909, 911, 913, 915, 917, 919, 921, 923, 925, 927, 929, 931, 933, 935, 937, 939, 941, 943, 945, 947, 949, 951, 953, 955, 957, 959, 961, 963, 965, 967, 969, 971, 973, 975, 977, 979, 981, 983, 985, 987, 989, 991, 993, 995, 997, 999, 1001, 1003, 1005, 1007, 1009, 1011, 1013, 1015, 1017, 1019, 1021, 1023, 1025, 1027, 1029, 1031, 1033, 1035, 1037, 1039, 1041, 1043, 1045, 1047, 1049, 1051, 1053, 1055, 1057, 1059, 1061, 1063, 1065, 1067, 1069, 1071, 1073, 1075, 1077, 1079, 1081, 1083, 1085, 1087, 1089, 1091, 1093, 1095, 1097, 1099, 1101, 1103, 1105, 1107, 1109, 1111, 1113, 1115, 1117, 1119, 1121, 1123, 1125, 1127, 1129, 1131, 1133, 1135, 1137, 1139, 1141, 1143, 1145, 1147, 1149, 1151, 1153, 1155, 1157, 1159, 1161, 1163, 1165, 1167, 1169, 1171, 1173, 1175, 1177, 1179, 1181, 1183, 1185, 1187, 1189, 1191, 1193, 1195, 1197, 1199, 1201, 1203, 1205, 1207, 1209, 1211, 1213, 1215, 1217, 1219, 1221, 1223, 1225, 1227, 1229, 1231, 1233, 1235, 1237, 1239, 1241, 1243, 1245, 1247, 1249, 1251, 1253, 1255, 1257, 1259, 1261, 1263, 1265, 1267, 1269, 1271, 1273, 1275, 1277, 1279, 1281, 1283, 1285, 1287, 1289, 1291, 1293, 1295, 1297, 1299, 1301, 1303, 1305, 1307, 1309, 1311, 1313, 1315, 1317, 1319, 1321, 1323, 1325, 1327, 1329, 1331, 1333, 1335, 1337, 1339, 1341, 1343, 1345, 1347, 1349, 1351, 1353, 1355, 1357, 1359, 1361, 1363, 1365, 1367, 1369, 1371, 1373, 1375, 1377, 1379, 1381, 1383, 1385, 1387, 1389, 1391, 1393, 1395, 1397, 1399, 1401, 1403, 1405, 1407, 1409, 1411, 1413, 1415, 1417, 1419, 1421, 1423, 1425, 1427, 1429, 1431, 1433, 1435, 1437, 1439, 1441, 1443, 1445, 1447, 1449, 1451, 1453, 1455, 1457, 1459, 1461, 1463, 1465, 1467, 1469, 1471, 1473, 1475, 1477, 1479, 1481, 1483, 1485, 1487, 1489, 1491, 1493, 1495, 1497, 1499, 1501, 1503, 1505, 1507, 1509, 1511, 1513, 1515, 1517, 1519, 1521, 1523, 1525, 1527, 1529, 1531, 1533, 1535, 1537, 1539, 1541, 1543, 1545, 1547, 1549, 1551, 1553, 1555, 1557, 1559, 1561, 1563, 1565, 1567, 1569, 1571, 1573, 1575, 1577, 1579, 1581, 1583, 1585, 1587, 1589, 1591, 1593, 1595, 1597, 1599, 1601, 1603, 1605, 1607, 1609, 1611, 1613, 1615, 1617, 1619, 1621, 1623, 1625, 1627, 1629, 1631, 1633, 1635, 1637, 1639, 1641, 1643, 1645, 1647, 1649, 1651, 1653, 1655, 1657, 1659, 1661, 1663, 1665, 1667, 1669, 1671, 1673, 1675, 1677, 1679, 1681, 1683, 1685, 1687, 1689, 1691, 1693, 1695, 1697, 1699, 1701, 1703, 1705, 1707, 1709, 1711, 1713, 1715, 1717, 1719, 1721, 1723, 1725, 1727, 1729, 1731, 1733, 1735, 1737, 1739, 1741, 1743, 1745, 1747, 1749, 1751, 1753, 1755, 1757, 1759, 1761, 1763, 1765, 1767, 1769, 1771, 1773, 1775, 1777, 1779, 1781, 1783, 1785, 1787, 1789, 1791, 1793, 1795, 1797, 1799, 1801, 1803, 1805, 1807, 1809, 1811, 1813, 1815, 1817, 1819, 1821, 1823, 1825, 1827, 1829, 1831, 1833, 1835, 1837, 1839, 1841, 1843, 1845, 1847, 1849, 1851, 1853, 1855, 1857, 1859, 1861, 1863, 1865, 1867, 1869, 1871, 1873, 1875, 1877, 1879, 1881, 1883, 1885, 1887, 1889, 1891, 1893, 1895, 1897, 1899, 1901, 1903, 1905, 1907, 1909, 1911, 1913, 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2247, 2249, 2251, 2253, 2255, 2257, 2259, 2261, 2263, 2265, 2267, 2269, 2271, 2273, 2275, 2277, 2279, 2281, 2283, 2285, 2287, 2289, 2291, 2293, 2295, 2297, 2299, 2301, 2303, 2305, 2307, 2309, 2311, 2313, 2315, 2317, 2319, 2321, 2323, 2325, 2327, 2329, 2331, 2333, 2335, 2337, 2339, 2341, 2343, 2345, 2347, 2349, 2351, 2353, 2355, 2357, 2359, 2361, 2363, 2365, 2367, 2369, 2371, 2373, 2375, 2377, 2379, 2381, 2383, 2385, 2387, 2389, 2391, 2393, 2395, 2397, 2399, 2401, 2403, 2405, 2407, 2409, 2411, 2413, 2415, 2417, 2419, 2421, 2423, 2425, 2427, 2429, 2431, 2433, 2435, 2437, 2439, 2441, 2443, 2445, 2447, 2449, 2451, 2453, 2455, 2457, 2459, 2461, 2463, 2465, 2467, 2469, 2471, 2473, 2475, 2477, 2479, 2481, 2483, 2485, 2487, 2489, 2491, 2493, 2495, 2497, 2499, 2501, 2503, 2505, 2507, 2509, 2511, 2513, 2515, 2517, 2519, 2521, 2523, 2525, 2527, 2529, 2531

When China confirmed the outbreak of coronavirus, now officially named COVID-19, on 31 December 2019, most Nigerians had earnestly prayed that the viral disease would not find its way into the country and also hoped that the government would resolutely take all necessary measures to safeguard the nation and its citizens from the scourge. This admixture of apprehension and hope was largely fuelled by memories of the harrowing experience the nation went through in 2014 when Ebola found its way into the country through a Liberian-American lawyer, Patrick Sawyer. The 40-year-old Sawyer, had arrived Nigeria aboard an aircraft from Liberia.

That an infected Sawyer was able to enter the country from Liberia, one of the nations worst affected by the Ebola epidemic at that time, was considered quite tactless and unacceptable by many Nigerians who had expected the government to have done much more to prevent the incursion of the disease into the country. One of the lingering scars of that grave error was the loss of the distinguished Nigerian doctor, Stella Ameyo Adadevoh, who heroically oversaw Mr Sawyer's treatment. There were seven other fatalities out of the 20 cases of Ebola infection linked to Mr Sawyer. This was in addition to the seismic socio-economic disruptions witnessed in the country for the 92 days that the epidemic lasted, before the nation was eventually declared Ebola free on 20 October, 2014.

Sadly, to the disappointment and dismay of many Nigerians, on 28 February, the Minister of Health,

Now that Covid-19 is here

Osagie Ehanire, confirmed that an Italian man who had arrived the country from Milan, Italy, three days earlier, had tested positive to COVID-19. Nigerian thus became the first country in sub-Saharan Africa to be hit by the disease, and with that began the trademark "fire-brigade" attempt to contain the spread of the infection in the country.

But if Nigerians had been chagrined by the fact that the authorities allowed a repeat of what happened with Ebola to happen with coronavirus, then they were in for a greater shock when it was discovered that, contrary to earlier claims and assurances by the government, the country was not fully prepared to combat an outbreak of the disease. Indeed, as at 3 February, the federal government, had through the Nigeria Centre for Disease Control (NCDC), declared that it had not only put in place measures to ensure that COVID-19 was prevented from entering the country but had also set up mechanisms to swiftly contain any possible outbreak. The authenticity of these claims began to crumble with the reports that the isolation centre in which the index case was quarantined was in a deplorable state, so much that the hapless Italian had threatened to flee the centre due to "excessive heat and mosquitoes". Then came

the ultimate blow, as the number of confirmed cases of the infection has so far grown from one to eight, as at the time of writing this.

Even though the coronavirus disease has not spread in the country as many would have expected, given the poor state of our health facilities, it must be emphasised that our carelessness as a nation could have cost us dearly as many countries with better health systems and more resources are now in dire straits as a result of COVID-19. In fact, it is for this reason that many nations have been taking very drastic measures such as flight ban and visa cancellation to curtail the spread of the condition in their countries.

Curiously, while many of these nations around the world were prioritising the health and safety of their citizens, the Nigerian government, citing economic reasons, refused to place a travel ban on countries with active spread of the virus. Not even the massive calls from different quarters, including the Senate and the Nigerian Medical Association (NMA), for a total shutdown of the nation's borders, could jolt the government to the health hazard it was inviting on the citizens. Indeed, the NMA had gone so far as to raise the alarm that, at least, 730 people from high-risk countries of coronavirus entered the country on a daily basis. Yet the government

remained adamant. It was not until the confirmed cases had escalated to eight before the government eventually announced, on 18 March, travel restrictions for travellers from 13 high-risk Covid-19 countries. It is indeed deplorable that the Nigerian government should be more interested in economic considerations when the health of the citizen was in serious jeopardy. The government need not be reminded that the citizens must be alive first before they can benefit from and contribute to the economy.

The outbreak of COVID-19 should equally be a wake-up call to the intrinsic nexus between drug availability and national security. The nation's pharmaceutical industry is bound to have a tough time providing the medicines needed by our huge population of over 200 million in the next couple of weeks, except the coronavirus is imminently curtailed. This is because India and China that we depend on for finished pharmaceutical products and Active Pharmaceutical Ingredients (APIs) and other inputs for local pharmaceutical manufacturing are no longer supplying to us as they battle to take care of their own citizens at this precarious time.

It is our view that the Nigerian nation must begin to look inward and act right on matters of healthcare. The government must know that prioritising the health of citizens at all times and also being better prepared to handle emergency public health challenges like the COVID-19 outbreak is fundamental to the survival of the nation.

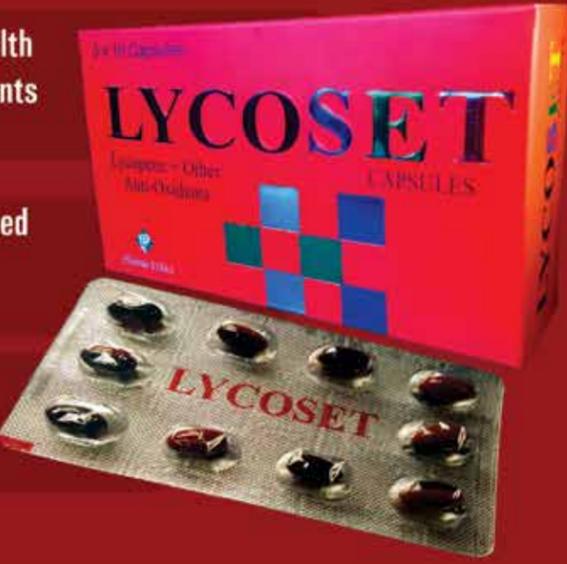
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Priorities shape your life

By Sir Ifeanyi Atueyi

In your business and life, you must determine what your priorities are in order to succeed. About half a century ago, a management guru, Peter Drucker, coined the term, MBO – management by objectives. It has a lot to do with setting goals and is a very important management tool. Goals list what you want to accomplish but goals alone don't impress on you why they are important or which ones matter most. Therefore, you must set your priorities by focusing and concentrating your resources on the few things that truly count.

You must develop the ability to say no to unimportant activities. Unsuccessful people tend to spend their time on low priority activities. I remember many years ago, I visited a professional colleague in a pharmaceutical company. Since that was my first visit to his company, he wanted to introduce me to his managing director, a Briton. On getting to the MD's office, his secretary told us to wait because he had gone to discuss with

the carpenters at the back of the building. After waiting for some time, she apologised to us saying that her boss liked to spend time with the carpenters. That impression has not left me since.

When you have no set priorities, you may not focus on the right opportunities and you spread yourself too thin. Without priorities, you will fail to achieve your goals.

Your priorities must connect to your mission if they are correct. These priorities must be clear to the team you are working with. Some leaders struggle with many priorities. They never say no and allow too many issues to overwhelm them.

Setting priorities helps you determine your purpose for life and not just getting results. It helps you answer the question of why you exist and what you are trying to achieve. You want to ensure that your efforts contribute something meaningful and worthwhile.

You must accept the fact that you can't do everything and you can't give every task equal attention. Therefore, you must rate your tasks in order of importance. To determine your priorities, ask yourself what you must do, what you should do, what you could do; what you can't do. This implies that you must learn to say no without feeling guilty.

"Life is short. Focus on what really matters most; you should change your priorities over time" said Roy T. Bennett. It must be realised that no one can do all things. You cannot attend all meetings and functions. Therefore, you must have the courage to say no to some invitations. You must prioritise your schedule.

Your priorities reveal a lot about you. What you spend your precious time on indicates what you consider very important to you. Many a time people say they have no time to do certain things. It only implies that they do not consider those things important because we all have 24 hours in a day. Observe how and where they spend their time and you can easily determine their priorities.

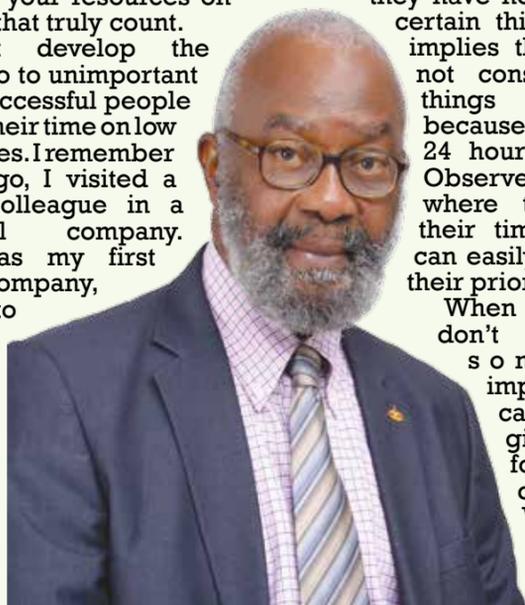
When you don't consider something important, you can always give excuses for not doing them. What you consider your priorities determine your life. Therefore, if you want to change your life, change your priorities.

In the Bible, Mathew 6:21 says, "For where your treasure is, there your heart will be also." Whenever we talk of treasure, the mind runs to accumulated wealth and highly valued possessions. But we must consider the time God has given us as a treasure. In fact, time is considered to be more valuable than money.

If you consider your time a treasure, then where and how you spend it clearly show where your heart is. I always ask myself what I love to do with my time. Are those things I do taking me to my destiny. Are they helping me to be the person God has planned for me? Are they helping me to fulfill my mission in life?

A critical analysis reveals that not all the things I spend my time doing really matter. John Wolfgang von Goethe says, "Things which matter most must never be at the mercy of things which matter least."

People have different priorities. What you consider your priority many not be mine. If you don't know your own priorities and work on them, other people will impose their own on you. It is not being selfish but being wise to focus on your own instead of other people's priorities.



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Experts decry high mortality rates of under 15 in Sub-Saharan Africa

- Advocate stiffer penalties for violators of children's rights

By Temitope Obayendo

With about 6.3 million deaths of under 15 in 2017, 60 per cent of which occurred in Sub-Saharan Africa countries, including Nigeria, medical experts have declared that unless drastic measures are taken urgently to address causes of mortality in adolescents, there may be no future for the worst affected countries.

The experts, who raised the alarm at a conference jointly organised by the University of Ibadan Research Foundation; the Special Thematic Working Group on Maternal, Neonatal, Children and Women Health (STWG-MNCWH) and the Nigerian Institute of Medical Research (NIMR), identified some preventable diseases and practices causing the spike in adolescent mortality to include diarrhoea, pneumonia, malaria, typhoid, drug abuse, adolescent pregnancy and child marriage.

They further called on fellow scientists from the over 150 universities in Nigeria, religious leaders, community leaders, and governments at all levels, to deploy all resources at their disposal towards reducing the scourge of adolescent mortality.

Speaking on the topic, "Adolescent Health and Education: Meeting the Rights", the keynote speaker at the conference, Prof. Ademola Ajuwon of the Department of Health Education and Promotion, University of Ibadan, x-rayed the various health hazards that adolescents are exposed to, which she said often arose from negligence and lack of adequate care from their parents or guardians.

Citing teenage pregnancy as leading hazard for adolescents, Ajuwon noted that this accounted for the disheartening statistics by the World Health Organisation, which says about 16 million girls, aged 15-19 years and 2.5 million under 16 years give birth each year in developing regions, while about 3.9 million girls aged 15-19 years undergo unsafe abortions, with half of pregnancies among 15-19 years old girls in developing regions being estimated to be unwanted.

Ajuwon further explained that, aside from adolescent pregnancy, child marriage is also a major practice that jeopardises the health of adolescents, stating, "One of every seven girls in the developing world is forced to marry by the time she is 14 years old. And she is five times more likely to die in childbirth than a young woman in her twenties. She is more likely to be beaten, threatened, and infected with HIV by her husband than a girl who married later."

The health expert subsequently called on the National Assembly to legislate stiffer penalties for paedophiles and rapists.

In her words, "The

government has its own role to play, in promoting child's right laws and policies in the country. There should be some legislations made on this case, to ensure laws that will protect these children and give a stiffer punishment to deter abusers of children from such habit, as present fines are so mild.

"For instance, if punishment for raping a minor is 10 years imprisonment without bail option, I think that will be a stronger deterrent for rapists. Apart from that, the rapist is also to be made to ensure that the affected girl child goes to school, while he pays for the girl's school fees up to any level the child desires. I'm sure by the

time such a law is passed, a lot of men will think twice before embarking on such evil acts."

Former Commissioner for Health in Lagos State, Dr Jide Idris, who was the chairman of the event's Organising Committee, noted that the age group under consideration, 0-25, constitutes 65 per cent of the nation's population, stressing that once this group's health is affected, the health of the nation is in jeopardy.

He highlighted the mission of STWG, which he said include: agreeing on the asset base of the nation for positive health outcomes; effecting options on what available data show; reflecting community aspirations and potential

impacts of action; as well as delivering policy briefs to guide actions.

Idris also enjoined researchers in the country to always endeavour to summarise their research outcomes into concise formats for policy makers to act on, noting that since the latter do not read journals, such brief statements will enable them to translate such findings into policies for the benefits of the populace.

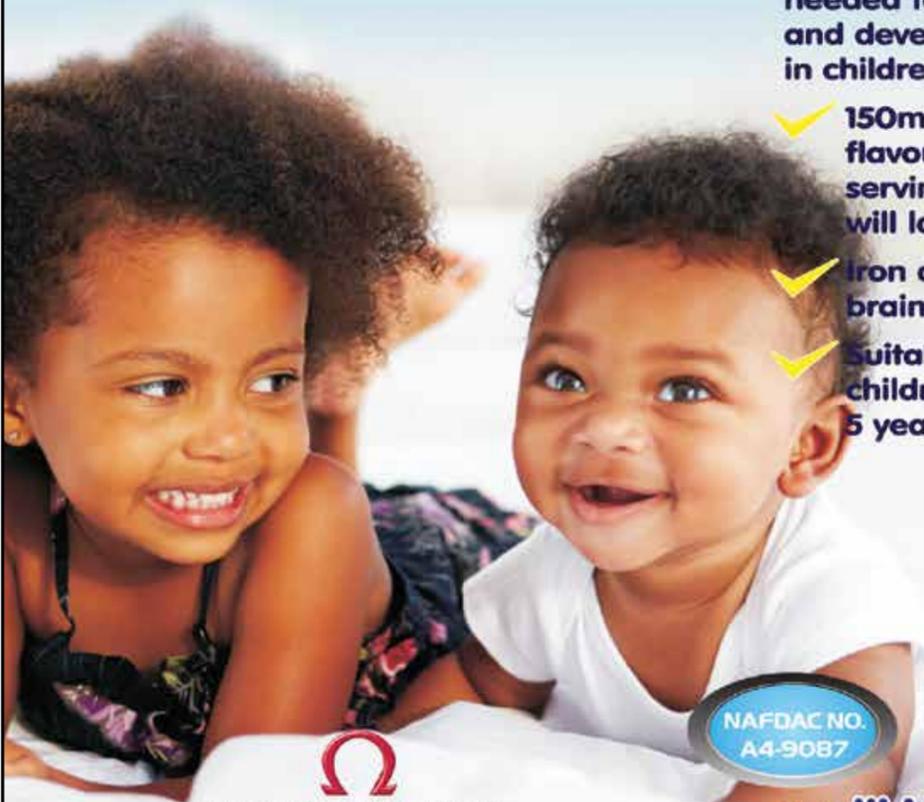
In his welcome address, the DG NIMR, Prof. Babatunde Salako, appreciated the participants, including students and researchers from over 10 secondary schools selected from Lagos and Oyo states.

continued on page 23

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Enlarge your style of thinking: Selling is a number game!

By George O. Emetuche

I was once asked by a friend that if I had the opportunity of taking a bank loan of one million and five hundred million, which would I go for? I replied him that I would go for five hundred million. The reason is simple: the same stress of taking a loan of one million will also apply with five hundred million.

In going for the latter, I will have more advantages if I went for the bigger amount because I will have more money to invest and more profit to make. The bank will likely assign financial experts to me to ensure that the fund is adequately secured and judiciously utilised. This reduces the risk of failing. This is why I believe that it is better to think big all the time. Think big. No one wins a trophy for thinking small. This is one of my sales rules.

Enlarging your thinking

The process of professional selling doesn't flow with mediocre thinking. Salesmen should always discourage accommodating little figures or projections in their minds. When I teach the concept of sales target, I tell salesmen to apply The Selling Champion 1x2x20 Model. In this model, Number 1 represents the sales target allocated from the office. Number 2 is multiplying the daily sales target by 2. Number 20 is multiplying the figure you got by 20, which is approximate working days in the month.

Therefore, if your office allocated 1,000,000 units daily for you as sales target. Applying this formula, it becomes: $1,000,000 \times 2 = 2,000,000 \times 20 = 40,000,000$. Your New Daily Sales Target [DST] becomes 2,000,000, while your

New Monthly Sales Target [MST] becomes 40,000,000, instead of 20,000,000 allocated from the office.

You lose nothing by thinking this way. Think and act big always. What salespeople are required to do is to appraise the capacity of every prospect they are following up and work with the highest figure they think the prospect can achieve. Suppose the information the salesman gathered tells him that the prospect buys between 1000 unit to 3000 units of items at every purchase, a smart salesman will go for 3000 unit when he eventually meets with the prospect. He prepares all his efforts towards selling 3000 units of items.

This is how to succeed in your selling. No one expands by contraction. People grow by going for bigger targets. Go for bigger results. Work hard and smart to attain the best result. It is never a crime to dream big. Dreams should be bigger than the dreamers. The bigger the dream, the bigger the achievement – the happier the dreamer.

You stand out when you think like a champion

A champion doesn't just think about the crown; he goes all the miles to win it! You attract respect and followership when you think big and achieve extraordinary result. Nobody wants to identify with a mediocre. Let your dreams be as big as you can imagine. Don't be afraid to dream big. Just believe you can achieve your goals and you will. Don't be afraid of sales target. You need to Scare

Your Sales Target! Yes, you can. You achieve this feat by changing the way you think and by doing things differently. You need to look at your approach to work. You need to look at your strategy. Great things don't just happen; great things are made to happen.

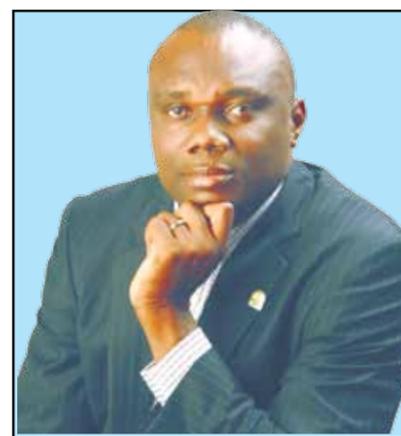
You have a lot of capacity within. You only need to believe and work hard. There is nothing to lose when you follow this line of thought. You only need to ensure a positive line of thought and work hard to make it come to reality. Thinking big drives you to go for bigger goals and achievements; it leads to greatness.

Think around the customer you are already dealing with on how to make him buy himself into your mega distributor category. Think of how you will be your company's best salesman of the year. These thinking patterns are no crime, they will enable the salesman work harder to maintain or exceed his expectations.

When you enlarge your thinking, what you have done is that you have broadened your expectation and capacity to do more. Your capability is a function of your level of thinking. You can't achieve beyond what you think. You are what you think and how you think.

Walter Anderson said, "You and I are not what we eat; we are what we think." You are not bigger than the way you think. You cannot grow beyond your thoughts. You overcome your challenges by the way you think. Enlarge Your Thinking Style and be an outstanding professional.

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Agnes Yewande Savage: West African pioneer of women in Medicine

By Solomon Ojigbo

The early history of the medical profession in Nigeria and, indeed, West Africa, is replete with exploits of women who have contributed in various ways to the development and advancement of healthcare. However, little is remembered of these women whose audacity to challenge the discriminatory norms that time fuelled their determination to excel as their male counterparts.

One of those female pacesetters was Agnes Yewande Savage. She was the first Nigerian and West African woman to train, qualify and receive a university degree in orthodox medicine, graduating with first class honours from the University of Edinburgh in 1929, at the age of 23.

A woman of excellence, Savage was one of the brightest minds in the medical school during her years at Edinburgh, where she outperformed her male counterparts. In her fourth year in medical school, she obtained first class honours in all subjects, won a prize in Diseases of the Skin and a medal in Forensic Medicine - becoming the first woman in the history of Edinburgh to do so. She was awarded the Dorothy Gilfillan Memorial Prize as the best woman graduate in 1929.

Savage was a co-founder of Korle-Bu Nurses Training College in Ghana, where a ward was named in her honour. As Ghana's foremost nursing college, Savage played an active role in the Korle-Bu nurses' early formation and training.

Education and background

Yewande Savage was born on 21 February 1906, in Edinburgh, Scotland, to the family of Richard Akinwande Savage Senior, a 1900



Agnes Yewande Savage

Edinburgh medical graduate of Sierra-Leone Creole and Egba-Nigerian descent; and Maggie S. Bowie, a working-class Scotswoman.

The Savage family had several medical doctors. Richard, her father was a prominent physician, journalist (publisher of the *Nigerian Spectator*) and politician in Lagos, Nigeria during the colonial era. He served as an officer in the Afro-West Indian Society, edited the Society's 1899-1900 handbook and was subeditor of *The Student*. He was the last African to be appointed to the colonial medical service, as an assistant colonial surgeon, before the 1902 declaration by Joseph Chamberlain that in future the service would be restricted to Europeans.

He worked for several years in Cape Coast in the Gold Coast (modern Ghana) as a government physician and as a private practitioner.

Yewande Savage's brother, Richard Gabriel Akinwande Savage Jr, was also a doctor who graduated from Edinburgh in 1926 and received his commission as a 2nd Lieutenant on September 23, 1940, making him the first West African to be commissioned an officer in the British Army. In September 1941, He was promoted to the rank of Captain and later retired from the army as a Major. He served as a medical doctor in the Asian Theater of World War 2, specifically in Burma, where he tended to wounded soldiers from Britain's contingent. Among the soldiers that Richard Savage Jr treated in Burma was Isaac Fadoyebo, a wounded Nigerian soldier in the Royal West African Frontier Force, who recounted the quality of care that Savage provided to him and other West African soldiers.

Yewande Savage grew up in Scotland where she had her entire education. She passed exams to the Royal College of Music in 1919 and was given a scholarship to study at George Watson's Ladies College.

There, she received an award for General Proficiency in Class Work and passed the Scottish Higher Education Leaving Certificate. She was admitted to the University of Edinburgh to study Medicine, and excelled in her studies. She graduated with first class honours from the University of Edinburgh in 1929.

Savage, like many African women who practised in a male-dominated African civil service faced gender and racial institutional barriers in her career. After graduation, she joined the colonial service in the Gold Coast (present-day Ghana) as a Junior Medical Officer. Though better qualified than most of her male counterparts, she received fewer benefits.

In 1931, she was recruited by the headmaster of Achimota College, Alec Garden Fraser. At the urging of Alec Garden Fraser, the colonial government gave her a better contract. She was with Achimota for four years as a medical officer and a teacher.

Savage played a leading role in women emancipation and empowerment in West Africa. Her achievement in the medical profession encouraged many girls to be doctors like her. While at Achimota College, she came in contact with Susan de Graft-Johnson - who would later become Ghana's first female medical doctor.

Graft-Johnson regularly worked with Savage at the sick bay and became her mentee. She later went on to also study Medicine at the University of Edinburgh. Another West African female medical pioneer who was also mentored by Savage and studied at both Achimota and Edinburgh was Matilda J. Clerk, who became the first Ghanaian woman to win a university merit scholarship, the second female doctor in Ghana and the fourth West African woman to train as a physician.

Savage retired relatively early due to "physical and psychological exhaustion" in 1947, after years of hard work and dedication to healthcare service education in Ghana. She spent the remainder of her life in Scotland raising her niece and nephew. She died of a stroke in 1964.

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Was the world slow to react to coronavirus?

POLEMIC with **Yusuff Moshood**
 yusuffng@yahoo.com/08055212962

When coronavirus (COVID-19) is eventually brought under control and nations around the world finally halt the global pandemic in its track, there would have to be an enquiry on how the world reacted or failed to react appropriately to an epidemic that has affected thousands of people and killed over 5,000 already.

Could there have been better measures to prevent the spread of this viral condition around the world? Was the right decision taken by the Chinese government when the condition was just among a few people in Wuhan? Were world leaders decisive enough in coming together to prevent this condition from becoming a global threat? Did the WHO rise up to the challenge and appropriately deliver on its mandate as the global apex body safeguarding public health?

These, among other

questions, will have to be answered, and answers to them will be quite invaluable in ensuring the world never again has to face the kind of challenge that COVID-19 is currently posing to the world.

I must first state that history gets repeated because people hardly learn from it. However, there must come a time when humanity must let the knowledge of history be its guide. Such a time is now because coronavirus has and is still teaching the world a harsh lesson on how not to react to a dangerous health condition, capable of becoming a pandemic in a 21st century world. A 21st century in which the world has indeed become a global village in every sense of it.

The way this pandemic has spread is not really novel. It has happened before. In fact, students of history will recall that between 2003 and 2004, when there was a

SARS outbreak in China, the China Ministry of Health was said to be aware for months of a dangerous new type of pneumonia in Guangdong province, yet allegedly did not share the information early enough with other countries nor issue a nationwide alert to health institutions and hospitals.

Such timely information dissemination could have helped prevent the spread of that viral condition that eventually got to 29 countries, infected thousands of people and killed no less than 74 people, before it was eventually contained in July, 2003.

After that SARS incident, the International Health Regulations (IHR) document was revised in 2005 and the WHO was granted powers to act on information from non-state sources and the permission to question member states on disease outbreak in their

domain to know what they are doing. This is to ensure that the WHO is able to respond to disease outbreaks quickly and prevent countries from covering up outbreaks for self-serving reasons.

Unfortunately, the IHR measures put in place in 2005 failed to prevent COVID-19 from spreading, as China once again failed to quickly share vital public health information that perhaps could have helped the containment of the virus before it spread round the world like the wild bushfire that it has become.

And it is not only the Chinese leadership that has suffered from a dangerous inertia during this COVID-19 outbreak. Many world leaders also failed to be proactive, decisive and prompt with preemptive actions that could have saved their countries and citizens from the rampaging coronavirus. I know that many of them would wish they had acted differently.

While the world should urgently work together to save humanity by doing whatever is necessary to contain this COVID-19, we must ensure this outbreak compels us to draw a line in the sand and say, "Never again would we allow any health condition become a global epidemic."

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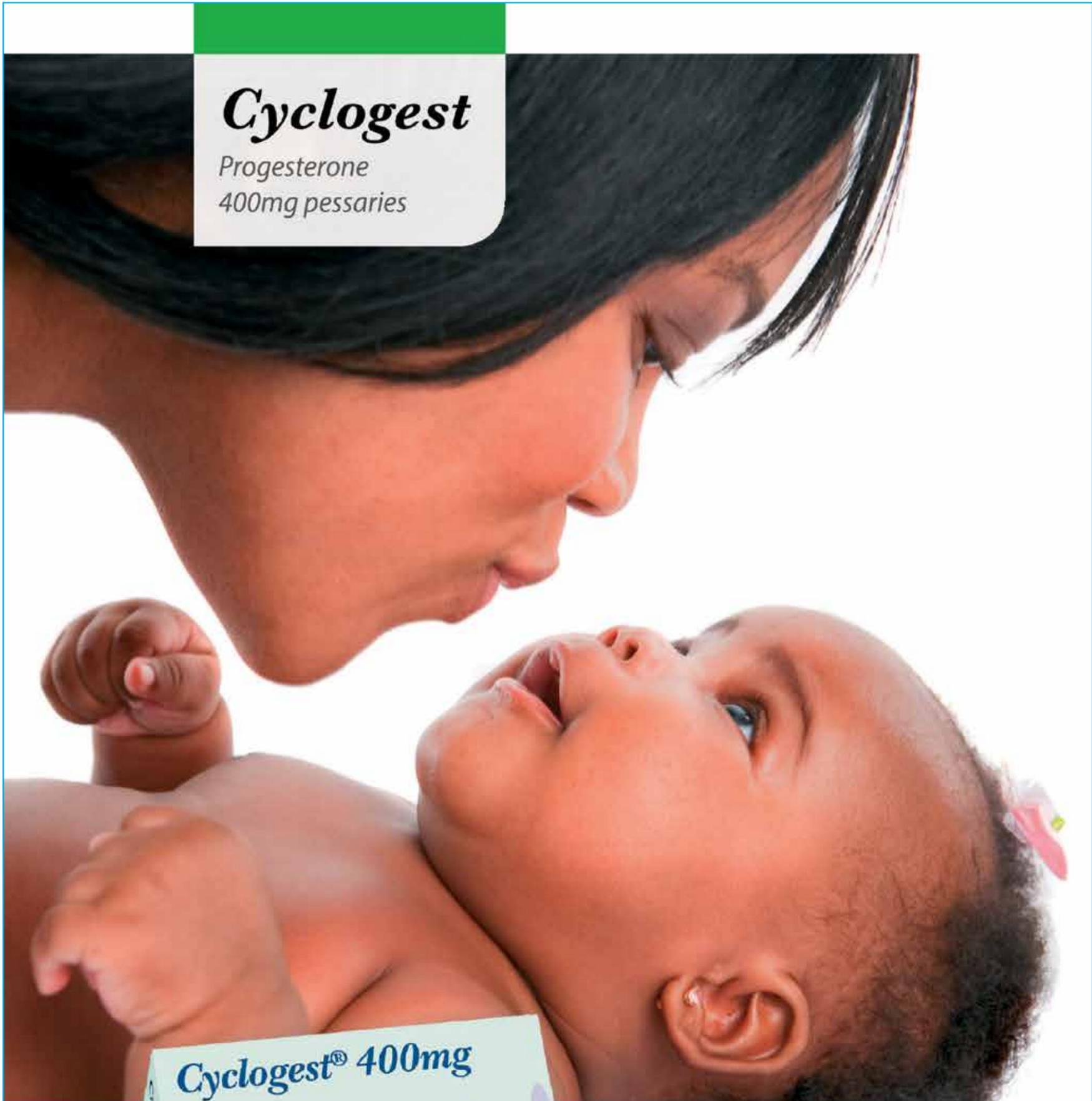
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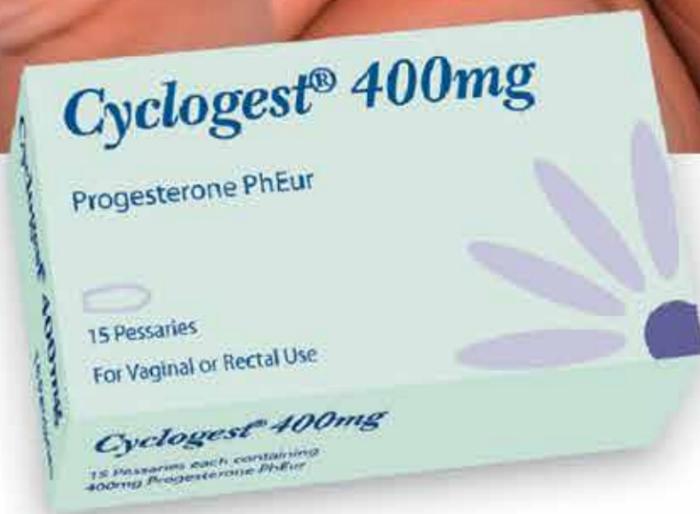


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New trends in managing skin infections

Skin infections or disorders constitute a significant proportion of consultations in Clinics. However, there is paucity of data on the prevalence of dermatological lesions in hospitalised children and adults in Nigeria.

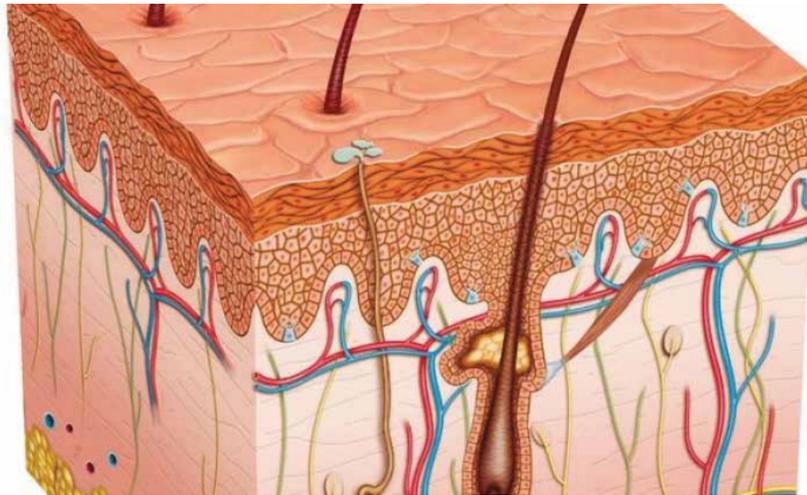
According to the Nigerian Journal of Clinical Practice, skin diseases are one of the three common causes of morbidity in the developing countries of sub-Saharan Africa, along with malaria and diarrhoea. The development of acute glomerulonephritis, following skin infection with Group A *b*-hemolytic streptococcus, has been demonstrated to be a risk factor for albuminuria and haematuria in adult life.

Although skin diseases do not feature prominently in the paediatric morbidity and mortality trends reported from many hospitals in Nigeria, it is essential to pay attention to bacterial skin infections complicating scabies and insect bites, as poor personal hygiene practices, especially among children are believed to be contributory to its prevalence in the country.

Basically, skin infection is an infection of the skin. Infection of the skin is distinguished from dermatitis, which is inflammation of the skin, but a skin infection can result in skin inflammation. Skin inflammation due to skin infection is called infective dermatitis.

Bacterial infections

* Impetigo is a highly



contagious bacterial skin infection most common among pre-school children. It is primarily caused by *Staphylococcus aureus*, and sometimes by *Streptococcus pyogenes*.

* Erysipelas is an acute streptococcus bacterial infection of the deep epidermis with lymphatic spread.

* Cellulitis is a diffuse inflammation of connective tissue with severe inflammation of dermal and subcutaneous layers of the skin. Cellulitis can be caused by normal skin flora or by exogenous bacteria, and often occurs where the skin has previously been broken – cracks in the skin, cuts, blisters, burns, insect bites, surgical wounds, intravenous drug injection or sites of intravenous catheter insertion. Skin on the face or lower

legs is most commonly affected by this infection, though cellulitis can occur on any part of the body.

Fungal infections

Fungal skin infections may present as either a superficial or deep infection of the skin, hair, and/or nails. They affect as of 2010 about one billion people globally.

Parasitic infestations, stings, and bites

Parasitic infestations, stings, and bites in humans are caused by several groups of organisms belonging to the following phyla: Annelida, Arthropoda, Bryozoa, Chordata, Cnidaria, Cyanobacteria, Echinodermata, Nematelminthes, Platyhelminthes, and Protozoa.

Viral infections

Virus-related cutaneous conditions are caused by two main

groups of viruses—DNA and RNA types—both of which are obligatory intracellular parasites.

Athlete's foot

Athlete's foot is a very common infection. The fungus grows best in a warm, moist environment such as shoes, socks, swimming pools, locker rooms, and the floors of public showers. It is most common in the summer and in warm, humid climates. It occurs more often in people who wear tight shoes and who use community baths and pools.

Causes of athlete's foot

Athlete's foot is caused by a microscopic fungus that lives on dead tissue of the hair, toenails, and outer skin layers. There are at least four kinds of fungus that can cause athlete's foot. The most common of these fungi is *trichophytonrubrum*.

Symptoms of athlete's foot

Signs and symptoms of athlete's foot vary from person to person. However, common symptoms include:

* Peeling, cracking, and scaling of the feet

* Redness, blisters, or softening and breaking down of the skin

* Itching, burning, or both

Types of athlete's foot

* Interdigital: Also called toe web infection, this is the most common kind of athlete's foot. It usually occurs between the two smallest toes. This form of athlete's foot can cause itching, burning, and scaling and the infection can

continued on page 13

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New trends in managing skin infections

continued from page 11

spread to the sole of the foot.

* **Moccasin:** A moccasin-type infection of athlete's foot can begin with a minor irritation, dryness, itching, or scaly skin. As it develops, the skin may thicken and crack. This infection can involve the entire sole of the foot and extend onto the sides of the foot.

* **Vesicular:** This is the least common kind of athlete's foot. The condition usually begins with a sudden outbreak of fluid-filled blisters under the skin. Most often, the blisters develop on the underside of the foot. However, they also can appear between the toes, on the heel, or on the top of the foot.

Diagnosis of athlete's foot

Not all itchy, scaly feet have athlete's foot. The best way to diagnose the infection is to have your doctor scrape the skin and examine the scales under a microscope for evidence of fungus.

Treatment of athlete's foot

Athlete's foot is treated with topical antifungal medication (a drug placed directly on the skin) in most cases. Severe cases may require oral drugs (those taken by mouth). The feet must be kept clean and dry since the fungus thrives in moist environments

Jock itch

Jock itch, also called *tinea cruris*, is a common skin infection that is caused by a type of fungus called *tinea*. The fungus thrives in warm, moist areas of the body and as a result, infection can affect the genitals, inner thighs, and buttocks. Infections occur more frequently in the summer or in warm, wet climates. Jock itch appears as a red, itchy rash that is often ring-shaped.

Is jock itch contagious?

Jock itch is only mildly contagious. The condition can be spread from person to person through direct contact or indirectly from objects carrying the fungus.

Symptoms of jock itch

- * Itching, chafing, or burning in the groin or thigh
- * A circular, red, raised rash with elevated edges
- * Redness in the groin or thigh
- * Flaking, peeling, or cracking skin

Diagnosis of jock itch

In most cases, jock itch can be diagnosed based on the appearance and location of the rash. If you are not certain that the condition is jock itch, contact your doctor. The doctor will ask about your symptoms and medical history, and will perform a physical exam. A microscopic exam of the scales of skin can confirm the diagnosis.

Treatment of itch

In most cases, treatment of jock itch involves keeping the affected area clean and dry and applying topical antifungal medications. Jock itch usually responds to over-the-counter antifungal creams and sprays. However, prescription antifungal creams are sometimes necessary. During treatment of jock itch, be sure to:

- * Wash and dry the affected area with a clean towel
- * Apply the antifungal cream, powder, or spray as directed
- * Change clothes – especially underwear – everyday.

Ringworm

Ringworm, also called *tinea corporis*, is not a worm, but a fungal infection of the skin. It can appear anywhere on the body and looks like a circular, red, flat sore. It



is often accompanied by scaly skin. The outer part of the sore can be raised while the skin in the middle appears normal. Ringworm can be unsightly, but it is usually not a serious condition.

Is ringworm contagious?

Ringworm can spread by direct contact with infected people or animals. It also may be spread on clothing or furniture. Heat and humidity may help to spread the infection.

What are the symptoms of ringworm?

Ringworm appears as a red, circular, flat sore that is sometimes accompanied by scaly skin. There may be more than one patch of ringworm on the skin, and patches or red rings of

rash may overlap. It is possible to have ringworm without having the common red ring of rash.

How is ringworm diagnosed?

A doctor can diagnose ringworm based on the appearance of the rash or reported symptoms. He or she will ask about possible exposure to people or animals with ringworm. The doctor may take skin scrapings or samples from the infected area and look at them

under a microscope to confirm the diagnosis.

Boils

A boil is a skin infection that starts in a hair follicle or oil gland. At first, the skin turns red in the area of the infection, and a tender lump develops. After four to seven days, the lump starts turning white as pus collects under the skin.

The most common places for boils to appear are on the face, neck, armpits, shoulders, and buttocks. When one forms on the eyelid, it is called a sty. If several boils appear in a group, this is a more serious type of infection called a carbuncle.

Causes of boils

Most boils are caused by a germ (staphylococcal bacteria). This germ enters the body through tiny nicks or cuts in the skin or can travel down the hair to the follicle

Symptoms of boils

A boil starts as a hard, red, painful lump usually about half an inch in size. Over the next few days, the lump becomes softer, larger,

continued on page 15

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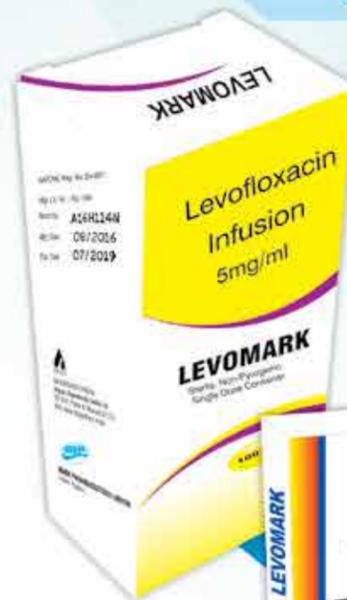
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continued from page 13

and more painful. Soon a pocket of pus forms on the top of the boil.

These are the signs of a severe infection:

- * The skin around the boil becomes infected. It turns red, painful, warm, and swollen.

- * More boils may appear around the original one.

- * A fever may develop.

- * Lymph nodes may become swollen.

When to seek medical care:

- * You start running a fever.

- * You have swollen lymph nodes.

- * The skin around the boil turns red or red streaks appear.

- * The pain becomes severe.

- * The boil does not drain.

- * A second boil appears.

- * You have a heart murmur, diabetes, any problem with your immune system, or use immune suppressing drugs (for example, corticosteroids or chemotherapy) and you develop a boil.

Boils usually do not need immediate emergency attention. If you are in poor health and you develop high fever and chills along with the infection, a trip to a hospital's emergency room is needed.

Boils treatment - home remedies

- * Apply warm compresses and soak the boil in warm water. This will decrease the pain and help draw the pus to the surface. Once the boil comes to a head, it will burst with repeated soakings. This usually occurs within 10 days



of its appearance. You can make a warm compress by soaking a wash cloth in warm water and squeezing out the excess moisture.

- * When the boil starts draining, wash it with an antibacterial soap until all the pus is gone. Apply a medicated ointment and a bandage. Continue to wash the infected area two to three times a day and to use warm compresses until the wound heals.

- * Do not pop the boil with a needle. This could make the infection worse.

Leprosy

Leprosy is an infectious disease that causes severe, disfiguring skin sores and nerve damage in the arms and legs. The disease has been around since the beginning of time, often surrounded by terrifying, negative stigma and tales of leprosy patients being shunned as outcasts. At one time or another, outbreaks of leprosy have affected, and panicked, people on every continent. The oldest civilisations

of China, Egypt, and India feared leprosy was an incurable, mutilating, and contagious disease.

However, leprosy is actually not highly contagious. You can catch it only if you come into close and repeated contact with nose and mouth droplets

from someone with untreated, severe leprosy. Children are more likely to get leprosy than adults.

Today, more than 200,000 people worldwide are infected with leprosy, according to the World Health Organisation, most of them in Africa and Asia. About 100 people are diagnosed with leprosy in the U.S. every year, mostly in the South, California, Hawaii, and some U.S. territories.

Causes of leprosy

Leprosy is caused by a slow-growing type of bacteria called *Mycobacterium leprae* (*M. leprae*). Leprosy is also known as Hansen's disease, after the scientist who discovered *M. leprae* in 1873.

Symptoms of leprosy

Leprosy primarily affects the skin and the nerves outside the brain and spinal cord, called the peripheral nerves. It may also strike the eyes and the thin tissue lining the inside of the nose.

The main symptom of leprosy

is disfiguring skin sores, lumps, or bumps that do not go away after several weeks or months. The skin sores are pale-coloured. Nerve damage can lead to:

- * Loss of feeling in the arms and legs

- * Muscle weakness

It takes a very long time for symptoms to appear after coming into contact with the leprosy-causing bacteria. Some people do not develop symptoms until 20 or more years later. The time between contact with the bacteria and the appearance of symptoms is called the incubation period. Leprosy's long incubation period makes it very difficult for doctors to determine when and where a person with leprosy originally got sick.

Forms of leprosy

Leprosy is characterised according to the number and type of skin sores you have. Specific symptoms and your treatment depend on the type of leprosy you have. The types are:

- * Tuberculoid: A mild, less severe form of leprosy. People with this type have only one or a few patches of flat, pale-coloured skin (paucibacillary leprosy). The affected area of skin may feel numb because of nerve damage underneath. Tuberculoid leprosy is less contagious than other forms.

- * Lepromatous: A more severe form of the disease. It involves widespread skin bumps and rashes (multibacillary leprosy), numbness, and muscle weakness. The nose, kidneys, and male reproductive organs may also be affected. It is more contagious than tuberculoid leprosy.

continued on page 17

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"Abbreviated Product Information"

Ranferon[®]-12

DESCRIPTION: Ranferon[®]-12 is a comprehensive blood building tonic and each 5 ml contains Ferric ammonium citrate (equivalent to 41 mg of elemental iron), Folic acid, Vitamin B12 for rapid and optimum formation of healthy red blood cells.

INDICATIONS: Iron deficiency anaemias, Increased iron demand, For rapid recuperation during convalescence, Deficiency of blood iron stores.

DOSAGE & ADMINISTRATION: Adults - therapy should be started with two teaspoonsful orally three times a day; for prophylaxis dose of one teaspoonful once or twice daily. Children (5-12 yrs)- one teaspoonful once or twice a day, as directed by the physician.

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

PRECAUTIONS: May cause black discoloration of stools, indiscriminate use of prolonged high dose should be avoided as it may lead to iron overload.

SIDE EFFECTS: Is well tolerated at usual recommended doses, may cause gastrointestinal upsets due to iron intolerance, which can be controlled in many cases by reducing the dose or giving Ranferon[®]-12 after meals. Rarely allergic reactions or rash may occur.

Please refer to the product insert for more information.

"Abbreviated Product Information"

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DESCRIPTION: Ranferon[®]-12 Capsules contain Ferrous fumarate BP (equivalent to 100 mg of elemental iron), Folic acid, Ascorbic acid, Cyanocobalamin and Zinc sulphate.

INDICATIONS: For the treatment of iron deficiency anaemia.

DOSAGE & ADMINISTRATION: The usual recommended dose is one capsule to be taken orally two or three times daily.

CONTRAINDICATIONS: Ranferon[®]-12 Capsules are contraindicated in patients known to be hypersensitive to any of the ingredients, patients with porphyria tarda, anaemic conditions unless accompanied by iron deficiency, haemochromatosis or haemosiderosis, hyperoxaluria, glucose-6-phosphate dehydrogenase deficiency, or in iron overload.

WARNINGS: Caution is recommended from iron overload in patients receiving repeated blood transfusions, accumulation of zinc may occur in renal failure, and has been reported to cause haemolytic anaemia in patients with glucose-6-phosphate dehydrogenase deficiency and ascorbic acid may aggravate the condition in patients having hyperoxaluria.

DRUG INTERACTIONS: Compounds containing calcium, magnesium, antacids and mineral supplements, carbonates, oxalates, phosphates, egg, coffee, tea or whole grain breads, cereals, tetracyclines may impair the absorption of iron. Iron salts can also decrease the bioavailability of drugs like bisphosphonates, entacapone, fluoroquinolones, levodopa, methylidopa, mycophenolate mofetil, etidronate, levthyroxine. Suitable interval is advised.

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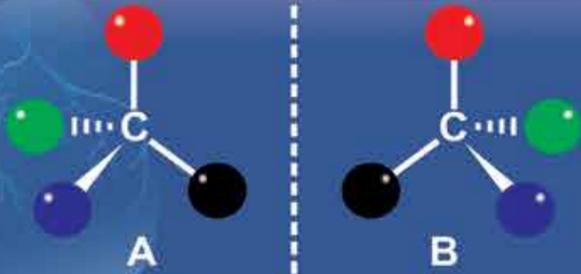
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New trends in managing skin infections

continued from page 15

* **Borderline:** People with this type of leprosy have symptoms of both the tuberculoid and lepromatous forms.

Digamiasis of leprosy

If you have a suspicious skin sore, your doctor will remove a small sample of the abnormal skin and send it to a lab to be examined. This is called a skin biopsy. A skin smear test may also be done. With paucibacillary leprosy, no bacteria will be detected. In contrast, bacteria are expected to be found on a skin smear test from a person with multibacillary leprosy.

Treatment of leprosy

Leprosy can be cured. In the last two decades, more than 14 million people with leprosy have been cured. The World Health Organisation provides free treatment for all people with leprosy.

Treatment depends on the type of leprosy that you have. Antibiotics are used to treat the infection. Long-term treatment with two or more antibiotics is recommended, usually from six months to a year. People with severe leprosy may need to take antibiotics longer. However, antibiotics cannot reverse nerve damage.

Anti-inflammatory drugs are used to control swelling related to leprosy. This may include steroids, such as prednisone. Patients with leprosy may also be given thalidomide, a potent medication that suppresses the body's immune system. It helps treat leprosy skin nodules. Thalidomide is known to cause severe, life-threatening birth defects and should never be taken by pregnant women.

Leprosy complications

Without treatment, leprosy can permanently damage your skin, nerves, arms, legs, feet, and eyes.

Complications of leprosy can include:

- * Blindness or glaucoma.
- * Disfigurement of the face (including permanent swelling, bumps, and lumps).
- * Erectile dysfunction and infertility in men.
- * Kidney failure.
- * Muscle weakness that leads to claw-like hands or an inability to flex the feet.
- * Permanent damage to the inside of the nose, which can lead to nosebleeds and a chronic, stuffy nose.
- * Permanent damage to the peripheral nerves, the nerves outside the brain and spinal cord, including those in your arms, legs, and feet.

Nerve damage can lead to a dangerous loss of feeling. A person with leprosy-related nerve damage may not feel pain when the hands, legs, or feet are cut, burned, or otherwise injured. Approximately 1 to 2 million people worldwide are permanently disabled because of leprosy.

Carbuncles

A carbuncle is a red, swollen, and painful cluster of boils that are connected to each other under the skin. A boil (or furuncle) is an infection of a hair follicle that has a small collection of pus (called an abscess) under the skin. Usually single, a carbuncle is most likely to occur on a hairy area of the body such as the back or nape of the neck. But a carbuncle also can develop in other areas of the body such as the buttocks, thighs, groin, and armpits.



Cause of Carbuncles

Most carbuncles are caused by *Staphylococcus aureus* bacteria, which inhabit the skin surface, throat, and nasal passages. These bacteria can cause infection by entering the skin through a hair follicle, small scrape, or puncture, although sometimes there is no obvious point of entry.

Filled with pus – a mixture of old and white blood cells, bacteria, and dead skin cells – carbuncles must drain before they're able to heal. Carbuncles are more likely than boils to leave scars.

An active boil or carbuncle is contagious: the infection can spread to other parts of the person's body or to other people through skin-to-skin contact or the sharing of personal items. So it's important to practice appropriate self-care measures, like keeping the area clean and covered, until the carbuncle drains and heals.

Carbuncles require medical treatment to prevent or manage complications, promote healing, and minimise scarring. Contact your doctor if you have a boil or boils that have persisted for more than a few days.

Risk factors for carbuncles

Older age, obesity, poor hygiene, and poor overall health are associated with carbuncles. Other risk factors for carbuncles include:

- * Chronic skin conditions, which damage the skin's protective barrier
- * Diabetes
- * Kidney disease
- * Liver disease
- * Any condition or treatment that weakens the immune system

Carbuncles also can occur in otherwise healthy, fit, younger people, especially those who live together in group settings such as college dorms and share items such as bed linens, towels, or clothing. In addition, people of any age can develop carbuncles from irritations or abrasions to the skin surface caused by tight clothing, shaving, or insect bites, especially in body areas with heavy perspiration.

Symptoms of carbuncles

The boils that collect to form carbuncles usually start as red, painful bumps. The carbuncle fills with pus and develops white or yellow tips that weep, ooze, or crust. Over a period of several days, many untreated carbuncles rupture, discharging a creamy white or pink fluid.

Superficial carbuncles – which have multiple openings on the skin's surface – are less likely to leave a deep scar. Deep carbuncles are more likely to cause significant scarring. Other carbuncle symptoms include fever, fatigue, and a feeling of general sickness. Swelling may occur in nearby tissue and lymph nodes, especially lymph nodes in the neck, armpit, or groin.

Complications of carbuncles

Sometimes, carbuncles are caused by methicillin-resistant *Staphylococcus aureus* (MRSA) bacteria, and require treatment with potent prescription antibiotics if the lesions are not drained properly.

In rare cases, bacteria from a carbuncle can escape into the bloodstream and cause serious complications, including sepsis and infections in other parts of the body such as the lung, bones, joints, heart, blood, and central nervous system.

Sepsis is an overwhelming infection of the body that is a medical emergency and can be fatal if left untreated. Symptoms include chills, a spiking fever, rapid heart rate, and a feeling of being extremely ill.

Home treatment for carbuncles

The cardinal rule is to avoid squeezing or irritating a carbuncle, which increases the risk of complications and severe scarring.

Warm compresses may promote the drainage and healing of carbuncles. Gently soak the carbuncle in warm water, or apply a clean, warm, moist washcloth for 20 minutes several times per day. Similar strategies include covering the carbuncle with a clean, dry cloth and gently applying a heating pad or hot water bottle for 20 minutes several times per day. After each use, washcloths or cloths should be washed in hot water and dried at a high temperature.

Washing the carbuncle and covering the area with a sterile bandage also may promote drainage and healing and help prevent the infection from spreading. Over-the-counter medications such as acetaminophen or ibuprofen can help relieve the pain of an inflamed carbuncle.

It is important to thoroughly wash your hands after touching a carbuncle. Launder any clothing, bedding, and towels that have touched a carbuncle and avoid sharing bedding, clothing, or other personal items.

Medical treatments for

carbuncles

See your doctor if a boil or boils do not drain and heal after a few days of home treatment; or if you suspect you have a carbuncle. Also, seek medical evaluation for a carbuncle that develops on your face, near your eyes or nose, or on your spine. Also see a doctor for a carbuncle that becomes very large or painful.

Your doctor may cut and drain the carbuncle, and ensure that all the pus has been removed by washing the area with a sterile solution. Some of the pus can be collected and sent to a lab to identify the bacteria causing the infection and check for susceptibility to antibiotics.

If the carbuncle is completely drained, antibiotics are usually unnecessary. But treatment with antibiotics may be necessary in cases such as:

- * When MRSA is involved and drainage is incomplete
- * There is surrounding soft-tissue infection (cellulitis)
- * A person has a weakened immune system

* An infection has spread to other parts of the body

Depending on severity, most carbuncles heal within two to three weeks after medical treatment.

Impetigo

Impetigo is a highly contagious bacterial skin infection. It can appear anywhere on the body but usually attacks exposed areas. Children tend to get it on the face, especially around the nose and mouth, and sometimes on the arms or legs. The infected areas appear in plaques, ranging from dime to quarter size, starting as tiny blisters that break and expose moist, red skin. After a few days the infected area is covered with a grainy, golden crust that gradually spreads at the edges.

In extreme cases, the infection invades a deeper layer of skin and develops into ecthyma, a deeper form of the disease. Ecthyma forms small, pus-filled bumps with a crust much darker and thicker than that of ordinary impetigo. Ecthyma can be very itchy, and scratching the irritated area spreads the infection quickly. Left untreated, the sores may cause permanent scars and pigment changes.

The gravest potential complication of impetigo is post-streptococcal glomerulonephritis, a severe kidney disease that occurs following a strep infection in less than 1 per cent of cases, mainly in children. The most common cause of impetigo is *Staphylococcus aureus*. However, another bacteria source is group A streptococcus. These bacteria lurk everywhere.

It is easier for a child with an open wound or fresh scratch to contract impetigo. Other skin-related problems, such as eczema, body lice, insect bites, fungal infections, and various other forms of dermatitis can make a person susceptible to impetigo.

Most people get this highly infectious disease through physical contact with someone who has it, or from sharing the same clothes, bedding, towels, or other objects. The very nature of childhood, which includes lots of physical contact and large-group activities, makes children the primary victims and carriers of impetigo.

Pilonidal cyst

A pilonidal cyst occurs at the bottom of the tailbone (coccyx) and can become infected and filled with pus. Once infected, the

continued on page 19

New trends in managing skin infections

continued from page 17

technical term is pilonidal abscess. Pilonidal abscesses look like a large pimple at the bottom of the tailbone, just above the crack of the buttocks. It is more common in men than in women. It usually happens in young people up into the fourth decade of life.

Causes

Most doctors think that ingrown hairs cause pilonidal cysts. Pilonidal means "nest of hair." It is common to find hair follicles inside the cyst. Another theory is that pilonidal cysts appear after trauma to that region of the body. During World War II, more than 80,000 soldiers developed pilonidal cysts that required a hospital stay. People thought the cysts were due to irritation from riding in bumpy Jeeps. For a while, the condition was actually called "Jeep disease."

Symptoms

The symptoms of a pilonidal cyst include:

- * Pain at the bottom of the



spine

- * Swelling at the bottom of the

spine

- * Redness at the bottom of the

spine

- * Draining pus
- * Fever

When to seek medical care for a pilonidal cyst

A pilonidal cyst is an abscess or boil that needs to be drained

or lanced, to improve. Like other boils, it does not improve with antibiotics. If any of the above symptoms occur, consult a doctor.

Exams and tests

A doctor can diagnose a pilonidal cyst by taking a history (asking about the patient's history and symptoms regarding the cyst) and performing a physical exam.

The doctor may find the following conditions:

- * Tenderness, redness, and swelling between the cheeks of the buttocks just above the anus

- * Fever

- * Increased white blood cells on a blood sample (not always taken)

- * Inflammation of the surrounding skin

Home remedies

Early in an infection of a pilonidal cyst, the redness, swelling, and pain may be minimal. Sitting in a warm tub may decrease the pain and may decrease the chance that the cyst will develop to the point of requiring incision and drainage.

Medical treatment for a pilonidal cyst

Antibiotics do not heal a pilonidal cyst. Doctors have any of a number of procedures available, including the following treatments.

- * The preferred technique for a first pilonidal cyst is incision and drainage of the cyst, removing the hair follicles and packing the cavity with gauze.

Advantage- Simple procedure done under local anaesthesia

Disadvantage - Frequent changing of gauze packing until the cyst heals, sometimes up to three weeks

- * Marsupialisation - This procedure involves incision and draining, removal of pus and hair, and sewing of the edges of the fibrous tract to the wound edges to make a pouch.

Advantages - Outpatient surgery under local anaesthesia, minimises the size and depth of the wound without the need to pack gauze in the wound

Disadvantages - Requires about six weeks to heal, needs a doctor trained in the technique

- * Another option is incision and drainage with immediate closing of the wound.

Advantages - Wound completely closed immediately following surgery without need for gauze

Disadvantages - High rate of recurrence (it is hard to remove the entire cyst, which might come back). Typically performed in an operating room, it requires a specially trained surgeon.

Skin and molluscum contagiosum

Molluscum contagiosum is a viral skin infection that causes either single or multiple raised, pearl-like bumps (papules) on the skin. It is a chronic infection and lesions may persist from a few months to a few years. However, most cases resolve in six to nine months.

Causes

Molluscum contagiosum is caused by a virus (the molluscum contagiosum virus) that is part of the pox virus family. The virus is contagious through direct contact and is more common in children. However, the virus also can be spread by sexual contact and can occur in people with compromised immune systems. Molluscum contagiosum can spread on a single individual through scratching and rubbing.

Symptoms

Common locations for the molluscum contagiosum papules are on the face, trunk, and limbs of children and on the genitals, abdomens, and inner thighs of adults. The condition usually results

continued on page 19



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New trends in managing skin infections

continued from page 18

in papules that:

- * Are generally painless, but can itch
- * Are small (2 to 5 millimetre diameter)
- * Have a dimple in the centre
- * Are initially firm, dome-shaped, and flesh-coloured
- * Become softer with time
- * May turn red and drain over time
- * Have a central core of white, waxy material

Molluscum contagiosum usually disappears spontaneously over a period of months to years in people who have normal immune systems. In people who have AIDS or other conditions that affect the immune system, the lesions associated with molluscum contagiosum can be extensive and especially chronic.

Diagnosis

Diagnosis of molluscum contagiosum is based on the distinctive appearance of the lesion. If the diagnosis is in question, a doctor can confirm the diagnosis with a skin biopsy — the removal of a portion of skin for closer examination. If there is any concern about related health problems, a doctor can check for underlying disorders.

Treatment

Molluscum contagiosum is usually self-limited, so treatment is not always necessary. However, individual lesions may be removed by scraping or freezing. Topical medications, such as those used to remove warts, may also be helpful in lesion removal.

Note: The surgical removal of individual lesions may result in



scarring.

Prevention

To prevent molluscum contagiosum, follow these tips:

- * Avoid direct contact with anyone who may have the condition.
- * Treat underlying eczema in children.

* Remain sexually abstinent or have a monogamous sexual relationship with an uninfected individual. (Male and female condoms cannot offer full protection as the virus can be found on areas not covered by the condom.)

Shingles

Shingles (herpes zoster) results from a reactivation of the virus that also causes chickenpox. With shingles, the first thing you may notice is a tingling sensation or pain on one side of your body or face. Painful skin blisters then erupt on only one side of your face or body along the distribution of nerves on the skin. Typically, this occurs along your chest, abdomen,

back, or face, but it may also affect your neck, limbs, or lower back. The area can be very painful, itchy, and tender. After one to two weeks, the blisters heal and form scabs, although the pain often continues.

The deep pain that follows after the infection has run its course is known as postherpetic neuralgia. It can continue for months or even years, especially in older people. The incidence of shingles and of postherpetic neuralgia rises with increasing age. More than 50 per cent of cases occur in people over 60. Shingles usually occurs only once, although it has been known to recur in some people.

Causes of shingles

Shingles arises from varicella-zoster, the same virus that causes chickenpox. Following a bout of chickenpox, the virus lies dormant in the spinal nerve cells. But it can be reactivated years later when the immune system is suppressed by:

- * Physical or emotional trauma
- * A serious illness

* Certain medications
Medical science doesn't understand why the virus becomes reactivated in some people and not in others.

Chickenpox

Chickenpox (varicella), a viral illness characterised by a very itchy red rash, is one of the most common infectious diseases of childhood. It is usually mild in children, but adults run the risk of serious complications, such as bacterial pneumonia.

People who have had chickenpox almost always develop lifetime immunity (meaning you can't get it again). However, the virus remains dormant in the body, and it can reactivate later in life and cause shingles.

Because the chickenpox virus can pass from a pregnant woman to her unborn child, possibly causing birth defects, doctors often advise women considering pregnancy to confirm their immunity with a blood test.

Causes of chickenpox

Chickenpox is caused by the herpes zoster virus, also known as the varicella zoster virus. It is spread by droplets from a sneeze or cough, or by contact with the clothing, bed linens, or oozing blisters of an infected person. The onset of symptoms is seven to 21 days after exposure. The disease is most contagious a day before the rash appears and up to seven days after, or until the rash is completely dry and scabbed.

Reports compiled by Temitope Obayendo with addition information from webmd.com/skin-problems-and-treatments and wikipedia.org/wiki/Skin_infection

H. PYLORI IS A RISING CONCERN IN NIGERIA AND IT NEEDS A DIFFERENT APPROACH

International Treatment Guidelines

(According to the American College of Gastroenterology)

According to European¹³ and North American²¹ guidelines, there is a first-line therapy for treating H. pylori infection. It consists of a standard triple therapy including a proton pump inhibitor (PPI) with any two antibiotics among amoxicillin, clarithromycin given for 7-14 days to adults.

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PSN, APIN presidents bemoan COVID-19 impact on pharma industry

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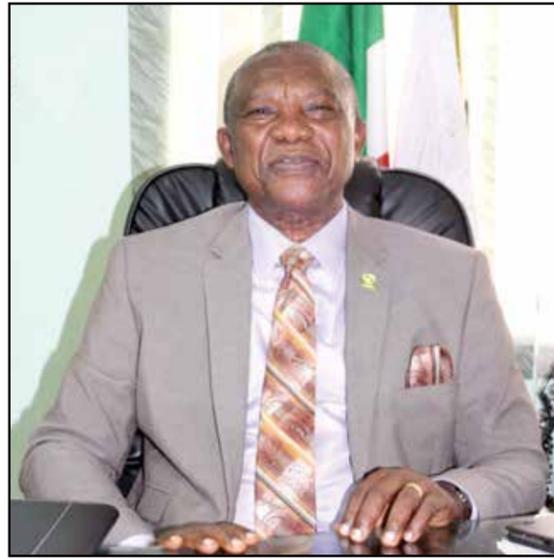
raw materials and other inputs, adding that imported finished pharmaceutical medicines from India, accounting for between 70 to 80 per cent of drugs used by Nigerians, are also in serious jeopardy because India depends on China for the raw materials to produce them.

According to the PSN president, "Nigeria depends on China for both finished products and raw materials and even the India we buy finished products from buys raw materials from China. We have been talking about this for a very long time. We said we should do something about drug security for the nation. In 2017, it was our annual national conference theme. We said drug security should be seen as a national security issue.

"The pharmaceutical industry is critical to the nation because drug is as critical as the food we eat. We have to act now and put the necessary things in place to ensure the pharmaceutical industry is able to produce and provide the medicines needed by Nigerians. It is coronavirus today, another thing can happen tomorrow. We have to pay attention to what is important,".

APIN president, Sir Obi, who is also the managing director/CEO, Embassy Pharmaceutical & Chemicals Limited, explained that Nigeria is in the present situation because the world is now a global village, noting that the outbreak of coronavirus, which started in Wuhan, China, has shown that whatever happens anywhere in the world can affect anyone all over the world.

Obi said that with the virus now spread to over 47 countries,



Pharm. (Mazi) Sam Ohuabunwa
PSN president

including Nigeria, the country urgently needs to step up its campaign to prevent the spread of the viral condition and avert exposing millions of the citizens to danger.

The APIN president noted that prior to the outbreak of COVID-19, Nigeria was already experiencing shortage of pharmaceutical products and pharmaceutical raw materials because of challenges faced in clearing consignments at Apapa port. He disclosed that, most times, it takes about three months to clear pharmaceutical consignments discharged at the port, adding that the coronavirus outbreak has now further compounded the problem.

"Bringing in finished pharmaceutical products and pharmaceutical raw materials for manufacturing through the Apapa port has been very difficult



Pharm. (Sir) Nnamdi Obi
APIN president

and was already causing serious problem for us in the industry before coronavirus outbreak. With coronavirus the problem is now compounded.

"The fact is that a great percentage of the medicines we use in Nigeria come from India. However, India relies on China for raw materials and machineries. The raw materials for antidepressants, analgesics and most antibiotics all come from China.

"India depends heavily on China for the Active Pharmaceutical Ingredients (APIs) and intermediaries for these drugs and with the problem in China, getting these inputs is impossible now.

"So, in the next couple of weeks or months, if this situation with coronavirus persists, there

will certainly be acute shortage of pharmaceutical products in Nigeria and Nigerians will be in serious trouble," Obi said.

While commending the Lagos State government for its efforts so far in preventing the spread of coronavirus since the first case of the Italian man was discovered, the APIN president urged the federal government to step up surveillance at the nation's borders and international

airports to ensure people with the condition are not allowed to come into the country.

The Embassy boss also tasked the government to begin to focus more on important issues affecting the nation, noting that a situation whereby the nation's pharmaceutical manufacturing industries depend on importation for all manufacturing inputs, aside from water, is unhealthy for the sector.

Nigeria, he said, should have an industrial complex where pharmaceutical raw materials are produced and also ensure that there are alternative ports to the Apapa Port in Lagos to ease business operation in the country, not just for pharmaceutical but other businesses.

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

By Comrade Abdrafu Alani Adeniji

I humbly bring good tidings and solidarity message to all nurses and midwives in Nigeria, as we celebrate Year 2020 as the year of nurses and midwives. This is not a mere coincidence but an evolving agenda and a divinely-driven circumstance which encompasses global actions, objectives and programmes to resuscitate the spirit and letters of that great phenomenon, nursing.

I felicitate with the entire nursing and midwifery community for our selfless services. I urge us to redouble and strongly reinvigorate our numerous efforts at repositioning the health sector and providing accessible, affordable and quality healthcare services to the Nigerian populace.

It is in the realisation of our numerous vital roles that the global community decided to celebrate and give pride of place to nurses and midwives worldwide, which further gives credence and support to our great works, towards the attainment of welfare for the less-privileged, women, children and those who can neither afford medical tourism nor afford private healthcare services.

Nurses and midwives as citizens' health advocates

Nursing and midwifery services are the hope of the Nigerian masses, whose advocates we are. As advocates and solicitors for the right to health of the citizenry, as fundamentally stipulated in Article 25 of the 1948 Universal Declaration of Human Right by the United Nations, this mission calls on all nurses and midwives to vigorously pursue the goal.

Nigeria, as part of the global community, is witnessing various challenges in the attainment of efficient healthcare services

through Universal Healthcare Coverage (UHC). At the centre of the struggle for the attainment of UHC are the nurses and midwives, who are often the unsung heroes and heroines of the health sector.

Nurses and midwives fundamentally are the peoples' advocates on health affairs, and they serve as the pivot around which other healthcare professionals revolve to deliver their services. While the importance of nurses and midwives is echoed across literatures, their roles remain largely misunderstood or criminally misapplied and misinterpreted for cynical motives.

Often the responsible agents do this to cover their inadequacies or to cover the glittering features of the nursing profession. Our voices are often submerged and our roles are impeded by unfriendly policies and conspiracies which have inflicted a lot of retrogressive tendencies, not only on the professionals, but painfully on the services that the Nigerian citizens are entitled to.

Interestingly, no health policy can succeed without the involvement of nurses and midwives. The Sustainable Development Goals (SDGs) or Universal Health Coverage (UHC) cannot be achieved with the relegation of nurses and midwives. It is in realisation of this that the world Health Organisation (WHO) leading others like the International Confederation of Midwives, International Council of Nurses and Burdett Foundation, as well as the United Nations Fund for Population Activities (UNFPA) identified the vital roles nurses and midwives play in providing healthcare

services in every part of the globe. WHO stressed that "they are often the first and only safe and reliable point of care in their communities."

The WHO has declared the year 2020 as the Year of the Nurse and Midwife. The essence of this is to reposition nursing and midwifery globally towards the attainment of the SDGs, especially the health-related SDGs. This advocacy is to secure and enable the government to lead the way in the attainment of UHC delivery services by empowering nurses and midwives.

Effects of shortage of nurses and midwives at PHCs

The collapse of Nigeria's primary healthcare centres (PHC) system was the resultant effect of the exit of nurse and midwives from the PHCs, with their replacement by lower level health cadre who had suboptimal training and skill. Painfully, today, we are in more precarious health situations than what it was before the mass production of CHEWS, which were aimed at substituting nurses and midwives in primary healthcare in Nigeria.

MDG goals were met in most countries that invested in nursing and midwifery human resources development for health workforce. No matter the resources pumped into empowering a butterfly, it cannot fly as high as a bird. Butterflies belong to insect family, while the

birds are of avian genealogy.

This is not contesting the point that these other middle level health workforce have roles to complement the work of the adequately trained professionals; but the global best practice is not to disparage, relegate or displace the original owners of health professional services for those that should assist them.

Despite this onslaught, there is an assurance of the preparedness of all the sectors of nursing services that we are more than ever before resolved to revamp the words and letter of Florence Nightingale in knowledge, skills, expertise, attitude and practice to work relentlessly to reclaim the lost glories of our cherished health sector. *(Continues next edition...)*



Experts decry high mortality rates of under 15 in Sub-Saharan Africa

continued from page 5

He warned parents and guardians to be careful about the freedom they allow teenagers to enjoy, stating that corruption, insecurity, moral decadence and other societal ills are at the zenith among the age group.

"Teenagers and adolescents should not be left to too much freedom, because we see them as leaders of tomorrow, and with the several challenges around us today, their future may be affected if they are not well guided and tutored", he cautioned.

Dr Charles Owosisi, health specialist, UNICEF Nigeria, highlighted the rights of a child as contained in the Child's Rights Convention (CRC), stating that any child less than 18 years needs to be aware of his right and demand for it, adding that this will enhance societal respect for these rights.



L-R: Director General, Nigerian Institute of Medical Research (NIMR), Prof. Babatunde Salako; Dr Jide Idris, former commissioner for health, Lagos State; and Prof. Oluwatoyin A. Odeku, dean of Pharmacy Faculty, University of Ibadan, at a conference recently held at NIMR, Yaba, Lagos.

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Biomedical set to launch ultramodern syrup factory – Olojo

Biomedical Limited is a wholly private indigenous pharmaceutical manufacturing and distribution company that is widely acclaimed for its leading role in the production and marketing of intravenous infusion in Nigeria with its BioFLEX range of products. The company is, indeed, reputed as the birthplace of intravenous fluids in Nigeria and West Coast Africa.

In this exclusive interview with **Pharmanews' Peter Ogonna**, the marketing manager of the company, Pharm. Olojo Watson, disclosed that the company is making final preparations towards commissioning its ultramodern syrup factory that will enable it to launch high quality oral formulations and medical consumables for the benefit of the Nigeria healthcare industry. He also spoke about the challenges of local pharmaceutical manufacturing and how government can assist indigenous players to overcome these impediments. Excerpts.

Please tell us briefly about Biomedical and its strategic focus for 2020:

Biomedical Limited is a wholly private indigenous pharmaceutical manufacturing, marketing and distribution company - now under the Bradford Group. The company is into production and marketing of intravenous infusions, popularly known as the **BioFLEX range**. In a very short while, we will officially declare open our ultramodern, state-of-the-art syrup factory and launch, our oral formulations and medical consumables.

Also, it is important to note that Biomedical will be looking forward to being actively engaged with other smaller pharma sector players for contract manufacturing deals in our new syrup factory, at a conversion cost that is unprecedented in this clime.

We are dedicated to manufacturing premium quality and affordable pharmaceuticals for the benefit of our citizens. The company currently has 16 product lines, majorly intravenous infusions (IVFs); and another 30 product lines, mainly syrup lines coming up - all being manufactured, marketed and distributed in the country.

Indeed, Biomedical has a good understanding of the local business landscape and the Nigerian pharma market. The BioFLEX brand (of IVFs) is already more than 30 years old, and its entrepreneurial spirit burns as brightly today as ever. We take great pride in this brand, the people behind them and the celebrations they're part of.

At Biomedical Limited, we recognise the ever-changing needs of the healthcare givers and are poised to meet them. We also realise the need for simplicity of drug administration, dosing, access to affordable high quality therapeutic agents, as well as pharmacovigilance and delivering on value proposition.

As a local pharmaceutical manufacturer, what are some of the challenges you are facing?

We are faced with a number of



Pharm. Olojo Watson

challenges, such as infrastructural deficit. Power supply to effectively support manufacturing operations is virtually non-existent in this part of the world. So we have to depend on private sources of power supply and this in turn increases the cost of local production and cost of doing business in Nigeria.

There are other challenges, including unstable government policies, poor financial support for local manufacturers, high interest rate from lenders, as well as a poorly developed petrochemical industry - which makes it difficult to source for raw material locally.

What do you think the

government can do to help the operations of local pharmaceutical manufacturers?

Government can do quite a lot to support local pharmaceutical manufacturers. They should work harder towards infrastructural development in this country and stop to pay lip service to issues surrounding infrastructural decay; especially as it relates to local manufacturing industries.

The development of the petrochemical industry is key to the survival of local pharmaceutical manufacturers because that is where we get our active pharmaceutical ingredients (APIs)/raw materials from. Government should improve on the ease of doing business

in Nigeria by ensuring that tax regulations and fiscal policies are harmonised to be friendly to local manufacturers as is being done in the progressive countries.

Interest rates for local manufacturers should be made near zero and the tax on imported goods with local substitutes should be increased, so as to discourage importation and ensure quantum growth in the local pharmaceutical manufacturing sector.

It is also important to note that regulatory authorities have to be empowered and well-funded to play their statutory roles.

How would you describe the state of healthcare services in Nigeria, especially as it relates to drug distribution?

Our drug distribution system is still largely uncoordinated. The few private sector distributive outlets are concentrated in urban areas, while the rural areas where about 70 per cent of Nigerians dwell are neglected. Indeed, some of the gains of recent years made in healthcare delivery may be negatively affected, if efforts are not made to stem the unfavourable trend in the drug distribution situation.

Almost on a daily basis, cases of proliferation of fake and adulterated drugs abound. The regulatory authorities need to do a lot more to stem this tide.

What message do you have for your customers this year?

We thank and appreciate our valued customers immensely for their patronage. There has never been a more exciting time to associate with them as a trade partners. We're shaping the future of our operations and business, and the way we see it, the possibilities for all of us are endless.

We want everything we do to meet the highest standards. At the top of that list is how we recruit our customers and trade channel partners, nurturing their loyalty, consistently ensuring they are satisfied and that our business partnership with them is mutually rewarding and profitable.

At Biomedical, we owe it to them to spend real time, effort and expertise talking, reading, hearing and absorbing their feedback - largely seeing our business through their very own eyes, as our mirror on how we have fared so far; so we can support, serve and reward them better for their patronage and loyalty in 2020.

We hope to get LS Scientific on the lips of every pharma company - MD

continued from page 32

the pharma sector. We took this decision for obvious reasons. One is because we want the drugs people take to match up with the quality of the food they consume. We have discovered that a larger percentage of the drugs we consume are not produced here; so we want to ensure that our local capacity is increased, while the quality also compares with what is obtainable in the developed world.

As part of our packages, we have some level of discounts exclusively for the pharma sector, to support them. We are giving 30 per cent discount, which is the highest we have ever given to any company. We are giving them the opportunity to buy products

of quality control and spread the payment over some time to ease their burdens because we know that it takes a lot of capital to set up a pharma company, while the return has not been encouraging. So, we are addressing that need from the angle of quality control, good training programme, easy payment plan and others, which for us is not about money making, but impacting on the sector by ensuring that the products that comes out of the country are top quality drugs.

Presently, we have about 20 pharma companies that we are dealing with and we have a good relationship with the Pharmaceutical Manufacturers Group of the Manufacturers

Association of Nigeria (PMG-MAN).

What products and services does LS Scientific have for those in the core pharma sector?

Our company offers a portfolio of innovative scientific products and a range of services, in line with American and European standards, including chemicals, calibration service, equipment, installation and commissioning. Others are equipment and instrument service, laboratory solutions and services, training, laboratory design and construction, as well as equipment and instruments for the pharma sector.

What's your message to the pharma industry as the company

plans to further be of service to the sector?

I want to tell them that they are not alone. We have identified the challenges and we are ready to partner with them by giving them the kind of service that they can always consider as being obtained from the advanced countries of the world and we have resolved to offer them the best quality service that will help them save money from production cost. We also want to grow together and ensure top quality of all drugs that will be coming out of this country, so we want them to reach to us and it would be win-win for us all.

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Seven habits of highly successful sales professionals

By Pharm. Sesan Kareem

There is no business success without sales success. Innovation and good marketing lead to sales growth. In order to achieve remarkable business revenue, profit and growth, it is pertinent to understand what separates highly successful sales professionals from the rest of the pack and what habits incredibly successful sales executives and managers have developed and mastered.

When considering this, here are major factors to remember:

Incredibly successful sales professionals have developed good habits that stand them out in the midst of the multitudes. Just like any habit, these habits can be learnt, developed and applied.

Sales profession is a challenging profession but is also pretty rewarding for those who are goal-oriented, success-driven, emotionally stable, customer-focused, great communicators and master prospecting and closing.

Becoming a highly successful sales professional is not a short-term project but a long-term commitment. Therefore, developing habits of successful sales professionals will guarantee success in the long run in your business.

I often ask questions from sales professionals during my sales training, "Selling with Kindness" on what determines success in sales, and the answers I receive often include:

- Good personality
- Confidence
- Product knowledge
- Time management
- Hard work

While the above traits play some important roles in sales success, they don't explain why two salespeople in the same company, selling the same products, with the same experience, same compensation package, same

qualification and same training perform differently. One salesperson can sell three times more than another in the same year.

You see, good personality, confidence, product knowledge, time management and hard work are the effects, not the causes; they have more to do with who you are and what you do than what you know.

Here are seven habits of highly successful sales professionals and how you can develop them:

They are goal-oriented

Highly successful sales professionals set SMART sales goals. They have goal clarity. They know exactly what sales they have to make weekly and monthly to achieve their sales target for the year. They don't just set written goals; they also have a plan of action on how to achieve their goals. They know the number of prospects to see weekly and the quantity of products to sell weekly. They often review their performance on a weekly basis and re-adjust their course of action until they get their desired results.

They attached their goals to genuine reasons that will motivate them to keep striving hard and never give up on their sales target and reward themselves appropriately when they achieve their set objectives. Successful sales professionals believe they can achieve their goals and are determined to do what it requires ethically to achieve them.

Set specific, measurable, achievable, relevant and time-bound goals that inspire and challenge you to grow and become better as a sales professional. Read your written goals morning and night. Make sure your goals contain daily action plan and weekly review. Plan appropriate reward for yourself when you achieve

your sales target. Use your imagination to see the actualisation of your goals. . Believe in your ability to achieve your goals.

They are success-driven

Highly successful sales professionals are success-driven because they have clear expectations of what they want to achieve and where they want to be in the future. In the pursuit of their goals, they are able to develop the achievement drive required for success. Because they believe in themselves and their ability to turn their goals to results, they often tap into their innate potentials and find ways to turn their invisible goals into visible results. They are determined, committed, dedicated and resourceful in the pursuit of sales excellence.

Successful sales executives and professionals have developed the right psychology to overcome sales rejection, as well as temporary failure and setbacks. They have good self-image and self-confidence and are ready to pay the price of success in advance.

Make up your mind to become a leader in your company and industry. Read books, listen to audio messages, attend seminars and work with a coach or mentor that will help you realise, unleash and unlock your true genius as a human being. See rejection, setback and failure as necessary and important part of your sales success. Develop your self-image, self-esteem and self-confidence. Be success-driven. Be result-oriented.

They have emotional stability

Highly successful sales professionals have developed emotional intelligence. Emotional intelligence leads to emotional stability. They have developed their ability to face rejection on the field and use the rejection as a fuel for acceptance



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

of their ideas, products or services. They have mastered the ability to study their clients' emotional state, body language, facial expression, fear, worry and expectation, and use them to their advantage.

Respected sales professionals are those who use their emotions to their benefit, not the other way. They are conscious enough to identify, interpret, understand and manage their emotions and their prospects' state of mind. They are always cool, calm and relaxed.

Start paying serious attention to your emotional state. Document on how you feel when you are in front of your prospect. Identify how you can face rejection and difficult prospects in a calm manner. Develop your emotional vocabulary. Work on your emotional state through repeated affirmations and imagination. Become immune to feeling negative about setbacks and rejection. Become a highly emotionally intelligent sales professional.

To be continued....

ACTION PLAN: Set Smart sales goals. Unleash your achievement drive. Develop your emotional quotient. Believe more in yourself.

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

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

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If symptoms persist after three days, consult your physician

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SIDE EFFECTS:

Nausea, Rashs, leukopenia are rare.

CONTRAINDICATIONS

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

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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Staying idle after retirement portends danger – Pharm. (Mrs) Oluwole

By Moses Dike



Pharm. (Mrs) Modupe Oluwole

Born 86 years ago, Pharm. (Mrs) Modupe Oluwole is one of the pioneers of hospital pharmacy practice in Nigeria. With a vast wealth of experience garnered within the country and overseas, the octogenarian pharmacist has had memorable stints in paediatric, geriatric, maternity, infectious diseases and general hospital practice. In this recent chat with **Pharmanews** in Lagos, Oluwole, who founded the now rested Modus Pharmacy in Surulere, Lagos, bares her mind on a number of issues affecting pharmacy practice in Nigeria. She also shares some of her life experiences after retirement from active service. Excerpts

Ma, can you tell us a little about your background and education?

I attended the oldest girl's secondary school in Lagos. When we graduated, the school was moved to Ibadan to form St Ann's School, Ibadan. We celebrated our 150th anniversary a few months ago. After that, I went to pharmacy school, Yaba, and finished in December, 1954.

After graduation, I first worked with Kingsway Stores Dispensary. There was a pharmacy inside that big Kingsway building - that was where I first worked with a few of my colleagues. One was my classmate, Mrs Onasanya of Bola Chemists, and two others, were my senior colleagues at the pharmacy school. After that, we decided to work with the government.

So we went to general hospital, Lagos, where I worked briefly before being transferred to Massey Street Maternity Hospital. That was the only maternity hospital in Lagos at that time. After some time, I went abroad to join my fiancée in 1956. We got married and I started working in a few hospitals there, ranging from general hospital, paediatric hospital, infectious diseases hospital and lastly, I worked at a geriatric hospital, taking care of old people. So I was able to gain

a lot of experience.

After about five-and-a-half years, we returned home. Then I started work again at Poly Clinic before it was turned to Children's hospital. When the Lagos State Teaching Hospital was started, I became one of the pioneer staff to be employed as a pharmacist. I spent about 10 years there before our retirement during General Murtala Mohammed era. Then, I started my own community pharmacy business, named Modus Pharmacy.

When my husband became a priest, we had to move from place to place. While we were still in mainland Lagos, I was still able to manage the business until we were posted to Epe. When I got to Epe, I tried managing for one month, then I saw it wasn't that easy. So I stayed back at home. Somebody was in charge but I wasn't quite pleased because I wanted the best for the pharmacy. Already, people in the area had become very familiar with the pharmacy as a place where you would get what you wanted, I didn't want the name to be tarnished. I carried on, until we came back to Lagos. By the time I got to Lagos, I tried to push further but old age was creeping in, so things were not the same again. I decided to let the business go rather than spoil the name I have made.

During your years of practice, you concentrated on hospital pharmacy practice. What prompted your decision to study Pharmacy and narrow down your practice to hospital pharmacy?

I wanted to study Medicine and my father was very much interested in me studying Medicine. My father was already saving up for me to go abroad to study Medicine, which was the only place you could study Medicine at that time. But when it became impossible, he begged me to study Pharmacy and that, maybe after some time, I would opt out to study Medicine. That was how I went to pharmacy school. I enjoyed it; and when I went abroad, there was a controversy about my certificate but when they saw my performance, they were satisfied and offered me employment in all the places I have earlier mentioned.

I was going once a week to man all these pharmacies. My boss at that time was a very strict woman but was very fond of me. I did all these, until we returned home. At that time in Nigeria, it wasn't easy to set up a pharmacy. I first went to Kingsway dispensaries where I worked during the holiday. After this, I moved to hospital pharmacy practice and since then, I have been in hospital pharmacy practice.

When would you consider the most memorable time in your years of practice?

When I was in LUTH, I became the acting head of Pharmacy Department and I instilled discipline. Coincidentally, three of my classmates at the pharmacy school were there with me.

There was a vacancy then and the chairman of the board, a very strict man, Professor Orisejolomi Thomas, was asked who would take over as head of the department. He wasted no time in recommending me and said he had confidence in me. That was how I took over and I enjoyed working with my team.

Discipline was perfect and my classmates working with me cooperated very well. We ensured that drugs were always available in the hospital. There was a time a professor came for drugs and we didn't have it. It was a May & Baker product. So we phoned May & Baker and they said that particular drug when imported was always sent to the north because the particular illness which the drug was used for was rampant in the north; so they didn't have it in Lagos at all.

I went to Professor Thomas to complain that I had problems; so he got in touch with one of the top army officials in government and they radioed their branch in London and they gave me time to meet the airplane crew at Ikeja airport to receive the drugs.

There were few cases like that where I had to go the extra mile to render services, instead of just announcing that the drug wasn't available and then sit down to do nothing to help the situation. I raised the standard, not just through personal efforts,

but through the help of God and the cooperation of the people working with me.

Looking back now, how would you assess the current state of service delivery in our hospitals and healthcare facilities?

I don't want to criticise. People are doing their best but sometimes I don't think their best is good enough for Nigeria. When I left LUTH, a classmate of mine took over and did his best. He carried on with the work. But now, I don't even know anybody there again. They are all gone. All of them are gone but the sad thing is that you go to the hospital, drugs are prescribed for you and they give you the prescription to go out and buy. There are pharmacies around the hospital where you go to buy drugs. You no longer receive prescription and you go straight to the hospital pharmacy department to obtain the drugs, even if you have to pay for it.

Those days, when you were in the ward, you didn't have to send people to go and buy drugs for you. Every morning, baskets were sent from the wards to the pharmacy department. A request was made, then you would fill the baskets and change all the labels that needed to be changed. That was the first work every morning in the pharmacy department.

I don't know if they still do that in the department these days. These days, when there are no drugs, the patient will ask a member of his family to go out and buy them.

What are the areas of pharmacy practice in Nigeria that you would like to see improvements?

I would like to see that these pharmacies are manned by pharmacists. Most of the pharmacies all over the places now are owned by laymen and they just put somebody there. It's only in a few cases that you see a pharmacist there.

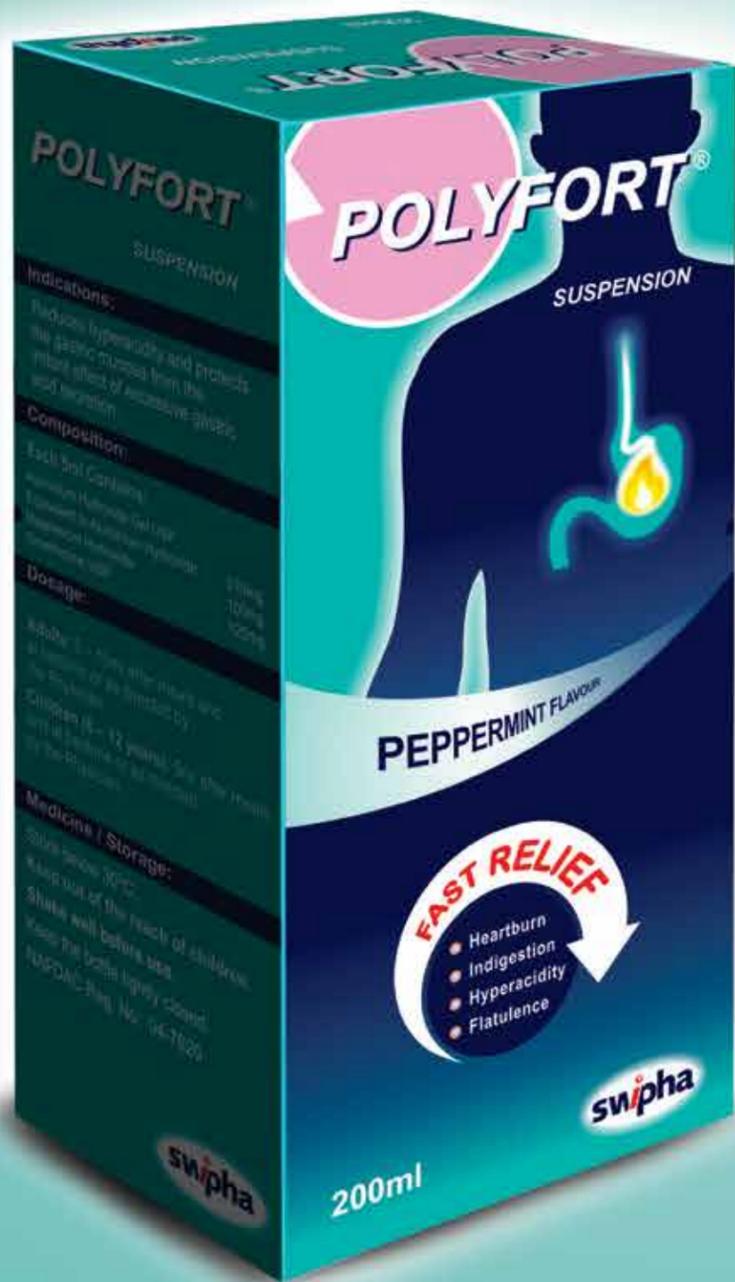
For instance, a pharmacy was opened a few doors from me here, but each time I send somebody there and they do something wrong, I send a message back to them and over time I could see the improvement. For instance, selling tablets in envelopes without labelling it. I will send it back and insist that they label the drug properly. Now, they know what I can't take; so when I send people there, they telephone me to get clarifications on what I want. They make sure they try to do the right thing, at least with me, and I want to assume they do the same with other people also.

How has life in retirement been?

It's being lovely. It was hard at first because I was bitter. Everybody knew I did my best for the pharmacy department; so when it happened, people felt bad and fought my case in the administration department but the management was adamant. That was when I established Modus Pharmacy and since the

continued on page 36

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Why Neimeth launched "Stay Worm-Free, Stay Healthy" campaign - Azoji

By Yusuff Moshood

The "Stay Worm Free, Stay Healthy" campaign recently launched by Neimeth International Pharmaceuticals Plc., is aimed at ensuring that Nigeria has more worm-free individuals and families, the company's managing director/CEO, Pharm. Matthew Azoji, has said.

Speaking with *Pharmanews* in an interview during the launch of the campaign at Neimeth's head office in Ikeja, Lagos recently, Azoji said the campaign was to encourage all Nigerians to deworm and encourage families to deworm their children, noting that worm infestation is a serious public health challenge, as more than 80 million people are suffering from the condition globally.

While noting that children are the most vulnerable group affected by worms, the Neimeth helmsman explained that worms compete for the food that children eat, stressing that they are a major reason for malnutrition, anaemia, diarrhoea and other health conditions in children.

The "Stay Worm-Free, Stay Healthy Campaign", he said, will be carried out through enlightenment campaign in the media to enlighten Nigerians on the importance of deworming and staying worm-free.

Also speaking at the event, Pharm. (Mrs) Roseline Oputa, executive director, Neimeth, explained that the company will be rolling out massive enlightenment campaign in the markets, neighbourhoods, pharmacies and schools within and outside Lagos State, to educate the public on the importance of deworming regularly and the need to choose Pyrantrin as the ideal worm expeller for the



L-R: Pharm. Chovwe Emaniru, marketing manager, Neimeth International Pharmaceutical Plc; Pharm. Roseline Oputa, executive director; Pharm. Matthew Azoji, managing director, presenting a cheque to the new Pyrantrin ambassador, Woli Arole, while other managers of Neimeth look on with keen interest.

family.

Oputa stated that, based on WHO estimates, soil-transmitted helminth infections are among the most common infections worldwide, noting that intestinal worms produce a wide range of symptoms, including intestinal manifestations (diarrhoea, abdominal pain), general malaise and weakness.

Oputa said that according to a current survey, over 30 million Nigerians are affected by worm infestation, 85 per cent of whom are children, adding that over 70 per cent of adults in Nigeria have not taken any worm-expeller in the last 10 years or more.

She stated that, for decades, those who have used the company's worm-expeller, Pyrantrin, have realised that it is a revolutionary

product for the family, adding that it has a broad spectrum anthelmintic activity against intestinal worms and is suitable for the treatment of roundworms, threadworms, and other types of worms.

Pyrantrin, she explained, can be used across all age groups from six months of age, with very suitable dosing, stressing that the well-tolerated worm expeller is a product that is ideal for mass deworming because it has a wide safety margin.

She warned that worm infestation, if left untreated, usually leads to severe malnutrition, poor mental and physical development, severe anaemia, intestinal obstruction, as well as having serious economic consequences for the nation and society at large.

Neimeth, she said, is very

excited to begin the deworming campaign and also very proud to be associated with the Pyrantrin brand ambassador, Woli Arole who was unveiled at the event.

Also speaking with *Pharmanews* in an interview at the event, Pharm. (Mrs) Chovwe Emaniru, head of marketing of Neimeth, explained that Woli Arole was chosen as the brand ambassador is because he is a respected influencer who stands as a bridge between the old generation and the young generation.

The brand ambassador, she said, will help take the message of the company on the need for Nigerians to deworm regularly to the general public. She noted that deworming regularly has not been part of our culture for a long time and that the Neimeth's campaign was to create awareness about the danger worms pose to Nigerians and the need to regularly clear them from the system.

Speaking after his unveiling as Pyrantrin brand ambassador, Woli Arole thanked the management of Neimeth for asking him to be the brand ambassador for the worm expeller which has been produced by the company for over 60 years, adding that he is honoured to be the ambassador of the product that has been trusted for several decades by Nigerians.

Arole said he is quite happy to help with the deworming campaign because he is aware that the culture of deworming in Nigeria is very poor. He noted that he is particularly glad to be part of the campaign because it is focusing on how to help improve the health and life of Nigerians.

We hope to get LS Scientific on the lips of every pharma company - MD

By Adebayo Oladejo

Olumurewa Odunjo is the chief executive officer and managing director, LS Scientific, which specialises in providing quality control solutions for science-based companies. A strategic, visionary and innovative thinker, with over 20 years' experience in the business, Odunjo has successfully driven the growth of LS Scientific to unprecedented heights for the past 13 years. He pilots the affairs of the company both in Nigeria and the UK. In this interview with *Pharmanews*, he reveals the challenges facing pharmaceutical manufacturers in Nigeria and how LS Scientific can help local manufacturers to produce top quality drugs that can compete internationally. Excerpts:

Tell us about LS Scientific, when was it established and what was the philosophy behind its establishment?

LS Scientific Limited is a company dedicated to providing quality control solutions within the scientific sector. It was incorporated in the month of February, 2007 in the United Kingdom and, in Nigeria, in the month of March of the same year.

We specialise in quality control solutions. We help manufacturers to decide on the quality of what they produce and also to maintain and check the quality standard. We operate in different markets, from the industrial market, to the manufacturers of consumer goods, food and beverages companies, pharmaceutical companies, oil and gas, and we also help researchers to enable them carry out their research works. In addition to all



Olumurewa Odunjo

that, we also provide laboratory services for people to set up their own laboratories.

What prompted the decision of the company to come into the Nigerian market and what are your short and long term objectives in the country?

Basically, our short term plan is to get LS Scientific on the lips of everybody that needs quality service - be it consumers, manufacturers, regulators and everybody. Quality is very important. In fact, it would be hard to progress as a nation, if we don't have the culture of quality, either in our processes, dealings, services, education, and what have you. This is what gives a nation the status of being healthy and wealthy.

We aim to ensure a very good quality standard that will further enhance the productivity of finished products and the expertise level of scientists, using different techniques that satisfy the global scientific requirement.

Meanwhile, our long term goal is to spread this idea beyond the shores of this country. But as we speak now, our focus is on Nigeria, being the "giant of Africa", and we want to grow it further before moving to other African countries. Our vision is to be the one-stop solution for all scientific and technological needs in the area of quality control in Europe and Africa.

Quality, especially in the pharmaceutical industry, is a fundamental component of the process and practice. What are the measures that can help strengthen it?

Truly, regulation is important and government involvement is also important; but the bigger responsibility rests on the government, so that the regulatory agencies will be empowered to do the job. Another measure is the area of sensitisation and awareness from the manufacturers to the public.

Let's take the pharma sector, for example. When someone is sick and he is taking fake medication, it means the sickness won't go and, in most cases, it leads to death. So, quality, for us, is not a mere word of the mouth; it is about the wellbeing of a nation. This is the

core of our business at LS Scientific and we hope every other business imbibes this as well. We need to ensure that as a nation, whatever we consume, either as medication or refreshment, they come with top quality that will do us good and not damage our health.

What has been the experience of this company, especially regarding the Nigerian pharmaceutical sector?

The company is 13 years in Nigeria as we speak, and it has been through the ups and downs. However, due to the steadfastness and competence of our team, we have been able to weather the storm. As for me, I have over 22 years' experience in the scientific world, selling ideas and solutions, even before the establishment of LS Scientific.

Today, the country is gradually moving from being an import-based nation. We've started manufacturing and the masses are there to consume these goods being manufactured. But the challenge is, how we ensure that these goods are top quality that can compete internationally. This was what necessitated the need to have a company like LS Scientific.

Tell us about your relationship with the pharma sector. How do you intend to break in further?

Over the last few years, we have been very active in food and beverages. So, an idea came to us recently that if people are eating right, we need to ensure that if they are sick, they are also treated right. So, for us at LS Scientific, we are dedicating this year 2020 to

continued on page 25

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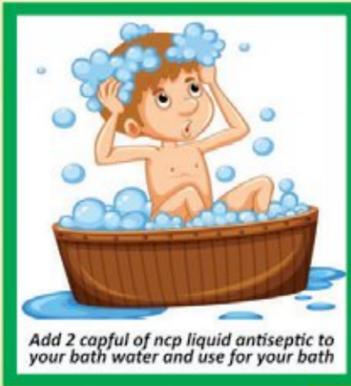
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Coronavirus: Did the Nigerian government do enough to prevent an outbreak?

The recent outbreak of coronavirus, officially known as COVID-19, has continued to convulse the world with dread, as the spread and death toll keep mounting. On 28 February, Nigeria recorded its first case of the disease and since then, additional cases have been confirmed. Considering that not all countries, including those around China, where the pandemic is reported to have emanated, have recorded an outbreak, our reporter, Omolola Famodun, sought the opinions of Nigerians on whether the government did enough to prevent an outbreak in the country. Their diverse reactions are presented below:

They could have done better - Tochi Nwanehiudo



The government tried their possible best to liaise with airport authorities in order to see that people coming from the countries that had the virus didn't get into the country to spread it - just like what they did with the Ebola virus when it came in. In my opinion, they did their best. Nevertheless, when compared with few other countries, using Turkey as a case study, the government didn't do enough.

Turkey is surrounded by countries that have the highest incidence of this disease; yet, to date, not one case of COVID-19 has been recorded in there. What they did is that, as soon as the cases of coronavirus broke, they started taking preventive measures. The way Turkey handled the prevention made other countries come to consult them.

So, just like I said earlier, the Nigerian government tried, however there were still some extra efforts they could have put in place, just like Turkey. Nevertheless it is not totally bad yet; we trust in the power of the federal government that, just like Ebola was eradicated completely from Nigeria in a very short time, this one too will pass.

Prevention lies with the citizens - Olajobi Aramide

Coronavirus is not new. It had been in existence for years but was not given the media attention like it has now. Many antiseptic products had been prescribed to cure and attack it for ages. You may check the contents written on both the old and the new labels on Dettol antiseptic container.

I think blaming the Nigerian government for insufficient health facility to tackle it or security to stop its spread is hypocrisy. Do you know that most of these diseases, especially coronavirus, come from self-mismanagement on health activities and handling animals? Some people do not even put appropriate measures in place before eating some animals.

I submit that it's true that, for anything that happened, we humans love to hold the government responsible. But the reality is that most prevention methods lie in our hands as citizens, if we love our health.



There is no COVID-19 in Nigeria - Winifred Egwu



As regards COVID-19, I don't think it is in Nigeria, because recently I have heard a lot of people saying so many things. In fact, I heard that it was because of the 600 million disbursed back then that they had to quickly do something to justify their spending.

We heard someone brought the virus from Italy. There is no particular information about the person. There is no proof of anything. Even the person that they said drove him in to the isolation centre, there is no information about the person or his family. Everything is just being cooked by the federal government. Anytime they want to discuss the matter, it is mostly behind closed doors, unlike the case of Ebola. Then, we had the footage of him (the index case) from the airport. Even when he collapsed, the whole thing was on camera. We saw that

the virus did not claim just his life but even the medical practitioner that treated him.

So I don't want to say whether they prevented it or not; the fact is just that we are not sure the virus is in the country or not. The isolation centre they talked about, we did not see any sample. There is no information on research. We have a lot of research centres in Nigeria; yet they don't have samples. Then, how can we be sure this virus is in our country?

FG adopted corrective, instead of preventive measures - Prosper Efe

No! They didn't. They actually didn't do anything, until February when they began a fire brigade approach to prevent the virus by disbursing funds to put our isolation centres in place, but then it was too late.

The very first thing I think the federal government should have done was to increase the surveillance systems at our international airports, especially for flights coming in from affected countries like Italy.

I mean, the index case (the Italian) was not detected until 27 February, when records showed that he got into the country two days earlier. The government should have put in place isolation centres at our airports or nearby, where passengers from affected



countries should first be isolated and proven to test negative before allowing them into our society.

If this was in place, we would have detected easily that the Italian was infected with the deadly virus. The FG used a corrective approach, instead of a preventive approach towards this viral disease.

But then the virus is in the country already, the way forward is to increase our contact tracing effectively, which I think, so far so good, the FG has really handled well.

Ebola made them overconfident - Jonathan Ogbonnaya

No, they did not do well. We all know that COVID 19 is a global phenomenon in the sense that all countries are doing their best to curtail the virus from entering their domains. A lot of countries are bringing up so many ideas, setting up strategies, making sure that their borders are improved; their airspace, land space and water space are being checked every time; the places people enter and come out from are watched. They try to make sure that everywhere is tight medically.

Coming down to Nigeria, the way the world is trying their best to curtail this virus is not being done in Nigeria. We tend to show a lackadaisical attitude towards such things and that is the reason why we are here. The Minister of Health's first press release concerning coronavirus emphasised more on the millions of money they released for the virus. In fact he was bragging, saying with that amount of money, no one with the virus could pass through the airport without being detected. So what happened? What changed? Those facilities were not medically sophisticated to detect any case - not even malaria - how much more coronavirus!

The victory we recorded during the Ebola virus saga made them to be overconfident; the miracle shook the whole world. They believed since they defeated Ebola then, they could overcome COVID-19, perhaps using same method.



Government did nothing - Ruth Ogubuike

No, the Nigeria government didn't take any preventive measures against coronavirus, not to talk of doing enough. There were no good efforts at international airports to screen returnees. Even the Chinese nationals that were in the country were not quarantined; instead, they were asked to self-isolate.

The Nigerian government is just a joke. All I see is just an avenue to loot more money in the guise of fighting coronavirus and, yes, they should be blamed for it.

How well has the federal government mandated FAAN and other relevant agencies in the fight against coronavirus? I can say for sure that the airport authorities have been lackadaisical in screening and beefing up activities in the fight against the virus because currently there are no due processes to screen

the passengers accurately on arrival.

As individuals, we are urged to maintain good personal hygiene but the government is to be blamed if good preventive measures are not put in place for the citizens.

Federal government and employers should start emergency plan - Seyi Famodun

They did not put in their best. How can we say the 600 million naira they disbursed was their best? We read about what other countries are doing and how they are doing it - installing cameras everywhere, screening at airports and borders, giving rationing care, ensuring that no foreigner goes or comes into the country without proper check.

Who knows how many people the Italian guy had contact with - how many people he touched or hugged? The truth is that the federal government is not doing enough. This is not their best, and they should put the same drive towards Ebola and help us eradicate this from our country.



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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.

Staying idle after retirement portends danger – Pharm. (Mrs) Oluwole

continued from page 30

pharmacy was doing fine, I felt happy. People would tell their wards to go to Modus Pharmacy for their drugs and if you returned with drugs not packaged in my branded pack, they would send them back.

I was happy with the way the pharmacy was going but when my husband joined the church ministry, it wasn't too easy for me, because in the ministry you have to work very closely with your husband. I tried for four years to keep running the pharmacy but it was not working as the ministry work was constantly demanding for my time; that was why I shut the pharmacy down.

How would you react to the hydra-headed issue of patent medicine vendors intruding into pharmacy practice? How would you like regulators to

tackle this problem?

This problem is not new. It's been there since when we were in practice. Patent medicine dealers would want to pose as pharmacists. At some point, my husband worked at Holy Trinity Church, Ebutte Ero, along Adeniji Adele Road. When we went there, I saw people hawking drugs and I was surprised. Then I saw their depot and so many things done wrong, I became sad because there was nothing I could do. There was a day inspectors went there. Those patent medicine dealers gathered a crowd and surrounded them. They were almost assaulted but God was kind and they ran away.

It's been like that from time immemorial and I am praying to God and hope this thing will be sorted out. How

can you just come out with standard six certificate, open a pharmacy and then think you know it all? Do you know what pharmacists go through to get certified? At the Association of Lady Pharmacists, there was a time we went round educating people not to buy drugs from just anybody.

I think the government is not doing enough. How can the patent medicine dealers take the PCN to court? It's unheard of. As pharmacists, we have to put our feet down because if we don't, pharmacy technicians and patent medicine dealers will take over our profession.

Is any of your children or grandchildren a pharmacist?

I have four children. Two of my grandchildren are married but I am not a great-grandmother yet. I am praying for that. The youngest of my grandchildren is seven years and the oldest of my children is 63 years and my last child just turned



Pharm. (Mrs) Modupe Oluwole

50 years.

None of them took to my husband's profession as an engineer. When they saw me struggling at the pharmacy business, they said no they couldn't go through all the activities, ranging from buying the products, sorting them out, setting up and dealing with the patients. They were not ready for all that. None is a doctor and none is a pharmacist.

One of my daughters got married to a doctor but unfortunately the husband passed on. One of my grandchildren is now trying to go into Medicine.

If given another chance again, would you choose pharmacy as a profession?

I would. I would choose it over Medicine because of the satisfaction I derived from it. Like I do say, anytime you go to a hospital, you must necessarily come to the pharmacy. It's the first and last port of call.

What advice do you have for young pharmacists who want to keep fit and retire gracefully the way you have done?

Naturally, I'm not a lazy person. I want to do things myself and my family members know this. But when you retire and you don't have something doing, your body will relax and that is when trouble starts.

Like I told my children, when I clocked 80 years and they were worried that I still go to the kitchen to cook even when they hired a chef for me, I told them, I like to cook myself. But with so much pressure from them, I gave in and now I am feeling it. I thought I should have put my feet down but they would not agree with me. So that is why I'm struggling to walk now. I'm using a walking stick now. Otherwise, I am the go-go type.

Even in my workplace, you can't work with me and be lazy. The young people should cultivate the habit of being active even in old age. So, whether they have their own pharmacy or doing something else other than Pharmacy, they have to go all out. It keeps you fit. Choosing to do nothing because you have retired is a bad habit that spells doom.

I have always been very active in church work. I faced church work fully after retirement and am still doing it, although not as much as I want. I still give talks once in a while, so that I can exercise my body and my brain.

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Why withdrawal of students over repeated failure is questionable – President, PANS-OAU

Success is not final, failure is not fatal: it is the courage to continue that counts," so said Sir Winston Churchill. And this seemed to be the dominant thought in the mind of Ayobami Michael Olushola, president, Pharmaceutical Association of Nigeria Students (PANS), as he reflected on the recent saga of mass failure in the Faculty of Pharmacy, Obafemi Awolowo University, Ile-Ife, Osun State. Speaking with *Pharmanews* in an exclusive interview, the final year student of the pharmacy faculty, bared his mind on this and other burning issues in pharmacy education in Nigeria. Excerpts:

Why did you decide to study Pharmacy?

To be honest, the choice to studying Pharmacy for me didn't start as a childhood dream. It was never really in the picture and neither were a lot of the other popular academic options in the health sector. In any case, I have always felt that I have the ability to prosper in any field.

When I began my pharmacy programme, I probably wouldn't have been able to give a satisfactory answer to this question. However, five years onward, I can say that I am studying Pharmacy to be a symbol and a drive for those behind me in the race of actualising purpose.

How did you arrive at the decision to become PANS-OAU president?

Ever since I came into Ife, I had always found myself in one thing or the other for the benefit of PANS. I served on committees in my 100 Level days. I was also made to serve as the public relations officer of the association under the Ojelabi Jesujoba administration in 300 Level. Through all this, I was a member of the debating and literary arm of the association, as well as the faculty football team.

I served as the head of Publicity and Logistics Committee for consecutive PANS week programmes. All this culminated in me seeing the beauty in the synergy that makes up Ife Pharmacy. For the purpose of continuity and increase, I decided to take the bold step to help channel Ife Pharmacy into greater heights as a body. And as God would have it, here we are today.

What aspects of your responsibilities as president do you consider particularly challenging so far?

Definitely a lot of aspects of leadership in such a sphere start off as being tasking at first and it is the responsibility of the leader to rise above them and succeed. For me here in PANS-OAU, the aspect that I consider most challenging so far is taking the numerous ideas, visions and potentials domiciled here in Ife Pharmacy and helping them get beyond the confines of Ile Ife to external bodies that will help push them to the needed destinations.

The scandal of "sex-for-marks" has become a major issue in universities recently, especially OAU. How would you react to this as it affects the faculty of pharmacy.

Such issues as this are some of the things that place a dark cloud on the genuine efforts of many honest students around, and it is sad that our very own Great Ife which is known for learning and culture, is in the public view for a matter like this.

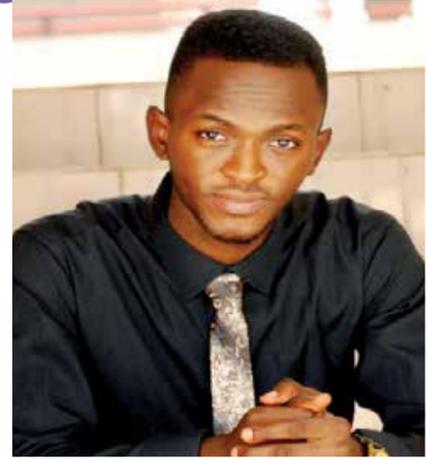
However, I can confidently say that, regarding the lecturers and students in this great faculty, such issues have not and cannot be a thing to give thought to. With respect to the nobility we are known for, decency and honesty remains the crests written on the pages of the heart of all here in Ife Pharmacy.

Amidst a tight academic

ability.

Is it true that the pharmacy curriculum is cumbersome and does not allow pharmacy students to participate in social activities like other students?

If the flight ticket from Lagos to Abuja is 20,000 naira and takes one hour, the flight ticket to Ottawa in Canada from that same Lagos state will definitely require more, both with respect to time and amount. This is the case of the curriculum in pharmacy school. Does it require more from its students, with respect to volume and quality of knowledge? Yes, it does. Does it require more in terms of time and effort, as it pertains to the peculiarities needed to produce a competent and dependable pharmacist? Yes it does. Does this mean lesser time for pharmacy students, compared to their colleagues on campus? Yes it does and it also means that the



Ayobami Michael Olushola

average pharmacy student is more given to proper time management, multitasking ability, as well as the ability to find a balance amidst different pulls.

There have been mixed reactions towards the recent continued on page 48



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Ewedu, more than just a vegetable

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

Jute leaf, popularly called *Ewedu* among the Yoruba, *ahinghara* in Igbo and *rama* in Hausa, is a popular vegetable in West Africa. The botanical name is *Corchorus olitorius* (Fam: Malvaceae).

Constituents

Ewedu contains almost all of the nutrients needed by humans. It is rich in carotenoids, vitamins A, C, B, K, Folic acid, calcium, potassium and iron and dietary fibres. It is also rich in both essential and non-essential amino acid, such as lysine.

Preparations

The leaves and tender shoots are eaten. *Ewedu* may be boiled (alone or with locust beans, lemon or olive oil), dried, steamed or pureed, mixed with chicken, or prepared into soup. Jute leaves are used to flavour soups, stews, teas, and vegetable dishes. Dried leaves can be used as a thickener in soups. Young leaves are added to salads. The leaves and roots may be prepared as cold infusion or decoction.

Pharmacological actions and medicinal uses

Jute is a traditional remedy for aches and pains, fever,



Corchorus olitorius.

dysentery, enteritis, pectoral pains, and tumours. Leaves are used for ascites, pain, piles, cystitis, dysuria, gonorrhoea and tumours. The cold infusion is said to restore appetite and strength. An infusion is used in the treatment of liver disorders and dyspepsia. The leaf is a good anti-anaemic which prevents anaemia due to its high iron content and also facilitates the production of red blood cells.

The jute leaf has been known to be a remedy for pregnant women experiencing prolonged labour. It has also been discovered to aid milk secretion in lactating mothers. *Ewedu* helps in overcoming the problems that occur from premenstrual symptoms (PMS)

and maintaining the menstrual cycle regularly. It has also been advised by researchers that women going through menopause should take more of this vegetable.

Jute plant consists of a considerable amount of Vitamin K which is helpful in reducing the threat of bleeding in the liver, poor nutrient absorption, jaundice or the combination of long term use of antibiotics or aspirin.

Regular consumption of jute plant is believed to help slow the start of certain eye diseases, including age-related macular degeneration.

Jute plant consists of a sufficient amount of magnesium that is required for the body. Therefore frequent

consumption is recommended to normalise asthma-related problems such as wheezing and breathlessness.

Ewedu is said to lower blood pressure and cholesterol. It is good for heart health and diabetes, and can increase sexual libido and aid fertility. It is also a blood purifier and laxative.

In fact, dieticians call jute "a pharmacy on your plate" due to the numerous nutritional health benefits associated with it.

Adverse effects

Ewedu should be avoided when taking antibiotics like ciprofloxacin in order not to reduce their effectiveness. It should also be avoided in first and second trimesters of pregnancy.

Economic potentials

The stem of the plant can be burnt as firewood. The stalks are used for industrial products like rope, pulp, paper, fibre and composites. The fibre is used for making gunny bags, rugs, ropes, carpets, rough cloth and many other similar articles of daily use.

Light and soft wood is used in making sulphur matches. *Ewedu* leaves can be used to make cosmetics like face masks, creams and serums.



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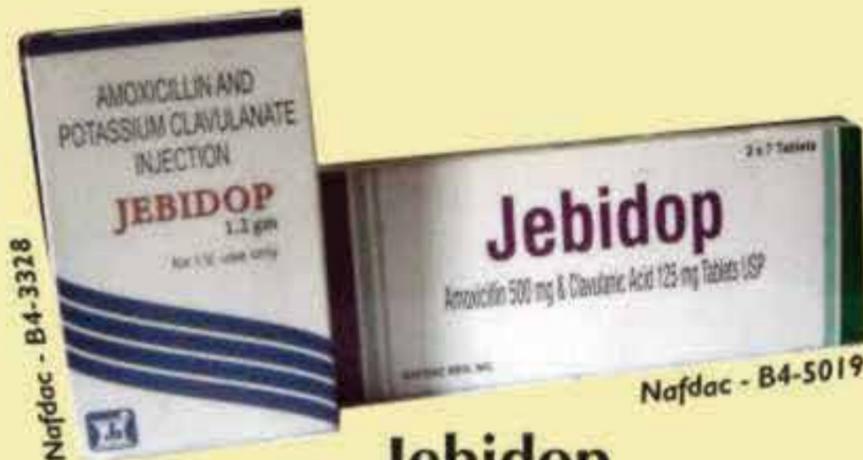
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Coronavirus outbreak, another wake-up call for drug security – Lolu Ojo

By Yusuff Moshood

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

As the chairman of the PSN Committee on Research, Documentation and Industrial Liaison, what do you consider as the most fundamental challenge facing the pharmaceutical industry and how can the challenge be surmounted?

Since your question started from that PSN committee, let me first use this opportunity to appreciate the PSN president, Mazi Sam Oluabunwa, for setting up the committee. Having that committee is a result of good thinking, I must say. And the president summarised the work of the committee in one sentence. He said he wants the committee to provide an intellectual basis for PSN advocacy. That is, he wants the committee to look in depth at all issues pertaining to Pharmacy and provide an intellectual basis for whatever is the advocacy the PSN will be making.

And that is what we have been trying to do. We have handled some cases. We handled the Pharmaceutical Technology Bill, which was a bill they were pushing to split Pharmacy into sub-categories.

We had to look into what was happening in other climes, the complaints of the group and other things. At the end of the day, we were able to give the PSN president some basis for what we needed to do. I thank God that that bill was killed at the National Assembly.

We have also worked on online pharmacy. Without any particular regulation right now, the entire online space is filled with pharmaceuticals that are being offered for sale. We did a webinar that involved about 1000 pharmacies. More than 1000 pharmacies registered for the webinar, although not all of them were able to participate eventually. For the webinar, we had an expert from India who shared experience on the situation in India and advised us on what we needed to do.

What we eventually agreed on is that we are having a big challenge handling the physical medicines, not to now talk of the ones online. However we can't close our eyes and pretend as if nothing is happening online. We spoke to a lot of people. We spoke to the managing director of Jumia and other stakeholders.

We are still on it and our position is that it is better if we take control of the process now, not for anything, but to protect the people. This is because a lot of fake products are being sold online. This has been documented in so many countries. It was confirmed in a number of researches that online transactions actually enables the sale of fake products, including pharmaceuticals and vaccines.

I have some evidence to confirm this. It happened in the so-called advanced countries, despite all their sophisticated processes of preventing such.

We are having problem with the physical medicines which are sold like ordinary commodities on our roads. What do you think will happen when it is now so liberalised that you can buy it online anytime? It will be a big challenge and we cannot afford to keep our focus out of that.



Pharm. (Dr) Obalolu Ojo

However, the most important intervention the committee has made so far is in the manufacturing sector. The question we are asking is how can we ascertain the real percentage of what we are importing as pharmaceuticals and what we are producing locally. Because the percentage being bandied is actually not based on fact. They are saying that we are importing 80 per cent of what we are consuming locally. This is not based on fact.

Even the 20 per cent that is said to be manufactured locally, what percentage of the manufacturing inputs are sourced in Nigeria? Apart from water, what else is used in pharmaceutical manufacturing sector that is produced in Nigeria? We had a summit on this issue and a lot of people came and made presentations. We had speakers from the Central Bank of Nigeria (CBN), Federal Ministry of Health (FMOH), raw materials manufacturers and other stakeholders.

Unfortunately the pace of progress has been very slow, but certainly we need to and should be able to address that challenge. I have my hands full but I'm happy we have colleagues that are assisting us with pushing to get things done.

However, to answer your question on what is the most fundamental challenge of the pharma industry, I will answer by telling you that the challenges are legion. They are so hydra-headed and multidimensional. Sometimes you begin to ask yourself if this nation really wants pharmaceutical manufacturing industries and the pharma sectors as a whole. There is nothing that is not stacked against

the sector. Even the simple process of clearing what you need at the port is so difficult.

This affects not just manufacturers of pharmaceuticals but also importers of finished medicines. You will go through hell just to clear things at the Apapa port. Eventually, when it is cleared and you want to get the container out of the port, you will face another trouble. It costs about 2 thousand dollars to ship a container from India to Nigeria. It however will cost you more than one thousand dollars to move the same container from Apapa to Isolo. This is not a story. Yesterday, I paid 400 thousand naira to move my container from Apapa to my office here in Isolo. If there is no traffic, driving from Apapa to Isolo here should not take more than 10 minutes. That is the distance that will cost you more than 1000 dollars to transport a container. It is crazy.

Other challenges facing the pharma sector are that of power, which cannot be overemphasised, as it is central to all manufacturing activities. Patronage is also fundamental all over the world. Today, in Nigeria, the government is the biggest spender and we need to ask how much they are spending on the sector and how they are spending it. Even when you supply drugs to government, to get paid is difficult. Government is the highest debtor to this industry. We are working on the statistics, but if we put it together, it will run into billions of naira owed to this industry by government.

When I say government, I'm not saying federal government. I'm saying FMOH, all the state agencies, all the teaching hospitals, all the Federal Medical Centres, all the state hospitals and other government parastatals. The debt is huge and it

is killing the industry. It bothers me because it is this same government that will come to your office and lock it up for not paying one tax or the other. The same government owing you. It is difficult to see the logic behind government's action sometimes.

However, we shall not run away or give up because if we do, we know the charlatans are ready to take over and they won't care what happens to Nigerians. We care about the patient that is why we are not giving up. It is also because we know anybody can be a patient anytime.

The outbreak of coronavirus aptly named COVID-19 by WHO is said to have put Nigeria in a difficult situation, as it relates to medicines availability, because we depend on China and India for our pharmaceutical raw materials and finished pharmaceutical products, what can we do about his precarious situation?

Unfortunately in this situation, there are no quick fixes. If there are no raw materials, you just have to get them and you can't start today to produce the raw materials you need. It is a process. We import everything we need for pharmaceutical manufacturing, despite the fact that we have opportunity to produce some of them locally. We have been saying this for a very long time, Nigeria needs to look inward. I just hope that perhaps when things like this coronavirus outbreak happen, it will make us to pay attention to the things that are important and serious.

The things that are serious are life, food and medicines. These are important matters that serious nations don't joke with. We have been saying that drug availability is a national security issue. That was the theme of the PSN Conference in 2017. Medicines availability for Nigerians has to be seen as a serious security issue. The nation cannot afford to continue to depend on other nations for it.

200 million people require medicines and about 80 per cent of that these are imported. Now, coronavirus is blocking importation of medicines from China as China is the source of raw materials for the whole world. Even India where we go to buy our finished pharmaceutical products buy raw materials from China. The implication is that this problem in China is a big problem for the whole world. Even the USA get its inputs from China. That country, China is a big player in raw materials and is indeed the second largest economy in the world after USA.

Certainly, except the COVID-19 is quickly contained, we are going to see the effect, not just on pharmaceuticals but on other sectors of our economy. However, the issue of pharmaceuticals is particularly serious because we are so helpless, since we depend on importation for our finished medicines and even the 20 per cent that we say is manufactured locally depends on importation for the raw materials to produce. I just hope that this incident will make the government to listen and act on what is important henceforth.

Continues next edition




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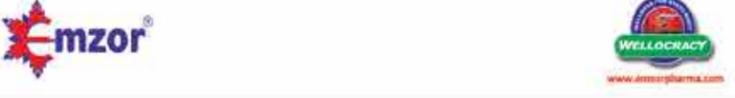


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Pharma relationship marketing: Strategies and management

The reality of the Nigerian pharma market today is that competition is tough and most companies sell generic products. The implication of selling generics (aka "me-too" products) is that most of the products are old, do not offer a unique advantage and are not protected by patents. In the circumstances above, customers and healthcare providers exert great influence on the specific brand that get prescribed, that get dispensed and are available on the shelves. Even the unique brands under protection have competitors and get substituted.

Building a lifelong partnership with customers is the only way to accelerate business growth in today's highly competitive market, and guarantee that we are in business tomorrow. Therefore, to succeed in the marketplace, companies and salesmen need to continually and continuously run a process by which customer loyalty is created so that a stable, mutually profitable and long-term relationship is developed.

In defining relationship that way, it is noteworthy that it must be a mutually rewarding connection between the parties so that they expect to obtain benefits from it and both parties must have a commitment to the relationship over time and are, therefore, willing to adapt their own behaviour to maintain its continuity.

What is the grand strategy for relationship marketing?

Make the customer want to buy from you because of you for a very long time. If the customer wants to buy from you because your product has a "technical advantage", the truth is that such an advantage can be, and will be copied, sooner or later. But your unique relationship with the customer CANNOT be copied, if carefully developed and built. Be foretold, however, that building such relationship requires strategy, time, resources and attention.

Why should you pay attention to relationship marketing?

Key stakeholders in the country's pharmaceutical sector, including the President, Pharmaceutical Society of Nigeria (PSN), Mazi Sam Oluwabunwa; Director of Pharmaceutical Services, Lagos State Ministry of Health, Dr (Mrs) Moyosore Adejumo; and National Chairman, Association of Community Pharmacists of Nigeria (ACPN), Pharm. Samuel Adekola, have commended Shalina Healthcare Nigeria for the successful hosting of the second edition of the Shalina Young Talent Award (SYTA). At the latest edition of the competition, tagged the "Biggest Hunt for the Best Pharmacy Brains in Nigeria", final year student of the Faculty of Pharmacy, University of Lagos (UNILAG), Adeleke Adekunle, took over from last year's winner, Folashade Salako, of the Obafemi Awolowo University (OAU), to emerge the best pharmacy brain in the country. The keenly contested event, which initially started at regional levels, had

over 700 pharmacy students from five universities across the country, namely Obafemi Awolowo University (OAU), University of Ibadan (UI), University of Lagos (UNILAG), University of Nigeria, Nsuka (UNN), and Ahmadu Bello University (ABU).

At the grand finale of the competition, which took place at Radisson Blu Hotel, Ikeja, Lagos, 16 finalists spent three intense hours seeking to outsmart one another in debates, case studies, open presentations, clinical and pharmacological quiz, as well as mode of dressing and comportment, before young Adeleke of UNILAG edged out other contestants to clinch the much-coveted prize.

Olanrewaju Israel, and Esther Damilola Olukorede of the University of Ibadan, took second and third places respectively.

Reacting after the programme, Mazi Sam Oluwabunwa, president, Pharmaceutical Society of Nigeria (PSN), commended all the 16

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Building a lifelong partnership with customers is the only way to accelerate business growth in today's highly competitive market, and guarantee that we are in business tomorrow. Therefore, to succeed in the marketplace, companies and salesmen need to continually and continuously run a process by which customer loyalty is created so that a stable, mutually profitable and long-term relationship is developed.

It is imperative if you are selling generic pharmaceuticals, as the trade and healthcare providers and administrators have a heavy influence on what gets into the PLO, what get on the shelves and product substitution

It is faster and much cheaper to sell to current customers

It makes it easier to overcome objections, especially price objections

It enables consistence of sales performance as you are assured or regular orders

Saves you in times of trouble (urgent need for money, short-dated products, heavy stock levels etc).

Relationship marketing and management Issues

Some customers are more important than others. It is a known fact that customers do not contribute equally to our sales and collection, indeed our performance. Then it makes sense to isolate the most important ones and deploy more resources towards them, as this will yield higher returns.

Lifetime value of customers. The value of a customer to a business is not just the last order. It is the total purchase over a "lifetime". So, decision with respect to a customer cannot and should not be based on the recent purchases but also long-term value of purchases. In the same vein, investments in the customer should take into consideration the "lifetime" potential purchases.

Organisational buying. Selling to individuals is different from

selling to organisations. There are various roles in organisation buying – users, buyers, owners, gate-keeper, deciders, approvers, etc. These roles vary from organisation to organisation, from time to time, from purchase to purchase. To understand the "buying centre" requires in-depth knowledge of the organisation, time and attention.

Personalised offer. Needs of customers are different. Best offers are the offers made with a particular person or organisation in mind. Relationship marketing makes it possible, practical and believable to make such "personalized" offers.

Strategies and tactics for relationship marketing and management

1. Social strategies and programmes. These are personal and interpersonal bonds created via human social interactions and opportunities. Birthdays, marriage anniversaries, life-events, group activities. In this regard, it is frequent and personalised communications that develop bonds and make the relationship special and difficult for rivals to duplicate. The outcome of social programmes is often that customers reciprocate with repeat business and referrals. It has a direct positive effect on profits and is longlasting

2. Structural relationship marketing programmes provide a service/product to increase productivity and/or efficiency for customers through targeted investment that customers would not make for themselves. F o r

example, if the company provides free analysis of operations of customers or training for its staff. The results are to create a structural bond that makes it difficult for companies to switch to competitors

3. Financial relationship marketing programmes provide economic benefits such as discounts, free shipping, favourable payment terms, etc. Customers respond financially to protect customer relationships, though they do not necessarily enhance the relationship because all companies do it.

Professional relationship development

In the pharma industry, healthcare professionals and service providers exert a lot of influence on what is bought and what is prescribed. It is then necessary for pharmaceutical companies to create a general relationship with the healthcare groups like PSN, NMA, NANNM, etc. and specific relationship with individual specialists, consultants and administrators for long-term growth. The latter can be achieved by sponsorships to professional and association events, scientific meetings, conferences, research programmes, collaborations, etc.

Tunde Oyeniran, a Sales/Marketing Strategist, Selling/Sales Management Trainer and Personal Coach (Sales Management) is the Lead Consultant, Ekini White Tulip Consulting Limited, Lagos.

April Programs: ESSENTIALS OF PHARMACEUTICAL BRAND MANAGEMENT COURSE (15/17. APR.20); CONTEMPORARY MEDICATION HANDLING PRACTICES FOR THE PHARMACY TECHNICIANS (14-16. APR. 20). For more info, contact 080-2960-6103 (SMS/WhatsApp) / ekiniwhitetuliptraining@gmail.com or check <https://fb.me/EkiniWhiteTulipConsulting>

Industry News

Ohuabunwa, Adejumo, others applaud Shalina's Young Talent Award

urging the company to not only continue the programme but also make it bigger in the coming years.

"It was a brilliant programme and the students made it more colourful by giving good accounts of themselves, as future pharmacists. Whether they emerge winners or not, the 16 students deserve kudos for putting up such a great performance," she said.

On his part, Pharm. Samuel Adekola, ACPN national chairman also congratulated and commended Shalina for sustaining and improving the initiative, in terms of quality of presentations, the increased number of schools and others.

While speaking earlier, Somnath Malakar, Managing Director, Shalina Healthcare Nigeria explained that in keeping to the company's promise last year to make the programme bigger and better, it had worked assiduously to increase the number of participating schools from three which were at the inaugural edition to five and the number of participants from nine to 16.

continued on page 48

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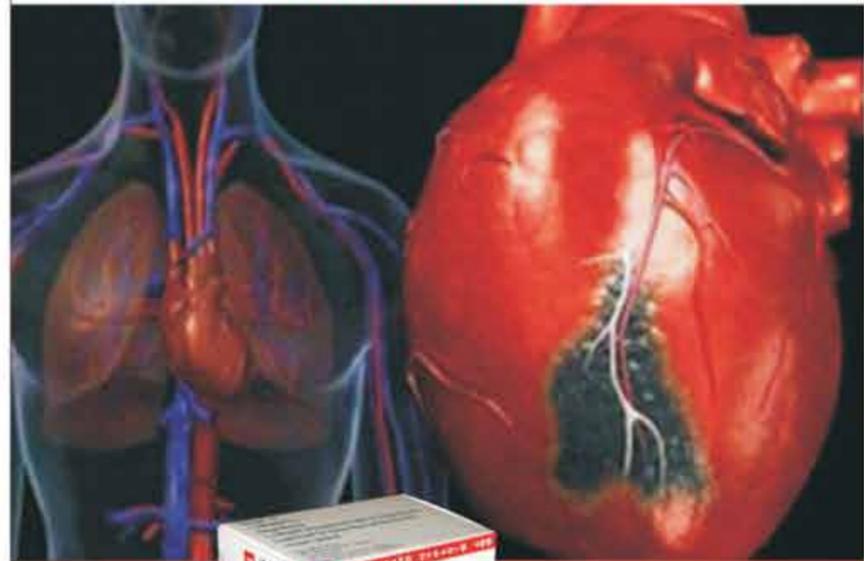


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Events in Pictures



Pharm. Ahmed Yakasai, immediate past PSN president (3rd from left), flanked by other colleagues, during the inauguration ceremony of the NIPSS Course 42, 2020, held at the National Institute for Policy and Strategic Studies, Kuru.



R-L: Pharm. Matthew Azoji, managing director/CEO, Neithmeth International Pharmaceuticals Plc; Pharm. (Sir) Ike Onyechi, managing director/CEO, Alpha Pharmacy & Stores Ltd; flanked by some participants, during the 25th edition of the Dubai International Pharmaceuticals & Technology Conference Exhibition in UAE



Minister of State for Health, Dr Olorunnimbe Mamora (right) and Director General, Nigerian Institute of Medical Research (NIMR) Yaba, Lagos, at a 3-day training on current techniques in effective laboratory diagnosis of neglected tropical diseases.



L-R: Pharm. Austin Otu, marketing director, Phamatex Industries Ltd; Mr Rufus Oyeleye, national sales manager, Phamatex; Pharm. Samuel Adekola, national chairman, Association of Community Pharmacists of Nigeria (ACPN), Prince C. O. Nebe, managing director, Phamatex Industries Ltd; Pharm. (Mrs) Taiwo Afiu, managing director of Santus Pharmacy; Pharm. Friday George of Phamatex and Pharm. Ambrose Eze of ACPN during the visit of ACPN officials to the company recently.

Coming Events

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

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

International Conference on Medical and Health Science holds in Lagos

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

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

2020 FIP Conference holds in Seville, Spain

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

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

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

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

2020 NAPPSA Conference & Exposition holds in Tysons, Virginia

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

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

In addition to a distinctive networking opportunity with colleagues and friends, the conference is designed to provide pharmacists and pharmaceutical scientists with timely information and resources to enrich their career and practice.

A continuing pharmaceutical education programme of over 22 pharmacy credit hours, covering different areas of pharmaceutical profession, including pharmaceutical care, funding for pharmaceutical projects, mentoring sessions, and Deans Workshop will be offered.

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Experts caution industrial pharmacists on business expansion in 2020

- As NAIP holds first bi-monthly meeting

By Yusuff Moshood

Distinguished economic and pharmacy experts have advised chief executive officers (CEOs) and business leaders involved in the pharmaceutical business to focus more on consolidating on gains and successes of their business in the outgone year and not embark on ambitious expansion plans in the new year, as the economic outlook for 2020 has indicated that such a decision may be counterproductive.

The experts, among whom were Mr Fidelis Okwuagwu, managing partner/CEO, Chapters & Heights Investment Partners Limited; Pharm. (Mazi) Sam Oluabunwa, president, Pharmaceutical Society of Nigeria (PSN); and Pharm. Ignatius Anukwu, national chairman, Association of Industrial Pharmacists of Nigeria (NAIP), spoke during the first bi-monthly meeting of NAIP, themed "2020 Economic Outlook", and held at Radison Hotel Ikeja GRA, Lagos, recently.

According to Okwuagwu, the economy in 2020 has started on a very sombre note, with COVID-19 ravaging the global markets and the security situation in Nigeria reaching worrisome heights. He noted that the economic outlook in Nigeria in 2020, as with the rest of the world, "looks bleak, although we expect corrections as from quarter 3. Quarter 1 and quarter 2 look set to rather be recessionary, locally and internationally, but quarter 3 and quarter 4 are expected to witness slight corrections."

The effect of the outbreak of the ravaging COVID-19, he said, is that businesses had been affected even before the year commenced. He



The PSN President Pharm. (Mazi) Sam Oluabunwa (4th from right), and Pharm. Ignatius Anukwu, NAIP national chairman (2nd from left), with other dignitaries at the event.

added that there is an immediate loss of quarter 1 income and a potential and potential loss of quarter 2 income projection.

The financial sector, he noted, will be the most-affected, as borrowing request will dip, stressing that when financial sector dips, the general economy sleeps.

He stated further that the devastation on economic activities by this lethal disease is far-reaching because it occurred early in the year and because it started with the largest exporting country in the world.

He urged the pharmacy CEOs to defend their businesses against the sombre economic outlook by maintaining minimum operating

income, as well as portfolio diversification, managing costs through trimming, monitoring economic swings by analysing and anticipating next government direction and by using the powerful social media tools for promotion.

He said that the world was on the path of progress and unselfish trade relationship after the signing of the US-China Phase One agreement, noting that the outbreak of COVID-19 changed everything.

The viral disease which has now claimed more than 5000 people has crippled the Chinese economy and is now a big threat to the global economy, he said.

Mr Okwuagwu stated further that even though statistically,

Nigeria is the 34th largest importer from China globally, China is the number one trade partner of Nigeria as it relates to imports, adding that as at the end of 2019, Nigeria has a trade import figure of 1.99 trillion naira from China.

Speaking with *Pharmanews* in an interview at the event, Mazi Oluabunwa said that the take-home message for NAIP members at the forum was that 2020 is going to be a tough year economically and urged the nation and stakeholders to embrace greater introspection and be more focused on how to optimise local opportunities that can help transform the industry and the nation.

The PSN helmsman reiterated that the Nigerian pharmaceutical industry must find ways to develop local inputs needed for local pharmaceutical manufacturing, adding that the government needs to help ensure that the nation has a functioning petrochemical industry.

Also speaking with *Pharmanews* in an interview at the event, Anukwu said that the economic outlook forum has become an annual tradition of NAIP and it is usually organised to help ensure that pharma industry leaders are better prepared for the year.

The NAIP chairman equally reiterated that the year would be tough and that business leaders in the industry should consider measures that would enable them trim expenses and be circumspect about expansion.

The pharmacy business leaders, he said, should use this year to consolidate and dig necessary foundation for future growth, adding that the forum was to help pharmacy CEOs to avoid mistakes of the past.

Regulate sales of herbal concoctions, sachet alcohols, AHAPN-Lagos tasks govt

By Temitope Obayendo

As a means of curbing the increasing incidence of kidney disease in Nigeria, members of the Association of Hospital and Administrative Pharmacists of Nigeria (AHAPN) Lagos Chapter, have called on governments at all levels to enact laws against the circulation of herbal concoctions and sachet alcoholic drinks, which have been identified as leading causes of kidney failure in the country.

The hospital and administrative pharmacists made the submission during a health awareness programme organised by the group to commemorate this year's World Kidney Day on 11 March, at the Surulere Local Government Area, Lagos.

Highlighting other established causes of kidney disease, like illicit use of analgesics, uncontrolled hypertension and diabetes, drug abuse, consumption of herbal concoction, alcoholic drinks, smoking, and so on, the association urged governments to set up a special task force to control the peddling of herbal concoctions and pocket-size alcoholic sachets on the street.

Speaking in an interview with *Pharmanews*, the AHAPN Planning Committee Chairman for the World Kidney Day event, Pharm. (Mrs) Yewande Olorunshola, decried the manner in which poisonous substances are openly displayed on the streets and motor parks by hawkers, which ensures easy access to these substances by addicts.

Olorunshola, who also called on government to set up a special task force to address the challenge,



L-R: Vice-Chairman, AHAPN-Lagos, Pharm. Femi Ojuoko; Chairman, Lagos State PSN, Pharm. (Mrs) Bolanle Adeniran; and Chairman, AHAPN-Lagos, Pharm. (Mrs) Titilayo Onedo, at the World Kidney Day celebration.

said there is an urgent need to regulate the sales of these herbal concoctions in open places, to reduce cases of people coming down with kidney conditions.

In her words: "The government needs to step up its special task force for this. Although these hawkers have their own association of traditional medicine dealers, the PSN can also invite their association during the PSN Week to engage them in discussion regarding the regulation of their herbs. Perhaps through them, their customers can be enlightened."

"If you visit the dialysis clinic at LUTH, they will tell you that most of

the kidney cases they are treating are due to analgesics consumption. Majority of these artisans who work in the sun all day often complain about body ache, and they just go on to purchase analgesics without prescription. In fact, some of them are in the habit of using Alabukun without diluting it in water.

"According to the Deputy Director, Pharmacy Department, Lagos State University Teaching Hospital, LASUTH, Pharm. (Dr) Modupe Oyawole, indiscriminate usage of analgesics, has been identified as the cause of kidney problem for most of their patients."

Addressing participants earlier

in a health talk at the programme, the AHAPN-Lagos Chairman, Pharm. Titilayo Onedo, listed some preventive measures against kidney disease to include regular monitoring of blood pressure and blood sugar, regular exercise, adequate hydration, avoidance of fried foods, abstinence from self-medication, avoidance of heavy consumption of red meat, abstinence from drug abuse and misuse, as well as eating of healthy foods loaded with fibre, fruits and vegetables.

Onedo made it clear to the participants that part of the preventive measures is what the association tried to do by conducting free urinalysis, screening of blood glucose level, blood pressure, Hepatitis B, and body mass index.

Pharm. Kingsley Ekwunife, one of the coordinators of the programme, stressed the importance of the kidney in the human body, which makes it very essential for people to check what they consume in order to prevent the kidney from being damaged.

He said: "Drugs can damage the kidney, and it is noted that kidney function decreases as one advances in age. One important test all of us must do to know our kidney status is called systemic clearance. This will help us plan our lifestyle better."

"If the kidney is not functioning well, what that means is that you've not been excreting drugs properly; the side effects will increase and worsen the kidney", he asserted.

He listed some symptoms of kidney problem to include: swollen face, legs, stomach, and others.

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ACPN-Lagos tackles PCN on regulation, fee hike

continued from back page

association would have directed its members to ignore paying the newly hiked fee but for the timely intervention of the Pharmaceutical Society of Nigeria (PSN).

"For us to have a sanitised practice environment, PIC activities must be at its peak and for this to happen, both the logistics and personnel problems beleaguering the PCN must be tackled.

"I am aware that PSN-Lagos has provided a vehicle to aid their activities, so that the challenge of not doing monitoring regularly would be solved; therefore, we at ACPN are also considering doing something along this line too," he said.

Speaking on the Lagos State Health Service Insurance Scheme, which allegedly denied pharmacists and some healthcare providers in the state from participating as providers, Obideyi noted that while the insurance scheme concept, in itself, was good, its implementation was fraudulent.

"As I have always said, the scheme was fashioned after the National Health Insurance Scheme (NHIS), which is a failure; so it is also a failure. But we are still very much open to dialogue if the government is ready. We are making some moves to meet the Commissioner for Health in that regard; but for now the resolution at our AGM still stands that no member shall participate as a provider until all the issues around these scheme are resolved," Obideyi declared.



L-R: Pharm. Jonah Okotie, secretary; Pharm. Olabanji Benedict Obideyi, chairman; and Pharm. Charles Oyeniyi, assistant secretary at the AGM.

Also speaking at the programme, Pharm. Deji Osinoiki, chairman, Board of Trustees, ACPN-Lagos, called on the federal government to, as a matter of urgency, constitute the Pharmacists Council Board, stressing that until the Board is established, pharmacy practice in the country would not be fully standardised.

"As at today, what we have is just the registrar, who is trying truly, but has to take orders from the Minister of health, who, of course, is a medical doctor. So until we have a board in place, our hands are still tied and we have no freedom to operate as we are supposed to yet," Osinoiki said.

In her speech at the event,

Pharm. (Mrs) Abiola Paul-Ozieh, immediate past chairman, ACPN-Lagos commended the current ACPN leadership in the state for doing everything in its power to ensure that members in the state were constantly informed and given a sense of belonging.

Paul-Ozieh further urged pharmacists in the state who were yet to join the association to come on board and contribute their quotas to its advancement.

The highpoint of the AGM was the re-election of the executives of the association for another year. The re-elected included: Pharm. Olabanji Benedict Obideyi, chairman; Pharm. Lawrence

Ekhaton, vice-chairman; Pharm. Jonah Okotie, secretary; Pharm. Charles Oyeniyi, assistant secretary; Pharm. George Agbude, treasurer; Pharm. Obiageri Ethel Ikwu, financial secretary; Pharm. Mosunmola Dosunmu, public relations officer; and Pharm. Paul Owolabi, editor-in-chief.

Other dignitaries at the event included Pharm. Ismail Aminu, former chairman, ACPN, Lagos State; Pharm. Bola Oyawole, former chairman, PSN, Lagos State and former presidential aspirant, PSN; Pharm. Gbenga Olubowale, former chairman, PSN, Lagos State; and Pharm. Gafar Madehin, former national treasurer, ACPN, among many others.

PANS Focus

Why withdrawal of students over repeated failure is questionable – President, PANS-OAU

continued from page 37

issue of mass failure in your faculty. As the number one pharmacy student in this school, how would you react to this?

As PANS-OAU, we are really disheartened by the news making waves, regarding mass failure from

our noble faculty. The results do not tell the story of how much effort and work the students put in over the past academic year. As students, it is our wish and goal that, at the end of every academic year, we can boldly say we have confidently run the required race and can

produce results that match our efforts. That is why, as a family, both the students and the faculty have carefully looked into the necessary things, the required checks, as well as improvements, as we all strive to ensure that the fruits of all our labour here will be pleasing to

every eye that sees it.

There are reports that some pharmacy schools operate "withdrawal policy" over poor academic performance. What do you think of this?

I doubt that one can see any student that believes that withdrawal of students, especially pharmacy students, is the best way to go. True, the road that brings about withdrawal here in life isn't one that doesn't offer a second chance before a final verdict is delivered. However, we must also remember that some of the great men of science that laid most of the foundations that we now build upon are men that failed countless times but were unwavering in their quest for success.

I believe that all pharmacy students should be afforded this privilege as well. While understanding the rigorous amounts of work this involves, I believe that the second fall should not be what will make us bring the issue of withdrawal to the table, as a second fall is not enough to boldly say that such a man cannot stand again and jump to reach for the skies.

Where do you see PANS-OAU by the time you will be leaving office?

The goal is to have a more harmonised home of men with the same goals and potentials come together and begin to posit moves that will help benefit the profession, the country and the world at large.

PANS-OAU has always been a hub for great minds and this I believe can only get better. Years to come, I see an association filled with men and women of capacity, ideas and resources able to benefit and improve the profession, the country and the world, even from the early years of being undergraduates.

Ohuabunwa, Adejumo, others applaud Shalina's Young Talent Award

continued from page 42

He disclosed that at the regional level, Shalina connected directly with over 700 contestants from five schools of pharmacy, out of which 16 finalists emerged for the grand finale, emphasising that the pharmacy profession is an integral part of healthcare – an understanding that fuels the company's desire to assist in bringing out future talents for the industry.

The panel of judges at the completion comprised Prof. (Mrs) Oluwatoyin Odeku, dean, Faculty of Pharmacy, University of Ibadan; Prof. Nuhu Danjuma, dean, Faculty of Pharmacy, Ahmadu Bello University, Zaria, Kaduna State; Prof. Moses Akanmu, Dean, Faculty of Pharmacy, Obafemi Awolowo University, Ile-Ife, Osun State; Dr Chukwuemeka Ubaka, senior lecturer, department of Clinical

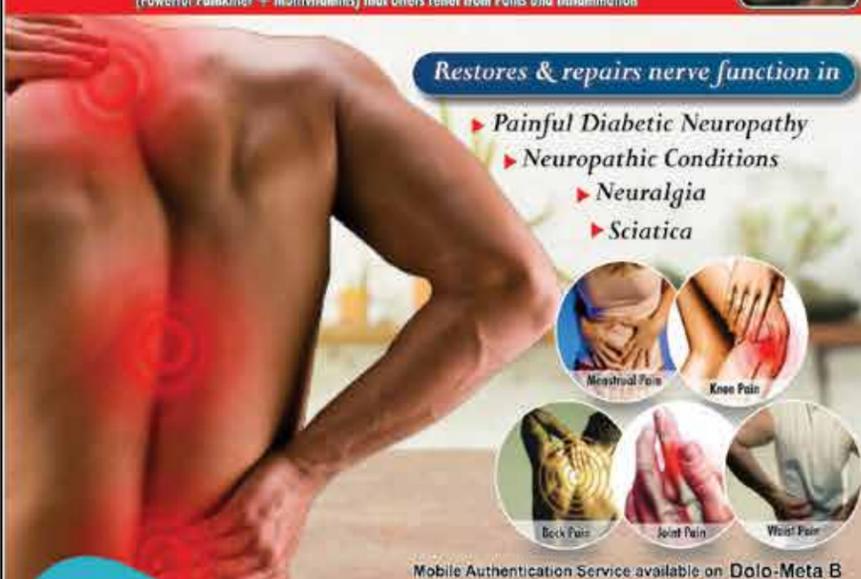


Somnath Malakar, managing director, Shalina Healthcare Nigeria; Prof. (Mrs) Glory Ajayi, dean, Faculty of Pharmacy, University of Lagos, Adeleke Adekunle, the winner; Dr Kingsley Amibor, national chairman, Association of Hospital and Administrative Pharmacists of Nigeria (AHAPN), and Miss Folashade Salako, who was the 2019 winner.

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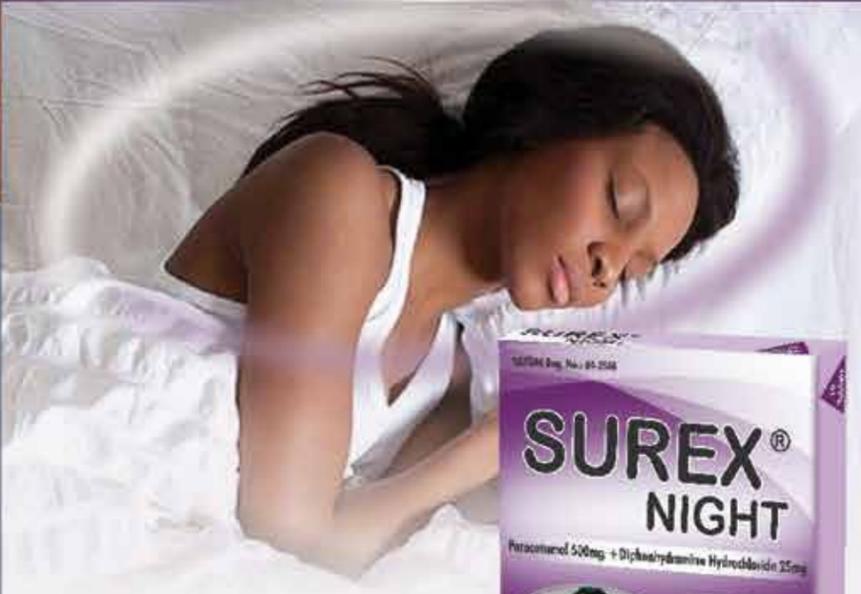


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Coronavirus medication could be ready in weeks - Iwu

- Says \$2m is required for large scale production

By Temitope Obayendo

Chief Executive Officer of Bioresources Development Group, Professor Maurice M. Iwu, has assured Nigerians and the world at large that his plant-based medicine for the treatment of COVID-19, also known as coronavirus, can be made available for use within the next few weeks, without compromising safety or regulatory requirements.

The renowned scientist and professor of Pharmacognosy, who spoke to *Pharmanews* in a special interview, noted that the plant-based treatment has lead compounds and chemically characterised fractions that have been active against more deadly Severe Acute Respiratory Syndrome (SARS) and other lesser known viruses, has shown promise against COVID-19.

Iwu further stated that in a bid to expedite the availability of the revolutionary medicine for patients in Nigeria, he had met the three concerned ministers in Health, Science and Technology, to work out modalities for the product to be ready in a few weeks. Below is the full text of the interview:

Congratulations on your plant-based treatment discovery for coronavirus. You described the medicine as a broad spectrum antiviral drug based on your findings. Can you explain the degree of your findings concerning this much anticipated cure?

Please overlook the sensational reports. We do not have a "cure" yet; but we have lead compounds and chemically characterised fractions that are active against SARS- coronavirus that hold promise against COVID-19. It is still work in progress.

According to the experts, COVID-19 is the least lethal of all the known coronavirus. The candidate compound was found active against the more deadly SARS-coronavirus and other lesser known viruses. So far, it has been found active against four clinically important viruses. Luckily, the lead compound (BION-3) is one of the most studied natural products in history with a remarkable high safety profile. There are published reports on its pharmacokinetics profile and the putative mechanism of action are being reviewed.

We intend to follow a dual track of developing an active pharmaceutical ingredient with all the phased clinical trials, and a phytomedicine which will be a combination product formulation containing the three agents (Rhygyfyn) contained in our patents.

Thanks to the Minister of Health, Dr Osagie Ehanire; the Lagos State Commissioner for Health, Prof. Akin Abayomi and their teams for their efforts in containing the spread of the disease.

Now that Nigeria has a few cases of the disease to handle, how applicable will this plant-based treatment be?

That is actually the reason for informing the relevant ministers in Health and Science and Technology. The product can actually be fast-tracked and ready in a few weeks, without compromising safety or regulatory requirements. Two of the source plants are already ingredients in a NAFDAC listed product as a tea (IHP -Detox Tea). But for this



Prof. Maurice Iwu

purpose, recalibration of dose and more appropriate dosage-form will be necessary.

Sir you cited funding as a limitation to the large scale production of this drug. What is the estimated cost for the commercial production of this medicine?

We have not done the numbers yet. But because of the large scale processing equipment that will be required for a cGMP level production, we need about \$2m (two million USD). The other limiting factor is the plant materials. We already operate four organic farms in different parts of Nigeria but the scale of raw materials that may be required may call for extensive cultivation by many out-growers on contract.

The International Centre for Ethnomedicine and Drug Development (Intercedd) at Nsukka can handle the single chemical entity candidate drug, while our cGMP level Bioprocessing Centre at Umuna-Okigwe, Imo State, will take care

of the extraction and processing of biomass.

For easy accessibility by the populace, what distribution channel do you intend to use to prevent faking?

The Bioresources Development Group has always used only registered pharmacies and institutional outlets for the distribution of its dietary supplements and nutraceuticals marketed under the Intercedd Health Products (IHP) label. The raw materials can also be made available to different pharmaceutical companies to manufacture under their own label.

Just like your previous discovery on *Garcinia kola* as a remedy for Ebola, is there any similar plant-based food or fruit that has shown signs of inhibiting the causative agent of this COVID-19?

Garcinia kola is not a remedy for Ebola but kolaviron (mixed

isolates) and Akiluvir (pure isolated single compound) which occur in *G. kola* seeds that are antiviral. We have *Garcinia* in capsules now. Learning from that experience, we have not publicly named the plants to avoid people consuming them on their own but all the details are in the patents, as required by law.

During your presentation to the ministers, you mentioned collaboration with international laboratories on bulk extraction of the active compound. Are you also in collaboration with the World Health Organisation on this?

No, we are not yet collaborating with WHO. We are working with private and government owned institutions in other countries in both the biological assays and chemical optimisation. The international collaboration is one of the key reasons for briefing the Nigerian government. We already hold patents on the products which means that

it is in public domain. Having reached agreements with foreign countries, it was imperative that the host country be briefed in line with Kyoto Protocol and Article 8j of the CBD on natural products IPR to safeguard our interest. Although the patents were issued in our names, some of the benefits accruing from them remain part of our national patrimony because the compounds were derived from nature.

Going forward, what kind of support are you seeking from Nigerians and the government as regards this patented treatment?

During the presentation to the ministers, I explained that beyond seeking support from government in cash and kind, we need to re-examine our policy towards support for scientific research, especially in the private sector. I pointed out that targeted studies on drug discovery and development for Neglected Tropical Diseases, Emergent Infections and Orphan Diseases are usually funded by national governments, even when such studies are conducted in private laboratories.

I indicated that it is usually when a crisis of the nature of the coronavirus epidemics and other pandemics occur that the wisdom of such contributions of funds to a private group of researchers become obvious and the fruits of such public investments become openly and publicly apparent.

According to the experts, COVID-19 is the least lethal of all the known coronavirus. The candidate compound was found active against the more deadly SARS-coronavirus and other lesser known viruses. So far, it has been found active against four clinically important viruses. Luckily, the lead compound (BION-3) is one of the most studied natural products in history with a remarkable high safety profile.

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Expect a reformed NHIS Bill soon, Ohuabunwa tells pharmacists

continued from back page

Bill.

The number one pharmacist, in an exclusive chat with **Pharmanews**, on the results of the public hearing at the Senate said it was agreed that there must be a special arrangement with HMOs which will ensure that the only providers they will use are hospitals with all relevant professionals, adding that for other institutions, it was decided that they must have relevant professional qualifications for certification.

Ohuabunwa added that penalties have been stipulated for facilities that contravene the new guidelines, noting that their bills will be turned down by the management of NHIS as well as the regulatory agencies. Below is the full text of the interview:

You and a few other pharmacists were at the Senate recently for a public hearing on some cogent issues. Could you explain some of the issues and the outcomes?

As pharmacists, we had longed complained that the National Health Insurance Scheme (NHIS) had no provision for pharmacists in any way. Therefore, we expressed our concerns and called for a review to ensure that pharmacists are well integrated into the scheme. The first reason for our complaint is that the previous NHIS was both a regulator and an operator, but the new one is essentially a regulator now.

This proposed NHIS will be able to balance its obligation by accommodating all stakeholders

in the industry. As a regulator and an operator, the old scheme became a competitor and sometimes made decisions that were not very favourable to other operators, but this new scheme will not allow for this anymore.

Secondly as pharmacists, we made a case that in the board of the old scheme, there was no provision for all healthcare professionals. We made a recommendation that there should be three critical groups in healthcare that should be represented in the board. These are the Pharmaceutical Society of Nigeria, the Nigerian Medical Association, and the National Association of Nigerian Nurses and

Midwives. Those three should be on that board, and if for any reason there is a problem of accommodating the three groups, because of the need to minimise overhead cost and the size of the board, then they must put one healthcare professional society, and make this rotational among the professional groups, perhaps after three years or four years, and that was accepted by the committee.

We also suggested on the personality and criteria for choosing the CEO of the agency. What was there before was that the person must be with relevant qualifications, good character and all that; but we said that was too vague, because they can



Pharm. (Mazi) Sam Ohuabunwa

bring someone with PhD in Igbo language, who is qualified, maybe in Islamic jurisdiction, and that will not help. It is healthcare, and in fact, national health insurance for that matter; so we agreed that it must be a relevant professional, and he must have qualification in any of the healthcare sciences, with additional healthcare qualifications and character, and that suggestion was accepted.

The third matter we deliberated upon was the operations itself. This is the corporate governance in the operation within the context of the NHIS. In the department, pharmacists must be given a prominence. It is clear that without medicine, no healthcare is credible.

Where does the pharmacist come into the picture, as most private facilities do not have pharmacists in their dispensing unit?

We agreed as pharmacists that there must be a condition for the HMOs that the only providers they will use are hospitals with all relevant professionals; and then for other institutions, we said they must have relevant professional qualifications for certification. For example, a clinic cannot be certified as a place drugs can be used except they have a pharmacist. If they don't have a pharmacist, the doctor has to prescribe. Clinics cannot dispense except they have a pharmacist. That is the change that is going to happen.

What if a clinic breaches these guidelines? Is there any penalty for such?

The HMOs and the NHIS will decline to accept the bills from such institutions and that is why there has to be joint regulation. NHIS will have its quality assurance, and the regulatory agencies will also conduct regular inspection to make sure there is complete compliance.

The other issue we presented before them was the memorandum on mental health and substance abuse commission. They are trying to start another commission on mental health abuse; so our prescription first was that having mental health and substance abuse was too broad. Substance abuse is one thing that is caused by many other things. So the view was aired that we should remove substance abuse.

However, in that substance abuse, there was no room for pharmacists, even with the law that was made. So our case which we made is that if you are talking about substance abuse, most of the substances are medicinal products;

and how can you be talking about medicinal products without the pharmacists? Then if it has been limited to mental health alone, part of the medications in treating mental health are medicines and how can you be talking about institutions that will be treating or managing them or designing policies and a pharmacist is not there?

I gave them an example, saying it is just like discussing legal issues without a lawyer; or discussing accounting issues without an accountant. So, why will you be discussing mental issues without pharmacists? I said you must involve the pharmacist both in the policies and also in the operation. If you reduce the billing to mental health, there is a role for the pharmacist. If you still want to go with the substance abuse which you say is complicating matters, pharmacists are there, too.

So, they agreed with us that they may remove the substance abuse because it is more related to what NAFDAC is doing. It is related to what MDR is doing. So the commission should just focus on mental health, as it has more economic impacts.

All our proposals were accepted; there was no contention, either from those attending the hearing or the Senate. The chairman of the senate committee on health, Ibrahim Oloriegbe, was respectful to our opinion as he showed preference to our submission. I told them that I wasn't just speaking as a pharmacist but because it is the right thing to do and they agreed.

When is the next date for the hearing?

We don't need time for hearing again. What we are waiting for now is to see the law. What we have done is to challenge the status quo, while the leadership of PSN has directed some of our people in Abuja to continue the follow up outside the hearing to help to guarantee that what we went to do is fixed and followed to the letter.

Recently, India banned exportation of Active Pharmaceuticals Ingredients (APIs) and drugs to all countries, including Nigeria, and the NAFDAC DG also alerted on possible drug insecurity in Nigeria. As the PSN president, what is your advice regarding drugs availability in the country?

I think that alert by the NAFDAC DG, Professor Moji Adeyeye was timely. In 2017, PSN held a conference and the theme was "Medicines Availability and National Security". What I am saying is that if we are running a country where there is too much dependence on external sources for help, we will run into crisis.

A good example is this case of coronavirus. China is virtually shut down, and most countries of the world, especially Nigeria, depend on China for pharmaceuticals raw materials. so there is bound to be some scarcity of the drugs that we are currently importing and the raw materials that we are also importing. I think NAFDAC and the Federal Ministry of Health should set up a taskforce to boost pharmaceuticals industries.

Let us assume that there is a war. What happens, or instance, if we have a diplomatic war the like Americans and the Chinese are having. what do we do? We look at two areas, food sufficiency and drugs availability. We can do our local plotting, but those are two areas that can cause crisis. If there is no food and there is no medicine, people will rebel because their livelihood are threatened.

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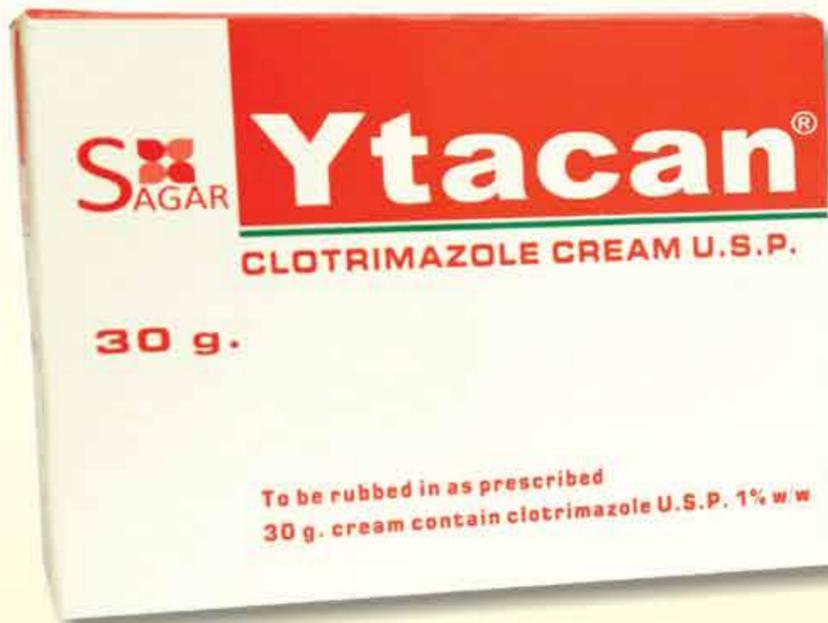
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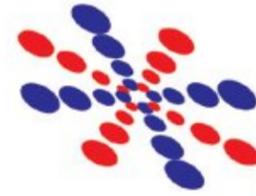
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ACPN-Lagos tackles PCN on regulation, fee hike

- As association holds AGM, re-elects executives

By Adebayo Oladejo

Rising from its 2019 Annual General Meeting, held recently, the Association of Community Pharmacists of Nigeria (ACPN), Lagos State Chapter, has called on the Pharmacists Council of Nigeria (PCN) to step up its regulatory activities in ensuring that the practice environment is sanitised, stating that failure to do so could compel ACPN members in the state not to register with the Council from next year.

The association's Chairman, Pharm. Olanbi Benedict Obideyi, also lamented that the 50 per cent increase in the yearly fee, as recently announced by the Council, was arbitrarily done without due consultation with the relevant stakeholders, adding that the increase was unjustifiable as the PCN had not lived up to expectations in sanitising the practice environment in line with the promise it made when a similar hike was introduced in 2014.

Obideyi disclosed that the



L-R: Francis Chinemeze, member, Rethink Initiative team; Pharm. Chijioko Njoku, member, Rethink Initiative team; Pharm. (Sir) Ifeanyi Atueyi, managing director, Pharmanews Ltd; Pharm. Frank Eze, winner, Young Pharmacist of the Year Award 2019; and Pharm. Kingsley Udeh, member, Rethink Initiative team, at the recent Young Pharmacist of the Year 2019 award presentation ceremony, held at the Pharmanews corporate head office, Mende, Maryland, Lagos.

continued on page 48

Expect a reformed NHIS Bill soon, Ohuabunwa tells pharmacists

- Says only hospitals with pharmacists will function in the new NHIS

By Temitope Obayendo

President of the Pharmaceutical Society of Nigeria (PSN), Pharm. (Mazi) Sam Ohuabunwa, has assured pharmacists of an improved National Health Insurance Scheme (NHIS) in the nearest future, following the recent public hearing on the matter and others at the National Assembly.

He further disclosed that the new NHIS will not accommodate any hospital without the services of pharmacists at the dispensing units, stressing that such practice will negate the agreement reached with the Senate Committee on Health on the review of the NHIS

continued on page 52

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