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APRIL 2021 Vol. 43 No.4

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L-R: Dr Babatunde Ajayi, special assistant on health to the Lagos State Governor; Pharm. (Mrs) Olubamiwo Adeosun, wife of the chairman and secretary to the Oyo State Government; Pharm. Akinjide Adeosun, chairman/CEO, St. Racheal's Pharmaceuticals, and Pharm. (Mrs) Bukky George, Founder/CEO, HealthPlus Pharmacy, at St. Racheal's third anniversary and launch of antimalarial in Lagos recently.

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LOVE YOURSELF

NAPharm, editors flay scientists advocating hesitancy on COVID-19 vaccines

By Temitope Obayendo

The Nigeria Academy of Pharmacy (NAPharm), in collaboration with the Nigerian Guild of Editors (NGE), has berated healthcare practitioners propagating unsubstantiated information about COVID-19 vaccines, describing them as confusionists.

The professionals

maintained that it is high time myths and misconceptions about the COVID-19 pandemic and the vaccines provided for it were fought with the right information, adding that the coalition has assembled experts and authorities to focus on the facts, myths and way forward for the pandemic.

They also raised concerns

about the shoddy attention given to healthcare provision by the government, saying this is largely responsible for the absence of local vaccines in the country even amidst a dreaded pandemic.

Fielding questions from journalists at a press conference heralding a week-

continued on page 23

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1. Subscription rate for 12 editions is N10,000 including postage within Nigeria.
2. Single copy costs =N=1,000.00 (without postage)
3. Payment to be made directly to **Zenith Bank Plc. A/c No: 1010701673**
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ISSN 0331-815X

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PHARM. JOSEPH OLADELE OLE

Pharm. Joseph Oladele Ole is the deputy director, Pharmaceutical Services, University of Ilorin Teaching Hospital (UIITH) Ilorin, Kwara State. An astute clinical pharmacist, who has led numerous studies on drug interaction and pharmacotherapy of hypertensive patients, he currently heads the Paediatrics Pharmacy Unit of UIITH.

Ole's initial quest to study Pharmacy did not materialise, as he was offered admission to study Chemistry at the Faculty of Sciences, Ahmadu Bello University, Zaria, in 1991. He however achieved this goal two years later, when he was able to cross over to the pharmacy faculty and successfully graduated in 1998.

A diligent Ole had his internship at the UIITH but was not mobilised for NYSC in 1999, as he got an exemption on grounds of age. Thereafter, he launched fully into his career as a superintendent pharmacist and worked at three different pharmacies - Fontana Chemist, Ijebu-Ode, 2000; Omeiza Pharmacy, Okene, Kogi State, 2001; and Christ-Joe Pharmacy, Kabba, Kogi State in 2004. In 2006, he was employed as a pharmacist at the UIITH. He gradually rose through the ranks and became deputy director in 2020.

The passionate scientist, who doubles as a lecturer at the Department of Clinical Pharmacy and Practice, Faculty of Pharmaceutical Sciences, University of Ilorin, has embarked on further studies to keep abreast of trends in practice. He bagged his Pharm.D in 2007, after enrolling for the conversion programme at the University of Benin. He returned to the same institution in 2011 for his Masters in Clinical Pharmacy and graduated in 2015.

His unquenchable quest for Clinical Pharmacy skills further took him to the United States in 2018, at the Nova Southern University. There, he had an unforgettable exposure to result-oriented patient care and also acquired invaluable skills in Clinical Pharmacy. He is currently studying for his PhD in Clinical Pharmacy at the Ahmadu Bello University, Zaria.

An innovative and result-oriented pharmacist, who aims at bringing Pharmacy practice to the front burner among healthcare practitioners, Ole has personally made some contributions to the practice in the institutions, where he has worked. He was able to birth the electronic inventory management at UIITH in 2006. He also worked within available space and structures to introduce patient counselling and use of medication therapy management in pharmaceutical care of patients with chronic diseases.

Ole, a dedicated member of the Pharmaceutical Society of Nigeria (PSN), has been actively involved in organised pharmacy activities. He has held different positions in the various arms of the PSN, right from his university days. He was president, PANS-ABU 1997; publicity secretary, ACPN, 2003 and 2004; assistant general secretary, PSN, Kogi State, and secretary PSN, Kogi State, same year.

He was also publicity secretary, Kwara PSN; secretary, Pharmacy Week Committee, 2011; and secretary, Local Organising Committee, PSN National Conference, Harmony 2013, Ilorin. He was also secretary, AHAPN, Kwara State from 2008 to 2011; and chairman of the same association since 2017. He is currently planning to host the AHAPN national conference in August 2021 in Ilorin.

Ole, an assistant to the Chaplain of the Chapel of Christ the Healer, UIITH, is married to a pharmacist, a Fellow of the West African Postgraduate College of Pharmacists, and they are blessed with three children.



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“If you keep working at it, if you keep moving forward, you will achieve what you want.” — **Leigh Shulman**

“Let the improvement of yourself keep you so busy that you have no time to criticize others.” — **Roy T. Bennett**

“Our greatest glory is not in never falling, but in rising every time we fall.” — **Oliver Goldsmith**

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get up, get up, get up!!! Happiness is not the absence of problems, it's the ability to deal with them.” — **Steve Maraboli**

“Winners are not afraid of losing. But losers are. Failure is part of the process of success. People who avoid failure also avoid success.” — **Robert T. Kiyosaki**

“Success will be within your reach only when you start reaching out for it.” — **Stephen Richards**

“People are successful because they think and act like successful people.” — **Roy T. Bennett**

“Success in life is not for those who run fast, but for those who keep running and always on the move.” — **Bangambiki Habyarimana**

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3. PN is the widest circulating healthcare journal in Nigeria.
4. PN has the highest readership among health journals.
5. PN is available online as mobile App and PDF.
6. PN has about 6 million monthly website hits.
7. PN is the journal of choice for advertisers.
8. PN is the Winner, 2017, 2018 and 2019 Nigerian Healthcare Media Excellence Award.

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Your Global Health Journal

Celebrating 42 Years of Uninterrupted Monthly Publication (1979-2021)

The recent decision by the Indian government to temporarily halt exportation of its AstraZeneca vaccine is one that comes with grave implications and calls for sober reflections and decisive actions. In a move that continues to cause trepidation for over 190 countries under the COVAX scheme, led by the World Health Organisation (WHO), India announced that it was suspending vaccine exports to focus on its domestic vaccination programme. The decision followed the alarming spike in COVID-19 cases in the country, with as many as 700 new variants of the coronavirus recently discovered.

In a recent interview, Adar Poonawalla, head of the Serum Institute of India, which produces the AstraZeneca vaccine, unequivocally declared, "We are prioritising the needs of India." On a more disturbing note, however, Poonawalla added that while the suspension is meant to last for two months, the major factor to determine resumption of vaccine exports is a drastic reduction in the number of COVID-19 cases in the country. According to him, without this decline, "we are going to have to keep supplying to India, and not anywhere else. Because we have to protect our nation."

It is important to note that while this move by India appears to be receiving more global attention – especially since it involves the world's biggest vaccine manufacturing company and affecting hundreds of countries – the nationalisation of COVID-19 vaccine has been ongoing for a while. Indeed, one of the factors that triggered India's cataclysmic decision was the refusal of the

India's suspension of vaccine export: A wakeup call

United States and other countries to allow exportation of certain key ingredients needed for vaccine production.

Faced with increasing number of infections and fatalities, the US government, led by Joe Biden, recently invoked the Defence Production Act, a law that allows the government to nationalise commercial production in emergencies. Since then, only the US-based Pfizer has access to COVID-19 vaccines raw materials produced in the country. Similarly, the European Union has mandated that vaccine manufacturers in the EU must ensure that countries within the union are considered before others. Referring to AstraZeneca, in particular, the European Commission President, Ursula von der Leyen said the company must "catch up" on deliveries to the EU before exporting doses elsewhere.

While there is no denying that the decision by India and other countries to secure their vaccines and prioritise their own population may adversely affect the dependent nations and worsen the pandemic situation globally, it must be emphasised that the decision cannot be totally faulted. Charity must always begin at home and it would be imprudent for any nation to cater for the need of other nations at the expense of its local populace. What nations like Nigeria that depend on India for their

vaccine supply can do for now, is to earnestly hope that the expected decline in the number of infections in the benefactor-nation happens sooner. This is an inevitable part of the burden of dependency; the receiver must always be at the mercy of the giver.

Alternatively, however, the Nigerian government can make contingency arrangements with other vaccine producers in collaboration with the WHO to ensure that the shortfall being experienced as a result of the temporary halt from India is mitigated. This will help in sustaining the fight against the virus in the country.

Moreover, it is judicious that the federal government has ordered that vaccinations should stop across the country once 50 per cent of the 3.92 million doses of the AstraZeneca vaccine it had received from India are administered. According to reports, the order became necessary in order to ensure that the remaining 50 per cent are used to administer the second jab to those who have already had their first jabs. However, this development also means that those who are yet to receive their first jabs would have to wait for the arrival of more vaccines into the country.

While the country remains cautiously optimistic, the Nigerian government must renew the task

of sensitising the citizenry on the need to exercise vigilance in observing the COVID-19 protocols. Since herd immunity is increasingly becoming difficult with the state of things globally, adhering to safety guidelines – such as mask wearing, sanitising and maintaining social distance – remains the only way to stop the spread of the virus.

Most importantly, however, it is our expectation that the ongoing vaccine nationalisation policies in different countries, will jolt the Nigerian government to heed the persistent calls by stakeholders in the health sector to pay more serious attention to local production of medicines and vaccines. It is indeed appalling that despite the abundance of human and natural resources – including multitudes of medicinal plants – that Nigeria is blessed with, the nation continues to depend on other countries for over 70% of its drug needs, even at such a critical time as this. Indigenous pharmaceutical scientists, researchers and manufacturers have continued to lament the abysmally poor support they get from the government – a situation which has stunted many potentially beneficial research works and manufacturing initiatives.

It is time for the Nigerian government to seriously begin to strategise and take concrete steps towards salvaging the nation from the list of dependent and beggarly nations in terms of finished pharmaceutical products, raw materials, manpower and technologies. Ensuring national sufficiency and drug security is non-negotiable in curbing diseases, reducing mortality and catering for other healthcare needs.

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Vices of the old life

By Sir Ifeanyi Atueyi

People indulge in some vices at one time or the other. However, for a Christian, there is always a turning point when the old lifestyle becomes a thing of the past.

Between 1976 and 1978, I was full of pride as the marketing manager of a pharmaceutical company in Lagos. I had a Toyota Crown car, with efficient air conditioning system. At that time, I always carried my pipe and Erinmore or St. Bruno tobacco and felt that I had arrived.

One day, after work at Apapa, I loaded my pipe with tobacco and joined the queue of cars from my office at Creek Road.

At that time, the Apapa-Gbagada expressway had not been completed for use and motorists from Apapa had to pass through Ebutte-Metta or Western Avenue. The traffic was very heavy but I comforted myself with the popular Victor Uwaifo music and tobacco.

It was indeed a tough day with heavy traffic and I continued smoking until I got to my house in Maryland. When I opened the door of the car and tried to step out, I staggered and nearly fell headlong. I had poisoned myself with nicotine from the tobacco. I felt dizzy and exhausted.

My wife dashed out of the house to meet me outside in that condition. All I told her was to take away the tobacco. After a few days, I looked for my pipe and the tins of tobacco usually kept in our wardrobe but they had disappeared. When I asked my wife where she kept them, she replied that I instructed her to throw away the pipe and tobacco.

All along, she had been looking for the opportunity to stop me from smoking but did not know how to achieve it. This time, I just played into her hands. As of today, I don't know how she disposed of my pipe and tins of tobacco.

As a pharmacist, I knew some health implications of smoking but still indulged in it. Smoking could cause or aggravate diseases like stroke, heart disease, lung disease, diabetes and some chronic obstructive pulmonary disease. I was still smoking even though I knew it was bad for my health. I smoked out of pride. I wanted to show off and impress people. In

the sixties, there was a brand of cigarette that had its payoff line as "You feel like somebody if you smoke..." The Bible calls this pride of life.

I also drank beer and spirits, just to keep up with my peers. I cultivated this habit while in the university. Attending a party without drinking beer gave the impression that one was a member of the Scripture Union (SU) or the Students Christian Movement (SCM), which I derided.

One day, I went out with some friends to drink at a place called "Sand Sand" in Surulere, in Lagos.

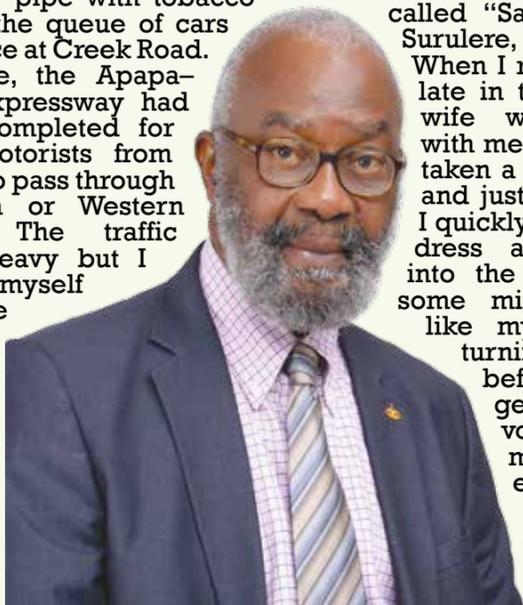
When I returned very late in the night, my wife was unhappy with me. I knew I had taken a lot of alcohol and just ignored her. I quickly removed my dress and slumped into the bed. After some minutes, I felt like my head was turning round, and before I could get up, I started vomiting and messed up everywhere.

My wife realised that I was in a pitiable condition and so started nursing me. After all, she is a nurse by profession. She cleared the mess and helped me to lie down again. That was the last time I drank more than I could manage. But I continued to drink moderately.

As a pharmacist, I knew that excessive alcohol use could lead to some chronic diseases like high blood pressure, heart disease, liver disease and digestive problems but I still indulged in it.

The question is, do Christians still indulge in alcoholic drinks and smoking of cigarettes? Of course, the answer is yes. The truth is that alcohol and cigarettes damage the Christian's body which is the temple of the Holy Spirit. Alcohol and cigarettes have no nutritional or medicinal benefit to the body. 1 Corinthians 6:19(NKJV) says, "...do you not know that your body is the temple of the Holy Spirit who is in you, whom you have from God, and you are not your own?" 1 Corinthians 3:17 (NKJV) says, "If anyone defiles the temple of God, God will destroy him. For the temple of God is holy, which temple you are."

The body of a Christian does no longer belongs to him but to God.



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Get noticed, let the marketplace always remember you

By George O. Emetuche

People of excellence stand out everywhere they go. They are noticed and always remembered. Giorgio Armani once said, "Elegance is not about being noticed. It's about being remembered." As a sales professional, getting noticed or being remembered is a function of buying a piece of *mind* of the marketplace. Your employers, colleagues, customers, prospects and other stakeholders must feel your positive impact. Your performance, attitude and character must speak positively for you.

Don't settle for average

As a salesman, you are called to be outstanding. You are supposed to be among the best in your industry. Don't settle for average. Let your top performance speak for you, whether you are present or not. This is how to get noticed or remembered. People follow you when they are sure you are believable. Folks will not flock around an individual for nothing. Something must attract customers and prospects to go with a salesman.

Get noticed! Stand out in the crowd; be an exceptional salesman. Make yourself to be noticeable. You are a product. You are a brand; create your own brand identity in the field.

You are selling two products!

In trying to make your product acceptable to your prospects, try to find a way to register yourself in their minds. I often say that you are selling two products anytime you are in the field. You are selling yourself and the product you have in your hand, and the first product you are supposed to sell is you!

People will buy you first before buying the product they are yet to use. Selling yourself to your customers or prospects might be in little things, like the way you talk or the way you greet your prospects. It might be in the way you appear, the way you smile and the way you display high self-esteem.

Making yourself to be noticed when you are prospecting is important in sales conversation. Always try to leave a mark. Let your customer or prospect remember you for something good. Leaving a good impression in the hearts of prospects and customers will definitely sustain the salesman in season and out of season.

Know the job, believe in yourself

People follow individuals they can trust. The more you know the job and express self-confidence, the more you win buyers to your side. People buy people. Ralph Waldo Emerson said, "Self-trust is the first secret of success." People can only trust you when they are convinced that you are sure of yourself. People cannot believe in you when they are not sure you believe in yourself. You will believe in yourself before people will believe in you. You will follow yourself before others will be converted to follow you.

In trying to make yourself to be noticed in your sales environment, you should ensure you are professional in your sales activities. A good salesman should have the ability to evaluate every situation and be strategic in decisions and actions. You must know your environment. You must know the personality type of your customer or prospect. This helps the

salesman to strike on target. This is what I teach in Sales Intelligence.

An ideal salesman is a smart individual. He has the ability to think on his feet. He knows the strategy to apply at any given time - that will give him desired results. He knows how to announce his presence. This is why I maintain that salesmanship is an art and science. The creative aspect must be present; the discovery part must be seen in the process. The art of selling is a journey; it is a long ride that leads to a beautiful destination - if the salesman knows how to navigate the path.

Satisfy the two reasons people buy

In the sales world, I believe that there are two main reasons people buy a product. The first one is that they like and trust the person selling the product, and the second is that they understand what they are buying. These two reasons harmonise the two important

factors in sales: emotion and logic.

When you succeed in creating a picture of yourself in the mind of the prospect, he or she will likely develop the interest to buy. Making yourself to be noticed or remembered could also be in the friendly way you introduce yourself or your product. It could be in those positive attitudes you display when attending to your prospects. The way you show that you have an in-depth knowledge of what you are talking about attracts attention to you. Customers or prospects observe easily salesmen who are good in the art. They appraise your personality and your knowledge of the product each time you make a sales presentation.

Ensure there is a common ground

Don't just sell, connect! There should be a meeting point in your selling. Discover those things that will connect you faster to the prospect and use them as things that will announce your presence. Your goal is to leave something in the mind of the prospect after your meeting; something that will

make him to call you for business.

Some salespeople make several visits to prospects without being noticed. They simply walk in

and walk out, without making an impact! Let your presence be felt by the things you say and by the things you do.

There is no how prospective customers will notice a salesman who fails to attract this notice by his actions. The attitude you display attracts people to you. If you display an attitude that portrays great character, people will flock around you; but if the reverse is the case, then, a big job awaits such a salesman. Get noticed in a positive way.



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Medication and religious deception

God is capable of healing wounds. He is, in fact, the only Physician that can cure any disease condition without doubt. Doctors and other healthcare givers understand this and would always ascribe ultimate glory to Him, even though medicine plays a major role in the healing and curative process. Unfortunately, even healing and divine intervention for the sick and wounded have been commercialised, especially in Africa, where a greater chunk of the population is grappling with socio-economic problems created by bad leadership.

Today, people die because of their die-hard attachment to religious beliefs that often only reflect the height of ignorance. For instance, how could someone allow himself to be brainwashed to the extent of believing that olive oil is a substitute for medication? People with terminal diseases have died while depending on their cleric's prescription out of ignorance or perhaps sheer stupidity.

People must begin to realise the fact that medication in itself is a part of God's creation to cure disease conditions, while prayer

plays its complementary role. On no account must anyone be bamboozled to think that prayer alone is enough to cure every ailment when God Himself has provided medication through scientific inspiration. It is erroneous to think that most of the things we enjoy in creation are not from God. The aircraft, the Internet, the military hardware and all other forms of technological and scientific inventions are God's creation through man to ease the problems of the world.

Any religious orientation that forbids medication does not deeply understand the way God works. God has given us the herbs and plants, from which many of our drugs are produced, for tackling sickness and disease. As science and technology make these herbs and plants a notch better for us to consume – through tablets, capsules and injections – we should thank God for making such advancements possible.

We will begin to understand the entire essence of creation better when we realise that there is actually nothing like the creation of man under the sun. Everything man creates for good is inspired by God for the advancement of

humanity. For instance, we can all imagine how tedious international travel would have been without the invention of the giant aircraft.

And while not undermining the role prayer plays in our lives and particularly in the healing or curative process, it is necessary to state that it should not take the place of medication, especially when dealing with life-threatening conditions that require emergency care. There have been instances of deaths that could have been averted in an ICU (Intensive Care Unit) rather than at a religious centre, or by sprinkling prayer water or oil on the patient.

One thing we must understand is that even those men and women of God whom we idolise also take medication but would not want to tell us the truth. They believe that telling us about their medical experiences may hamper our faith in their divine abilities. It is a particularly sad scenario here in Africa where religion has been greatly bastardised for personal gain. Most clergymen in Africa carry themselves as God and so, would prefer their followers' trust to be in them and not in God. No wonder Karl Marx describes religion as an opium of the masses – an instrument for indoctrination.

Most of the demons that torment us in Africa are economic

problems created by our selfish leaders. Even if we pray from now till eternity, power supply will only improve when our leaders stop embezzling monies meant for the power sector. Poverty and lack will never leave homes and streets until our leaders prioritise the delivery of good governance and the prudent management of our human and material resources. Prayer does not solve such problems; only the right choices and actions do.

While not ruling out the possibility of miracles through prayer in the healing or curing of serious medical conditions, we must be wary of the widespread deception that has infiltrated our religious circles. Many clerics are today selling bottled water, oil, soaps and all sorts of concoctions, claiming they can cure different types of ailments. Unfortunately, while they smile to the bank, their victims are sent to their early graves.

When you are confronted with any sickness that threatens your life or that of a close relation, seek medical help and while doing so, commit everything into God's hands. Sickness is a normal part of life and it helps us appreciate God's provisions for treatment. However, we must not be brainwashed to believe that prayer is the only way out. Prayer is good but it must not replace medication when dealing with ill-health.

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Celebrating 41 Years of Uninterrupted Monthly Publication (1979-2021)

World Health Day 2021: Building a fairer, healthier world

In 1948, at the World Health Assembly, 7 April was decided upon as a day to celebrate World Health Day to bring to remembrance certain key areas the World Health Organisation (WHO) would like to highlight each year. Thus, since 1950, World Health Day has become an annual celebration.

While there is a global unanimity in the commemoration of this day, the fact remains that not everyone across the globe is positioned to have an equal access health services. Some people can live healthier lives and have better access to healthcare solely because of the countries in which they are born or where they live; while others struggle to live healthy lives due to meagre incomes, poor housing, gender inequality, and a myriad of other factors causing preventable illnesses and premature death. This situation is not only unjust, it is largely avoidable.

Certain social factors such as income level, gender, and even ethnicity have been attributed to contributing to disparities in health outcomes. According to the WHO, children are 14 times more likely to die before their fifth birthday in sub-Saharan Africa than anywhere else in the world. It is such disheartening disparities that led the WHO to place a demand on nations to prioritise bridging the gap of health inequities. It is not uncommon to find low- and middle-income countries having poor health indices, thus portraying the problems of health inequities solely as the burden of these countries to bear, and absolving other countries that have better health indices.

Lessons from COVID-19

In December 2019, the COVID-19 outbreak started in Wuhan. In about three months, it had spread across the globe and was declared a pandemic. The saying that the world is a global village has never been truer since the pandemic began. From China, throughout all of Asia, Europe, Africa, and across the globe, the virus spread like a chemical chain reaction.

In the wake of this, we began to realise how connected our worlds are - how co-dependent we are, despite the sovereignty of our nations. The health outcomes in a particular locale could have a ripple effect on the entire globe. It, therefore, becomes imperative to work together to build a fairer and healthier world.

The pandemic has not only revealed the health inequities in our society, but it has also amplified its voice. The pandemic has had such a devastating impact on health outcomes, pushing many into unemployment and poverty, food insecurities, and worsening health inequities globally.

The factors exacerbating these health inequities include poor access to healthcare, weak social assistance programmes, poor housing facilities, and lack of hygiene facilities. According to a recent study, in 17 developing countries, 70 per cent of households had at least one family member who had lost a job. Several studies across the globe also show indications of rising food prices, thus worsening food insecurities. The pandemic is said to have doubled the number of those who are on the verge of starvation.

Emerging realities

With the advent of the COVID-19 vaccine, there seems to be a light at the end of the tunnel. Vaccination against COVID-19 is currently ongoing across the globe. However, vaccine administration and accessibility are still very skewed towards developed

By Pharm Temiwunmi Akinmuleya
(Young Pharmacists Group, Lagos)

countries. Less than 2 per cent of the entire population of the African continent has received the COVID-19 vaccine.

The distribution of the vaccine is one in which the African continent, had to wait long on an even longer queue before getting vaccines. Currently, less than 1 per cent of the Nigerian population has been vaccinated, as opposed to 19 per cent of the American population, further reiterating the already existent inequality in distribution. There is also a forecasted problem with vaccine storage facilities in African countries, which could further skew the distribution away from the African continent.

Several calls have been made to developed countries to assist developing countries in improving access to COVID-19 vaccines. Health inequalities will continue to worsen if interventions are not made to tackle this.

Way forward

The onus to build a fairer and healthier world lies on us all. The attainment by all people of the highest possible level of health is a fundamental human right that should not be defined by race, gender, socio-economic status, or culture. Every human being should be given a fair chance at living a healthy life.

There most certainly will be a greater impact if governments and organisations can work closely with communities and individuals who are affected by these great disparities in health to tackle the causes of these inequities and proffer sustainable solutions to them. Such coordinated actions on all fronts will afford members of these communities a chance at living healthier lives.

The government will also need to be actively involved in data collection, without bias towards

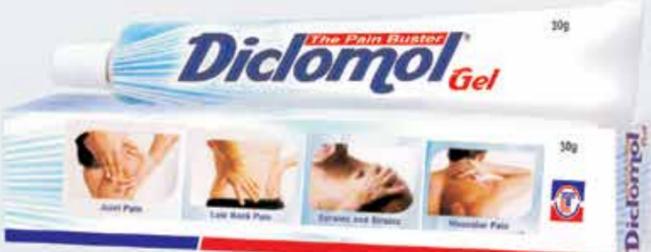


gender, age, income, education, migratory status, or disability. This will make it easier to identify areas of greatest needs and inequalities across population subgroups, allowing timely and impactful interventions. Data collection

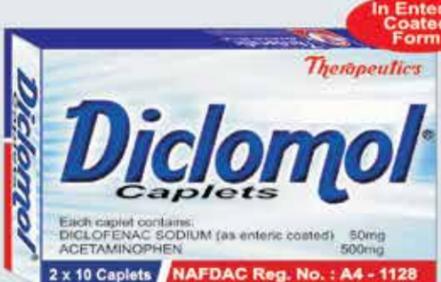
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Oyewale Tomori – Champion of Nigerian polio eradication programme

By Solomon Ojigbo



The journey to eradicating polio in Nigeria was a long and arduous one. It began in 1977 when the World Health Organisation (WHO) adopted the Universal Child Immunization Programme. In 1988, the 41st World Health Assembly declared the lofty goal of eradicating poliomyelitis by the year 2000 through support to national health infrastructure systems on immunization.

On 25 August 2020, after many years of intense campaign, Nigeria was declared and certified free of the wild poliovirus by the World Health Organisation and the Africa Regional Certification Commission, an independent body mandated to certify the Africa region to have eradicated poliovirus. This made Nigeria the last nation on the African continent to achieve the polio-free status. The disease is now only found in Afghanistan and Pakistan.

Remarkably, however, this historic achievement wouldn't have been possible without the efforts and contributions of various stakeholders in Nigeria's polio eradication programme. A prominent expert who played a leading role in the war against the disease was Professor Oyewale Tomori.

Tomori is a multiple award-winning specialist in human zoonotic and veterinary viruses, including the poliomyelitis virus. The immediate-past president of the Nigerian Academy of Science is also recognised as one of Africa's frontline Lassa fever researchers. His research interests include the Yellow Fever virus, Ebola virus, Lassa virus, poliovirus, measles virus, and the Orungo virus.

Tomori was also the chairman of the Nigeria Expert Review Committee on Polio Eradication and Routine Immunization Programme, a high-stakes role where he was charged with ensuring that Nigeria defeated polio at all costs. For many years, he served as regional virologist for the WHO Africa Region, where he set up the African Regional Polio Laboratory Network, a first-of-its-kind system of laboratories that provided diagnostic expertise to the Global Polio Eradication Initiative (GPEI). For his immense contributions to national development, he received the Nigeria National Order of Merit (NNOM) award in 2002, Nigeria's highest award for academic, intellectual attainment.

Education and career

Oyewale Tomori was born on 3 February 1946, in Ilesa, one of the ancient Yoruba towns in present day Osun State, Nigeria. His grandfather was a chief, third in rank to the king. He was one of many children from a large polygamous family. His mother was one of many wives who had five boys and Professor Tomori was the third of the five brothers.

Tomori began his elementary education at the Church Missionary Society Primary School in Ilesha, at the age of 5. After his primary education, he moved to Government College, Ughelli, for his secondary education. In 1966, at the age of 20, he was admitted into Ahmadu Bello University, Zaria, where he received the Doctor of Veterinary Medicine (DVM) degree in 1971.

Tomori obtained his doctorate degree in Virology from the University of Ibadan, Oyo State, in 1976. He began his academic career in 1971 as a Research Fellow II at the Department of Virology, College of Medicine, University of Ibadan. In 1981, he was appointed professor of virology and the same year he received the United States Department of Health and Human Services Public Health Service Certificate for his contributions to Lassa fever research.

Tomori was later appointed head of the Department of Virology, University of Ibadan, in 1984. He served two terms and was actively involved in isolating polioviruses from children - especially cases of paralysis in children treated at the outpatient clinic of the University College Hospital. While he was at the university, he was appointed director, WHO Collaborating Centre for Arbovirus Reference & Research; and director, Postgraduate Institute for Medical Research & Training at the University of Ibadan.

In 1994, Professor Tomori left the academic circle to work fully with the World Health Organisation. He served as regional virologist/laboratory coordinator for the African Region at WHO Africa regional office. During this period, he set up the African Regional Polio Laboratory Network, comprising 16 laboratories, which provided diagnostic support to the global polio eradication initiative. The network became the forerunner of other regional diagnostic laboratory networks for measles, yellow fever, and other viral haemorrhagic fevers. He was involved in the investigations of

outbreaks of viral haemorrhagic fevers - Lassa fever, Yellow fever, Ebola, and Marburg haemorrhagic fever infections - in Nigeria, Liberia, DR Congo and Uganda, between 1995 and 2004.

After working for 10 years with WHO, Tomori was appointed pioneer vice-chancellor at Redeemer's University, Ogun State, Nigeria in 2004, where he spent seven years. In the same 2004, he was appointed chairman of Nigeria Expert Review Committee on Polio Eradication and Routine Immunization Programme.

Professor Tomori has also served in several other national and international advisory bodies and committees, including the Board of the BioVaccines Limited in Nigeria; Lassa Fever Steering Committee; National Laboratory Technical Working Group; WHO Advisory Committee on Variola Virus Research; WHO Africa Regional Polio Certification Committee; WHO Group of Experts on Yellow Fever Disease; WHO Yellow Fever Emergency Committee on International Health Regulations; GAVI Board; U.S. National Academy of Medicine Global Health Risk Framework Commission, and the World Bank Interagency Working Group on Financing Preparedness and Response.

He is an international member of the U.S. National Academy of Medicine, and the International Steering Committee of the International Consortium on Anti-Virals. Professor Tomori has authored and co-authored more than 150 publications in peer-reviewed journals.

Awards and recognitions

Professor Tomori is recognised as one of Africa's leading virologists and frontline Lassa fever researchers. He is a recipient of several awards and fellowships of many international academic organisations. These include: Fellow of the Nigeria National Ministry of Science and Technology Merit Award for excellence in medical research; Fellow of the Academy of Science of Nigeria; Fellow of the College of Veterinary Surgeons of Nigeria; Fellow of the Royal College of Pathologists of the United Kingdom; International member of the United States National Academy of Medicine; Senior Fellow at the Scowcroft Institute, Texas A&M University; and Fellow of the American Society of Tropical Medicine and Hygiene (2013).

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PSN queries FG on pharmacists' exclusion from COVID-19 vaccine administration - As Lagos Chapter Holds AGM

By Omolola Famodun

Amid the euphoria of Nigeria receiving its first delivery of the AstraZeneca COVID-19 vaccine from the COVAX facility, the Pharmaceutical Society of Nigeria (PSN), Lagos State Chapter, has raised concerns over pharmacists' exclusion from the ongoing vaccination exercise.

Noting that, as the custodians and most qualified professionals in handling all medicines, pharmacists occupy a fundamental role in vaccination, the Society wondered why government would keep its members out of the distribution and administration team.

Chairman of PSN-Lagos, Pharm. Gbolagade Iyiola, while speaking at the recent Annual General Meeting (AGM) of the chapter, held at the Indoor Hall of the State Secretariat, Ogudu, Lagos, stressed the need for government to enlist community pharmacists in the vaccination programme, noting that in countries, such as the United States, thousands of community pharmacies have been designated and accredited as COVID-19 vaccination centres.

Iyiola said: "All hands must be on deck. We don't have enough health professionals in Nigeria. Even doctors, nurses, pharmacists are not enough. So, we want to let the government



L-R: Pharm. Ismaila Kola Sunmonu, general secretary, PSN; Pharm. Gbolagade Iyiola, Chairman, PSN; and Pharm. Babayemi Oyekunle, vice chairman, PSN, during the AGM.

know that it is very crucial to make maximum use of all our healthcare professionals, especially in time of health emergencies, for the benefit of the public."

He further spoke on the peculiar challenges

encountered by pharmacists in their day-to-day operations, assuring that plans are already underway to help them surmount such challenges. This, he said, will enhance the practitioner's practice and improve the provision of quality care to the

populace.

The PSN helmsman added: "However, the major issue in Nigeria healthcare space is that pharmacists are being confronted in public service with physicians, who have imposed

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Achieving zero malaria in Nigeria

Until recently, overcoming the global malaria burden had seemed like a tall order for most countries of the world. However, in the last two decades, tremendous progress has been made in developed climes, with more than seven million lives saved from dying from the disease and over one billion malaria cases prevented.

This progress is even more evident in the increasing number of countries declared to be malaria-free by the World Health Organisation (WHO). The list of 21 countries recently certified by the WHO Director General as having eliminated malaria includes: Algeria, Belize, Bhutan, Botswana, Cabo Verde, China, Comoros, Costa Rica, Ecuador, El Salvador, Eswatini, Islamic Republic of Iran, Malaysia, Mexico, Nepal, Paraguay, Republic of Korea, Saudi Arabia, South Africa, Suriname, and Timor-Leste.

Unfortunately, the African continent still carries a disproportionately high share of the global malaria burden. In 2019, sub-Saharan Africa was home to 94

per cent of all malaria cases and deaths, as revealed by the WHO.

According to the *World Malaria Report 2020*, in 2019, six countries accounted for approximately half of all malaria deaths worldwide: Nigeria (23 per cent), the Democratic Republic of the Congo (11 per cent), United Republic of Tanzania (5 per cent), Burkina Faso (4 per cent), Mozambique (4 per cent) and Niger (4 per cent) each. Moreover, children under 5 years of age, being the most vulnerable group affected by malaria, accounted for 67 percent (274,000) of all malaria deaths worldwide in 2019.

It is in view of this that the World Malaria Day 2021 is themed: "Zero Malaria - Draw the Line Against Malaria" - the purpose of which is to canvass concerted efforts toward eliminating malaria in high-burden settings.

Understanding malaria

Malaria is a life-threatening disease caused by parasites that are transmitted to people through the bites of infected female

mosquitoes called *Anopheles* mosquitoes. There are five parasite species that cause malaria in humans, and two of these - the *P. falciparum* and the *P. vivax* - pose the greatest threat.

P. falciparum is the most prevalent malaria parasite on the African continent. It is responsible for most malaria-related deaths globally. *P. vivax* has a wider distribution than *P. falciparum*, and predominates in many countries outside of Africa.

Malaria statistics

In 2019, nearly half of the world's population was at risk of malaria. Most malaria cases and deaths occur in sub-Saharan Africa. However, the WHO regions of South-East Asia, Eastern Mediterranean, Western Pacific, and the Americas are also at risk.

Some population groups are at considerably higher risk of contracting malaria and developing severe disease than others. These include infants, children under five years of age, pregnant women and patients with

HIV/AIDS, as well as non-immune migrants, mobile populations and travellers. National malaria control programmes need to take special measures to protect these population groups from malaria infection, taking into consideration their specific circumstances.

Causes of malaria

Malaria is caused by the bites from the female *Anopheles* mosquito, which then infects the body with the parasite *Plasmodium*. This is the only mosquito that can cause malaria.

The successful development of the parasite within the mosquito depends on several factors, the most important being humidity and ambient temperatures.

When an infected mosquito bites a human host, the parasite enters the bloodstream and lays dormant within the liver. For the next 5-16 days, the host will show no symptoms but the malaria parasite will begin multiplying asexually.

The new malaria parasites are then released back into the bloodstream when they infect red blood cells and again begin to multiply. Some malaria parasites, however, remain in the liver and are not released until later, resulting in recurrence.

An unaffected mosquito becomes infected once it feeds on an infected individual, thus beginning the cycle again.

Symptoms of malaria

According to the Centres for Disease Control and Prevention (CDC), malaria symptoms can be classified in two categories: uncomplicated and severe malaria.

Uncomplicated malaria is diagnosed when symptoms are

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1. Hensel M, Darby KG, Garcia C, et al. Nutrition during lactation. Institute of Medicine. Washington, DC: National Academy Press; 1999.

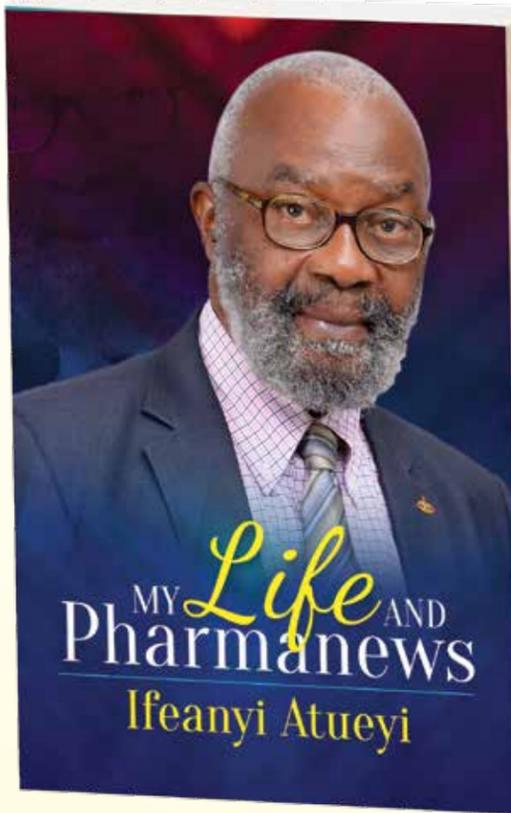
MY HIGHER EDUCATION

(Excerpts from *MY LIFE AND PHARMANNEWS* by Sir Ifeanyi Atueyi)

The period between my secondary school education and when I got admission into the university was particularly significant for me. It was a period marked with happenings whose effects on me could be best described as seismic, because they touched the very core of my being in many ways.

Being among the students with grade one in the West African School Certificate Examination in December 1958, I enrolled for the Higher School Certificate (HSC) examination in January 1959. The examination itself was slated for December 1960. DMGS was an authorised Local Examination Syndicate of the Cambridge University, and thus one of the schools in which students could enrol for the examination. Some students came from other schools, like Okongwu Memorial Grammar School, Nnewi, and St. Augustine's Grammar School, Nkwerre.

Since the HSC examination was preparatory to higher institution, we were required to register for a combination of subjects that would enable us to get admitted for the



proposed course of study at the university. Through the guidance of my uncle, who wanted me to study Medicine, I registered for Physics, Chemistry and Zoology, in addition to General Paper.

It was during my first few

months in the HSC class that I received one of those treasured inspirational letters from my uncle, Dan Erinne. Dated 17th March 1959, and sent from Irete, the letter reads:

My Dear Christopher,

I hope you have now collected many of the essential books for your course. In your HSC course, you must read wide and join various school events – physical and intellectual. Secondly, you should do your four science subjects so thoroughly as to get through HSC with flying colours. Your future will depend to a large extent on the

quality of your HSC...

Yours affectionately,
D.C. Erinne

This encouragement from my uncle, coupled with my natural desire to excel academically (even when I wasn't yet convinced about the

career I was to go for) spurred me to prepare adequately for the examination and when the results were released the following year, my performance was excellent. As anyone can imagine, my uncle was noticeably elated, as he saw me ascend the threshold that would see me actualise his plan for me to study Medicine.

On 8th February, 1960, early in the second year, he wrote me another letter of encouragement:

My dear Christopher,

...I cannot say your Chemistry was good because there seem to be many people in your class whose marks are in the same region as yours. I must say that 60% is hard to make in any subject in the HSC exam.

Your Physics is encouraging but not yet up to the standard to assure university admission.

I am glad your staff is so good. You must not shrink from asking advice from any of them. They are my good friends.

Best wishes.

Yours affectionately,
D.C. Erinne

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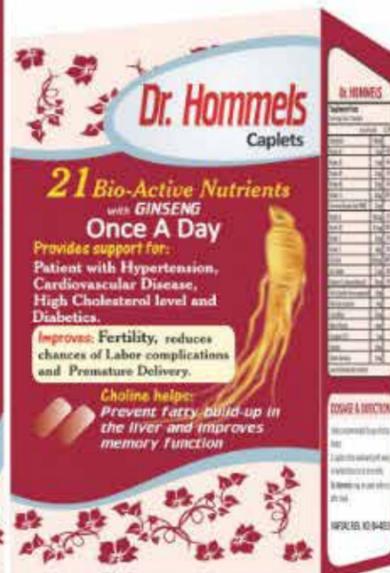
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Celebrating 42 Years of Uninterrupted Monthly Publication (1979-2021)

Achieving zero malaria in Nigeria

continued from page 11

present, but there are no clinical or laboratory signs to indicate a severe infection or the dysfunction of vital organs. Individuals suffering from this form can eventually develop severe malaria if the disease is left untreated, or if they have poor or no immunity to the disease.

Symptoms of uncomplicated malaria typically last six to ten hours and occur in cycles that occur every second day, although some strains of the parasite can cause a longer cycle or mixed symptoms. Symptoms are often flu-like and may be undiagnosed or misdiagnosed in areas where malaria is less common. In areas where malaria is common, many patients recognise the symptoms as malaria and treat themselves without proper medical care.

Uncomplicated malaria typically has the following progression of symptoms through cold, hot and sweating stages:

Sensation of cold, shivering
Fever, headaches, and vomiting (seizures sometimes occur in young children)

Sweats followed by a return to normal temperature, with tiredness.

Severe malaria is defined by clinical or laboratory evidence of vital organ dysfunction. This form has the capacity to be fatal if left untreated. As a general overview, symptoms of severe malaria include:

Fever and chills
Impaired consciousness
Prostration (adopting a prone or prayer position)
Multiple convulsions
Deep breathing and respiratory distress
Abnormal bleeding and signs of anaemia
Clinical jaundice and evidence of vital organ dysfunction.

Malaria in Nigeria

According to the 2019 World Malaria Report, Nigeria had the highest number of global malaria cases (25 per cent of global malaria cases) in 2018 and accounted for the highest number of deaths (24 per cent of global malaria deaths).

Case numbers have plateaued at between 292 and 296 per 1000 of the population at risk between 2015 and 2018. Deaths however fell by 21 per cent from 0.62 to 0.49 per 1000 of the population at risk during that same period.

Malaria is transmitted all over Nigeria; 76 per cent of the population live in high transmission areas while 24 per cent of the population live in low transmission areas. The transmission season can last all year round in the south and is about three months or less in the north.

Experts in the health sector have identified Nigerians reluctant attitude towards scientifically proven interventions as a bane to the fight against malaria in the country.

They emphasise that sleeping in treated insecticide nets every night is key to achieving a malaria free nation.

The National Coordinator, National Malaria Elimination Programme, Dr Audu Bala Mohammed, recently lamented the negative attitude of most Nigerians towards malaria prevention strategies and intervention, which according to him, has greatly hampered the progress in malaria control.

He said: "Low uptake of interventions is one of the problems that are militating against progress in the fight against malaria"



Mohammed also called on Nigerians to embark on environmental management, saying "Individuals should keep their environment clean and clear all bodies of water in the general environment. They should observe general hygiene and always sleep under the net every night."

On his part, the Country

Director of Malaria Consortium, Dr Kolawole Maxwell, disclosed that the UK government through the Department for International Development (DFID) has invested over 89 million pounds to support the malaria programme in

eight years (2008-2016), in Nigeria. According to him, the essence was to reach the general population, especially; the poorest and most vulnerable with evidence based interventions that would help control the disease and reduce the malaria burden.

Transmission of malaria

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

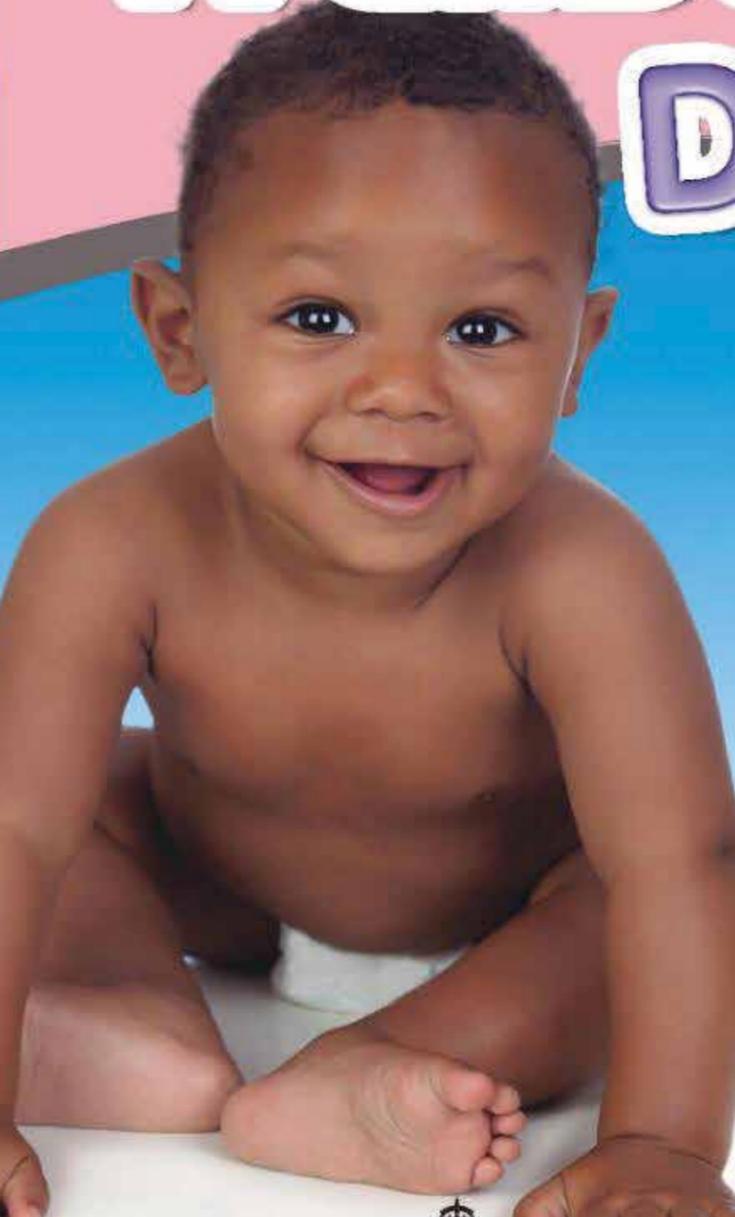
Anopheles mosquitoes lay their eggs in water, which hatch into larvae, eventually emerging as adult mosquitoes. The female mosquitoes seek a blood meal to nurture their eggs. Each species of Anopheles mosquito has its own preferred aquatic habitat; for example, some prefer small, shallow collections of fresh water, such as puddles and hoof prints, which are abundant during the rainy season in tropical countries.

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

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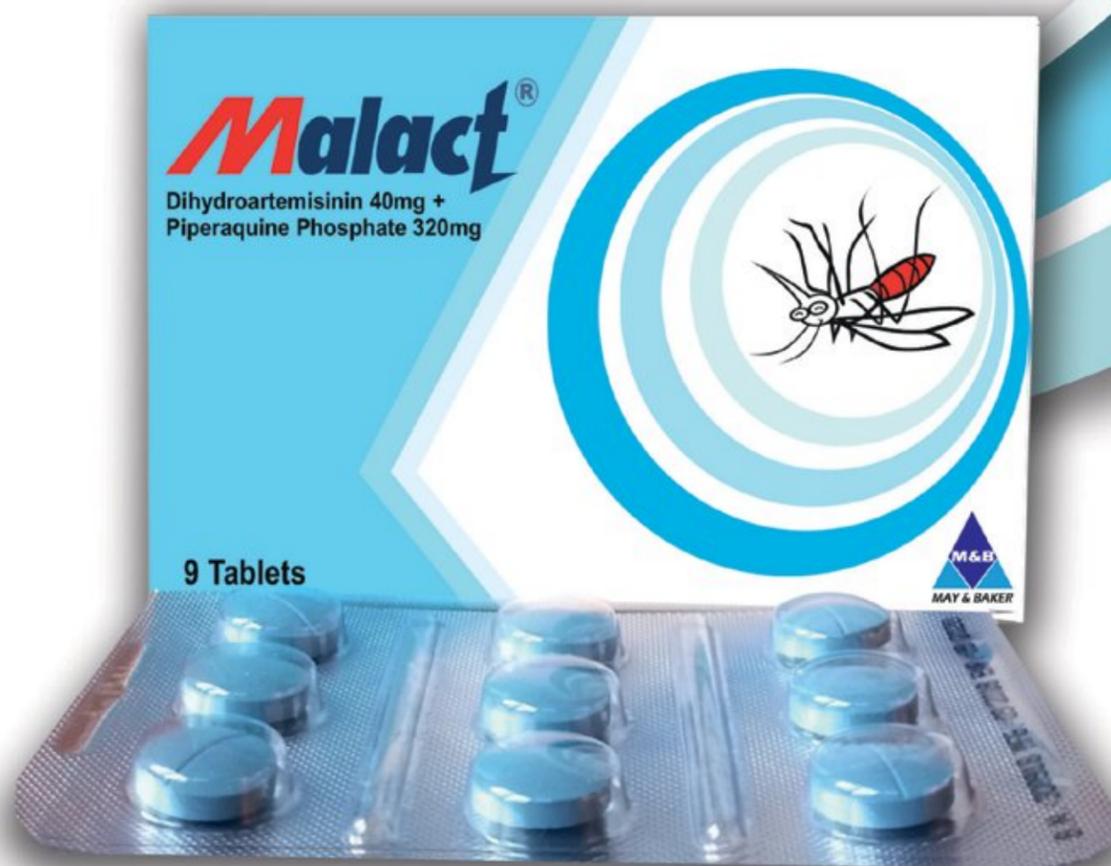
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Achieving zero malaria in Nigeria

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time to complete its development inside the mosquito) and where it prefers to bite humans rather than other animals. The long lifespan and strong human-biting habit of the African vector species is the main reason why nearly 90 per cent of the world's malaria cases are in Africa.

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

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

Malaria and pregnancy

Malaria is a serious illness, particularly for pregnant women. It can result in severe illness or death, and affects both the mother and the unborn baby.



Taking anti-malaria medication while pregnant must be done with caution. Your GP will advise you which, if any, anti-malaria medication to take. Remember to take it regularly and exactly as prescribed.

You can take some anti-malaria medicines safely during pregnancy, but should avoid others. For example:

chloroquine and proguanil (usually combined) can be used in pregnancy, but may not offer enough protection against malaria in many regions, including Africa; you will also need to take a 5mg supplement of folic acid if you're taking proguanil (if you are in the first 12 weeks of pregnancy, remember to continue with your usual 400 microgram folic acid supplement after you stop taking the proguanil – while you are taking the 5mg supplement, you don't need to take the 400 micrograms as well)

mefloquine should not be taken during your first trimester (the first 12 weeks of pregnancy)

doxycycline should not be taken at all during pregnancy
atovaquone/proguanil should not be taken at all during pregnancy as there is a lack of evidence that it is safe to use in pregnancy

Do your best to avoid mosquito bites. Taking the steps below will help you to achieve this:

Use a mosquito repellent on your skin – choose one specifically recommended for use in pregnancy and apply it often, following the manufacturer's instructions

Cover your arms and legs by wearing long-sleeved tops and long trousers after sunset.

Use a spray or coil in your room to kill any mosquitoes before you go to bed

Sleep in a properly screened, air-conditioned room or under a mosquito net that has been treated

with insecticide – make sure the net is not broken.

Ideally, pregnant women should remain indoors between dusk and dawn.

Prevention of malaria

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

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

Insecticide-treated mosquito nets (ITNs)

Long-lasting insecticidal nets (LLINs) are the preferred form of ITNs for public health programmes. In most settings, WHO recommends LLIN coverage for all people at risk of malaria. The most cost-effective way to achieve this is by providing LLINs free of charge, to ensure equal access for all. In parallel, effective behaviour change communication strategies are required to ensure that all people at risk of malaria sleep under a LLIN every night, and that the net is properly maintained.

Indoor spraying with residual insecticides

Indoor residual spraying (IRS) with insecticides is a powerful way to rapidly reduce malaria transmission. Its full potential is realised when at least 80 per cent of houses in targeted areas

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Anti Malarial

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INDICATIONS: Treatment of acute, uncomplicated malaria infection due to *Plasmodium falciparum* in patients aged 12 to 65 years. Not indicated for patients with severe or complicated *P. falciparum* malaria or for the prevention of malaria.

DOSAGE AND ADMINISTRATION:
 Dosage in Patients >12 years of age (>35 Kg body weight): A3-day treatment schedule with a total of 3 doses is recommended where; Tablet 1 is to be consumed immediately on diagnosis of uncomplicated *P. falciparum* malaria, Tablet 2 is to be consumed between 24±4 hours of tablet 1 and Tablet 3 is to be consumed between 24±4 hours of tablet 2 may be taken with or without food. In the event of vomiting within 1 hour of administration, a repeat dose should be taken.

CONTRAINDICATIONS: Patients hypersensitive to any of the active or inactive ingredients of this product. Presently, any other specific contraindications are unknown.

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UNDESIRABLE EFFECTS: In adults, the most frequently reported clinical adverse events in the clinical trials were headache, nausea, vomiting, and coughs. The following adverse events have been reported during post-marketing use: eye irritation, ocular hyperaemia, gastritis, nausea, vomiting, irritability, nasopharyngitis, somnolence, confusional state, disorientation, dyskinesia and rash. Please refer to the product insert for more information.

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are sprayed. Indoor spraying is effective for three to six months, depending on the insecticide formulation used and the type of surface on which it is sprayed. In some settings, multiple spray rounds are needed to protect the population for the entire malaria season.

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

In 2012, WHO recommended Seasonal Malaria Chemoprevention as an additional malaria prevention strategy for areas of the Sahel sub-region of Africa. The strategy involves the administration of monthly courses of amodiaquine plus sulfadoxine-pyrimethamine to all children under five years of age during the high transmission season.

Insecticide resistance

Much of the success in controlling malaria is due to vector control. Vector control is highly dependent on the use of pyrethroids, which are the only class of insecticides currently recommended for ITNs or LLINs.

In recent years, mosquito resistance to pyrethroids has emerged in many countries. In some areas, resistance to all four classes of insecticides used for public health has been detected. Fortunately, this resistance has only rarely been associated with decreased efficacy of LLINs, which continue to provide a substantial level of protection in most settings. Rotational use of different classes of insecticides for IRS is recommended as one approach to manage insecticide resistance.

However, malaria-endemic areas of sub-Saharan Africa and India are causing significant concern due to high levels of malaria transmission and widespread reports of insecticide resistance. The use of two different insecticides in a mosquito net offers an opportunity to mitigate the risk of the development and spread of insecticide resistance; developing these new nets is a priority. Several promising products for both IRS and nets are in the pipeline.

Detection of insecticide resistance should be an essential component of all national malaria control efforts to ensure that the most effective vector control methods are being used. The choice of insecticide for IRS should always be informed by recent, local data on the susceptibility of target vectors.

To ensure a timely and coordinated global response to the threat of insecticide resistance, WHO worked with a wide range of stakeholders to develop the Global Plan for Insecticide Resistance Management in Malaria Vectors (GPIRM), which was released in May 2012.

Diagnosis and treatment



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

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

Antimalarial drug resistance

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

WHO recommends the routine monitoring of antimalarial drug resistance, and supports countries to strengthen their efforts in this important area of work.

An ACT contains both the drug artemisinin and a partner drug. In recent years, parasite resistance to artemisinins has been detected in five countries of the Greater Mekong sub-region: Cambodia, Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam. Studies have confirmed that artemisinin resistance has emerged independently in many areas of this sub-region. Most patients are cured when treated with an ACT if there is no resistance to the partner drug.

However, in parts of Cambodia and Thailand, *P. falciparum* resistance to both artemisinin and partner drugs (multi-drug resistance) has developed.

There are concerns that *P. falciparum* malaria in Cambodia



and Thailand is becoming increasingly difficult to treat, and that multi-drug resistance could spread to other regions with dire public health consequences. Consequently, WHO's Malaria Policy Advisory Committee in September 2014 recommended adopting the

goal of eliminating *P. falciparum* malaria in this sub-region by 2030. WHO launched the Strategy for Malaria Elimination in the Greater Mekong Sub-region (2015–2030) at the World Health Assembly in May 2015, which was endorsed by all the countries in the sub-region.

Surveillance

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

Effective surveillance is required at all points on the path to malaria elimination. Strong malaria surveillance enables programmes to optimize their operations, by empowering programmes to:

- advocate for investment from domestic and international sources, commensurate with the malaria disease burden in a country or subnational area;

- allocate resources to populations most in need and to interventions that are most effective, in order to achieve the greatest possible public health impact;

- assess regularly whether plans are progressing as expected or whether adjustments in the scale or combination of interventions are required;

- account for the impact of funding received and enable the public, their elected representatives and donors to determine if they are obtaining value for money; and

- evaluate whether programme objectives have been met and learn what works so that more efficient and effective programmes can be designed.

Stronger malaria surveillance systems are urgently needed to enable a timely and effective malaria response in endemic regions, to prevent outbreaks and resurgences, to track progress, and to hold governments and the global malaria community accountable.

Elimination

Malaria elimination is defined

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

agent; i.e. applies to a particular malaria parasite species.

According to the latest estimates from WHO, more than half (57) of the 106 countries with malaria in 2000 had achieved reductions in new malaria cases of at least 75 per cent by 2015, in line with targets set by the World Health Assembly. An additional 18 countries reduced their malaria cases by 50–75 per cent.

Large-scale use of WHO-recommended strategies, currently available tools, strong national commitments, and coordinated efforts with partners, will enable more countries – particularly those where malaria transmission is low and unstable – to reduce their disease burden and progress towards elimination.

In recent years, four countries have been certified by the WHO Director-General as having eliminated malaria: United Arab Emirates (2007), Morocco (2010), Turkmenistan (2010), and Armenia (2011). In 2014, 16 countries reported 0 cases of malaria within their own borders. Another 17 countries reported fewer than 1000 cases of malaria.

Vaccines against malaria

WHO reveals that over one year into the pilot studies of the malaria vaccine RTS,S/AS01, pilot countries of Ghana, Kenya and Malawi have recorded more than one million doses of the RTS,S/AS01 malaria vaccine administered while an estimated 480,000 children have received their first dose of vaccine in childhood vaccination and should benefit from this additional malaria prevention.

Kenya marked its first anniversary of the launch of the pilot in September 2019, with more than 128,000 children reached with vaccine, and one country health official expressing "a great sense of pride" in being part of the effort to protect children from malaria.

Malaria vaccination is continuing in all participating countries without major disruptions and there is good uptake of the vaccine, despite the challenges posed by the COVID-19 pandemic. The evaluation of the pilot introduction continues, and accrued safety data is reassuring.

"The numbers of children reached in this relatively short period are encouraging and indicate good community acceptance of the malaria vaccine. The pilots are helping us to understand whether children can be reached with the 4-dose regimen, the impact on severe malaria and on lives saved, and the vaccine safety in routine use. This information will inform WHO recommendations for broader use of the vaccine," said Dr Mary Hamel, WHO lead for the programme.

Stakeholder planning for long-term vaccine access officially began at a WHO-convened meeting of malaria vaccine stakeholders, which included malaria, immunization and child-health specialists in October 2019. At the event, WHO Director-General Dr Tedros Adhanom Ghebreyesus, urged the group, by video message, to "start thinking now" about long-term access.

"There is a critical need for new tools to get us back on track – like the RTS,S vaccine. Waiting for results will slow us down and delay scale up in the countries that need it most," said Tedros.

Report compiled by Temitope Obayendo with resources from: The World Health Organisation, Severe Malaria Organisation and Malaria Consortium

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PSN queries FG on pharmacists' exclusion from COVID-19 vaccine administration

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themselves as despotic rulers in the health sector and are hell bent on snuffing life out of other providers. Nevertheless, PSN remains undaunted and working hard on how our colleagues will be able to reach their full potentials as professionals.

"For those in community practice, their outputs are being hampered by itinerant illegal drug dealers whose activities are continually constituting great menace to members of the public. Also, the seemingly timidity of our regulators in curbing these charlatans is making it so difficult for our colleagues to offer services maximally. However, we have resolved to continue to partner with PCN and other regulatory agencies in a bid to bequeath a sanitised practice environment to our members."

In his own contribution, Pharm. Kola Sunmonu, secretary, PSN-Lagos, said the government needs to understand that healthcare is a team work, adding that the era of a particular

set of professionals parading themselves as the alpha and omega of the healthcare sector and holding the key to patients' wellbeing alone has to stop.

According to him: "The world has moved beyond that. In fact, what we are seeing in other parts of the world is that physicians are encouraging pharmacists to take prescribing courses. In Nigeria, physicians are fighting pharmacists on consultancy cadre.

"What does it mean to be a consultant? It shows you have acquired special knowledge in your field of study. We have consultant engineers, auditors, and the rest. This should be to the benefit of Nigerians."

Sunmonu also expressed concern about the worsening spate of drug abuse in the

country, noting that it has begun to transmute into a seemingly insurmountable challenge.

He said: "Drug abuse has eaten so deeply into the country. It is everywhere and it is mostly in those places that you least expect. Even in our religious institutions, drugs are abused.

"Some will even say it has gone beyond drug abuse and it is now substance abuse. As healthcare professionals, we have realised that almost anything can be abused. People should stop concentrating on only drugs. Children sniff glue, nail polishes, gums and so many more. Things that parents won't even imagine."

He continued: "Looking at the conversion of codeine-containing expectorants, which are over the counter medications, to prescription-

only medications, this is part of the issues to be addressed. We have heads of the family taking codeine-containing cough expectorants and the only cough you hear is that mild one and children as good observers see this as follow suit after."

Revealing some of the issues pharmacists in Lagos and beyond will be focusing more on in 2021, Sunmonu said sensitisation on drug abuse is a topmost priority, adding that while they might not be able to do much physically due to COVID-19 restrictions, steps will still be taken to ensure that the target is achieved.

He stated that the PSN is keen to educate the public on the dangers of substance abuse, while the professional continue to devise every means possible to curb the menace.

World Health Day 2021: Building a fairer, healthier world

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must be reliable enough to drive effective solutions on time.

Data collection can be rigorous and resource-intensive; hence partnership will be an invaluable tool for getting the work done and efficiently so. Each country has to work intra-nationally to tackle inequities by investing in primary health care. Access to healthcare must be made available to all. Such intervention will improve health indices among the local population and better position countries to contribute to tackling inequities among the global population. Building a fairer, healthier community, state, or country will contribute to building a fairer, healthier world.

Finally, all countries must see one another as members of the same team, if we are to build a fairer, healthier world. It therefore becomes unrealistic to build a fairer, healthier state or country as a standalone, without thinking of other countries and communities.

In 2019, when the ongoing COVID broke out in Wuhan, it was easy to consider it as a Chinese virus. Today, the virus is in every country, a global virus. If the pandemic taught us a vital lesson, it is that when we treat the health outcomes in communities or countries as segregates, we become more vulnerable to the ripple effects of health inequities.

Health outcomes in different communities must be seen as aggregates, as determinants of an overall. Inequities must be fought globally, as a team - each country helping the other, each individual concerned for the other, each government, aiding the other; so our systems can synchronise to achieve a fairer, healthier world.

In marking this year's World Health Day, everyone across the globe is invited to join in this campaign to build a fairer, healthier world, bearing in mind that, together, nothing is unachievable. Together, health can be equitable.

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OOU pharmacy faculty to establish manufacturing unit

By Ranmilowo Ojalumo

The Faculty of Pharmacy, Olabisi Onabanjo University (OOU), has revealed plans to set up a small scale drug production unit within the faculty, to enhance the training of students and subsequently produce drugs for commercial purpose.

Acting Dean of the faculty, Professor Oluyemisi Adebawale Bamiro, disclosed this in a recent interview with *Pharmanews*, noting that the faculty values innovations and balanced training of students.

Bamiro explained that the faculty recently got some equipment from the university which will go a long way in enhancing students' training, adding that members of the faculty are currently embarking on research works in various areas, including sourcing of excipients from locally available materials.

She expressed optimism that the research works will add value to the pharmacy profession when completed.

The acting dean said: "We are planning on collaborating with pharmaceutical industries and also to set up a small scale manufacturing section in the faculty. The faculty believes that by having this small scale manufacturing unit, it will enhance the training of our students and at the same time it can be of benefit to the teaching hospital and also generate income for the faculty."

"We all have to start looking inward now because the government is not forthcoming. The long term goal and benefit of the proposed factory is enormous. If the factory is well managed, we can be producing drugs for most of the government hospitals in the state and it will also serve as a sort of internship centre for our students."

Professor Bamiro noted that lack of fund remains the biggest challenge facing faculties of pharmacy and other research institutions across the country, a situation she said has been hampering the nation's development. She urged the government to release funds to the various faculties of pharmacy to enable them embark on research that will encourage innovation and enhance drug development.

While speaking on COVID-19 and the seeming inability of Nigerian researchers to come up with an acceptable remedy for the pandemic, Bamiro blamed the government for not living up to expectations in providing the enabling environment and the needed funding that will facilitate the necessary research efforts.

She remarked: "Government is the problem here. Funds are to be made available to carry out studies on herbal remedies that can relief COVID-19 symptoms. It is quite expensive to carry

out experimental studies. Government needs to assist us in doing this. We are trying in our own little capacity by using money from our meagre salaries for research works, but it has not really been easy.

"Some staff and I did a review on identifying some ethnobotanical plants in Africa that can be used in the prevention, management and cure of coronavirus but there is limited funding to pursue many of such moves by researchers to a logical conclusion."

The professor however urge pharmacists not to be discouraged by the various challenges contending with their efforts in the country. She charged pharmacists in



Professor Oluyemisi A. Bamiro

academia, in particular, not to relent in imparting their students with good quality knowledge that will enable them to compete

favourably with their counterparts in the western world.

"For the pharmacist on the field, I want to urge them to put everything they were taught in school into practice, among which is compounding in hospitals. As a pharmacist, those things you were taught in the

school are some of the things that make you stand out as a professional", the acting dean advised.

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NAPharm, editors flay scientists advocating hesitancy on COVID-19 vaccines

continued from front page

long media programme on COVID-19, Vice-President, NAPharm, Pharm. (Sir) Ifeanyi Atueyi, dispelled conspiracy theories on COVID-19 vaccines being circulated by some so-called scientists, stating that they are false information spread by deceivers.

He said: "Vaccines don't kill people, they save lives. Since vaccines are produced based on science, any scientist that has any new finding about the COVID-19 vaccine needs to publish it in a scientific journal, not addressing people directly on social media on the discovery. Thus, those scientists speculating wrong information about vaccination are dishonest.

"The purpose of vaccine is to help us build immunity and whatever provides you immunity will help you fight the virus. People telling you contrary stories about the vaccine are deceiving you. If they are telling you that vaccines will not provide immunity, they are deceiving you.

"So, please, let us listen to the experts. Let us not be deceived by people. As I have said earlier, they can still go quietly to take the job without anyone knowing. So, don't listen to them because they don't love you."

In his own contribution, the President, NGE, Mr Isah Mustapha, condemned some religious leaders for promoting COVID-19 conspiracy theories among their members, stressing that they lack the authority to speak on the issue.

While commending pressmen for their reportage on the pandemic so far, he urged them to always seek and report expert views only, in order to feed the masses with authentic information capable of curbing the spread of the virus.

"It is so bad that key clerics are coming out to say that the vaccines are meant to do something else, which is part of conspiracy theories. I begin to wonder: "Are they experts in that field? As media, we are supposed to report expert opinions, not the opinions of laymen like me. So, we feel that this partnership gives us an opportunity to talk to experts on this matter," he quipped.

Speaking in the same vein, Dr Lolu Ojo, director of programmes, NAPharm, said although so many things are yet to be known about the coronavirus vaccines, they are the only panacea available for now, and thus must be appreciated.

"We are not saying that the COVID vaccine is absolutely free of the demerits linked to it. People are free to take it, although it is not mandatory", he stated.

Commenting on the anticipated NAPharm/NGE Media Week programme, Ojo said it will run virtually from Monday, 12 April to Saturday,



L-R: Dr Lolu Ojo, director of programmes; Vice-President, NAPharm, Pharm. (Sir) Ifeanyi Atueyi and President, Nigerian Guild of Editors (NGE) Mr Mustapha Isah, at the press conference.

17 April 2021, 10 am to 12 noon daily, with journalists and various experts in attendance.

He assured would-be participants of getting accurate information on everything that concerns COVID-19 from the Media Week, urging them to make themselves available for the discourse which will take place virtually.

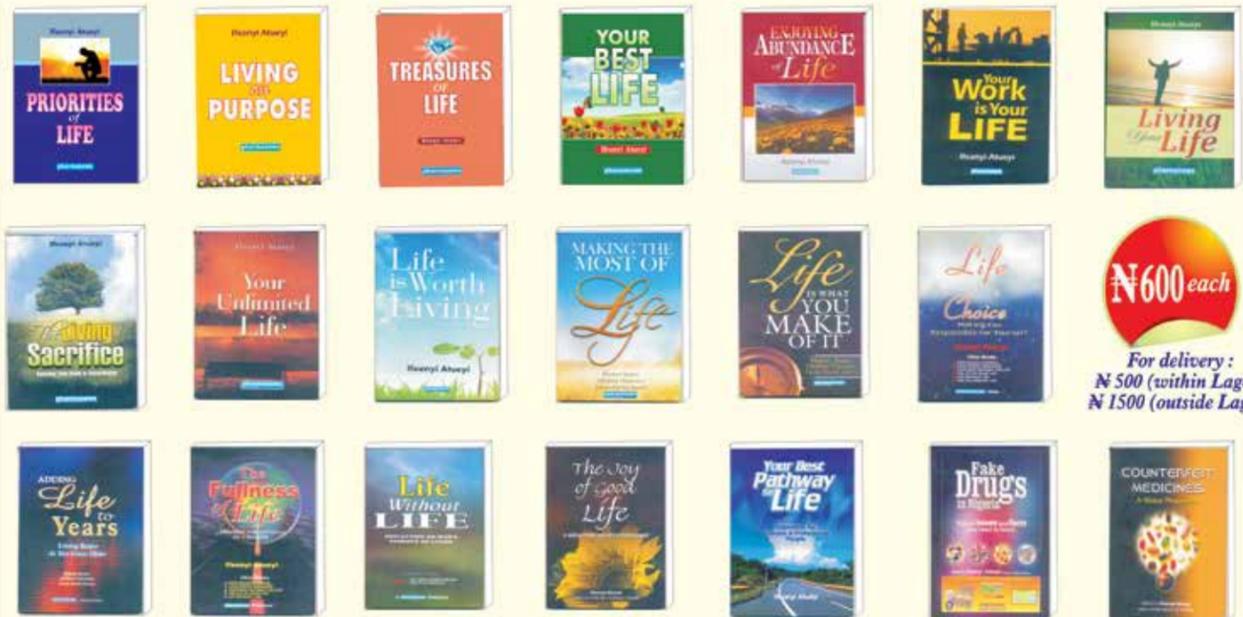
"As we set out to fight the pandemic with the right information, I want to call on Nigerians to participate in all the activities lined up for the

week. We have the capacity to accommodate a minimum of 1000 participants on each day and any spillover can join via YouTube, Instagram or Facebook. This is an opportunity to ask questions from the people who should know. It is a unique opportunity to clear all the doubts", he stressed.

Top among dignitaries expected to grace the Media Week are Dr Osagie Ehanire, the honorable minister of health; Keynote Speaker, Dr Chikwe Ihekweazu, director general,

National Centre for Disease Control (NCDC); Prof. Tonnie Iredia, the former CEO of the National Orientation Agency; Dr Reuben Abati; Dr Faisal Shuaibu, CEO, National Primary Healthcare Development Agency; Prof Isah Marte Hussaini, honorable commissioner for health, Borno State; Mazi Sam Oluabunwa, President of the Pharmaceutical Society of Nigeria; Mr Tony Akiotu, group managing director of DAAR Communications, among others.

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Celebrating 42 Years of Uninterrupted Monthly Publication (1979-2021)

Prof. Femi-Oyewo at 70 reveals vision for PSN-BOF

By Temitope Obayendo

Joining the league of septuagenarians on Easter Sunday, the Chairman, Pharmaceutical Society of Nigeria-Board of Fellows (PSN-BOF) Prof. Mbang Femi-Oyewo, has disclosed that her emergence as the first female chairman is for the Board to experience significant progress.

While appreciating God for the gift of life, sound health, and a supportive family at 70, the erudite scholar revealed that her ascension to the leadership of the Board was divinely orchestrated.

She said: "I thank God for keeping me and my children 26 years after the death of my husband and how he has been using me in various leadership capacities as far back as 2003, when I became the national chairman of pharmacists in academia (Nigeria Association of Pharmacists in Academia); then director of academic planning, Olabisi Onabanjo University (OOU); provost, Postgraduate School, OOU; and deputy vice-chancellor, OOU. I finally became the first female Chairman of PSN-BOF.

"I told God I am there for a reason, to move the BOF forward; and I am very sure He will grant me all that is needed to accomplish this vision."

Femi-Oyewo made these remarks amidst torrents of encomiums from family members, friends, colleagues and students, who took turn to narrate her impactful contributions to their lives.

The birthday celebration, which was held virtually and physically at her residence, had a larger turnout of virtual guests, who described the celebrant as a disciplinarian of high repute, who nonetheless has the milk of kindness in her veins.

Top among the list of guests that graced the occasion were: Registrar, Pharmacists Council of Nigeria (PCN), Dr NAE Mohammed; executives of the PSN-BOF; University of Ife Alumni Association; Queen's College Old Girls Association; ministers from the Redeemed Christian Church of God; executives of the West African Postgraduate College of Pharmacists (WAPCP); board members of Trinity University and others.

Tributes for the celebrant centred on her multidimensional roles as a mother and mentor to her numerous students, her love for excellence, her delight in orderliness, her unparalleled dress sense, her kind-heartedness in helping the needy, her ministerial duties as a pastor and others.

While extolling the virtues of Femi-Oyewo, Prof. Lere Baale, chief executive, Business School Netherlands International, who chronicled their journey of many years since he was at Pfizer, described her as a leader in many ways.

"Her dedication to excellence was evident on all fronts, right from when she commenced her career at the University of Ife (now Obafemi Awolowo University in 1978) and contributed immensely to knowledge and research," he said.

Baale also recalled how the celebrant proceeded to the Olabisi Olabisi Onabanjo University, where she rose through the ranks to the



The celebrant, Prof. (Mrs) Mbang Femi-Oyewo, cutting her 70th birthday cake (middle), flanked by the PCN Registrar, Dr NAE Mohammed (2nd right) and some executives of PSN-BOF and Great Ife Pharmacy Alumni Association (GIPAA).



The celebrant, Prof. (Mrs) Mbang Femi-Oyewo, flanked by her children and their spouses while cutting her 70th birthday cake.

enviable position of a deputy vice-chancellor.

"Her emergence as the first female chairman of the PSN-BOF is another proof of her outstanding qualities of leadership," he stated.

The Business School Netherlands chief executive further prayed God to bless the BOF chairman with many more years and sound health.

Also speaking at the event, Pharm. Adedayo Oluwasanmi, described the celebrant as a mother to him, noting that this is not just because she is a friend to his mother, but also a very good friend to him and other students of hers.

"She showed me a number of great values in life and I want to appreciate God specially for her exemplary lifestyle, hard work, strength, honesty and dedication to service. You will spend many more years in time to come", he prayed.

Prof. Cecilia Igwilo also felicitated with the celebrant, saying she is an old time colleague, having known each other since 1973 at the University of Ife.

"A woman of God, a distinguished professor, God will continue to keep you. This is just the beginning, God will satisfy you with long life because you are a treasure to our generation", she prayed.

Another former student of Femi-Oyewo, Mrs Olutola Oladokun succinctly described the celebrant as a strong pillar and mother, who took her under her roof during her challenging moments.

"She's a go-getter, an achiever par excellence, a true professional who never takes a no for an answer. I have learnt a lot from her," she said.

High Chief Bunmi Olaopa also joined in the acclamations, saying everything said about the

celebrant is true because he knows her thoroughly, having been the best man during her wedding to her late husband.

He added that despite the fears he and some others nursed at the demise of her husband then, God has helped her tremendously so far.

Pharm. Lanre Familusi, secretary, PSN-BOF, said he is always thrilled by the celebrant's beauty as her looks do not depict her age. "At the age of 70 which is the age of wisdom, I pray I can look like you when I clock 70," Familusi enthused.

On their part, the board members of Trinity University, Dr Oluranti Adedayo and Mrs Titi Akinteni, eulogised Femi-Oyewo's beauty, dress sense and service to God, saying she inherited all from her mother who is a paragon of beauty and style, even in her old age.

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Celebrating 42 Years of Uninterrupted Monthly Publication (1979-2021)

Nigerian curry leaf

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



Murraya koenigii

The Nigerian curry leaf, also known as lemon basil, with the botanical name, *Murraya koenigii*, is a tropical to sub-tropical tree in the family Rutaceae. It is a flowering plant, with a rich, sweet, pungent aroma. The local names are *efirin oso* in Yoruba and *marugbo sanyan* in Hausa.

Constituents

Curry leaves are packed with carbohydrates, fibre, calcium, phosphorous, irons and vitamins A, B, C, E, carotene, nicotinic acid, iron and folic acid and amino acid. They also contain phenols, saponins and alkaloids like carbazole.

The pungent aroma is because of the presence of an aromatic compound in it called Linalool/methylchavicol/1,8-cineole.

Preparations

Curry leaves are commonly used as a seasoning ingredient to enhance the taste and flavour in almost every dish, such as stews, soup, jollof rice and noodles. Curry leaves may be used orally or topically as fresh whole or crushed leaves, as juice, dry powder, paste, tea or decoction. It may be used alone or in combination with other herbs.

Pharmacological actions and medicinal uses

Curry leaves are known for their curative properties and are used in Ayurveda as a natural treatment for various health problems. Packed with vitamin C, A and compounds such as kaempferol that is a very potent anti-inflammatory, anti-bacterial, anti-fungal, decongestant and anti-oxidative agent, curry leaves are a very effective home remedy for the treatment of wet coughs and chest congestion.

Carbazole alkaloids, with anti-bacterial and anti-inflammatory properties, are present in curry leaves and are responsible for a lot of the pharmacological actions reported for the plant.

Several studies have reported the effectiveness of various preparations of curry leaf in the management of upset stomach, morning sickness, peptic ulcers, diarrhoea, dysentery, wounds, skin eruptions, itchy skin, boils and burns.

Studies have also reported the effectiveness of curry leaf in burning unwanted fat, thus promoting weight loss, reduction of cholesterol, and cleansing the body by flushing out harmful toxins from the body. A variety of studies have demonstrated that the phenols and carbazole alkaloids in curry leaves have anticancer potential that can help protect the body from a variety of cancers like colorectal cancer, leukaemia, and prostate cancer. Consumption of curry leaves also reduces the effects of chemotherapy and radiotherapy, offers protection against chromosomal damage and safeguards bone marrow.

According to various researches, curry leaves can protect and stimulate insulin-producing cells of the pancreas from free radical damage thereby promoting blood sugar lowering.

Curry leaves are believed to help in strengthening hair roots, treating damaged hair and preventing greying and falling of hair, as well as treating dandruff. This may be achieved by applying the paste of curry leaves or the dry curry leaf powder mixed with oil to the hair.

Research on curry leaves has revealed that they are also effective in fighting bacterial and fungal infections. The leaf extracts from the plant have been comparable to popular mainstream antibiotic drugs.

Adverse effects

Curry leaves should be avoided if one is allergic to it. A trained medical practitioner should be consulted prior to usage by pregnant, breastfeeding women and toddlers. Agricultural scientists have warned that the commercially-cultivated curry leaves are laced with poisonous pesticides that are harmful to health and lead to cancer in the long run.

Economic uses and potentials

Fresh curry leaves cost about ₦100-₦400 per bunch in the Nigerian market, while dry curry leaves cost as much as ₦1,750 - ₦2,500 per pack of 100g. There are potentials for this plant in cultivation, distribution and sales, as well as in the food, pharmaceutical and cosmetics industries.



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Why faculties of pharmacy should be changed to colleges of pharmacy – PANS-UNIJOS president

By Adebayo Oladejo

In this exclusive interview with *Pharmanews*, Jeremiah Tyokosu, president, Pharmaceutical Association of Nigeria Students (PANS), University of Jos (UNIJOS), lends his voice to the call for the harmonisation of the pharmacy programme calendar in pharmacy schools across the country. The 500-Level Benue State born student also speaks on his foray into Pharmacy and PANS politics, the introduction of PharmD programme in his school, his plans for the pharmacy students as well as other issues. Excerpts:

Why did you choose to study Pharmacy?

I didn't know from the onset that I would study Pharmacy. However, I knew for certain that I wanted to belong to a profession that affects human lives directly and positively.

Before I knew there was Pharmacy, I had considered Medicine. But, as God would have it, I found out that there is a healthcare profession that is concerned with the discovery, production, use and all other aspects of medicine, which is the one commodity that the healthcare system cannot do without. That was when my decision to study Pharmacy was made. I would be the person discovering and making available the most essential health commodity – medicines – as well as providing pharmaceutical care to patients and other healthcare workers.

At what point in your academic pursuit did you decide to be involved in PANS politics?

I am someone who has a passion for service. So, as soon as the opportunity presented itself in 100 level for me to be a PANS senator for my class, I did not hesitate. And from then on, I have served PANS and the SUG in

various capacities. It's that same passion and love for sacrificial service that has brought me to this current privileged position of being the UNIJOS PANS president.

As the new president, what are your plans for UNIJOS pharmacy students?

The welfare of UNIJOS pharmacy students was one of the things that motivated me to contest for this position. And since my emergence as the PANS president, I have left no stone unturned to ensure that their welfare is catered for.

Prior to my administration, for more than 20 years, PANS-UNIJOS had not won any executive committee seat in the Students Union Government (SUG), but under my administration, PANS-UNIJOS has campaigned and won a seat in the recent SUG elections. Also, my administration has completed a number of projects, including the rehabilitation of PANS Relaxation Spot.

One of the major challenges, however, is the need for a document processing facility within the faculty. My administration inherited a building project which, in part, is to serve the purpose of

a document-processing centre on completion. I have, since assumption of office, put in place modalities to continue with the work.

In the meantime, we have made a make-shift arrangement to serve the students document-processing needs. My administration intends to, by God's grace and with the help and support of well-meaning individuals and corporate bodies, complete the building project.

What is your assessment of pharmacy education in UNIJOS, compared to other pharmacy schools in the country?

I can confidently say that the UNIJOS pharmacy training programme has one of the highest standards in the country. UNIJOS is one of the first few pharmacy schools that have commenced the PharmD programme. The faculty is also blessed with many of the best pharmacy academicians in the country. Also, we have a student-friendly dean – one of the best things that have happened to PANS-UNIJOS recently.

As PANS president, what would you say are the major challenges associated with studying Pharmacy in your part of the country and how can these be tackled?

Pharmacy education has come a long way in Nigeria. However, the training is not devoid of challenges. Some of these challenges include inadequate facilities, such as laboratories. For most of the second-generation faculties, the facilities were designed to accommodate a few number of students. However, the number of students is on a steady rise, and there is hardly a corresponding expansion and upgrade of these facilities. Students are thus faced with the challenge of sharing limited training physical resources. This, in my opinion, has a major negative impact on the efficiency of pharmacy training.

Also, there is so much to study but so little time. The training is almost always done in a hurry. I think it's time the faculties of pharmacy should be converted into colleges of pharmacy, so that the academic calendar will be autonomously decided by the colleges and made uniform across all colleges of pharmacy in the country. This will help to accommodate the peculiar needs

of the pharmacy training.

The PharmD students of the faculty are now in their 300 level, following the approval of the PharmD conversion programme of the university by the university senate. What can you say about this? Do you advise that all pharmacy schools should convert to PharmD?

I would say this is a welcome development. UNIJOS pharmacy is always at the forefront of advancements in pharmacy training. Globally, pharmacy practice is moving away from a product-centered practice to a more patient-centered practice. As such, the training programme has a need for restructuring as well.

The PharmD programme is designed with a curriculum that is necessary to equip pharmacy students with the requisite skills for the provision of pharmaceutical care at graduation.

In which area of practice would you like to specialise after graduation?

As an aspiring public health pharmacist, I have a special interest in community practice. However, my interest is not limited to community pharmacy practice alone. I also have a keen interest in administration and regulation. I am looking forward to becoming an advocate for the formulation of policies that will provide a platform for the maximisation of the potentials of the pharmacist and the pharmacy profession in Nigeria.

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

I see a PANS that will have the capacity to satisfactorily represent all the needs of its members, and stand tall among the league of student associations on campus.



Jeremiah Tyokosu

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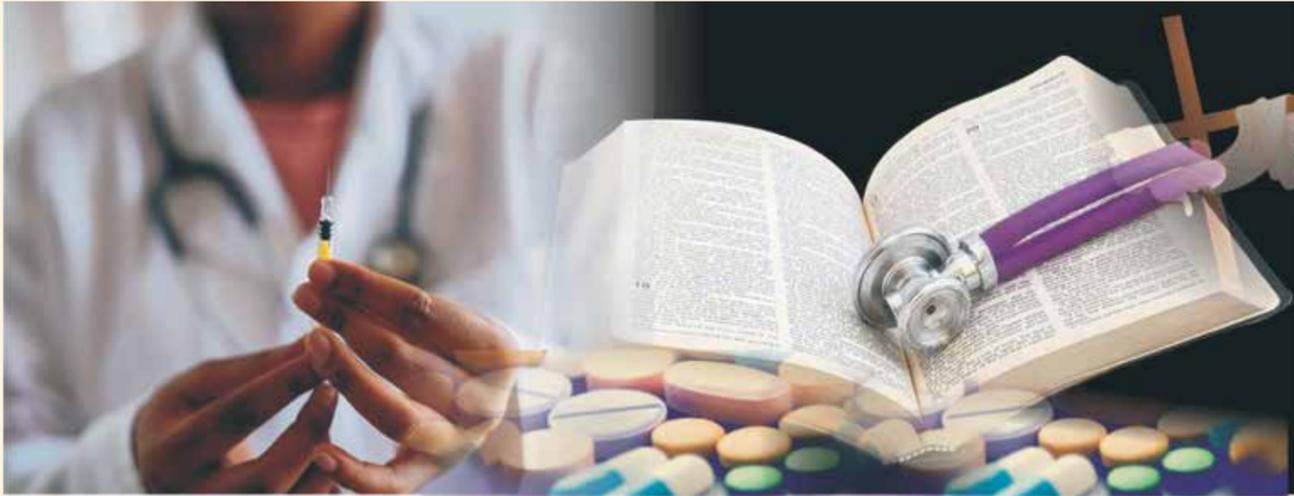
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Religious beliefs as bane of effective medical intervention in Africa

By Patrick Iwelunmor



Paulina, a management consultant with one of Nigeria's high-flying consulting firms, was battling for her life in the theatre, after successfully giving birth to her first baby, a boy. The young woman, in her mid-twenties, was entangled in a torrential post-partum haemorrhage that put the doctor and all the midwives on their toes. Being experts in the field who had successfully managed such situations in the past, they knew that the best thing she needed at the point in time was a blood transfusion and luckily for her, her blood type was readily available. All that was needed was for her and her husband to give their consent for the process to take place.

To the amazement of everyone, Paulina, who was miraculously hanging on the last ounce of blood in her body, refused transfusion, saying that her religion frowned at it. Her husband, a highly educated man, emboldened her by supporting the no-transfusion stance, claiming it was against their religious doctrine. While the doctor was trying to come to terms with their strange religious orientation, he also knew that he had no overriding power to administer a procedure which the patient, who is legally of adult age, has refused.

Paulina died in a pool of her own blood, at her own volition and that of her "loving" husband. Africa lost a woman of promise who could have impacted many lives positively. But what does it matter, as long as her religious beliefs are left to fester like a cancerous sore? We need to wake up in this part of the world.

Claims of supernatural cure

All over the world, there are claims by clerics on how the power of God has brought about healing of serious and even terminal medical conditions through the instrumentality of prayer and other forms of spiritual rituals. Although orthodox medicine acknowledges the God-factor in its scheme of things, it however does not subscribe to unscientifically proven practices, such as those espoused by faith healing, which in itself is classified as pseudoscience.

In this context, prayer and all totems of religious worship shall be considered as the factors that enhance the healing process. In the Roman Catholic Church, the holy water, the rosary, the crucifix and the Holy Communion (bread and wine) which symbolises the body and blood of Jesus, as well as other materials, are believed to bring about healing when used in accordance with the directions of the cleric or in line with biblical exemplifications.

In the Pentecostal movement, the anointing oil (olive oil) is one of the most popular spiritual medicines used in the battle against principalities and powers. Many have claimed that mere drinking of the substance can lead to total healing for the sick, irrespective of the nature and age of their ailments. The anointing oil can be likened to a broad spectrum antibiotic for stubborn spiritual contagion. How it works in the human system should not be a matter to worry about; the ultimate concern is that it brings about healing when applied with faith.

In Islam, portions of the Quran are ink-written on a scroll and then washed into a bowl and given to the sick to drink. It is believed that the written prayer, when washed and given to the sick, heals him or her of whatever disease condition that might be troubling them. But, most importantly, the presence of unflinching faith is a

prerequisite for this formula to work and bring about the desired result.

The socio-economic factor

However, there are people who seriously take exception to such speculative claims. They hinge their arguments on the fact that such claims sell like hot cake in Africa due to the continent's innumerable socio-economic woes which have turned its citizens into some of the most gullible and vulnerable souls you can find around the earth. You can imagine how easily a man who has not eaten for days would fall for any lie embellished with the presence and aroma of good food or money.

There are those who agree that healing truly happens in Africa but that the reason is purely economic in nature. According to this school of thought, ailments like depression, high blood pressure and some forms of mental illness are all poverty-induced, hence when sufferers of such ailments come in contact with men of God who give them food or money, the ailments vanish automatically.

In other words, food and money, in their own rights are also great medicines that ward off sickness, even though the Bible also cautions that man shall not live by bread alone but by every word that comes out from the mouth of the Lord.

This school of thought also believes that a change in leadership styles and the proper management of national resources, and not prayer, are the answers to most problems in Africa. A man who starves with his family for days and sleeps in an uncompleted building cannot have sound sleep; and even if he

does, his dreams would be turbulent with strange beings pursuing him. When such a man goes to church, some ancestral demons or foundational witchcraft are blamed for his woes when, in actual fact, his mind and body are only reacting to the traumatic socio-economic realities he is grappling with.

This is not to say that all cases of spiritual attack are embedded in socio-economic problems. Yet, there is more than an iota of truth in the postulation that most men of God in Africa take advantage of the ignorance of their followers to deceive them. Most of these men of God go about with tight security but encourage their followers to buy stickers and aprons which they are told would ward off any form of spiritual and physical attack or illness. With their level of affluence, these men of God can travel to any part of the world for medical tourism yet they keep encouraging their followers to pray even, when it is obvious that prayer alone cannot solve their health challenges.

A man suffering from diabetes needs prayers but most importantly, he needs to take his medication and follow the advice of his doctor. It is nonsensical for anyone to deceive him into believing that prayer alone will cure his diabetes. Miracles happen only when God wants to glorify Himself, especially in situations where He wants to prove a point; and such occurrences are not very common.

Applying caution and wisdom

We must not allow ourselves to be deceived by the avalanche of televised miracles we watch every passing day. Most of them are film tricks. Any ministry or man of God who advertises the ability to perform miracles or to heal the sick is a businessman and not called by God. God's gifts need no advertisement.

It is noteworthy that one of Africa's most celebrated faith-healers recently said: "There are many troubles people are carrying to me. You see them - after the prayer, they will carry their drugs and say, 'Man of God, this is my drug'. Some will meet me and say, 'Will I still use my medicine?'... If you cannot trust in God with your medicine, you cannot trust in God without your medicine because God Himself is the God of nature. Those medicines are fashioned from plants. If a farmer can trust nature without a definite promise, we Christians should trust the God of nature. God is God of nature. For an operation to be successful, God makes it successful. For one to have a good treatment, God makes it so. He opens the way for a successful operation. We treat, God heals. Doctors treat, God heals. He opens the doctor's eyes to give you the appropriate treatment".

The popular prophet had actually made these remarks while responding to a congregant's question on whether it was proper for Christians to stop taking medication when seeking God's face for healing after prayer.

Unless we begin to see both orthodox and traditional medicines as extensions of God's curative gifts to humanity, we will continue to wallow in ignorance, especially the type induced by such religious doctrines that sent a woman to her untimely grave when simple blood transfusion could have saved her life. For Africa to compete with other parts of the world, we must do away with certain obnoxious religious doctrines that are inimical to human existence and development.



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The Managing Director MBN, Patrick Ajah delivering welcome address



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L-R: ED Marketing & Sales MBN, Chukutem Chukuka, MD Audion Pharmacy, Mrs Edith Nwachukwu and MD MBN, Patrick Ajah



MD of Onyema Pharmacy, Mr Nnamchi Joseph Onyema receiving his award plaque from ED Pharma Sales & Marketing, MBN, Chukutem Chukuka



L-R: Executive Director Finance MBN, Ayodeji Aboderin; MD Nwaoba Pharmacy, Mr. Umunna Nwabueze and National Sales Manager (Specialist Products), Akinyandenu Adeniyi



L-R: MD Jay Blessed Ebisco, Mr James Ebiri, receiving his award plaque from the ED MBN



L-R: Executive Director, Corporate Planning and Strategy MBN, Valentine Okelu; Deputy MD, Able Joe Investments, Mrs Jennifer Ezekeoche and National Key Accounts Manager MBN, Charles Okafor



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Retooling your skills for relevance in our new world

By Pharm. Sesan Kareem

It is a truism that our world has witnessed a tremendous change in the way we work in the last two decades, with the advances through the Internet and artificial intelligence. However, the level of transformation we have experienced in how work gets done since COVID-19 ravaged our world in the first quarter of 2020 has been unprecedented in the last 200 years. While some job opportunities are expanding, others are shrinking. Most importantly, the skills required to do most jobs in our world nowadays have changed tremendously.

The World Economic Forum's 2018 Future of Jobs Report predicted that, by 2022, 75 million jobs across major economies will be displaced by emerging technologies. The same report also predicts that 133 million new roles are expected to be created by these technological advances. However, the new job opportunities will require new and higher skills. In this light, what got you here won't get you there. You need to up your game, raise your productivity and enhance your capability to solve problems through reskilling and upskilling.

What is skill? Skill is the expertise or talent needed to do a job or task. Skill is what makes you confident and independent at what you do, and are essential for success. While it takes determination and practice to improve current skills and

learn new ones, the good news is that any skill can be learned or improved. Upskilling is the process of acquiring new skills to do your job better and advance your career. Reskilling is the process of acquiring new skills to do a different job. Reskilling and upskilling for the future is the process of learning new skills to position yourself for better opportunities in your career or a different career.

According to World Economy Forum Report 2020, 50 per cent of all employees will need reskilling by 2025; 40 per cent of workers will require reskilling of six months or less and the new emerging skills in 2020 are skills in self-management, such as active learning, analytical thinking and resilience. The top ten highly needed skills in this decade across the world are analytical thinking and innovation; active learning and learning strategies; complex problem-solving; critical thinking and analysis; creativity, originality, and initiative; leadership and social influence; technology design and programming; resilience, stress tolerance and flexibility; as well as reasoning, problem-solving and ideation.

Based on the truths elucidated above, it is very clear that you need to advance your skills. The knowledge you possess today to create solutions for your customers, employers or investors does not guarantee your success tomorrow; you must keep learning,

unlearning and relearning if you want to remain relevant in your field of endeavour. Besides, you also need to keep re-engineering your mindset for success. The mind is a muscle, and the more you develop it, the better it will serve you in your career. You must strive to always be in a perpetual state of clarity, confidence and calmness. Then, you will be in the right state of mind to keep evolving and re-inventing yourself.

It is also necessary for you to do the hard work of upskilling and reskilling because we are in a vulnerable, unpredictable, chaotic and ambiguous (VUCA) world right now. In other words, we are in an ever-changing world where things change rapidly and what works yesterday might not work today or tomorrow.

Moreover, we are in a global world filled with global opportunities. The advancements in technology have made our world a global community, creating global opportunities for those who keep evolving themselves. Opportunities are available for highly skilled people, regardless of their locations, background, and country of birth. Furthermore, there is also intense global competition across various walks of life.

However, while technological advancement has created global opportunities, it has also resulted in global competition. Therefore, those who will participate in global opportunities must not just be good at what they do; they must be exceptional, dynamic and flexible.

In conclusion, our world



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has seen and is witnessing tremendous changes on how work gets done, what work is to be done and the skills needed to do the work effectively. With the new normal we face in our world due to COVID-19, it is now an open secret that the future of jobs will be quite different from what used to be. Therefore, any success-oriented person must upskill and reskill, if he or she desires to move ahead in their career.

ACTION PLAN: How can you upskill your current skills to become valuable to the market place in our new world? How can you reskill to evolve and position yourself for new opportunities post covid-19?

AFFIRMATION: I have what it takes to reskill and upskill for new possibilities. I am blessed and highly favoured.

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Reference:
1. Malaria Journal by Biomedical Central
<https://malariajournal.biomedcentral.com/articles/10.1186/1475-2875-12-342#citeas>

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Detailing a doctor the "write" way (2)

By Dipo MacJob (Dr Write)

In the last edition, we posed a question, "Assuming you were privileged to have access to the prescription of these two doctors whose handwriting samples are below as a medical rep of one of the pharma companies around, which of them do you think would appreciate less talk on extensive details about your brand and which one would not mind you visiting frequently and having chats for some time during clinic before you move to another unit"?

The handwriting sample that best answers our question is the first sample, which is slanted to the right. The next question that might probably follow this is, how did we arrive at this answer?

Generally, when a handwriting sample is very much slanted to the right, it shows someone who is expressive and outgoing; and if the letter forms are relatively large, then you are definitely seeing an extroverted personality.

Also, if the handwriting is very

much slanted to the right, it reveals an individual that is quite impulsive. Such people are usually the target of advertising agencies because they do not necessarily think things

through before making up their minds on what exactly to do. The moment the idea seems okay to them or they get fascinated by it, they get on board immediately. These people do not generally like you to bore them with too many details because they are just alright with the general picture of what is being discussed.

As a medical representative meeting a medical

doctor with a handwriting like this, it should help you better prepare your engagement approach. Of course, there will always be exceptions to any rule but I can categorically tell you that any doctor with a large handwriting that is well slanted is not the type of person that wants you to bore him with too many details; just go straight to what may be considered as the juice of the meeting or presentation.

An average doctor writes in such a manner that you can hardly see what is written down. That is because the speed of thought is trying to "catch up" with the movement of the writing hand. It's one of the signs of intelligence. However, there are some prescriptions that have clearly written letter formations. The letters are well curved and the letters appear rather vertical than slanted. This shows someone who is rather methodical and perhaps sequential too. They are not in a hurry to adopt concepts or to try new ideas. They are averse to taking risks.

From the graphological point of view, such are considered cumulative learners. These learners are not less intelligent but they take a little time to understand concepts and once they do, it sticks for life literally. Do not be surprised if they have not yet started writing prescriptions of your brand even though they were present at the clinical meeting you organised. It is because they have not fully understood the patient types for which to prescribe.

The last example we are considering involves doctors whose handwriting is very small and having 'i' dots that are very close to the stem. Such doctors are not likely to switch from your brand so easily, except there are stockouts or they are moved from the unit where your brand finds relevance. The reason is



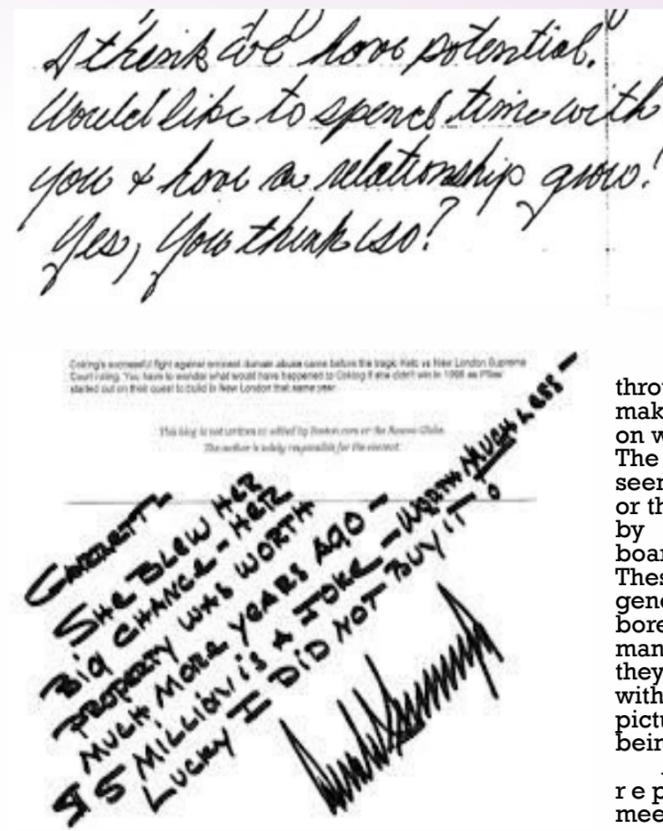
because loyalty means a lot to this kind of doctors, among other things.

In summary, human behaviour is very complex to fully decode or unravel. Several bodies of knowledge, such as sociology, psychology, philosophy and personology, have each propounded various theories to give an explanation to why humans behave the way they do. Graphology finds relevance also as a body of knowledge that has been found reliable to give insights into the personality traits of humans, whether as it concerns relationship compatibility, or personnel profiling, or in criminal investigations, recruitment, education etc. As long as the stroke of the pen can be put on paper, we can say something significant about the writer, dead or alive.

Don't miss the next edition. Till I come your way next time, always remember that if you must get it right, you need to do it the write way.



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Standard dosage is 6 doses over three days, as follows: Paediatrics (5-15kg) - initial dose of 1 tablet, followed by 1 tablet after 8 hours. Then 1 tablet is to be taken twice a day in the following 2 days. Children (15-25 kg) - initial dose of 2 tablets, followed by 1 tablet after 8 hours.

Then, 2 tablets to be taken twice a day in the following 2 days. After each dose eat or drink something or take fatty meal. If there is vomiting within one hour of taking Nometafan, repeat the dose. Take dosage exactly as recommended. **WARNING AND PRECAUTIONS:**

Weight (kg)	Total Tablets	Day 1		Day 2		Day 3	
		0 Hrs	+8 Hrs	Morning	Night	Morning	Night
5-15	6	1	1	1	1	1	1
15-25	12	2	2	2	2	2	2

Nometafan has not been evaluated for the treatment of severe malaria, including cases of cerebral malaria or either severe manifestations such as pulmonary oedema or renal failure. Due to limited data on safety and efficacy, Nometafan should not be given concurrently with any other antimalarial agent unless there is no other treatment option. If a patient deteriorates whilst taking Nometafan, alternative treatment for malaria should be started without delay. In such cases, monitoring of the ECG is recommended and steps should be taken to correct any electrolyte disturbances. The long elimination half-life of lumefantrine must be taken into account when administering quinine in patients previously treated with Nometafan. If quinine is given after Nometafan, close monitoring of the ECG is advised. If Nometafan is given after mefloquine, close monitoring of food intake is advised. In patients previously treated with halofantrine, Nometafan should not be administered earlier than one month after the last halofantrine dose. Nometafan is not indicated for and has not been evaluated in the treatment of malaria due to P.vivax, P.malariae or P.ovale, although some patients in clinical studies had co-infection with P.falciparum and P.vivax at baseline. Nometafan is active against blood stages of Plasmodium vivax but is not active against hypnozoites. Caution is advised when administering Nometafan to patients with severe renal, hepatic or cardiac problems. **SIDE EFFECTS:** With Nometafan side effects like Mild GI disturbance, dizziness, tinnitus, reduction in reticulocyte and leucocyte counts, nausea, vomiting, abdominal pain, bradycardia, 1st-degree heart block, transients increase in serum transaminases has been reported, rarely. **OVERDOSAGE:** In cases of suspected overdose symptomatic and supportive therapy should be given as appropriate, which should include ECG and blood potassium monitoring. **STORAGE:** Store below 30°C in dry place. Protect from light. Keep medicine out of the reach of children.

PRESENTATION: Nometafan Dispersible: blister pack of 1 x 6 for paediatrics and 2x6 for older children.

References:

1. Ingrid van den Brooks et al: Malaria Journal 2006, 5:113
2. Babarcar Faye et al: Am. J. Trop Med. Hyg, 82 (1) 2010 pp 14



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Pharma manufacturing in Nigeria more of sacrifice than business – Vinco MD

Pharm. Fabian Afam Ozioko is the managing director of Vinco Pharmaceuticals Nigeria Limited, a wholly indigenous company which manufactures various brands of medicines, cosmetics and related products. In this exclusive interview with **PETER OGBONNA**, Ozioko highlights the vulnerabilities of the Nigerian pharmaceutical manufacturing landscape, while advising government and other relevant stakeholders on strategies for encouraging local manufacturers and boosting local production. Excerpts:

Kindly tell us about Vinco Pharmaceutical

Vinco pharmaceutical Nigeria Limited is a fully indigenous pharmaceutical manufacturing company, which has a functional and fully equipped manufacturing plant in Navy Town, near Festac, in Lagos State. We have been in business for more than ten years now.

The company was incorporated in 2000, and we started with importation of pharmaceuticals and cosmetics products. By 2008 however, our manufacturing facility had been built and fully equipped and it was commissioned that same year. We currently have over 30 NAFDAC-approved products.

Vinco is one of the companies that heeded the call for indigenous pharmaceutical companies to go into local manufacturing. What has your experience been so far in taking this bold step?

I can say that the field of local manufacturing is supposed to be an interesting one, but in Nigeria, manufacturing is more of a sacrifice than business because a lot of factors go against manufacturing in Nigeria. When you look at the Nigerian environment, you will find out that to manufacture is not very easy. There are many challenges including poor electricity supply, bad roads, poor infrastructure etc.

Generally, the decay in infrastructure in the country does not really encourage manufacturing but for those of us that have ventured into the manufacturing sector, it is more out of the love and the passion we have for the profession of Pharmacy and for the health of the nation. It is not easy at all and that is why we are crying to the government to see that this industry doesn't go down because local drug manufacturing is a national security concern.

The events that followed the coming of COVID-19, in which some countries had to stop exporting certain drugs has emphasised this point. We cannot guarantee the health security of the nation, if we have to depend totally on importation for all our drug needs.

What are some of specific issues you would like the government to look into and address so that local drug manufacturers can be encouraged to be more productive than they currently are?

We expect the government to make available special grants and concessions to help local manufacturers to become more productive and



Pharm. Fabian Afam Ozioko

be able to expand more rapidly. There is this intervention that CBN brought out within this COVID-19 period. It is still on but it's only very few manufacturing companies that are able to access it. So we need more of that kind of intervention to expand the industry, to expand our capacity and to ensure that products are available all the time.

Also, our ability to source for raw materials should be enhanced. The tariff and the duties on raw materials should be reduced, if possible, to the barest minimum so that there will be availability of raw materials for local manufacturers at a cheaper rate.

Electricity is a big problem in Nigeria. The government should try as much as it can to ensure that this problem is solved because power is the number one item for industrialisation. Without power, you cannot go anywhere; you keep on spending money on diesel, on machineries, on generators, that will not lead you anywhere. We need to have steady power supply to be able to operate smoothly and maximize our potentials. This will help not only the pharmaceutical industries but the industrial sector, as a whole.

We also appeal to the government to create access to forex for local manufacturing companies. We know that a large number of businesses working

another. So, government should look into the forex aspect to create an enabling environment for manufacturers.

Can you tell us more about some of your product lines and do you have any contract manufacturing agreement or partnership with any company in Nigeria?

Currently we don't have any local contract with anybody. Our manufacturing section comprises purely our own brands of products. We have different brands of products and different classes of pharmaceutical products. We have analgesics, antimalarials, antibiotics and cardiovascular drugs. We have antacids. Some of our products, like Kilmal - which is our antimalarial - are very popular in the market. Kilmal is a brand of artemether and lumefantrine combination therapy. We have it in dosages for both adult and children.

What are you putting in place to sustain the quality and the trust that people have for you and what advice do you have for the consumers of your products?

My advice to the consumers of our products, especially Kilmal, is that they should look out for the hologram, which is scratched to obtain the authentication code of the product. This can be sent via SMS or voice call for confirmation of the product's authenticity.

I will advise all our customers to use that to confirm the authentication of the product and I assure them that all our products are of high quality and proven efficacy.

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Trovela partners mPharma for improved access to quality medicines

- Joins Mutti pharmacy network

By Adebayo Oladejo

As a means of improving access to affordable and quality medicines for the Nigerian populace, Trovela Pharmacy Limited, a retail pharmacy outlet in Abuja, and mPharma Nigeria, a technology-driven healthcare company, have struck a deal to add Trovela to the Mutti Pharmacy Network, powered by mPharma.

The partnership, according to the Managing Director, mPharma Nigeria, Mr Deji Ogunye, aims to expand the role of Trovela Pharmacy in its local health community and beyond, by providing patients with quality and affordable healthcare services.

Ogunye explained that Mutti is mPharma's membership-based rewards programme that allows patients to have access to affordable and authentic drugs and healthcare-related services.

He added that mPharma is seeking to evolve the programme, in order to improve the experience of the company's members, as well as optimising its customer contacts reach.

"By partnering with Trovela Pharmacy to improve the physical infrastructure, provide financing and optimise their inventory, we can improve the quality of life of patients who come to seek care here.

"What is more exciting are the discounts and flexible payment plans for expensive medications, once the patient registers with Mutti. This gives their customers more reasons to return to the pharmacy, aside from the free health screenings carried out at the pharmacy quarterly," Ogunye said.

The mPharma MD further said that the company's mission is to build an Africa that is in good health by providing innovative, financial and inventory management solutions to hospitals, pharmacies and patients.

"In only a few years, the company has managed to provide low-cost, high-quality medicines to hundreds of thousands of patients across seven African countries, which include Ghana, Nigeria, Zambia, Zimbabwe, Kenya, Malawi and Rwanda," he said.

Speaking in the same vein, Pharm. Haggai Fwangmun, regional lead, QualityRx, mPharma, said the company is excited about the partnership because it is its first partnership in Abuja, Nigeria.

He said: "Through this partnership, we will carry out free health screenings every quarter across our pharmacy network in Nigeria. Today, at Trovela Pharmacy, we have trained nurses, pharmacists and doctors carrying out several free tests, including diabetes, blood pressure monitoring, malaria, and hepatitis B, on over 200 patients in the community.

"Founded in 2013, with headquarters in Ghana, we have expanded our operations to four other African countries, including Nigeria, Zambia,

million drugs to patients all across the continent."

In his remarks, Pharm. Kene Okoli, chief executive officer, Trovela

Pharmacy Limited, said he was delighted at the partnership with mPharma, adding that the decision had helped the pharmacy to transform its facilities to a more conducive environment, as well as stocking up its shelves with quality medications to provide health services it's host community in Kubwa, Abuja.

According to Pharm. Okoli, "there is no better time than now for such a partnership to come into existence, bearing in mind the cost of medicines and poor access to quality medicines, as well as uncertainty in quality healthcare provision that is ravaging the country."



A cross-section of staff of mPharma Nigeria, and Trovela Pharmacy Limited in a group photograph at the event.

Kenya, and Rwanda. We currently have a network of over 300 pharmacies, serving more than 100,000 patients each month. Our partner pharmacies across Africa have dispensed over a

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How an attack in my sleep brought me closer to God - HRH Pharm. (Oba) Falabi

By Moses Dike

His Royal Highness (HRH) Oba Olatunde Falabi Lambeloye III (The Akire of Ikire) is many positive personalities rolled into one. He is a foremost pharmacist, a traditional ruler, a farmer, an ordained pastor of The Redeemed Christian Church of God (RCCG) and a Fellow of Pharmaceutical Society of Nigeria (FPSN). In this exciting interview, Oba Falabi relates his life experiences - beginning with his early childhood, education and graduation, to his active work life, retirement and ascendancy to the throne as the Akire of Ikire Kingdom in Osun State. He also offers useful advice, especially to young pharmacists in politics. Excerpts:



HRH Pharm. (Oba) Olatunde Falabi & Olori Aduke Falabi

It's a great pleasure to feature you as our "Senior Citizen" of the month. Kindly tell us about your early life and education.

I was born into the royal family of the Lambeloye ruling house of Akire of Ikire dynasty. I was born on 20 January, 1935 in a village called Oluoseke Oba, now known as Owode Oba Falabi -which is one of the satellite towns of Ikire Kingdom. Five years after I was born, my father died and in 1946 my stepfather registered me at Ikire Baptist Primary Day School, located in Popo area of Ikire, Osun State.

In 1954 I got transferred to Oke-Ado Baptist Day School, Ibadan, to make it easy for me to take entrance examinations to secondary school. In 1955, I passed entrance examination to Olu Iwa College, Ijebu-Ode (now Adeola Odutola Comprehensive High School, Ijebu-Ode) and I graduated with good grades in 1959.

In 1960, I went for training at the then Akure School of Agriculture. In 1961, I moved to Lagos where I was working during the day and was studying at the Federal Science School, Onikan, Lagos Island, in the evening. I was employed during this period at the General Hospital as laboratory assistant-in-training at the General Hospital (Pathology Department), Broad Street. I studied very hard while working, and in the end, I passed with good grades at Advanced Level in two of the three science subjects I sat for.

By September 1963, I was admitted to the University of Ife (Ibadan Branch) and graduated with the Bachelor of Pharmacy degree (B.Pharm) in 1967. I was later registered as a pharmacist in 1968, having worked with several hospitals.

How did you come about the choice of pharmacy as a profession and what factors

helped to shape your values and aspirations in life?

Knowing that my stepfather was poor and my mother was a farmer, after my school certificate examinations, I knew I had to fend for myself. And, by the grace of God and through our Lord Jesus Christ, who directs the steps of the righteous, I was able to take the right steps till I graduated and even up till now, the Lord has been my light and guide

Tell us about your active years in pharmacy practice.

My active years in Pharmacy was the period between 1968 and 1987. After my hospital internship, I moved to R. T. Briscoe, in 1969. I worked there till 1970, when I left to work at Dumex as a pharmaceutical representative in Lagos.

In 1971 I joined Kingsway Chemist to represent Roche Medical Information Limited, which transformed to Roche Nigeria Limited, and I became the commercial manager in Ilupeju, Lagos. When the company was moving to Dopemu in 1980, I retired to establish Oba Falabi Nigeria Limited (pharmaceutical wholesaler and retailer) at Ojodu Village, Ikeja; and also a poultry farm for my wife after she retired as a teacher in 1982. This was what we did till 1987 when I was invited to occupy the throne of my forefathers at Ikire in Osun State

As an octogenarian, what are the lessons you have learnt in life which you would like the younger ones to pay attention to and learn from?

As a senior citizen, the lessons I would like the younger ones to learn are as follows: Firstly, they should make God first in life. It is very important for one to give his or her life to Jesus and obey God completely. He paves the way of

the righteous and gives him redemption.

Again, I advise the younger ones to work hard and never accept failure as an answer. They should think and work positively and leave the rest to Jesus. It is the divine will of God that we should prosper and be in health. The proverbs of Solomon also says it is the power of God that makes man rich without adding sorrow.

Looking back over the past years, can you please share some of your most memorable moments with us?

After all the court cases I had gone through from 1987 to 1990, the day I was installed as the Akire of Ikire on 8 May 1993 was a glorious day in my life. After a series of litigations, which lasted over a period of three years, on 8 May 1993, the coronation ceremony was held. It was colourful. One of the very influential men in my domain came to me that I should give him a written letter of undertaking that I would install him as king. He assured me that there would be no more litigations; but I rejected the offer, and that was why I had been in court since then. It was in year 2020, that an end came to litigations against my throne.

From active practice of pharmacy, you went into community service as the traditional ruler of Ikire in Osun State. Kindly share your experience with us on how it has been as the traditional ruler of your people.

Many reforms have taken place during my reign, by the grace of God. After six years on the throne, I was attacked during my sleep and I shouted "Jesus!" Thereafter, any time breeze blew around me, I felt cold all over my body, as if I was in an air-conditioned closet. I was taken to the Redeemed Christian Church of God (RCCG)'s Redemption Camp and Pastor E.A. Adeboye prayed for me. After 21 days, I became whole again after giving my life to Jesus.

I went to RCCG pastors' school and obtained a postgraduate certificate in leadership and pastoral training. I also did discipleship training and was ordained a deacon. I was later ordained an assistant pastor. In 2015, I was ordained a full pastor of the RCCG.

My God has brought light into the community. Although only few of the people are yet to see and accept the light of God that is now

shining in the domain, testimonies of God's goodness abound in the community. We are still praying that many more will come to the light of Jesus and realise that the whole essence of life is futility without the light of Christ.

The traditional worshippers are not happy with us because we refuse to serve God and mammon together. They tried to raise another king for themselves but God has not allowed it.

As a healthcare professional who has related very closely with people at the grassroots over the years, what would you say is the biggest healthcare challenge at the grassroots and what measures would you recommend to lighten this burden?

The greatest healthcare challenges are lack of doctors in our hospitals and where there are a few doctors, you will find no drugs for patients. Our doctors and other medical personnel should be encouraged to stay in Nigeria. Many of them are doing fine outside Nigeria.

If you were not a pharmacist, what other career would you have loved to pursue? What other engagements do you have a passion for?

If I were not a pharmacist, I would have loved to be a farmer because there is a Yoruba adage which says once there is availability of food, poverty is almost totally solved ("Bi ebi ba ti kuro ninu ise, ise buse").

Tell us about your family

I am married to Olori Anthonia Aduke Falabi a retired Primary School head-teacher. Together, we have three women and two men as our children, with several grandchildren.

As an octogenarian, how do you spend your time? What pastime activities or lifestyle changes have you adopted to keep fit?

There is more than enough work to keep us occupied in the palace. We hold meetings with our chiefs and *baales* for the smooth running of the domain. We classify our chiefs and allocate jobs to them in different departments to bring back weekly reports - for example, security report, works and maintenance of the palace, political events and marketing reports from our markets in our villages and towns.

We also set up arbitration panels to deal with conflict resolutions, particularly those that are not criminal in nature - civil cases, land and marital cases. I also engage in little farming, having labourers to work on the farm. I trek occasionally around my farm and around the palace to keep fit.

What is your advice to the younger generation of pharmacists on how to take the profession of pharmacy to greater heights in Nigeria?

My advice for young pharmacists to take the profession to greater heights is to cooperate with senior members of the profession by coming up with new ideas that will bring the profession to greater limelight. I also advise them to join politics to formulate policies for the country's progress in the areas of infrastructure and electricity to make the country proud.

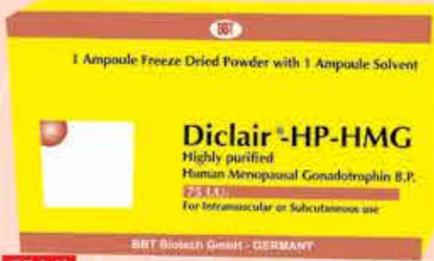
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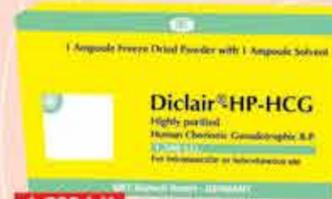
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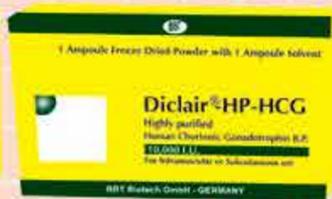
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Why Nigerian government should integrate alternative medicine into orthodox practice – Dr Egwuatu

By Patrick Iwelunmor

Dr Romanus Egwuatu is the medical director of Regal Homeopathic Clinic, Enugu. He holds a postgraduate degree in Complementary and Alternative Medicine and a Doctor of Medicine in Homeopathy from the International Open University, Golgotha, Greece. He also holds a degree in Medical Laboratory Science from Ambrose Ali University, Ekpoma, Nigeria. In this exclusive interview with **Pharmanews**, he speaks on issues concerning his profession in Nigeria and how government can make the health sector perform at optimal levels. Excerpts:

What would you say has been the greatest achievement you have recorded as a medical practitioner?

It is difficult to list my achievements. There are so many things I have achieved in my practice. I have achieved great recoveries with patients suffering from chronic medical issues, ranging from psychiatric cases, morbid anatomical issues, infertility issues, dermatological issues and so on. One of my biggest highpoints is in the area of psychiatry. I have recorded tremendous success managing psychiatric patients through the application of alternative medical care.

What is your assessment of the healthcare delivery system in Nigeria?

My sincere assessment of the healthcare delivery system in Nigeria is that it is abysmal and very poor, just as it is in many other sectors. The politicians have hijacked almost every aspect of our national life and have left things in a state of disarray because they lack the expertise to oversee these crucial areas.

Almost every sector in the country is suffering one form or the other. And this is because the wrong people are allowed to control the system. This scenario has led to corruption and maladministration.

Would you say the Nigerian government has been responding well in managing the coronavirus pandemic in the country?

The Nigerian government has not been responding in that regard at all. We are supposed to have a government for the people and by the people. So the yearnings and aspirations of the people should be the first concern. Manage the people well and the people will manage the pandemic situation well. The virus is actually not the only thing killing the people but hunger, economic issues, total anarchy and insecurity in the country.

What do you consider the most nagging issues government needs to address in the Nigerian health sector?

The most nagging issue in the health sector, for me, is segregation. Some people believe that they are the most important in the health sector. The truth remains that every professional in the health sector is important for effective healthcare delivery. This issue



Dr Romanus Egwuatu

The most nagging issue in the health sector, for me, is segregation. Some people believe that they are the most important in the health sector. The truth remains that every professional in the health sector is important for effective healthcare delivery. This issue of hierarchy and segregation among health professionals is the most dangerous cankerworm that is destroying the system in Nigeria.

of hierarchy and segregation among health professionals is the most dangerous cankerworm that is destroying the system in Nigeria.

Nigerian health workers are often embarking on strike action. Why do you think this is always happening?

Well, industrial action is good when applied for the right purpose and carried out in the right way. If you look into the reasons for most of the industrial actions medical doctors and

other healthcare givers embark on, you will understand their plight and definitely blame the government.

Politicians in the country, whose jobs are not listed in the essential duties list are enjoying the best things life can offer, while those saving lives are abandoned. Many doctors are struggling to live well. Government and politicians are our problem.

What are your candid thoughts about the National Health Insurance Scheme? Do you think it is working as

The National Health Insurance Scheme is not working as conceived. The reasons are not far-fetched. Bad governance and corrupt politicians are influencing the scheme. And when you don't have square pegs in square holes, the system will continue to malfunction due to corruption and other bad policies. The end product will always be bad results.

What message do you have for government at all levels concerning the healthcare delivery system in the country?

My message to government at all levels, with regard to healthcare delivery system is, first, they should know that health is the paramount factor in life. A healthy nation is a wealthy nation. Social projects are secondary to life.

Government should also ensure that other aspects of Medicine, especially, alternative medicine, are integrated into medical practice. This will give the practice a holistic outlook. This has been the culture in many developed and developing countries of the world.

And as a matter of national urgency, we must not allow politicians corrupt the system. Let us allow professionals to handle the sector and our country will be a better place health-wise.

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Celebrating 42 Years of Uninterrupted Monthly Publication (1979-2021)

Nourish yourself with aloe vera, the miracle plant (3)

By Chinma Ejimofor

In conclusion of our discussion on the benefits of aloe vera, below are the remaining functions of the super plant to the human system:

Great vehicle of transportation

Due to the presence of lignin, aloe penetrates and is a perfect vehicle to transport other elements with which it is combined deep inside the skin. This is why there are thousands of medical and cosmetic products mixed with aloe.

Here some examples:

When combined with **eucalyptus** and **jojoba**, aloe eases pain by penetrating the three levels of skin, entering the muscle region.

When mixed with bee **propolis**, it makes an excellent cream for skin infections.

When mixed with **coconut oil** and sun block, it makes an excellent sunscreen.

No side effects

Aloe vera (*Barbadensis*) has no known side effects.

Aloe in dentistry

Dr Timothy Moore of the University of Oklahoma has done studies on the application of **aloe** in his **dental practice** with fabulous results. He asserts that toothpaste made from **aloe** or an extract of aloe helps combat bleeding and gingivitis in the gums, and helps



to prevent tooth decay without the abrasive action which prolonged use causes tooth decay itself.

Aloe mixed with **jojoba** helps eliminate chapped lips and fever blisters.

Aloe in beauty care

Aloe is a very important element in many types of beauty products. Facial cleansing is essential for keeping your face soft and supple.

Aloe has two components: **lignin** (cellulose) and **polysaccharide** (carbohydrates), which truly penetrate the three layers of skin, the **epidermis**, the **dermis** and the **hypodermis**, and cleans out bacteria and oil deposits that block your pores. Also, the natural nutrients like minerals, vitamins, the 19 amino acids and enzymes stimulate the reproduction of new

cells, replacing the dead skin cells.

If the epidermis can't get rid of these cells and oil, the skin pores will become blocked and the sweat glands won't be able to function correctly. Infections begin to form in the skin.

Due to its power to **regenerate, heal, tone** and its

ability to penetrate deeply, aloe is used in moisturizing creams, night creams, masks, shampoos, toning creams and facial cleansing creams etc. It is also used in suntan and other skin protection lotions.

Aloe is also used in creams for muscular and rheumatic pain and stiffness. Also, in gelatin form, it is used to combat acne.

Aloe easily combined with many different natural products and household products, like shampoos and cleansers.

The following is a list of the principal illnesses and discomforts that the aloe plant helps to prevent, control and/or cure.

Acne
Peptic and stomach ulcers
High blood pressure
Headaches



Athletes foot
Multiple sclerosis
Varicose veins
Arthritis
Stomach and colon cancer
X-ray scars
Poor circulation
Skin rashes and infections
Chronic nose congestion
Anaemia
Intestinal inflammation
Seborrhea and alopecia

In Addition, aloe vera:

Deeply penetrates the skin
Regenerates cells
Removes dead skin cells
(Keratolic Action)
Works as an antibiotic
Energises
Helps digestion
Detoxifies
Rehydrates skin
Is nutritional
Is cosmetic
Chemical composition and nutrients in aloe vera include:

continued on page 48

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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I started my pharmacy business with my NYSC savings – ACPN national secretary

By Adebayo Oladejo

In this incisive interview, Pharm. Ambrose Sunday Eze, national secretary, Association of Community Pharmacists of Nigeria (ACPN), and managing director, Rosemus Pharmacy Limited, a chain pharmacy outlet in Apapa and its environs, reminisces on his beginnings as a young pharmacy entrepreneur and the various obstacles he surmounted. The 2005 pharmacy graduate of the University of Nigeria, Nsukka, Enugu State, also discusses the state of community pharmacy practice in Nigeria, the challenges posed by drug vendors, the continued inter-professional wrangling in the health sector, as well as his various contributions to the ACPN. Excerpts:

You established your community pharmacy immediately after your Youth Service programme. Tell us how it started.

After I finished my youth service in March 2008, at the Jericho Hospital, Ibadan, Oyo State, I came back to Lagos immediately. As a young pharmacist, a lot of opportunities were presenting themselves, but eventually, I settled for community practice and by November 2008, the Rosemus Pharmacy was established, here in Olodi Apapa.

As a young pharmacist, what challenges did you face at inception?

The major challenge I had as a beginner then was finance and I approached one of my brothers for financial assistance. Although he was willing and promised to help, he couldn't come up with the expected amount; but he assisted in paying for the first rent of this premises. After then, I took the cross by myself and gathered all the money saved during my youth service, which amounted to about 600,000 naira, and I started what is today known as Rosemus Pharmacy.

After establishing the pharmacy, the Local Government Council officials started disturbing us with series of levies. The Pharmacists Council of Nigeria (PCN) also came and shut the pharmacy down for not complying with the approved 200 meters gap from an existing pharmacy; but we overcame that after showing the approval they gave for the premises. The panel was faced and penalties were awarded, and the pharmacy was reopened in December 2008. Since then, we have established two other branches in Apapa, and God has been helping us.

At what point did you decide to be actively involved in the ACPN and pharmacy politics generally, and what prompted the decision?

I started identifying myself with my zonal chapter, Ajeromi/Ifelodun Zone, and the likes of Pharm. Jerome Nwokoro, Pharm. Iyiola Gbolagade, and many others who saw me as a young guy with great potentials accepted me and encouraged me. That was how I became an active member in pharmacy affairs at the zonal level and later became the financial secretary, ACPN, Ajegunle/Ifelodun Zone.

Thereafter, I joined at the state level and became a member of several committees. These included the pharmacy week committee, ACPN Continuing Education Committee, and several others.

At the national level, I have been a member of the conference planning committee (CPC) for some conferences, before I became the national treasurer, ACPN at the Edo ACPN Conference in 2018. I emerged the national secretary, ACPN, at the Abuja 2020 national conference.

You were the ACPN national treasurer for two years, as well as holding several other elected positions, including being the current national secretary.



Pharm. Ambrose Sunday Eze

How would you describe your experience so far?

Having gone through zonal politics, state politics and at the national stage, I would say I have gathered a lot of experience. I have met a lot of people and I have been to places. This has further equipped me and broadened my knowledge, as well as developing me on this job. I have interacted with lots of our elders, who are the people that I see as my role models, and through my interactions with them and others - both at the state and national levels - I have come to realise that the best gift to humanity is service.

As the national treasurer, I did my best. When I came on board, I brought the idea of budgeting, which was the first time in the history of the association. And when the chairman, Dr Samuel Adekola, saw the idea, being a man of wisdom himself, he bought into it. When it was presented to the National Executive Council, it was approved; and that was how we started having a budget at the beginning of every year.

Moreover, due to my background and discipline when it comes to finances, I also brought the idea that before any money was spent, there must be a "claim", showing what the money was intended for, and must be documented for future purposes. That has been the practice since then.

What do you think contributed to your emergence as the ACPN national secretary?

Just like I said earlier, part of the reasons many considered me to be their choice candidate at the Abuja Conference was because of my experience, commitment, dedication and perseverance. I have been part and parcel of the ACPN and the PSN at the zonal, state, and national levels, and there

all he does is to make a profit. But I don't belong to their class because I do the pharmaceutical care they can't do. I provide drug information that they can't provide.

I have just finished my MBA in Public Health. All this is geared towards efficient healthcare delivery; but a charlatan does not do more than buying and selling. The only thing I don't do here

is surgery. I do referrals also. So these are some of the things people benefit from a trained pharmacist that they can't get from a quack.

In my pharmacy here, I have the medical history of my patients and when there is a need for referral, I do it. We take their vital signs, we keep their records and we attend to them as they pick their medications, which they can't get from a quack.

As someone who has been in this area for over 15 years, what diseases would you say bring people to the pharmacy and what are the reasons for it?

Generally, we

are prone to malaria in Africa; and Nigeria - especially this area - is not an exception. So, it is mostly malaria. Many people come to the pharmacy on daily basis to buy malaria drugs and to complain about malaria because we are exposed to it in our area.

Other health conditions are diabetes, high blood sugar, hypertension, STDs and others. Stress-induced ulcer is also one of the reasons people come to us for ulcer medications, and the reason is not farfetched - it is because we are exposed to too much stress on a daily basis.

How has it been combining your duties as a community pharmacist with your responsibilities as the national secretary?

It has not been easy combining the two and that is one of the reasons the panel usually asks when people are contesting for any position, "How do you intend to cope?" To be candid, it is usually challenging. But for someone like me, I am passionate about my responsibilities; so I had factored those lapses in. That was the reason I employed trained pharmacists for all my outlets, so that whenever I am not around, the vacuum would be filled.

When I was the treasurer, I wasn't going to the secretariat often, but now as the secretary, I go there almost every day. Although technology has also made it convenient for me to be in touch with the pharmacies even in my absence, it can't be compared to when you are physically present. Those are some of the sacrifices to be made.

Some people, especially the charlatans see community pharmacy practice as mere buying and selling. What would you say about this?

There is no basis for comparison between me, a trained pharmacist and a quack, who does not know more than buying and selling drugs. A quack is a mere trader, and

Doctors don't usually have an issue with the nurses - because they are like husband and wife; but it is usually the pharmacists. I don't see any sense in having issues with ourselves as members of the healthcare team. If we should follow international best practice, as stipulated, a patient is at the centre of the healthcare team. And, as a matter of fact, the patient is the head of that team, while other healthcare professionals - like doctors, pharmacists, laboratory scientists, dentists, nurses and even the relations of the patient - are working to achieve a common goal.

But in a situation where a particular set of people want to lord themselves over others, the result won't be good. So, it is high time we let go of our ego, not only because of peace but in the interest of the patient that we are working to save.

How do you see the continuous professional wrangling among healthcare practitioners in Nigeria?

The patient is the utmost goal of any therapeutic mission and, without them, the mission is a waste of time. But when we begin to fight, what does the patient stand to gain?

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References:
1. Et al Int J Pharma Sci Drug Res. 2014; 6(1):12-9
2. J Pharm Bio Sci. 2012 Nov;4(5):32-5.
3. Dhanik J et al J Pharmacogn and Phytochem 2017; 6(3): 174-84.

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How to get the best performance and attitude from nurses, by UCTH nurse leader

In this exclusive interview with **TEMITOPE OBAYENDO**, Mrs Eno Bassey Okon, the nurse leader in charge of University of Calabar Teaching Hospital Isolation Centre, dismisses allegations of hostile and unprofessional behaviour by nurses in public hospitals. Okon reveals that while there may indeed be occasions when a few nurses exhibit unpleasant attitude, it is usually when they have been pushed to the wall. While highlighting situations that sometimes adversely affect nurses behaviour at work, she suggests ways to help nurses perform optimally and professionally at all times. Excerpts:

Please tell us about yourself – especially your educational background, experience, and positions held before now.

I will be 17 years in public service by 1 June 2021. I was born in Lagos State, Nigeria, where I had my primary education and concluded in Rivers State. Thereafter, I progressed for my secondary education. My training as a nurse commenced in Cross River State. Presently, I work as a registered nurse, midwife, public health nurse/IPC, with BNSC and MSc in Health Education in view. I am in charge of the University of Calabar Teaching Hospital Isolation Centre.

I have held several positions in social and religious organisations - too numerous to mention. I was a onetime NANNM unit treasurer, now NANNM unit chairman. I am an ordained Ruling Elder of the Presbyterian Church of Nigeria. Growing up was very eventful as I was very creative and loved doing things the formal way.

Recently, two nurses were assaulted at FMC Owo, Ondo State, by patients' relatives, and that led to a state-wide protest. What is your view on the development and how can such be prevented in the future?

The case of assault on nurses in FMC Owo was such an unfortunate one. It is not peculiar to FMC Owo alone because it happens in many settings where people do not understand the line of communication.

The general public needs to be sensitised on how to relate with caregivers. It is wrong for a stranger to go into an establishment and take laws into his hands. There are rules guiding every operation. For instance, if you walk into a bank and you are not satisfied with the services, you have the right to see the manager or any relevant managerial staff to make your complaint, rather than take laws into your hands.

I think the same rule should guide the healthcare delivery system. If a patient or his relative feels neglected or not given the right attention by nurses in any hospital, they have the right to report to the hospital management, rather than creating chaos and battering nurses.

There should be public enlightenment programmes for the public to understand the hierarchy of leadership in the



Mrs Eno Bassey Okon

health sector; and the rights of the patients, as well as those of nurses, should be entrenched in the Bill of Right. Channels of complaints, and more importantly, civilised ways of doing things, should be well stipulated for all.

Nurses are human beings too; they deserve to be respected.

Year 2020 was themed the Year of Nurses and Midwives. Fortunately or unfortunately, it was the year of the global pandemic. What were the remarkable moments of the year among nurses and midwives at your unit?

2020, Year of Nurses and Midwives was quite a remarkable year for me as a person. It was a year of fulfilling the first line of our national pledge: "I pledge to Nigeria, my country". Being at the frontline of the fight against the COVID-19 pandemic was the best thing any citizen can offer his country. Nurses were always there 24 hours and 7 days a week. But, unfortunately, our dear country does not know how to celebrate nurses.

It was the same love and dedication Florence Nightingale exhibited. The Year 2020 was another history making event.

There is this perception about the attitude of nurses

in public hospitals - that they are not caring enough. How true is this belief and what are the means to correct the situation?

This is not completely true. It's quite unfair to generalise when referring to the deeds of a few. However, as a nurse who has also been a patient at one time or the other, I must be very candid. Firstly, Nigeria has not been able to meet up with the WHO recommended nurse-patient ratio in most of our public institutions. Nurses work under very harsh conditions most times with little or no motivation.

Training and retraining processes are low. There is also poor funding in the sector and lack of modern equipment to work with. The nurse is expected to be responsible for so many things outside his or her job description as a nurse. I will give you a typical example. A patient who has not settled or updated his or her hospital bill absconds from the hospital ward, and the nurse on duty is made to pay the bill.

This and many more are the reasons I'm sure some nurses especially those who seldom attend update courses due to lack of sponsorship cannot give in their best. Well, the way forward that I will recommend includes employment of more nurses in the healthcare system

and sponsorship of nurses to training programmes/workshops.

Every stakeholder in the healthcare system should rise up to his or her responsibilities. For instance, if a doctor has any reason not to carry out a pre-planned procedure on a patient, he will do well to carry all team members along on this decision and explain same to the patient and relatives.

Communication is key in healthcare business. The nurses spend 24 hours with the patient and bear the brunt of whatever has not been done from patients and their relatives, whether the fault is theirs or not.

Again, when a patient is discharged and given a bill he or she thinks is too high, the first person confronted is the nurse, who after giving the explanations she can, refers the patient to the more appropriate quarters to lay his or her complaints. Sadly, the patient or their relatives get so upset. There should also be better remuneration for nurses.

It has been observed that graduate nurses are increasing in number by the day. Could you tell us the entry level for nursing in Cross River State public hospitals?

Entry point for graduate nurses is grade level 9.

Since you took over the leadership mantle of the unit, how would you describe the experience compared to other positions you have held?

I've always been a democratic leader. For my level of leadership, I get a lot of cooperation because I try to carry everyone along.

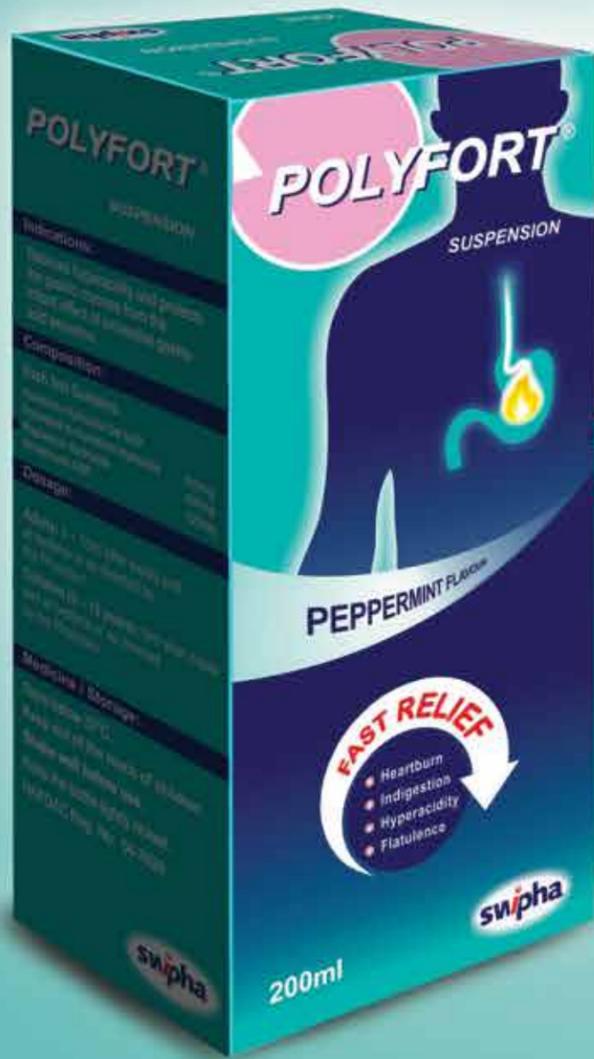
How would you advise nurses across the nation on improvement in practice?

I advise nurses nationwide to upgrade themselves with or without the support of the government. Where we are today is not where we are coming from. The older ones should mentor the younger ones. The nurse you mentor today may be the one to save your life tomorrow.

I appeal to the younger nurses: please be humble and respectful to your colleagues, clients, patients and their relatives. Anyone who walks into the hospital is already psychologically disorganised. We can help to make it better, not worse.

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May & Baker soon to unveil four new products, splashes awards on customers

By Ranmilowo Ojalumo

Nigeria's frontline pharmaceutical company, May & Baker Nigeria Plc. has concluded plans to introduce four additional products into the Nigerian pharmaceutical market.

The Managing Director and Chief Executive Officer of the company, Pharm. Patrick Ajah, disclosed this at the company's recent customer's forum, tagged "May & Bakers Customers Forum 2021".

Ajah stated that the company will release the four products before the end of the second quarter of the year 2021, adding that May & Baker is leaving no stone unturned to be the best pharmaceutical company in Nigeria and one of the best on the Africa continent.

He said: "As a company, we have continued to comply with the World Health Organisation's guidelines to ensure that we are the best in Nigeria and one of the best on the African continent. With your support, I assure you, our customers, that we will perform better in 2021 than 2020.

"Our vision is to make May & Baker Paracetamol the best in Africa. In 2021, we are going to launch four products and we will launch the new products before June",

The highlight of the event was the presentation of various awards to May & Baker's

customers for their patronage and loyalty in the year 2020, even in the face of many challenges.

Commending the customers, Ajah said: "This is an opportunity to celebrate our customers whom we have tagged heroes of year 2020 business. Year 2020 was a challenging one but with the support of our customers, we were able to surmount some of the challenges. Without the customers, we can't be where we are now. We value the customers and they mean a lot to us and that is why we are giving out various awards to them in different categories".

The company's overall national best customer for year 2020, Chuphill Medical, went home with a minivan,



L-R: Executive Director, Pharma Sales & Marketing, Chukwutem Chukwuka; MD, MBN, Patrick Ajah and Executive Director, Corporate Planning and Strategy, MBN, Valentine Okelu.

while other customers in various categories got washing machines, air conditioners and LED TVs.

Nourish yourself with aloe vera, the miracle plant (3)

continued from page 43

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Aspartic acid, Glutamic acid, etc.

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About the Author

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Pharmaceutical marketing: Basic concepts and principles (3)

Over the last two editions, we have dwelt on the basic concepts and principles of marketing. In the last article, we looked at

Value chain and delivery network. Value chain comprises firms and sub-firms that carry out value-creating activities on a firm's products, while a value delivery network is made up of the company and its associates and customers who partner with each other to deliver performance of the entire system.

Product. This is the bundle of benefits that satisfies a need, or can be offered in a market to satisfy a need or want. Product comes in the form of services, tangibles, experiences, ideas, person, place, etc.

Price. This is the total cost the customer bears to enjoy the bundle of benefits offered by the product.

Place. This is where and how the product will be provided or made available to the customer.

Promotion. Comprises communication and awareness creation for and about the product, price and placement and other things that the customer and potential customers need to know about the product.

Marketing mix. Refers to the specific/relative emphasis or proportion of the set of controllable tactical marketing tools—product, price, place, and promotion—that a firm “blends” to produce the response it wants in the target market.

Other necessary marketing concepts and principles worth exploring include:

MARKETING ORIENTATION: A marketer exhibits different attitudes to the market and understanding of its behaviour. In marketing parlance, it is called marketing orientation. These different orientations, summarised below, resemble historical development of marketing:

Production concept is the idea that consumers will favour products that are available or highly affordable. Efforts are made at making products cheap, often by compromising quality. Of course, large scale production is required to make a product cheap.

Product concept is the idea that consumers will favour products that offer the most quality, performance, and features. Here, an organisation devote its energy to making continuous product improvements. Little attention is paid to the exact needs of the consumer.

Selling concept is the idea that consumers will not buy enough of the firm's products unless it undertakes a large scale selling and promotion effort. This is done by putting massive pressure on the consumer. Coercion is not outside the game.

Marketing concept is the idea that achieving organisational goals depends on knowing the needs and wants of the target markets and delivering the desired satisfactions better than competitors do. The goal is to find needs and fill better than others. Of course, this is the commonest orientation of professional marketers. It is not perfect, however.

Societal marketing concept is the idea that a company should make good marketing decisions by considering consumers' wants, the company's requirements,

consumers' long-term interests, and society's long-run interests. This came out of the observation that the consumer does not always know what is best for them, or not capable of making the best choice. On the surface, this may sound illogical, but when we consider, for example, the growth of the tobacco and fast-food industry, despite the general understanding that tobacco and high sugar/salt foods are dangerous to our health and wellbeing, the truth in this becomes obvious. This marketing concept is the most widespread and acceptable stance

MARKET SEGMENTATION is the process that companies use to divide large, heterogeneous markets into small markets, based on their needs, characteristics or behaviour, so that they can be reached more efficiently and effectively with products or services that match their unique needs and marketing mixes. This is coming from the fact that a given “market” may be too big to be taken on (in terms of resources, location, etc.) and/or too diverse to be efficiently/effectively reached by marketing stimuli and effort.

From the fore going, we can describe a **MARKET SEGMENT** as a group of consumers who respond in a similar way to a given set of marketing stimuli. Consumer marketing may be segmented by:

Geographic segmentation - divides the market into different geographical units such as nations, regions, states, counties, or cities.

Demographic segmentation - (division into groups based on based on variables such as age, gender, family size, family life cycle, income, occupation, education, religion, race, generation, and nationality.

Psychographic segmentation - (based on social class, lifestyle, or personality traits

Behavioural segmentation (based on their knowledge, attitudes, uses, benefits or responses to a product).

MARKET TARGETING is the process of evaluating each market segment's attractiveness and selecting one or more segments to enter or focus on. To be useful, a market segment is expected to be

- Measurable
- Accessible
- Substantial
- Actionable
- Differentiable



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or a perception of superior value. Successfully differentiated products feature meaningful and valuable differences that distinguish clearly the company's offering from that of the competition. Differences are stronger when they are important, distinctive, superior, pre-emptive, affordable, and profitable. Possible strategy can be

- Product differentiation
- Services differentiation
- Channel differentiation
- People differentiation
- Image differentiation

We have gone far with this topic and we can regard it as concluded here. But we are not done with dealing with pharmaceutical marketing. Many thanks for your time and attention.

Tunde Oyeniran, a Sales/Marketing Strategist, Selling/Sales Management Trainer and Personal Sales Coach is the Lead Consultant, Ekini White Tulip Consulting Limited, Lagos. We deliver Training, Recruitment, Online Medical Communications Service and Field Force Management Solutions Feedback. Channels 080-2960-6103 (SMS/WhatsApp) / ekiniwhitetuliptraining@gmail.com or check out https://fb.me/EkiniWhiteTulipConsulting

MARKET POSITIONING

is the deliberate effort by marketing practitioners to place a product in a clear, distinctive, and desirable place, relative to competing products in the minds of the target consumer, often through communication and the management of the 4Ps.

Note that product position is the way the product is defined (supposedly defined) by consumers on important attributes—the place the product occupies in consumers' minds, relative to competing products. This is often based on perceptions, impressions, and feelings. The success of a positioning is indicated by the effectiveness of its differentiation.

DIFFERENTIATION is described as identifying and choosing a set of possible competitive advantages to build a position to provide a tangible

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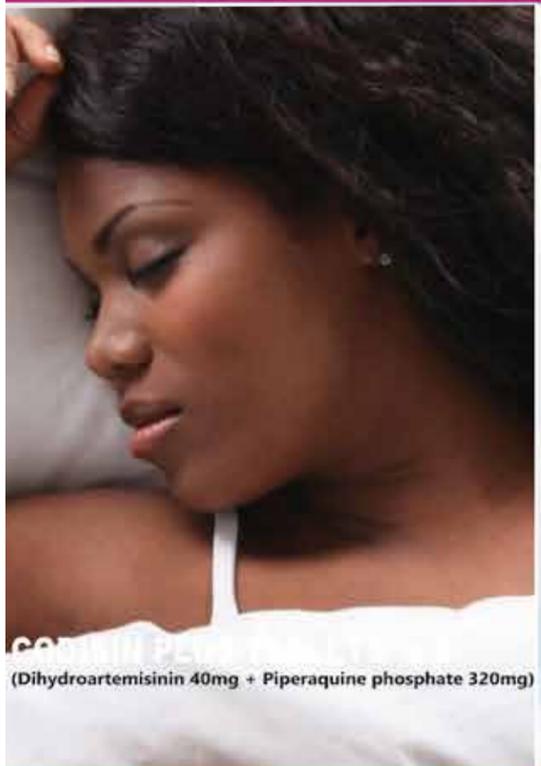
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Why Nigerian government must be proactive against infections – Fajembola

By Temitope Obayendo

To prevent disease outbreaks from taking a devastating toll on Nigerians, the government has to proactively prepare for health emergencies, as the current COVID-19 pandemic has exposed the unpreparedness of the nation's health sector in managing disease outbreaks.

Pharm. (Dr) Ayo Fajembola, a retail pharmacist at Walgreens-boots, in Chicago, Illinois, USA, made this submission in an exclusive interview with *Pharmanews*, expressing her disappointment at the national response to COVID-19.

The University of Illinois graduate stressed that government needs to demonstrate its commitment to citizens' welfare by putting appropriate policies and structures in place to safeguard their health, as the third wave of COVID-19 and other pandemics are a possibility in the country.

She also hinted on the forthcoming medical mission of ANPA and NAPPSA in Calabar, stating that the visiting team intends to see 300 patients each day for five days.

Below are the excerpts of the interview:

Briefly tell us about educational background, years of experience, and practice area.

I have a Doctor of Pharmacy degree from the University of Illinois in Chicago, and also a Bachelor of Science in Clinical



Pharm. (Dr) Ayo Fajembola

Laboratory Science. I work as a retail pharmacist for Walgreens-boots in Chicago, Illinois. I have been with Walgreens for over five years, which has helped me to develop my skills as a pharmacist.

Aside from Pharmacy, I am a member of the Nigerian Association of Pharmacists and Pharmaceutical Scientists in the Americas (NAPPSA). I am a part of the young professionals committee and the membership committee, as well as being the medical mission's coordinator.

With your experience in community pharmacy in the USA, what has the situation been for community pharmacies over there during this pandemic?

Initially during this pandemic, things were a little shaky. Just like the rest of the world, we weren't sure about the future, and we didn't know when it

was going to be over. But one good thing about my company is that we already had protocols put in place. We were prepared in case of a pandemic and that is what I want

Nigerian companies to emulate.

Basically, the company first of all made sure that the team members were sure, because we are in the public, seeing all kinds of people with different ailments. So, we needed to see that we had some COVID-19 protocols put in place. We ensured in our stores that people were six feet apart, people were sanitizing, and temperature and flexing glass was set up.

On our side of things, we had new protocols where we could deliver medications to people in their homes, especially the elderly patients. This is because they are prone and they have a weaker immune system; so they are considered high-risk. We had free delivery services. So each time people came, we made them realize that we do free delivery services at home.

We also encouraged people to do 90-day supply, as most insurance companies were covering for 90 days also, to prevent much exposure and crowd. On my side, I was in charge of logistics, ensuring that sick team members were being quarantined, and monitoring their recovery process.

Does Universal Health Coverage cater for the purchase of medications at the community pharmacy level?

Yes, most people have insurance and it covers about 80 per cent of their medications. Depending on the type of insurance you have, sometimes it covers 100 per cent, sometimes it covers generic over brand and so on. There is also Medicaid for low income earners, that can't afford

continued on page 55



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Ocuprolol Eye drops is an ophthalmic preparation, consists of two components Latanoprost and Timolol Maleate. These two components decrease elevated intraocular pressure (IOP) by different mechanisms of action. **PHARMACOLOGY:** Latanoprost, a prostaglandin F_{2α} analogue, is a prostanoid selective prostaglandin F_{2α} (FP) receptor agonist that reduces the IOP by increasing the outflow of aqueous humour. Timolol is a β₁ and β₂ (non-selective) adrenergic receptor blocking agent. Timolol lowers IOP by decreasing aqueous humour formation in the ciliary epithelium. **INDICATIONS:** Ocuprolol Eye Drops is indicated for the reduction of intraocular pressure (IOP) in patients with open-angle glaucoma or ocular hypertension who are insufficiently responsive to β-blockers, prostaglandins or other IOP lowering agents. **DOSAGE AND ADMINISTRATION:** Recommended therapy is one drop in the affected eye(s) once daily. **CONTRAINDICATIONS:** This combination is contraindicated in patients with known hypersensitivity to Latanoprost, Timolol and Benzalkonium chloride or any other ingredient in the product. This combination is also contraindicated for the following conditions such as reactive airway disease including bronchial asthma, history of bronchial asthma or severe chronic obstructive pulmonary disease, sinus bradycardia, second or third degree atrioventricular block, overt cardiac failure, or cardiogenic shock. **WARNINGS AND PRECAUTIONS:** This combination may be absorbed systemically. Due to the β-adrenergic component Timolol, aggravation of Prinzmetal's angina, aggravation of severe peripheral and central circulatory disorders, bradycardia and hypotension may occur. Bronchospasm may occur in asthma patients. Latanoprost may gradually change the eye colour by increasing the amount of brown pigment in the iris. The change in iris colour occurs slowly and may not be noticeable for several months or years. **DIRECTIONS:** Use the solution within 1 month after opening the container. Do not touch the dropper tip to any surface since this may contaminate the solution. Always replace cap after use. **SIDE EFFECTS:** This combination is generally well tolerated. The most frequent findings of increased iris pigmentation were in patients with green-brown, yellow-brown and blue/grey/brown irides. In patients with homogeneously blue, grey, green or brown eyes, the change was only rarely seen. Darkening, thickening and lengthening of the eye lashes have been reported. The most frequently reported undesirable effects in clinical trials were irritation of the eye, including stinging, burning and, itching, eye hyperaemia, corneal disorders, conjunctivitis blepharitis, eye pain, headache and skin rash. **INTERACTIONS:** No specific interaction studies have been performed with this preparation. Patients who are receiving treatment with this preparation and an oral β-adrenergic blocking agent should be observed for potential additive effects of β-blockade, both systemic and on intraocular pressure. The concomitant use of two topical β-adrenergic blocking agents is not recommended. Although this preparation alone has little or no effect on pupil size, mydriasis has occasionally been reported when Timolol is given with epinephrine. β-blockers may increase the hypoglycemic effect of antidiabetic agents. In vitro studies have shown that precipitation occurs when eye drops containing thimerosal are mixed with Benzalkonium chloride, the preservative used in this preparation. If such drugs are used, they should be administered with an interval of at least 5 minutes between applications. Similarly, several contact lens soaking solutions contain thimerosal. **USE IN PREGNANCY AND LACTATION:** No reproduction toxicity studies have been conducted with this combination. This combination should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. Latanoprost and its metabolites may pass into breast milk. Timolol maleate has been detected in human milk following ocular administration. Because of the potential serious adverse reactions in nursing infants, this preparation should be used with caution in nursing women. **KNOWN SYMPTOMS OF OVERDOSAGE AND PARTICULARS OF ITS TREATMENT:** There is no human data available on overdosage with this preparation. Symptoms of systemic Timolol overdosage are bradycardia, hypotension, bronchospasm, and cardiac arrest. If such symptoms occurs, treatment should be symptomatic and supportive. The ocular effects of Latanoprost administered at high doses are not known. If overdose with this preparation occurs, treatment should be symptomatic. **STORAGE:** Store at 2°C - 8°C, away from direct light. Discard after 30 days. Once opened, the container to be stored at temperature not exceeding 30°C. **KEEP MEDICINE OUT OF REACH OF CHILDREN.** **PRESENTATION:** 5ml low density polyethylene white colour bottle with white cap.



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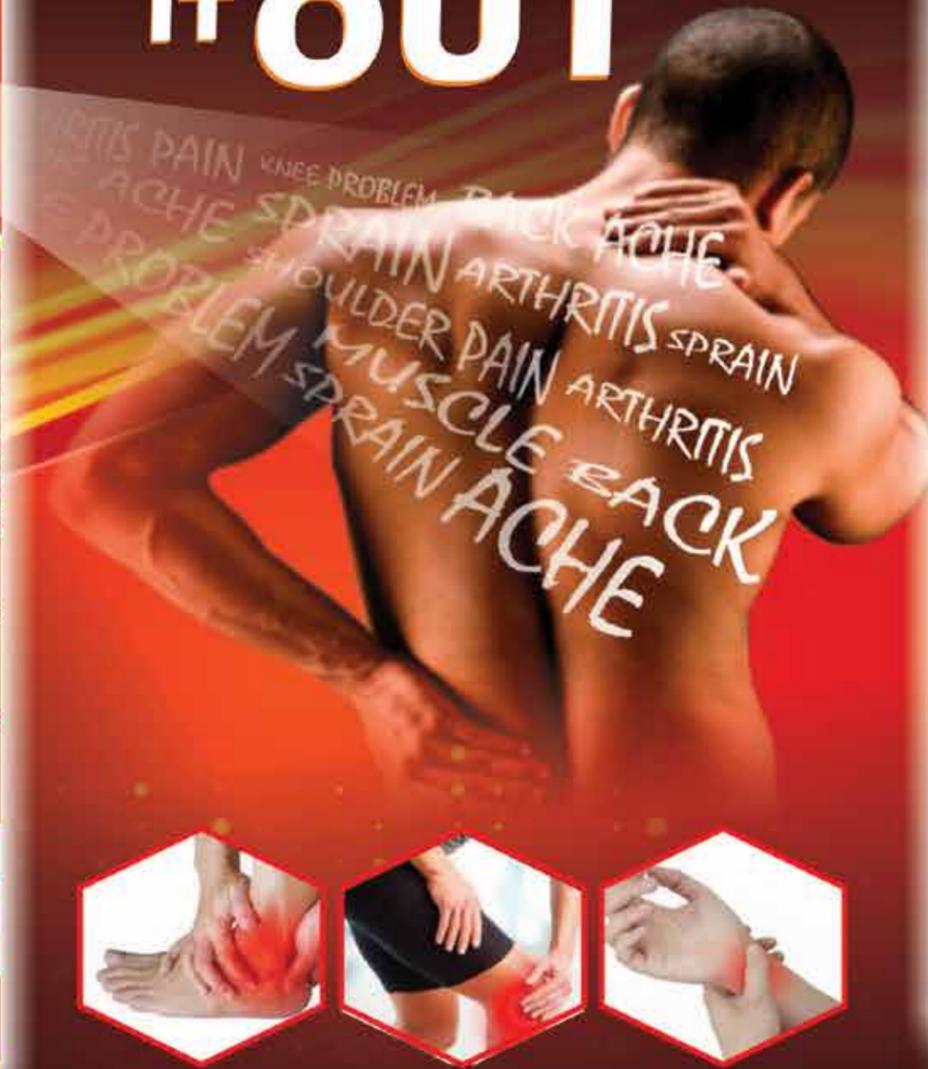
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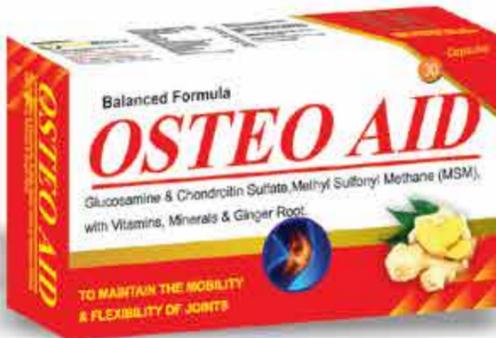
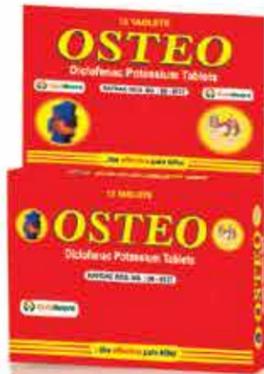
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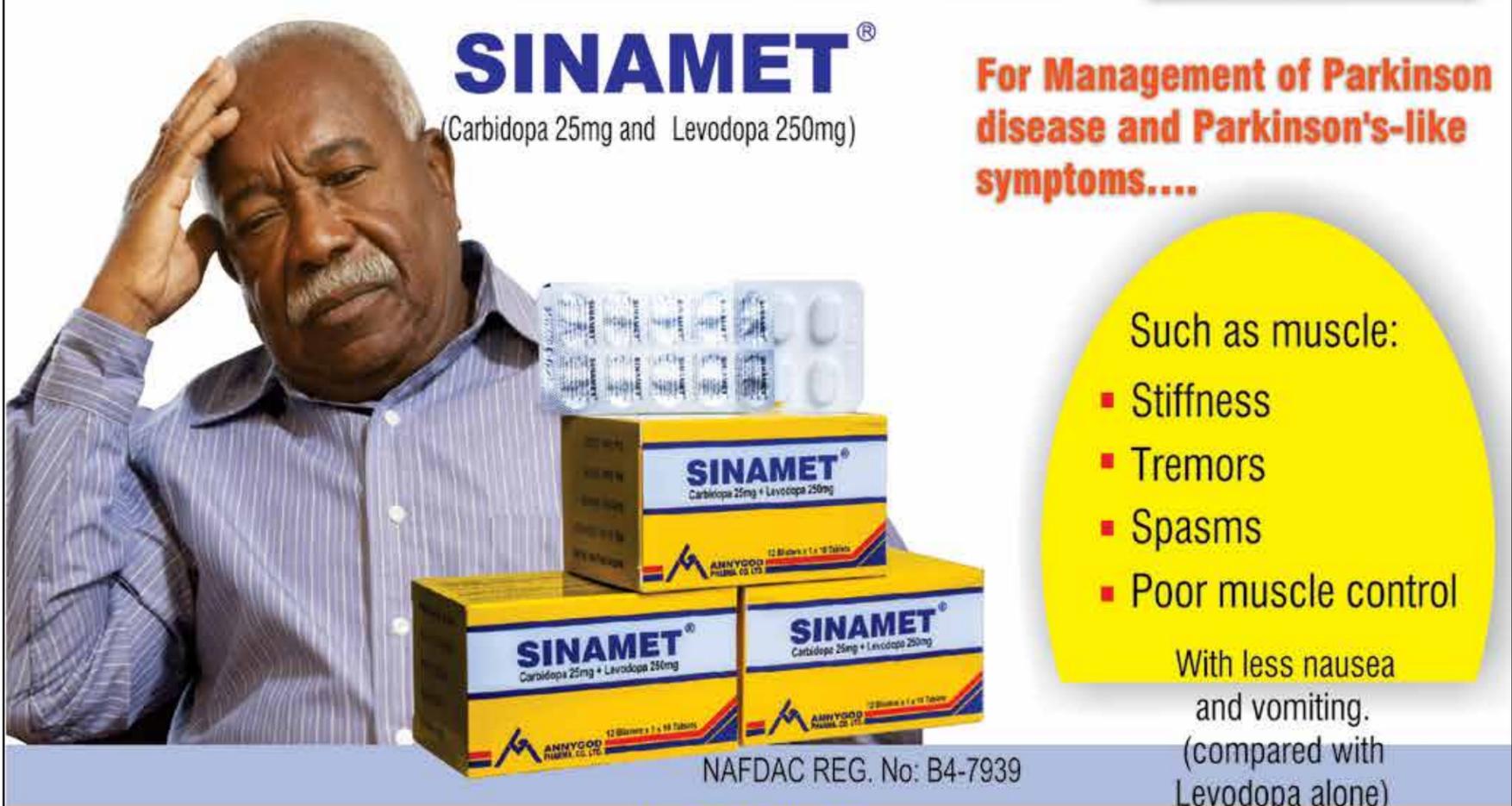
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...Excelling in Healthcare

Why Nigerian government must be proactive against infections – Fajembola

continued from page 52

their basic medications, and for the elderly. We also have Medicare, which is not very expensive and covers a lot, from aged people, to younger persons with disabilities, and so on.

Considering the management of the ongoing COVID-19 and pharmacy practice, how would you advise the Nigerian government?

"My message to the government is that they should be proactive and not reactive. They should put protocols in place, so that whenever a pandemic happens - because I don't think COVID-19 is the last pandemic that will happen - appropriate response will be given to it.

Few years ago it was SARS. Then we had Ebola and others, all these require that things are put in the right perspective. Healthcare professionals need to be educated, hospitals need to be equipped and national healthcare system should be put in place that can protect citizens in case of any outbreak.

I was very disappointed when I found out that the COVID-19 vaccine we are getting in Nigeria was having 63 per cent effectiveness, compared to Pfizer and Moderna that were 94 and 91 per cent effective respectively. Besides, for Nigeria with over 200 million population, getting about 4 million doses cannot cover a major part of the population. So there is still a lot of work to be done.

Nigeria is the largest country in Africa by population. God forbid

that another pandemic breaks out that is deadlier than COVID, what would be the nation's response? Our government needs to show that they care for us, by being more proactive, invest in medical science and research, and prepare for medical emergencies. Top Nigerian scientists residing in Nigeria need infrastructures to assist their research efforts.

Preparations are ongoing for the NAPPSSA's medical mission in Nigeria. Share with us the locality and goal of the mission.

I'm really excited this year, and we are going to have our medical mission in Calabar. It was supposed to be held last year, but COVID-19 hindered us till now. This year is going to be very special because we are going to be having our first virtual medical mission, and as usual we collaborate with our sister organisation which is the Association of Nigerian Physicians in the Americas (ANPA). So we NAPPSSA members are going to be joining them because they are our sisters.

Basically, the medical mission is to provide free healthcare to our people, especially those in the rural areas. This year, we are going to be hosted by Mrs Owanari Duke herself in Calabar, and we are going to collaborate with local pharmacists for the running around, while we in the diaspora are going to be available virtually for medical consultation with doctors. And from there, they come to the pharmacists for medication counselling.

It's pretty exciting because we

are going to be seeing 300 hundred patients per day for five days. We have surgeons on ground and they are going to be having about 120 surgical cases. We are still working on logistics for the programme. We have had our first two meetings and we still have more meetings to go. I have been part of it before and I'm excited to do many more.

Would you say there's a possibility of a third wave of the pandemic in Nigeria?

Of course there is definitely a possibility of a third wave. Look at the UK, they are thinking about shutting down again. So, I think it's going to take a while for COVID-19 to go away. It took a while to come and it will take away to go away.

There are countries that have been badly affected and we have countries that are just realising how deadly it is. Brazil have a surge. They didn't take it seriously initially, but now they have a surge. You know the world is a global village now; people are travelling, and airlines are opening up. Since the world is getting smaller, the possibility of a third wave is strong.

I will use this opportunity to encourage everyone to get the vaccination. If you have not done so, try to protect yourself and take the necessary precautions to protect yourself and your family from the infection. We need to be proactive about it and do the right thing to prevent the spread.

The US is one of the countries that commenced COVID-19 vaccination earlier. Are there

some lessons we can learn from them in terms of patients' reaction to it?

The US was proactive as they pre-bought Pfizer and Moderna vaccines before the vaccines were ready. People are talking about it and I think President Joe Biden has met his goal of vaccinating a target he set for himself and he has even raised the bar now.

As pharmacists, it's our job to educate people about vaccination against the widespread misconceptions about the vaccines. We are to tell people what to expect after taking it, as every vaccine has an affiliative reaction - maybe swollen arms or the person can develop a fever or stop breathing but that shouldn't discourage people from getting it.

As a young pharmacist making impact in the US, how would you encourage your Nigerian colleagues?

I will commend them because despite our deficiencies and lack of structures, they are still thriving, and they are educating themselves. I have colleagues who are willing to update their knowledge always, despite their poor environment and meagre pay. When you visit some well-organised pharmacies in Lagos and you listen to pharmacists counselling patients, you will be impressed.

I also commend owners of pharmacies who are creating job opportunities for young pharmacists, because a lot of pharmacists graduate are finding it difficult to get jobs, even though they are licensed. So I want to appreciate those pharmacists who returned to Nigeria to create job opportunities.



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Organic Remedies poised to redefine standards in herbal medicine practice – Ayeni

By Patrick Iwelunmor

Inspired by the landmark achievements of their father in the herbal medicine industry in Nigeria, Akinyemi Ayeni and Rita Ayeni are carving out a niche for themselves in the same industry and perhaps beyond. As principal officers of Organic Remedies, a joint venture between their Father, Dr Akintunde Ayeni and the Ooni of Ife, Oba Adeyeye Enitan Ogunwusi, Akinyemi and Rita are jointly passionate about enhancing the health of Nigerians through natural medicine. While Akinyemi, a graduate of University of Leicester and Hult Business School, UK, serves as the managing director; Rita, a product of Robert Gordon University, Aberdeen, Scotland, serves as the director in charge of marketing.

In this exclusive interview with **Pharmanews**, the duo bare their minds on issues relating to herbal medicine practice in Nigeria and the recent launch of Verozil, an immune booster that the company says can ward off the symptoms of COVID-19. Excerpts:



Akinyemi Ayeni

Can we have a brief background on the operations of Organic Remedies?

Organic Remedies is the brainchild of Yemkem International and the Ooni of Ife. The company was birthed last year. Just before the COVID-19 lockdown, we had our plans of creating a product that would tackle the virus. At that same time, the Kabiyesi called the chairman of Yemkem and asked him about his plans for COVID-19. There was subsequently a meeting with the Ooni.

Interestingly, everything the traditional ruler had in mind was in line with our plans. That was how we produced Verozil, an immune booster that also controls COVID-19 symptoms. The launch was to have happened earlier than it did but because of the stringent process at NAFDAC, we had to wait to ensure best practice.

Would you say categorically that Verozil has the capacity to help manage COVID-19 symptoms?

Yes, and aside from the fact that it controls COVID-19 symptoms, it is an immune booster that has the capacity to tackle viral, bacterial and fungal infections. It effectively handles COVID-19 symptoms, especially cold and cough. I can categorically tell you that when I had a dry cough, I took Veroxyl and after two days the cough subsided. We know that very soon the noise of COVID-19 will

come down and, then, people can start using the product as an immune booster which was the original purpose of its creation.

If a Nigerian company can come up with a drug as important as this, don't you think you are not doing enough media-wise?

I agree with you. In fact, it was one of the things we discussed at the launch. The feedback we are getting from Nigerians is very encouraging. We need government to do more to endorse indigenous products like Verozil.

What do you think government needs to do to encourage herbal medicine practitioners to maximise their potentials in the country?

Everything is an ecosystem. For us to fully harness the power of herbal medicine in Nigeria, the whole ecosystem – starting from the study of herbal medicine down to the final production stage - every single thing must be put in place to make it accessible to everybody. Majority of the people who are professionals in herbal medicine are not degree-qualified. Even if they have degrees, they are mostly on the theoretical aspect.

What is helping the Chinese today is that they have universities of herbal medicine. They also have hospitals of herbal medicine. There, a doctor does not just go to school to study medicine, he also has to go to a hospital to

practice. The same is applicable to herbal medicine. There are so many things that go into the ecosystem of herbal medicine. There are so many things government needs to do to make the business environment conducive.

For example, there are so many things hindering our production. Some of them are the challenges we face in trying to source for raw materials. The quality of bottles and blister packs we get here is not good enough and all this boils down to the way our system works here.

Government also needs to regulate the market. You hardly find any herbal medicine being imported into the Chinese market. It is either you go to China and set up a factory there or nothing more. Unfortunately, Nigeria is a dumping ground for all sorts of herbal medicines from different climes because we are always looking for cheap things, not minding the toxicological effects of some of these cheap herbal drugs that we consume. Some of them don't even have NAFDAC numbers. If our market is regulated, things wouldn't be as bad as they are.

Are you affiliated to the US-based Organic Remedies?



Rita Ayeni and Akinyemi Ayeni

Not at all. Even before the registration of the company, we didn't even know that there was any other Organic Remedies elsewhere. Ours is a fully indigenous company.

What is your motivation for venturing into herbal medicine, knowing that your father, Dr Akintunde Ayeni, has carved a niche for himself in this regard?

This is one thing that I think has been passed from generation to generation; and one thing that is lacking in most Nigerian businesses is continuity. Many of the big companies we have had in this country always die with their owners. Aside from me, my sister is also involved in the business. Being the children of a man who has changed the entire herbal medicine landscape in Nigeria, it would be wrong if he cannot raise children who can manage his business and perhaps redefine standards in the industry.

What more do we expect from Organic Remedies in terms of the delivery of quality products?

Organic Remedies is not all about herbal medicine alone. We are working to roll out other lifestyle and daily need products like toothpaste, soap and other toiletries and we hope to maintain the highest standards in quality.

Rita Ayeni: I really see a bright future for Verozil because the drug is not just for COVID-19; it prevents you from contracting so many diseases because of its immune building capacity. We are already working with a couple of pharmacists to ensure widespread distribution of the product.

What is your advice to business owners in terms of building brands that would outlive them?

They should strive to raise children or managers who can run the affairs of the business successfully and gainfully when they are no longer there. That is one thing our father has done for us. He carries us along in all the production processes. There is no member of our family that is not directly involved in herbal medicine, from the first to the last.

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The leadership spirit

By Prof. 'Lere Baale

"An army of sheep led by a lion will always defeat an army of lions led by a sheep. To exercise leadership, you must believe that you are inherently a leader"

- Dr Myles Munroe

Today's world is filled with followers, supervisors, and managers but very few leaders. Leadership really comes down to two things: who you are and how you think. It is about discovering your identity as a born leader and then understanding the way true leaders think so that you can fulfil your inherent calling. If you don't first establish your leadership nature, it will be very difficult to have the mindset of leadership.

Nations and, indeed, organisations don't just fail because of wars, illiteracy, corruption or the likes, but because of lack of disciplined leadership.

True leadership is first concerned with who you are, as opposed to what you do. Leadership action flows naturally from a personal leadership revelation. To exercise leadership, you must believe that you are inherently a leader. Again, to purpose as leaders do, you must think like a leader.

To think like a leader, you must receive the thoughts of leadership. To receive the thoughts of leadership, you must have a personal encounter with your true self; a discovery of your nature, ability, and essence as a human being. Just as a product cannot know its true purpose or worth except in its relationship with its manufacturer, so it is with you and me.

Leadership spirit vs spirit of leadership

Let's make a distinction between the leadership spirit and the spirit of leadership. The leadership spirit is the inherent leadership capacity and potential that is the essential nature of human beings. The spirit of leadership is the mindset or attitude that accompanies a true leadership spirit and allows the dormant leadership potential to be fully manifested and maximised. We will address the spirit of leadership in the near future. Clearly understanding this difference is critical to discovering and living out our leadership capacity.

Who is a true leader?

Leadership is the capacity to influence others through inspiration, motivated by a passion, generated by a vision, produced by a conviction, and ignited by a purpose.

Peter F. Drucker, one of our generation's foremost thinkers and authorities on the subject of leadership and management, stated, "There may be 'born leaders', but there are surely far too few to depend on them. Leadership must be learned and can be learned... 'leadership personality,' 'leadership style,' and 'leadership traits' do not exist."

Leadership is more than influence

A popular definition of leadership is that "leadership is influence." In spite of the fact the leadership does involve the component of influence, I believe that this is an incomplete description because it does not distinguish what kind of influence or the source or cause of that influence.

True leadership is marked by others' wilful submission of their authority to yours. There are many people, past and present, who have influenced others, using threats and violence, but we don't call that true leadership. We call it manipulation, oppression, or dictatorship. Nero,

Hitler, and Idi Amin were all influential. They exerted their wills over people, but they were not leaders in the true sense.

Working definition of leadership

True leadership fundamentally requires the responsibility of taking followers into the exciting unknown and creating a new reality for them. Over 30 years of dedicated study of the subject of leadership revealed that leadership has not been given a comprehensive definition that incorporates the principal ingredients and components that I believe births and sustains true leadership and can be applied by anyone who desires to discover and release the hidden leader within.

Attitude creates your world and designs your destiny

What is attitude? We will discuss this topic in detail in the near future, but for now let us simply define attitude as "the mindset or mental conditioning that determines our interpretation of and response to our environment." It's our way of thinking.

It is also important to understand that attitude is a natural product of the integration of our self-worth, self-concepts, self-esteem, and sense of value or significance. In essence, your attitude is the manifestation of who you think you are. Leaders think differently about themselves, and this distinguishes them from followers.

We live our attitudes and our attitudes create our lives. The difference between the attitudes of a lion and a sheep determines their place in the scheme of the animal kingdom. We live our lives based on who we think we are. Thus, according to the illustration on the animal kingdom, if you believe in your heart that you are a sheep, then you will stay in the confines that others have placed you in or that you have made for yourself. If you think that you are a lion, then you will venture beyond manmade limitations and embark on the life of leadership that you were born to live. You will develop into someone who inspires and influences others within your inherent domain.

No amount of training in leadership skills, courses in management methods, power titles, promotions, or associations can substitute for the right attitude. I am convinced that all the money in the world may make you rich, but it can never make you a leader. Your leadership development is determined by your perceptions of who you are and why you exist; in other words, your sense of significance to life.

The hidden leader in you

An army of sheep led by a lion will always defeat an army of lions led by a sheep. This concept is fully illustrated by the story of "the lions and the sheep" that is popular in the continent of the cradle of humanity, Africa. The story encapsulates what we understand as the missing link in the leadership development process.

According to the story, a little cub was carried home to be raised among sheep by a farmer. After several years of relating with and behaving like a sheep, the growing cub was taken to the bush and it heard the roaring of a lion. After several attempts, the cub started to growl first like a sheep but eventually

learnt how to roar like a lion and moved into the jungle to be with other lions. That movement represents the moment of discovery for the cub, raised among sheep but turned to be a lion in the forest.

A decision affecting the future

Just as the young lion's genuine growl revealed its inherent strength, you can release the inherent leadership strength within you if you come to understand your true self. Just as the young lion knew that it had to make a decision about its future, you have a choice to make about your own future.

Just as the young lion looked back at the farm where the sheep were and then looked toward the forest where the lion was heading, you have to evaluate your past and your potential and step toward one or the other. Just as the young lion knew that, to become its true self, it would have to give up the safe, secure, predictable, and simple life of the farm and enter the frightening, wild, untamed, unpredictable, dangerous life of the jungle, you will have to leave the safe confines of being a follower if you are going to become a leader.

It is remarkable that the young lion turned its back on the farm, crossed the river, and walked into the forest, leaving behind its old life as a sheep and embarking on the life it was born to live. As one who has had to cross that river myself, my desire is to be a catalyst, like the beast, roaring an invitation into your life and heart and hopefully helping you to enter the adventure of discovering and releasing the leadership spirit within you.

Discover the leader you were meant to be

Trapped inside you is an undiscovered leader of great value to your generation! Are leaders born, made, developed, created, cultivated, or are they products of circumstances? Is leadership reserved only for an elite few, a specific gender, people of a particular social stratum, or those of advanced intelligence? Is leadership the prerogative of a rare breed; is it a by-product of the superior DNA of a super-race? Or can anyone from anywhere at any time emerge as a leader?

History has produced a legacy of distinguished and outstanding leaders who have impacted the world and furthered the development of humanity. They were both men and women, rich and poor, learned and unlearned, trained and untrained. They came from every race, colour, language, and culture of the world. Many of them had no ambition to become great or renowned. In fact, most of the individuals who have greatly affected humanity have been simple people who were thrust into circumstances that demanded the hidden qualities of their characters, or they were driven by personal, passionate goals.

Leaders are ordinary people who accept or are placed under extraordinary circumstances that bring forth their latent potential, producing a character that inspires the confidence and trust of others. Our world today is in desperate need of such individuals.

In his renowned play, *Julius Caesar*, William Shakespeare wrote, "There is a tide in the affairs of men." With these words, he was expressing his observation that the waves of history have an influence on our lives. It's as if we as individuals and nations are caught up in a tide of providential events. There have been



eras in the history of the world in which multiple tide-like influences have impacted our civilization and cultures at nearly the same time. These historical incidents are known as "crossroads of history." One would suggest that we are now at a confluence of historic tides.

The 20th century saw perhaps more distressing developments than any previous century, including devastating wars, monstrous new weapons, countless natural disasters, and fatal diseases. It was also possibly the most unpredictable, politically interesting and revolutionary of any century in history.

In the last several decades, a relatively short span of time, the world has experienced many remarkable changes in the realms of science, technology, medicine, and space exploration, as well as hundreds of other so-called advancements. We must agree that our generation lives in a swirling tide of events, dreams, promises, threats, and changing ideas about the present and future. The conditions of our world press the present generation to ask anew, "Why am I here? What is the purpose of life? Why are life and reality the way they are?"

The leaders of our time are bewildered when they are called upon to explain why our world is the way it is or to suggest a direction for the future. Many people in positions of public trust confess that they are just trying to keep the lid on, and others have abandoned even that hope.

Added to this bleak environment is the painful reality that over the past few decades, there has been no dramatic change in leadership for a better future. In the political, civic, economic, social, and spiritual realms, recent events indicate that previous generations have produced weak leaders who fade in the presence of true leadership and leave our present generation in this same leadership vacuum.

The disgrace and fall of renowned leaders, the exposure of corruption and unethical activities among political and business leaders, and the covert conspiracies of government betraying their own people serve as evidence that this lack of quality leadership is affecting almost every sphere of our lives. We urgently need competent leaders.

Where do we look for such leaders? While we often think of leaders as "out there," we need to look within ourselves. Each one of us is a leader who can affect the people and institutions in our own sphere of influence. When we begin with ourselves, we will naturally have an effect on the lives of others in the bigger society.

Lere Baale is a Director of Business School Netherlands www.bsn-mba.net and a Certified Strategy Consultant at Howes Consulting Group www.howesgroup.com

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Necessity of task shifting primary eye care to community pharmacies

By Temitope Obayeno

Primary eye care is an integral part of primary healthcare and is a priority area of the World Health Organisation (WHO). With the maldistribution of healthcare professionals in general, including optometrists and ophthalmologists, it is imperative to identify and implement efficient and sustainable models to achieve Universal Health Coverage (UHC) across Africa. One way is through sensible task shifting models. This helps to complement the efforts of trained professionals by empowering community health workers and others to deliver quality healthcare services in their communities, while reducing mortality rate and improving access to quality healthcare.

Tasks are moved, where appropriate, to less specialised health workers, a practice gaining grounds from Thailand to Rwanda, from Sierra Leone to India, from Nigeria to the United States of America. Task shifting has been implemented in diverse areas, including HIV prevention and management, family planning services and even uncomplicated cesarean sections, as well as primary eye care.

A research paper on "Task-shifting Eye Care to Ophthalmic Community Health Officers (OCHO) in Sierra Leone: A Qualitative Study" (published in *Journal of Global Health, March*

2021) shows that task shifting has the potential to improve provision of health services in under-resourced specialties, such as eye health. However, the success of this approach will be dependent upon a robust and supportive health policy environment and collaborative partners with the focus to improve access to affordable quality healthcare.

Essentially, an efficient primary healthcare system is hinged on deep community involvement and a strong referral system. According to the International Agency for Prevention of Blindness (IAPB), clinical tasks can be shifted to clinical-based rehabilitation workers, primary healthcare workers, traditional birth attendants/healers etc.

Primary eye care services cover conditions that are easy to prevent and manage; as well as those that are common to many communities. Based on WHO guidelines, such conditions include simple eye injuries, eye infections, refractive errors (myopia, hypermetropia etc) as well as reading difficulties.

Essence of task shifting

Concerning task shifting, Dr Lobga Babila Galega, a primary healthcare medical doctor said: "I think task shifting is quite important and necessary for more efficacy within the health system. However, the challenge is that of oversight provision, so that the services

are provided within ethical boundaries. It is also important for appropriate and sustainable mechanisms to be put in place, to ensure competency on the job."

To this end, community pharmacists, who work at the frontline of healthcare in cities, towns and villages, have continued to offer such services and oversight in their licensed premises across the world. They are currently playing a pivotal role in distribution and administration of the COVID-19 vaccine in many countries and will remain relevant at grassroot levels for primary healthcare.

The community pharmacy is where patients can receive advice, often without prior appointment; access quality and efficacious medicines; obtain pharmaceutical care in dosing, storage and compliance to medication therapy, as well as instructions on self-testing kits for several illnesses, including non-communicable diseases like diabetes. Little wonder, pharmacists are regarded as one of the most trusted health professionals around the world. Having been licensed to practise as drug experts, pharmacists undergo series of clinical trainings, certifications and continuing education to enable them deliver premium value to their patients. This makes them pivotal to UHC.

It is a wise step to task shift primary eye care to community pharmacists given their



background in the biological sciences, their expertise in filling eye prescriptions e.g. eye drops, as well as the health education and promotion activities which they carry out in their pharmacies and the environs.

Studies have shown that in Nigeria, patients visit community pharmacies as much as primary healthcare centres, if not to a greater degree. Patients also shop for eyeglass frames and support for prescription glasses in pharmacies. As the roles of pharmacists in patient care continue to expand, access to quality care will become more achievable for the common man, especially those at the BoP (bottom of the pyramid - which constitutes a huge proportion of the population in Nigeria), and this will bring the country a step closer to achieving universal health coverage. Multitudes in this segment battle with poor vision and this hampers their productivity!

Continues next edition

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2016	Ifeanyi Atueyi Essay & Debating Competition	- Faculty of Pharmacy, UNIBEN.
2017	Ifeanyi Atueyi Essay & Debating Competition	- Faculty of Pharmacy, OAU, Ile-Ife.
2018	Ifeanyi Atueyi Essay & Debating Competition	- Faculty of Pharmacy, UNIBADAN.
2018	Young Pharmacist Award	- Pharm. Isa Muhammad
2019	Ifeanyi Atueyi Essay & Debating Competition	- Faculty of Pharmacy, UNIBADAN.
2019	PANSITE Award	- Yusuf Wada (Faculty of Pharmaceutical Sciences, Usman Danfodio University, Sokoto)
2019	Young Pharmacist Award	- Pharm. Frank Eze
2020	PANSITE Award	- Izukanne Ememboju (Faculty of Pharmacy, UNIZIK, Awka)
2020	Outstanding Pharmacist Award	- Pharm. (Mrs) Olubukola George
2020	Young Pharmacist Award	- Pharm. Daniel Uchechukwu Eze

News

Nigeria requires strategic planning towards self-sufficiency in drug production - Uwubanwen

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the Nigerian prescription drugs segment and in the various specialties we play in.

COVID-19 is still on rampage, the world over. As a pharmacist based in an advanced country, kindly share with Nigerians first-hand information about the situation over there and what would be your advice to Nigerians and the government?

COVID-19 is real, and many nations have lost many people. Countries like America, Brazil, and Mexico have lost a great number of people. We have been lucky in Canada as death based on the percentage of the population seems lower than many developed nations. Our government was proactive and was profoundly serious in ensuring that lockdown was effectively done.

Unlike many countries where people demonstrated against lockdown, our nationals in Canada did no such thing; this attitude helped in ensuring that we all did our part - the self-prevention methods - like masking, hand washing and using hand sanitizers. Although Canada has been late in starting vaccination, hopefully as promised by our prime minister, most of the target group would be vaccinated by September 2021.

Nigeria, like most nations in the sub-Saharan Africa, has not also suffered many casualties and hopefully, the Nigerian government continues to work to keep it this way. Kudos to Nigeria for starting the vaccination and I do hope the process will be transparent and those that need it the most get the vaccination.

What is your message to pharmacists in Nigeria?

To the Nigerian pharmacist, please endeavour to fly the professional flag high all the time, be it in public or private; and remember that whatever we do as professionals reflects on all of us, big or small.

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Nigeria requires strategic planning towards self-sufficiency in drug production - Uwubanwen

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and renewal of registration have gone up recently. Also now the local registrant is required to pay the Good Manufacturing Practice (GMP) inspection fees, which is close to ten thousand dollars. Things like these will continue to drive up the cost of genuine drugs. With this, the cheaper circulating fake, adulterated, and substandard drugs become more appealing to consumers.

I would like to appeal to government agencies in Nigeria to understand that whatever they do has direct and indirect impacts on the lives of Nigerians. If good and wholesome medications do not cost so much, maybe there would be lesser demand and market for the fake, substandard and adulterated ones.

What would be your message to the concern authorities on how to stop the anomaly?

We all know the solution and for years, the talk has always been

on the lack of will on the part of the Nigerian government. Close all illegal open drug markets and encourage more pharmacists to go into the wholesaling and retailing of pharmaceuticals.

Government should properly fund PCN and NAFDAC so that they can carry out their regulatory functions effectively. These agencies should not become tax collectors to become effective, as such acts would drive up the cost of good and wholesome medicines. They are already empowered but there is a need for the National Assembly to legislate new laws banning the sale of medicines in illegal open markets.

Finally, there is need to set a higher penalty - like a minimum of 20 years jail term for those that deal in fake, substandard, and adulterated medicines.

Till now, there is professional rivalry between pharmacists and medical doctors in Nigeria, what

do you think is the way forward sir?

In Canada where I make most of my living, there is harmony in the healthcare sector. The physicians see the pharmacists as partners in the care of the patients and work as a team. None is superior and none is inferior.

In Alberta, which is my province in Canada, I care for the patients in all totality. I can write a prescription for them, based on immediate need; I can even order a laboratory test for my patient from my pharmacy because I have a Practitioner Identification Number (Prac ID) and the physician can view all these results online in the patient's profile.

Let me add, however, that I do not own the patient; the physician does. So, whatever I do with the patient I must document and communicate with the physician through electronic fax and the physician is expected to add this information to the patient's profile

on his computer. Rarely does any disagreement arise and if it does, the physician would also respond to me all documented.

In recent years, the government has driven an expanded scope of practice for pharmacists as it is cost-effective and saves lives. I do hope Nigeria gets to this point someday.

What is your message to the Nigeria government regarding the advancement of the pharmaceutical industry?

The Nigerian government needs a rethink on how healthcare, as a business, is done and run. This because the old ways seem to have failed. We need to bring innovation and start thinking out of the box. This is the 21st century. You cannot expect to get a different result when we keep doing things the same old way. If we are to be self-sufficient in drug production, we must draw a ten years innovative master plan and drive it with passion, devoid of personal greed.

Bio-Generics is the sponsor of the PSN annual integrity award. Currently, a whopping sum of one million naira is given to the winner, and the company plans to increase this to five million? What is Bio-Generics goal in all this?

The Nigerian hospital pharmacist is often the most neglected pharmacy professional in Nigeria. For a long time, they suffered wage stagnation, and yet they work under very challenging circumstances to produce great professional results, and their input to patient care cannot be underestimated. As an indigenous Nigerian company, my dream is to ensure proficiency amongst various healthcare professionals, and supporting hospital pharmacists is one way of doing this.

This is not the only support we give to hospital pharmacists, however. Just this month, we are giving full sponsorship to two hospital pharmacists that are going for their fellowship award with flight and hotel accommodation. We also support other healthcare professionals. Every year, we sponsor about 50 healthcare professionals in various capacities.

Three editions of the award have been given. Would you say you are comfortable with the process and outcome so far?

I must commend the Pharmaceutical Society of Nigeria (PSN) and the subcommittee of the integrity award for a job well done so far and we expect the same high standard in all future nominations and awards.

What is Bio-Generics future plan for the Nigeria pharmaceutical market?

Nigeria is a big market, despite the inherent challenges. In keeping to the promise I made many years ago, we continue to invest in Nigeria to empower Nigerians and reduce the unemployment rate. We plan to build a manufacturing facility within the next five years. This will be our second attempt. Although the first attempt failed, this time around, we are bringing in our funds from Canada and secure additional loans from our foreign partners to ensure that this is actualised.

Nigeria is our country, and it is only we, the citizens, that can make it better and great as a nation. Hopefully, Bio-Generics Nigeria will continue to dominate

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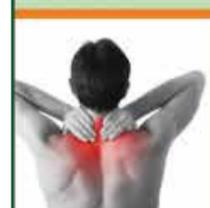
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Nigeria requires strategic planning towards self-sufficiency in drug production - Uwubanwen

continued from back page

Food and Drugs Administration and Control (NAFDAC) so that they can carry out their regulatory functions more effectively. This, he said, will prevent the agencies from having to impose exorbitant fees and fines that could end up being counterproductive to the industry.

Below is the full text of the interview:

Tell us briefly about yourself

I am Osak Uwubanmwen a pharmacist, pharmacist, and entrepreneur. I got my pharmacy degree in 1992 from the University of Benin and worked in the pharma industry with a few multinationals before relocating to Canada in 2005.

The reason for my relocation was basically to be able to bring the best of my entrepreneurial abilities to life. My first Nigerian organisation, Bio-Generics Nigeria Limited, was registered in 2003 but I did not have the needed funds based on how big the dream was. Nigerian banks rarely gave loans to people like me to fund our enterprise and if they did, the interest rate was often unreasonable. Thus, going to Canada provided me an opportunity to have the best of two worlds and access to single-digit economy loans to invest in Nigeria.

My first Canadian company, Mega Pharm Limited, was registered and started operations in 2007. Today, I also have investments in medical clinics and pharmacies chain under the banner, Eureka Prescriptions Inc., in Canada and Shop Drug Mart in Nigeria.

I recently diversified into information technology and in the next few months, I and my partners in India and America will launch a food application, called Globacities. It is an app that gives travellers all over the world an opportunity to track their cultural foods in different restaurants in the city of visit and have some fun dining in or ordering online.

In comparison with the pharmaceutical sector in Canada where you are currently based, what do you think is missing in the Nigeria pharmaceutical landscape?

The Nigerian economy has suffered in the most recent years, especially the poor ability to manage the exchange rate. When I started business with India in 2011, the Indian rupee was exchanging at 68 rupees to a dollar and, today, it is at 72 rupees to a dollar. In the case of Nigeria, the exchange rate has moved from N125 to about N500 to a dollar. This means that no matter how well you plan, the management of the economy would put you to the test.

Nigeria is an import-dependent economy and to drive local production of goods and services, the exchange rate must be maintained and kept stable. Exchange rate is important for planning and the needed economic growth. The dual exchange rate makes things even worse. Sometimes, it is impossible to get the dollar at the official central bank rate. So, how do you import goods, using the parallel rate and benchmark your sales, using the central bank rate? In Canada, things are stable and the currency is, too; thus Canada has been able to meet most of its local demand for pharmaceuticals and even exports to the United States of America.

importation of drugs. How do you think the country can attain greater heights in local drug development and production?

Hopefully, with the new Dangote refinery coming on stream, Nigeria should be able to drive the production of Active Pharmaceutical Ingredients (API) and start some local production of pharmaceuticals to meet some local demand, as we cannot continue to be dependent on India and China.

The Nigerian economy needs better management. The stability of the exchange rate, as mentioned previously, is particularly important. The Central Bank of Nigeria needs to grant loan facilities to local pharmaceutical companies directly and stop the game of making loans accessible to the local industry through the local banks that frustrate this process.

I give an example. Just a few years ago, we used our international contacts to secure a

loan of 10 million dollars to build a mid-sized manufacturing plant in Nigeria; but the issue we had was getting equity partners or get the loans syndicated through a local Nigerian bank. The only Nigerian bank we got gave us almost near impossible conditions. Even issues as trivial as the project engineer, they insisted they must appoint, and sensing the real danger that these guys were more interested in the hostile takeover of a thriving young pharma company, we had to call off the deal.

What is your reaction to the influx of fake drugs in the Nigerian market?

There has always been a history of fake, adulterated, and substandard drugs in Nigeria. And as long as the main illegal open drug markets in Onitsha, Lagos, Aba, and others remain, this will always be the case, no matter what we do.

The other thing we need to



Pharm. Osak Uwubanmwen MD, Bio-Generics Nigeria Ltd

look at is the effectiveness of the regulatory bodies - PCN and NAFDAC. While credit must be given to these bodies for what they have been able to achieve, more is expected of them.

I would like to add that the local fees for registering drugs

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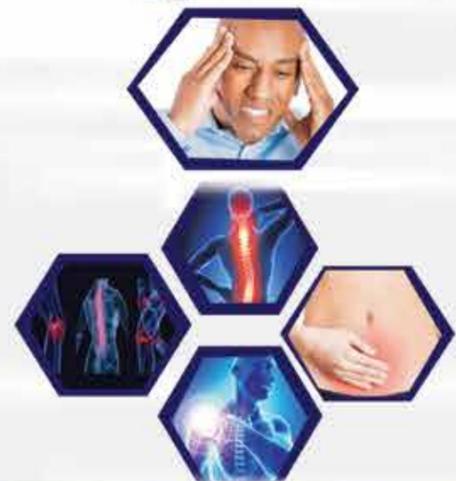
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Malaria needs more attention in Nigeria than COVID-19, says parasitologist

continued from back page

The expert, who works at the ANDI Centre of Excellence for Malaria Diagnosis, College of Medicine, University of Lagos, Idi-Araba, ascribed the surge in malaria mortality to diversion of attention from malaria commodities' production to COVID-19 commodities in the year 2020.

Citing figures from the World Health Organisation Malaria Report (WMR) 2020, Oyibo said the total number of deaths from malaria was 95,418, while total mortality from COVID-19 as at 27 March, 2021, was just 2,039.

He warned against the continuation of this trend, saying if the goal of eradicating malaria in Nigeria will be a reality, then effective and coordinated responses from all stakeholders - government, industry, research institutions, communities, media and others - are critical to attaining the target.

The tropical diseases expert gave a further breakdown of data from the WMR 2020, saying it showed that Nigeria had 60,959,012 cases of malaria, compared to just 162,388 cases of coronavirus in the time under review.

He emphasised that in order to forestall escalation of malaria morbidity and mortality in the country, there is need for accelerated access to malaria medicines, which must be facilitated by government and other stakeholders.

The medical parasitologist, who was the guest speaker at the St. Racheal's Pharma 3rd anniversary and antimalarial launch, also examined the prevalence of malaria on the global landscape, asserting that there has been a steady increase in number of cases from 2015 to 2019, except a marginal reduction in 2017. The WMR 2020 put malaria cases from 2015 to 2019 as follows: 212,000,000, 216,000,000, 213,000,000, 228,000,000, and 229,000,000 respectively.

"I urge government to re-strategise her health allocation in tackling other diseases, as it is evident that malaria treatment was on the front burner of many African countries, until April when the severe acute respiratory syndrome virus (SARS-CoV-2) became widespread and access to malaria commodities was interrupted with reduced production and diversion of attention from malaria commodities' production to COVID-19 commodities", he stressed.

The Chief Executive Officer, St. Racheal's Pharma, Pharm. Akinjide Adeosun, while remarking on the unveiling of its antimalarial brand and the theme of the company's third anniversary, "Malaria in the times of COVID-19: A forgotten disease?", said the organisation has got everything to be thankful for as it continues to grow in leaps and bounds every day.

He said: "As an organisation, we profusely thank God almighty for His steadfast love which never ceases. His mercies never come to an end; they are new every morning.

"We are celebrating because we know our trajectory - enshrined in our Big Hairy Audacious Goal (BHAG): To be the No 2 pharmaceutical transnational company by 2035 - is achievable. I urge you to demand for St. Racheal's



L-R: Prof. Wellington A. Oyibo, ANDI Centre of Excellence for Malaria Diagnosis, College of Medicine, University of Lagos, Idi-Araba; Pharm. (Mrs) Olubamiwo Adeosun, wife of the Chairman & Secretary to the State Government, SSG, Oyo State; Pharm. Akinjide Adeosun, Chairman/CEO, St. Racheal's Pharmaceuticals and Pharm. (Mrs) Bukky George, Founder/CEO, HealthPlus Pharmacy at the 3rd anniversary and launch of St. Racheal's antimalarial in Lagos.

antimalarial brand as your first choice anytime, any day you require malaria treatment. We are a proudly Nigerian organisation, with multinational ways of doing things. Your patronage will help us create more jobs for our economy."

Adeosun highlighted milestones achieved by the company in the space of three years to include: "Capital appreciation of +25% from N1.80k to N2.25k; increase in brands from zero in 2018 to seven NAFDAC registered antibiotics and antimalarial brands in 2020; double digit commercial growth of +22% in 2020 vs 2019; recruitment of sales representatives from major cities like Lagos, Ibadan, Abuja", among others.

The St. Racheal's Pharma boss also hinted on how the company plans to consolidate and pursue its goals, anchored on three strategic pillars of treatment, supplementation (nutraceuticals) and prevention.

More interestingly, he revealed the company's proposed establishment of a vaccine manufacturing company to augment the vaccine supply in the country.

"We shall commence the business development process for the establishment of a vaccine manufacturing company. We are currently assessing three potential state governments for a NLNG public-private partnership model vaccine manufacturing factory in Nigeria. We are utilising PESTEL tool to prequalify our potential partner - political, economic, social, technological, environmental and legal - and determine the best fit for our organisation. This is a long term project that will position and deliver lifesaving vaccines for Nigerians in and out of the pandemic", he disclosed.

For more innovative interventions in malaria prevention and treatment, he urged the Federal Government to allocate a minimum of 20 per cent of the national budget to the health sector in 2022, unlike the seven per cent in the 2021 budget, which he described as a clear violation of the African Union Abuja Accord of 2001 that mandates all signatories to set aside a minimum 15 per cent

of national budgets for healthcare.

Reviewing the pharmacological properties of the newly launched St. Racheal's Antimalarial, made of Artemether 80 mg and Lumefantrine 480 mg, Pharm. Uche Ogbo, of the Department of Clinical and Biopharmacy, Faculty of Pharmacy, University of Lagos, said the ACT has well

tolerated pharmacodynamics and pharmacokinetics and it is safe, very affordable and accessible to all.

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Celebrating 42 Years of Uninterrupted Monthly Publication (1979-2021)



Unique Pharmaceuticals Limited

Exiplon

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REFER TO THE PRODUCT INSERT FOR MORE INFORMATION

Wormzap

ALBENDAZOLE

Suspension 100MG/5ML

INDICATIONS:
Albendazole is an anthelmintic drug prescribed for treating a variety of parasitic worm infestations such as ascariasis, giardiasis or roundworm disease, giardiasis, trichuriasis, pinworm disease, neurocysticercosis, and hydatid disease. It is also used to treat strongyloidiasis, trichinosis, trichostrongylidiasis, capillariasis, cutaneous larva migrans, and microsporidiosis including Septata intestinalis infection.

CONTRA-INDICATIONS & CAUTION:
Albendazole has been shown to be Embryotoxic and Teratogenic In Animal Testing Its Use Is Therefore Contra-Indicated In Pregnant Women Or In Women Of Child Bearing Age. Wormzap Suspension Should Only Be Administered Within The First Seven(7) Days Of Normal Menstruation.

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INDICATION:
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CONTRA-INDICATIONS:
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REFER TO THE PRODUCT INSERT FOR MORE INFORMATION

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Uniprof

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Peadiatric Suspension

Pleasantly Flavoured for Babies and Children

Indications:
For the relief of pains, feverish condition, teething pains, cold symptoms, headache, minor injuries such as sprain and strain.

Contra-Indications:
Peptic Ulceration or history of Peptic Ulcer in Asthmatic patients in who attacks of Asthma, Urtericaria or Acute Rhinitis is precipitated by Aspirin and other non-steroidal anti-inflammatory drugs or by other Drugs with Prostaglandin Synthetase inhibiting activity.

LOTEMP PLUS

TABLETS

Ibuprofen 200mg
Paracetamol 325mg

INDICATIONS:
Rheumatoid arthritis, osteoarthritis, ankylosing spondylitis, cervical spondylosis, intervertebral disc syndrome and sciatica. Soft tissue injuries such as sprain, strains and sports injuries. Painful inflammatory conditions in gynaecology. Post-operative and post-traumatic inflammation and swelling. Pain and inflammation following surgery. Acute attack of gout, severe headache.

CONTRA-INDICATIONS:
Hypersensitivity to Ibuprofen or Paracetamol. Peptic Ulceration or History of Peptic Ulcers in Asthmatic Patients in whom attacks of Asthma, Urtericaria, or Acute Rhinitis are precipitated by Acetyl Salicylic Acid or by other drugs with Prostaglandin Synthetase inhibiting activity.

Nutriyin

Multivitamin Syrup

• Multivitamin Deficiencies,
• Convalescence & Malnutrition.

CONTRA-INDICATION:
Hypersensitivity to the vitamins

REFER TO THE PRODUCT INSERT FOR MORE INFORMATION

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Marketed by:

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Tinea pedis



Tinea cruris



Pityriasis versicolor

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Tinea Corporis



Ring worm



Tinea Pedis

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Ring worm



Tinea Corporis



Tinea Pedis

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Nigeria requires strategic planning towards self-sufficiency in drug production - Uwubanwen

By Ranmilowo Ojalumo

For Nigeria to attain self-sufficiency in drug production, there is need for government and other relevant stakeholders to draw a 10-year innovative master plan that must be driven with passion and selflessness.

This was one of the submissions made by the Managing Director, Bio-Generics Nigeria Limited, Pharmacists Osak Uwubanwen, during a recent interview with *Pharmanews*.

The Canada-based pharmacist, also pointed out that the recent increase in the fees for drug registration, renewal, as well as Good Manufacturing Practice (GMP) inspection, is inevitably increasing the price of genuine drugs in Nigeria, a development he said is likely to make consumers patronise fake drugs, usually with their attractive cheaper prices.

He further called on the government to properly fund the Pharmacists Council of Nigeria (PCN) and the National Agency for



L-R: Pharm. (Chief) Lanre Familusi, secretary, PSN-BOF; Prof. Mbang Femi-Oyewo, celebrant and chairman, PSN-BOF and Pharm. Lekan Asuni, former managing director, GSK, at the 70th birthday ceremony of Prof. Femi-Oyewo, held at her residence, in Omole Phase 2, Berger, Lagos.

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Malaria needs more attention in Nigeria than COVID-19, says parasitologist

- As St. Racheal's unveils antimalarial

By Temitope Obayendo

Professor and Consultant Medical Parasitologist, Wellington Oyibo, has decried the neglect in the treatment of malaria and other diseases in Nigeria for COVID-19, describing it as a misplaced priority, as the nation

has recorded more morbidity and mortality from malaria than the coronavirus.

The expert, who works at the ANDI Centre of Excellence for Malaria Diagnosis, College of Medicine, University of Lagos,

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